



Medstar Family Choice – Maryland HealthChoice Prescribing Guide

Formulary (List of Covered Drugs)

Effective 04/01/2024

medstarfamilychoice.com

Notice: This formulary is updated periodically and subject to change. All previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at medstarfamilychoice.com

Table of Contents

INTRODUCTION	11
PREFACE	11
LEGEND	12
OVER-THE-COUNTER MEDICINES	12
DURABLE MEDICAL EQUIPMENT.....	12
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	12
PRODUCT SELECTION CRITERIA	13
GENERIC SUBSTITUTION	13
MAIL SERVICE PRESCRIPTIONS AND 90-DAY SUPPLIES.....	13
MEDICAL EXCEPTION, PRIOR AUTHORIZATION and NON-FORMULARY REQUESTS	14
OPIOID DRUG MANAGEMENT.....	14
MEDICATIONS CARVED OUT TO THE MARYLAND DEPARTMENT OF HEALTH	15
MARYLAND MEDICAID FORMULARY ACCESS	16
EDITOR	16
NOTICE	16
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS.....	17
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS.....	17
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	17
ALLERGENIC EXTRACTS	17
AMINOGLYCOSIDES.....	17
AMINOGLYCOSIDES.....	17
ANALGESICS - ANTI-INFLAMMATORY	17
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	17
ANTIRHEUMATIC - ENZYME INHIBITORS	18
ANTIRHEUMATIC ANTIMETABOLITES.....	18
INTERLEUKIN-6 RECEPTOR INHIBITORS	18
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS).....	18
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS.....	18
PYRIMIDINE SYNTHESIS INHIBITORS	18
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	18
ANALGESICS - NONNARCOTIC	19
ANALGESIC COMBINATIONS	19
ANALGESICS - OPIOID	19
OPIOID AGONISTS	19
OPIOID COMBINATIONS	19
ANDROGENS-ANABOLIC	20
ANDROGENS	20
ANORECTAL AND RELATED PRODUCTS	20
INTRARECTAL STEROIDS	20
RECTAL COMBINATIONS	20
RECTAL STEROIDS	20

ANTHELMINTICS.....	21
ANTHELMINTICS	21
ANTI-INFECTIVE AGENTS - MISC.	21
ANTI-INFECTIVE AGENTS - MISC.	21
ANTI-INFECTIVE MISC. - COMBINATIONS.....	21
ANTIPROTOZOAL AGENTS	21
GLYCOPEPTIDES	21
LEPROSTATICs	21
LINCOSAMIDES.....	21
OXAZOLIDINONES	22
URINARY ANTI-INFECTIVES	22
ANTIANGINAL AGENTS.....	22
ANTIANGINALS-OTHER.....	22
NITRATES	22
ANTIARRHYTHMICS	22
ANTIARRHYTHMICS TYPE I-A	22
ANTIARRHYTHMICS TYPE I-B.....	22
ANTIARRHYTHMICS TYPE I-C	22
ANTIARRHYTHMICS TYPE III	22
ANTIASTHMATIC AND BRONCHODILATOR AGENTS.....	23
ANTI-INFLAMMATORY AGENTS	23
ANTIASTHMATIC - MONOCLONAL ANTIBODIES.....	23
BRONCHODILATORS - ANTICHOLINERGICS.....	23
LEUKOTRIENE MODULATORS	23
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	23
STEROID INHALANTS.....	23
SYMPATHOMIMETICS	23
XANTHINES.....	24
ANTICOAGULANTS.....	24
COUMARIN ANTICOAGULANTS.....	24
DIRECT FACTOR XA INHIBITORS	24
HEPARINS AND HEPARINOID-LIKE AGENTS	25
THROMBIN INHIBITORS.....	25
ANTICONVULSANTS.....	25
ANTICONVULSANTS - MISC.	25
HYDANTOINS	25
SUCCINIMIDES	25
ANTIDIABETICS	25
ALPHA-GLUCOSIDASE INHIBITORS	25
ANTIDIABETIC COMBINATIONS.....	25
BIGUANIDES.....	26
DIABETIC OTHER	26
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	27
INCRETIN MIMETIC AGENTS	27

INSULIN	27
INSULIN SENSITIZING AGENTS	27
MEGLITINIDE ANALOGUES	27
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	27
SULFONYLUREAS.....	28
ANTIDIARRHEAL/PROBIOTIC AGENTS	28
ANTIPERISTALTIC AGENTS.....	28
ANTIDOTES AND SPECIFIC ANTAGONISTS	28
ANTIDOTES - CHELATING AGENTS	28
ANTIEMETICS.....	28
5-HT3 RECEPTOR ANTAGONISTS	28
ANTIEMETICS - ANTICHOLINERGIC	28
ANTIEMETICS - MISCELLANEOUS	28
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	28
ANTIFUNGALS	29
ANTIFUNGALS	29
IMIDAZOLE-RELATED ANTIFUNGALS	29
ANTIHISTAMINES.....	29
ANTIHISTAMINES - ALKYLAMINES	29
ANTIHISTAMINES - ETHANOLAMINES	29
ANTIHISTAMINES - NON-SEDATING.....	29
ANTIHISTAMINES - PHENOTHIAZINES	29
ANTIHISTAMINES - PIPERIDINES	29
ANTIHYPERLIPIDEMICS.....	29
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS	29
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS	29
ANTIHYPERLIPIDEMICS - COMBINATIONS	29
ANTIHYPERLIPIDEMICS - MISC.	30
BILE ACID SEQUESTRANTS.....	30
FIBRIC ACID DERIVATIVES	30
HMG COA REDUCTASE INHIBITORS	30
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	30
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS	30
NICOTINIC ACID DERIVATIVES	30
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	30
ANTIHYPERTENSIVES.....	31
ACE INHIBITORS	31
ANGIOTENSIN II RECEPTOR ANTAGONISTS	31
ANTIADRENERGIC ANTIHYPERTENSIVES.....	31
ANTIHYPERTENSIVE COMBINATIONS	32
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS).....	34
VASODILATORS	34
ANTIMALARIALS.....	34
ANTIMALARIAL COMBINATIONS.....	34

ANTIMALARIALS	34
ANTIMYASTHENIC/CHOLINERGIC AGENTS	35
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	35
ANTIMYCOBACTERIAL AGENTS.....	35
ANTIMYCOBACTERIAL AGENTS	35
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	35
ALKYLATING AGENTS.....	35
ANTIMETABOLITES	35
ANTINEOPLASTIC - ANTI-HER2 AGENTS	35
ANTINEOPLASTIC - ANTIBODIES.....	35
ANTINEOPLASTIC - BCL-2 INHIBITORS.....	35
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY	36
ANTINEOPLASTIC - EGFR INHIBITORS	36
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....	36
ANTINEOPLASTIC - IMMUNOMODULATORS	36
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS.....	36
ANTINEOPLASTIC - XPO1 INHIBITORS.....	36
ANTINEOPLASTIC COMBINATIONS	37
ANTINEOPLASTIC ENZYME INHIBITORS	37
ANTINEOPLASTICS MISC.....	38
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS.....	38
MITOTIC INHIBITORS	38
TOPOISOMERASE I INHIBITORS.....	38
ANTIPARKINSON AND RELATED THERAPY AGENTS.....	38
ANTIPARKINSON DOPAMINERGICS	38
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	39
ANTIPSYCHOTICS/ANTIMANIC AGENTS	39
PHENOTHIAZINES.....	39
ANTIVIRALS	39
ANTIRETROVIRALS.....	39
ANTIVIRAL COMBINATIONS.....	41
CMV AGENTS	41
HEPATITIS AGENTS.....	41
HERPES AGENTS	41
INFLUENZA AGENTS	41
BETA BLOCKERS	41
ALPHA-BETA BLOCKERS	41
BETA BLOCKERS CARDIO-SELECTIVE	41
BETA BLOCKERS NON-SELECTIVE.....	42
CALCIUM CHANNEL BLOCKERS.....	42
CALCIUM CHANNEL BLOCKERS.....	42
CARDIOTONICS	43
CARDIAC GLYCOSIDES.....	43
CARDIOVASCULAR AGENTS - MISC.	43

CARDIAC MYOSIN INHIBITORS	43
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS.....	43
PROSTAGLANDIN VASODILATORS	43
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	44
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS.....	44
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	44
SINUS NODE INHIBITORS	44
CEPHALOSPORINS	44
CEPHALOSPORINS - 1ST GENERATION.....	44
CEPHALOSPORINS - 2ND GENERATION	44
CEPHALOSPORINS - 3RD GENERATION	44
CONTRACEPTIVES.....	44
COMBINATION CONTRACEPTIVES - ORAL	44
COMBINATION CONTRACEPTIVES - TRANSDERMAL	48
COMBINATION CONTRACEPTIVES - VAGINAL.....	48
COPPER CONTRACEPTIVES - IUD	49
EMERGENCY CONTRACEPTIVES.....	49
PROGESTIN CONTRACEPTIVES - IMPLANTS	49
PROGESTIN CONTRACEPTIVES - INJECTABLE	49
PROGESTIN CONTRACEPTIVES - IUD	49
PROGESTIN CONTRACEPTIVES - ORAL	49
CORTICOSTEROIDS	49
GLUCOCORTICOSTEROIDS	49
MINERALOCORTICOIDS	50
COUGH/COLD/ALLERGY	50
ANTITUSSIVES.....	50
COUGH/COLD/ALLERGY COMBINATIONS	50
EXPECTORANTS	50
MISC. RESPIRATORY INHALANTS	50
MUCOLYTICS	50
DERMATOLOGICALS	50
ACNE PRODUCTS	50
ANTI-INFLAMMATORY AGENTS - TOPICAL	51
ANTIBIOTICS - TOPICAL.....	51
ANTIFUNGALS - TOPICAL	51
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	51
ANTIPSORIATICS	51
ANTISEBORRHEIC PRODUCTS.....	51
BURN PRODUCTS	51
CORTICOSTEROIDS - TOPICAL	52
ECZEMA AGENTS	52
EMOLlient/KERATOLYTIC AGENTS	52
EMOLlients.....	52
ENZYMEs - TOPICAL	52

IMMUNOMODULATING AGENTS - TOPICAL.....	52
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	53
KERATOLYTIC/ANTIMITOTIC AGENTS.....	53
LOCAL ANESTHETICS - TOPICAL	53
MISC. TOPICAL.....	53
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	53
ROSACEA AGENTS	53
SCABICIDES & PEDICULICIDES	53
WOUND CARE PRODUCTS.....	53
DIGESTIVE AIDS.....	53
DIGESTIVE ENZYMES	53
DIURETICS	54
CARBONIC ANHYDRASE INHIBITORS.....	54
DIURETIC COMBINATIONS	54
LOOP DIURETICS	54
POTASSIUM SPARING DIURETICS	54
THIAZIDES AND THIAZIDE-LIKE DIURETICS	54
ENDOCRINE AND METABOLIC AGENTS - MISC.	54
BONE DENSITY REGULATORS.....	54
GNRH/LHRH ANTAGONISTS	55
GROWTH HORMONE RELEASING HORMONES (GHRH)	55
GROWTH HORMONES	55
HORMONE RECEPTOR MODULATORS	55
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS	55
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	55
MENOPAUSAL SYMPTOMS SUPPRESSANTS.....	55
METABOLIC MODIFIERS	55
MINERALOCORTICOID RECEPTOR ANTAGONISTS	55
POSTERIOR PITUITARY HORMONES.....	55
PROLACTIN INHIBITORS	56
SOMATOSTATIC AGENTS	56
VASOPRESSIN RECEPTOR ANTAGONISTS	56
ESTROGENS	56
ESTROGEN COMBINATIONS	56
ESTROGENS.....	56
FLUOROQUINOLONES	57
FLUOROQUINOLONES	57
GASTROINTESTINAL AGENTS - MISC.....	57
GALLSTONE SOLUBILIZING AGENTS	57
GASTROINTESTINAL ANTIALERGY AGENTS	57
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS.....	57
GASTROINTESTINAL STIMULANTS	57
INFLAMMATORY BOWEL AGENTS	57
INTESTINAL ACIDIFIERS	58

IRRITABLE BOWEL SYNDROME (IBS) AGENTS.....	58
LIVE FECAL MICROBIOTA.....	58
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	58
PHOSPHATE BINDER AGENTS	58
SHORT BOWEL SYNDROME (SBS) AGENTS.....	58
GENITOURINARY AGENTS - MISCELLANEOUS	58
ALKALINIZERS	58
CYSTINOSIS AGENTS.....	58
HYPEROXALURIA AGENTS.....	58
INTERSTITIAL CYSTITIS AGENTS.....	58
PROSTATIC HYPERTROPHY AGENTS.....	58
URINARY ANALGESICS	59
GOUT AGENTS	59
GOUP AGENT COMBINATIONS	59
GOUP AGENTS.....	59
URICOSURICS	59
HEMATOLOGICAL AGENTS - MISC.....	59
ANTIHEMOPHILIC PRODUCTS	59
BRADYKININ B2 RECEPTOR ANTAGONISTS	59
COMPLEMENT INHIBITORS	59
HEMATOLOGIC - TYROSINE KINASE INHIBITORS	59
HEMATORHEOLOGIC AGENTS.....	59
PLASMA KALLIKREIN INHIBITORS	59
PLATELET AGGREGATION INHIBITORS.....	59
PYRUVATE KINASE ACTIVATORS	60
HEMATOPOIETIC AGENTS.....	60
AGENTS FOR GAUCHER DISEASE.....	60
AGENTS FOR SICKLE CELL DISEASE.....	60
COBALAMINS	60
FOLIC ACID/FOLATES.....	60
HEMATOPOIETIC GROWTH FACTORS	60
HEMATOPOIETIC MIXTURES	60
HEMOSTATICS	61
HEMOSTATICS - SYSTEMIC.....	61
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	61
BARBITURATE HYPNOTICS	61
LAXATIVES.....	61
LAXATIVE COMBINATIONS	61
LAXATIVES - MISCELLANEOUS.....	61
MACROLIDES.....	61
AZITHROMYCIN	61
CLARITHROMYCIN	61
ERYTHRHYOMYCINS	61
FIDAXOMICIN	62

MEDICAL DEVICES AND SUPPLIES.....	62
CONTRACEPTIVES.....	62
DIABETIC SUPPLIES.....	62
MISC. DEVICES	62
PARENTERAL THERAPY SUPPLIES.....	63
RESPIRATORY THERAPY SUPPLIES	63
MIGRAINE PRODUCTS.....	63
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG.....	63
MIGRAINE COMBINATIONS	63
SEROTONIN AGONISTS	63
MINERALS & ELECTROLYTES.....	64
FLUORIDE	64
PHOSPHATE	64
POTASSIUM	64
ZINC.....	64
MISCELLANEOUS THERAPEUTIC CLASSES.....	64
CHELATING AGENTS.....	64
IMMUNOMODULATORS	65
IMMUNOSUPPRESSIVE AGENTS.....	65
POTASSIUM REMOVING AGENTS.....	65
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS.....	65
MOUTH/THROAT/DENTAL AGENTS.....	65
ANESTHETICS TOPICAL ORAL	65
ANTI-INFECTIVES - THROAT	65
ANTISEPTICS - MOUTH/THROAT	65
DENTAL PRODUCTS.....	65
STEROIDS - MOUTH/THROAT/DENTAL	66
THROAT PRODUCTS - MISC.	66
MULTIVITAMINS.....	66
B-COMPLEX W/ FOLIC ACID	66
MULTIPLE VITAMINS W/ MINERALS	66
PED MULTI VITAMINS W/FL & FE	66
PED MV W/ FLUORIDE	66
PRENATAL VITAMINS	66
MUSCULOSKELETAL THERAPY AGENTS	70
CENTRAL MUSCLE RELAXANTS	70
DIRECT MUSCLE RELAXANTS	71
VISCOSUPPLEMENTS	71
NASAL AGENTS - SYSTEMIC AND TOPICAL.....	71
NASAL ANTIALLERGY	71
NASAL ANTICHOLINERGICS.....	71
NASAL STEROIDS	71
NEUROMUSCULAR AGENTS.....	71
MUSCULAR DYSTROPHY AGENTS	71

NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS.....	71
SPINAL MUSCULAR ATROPHY AGENTS (SMA).....	71
OPHTHALMIC AGENTS	71
BETA-BLOCKERS - OPHTHALMIC	71
CYCLOPLEGIC MYDRIATICS	71
MIOPTICS.....	72
OPHTHALMIC ADRENERGIC AGENTS.....	72
OPHTHALMIC ANTI-INFECTIVES	72
OPHTHALMIC IMMUNOMODULATORS	72
OPHTHALMIC INTEGRIN ANTAGONISTS	72
OPHTHALMIC KINASE INHIBITORS	72
OPHTHALMIC STEROIDS.....	73
OPHTHALMICS - MISC.....	73
PROSTAGLANDINS - OPHTHALMIC	73
OTIC AGENTS	73
OTIC AGENTS - MISCELLANEOUS	73
OTIC ANTI-INFECTIVES.....	73
OTIC COMBINATIONS.....	73
OTIC STEROIDS	74
OXYTOCICS.....	74
OXYTOCICS.....	74
PASSIVE IMMUNIZING AND TREATMENT AGENTS	74
IMMUNE SERUMS	74
PENICILLINS.....	74
AMINOPENICILLINS	74
NATURAL PENICILLINS.....	74
PENICILLIN COMBINATIONS	74
PENICILLINASE-RESISTANT PENICILLINS	74
PROGESTINS	75
PROGESTINS.....	75
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	75
ANTIDEMENTIA AGENTS.....	75
FIBROMYALGIA AGENTS	75
MOVEMENT DISORDER DRUG THERAPY	75
MULTIPLE SCLEROSIS AGENTS	75
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS.....	76
PSEUDOBULBAR AFFECT (PBA) AGENTS.....	76
TRANSTHYRETIN AMYLOIDOSIS AGENTS	76
RESPIRATORY AGENTS - MISC.	76
CYSTIC FIBROSIS AGENTS	76
PULMONARY FIBROSIS AGENTS	76
TETRACYCLINES	76
TETRACYCLINES	76
THYROID AGENTS	77

ANTITHYROID AGENTS.....	77
THYROID HORMONES.....	77
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	77
ANTISPASMODICS.....	77
H-2 ANTAGONISTS	78
MISC. ANTI-ULCER	78
PROTON PUMP INHIBITORS	78
ULCER DRUGS - PROSTAGLANDINS	78
ULCER THERAPY COMBINATIONS	78
URINARY ANTISPASMODICS	78
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	78
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS	78
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	78
VAGINAL AND RELATED PRODUCTS	79
VAGINAL ANTI-INFECTIVES.....	79
VAGINAL ESTROGENS	79
VAGINAL PROGESTINS	79
VASOPRESSORS.....	79
ANAPHYLAXIS THERAPY AGENTS	79
VASOPRESSORS	79
VITAMINS	79
OIL SOLUBLE VITAMINS	79
Index	80

INTRODUCTION

MedStar Family Choice (MFC) is pleased to provide the *2024 MedStar Family Choice - Maryland HealthChoice Prescribing Guide* to be used when prescribing for patients covered by the pharmacy plan offered by MedStar Family Choice. **This is a closed formulary and only those drugs listed in this formulary will be covered by MedStar Family Choice.**

The drugs listed in the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* have been reviewed and approved by the MedStar Family Choice Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have drug benefits administered through MedStar Family Choice - Maryland HealthChoice. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the Medical Exception process.

*The information contained in this formulary and its appendices is provided solely for the convenience of medical providers. This formulary is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. MedStar Family Choice does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. MedStar Family Choice does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. **The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.***

PREFACE

The *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. All drugs listed were selected to be on this formulary. If a generic drug is covered, it is listed by generic name and may include the brand-name of the drug in parentheses as a reference to assist in drug name recognition. Brand-name drugs are listed by their brand name. This formulary document lists all dosages, strengths and formulations of each drug that is covered.

Drugs, dosages, strengths, and formulations not listed are considered non-formulary.

LEGEND

Drugs that require a prior authorization are indicated in the document by **PA**. See section **Medical Exception, Prior Authorization and Non-Formulary** below.

Drugs that require Step Therapy authorization for coverage are indicated in the document by **ST**. Step Therapy requires that drugs be used in a specific prescribing order. For information for drugs on Step Therapy reference the PA table on the website, medstarfamilychoice.com.

Drugs that have an Age-Related Restriction for coverage are indicated in the document with a **specific notation** next to the medication.

Drugs that have dispensing quantity limitation are indicated in the document by **QL** along with the limits noted in the parentheses. Quantity Limits allow a maximum quantity of drug product that a member may receive per prescription and/or over a specific period of time. Many drug products on the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* have quantity limits based upon the dosage described in product labeling, or due to potential safety or utilization concerns.

OVER-THE-COUNTER MEDICINES

MedStar Family Choice covers many common over-the-counter (OTC) products. You are encouraged to prescribe OTC products when clinically appropriate. A prescription is required, and refills are permitted. The prescription expires under Maryland Pharmacy Law in 12 months. Generic OTC products are preferred when available.

Condoms and emergency contraception do not require a prescription.

DURABLE MEDICAL EQUIPMENT

Blood pressure monitors and at-home diabetic testing machines and supplies are covered as part of the prescription benefit. MedStar Family Choice prefers Accu-Chek branded products when appropriate for patients. These include Accu-Check Aviva, Accu-Chek Guide, and Accu-Check Smart line of glucometers and coordinating supplies.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The MedStar Family Choice P&T Committee (MFC-MD P&T) includes physicians, pharmacists, and nurses. The Committee meets quarterly to evaluate drugs for formulary inclusion and to develop policies concerning formulary and drug utilization management. Please visit the MFC website at medstarfamilychoice.com to view the decisions of the MFC-MD P&T and any

applicable changes. The main features of the MFC-MD P&T Policies are also on the website in the FAQs.

PRODUCT SELECTION CRITERIA

The MedStar Family Choice Pharmacy and Therapeutics Committee considers clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations

When a drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* is reviewed on an annual basis.

All the information in the MedStar Family Choice - Maryland HealthChoice Prescribing Guide is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

GENERIC SUBSTITUTION

Brand name drugs that have a generic will be automatically substituted by the pharmacy. Pharmacies will only substitute medications if they are evaluated by the U.S. Food and Drug Administration (FDA) and found to be clinically equivalent. Generic biosimilar therapies will also be substituted when permitted under FDA guidelines.

MAIL SERVICE PRESCRIPTIONS AND 90-DAY SUPPLIES

MedStar Family Choice offers a 90-day fill option for most drugs used to treat chronic conditions. These drugs can be found on the MFC website, medstarfamilychoice.com in the Pharmacy Benefit section.

Members are also able to order their prescriptions from CVS Caremark Mail Service Pharmacy™. Receiving a 90-day supply of medication by mail may prove to be more convenient for members, especially when filling

prescriptions for routine or maintenance type medications. Mail service may also improve members adherence to their therapies.

To start the process, prescribers may call CVS Caremark Mail Service Pharmacy at 1-800-996-5772 or they may submit a prescription to the CVS Caremark Mail Service Pharmacy. Additional information can be found at the MedStar Family Choice website, medstarfamilychoice.com or at caremark.com.

Please note that medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. As such, please advise members to allow up to 14 days for delivery from the time mail service receives the request. Any prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

MEDICAL EXCEPTION, PRIOR AUTHORIZATION and NON-FORMULARY REQUESTS

If a drug requiring prior authorization is desired for medical management of a patient MedStar Family Choice has a prior authorization table that can be accessed to see the prior authorization requirements. This can be found on the MFC website, medstarfamilychoice.com.

In addition, if a non-covered drug or a drug requiring prior authorization is desired for medical management of a patient, a medication exception may be requested by calling MedStar Family Choice at: 1-800-905-1722, Option 2 or send in the completed PA/Non-formulary request form that can be found on the MFC website.

MedStar Family Choice must make a decision and provide notification on all pharmacy requests within twenty-four (24) hours of receipt. To comply with this stringent turnaround time, we ask that your office provide complete clinical information at the time of original submission. Please consult this document and the Pharmacy Prior Authorization table that can be found on our website prior to submitting your request. If additional clinical information is required, please be advised that your office must return it quickly or the request will be denied due to incomplete information.

OPIOID DRUG MANAGEMENT

MedStar Family Choice limits "new" opioid analgesic prescriptions to a 7-day supply. A new prescription means that a patient has not had an opioid medication filled under MFC in the preceding 90 days or had one short-acting opioid at \leq 50 morphine milligram equivalents (MME) per day in the previous

90 days, filled within 7 days of a subsequent request. New prescriptions for more than 7-day supply will require Prior Authorization.

For complete information regarding the requirements of the Maryland Medicaid Opioid Drug Utilization Review for opioid prescribing, please visit: medstarfamilychoice.com/maryland-healthchoice/for-maryland-healthchoice-physicians/pharmacy/opioid/

MEDICATIONS CARVED OUT TO THE MARYLAND DEPARTMENT OF HEALTH

For more information and a list of medications carved out to the Maryland Department of Health (MDH), please visit the following link:
health.maryland.gov/mmcp/pap/Pages/paphome.aspx

If you do not see the medication you wish to prescribe, it may be covered by MDH.

- **BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE)**
- **ANTICONVULSANTS**
- **ANTIPARKINSONIAN AGENTS**
- **MUSCULOSKELETAL THERAPY AGENTS**
- **ATTENTION DEFICIT HYPERACTIVITY DISORDER**
- **FIBROMYALGIA**
- **MOVEMENT DISORDERS**
- **MUSCULOSKELETAL THERAPY AGENTS**
- **ALCOHOL DETERRENTS**
- **OPIOID ANTAGONISTS**
- **PARTIAL OPIOID AGONISTS**
- **PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS**
- **SMOKING DETERRENTS**

MARYLAND MEDICAID FORMULARY ACCESS

Please visit mmppi.com/formulary_navigator.htm to view the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide*. This MDH sponsored site contains the formularies of all the Managed Care Organizations (MCO) and is updated frequently.

EDITOR

Your comments and suggestions regarding the *MedStar Family Choice - Maryland HealthChoice Prescribing Guide* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments via email to:

MFC-FormularyFeedback@MedStar.net

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Effective 04/01/2024

Drug Name	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	
guanfacine hcl (adhd) (generic of INTUNIV) tb24 1mg, 2mg, 3mg, 4mg	Covered for age 18 and older
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	
ALLERGENIC EXTRACTS	
GRASTEK SUBL 2800BAU	
ORALAIR SUB 300 IR	
PALFORZIA CAP ESCALAT	
PALFORZIA CAP LEVEL 3	
PALFORZIA CAP LEVEL 7	
PALFORZIA CAP LEVEL 8	
PALFORZIA CAP LEVEL 10	
PALFORZIA LEVEL 1 CSPK 1MG	
PALFORZIA LEVEL 2 CSPK 1MG	
PALFORZIA LEVEL 4 CSPK 20MG	
PALFORZIA LEVEL 5 CSPK 20MG	
PALFORZIA LEVEL 6 CSPK 20MG	
PALFORZIA LEVEL 9 CSPK 100MG	
PALFORZIA LEVEL 11 (MAINT PACK 300MG	
PALFORZIA LEVEL 11 (TITRA PACK 300MG	
RAGWITEK SUBL 12AMBA1-U	
AMINOGLYCOSIDES	
AMINOGLYCOSIDES	
neomycin sulfate tabs 500mg	
tobramycin (generic of BETHKIS) nebu 300mg/4ml	
ANALGESICS - ANTI-INFLAMMATORY	
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	
HUMIRA PSKT 40MG/0.4ML, 40MG/0.8ML	
HUMIRA PEDIA INJ CROHNS	
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	
HUMIRA PEN PNKT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	
HUMIRA PEN KIT PS/UV	
HUMIRA PEN-CD/UC/HS START PNKT 40MG/0.8ML, 80MG/0.8ML	
HUMIRA PEN-PEDIATRIC UC S PNKT 80MG/0.8ML	

Drug Name	Requirements/Limits
YUFLYMA 1-PEN KIT AJKT 40MG/0.4ML, 80MG/0.8ML	
YUFLYMA 2-SYRINGE KIT PSKT 40MG/0.4ML	
ANTIRHEUMATIC - ENZYME INHIBITORS	
XELJANZ TABS 5MG, 10MG	
XELJANZ XR TB24 11MG, 22MG	
ANTIRHEUMATIC ANTIMETABOLITES	
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML	
INTERLEUKIN-6 RECEPTOR INHIBITORS	
KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
celecoxib (generic of CELEBREX) caps 50mg, 100mg, 200mg, 400mg	
diclofenac potassium tabs 50mg	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	
etodolac caps 200mg, 300mg; tabs 500mg	
etodolac (generic of LODINE) tabs 400mg	
flurbiprofen tabs 100mg	
ibu tabs 400mg, 600mg, 800mg	
ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg	
indomethacin caps 25mg, 50mg	
ketorolac tromethamine tabs 10mg	QL (20 tabs every 25 days)
meloxicam tabs 7.5mg, 15mg	
nabumetone tabs 500mg, 750mg	
naproxen tabs 250mg, 375mg	
naproxen (generic of NAPROSYN) tabs 500mg	
oxaprozin (generic of DAYPRO) tabs 600mg	
sulindac tabs 150mg, 200mg	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	
OTEZLA TABS 30MG	
OTEZLA TAB 10/20/30	
PYRIMIDINE SYNTHESIS INHIBITORS	
leflunomide (generic of ARAVA) tabs 10mg, 20mg	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	
ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	
ENBREL MINI SOCT 50MG/ML	
ENBREL SURECLICK SOAJ 50MG/ML	

Drug Name	Requirements/Limits
ANALGESICS - NONNARCOTIC	
ANALGESIC COMBINATIONS	
bac (generic of ESGIC)	QL (60 tabs every 25 days)
butalbital-acetaminophen tab 50-325 mg	QL (60 tabs every 25 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)	QL (60 tabs every 25 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	QL (60 caps every 25 days)
tencon	QL (60 tabs every 25 days)
ANALGESICS - OPIOID	
OPIOID AGONISTS	
CODEINE SULFATE TABS 15MG, 60MG	PA
codeine sulfate tabs 30mg	PA
fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	PA
hydromorphone hcl (generic of DILAUDID) liqd 1mg/ml; PA tabs 2mg, 4mg, 8mg	
methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg	PA
morphine sulfate cp24 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/0.5ml, 10mg/5ml, 20mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg	PA
morphine sulfate (generic of MS CONTIN) tbcr 15mg, 30mg, 60mg, 100mg, 200mg	PA
morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	PA
oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg	PA
oxycodone hcl t12a 10mg, 20mg, 40mg	PA, QL (2 tabs every 1 day)
oxycodone hcl (generic of ROXICODONE) tabs 15mg, 30mg	PA
oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, PA 30mg, 40mg	
tramadol hcl cp24 100mg, 200mg, 300mg; tabs 50mg; tb24 100mg, 200mg, 300mg	PA
OPIOID COMBINATIONS	
acetaminophen w/ codeine soln 120-12 mg/5ml	PA
acetaminophen w/ codeine tab 300-15 mg	PA
acetaminophen w/ codeine tab 300-30 mg	PA
acetaminophen w/ codeine tab 300-60 mg	PA
ascomp/codeine	PA
butalbital-acetaminophen-caff w/ cod cap 50-300-40- 30 mg (generic of FIORICET/CODEINE)	PA

Drug Name	Requirements/Limits
butilbital-acetaminophen-caff w/ cod cap 50-325-40- 30 mg	PA
butilbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	PA
endocet (generic of PERCOSET)	PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	PA
hydrocodone-acetaminophen tab 5-325 mg	PA
hydrocodone-acetaminophen tab 7.5-325 mg	PA
hydrocodone-acetaminophen tab 10-325 mg	PA
oxycodone w/ acetaminophen soln 5-325 mg/5ml	PA
oxycodone w/ acetaminophen tab 5-325 mg (generic of PA PERCOSET)	
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOSET)	PA
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOSET)	PA

ANDROGENS-ANABOLIC

ANDROGENS

depo-testosterone soln 100mg/ml, 200mg/ml	
KYZATREX CAPS 100MG, 150MG, 200MG	QL (4 caps every 1 day)
testosterone gel 10mg/act, 50mg/5gm; soln 30mg/act	
testosterone cypionate soln 100mg/ml, 200mg/ml	
testosterone enanthate soln 200mg/ml	

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

CORTIFOAM FOAM 10%	
hydrocortisone (intrarectal) (generic of CORTENEMA)	
enem 100mg/60ml	

RECTAL COMBINATIONS

hydrocortisone acetate w/ pramoxine perianal cream 1-1%	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	

RECTAL STEROIDS

anucort-hc supp 25mg	
anusol-hc supp 25mg	
hemmorex-hc supp 25mg	
hydrocortisone (rectal) (generic of PROCTOCORT) crea 1%	
hydrocortisone (rectal) (generic of ANUSOL-HC) crea 2.5%	
hydrocortisone acetate (rectal) supp 25mg	
procto-med hc (generic of ANUSOL-HC) crea 2.5%	
proctosol hc (generic of ANUSOL-HC) crea 2.5%	

Drug Name	Requirements/Limits
<i>proctozone-hc</i> (generic of ANUSOL-HC) crea 2.5%	
ANTHELMINTICS	
ANTHELMINTICS	
<i>albendazole</i> tabs 200mg	
<i>ivermectin</i> (generic of STROMECTOL) tabs 3mg	PA
<i>praziquantel</i> (generic of BILTRICIDE) tabs 600mg	
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
<i>metronidazole</i> tabs 250mg, 500mg	
<i>pentamidine isethionate</i> (generic of NEBUPENT) solr 300mg	
<i>tinidazole</i> tabs 250mg, 500mg	
<i>trimethoprim</i> tabs 100mg	
XIFAXAN TABS 550MG	
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim</i> susp 200-40 mg/5ml	
<i>sulfamethoxazole-trimethoprim</i> tab 400-80 mg (generic of BACTRIM)	
<i>sulfamethoxazole-trimethoprim</i> tab 800-160 mg (generic of BACTRIM DS)	
<i>sulfatrim</i> pediatric	
<i>uribel</i>	
<i>uro-mp</i>	
<i>vilamit mb</i>	
ANTIPROTOZOAL AGENTS	
<i>ALINIA SUSR</i> 100MG/5ML	
<i>atovaquone</i> (generic of MEPRON) susp 750mg/5ml	
LAMPIT TABS 30MG, 120MG	
<i>nitazoxanide</i> (generic of ALINIA) tabs 500mg	
GLYCOPEPTIDES	
<i>vancomycin hcl</i> (generic of VANCOCIN) caps 125mg, 250mg	
<i>vancomycin hcl</i> (generic of FIRVANQ) solr 25mg/ml, 50mg/ml, 250mg/5ml	
LEPROSTATIC	
<i>dapsone</i> tabs 25mg, 100mg	
LINCOSAMIDES	
<i>clindamycin hcl</i> (generic of CLEOCIN) caps 75mg	
<i>clindamycin hcl</i> caps 150mg, 300mg	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) solr 75mg/5ml	

Drug Name	Requirements/Limits
OXAZOLIDINONES	
<i>linezolid (generic of ZYVOX) susr 100mg/5ml; tabs 600mg</i>	
URINARY ANTI-INFECTIVES	
<i>fosfomycin tromethamine pack 3gm</i>	QL (3 packets every 9 days)
<i>methenamine hippurate (generic of HIPREX) tabs 1gm</i>	
<i>methenamine mandelate tabs .5gm, 1gm</i>	
<i>nitrofurantoin susp 25mg/5ml</i>	Covered for younger than age 8
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) caps 25mg, 50mg, 100mg</i>	
<i>nitrofurantoin monohyd macro (generic of MACROBID) caps 100mg</i>	
ANTIANGINAL AGENTS	
ANTIANGINALS-OTHER	
<i>ranolazine tb12 500mg, 1000mg</i>	
NITRATES	
<i>isosorbide dinitrate (generic of ISORDIL TITRADOSE) tabs 5mg</i>	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg</i>	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	
<i>NITRO-BID OINT 2%</i>	
<i>NITRO-DUR PT24 .3MG/HR, .8MG/HR</i>	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	
<i>nitroglycerin (generic of NITROLINGUAL) soln .4mg/spray</i>	
<i>nitroglycerin (generic of NITROSTAT) subl .3mg, .4mg, .6mg</i>	
ANTIARRHYTHMICS	
ANTIARRHYTHMICS TYPE I-A	
<i>NORPACE CR CP12 100MG, 150MG</i>	
ANTIARRHYTHMICS TYPE I-B	
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	
ANTIARRHYTHMICS TYPE I-C	
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	
ANTIARRHYTHMICS TYPE III	
<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	
<i>dofetilide (generic of TIKOSYN) caps 125mcg, 250mcg, 500mcg</i>	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	

Drug Name	Requirements/Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
ANTI-INFLAMMATORY AGENTS	
cromolyn sodium nebu 20mg/2ml	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	
FASENRA SOSY 30MG/ML	PA
FASENRA PEN SOAJ 30MG/ML	PA
NUCALA SOAJ 100MG/ML; SOLR 100MG; SOSY 40MG/0.4ML, 100MG/ML	PA
TEZSPIRE SOAJ 210MG/1.91ML; SOSY 210MG/1.91ML	PA
XOLAIR SOLR 150MG	
BRONCHODILATORS - ANTICHOLINERGICS	
ATROVENT HFA AERS 17MCG/ACT	QL (2 inhalers every 45 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	
<i>ipratropium bromide soln .02%</i>	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	
<i>tiotropium bromide monohydrate (generic of SPIRIVA HANDIHALER) caps 18mcg</i>	
LEUKOTRIENE MODULATORS	
<i>montelukast sodium (generic of SINGULAIR) chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
<i>zafirlukast (generic of ACCOLATE) tabs 10mg, 20mg</i>	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	
<i>roflumilast (generic of DALIRESP) tabs 250mcg, 500mcg</i>	
STEROID INHALANTS	
ALVESCO AERS 80MCG/ACT, 160MCG/ACT	
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH	
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	
<i>budesonide (inhalation) (generic of PULMICORT) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	
SYMPATHOMIMETICS	
AIRSUPRA AER 90-80MCG	QL (6 inhalers every year)
<i>albuterol sulfate aers 108mcg/act</i>	QL (6 inhalers every year)
<i>albuterol sulfate (generic of PROVENTIL HFA) aers 108mcg/act</i>	QL (6 inhalers every year)

Drug Name	Requirements/Limits
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml; syrup 2mg/5ml</i>	
ANORO ELLIPT AER 62.5-25	
BREO ELLIPTA INH 50-25MCG	
BREO ELLIPTA INH 100-25	
BREO ELLIPTA INH 200-25	
<i>breyna (generic of SYMBICORT)</i>	
BREZTRI AERO AER SPHERE	
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	
COMBIVENT AER 20-100	QL (2 inhalers every 45 days)
DULERA AER 50-5MCG	
DULERA AER 100-5MCG	
DULERA AER 200-5MCG	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	
<i>levalbuterol tartrate aero 45mcg/act</i>	QL (6 inhalers every year)
SEREVENT DISKUS AEPB 50MCG/DOSE	
STIOLTO AER 2.5-2.5	
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	
TRELEGY AER 100MCG	
TRELEGY AER 200MCG	
XANTHINES	
<i>theophylline soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	
ANTICOAGULANTS	
COUMARIN ANTICOAGULANTS	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
DIRECT FACTOR XA INHIBITORS	
ELIQUIS TABS 2.5MG, 5MG	
ELIQUIS STARTER PACK TBPK 5MG	QL (1 pack every 180 days)
XARELTO TABS 2.5MG	QL (2 each every 1 day)
XARELTO TABS 10MG, 20MG	QL (1 tab every 1 day)
XARELTO TABS 15MG	QL (42 tabs every 180 days)
XARELTO STAR TAB 15/20MG	QL (1 pack every 180 days)

Drug Name	Requirements/Limits
HEPARINS AND HEPARINOID-LIKE AGENTS	
enoxaparin sodium (generic of LOVENOX) soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	
THROMBIN INHIBITORS	
dabigatran etexilate mesylate caps 75mg	
dabigatran etexilate mesylate (generic of PRADAXA) caps 110mg, 150mg	
PRADAXA CAPS 75MG	
ANTICONVULSANTS	
ANTICONVULSANTS - MISC.	
primidone (generic of MYSOLINE) tabs 50mg, 250mg	
HYDANTOINS	
phenytek caps 200mg, 300mg	
phenytoin (generic of DILANTIN INFATABS) chew 50mg	
phenytoin (generic of DILANTIN-125) susp 100mg/4ml, 125mg/5ml	
phenytoin sodium extended (generic of DILANTIN) caps 100mg	
phenytoin sodium extended caps 200mg, 300mg	
SUCCINIMIDES	
ethosuximide (generic of ZARONTIN) caps 250mg; soln 250mg/5ml	
ANTIDIABETICS	
ALPHA-GLUCOSIDASE INHIBITORS	
acarbose tabs 25mg, 50mg, 100mg	
ANTIDIABETIC COMBINATIONS	
alogliptin-metformin hcl tab 12.5-500 mg	
alogliptin-metformin hcl tab 12.5-1000 mg	
alogliptin-pioglitazone tab 12.5-30 mg	
alogliptin-pioglitazone tab 25-15 mg	
alogliptin-pioglitazone tab 25-30 mg	
alogliptin-pioglitazone tab 25-45 mg	
dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	
dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	
glipizide-metformin hcl tab 2.5-250 mg	
glipizide-metformin hcl tab 2.5-500 mg	
glipizide-metformin hcl tab 5-500 mg	
glyburide-metformin tab 1.25-250 mg	
glyburide-metformin tab 2.5-500 mg	

Drug Name	Requirements/Limits
<i>glyburide-metformin tab 5-500 mg</i>	
GLYXAMBI TAB 10-5 MG	
GLYXAMBI TAB 25-5 MG	
INVOKAMET TAB 50-500MG	
INVOKAMET TAB 50-1000	
INVOKAMET TAB 150-500	
INVOKAMET TAB 150-1000	
INVOKAMET XR TAB 50-500MG	
INVOKAMET XR TAB 50-1000	
INVOKAMET XR TAB 150-500	
INVOKAMET XR TAB 150-1000	
JENTADUETO TAB XR	
<i>pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)</i>	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i>	
SOLIQUA INJ 100/33	
STEGLUJAN TAB 5-100MG	
STEGLUJAN TAB 15-100MG	
SYNJARDY TAB	
SYNJARDY TAB 5-500MG	
SYNJARDY TAB 5-1000MG	
SYNJARDY TAB 12.5-500	
SYNJARDY XR TAB	
SYNJARDY XR TAB 5-1000MG	
SYNJARDY XR TAB 10-1000	
SYNJARDY XR TAB 25-1000	
TRIJARDY XR TAB	
XIGDUO XR TAB 2.5-1000	
XIGDUO XR TAB 5-500MG	
XIGDUO XR TAB 10-500MG	
BIGUANIDES	
<i>metformin hcl tabs 500mg</i>	QL (4 tabs every 1 day)
<i>metformin hcl tabs 850mg, 1000mg</i>	QL (2 tabs every 1 day)
<i>metformin hcl tb24 500mg, 750mg</i>	QL (3 tabs every 1 day)
DIABETIC OTHER	
BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
<i>diazoxide (generic of PROGLYCEM) susp 50mg/ml</i>	
<i>glucagon (rdna) kit 1mg</i>	

Drug Name	Requirements/Limits
<i>mifepristone (hyperglycemia) (generic of KORLYM) tabs 300mg</i>	PA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	
Incretin Mimetic Agents	
MOUNJARO SOPN 2.5MG/0.5ML	PA, QL (8 pens every year)
MOUNJARO SOPN 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	PA, QL (4 pens every 25 days)
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML	PA, QL (1 pen every 25 days)
RYBELSUS TABS 3MG	PA, QL (60 tabs every year)
RYBELSUS TABS 7MG, 14MG	PA, QL (1 tab every 1 day)
TRULICITY SOPN 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	PA, QL (4 pens every 25 days)
TRULICITY SOPN .75MG/0.5ML	PA, QL (8 pens every year)
INSULIN	
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	
INSULIN DEGLUDEC SOLN 100UNIT/ML	
INSULIN DEGLUDEC FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	
LANTUS SOLN 100UNIT/ML	
LANTUS SOLOSTAR SOPN 100UNIT/ML	
NOVOLOG SOLN 100UNIT/ML	
NOVOLOG FLEXPEN SOPN 100UNIT/ML	
NOVOLOG FLEXPEN RELION SOPN 100UNIT/ML	
NOVOLOG MIX INJ 70/30	
NOVOLOG MIX INJ FLEX REL	
NOVOLOG MIX INJ FLEXPEN	
NOVOLOG PENFILL SOCT 100UNIT/ML	
NOVOLOG RELI INJ 70/30	
NOVOLOG RELION SOLN 100UNIT/ML	
REZVOGLAR KWIKPEN SOPN 100UNIT/ML	
INSULIN SENSITIZING AGENTS	
<i>pioglitazone hcl (generic of ACTOS) tabs 15mg, 30mg, 45mg</i>	
Meglitinide Analogues	
<i>nateglinide tabs 60mg, 120mg</i>	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	
<i>dapagliflozin propanediol tabs 5mg, 10mg</i>	
<i>INVOKANA TABS 100MG, 300MG</i>	
<i>JARDIANCE TABS 10MG, 25MG</i>	

Drug Name	Requirements/Limits
SULFONYLUREAS	
glimepiride tabs 1mg, 2mg, 4mg	
glipizide tabs 5mg, 10mg	
glipizide (generic of GLUCOTROL XL) tb24 2.5mg, 5mg, 10mg	
glipizide xl (generic of GLUCOTROL XL) tb24 2.5mg, 5mg, 10mg	
glyburide tabs 1.25mg, 2.5mg, 5mg	
glyburide micronized tabs 1.5mg, 3mg, 6mg	
ANTIDIARRHEAL/PROBIOTIC AGENTS	
ANTIPERISTALTIC AGENTS	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	QL (40 mL every 1 day)
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	QL (8 tabs every 1 day)
loperamide hcl caps 2mg	
ANTIDOTES AND SPECIFIC ANTAGONISTS	
ANTIDOTES - CHELATING AGENTS	
deferasirox (generic of JADENU SPRINKLE) pack 90mg, 180mg, 360mg	
deferasirox (generic of JADENU) tabs 90mg, 180mg, 360mg	
deferasirox (generic of EXJADE) tbso 125mg, 250mg, 500mg	
ANTIEMETICS	
5-HT3 RECEPTOR ANTAGONISTS	
gransetron hcl soln 1mg/ml	
gransetron hcl tabs 1mg	QL (2 tabs every 1 day)
ondansetron tbdp 4mg, 8mg	
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg	
ANTIEMETICS - ANTICHOLINERGIC	
meclizine hcl tabs 12.5mg, 25mg	
scopolamine (generic of TRANSDERM-SCOP) pt72 1mg/3days	
ANTIEMETICS - MISCELLANEOUS	
doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)	QL (4 tabs every 1 day)
dronabinol (generic of MARINOL) caps 2.5mg	
dronabinol caps 5mg, 10mg	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	
aprepitant (generic of EMEND) caps 80mg	QL (4 caps every 21 days)
aprepitant caps 125mg	QL (2 caps every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	QL (6 tabs every 21 days)

Drug Name	Requirements/Limits
ANTIFUNGALS	
ANTIFUNGALS	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	QL (34 tabs every 25 days)
IMIDAZOLE-RELATED ANTIFUNGALS	
<i>fluconazole (generic of DIFLUCAN) susr 10mg/ml, 40mg/ml; tabs 100mg, 200mg</i>	
<i>fluconazole tabs 50mg</i>	
<i>fluconazole (generic of DIFLUCAN) tabs 150mg</i>	QL (4 tabs every 25 days)
<i>itraconazole (generic of SPORANOX) caps 100mg</i>	
<i>posaconazole (generic of NOXAFILE) susp 40mg/ml; tbcc 100mg</i>	
<i>voriconazole (generic of VFEND) susr 40mg/ml; tabs 50mg, 200mg</i>	
ANTIHISTAMINES	
ANTIHISTAMINES - ALKYLAMINES	
<i>rycloben soln 2mg/5ml</i>	
ANTIHISTAMINES - ETHANOLAMINES	
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	
ANTIHISTAMINES - NON-SEDATING	
<i>cetirizine hcl soln 1mg/ml</i>	
<i>desloratadine (generic of CLARINEX) tabs 5mg</i>	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	
ANTIHISTAMINES - PHENOTHIAZINES	
<i>promethazine hcl soln 6.25mg/5ml</i>	QL (1000 mL every 25 days)
<i>promethazine hcl supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>promethazine supp 12.5mg, 25mg, 50mg</i>	
ANTIHISTAMINES - PIPERIDINES	
<i>cyproheptadine hcl syrup 2mg/5ml; tabs 4mg</i>	
ANTIHYPERLIPIDEMICS	
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS	
<i>NEXLETOL TABS 180MG</i>	
ANGIOPOETIN-LIKE PROTEIN INHIBITORS	
<i>EVKEEZA SOLN 345MG/2.3ML, 1200MG/8ML</i>	PA
ANTIHYPERLIPIDEMICS - COMBINATIONS	
<i>ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)</i>	
<i>ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)</i>	

Drug Name	Requirements/Limits
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)	
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)	
NEXLIZET TAB 180/10MG	
ANTIHYPERLIPIDEMICS - MISC.	
icosapent ethyl (generic of VASCEPA) caps .5gm, 1gm PA	
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA) PA	
BILE ACID SEQUESTRANTS	
cholestyramine (generic of QUESTRAN) pack 4gm; powd 4gm/dose	
cholestyramine light pack 4gm	
cholestyramine light (generic of QUESTRAN LIGHT) powd 4gm/dose	
prevalite pack 4gm	
prevalite (generic of QUESTRAN LIGHT) powd 4gm/dose	
FIBRIC ACID DERIVATIVES	
fenofibrate (generic of TRICOR) tabs 48mg	
fenofibrate tabs 54mg, 160mg	
fenofibrate micronized caps 67mg, 134mg, 200mg	
HMG COA REDUCTASE INHIBITORS	
atorvastatin calcium (generic of LIPITOR) tabs 10mg, 20mg, 40mg, 80mg	
lovastatin tabs 10mg, 20mg, 40mg	
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	
rosuvastatin calcium (generic of CRESTOR) tabs 5mg, 10mg, 20mg, 40mg	
simvastatin tabs 5mg, 80mg	
simvastatin (generic of ZOCOR) tabs 10mg, 20mg, 40mg	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
ezetimibe (generic of ZETIA) tabs 10mg	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS	
JUXTAPID CAPS 5MG, 10MG, 20MG, 30MG PA	
NICOTINIC ACID DERIVATIVES	
niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
PRALUENT SOAJ 75MG/ML, 150MG/ML	

Drug Name	Requirements/Limits
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ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl tabs 5mg</i>
<i>benazepril hcl (generic of LOTENSIN) tabs 10mg, 20mg, 40mg</i>
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>
<i>enalapril maleate (generic of VASOTEC) tabs 2.5mg, 5mg, 10mg, 20mg</i>
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>
<i>lisinopril (generic of ZESTRIL) 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 (generic of ALTACE) caps 1.25mg, 2.5mg, 5mg, 10mg</i>
<i>trandolapril tabs 1mg, 2mg, 4mg</i>

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil (generic of ATACAND) tabs 4mg, 8mg, 16mg, 32mg</i>
<i>irbesartan (generic of AVAPRO) tabs 75mg, 150mg, 300mg</i>
<i>losartan potassium (generic of COZAAR) tabs 25mg, 50mg, 100mg</i>
<i>olmesartan medoxomil (generic of BENICAR) tabs 5mg, 20mg, 40mg</i>
<i>telmisartan (generic of MICARDIS) tabs 20mg, 40mg, 80mg</i>
<i>valsartan (generic of DIOVAN) tabs 40mg, 80mg, 160mg, 320mg</i>

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine (generic of CATAPRES-TTS-1) ptwk .1mg/24hr</i>
<i>clonidine (generic of CATAPRES-TTS-2) ptwk .2mg/24hr</i>
<i>clonidine (generic of CATAPRES-TTS-3) ptwk .3mg/24hr</i>
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>
<i>guanfacine hcl tabs 1mg, 2mg</i>
<i>methyldopa tabs 250mg, 500mg</i>
<i>prazosin hcl (generic of MINIPRESS) caps 1mg, 2mg, 5mg</i>
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>

Drug Name	Requirements/Limits
ANTIHYPERTENSIVE COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
<i>(generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>(generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
<i>(generic of LOTREL)</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
<i>(generic of LOTREL)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	
<i>(generic of AZOR)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	
<i>(generic of AZOR)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	
<i>(generic of AZOR)</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	
<i>(generic of AZOR)</i>	
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i>	
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>(generic of LOTENSIN HCT)</i>	

Drug Name	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5- 12.5 mg (generic of TRIBENZOR)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5- 12.5 mg (generic of TRIBENZOR)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5- 25 mg (generic of TRIBENZOR)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10- 12.5 mg (generic of TRIBENZOR)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10- 25 mg (generic of TRIBENZOR)</i>	

Drug Name	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	
<i>eplerenone (generic of INSPIRA) tabs 25mg, 50mg</i>	
VASODILATORS	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>minoxidil tabs 2.5mg, 10mg</i>	
ANTIMALARIALS	
ANTIMALARIAL COMBINATIONS	
<i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i>	
<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	
ANTIMALARIALS	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	
<i>hydroxychloroquine sulfate (generic of PLAQUENIL) tabs 200mg</i>	
<i>mefloquine hcl tabs 250mg</i>	
<i>primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) tabs 26.3mg</i>	

Drug Name	Requirements/Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
pyridostigmine bromide (generic of MESTINON) soln 60mg/5ml; tabs 60mg	
ANTIMYCOBACTERIAL AGENTS	
ANTIMYCOBACTERIAL AGENTS	
ethambutol hcl tabs 100mg	
ethambutol hcl (generic of MYAMBUTOL) tabs 400mg	
isoniazid syrup 50mg/5ml; tabs 100mg, 300mg	
PRETOMANID TABS 200MG	PA
PRIFTIN TABS 150MG	
pyrazinamide tabs 500mg	
rifabutin (generic of MYCOPHENOTAB) caps 150mg	
rifampin caps 150mg, 300mg	
SIRTURO TABS 20MG, 100MG	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ALKYLATING AGENTS	
cyclophosphamide caps 25mg, 50mg	
LEUKERAN TABS 2MG	
melphalan tabs 2mg	
MYLERAN TABS 2MG	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	
ANTIMETABOLITES	
capecitabine (generic of XELODA) tabs 150mg, 500mg	
mercaptopurine tabs 50mg	
methotrexate sodium tabs 2.5mg	
ONUREG TABS 200MG, 300MG	PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS	
TUKYSA TABS 50MG, 150MG	PA
ANTINEOPLASTIC - ANTIBODIES	
ADCETRIS SOLR 50MG	PA
BLINCYTO SOLR 35MCG	PA
DANYELZA SOLN 40MG/10ML	PA
LUNSUMIO SOLN 1MG/ML, 30MG/30ML	PA
POTELIGEO SOLN 20MG/5ML	PA
TIVDAK SOLR 40MG	PA
YERVOY SOLN 50MG/10ML, 200MG/40ML	PA
ZYNLONTA SOLR 10MG	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS	
VENCLEXTA TABS 10MG, 50MG, 100MG	
VENCLEXTA TAB START PK	QL (42 tabs every year)

Drug Name	Requirements/Limits
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY	
ABECMA INJ	PA
BREYANZI SUSP 70000000CELLS	PA
YESCARTA INJ	PA
ANTINEOPLASTIC - EGFR INHIBITORS	
erlotinib hcl (generic of TARCEVA) tabs 25mg, 100mg, 150mg	
EXKIVITY CAPS 40MG	PA
TAGRISSO TABS 40MG, 80MG	
VIZIMPRO TABS 15MG, 30MG, 45MG	
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
abiraterone acetate (generic of ZYTIGA) tabs 250mg, 500mg	
anastrozole (generic of ARIMIDEX) tabs 1mg	
bicalutamide (generic of CASODEX) tabs 50mg	
CAMCEVI PRSY 42MG	
ELIGARD KIT 45MG	
exemestane (generic of AROMASIN) tabs 25mg	
FIRMAGON SOLR 80MG, 120MG/VIAL	
letrozole (generic of FEMARA) tabs 2.5mg	
leuprolide acetate kit 1mg/0.2ml	
LUPRON DEPOT (1-MONTH) KIT 3.75MG, 7.5MG	PA
LUPRON DEPOT (3-MONTH) KIT 11.25MG, 22.5MG	PA
LUPRON DEPOT (4-MONTH) KIT 30MG	PA
LYSODREN TABS 500MG	
megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg	
NUBEQA TABS 300MG	PA
ORGOVYX TABS 120MG	
ORSERDU TABS 86MG, 345MG	PA
tamoxifen citrate tabs 10mg, 20mg	
toremifene citrate (generic of FARESTON) tabs 60mg	
TRELSTAR MIXJECT SUSR 3.75MG, 11.25MG, 22.5MG	PA
XTANDI CAPS 40MG; TABS 40MG, 80MG	PA
ZOLADEX IMPL 3.6MG, 10.8MG	PA
ANTINEOPLASTIC - IMMUNOMODULATORS	
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS	
AYVAKIT TABS 25MG, 50MG, 100MG, 200MG, 300MG	PA
ANTINEOPLASTIC - XPO1 INHIBITORS	
XPOVIO TBPK 40MG, 50MG, 60MG	PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	PA

Drug Name	Requirements/Limits
ANTINEOPLASTIC COMBINATIONS	
DARZALEX SOL FASPRO	
LONSURF TAB 15-6.14	
LONSURF TAB 20-8.19	
RITUXAN INJ HYCELA	
ANTINEOPLASTIC ENZYME INHIBITORS	
ALECENSA CAPS 150MG	PA
ALUNBRIG TABS 30MG, 90MG, 180MG	PA
ALUNBRIG PAK	PA
BALVERSA TABS 3MG, 4MG, 5MG	PA
BOSULIF TABS 100MG, 500MG	PA
BRAFTOVI CAPS 75MG	PA
CABOMETYX TABS 20MG, 40MG, 60MG	PA
CALQUENCE TABS 100MG	PA
COTELLIC TABS 20MG	PA
FOTIVDA CAPS .89MG, 1.34MG	PA
GAVRETO CAPS 100MG	PA
IBRANCE CAPS 75MG, 100MG, 125MG	PA
<i>imatinib mesylate</i> (generic of GLEEVEC) tabs 100mg, 400mg	
IMBRUVICA CAPS 140MG	PA
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	PA
JAYPIRCA TABS 50MG, 100MG	PA
KISQALI TBPK 200MG	
KRAZATI TABS 200MG	PA
<i>lapatinib ditosylate</i> (generic of TYKERB) tabs 250mg	
LORBRENA TABS 25MG, 100MG	PA
LUMAKRAS TABS 120MG, 320MG	PA
MEKINIST TABS .5MG, 2MG	
MEKTOVI TABS 15MG	PA
QINLOCK TABS 50MG	PA
RETEVMO CAPS 40MG, 80MG	PA
ROZLYTREK CAPS 100MG, 200MG	PA
RUBRACA TABS 200MG, 250MG, 300MG	PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	QL (1 tab every 1 day)
<i>sunitinib malate</i> (generic of SUTENT) caps 12.5mg, 25mg, 37.5mg, 50mg	
TABRECTA TABS 150MG, 200MG	PA
TAFINLAR CAPS 50MG, 75MG	PA
TALZENNA CAPS .1MG, .25MG, .35MG, .5MG, .75MG, 1MG	PA
TASIGNA CAPS 50MG, 150MG, 200MG	
TAZVERIK TABS 200MG	PA

Drug Name	Requirements/Limits
TIBSOVO TABS 250MG	PA
TURALIO CAPS 125MG	
VITRAKVI CAPS 25MG, 100MG	PA
XALKORI CAPS 200MG, 250MG	PA
XOSPATA TABS 40MG	PA
ZEJULA TABS 100MG, 200MG, 300MG	PA
ZELBORAF TABS 240MG	PA
ZYDELIG TABS 100MG, 150MG	PA

ANTINEOPLASTICS MISC.

ACTIMMUNE SOLN 2000000UNIT/0.5ML	PA
bexarotene (generic of TARGRETIN) caps 75mg	
hydroxyurea (generic of HYDREA) caps 500mg	
MATULANE CAPS 50MG	
tretinoin (chemotherapy) caps 10mg	

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg

MITOTIC INHIBITORS

etoposide caps 50mg

TOPOISOMERASE I INHIBITORS

HYCAMTIN CAPS .25MG, 1MG	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS	

ANTIPARKINSON DOPAMINERGICS

amantadine hcl caps 100mg; soln 50mg/5ml
bromocriptine mesylate (generic of PARLODEL) caps 5mg; tabs 2.5mg
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)
carbidopa & levodopa tab 25-250 mg
carbidopa & levodopa tab er 25-100 mg
carbidopa & levodopa tab er 50-200 mg
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg
carbidopa-levodopa-entacapone tabs 25-100-200 mg
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)
carbidopa-levodopa-entacapone tabs 50-200-200 mg
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR
pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg

Drug Name	Requirements/Limits
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	
XADAGO TABS 50MG, 100MG	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS	
PHENOTHIAZINES	
<i>compro supp 25mg</i>	
<i>prochlorperazine supp 25mg</i>	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
ANTIVIRALS	
ANTIRETROVIRALS	
<i>abacavir sulfate (generic of ZIAGEN) soln 20mg/ml</i>	
<i>abacavir sulfate tabs 300mg</i>	
<i>abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)</i>	
APRETUDE SUER 600MG/3ML	PA
APTVUS CAPS 250MG	
<i>atazanavir sulfate caps 150mg</i>	
<i>atazanavir sulfate (generic of REYATAZ) caps 200mg, 300mg</i>	
BIKTARVY TAB	
CABENUVA SUS 400-600	PA
CABENUVA SUS 600-900	PA
CIMDUO TAB 300-300	
COMPLERA TAB	
<i>darunavir (generic of PREZISTA) tabs 600mg, 800mg</i>	
DELSTRIGO TAB	
DESCOVY TAB 200/25MG	PA
DOVATO TAB 50-300MG	
EDURANT TABS 25MG	
<i>efavirenz (generic of SUSTIVA) tabs 600mg</i>	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)</i>	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)</i>	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)</i>	
<i>emtricitabine (generic of EMTRIVA) caps 200mg</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)</i>	

Drug Name	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	
EMTRIVA SOLN 10MG/ML	
<i>etravirine (generic of INTELENCE) tabs 100mg, 200mg</i>	
EVOTAZ TAB 300-150	
<i>fosamprenavir calcium (generic of LEXIVA) tabs 700mg</i>	
GENVOYA TAB	
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	
ISENTRESS HD TABS 600MG	
JULUCA TAB 50-25MG	
<i>lamivudine (generic of EPIVIR) soln 10mg/ml; tabs 150mg, 300mg</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i>	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)</i>	
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	
<i>maraviroc (generic of SELZENTRY) tabs 150mg, 300mg</i>	
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg</i>	
ODEFSEY TAB	
PIFELTRO TABS 100MG	
PREZCOBIX TAB 800-150	
PREZISTA SUSP 100MG/ML; TABS 75MG, 150MG	
<i>ritonavir (generic of NORVIR) tabs 100mg</i>	
RUKOBIA TB12 600MG	
SELZENTRY SOLN 20MG/ML	
STRIBILD TAB	
SUNLENCA SOLN 463.5MG/1.5ML; TBPK 300MG PA	
SYMTUZA TAB	
<i>tenofovir disoproxil fumarate (generic of VIREAD) tabs 300mg</i>	
TIVICAY TABS 50MG	
TIVICAY PD TBSO 5MG	
TRIUMEQ PD TAB	
TRIUMEQ TAB	
TROGARZO SOLN 200MG/1.33ML	
TYBOST TABS 150MG	
VIREAD POWD 40MG/GM; TABS 150MG, 200MG, 250MG	
<i>zidovudine (generic of RETROVIR) caps 100mg; syrup 50mg/5ml</i>	

Drug Name	Requirements/Limits
<i>zidovudine tabs 300mg</i>	
ANTIVIRAL COMBINATIONS	
PAXLOVID TAB 150-100	
PAXLOVID TAB 300-100	
CMV AGENTS	
LIVTENCITY TABS 200MG	PA
<i>valganciclovir hcl (generic of VALCYTE) solr 50mg/ml; tabs 450mg</i>	
HEPATITIS AGENTS	
BARACLUDE SOLN .05MG/ML	
<i>entecavir (generic of BARACLUDE) tabs .5mg, 1mg</i>	
<i>lamivudine (hbv) tabs 100mg</i>	
MAVYRET TAB 100-40MG	PA
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	
SOFOS/VELPAT TAB 400-100	PA
VEMLIDY TABS 25MG	PA
HERPES AGENTS	
<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>valacyclovir hcl (generic of VALTREX) tabs 1gm, 500mg</i>	
INFLUENZA AGENTS	
<i>oseltamivir phosphate (generic of TAMIFLU) caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	
BETA BLOCKERS	
ALPHA-BETA BLOCKERS	
<i>carvedilol (generic of COREG) tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
<i>carvedilol phosphate (generic of COREG CR) cp24 10mg, 20mg, 40mg, 80mg</i>	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
BETA BLOCKERS CARDIO-SELECTIVE	
<i>atenolol (generic of TENORMIN) tabs 25mg, 50mg, 100mg</i>	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>metoprolol succinate (generic of TOPROL XL) tb24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate tabs 25mg</i>	
<i>metoprolol tartrate (generic of LOPRESSOR) tabs 50mg, 100mg</i>	
<i>nebivolol hcl (generic of BYSTOLIC) tabs 2.5mg, 5mg, 10mg, 20mg</i>	

Drug Name	Requirements/Limits
BETA BLOCKERS NON-SELECTIVE	
<i>nadolol</i> (generic of CORGARD) tabs 20mg, 40mg	
<i>nadolol</i> tabs 80mg	
<i>pindolol</i> tabs 5mg, 10mg	
<i>propranolol hcl</i> (generic of INDERAL LA) cp24 60mg, 80mg, 120mg, 160mg	
<i>propranolol hcl</i> soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	
<i>sotalol hcl</i> (generic of BETAPACE) tabs 80mg, 120mg, 160mg	
<i>sotalol hcl</i> tabs 240mg	
<i>sotalol hcl</i> (afib/afl) (generic of BETAPACE AF) tabs 80mg, 120mg, 160mg	
<i>timolol maleate</i> tabs 5mg, 10mg, 20mg	
CALCIUM CHANNEL BLOCKERS	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate</i> (generic of NORVASC) tabs 2.5mg, 5mg, 10mg	
<i>cartia xt</i> (generic of CARDIZEM CD) cp24 120mg, 180mg, 240mg, 300mg	
<i>dilt-xr</i> cp24 120mg, 180mg, 240mg	
<i>diltiazem hcl</i> cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 90mg	
<i>diltiazem hcl</i> (generic of CARDIZEM) tabs 30mg, 60mg, 120mg	
<i>diltiazem hcl</i> (generic of CARDIZEM LA) tb24 360mg	
<i>diltiazem hcl</i> coated beads (generic of CARDIZEM CD) cp24 120mg, 180mg, 240mg, 300mg, 360mg	
<i>diltiazem hcl</i> extended release beads (generic of TIAZAC) cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	
<i>felodipine</i> tb24 2.5mg, 5mg, 10mg	
<i>matzim la</i> (generic of CARDIZEM LA) tb24 360mg	
<i>nicardipine hcl</i> caps 20mg, 30mg	
<i>nifedipine</i> caps 10mg; tb24 30mg, 60mg, 90mg	
<i>nifedipine</i> (generic of PROCARDIA XL) tb24 30mg, 60mg, 90mg	
<i>nimodipine</i> caps 30mg	
<i>taztia xt</i> (generic of TIAZAC) cp24 120mg, 180mg, 240mg, 300mg, 360mg	
<i>tiadylt er</i> (generic of TIAZAC) cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	
<i>verapamil hcl</i> cp24 100mg, 200mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg	

Drug Name	Requirements/Limits
verapamil hcl (generic of VERELAN) cp24 120mg, 180mg, 240mg	
CARDIOTONICS	
CARDIAC GLYCOSIDES	
digoxin soln .05mg/ml	
digoxin (generic of LANOXIN) tabs 125mcg, 250mcg	
CARDIOVASCULAR AGENTS - MISC.	
CARDIAC MYOSIN INHIBITORS	
CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	
amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)	
amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)	
amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)	
amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)	
amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)	
amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)	
amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)	
amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)	
ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)	
PROSTAGLANDIN VASODILATORS	
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	
REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	
treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	
TYVASO SOLN .6MG/ML	
TYVASO REFILL SOLN .6MG/ML	
TYVASO STARTER SOLN .6MG/ML	

Drug Name	Requirements/Limits
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	
ambrisentan (generic of LETAIRIS) tabs 5mg, 10mg	
OPSUMIT TABS 10MG	
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	
alyq (generic of ADCIRCA) tabs 20mg	PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) susr 10mg/ml	PA required for age 6 and older
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) tabs 20mg	PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA) tabs 20mg	PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	
UPTRAVI TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	
UPTRAVI PACK TAB 200/800	
SINUS NODE INHIBITORS	
CORLANOR TABS 5MG, 7.5MG	
CEPHALOSPORINS	
CEPHALOSPORINS - 1ST GENERATION	
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	
cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml	
CEPHALOSPORINS - 2ND GENERATION	
cefuroxime axetil tabs 250mg	QL (28 tabs every 25 days)
cefuroxime axetil tabs 500mg	
CEPHALOSPORINS - 3RD GENERATION	
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	
cefpodoxime proxetil tabs 100mg, 200mg	
CONTRACEPTIVES	
COMBINATION CONTRACEPTIVES - ORAL	
afirmelle	
altavera	
alyacen 1/35	
alyacen 7/7/7	
amethia	
amethyst	
apri	
aranelle	
ashlyna	
aubra eq	
aurovela 1.5/30	

Drug Name	Requirements/Limits
aurovela 1/20	
aurovela 24 fe	
aurovela fe 1.5/30	
aurovela fe 1/20	
aviane	
ayuna	
azurette	
balziva	
blisovi 24 fe	
blisovi fe 1.5/30	
blisovi fe 1/20	
briellyn	
camrese	
camrese lo	
chateal eq	
cryselle-28	
cyred eq	
dasetta 1/35	
dasetta 7/7/7	
daysee	
delyla	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	
dolishale	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02- 0.451 mg (generic of BEYAZ)	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	
elinest	
enpresse-28	
enskyce	
estarrylla	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	
falmina	
hailey 1.5/30	
hailey 24 fe	
hailey fe 1.5/30	
hailey fe 1/20	
iclevia	
introvale	
isibloom	

Drug Name	Requirements/Limits
<i>jaimiess</i>	
<i>jasmiel (generic of YAZ)</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>kalliga</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>	
<i>levonorgestrel & ethynodiolide (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethynodiolide tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethynodiolide tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-ethynodiolide tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethynodiolide (continuous) tab 90-20 mcg</i>	
<i>levora 0.15/30-28</i>	
<i>LO LOESTRIN TAB 1-10-10</i>	
<i>lo-zumandimine (generic of YAZ)</i>	
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	

Drug Name	Requirements/Limits
<i>loestrin fe 1/20</i>	
<i>lojaimies</i>	
<i>loryna (generic of YAZ)</i>	
<i>low-ogestrel</i>	
<i>lutera</i>	
<i>marlissa</i>	
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	
<i>microgestin 24 fe</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>	
<i>nikki (generic of YAZ)</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 ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-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 & ethinyl estradiol-fe tab 1.5 mg-30 mcg</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 (generic of ORTHO TRI-CYCLEN LO)</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35</i>	
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	
<i>nymyo</i>	
<i>ocella (generic of YASMIN 28)</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>portia-28</i>	
<i>reclipsen</i>	
<i>rivilsa</i>	
<i>setlakin</i>	

Drug Name	Requirements/Limits
<i>simliya</i>	
<i>simpesse</i>	
<i>sprintec 28</i>	
<i>sronyx</i>	
<i>syeda</i> (generic of YASMIN 28)	
<i>tarina 24 fe</i>	
<i>tarina fe 1/20 eq</i>	
<i>tilia fe</i>	
<i>tri-estarrylla</i>	
<i>tri-legest fe</i>	
<i>tri-linyah</i>	
<i>tri-lo-estarrylla</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	
<i>trivora-28</i>	
<i>turqoz</i>	
<i>velivet</i>	
<i>vestura</i> (generic of YAZ)	
<i>vienna</i>	
<i>viorele</i>	
<i>volnea</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>wymzya fe</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i> (generic of YASMIN 28)	

COMBINATION CONTRACEPTIVES - TRANSDERMAL

norelgestromin-ethynodiol dihydrogen phosphate 150-35 mcg/24hr
xulane
zafemy

COMBINATION CONTRACEPTIVES - VAGINAL

eluryng (generic of NUVARING)
enilloring (generic of NUVARING)
etonogestrel-ethynodiol dihydrogen phosphate 0.120-0.015 mg/24hr (generic of NUVARING)

Drug Name	Requirements/Limits
<i>haloette (generic of NUVARING)</i>	
COPPER CONTRACEPTIVES - IUD	
PARAGARD IUD T380A	
EMERGENCY CONTRACEPTIVES	
ELLA TABS 30MG	
PROGESTIN CONTRACEPTIVES - IMPLANTS	
NEXPLANON IMPL 68MG	
PROGESTIN CONTRACEPTIVES - INJECTABLE	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) susp 150mg/ml; susy 150mg/ml</i>	
PROGESTIN CONTRACEPTIVES - IUD	
KYLEENA IUD 19.5MG	
LILETTA IUD 20.1MCG/DAY	
MIRENA IUD 20MCG/DAY	
SKYLA IUD 13.5MG	
PROGESTIN CONTRACEPTIVES - ORAL	
<i>camila tabs .35mg</i>	
<i>deblitane tabs .35mg</i>	
<i>errin tabs .35mg</i>	
<i>heather tabs .35mg</i>	
<i>incassia tabs .35mg</i>	
<i>jencycla tabs .35mg</i>	
<i>lyeq tabs .35mg</i>	
<i>lyza tabs .35mg</i>	
<i>nora-be tabs .35mg</i>	
<i>norethindrone (contraceptive) tabs .35mg</i>	
<i>norlyroc tabs .35mg</i>	
<i>sharobel tabs .35mg</i>	
CORTICOSTEROIDS	
GLUCOCORTICOSTEROIDS	
<i>budesonide cprep 3mg</i>	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	
DEXAMETHASONE INTENSOL CONC 1MG/ML	
<i>hydrocortisone (generic of CORTEF) tabs 5mg, 10mg, 20mg</i>	
<i>methylprednisolone (generic of MEDROL) tabs 4mg, 8mg, 16mg</i>	
<i>methylprednisolone tabs 32mg</i>	
<i>methylprednisolone (generic of MEDROL DOSEPAK) tbpk 4mg</i>	

Drug Name	Requirements/Limits
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate (generic of PEDIAPRED) soln 5mg/5ml</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
TARPEYO CPDR 4MG	PA
MINERALOCORTICOIDS	
<i>fludrocortisone acetate tabs .1mg</i>	
COUGH/COLD/ALLERGY	
ANTITUSSIVES	
<i>benzonatate caps 100mg, 200mg</i>	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 PA mg/5ml (generic of HYCODAN)</i>	
<i>hydrocodone bitart-homatropine methylbromide tab 5- 1.5 mg (generic of HYCODAN)</i>	
<i>hydromet (generic of HYCODAN)</i>	PA
COUGH/COLD/ALLERGY COMBINATIONS	
<i>bromfed dm</i>	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	
EXPECTORANTS	
<i>potassium iodide (expectorant) soln 1gm/ml</i>	
MISC. RESPIRATORY INHALANTS	
<i>nebusal nebu 3%</i>	
<i>pulmosal nebu 7%</i>	
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	
MUCOLYTICS	
<i>acetylcysteine soln 10%, 20%</i>	
DERMATOLOGICALS	
ACNE PRODUCTS	
<i>accutane caps 10mg, 20mg, 30mg, 40mg</i>	
<i>adapalene (generic of DIFFERIN) crea .1%; gel .3%</i>	
<i>amnesteem caps 10mg, 20mg, 40mg</i>	
<i>avar cleanser</i>	
<i>benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)</i>	
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	
<i>clindamycin phosphate (topical) (generic of CLINDAGEL) gel 1%</i>	
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) lotn 1%</i>	
<i>clindamycin phosphate (topical) soln 1%; swab 1%</i>	

Drug Name	Requirements/Limits
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	
<i>ery pads 2%</i>	
<i>erythromycin (acne aid) (generic of ERYGEL) gel 2%</i>	
<i>erythromycin (acne aid) soln 2%</i>	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	
<i>tretinoin (generic of RETIN-A) crea .025%, .05%, .1%; gel .01%, .025%</i>	
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	
ANTI-INFLAMMATORY AGENTS - TOPICAL	
<i>diclofenac sodium (topical) gel 1%; soln 1.5%</i>	
ANTIBIOTICS - TOPICAL	
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	
<i>mupirocin oint 2%</i>	
ANTIFUNGALS - TOPICAL	
<i>ciclopirox sham 1%; soln 8%</i>	
<i>ciclopirox olamine crea .77%; susp .77%</i>	
<i>clotrimazole (topical) crea 1%; soln 1%</i>	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	
<i>ketoconazole (topical) crea 2%; sham 2%</i>	
<i>klayesta powd 100000unit/gm</i>	
<i>nyamyc powd 100000unit/gm</i>	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	
<i>nystop powd 100000unit/gm</i>	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	
<i>fluorouracil (topical) (generic of EFUDEX) crea 5%</i>	
<i>fluorouracil (topical) soln 2%, 5%</i>	
ANTIPSORIATICS	
<i>calcipotriene oint .005%; soln .005%</i>	
<i>calcitrene oint .005%</i>	
<i>COSENTYX SOSY 75MG/0.5ML, 150MG/ML</i>	
<i>COSENTYX SENSOREADY PEN SOAJ 150MG/ML</i>	
<i>COSENTYX UNOREADY SOAJ 300MG/2ML</i>	
<i>STELARA SOLN 45MG/0.5ML</i>	PA
<i>STELARA SOSY 45MG/0.5ML, 90MG/ML</i>	PA
ANTISEBORRHEIC PRODUCTS	
<i>selenium sulfide lotn 2.5%</i>	
BURN PRODUCTS	
<i>silver sulfadiazine (generic of SILVADENE) crea 1%</i>	

Drug Name	Requirements/Limits
ssd (generic of SILVADENE) crea 1%	
CORTICOSTEROIDS - TOPICAL	
alclometasone dipropionate crea .05%; oint .05%	
betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%	
betamethasone valerate crea .1%; lotn .1%; oint .1%	
clobetasol propionate crea .05%; oint .05%; soln .05%	
clobetasol propionate emollient base crea .05%	
desonide (generic of DESOWEN) crea .05%	
desonide oint .05%	
fluocinolone acetonide crea .01%; soln .01%	
fluocinolone acetonide (generic of SYNALAR) crea .025%; oint .025%	
fluocinolone acetonide (generic of DERMA-SMOOTH/FS BODY) oil .01%	
fluocinolone acetonide (generic of DERMA-SMOOTH/FS SCALP) oil .01%	
fluocinonide crea .05%; gel .05%; oint .05%; soln .05%	
fluocinonide emulsified base crea .05%	
halobetasol propionate crea .05%; oint .05%	
hydrocortisone (topical) crea 2.5%; lotn 2.5%; oint 1%, 2.5%	
hydrocortisone valerate crea .2%; oint .2%	
mometasone furoate crea .1%; oint .1%; soln .1%	
triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%	
triderm crea .5%	
ECZEMA AGENTS	
DUPIXENT SOPN 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	
OPZELURA CREA 1.5%	PA, QL (180 gm every 28 days)
EMOLLIENT/KERATOLYTIC AGENTS	
cerovel lotn 40%	
urea crea 39%, 40%; lotn 40%	
uredeb crea 39%	
uremez-40 crea 40%	
xurea crea 39%	
EMOLLIENTS	
lactic acid (ammonium lactate) crea 12%; lotn 12%	
ENZYMES - TOPICAL	
SANTYL OINT 250UNIT/GM	QL (150 gm every 25 days)
IMMUNOMODULATING AGENTS - TOPICAL	
imiquimod crea 5%	

Drug Name	Requirements/Limits
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus (generic of ELIDEL) crea 1%</i>	PA; Covered for younger than age 2
<i>tacrolimus (topical) oint .1%</i>	PA; Covered for age 16 and older
<i>tacrolimus (topical) oint .03%</i>	PA; Covered for age 2 and older
KERATOLYTIC/ANTIMITOTIC AGENTS	
<i>podofilox soln .5%</i>	
LOCAL ANESTHETICS - TOPICAL	
<i>lidocaine (generic of LIDODERM) ptch 5%</i>	
<i>lidocaine hcl crea 3%; soln 4%</i>	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
<i>lidocan iii (generic of LIDODERM) ptch 5%</i>	
<i>lidopin crea 3%</i>	
<i>proxivol gel 2%</i>	
<i>7t lido gel gel 2%</i>	
MISC. TOPICAL	
<i>DRYSOL SOLN 20%</i>	
<i>QBREXZA PADS 2.4%</i>	PA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	
<i>EUCRISA OINT 2%</i>	PA required for age 2 and older
ROSACEA AGENTS	
<i>metronidazole (topical) (generic of METROCREAM) crea .75%</i>	
<i>metronidazole (topical) gel .75%</i>	
<i>metronidazole (topical) (generic of METROLOTION) lotn .75%</i>	
SCABICIDES & PEDICULICIDES	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	
WOUND CARE PRODUCTS	
<i>COLLANEX POW</i>	
<i>REGRANEX GEL .01%</i>	
<i>VYJUVEK GEL</i>	PA
DIGESTIVE AIDS	
DIGESTIVE ENZYMES	
<i>ZENPEP CAP 3000UNIT</i>	
<i>ZENPEP CAP 5000UNIT</i>	
<i>ZENPEP CAP 10000UNT</i>	
<i>ZENPEP CAP 15000UNT</i>	
<i>ZENPEP CAP 20000UNT</i>	
<i>ZENPEP CAP 25000UNT</i>	

Drug Name	Requirements/Limits
ZENPEP CAP 40000UNT	
DIURETICS	
CARBONIC ANHYDRASE INHIBITORS	
acetazolamide cp12 500mg; tabs 125mg, 250mg	
methazolamide tabs 25mg, 50mg	
DIURETIC COMBINATIONS	
amiloride & hydrochlorothiazide tab 5-50 mg	
spironolactone & hydrochlorothiazide tab 25-25 mg	
triamterene & hydrochlorothiazide cap 37.5-25 mg	
triamterene & hydrochlorothiazide tab 37.5-25 mg	
triamterene & hydrochlorothiazide tab 75-50 mg	
(generic of MAXZIDE)	
LOOP DIURETICS	
bumetanide tabs 1mg, 2mg	
bumetanide (generic of BUMEX) tabs .5mg	
FUROSCIX CTKT 80MG/10ML	PA, QL (8 ea every 30 days)
furosemide soln 10mg/ml, 40mg/5ml	
furosemide (generic of LASIX) tabs 20mg, 40mg, 80mg	
torsemide tabs 5mg, 10mg, 20mg, 100mg	
POTASSIUM SPARING DIURETICS	
amiloride hcl tabs 5mg	
spironolactone (generic of ALDACTONE) tabs 25mg, 50mg, 100mg	
triamterene (generic of DYRENIUM) caps 50mg, 100mg	
THIAZIDES AND THIAZIDE-LIKE DIURETICS	
chlorthalidone tabs 25mg, 50mg	
DIURIL SUSP 250MG/5ML	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	
indapamide tabs 1.25mg, 2.5mg	
metolazone tabs 2.5mg, 5mg, 10mg	
THALITONE TABS 15MG	
ENDOCRINE AND METABOLIC AGENTS - MISC.	
BONE DENSITY REGULATORS	
alendronate sodium tabs 5mg, 10mg, 35mg	
alendronate sodium (generic of FOSAMAX) tabs 70mg	
calcitonin (salmon) soln 200unit/act	
FOSAMAX + D TAB 70-2800	
FOSAMAX + D TAB 70-5600	
PROLIA SOSY 60MG/ML	PA
TERIPARATIDE SOPN 620MCG/2.48ML	PA
TYMLOS SOPN 3120MCG/1.56ML	PA
XGEVA SOLN 120MG/1.7ML	PA

Drug Name	Requirements/Limits
GNRH/LHRH ANTAGONISTS	
ORILISSA TABS 150MG, 200MG	
GROWTH HORMONE RELEASING HORMONES (GHRH)	
EGRIFTA SV SOLR 2MG	PA
GROWTH HORMONES	
NGENLA SOPN 24MG/1.2ML, 60MG/1.2ML	PA
NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	PA
NUTROPIN AQ NUSPIN 5 SOPN 5MG/2ML	PA
NUTROPIN AQ NUSPIN 10 SOPN 10MG/2ML	PA
NUTROPIN AQ NUSPIN 20 SOPN 20MG/2ML	PA
SEROSTIM SOLR 4MG, 5MG, 6MG	PA
HORMONE RECEPTOR MODULATORS	
raloxifene hcl (generic of EVISTA) tabs 60mg	
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS	
TEPEZZA SOLR 500MG	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	PA
SUPPRELIN LA KIT 50MG	PA
MENOPAUSAL SYMPTOMS SUPPRESSANTS	
VEOZAH TABS 45MG	PA
METABOLIC MODIFIERS	
calcitriol (generic of ROCALTROL) caps .25mcg, .5mcg; soln 1mcg/ml	
cinacalcet hcl (generic of SENSIPIAR) tabs 30mg, 60mg, 90mg	
CRYSVITA SOLN 10MG/ML, 20MG/ML, 30MG/ML	PA
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	
ELAPRASE SOLN 6MG/3ML	PA
MYALEPT SOLR 11.3MG	PA
nitisinone (generic of ORFADIN) caps 2mg, 5mg, 10mg, 20mg	PA
NULIBRY SOLR 9.5MG	PA
RAVICTI LIQD 1.1GM/ML	PA
REVCOWI SOLN 2.4MG/1.5ML	PA
VIMIZIM SOLN 5MG/5ML	PA
XENPOZYME SOLR 4MG, 20MG	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
KERENDIA TABS 10MG, 20MG	PA
POSTERIOR PITUITARY HORMONES	
DESMOPRESSIN ACETATE SOLN 1.5MG/ML	

Drug Name	Requirements/Limits
<i>desmopressin acetate (generic of DDAVP) soln 4mcg/ml; tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	
PROLACTIN INHIBITORS	
<i>cabergoline tabs .5mg</i>	
SOMATOSTATIC AGENTS	
<i>octreotide acetate sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	
<i>SIGNIFOR LAR SRER 10MG, 20MG, 30MG, 40MG, 60MG</i>	
VASOPRESSIN RECEPTOR ANTAGONISTS	
<i>JYNARQUE TABS 15MG, 30MG; TBPK 15MG</i>	
<i>JYNARQUE PAK 30-15MG</i>	
<i>JYNARQUE PAK 45-15MG</i>	
<i>JYNARQUE PAK 60-30MG</i>	
<i>JYNARQUE PAK 90-30MG</i>	
ESTROGENS	
ESTROGEN COMBINATIONS	
<i>CLIMARA PRO DIS WEEKLY</i>	
<i>COMBIPATCH DIS</i>	
<i>covaryx hs</i>	
<i>eemt hs</i>	
<i>esterified estrogens/meth</i>	
<i>fyavolv</i>	
<i>jinteli</i>	
<i>norethindrone acetate-ethynodiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethynodiol tab 1 mg-5 mcg</i>	
<i>ORIAHNN CAP</i>	
<i>PREMPHASE TAB</i>	
<i>PREMPRO TAB</i>	
<i>PREMPRO TAB 0.3-1.5</i>	
<i>PREMPRO TAB 0.45-1.5</i>	
<i>PREMPRO TAB 0.625-5</i>	
ESTROGENS	
<i>ALORA PTTW .025MG/24HR, .075MG/24HR, .1MG/24HR</i>	
DEPO-ESTRADIOL OIL 5MG/ML	
<i>dotti (generic of VIVELLE-DOT) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	
<i>estradiol (generic of VIVELLE-DOT) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	

Drug Name	Requirements/Limits
estradiol (generic of CLIMARA) ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	
estradiol (generic of ESTRACE) tabs .5mg, 1mg, 2mg	
estradiol valerate (generic of DELESTROGEN) oil 10mg/ml, 20mg/ml, 40mg/ml	
lyllana (generic of MINIVELLE) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
FLUOROQUINOLONES	
FLUOROQUINOLONES	
CIPRO SUSR 5GM/100ML, 500MG/5ML	
ciprofloxacin hcl (generic of CIPRO) tabs 250mg, 500mg	
ciprofloxacin hcl tabs 750mg	
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	
moxifloxacin hcl tabs 400mg	
GASTROINTESTINAL AGENTS - MISC.	
GALLSTONE SOLUBILIZING AGENTS	
ursodiol caps 300mg	
ursodiol (generic of URSO 250) tabs 250mg	
ursodiol (generic of URSO FORTE) tabs 500mg	
GASTROINTESTINAL ANTIALLERGY AGENTS	
cromolyn sodium (mastocytosis) (generic of GASTROCROM) conc 100mg/5ml	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	
lubiprostone caps 8mcg	
lubiprostone (generic of AMITIZA) caps 24mcg	
GASTROINTESTINAL STIMULANTS	
metoclopramide hcl soln 5mg/5ml, 10mg/10ml	
metoclopramide hcl (generic of REGLAN) tabs 5mg, 10mg	
INFLAMMATORY BOWEL AGENTS	
balsalazide disodium (generic of COLAZAL) caps 750mg	
ENTYVIO SOPN 108MG/0.68ML	
mesalamine (generic of APRISO) cp24 .375gm	
mesalamine (generic of PENTASA) cpcr 500mg	
mesalamine (generic of DELZICOL) cpdr 400mg	
mesalamine enem 4gm; tbec 800mg	
mesalamine (generic of CANASA) supp 1000mg	
mesalamine (generic of LIALDA) tbec 1.2gm	
mesalamine w/ cleanser (generic of ROWASA) kit 4gm	

Drug Name	Requirements/Limits
OMVOH SOAJ 100MG/ML	PA
<i>sulfasalazine (generic of AZULFIDINE) tabs 500mg</i>	
<i>sulfasalazine (generic of AZULFIDINE EN-TABS) tbec 500mg</i>	
VELSIPITY TABS 2MG	PA
INTESTINAL ACIDIFIERS	
<i>enulose soln 10gm/15ml</i>	
<i>generlac soln 10gm/15ml</i>	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	
alosetron hcl (generic of LOTRONEX) tabs .5mg, 1mg	PA, QL (2 tabs every 1 day); Covered for females only
LIVE FECAL MICROBIOTA	
VOWST CAP	PA, QL (24 caps in lifetime)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	
MOVANTIK TABS 12.5MG, 25MG	
PHOSPHATE BINDER AGENTS	
AURYXIA TABS 210MG	
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	
<i>lanthanum carbonate (generic of FOSRENOL) chew 500mg, 750mg, 1000mg</i>	
<i>sevelamer carbonate (generic of RENVELA) pack .8gm, 2.4gm; tabs 800mg</i>	
SHORT BOWEL SYNDROME (SBS) AGENTS	
GATTEX KIT 5MG	PA
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
ORACIT SOL	
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 10) tbcr 10meq</i>	
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 5) tbcr 540mg</i>	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	
CYSTINOSIS AGENTS	
PROSYSBI CPDR 25MG, 75MG; PACK 75MG, 300MG	PA
HYPEROXALURIA AGENTS	
OXLUMO SOLN 94.5MG/0.5ML	PA
INTERSTITIAL CYSTITIS AGENTS	
ELMIRON CAPS 100MG	
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl (generic of UROXATRAL) tb24 10mg</i>	
<i>dutasteride (generic of AVODART) caps .5mg</i>	

Drug Name	Requirements/Limits
ENTADFI CAP 5-5MG	PA
<i>finasteride (generic of PROSCAR) tabs 5mg</i>	
<i>silodosin (generic of RAPAFLO) caps 4mg, 8mg</i>	
<i>tamsulosin hcl (generic of FLOMAX) caps .4mg</i>	
URINARY ANALGESICS	
<i>phenazo tabs 200mg</i>	
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	
GOUT AGENTS	
GOUT AGENT COMBINATIONS	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
GOUT AGENTS	
<i>allopurinol tabs 100mg, 300mg</i>	
<i>colchicine tabs .6mg</i>	
KRYSTEXXA SOLN 8MG/ML	PA
URICOSURICS	
<i>probenecid tabs 500mg</i>	
HEMATOLOGICAL AGENTS - MISC.	
ANTIHEMOPHILIC PRODUCTS	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	PA
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS	
<i>icatibant acetate (generic of FIRAZYR) sosy 30mg/3ml</i>	PA
<i>sajazir (generic of FIRAZYR) sosy 30mg/3ml</i>	PA
COMPLEMENT INHIBITORS	
CINRYZE SOLR 500UNIT	PA
EMPAVELI SOLN 1080MG/20ML	PA
HAEGARDA SOLR 2000UNIT, 3000UNIT	PA
SOLIRIS SOLN 300MG/30ML	PA
ULTOMIRIS SOLN 300MG/3ML, 1100MG/11ML	PA
HEMATOLOGIC - TYROSINE KINASE INHIBITORS	
TAVALISSE TABS 100MG, 150MG	PA
HEMATORHEOLOGIC AGENTS	
<i>pentoxifylline tbcr 400mg</i>	
PLASMA KALLIKREIN INHIBITORS	
ORLADEYO CAPS 110MG, 150MG	PA
TAKHZYRO SOLN 300MG/2ML	PA
PLATELET AGGREGATION INHIBITORS	
<i>anagrelide hcl caps 1mg</i>	
<i>anagrelide hcl (generic of AGRYLIN) caps .5mg</i>	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
BRILINTA TABS 60MG, 90MG	
CABLIVI KIT 11MG	PA

Drug Name	Requirements/Limits
<i>cilostazol tabs 50mg, 100mg</i>	
<i>clopidogrel bisulfate (generic of PLAVIX) tabs 75mg</i>	
<i>clopidogrel bisulfate tabs 300mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>prasugrel hcl (generic of EFFIENT) tabs 5mg, 10mg</i>	
ZONTIVITY TABS 2.08MG	PA
PYRUVATE KINASE ACTIVATORS	
PYRUKYND TABS 5MG, 20MG, 50MG	PA
PYRUKYND TAB 20MGX5MG	PA
PYRUKYND TAB 50MGX20M	PA
PYRUKYND TAPER PACK TBPK 5MG	PA
HEMATOPOIETIC AGENTS	
AGENTS FOR GAUCHER DISEASE	
CEREZYME SOLR 400UNIT	PA
AGENTS FOR SICKLE CELL DISEASE	
DROXIA CAPS 200MG, 300MG, 400MG	
ENDARI PACK 5GM	QL (180 packets every 25 days)
OXBRYTA TABS 300MG, 500MG; TBSO 300MG	
SIKLOS TABS 100MG, 1000MG	
COBALAMINS	
<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>dodex soln 1000mcg/ml</i>	
FOLIC ACID/FOLATES	
<i>folic acid tabs 1mg</i>	
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	
DOPTELET TABS 20MG	PA
JESDUVROQ TABS 1MG, 2MG, 4MG, 6MG, 8MG	PA
MULPLETA TABS 3MG	PA
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 40000UNIT/ML	
ZARXIO SOSY 300MCG/0.5ML, 480MCG/0.8ML	
ZIEXTENZO SOSY 6MG/0.6ML	
HEMATOPOIETIC MIXTURES	
<i>iferex 150 forte</i>	
<i>k-tan plus</i>	
<i>poly-iron 150 forte</i>	
<i>polysaccharide iron forte</i>	

Drug Name	Requirements/Limits
<i>purevit dualfe plus</i>	
<i>se-tan plus</i>	
<i>tandem plus</i>	
HEMOSTATICS	
HEMOSTATICS - SYSTEMIC	
<i>aminocaproic acid soln .25gm/ml, 250mg/ml; tabs 500mg, 1000mg</i>	
<i>tranexamic acid tabs 650mg</i>	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
BARBITURATE HYPNOTICS	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
LAXATIVES	
LAXATIVE COMBINATIONS	
<i>gavilyte-c</i>	
<i>gavilyte-g (generic of GOLYTELY)</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
<i>peg-3350/electrolytes/asc (generic of MOVIPREP)</i>	
LAXATIVES - MISCELLANEOUS	
<i>constulose soln 10gm/15ml</i>	
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	
MACROLIDES	
AZITHROMYCIN	
<i>azithromycin pack 1gm</i>	
<i>azithromycin (generic of ZITHROMAX) susr 100mg/5ml, 200mg/5ml</i>	
<i>azithromycin (generic of ZITHROMAX) tabs 250mg, 500mg</i>	QL (30 tabs every 25 days)
<i>azithromycin tabs 600mg</i>	QL (30 tabs every 25 days)
CLARITHROMYCIN	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
ERYTHROMYCINS	
<i>e.e.s. 400 tabs 400mg</i>	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	
<i>erythrocin stearate tabs 250mg</i>	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	
<i>erythromycin ethylsuccinate (generic of E.E.S. GRANULES) susr 200mg/5ml</i>	

Drug Name	Requirements/Limits
erythromycin ethylsuccinate (generic of ERYPED 400)	
susr 400mg/5ml	
erythromycin ethylsuccinate tabs 400mg	
FIDAXOMICIN	
DIFICID TABS 200MG	
MEDICAL DEVICES AND SUPPLIES	
CONTRACEPTIVES	
CAYA DPR	
FEMCAP MIS 22MM	
FEMCAP MIS 26MM	
FEMCAP MIS 30MM	
OMNIFLEX DPR	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	
DIABETIC SUPPLIES	
BD MICROTAIN MIS LANCETS	
DEXCOM G6 MIS RECEIVER	QL (1 each every 350 days)
DEXCOM G6 MIS SENSOR	QL (3 boxes every 24 days)
DEXCOM G6 MIS TRANSMIT	QL (1 box every 80 days)
DEXCOM G7 MIS RECEIVER	QL (1 each every 350 days)
DEXCOM G7 MIS SENSOR	QL (3 boxes every 24 days)
FREESTY LIBR KIT 2 SENSOR	QL (2 boxes every 24 days)
FREESTY LIBR KIT 3 SENSOR	QL (2 boxes every 24 days)
FREESTY LIBR MIS 2 READER	QL (1 each every 350 days)
FREESTY LIBR MIS 3 READER	QL (1 each every 350 days)
FREESTYLE KIT SENSOR	QL (2 boxes every 24 days)
FREESTYLE MIS READER	QL (1 each every 350 days)
OMNIPOD 5 G6 KIT INTRO	PA, QL (1 kit every year)
OMNIPOD 5 G6 MIS PODS	PA
OMNIPOD 5 G7 KIT INTRO	PA, QL (1 kit every year)
OMNIPOD 5 G7 MIS PODS	PA
OMNIPOD DASH KIT INTRO	PA
OMNIPOD DASH KIT PDM	PA
OMNIPOD DASH MIS PODS	PA
OMNIPOD GO KIT 2OUNT/DY	PA
OMNIPOD GO KIT 3OUNT/DY	PA
OMNIPOD GO KIT 4OUNT/DY	PA
OMNIPOD MIS CLASSIC	PA
V-GO 20 KIT	PA
V-GO 30 KIT	PA
V-GO 40 KIT	PA
MISC. DEVICES	
ALCOH-GLOVE PAD CONTOURE	
ALCOH-WIPE MIS 12"X12"	

Drug Name	Requirements/Limits
ESSENTRA WIPES 9X9" CLEAN SHEE 70%	
PARENTERAL THERAPY SUPPLIES	
CEQUR SIMPL KIT PATCH 2U	
FILTER ASPIR MIS 18GX3"	
INPEN 100EL MIS BLUE-HUM	
INPEN 100EL MIS GREY-HUM	
INPEN 100EL MIS PINK HUM	
INPEN 100NN MIS BLUE NOV	
INPEN 100NN MIS GREY NOV	
INPEN 100NN MIS PINK NOV	
INSULIN PEN NEEDLES	
INSULIN SYRG MIS 0.3/29G	
NEEDLE (DISPOSABLE)	
NOVOPEN ECHO MIS	
SIMPLICITY MIS INSERTER	
SYRINGE (DISPOSABLE)	
SYRINGE/NEEDLE (DISP)	
TUBERCULIN/ALLERGY SYRINGES	
RESPIRATORY THERAPY SUPPLIES	
AERCHMBR PLS MIS LRG MASK	
AERCHMBR PLS MIS SM MASK	
AEROCHAMBER MIS MV	
AEROCHAMBER MIS PLUS	
CONVERSION MIS BABY	
OPTICHAMBER MIS DIA MD	
MIGRAINE PRODUCTS	
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG	
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	
EMGALITY SOSY 100MG/ML	QL (3 syringes every 24 days)
EMGALITY SOSY 120MG/ML	QL (2 syringes every 24 days)
QULIPTA TABS 10MG, 30MG, 60MG	QL (1 tab every 1 day)
UBRELVY TABS 50MG	PA, QL (16 ea every 25 days)
UBRELVY TABS 100MG	PA, QL (16 tabs every 25 days)
MIGRAINE COMBINATIONS	
ergotamine w/ caffeine tab 1-100 mg	
SEROTONIN AGONISTS	
naratriptan hcl tabs 1mg, 2.5mg	QL (12 tabs every 25 days)
rizatriptan benzoate tabs 5mg; tbdp 5mg	QL (18 tabs every 25 days)
rizatriptan benzoate (generic of MAXALT) tabs 10mg	QL (18 tabs every 25 days)
rizatriptan benzoate (generic of MAXALT-MLT) tbdp 10mg	QL (18 tabs every 25 days)
sumatriptan soln 5mg/act	QL (24 inhalers every 25 days)
sumatriptan soln 20mg/act	QL (12 inhalers every 25 days)

Drug Name	Requirements/Limits
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml; soln 6mg/0.5ml</i>	QL (12 injections every 25 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) soaj 6mg/0.5ml</i>	QL (6 injections every 25 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE REFILL) soct 6mg/0.5ml</i>	QL (6 injections every 25 days)
<i>sumatriptan succinate (generic of IMITREX) tabs 25mg, 50mg, 100mg</i>	QL (9 tabs every 25 days)
<i>zolmitriptan (generic of ZOMIG) soln 5mg</i>	QL (6 inhalers every 25 days)
<i>zolmitriptan tabs 2.5mg; tbdp 2.5mg, 5mg</i>	QL (12 tabs every 25 days)
<i>zolmitriptan (generic of ZOMIG) tabs 5mg</i>	QL (12 tabs every 25 days)
<i>ZOMIG SOLN 2.5MG</i>	QL (6 inhalers every 25 days)

MINERALS & ELECTROLYTES

FLUORIDE

sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml; tabs .5mg, 1mg

PHOSPHATE

phospha 250 neutral

phospho-trin 250 neutral

pot phos monobasic w/sod phos di & monobas tab 155-852-130mg

wes-phos 250 neutral

POTASSIUM

effer-k tbef 25meq

k-prime tbef 25meq

klor-con pack 20meq

klor-con 8 tbcr 8meq

klor-con 10 tbcr 10meq

klor-con m10 tbcr 10meq

klor-con m20 tbcr 20meq

klor-con/ef tbef 25meq

potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbcr 8meq, 10meq

potassium chloride (generic of K-TAB) tbcr 20meq

potassium chloride microencapsulated crystals er tbcr 10meq, 20meq

ZINC

GALZIN CAPS 50MG

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

trientine hcl (generic of SYPRINE) caps 250mg

PA

Drug Name	Requirements/Limits
IMMUNOMODULATORS	
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	
REZUROCK TABS 200MG	PA
IMMUNOSUPPRESSIVE AGENTS	
azathioprine (generic of IMURAN) tabs 50mg	
azathioprine tabs 100mg	
cyclosporine (generic of SANDIMMUNE) caps 25mg, 100mg	
cyclosporine modified (for microemulsion) (generic of NEORAL) caps 25mg, 100mg; soln 100mg/ml	
ENSPRYNG SOSY 120MG/ML	PA
ENVARSUS XR TB24 .75MG, 1MG, 4MG	PA
gengraf (generic of NEORAL) caps 25mg, 100mg; soln 100mg/ml	
LUPKYNIS CAPS 7.9MG	PA
mycophenolate mofetil (generic of CELLCEPT) caps 250mg; susr 200mg/ml; tabs 500mg	
SANDIMMUNE SOLN 100MG/ML	
sirolimus (generic of RAPAMUNE) soln 1mg/ml; tabs .5mg, 1mg, 2mg	
tacrolimus (generic of PROGRAF) caps .5mg, 1mg, 5mg	
POTASSIUM REMOVING AGENTS	
LOKELMA PACK 5GM, 10GM	
sodium polystyrene sulfonate powder sps susp 15gm/60ml	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS	
BENLYSTA SOAJ 200MG/ML	
MOUTH/THROAT/DENTAL AGENTS	
ANESTHETICS TOPICAL ORAL	
lidocaine hcl (mouth-throat) soln 2%	
ANTI-INFECTIVES - THROAT	
clotrimazole troc 10mg	
nystatin (mouth-throat) susp 100000unit/ml	
ANTISEPTICS - MOUTH/THROAT	
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) soln .12%	
periogard (generic of PERIDEX) soln .12%	
DENTAL PRODUCTS	
denta 5000 plus crea 1.1%	
FLUORID SENS PST 1.1-5%	

Drug Name	Requirements/Limits
FLUORMX 5000 PST SENSITIV	
sf 5000 plus crea 1.1%	
sodium fluoride 5000 plus crea 1.1%	
sodium fluoride 5000 ppm crea 1.1%	
sodium fluoride (dental) crea 1.1%	
STEROIDS - MOUTH/THROAT/DENTAL	
kourzeq pste .1%	
oralone dental paste pste .1%	
triamicinolone acetonide (mouth) pste .1%	
THROAT PRODUCTS - MISC.	
pilocarpine hcl (oral) (generic of SALAGEN) tabs 5mg	
MULTIVITAMINS	
B-COMPLEX W/ FOLIC ACID	
b-plex	
dialyvite	
DIALYVITE/ TAB ZINC	
nephronex	
tm-vite rx	
vitasure	
MULTIPLE VITAMINS W/ MINERALS	
SUPPORT LIQ	
PED MULTI VITAMINS W/FL & FE	
multi-vitamin/fluoride/ir	
PED MV W/ FLUORIDE	
multi-vitamin/fluoride dr	
multivitamin/fluoride	
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	
tri-vite/fluoride	
vitamins a/c/d/fluoride	
PREGNATAL VITAMINS	
ATABEX EC TAB 29-1MG	Covered for females age 14 to 49
ATABEX OB TAB 29-1MG	Covered for females age 14 to 49
AZESCO TAB 13-1MG	Covered for females age 14 to 49
CITRANATAL CAP HARMONY	Covered for females age 14 to 49
CITRANATAL CAP MEDLEY	Covered for females age 14 to 49
CITRANATAL MIS 90 DHA	Covered for females age 14 to 49

Drug Name	Requirements/Limits
CITRANATAL MIS B-CALM	Covered for females age 14 to 49
CITRANATAL PAK ASSURE	Covered for females age 14 to 49
CO-NATAL FA TAB 29-1MG	Covered for females age 14 to 49
COMPLETE NAT PAK DHA	Covered for females age 14 to 49
COMPLETENATE CHW	Covered for females age 14 to 49
CONCEPT DHA CAP	Covered for females age 14 to 49
CONCEPT OB CAP	Covered for females age 14 to 49
DUET DHA 400 MIS 25-1-400	Covered for females age 14 to 49
ENBRACE HR CAP	Covered for females age 14 to 49
FOLIVANE-OB CAP	Covered for females age 14 to 49
<i>inatal gt</i>	Covered for females age 14 to 49
JENLIVA CAP	Covered for females age 14 to 49
KOSHR PRENAT TAB 30-1MG	Covered for females age 14 to 49
M-NATAL PLUS TAB	Covered for females age 14 to 49
NATACHEW CHW	Covered for females age 14 to 49
NATAL PNV TAB	Covered for females age 14 to 49
NATALVIT TAB 75-1MG	Covered for females age 14 to 49
NEEVO DHA CAP 27-1.13	Covered for females age 14 to 49
NEONATAL 19 TAB	Covered for females age 14 to 49
NEONATAL FE TAB	Covered for females age 14 to 49
NEONATAL PLS TAB 27-1MG	Covered for females age 14 to 49
NEONATAL TAB COMPLETE	Covered for females age 14 to 49

Drug Name	Requirements/Limits
NEONATAL TAB PLUS	Covered for females age 14 to 49
NEONATAL/DHA MIS	Covered for females age 14 to 49
NESTABS DHA PAK	Covered for females age 14 to 49
NESTABS ONE CAP	Covered for females age 14 to 49
NESTABS TAB	Covered for females age 14 to 49
NIVA-PLUS TAB	Covered for females age 14 to 49
OB COMPLETE CAP ONE	Covered for females age 14 to 49
OB COMPLETE CAP PETITE	Covered for females age 14 to 49
OB COMPLETE TAB	Covered for females age 14 to 49
OB COMPLETE TAB PREMIER	Covered for females age 14 to 49
OB COMPLETE/ CAP DHA	Covered for females age 14 to 49
ONE VITE TAB 1MG PLUS	Covered for females age 14 to 49
PNV-DHA CAP DOCUSATE	Covered for females age 14 to 49
<i>pnv-select</i>	Covered for females age 14 to 49
PREGEN DHA CAP	Covered for females age 14 to 49
PREGENNA TAB	Covered for females age 14 to 49
PRENASSANCE CAP	Covered for females age 14 to 49
PRENASSANCE CAP PLUS	Covered for females age 14 to 49
<i>prenatal 19</i>	Covered for females age 14 to 49
PRENATAL 19 CHW 29-1MG	Covered for females age 14 to 49
PRENATAL 19 TAB 29-1MG	Covered for females age 14 to 49
PRENATAL PLS MIS MV + DHA	Covered for females age 14 to 49

Drug Name	Requirements/Limits
PRENATAL TAB 27-1MG	Covered for females age 14 to 49
PRENATAL TAB PLUS	Covered for females age 14 to 49
PRENATAL-U CAP 106.5-1	Covered for females age 14 to 49
PRENATE AM TAB 1MG	Covered for females age 14 to 49
PRENATE CAP ENHANCE	Covered for females age 14 to 49
PRENATE CAP PIXIE	Covered for females age 14 to 49
PRENATE CAP RESTORE	Covered for females age 14 to 49
PRENATE CHW 0.6-0.4	Covered for females age 14 to 49
PRENATE DHA CAP	Covered for females age 14 to 49
PRENATE MINI CAP	Covered for females age 14 to 49
PRENATE TAB ELITE	Covered for females age 14 to 49
PRENATVITE TAB PLUS	Covered for females age 14 to 49
PRIMACARE CAP	Covered for females age 14 to 49
PROVIDA OB CAP	Covered for females age 14 to 49
REDICHEW RX CHW	Covered for females age 14 to 49
SE-NATAL 19 CHW	Covered for females age 14 to 49
SE-NATAL 19 TAB	Covered for females age 14 to 49
SELECT-OB CHW	Covered for females age 14 to 49
SELECT-OB+ PAK DHA	Covered for females age 14 to 49
TARON-C DHA CAP	Covered for females age 14 to 49
THRIVITE RX TAB 29-1MG	Covered for females age 14 to 49
TRINATAL RX TAB 1	Covered for females age 14 to 49

Drug Name	Requirements/Limits
trinate	Covered for females age 14 to 49
TRISTART DHA CAP	Covered for females age 14 to 49
VINATE ONE TAB	Covered for females age 14 to 49
VITAFOL CAP ULTRA	Covered for females age 14 to 49
VITAFOL CHW GUMMIES	Covered for females age 14 to 49
VITAFOL FE+ CAP	Covered for females age 14 to 49
VITAFOL STRP MIS 1MG	Covered for females age 14 to 49
VITAFOL-NANO TAB	Covered for females age 14 to 49
VITAFOL-OB PAK +DHA	Covered for females age 14 to 49
VITAFOL-OB TAB 65-1MG	Covered for females age 14 to 49
VITAFOL-ONE CAP	Covered for females age 14 to 49
VITATRUE MIS	Covered for females age 14 to 49
VIVA DHA CAP	Covered for females age 14 to 49
WESCAP-C DHA CAP	Covered for females age 14 to 49
WESNATAL DHA PAK COMPLETE	Covered for females age 14 to 49
WESTAB PLUS TAB 27-1MG	Covered for females age 14 to 49

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tabs 5mg, 10mg, 20mg

carisoprodol (generic of SOMA) tabs 350mg

chlorzoxazone tabs 500mg

cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg

fexmid tabs 7.5mg

metaxalone tabs 800mg

methocarbamol tabs 500mg, 750mg

orphenadrine citrate tb12 100mg

tizanidine hcl tabs 2mg

tizanidine hcl (generic of ZANAFLEX) tabs 4mg

Drug Name	Requirements/Limits
DIRECT MUSCLE RELAXANTS	
<i>dantrolene sodium (generic of DANTRIUM) caps 25mg</i>	
<i>dantrolene sodium caps 50mg</i>	
VISCOSUPPLEMENTS	
VISCO-3 SOSY 25MG/2.5ML	QL (6 syringes every 150 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL	
NASAL ANTIALLERGY	
<i>azelastine hcl soln .15%, 137mcg/spray</i>	
<i>olopatadine hcl (nasal) soln .6%</i>	
NASAL ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
NASAL STEROIDS	
<i>flunisolide (nasal) soln .025%</i>	
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	
NEUROMUSCULAR AGENTS	
MUSCULAR DYSTROPHY AGENTS	
AMONDYS 45 SOLN 100MG/2ML	PA
ELEVIDYS KIT	PA
VILTEPSO SOLN 250MG/5ML	PA
VYONDYS 53 SOLN 100MG/2ML	PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS	
BOTOX SOLR 100UNIT, 200UNIT	PA
SPINAL MUSCULAR ATROPHY AGENTS (SMA)	
SPINRAZA SOLN 12MG/5ML	PA
ZOLGENSMA INJ	PA
OPHTHALMIC AGENTS	
BETA-BLOCKERS - OPHTHALMIC	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>BETIMOL SOLN .25%, .5%</i>	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)</i>	
<i>carteolol hcl (ophth) soln 1%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)</i>	
<i>levobunolol hcl soln .5%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
<i>timolol maleate (ophth) (generic of ISTALOL) soln .5%</i>	
CYCLOPLEGIC MYDRIATICS	
<i>altafrin soln 2.5%</i>	
<i>ATROPINE SULFATE SOLN 1%</i>	
<i>atropine sulfate (ophthalmic) soln 1%</i>	
<i>CYCLOGYL SOLN .5%, 2%</i>	

Drug Name	Requirements/Limits
cyclopentolate hcl (generic of CYCLOGYL) soln 1%	
homatropine soln 5%	
phenylephrine hcl (mydriatic) soln 2.5%	
tropicamide (generic of MYDRIACYL) soln 1%	
tropicamide soln .5%	
MIOTICS	
pilocarpine hcl soln 1%	
OPHTHALMIC ADRENERGIC AGENTS	
brimonidine tartrate (generic of ALPHAGAN P) soln .1%, .15%	
brimonidine tartrate soln .2%	
SIMBRINZA SUS 1-0.2%	
OPHTHALMIC ANTI-INFECTIVES	
bacitracin (ophthalmic) oint 500unit/gm	
bacitracin-polymyxin b ophth oint	
ciprofloxacin hcl (ophth) soln .3%	QL (5 mL every 25 days)
erythromycin (ophth) oint 5mg/gm	
gentamicin sulfate (ophth) soln .3%	
moxifloxacin hcl (ophth) (generic of VIGAMOX) soln .5%	
neo-polycin	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	
ofloxacin (ophth) (generic of OCUFLOX) soln .3%	
polycin	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	
sulfacetamide sodium (ophth) oint 10%; soln 10%	
tobramycin (ophth) soln .3%	
TOBREX OINT .3%	
trifluridine soln 1%	
XDEMVY SOLN .25%	PA
OPHTHALMIC IMMUNOMODULATORS	
cyclosporine (ophth) (generic of RESTASIS) emul .05%	QL (60 single use vials every 25 days)
OPHTHALMIC INTEGRIN ANTAGONISTS	
XIIDRA SOLN 5%	PA
OPHTHALMIC KINASE INHIBITORS	
RHOPRESSA SOLN .02%	
ROCKLATAN DRO	

Drug Name	Requirements/Limits
OPHTHALMIC STEROIDS	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>fluorometholone (ophth) (generic of FML LIQUIFILM)</i>	
<i>susp .1%</i>	
FML FORTE SUSP .25%	
<i>loteprednol etabonate (generic of LOTEMAX) susp .5%</i>	
<i>neo-polycin hc</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>(generic of MAXITROL)</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>(generic of MAXITROL)</i>	
PRED MILD SUSP .12%	
<i>prednisolone acetate (ophth) (generic of PRED FORTE)</i>	
<i>susp 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
OPHTHALMICS - MISC.	
<i>altafluor benox</i>	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	
<i>flurbiprofen sodium soln .03%</i>	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS)</i>	
<i>soln .4%</i>	
<i>ketorolac tromethamine (ophth) (generic of ACULAR)</i>	
<i>soln .5%</i>	
PROSTAGLANDINS - OPHTHALMIC	
<i>bimatoprost soln .03%</i>	
<i>latanoprost (generic of XALATAN) soln .005%</i>	
<i>LUMIGAN SOLN .01%</i>	
OTIC AGENTS	
OTIC AGENTS - MISCELLANEOUS	
<i>acetic acid (otic) soln 2%</i>	
OTIC ANTI-INFECTIVES	
<i>ciprofloxacin hcl (otic) soln .2%</i>	
<i>ofloxacin (otic) soln .3%</i>	
OTIC COMBINATIONS	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	

Drug Name	Requirements/Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
OTIC STEROIDS	
<i>flac (generic of DERMOTIC) oil .01%</i>	
<i>fluocinolone acetonide (otic) (generic of DERMOTIC) oil .01%</i>	
<i>hydrocortisone w/ acetic acid otic soln 1-2% (generic of HYDROCORTISONE/ACETIC ACI)</i>	
OXYTOCICS	
OXYTOCICS	
<i>methergine tabs .2mg</i>	
<i>methylergonovine maleate tabs .2mg</i>	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
IMMUNE SERUMS	
<i>CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, PA 3.3GM/20ML, 4GM/24ML, 8GM/48ML</i>	
PENICILLINS	
AMINOPENICILLINS	
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
<i>ampicillin caps 500mg</i>	
NATURAL PENICILLINS	
<i>BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML</i>	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>BICILLIN C-R INJ 900/300</i>	
<i>BICILLIN C-R INJ 1200000</i>	
PENICILLINASE-RESISTANT PENICILLINS	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	

Drug Name	Requirements/Limits
PROGESTINS	
PROGESTINS	
medroxyprogesterone acetate (generic of PROVERA) tabs 2.5mg, 5mg, 10mg	
norethindrone acetate tabs 5mg	
progesterone (generic of PROMETRIUM) caps 100mg, 200mg	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
ANTIDEMENTIA AGENTS	
donepezil hydrochloride (generic of ARICEPT) tabs 5mg, 10mg	
donepezil hydrochloride tbdp 5mg, 10mg	
galantamine hydrobromide tabs 4mg, 8mg, 12mg	
LEQEMBI SOLN 200MG/2ML, 500MG/5ML	PA
memantine hcl soln 2mg/ml; tabs 5mg, 10mg	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)	
rivastigmine (generic of EXELON) pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	
FIBROMYALGIA AGENTS	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	
SAVELLA MIS TITR PAK	
MOVEMENT DISORDER DRUG THERAPY	
AUSTEDO TABS 6MG, 9MG, 12MG	PA
AUSTEDO XR TAB TITR KIT	PA, QL (1 kit every year)
MULTIPLE SCLEROSIS AGENTS	
AVONEX PSKT 30MCG/0.5ML	
AVONEX PEN AJKT 30MCG/0.5ML	
dalfampridine (generic of AMPYRA) tb12 10mg	PA, QL (2 tabs every 1 day)
dimethyl fumarate (generic of TEVFIDERA) cpdr 120mg, 240mg	
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TEVFIDERA STARTER PACK)	
EXTAVIA KIT .3MG	
fingolimod hcl (generic of GILENYA) caps .5mg	
glatiramer acetate (generic of COPAXONE) sosy 20mg/ml, 40mg/ml	
glatopa (generic of COPAXONE) sosy 20mg/ml, 40mg/ml	
KESIMPTA SOAJ 20MG/0.4ML	
MAYZENT TABS .25MG, 1MG, 2MG	
OCREVUS SOLN 300MG/10ML	PA

Drug Name	Requirements/Limits
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	
REBIF REBIDO INJ TITRATN	
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	
REBIF TITRTN INJ PACK	
teriflunomide (generic of AUBAGIO) tabs 7mg, 14mg	
VUMERITY CPDR 231MG	
ZEPOSIA CAPS .92MG	PA
ZEPOSIA 7DAY CAP STR PACK	PA
ZEPOSIA CAP STR KIT	PA
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS	
gabapentin (once-daily) (generic of GRALISE) tabs 300mg, 600mg	PA, QL (2 tabs every 1 day)
GRALISE TABS 450MG, 750MG, 900MG	PA, QL (2 tabs every 1 day)
PSEUDOBULBAR AFFECT (PBA) AGENTS	
NUEDEXTA CAP 20-10MG	PA, QL (2 caps every 1 day)
TRANSTHYRETIN AMYLOIDOSIS AGENTS	
ONPATRO SOLN 10MG/5ML	PA
RESPIRATORY AGENTS - MISC.	
CYSTIC FIBROSIS AGENTS	
KALYDECO TABS 150MG	PA
ORKambi TAB 100-125	PA
ORKambi TAB 200-125	PA
PULMOZYME SOLN 2.5MG/2.5ML	
TRIKAFTA TAB	PA
PULMONARY FIBROSIS AGENTS	
OFEV CAPS 100MG, 150MG	PA
pirfenidone (generic of ESBRIET) caps 267mg	
TETRACYCLINES	
TETRACYCLINES	
avidox tabs 100mg	
doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; tabs 50mg, 75mg, 100mg, 150mg	
doxycycline (monohydrate) (generic of VIBRAMYCIN) susr 25mg/5ml	
doxycycline hyclate caps 50mg; tabs 20mg, 100mg	
doxycycline hyclate (generic of VIBRAMYCIN) caps 100mg	
minocycline hcl caps 50mg, 75mg, 100mg; tabs 75mg	
monodoxine nl caps 100mg	
SEYSARA TABS 60MG, 100MG, 150MG	PA
tetracycline hcl caps 250mg, 500mg	

Drug Name	Requirements/Limits
THYROID AGENTS	
ANTITHYROID AGENTS	
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	
THYROID HORMONES	
<i>ADTHYZA TABS 15MG, 30MG, 32.5MG, 60MG, 65MG, 90MG, 120MG, 130MG</i>	
<i>ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG</i>	
<i>euthyrox (generic of SYNTHROID) tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	
<i>levo-t (generic of SYNTHROID) tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
<i>levothyroxine sodium (generic of SYNTHROID) tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
<i>levoxyl (generic of SYNTHROID) tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	
<i>liothyronine sodium (generic of CYTOMEL) tabs 5mcg, 25mcg, 50mcg</i>	
<i>NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG</i>	
<i>NP THYROID 15 TABS 15MG</i>	
<i>NP THYROID 30 TABS 30MG</i>	
<i>NP THYROID 60 TABS 60MG</i>	
<i>NP THYROID 90 TABS 90MG</i>	
<i>NP THYROID 120 TABS 120MG</i>	
<i>THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG</i>	
<i>unithroid (generic of SYNTHROID) tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	
ANTISPASMODICS	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	
<i>glycopyrrolate (generic of ROBINUL) tabs 1mg</i>	
<i>glycopyrrolate (generic of ROBINUL FORTE) tabs 2mg</i>	
<i>hyoscyamine sulfate elix .125mg/5ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	
<i>hyosyne elix .125mg/5ml</i>	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	
<i>nulev tbdp .125mg</i>	

Drug Name	Requirements/Limits
<i>oscimin subl .125mg; tabs .125mg</i>	
H-2 ANTAGONISTS	
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>famotidine susr 40mg/5ml</i>	
<i>famotidine (generic of PEPCID) tabs 20mg, 40mg</i>	
MISC. ANTI-ULCER	
<i>sucralfate (generic of CARAFATE) susp 1gm/10ml; tabs 1gm</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium (generic of NEXIUM) cpdr 20mg</i>	QL (2 caps every 1 day)
<i>esomeprazole magnesium (generic of NEXIUM) cpdr 40mg</i>	QL (1 cap every 1 day)
<i>lansoprazole cpdr 15mg</i>	QL (2 caps every 1 day)
<i>lansoprazole (generic of PREVACID) cpdr 30mg</i>	QL (2 caps every 1 day)
<i>lansoprazole (generic of PREVACID SOLUTAB) tbdd 15mg, 30mg</i>	QL (1 ea every 1 day)
<i>omeprazole cpdr 10mg</i>	QL (1 cap every 1 day)
<i>omeprazole cpdr 20mg, 40mg</i>	QL (2 caps every 1 day)
<i>pantoprazole sodium (generic of PROTONIX) tbec 20mg, 40mg</i>	QL (2 tabs every 1 day)
ULCER DRUGS - PROSTAGLANDINS	
<i>misoprostol (generic of CYTOTEC) tabs 100mcg, 200mcg</i>	
ULCER THERAPY COMBINATIONS	
<i>amoxicil cap & clarithro tab &lansopraz cap dr 500 &500 QL (336 ea every 42 days) &30mg</i>	
URINARY ANTISPASMODICS	
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	
<i>solifenacin succinate (generic of VESICARE) tabs 5mg, 10mg</i>	
<i>tolterodine tartrate (generic of DETROL LA) cp24 2mg, 4mg</i>	
<i>tolterodine tartrate (generic of DETROL) tabs 1mg, 2mg</i>	
<i>trospium chloride cp24 60mg; tabs 20mg</i>	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS	
<i>MYRBETRIQ TB24 25MG, 50MG</i>	PA
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	

Drug Name	Requirements/Limits
VAGINAL AND RELATED PRODUCTS	
VAGINAL ANTI-INFECTIVES	
<i>clindamycin phosphate vaginal (generic of CLEOCIN) crea 2%</i>	
<i>metronidazole vaginal gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
VAGINAL ESTROGENS	
<i>estradiol vaginal (generic of ESTRACE) crea .1mg/gm</i>	
<i>estradiol vaginal (generic of VAGIFEM) tabs 10mcg</i>	
<i>FEMRING RING .05MG/24HR, .1MG/24HR</i>	
<i>yuvafem (generic of VAGIFEM) tabs 10mcg</i>	
VAGINAL PROGESTINS	
<i>CRINONE GEL 4%, 8%</i>	
VASOPRESSORS	
ANAPHYLAXIS THERAPY AGENTS	
<i>AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML</i>	
<i>epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) soaj .3mg/0.3ml</i>	
<i>epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) soaj .15mg/0.3ml</i>	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml</i>	
VASOPRESSORS	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
VITAMINS	
OIL SOLUBLE VITAMINS	
<i>ergocalciferol (generic of DRISDOL) caps 1.25mg, 50000unit</i>	
<i>phytonadione tabs 5mg</i>	

Index

7	see <i>alyq</i>	44	
7t lido gel	53	see <i>tadalafil (pulmonary hypertension)</i> 44	
A			
abacavir sulfate	39	ADTHYZA	77
abacavir sulfate-lamivudine tab 600-300 mg	39	AERCHMBR PLS MIS LRG MASK	63
ABECMA INJ.....	36	AERCHMBR PLS MIS SM MASK	63
abiraterone acetate	36	AEROCHAMBER MIS MV	63
acarbose.....	25	AEROCHAMBER MIS PLUS	63
ACCOLATE		afirmelle.....	44
see <i>zafirlukast</i>	23	AGRYLIN	
ACCURETIC		see <i>anagrelide hcl</i>	59
see <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	34	AIRSUPRA AER 90-80MCG	23
see <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	34	AJOVY	63
accutane	50	albendazole.....	21
acetaminophen w/ codeine soln 120-12 mg/5ml.....	19	albuterol sulfate	23, 24
acetaminophen w/ codeine tab 300-15 mg	19	alclometasone dipropionate	52
acetaminophen w/ codeine tab 300-30 mg	19	ALCOH-GLOVE PAD CONTOURE.....	62
acetaminophen w/ codeine tab 300-60 mg	19	ALCOH-WIPE MIS 12	62
acetazolamide	54	ALDACTONE	
acetic acid (otic)	73	see <i>spironolactone</i>	54
acetylcysteine	50	ALECENSA	37
ACTIMMUNE.....	38	alendronate sodium.....	54
ACTOPLUS MET		alfuzosin hcl	58
see <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	26	ALINIA	21
ACTOS		see <i>nitazoxanide</i>	21
see <i>pioglitazone hcl</i>	27	allopurinol.....	59
ACULAR		alogliptin benzoate.....	27
see <i>ketorolac tromethamine (ophth)</i>	73	alogliptin-metformin hcl tab 12.5-1000 mg	25
ACULAR LS		alogliptin-metformin hcl tab 12.5-500 mg	25
see <i>ketorolac tromethamine (ophth)</i>	73	alogliptin-pioglitazone tab 12.5-30 mg	25
acyclovir	41	alogliptin-pioglitazone tab 25-15 mg	25
ADALIMUMAB-FKJP	17	alogliptin-pioglitazone tab 25-30 mg	25
adapalene	50	alogliptin-pioglitazone tab 25-45 mg	25
ADCETRIS	35	ALORA	56
ADCIRCA		alosetron hcl	58
		ALPHAGAN P	
		see <i>brimonidine tartrate</i>	72
		ALTACE	
		see <i>ramipril</i>	31
		altafluor benox	73
		altafrin.....	71
		altavera.....	44
		ALUNBRIG	37

ALUNBRIG PAK	37
ALVESCO.....	23
alyacen 1/35.....	44
alyacen 7/7/7	44
alyq.....	44
amantadine hcl	38
ambrisentan.....	44
amethia.....	44
amethyst	44
amiloride & hydrochlorothiazide tab 5-50 mg	54
amiloride hcl	54
aminocaproic acid	61
amiodarone hcl.....	22
AMITIZA	
see <i>lubiprostone</i>	57
amlodipine besylate.....	42
amlodipine besylate-atorvastatin calcium tab 10-10 mg.....	43
amlodipine besylate-atorvastatin calcium tab 10-20 mg	43
amlodipine besylate-atorvastatin calcium tab 10-40 mg	43
amlodipine besylate-atorvastatin calcium tab 10-80 mg	43
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	43
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	43
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	43
amlodipine besylate-atorvastatin calcium tab 5-10 mg	43
amlodipine besylate-atorvastatin calcium tab 5-20 mg.....	43
amlodipine besylate-atorvastatin calcium tab 5-40 mg	43
amlodipine besylate-atorvastatin calcium tab 5-80 mg	43
amlodipine besylate-benazepril hcl cap 10- 20 mg	32
amlodipine besylate-benazepril hcl cap 10- 40 mg	32
amlodipine besylate-benazepril hcl cap 2.5- 10 mg.....	32
amlodipine besylate-benazepril hcl cap 5- 10 mg.....	32
amlodipine besylate-benazepril hcl cap 5- 20 mg	32
amlodipine besylate-benazepril hcl cap 5- 40 mg	32
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	32
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	32
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	32
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	32
amlodipine besylate-valsartan tab 10-160 mg.....	32
amlodipine besylate-valsartan tab 10-320 mg.....	32
amlodipine besylate-valsartan tab 5-160 mg.....	32
amlodipine besylate-valsartan tab 5-320 mg.....	32
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	32
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	32
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	32
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	32
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	32
amnesteem	50
AMONDYS 45.....	71
amoxicil cap & clarithro tab &lansopraz cap dr 500 &500 &30mg.....	78
amoxicillin	74
amoxicillin & k clavulanate chew tab 200- 28.5 mg	74
amoxicillin & k clavulanate chew tab 400- 57 mg	74

<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	74
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	74
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	74
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	74
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	74
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	74
<i>ampicillin</i>	74
AMPYRA	
see <i>dalfampridine</i>	75
<i>anagrelide hcl</i>	59
<i>anastrozole</i>	36
<i>ANORO ELLIPT AER 62.5-25</i>	24
<i>anucort-hc</i>	20
<i>anusol-hc</i>	20
ANUSOL-HC	
see <i>hydrocortisone (rectal)</i>	20
see <i>proto-med hc</i>	20
see <i>proctosol hc</i>	20
see <i>protozone-hc</i>	21
<i>aprepitant</i>	28
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	28
APRETUDE	39
<i>apri</i>	44
APRISO	
see <i>mesalamine</i>	57
APTIVUS	39
<i>aranelle</i>	44
ARANESP ALBUMIN FREE	60
ARAVA	
see <i>leflunomide</i>	18
ARICEPT	
see <i>donepezil hydrochloride</i>	75
ARIMIDEX	
see <i>anastrozole</i>	36
ARMOUR THYROID	77
AROMASIN	
see <i>exemestane</i>	36
<i>ascomp/codeine</i>	19
<i>ashlyna</i>	44
ASMANEX HFA	23
ASMANEX TWISTHALER 120 ME	23
ASMANEX TWISTHALER 30 MET	23
ASMANEX TWISTHALER 60 MET	23
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	59
ATABEX EC TAB 29-1MG	66
ATABEX OB TAB 29-1MG	66
ATACAND	
see <i>candesartan cilexetil</i>	31
<i>atazanavir sulfate</i>	39
<i>atenolol</i>	41
<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	32
<i>atenolol & chlorthalidone tab 50-25 mg</i> ..	32
<i>atorvastatin calcium</i>	30
<i>atovaquone</i>	21
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	34
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	34
ATRIPLA	
see <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	39
ATROPINE SULFATE	71
<i>atropine sulfate (ophthalmic)</i>	71
ATROVENT HFA	23
AUBAGIO	
see <i>teriflunomide</i>	76
<i>aubra eq</i>	44
AUGMENTIN	
see <i>amoxicillin & k clavulanate tab 500-125 mg</i>	74
AUGMENTIN ES-600	
see <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	74
<i>aurovela 1/20</i>	45
<i>aurovela 1.5/30</i>	44
<i>aurovela 24 fe</i>	45
<i>aurovela fe 1/20</i>	45
<i>aurovela fe 1.5/30</i>	45
AURYXIA	58
AUSTEDO	75

AUSTEDO XR TAB TITR KIT	75
AUVI-Q	79
AVALIDE	
see <i>irbesartan-hydrochlorothiazide tab</i>	
150-12.5 mg	33
see <i>irbesartan-hydrochlorothiazide tab</i>	
300-12.5 mg	33
AVAPRO	
see <i>irbesartan</i>	31
avar cleanser	50
aviane	45
avidoxy	76
AVODART	
see <i>dutasteride</i>	58
AVONEX	75
AVONEX PEN	75
ayuna	45
AYVAKIT	36
azathioprine	65
azelastine hcl	71
azelastine hcl (ophth)	73
AZESCO TAB 13-1MG	66
azithromycin	61
AZOR	
see <i>amlodipine besylate-olmesartan</i>	
medoxomil tab 10-20 mg	32
see <i>amlodipine besylate-olmesartan</i>	
medoxomil tab 10-40 mg	32
see <i>amlodipine besylate-olmesartan</i>	
medoxomil tab 5-20 mg	32
see <i>amlodipine besylate-olmesartan</i>	
medoxomil tab 5-40 mg	32
AZULFIDINE	
see <i>sulfasalazine</i>	58
AZULFIDINE EN-TABS	
see <i>sulfasalazine</i>	58
azurette	45
B	
bac	19
bacitracin (ophthalmic)	72
bacitracin-polymyxin b ophth oint	72
bacitracin-polymyxin-neomycin-hc ophth oint 1%	73
baclofen.....	70
BACTRIM	
see <i>sulfamethoxazole-trimethoprim tab</i>	
400-80 mg	21
BACTRIM DS	
see <i>sulfamethoxazole-trimethoprim tab</i>	
800-160 mg	21
balsalazide disodium	57
BALVERSA	37
balziva	45
BAQSIMI ONE PACK	26
BAQSIMI TWO PACK	26
BARACLUDE	41
see <i>entecavir</i>	41
BD MICROTAIN MIS LANCETS	62
benazepril & hydrochlorothiazide tab 10- 12.5 mg	32
benazepril & hydrochlorothiazide tab 20- 12.5 mg	33
benazepril & hydrochlorothiazide tab 20-25 mg	33
benazepril & hydrochlorothiazide tab 5- 6.25 mg	32
benazepril hcl	31
BENICAR	
see <i>olmesartan medoxomil</i>	31
BENICAR HCT	
see <i>olmesartan medoxomil-</i>	
hydrochlorothiazide tab 20-12.5 mg ..	33
see <i>olmesartan medoxomil-</i>	
hydrochlorothiazide tab 40-12.5 mg ..	33
see <i>olmesartan medoxomil-</i>	
hydrochlorothiazide tab 40-25 mg	33
BENLYSTA	65
BENZAMYCIN	
see <i>benzoyl peroxide-erythromycin gel</i>	
5-3%	50
benzonatate	50
benzoyl peroxide-erythromycin gel 5-3%50	
betamethasone dipropionate (topical).....	52
betamethasone valerate	52
BETAPACE	
see <i>sotalol hcl</i>	42
BETAPACE AF	
see <i>sotalol hcl (afib/afl)</i>	42

<i>betaxolol hcl (ophth)</i>	71
<i>bethanechol chloride</i>	78
BETHKIS	
see <i>tobramycin</i>	17
BETIMOL	71
<i>bexarotene</i>	38
BEYAZ	
see <i>drosopirenone-ethinyl estrad-</i>	
<i>levomefolate tab 3-0.02-0.451 mg</i>	45
<i>bicalutamide</i>	36
BICILLIN C-R INJ 1200000	74
BICILLIN C-R INJ 900/300	74
BICILLIN L-A	74
BIDIL	
see <i>isosorbide dinitrate-hydralazine hcl</i>	
<i>tab 20-37.5 mg</i>	43
BIKTARVY TAB	39
BILTRICIDE	
see <i>praziquantel</i>	21
bimatoprost.....	73
<i>bisoprolol & hydrochlorothiazide tab 10-</i>	
<i>6.25 mg</i>	33
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>	
<i>6.25 mg</i>	33
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>	
<i>mg</i>	33
<i>bisoprolol fumarate</i>	41
BLINCYTO	35
<i>blisovi 24 fe</i>	45
<i>blisovi fe 1/20</i>	45
<i>blisovi fe 1.5/30</i>	45
BOSULIF	37
BOTOX.....	71
<i>b-plex</i>	66
BRAFTOVI.....	37
BREO ELLIPTA INH 100-25.....	24
BREO ELLIPTA INH 200-25	24
BREO ELLIPTA INH 50-25MCG	24
BREYANZI	36
<i>breyna</i>	24
BREZTRI AERO AER SPHERE	24
<i>briellyn</i>	45
BRILINTA.....	59
<i>brimonidine tartrate</i>	72

<i>brimonidine tartrate-timolol maleate ophth</i>	
<i>soln 0.2-0.5%</i>	71
<i>bromfed dm</i>	50
<i>bromocriptine mesylate</i>	38
<i>budesonide</i>	49
<i>budesonide (inhalation)</i>	23
<i>budesonide-formoterol fumarate dihyd</i>	
<i>aerosol 160-4.5 mcg/act</i>	24
<i>budesonide-formoterol fumarate dihyd</i>	
<i>aerosol 80-4.5 mcg/act</i>	24
<i>bumetanide</i>	54
BUMEX	
see <i>bumetanide</i>	54
<i>butalbital-acetaminophen-caffeine tab 50-</i>	
<i>325-40 mg</i>	19
<i>butalbital-acetaminophen-caff w/ cod cap</i>	
<i>50-300-40-30 mg</i>	19
<i>butalbital-acetaminophen-caff w/ cod cap</i>	
<i>50-325-40-30 mg</i>	20
<i>butalbital-acetaminophen tab 50-325 mg</i> 19	
<i>butalbital-aspirin-caffeine cap 50-325-40</i>	
<i>mg</i>	19
<i>butalbital-aspirin-caff w/ codeine cap 50-</i>	
<i>325-40-30 mg</i>	20
BYSTOLIC	
see <i>nebivolol hcl</i>	41
C	
CABENUVA SUS 400-600	39
CABENUVA SUS 600-900	39
<i>cabergoline</i>	56
CABLIVI	59
CABOMETYX	37
CADUET	
see <i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-10 mg</i>	43
see <i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-20 mg</i>	43
see <i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-40 mg</i>	43
see <i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-80 mg</i>	43
see <i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-10 mg</i>	43

see <i>amlodipine besylate-atorvastatin</i>	42
<i>calcium tab 5-20 mg</i>	43
see <i>amlodipine besylate-atorvastatin</i>	42
<i>calcium tab 5-40 mg</i>	43
see <i>amlodipine besylate-atorvastatin</i>	42
<i>calcium tab 5-80 mg</i>	43
<i>calcipotriene</i>	51
<i>calcitonin (salmon)</i>	54
<i>calcitrene</i>	51
<i>calcitriol</i>	55
<i>calcium acetate (phosphate binder)</i>	58
CALQUENCE	37
CAMCEVI	36
<i>camila</i>	49
<i>camrese</i>	45
<i>camrese lo</i>	45
CAMZYOS	43
CANASA	
see <i>mesalamine</i>	57
<i>candesartan cilexetil</i>	31
<i>capecitabine</i>	35
<i>captopril</i>	31
CARAFATE	
see <i>sucralfate</i>	78
<i>carbidopa & levodopa tab 10-100 mg</i>	38
<i>carbidopa & levodopa tab 25-100 mg</i>	38
<i>carbidopa & levodopa tab 25-250 mg</i>	38
<i>carbidopa & levodopa tab er 25-100 mg</i>	38
<i>carbidopa & levodopa tab er 50-200 mg</i>	38
<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
<i>50-200 mg</i>	38
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>18.75-75-200 mg</i>	38
<i>carbidopa-levodopa-entacapone tabs 25-</i>	
<i>100-200 mg</i>	38
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>31.25-125-200 mg</i>	38
<i>carbidopa-levodopa-entacapone tabs 37.5-</i>	
<i>150-200 mg</i>	38
<i>carbidopa-levodopa-entacapone tabs 50-</i>	
<i>200-200 mg</i>	38
CARDIZEM	
see <i>diltiazem hcl</i>	42
CARDIZEM CD	
see <i>cartia xt</i>	42
see <i>diltiazem hcl coated beads</i>	42
CARDIZEM LA	
see <i>diltiazem hcl</i>	42
see <i>matzim la</i>	42
<i>carisoprodol</i>	70
<i>carteolol hcl (ophth)</i>	71
<i>cartia xt</i>	42
<i>carvedilol</i>	41
<i>carvedilol phosphate</i>	41
CASODEX	
see <i>bicalutamide</i>	36
CATAPRES-TTS-1	
see <i>clonidine</i>	31
CATAPRES-TTS-2	
see <i>clonidine</i>	31
CATAPRES-TTS-3	
see <i>clonidine</i>	31
CAYA DPR	62
<i>cefadroxil</i>	44
<i>cefdinir</i>	44
<i>cefixime</i>	44
<i>cefpodoxime proxetil</i>	44
<i>cefuroxime axetil</i>	44
CELEBREX	
see <i>celecoxib</i>	18
<i>celecoxib</i>	18
CELLCEPT	
see <i>mycophenolate mofetil</i>	65
<i>cephalexin</i>	44
CEQUR SIMPL KIT PATCH 2U	63
CEREZYME	60
<i>cerovel</i>	52
<i>cetirizine hcl</i>	29
<i>chateal eq</i>	45
<i>chlorhexidine gluconate (mouth-throat)</i>	65
<i>chloroquine phosphate</i>	34
<i>chlorthalidone</i>	54
<i>chlorzoxazone</i>	70
<i>cholestyramine</i>	30
<i>cholestyramine light</i>	30
<i>ciclopirox</i>	51
<i>ciclopirox olamine</i>	51
<i>cilostazol</i>	60

CIMDUO TAB 300-300	39	clotrimazole	65
cimetidine.....	78	clotrimazole (<i>topical</i>).....	51
cinacalcet hcl.....	55	clotrimazole w/ betamethasone cream 1-	
CINRYZE.....	59	0.05%	51
CIPRO	57	codeine sulfate	19
<i>see ciprofloxacin hcl</i>	57	CODEINE SULFATE.....	19
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	73	COLAZAL	
ciprofloxacin hcl	57	<i>see balsalazide disodium</i>	57
ciprofloxacin hcl (<i>ophth</i>)	72	colchicine	59
ciprofloxacin hcl (<i>otic</i>)	73	colchicine w/ probenecid tab 0.5-500 mg	59
CITRANATAL CAP HARMONY.....	66	COLLANEX POW.....	53
CITRANATAL CAP MEDLEY	66	COMBIGAN	
CITRANATAL MIS 90 DHA	66	<i>see brimonidine tartrate-timolol maleate</i> <i>ophth soln 0.2-0.5%</i>	71
CITRANATAL MIS B-CALM	67	COMBIPATCH DIS	56
CITRANATAL PAK ASSURE	67	COMBIVENT AER 20-100.....	24
claravis	50	COMPLERA TAB	39
CLARINEX		COMPLETENATE CHW	67
<i>see desloratadine</i>	29	COMPLETE NAT PAK DHA	67
clarithromycin	61	compro	39
CLEOCIN		CO-NATAL FA TAB 29-1MG	67
<i>see clindamycin hcl</i>	21	CONCEPT DHA CAP	67
<i>see clindamycin phosphate vaginal</i>	79	CONCEPT OB CAP	67
CLEOCIN PEDIATRIC GRANULE		constulose.....	61
<i>see clindamycin palmitate hydrochloride</i>	21	CONVERSION MIS BABY	63
CLEOCIN-T		COPAXONE	
<i>see clindamycin phosphate (<i>topical</i>)</i>	50	<i>see glatiramer acetate</i>	75
CLIMARA		<i>see glatopa</i>	75
<i>see estradiol</i>	57	COREG	
CLIMARA PRO DIS WEEKLY	56	<i>see carvedilol</i>	41
CLINDAGEL		COREG CR	
<i>see clindamycin phosphate (<i>topical</i>)</i>	50	<i>see carvedilol phosphate</i>	41
clindamycin hcl	21	CORGARD	
clindamycin palmitate hydrochloride.....	21	<i>see nadolol</i>	42
clindamycin phosphate (<i>topical</i>)	50	CORLANOR.....	44
clindamycin phosphate-benzoyl peroxide gel 1-5%.....	51	CORTEF	
clindamycin phosphate vaginal.....	79	<i>see hydrocortisone</i>	49
clobetasol propionate.....	52	CORTENEMA	
clobetasol propionate emollient base	52	<i>see hydrocortisone (<i>intrarectal</i>)</i>	20
clonidine	31	CORTIFOAM	20
clonidine hcl.....	31	COSENTYX	51
clopidogrel bisulfate.....	60	COSENTYX SENSOREADY PEN.....	51
		COSENTYX UNOREADY	51

COSOPT	
see <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	71
COTELLIC	37
covaryx hs	56
COZAAR	
see <i>losartan potassium</i>	31
CRESTOR	
see <i>rosuvastatin calcium</i>	30
CRINONE	79
cromolyn sodium	23
cromolyn sodium (mastocytosis)	57
cromolyn sodium (ophth)	73
cryselle-28	45
CRYSVITA	55
CUTAQUIG	74
cyanocobalamin	60
cyclobenzaprine hcl	70
CYCLOGYL	71
see <i>cyclopentolate hcl</i>	72
cyclopentolate hcl	72
cyclophosphamide	35
cyclosporine	65
cyclosporine (ophth)	72
cyclosporine modified (for microemulsion)	65
cyproheptadine hcl	29
cyred eq	45
CYTOMEL	
see <i>liothyronine sodium</i>	77
CYTOTEC	
see <i>misoprostol</i>	78
D	
dabigatran etexilate mesylate	25
dalfampridine	75
DALIRESP	
see <i>roflumilast</i>	23
DANTRIUM	
see <i>dantrolene sodium</i>	71
dantrolene sodium	71
DANYELZA	35
dapagliflozin propanediol	27
dapagliflozin prop-metformin hcl tab er	
<i>24hr 10-1000 mg</i>	25
dapagliflozin prop-metformin hcl tab er	
<i>24hr 5-1000 mg</i>	25
dapsone	21
darunavir	39
DARZALEX SOL FASPRO	37
dasetta 1/35	45
dasetta 7/7/7	45
DAYPRO	
see <i>oxaprozin</i>	18
daysee	45
DDAVP	
see <i>desmopressin acetate</i>	56
deblitane	49
deferasirox	28
DELESTROGEN	
see <i>estradiol valerate</i>	57
DELSTRIGO TAB	39
delyla	45
DELZICOL	
see <i>mesalamine</i>	57
denta 5000 plus	65
DEPO-ESTRADIOL	56
DEPO-PROVERA CONTRACEPTIV	
see <i>medroxyprogesterone acetate (contraceptive)</i>	49
DEPO-SUBQ PROVERA 104	49
depo-testosterone	20
DERMA-SMOOTH/FS BODY	
see <i>fluocinolone acetonide</i>	52
DERMA-SMOOTH/FS SCALP	
see <i>fluocinolone acetonide</i>	52
DERMOTIC	
see <i>flac</i>	74
see <i>fluocinolone acetonide (otic)</i>	74
DESCOVY TAB 200/25MG	39
desloratadine	29
desmopressin acetate	56
DESMOPRESSIN ACETATE	55
desmopressin acetate spray	56
desmopressin acetate spray refrigerated	56
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	45
desonide	52
DESOWEN	

see desonide	52
DETROL	
see <i>tolterodine tartrate</i>	78
DETROL LA	
see <i>tolterodine tartrate</i>	78
dexamethasone	49
DEXAMETHASONE INTENSOL	49
<i>dexamethasone sodium phosphate (ophth)</i>	73
DEXCOM G6 MIS RECEIVER	62
DEXCOM G6 MIS SENSOR	62
DEXCOM G6 MIS TRANSMIT	62
DEXCOM G7 MIS RECEIVER	62
DEXCOM G7 MIS SENSOR	62
<i>dialyvite</i>	66
DIALYVITE/ TAB ZINC	66
diazoxide	26
DICLEGIS	
see <i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	28
diclofenac potassium	18
diclofenac sodium	18
diclofenac sodium (actinic keratoses)	51
diclofenac sodium (topical)	51
dicloxacillin sodium	74
dicyclomine hcl	77
DIFFERIN	
see <i>adapalene</i>	50
DIFICID	62
DIFLUCAN	
see <i>fluconazole</i>	29
digoxin	43
DILANTIN	
see <i>phenytoin sodium extended</i>	25
DILANTIN-125	
see <i>phenytoin</i>	25
DILANTIN INFATABS	
see <i>phenytoin</i>	25
DILAUDID	
see <i>hydromorphone hcl</i>	19
diltiazem hcl	42
<i>diltiazem hcl coated beads</i>	42
<i>diltiazem hcl extended release beads</i>	42
<i>dilt-xr</i>	42
dimethyl fumarate	75
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	75
DIOVAN	
see <i>valsartan</i>	31
DIOVAN HCT	
see <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	34
see <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	34
see <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	34
see <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	34
see <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	34
diphenhydramine hcl	29
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	28
diphenoxylate w/ atropine tab 2.5-0.025 mg	28
dipyridamole	60
DIURIL	54
dodex	60
dofetilide	22
dolishale	45
donepezil hydrochloride	75
DOPTELET	60
dorzolamide hcl	73
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	71
dotti	56
DOVATO TAB 50-300MG	39
doxazosin mesylate	31
doxercalciferol	55
doxycycline (monohydrate)	76
doxycycline hyclate	76
doxylamine-pyridoxine tab delayed release 10-10 mg	28
DRISDOL	
see <i>ergocalciferol</i>	79
dronabinol	28
drospirenone-ethynodiol estradiol tab 3-0.02 mg	45

<i>drosipренон-этил эстрадиол таб 3-0.03</i>	24
mg	45
<i>drosipренон-этил эстрад-левомефолат</i>	49
таб 3-0.02-0.451 mg	45
DROXIA	58
DRYSOL	53
DUETACT	58
see <i>pioglitазон hcl-глиметириде таб 30-2</i>	28
mg	26
see <i>pioglitазон hcl-глиметириде таб 30-4</i>	39
mg	26
DUET DHA 400 MIS 25-1-400	67
DULERA AER 100-5MCG	24
DULERA AER 200-5MCG	24
DULERA AER 50-5MCG	24
DUPIXENT	52
dutasteride	58
DYRENIUM	58
see <i>триамтерен</i>	54
E	54
e.e.s. 400	61
E.E.S. GRANULES	61
see <i>эритромицин этилсукцинат</i>	61
EDURANT	39
eemt hs	56
efavirenz	39
efavirenz-emtricitabine-tenofovir df tab	39
600-200-300 mg	39
efavirenz-lamivудин-тенофовир df tab 400-	39
300-300 mg	39
efavirenz-lamivудин-тенофовир df tab 600-	39
300-300 mg	39
effer-k	64
EFFIENT	64
see <i>прасугрель hcl</i>	60
EFUDEX	60
see <i>флюорурасил (топикальный)</i>	51
EGRIFTA SV	55
ELAPRASE	55
ELEVIDYS KIT	71
ELIDEL	71
see <i>пимекролимус</i>	53
ELIGARD	58
elinest	45
ELIQUIS	24
ELIQUIS STARTER PACK	24
ELLA	49
ELMIRON	58
eluryng	48
EMEND	48
see <i>апрепитант</i>	28
EMGALITY	63
EMPAVELI	59
emtricitabine	39
emtricitabine-tenofovir disoproxil fumarate	39
таб 100-150 mg	39
emtricitabine-tenofovir disoproxil fumarate	39
таб 133-200 mg	39
emtricitabine-tenofovir disoproxil fumarate	40
таб 167-250 mg	40
emtricitabine-tenofovir disoproxil fumarate	40
таб 200-300 mg	40
EMTRIVA	40
see <i>емтрицитабин</i>	39
enalapril maleate	31
enalapril maleate & hydrochlorothiazide tab	33
10-25 mg	33
enalapril maleate & hydrochlorothiazide tab	33
5-12.5 mg	33
ENBRACE HR CAP	67
ENBREL	18
ENBREL MINI	18
ENBREL SURECLICK	18
ENDARI	60
endocet	20
enilloring	48
enoxaparin sodium	25
enpresse-28	45
enskyce	45
ENSPRYNG	65
ENTADFI CAP 5-5MG	59
entecавир	41
ENTRESTO TAB 24-26MG	43
ENTRESTO TAB 49-51MG	43
ENTRESTO TAB 97-103MG	43
ENTRYVIO	57
enulose	58
ENVARSUS XR	65

epinephrine (anaphylaxis)	79
EPIPEN 2-PAK	
see epinephrine (anaphylaxis).....	79
EPIPEN-JR 2-PAK	
see epinephrine (anaphylaxis).....	79
EPIVIR	
see lamivudine	40
eplerenone	34
EPZICOM	
see abacavir sulfate-lamivudine tab 600-300 mg.....	39
ergocalciferol.....	79
ergotamine w/ caffeine tab 1-100 mg	63
erlotinib hcl	36
errin	49
ery	51
ERYGEL	
see erythromycin (acne aid).....	51
ERYPED 400	
see erythromycin ethylsuccinate	62
ery-tab	61
erythrocin stearate	61
erythromycin (acne aid)	51
erythromycin (ophth)	72
erythromycin base	61
erythromycin ethylsuccinate	61, 62
ESBRIET	
see pirfenidone	76
ESGIC	
see bac	19
see butalbital-acetaminophen-caffeine tab 50-325-40 mg	19
esomeprazole magnesium	78
ESSENTRA WIPES 9X9.....	63
estarrylla	45
esterified estrogens/meth	56
ESTRACE	
see estradiol.....	57
see estradiol vaginal	79
estradiol	56, 57
estradiol vaginal	79
estradiol valerate.....	57
ethambutol hcl.....	35
ethosuximide	25

ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	45
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	45
etodolac	18
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	48
etoposide.....	38
etravirine	40
EUCRISA.....	53
euthyrox.....	77
EVISTA	
see raloxifene hcl	55
EVKEEZA	29
EVOTAZ TAB 300-150.....	40
EXELON	
see rivastigmine.....	75
exemestane	36
EXFORGE	
see amlodipine besylate-valsartan tab 10-160 mg	32
see amlodipine besylate-valsartan tab 10-320 mg	32
see amlodipine besylate-valsartan tab 5-160 mg	32
see amlodipine besylate-valsartan tab 5-320 mg	32
EXFORGE HCT	
see amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	32
see amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	32
see amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	32
see amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	32
see amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	32
EXJADE	

see <i>deferasirox</i>	28	<i>fludrocortisone acetate</i>	50																																																																												
EXKIVITY	36	<i>flunisolide (nasal)</i>	71																																																																												
EXTAVIA	75	<i>fluocinolone acetonide</i>	52																																																																												
<i>ezetimibe</i>	30	<i>fluocinolone acetonide (otic)</i>	74																																																																												
<i>ezetimibe-simvastatin tab 10-10 mg</i>	29	<i>fluocinonide</i>	52																																																																												
<i>ezetimibe-simvastatin tab 10-20 mg</i>	29	<i>fluocinonide emulsified base</i>	52																																																																												
<i>ezetimibe-simvastatin tab 10-40 mg</i>	30	<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	73																																																																												
<i>ezetimibe-simvastatin tab 10-80 mg</i>	30	FLUORID SENS PST 1.1-5%	65																																																																												
F		FLUORMX 5000 PST SENSITIV	66																																																																												
<i>falmina</i>	45	<i>fluorometholone (ophth)</i>	73																																																																												
<i>famciclovir</i>	41	<i>fluorouracil (topical)</i>	51																																																																												
<i>famotidine</i>	78	<i>flurbiprofen</i>	18																																																																												
FARESTON		<i>flurbiprofen sodium</i>	73																																																																												
see <i>toremifene citrate</i>	36	<i>fluticasone propionate (nasal)</i>	71																																																																												
FASENRA	23	<i>fluticasone propionate hfa</i>	23																																																																												
FASENRA PEN	23	<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	24																																																																												
<i>felodipine</i>	42	<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	24																																																																												
FEMARA		<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	24																																																																												
see <i>letrozole</i>	36	FML FORTE	73																																																																												
FEMCAP MIS 22MM	62	FML LIQUIFILM																																																																													
FEMCAP MIS 26MM	62	see <i>fluorometholone (ophth)</i>	73																																																																												
FEMCAP MIS 30MM	62	<i>folic acid</i>		<i>folic acid</i>	60	FEMRING	79	<i>fingolimod hcl</i>		FOLIVANE-OB CAP	67	<i>fenofibrate</i>	30	FOSAMAX		<i>fosamprenavir calcium</i>	40	<i>fenofibrate micronized</i>	30	<i>fosfomycin tromethamine</i>		<i>fosinopril sodium</i>	31	<i>fentanyl</i>	19	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>		<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	33	<i>fexmid</i>	70	FOSRENOL		<i>lanthanum carbonate</i>	58	FILTER ASPIR MIS 18GX3	63	FOTIVDA		<i>FOTIVDA</i>	37	<i>finasteride</i>	59	FREESTYLE KIT SENSOR		<i>FREESTYLE MIS READER</i>	62	<i>fingolimod hcl</i>	75	FREESTY LIBR KIT 2 SENSOR		<i>FREESTYLE LIBR KIT 2 SENSOR</i>	62	FIORICET/CODEINE		see <i>butilbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	19	FIRAZYR		see <i>icatibant acetate</i>	59	see <i>sajazir</i>	59	FIRMAGON	36	FIRVANQ		see <i>vancomycin hcl</i>	21	<i>flac</i>	74	<i>flecainide acetate</i>	22	FLOMAX		see <i>tamsulosin hcl</i>	59	<i>fluconazole</i>	29
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see <i>tamsulosin hcl</i>	59																																																																														
<i>fluconazole</i>	29																																																																														

FREESTY LIBR KIT 3 SENSOR	62	GLYXAMBI TAB 25-5 MG.....	26
FREESTY LIBR MIS 2 READER.....	62	GOLYTELY	
FREESTY LIBR MIS 3 READER.....	62	see <i>gavilyte-g</i>	61
FUROSCIX	54	see <i>peg 3350-kcl-na bicarb-nacl-na</i>	
<i>furosemide</i>	54	<i>sulfate for soln 236 gm</i>	61
<i>fyavolv</i>	56	GRALISE	76
G		see <i> gabapentin (once-daily)</i>	76
<i>gabapentin (once-daily)</i>	76	granisetron hcl.....	28
<i>galantamine hydrobromide</i>	75	GRASTEK	17
GALZIN	64	<i>griseofulvin microsize</i>	29
GASTROCROM		<i>griseofulvin ultramicrosize</i>	29
see <i>cromolyn sodium (mastocytosis)</i>	57	<i>guanfacine hcl</i>	31
GATTEX	58	<i>guanfacine hcl (adhd)</i>	17
<i>gavilyte-c</i>	61	H	
<i>gavilyte-g</i>	61	HADLIMA	17
GAVRETO	37	HADLIMA PUSHTOUCH.....	17
<i>generlac</i>	58	HAEGARDA.....	59
<i>gengraf</i>	65	<i>hailey 1.5/30</i>	45
<i>gentamicin sulfate (ophth)</i>	72	<i>hailey 24 fe</i>	45
<i>gentamicin sulfate (topical)</i>	51	<i>hailey fe 1/20</i>	45
GENVOYA TAB	40	<i>hailey fe 1.5/30</i>	45
GILENYA		<i>halobetasol propionate</i>	52
see <i>fingolimod hcl</i>	75	<i>haloette</i>	49
<i>glatiramer acetate</i>	75	<i>heather</i>	49
<i>glatopa</i>	75	<i>hemmorex-hc</i>	20
GLEEVEC		HIPREX	
see <i> imatinib mesylate</i>	37	see <i> methenamine hippurate</i>	22
<i>glimepiride</i>	28	<i>homatropaire</i>	72
<i>glipizide</i>	28	HUMIRA.....	17
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	25	HUMIRA PEDIA INJ CROHNS	17
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...	25	HUMIRA PEDIATRIC CROHNS D	17
<i>glipizide-metformin hcl tab 5-500 mg</i>	25	HUMIRA PEN	17
<i>glipizide xl</i>	28	HUMIRA PEN-CD/UC/HS START	17
<i>glucagon (rdna)</i>	26	HUMIRA PEN KIT PS/UV.....	17
GLUCOTROL XL		HUMIRA PEN-PEDIATRIC UC S	17
see <i> glipizide</i>	28	HUMULIN R U-500 (CONCENTR	27
see <i> glipizide xl</i>	28	HUMULIN R U-500 KWIKPEN	27
<i>glyburide</i>	28	HYCAMTIN.....	38
<i>glyburide-metformin tab 1.25-250 mg</i>	25	HYCODAN	
<i>glyburide-metformin tab 2.5-500 mg</i>	25	see <i> hydrocodone bitart-homatropine</i>	
<i>glyburide-metformin tab 5-500 mg</i>	26	<i>methylbromide tab 5-1.5 mg</i>	50
<i>glyburide micronized</i>	28	see <i> hydrocodone bitart-homatropine</i>	
<i>glycopyrrolate</i>	77	<i>methylbrom soln 5-1.5 mg/5ml</i>	50
GLYXAMBI TAB 10-5 MG	26	see <i> hydromet</i>	50

hydralazine hcl.....	34
HYDREA	
see hydroxyurea	38
hydrochlorothiazide	54
hydrocodone-acetaminophen soln 7.5-325	
mg/15ml	20
hydrocodone-acetaminophen tab 10-325	
mg	20
hydrocodone-acetaminophen tab 5-325	
mg	20
hydrocodone-acetaminophen tab 7.5-325	
mg	20
hydrocodone bitart-homatropine	
methylbromide tab 5-1.5 mg	50
hydrocodone bitart-homatropine	
methylbrom soln 5-1.5 mg/5ml.....	50
hydrocortisone	49
HYDROCORTISONE/ACETIC ACI	
see hydrocortisone w/ acetic acid otic	
soln 1-2%	74
hydrocortisone (intrarectal).....	20
hydrocortisone (rectal).....	20
hydrocortisone (topical)	52
hydrocortisone acetate (rectal)	20
hydrocortisone acetate w/ pramoxine	
perianal cream 1-1%	20
hydrocortisone acetate w/ pramoxine	
perianal cream 2.5-1%.....	20
hydrocortisone valerate	52
hydrocortisone w/ acetic acid otic soln 1-2%	
2%	74
hydromet.....	50
hydromorphone hcl	19
hydroxychloroquine sulfate	34
hydroxyurea	38
hyoscyamine sulfate	77
hyosyne	77
HYZAAR	
see losartan potassium &	
hydrochlorothiazide tab 100-12.5 mg	33
see losartan potassium &	
hydrochlorothiazide tab 100-25 mg...33	
see losartan potassium &	
hydrochlorothiazide tab 50-12.5 mg..33	

I	
IBRANCE.....	37
ibu	18
ibuprofen.....	18
icatibant acetate.....	59
iclevia	45
icosapent ethyl	30
iferex 150 forte.....	60
imatinib mesylate	37
IMBRUVICA	37
imiquimod	52
IMITREX	
see sumatriptan succinate.....	64
IMITREX STATDOSE REFILL	
see sumatriptan succinate.....	64
IMITREX STATDOSE SYSTEM	
see sumatriptan succinate.....	64
IMURAN	
see azathioprine	65
inatal gt	67
incassia	49
INCRUSE ELLIPTA.....	23
indapamide	54
INDERAL LA	
see propranolol hcl.....	42
indomethacin.....	18
INPEN 100EL MIS BLUE-HUM	63
INPEN 100EL MIS GREY-HUM	63
INPEN 100EL MIS PINK HUM	63
INPEN 100NN MIS BLUE NOV	63
INPEN 100NN MIS GREY NOV	63
INPEN 100NN MIS PINK NOV	63
INSPRA	
see eplerenone	34
INSULIN DEGLUDEC	27
INSULIN DEGLUDEC FLEXTOUCH	27
INSULIN PEN NEEDLES.....	63
INSULIN SYRG MIS 0.3/29G.....	63
INTELENCE	
see etravirine	40
introvale.....	45
INTUNIV	
see guanfacine hcl (adhd)	17
INVOKAMET TAB 150-1000	26

INVOKAMET TAB 150-500	26
INVOKAMET TAB 50-1000	26
INVOKAMET TAB 50-500MG	26
INVOKAMET XR TAB 150-1000.....	26
INVOKAMET XR TAB 150-500	26
INVOKAMET XR TAB 50-1000	26
INVOKAMET XR TAB 50-500MG	26
INVOKANA	27
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
<i>mg/3ml</i>	24
<i>ipratropium bromide</i>	23
<i>ipratropium bromide (nasal)</i>	71
<i>irbesartan</i>	31
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>	
<i>mg</i>	33
<i>irbesartan-hydrochlorothiazide tab 300-</i>	
<i>12.5 mg</i>	33
ISENTRESS	40
ISENTRESS HD	40
isibloom	45
isoniazid.....	35
ISORDIL TITRADOSE	
see <i>isosorbide dinitrate</i>	22
isosorbide dinitrate	22
isosorbide dinitrate-hydralazine hcl tab 20-	
<i>37.5 mg</i>	43
isosorbide mononitrate	22
isotretinoin	51
ISTALOL	
see <i>timolol maleate (ophth)</i>	71
itraconazole	29
ivermectin	21
J	
JADENU	
see <i>deferasirox</i>	28
JADENU SPRINKLE	
see <i>deferasirox</i>	28
jaimiess.....	46
JAKAFI	37
jantoven	24
JARDIANC.....	27
jasmiel.....	46
JAYPIRCA	37
jencycla	49

JENLIVA CAP.....	67
JENTADUETO TAB XR.....	26
JESDUVROQ.....	60
<i>jinteli</i>	56
<i>JIVI</i>	59
<i>jolessa</i>	46
<i>juleber</i>	46
<i>JULUCA TAB 50-25MG</i>	40
<i>junel 1/20</i>	46
<i>junel 1.5/30</i>	46
<i>junel fe 1/20</i>	46
<i>junel fe 1.5/30</i>	46
<i>junel fe 24</i>	46
<i>JUXTAPID</i>	30
<i>JYNARQUE</i>	56
<i>JYNARQUE PAK 30-15MG</i>	56
<i>JYNARQUE PAK 45-15MG</i>	56
<i>JYNARQUE PAK 60-30MG</i>	56
<i>JYNARQUE PAK 90-30MG</i>	56
K	
<i>kaitlib fe</i>	46
KALETRA	
see <i>lopinavir-ritonavir soln 400-100</i>	
<i>mg/5ml (80-20 mg/ml)</i>	40
see <i>lopinavir-ritonavir tab 100-25 mg</i> ..40	
see <i>lopinavir-ritonavir tab 200-50 mg</i> ..40	
<i>kalliga</i>	46
<i>KALYDECO</i>	76
<i>kariva</i>	46
<i>kelnor 1/35</i>	46
<i>kelnor 1/50</i>	46
<i>KERENDIA</i>	55
<i>KESIMPTA</i>	75
<i>ketoconazole (topical)</i>	51
<i>ketorolac tromethamine</i>	18
<i>ketorolac tromethamine (ophth)</i>	73
<i>KEVZARA</i>	18
<i>KISQALI</i>	37
<i>klayesta</i>	51
<i>klor-con</i>	64
<i>klor-con/ef</i>	64
<i>klor-con 10</i>	64
<i>klor-con 8</i>	64
<i>klor-con m10</i>	64

<i>klor-con m20</i>	64
KORLYM	
see <i>mifepristone (hyperglycemia)</i>	27
KOSHR PRENAT TAB 30-1MG	67
kourzeq	66
<i>k-prime</i>	64
KRAZATI	37
KRYSTEXXA	59
K-TAB	
see <i>potassium chloride</i>	64
<i>k-tan plus</i>	60
<i>kurvelo</i>	46
KYLEENA	49
KYZATREX	20
L	
<i>labetalol hcl</i>	41
<i>lactic acid (ammonium lactate)</i>	52
<i>lactulose</i>	61
<i>lactulose (encephalopathy)</i>	58
<i>lamivudine</i>	40
<i>lamivudine (hbv)</i>	41
<i>lamivudine-zidovudine tab 150-300 mg</i>	40
LAMPIT	21
LANOXIN	
see <i>digoxin</i>	43
<i>lansoprazole</i>	78
<i>lanthanum carbonate</i>	58
LANTUS	27
LANTUS SOLOSTAR	27
<i>lapatinib ditosylate</i>	37
<i>larin 1/20</i>	46
<i>larin 1.5/30</i>	46
<i>larin 24 fe</i>	46
<i>larin fe 1/20</i>	46
<i>larin fe 1.5/30</i>	46
LASIX	
see <i>furosemide</i>	54
<i>latanoprost</i>	73
<i>layolis fe</i>	46
<i>leena</i>	46
<i>leflunomide</i>	18
<i>lenalidomide</i>	65
LEQEMBI	75
<i>lessina</i>	46

LETAIRIS	
see <i>ambrisentan</i>	44
<i>letrozole</i>	36
<i>leucovorin calcium</i>	38
LEUKERAN	35
<i>leuprolide acetate</i>	36
<i>levalbuterol hcl</i>	24
<i>levalbuterol tartrate</i>	24
<i>levobunolol hcl</i>	71
<i>levocetirizine dihydrochloride</i>	29
<i>levofloxacin</i>	57
<i>levonest</i>	46
<i>levonor-eth est tab 0.15-0.02/0.025/0.03</i>	
<i>mg & eth est 0.01 mg</i>	46
<i>levonorgestrel & ethinyl estradiol (91-day)</i>	
<i>tab 0.15-0.03 mg</i>	46
<i>levonorgestrel & ethinyl estradiol tab 0.15</i>	
<i>mg-30 mcg</i>	46
<i>levonorgestrel & ethinyl estradiol tab 0.1</i>	
<i>mg-20 mcg</i>	46
<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>30/0.075-40/0.125-30mg-mcg</i>	46
<i>levonorgestrel-ethinyl estradiol</i>	
<i>(continuous) tab 90-20 mcg</i>	46
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i>	
<i>est tab 0.01mg(7)</i>	46
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth</i>	
<i>est tab 0.01mg(7)</i>	46
<i>levora 0.15/30-28</i>	46
<i>levo-t</i>	77
<i>levothyroxine sodium</i>	77
<i>levoxyl</i>	77
LEXIVA	
see <i>fosamprenavir calcium</i>	40
LIALDA	
see <i>mesalamine</i>	57
<i>lidocaine</i>	53
<i>lidocaine hcl</i>	53
<i>lidocaine hcl (mouth-throat)</i>	65
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	53
<i>lidocan iii</i>	53
LIDODERM	
see <i>lidocaine</i>	53
see <i>lidocan iii</i>	53

<i>lidopin</i>	53
LILETTA	49
<i>linezolid</i>	22
<i>liothyronine sodium</i>	77
LIPITOR	
see <i>atorvastatin calcium</i>	30
<i>lisinopril</i>	31
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	33
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	33
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	33
LIVTENCITY	41
LODINE	
see <i>etodolac</i>	18
loestrin 1/20-21	46
loestrin 1.5/30-21.....	46
loestrin fe 1/20	47
loestrin fe 1.5/30.....	46
lojaimiess.....	47
LOKELMA.....	65
LO LOESTRIN TAB 1-10-10.....	46
LOMOTIL	
see <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	28
LONSURF TAB 15-6.14.....	37
LONSURF TAB 20-8.19	37
<i>loperamide hcl</i>	28
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	40
<i>lopinavir-ritonavir tab 100-25 mg</i>	40
<i>lopinavir-ritonavir tab 200-50 mg</i>	40
LOPRESSOR	
see <i>metoprolol tartrate</i>	41
LORBRENA.....	37
<i>loryna</i>	47
<i>losartan potassium</i>	31
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	33
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	33
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	33
LOTEMAX	
see <i>loteprednol etabonate</i>	73
LOTENSIN	
see <i>benazepril hcl</i>	31
LOTENSIN HCT	
see <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	32
see <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	33
see <i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	33
loteprednol etabonate	73
LOTREL	
see <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	32
see <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	32
see <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	32
see <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	32
LOTRONEX	
see <i>alosetron hcl</i>	58
lovastatin	30
LOVAZA	
see <i>omega-3-acid ethyl esters cap 1 gm</i>	30
LOVENOX	
see <i>enoxaparin sodium</i>	25
low-ogestrel	47
<i>lo-zumandimine</i>	46
<i>lubiprostone</i>	57
LUMAKRAS	37
LUMIGAN.....	73
LUNSUMIO	35
LUPKYNIS	65
LUPRON DEPOT (1-MONTH).....	36
LUPRON DEPOT (3-MONTH)	36
LUPRON DEPOT (4-MONTH)	36
LUPRON DEPOT-PED (1-MONTH).....	55
<i>lutera</i>	47
<i>lyleq</i>	49
<i>lyllana</i>	57
LYSODREN	36

<i>lyza</i>	49
M	
MACROBID	
see <i>nitrofurantoin monohyd macro</i>	22
MACRODANTIN	
see <i>nitrofurantoin macrocrystal</i>	22
MALARONE	
see <i>atovaquone-proguanil hcl tab 250-100 mg</i>	34
see <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	34
malathion.....	53
maraviroc	40
MARINOL	
see <i>dronabinol</i>	28
marlissa	47
MATULANE	38
matzim la	42
MAVYRET TAB 100-40MG	41
MAXALT	
see <i>rizatriptan benzoate</i>	63
MAXALT-MLT	
see <i>rizatriptan benzoate</i>	63
MAXITROL	
see <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	73
see <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	73
MAXZIDE	
see <i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	54
MAYZENT	75
meclizine hcl	28
MEDROL	
see <i>methylprednisolone</i>	49
MEDROL DOSEPAK	
see <i>methylprednisolone</i>	49
medroxyprogesterone acetate	75
medroxyprogesterone acetate (contraceptive)	49
mefloquine hcl	34
megestrol acetate	36
MEKINIST	37
MEKTOVI	37
meloxicam	18
melphalan.....	35
memantine hcl	75
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	75
MEPRON	
see <i>atovaquone</i>	21
mercaptopurine.....	35
mesalamine.....	57
mesalamine w/ cleanser	57
MESTINON	
see <i>pyridostigmine bromide</i>	35
metaxalone	70
metformin hcl	26
methadone hcl	19
methazolamide.....	54
methenamine hippurate	22
methenamine mandelate	22
methergine.....	74
methimazole	77
methocarbamol.....	70
methotrexate sodium	35
methscopolamine bromide.....	77
methyldopa.....	31
methylergonovine maleate	74
methylprednisolone.....	49
metoclopramide hcl.....	57
metolazone	54
metoprolol succinate.....	41
metoprolol tartrate	41
METROCREAM	
see <i>metronidazole (topical)</i>	53
METROLOTION	
see <i>metronidazole (topical)</i>	53
metronidazole.....	21
metronidazole (topical)	53
metronidazole vaginal	79
mexiletine hcl.....	22
MICARDIS	
see <i>telmisartan</i>	31
MICARDIS HCT	
see <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	34

see telmisartan-hydrochlorothiazide tab	
80-12.5 mg.....	34
see telmisartan-hydrochlorothiazide tab	
80-25 mg.....	34
microgestin 1/20	47
microgestin 1.5/30	47
microgestin 24 fe	47
microgestin fe 1/20	47
microgestin fe 1.5/30.....	47
midodrine hcl.....	79
mifepristone (hyperglycemia)	27
mihi.....	47
MINIPRESS	
see prazosin hcl.....	31
MINIVELLE	
see lyllana.....	57
minocycline hcl.....	76
minoxidil	34
MIRENA	49
misoprostol	78
M-NATAL PLUS TAB	67
moexipril hcl	31
mometasone furoate	52
monodoxine nl	76
mono-linyah	47
montelukast sodium	23
morphine sulfate	19
morphine sulfate beads	19
MOUNJARO	27
MOVANTIK.....	58
MOVIPREP	
see peg-3350/electrolytes/asc	61
moxifloxacin hcl.....	57
moxifloxacin hcl (ophth)	72
MS CONTIN	
see morphine sulfate	19
MULPLETA.....	60
multivitamin/fluoride	66
multi-vitamin/fluoride/ir.....	66
multi-vitamin/fluoride dr	66
mupirocin	51
MYALEPT	55
MYAMBUTOL	
see ethambutol hcl.....	35

MYCOBUTIN	
see rifabutin	35
mycophenolate mofetil	65
MYDRIACYL	
see tropicamide	72
MYLERAN.....	35
MYRBETRIQ	78
mysoline	
see primidone	25
N	
nabumetone	18
nadolol	42
NAMENDA TITRATION PAK	
see memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	75
NAPROSYN	
see naproxen	18
naproxen	18
naratriptan hcl	63
NATACHEW CHW.....	67
NATAL PNV TAB	67
NATALVIT TAB 75-1MG	67
nateglinide.....	27
nebivolol hcl.....	41
NEBUPENT	
see pentamidine isethionate	21
nebusal	50
necon 0.5/35-28	47
NEEDLE (DISPOSABLE).....	63
NEEVO DHA CAP 27-1.13	67
neomycin-bacitrac zn-polymyx 5(3.5)mg-	
400unt-1000unt op oin	72
neomycin-polomy-gramicid op sol 1.75-	
10000-0.025mg-unt-mg/ml	72
neomycin-polomyxin-dexamethasone	
ophth oint 0.1%	73
neomycin-polomyxin-dexamethasone	
ophth susp 0.1%	73
neomycin-polomyxin-hc otic soln 1%	73
neomycin-polomyxin-hc otic susp 3.5	
mg/ml-10000 unit/ml-1%	74
neomycin sulfate.....	17
NEONATAL/DHA MIS	68
NEONATAL 19 TAB	67

NEONATAL FE TAB.....	67
NEONATAL PLS TAB 27-1MG	67
NEONATAL TAB COMPLETE	67
NEONATAL TAB PLUS	68
<i>neo-polycin</i>	72
<i>neo-polycin hc</i>	73
NEORAL	
see <i>cyclosporine modified (for microemulsion)</i>	65
see <i>gengraf</i>	65
<i>nephronex</i>	66
NESTABS DHA PAK	68
NESTABS ONE CAP	68
NESTABS TAB	68
NEUPRO	38
<i>nevirapine</i>	40
NEXIUM	
see <i>esomeprazole magnesium</i>	78
NEXLETOL.....	29
NEXLIZET TAB 180/10MG.....	30
NEXPLANON	49
NGENLA	55
<i>niacin (antihyperlipidemic)</i>	30
<i>nicardipine hcl</i>	42
<i>nifedipine</i>	42
<i>nikki</i>	47
<i>nimodipine</i>	42
<i>nitazoxanide</i>	21
<i>nitisinone</i>	55
NITRO-BID.....	22
NITRO-DUR	22
<i>nitrofurantoin</i>	22
<i>nitrofurantoin macrocrystal</i>	22
<i>nitrofurantoin monohyd macro</i>	22
<i>nitroglycerin</i>	22
NITROLINGUAL	
see <i>nitroglycerin</i>	22
NITROSTAT	
see <i>nitroglycerin</i>	22
NIVA-PLUS TAB	68
NIVA THYROID	77
<i>nora-be</i>	49
NORDITROPIN FLEXPRO.....	55
<i>norelgestromin-ethinyl estradiol td ptwk</i>	
<i>150-35 mcg/24hr</i>	48
<i>norethindrone (contraceptive)</i>	49
<i>norethindrone & ethinyl estradiol-fe chew</i>	
<i>tab 0.4 mg-35 mcg</i>	47
<i>norethindrone & ethinyl estradiol-fe chew</i>	
<i>tab 0.8 mg-25 mcg</i>	47
<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
<i>1.5 mg-30 mcg</i>	47
<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
<i>1 mg-20 mcg</i>	47
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	47
<i>norethindrone acetate</i>	75
<i>norethindrone acetate-ethinyl estradiol tab</i>	
<i>0.5 mg-2.5 mcg</i>	56
<i>norethindrone acetate-ethinyl estradiol tab</i>	
<i>1 mg-5 mcg</i>	56
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	47
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	47
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	47
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	47
<i>norlyroc</i>	49
NORPACE CR.....	22
<i>nortrel 0.5/35 (28)</i>	47
<i>nortrel 1/35</i>	47
<i>nortrel 7/7/7</i>	47
NORVASC	
see <i>amlodipine besylate</i>	42
NORVIR	
see <i>ritonavir</i>	40
NOVOLOG	27
NOVOLOG FLEXPEN	27
NOVOLOG FLEXPEN RELION.....	27
NOVOLOG MIX INJ 70/30	27
NOVOLOG MIX INJ FLEXPEN	27
NOVOLOG MIX INJ FLEX REL	27
NOVOLOG PENFILL	27
NOVOLOG RELI INJ 70/30	27
NOVOLOG RELION	27

NOVOPEN ECHO MIS.....	63
NOVOSEVEN RT.....	59
NOXAFILE	
see posaconazole.....	29
NP THYROID 120	77
NP THYROID 15	77
NP THYROID 30	77
NP THYROID 60	77
NP THYROID 90	77
NUBEQA	36
NUCALA	23
NUEDEXTA CAP 20-10MG.....	76
nulev.....	77
NULIBRY	55
NUTROPIN AQ NUSPIN 10.....	55
NUTROPIN AQ NUSPIN 20	55
NUTROPIN AQ NUSPIN 5	55
NUVARING	
see eluryng.....	48
see enilloring.....	48
see etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	48
see haloette	49
nyamyc.....	51
nylia 1/35	47
nylia 7/7/7	47
nymyo	47
nystatin	29
nystatin (mouth-throat)	65
nystatin (topical)	51
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	51
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	51
nystop	51
○	
OB COMPLETE/ CAP DHA	68
OB COMPLETE CAP ONE	68
OB COMPLETE CAP PETITE.....	68
OB COMPLETE TAB.....	68
OB COMPLETE TAB PREMIER	68
ocella.....	47
OCREVUS	75
octreotide acetate.....	56

OCUFLOX	
see ofloxacin (ophth)	72
ODEFSEY TAB	40
OFEV	76
ofloxacin (ophth)	72
ofloxacin (otic)	73
olmesartan-amlodipine-	
hydrochlorothiazide tab 20-5-12.5 mg ..33	
olmesartan-amlodipine-	
hydrochlorothiazide tab 40-10-12.5 mg 33	
olmesartan-amlodipine-	
hydrochlorothiazide tab 40-10-25 mg ...33	
olmesartan-amlodipine-	
hydrochlorothiazide tab 40-5-12.5 mg ..33	
olmesartan-amlodipine-	
hydrochlorothiazide tab 40-5-25 mg ....33	
olmesartan medoxomil	31
olmesartan medoxomil-	
hydrochlorothiazide tab 20-12.5 mg .....33	
olmesartan medoxomil-	
hydrochlorothiazide tab 40-12.5 mg .....33	
olmesartan medoxomil-	
hydrochlorothiazide tab 40-25 mg .....33	
olopatadine hcl (nasal)	71
omega-3-acid ethyl esters cap 1 gm	30
omeprazole	78
OMNIFLEX DPR	62
OMNIPOD 5 G6 KIT INTRO	62
OMNIPOD 5 G6 MIS PODS	62
OMNIPOD 5 G7 KIT INTRO	62
OMNIPOD 5 G7 MIS PODS	62
OMNIPOD DASH KIT INTRO.....	62
OMNIPOD DASH KIT PDM.....	62
OMNIPOD DASH MIS PODS.....	62
OMNIPOD GO KIT 20UNT/DY.....	62
OMNIPOD GO KIT 30UNT/DY.....	62
OMNIPOD GO KIT 40UNT/DY.....	62
OMNIPOD MIS CLASSIC.....	62
OMVOH	58
ondansetron	28
ondansetron hcl.....	28
ONE VITE TAB 1MG PLUS	68
ONPATTRO	76
ONUREG	35

OPSUMIT	44
OPTICHAMBER MIS DIA MD	63
OPZELURA	52
ORACIT SOL	58
ORALAIR SUB 300 IR.....	17
oralone dental paste	66
ORENITRAM	43
ORFADIN	
see <i>nitisinone</i>	55
ORGOVYX	36
ORIAHNN CAP	56
ORILISSA	55
ORKAMBI TAB 100-125	76
ORKAMBI TAB 200-125	76
ORLADEYO	59
orphenadrine citrate	70
ORSERDU	36
ORTHO TRI-CYCLEN LO	
see <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	47
see <i>tri-lo-estarrylla</i>	48
see <i>tri-lo-marzia</i>	48
see <i>tri-lo-mili</i>	48
see <i>tri-lo-sprintec</i>	48
see <i>tri-vylitra lo</i>	48
oscimin	78
oseltamivir phosphate.....	41
OTEZLA	18
OTEZLA TAB 10/20/30	18
oxaprozin	18
OXBRYTA	60
OXLUMO	58
oxybutynin chloride	78
oxycodone hcl	19
oxycodone w/ acetaminophen soln 5-325 mg/5ml	20
oxycodone w/ acetaminophen tab 10-325 mg	20
oxycodone w/ acetaminophen tab 5-325 mg	20
oxycodone w/ acetaminophen tab 7.5-325 mg	20
oxymorphone hcl	19
OZEMPIC	27

P

pacerone	22
PALFORZIA CAP ESCALAT	17
PALFORZIA CAP LEVEL 10	17
PALFORZIA CAP LEVEL 3	17
PALFORZIA CAP LEVEL 7	17
PALFORZIA CAP LEVEL 8	17
PALFORZIA LEVEL 1	17
PALFORZIA LEVEL 11 (MAINT	17
PALFORZIA LEVEL 11 (TITRA	17
PALFORZIA LEVEL 2	17
PALFORZIA LEVEL 4	17
PALFORZIA LEVEL 5	17
PALFORZIA LEVEL 6	17
PALFORZIA LEVEL 9	17
pantoprazole sodium	78
PARAGARD IUD T380A.....	49
PARLODEL	
see <i>bromocriptine mesylate</i>	38
PAXLOVID TAB 150-100	41
PAXLOVID TAB 300-100	41
PEDIAPRED	
see <i>prednisolone sodium phosphate</i> ....50	
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	66
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	66
peg-3350/electrolytes/asc	61
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	61
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	61
penicillin v potassium	74
pentamidine isethionate	21
PENTASA	
see <i>mesalamine</i>	57
pentoxifylline	59
PEPCID	
see <i>famotidine</i>	78
PERCOCET	
see <i>endocet</i>	20
see <i>oxycodone w/ acetaminophen tab 10-325 mg</i>	20

see oxycodone w/ acetaminophen tab 5-325 mg	20
see oxycodone w/ acetaminophen tab 7.5-325 mg	20
PERIDEX	
see chlorhexidine gluconate (mouth-throat)	65
see periogard	65
perindopril erbumine	31
periogard	65
permethrin	53
phenazo	59
phenazopyridine hcl	59
phenobarbital	61
phenylephrine hcl (mydriatic)	72
phenytek	25
phenytoin	25
phenytoin sodium extended	25
philith	47
phospha 250 neutral	64
phospho-trin 250 neutral	64
phytonadione	79
PIFELTRO	40
pilocarpine hcl	72
pilocarpine hcl (oral)	66
pimecrolimus	53
pimtrea	47
pindolol	42
pioglitazone hcl	27
pioglitazone hcl-glimepiride tab 30-2 mg	26
pioglitazone hcl-glimepiride tab 30-4 mg	26
pioglitazone hcl-metformin hcl tab 15-500 mg	26
pioglitazone hcl-metformin hcl tab 15-850 mg	26
pirfenidone	76
PLAQUENIL	
see hydroxychloroquine sulfate	34
PLAVIX	
see clopidogrel bisulfate	60
PNV-DHA CAP DOCUSATE	68
pnv-select	68
podofilox	53
polycin	72
poly-iron 150 forte	60
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	72
polysaccharide iron forte	60
POMALYST	36
portia-28	47
posaconazole	29
potassium chloride	64
potassium chloride microencapsulated crystals er	64
potassium citrate (alkalinizer)	58
potassium iodide (expectorant)	50
POTELIGEO	35
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	64
PRADAXA	25
see dabigatran etexilate mesylate	25
PRALUENT	30
pramipexole dihydrochloride	38
prasugrel hcl	60
pravastatin sodium	30
praziquantel	21
prazosin hcl	31
PRED FORTE	
see prednisolone acetate (ophth)	73
PRED MILD	73
prednisolone	50
prednisolone acetate (ophth)	73
PREDNISOLONE SODIUM PHOSP	73
prednisolone sodium phosphate	50
prednisone	50
PREGEN DHA CAP	68
PREGENNA TAB	68
PREMPHASE TAB	56
PREMPRO TAB	56
PREMPRO TAB 0.3-1.5	56
PREMPRO TAB 0.45-1.5	56
PREMPRO TAB 0.625-5	56
PRENAISSANCE CAP	68
PRENAISSANCE CAP PLUS	68
prenatal 19	68
PRENATAL 19 CHW 29-1MG	68
PRENATAL 19 TAB 29-1MG	68
PRENATAL PLS MIS MV + DHA	68

PRENATAL TAB 27-1MG	69	<i>promethazine hcl</i>	29
PRENATAL TAB PLUS	69	<i>promethegan</i>	29
PRENATAL-U CAP 106.5-1.....	69	PROMETRIUM	
PRENATE AM TAB 1MG	69	<i>see progesterone</i>	75
PRENATE CAP ENHANCE	69	<i>propafenone hcl</i>	22
PRENATE CAP PIXIE.....	69	<i>propranolol hcl</i>	42
PRENATE CAP RESTORE.....	69	<i>propylthiouracil</i>	77
PRENATE CHW 0.6-0.4	69	PROSCAR	
PRENATE DHA CAP.....	69	<i>see finasteride</i>	59
PRENATE MINI CAP	69	PROTONIX	
PRENATE TAB ELITE	69	<i>see pantoprazole sodium</i>	78
PRENATVITE TAB PLUS.....	69	PROVENTIL HFA	
PRETOMANID.....	35	<i>see albuterol sulfate</i>	23
PREVACID		PROVERA	
<i>see lansoprazole</i>	78	<i>see medroxyprogesterone acetate</i>	75
PREVACID SOLUTAB		PROVIDA OB CAP	69
<i>see lansoprazole</i>	78	<i>proxivol</i>	53
prevalite.....	30	<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
PREZCOBIX TAB 800-150	40	<i>mg/5ml</i>	50
PREZISTA	40	PULMICORT	
<i>see darunavir</i>	39	<i>see budesonide (inhalation)</i>	23
PRIFTIN.....	35	<i>pulmosal</i>	50
PRIMACARE CAP	69	PULMOZYME	76
<i>primaquine phosphate</i>	34	<i>purevit dualfe plus</i>	61
PRIMAQUINE PHOSPHATE		<i>pyrazinamide</i>	35
<i>see primaquine phosphate</i>	34	<i>pyridostigmine bromide</i>	35
<i>primidone</i>	25	PYRUKYND	60
<i>probenecid</i>	59	PYRUKYND TAB 20MGX5MG.....	60
PROCARDIA XL		PYRUKYND TAB 50MGX20M	60
<i>see nifedipine</i>	42	PYRUKYND TAPER PACK.....	60
<i>prochlorperazine</i>	39	Q	
<i>prochlorperazine maleate</i>	39	QBREXZA	53
PROCTOCORT		QINLOCK	37
<i>see hydrocortisone (rectal)</i>	20	QUESTRAN	
<i>proto-med hc</i>	20	<i>see cholestyramine</i>	30
<i>proctosol hc</i>	20	QUESTRAN LIGHT	
<i>protozone-hc</i>	21	<i>see cholestyramine light</i>	30
PROCYSB.....	58	<i>see prevalite</i>	30
<i>progesterone</i>	75	<i>quinapril hcl</i>	31
PROGLYCEM		<i>quinapril-hydrochlorothiazide tab 10-12.5</i>	
<i>see diazoxide</i>	26	<i>mg</i>	34
PROGRAF		<i>quinapril-hydrochlorothiazide tab 20-12.5</i>	
<i>see tacrolimus</i>	65	<i>mg</i>	34
PROLIA	54		

<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	34
QULIPTA	63
QVAR REDIHALER	23
R	
RAGWITEK	17
<i>raloxifene hcl</i>	55
<i>ramipril</i>	31
<i>ranolazine</i>	22
RAPAFLO	
see <i>silodosin</i>	59
RAPAMUNE	
see <i>sirolimus</i>	65
RASUVO	18
RAVICTI	55
REBIF	76
REBIF REBIDO INJ TITRATN	76
REBIF REBIDOSE	76
REBIF TITRTN INJ PACK	76
<i>reclipsen</i>	47
REDICHEW RX CHW	69
REGLAN	
see <i>metoclopramide hcl</i>	57
REGRANEX	53
REMODULIN	43
RENVELA	
see <i>sevelamer carbonate</i>	58
<i>repaglinide</i>	27
RESTASIS	
see <i>cyclosporine (ophth)</i>	72
RETACRIT	60
RETEVMO	37
RETIN-A	
see <i>tretinoin</i>	51
RETROVIR	
see <i>zidovudine</i>	40
REVATIO	
see <i>sildenafil citrate (pulmonary hypertension)</i>	44
REVCovi	55
REVLIMID	65
REYATAZ	
see <i>atazanavir sulfate</i>	39
REZUROCK	65
REZVOGLAR KWIKPEN	27
RHOPRESSA	72
<i>ribavirin (hepatitis c)</i>	41
<i>rifabutin</i>	35
<i>rifampin</i>	35
<i>ritonavir</i>	40
RITUXAN INJ HYCELA	37
<i>rivastigmine</i>	75
<i>rivastigmine tartrate</i>	75
<i>rivelsa</i>	47
<i>rizatriptan benzoate</i>	63
ROBINUL	
see <i>glycopyrrolate</i>	77
ROBINUL FORTE	
see <i>glycopyrrolate</i>	77
ROCALTROL	
see <i>calcitriol</i>	55
ROCKLATAN DRO	72
<i>roflumilast</i>	23
<i>ropinirole hydrochloride</i>	39
<i>rosuvastatin calcium</i>	30
ROWASA	
see <i>mesalamine w/ cleanser</i>	57
ROXICODONE	
see <i>oxycodone hcl</i>	19
ROZLYTREK	37
RUBRACA	37
RUKOBIA	40
RYBELSUS	27
<i>ryyclora</i>	29
S	
<i>sajazir</i>	59
SALAGEN	
see <i>pilocarpine hcl (oral)</i>	66
SANDIMMUNE	65
see <i>cyclosporine</i>	65
SANTYL	52
SAVELLA	75
SAVELLA MIS TITR PAK	75
<i>scopolamine</i>	28
SELECT-OB+ PAK DHA	69
SELECT-OB CHW	69
<i>selegiline hcl</i>	39
<i>selenium sulfide</i>	51

SELZENTRY	40	sodium fluoride 5000 ppm	66																																																																																																																																						
see maraviroc	40	sodium polystyrene sulfonate powder.....	65																																																																																																																																						
SE-NATAL 19 CHW	69	SOFOS/VELPAT TAB 400-100	41																																																																																																																																						
SE-NATAL 19 TAB	69	solifenacin succinate	78																																																																																																																																						
SENSIPAR		SOLIQUA INJ 100/33	26																																																																																																																																						
see <i>cinacalcet hcl</i>	55	SOLIRIS.....	59																																																																																																																																						
SEREVENT DISKUS	24	SOMA																																																																																																																																							
SEROSTIM.....	55	see <i>carisoprodol</i>	70	se-tan plus	61	sotalol hcl	42	setlakin	47	sotalol hcl (afib/afl)	42	sevelamer carbonate.....	58	SPINRAZA	71	SEYSARA.....	76	SPIRIVA HANDIHALER		sf 5000 plus	66	see <i>tiotropium bromide monohydrate</i> ..	23	sharobel.....	49	SPIRIVA RESPIMAT.....	23	SIGNIFOR LAR.....	56	spironolactone.....	54	SIKLOS	60	spironolactone & hydrochlorothiazide tab		sildenafil citrate (pulmonary hypertension)		25-25 mg	54	44	silodosin	59	SPORANOX		SILVADENE		see <i>itraconazole</i>	29	see <i>ssd</i>	52	sprintec 28	48	silver sulfadiazine.....	51	SPRYCEL	37	SIMBRINZA SUS 1-0.2%	72	sps	65	simliya.....	48	sronyx	48	simpesse	48	ssd	52	SIMPLICITY MIS INSERTER	63	STALEVO 150		simvastatin.....	30	see <i>carbidopa-levodopa-entacapone</i>		SINEMET		tabs 37.5-150-200 mg	38	see <i>carbidopa & levodopa tab 10-100 mg</i>		38	STEGLUJAN TAB 15-100MG.....	26	see <i>carbidopa & levodopa tab 25-100 mg</i>		38	STEGLUJAN TAB 5-100MG	26	SINGULAIR		STELARA	51	see <i>montelukast sodium</i>	23	sirolimus	65	STIOLTO AER 2.5-2.5	24	SIRTURO	35	STRIBILD TAB.....	40	SKYLA.....	49	STROMECTOL		sodium chloride (inhalant)	50	see <i>ivermectin</i>	21	sodium citrate & citric acid soln 500-334		sucralfate.....	78	mg/5ml	58	sulfacetamide sodium (ophth)	72	sodium fluoride	64	sulfacetamide sodium-prednisolone ophth		sodium fluoride (dental)	66	soln 10-0.23(0.25)%.....	73	sodium fluoride 5000 plus.....	66	sulfacetamide sodium w/ sulfur cleanser		10-5%	51
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silodosin	59	SPORANOX		SILVADENE		see <i>itraconazole</i>	29	see <i>ssd</i>	52	sprintec 28	48	silver sulfadiazine.....	51	SPRYCEL	37	SIMBRINZA SUS 1-0.2%	72	sps	65	simliya.....	48	sronyx	48	simpesse	48	ssd	52	SIMPLICITY MIS INSERTER	63	STALEVO 150		simvastatin.....	30	see <i>carbidopa-levodopa-entacapone</i>		SINEMET		tabs 37.5-150-200 mg	38	see <i>carbidopa & levodopa tab 10-100 mg</i>		38	STEGLUJAN TAB 15-100MG.....	26	see <i>carbidopa & levodopa tab 25-100 mg</i>		38	STEGLUJAN TAB 5-100MG	26	SINGULAIR		STELARA	51	see <i>montelukast sodium</i>	23	sirolimus	65	STIOLTO AER 2.5-2.5	24	SIRTURO	35	STRIBILD TAB.....	40	SKYLA.....	49	STROMECTOL		sodium chloride (inhalant)	50	see <i>ivermectin</i>	21	sodium citrate & citric acid soln 500-334		sucralfate.....	78	mg/5ml	58	sulfacetamide sodium (ophth)	72	sodium fluoride	64	sulfacetamide sodium-prednisolone ophth		sodium fluoride (dental)	66	soln 10-0.23(0.25)%.....	73	sodium fluoride 5000 plus.....	66	sulfacetamide sodium w/ sulfur cleanser		10-5%	51																																										
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SILVADENE		see <i>itraconazole</i>	29	see <i>ssd</i>	52	sprintec 28	48	silver sulfadiazine.....	51	SPRYCEL	37	SIMBRINZA SUS 1-0.2%	72	sps	65	simliya.....	48	sronyx	48	simpesse	48	ssd	52	SIMPLICITY MIS INSERTER	63	STALEVO 150		simvastatin.....	30	see <i>carbidopa-levodopa-entacapone</i>		SINEMET		tabs 37.5-150-200 mg	38	see <i>carbidopa & levodopa tab 10-100 mg</i>		38	STEGLUJAN TAB 15-100MG.....	26	see <i>carbidopa & levodopa tab 25-100 mg</i>		38	STEGLUJAN TAB 5-100MG	26	SINGULAIR		STELARA	51	see <i>montelukast sodium</i>	23	sirolimus	65	STIOLTO AER 2.5-2.5	24	SIRTURO	35	STRIBILD TAB.....	40	SKYLA.....	49	STROMECTOL		sodium chloride (inhalant)	50	see <i>ivermectin</i>	21	sodium citrate & citric acid soln 500-334		sucralfate.....	78	mg/5ml	58	sulfacetamide sodium (ophth)	72	sodium fluoride	64	sulfacetamide sodium-prednisolone ophth		sodium fluoride (dental)	66	soln 10-0.23(0.25)%.....	73	sodium fluoride 5000 plus.....	66	sulfacetamide sodium w/ sulfur cleanser		10-5%	51																																														
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<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	21	<i>see unithroid</i>	77																		
<i>sulfasalazine</i>	58	SYPRINE																			
<i>sulfatrim pediatric</i>	21	<i>see trientine hcl</i>	64																		
<i>sulindac</i>	18	SYRINGE/NEEDLE (DISP)	63																		
<i>sumatriptan</i>	63	SYRINGE (DISPOSABLE)	63																		
<i>sumatriptan succinate</i>	64	T																			
<i>sunitinib malate</i>	37	TABRECTA	37																		
SUNLENCA	40	<i>tacrolimus</i>	65																		
SUPPORT LIQ	66	<i>tacrolimus (topical)</i>	53																		
SUPPRELIN LA	55	<i>tadalafil (pulmonary hypertension)</i>	44																		
SUSTIVA		TAFINLAR	37																		
<i>see efavirenz</i>	39	TAGRISSO	36																		
SUTENT		TAKHYRO	59																		
<i>see sunitinib malate</i>	37	TALZENNA	37																		
<i>syeda</i>	48	TAMIFLU																			
SYMBICORT		<i>see oseltamivir phosphate</i>	41																		
<i>see breyna</i>	24	<i>tamoxifen citrate</i>	36																		
<i>see budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	24	<i>tamsulosin hcl</i>	59																		
<i>see budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	24	<i>tandem plus</i>	61																		
SYMFI		TARCEVA																			
<i>see efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	39	<i>see erlotinib hcl</i>	36																		
SYMFLO		TARGRETIN																			
<i>see efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	39	<i>see bexarotene</i>	38																		
SYMTUZA TAB	40	<i>tarina 24 fe</i>	48																		
SYNALAR		<i>tarina fe 1/20 eq</i>	48																		
<i>see fluocinolone acetonide</i>	52	TARON-C DHA CAP	69																		
SYNJARDY TAB	26	TARPEYO	50																		
SYNJARDY TAB 12.5-500	26	TASIGNA	37																		
SYNJARDY TAB 5-1000MG	26	TAVALISSE	59																		
SYNJARDY TAB 5-500MG	26	<i>taztia xt</i>	42																		
SYNJARDY XR TAB	26	TAZVERIK	37																		
SYNJARDY XR TAB 10-1000	26	TECFIDERA																			
SYNJARDY XR TAB 25-1000	26	<i>see dimethyl fumarate</i>	75																		
SYNJARDY XR TAB 5-1000MG	26	TECFIDERA STARTER PACK																			
SYNTHROID		<i>see dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	75																		
<i>see euthyrox</i>	77	<i>see levo-t</i>	77	<i>telmisartan</i>	31	<i>see levothyroxine sodium</i>	77	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	34	<i>see levoxyl</i>	77	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	34			<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	34			<i>temozolomide</i>	35
<i>see levo-t</i>	77	<i>telmisartan</i>	31																		
<i>see levothyroxine sodium</i>	77	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	34																		
<i>see levoxyl</i>	77	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	34																		
		<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	34																		
		<i>temozolomide</i>	35																		

<i>tencon</i>	19	<i>tm-vite rx</i>	66
<i>tenofovir disoproxil fumarate</i>	40	<i>tobramycin</i>	17
TENORETIC 100 see <i>atenolol & chlorthalidone tab 100-25</i>		<i>tobramycin (ophth)</i>	72
<i>mg</i>	32	<i>tobramycin-dexamethasone ophth susp</i>	
TENORETIC 50 see <i>atenolol & chlorthalidone tab 50-25</i>		0.3-0.1%	73
<i>mg</i>	32	TOBREX	72
TENORMIN see <i>atenolol</i>	41	<i>tolterodine tartrate</i>	78
TEPEZZA.....	55	TOPROL XL	
<i>terazosin hcl</i>	31	see <i>metoprolol succinate</i>	41
<i>terbinafine hcl</i>	29	<i>toremifene citrate</i>	36
<i>terbutaline sulfate</i>	24	<i>torsemide</i>	54
<i>terconazole vaginal</i>	79	<i>tramadol hcl</i>	19
<i>teriflunomide</i>	76	<i>trandolapril</i>	31
TERIPARATIDE	54	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	
<i>testosterone</i>	20	.....	34
<i>testosterone cypionate</i>	20	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	
<i>testosterone enanthate</i>	20	.....	34
<i>tetracycline hcl</i>	76	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	
TEZSPIRE.....	23	.....	34
THALITONE.....	54	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	
<i>theophylline</i>	24	.....	34
THRIVITE RX TAB 29-1MG	69	<i>tranexamic acid</i>	61
THYROID	77	TRANSDERM-SCOP	
<i>tiadylt er</i>	42	see <i>scopolamine</i>	28
TIAZAC see <i>diltiazem hcl extended release beads</i>		TRELEGY AER 100MCG.....	24
.....	42	TRELEGY AER 200MCG.....	24
see <i>taztia xt</i>	42	TRELSTAR MIXJECT.....	36
see <i>tiadylt er</i>	42	<i>treprostинil</i>	43
TIBSOVO	38	<i>tretinoin</i>	51
TIKOSYN see <i>dofetilide</i>	22	<i>tretinoin (chemotherapy)</i>	38
<i>tilia fe</i>	48	<i>triamcinolone acetonide (mouth)</i>	66
<i>timolol maleate</i>	42	<i>triamcinolone acetonide (topical)</i>	52
<i>timolol maleate (ophth)</i>	71	<i>triamterene</i>	54
<i>tinidazole</i>	21	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tiotropium bromide monohydrate</i>	23	37.5-25 mg	54
TIVDAK	35	<i>triamterene & hydrochlorothiazide tab 37.5-</i>	
TIVICAY	40	25 mg	54
TIVICAY PD.....	40	<i>triamterene & hydrochlorothiazide tab 75-</i>	
<i>tizanidine hcl</i>	70	50 mg	54
		TRIBENZOR	
		see <i>olmesartan-amlodipine-</i>	
		<i>hydrochlorothiazide tab 20-5-12.5 mg</i>	
		.....	33

see <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	33
see <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	33
see <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	33
see <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	33
TRICOR	
see <i>fenofibrate</i>	30
<i>triderm</i>	52
<i>trientine hcl</i>	64
<i>tri-estarrylla</i>	48
<i>trifluridine</i>	72
TRIJARDY XR TAB	26
TRIKAFTA TAB	76
<i>tri-legest fe</i>	48
<i>tri-linyah</i>	48
<i>tri-lo-estarrylla</i>	48
<i>tri-lo-marzia</i>	48
<i>tri-lo-mili</i>	48
<i>tri-lo-sprintec</i>	48
<i>trimethoprim</i>	21
<i>tri-mili</i>	48
TRINATAL RX TAB 1	69
<i>trinate</i>	70
<i>tri-nymyo</i>	48
<i>tri-sprintec</i>	48
TRISTART DHA CAP	70
TRIUMEQ PD TAB	40
TRIUMEQ TAB	40
<i>tri-vite/fluoride</i>	66
<i>trivora-28</i>	48
<i>tri-vylibra</i>	48
<i>tri-vylibra lo</i>	48
TROGARZO	40
<i>tropicamide</i>	72
<i>trospium chloride</i>	78
TRULICITY	27
TRUVADA	
see <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	39
see <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	39
see <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	40
see <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	40
TUBERCULIN/ALLERGY SYRINGES	63
TUKYSA	35
TURALIO	38
<i>turqoz</i>	48
TYBOST	40
TYKERB	
see <i>lapatinib ditosylate</i>	37
TYMLOS	54
TYVASO	43
TYVASO REFILL	43
TYVASO STARTER	43
U	
UBRELVY	63
ULTOMIRIS	59
<i>unithroid</i>	77
UPTRAVI	44
UPTRAVI PACK TAB 200/800	44
<i>urea</i>	52
<i>uredeb</i>	52
<i>uremez-40</i>	52
<i>uribel</i>	21
UROCIT-K 10	
see <i>potassium citrate (alkalinizer)</i>	58
UROCIT-K 5	
see <i>potassium citrate (alkalinizer)</i>	58
<i>uro-mp</i>	21
UROXATRAL	
see <i>alfuzosin hcl</i>	58
URSO 250	
see <i>ursodiol</i>	57
<i>ursodiol</i>	57
URSO FORTE	
see <i>ursodiol</i>	57
V	
VAGIFEM	
see <i>estradiol vaginal</i>	79

see <i>yuvafem</i>	79	V-GO 40 KIT	62
<i>valacyclovir hcl</i>	41	VIBRAMYCIN	
VALCYTE		see <i>doxycycline (monohydrate)</i>	76
see <i>valganciclovir hcl</i>	41	see <i>doxycycline hyclate</i>	76
<i>valganciclovir hcl</i>	41	vienna.....	48
<i>valsartan</i>	31	VIGAMOX	
<i>valsartan-hydrochlorothiazide tab 160-12.5</i>		see <i>moxifloxacin hcl (ophth)</i>	72
<i>mg</i>	34	<i>vilamit mb</i>	21
<i>valsartan-hydrochlorothiazide tab 160-25</i>		VILTEPSO	71
<i>mg</i>	34	VIMIZIM	55
<i>valsartan-hydrochlorothiazide tab 320-12.5</i>		VINATE ONE TAB	70
<i>mg</i>	34	viorele	48
<i>valsartan-hydrochlorothiazide tab 320-25</i>		VIREAD	40
<i>mg</i>	34	see <i>tenofovir disoproxil fumarate</i>	40
<i>valsartan-hydrochlorothiazide tab 80-12.5</i>		VISCO-3.....	71
<i>mg</i>	34	VITAFOL CAP ULTRA	70
VALTREX		VITAFOL CHW GUMMIES	70
see <i>valacyclovir hcl</i>	41	VITAFOL FE+ CAP	70
VANCOCIN		VITAFOL-NANO TAB	70
see <i>vancomycin hcl</i>	21	VITAFOL-OB PAK +DHA	70
<i>vancomycin hcl</i>	21	VITAFOL-OB TAB 65-1MG	70
VASCEPA		VITAFOL-ONE CAP	70
see <i>icosapent ethyl</i>	30	VITAFOL STRP MIS 1MG	70
VASERETIC		vitamins a/c/d/fluoride	66
see <i>enalapril maleate &</i>		vitasure	66
<i>hydrochlorothiazide tab 10-25 mg</i>	33	VITATRUE MIS	70
VASOTEC		VITRAKVI.....	38
see <i>enalapril maleate</i>	31	VIVA DHA CAP	70
velivet	48	VIVELLE-DOT	
VELSIPITY	58	see <i>dotti</i>	56
VEMLIDY	41	see <i>estradiol</i>	56
VENCLEXTA.....	35	VIZIMPRO.....	36
VENCLEXTA TAB START PK	35	volnea	48
VEOZAH.....	55	voriconazole.....	29
verapamil hcl	42, 43	VOWST CAP	58
VERELAN		VUMERTY	76
see <i>verapamil hcl</i>	43	vyfemla	48
VESICARE		VYJUVEK GEL.....	53
see <i>solifenacin succinate</i>	78	vylibra	48
vestura	48	VYONDYS 53	71
VFEND		VYTORIN	
see <i>voriconazole</i>	29	see <i>ezetimibe-simvastatin tab 10-10 mg</i>	
V-GO 20 KIT	62	.....	29
V-GO 30 KIT	62		

see ezetimibe-simvastatin tab 10-20 mg	29
see ezetimibe-simvastatin tab 10-40 mg	30
see ezetimibe-simvastatin tab 10-80 mg	30
W	
warfarin sodium.....	24
wera	48
WESCAP-C DHA CAP	70
WESNATAL DHA PAK COMPLETE.....	70
wes-phos 250 neutral.....	64
WESTAB PLUS TAB 27-1MG.....	70
WIDE-SEAL SILICONE DIAPHR.....	62
wymzya fe	48
X	
XADAGO	39
XALATAN see latanoprost	73
XALKORI.....	38
XARELTO	24
XARELTO STAR TAB 15/20MG	24
XDEMVY	72
XELJANZ	18
XELJANZ XR	18
XELODA see capecitabine	35
XENPOZYME.....	55
XGEVA	54
XIFAXAN.....	21
XIGDUO XR TAB 10-500MG	26
XIGDUO XR TAB 2.5-1000	26
XIGDUO XR TAB 5-500MG.....	26
XiIDRA.....	72
XOLAIR	23
XOSPATA	38
XPOVIO.....	36
XPOVIO 60 MG TWICE WEEKLY	36
XPOVIO 80 MG TWICE WEEKLY	36
XTANDI.....	36
xulane	48
xurea	52
Y	
YASMIN 28	
see drospirenone-ethinyl estradiol tab 3-0.03 mg.....	45
see ocella.....	47
see syeda	48
see zumandimine	48
YAZ	
see drospirenone-ethinyl estradiol tab 3-0.02 mg.....	45
see jasmiel.....	46
see loryna	47
see lo-zumandimine	46
see nikki	47
see vestura	48
YERVOY	35
YESCARTA INJ	36
YUFLYMA 1-PEN KIT	18
YUFLYMA 2-SYRINGE KIT	18
yuvafem.....	79
Z	
zafemy	48
zaflirlukast	23
ZANAFLEX see tizanidine hcl.....	70
ZARONTIN see ethosuximide	25
ZARXIO	60
ZEJULA	38
ZELBORA.....	38
zenatane.....	51
ZENPEP CAP 1000OUNT.....	53
ZENPEP CAP 1500OUNT	53
ZENPEP CAP 2000OUNT	53
ZENPEP CAP 2500OUNT	53
ZENPEP CAP 3000UNIT	53
ZENPEP CAP 4000OUNT	54
ZENPEP CAP 5000UNIT	53
ZEPOSIA	76
ZEPOSIA 7DAY CAP STR PACK.....	76
ZEPOSIA CAP STR KIT	76
ZESTORETIC	
see lisinopril & hydrochlorothiazide tab 10-12.5 mg	33
see lisinopril & hydrochlorothiazide tab 20-12.5 mg.....	33

see <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	33
ZESTRI	
see <i>lisinopril</i>	31
ZETIA	
see <i>ezetimibe</i>	30
ZIAGEN	
see <i>abacavir sulfate</i>	39
zidovudine	40, 41
ZIEXTENZO	60
ZITHROMAX	
see <i>azithromycin</i>	61
ZOCOR	
see <i>simvastatin</i>	30
ZOLADEX	36
ZOLGENSMA INJ	71
zolmitriptan	64
ZOMIG	64
see <i>zolmitriptan</i>	64
ZONTIVITY	60
zovia 1/35	48
zumandimine	48
ZYDELIG	38
ZYNLONTA	35
ZYTIGA	
see <i>abiraterone acetate</i>	36
ZYVOX	
see <i>linezolid</i>	22