



MedStar Family
Choice

DISTRICT OF COLUMBIA

DC Healthy Families and DC Healthcare Alliance

Formulary (List of Covered Drugs)

Effective 01/01/2024

medstarfamilychoicedc.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 All previous versions of the formulary are no longer in effect.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 medstarfamilychoicedc.com



This program is funded in part by the
Government of the District of Columbia
Department of Health Care Finance.



Table of Contents

INTRODUCTION	13
PREFACE	13
HIV MEDICATIONS AND PRE-EXPOSURE PROPHYLAXIS (PrEP)	14
LEGEND	14
OVER-THE-COUNTER MEDICINES	15
DURABLE MEDICAL EQUIPMENT	15
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	15
PRODUCT SELECTION CRITERIA	15
GENERIC SUBSTITUTION	16
MAIL SERVICE PRESCRIPTIONS AND 90-DAY SUPPLIES	16
MEDICAL EXCEPTION, PRIOR AUTHORIZATION and NON-FORMULARY REQUESTS.....	16
OPIOID DRUG MANAGEMENT	17
EDITOR	17
NOTICE.....	17
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	23
AMPHETAMINES	23
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	23
STIMULANTS - MISC.....	24
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	24
ALLERGENIC EXTRACTS	24
AMINOGLYCOSIDES	24
AMINOGLYCOSIDES	24
ANALGESICS - ANTI-INFLAMMATORY	25
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	25
ANTIRHEUMATIC - ENZYME INHIBITORS.....	25
ANTIRHEUMATIC ANTIMETABOLITES.....	25
INTERLEUKIN-6 RECEPTOR INHIBITORS	25
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	25
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	26
PYRIMIDINE SYNTHESIS INHIBITORS	26
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	26
ANALGESICS - NONNARCOTIC	26
ANALGESIC COMBINATIONS	26
ANALGESICS - OPIOID.....	26
OPIOID AGONISTS	26
OPIOID COMBINATIONS	27
OPIOID PARTIAL AGONISTS	27
ANDROGENS-ANABOLIC	28
ANDROGENS	28
ANORECTAL AND RELATED PRODUCTS	28
INTRARECTAL STEROIDS.....	28
RECTAL COMBINATIONS	28

RECTAL STEROIDS	28
ANTHELMINTICS	29
ANTHELMINTICS	29
ANTI-INFECTIVE AGENTS - MISC.	29
ANTI-INFECTIVE AGENTS - MISC.	29
ANTI-INFECTIVE MISC. - COMBINATIONS	29
ANTIPROTOZOAL AGENTS	29
GLYCOPEPTIDES	29
LEPROSTATICs	29
LINCOSAMIDES	29
OXAZOLIDINONES	30
URINARY ANTI-INFECTIVES	30
ANTIANGINAL AGENTS.....	30
ANTIANGINALS-OTHER	30
NITRATES	30
ANTIANXIETY AGENTS	30
ANTIANXIETY AGENTS - MISC.	30
BENZODIAZEPINES	30
ANTIARRHYTHMICS	31
ANTIARRHYTHMICS TYPE I-A	31
ANTIARRHYTHMICS TYPE I-B	31
ANTIARRHYTHMICS TYPE I-C	31
ANTIARRHYTHMICS TYPE III	31
ANTIASTHMATIC AND BRONCHODILATOR AGENTS.....	31
ANTI-INFLAMMATORY AGENTS	31
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	31
BRONCHODILATORS - ANTICHOLINERGICS	31
LEUKOTRIENE MODULATORS	31
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	31
STEROID INHALANTS	31
SYMPATHOMIMETICS	32
XANTHINES	32
ANTICOAGULANTS	32
COUMARIN ANTICOAGULANTS	32
DIRECT FACTOR XA INHIBITORS	33
HEPARINS AND HEPARINOID-LIKE AGENTS	33
THROMBIN INHIBITORS	33
ANTICONVULSANTS.....	33
ANTICONVULSANTS - BENZODIAZEPINES	33
ANTICONVULSANTS - MISC.	33
GABA MODULATORS	34
HYDANTOINS	34
SUCCINIMIDES	35
VALPROIC ACID.....	35

ANTIDEPRESSANTS	35
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	35
ANTIDEPRESSANTS - MISC.	35
MONOAMINE OXIDASE INHIBITORS (MAOIS)	35
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS	35
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	35
SEROTONIN MODULATORS.....	36
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	36
TRICYCLIC AGENTS	36
ANTIDIABETICS	36
ALPHA-GLUCOSIDASE INHIBITORS.....	36
ANTIDIABETIC COMBINATIONS	36
BIGUANIDES.....	37
DIABETIC OTHER.....	37
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	38
INCRETIN MIMETIC AGENTS	38
INSULIN	38
INSULIN SENSITIZING AGENTS	38
MEGLITINIDE ANALOGUES	39
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	39
SULFONYLUREAS.....	39
ANTIDIARRHEAL/PROBIOTIC AGENTS.....	39
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....	39
ANTIPERISTALTIC AGENTS.....	39
ANTIDOTES AND SPECIFIC ANTAGONISTS.....	39
ANTIDOTES - CHELATING AGENTS	39
OPIOID ANTAGONISTS	39
ANTIEMETICS.....	40
5-HT3 RECEPTOR ANTAGONISTS.....	40
ANTIEMETICS - ANTICHOLINERGIC	40
ANTIEMETICS - MISCELLANEOUS	40
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	40
ANTIFUNGALS.....	40
ANTIFUNGALS	40
IMIDAZOLE-RELATED ANTIFUNGALS.....	40
ANTIHISTAMINES.....	40
ANTIHISTAMINES - ETHANOLAMINES	40
ANTIHISTAMINES - NON-SEDATING	40
ANTIHISTAMINES - PHENOTHIAZINES.....	41
ANTIHISTAMINES - PIPERIDINES	41
ANTIHYPERLIPIDEMICS.....	41
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS	41
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS.....	41
ANTIHYPERLIPIDEMICS - COMBINATIONS	41

ANTIHYPERLIPIDEMICS - MISC.....	41
BILE ACID SEQUESTRANTS.....	41
FIBRIC ACID DERIVATIVES	41
HMG COA REDUCTASE INHIBITORS.....	42
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	42
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS	42
NICOTINIC ACID DERIVATIVES.....	42
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	42
ANTIHYPERTENSIVES	42
ACE INHIBITORS.....	42
ANGIOTENSIN II RECEPTOR ANTAGONISTS	42
ANTIADRENERGIC ANTIHYPERTENSIVES.....	43
ANTIHYPERTENSIVE COMBINATIONS	43
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	46
VASODILATORS.....	46
ANTIMALARIALS	46
ANTIMALARIAL COMBINATIONS	46
ANTIMALARIALS	46
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	46
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	46
ANTIMYCOBACTERIAL AGENTS	46
ANTIMYCOBACTERIAL AGENTS	46
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	47
ALKYLATING AGENTS	47
ANTIMETABOLITES	47
ANTINEOPLASTIC - ANTI-HER2 AGENTS	47
ANTINEOPLASTIC - ANTIBODIES	47
ANTINEOPLASTIC - BCL-2 INHIBITORS.....	47
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY	47
ANTINEOPLASTIC - EGFR INHIBITORS	47
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	47
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS	48
ANTINEOPLASTIC - XPO1 INHIBITORS	48
ANTINEOPLASTIC COMBINATIONS.....	48
ANTINEOPLASTIC ENZYME INHIBITORS.....	48
ANTINEOPLASTICS MISC.....	49
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	50
MITOTIC INHIBITORS.....	50
TOPOISOMERASE I INHIBITORS	50
ANTIPARKINSON AND RELATED THERAPY AGENTS	50
ANTIPARKINSON ANTICHOLINERGICS.....	50
ANTIPARKINSON DOPAMINERGICS	50
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	51
ANTIPSYCHOTICS/ANTIMANIC AGENTS.....	51

ANTIMANIC AGENTS	51
ANTIPSYCHOTICS - MISC.	51
BENZISOXAZOLES.....	51
BUTYROPHENONES.....	51
DIBENZAPINES	51
PHENOTHIAZINES	52
QUINOLINONE DERIVATIVES.....	52
THIOXANTHENES.....	52
ANTIVIRALS.....	52
ANTIVIRAL COMBINATIONS	52
CMV AGENTS.....	52
HEPATITIS AGENTS	52
HERPES AGENTS	53
INFLUENZA AGENTS	53
BETA BLOCKERS.....	53
ALPHA-BETA BLOCKERS	53
BETA BLOCKERS CARDIO-SELECTIVE	53
BETA BLOCKERS NON-SELECTIVE	53
CALCIUM CHANNEL BLOCKERS.....	54
CALCIUM CHANNEL BLOCKERS	54
CARDIOTONICS	54
CARDIAC GLYCOSIDES	54
CARDIOVASCULAR AGENTS - MISC.....	54
CARDIAC MYOSIN INHIBITORS	54
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	54
PROSTAGLANDIN VASODILATORS	55
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	55
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	55
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	56
SINUS NODE INHIBITORS	56
CEPHALOSPORINS.....	56
CEPHALOSPORINS - 1ST GENERATION.....	56
CEPHALOSPORINS - 2ND GENERATION	56
CEPHALOSPORINS - 3RD GENERATION	56
CONTRACEPTIVES	56
COMBINATION CONTRACEPTIVES - ORAL	56
COMBINATION CONTRACEPTIVES - TRANSDERMAL	60
COMBINATION CONTRACEPTIVES - VAGINAL	60
COPPER CONTRACEPTIVES - IUD.....	61
EMERGENCY CONTRACEPTIVES	61
PROGESTIN CONTRACEPTIVES - IMPLANTS	61
PROGESTIN CONTRACEPTIVES - INJECTABLE.....	61
PROGESTIN CONTRACEPTIVES - IUD.....	61
PROGESTIN CONTRACEPTIVES - ORAL	61

CORTICOSTEROIDS	61
GLUCOCORTICOSTEROIDS	61
MINERALOCORTICOIDS	62
COUGH/COLD/ALLERGY	62
ANTITUSSIVES	62
COUGH/COLD/ALLERGY COMBINATIONS.....	62
EXPECTORANTS.....	62
MISC. RESPIRATORY INHALANTS.....	62
DERMATOLOGICALS	62
ACNE PRODUCTS.....	62
ANTI-INFLAMMATORY AGENTS - TOPICAL	63
ANTIBIOTICS - TOPICAL.....	63
ANTIFUNGALS - TOPICAL	63
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	63
ANTIPSORIATICS	63
ANTISEBORRHEIC PRODUCTS	63
ANTIVIRALS - TOPICAL	63
BURN PRODUCTS.....	63
CORTICOSTEROIDS - TOPICAL	64
ECZEMA AGENTS	64
EMOLlient/KERATOLYTIC AGENTS.....	64
EMOLLIENTS.....	64
ENZYMEs - TOPICAL	64
IMMUNOMODULATING AGENTS - TOPICAL.....	64
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	65
KERATOLYTIC/ANTIMITOTIC AGENTS	65
LOCAL ANESTHETICS - TOPICAL.....	65
MISC. TOPICAL	65
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	65
ROSACEA AGENTS.....	65
SCABICIDES & PEDICULICIDES	65
WOUND CARE PRODUCTS.....	65
DIGESTIVE AIDS.....	65
DIGESTIVE ENZYMEs	65
DIURETICS	66
CARBONIC ANHYDRASE INHIBITORS	66
DIURETIC COMBINATIONS	66
LOOP DIURETICS.....	66
POTASSIUM SPARING DIURETICS	66
THIAZIDES AND THIAZIDE-LIKE DIURETICS	66
ENDOCRINE AND METABOLIC AGENTS - MISC.....	66
BONE DENSITY REGULATORs	66
GNRH/LHRH ANTAGONISTS	67
GROWTH HORMONE RELEASING HORMONES (GHRH)	67

GROWTH HORMONES.....	67
HORMONE RECEPTOR MODULATORS.....	67
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS.....	67
MENOPAUSAL SYMPTOMS SUPPRESSANTS.....	67
METABOLIC MODIFIERS.....	67
MINERALOCORTICOID RECEPTOR ANTAGONISTS	67
NATRIURETIC PEPTIDES	67
POSTERIOR PITUITARY HORMONES	67
PROLACTIN INHIBITORS	68
SOMATOSTATIC AGENTS	68
VASOPRESSIN RECEPTOR ANTAGONISTS	68
ESTROGENS.....	68
ESTROGEN COMBINATIONS.....	68
ESTROGENS.....	68
FLUOROQUINOLONES	69
FLUOROQUINOLONES	69
GASTROINTESTINAL AGENTS - MISC.....	69
GALLSTONE SOLUBILIZING AGENTS.....	69
GASTROINTESTINAL ANTIALLERGY AGENTS	69
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	69
GASTROINTESTINAL STIMULANTS	69
INFLAMMATORY BOWEL AGENTS	69
INTESTINAL ACIDIFIERS	70
LIVE FECAL MICROBIOTA	70
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	70
PHOSPHATE BINDER AGENTS	70
GENITOURINARY AGENTS - MISCELLANEOUS.....	70
ALKALINIZERS	70
HYPEROXALURIA AGENTS.....	70
INTERSTITIAL CYSTITIS AGENTS	70
PROSTATIC HYPERTROPHY AGENTS.....	70
URINARY ANALGESICS.....	70
GOUT AGENTS.....	71
GOUT AGENT COMBINATIONS.....	71
GOUT AGENTS.....	71
URICOSURICS	71
HEMATOLOGICAL AGENTS - MISC	71
ANTIHEMOPHILIC PRODUCTS	71
BRADYKININ B2 RECEPTOR ANTAGONISTS.....	71
COMPLEMENT INHIBITORS	71
HEMATOLOGIC - TYROSINE KINASE INHIBITORS	71
HEMATORHEOLOGIC AGENTS.....	71
PLASMA KALLIKREIN INHIBITORS	71
PLATELET AGGREGATION INHIBITORS.....	71

PYRUVATE KINASE ACTIVATORS	72
HEMATOPOIETIC AGENTS.....	72
AGENTS FOR GAUCHER DISEASE	72
AGENTS FOR SICKLE CELL DISEASE	72
COBALAMINS	72
FOLIC ACID/FOLATES	72
HEMATOPOIETIC GROWTH FACTORS	72
HEMATOPOIETIC MIXTURES	72
HEMOSTATICS	73
HEMOSTATICS - SYSTEMIC	73
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	73
BARBITURATE HYPNOTICS.....	73
NON-BARBITURATE HYPNOTICS.....	73
LAXATIVES	73
LAXATIVE COMBINATIONS.....	73
LAXATIVES - MISCELLANEOUS	73
MACROLIDES	73
AZITHROMYCIN.....	73
CLARITHROMYCIN	73
ERYTHROMYCINS	73
FIDAXOMICIN	74
MEDICAL DEVICES AND SUPPLIES	74
CONTRACEPTIVES	74
DIABETIC SUPPLIES	74
MISC. DEVICES	74
PARENTERAL THERAPY SUPPLIES	74
RESPIRATORY THERAPY SUPPLIES.....	79
MIGRAINE PRODUCTS.....	80
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG	80
MIGRAINE COMBINATIONS	80
SEROTONIN AGONISTS	80
MINERALS & ELECTROLYTES.....	81
FLUORIDE	81
PHOSPHATE	81
POTASSIUM	81
ZINC	81
MISCELLANEOUS THERAPEUTIC CLASSES.....	81
CHELATING AGENTS	81
IMMUNOMODULATORS	82
IMMUNOSUPPRESSIVE AGENTS	82
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS.....	82
POTASSIUM REMOVING AGENTS	82
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS	82
MOUTH/THROAT/DENTAL AGENTS.....	82

ANESTHETICS TOPICAL ORAL	82
ANTI-INFECTIVES - THROAT.....	82
ANTISEPTICS - MOUTH/THROAT	83
DENTAL PRODUCTS	83
STEROIDS - MOUTH/THROAT/DENTAL	83
THROAT PRODUCTS - MISC.	83
MULTIVITAMINS.....	83
B-COMPLEX W/ FOLIC ACID	83
MULTIPLE VITAMINS W/ MINERALS	84
MULTIVITAMINS.....	84
PED MULTI VITAMINS W/FL & FE.....	84
PED MV W/ FLUORIDE.....	84
PRENATAL VITAMINS.....	84
MUSCULOSKELETAL THERAPY AGENTS	85
CENTRAL MUSCLE RELAXANTS	85
DIRECT MUSCLE RELAXANTS	85
VISCOUPPLEMENTS.....	85
NASAL AGENTS - SYSTEMIC AND TOPICAL.....	85
NASAL ANTIALLERGY.....	85
NASAL ANTICHOLINERGICS.....	85
NASAL STEROIDS.....	85
NEUROMUSCULAR AGENTS.....	86
ALS AGENTS	86
MUSCULAR DYSTROPHY AGENTS.....	86
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS	86
OPHTHALMIC AGENTS.....	86
BETA-BLOCKERS - OPHTHALMIC.....	86
CYCLOPLEGIC MYDRIATICS.....	86
MIOTICS	86
OPHTHALMIC - ANGIOGENESIS INHIBITORS	86
OPHTHALMIC ADRENERGIC AGENTS	86
OPHTHALMIC ANTI-INFECTIVES	87
OPHTHALMIC IMMUNOMODULATORS.....	87
OPHTHALMIC INTEGRIN ANTAGONISTS	87
OPHTHALMIC KINASE INHIBITORS	87
OPHTHALMIC STEROIDS	87
OPHTHALMICS - MISC.	88
PROSTAGLANDINS - OPHTHALMIC	88
OTIC AGENTS	88
OTIC AGENTS - MISCELLANEOUS	88
OTIC ANTI-INFECTIVES	88
OTIC COMBINATIONS	88
OTIC STEROIDS	88
OXYTOCICS	88

OXYTOCICS	88
PASSIVE IMMUNIZING AND TREATMENT AGENTS.....	89
IMMUNE SERUMS.....	89
MONOCLONAL ANTIBODIES	89
PENICILLINS.....	89
AMINOPENICILLINS	89
NATURAL PENICILLINS	89
PENICILLIN COMBINATIONS	89
PENICILLINASE-RESISTANT PENICILLINS	89
PROGESTINS	89
PROGESTINS.....	89
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	89
AGENTS FOR CHEMICAL DEPENDENCY	89
ANTI-CATALEPTIC AGENTS.....	90
ANTIDEMENTIA AGENTS.....	90
COMBINATION PSYCHOTHERAPEUTICS.....	90
FIBROMYALGIA AGENTS.....	90
MOVEMENT DISORDER DRUG THERAPY	90
MULTIPLE SCLEROSIS AGENTS	90
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS	91
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS.....	91
PSEUDOBULBAR AFFECT (PBA) AGENTS.....	91
SMOKING DETERRENTS	91
TRANSTHYRETIN AMYLOIDOSIS AGENTS	91
RESPIRATORY AGENTS - MISC.....	91
CYSTIC FIBROSIS AGENTS	91
PULMONARY FIBROSIS AGENTS.....	91
TETRACYCLINES	91
TETRACYCLINES	91
THYROID AGENTS	92
ANTITHYROID AGENTS	92
THYROID HORMONES	92
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	93
ANTISPASMODICS	93
H-2 ANTAGONISTS	93
MISC. ANTI-ULCER.....	93
PROTON PUMP INHIBITORS	93
ULCER DRUGS - PROSTAGLANDINS.....	93
ULCER THERAPY COMBINATIONS	93
URINARY ANTISPASMODICS	93
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	93
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS	94
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	94
VAGINAL AND RELATED PRODUCTS	94

VAGINAL ANTI-INFECTIVES.....	94
VAGINAL ESTROGENS.....	94
VAGINAL PROGESTINS.....	94
VASOPRESSORS.....	94
ANAPHYLAXIS THERAPY AGENTS.....	94
VASOPRESSORS.....	94
VITAMINS.....	94
OIL SOLUBLE VITAMINS	94
Index	95

INTRODUCTION

MedStar Family Choice District of Columbia (MFC-DC) is pleased to provide the *2024 DC Healthy Families and DC Healthcare Alliance Prescribing Guide* for the District of Columbia. This Prescribing Guide is to be used when prescribing for patients covered by the pharmacy plan offered by MFC-DC.

This is a closed formulary and only those drugs listed in this formulary will be covered by MFC-DC for the DC Healthy Families Medicaid and DC Healthcare Alliance enrollees unless a Medical Exception is requested and approved by MFC-DC.

The drugs listed in this *2024 DC Healthy Families and DC Healthcare Alliance Prescribing Guide* have been reviewed and approved by the MFC-DC 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 MFC-DC. 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. MFC-DC 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. MFC-DC 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 *DC Healthy Families and DC Healthcare Alliance 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.

HIV MEDICATIONS AND PRE-EXPOSURE PROPHYLAXIS (PrEP)

HIV/AIDS medications, PEP, and PrEP for DC Healthy Families beneficiaries are covered through the District of Columbia Fee-for-Service and are not the responsibility of MFC-DC.

For DC Healthcare Alliance beneficiaries, medications for the treatment of HIV/AIDS are supplied through the AIDS Drug Assistance Program (ADAP). All enrollees must apply to the ADAP program and renew every 6 months. Prescriptions for HIV and AIDS medications must be filled at ADAP-participating pharmacies. Prescriptions for PEP and PrEP may be filled at any MFC-DC in-network pharmacy and require Prior Authorization.

PLEASE NOTE ON THE PRESCRIPTION that the intended use of the medication is for PEP or PrEP as this will assist the pharmacy in processing the prescription expeditiously.

Additional information can be found at the MFC-DC website, medstarfamilychoicedc.com [HIV Medications and Pre-Exposure Prophylaxis \(PrEP\)](#)

LEGEND

"PA" – Drugs that require a prior authorization. See section **Medical Exception, Prior Authorization and Non-Formulary** below.

"ST" – Drugs that require Step Therapy authorization for coverage. Step Therapy requires that drugs be used in a specific prescribing order. More information for ST drugs can be found on the PA table on the MFC-DC website, medstarfamilychoicedc.com, in the Pharmacy Benefits section.

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

"QL" – Drugs that have dispensing quantity limitation. Drugs are designated with a QL because they are typically not taken on a regular schedule and/or because of potential safety and utilization concerns. The specific limits are noted in the parentheses for applicable drugs.

The Quantity Limit Program provides for a maximum quantity of drug product that an Enrollee may receive per prescription and/or over a specific period of time. Many drug products on the *MFC-DC Prescribing Guide* have quantity limits based upon the dosage described in product labeling.

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. Prescriptions may be written for the State limited 12-month maximum. 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-Chek Aviva, Accu-Chek Guide, and Accu-Chek Smart line of glucometers and coordinating supplies.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The MedStar Family Choice District of Columbia Pharmacy and Therapeutics Committee (MFC-DC 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-DC website at medstarfamilychoicedc.com to view the decisions of the MFC-DC P&T Committee and any applicable changes. The main features of the MFC-DC P&T Policies are also on the website in the FAQs.

PRODUCT SELECTION CRITERIA

The MFC-DC P&T 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 new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire *DC Healthy Families and DC Healthcare Alliance Prescribing Guide* is reviewed on an annual basis.

All the information in the DC Healthy Families and DC Healthcare Alliance 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

MFC-DC offers a 90-day fill option for many drugs used to treat chronic conditions. These drugs can be found on the MFC-DC website, **medstarfamilychoicedc.com** in the Pharmacy Benefit section.

Enrollees are also able to order their prescriptions from CVS Caremark Mail Service Pharmacy™. Receiving a 90-day supply of medication by mail may be more convenient for Enrollees, especially when filling prescriptions for routine or maintenance type medications. Mail service may also improve patient adherence to their therapies.

To start the process, prescribers may call CVS Caremark Mail Service Pharmacy at **1-800-996-5772** or submit a prescription to the CVS Caremark Mail Service Pharmacy. Additional information can be found at the MFC-DC website, **medstarfamilychoicedc.com** or at **caremark.com**.

Please note that medications ordered and processed through mail service are typically mailed to the enrollee 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 enrollee.

MEDICAL EXCEPTION, PRIOR AUTHORIZATION and NON-FORMULARY REQUESTS

If a drug requiring prior authorization is desired for medical management of a patient, MFC-DC has a prior authorization table that can be accessed to see the prior authorization requirements. This table can be found on the MFC-DC website **medstarfamilychoicedc.com**.

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 MFC-DC at: **855-798-4244** or send in the completed PA/Non-

formulary request form that can be found on the website medstarfamilychoicedc.com.

MFC-DC 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

MFC-DC 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 MedStar Family Choice 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 District of Columbia Medicaid Opioid Drug Utilization Review for opioid prescribing, please visit medstarfamilychoicedc.com [Opioid Prescribing](#)

EDITOR

Your comments and suggestions regarding the *DC Healthy Families and DC Healthcare Alliance 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

NOTICE

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This *MedStar Family Choice District of Columbia, DC Healthy Families and DC Healthcare Alliance Prescribing Guide* contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with MFC-DC.

MedStar Family Choice District of Columbia does not operate the websites/organizations listed here, nor is it responsible for the availability or

reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship, or recommendation by MedStar Family Choice District of Columbia.



MedStar Family Choice

DISTRICT OF COLUMBIA

Nondiscrimination Statement

MedStar Family Choice-District of Columbia ("We") do not discriminate on the basis of race, color, national origin, sex, gender identity, age, disability (physical or mental), religion or political beliefs ("discrimination"). We comply with applicable federal civil rights laws. We do not exclude people or treat them differently on the basis of discrimination.

We provide free communication aids and services to people with disabilities, such as:

- Qualified sign language interpreters
- Written information in other formats (e.g. large print, audio, accessible electronic, other)

We provide free language services to those whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these aids or services, contact Enrollee Services at **888-404-3549** (TTY: 7-1-1).

We have a grievance procedure to resolve complaints alleging discrimination. If you believe we have failed to provide these services or discriminated in another way, you can file a grievance in the following ways:

- By phone: **888-404-3549 (TTY: 7-1-1)**
- By e-mail: MFCDC1557Coordinator@medstar.net
- By mail: Section 1557 Coordinator, 3007 Tilden Street, NW, POD 3N, Washington, DC 20008

Enrollee Services or the Section 1557 Coordinator can help you file a grievance.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the web portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>;
- By mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; or
- By phone at **800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.



This program is funded in part by the
Government of the District of Columbia
Department of Health Care Finance.



Interpreter Services Are Available for Free

**Help is available in your language:
888-404-3549 (TTY: 7-1-1).**

Spanish/Español

Atención: Si no habla y/o lee inglés, llame al 888-404-3549 entre las 8:00 a.m. y las 5:30 p.m. Un representante lo asistirá.

Amharic/አማርኛ

**ማስታወሻ የሚከተሉት ደንብ አገልግሎት በመሆኑ ከሁድ 8:00 እስከ አምስክ 5:30
በአዲቶ ተስፋ ውስጥ ወደ 888-404-3549 ይደውሉ፡፡**

Arabic/العربية

نطبيه: إذا كنت لا تتحدث أو تقرأ اللغة الإنجليزية، يرجى الاتصال بـ 888-404-3549 بين الساعة 8:00 صباحاً و 5:30 مساءً، أحد متذوبينا سيفون بمساعدتك.

Bassa/Băsóò

DÈ ĐÈ NIÀ KĘ DYÉĐÉ GBO: Ķ JÚ ké m̄ se Xwí-Wùqù wùqù poe dyuò m̄c̄ wuqún zàà dyuò ní, qá nòbà nià ke 888-404-3549 sòin 8:00 AM ké 5:30 PM gbo mué. À ké-bađa-nyò dó mu m̄ gbo kpáùn.

Burmese/မြန်မာဘာသာစကား

သတိပြုရန်- အကယ်၍ သလေသည် အင်္ဂလာပိုင်စကား မပြောတတ် မဖတ်တတ်လျှင် ကျေးဇူးပြု၍ နံက် ၈:၀၀ နာရီနှင့် ညနေ ၅:၃၀ နာရီ အကြားတွင် စစေ-၄၁၂-၃၅၆၉ သို့ ဖုန်းခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးက သင့်ကို ကူညီလိမ့်မည်။

Chinese (Traditional)/粵語

注意：如果你不會說或讀 英語，請在早上8點到下午5點半之間撥打888-404-3549。有個代表會幫助你的。

Chinese (Simplified)/普通话

注意：如果你不会说或读 英语， 请在早上8点到下午5点半之间拨打888-404-3549。有个代表会帮助你的。

Farsi / فارسی

توجه: اگر قارئ به صحبت کردن و/یا خواندن به انگلیسی نیستید، لطفاً بین ساعت 8.00 صبح تا 5.30 عصر با شماره 888-404-3549 تماس پذیرد. نماینده‌ای به شما کمک خواهد کرد.

French/Français

Attention : Si vous ne parlez pas et / ou ne lisez pas l'anglais, veuillez appeler le 888-404-3549 entre 8h00 et 17h30, un représentant vous répondra.

Gujarati/ગુજરાતી

ધ્યાન આપો: જો તમે અંગ્રેજી બોલી અને/અથવા વાંચી શકતા ન હોય તો, ફુપા કરીને 888-404-3549 નંબર પર 8:00 a.m. થી 5:30 p.m. વથે કોલ કરો. પ્રતિનિધિ તમારી મદદ કરશે.

Haitian Creole/Kreyòl Avisven

Atansyon: Si ou pa pale ak/oswa li anglè, tanpri rele 888-404-3549 ant 8:00 a.m. ak 5:30 p.m. Yon reprezantan pral ede ou.

Hindi/हिन्दी

ध્યાન દાંને: યदિ આપ અંગ્રેજી બોલતે ઔર / અથવા પઢતે નહીં હોય, તો કૃપયા 888-404-3549 પર સુબહ 8:00 બજે સે શામ 5:30 બજે કે બીચ ફોન કરોં। એક પ્રતિનિધિ આપકી સહાયતા કરેગા।

Hmong/Hmong

Nco ntsoov: Yog tias koj tsis hais thiab / los sis tsis nyeem As Kiv, thov hu rau 888-404-3549 thaum 8:00 sawv ntxov thiab 5:30 tsaus ntuj. Ib tus sawv cev yuav pab koj.

Igbo/Igbò

Gee ntị: O buru na ị naghị asụ ma/màọbụ agụ Bekee, biko kpọọ 888-404-3549 ihe dikà ebe 8:00 nke ututu ruo 5:30 nke mgbede. Onye nnochịanya ga-enyere gị aka.

Italian/Italiano

Attenzione: Se non parli e/o leggi inglese, chiama il numero 888-404-3549 tra le 8:00 e le 17:30. Un rappresentante ti assisterà.

Japanese/日本語

注意：英語が話せないまたは読めない場合は、888-404-3549までご連絡をお入れください。受付の営業時間は朝8時から昼5時半までございます。係員がお手伝い致します。

Korean/한국어

알립니다: 영어를 읽거나 말할 수 없다면, 오전 8시에서 오후 5시 30분 사이에 888-404-3549로 문의주십시오. 대표가 도움을 드릴 것입니다.

Polish/Polski

Uwaga: Jeśli nie mówisz i/lub nie czytasz po Angielski, zadzwoń pod numer 888-404-3549 między 8:00 a 17:30. Nasz przedstawiciel będzie mógł Ci pomóc.



Portuguese/Português

Atenção: Se você não fala ou lê Inglês, ligue para 888-404-3549; horário de atendimento das 08:00 às 17:00. Nosso representante irá ajudá-lo.

Punjabi/ਪੰਜਾਬੀ

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਬੋਲ ਅਤੇ/ਜਾਂ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ ਹੋ, ਕਿਰਪਾ ਕਰਕੇ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ ਦੇ ਵਿਚਕਾਰ 888-404-3549' ਤੇ ਕਾਲ ਕਰੋ। ਇੱਕ ਨੁਮਾਇੰਦਾ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

Russian / русский

Внимание: Если вы не говорите и/или не можете читать на английский язык, позвоните по телефону 888-404-3549 с 8:00 до 17:30. Представитель поможет вам.

Somali/Soomaaliga

Ogeysiis: Haddii aadan ku hadlin iyo/ama aadan Akhriyi karin Ingiriisi, fadlan wac lambarkaan 888-404-3549 inta u dhixeysha 8:00 subaxnimo iyo 5:30 galabnimo waxaa ku caawin doona qof wakiil ka ah.

Tagalog/Tagalog

Paunawa: Kung hindi ka nagsasalita at/o nagbabasa ng Ingles, pakitawagan ang 888-404-3549 sa pagitan ng 8:00 a.m. at 5:30 p.m. May kinatawan na tutulong sa iyo.

Urdu/اردو

توجه فرمائیں: اگر آپ انگریزی بولتے اور/یا پڑھتے نہیں بیس تو براہ کرم 888-404-3549 8:00 صبح سے شام 5:30 تک دسمبیر کال کریں۔ ایک نمائندہ آپ کی مدد کرے گا۔

Vietnamese/Tiếng Việt

Chú ý: Nếu bạn không nói và/hoặc đọc Tiếng Anh, vui lòng gọi 888-404-3549 giữa 8 giờ sáng đến 5 giờ 30 chiều. Một người đại diện sẽ hỗ trợ bạn

Yoruba/Yorùbá

Àkìyèsí: Bí o ko bá sọ àti/tàbí ka èdè Gèésì, jòwó pe 888-404-3549 láàárín 8:00 òwúrò àti 5:30 ìròlé. Asojú kan yóò ràn ó lówó.



Effective 01/01/2024

Drug Name	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	

AMPHETAMINES

amphetamine-dextroamphetamine cap er 24hr 5 mg

(generic of ADDERALL XR)

amphetamine-dextroamphetamine cap er 24hr 10 mg

(generic of ADDERALL XR)

amphetamine-dextroamphetamine cap er 24hr 15 mg

(generic of ADDERALL XR)

amphetamine-dextroamphetamine cap er 24hr 20 mg

(generic of ADDERALL XR)

amphetamine-dextroamphetamine cap er 24hr 25 mg

(generic of ADDERALL XR)

amphetamine-dextroamphetamine cap er 24hr 30 mg

(generic of ADDERALL XR)

amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)

amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)

amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)

amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)

amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)

amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)

amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)

dextroamphetamine sulfate cp24 5mg, 15mg; tabs 5mg, 10mg, 15mg, 20mg, 30mg

dextroamphetamine sulfate (generic of DEXEDRINE)

CP24 10mg

lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, ST 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg

clonidine hcl (adhd) (generic of KAPVAY) TB12 .1mg

guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg

QELBREE CP24 100MG, 150MG, 200MG PA

Drug Name	Requirements/Limits
STIMULANTS - MISC.	
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg, 150mg, PA 200mg, 250mg	
<i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg, 10mg	
<i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg, 40mg	
<i>methylphenidate hcl</i> cp24 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; tb24 18mg, 27mg, 36mg, 54mg; tbcr 10mg, 20mg	
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml, 10mg/5ml	
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg, 20mg	
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg, 54mg	
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg, 200mg PA	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	
ALLERGENIC EXTRACTS	
GRASTEK SUBL 2800BAU	
ORALAIR SUB 300 IR	
PALFORZIA CAP ESCALAT	PA
PALFORZIA CAP LEVEL 3	PA
PALFORZIA CAP LEVEL 7	PA
PALFORZIA CAP LEVEL 8	PA
PALFORZIA CAP LEVEL 10	PA
PALFORZIA LEVEL 1 CSPK 1MG	PA
PALFORZIA LEVEL 2 CSPK 1MG	PA
PALFORZIA LEVEL 4 CSPK 20MG	PA
PALFORZIA LEVEL 5 CSPK 20MG	PA
PALFORZIA LEVEL 6 CSPK 20MG	PA
PALFORZIA LEVEL 9 CSPK 100MG	PA
PALFORZIA LEVEL 11 (MAINT PACK 300MG	PA
PALFORZIA LEVEL 11 (TITRA PACK 300MG	PA
RAGWITEK SUBL 12AMBA1-U	
AMINOGLYCOSIDES	
AMINOGLYCOSIDES	
<i>neomycin sulfate</i> tabs 500mg	
<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml PA	

Drug Name	Requirements/Limits
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	PA
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 10MG/0.1ML, 20MG/0.2ML, 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	
HUMIRA PEN-PS/UV STARTER PNKT 40MG/0.8ML	
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	PA
INTERLEUKIN-6 RECEPTOR INHIBITORS	
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; 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	
ec-naproxen (generic of EC-NAPROSYN) TBEC 500mg	
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	

Drug Name	Requirements/Limits
<i>ketorolac tromethamine tabs 10mg</i>	QL (20 tabs every 25 days)
<i>meloxicam tabs 7.5mg, 15mg</i>	
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen tabs 250mg, 375mg</i>	
<i>naproxen (generic of NAPROSYN) TABS 500mg</i>	
<i>naproxen (generic of EC-NAPROSYN) TBEC 500mg</i>	
<i>oxaprozin (generic of DAYPRO) TABS 600mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	

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

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 cap 50-300-40 mg
(generic of FIORICET)* QL (60 caps 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 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; TABS 2mg, 4mg, 8mg* PA

*methadone hcl (generic of METHADOSE) CONC
10mg/ml* PA

*methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg,
10mg* PA

Drug Name	Requirements/Limits
<i>morphine sulfate cp24 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/0.5ml, 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg</i>	PA
<i>morphine sulfate (generic of MS CONTIN) TBCR 15mg, PA 30mg, 60mg, 100mg, 200mg</i>	
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	PA
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	PA
<i>oxycodone hcl t12a 10mg, 20mg, 40mg</i>	PA, QL (2 tabs every 1 day)
<i>oxycodone hcl (generic of ROXICODONE) TABS 15mg, PA 30mg</i>	
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, PA 30mg, 40mg</i>	
<i>tramadol hcl tabs 50mg</i>	PA
OPIOID COMBINATIONS	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	PA
<i>acetaminophen w/ codeine tab 300-15 mg</i>	PA
<i>acetaminophen w/ codeine tab 300-30 mg</i>	PA
<i>acetaminophen w/ codeine tab 300-60 mg</i>	PA
<i>ascomp/codeine</i>	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40- 30 mg (generic of FIORICET/CODEINE)</i>	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40- 30 mg</i>	PA
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	PA
<i>endocet (generic of PERCOSET)</i>	PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	PA
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	PA
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	PA
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	PA
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOSET)</i>	PA
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOSET)</i>	PA
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOSET)</i>	PA
OPIOID PARTIAL AGONISTS	
<i>BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG</i>	
<i>BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML</i>	

Drug Name	Requirements/Limits
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	
<i>buprenorphine hcl soln .3mg/ml; subl 2mg, 8mg</i>	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE)	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE)	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE)	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE)	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	

ANDROGENS-ANABOLIC

ANDROGENS

<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>
<i>testosterone</i> (generic of FORTESTA) GEL 10mg/act
<i>testosterone gel 50mg/5gm; soln 30mg/act</i>
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>
<i>testosterone enanthate soln 200mg/ml</i>

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

CORTIFOAM FOAM 10%
<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA)
ENEM 100mg/60ml

RECTAL COMBINATIONS

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>

RECTAL STEROIDS

<i>anucort-hc supp 25mg</i>
<i>anusol-hc supp 25mg</i>
<i>hemmorex-hc supp 25mg</i>
<i>hydrocortisone (rectal)</i> (generic of PROCTOCORT) CREA 1%
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%
<i>hydrocortisone acetate (rectal) supp 25mg</i>
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%
<i>protosol hc</i> (generic of ANUSOL-HC) CREA 2.5%

Drug Name	Requirements/Limits
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	
ANTHELMINTICS	
ANHELMINTICS	
<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 susp</i> 200-40 mg/5ml	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	
<i>sulfatrim pediatric</i>	
<i>uribel</i>	
<i>uro-mp</i>	
<i>uro-sp</i>	
<i>vilamit mb</i>	
ANTIPROTOZOAL AGENTS	
ALINIA SUSR 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, 150mg, 300mg	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	

Drug Name	Requirements/Limits
OXAZOLIDINONES	
<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml; TABS 600mg	
URINARY ANTI-INFECTIVES	
<i>fosfomycin tromethamine</i> pack 3gm	QL (3 packets every 9 days)
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	
<i>methenamine mandelate</i> tabs .5gm, 1gm	
<i>nitrofurantoin</i> susp 25mg/5ml	Covered for younger than age 8
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	
ANTIANGINAL AGENTS	
ANTIANGINALS-OTHER	
<i>ranolazine</i> tb12 500mg, 1000mg	
NITRATES	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	
<i>isosorbide dinitrate</i> tabs 10mg, 20mg, 30mg	
<i>isosorbide mononitrate</i> tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg	
NITRO-BID OINT 2%	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	
<i>nitroglycerin</i> pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	
ANTIANXIETY AGENTS	
ANTIANXIETY AGENTS - MISC.	
<i>buspirone hcl</i> tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	
<i>hydroxyzine hcl</i> syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg	
<i>hydroxyzine pamoate</i> caps 50mg, 100mg	
BENZODIAZEPINES	
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg	
<i>chlordiazepoxide hcl</i> caps 5mg, 10mg, 25mg	PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg	
<i>lorazepam</i> conc 2mg/ml	

Drug Name	Requirements/Limits
<i>lorazepam (generic of ATIVAN) TABS .5mg, 1mg, 2mg</i>	
<i>oxazepam caps 10mg, 15mg, 30mg</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>	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
ANTI-INFLAMMATORY AGENTS	
<i>cromolyn sodium nebu 20mg/2ml</i>	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	
<i>FASENRA SOSY 30MG/ML</i>	PA
<i>FASENRA PEN SOAJ 30MG/ML</i>	PA
<i>NUCALA SOLR 100MG</i>	PA
<i>XOLAIR SOLR 150MG</i>	PA
BRONCHODILATORS - ANTICHOLINERGICS	
<i>ATROVENT HFA AERS 17MCG/ACT</i>	QL (2 inhalers every 50 days)
<i>INCRUSE ELLIPTA AEPB 62.5MCG/INH</i>	
<i>ipratropium bromide soln .02%</i>	
<i>SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT</i>	
<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	
<i>ALVESCO AERS 80MCG/ACT, 160MCG/ACT</i>	
<i>ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT</i>	
<i>ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH</i>	

Drug Name	Requirements/Limits
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	QL (31.8 gm every 75 days)
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)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml; syrp 2mg/5ml</i>	
ANORO ELLIPT AER 62.5-25	
<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 50 days)
DULERA AER 50-5MCG	
DULERA AER 100-5MCG	
DULERA AER 200-5MCG	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (3 inhalers every 75 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (3 inhalers every 75 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (3 inhalers every 75 days)
<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>	

Drug Name	Requirements/Limits
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	
DIRECT FACTOR XA INHIBITORS	
ELIQUIS TABS 2.5MG, 5MG	
ELIQUIS STARTER PACK TBPK 5MG	QL (1 pack every 180 days)
XARELTO TABS 2.5MG, 10MG, 15MG, 20MG	
XARELTO STAR TAB 15/20MG	QL (1 pack every 180 days)
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 150mg	
PRADAXA CAPS 75MG, 110MG	
ANTICONVULSANTS	
ANTICONVULSANTS - BENZODIAZEPINES	
clonazepam (generic of KLOPONIN) TABS .5mg, 1mg, 2mg	
clonazepam tbdp .125mg	
diazepam (anticonvulsant) gel 2.5mg	
diazepam (anticonvulsant) (generic of DIASTAT ACUDIAL) GEL 10mg, 20mg	
NAYZILAM SOLN 5MG/0.1ML	QL (10 bottles every 25 days)
NAYZILAM SOLN 5MG/0.1ML	QL (5 bottles every 25 days)
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	PA, QL (5 sprays every 25 days)
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	PA, QL (5 sprays every 25 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	PA, QL (5 ea every 25 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	PA, QL (5 ea every 25 days)
ANTICONVULSANTS - MISC.	
carbamazepine chew 100mg	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	
epitol (generic of TEGRETOL) TABS 200mg	

Drug Name	Requirements/Limits
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml, 300mg/6ml; TABS 600mg, 800mg	
<i>lacosamide</i> (generic of VIMPAT) SOLN 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	
<i>OXTELLAR XR</i> TB24 150MG, 300MG, 600MG	PA
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	
<i>zonisamide caps</i> 50mg	
GABA MODULATORS	
<i>tiagabine hcl tabs</i> 2mg, 4mg, 12mg, 16mg	
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg	PA
<i>vigadron</i> (generic of SABRIL) PACK 500mg	PA
HYDANTOINS	
<i>DILANTIN CAPS</i> 30MG	
<i>phenytek caps</i> 200mg, 300mg	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 100mg/4ml, 125mg/5ml	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	
<i>phenytoin sodium extended caps</i> 200mg, 300mg	

Drug Name	Requirements/Limits
SUCCINIMIDES	
ethosuximide (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	
VALPROIC ACID	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	
valproate sodium soln 250mg/5ml	
valproic acid caps 250mg	
ANTIDEPRESSANTS	
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	
mirtazapine tabs 7.5mg, 45mg	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	
ANTIDEPRESSANTS - MISC.	
bupropion hcl tabs 75mg, 100mg; tb24 450mg	
bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg, 300mg	
MONOAMINE OXIDASE INHIBITORS (MAOIS)	
MARPLAN TABS 10MG	
phenelzine sulfate (generic of NARDIL) TABS 15mg	
tranylcypromine sulfate (generic of PARNATE) TABS 10mg	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS	
SPRAVATO SOL 56MG DOS	PA
SPRAVATO SOL 84MG DOS	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	
escitalopram oxalate soln 5mg/5ml	
escitalopram oxalate (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	
fluoxetine hcl (generic of PROZAC) CAPS 10mg, 20mg, 40mg	
fluoxetine hcl cpdr 90mg; soln 20mg/5ml	
fluoxetine hcl tabs 10mg, 20mg	
fluoxetine hcl (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg	
fluvoxamine maleate tabs 25mg, 50mg, 100mg	
paroxetine hcl (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	

Drug Name	Requirements/Limits
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	
SEROTONIN MODULATORS	
<i>trazodone hcl</i> tabs 50mg, 100mg, 150mg, 300mg	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	
<i>duloxetine hcl</i> cpep 40mg	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	
<i>venlafaxine hcl</i> tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg, 225mg	
TRICYCLIC AGENTS	
<i>amitriptyline hcl</i> tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	
<i>desipramine hcl</i> tabs 50mg, 75mg, 100mg, 150mg	
<i>doxepin hcl</i> caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
<i>imipramine hcl</i> tabs 10mg, 25mg, 50mg	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	
<i>nortriptyline hcl</i> soln 10mg/5ml	
ANTIDIABETICS	
ALPHA-GLUCOSIDASE INHIBITORS	
<i>acarbose</i> tabs 25mg, 50mg, 100mg	
ANTIDIABETIC COMBINATIONS	
<i>alogliptin-metformin hcl</i> tab 12.5-500 mg	
<i>alogliptin-metformin hcl</i> tab 12.5-1000 mg	
<i>alogliptin-pioglitazone</i> tab 12.5-30 mg	
<i>alogliptin-pioglitazone</i> tab 25-15 mg	
<i>alogliptin-pioglitazone</i> tab 25-30 mg	
<i>alogliptin-pioglitazone</i> tab 25-45 mg	
<i>glipizide-metformin hcl</i> tab 2.5-250 mg	
<i>glipizide-metformin hcl</i> tab 2.5-500 mg	
<i>glipizide-metformin hcl</i> tab 5-500 mg	
<i>glyburide-metformin</i> tab 1.25-250 mg	
<i>glyburide-metformin</i> 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	
<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 5-1000MG	
XIGDUO XR TAB 10-500MG	
XIGDUO XR TAB 10-1000	
BIGUANIDES	
<i>metformin hcl tabs 500mg</i>	QL (4 tabs every 1 day)
<i>metformin hcl tabs 850mg; tb24 500mg</i>	QL (3 tabs every 1 day)
<i>metformin hcl tabs 1000mg; tb24 750mg, 1000mg</i>	QL (2 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>	

Drug Name	Requirements/Limits
glucagon (rdna) (generic of GLUCAGON EMERGENCY KIT) KIT 1mg	
KORLYM TABS 300MG	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	
alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg	
saxagliptin hcl (generic of ONGLYZA) TABS 2.5mg, 5mg	
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	PA, QL (1 pen every 25 days)
OZEMPIC INJ 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	
HUMALOG MIX INJ 50/50	
HUMALOG MIX INJ 50/50KWP	
HUMALOG MIX SUS 75/25	
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	
HUMULIN R U-500 KWIKPEN INJ SOPN 500UNIT/ML	
INSULIN DEGLUDEC FLEXTOUCH INJ SOPN 100UNIT/ML, 200UNIT/ML	
INSULIN DEGLUDEC INJ SOLN 100UNIT/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	
TRESIBA SOLN 100UNIT/ML	
INSULIN SENSITIZING AGENTS	
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg	

Drug Name	Requirements/Limits
MEGLITINIDE ANALOGUES	
<i>nateglinide tabs 60mg, 120mg</i>	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGL T2) INHIBITORS	
FAXIGA TABS 5MG, 10MG	
INVOKANA TABS 100MG, 300MG	
JARDIANCE TABS 10MG, 25MG	
SULFONYLUREAS	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg</i>	
<i>glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg</i>	
<i>glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg</i>	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	
ANTIDIARRHEAL/PROBIOTIC AGENTS	
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.	
BILAC CAP	
DERMACINRX CAP PROBISOL	
DERMACINRX CAP PROBITRA	
LACTEROL CAP	
PROBİNATE CAP	
PROMELLA CAP PREBIOTI	
VISBIOME PAK	
WELLPRO 31 CAP	
XYBIOTIC CAP	
ZELAC CAP	
ANTIPERISTALTIC AGENTS	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	<i>QL (40 mL every 1 day)</i>
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	<i>QL (8 tabs every 1 day)</i>
<i>loperamide hcl caps 2mg</i>	
ANTIDOTES AND SPECIFIC ANTAGONISTS	
ANTIDOTES - CHELATING AGENTS	
<i>deferasirox (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg</i>	
<i>deferasirox (generic of JADENU) TABS 90mg, 180mg, 360mg</i>	
OPIOID ANTAGONISTS	
KLOXXADO LIQD 8MG/0.1ML	
<i>naloxone hcl liqd 4mg/0.1ml</i>	
<i>naltrexone hcl tabs 50mg</i>	

Drug Name	Requirements/Limits
VIVITROL SUSR 380MG	
ANTIEMETICS	
5-HT3 RECEPTOR ANTAGONISTS	
granisetron hcl soln 1mg/ml	
granisetron hcl tabs 1mg	QL (2 tabs every 1 day)
ondansetron tbdp 4mg, 8mg	
ondansetron hcl soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosy 4mg/2ml; 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)
ANTIFUNGALS	
ANTIFUNGALS	
griseofulvin microsize susp 125mg/5ml; tabs 500mg	
griseofulvin ultramicrosize tabs 125mg, 250mg	
nystatin tabs 500000unit	
terbinafine hcl tabs 250mg	
IMIDAZOLE-RELATED ANTIFUNGALS	
fluconazole (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 100mg, 200mg	
fluconazole tabs 50mg	
fluconazole (generic of DIFLUCAN) TABS 150mg	QL (4 tabs every 25 days)
itraconazole (generic of SPORANOX) CAPS 100mg	
posaconazole (generic of NOXAFL) SUSP 40mg/ml PA	
voriconazole (generic of VFEND) SUSR 40mg/ml; TABS 50mg, 200mg	
ANTIHISTAMINES	
ANTIHISTAMINES - ETHANOLAMINES	
diphenhydramine hcl elix 12.5mg/5ml	
ANTIHISTAMINES - NON-SEDATING	
cetirizine hcl soln 1mg/ml	
desloratadine (generic of CLARINEX) TABS 5mg	

Drug Name	Requirements/Limits
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	
ANTIHISTAMINES - PHENOTHIAZINES	
<i>promethazine hcl supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>promethazine hcl syrup 6.25mg/5ml</i>	QL (1000 mL every 25 days); Limit of 2 fills per 90 days
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	
ANTIHISTAMINES - PIPERIDINES	
<i>cypheptadine hcl syrup 2mg/5ml; tabs 4mg</i>	
ANTIHYPOLIPIDEMICS	
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>	
<i>ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)</i>	
<i>ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)</i>	
<i>NEXLIZET TAB 180/10MG</i>	
ANTIHYPERLIPIDEMICS - MISC.	
<i>icosapent ethyl (generic of VASCEPA) CAPS .5gm, 1gm PA</i>	
<i>omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)</i>	PA
BILE ACID SEQUESTRANTS	
<i>cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose</i>	
<i>cholestyramine light pack 4gm</i>	
<i>cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose</i>	
<i>prevalite pack 4gm</i>	
<i>prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose</i>	
FIBRIC ACID DERIVATIVES	
<i>fenofibrate caps 50mg, 150mg; tabs 54mg, 160mg</i>	
<i>fenofibrate (generic of FENOGLIDE) TABS 40mg</i>	
<i>fenofibrate (generic of TRICOR) TABS 48mg, 145mg</i>	

Drug Name	Requirements/Limits
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg</i>	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg</i>	
<i>simvastatin tabs 5mg</i>	
<i>simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg</i>	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe (generic of ZETIA) TABS 10mg</i>	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS	
<i>JUXTAPID CAPS 5MG, 10MG, 20MG, 30MG</i>	PA
NICOTINIC ACID DERIVATIVES	
<i>niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg</i>	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
<i>PRALUENT SOAJ 75MG/ML, 150MG/ML</i>	
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 (generic of ACCUPRIL) 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>	

Drug Name	Requirements/Limits
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg	
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg, 20mg, 40mg	
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg	
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	

ANTIADRENERGIC ANTIHYPERTENSIVES

clonidine (generic of CATAPRES-TTS-1) PTWK
.1mg/24hr

clonidine (generic of CATAPRES-TTS-2) PTWK
.2mg/24hr

clonidine (generic of CATAPRES-TTS-3) PTWK
.3mg/24hr

clonidine hcl tabs .1mg, .2mg, .3mg

doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg

guanfacine hcl tabs 1mg, 2mg

methyldopa tabs 250mg, 500mg

prazosin hcl (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg

terazosin hcl caps 1mg, 2mg, 5mg, 10mg

ANTIHYPERTENSIVE COMBINATIONS

amlodipine besylate-benazepril hcl cap 2.5-10 mg

amlodipine besylate-benazepril hcl cap 5-10 mg
(generic of LOTREL)

amlodipine besylate-benazepril hcl cap 5-20 mg
(generic of LOTREL)

amlodipine besylate-benazepril hcl cap 5-40 mg

amlodipine besylate-benazepril hcl cap 10-20 mg
(generic of LOTREL)

amlodipine besylate-benazepril hcl cap 10-40 mg
(generic of LOTREL)

amlodipine besylate-olmesartan medoxomil tab 5-20 mg
(generic of AZOR)

amlodipine besylate-olmesartan medoxomil tab 5-40 mg
(generic of AZOR)

amlodipine besylate-olmesartan medoxomil tab 10-20 mg
(generic of AZOR)

amlodipine besylate-olmesartan medoxomil tab 10-40 mg
(generic of AZOR)

Drug Name	Requirements/Limits
<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 (generic of LOTENSIN HCT)</i>	
<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>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</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>	

Drug Name	Requirements/Limits
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE)	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5</i> <i>mg</i> (generic of HYZAAR)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5</i> <i>mg</i> (generic of HYZAAR)	
<i>losartan potassium & hydrochlorothiazide tab 100-25</i> <i>mg</i> (generic of HYZAAR)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5</i> <i>mg</i> (generic of BENICAR HCT)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5</i> <i>mg</i> (generic of BENICAR HCT)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25</i> <i>mg</i> (generic of BENICAR HCT)	
<i>olmesartanamlodipine-hydrochlorothiazide tab 20-5-</i> <i>12.5 mg</i> (generic of TRIBENZOR)	
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-</i> <i>12.5 mg</i> (generic of TRIBENZOR)	
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-</i> <i>25 mg</i> (generic of TRIBENZOR)	
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-</i> <i>12.5 mg</i> (generic of TRIBENZOR)	
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-</i> <i>25 mg</i> (generic of TRIBENZOR)	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC)	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT)	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT)	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT)	
<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</i> (generic of DIOVAN HCT)	

Drug Name	Requirements/Limits
<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>	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
<i>pyridostigmine bromide (generic of MESTINON) SOLN 60mg/5ml; TABS 60mg</i>	
ANTIMYCOBACTERIAL AGENTS	
ANTIMYCOBACTERIAL AGENTS	
<i>ethambutol hcl tabs 100mg</i>	
<i>ethambutol hcl (generic of MYAMBUTOL) TABS 400mg</i>	
<i>isoniazid syrup 50mg/5ml; tabs 100mg, 300mg</i>	
<i>PRETOMANID TABS 200MG</i>	PA
<i>PRIFTIN TABS 150MG</i>	
<i>pyrazinamide tabs 500mg</i>	
<i>rifabutin (generic of MYCOBUTIN) CAPS 150mg</i>	
<i>rifampin caps 150mg, 300mg</i>	
<i>SIRTURO TABS 20MG, 100MG</i>	PA

Drug Name	Requirements/Limits
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ALKYLATING AGENTS	
cyclophosphamide caps 25mg, 50mg	
LEUKERAN TABS 2MG	
melfalan tabs 2mg	
MYLERAN TABS 2MG	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	
ZEPZELCA SOLR 4MG	PA
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	
ENHERTU SOLR 100MG	PA
LIBTAYO SOLN 350MG/7ML	PA
LUNSUMIO SOLN 1MG/ML, 30MG/30ML	PA
POLIVY SOLR 140MG	PA
RITUXAN SOLN 100MG/10ML, 500MG/50ML	PA
RYBREVANT SOLN 350MG/7ML	PA
ZYNLONTA SOLR 10MG	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS	
VENCLEXTA TABS 10MG, 50MG, 100MG	PA
VENCLEXTA TAB START PK	PA, QL (42 tabs every year)
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY	
ABECMA INJ	PA
BREYANZI SUSP 70000000CELLS	PA
KYMRIAH SUS	PA
YESCARTA INJ	PA
ANTINEOPLASTIC - EGFR INHIBITORS	
erlotinib hcl (generic of TARCEVA) TABS 25mg, 100mg, 150mg	
EXKIVITY CAPS 40MG	PA
TAGRISSO TABS 40MG, 80MG	PA
VIZIMPRO TABS 15MG, 30MG, 45MG	PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
abiraterone acetate (generic of ZYTIGA) TABS 250mg, 500mg	
anastrozole (generic of ARIMIDEX) TABS 1mg	

Drug Name	Requirements/Limits
bicalutamide (generic of CASODEX) TABS 50mg	
ELIGARD KIT 45MG	PA
exemestane (generic of AROMASIN) TABS 25mg	
FIRMAGON SOLR 80MG, 120MG/VIAL	
letrozole (generic of FEMARA) TABS 2.5mg	
leuprolide acetate kit 1mg/0.2ml	PA
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
ORSERDU TABS 86MG, 345MG	PA
tamoxifen citrate tabs 10mg, 20mg	
toremifene citrate (generic of FARESTON) TABS 60mg	
ZOLADEX IMPL 3.6MG, 10.8MG	PA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS	
AYVAKIT TABS 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
ANTINEOPLASTIC COMBINATIONS	
DARZALEX SOL FASPRO	PA
LONSURF TAB 15-6.14	
LONSURF TAB 20-8.19	
RITUXAN INJ HYCEL	PA
ANTINEOPLASTIC ENZYME INHIBITORS	
ALECensa CAPS 150MG	PA
ALUNBRIG TABS 30MG, 90MG, 180MG	PA
BALVERSA TABS 3MG, 4MG, 5MG	PA
BOSULIF TABS 100MG, 500MG	PA
BRAFTOVI CAPS 75MG	PA
CABOMETYX TABS 20MG, 40MG, 60MG	PA
COMETRIQ (60MG DOSE) KIT 20MG	PA
COMETRIQ KIT 100MG	PA
COMETRIQ KIT 140MG	PA
COTELLIC TABS 20MG	PA
FOTIVDA CAPS .89MG, 1.34MG	PA
GAVRETO CAPS 100MG	PA
IBRANCE CAPS 75MG, 100MG, 125MG	PA
ICLUSIG TABS 15MG, 45MG	PA

Drug Name	Requirements/Limits
<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 DOSE KIT TBPK 600MG, TBPK 400MG, TBPK 200MG	PA
KRAZATI TABS 200MG	PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	PA
LORBRENA TABS 25MG, 100MG	PA
LUMAKRAS TABS 120MG, 320MG	PA
MEKINIST TABS .5MG, 2MG	PA
MEKTOVI TABS 15MG	PA
PEMAZYRE TABS 4.5MG, 9MG, 13.5MG	PA
PIQRAY 200MG DAILY DOSE TBPK 200MG	PA
PIQRAY 250MG TAB DOSE	PA
PIQRAY 300MG DAILY DOSE TBPK 150MG	PA
RETEVMO CAPS 40MG, 80MG	PA
ROZLYTREK CAPS 100MG, 200MG	PA
RUBRACA TABS 200MG, 250MG, 300MG	PA
SCEMBLIX TABS 20MG, 40MG	PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	PA
STIVARGA TABS 40MG	PA
<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 200MG	PA
TAZVERIK TABS 200MG	PA
TIBSOVO TABS 250MG	PA
TURALIO CAPS 125MG	PA
VITRAKVI CAPS 25MG, 100MG	PA
VONJO CAPS 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
ZYKADIA TABS 150MG	PA
ANTINEOPLASTICS MISC.	
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	

Drug Name	Requirements/Limits
ELZONRIS SOLN 1000MCG/ML	PA
hydroxyurea (generic of HYDREA) CAPS 500mg	
MATULANE CAPS 50MG	
SYNRIBO SOLR 3.5MG	PA
tretinoin (chemotherapy) caps 10mg	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	
COSELA SOLR 300MG	PA
leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg	
MITOTIC INHIBITORS	
etoposide caps 50mg	
TOPOISOMERASE I INHIBITORS	
HYCAMTIN CAPS .25MG, 1MG	PA
TRODELVY SOLR 180MG	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS	
ANTIPARKINSON ANTICHOLINERGICS	
benztropine mesylate tabs .5mg, 1mg, 2mg	
trihexyphenidyl hcl tabs 2mg, 5mg	
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 (generic of STALEVO 50)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg (generic of STALEVO 200)	
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	

Drug Name	Requirements/Limits
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
<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>	
<i>XADAGO TABS 50MG, 100MG</i>	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS	
ANTIMANIC AGENTS	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 450mg</i>	
<i>lithium carbonate (generic of LITHOBID) TBCR 300mg</i>	
ANTIPSYCHOTICS - MISC.	
<i>CAPLYTA CAPS 10.5MG, 21MG, 42MG</i>	PA
<i>lurasidone hcl (generic of LATUDA) TABS 20mg, 40mg, PA 60mg, 80mg, 120mg</i>	
<i>VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG</i>	PA
<i>VRAYLAR CAP 1.5-3MG</i>	PA
<i>ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg</i>	
BENZISOXAZOLES	
<i>INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML</i>	
<i>paliperidone tb24 1.5mg</i>	
<i>paliperidone (generic of INVEGA) TB24 3mg, 6mg, 9mg</i>	
<i>risperidone (generic of RISPERDAL) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg</i>	
<i>risperidone tabs .25mg</i>	
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</i>	
BUTYROPHENONES	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	
<i>haloperidol decanoate (generic of HALDOL DECANOATE 50) SOLN 50mg/ml</i>	
<i>haloperidol decanoate (generic of HALDOL DECANOATE 100) SOLN 100mg/ml</i>	
<i>haloperidol lactate conc 2mg/ml</i>	
DIBENZAPINES	
<i>clozapine (generic of CLOZARIL) TABS 25mg, 50mg, 100mg, 200mg</i>	
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	

Drug Name	Requirements/Limits
<i>olanzapine (generic of ZYPREXA) TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg</i>	
<i>quetiapine fumarate (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	
<i>quetiapine fumarate tabs 150mg</i>	
<i>ZYPREXA RELPREVV SUSR 210MG, 300MG, 405MG</i>	
PHENOTHIAZINES	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	
<i>compro supp 25mg</i>	
<i>fluphenazine decanoate soln 25mg/ml</i>	
<i>fluphenazine hcl conc 5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	
<i>prochlorperazine supp 25mg</i>	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
QUINOLINONE DERIVATIVES	
<i>ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG</i>	
<i>ariPIPRAZOLE soln 1mg/ml; tbdp 10mg, 15mg</i>	
<i>ariPIPRAZOLE (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	
<i>ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML</i>	
<i>ARISTADA INITIO PRSY 675MG/2.4ML</i>	QL (5 injections every year)
THIOXANTHENES	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	
ANTIVIRALS	
ANTIVIRAL COMBINATIONS	
<i>PAXLOVID TAB 150-100</i>	
<i>PAXLOVID TAB 300-100</i>	
CMV AGENTS	
<i>foscarnet sodium (generic of FOSCAVIR) SOLN 6000mg/250ml</i>	
<i>LIVTENCITY TABS 200MG</i>	PA
<i>valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml; TABS 450mg</i>	
HEPATITIS AGENTS	
<i>BARACLUDE SOLN .05MG/ML</i>	
<i>entecavir (generic of BARACLUDE) TABS .5mg, 1mg</i>	
<i>MAVYRET TAB 100-40MG</i>	
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	

Drug Name	Requirements/Limits
SOFOS/VELPAT TAB 400-100	
VEMILIDY TABS 25MG	PA
HERPES AGENTS	
acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg	
famciclovir tabs 125mg, 250mg, 500mg	
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	
INFLUENZA AGENTS	
oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	QL (2 fills / year)
BETA BLOCKERS	
ALPHA-BETA BLOCKERS	
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	
carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg	
labetalol hcl tabs 100mg, 200mg, 300mg	
BETA BLOCKERS CARDIO-SELECTIVE	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	
bisoprolol fumarate tabs 5mg, 10mg	
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	
metoprolol tartrate tabs 25mg	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	
nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg, 20mg	
BETA BLOCKERS NON-SELECTIVE	
nadolol (generic of CORGARD) TABS 20mg, 40mg	
nadolol tabs 80mg	
pindolol tabs 5mg, 10mg	
propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	
propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	
sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	
sotalol hcl tabs 240mg	
sotalol hcl (afib/afl) (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	
timolol maleate tabs 5mg, 10mg, 20mg	

Drug Name	Requirements/Limits
CALCIUM CHANNEL BLOCKERS	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg</i>	
<i>cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg</i>	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 90mg</i>	
<i>diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg</i>	
<i>diltiazem hcl (generic of CARDIZEM LA) TB24 360mg</i>	
<i>diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	
<i>matzim la (generic of CARDIZEM LA) TB24 360mg</i>	
<i>nicardipine hcl caps 20mg, 30mg</i>	
<i>nifedipine caps 10mg; tb24 30mg, 60mg, 90mg</i>	
<i>nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg</i>	
<i>nimodipine caps 30mg</i>	
<i>taztia xt (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>tiadylt er (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>verapamil hcl cp24 100mg, 200mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg</i>	
<i>verapamil hcl (generic of VERELAN) CP24 120mg, 180mg, 240mg</i>	
CARDIOTONICS	
CARDIAC GLYCOSIDES	
<i>digoxin soln .05mg/ml</i>	
<i>digoxin (generic of LANOXIN) TABS 125mcg, 250mcg</i>	
CARDIOVASCULAR AGENTS - MISC.	
CARDIAC MYOSIN INHIBITORS	
<i>CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG</i>	PA
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	

Drug Name	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	
ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)</i>	
PROSTAGLANDIN VASODILATORS	
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	
REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	
TYVASO SOLN .6MG/ML	
TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG	
TYVASO DPI POW 16-32-48	
TYVASO DPI POW 16-32MCG	
TYVASO REFILL SOLN .6MG/ML	
TYVASO STARTER SOLN .6MG/ML	
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg	
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	
<i>alyq (generic of ADCIRCA) TABS 20mg</i>	PA
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO) SUSR 10mg/ml</i>	Covered for age 6 years and younger
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg</i>	PA
<i>tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg</i>	PA

Drug Name	Requirements/Limits
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, 500mg	
CEPHALOSPORINS - 3RD GENERATION	
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	
cefpodoxime proxetil tabs 100mg, 200mg	
ceftriaxone sodium solr 1gm, 250mg, 500mg	
CONTRACEPTIVES	
COMBINATION CONTRACEPTIVES - ORAL	
afirmelle	
altavera	
alyacen 1/35	
alyacen 7/7/7	
amethia	
amethyst	
apri	
aranelle	
ashlyna	
aubra eq	
aurovela 1.5/30	
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	

Drug Name	Requirements/Limits
camrese	
camrese lo	
charlotte 24 fe (generic of MINASTRIN 24 FE)	PA
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	
finzala (generic of MINASTRIN 24 FE)	PA
gemmily (generic of TAYTULLA)	PA
hailey 1.5/30	
hailey 24 fe	
hailey fe 1.5/30	
hailey fe 1/20	
iclevia	
introvale	
isibloom	
jaimiess	
jasmiel (generic of YAZ)	
jolessa	
juleber	
junel 1.5/30	
junel 1/20	
junel fe 1.5/30	
junel fe 1/20	
junel fe 24	

Drug Name	Requirements/Limits
<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 & ethynodiol dihydrogen phosphate (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethynodiol dihydrogen phosphate tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethynodiol dihydrogen phosphate tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-ethynodiol dihydrogen phosphate tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethynodiol dihydrogen phosphate (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>	
<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>merzee (generic of TAYTULLA)</i>	PA
<i>mibelas 24 fe (generic of MINASTRIN 24 FE)</i>	PA
<i>microgestin 1.5/30</i>	

Drug Name	Requirements/Limits
<i>microgestin 1/20</i>	
<i>microgestin 24 fe</i>	
<i>microgestin fe 1.5/30</i>	
<i>microgestin fe 1/20</i>	
<i>mil</i>	
<i>mono-linyah</i>	
NATAZIA TAB	
<i>necon 0.5/35-28</i>	
<i>nikki (generic of YAZ)</i>	
<i>norethindrone & ethynodiol-di fe chew tab 0.4 mg-35 mcg</i>	
<i>norethindrone & ethynodiol-di fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ac-ethynodiol fe tab 1-20/1-30/1-35 mg-mcg</i>	
<i>norethindrone ace & ethynodiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethynodiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethynodiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethynodiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 PA mcg (24) (generic of MINASTRIN 24 FE)</i>	
<i>norethindrone ace-ethynodiol-fe cap 1 mg-20 mcg PA (24) (generic of TAYTULLA)</i>	
<i>norgestimate & ethynodiol 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>	
<i>simliya</i>	

Drug Name	Requirements/Limits
<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>taysofy</i> (generic of TAYTULLA)	PA
<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>vyfermla</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	
<i>xulane</i>	
<i>zafemy</i>	
COMBINATION CONTRACEPTIVES - VAGINAL	
<i>eluryng</i> (generic of NUVARING)	
<i>enilloring</i> (generic of NUVARING)	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	
<i>halolette</i> (generic of NUVARING)	

Drug Name	Requirements/Limits
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>lyleq 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 cpep 3mg</i>	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	
<i>DEXAMETHASONE INTENSOL CONC 1MG/ML</i>	
<i>hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg</i>	
<i>MEDROL TABS 2MG</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 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>	
COUGH/COLD/ALLERGY COMBINATIONS	
<i>bromfed dm</i>	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (1000 mL every 25 days); Limit of 2 fills per 90 days
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL (1000 mL every 25 days); Limit of 2 fills per 90 days
<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>	
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>clindacin etz pledges swab 1%</i>	
<i>clindacin-p swab 1%</i>	
<i>clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1%</i>	

Drug Name	Requirements/Limits
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T)</i>	
LOTN 1%	
<i>clindamycin phosphate (topical) soln 1%; swab 1%</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%;</i>	
<i>GEL .01%, .025%</i>	
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	
ANTI-INFLAMMATORY AGENTS - TOPICAL	
<i>diclofenac sodium (topical) gel 1%</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>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>fluorouracil (topical) (generic of EFUDEX) CREA 5%</i>	
ANTIPSORIATICS	
<i>calcipotriene soln .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>SILIQ SOSY 210MG/1.5ML</i>	
ANTISEBORRHEIC PRODUCTS	
<i>selenium sulfide lotn 2.5%</i>	
ANTIVIRALS - TOPICAL	
<i>acyclovir topical (generic of ZOVIRAX) OINT 5%</i>	
BURN PRODUCTS	
<i>silver sulfadiazine (generic of SILVADENE) CREA 1%</i>	
<i>ssd (generic of SILVADENE) CREA 1%</i>	

Drug Name	Requirements/Limits
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%; gel .05%; oint .05%; soln .05%	
clobetasol propionate emollient base crea .05%	
desonide (generic of DESOWEN) CREA .05%	
desonide oint .05%	
fluocinolone acetonide crea .01%	
fluocinolone acetonide (generic of SYNALAR) CREA .025%; OINT .025%; SOLN .01%	
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) lotn 2.5%; oint 1%, 2.5%	
hydrocortisone valerate crea .2%; oint .2%	
mometasone furoate crea .1%; oint .1%; soln .1%	
pramoxine-hc cream 1-2.5%	
triamicinolone acetonide (topical) (generic of KENALOG) AERS .147mg/gm	
triamicinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%	
triderm crea .5%	
ECZEMA AGENTS	
DUPIXENT SOSY 200MG/1.14ML, 300MG/2ML	PA
OPZELURA CREA 1.5%	PA, QL (180 gm every 28 days)
EMOLLIENT/KERATOLYTIC AGENTS	
cerovel lotn 40%	
urea crea 40%; lotn 40%	
uremez-40 crea 40%	
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>	
<i>tacrolimus (topical) oint .03%, .1%</i>	
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	
DRYSOL SOLN 20%	
QBREXA PADS 2.4%	PA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	
EUCRISA OINT 2%	ST
ROSACEA AGENTS	
<i>metronidazole (topical) (generic of METROCREAM)</i>	
<i>CREA .75%</i>	
<i>metronidazole (topical) (generic of METROGEL) GEL 1%</i>	
<i>metronidazole (topical) gel .75%</i>	
<i>metronidazole (topical) (generic of METROLOTION)</i>	
<i>LOTN .75%</i>	
<i>NORITATE CREA 1%</i>	
SCABICIDES & PEDICULICIDES	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	
WOUND CARE PRODUCTS	
COLLANEX POW	
REGRANEX GEL .01%	
VYJUVEK GEL	PA
DIGESTIVE AIDS	
DIGESTIVE ENZYMES	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	

Drug Name	Requirements/Limits
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	
(generic of MAXZIDE-25)	
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	
toresemide 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 soln 70mg/75ml; 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

Drug Name	Requirements/Limits
TERIPARATIDE SOPN 620MCG/2.48ML	PA
TYMLOS SOPN 3120MCG/1.56ML	PA
XGEVA SOLN 120MG/1.7ML	PA
GNRH/LHRH ANTAGONISTS	
ORILISSA TABS 150MG, 200MG	PA
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
ZORBTIVE SOLR 8.8MG	PA
HORMONE RECEPTOR MODULATORS	
raloxifene hcl (generic of EVISTA) TABS 60mg	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
FENSOLVI KIT 45MG	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG	PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG	PA
MENOPAUSAL SYMPTOMS SUPPRESSANTS	
VEOZAH TABS 45MG	PA
METABOLIC MODIFIERS	
calcitriol (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml	
cinacalcet hcl (generic of SENSIPAR) TABS 30mg, 60mg, 90mg	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	
nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	PA
nitisinone caps 20mg	PA
NULIBRY SOLR 9.5MG	PA
XENPOZYME SOLR 4MG, 20MG	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
KERENDIA TABS 10MG, 20MG	PA
NATRIURETIC PEPTIDES	
VOXZOGO SOLR .4MG, .56MG, 1.2MG	PA
POSTERIOR PITUITARY HORMONES	
DESMOPRESSIN ACETATE SOLN 1.5MG/ML	PA

Drug Name	Requirements/Limits
<i>desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml</i>	PA
<i>desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	PA
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	PA
PROLACTIN INHIBITORS	
<i>cabergoline tabs .5mg</i>	
SOMATOSTATIC AGENTS	
<i>SIGNIFOR LAR SRER 10MG, 20MG, 30MG, 40MG, 60MG</i>	PA
VASOPRESSIN RECEPTOR ANTAGONISTS	
<i>JYNARQUE TABS 15MG, 30MG; TBPK 15MG</i>	PA
<i>JYNARQUE PAK 30-15MG</i>	PA
<i>JYNARQUE PAK 45-15MG</i>	PA
<i>JYNARQUE PAK 60-30MG</i>	PA
<i>JYNARQUE PAK 90-30MG</i>	PA
<i>tolvaptan (generic of SAMSCA) TABS 15mg, 30mg</i>	PA
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>	PA
<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>	
<i>DEPO-ESTRADIOL OIL 5MG/ML</i>	
<i>dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	

Drug Name	Requirements/Limits
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	
<i>estradiol valerate</i> (generic of DElestrogen) OIL 10mg/ml, 20mg/ml, 40mg/ml	
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	

FLUOROQUINOLONES

FLUOROQUINOLONES

CIPRO SUSR 5GM/100ML, 500MG/5ML
<i>ciprofloxacin hcl</i> tabs 100mg, 750mg
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg
<i>levofloxacin soln</i> 25mg/ml; tabs 500mg
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg
<i>moxifloxacin hcl</i> tabs 400mg

GASTROINTESTINAL AGENTS - MISC.

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol</i> caps 300mg
<i>ursodiol</i> (generic of URSO 250) TABS 250mg
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg PA
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GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl</i> soln 5mg/5ml, 10mg/10ml
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg

INFLAMMATORY BOWEL AGENTS

<i>mesalamine</i> (generic of APRISO) CP24 .375gm
<i>mesalamine</i> (generic of PENTASA) CPCR 500mg
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg
<i>mesalamine</i> enem 4gm; tbec 800mg
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm
<i>mesalamine</i> w/ cleanser (generic of ROWASA) KIT 4gm

Drug Name	Requirements/Limits
PENTASA CPCR 250MG	
SFROWASA ENEM 4GM/60ML	
<i>sulfasalazine (generic of AZULFIDINE) TABS 500mg</i>	
<i>sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg</i>	
INTESTINAL ACIDIFIERS	
<i>enulose soln 10gm/15ml</i>	
<i>generlac soln 10gm/15ml</i>	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	
LIVE FECAL MICROBIOTA	
VOWST CAP	PA, QL (24 caps in lifetime)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	
MOVANTIK TABS 12.5MG, 25MG	PA
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>	
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 15) TBCR 15meq</i>	
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 5) TBCR 540mg</i>	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	
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>	
<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>	

Drug Name	Requirements/Limits
<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 (generic of MITIGARE) CAPS .6mg</i>	
<i>colchicine (generic of COLCRYS) 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 PA</i>	
<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	
KALBITOR SOLN 10MG/ML	PA
ORLADEYO CAPS 110MG, 150MG	PA
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 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	QL (1 kit every 1 day)
<i>cilostazol tabs 50mg, 100mg</i>	
<i>clopidogrel bisulfate (generic of PLAVIX) TABS 75mg</i>	
<i>clopidogrel bisulfate tabs 300mg</i>	

Drug Name	Requirements/Limits
dipyridamole tabs 25mg, 50mg, 75mg	
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	
ZONTIVITY TABS 2.08MG	PA
PYRUVATE KINASE ACTIVATORS	
PYRUKYND TABS 5MG, 20MG, 50MG	PA
HEMATOPOIETIC AGENTS	
AGENTS FOR GAUCHER DISEASE	
CEREZYME SOLR 400UNIT	PA
AGENTS FOR SICKLE CELL DISEASE	
ADAKVEO SOLN 100MG/10ML	
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	
cyanocobalamin soln 1000mcg/ml	
dodex soln 1000mcg/ml	
FOLIC ACID/FOLATES	
folic acid tabs 1mg	
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	
ifex 150 forte	
k-tan plus	
poly-iron 150 forte	
polysaccharide iron forte	
purevit dualfe plus	
se-tan plus	
tandem plus	

Drug Name	Requirements/Limits
HEMOSTATICS	
HEMOSTATICS - SYSTEMIC	
aminocaproic acid soln .25gm/ml, 250mg/ml; tabs 500mg, 1000mg	
tranexamic acid tabs 650mg	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
BARBITURATE HYPNOTICS	
phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	
NON-BARBITURATE HYPNOTICS	
eszopiclone (generic of LUNESTA) TABS 1mg, 2mg, 3mg	
temazepam (generic of RESTORIL) CAPS 7.5mg, 15mg, 22.5mg, 30mg	
zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg	
LAXATIVES	
LAXATIVE COMBINATIONS	
gavilyte-c	
gavilyte-g (generic of GOLYTELY)	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	
peg-3350/electrolytes/asc (generic of MOVIPREP)	
LAXATIVES - MISCELLANEOUS	
constulose soln 10gm/15ml	
lactulose soln 10gm/15ml	
MACROLIDES	
AZITHROMYCIN	
azithromycin pack 1gm	
azithromycin (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	
azithromycin (generic of ZITHROMAX) TABS 250mg, QL (30 tabs every 25 days) 500mg	
azithromycin tabs 600mg	QL (30 tabs every 25 days)
CLARITHROMYCIN	
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	
clarithromycin (generic of BIAXIN XL) TB24 500mg	
ERYTHROMYCINS	
e.e.s. 400 tabs 400mg	
ery-tab tbec 250mg, 333mg, 500mg	
erythrocin stearate tabs 250mg	

Drug Name	Requirements/Limits
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	
erythromycin ethylsuccinate (generic of E.E.S. GRANULES) SUSR 200mg/5ml	
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 (9 boxes every 84 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 (9 boxes every 84 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)
FREESTYLE KIT SENSOR	QL (2 boxes every 24 days)
FREESTYLE MIS READER	QL (1 each every 350 days)
OMNIPOD DASH MIS PODS	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"	
ESSENTRA WIPES 9X9" CLEAN SHEE 70%	
PARENTERAL THERAPY SUPPLIES	
ALLERGIST KIT 1MLX27G	
AQINJECT PEN MIS 31GX3/16	
AQINJECT PEN MIS 32GX5/32	
BD 5ML SYRG MIS LUER-LOK	

Drug Name	Requirements/Limits
BD ECLIPSE MIS 23GX1"	
BD ECLIPSE MIS 25GX1"	
BD U-500 MIS 31GX6MM	
BLUNT CANNUL MIS 20GX1.5"	
BLUNT CANNUL MIS 21GX1"	
CAREPOINT SA MIS 23GX1"	
CAREPOINT SA MIS 23GX11/2	
CAREPOINT SA MIS 25GX1"	
CAREPOINT SA MIS 25GX5/8"	
CAREPOINT SA MIS 25GX11/2	
CAREPOINT SY MIS 20GX1"	
CAREPOINT SY MIS 20GX1.5"	
CAREPOINT SY MIS 22G X 1"	
CAREPOINT SY MIS 22GX1.5"	
CAREPOINT SY MIS 23GX1"	
CAREPOINT SY MIS 23GX1.5"	
CAREPOINT SY MIS 25GX1"	
CAREPOINT SY MIS 60ML	
CEQUR SIMPL KIT PATCH 2U	
DEFLUX NEEDL MIS 23X350MM	
EASYPOINT MIS 23GX1"	
EASYPOINT MIS 25GX1"	
EASYPOINT MIS 25GX5/8"	
FILTER ASPIR MIS 18GX3"	
HYPO NEEDLE MIS 14GX1"	
HYPO NEEDLE MIS 14GX1.5"	
HYPO NEEDLE MIS 14GX2"	
HYPO NEEDLE MIS 16GX1"	
HYPO NEEDLE MIS 16GX1.5"	
HYPO NEEDLE MIS 16GX3/4"	
HYPO NEEDLE MIS 16GX5/8"	
HYPO NEEDLE MIS 18GX1"	
HYPO NEEDLE MIS 18GX1.5"	
HYPO NEEDLE MIS 19GX1"	
HYPO NEEDLE MIS 19GX1.5"	
HYPO NEEDLE MIS 20GX1"	
HYPO NEEDLE MIS 20GX1.5"	
HYPO NEEDLE MIS 21GX1"	
HYPO NEEDLE MIS 21GX1.5"	
HYPO NEEDLE MIS 21GX2"	
HYPO NEEDLE MIS 22GX1"	
HYPO NEEDLE MIS 22GX1.5"	
HYPO NEEDLE MIS 23GX1"	
HYPO NEEDLE MIS 23GX3/4"	

Drug Name	Requirements/Limits
HYPO NEEDLE MIS 25GX1"	
HYPO NEEDLE MIS 25GX1.5"	
HYPO NEEDLE MIS 25GX1.25	
HYPO NEEDLE MIS 25GX2"	
HYPO NEEDLE MIS 25GX5/8"	
HYPO NEEDLE MIS 26GX1.5"	
HYPO NEEDLE MIS 26GX1/2"	
HYPO NEEDLE MIS 27GX1.5"	
HYPO NEEDLE MIS 27GX1.25	
HYPO NEEDLE MIS 27GX1/2"	
HYPO NEEDLE MIS 30GX3/4"	
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 SYRG MIS 0.3/29G	OTC
INSULIN SYRG MIS 0.3/30G	
INSULIN SYRG MIS 0.3/30G	OTC
INSULIN SYRG MIS 0.3/31G	
INSULIN SYRG MIS 0.5/28G	
INSULIN SYRG MIS 0.5/29G	
INSULIN SYRG MIS 0.5/30G	
INSULIN SYRG MIS 0.5/31G	OTC
INSULIN SYRG MIS 1ML	
INSULIN SYRG MIS 1ML/27G	
INSULIN SYRG MIS 1ML/28G	
INSULIN SYRG MIS 1ML/29G	
INSULIN SYRG MIS 1ML/30G	
INSULIN SYRG MIS 1ML/31G	OTC
INSULIN SYRG MIS 27GX1/2"	
INSULIN SYRG MIS 28GX1/2"	
INSULIN SYRG MIS 29GX1/2"	
INSULIN SYRG MIS 30GX1/2"	
INSULIN SYRG MIS 30GX5/16	
INSULIN SYRG MIS 31GX5/16	
3ML LL SYRNG MIS 20GX1"	
3ML LL SYRNG MIS 20GX1.5"	
3ML LL SYRNG MIS 20GX3/4"	
3ML LL SYRNG MIS 21GX1"	
3ML LL SYRNG MIS 21GX1.5"	
3ML LL SYRNG MIS 22GX1.5"	
3ML LL SYRNG MIS 23GX1"	

Drug Name	Requirements/Limits
3ML LL SYRNG MIS 25GX1"	
3ML LL SYRNG MIS 25GX5/8"	
3ML LL SYRNG MIS 27GX1.25	
LUER-LOCK MIS SYRG 3ML	
MAGELLAN SYR MIS 23GX1"	
MM PENTIPS MIS 29GX12MM	
MM PENTIPS MIS 31GX5MM	
MM PENTIPS MIS 31GX8MM	
MM PENTIPS MIS 32GX4MM	
NORM-JECT MIS LUER LOK	
NOVOPEN ECHO MIS	
PEN NEEDLES MIS 30GX5MM	
PEN NEEDLES MIS 31GX5MM	
PEN NEEDLES MIS 31GX8MM	
PEN NEEDLES MIS 32GX4MM	
PENTIPS MIS 29GX12MM	
PENTIPS MIS 31GX5MM	
PENTIPS MIS 31GX8MM	
PENTIPS MIS 32GX4MM	
PHARM SYRNG MIS TRAY 1ML	
PHARM TRAY MIS 3ML/LL	
PHARM TRAY MIS 6ML	
PHARM TRAY MIS 12ML/LL	
PHARM TRAY MIS 20ML/LL	
PHARM TRAY MIS 35ML/LL	
PHARM TRAY MIS 60ML/LL	
POLY HUB MIS 18GX1"	
POLY HUB MIS 18GX1.5"	
POLY HUB MIS 20GX1"	
POLY HUB MIS 21GX1"	
POLY HUB MIS 21GX1.5"	
POLY HUB MIS 22GX1"	
POLY HUB MIS 22GX1.5"	
POLY HUB MIS 23GX1"	
POLY HUB MIS 23GX1.5"	
POLY HUB MIS 25GX1"	
POLY HUB MIS 25GX1.5"	
POLY HUB MIS 25GX5/8"	
POLY HUB MIS 27GX1/2"	
POLY HUB MIS 30GX1/2"	
PRO COMFORT MIS 31GX8MM	
PRO COMFORT MIS 32GX4MM	
PRO COMFORT MIS 32GX5MM	
SAFETYGLIDE MIS 21GX1.5"	

Drug Name	Requirements/Limits
SAFTY NEEDLE MIS 18GX1"	
SAFTY NEEDLE MIS 18GX1.5"	
SAFTY NEEDLE MIS 19GX1"	
SAFTY NEEDLE MIS 19GX1.5"	
SAFTY NEEDLE MIS 20GX1"	
SAFTY NEEDLE MIS 20GX1.5"	
SAFTY NEEDLE MIS 21GX1"	
SAFTY NEEDLE MIS 21GX1.5"	
SAFTY NEEDLE MIS 21GX5/8"	
SAFTY NEEDLE MIS 22GX1"	
SAFTY NEEDLE MIS 22GX1.5"	
SAFTY NEEDLE MIS 23GX1"	
SAFTY NEEDLE MIS 23GX5/8"	
SAFTY NEEDLE MIS 25GX1"	
SAFTY NEEDLE MIS 25GX5/8"	
SIMPLICITY MIS INSERTER	
SLIP TIP 3ML MIS	
SURE COMFORT MIS 0.5/31G	
SURE COMFORT MIS 31GX1/4	
SURE COMFORT MIS 31GX6MM	
SURE COMFORT MIS 32GX5/32	
SYRG/NEEDLE MIS 29GX12.5	
SYRG/NEEDLE MIS 31GX6MM	
SYRG/NEEDLE MIS 31GX8MM	
6ML SYRINGE MIS	
3ML SYRINGE MIS 18GX1"	
3ML SYRINGE MIS 18GX1.5"	
3ML SYRINGE MIS 20GX1"	
3ML SYRINGE MIS 20GX1.5"	
3ML SYRINGE MIS 21GX1"	
3ML SYRINGE MIS 21GX1.5"	
3ML SYRINGE MIS 22GX1.5"	
1ML SYRINGE MIS 23GX1"	
1ML SYRINGE MIS 25GX1"	
3ML SYRINGE MIS 25GX1.25	
1ML SYRINGE MIS 25GX5/8"	
3ML SYRINGE MIS 27GX1.25	
6ML SYRINGE MIS CANNULA	
60ML SYRINGE MIS CATH TIP	
20ML SYRINGE MIS ECC LUER	
60ML SYRINGE MIS ECC TIP	
5ML SYRINGE MIS LUER LOC	
60ML SYRINGE MIS LUER LOK	
60ML SYRINGE MIS LUER SLP	

Drug Name	Requirements/Limits
60ML SYRINGE MIS LUER-LOC	
3ML SYRINGE MIS LUER-LOK	
3ML SYRINGE MIS REG LUER	
60ML SYRINGE MIS REG TIP	
20ML SYRINGE MIS SLIP	
60ML SYRINGE MIS TOOMEY	
TB SYRINGE MIS 0.5/28G	
1ML TB SYRNG MIS 25GX5/8"	
1ML TB SYRNG MIS 26GX3/8"	
1ML TB SYRNG MIS 27GX1/2"	
1ML TB SYRNG MIS 28GX1/2"	
1ML TB SYRNG MIS LUER LOK	
1ML TB SYRNG MIS REG LUER	
RESPIRATORY THERAPY SUPPLIES	
AERCHMBR PLS MIS FLOW-VU	
AERCHMBR PLS MIS INTERMED	
AERCHMBR PLS MIS LRG MASK	
AERCHMBR PLS MIS MED MASK	
AERCHMBR PLS MIS SM MASK	
AERCHMBR Z- MIS STAT PLS	
AEROCHAMBER MIS CHAMBER	
AEROCHAMBER MIS FLOSIGNA	
AEROCHAMBER MIS HOLDING	
AEROCHAMBER MIS MTHPIECE	
AEROCHAMBER MIS MV	
AEROCHAMBER MIS PLUS	
AEROVENT MIS PLUS	
BREATHE EASE MIS LG MASK	
BREATHE EASE MIS MED MASK	
BREATHE EASE MIS SM MASK	
BREATHERITE MIS MDI CHMB	
COMPACT SPAC MIS CHAMBER	
COMPACT SPAC MIS LG MASK	
COMPACT SPAC MIS MD MASK	
COMPACT SPAC MIS SM MASK	
CONVERSION MIS BABY SZ1	
CONVERSION MIS BABY SZ2	
CONVERSION MIS BABY SZ3	
EASIVENT MIS	
EASIVENT MIS MASK LG	
EASIVENT MIS MASK MED	
EASIVENT MIS MASK SM	
FLEXICHAMBER MIS	

Drug Name	Requirements/Limits
HOLD CHAMBER MIS ADLT LG	
HOLD CHAMBER MIS MEDIUM	
HOLD CHAMBER MIS SMALL	
INSPIREASE MIS DD SYST	
INSPIREASE MIS RES BAG	
MICROCHAMBER MIS	
MICROSPACER MIS	
OPTICHAMBER MIS DIA LG	
OPTICHAMBER MIS DIA MD	
OPTICHAMBER MIS DIA SM	
OPTICHAMBER MIS DIAMOND	
POCKET CHAMB MIS	
POCKET SPACE MIS	
PROCHAMBER MIS VHC	
RITEFLO MIS	
SPACE CHAMBR MIS ANTI-STA	
SPACE CHAMBR MIS LARGE	
SPACE CHAMBR MIS MEDIUM	
SPACE CHAMBR MIS SMALL	
VORTEX VALVE MIS CHAMBER	
VORTEX/MASK MIS CHILDS	
VORTEX/MASK MIS TODDLER	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML

EMGALITY SOSY 100MG/ML, 120MG/ML

QULIPTA TABS 10MG, 30MG, 60MG PA, QL (1 tab every 1 day)

UBRELVY TABS 50MG, 100MG PA

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 (generic of IMITREX) SOLN 5mg/act QL (24 inhalers every 25 days)
 sumatriptan (generic of IMITREX) SOLN 20mg/act QL (12 inhalers every 25 days)

sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (12 injections every 25 days)

sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml

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

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 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; *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 25MG, 50MG

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	PA
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Drug Name	Requirements/Limits
IMMUNOMODULATORS	
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	PA
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	PA
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
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	
UPLIZNA SOLN 100MG/10ML	PA
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS	
VIJOICE TBPK 50MG, 125MG	PA
VIJOICE TAB 250MG	PA
POTASSIUM REMOVING AGENTS	
LOKELMA PACK 5GM, 10GM	
sodium polystyrene sulfonate powder	
sps susp 15gm/60ml	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS	
BENLYSTA SOAJ 200MG/ML	PA
SAPHNELO SOLN 300MG/2ML	PA
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	

Drug Name	Requirements/Limits
ANTISEPTICS - MOUTH/THROAT	
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%	
periogard (generic of PERIDEX) SOLN .12%	
DENTAL PRODUCTS	
clinpro 5000 pste 1.1%	
denta 5000 plus crea 1.1%	
dentagel gel 1.1%	
FLUORID SENS PST 1.1-5%	
fluoridex enhanced whiten pste 1.1%	
fluorimax 5000 pste 1.1%	
FLUORMX 5000 PST SENSITIV	
just right 5000 pste 1.1%	
sf gel 1.1%	
sf 5000 plus crea 1.1%	
sodium fluoride 5000 plus crea 1.1%	
sodium fluoride 5000 ppm crea 1.1%; pste 1.1%	
sodium fluoride (dental) crea 1.1%; gel 1.1%	
STEROIDS - MOUTH/THROAT/DENTAL	
kourzeq pste .1%	
oralone dental paste pste .1%	
triamcinolone acetonide (mouth) pste .1%	
THROAT PRODUCTS - MISC.	
pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg	
MULTIVITAMINS	
B-COMPLEX W/ FOLIC ACID	
activite	
b-plex	
dialyvite	
DIALYVITE/ TAB ZINC	
genicin vita-s	
hylavite	
mynephron	
nephronex	
renal caps	
reno caps	
tm-vite rx	
triphrocaps	
tronvite	
virt-caps	
vitasure	
wescaps	

Drug Name	Requirements/Limits
MULTIPLE VITAMINS W/ MINERALS	
<i>b-plex plus</i>	
<i>biocel</i>	
<i>corvita</i>	
DEXATRAN CAP	
FOLAGENT CAP DHA	
FOLAMED DHA CAP	
<i>lysiplex plus</i>	
<i>multipro</i>	
<i>nutrifac zx</i>	
OCUVEL CAP 0.5MG	
REMEDIENT CAP	
SUPPORT LIQ	
<i>v-c forte</i>	
<i>vic-forte</i>	
<i>vita s forte</i>	
<i>vitacel</i>	
MULTIVITAMINS	
AMLADEX TAB	
FOLCYTEINE TAB MULTIVIT	
GENICIN TAB VITA-Q	
PED MULTI VITAMINS W/FL & FE	
<i>multi-vitamin/fluoride/ir</i>	
PED MV W/ FLUORIDE	
<i>multi-vitamin/fluoride dr</i>	
<i>multivitamin/fluoride</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	
<i>tri-vite/fluoride</i>	
<i>vitamins a/c/d/fluoride</i>	
PREGNATAL VITAMINS	
CO-NATAL FA TAB 29-1MG	
COMPLETE NAT PAK DHA	
COMPLETENATE CHW	
CONCEPT DHA CAP	
CONCEPT OB CAP	
FOLIVANE-OB CAP	
<i>inatal gt</i>	
M-NATAL PLUS TAB	
NEONATAL PLS TAB 27-1MG	
NEONATAL TAB COMPLETE	
NEONATAL TAB PLUS	
NESTABS DHA PAK	

Drug Name	Requirements/Limits
NIVA-PLUS TAB	
ONE VITE TAB 1MG PLUS	
<i>prenatal 19</i>	
PRENATAL 19 CHW 29-1MG	
PRENATAL 19 TAB 29-1MG	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
PRENATAL-U CAP 106.5-1	
SE-NATAL 19 CHW	
SE-NATAL 19 TAB	
TARON-C DHA CAP	
TRINATAL RX TAB 1	
<i>trinate</i>	
VINATE ONE TAB	
WESCAP-C DHA CAP	
WESNATAL DHA PAK COMPLETE	
WESTAB PLUS TAB 27-1MG	

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tabs 5mg, 10mg, 20mg</i>
<i>carisoprodol (generic of SOMA) TABS 350mg</i>
<i>chlorzoxazone tabs 500mg</i>
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>
<i>fexmid tabs 7.5mg</i>
<i>metaxalone tabs 400mg, 800mg</i>
<i>methocarbamol tabs 500mg, 750mg</i>
<i>orphenadrine citrate tb12 100mg</i>
<i>tizanidine hcl tabs 2mg</i>
<i>tizanidine hcl (generic of ZANAFLEX) TABS 4mg</i>
<i>vanadom (generic of SOMA) TABS 350mg</i>

DIRECT MUSCLE RELAXANTS

<i>dantrolene sodium (generic of DANTRIUM) CAPS 25mg</i>
<i>dantrolene sodium caps 50mg</i>

VISCOSUPPLEMENTS

<i>VISCO-3 SOSY 25MG/2.5ML</i>	QL (6 syringes every 150 days)
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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>
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NASAL STEROIDS

<i>flunisolide (nasal) soln .025%</i>

Drug Name	Requirements/Limits
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	
NEUROMUSCULAR AGENTS	
ALS AGENTS	
RELYVRO PAK 3-1GM	PA
<i>riluzole (generic of RILUTEK) TABS 50mg</i>	
MUSCULAR DYSTROPHY AGENTS	
AMONDYS 45 SOLN 100MG/2ML	PA
ELEVIDYS KIT	PA
VILTEPSO SOLN 250MG/5ML	PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS	
BOTOX SOLR 100UNIT, 200UNIT	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>	
<i>cyclopentolate hcl (generic of CYCLOGYL) SOLN 1%</i>	
<i>homatropaire soln 5%</i>	
<i>phenylephrine hcl (mydriatic) soln 2.5%</i>	
<i>tropicamide (generic of MYDRIACYL) SOLN 1%</i>	
<i>tropicamide soln .5%</i>	
MIOTICS	
<i>pilocarpine hcl soln 1%</i>	
OPHTHALMIC - ANGIOGENESIS INHIBITORS	
VABYSMO SOLN 6MG/0.05ML	PA
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate soln .2%</i>	
<i>brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%</i>	
<i>SIMBRINZA SUS 1-0.2%</i>	

Drug Name	Requirements/Limits
OPHTHALMIC ANTI-INFECTIVES	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	
<i>neo-polycin</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	
<i>neomycin-polymy-gramcid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	
<i>polycin</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
<i>TOBREX OINT .3%</i>	
<i>trifluridine soln 1%</i>	
<i>XDEMVY SOLN .25%</i>	PA
OPHTHALMIC IMMUNOMODULATORS	
<i>cyclosporine (ophth) (generic of RESTASIS) EMUL .05%</i>	
<i>CYCLOSPORINE IN KLARITY EMUL .1%</i>	
<i>VERKAZIA EMUL .1%</i>	
OPHTHALMIC INTEGRIN ANTAGONISTS	
<i>XIIDRA SOLN 5%</i>	PA
OPHTHALMIC KINASE INHIBITORS	
<i>RHOPRESSA SOLN .02%</i>	
OPHTHALMIC STEROIDS	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>fluorometholone (ophth) susp .1%</i>	
<i>FML FORTE SUSP .25%</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>	
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>PRED MILD SUSP .12%</i>	

Drug Name	Requirements/Limits
<i>prednisolone acetate (ophth) (generic of PRED FORTE)</i>	
SUSP 1%	
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>	
SOLN .4%	
<i>ketorolac tromethamine (ophth) (generic of ACULAR)</i>	
SOLN .5%	
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>	
<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)</i>	
OIL .01%	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
OXYTOCICS	
OXYTOCICS	
<i>methergine tabs .2mg</i>	
<i>methylergonovine maleate tabs .2mg</i>	

Drug Name	Requirements/Limits
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
IMMUNE SERUMS	
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML,PA 3.3GM/20ML, 4GM/24ML, 8GM/48ML	
MONOCLONAL ANTIBODIES	
SYNAGIS SOLN 50MG/0.5ML, 100MG/ML	PA
PENICILLINS	
AMINOPENICILLINS	
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	
ampicillin caps 500mg	
NATURAL PENICILLINS	
BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	
PENICILLIN COMBINATIONS	
amoxicillin & k clavulanate chew tab 200-28.5 mg	
amoxicillin & k clavulanate chew tab 400-57 mg	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	
amoxicillin & k clavulanate tab 250-125 mg	
amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)	
amoxicillin & k clavulanate tab 875-125 mg	
BICILLIN C-R INJ 900/300	
BICILLIN C-R INJ 1200000	
PENICILLINASE-RESISTANT PENICILLINS	
dicloxacillin sodium caps 250mg, 500mg	
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.	
AGENTS FOR CHEMICAL DEPENDENCY	
acamprosate calcium tbec 333mg	

Drug Name	Requirements/Limits
<i>disulfiram tabs 250mg, 500mg</i>	
ANTI-CATAPLECTIC AGENTS	
SODIUM OXYBATE SOLN 500MG/ML	PA
XYREM SOLN 500MG/ML	PA
ANTIDEMENTIA AGENTS	
<i>donepezil hydrochloride (generic of ARICEPT) TABS 5mg, 10mg</i>	
<i>donepezil hydrochloride tbdp 5mg, 10mg</i>	
<i>galantamine hydrobromide tabs 4mg, 8mg, 12mg</i>	
LEQEMBI SOLN 200MG/2ML, 500MG/5ML	PA
<i>memantine hcl soln 2mg/ml</i>	
<i>memantine hcl (generic of NAMENDA) TABS 5mg, 10mg</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	
<i>rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	
COMBINATION PSYCHOTHERAPEUTICS	
LYBALVI TAB 5-10MG	PA
LYBALVI TAB 10-10MG	PA
LYBALVI TAB 15-10MG	PA
LYBALVI TAB 20-10MG	PA
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 (42 ea every year)
tetrabenazine (generic of XENAZINE) TABS 12.5mg, 25mg	PA
MULTIPLE SCLEROSIS AGENTS	
AVONEX PSKT 30MCG/0.5ML	
AVONEX PEN AJKT 30MCG/0.5ML	
BETASERON KIT .3MG	
<i>dalfampridine (generic of AMPYRA) TB12 10mg</i>	PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate (generic of TEVFIDERA) CPDR 120mg, 240mg</i>	
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TEVFIDERA STARTER PACK)</i>	
EXTAVIA KIT .3MG	
<i>fingolimod hcl (generic of GILENYA) CAPS .5mg</i>	

Drug Name	Requirements/Limits
<i>glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml</i>	
<i>glatopa (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml</i>	
KESIMPTA SOAJ 20MG/0.4ML	
MAYZENT TABS .25MG, 1MG, 2MG	
OCREVUS SOLN 300MG/10ML	PA
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	
<i>teriflunomide (generic of AUBAGIO) TABS 7mg, 14mg</i>	
VUMERITY CPDR 231MG	
ZEPOSIA CAPS .92MG	PA
ZEPOSIA 7DAY CAP STR PACK	PA
ZEPOSIA CAP STR KIT	PA
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS	
GRALISE TABS 300MG, 450MG, 600MG, 750MG, 900MG	PA
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS	
<i>fluoxetine hcl (pmdd) tabs 10mg, 20mg</i>	
PSEUDOBULBAR AFFECT (PBA) AGENTS	
NUEDEXTA CAP 20-10MG	PA, QL (2 caps every 1 day)
SMOKING DETERRENTS	
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	QL (2 tabs every 1 day)
<i>varenicline tartrate tabs .5mg, 1mg</i>	QL (2 tabs every 1 day)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	QL (53 tabs every 180 days)
TRANSTHYRETIN AMYLOIDOSIS AGENTS	
ONPATTRO 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	PA
TRIKAFTA TAB	PA
PULMONARY FIBROSIS AGENTS	
OFEV CAPS 100MG, 150MG	PA
<i>pirfenidone (generic of ESBRIET) CAPS 267mg</i>	PA
TETRACYCLINES	
TETRACYCLINES	
<i>avidoxy tabs 100mg</i>	

Drug Name	Requirements/Limits
<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; tabs 50mg, 75mg, 100mg, 150mg</i>	
<i>doxycycline (monohydrate) (generic of VIBRAMYCIN) SUSR 25mg/5ml</i>	
<i>doxycycline hyclate caps 50mg; tabs 20mg, 100mg</i>	
<i>doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 75mg</i>	
<i>monodoxine nl caps 100mg</i>	
<i>SEYSARA TABS 60MG, 100MG, 150MG</i>	PA
<i>tetracycline hcl caps 250mg, 500mg</i>	

THYROID AGENTS

ANTITHYROID AGENTS

*methimazole tabs 5mg, 10mg
propylthiouracil tabs 50mg*

THYROID HORMONES

ADTHYZA TABS 32.5MG, 65MG, 130MG

ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG

euthyrox (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg

levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg

levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg

levoxyl (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg

liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg

NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG

NP THYROID 15 TABS 15MG

NP THYROID 30 TABS 30MG

NP THYROID 60 TABS 60MG

NP THYROID 90 TABS 90MG

NP THYROID 120 TABS 120MG

THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG

unithroid (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg

Drug Name	Requirements/Limits
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	
ANTISPASMODICS	
dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg	
glycopyrrolate (generic of ROBINUL) TABS 1mg	
glycopyrrolate (generic of ROBINUL FORTE) TABS 2mg	
hyoscyamine sulfate elix .125mg/5ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg	
hyosyne elix .125mg/5ml	
methscopolamine bromide tabs 2.5mg, 5mg	
nulev tbdp .125mg	
oscimin subl .125mg; tabs .125mg	
H-2 ANTAGONISTS	
cimetidine tabs 200mg, 300mg, 400mg, 800mg	
famotidine susr 40mg/5ml	
famotidine (generic of PEPCID) TABS 20mg, 40mg	
MISC. ANTI-ULCER	
sucralfate (generic of CARAFATE) SUSP 1gm/10ml; TABS 1gm	
PROTON PUMP INHIBITORS	
esomeprazole magnesium (generic of NEXIUM) CPDR QL (2 caps every 1 day) 20mg	
lansoprazole cpdr 15mg QL (2 caps every 1 day)	
lansoprazole (generic of PREVACID) CPDR 30mg QL (2 caps every 1 day)	
lansoprazole (generic of PREVACID SOLUTAB) TBDD QL (1 ea every 1 day) 15mg, 30mg	
omeprazole cpdr 10mg QL (1 cap every 1 day)	
omeprazole cpdr 20mg, 40mg QL (2 caps every 1 day)	
pantoprazole sodium (generic of PROTONIX) TBEC QL (2 tabs every 1 day) 20mg, 40mg	
ULCER DRUGS - PROSTAGLANDINS	
misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	
ULCER THERAPY COMBINATIONS	
amoxicil cap & clarithro tab &lansopraz cap dr 500 &500 &30mg	
omeprazole-sodium bicarbonate cap 20-1100 mg (generic of ZEGERID)	
URINARY ANTISPASMODICS	
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	
oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg	
solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg	

Drug Name	Requirements/Limits
<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>	
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)</i>	
<i>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

1	60ML SYRINGE MIS REG TIP	79
1ML SYRINGE MIS 23GX1	78	
1ML SYRINGE MIS 25GX1	78	
1ML SYRINGE MIS 25GX5/8.....	78	
1ML TB SYRNG MIS 25GX5/8	79	
1ML TB SYRNG MIS 26GX3/8	79	
1ML TB SYRNG MIS 27GX1/2	79	
1ML TB SYRNG MIS 28GX1/2	79	
1ML TB SYRNG MIS LUER LOK	79	
1ML TB SYRNG MIS REG LUER	79	
2		
20ML SYRINGE MIS ECC LUER.....	78	
20ML SYRINGE MIS SLIP	79	
3		
3ML LL SYRNG MIS 20GX1.....	76	
3ML LL SYRNG MIS 20GX1.5	76	
3ML LL SYRNG MIS 20GX3/4	76	
3ML LL SYRNG MIS 21GX1	76	
3ML LL SYRNG MIS 21GX1.5	76	
3ML LL SYRNG MIS 22GX1.5.....	76	
3ML LL SYRNG MIS 23GX1.....	76	
3ML LL SYRNG MIS 25GX1.....	77	
3ML LL SYRNG MIS 25GX5/8	77	
3ML LL SYRNG MIS 27GX1.25.....	77	
3ML SYRINGE MIS 18GX1	78	
3ML SYRINGE MIS 18GX1.5	78	
3ML SYRINGE MIS 20GX1	78	
3ML SYRINGE MIS 20GX1.5	78	
3ML SYRINGE MIS 21GX1	78	
3ML SYRINGE MIS 21GX1.5	78	
3ML SYRINGE MIS 22GX1.5	78	
3ML SYRINGE MIS 25GX1.25	78	
3ML SYRINGE MIS 27GX1.25	78	
3ML SYRINGE MIS LUER-LOK	79	
3ML SYRINGE MIS REG LUER	79	
5		
5ML SYRINGE MIS LUER LOC.....	78	
6		
60ML SYRINGE MIS CATH TIP	78	
60ML SYRINGE MIS ECC TIP	78	
60ML SYRINGE MIS LUER LOK.....	78	
60ML SYRINGE MIS LUER SLP	78	
60ML SYRINGE MIS LUER-LOC.....	79	
60ML SYRINGE MIS REG TIP	79	
60ML SYRINGE MIS TOOMEY	79	
6ML SYRINGE MIS.....	78	
6ML SYRINGE MIS CANNULA	78	
7		
7t lido gel	65	
A		
ABECMA INJ	47	
ABILITY		
see aripiprazole	52	
ABILITY MAINTENA.....	52	
abiraterone acetate	47	
acamprosate calcium	89	
acarbose	36	
ACCOLATE		
see zafirlukast.....	31	
ACCUPRIL		
see quinapril hcl	42	
ACCURETIC		
see quinapril-hydrochlorothiazide tab 20-12.5 mg	45	
accutane	62	
acetaminophen w/ codeine soln 120-12 mg/5ml	27	
acetaminophen w/ codeine tab 300-15 mg	27	
acetaminophen w/ codeine tab 300-30 mg	27	
acetaminophen w/ codeine tab 300-60 mg	27	
acetazolamide	66	
acetic acid (otic)	88	
activite	83	
ACTOPLUS MET		
see pioglitazone hcl-metformin hcl tab 15-850 mg	37	
ACTOS		
see pioglitazone hcl	38	
ACULAR		
see ketorolac tromethamine (ophth)	88	
ACULAR LS		
see ketorolac tromethamine (ophth)	88	
acyclovir	53	

acyclovir topical	63
ADAKVEO	72
ADALIMUMAB-FKJP	25
adapalene	62
ADCIRCA see <i>alyq</i>	55
see <i>tadalafil (pulmonary hypertension)</i> 55	
ADDERALL see <i>amphetamine-dextroamphetamine</i> <i>tab 10 mg</i>	23
see <i>amphetamine-dextroamphetamine</i> <i>tab 12.5 mg</i>	23
see <i>amphetamine-dextroamphetamine</i> <i>tab 15 mg</i>	23
see <i>amphetamine-dextroamphetamine</i> <i>tab 20 mg</i>	23
see <i>amphetamine-dextroamphetamine</i> <i>tab 30 mg</i>	23
see <i>amphetamine-dextroamphetamine</i> <i>tab 5 mg</i>	23
see <i>amphetamine-dextroamphetamine</i> <i>tab 7.5 mg</i>	23
ADDERALL XR see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 10 mg</i>	23
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 15 mg</i>	23
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 20 mg</i>	23
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 25 mg</i>	23
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 30 mg</i>	23
see <i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 5 mg</i>	23
ADTHYZA	92
AERCHMBR PLS MIS FLOW-VU	79
AERCHMBR PLS MIS INTERMED	79
AERCHMBR PLS MIS LRG MASK	79
AERCHMBR PLS MIS MED MASK	79
AERCHMBR PLS MIS SM MASK	79
AERCHMBR Z- MIS STAT PLS	79
AEROCHAMBER MIS CHAMBER	79
AEROCHAMBER MIS FLOSIGNA	79
AEROCHAMBER MIS HOLDING	79
AEROCHAMBER MIS MTHPIECE	79
AEROCHAMBER MIS MV	79
AEROCHAMBER MIS PLUS	79
AEROVENT MIS PLUS	79
afirmelle	56
AGRYLIN see <i>anagrelide hcl</i>	71
AIRSUPRA AER 90-80MCG	32
AJOVY	80
albendazole	29
albuterol sulfate	32
alclometasone dipropionate	64
ALCOH-GLOVE PAD CONTOURE	74
ALCOH-WIPE MIS 12	74
ALDACTONE see <i>spironolactone</i>	66
ALECENSA	48
alendronate sodium	66
alfuzosin hcl	70
ALINIA	29
see <i>nitazoxanide</i>	29
ALLERGIST KIT 1MLX27G	74
allopurinol	71
alogliptin benzoate	38
alogliptin-metformin hcl tab 12.5-1000 mg	36
alogliptin-metformin hcl tab 12.5-500 mg	36
alogliptin-pioglitazone tab 12.5-30 mg	36
alogliptin-pioglitazone tab 25-15 mg	36
alogliptin-pioglitazone tab 25-30 mg	36
alogliptin-pioglitazone tab 25-45 mg	36
ALORA	68
ALPHAGAN P see <i>brimonidine tartrate</i>	86
alprazolam	30
ALTACE see <i>ramipril</i>	42
altafluor benox	88
altafrin	86
altavera	56
ALUNBRIG	48
ALVESCO	31
alyacen 1/35	56

alyacen 7/7/7	56
alyq	55
amantadine hcl	50
AMBIEN	
see zolpidem tartrate	73
ambrisentan.....	55
amethia	56
amethyst	56
amiloride & hydrochlorothiazide tab 5-50	
mg.....	66
amiloride hcl	66
aminocaproic acid.....	73
amiodarone hcl.....	31
AMITIZA	
see lubiprostone	69
amitriptyline hcl	36
AMLADEX TAB	84
amlodipine besylate	54
amlodipine besylate-atorvastatin calcium	
tab 10-10 mg.....	55
amlodipine besylate-atorvastatin calcium	
tab 10-20 mg	55
amlodipine besylate-atorvastatin calcium	
tab 10-40 mg	55
amlodipine besylate-atorvastatin calcium	
tab 10-80 mg	55
amlodipine besylate-atorvastatin calcium	
tab 2.5-10 mg	54
amlodipine besylate-atorvastatin calcium	
tab 2.5-20 mg	54
amlodipine besylate-atorvastatin calcium	
tab 2.5-40 mg	54
amlodipine besylate-atorvastatin calcium	
tab 5-10 mg	55
amlodipine besylate-atorvastatin calcium	
tab 5-20 mg	55
amlodipine besylate-atorvastatin calcium	
tab 5-40 mg	55
amlodipine besylate-atorvastatin calcium	
tab 5-80 mg	55
amlodipine besylate-benazepril hcl cap 10-	
20 mg	43
amlodipine besylate-benazepril hcl cap 10-	
40 mg	43

amlodipine besylate-benazepril hcl cap 2.5-	
10 mg.....	43
amlodipine besylate-benazepril hcl cap 5-	
10 mg.....	43
amlodipine besylate-benazepril hcl cap 5-	
20 mg	43
amlodipine besylate-benazepril hcl cap 5-	
40 mg	43
amlodipine besylate-olmesartan	
medoxomil tab 10-20 mg	43
amlodipine besylate-olmesartan	
medoxomil tab 10-40 mg	43
amlodipine besylate-olmesartan	
medoxomil tab 5-20 mg	43
amlodipine besylate-olmesartan	
medoxomil tab 5-40 mg	43
amlodipine besylate-valsartan tab 10-160	
mg	44
amlodipine besylate-valsartan tab 10-320	
mg	44
amlodipine besylate-valsartan tab 5-160	
mg	44
amlodipine besylate-valsartan tab 5-320	
mg	44
amlodipine-valsartan-hydrochlorothiazide	
tab 10-160-12.5 mg	44
amlodipine-valsartan-hydrochlorothiazide	
tab 10-160-25 mg	44
amlodipine-valsartan-hydrochlorothiazide	
tab 10-320-25 mg	44
amlodipine-valsartan-hydrochlorothiazide	
tab 5-160-12.5 mg	44
amlodipine-valsartan-hydrochlorothiazide	
tab 5-160-25 mg	44
amnesteem	62
AMONDYS 45	86
amoxicil cap &clarithro tab &lansopraz cap	
dr 500 &500 &30mg.....	93
amoxicillin	89
amoxicillin & k clavulanate chew tab 200-	
28.5 mg	89
amoxicillin & k clavulanate chew tab 400-	
57 mg	89

<i>amoxicillin & k clavulanate for susp 200-</i>	36
<i>28.5 mg/5ml</i>	89
<i>amoxicillin & k clavulanate for susp 250-</i>	71
<i>62.5 mg/5ml</i>	89
<i>amoxicillin & k clavulanate for susp 400-57</i>	47
<i>mg/5ml</i>	89
<i>amoxicillin & k clavulanate for susp 600-</i>	28
<i>42.9 mg/5ml</i>	89
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	28
.....	89
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	28
.....	89
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	29
.....	89
<i>amphetamine-dextroamphetamine cap er</i>	40
<i>24hr 10 mg</i>	23
<i>amphetamine-dextroamphetamine cap er</i>	56
<i>24hr 15 mg</i>	23
<i>amphetamine-dextroamphetamine cap er</i>	69
<i>24hr 20 mg</i>	23
<i>amphetamine-dextroamphetamine cap er</i>	APRISO
<i>24hr 25 mg</i>	56
<i>amphetamine-dextroamphetamine cap er</i>	APTENSIO XR
<i>24hr 30 mg</i>	72
<i>amphetamine-dextroamphetamine cap er</i>	ARAVIA
<i>24hr 5 mg</i>	26
<i>amphetamine-dextroamphetamine tab 10</i>	ARICEPT
<i>mg</i>	90
<i>amphetamine-dextroamphetamine tab 12.5</i>	ARIMIDEX
<i>mg</i>	47
<i>amphetamine-dextroamphetamine tab 15</i>	aripiprazole.....
<i>mg</i>	52
<i>amphetamine-dextroamphetamine tab 20</i>	ARISTADA
<i>mg</i>	52
<i>amphetamine-dextroamphetamine tab 30</i>	ARISTADA INITIO.....
<i>mg</i>	52
<i>amphetamine-dextroamphetamine tab 5</i>	armodafinil
<i>mg</i>	24
<i>amphetamine-dextroamphetamine tab 7.5</i>	ARMOUR THYROID
<i>mg</i>	92
<i>ampicillin</i>	AROMASIN
<i>AMPYRA</i>	see <i>exemestane</i>
<i>see dalfampridine</i>	48
<i>ANAFRANIL</i>	ascomp/codeine.....
	27
	ashlyna.....
	56
	ASMANEX HFA
	31
	ASMANEX TWISTHALER 120 ME
	32
	ASMANEX TWISTHALER 30 MET
	31
	ASMANEX TWISTHALER 60 MET
	32
	aspirin-dipyridamole cap er 12hr 25-200 mg
	71

ATACAND	
see <i>candesartan cilexetil</i>	42
ATACAND HCT	
see <i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 16-12.5 mg</i>	44
see <i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-12.5 mg</i>	44
see <i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-25 mg</i>	44
atenolol	53
atenolol & chlorthalidone tab 100-25 mg	44
atenolol & chlorthalidone tab 50-25 mg	44
ATIVAN	
see <i>lorazepam</i>	31
atomoxetine hcl	23
atorvastatin calcium	42
atovaquone	29
atovaquone-proguanil hcl tab 250-100 mg	
.....	46
atovaquone-proguanil hcl tab 62.5-25 mg	
.....	46
ATROPINE SULFATE	86
atropine sulfate (ophthalmic)	86
ATROVENT HFA	31
AUBAGIO	
see <i>teriflunomide</i>	91
aubra eq	56
AUGMENTIN	
see <i>amoxicillin & k clavulanate tab 500-125 mg</i>	89
AUGMENTIN ES-600	
see <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	89
aurovela 1.5/30	56
aurovela 1/20	56
aurovela 24 fe	56
aurovela fe 1.5/30	56
aurovela fe 1/20	56
AURYXIA	70
AUSTEDO	90
AUSTEDO XR TAB TITR KIT	90
AUVI-Q	94
AVALIDE	
see <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	44
see <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	45
AVAPRO	
see <i>irbesartan</i>	43
avar cleanser	62
aviane	56
avidoxy	91
AVODART	
see <i>dutasteride</i>	70
AVONEX	90
AVONEX PEN	90
ayuna	56
AYVAKIT	48
azathioprine	82
azelastine hcl	85
azelastine hcl (ophth)	88
azithromycin	73
AZOR	
see <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	43
see <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	43
see <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	43
see <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	43
AZULFIDINE	
see <i>sulfasalazine</i>	70
AZULFIDINE EN-TABS	
see <i>sulfasalazine</i>	70
azurette	56
B	
bac	26
bacitracin (ophthalmic)	87
bacitracin-polymyxin b ophth oint	87
bacitracin-polymyxin-neomycin-hc ophth oint 1%	87
baclofen	85
BACTRIM	
see <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	29
BACTRIM DS	

see <i>sulfamethoxazole-trimethoprim tab</i>	53
800-160 mg	29
BALVERSA	48
<i>balziva</i>	56
BAQSIMI ONE PACK	37
BAQSIMI TWO PACK	37
BARACLUDE	52
<i>see entecavir</i>	52
BD 5ML SYRG MIS LUER-LOK	74
BD ECLIPSE MIS 23GX1	75
BD ECLIPSE MIS 25GX1	75
BD MICROTAIN MIS LANCETS	74
BD U-500 MIS 31GX6MM	75
BELBUCA	27
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	44
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	44
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	44
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	44
<i>benazepril hcl</i>	42
BENICAR	
<i>see olmesartan medoxomil</i>	43
BENICAR HCT	
<i>see olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	45
<i>see olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	45
<i>see olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	45
BENLYSTA	82
BENZAMYCIN	
<i>see benzoyl peroxide-erythromycin gel 5-3%</i>	62
benzonatate	62
benzoyl peroxide-erythromycin gel 5-3%	62
benztropine mesylate	50
betamethasone dipropionate (topical)	64
betamethasone valerate	64
BETAPACE	
<i>see sotalol hcl</i>	53
BETAPACE AF	
<i>see sotalol hcl (afib/afl)</i>	53
BETASERON	90
<i>betaxolol hcl (ophth)</i>	86
<i>bethanechol chloride</i>	94
BETHKIS	
<i>see tobramycin</i>	24
BETIMOL	86
<i>bexarotene</i>	49
BEYAZ	
<i>see drospirenone-ethinylestradiol-levomefolate tab 3-0.02-0.451 mg</i>	57
BIAXIN XL	
<i>see clarithromycin</i>	73
<i>bicalutamide</i>	48
BICILLIN C-R INJ 1200000	89
BICILLIN C-R INJ 900/300	89
BICILLIN L-A	89
BIDIL	
<i>see isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	55
BILAC CAP	39
BILTRICIDE	
<i>see praziquantel</i>	29
<i>bimatoprost</i>	88
<i>biocel</i>	84
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	44
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	44
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	44
<i>bisoprolol fumarate</i>	53
<i>blisovi 24 fe</i>	56
<i>blisovi fe 1.5/30</i>	56
<i>blisovi fe 1/20</i>	56
BLUNT CANNUL MIS 20GX1.5	75
BLUNT CANNUL MIS 21GX1	75
BOSULIF	48
BOTOX	86
<i>b-plex</i>	83
<i>b-plex plus</i>	84
BRAFTOVI	48
BREATHE EASE MIS LG MASK	79
BREATHE EASE MIS MED MASK	79

BREATHE EASE MIS SM MASK	79
BREATHERITE MIS MDI CHMB	79
BREYANZI	47
breyna	32
BREZTRI AERO AER SPHERE	32
briellyn.....	56
BRILINTA	71
brimonidine tartrate	86
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	86
BRIXADI	27
bromfed dm	62
bromocriptine mesylate.....	50
budesonide	61
budesonide (inhalation)	32
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....	32
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	32
bumetanide.....	66
BUMEX see bumetanide	66
buprenorphine.....	28
buprenorphine hcl	28
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	28
buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv).....	28
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	28
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	28
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	28
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	28
bupropion hcl.....	35
bupropion hcl (smoking deterrent)	91
buspirone hcl	30
butalbital-acetaminophen tab 50-325 mg.....	26
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	27
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....	27
butalbital-acetaminophen-caffeine cap 50- 300-40 mg	26
butalbital-acetaminophen-caffeine tab 50- 325-40 mg	26
butalbital-aspirin-caff w/ codeine cap 50- 325-40-30 mg	27
butalbital-aspirin-caffeine cap 50-325-40 mg	26
BUTTRANS see buprenorphine	28
BYSTOLIC see nebivolol hcl.....	53
C	
cabergoline	68
CABLIVI	71
CABOMETYX.....	48
CADUET see amlodipine besylate-atorvastatin calcium tab 10-10 mg	55
see amlodipine besylate-atorvastatin calcium tab 10-20 mg	55
see amlodipine besylate-atorvastatin calcium tab 10-40 mg	55
see amlodipine besylate-atorvastatin calcium tab 10-80 mg	55
see amlodipine besylate-atorvastatin calcium tab 5-10 mg.....	55
see amlodipine besylate-atorvastatin calcium tab 5-20 mg	55
see amlodipine besylate-atorvastatin calcium tab 5-40 mg	55
see amlodipine besylate-atorvastatin calcium tab 5-80 mg	55
calcipotriene	63
calcitonin (salmon)	66
calcitriol	67
calcium acetate (phosphate binder)	70
camila	61
camrese	57
camrese lo	57
CAMZYOS	54
CANASA see mesalamine	69
candesartan cilexetil.....	42

candesartan cilexetil-hydrochlorothiazide	
tab 16-12.5 mg	44
candesartan cilexetil-hydrochlorothiazide	
tab 32-12.5 mg	44
candesartan cilexetil-hydrochlorothiazide	
tab 32-25 mg.....	44
capecitabine	47
CAPLYTA	51
captopril.....	42
CARAFATE	
see <i>sucralfate</i>	93
carbamazepine.....	33
CARBATROL	
see <i>carbamazepine</i>	33
carbidopa & levodopa tab 10-100 mg.....	50
carbidopa & levodopa tab 25-100 mg	50
carbidopa & levodopa tab 25-250 mg.....	50
carbidopa & levodopa tab er 25-100 mg..	50
carbidopa & levodopa tab er 50-200 mg .	50
carbidopa-levodopa-entacapone tabs 12.5-	
50-200 mg	50
carbidopa-levodopa-entacapone tabs	
18.75-75-200 mg	50
carbidopa-levodopa-entacapone tabs 25-	
100-200 mg.....	50
carbidopa-levodopa-entacapone tabs	
31.25-125-200 mg.....	50
carbidopa-levodopa-entacapone tabs 37.5-	
150-200 mg.....	50
carbidopa-levodopa-entacapone tabs 50-	
200-200 mg	50
CARDIZEM	
see <i>diltiazem hcl</i>	54
CARDIZEM CD	
see <i>cartia xt</i>	54
see <i>diltiazem hcl coated beads</i>	54
CARDIZEM LA	
see <i>diltiazem hcl</i>	54
see <i>matzim la</i>	54
CAREPOINT SA MIS 23GX1	75
CAREPOINT SA MIS 23GX11/2	75
CAREPOINT SA MIS 25GX1	75
CAREPOINT SA MIS 25GX11/2	75
CAREPOINT SA MIS 25GX5/8	75
CAREPOINT SY MIS 20GX1.....	75
CAREPOINT SY MIS 20GX1.5	75
CAREPOINT SY MIS 22G X 1	75
CAREPOINT SY MIS 22GX1.5.....	75
CAREPOINT SY MIS 23GX1.....	75
CAREPOINT SY MIS 23GX1.5.....	75
CAREPOINT SY MIS 25GX1.....	75
CAREPOINT SY MIS 60ML.....	75
carisoprodol	85
carteolol hcl (ophth)	86
cartia xt	54
carvedilol	53
carvedilol phosphate	53
CASODEX	
see <i>bicalutamide</i>	48
CATAPRES-TTS-1	
see <i>clonidine</i>	43
CATAPRES-TTS-2	
see <i>clonidine</i>	43
CATAPRES-TTS-3	
see <i>clonidine</i>	43
CAYA DPR	74
cefadroxil.....	56
cefdinir.....	56
cefpodoxime proxetil	56
ceftriaxone sodium	56
cefuroxime axetil	56
CELEBREX	
see <i>celecoxib</i>	25
celecoxib	25
CELEXA	
see <i>citalopram hydrobromide</i>	35
CELLCEPT	
see <i>mycophenolate mofetil</i>	82
cephalexin	56
CEQUR SIMPL KIT PATCH 2U	75
CEREZYME	72
cerovel	64
cetirizine hcl	40
charlotte 24 fe	57
chateal eq	57
chlordiazepoxide hcl	30
chlorhexidine gluconate (mouth-throat)..	83
chloroquine phosphate	46

<i>chlorpromazine hcl</i>	52
<i>chlorthalidone</i>	66
<i>chlorzoxazone</i>	85
<i>cholestyramine</i>	41
<i>cholestyramine light</i>	41
<i>ciclopirox</i>	63
<i>ciclopirox olamine</i>	63
<i>cilostazol</i>	71
<i>cimetidine</i>	93
<i>cinacalcet hcl</i>	67
CINRYZE	71
CIPRO	69
<i>see ciprofloxacin hcl</i>	69
<i>ciprofloxacin hcl</i>	69
<i>ciprofloxacin hcl (ophth)</i>	87
<i>ciprofloxacin hcl (otic)</i>	88
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	88
<i>citalopram hydrobromide</i>	35
<i>claravis</i>	62
CLARINEX	
<i>see desloratadine</i>	40
<i>clarithromycin</i>	73
CLEOCIN	
<i>see clindamycin hcl</i>	29
<i>see clindamycin phosphate vaginal</i>	94
CLEOCIN PEDIATRIC GRANULE	
<i>see clindamycin palmitate hydrochloride</i>	29
CLEOCIN-T	
<i>see clindamycin phosphate (topical)</i>	63
CLIMARA	
<i>see estradiol</i>	69
CLIMARA PRO DIS WEEKLY	68
<i>clindacin etz pledges</i>	62
<i>clindacin-p</i>	62
CLINDAGEL	
<i>see clindamycin phosphate (topical)</i>	62
<i>clindamycin hcl</i>	29
<i>clindamycin palmitate hydrochloride</i>	29
<i>clindamycin phosphate (topical)</i>	62, 63
<i>clindamycin phosphate vaginal</i>	94
<i>clinpro 5000</i>	83
<i>clobetasol propionate</i>	64
<i>clobetasol propionate emollient base</i>	64
<i>clomipramine hcl</i>	36
<i>clonazepam</i>	33
<i>clonidine</i>	43
<i>clonidine hcl</i>	43
<i>clonidine hcl (adhd)</i>	23
<i>clopidogrel bisulfate</i>	71
<i>clotrimazole</i>	82
<i>clotrimazole (topical)</i>	63
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	63
<i>clozapine</i>	51
CLOZARIL	
<i>see clozapine</i>	51
<i>codeine sulfate</i>	26
<i>colchicine</i>	71
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	71
COLCRYS	
<i>see colchicine</i>	71
COLLANEX POW	65
COMBIGAN	
<i>see brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	86
COMBIPATCH DIS	68
COMBIVENT AER 20-100	32
COMETRIQ (60MG DOSE)	48
COMETRIQ KIT 100MG	48
COMETRIQ KIT 140MG	48
COMPACT SPAC MIS CHAMBER	79
COMPACT SPAC MIS LG MASK	79
COMPACT SPAC MIS MD MASK	79
COMPACT SPAC MIS SM MASK	79
COMPLETE NAT PAK DHA	84
COMPLETENATE CHW	84
<i>compro</i>	52
CO-NATAL FA TAB 29-1MG	84
CONCEPT DHA CAP	84
CONCEPT OB CAP	84
CONCERTA	
<i>see methylphenidate hcl</i>	24
<i>constulose</i>	73
CONVERSION MIS BABY SZ1	79
CONVERSION MIS BABY SZ2	79
CONVERSION MIS BABY SZ3	79

COPAXONE	
see <i>glatiramer acetate</i>	91
see <i>glatopa</i>	91
COREG	
see <i>carvedilol</i>	53
COREG CR	
see <i>carvedilol phosphate</i>	53
CORGARD	
see <i>nadolol</i>	53
CORLANOR	56
CORTEF	
see <i>hydrocortisone</i>	61
CORTENEMA	
see <i>hydrocortisone (intrarectal)</i>	28
CORTIFOAM	28
corvita	84
COSELA	50
COSENTYX	63
COSENTYX SENSOREADY PEN	63
COSENTYX UNOREADY	63
COSOPT	
see <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	86
COTELLIC	48
covaryx hs	68
COZAAR	
see <i>losartan potassium</i>	43
CRESTOR	
see <i>rosuvastatin calcium</i>	42
CRINONE	94
cromolyn sodium	31
cromolyn sodium (mastocytosis)	69
cromolyn sodium (ophth)	88
cryselle-28	57
CUTAQUIG	89
cyanocobalamin	72
cyclobenzaprine hcl	85
CYCLOGYL	86
see <i>cyclopentolate hcl</i>	86
cyclopentolate hcl	86
cyclophosphamide	47
cyclosporine	82
cyclosporine (ophth)	87
CYCLOSPORINE IN KLARTY	87
cyclosporine modified (for microemulsion)	
.....	82
CYMBALTA	
see <i>duloxetine hcl</i>	36
cypoheptadine hcl	41
cyred eq.	57
CYTOMEL	
see <i>liothyronine sodium</i>	92
CYTOTEC	
see <i>misoprostol</i>	93
D	
<i>dabigatran etexilate mesylate</i>	33
<i>dalfampridine</i>	90
DALIRESP	
see <i>roflumilast</i>	31
DANTRIUM	
see <i>dantrolene sodium</i>	85
<i>dantrolene sodium</i>	85
<i>dapsone</i>	29
DARZALEX SOL FASPRO	48
<i>dasetta 1/35</i>	57
<i>dasetta 7/7/7</i>	57
DAYPRO	
see <i>oxaprozin</i>	26
daysee	57
DDAVP	
see <i>desmopressin acetate</i>	68
<i>deblitane</i>	61
<i>deferasirox</i>	39
DEFLUX NEEDL MIS 23X350MM	75
DELESTROGEN	
see <i>estradiol valerate</i>	69
<i>delyla</i>	57
DELZICOL	
see <i>mesalamine</i>	69
<i>denta 5000 plus</i>	83
<i>dentagel</i>	83
DEPAKOTE	
see <i>divalproex sodium</i>	35
DEPAKOTE ER	
see <i>divalproex sodium</i>	35
DEPO-ESTRADIOL	68
DEPO-PROVERA CONTRACEPTIV	

see <i>medroxyprogesterone acetate</i>	
(<i>contraceptive</i>).....	61
DEPO-SUBQ PROVERA 104	61
depo-testosterone	28
DERMACINRX CAP PROBISOL	39
DERMACINRX CAP PROBITRA	39
DERMA-SMOOTH/FS BODY	
see <i>fluocinolone acetonide</i>	64
DERMA-SMOOTH/FS SCALP	
see <i>fluocinolone acetonide</i>	64
DERMOTIC	
see <i>flac</i>	88
see <i>fluocinolone acetonide (otic)</i>	88
desipramine hcl	36
desloratadine.....	40
desmopressin acetate	68
DESMOPRESSIN ACETATE	67
desmopressin acetate spray	68
desmopressin acetate spray refrigerated	68
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5).....	57
desonide	64
DESOWEN	
see <i>desonide</i>	64
DETROL	
see <i>tolterodine tartrate</i>	94
DETROL LA	
see <i>tolterodine tartrate</i>	94
dexamethasone.....	61
DEXAMETHASONE INTENSOL	61
<i>dexamethasone sodium phosphate (ophth)</i>	87
DEXATRAN CAP.....	84
DEXCOM G6 MIS RECEIVER	74
DEXCOM G6 MIS SENSOR	74
DEXCOM G6 MIS TRANSMIT	74
DEXCOM G7 MIS RECEIVER	74
DEXCOM G7 MIS SENSOR	74
DEXEDRINE	
see <i>dextroamphetamine sulfate</i>	23
<i>dexmethylphenidate hcl</i>	24
<i>dextroamphetamine sulfate</i>	23
<i>dalyvite</i>	83
DIALYVITE/ TAB ZINC	83

DAISTAT ACUDIAL	
see <i>diazepam (anticonvulsant)</i>	33
<i>diazepam</i>	30
<i>diazepam (anticonvulsant)</i>	33
<i>diazoxide</i>	37
DICLEGIS	
see <i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	40
diclofenac potassium	25
diclofenac sodium	25
diclofenac sodium (topical)	63
dicloxacillin sodium	89
dicyclomine hcl	93
DIFFERIN	
see <i>adapalene</i>	62
DIFICID	74
DIFLUCAN	
see <i>fluconazole</i>	40
digoxin	54
DILANTIN	34
see <i>phenytoin sodium extended</i>	34
DILANTIN INFATABS	
see <i>phenytoin</i>	34
DILANTIN-125	
see <i>phenytoin</i>	34
DILAUDID	
see <i>hydromorphone hcl</i>	26
diltiazem hcl	54
diltiazem hcl coated beads	54
diltiazem hcl extended release beads.....	54
dilt-xr	54
dimethyl fumarate	90
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	90
DIOVAN	
see <i>valsartan</i>	43
DIOVAN HCT	
see <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	46
<i>see valsartan-hydrochlorothiazide tab 160-25 mg</i>	46
<i>see valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	46

see valsartan-hydrochlorothiazide tab	
320-25 mg	46
see valsartan-hydrochlorothiazide tab	
80-12.5 mg	45
diphenhydramine hcl	40
diphenoxylate w/ atropine liq 2.5-0.025	
mg/5ml.....	39
diphenoxylate w/ atropine tab 2.5-0.025	
mg.....	39
dipyridamole.....	72
disulfiram	90
DIURIL	66
divalproex sodium	35
dodex	72
dofetilide	31
dolishale	57
donepezil hydrochloride	90
DOPTELET	72
dorzolamide hcl.....	88
dorzolamide hcl-timolol maleate ophth soln	
2-0.5%.....	86
dotti	68
doxazosin mesylate	43
doxepin hcl	36
doxercalciferol.....	67
doxycycline (monohydrate)	92
doxycycline hyclate	92
doxylamine-pyridoxine tab delayed release	
10-10 mg	40
DRISDOL	
see ergocalciferol	94
dronabinol.....	40
drospirenone-ethynodiol-estradiol tab 3-0.02	
mg.....	57
drospirenone-ethynodiol-estradiol tab 3-0.03	
mg.....	57
drospirenone-ethynodiol-estradiol-levomefolate	
tab 3-0.02-0.451 mg.....	57
DROXIA	72
DRYSOL	65
DUETACT	
see pioglitazone hcl-glimepiride tab 30-2	
mg	37
see pioglitazone hcl-glimepiride tab 30-4	
mg.....	37
DULERA AER 100-5MCG.....	32
DULERA AER 200-5MCG.....	32
DULERA AER 50-5MCG	32
duloxetine hcl.....	36
DUPIXENT	64
dutasteride	70
DYRENIUM	
see triamterene	66
E	
e.e.s. 400	73
E.E.S. GRANULES	
see erythromycin ethylsuccinate	74
EASIVENT MIS	79
EASIVENT MIS MASK LG	79
EASIVENT MIS MASK MED	79
EASIVENT MIS MASK SM	79
EASYPOINT MIS 23GX1.....	75
EASYPOINT MIS 25GX1.....	75
EASYPOINT MIS 25GX5/8	75
EC-NAPROSYN	
see ec-naproxen	25
see naproxen.....	26
ec-naproxen	25
eemt hs	68
effer-k	81
EFFEXOR XR	
see venlafaxine hcl.....	36
EFFIENT	
see prasugrel hcl	72
EFUDEX	
see fluorouracil (topical)	63
EGRIFTA SV	67
ELEVIDYS KIT	86
ELIDEL	
see pimecrolimus	65
ELIGARD	48
elinest	57
ELIQUIS.....	33
ELIQUIS STARTER PACK.....	33
ELLA.....	61
ELMIRON	70
eluryng	60

ELZONRIS	50
EMEND	
see <i>aprepitant</i>	40
EMGALITY.....	80
EMPAVELI.....	71
enalapril maleate	42
enalapril maleate & hydrochlorothiazide tab 10-25 mg	44
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	44
ENBREL	26
ENBREL MINI.....	26
ENBREL SURECLICK.....	26
ENDARI	72
<i>endocet</i>	27
ENHERTU	47
enilloring	60
enoxaparin sodium.....	33
enpresse-28.....	57
enskyce	57
ENSPRYNG	82
entecavir	52
ENTRESTO TAB 24-26MG.....	55
ENTRESTO TAB 49-51MG	55
ENTRESTO TAB 97-103MG	55
enulose.....	70
epinephrine (<i>anaphylaxis</i>)	94
EPIPEN 2-PAK	
see epinephrine (<i>anaphylaxis</i>).....	94
EPIPEN-JR 2-PAK	
see epinephrine (<i>anaphylaxis</i>).....	94
epitol.....	33
eplerenone.....	46
ergocalciferol.....	94
ergotamine w/ caffeine tab 1-100 mg.....	80
erlotinib hcl	47
errin	61
ery.....	63
ERYGEL	
see erythromycin (<i>acne aid</i>)	63
ERYPED 400	
see erythromycin ethylsuccinate	74
ery-tab.....	73
erythrocin stearate	73
erythromycin (<i>acne aid</i>)	63
erythromycin (<i>ophth</i>).....	87
erythromycin base	74
erythromycin ethylsuccinate	74
ESBRIET	
see <i>pirfenidone</i>	91
escitalopram oxalate	35
ESGIC	
see <i>bac</i>	26
see <i>butalbital-acetaminophen-caffeine</i> tab 50-325-40 mg	26
esomeprazole magnesium.....	93
ESSENTRA WIPES 9X9.....	74
estarylla	57
esterified estrogens/meth	68
ESTRACE	
see estradiol	69
see estradiol vaginal	94
estradiol.....	69
estradiol vaginal.....	94
estradiol valerate	69
eszopiclone	73
ethambutol hcl	46
ethosuximide.....	35
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	57
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	57
etodolac.....	25
etonogestrel-ethinyl estradiol va ring 0.120- 0.015 mg/24hr.....	60
etoposide	50
EUCRISA	65
euthyrox.....	92
EVISTA	
see <i>raloxifene hcl</i>	67
EVKEEZA	41
EXELON	
see <i>rivastigmine</i>	90
exemestane	48
EXFORGE	
see <i>amlodipine besylate-valsartan</i> tab 10- 160 mg	44

see <i>amlodipine besylate-valsartan tab 10-320 mg</i>	44
see <i>amlodipine besylate-valsartan tab 5-160 mg</i>	44
see <i>amlodipine besylate-valsartan tab 5-320 mg</i>	44
EXFORGE HCT	
<i>see amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	44
<i>see amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	44
<i>see amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	44
<i>see amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	44
<i>see amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	44
EXKIVITY	47
EXTAVIA	90
ezetimibe	42
<i>ezetimibe-simvastatin tab 10-10 mg</i>	41
<i>ezetimibe-simvastatin tab 10-20 mg</i>	41
<i>ezetimibe-simvastatin tab 10-40 mg</i>	41
<i>ezetimibe-simvastatin tab 10-80 mg</i>	41
F	
<i>falmina</i>	57
<i>famciclovir</i>	53
<i>famotidine</i>	93
FARESTON	
<i>see toremifene citrate</i>	48
FARXIGA	39
FASENRA	31
FASENRA PEN	31
<i>felodipine</i>	54
FEMARA	
<i>see letrozole</i>	48
FEMCAP MIS 22MM	74
FEMCAP MIS 26MM	74
FEMCAP MIS 30MM	74
FEMRING	94
<i>fenofibrate</i>	41
<i>fenofibrate micronized</i>	42
FENOGLIDE	
<i>see fenofibrate</i>	41
FENSOLVI	67
<i>fentanyl</i>	26
<i>fexmid</i>	85
FILTER ASPIR MIS 18GX3	75
<i>finasteride</i>	70
<i> fingolimod hcl</i>	90
<i>finzala</i>	57
FIORICET	
<i>see butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	26
FIORICET/CODEINE	
<i>see butalbital-acetaminophen-caff w/cod cap 50-300-40-30 mg</i>	27
FIRAZYR	
<i>see icatibant acetate</i>	71
<i>see sajazir</i>	71
FIRMAGON	48
FIRVANQ	
<i>see vancomycin hcl</i>	29
<i>flac</i>	88
<i>flecainide acetate</i>	31
FLEXICHAMBER MIS	79
FLOMAX	
<i>see tamsulosin hcl</i>	70
<i>fluconazole</i>	40
<i>fludrocortisone acetate</i>	62
<i>flunisolide (nasal)</i>	85
<i>fluocinolone acetonide</i>	64
<i>fluocinolone acetonide (otic)</i>	88
<i>fluocinonide</i>	64
<i>fluocinonide emulsified base</i>	64
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	88
FLUORID SENS PST 1.1-5%	83
<i>fluoridex enhanced whiten</i>	83
<i>fluorimax 5000</i>	83
FLUORMX 5000 PST SENSITIV	83
<i>fluorometholone (ophth)</i>	87
<i>fluorouracil (topical)</i>	63

<i>fluoxetine hcl</i>	35
<i>fluoxetine hcl (pmdd)</i>	91
FLUOXETINE HYDROCHLORIDE	
see <i>fluoxetine hcl</i>	35
<i>fluphenazine decanoate</i>	52
<i>fluphenazine hcl</i>	52
<i>flurbiprofen</i>	25
<i>flurbiprofen sodium</i>	88
<i>fluticasone propionate (nasal)</i>	86
<i>fluticasone propionate hfa</i>	32
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	32
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	32
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	32
<i>fluvoxamine maleate</i>	35
FML FORTE	87
FOCALIN	
see <i>dexmethylphenidate hcl</i>	24
FOCALIN XR	
see <i>dexmethylphenidate hcl</i>	24
FOLAGENT CAP DHA	84
FOLAMED DHA CAP	84
FOLCYTEINE TAB MULTIVIT	84
<i>folic acid</i>	72
FOLIVANE-OB CAP	84
FORTESTA	
see <i>testosterone</i>	28
FOSAMAX	
see <i>alendronate sodium</i>	66
FOSAMAX + D TAB 70-2800	66
FOSAMAX + D TAB 70-5600	66
<i>foscarnet sodium</i>	52
FOSCAVIR	
see <i>foscarnet sodium</i>	52
<i>fosfomycin tromethamine</i>	30
<i>fosinopril sodium</i>	42
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	44
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	44
FOSRENOL	
see <i>lanthanum carbonate</i>	70
FOTIVDA	48
FREESTY LIBR KIT 2 SENSOR	74
FREESTY LIBR KIT 3 SENSOR	74
FREESTY LIBR MIS 2 READER	74
FREESTYLE KIT SENSOR	74
FREESTYLE MIS READER	74
FUROSCIX	66
<i>furosemide</i>	66
<i>fyavolv</i>	68
G	
<i> gabapentin</i>	34
<i> galantamine hydrobromide</i>	90
GALZIN	81
GASTROCROM	
see <i>cromolyn sodium (mastocytosis)</i>	69
<i> gavilyte-c</i>	73
<i> gavilyte-g</i>	73
GAVRETO	48
<i> gemmily</i>	57
<i> generlac</i>	70
<i> gengraf</i>	82
GENICIN TAB VITA-Q	84
<i> genicin vita-s</i>	83
<i> gentamicin sulfate (ophth)</i>	87
<i> gentamicin sulfate (topical)</i>	63
GEODON	
see <i>ziprasidone hcl</i>	51
GILENYA	
see <i> fingolimod hcl</i>	90
<i> glatiramer acetate</i>	91
<i> glatopa</i>	91
GLEEVEC	
see <i> imatinib mesylate</i>	49
<i> glimepiride</i>	39
<i> glipizide</i>	39
<i> glipizide xl</i>	39
<i> glipizide-metformin hcl tab 2.5-250 mg</i> ..	36
<i> glipizide-metformin hcl tab 2.5-500 mg</i> ..	36
<i> glipizide-metformin hcl tab 5-500 mg</i> ..	36
<i> glucagon (rdna)</i>	38
GLUCAGON EMERGENCY KIT	
see <i> glucagon (rdna)</i>	38
GLUCOTROL XL	
see <i> glipizide</i>	39

<i>see glipizide xl</i>	39	<i>homatropaire</i>	86
glyburide	39	HUMALOG MIX INJ 50/50.....	38
glyburide micronized	39	HUMALOG MIX INJ 50/50KWP	38
glyburide-metformin tab 1.25-250 mg	36	HUMALOG MIX SUS 75/25	38
glyburide-metformin tab 2.5-500 mg.....	36	HUMIRA.....	25
glyburide-metformin tab 5-500 mg.....	37	HUMIRA PEDIA INJ CROHNS	25
glycopyrrolate	93	HUMIRA PEDIATRIC CROHNS D	25
GLYXAMBI TAB 10-5 MG.....	37	HUMIRA PEN.....	25
GLYXAMBI TAB 25-5 MG	37	HUMIRA PEN KIT PS/UV	25
GOLYTELY		HUMIRA PEN-CD/UC/HS START	25
<i>see gavilyte-g</i>	73	HUMIRA PEN-PEDIATRIC UC S	25
<i>see peg 3350-kcl-na bicarb-nacl-na</i>		HUMIRA PEN-PS/UV STARTER.....	25
<i>sulfate for soln 236 gm</i>	73	HUMULIN R U-500 (CONCENTR.....	38
GRALISE.....	91	HUMULIN R U-500 KWIKPEN INJ.....	38
granisetron hcl.....	40	HYCAMTIN	50
GRASTEK	24	HYCODAN	
griseofulvin microsize	40	<i>see hydrocodone bitart-homatropine</i>	
griseofulvin ultramicrosize	40	<i>methylbrom soln 5-1.5 mg/5ml</i>	62
guanfacine hcl	43	<i>see hydrocodone bitart-homatropine</i>	
guanfacine hcl (adhd)	23	<i>methylbromide tab 5-1.5 mg</i>	62
H		<i>see hydromet</i>	62
HADLIMA	25	hydralazine hcl	46
HADLIMA PUSHTOUCH	25	HYDREA	
HAEGARDA.....	71	<i>see hydroxyurea</i>	50
hailey 1.5/30	57	hydrochlorothiazide	66
hailey 24 fe.....	57	hydrocodone bitart-homatropine	
hailey fe 1.5/30	57	<i>methylbrom soln 5-1.5 mg/5ml</i>	62
hailey fe 1/20.....	57	hydrocodone bitart-homatropine	
HALDOL DECANOATE 100		<i>methylbromide tab 5-1.5 mg</i>	62
<i>see haloperidol decanoate</i>	51	hydrocodone-acetaminophen soln 7.5-325	
HALDOL DECANOATE 50		<i>mg/15ml</i>	27
<i>see haloperidol decanoate</i>	51	hydrocodone-acetaminophen tab 10-325	
halobetasol propionate	64	<i>mg</i>	27
haloette	60	hydrocodone-acetaminophen tab 5-325	
haloperidol	51	<i>mg</i>	27
haloperidol decanoate	51	hydrocodone-acetaminophen tab 7.5-325	
haloperidol lactate	51	<i>mg</i>	27
heather	61	hydrocortisone	61
hemmorex-hc	28	hydrocortisone (intrarectal)	28
HIPREX		hydrocortisone (rectal).....	28
<i>see methenamine hippurate</i>	30	hydrocortisone (topical)	64
HOLD CHAMBER MIS ADLT LG.....	80	hydrocortisone acetate (rectal)	28
HOLD CHAMBER MIS MEDIUM	80	hydrocortisone acetate w/ pramoxine	
HOLD CHAMBER MIS SMALL.....	80	<i>perianal cream 1-1%</i>	28

<i>hydrocortisone acetate w/ pramoxine</i>	
<i>perianal cream 2.5-1%</i>	28
<i>hydrocortisone valerate</i>	64
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	88
<i>hydromet</i>	62
<i>hydromorphone hcl</i>	26
<i>hydroxychloroquine sulfate</i>	46
<i>hydroxyurea</i>	50
<i>hydroxyzine hcl</i>	30
<i>hydroxyzine pamoate</i>	30
<i>hylavite</i>	83
<i>hyoscyamine sulfate</i>	93
<i>hyosyne</i>	93
<i>HYPO NEEDLE MIS 14GX1</i>	75
<i>HYPO NEEDLE MIS 14GX1.5</i>	75
<i>HYPO NEEDLE MIS 14GX2</i>	75
<i>HYPO NEEDLE MIS 16GX1</i>	75
<i>HYPO NEEDLE MIS 16GX1.5</i>	75
<i>HYPO NEEDLE MIS 16GX3/4</i>	75
<i>HYPO NEEDLE MIS 16GX5/8</i>	75
<i>HYPO NEEDLE MIS 18GX1</i>	75
<i>HYPO NEEDLE MIS 18GX1.5</i>	75
<i>HYPO NEEDLE MIS 19GX1</i>	75
<i>HYPO NEEDLE MIS 19GX1.5</i>	75
<i>HYPO NEEDLE MIS 20GX1</i>	75
<i>HYPO NEEDLE MIS 20GX1.5</i>	75
<i>HYPO NEEDLE MIS 21GX1</i>	75
<i>HYPO NEEDLE MIS 21GX1.5</i>	75
<i>HYPO NEEDLE MIS 21GX2</i>	75
<i>HYPO NEEDLE MIS 22GX1</i>	75
<i>HYPO NEEDLE MIS 22GX1.5</i>	75
<i>HYPO NEEDLE MIS 23GX1</i>	75
<i>HYPO NEEDLE MIS 23GX3/4</i>	75
<i>HYPO NEEDLE MIS 25GX1</i>	76
<i>HYPO NEEDLE MIS 25GX1.25</i>	76
<i>HYPO NEEDLE MIS 25GX1.5</i>	76
<i>HYPO NEEDLE MIS 25GX2</i>	76
<i>HYPO NEEDLE MIS 25GX5/8</i>	76
<i>HYPO NEEDLE MIS 26GX1.5</i>	76
<i>HYPO NEEDLE MIS 26GX1/2</i>	76
<i>HYPO NEEDLE MIS 27GX1.25</i>	76
<i>HYPO NEEDLE MIS 27GX1.5</i>	76
<i>HYPO NEEDLE MIS 27GX1/2</i>	76
HYPO NEEDLE MIS 30GX3/4	76
HYZAAR	
see <i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-12.5 mg</i>	45
see <i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-25 mg..</i>	45
see <i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 50-12.5 mg.</i>	45
I	
IBRANCE	48
<i>ibu</i>	25
<i>ibuprofen</i>	25
<i>icatibant acetate</i>	71
<i>iclevia</i>	57
ICLUSIG	48
<i>icosapent ethyl</i>	41
<i>ifex 150 forte</i>	72
<i>imatinib mesylate</i>	49
IMBRUVICA	49
<i>imipramine hcl</i>	36
<i>imiquimod</i>	64
IMITREX	
see <i>sumatriptan</i>	80
see <i>sumatriptan succinate</i>	81
IMITREX STATDOSE REFILL	
see <i>sumatriptan succinate</i>	81
IMITREX STATDOSE SYSTEM	
see <i>sumatriptan succinate</i>	80
IMURAN	
see <i>azathioprine</i>	82
<i>inalt gt</i>	84
<i>incassia</i>	61
INCRUSE ELLIPTA	31
<i>indapamide</i>	66
INDERAL LA	
see <i>propranolol hcl</i>	53
<i>indomethacin</i>	25
INPEN 100EL MIS BLUE-HUM	76
INPEN 100EL MIS GREY-HUM	76
INPEN 100EL MIS PINK HUM	76
INPEN 100NN MIS BLUE NOV	76
INPEN 100NN MIS GREY NOV	76
INPEN 100NN MIS PINK NOV	76
INSPIREASE MIS DD SYST	80

INSPIREASE MIS RES BAG	80
INSPRA	
see <i>eplerenone</i>	46
INSULIN DEGLUDEC FLEXTOUCH INJ....	38
INSULIN DEGLUDEC INJ	38
INSULIN SYRG MIS 0.3/29G	76
INSULIN SYRG MIS 0.3/30G	76
INSULIN SYRG MIS 0.3/31G	76
INSULIN SYRG MIS 0.5/28G	76
INSULIN SYRG MIS 0.5/29G	76
INSULIN SYRG MIS 0.5/30G	76
INSULIN SYRG MIS 0.5/31G	76
INSULIN SYRG MIS 1ML.....	76
INSULIN SYRG MIS 1ML/27G	76
INSULIN SYRG MIS 1ML/28G.....	76
INSULIN SYRG MIS 1ML/29G.....	76
INSULIN SYRG MIS 1ML/30G.....	76
INSULIN SYRG MIS 1ML/31G.....	76
INSULIN SYRG MIS 27GX1/2.....	76
INSULIN SYRG MIS 28GX1/2.....	76
INSULIN SYRG MIS 29GX1/2.....	76
INSULIN SYRG MIS 30GX1/2.....	76
INSULIN SYRG MIS 30GX5/16	76
INSULIN SYRG MIS 31GX5/16	76
<i>introvale</i>	57
INTUNIV	
see <i>guanfacine hcl (adhd)</i>	23
INVEGA	
see <i>paliperidone</i>	51
INVEGA SUSTENNA	51
INVOKAMET TAB 150-1000	37
INVOKAMET TAB 150-500.....	37
INVOKAMET TAB 50-1000.....	37
INVOKAMET TAB 50-500MG	37
INVOKAMET XR TAB 150-1000	37
INVOKAMET XR TAB 150-500	37
INVOKAMET XR TAB 50-1000	37
INVOKAMET XR TAB 50-500MG	37
INVOKANA.....	39
<i>ipratropium bromide</i>	31
<i>ipratropium bromide (nasal)</i>	85
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
<i>mg/3ml</i>	32
<i>irbesartan</i>	43
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>	
<i>mg</i>	44
<i>irbesartan-hydrochlorothiazide tab 300-</i>	
<i>12.5 mg</i>	45
<i>isibloom</i>	57
<i>isoniazid</i>	46
ISORDIL TITRADOSE	
see <i>isosorbide dinitrate</i>	30
<i>isosorbide dinitrate</i>	30
<i>isosorbide dinitrate-hydralazine hcl tab 20-</i>	
<i>37.5 mg</i>	55
<i>isosorbide mononitrate</i>	30
<i>isotretinoin</i>	63
ISTALOL	
see <i>timolol maleate (ophth)</i>	86
<i>itraconazole</i>	40
<i>ivermectin</i>	29
J	
JADENU	
see <i>deferasirox</i>	39
JADENU SPRINKLE	
see <i>deferasirox</i>	39
<i>jaimiess</i>	57
JAKAFI.....	49
<i>jantoven</i>	32
JARDIANCE.....	39
<i>jasmiel</i>	57
JAYPIRCA.....	49
<i>jencycla</i>	61
JESDUVROQ	72
<i>jinteli</i>	68
JIVI	71
<i>jolessa</i>	57
<i>juleber</i>	57
<i>junel 1.5/30</i>	57
<i>junel 1/20</i>	57
<i>junel fe 1.5/30</i>	57
<i>junel fe 1/20</i>	57
<i>junel fe 24</i>	57
<i>just right 5000</i>	83
JUXTAPID.....	42
JYNARQUE	68
JYNARQUE PAK 30-15MG	68
JYNARQUE PAK 45-15MG	68

JYNARQUE PAK 60-30MG	68
JYNARQUE PAK 90-30MG	68
K	
<i>kaitlib fe</i>	58
KALBITOR.....	71
<i>kalliga</i>	58
KALYDECO	91
<i>KAPVAY</i>	
see <i>clonidine hcl (adhd)</i>	23
<i>kariva</i>	58
<i>kelnor 1/35</i>	58
<i>kelnor 1/50</i>	58
KENALOG	
see <i>triamcinolone acetonide (topical)</i> ..	64
KEPPRA	
see <i>levetiracetam</i>	34
see <i>roweepra</i>	34
KEPPRA XR	
see <i>levetiracetam</i>	34
KERENDIA.....	67
KESIMPTA.....	91
<i>ketoconazole (topical)</i>	63
<i>ketorolac tromethamine</i>	26
<i>ketorolac tromethamine (ophth)</i>	88
KEVZARA	25
KISQALI DOSE KIT TBPK 600MG, TBPK 400MG,	49
KITABIS PAK	
see <i>tobramycin</i>	25
KLONOPIN	
see <i>clonazepam</i>	33
klor-con 10	81
klor-con 8.....	81
klor-con m10	81
klor-con m20	81
klor-con/ef	81
KLOXXADO.....	39
KORLYM	38
kourzeq	83
<i>k-prime</i>	81
KRAZATI.....	49
KRYSTEXXA.....	71
K-TAB	
see <i>potassium chloride</i>	81
<i>k-tan plus</i>	72
kurvelo	58
KYLEENA	61
KYMRIAH SUS.....	47
L	
<i>labetalol hcl</i>	53
<i>lacosamide</i>	34
LACTEROL CAP	39
<i>lactic acid (ammonium lactate)</i>	64
<i>lactulose</i>	73
<i>lactulose (encephalopathy)</i>	70
LAMICTAL	
see <i>lamotrigine</i>	34
see <i>subvenite</i>	34
LAMICTAL CHEWABLE DISPERS	
see <i>lamotrigine</i>	34
<i>lamotrigine</i>	34
LAMPIT	29
LANOXIN	
see <i>digoxin</i>	54
<i>lansoprazole</i>	93
<i>lanthanum carbonate</i>	70
LANTUS	38
LANTUS SOLOSTAR	38
<i>lapatinib ditosylate</i>	49
<i>larin 1.5/30</i>	58
<i>larin 1/20</i>	58
<i>larin 24 fe</i>	58
<i>larin fe 1.5/30</i>	58
<i>larin fe 1/20</i>	58
LASIX	
see <i>furosemide</i>	66
latanoprost	88
LATUDA	
see <i>lurasidone hcl</i>	51
<i>layolis fe</i>	58
<i>leena</i>	58
<i>leflunomide</i>	26
<i>lenalidomide</i>	82
LEQEMBI.....	90
<i>lessina</i>	58
LETAIRIS	
see <i>ambrisentan</i>	55
<i>letrozole</i>	48

<i>leucovorin calcium</i>	50	<i>see lidocan iii</i>	65
LEUKERAN	47	<i>lidopin</i>	65
<i>leuprolide acetate</i>	48	LILETTA	61
<i>levalbuterol hcl</i>	32	<i>linezolid</i>	30
<i>levalbuterol tartrate</i>	32	<i>liothyronine sodium</i>	92
LEVAQUIN		LIPITOR	
<i>see levofloxacin</i>	69	<i>see atorvastatin calcium</i>	42
<i>levetiracetam</i>	34	<i>lisdexamphetamine dimesylate</i>	23
<i>levobunolol hcl</i>	86	<i>lisinopril</i>	42
<i>levocetirizine dihydrochloride</i>	41	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	45
<i>levofloxacin</i>	69	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	45
<i>levonest</i>	58	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	45
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	58	<i>lithium carbonate</i>	51
<i>levonorgestrel & ethynodiol (91-day tab 0.15-0.03 mg</i>	58	LITHOBID	
<i>levonorgestrel & ethynodiol tab 0.1 mg-20 mcg</i>	58	<i>see lithium carbonate</i>	51
<i>levonorgestrel & ethynodiol tab 0.15 mg-30 mcg</i>	58	LIVTENCITY	52
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	58	LO LOESTRIN TAB 1-10-10	58
<i>levonorgestrel-ethynodiol (continuous) tab 90-20 mcg</i>	58	LODINE	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	58	<i>see etodolac</i>	25
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	58	<i>loestrin 1.5/30-21</i>	58
<i>levora 0.15/30-28</i>	58	<i>loestrin 1/20-21</i>	58
<i>levo-t</i>	92	<i>loestrin fe 1.5/30</i>	58
<i>levothyroxine sodium</i>	92	<i>loestrin fe 1/20</i>	58
<i>levoxyl</i>	92	<i>lojaimiess</i>	58
LEXAPRO		LOKELMA	82
<i>see escitalopram oxalate</i>	35	LOMOTIL	
LIALDA		<i>see diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	39
<i>see mesalamine</i>	69	LONSURF TAB 15-6.14	48
LIBTAYO	47	LONSURF TAB 20-8.19	48
<i>lidocaine</i>	65	<i>loperamide hcl</i>	39
<i>lidocaine hcl</i>	65	LOPRESSOR	
<i>lidocaine hcl (mouth-throat)</i>	82	<i>see metoprolol tartrate</i>	53
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	65	<i>lorazepam</i>	30, 31
<i>lidocan iii</i>	65	LORBRENA	49
LIDODERM		<i>loryna</i>	58
<i>see lidocaine</i>	65	<i>losartan potassium</i>	43
		<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	45
		<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	45

<i>losartan potassium & hydrochlorothiazide</i>	
tab 50-12.5 mg	45
LOTENSIN	
<i>see benazepril hcl</i>	42
LOTENSIN HCT	
<i>see benazepril & hydrochlorothiazide tab</i>	
10-12.5 mg	44
<i>see benazepril & hydrochlorothiazide tab</i>	
20-12.5 mg.....	44
<i>see benazepril & hydrochlorothiazide tab</i>	
20-25 mg	44
LOTREL	
<i>see amlodipine besylate-benazepril hcl</i>	
cap 10-20 mg	43
<i>see amlodipine besylate-benazepril hcl</i>	
cap 10-40 mg	43
<i>see amlodipine besylate-benazepril hcl</i>	
cap 5-10 mg.....	43
<i>see amlodipine besylate-benazepril hcl</i>	
cap 5-20 mg	43
lovastatin.....	42
LOVAZA	
<i>see omega-3-acid ethyl esters cap 1 gm</i>	
.....	41
LOVENOX	
<i>see enoxaparin sodium</i>	33
low-ogestrel.....	58
loxapine succinate	51
lo-zumandimine	58
lubiprostone.....	69
LUER-LOCK MIS SYRG 3ML.....	77
LUMAKRAS.....	49
LUMIGAN	88
LUNESTA	
<i>see eszopiclone</i>	73
LUNSUMIO.....	47
LUPKYNIS	82
LUPRON DEPOT (1-MONTH).....	48
LUPRON DEPOT (3-MONTH)	48
LUPRON DEPOT (4-MONTH).....	48
LUPRON DEPOT-PED (1-MONTH	67
LUPRON DEPOT-PED (3-MONTH	67
LUPRON DEPOT-PED (6-MONTH	67
<i>lurasidone hcl</i>	51
<i>lutera</i>	58
LYBALVI TAB 10-10MG	90
LYBALVI TAB 15-10MG.....	90
LYBALVI TAB 20-10MG.....	90
LYBALVI TAB 5-10MG	90
<i>lyeq</i>	61
<i>lyllana</i>	69
LYRICA	
<i>see pregabalin</i>	34
lysiplex plus	84
LYSODREN	48
lyza	61
M	
MACROBID	
<i>see nitrofurantoin monohyd macro</i>	30
MACRODANTIN	
<i>see nitrofurantoin macrocrystal</i>	30
MAGELLAN SYR MIS 23GX1	77
MALARONE	
<i>see atovaquone-proguanil hcl tab 250-</i>	
100 mg.....	46
<i>see atovaquone-proguanil hcl tab 62.5-</i>	
25 mg	46
malathion.....	65
MARINOL	
<i>see dronabinol</i>	40
marlissa	58
MARPLAN	35
MATULANE	50
matzim la	54
MAVYRET TAB 100-40MG.....	52
MAXALT	
<i>see rizatriptan benzoate</i>	80
MAXALT-MLT	
<i>see rizatriptan benzoate</i>	80
MAXITROL	
<i>see neomycin-polymyxin-</i>	
dexamethasone ophth oint 0.1%	87
<i>see neomycin-polymyxin-</i>	
dexamethasone ophth susp 0.1%	87
MAXZIDE	
<i>see triamterene & hydrochlorothiazide</i>	
tab 75-50 mg	66
MAXZIDE-25	

see triamterene & hydrochlorothiazide	24
tab 37.5-25 mg.....	66
MAYZENT	91
meclizine hcl.....	40
MEDROL	61
see methylprednisolone.....	61
MEDROL DOSEPAK	
see methylprednisolone.....	61
medroxyprogesterone acetate	89
medroxyprogesterone acetate	
(contraceptive)	61
mefloquine hcl.....	46
megestrol acetate	48
MEKINIST	49
MEKTOVI	49
meloxicam	26
melphalan	47
memantine hcl.....	90
memantine hcl tab 28 x 5 mg & 21 x 10 mg	
titration pack	90
MEPRON	
see atovaquone	29
mercaptopurine.....	47
merzee	58
mesalamine	69
mesalamine w/ cleanser.....	69
MESTINON	
see pyridostigmine bromide.....	46
metaxalone	85
metformin hcl	37
methadone hcl.....	26
METHADOSE	
see methadone hcl.....	26
methazolamide	66
methenamine hippurate	30
methenamine mandelate	30
methergine	88
methimazole	92
methocarbamol	85
methotrexate sodium.....	47
methscopolamine bromide	93
methyldopa.....	43
methylergonovine maleate.....	88
METHYLIN	
see methylphenidate hcl	24
methylphenidate hcl	24
methylprednisolone.....	61
metoclopramide hcl	69
metolazone.....	66
metoprolol succinate	53
metoprolol tartrate.....	53
METROCREAM	
see metronidazole (topical).....	65
METROGEL	
see metronidazole (topical).....	65
METROLOTION	
see metronidazole (topical).....	65
metronidazole	29
metronidazole (topical)	65
metronidazole vaginal	94
mexiletine hcl	31
mibelas 24 fe	58
MICARDIS	
see telmisartan	43
MICARDIS HCT	
see telmisartan-hydrochlorothiazide tab	
40-12.5 mg	45
see telmisartan-hydrochlorothiazide tab	
80-12.5 mg	45
see telmisartan-hydrochlorothiazide tab	
80-25 mg	45
MICROCHAMBER MIS	80
microgestin 1.5/30	58
microgestin 1/20	59
microgestin 24 fe	59
microgestin fe 1.5/30.....	59
microgestin fe 1/20	59
MICROSPACER MIS	80
midodrine hcl	94
mili.....	59
MINASTRIN 24 FE	
see charlotte 24 fe	57
see finzala	57
see mibelas 24 fe	58
see norethindrone ace-eth estradiol-fe	
chew tab 1 mg-20 mcg (24).....	59
MINIPRESS	
see prazosin hcl.....	43

MINIVELLE	
see <i>lyllana</i>	69
<i>minocycline hcl</i>	92
<i>minoxidil</i>	46
MIRENA	61
<i>mirtazapine</i>	35
<i>misoprostol</i>	93
MITIGARE	
see <i>colchicine</i>	71
MM PENTIPS MIS 29GX12MM	77
MM PENTIPS MIS 31GX5MM	77
MM PENTIPS MIS 31GX8MM	77
MM PENTIPS MIS 32GX4MM	77
M-NATAL PLUS TAB	84
<i>modafinil</i>	24
<i>moexipril hcl</i>	42
<i>mometasone furoate</i>	64
<i>monodoxyne nl</i>	92
<i>mono-linyah</i>	59
<i>montelukast sodium</i>	31
<i>morphine sulfate</i>	27
<i>morphine sulfate beads</i>	27
MOUNJARO	38
MOVANTIK	70
MOVIPREP	
see <i>peg-3350/electrolytes/asc</i>	73
<i>moxifloxacin hcl</i>	69
<i>moxifloxacin hcl (ophth)</i>	87
MS CONTIN	
see <i>morphine sulfate</i>	27
MULPLETA	72
<i>multipro</i>	84
<i>multivitamin/fluoride</i>	84
<i>multi-vitamin/fluoride dr</i>	84
<i>multi-vitamin/fluoride/ir</i>	84
<i>mupirocin</i>	63
MYAMBUTOL	
see <i>ethambutol hcl</i>	46
MYCOBUTIN	
see <i>rifabutin</i>	46
<i>mycophenolate mofetil</i>	82
MYDRIACYL	
see <i>tropicamide</i>	86
MYLERAN	47
mynephron	83
MYRBETRIQ	94
mysoline	
see <i>primidone</i>	34
N	
<i>nabumetone</i>	26
<i>nadolol</i>	53
<i>naloxone hcl</i>	39
<i>naltrexone hcl</i>	39
NAMENDA	
see <i>memantine hcl</i>	90
NAMENDA TITRATION PAK	
see <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	90
NAPROSYN	
see <i>naproxen</i>	26
<i>naproxen</i>	26
<i>naratriptan hcl</i>	80
NARDIL	
see <i>phenelzine sulfate</i>	35
NATAZIA TAB	59
<i>nateglinide</i>	39
NAYZILAM	33
<i>nebivolol hcl</i>	53
NEBUPENT	
see <i>pentamidine isethionate</i>	29
<i>nebusal</i>	62
<i>necon 0.5/35-28</i>	59
<i>neomycin sulfate</i>	24
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	87
<i>neomycin-polomyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	87
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	87
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	87
<i>neomycin-polymyxin-hc ophth susp</i>	87
<i>neomycin-polymyxin-hc otic soln 1%</i>	88
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	88
NEONATAL PLS TAB 27-1MG	84
NEONATAL TAB COMPLETE	84
NEONATAL TAB PLUS	84

neo-polycin	87
neo-polycin hc	87
NEORAL	
see cyclosporine modified (for microemulsion)	82
see gengraf	82
nephronex.....	83
NESTABS DHA PAK	84
NEUPRO	50
NEURONTIN	
see gabapentin	34
NEXIUM	
see esomeprazole magnesium	93
NEXLETOL	41
NEXLIZET TAB 180/10MG	41
NEXPLANON	61
NGENLA	67
niacin (antihyperlipidemic)	42
nicardipine hcl	54
nifedipine	54
nikki	59
nimodipine	54
nitazoxanide	29
nitisinone.....	67
NITRO-BID	30
NITRO-DUR.....	30
nitrofurantoin	30
nitrofurantoin macrocrystal.....	30
nitrofurantoin monohyd macro	30
nitroglycerin.....	30
NITROLINGUAL PUMPSPRAY	
see nitroglycerin	30
NITROSTAT	
see nitroglycerin	30
NIVA THYROID	92
NIVA-PLUS TAB	85
nora-be.....	61
NORDITROPIN FLEXPRO	67
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	59
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	59
norethindrone (contraceptive)	61

norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	59
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	59
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....	59
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	59
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24).....	59
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	59
norethindrone acetate	89
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	68
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	68
norethindrone ac-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg	59
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	59
norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg	59
norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg	59
NORITATE	65
norlyroc.....	61
NORM-JECT MIS LUER LOK.....	77
NORPACE CR	31
NORPRAMIN	
see desipramine hcl	36
nortrel 0.5/35 (28)	59
nortrel 1/35	59
nortrel 7/7/7	59
nortriptyline hcl	36
NORVASC	
see amlodipine besylate	54
NOVOLOG	38
NOVOLOG FLEXPEN	38
NOVOLOG FLEXPEN RELION	38
NOVOLOG MIX INJ 70/30	38
NOVOLOG MIX INJ FLEX REL.....	38
NOVOLOG MIX INJ FLEXPEN	38
NOVOLOG PENFILL.....	38

NOVOLOG RELI INJ 70/30	38	see <i>ofloxacin (ophth)</i>	87
NOVOLOG RELION	38	OCUVEL CAP 0.5MG	84
NOVOPEN ECHO MIS	77	OFEV	91
NOVOSEVEN RT	71	<i>ofloxacin (ophth)</i>	87
NOXAFIL		<i>ofloxacin (otic)</i>	88
<i>see posaconazole</i>	40	olanzapine	52
NP THYROID 120	92	<i>olmesartan medoxomil</i>	43
NP THYROID 15	92	<i>olmesartan medoxomil-</i>	
NP THYROID 30	92	<i>hydrochlorothiazide tab 20-12.5 mg</i>	45
NP THYROID 60	92	<i>olmesartan medoxomil-</i>	
NP THYROID 90	92	<i>hydrochlorothiazide tab 40-12.5 mg</i>	45
NUBEQA.....	48	<i>olmesartan medoxomil-</i>	
NUCALA.....	31	<i>hydrochlorothiazide tab 40-25 mg</i>	45
NUEDEXTA CAP 20-10MG	91	<i>olmesartan-amlodipine-</i>	
<i>nulev</i>	93	<i>hydrochlorothiazide tab 20-5-12.5 mg</i> .	45
NULIBRY	67	<i>olmesartan-amlodipine-</i>	
<i>nutrifac zx</i>	84	<i>hydrochlorothiazide tab 40-10-12.5 mg</i> 45	
NUTROPIN AQ NUSPIN 10.....	67	<i>olmesartan-amlodipine-</i>	
NUTROPIN AQ NUSPIN 20	67	<i>hydrochlorothiazide tab 40-10-25 mg</i> ..	45
NUTROPIN AQ NUSPIN 5	67	<i>olmesartan-amlodipine-</i>	
NUVARING		<i>hydrochlorothiazide tab 40-5-12.5 mg</i> .	45
<i>see eluryng</i>	60	<i>olmesartan-amlodipine-</i>	
<i>see enilloring</i>	60	<i>hydrochlorothiazide tab 40-5-25 mg</i> ...	45
<i>see etonogestrel-ethinyl estradiol va ring</i>		<i>olopatadine hcl (nasal)</i>	85
<i>0.120-0.015 mg/24hr</i>	60	<i>omega-3-acid ethyl esters cap 1 gm</i>	41
<i>see haloette</i>	60	<i>omeprazole</i>	93
NUVIGIL		<i>omeprazole-sodium bicarbonate cap 20-</i>	
<i>see armodafinil</i>	24	<i>1100 mg</i>	93
nyamyc.....	63	OMNIFLEX DPR	74
nylia 1/35.....	59	OMNIPOD DASH MIS PODS	74
nylia 7/7/7.....	59	OMNIPOD MIS CLASSIC	74
nymyo	59	ondansetron	40
nystatin.....	40	<i>ondansetron hcl</i>	40
nystatin (mouth-throat)	82	ONE VITE TAB 1MG PLUS	85
nystatin (topical).....	63	ONGLYZA	
nystatin-triamcinolone cream 100000-0.1		<i>see saxagliptin hcl</i>	38
<i>unit/gm-%</i>	63	ONPATTRO	91
nystatin-triamcinolone oint 100000-0.1		ONUREG	47
<i>unit/gm-%</i>	63	OPTICHAMBER MIS DIA LG	80
nystop	63	OPTICHAMBER MIS DIA MD	80
○		OPTICHAMBER MIS DIA SM	80
ocella	59	OPTICHAMBER MIS DIAMOND.....	80
OCREVUS.....	91	OPZELURA	64
OCUFLOX		ORACIT SOL.....	70

ORALAIR SUB 300 IR	24
oralone dental paste	83
ORENITRAM	55
ORFADIN	
see <i>nitisinone</i>	67
ORIAHNN CAP	68
ORILISSA.....	67
ORKAMBI TAB 100-125.....	91
ORKAMBI TAB 200-125	91
ORLADEYO	71
orphenadrine citrate	85
ORSERDU	48
ORTHO TRI-CYCLEN LO	
see <i>norgestimate-eth estrad tab 0.18-</i>	
<i>25/0.215-25/0.25-25 mg-mcg</i>	59
see <i>tri-lo-estarylla</i>	60
see <i>tri-lo-marzia</i>	60
see <i>tri-lo-mili</i>	60
see <i>tri-lo-sprintec</i>	60
see <i>tri-vylibra lo</i>	60
oscimin	93
oseltamivir phosphate	53
OTEZLA	26
OTEZLA TAB 10/20/30	26
oxaprozin	26
oxazepam	31
OXBRYTA.....	72
oxcarbazepine	34
OXLUMO	70
OXTELLAR XR	34
oxybutynin chloride.....	93
oxycodone hcl	27
oxycodone w/ acetaminophen tab 10-325	
<i>mg</i>	27
oxycodone w/ acetaminophen tab 5-325	
<i>mg</i>	27
oxycodone w/ acetaminophen tab 7.5-325	
<i>mg</i>	27
oxymorphone hcl	27
OZEMPIC	38
OZEMPIC INJ 8MG/3ML	38
P	
pacerone	31
PALFORZIA CAP ESCALAT	24
PALFORZIA CAP LEVEL 10.....	24
PALFORZIA CAP LEVEL 3	24
PALFORZIA CAP LEVEL 7	24
PALFORZIA CAP LEVEL 8	24
PALFORZIA LEVEL 1	24
PALFORZIA LEVEL 11 (MAINT	24
PALFORZIA LEVEL 11 (TITRA	24
PALFORZIA LEVEL 2.....	24
PALFORZIA LEVEL 4.....	24
PALFORZIA LEVEL 5.....	24
PALFORZIA LEVEL 6.....	24
PALFORZIA LEVEL 9.....	24
<i>paliperidone</i>	51
PAMELOR	
see <i>nortriptyline hcl</i>	36
pantoprazole sodium	93
PARAGARD IUD T380A.....	61
PARLODEL	
see <i>bromocriptine mesylate</i>	50
PARNATE	
see <i>tranylcypromine sulfate</i>	35
paroxetine hcl	35, 36
PAXIL	
see <i>paroxetine hcl</i>	35
PAXIL CR	
see <i>paroxetine hcl</i>	36
PAXLOVID TAB 150-100.....	52
PAXLOVID TAB 300-100.....	52
PEDIAPRED	
see <i>prednisolone sodium phosphate</i> ...	62
pediatric multiple vitamins w/ fluoride chew	
<i>tab 0.25 mg</i>	84
pediatric multiple vitamins w/ fluoride chew	
<i>tab 0.5 mg</i>	84
peg 3350-kcl-na bicarb-nacl-na sulfate for	
<i>soln 236 gm</i>	73
peg 3350-kcl-sod bicarb-nacl for soln 420	
<i>gm</i>	73
peg-3350/electrolytes/asc.....	73
PEMAZYRE	49
PEN NEEDLES MIS 30GX5MM	77
PEN NEEDLES MIS 31GX5MM	77
PEN NEEDLES MIS 31GX8MM	77
PEN NEEDLES MIS 32GX4MM	77

<i>penicillin v potassium</i>	89	<i>phospho-trin 250 neutral</i>	81
<i>pentamidine isethionate</i>	29	<i>phytonadione</i>	94
PENTASA	70	<i>pilocarpine hcl</i>	86
<i>see mesalamine</i>	69	<i>pilocarpine hcl (oral)</i>	83
PENTIPS MIS 29GX12MM.....	77	<i>pimecrolimus</i>	65
PENTIPS MIS 31GX5MM.....	77	<i>pimtrea</i>	59
PENTIPS MIS 31GX8MM.....	77	<i>pindolol</i>	53
PENTIPS MIS 32GX4MM.....	77	<i>pioglitazone hcl</i>	38
<i>pentoxifylline</i>	71	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	37
PEPCID		<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	37
<i>see famotidine</i>	93	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	37
PERCOCET		<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	37
<i>see endocet</i>	27	PIQRAY 200MG DAILY DOSE	49
<i>see oxycodone w/ acetaminophen tab 10-325 mg</i>	27	PIQRAY 250MG TAB DOSE.....	49
<i>see oxycodone w/ acetaminophen tab 5-325 mg</i>	27	PIQRAY 300MG DAILY DOSE	49
<i>see oxycodone w/ acetaminophen tab 7.5-325 mg</i>	27	<i>pirfenidone</i>	91
PERIDEX		PLAQUENIL	
<i>see chlorhexidine gluconate (mouth-throat)</i>	83	<i>see hydroxychloroquine sulfate</i>	46
<i>see periogard</i>	83	PLAVIX	
perindopril erbumine	42	<i>see clopidogrel bisulfate</i>	71
periogard	83	POCKET CHAMB MIS.....	80
permethrin	65	POCKET SPACE MIS	80
perphenazine	52	<i>podofilox</i>	65
PHARM SYRNG MIS TRAY 1ML	77	POLIVY	47
PHARM TRAY MIS 12ML/LL.....	77	POLY HUB MIS 18GX1.....	77
PHARM TRAY MIS 20ML/LL	77	POLY HUB MIS 18GX1.5.....	77
PHARM TRAY MIS 35ML/LL	77	POLY HUB MIS 20GX1	77
PHARM TRAY MIS 3ML/LL	77	POLY HUB MIS 21GX1.....	77
PHARM TRAY MIS 60ML/LL.....	77	POLY HUB MIS 21GX1.5.....	77
PHARM TRAY MIS 6ML	77	POLY HUB MIS 22GX1	77
phenazo	70	POLY HUB MIS 22GX1.5	77
phenazopyridine hcl.....	71	POLY HUB MIS 23GX1	77
phenelzine sulfate	35	POLY HUB MIS 23GX1.5	77
phenobarbital	73	POLY HUB MIS 25GX1	77
phenylephrine hcl (mydriatic)	86	POLY HUB MIS 25GX1.5	77
phenytek	34	POLY HUB MIS 25GX5/8	77
phenytoin	34	POLY HUB MIS 27GX1/2	77
phenytoin sodium extended.....	34	POLY HUB MIS 30GX1/2	77
philith.....	59	<i>polycin</i>	87
<i>phospha 250 neutral</i>	81	<i>poly-iron 150 forte</i>	72
		<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	87

<i>polysaccharide iron forte</i>	72	<i>prevalite</i>	41
<i>portia-28</i>	59	<i>PRIFTIN</i>	46
<i>posaconazole</i>	40	<i>primaquine phosphate</i>	46
<i>pot phos monobasic w/sod phos di &</i>		PRIMAQUINE PHOSPHATE	
<i>monobas tab 155-852-130mg</i>	81	<i>see primaquine phosphate</i>	46
<i>potassium chloride</i>	81	<i>primidone</i>	34
<i>potassium chloride microencapsulated</i>		PRO COMFORT MIS 31GX8MM	77
<i>crystals er</i>	81	PRO COMFORT MIS 32GX4MM	77
<i>potassium citrate (alkalinizer)</i>	70	PRO COMFORT MIS 32GX5MM	77
<i>potassium iodide (expectorant)</i>	62	<i>probenecid</i>	71
PRADAXA	33	PROBINATE CAP	39
<i>see dabigatran etexilate mesylate</i>	33	PROCARDIA XL	
PRALUENT	42	<i>see nifedipine</i>	54
<i>pramipexole dihydrochloride</i>	51	PROCHAMBER MIS VHC	80
<i>pramoxine-hc cream 1-2.5%</i>	64	<i>prochlorperazine</i>	52
<i>prasugrel hcl</i>	72	<i>prochlorperazine maleate</i>	52
<i>pravastatin sodium</i>	42	PROCTOCORT	
<i>praziquantel</i>	29	<i>see hydrocortisone (rectal)</i>	28
<i>prazosin hcl</i>	43	<i>procto-med hc</i>	28
PRED FORTE		<i>proctosol hc</i>	28
<i>see prednisolone acetate (ophth)</i>	88	<i>protozone-hc</i>	29
PRED MILD	87	<i>progesterone</i>	89
<i>prednisolone</i>	62	PROGLYCEM	
<i>prednisolone acetate (ophth)</i>	88	<i>see diazoxide</i>	37
PREDNISOLONE SODIUM PHOSP	88	PROGRAF	
<i>prednisolone sodium phosphate</i>	62	<i>see tacrolimus</i>	82
<i>prednisone</i>	62	PROLIA	66
<i>pregabalin</i>	34	PROMELLA CAP PREBIOTI	39
PREMPHASE TAB	68	<i>promethazine hcl</i>	41
PREMPRO TAB	68	<i>promethazine w/ codeine syrup 6.25-10</i>	
<i>mg/5ml</i>		<i>mg/5ml</i>	62
PREMPRO TAB 0.3-1.5	68	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	62
PREMPRO TAB 0.45-1.5	68	<i>promethegan</i>	41
PREMPRO TAB 0.625-5	68	PROMETRIUM	
<i>prenatal 19</i>	85	<i>see progesterone</i>	89
PRENATAL 19 CHW 29-1MG	85	<i>propafenone hcl</i>	31
PRENATAL 19 TAB 29-1MG	85	<i>propranolol hcl</i>	53
PRENATAL TAB 27-1MG	85	<i>propylthiouracil</i>	92
PRENATAL TAB PLUS	85	PROSCAR	
PRENATAL-U CAP 106.5-1	85	<i>see finasteride</i>	70
PRETOMANID	46	PROTONIX	
PREVACID		<i>see pantoprazole sodium</i>	93
<i>see lansoprazole</i>	93	PROVENTIL HFA	
PREVACID SOLUTAB		<i>see albuterol sulfate</i>	32
<i>see lansoprazole</i>	93		

PROVERA	
see <i>medroxyprogesterone acetate</i>	89
PROVIGIL	
see <i>modafinil</i>	24
proxivol	65
PROZAC	
see <i>fluoxetine hcl</i>	35
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	62
PULMICORT	
see <i>budesonide (inhalation)</i>	32
pulmosal	62
PULMOZYME	91
purevit dualfe plus	72
pyrazinamide	46
pyridostigmine bromide	46
PYRUKYND	72
Q	
QBREXZA	65
QUELBREE	23
QUESTRAN	
see <i>cholestyramine</i>	41
QUESTRAN LIGHT	
see <i>cholestyramine light</i>	41
see <i>prevalite</i>	41
quetiapine fumarate	52
quinapril hcl	42
quinapril-hydrochlorothiazide tab 20-12.5 mg	45
see <i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	45
QULIPTA	80
QVAR REDIHALER	32
R	
RAGWITEK	24
raloxifene hcl	67
ramipril	42
ranolazine	30
RAPAFLO	
see <i>silodosin</i>	70
RAPAMUNE	
see <i>sirolimus</i>	82
RASUVO	25
REBIF	91
REBIF REBIDO INJ TITRATN	91
REBIF REBIDOSE	91
REBIF TITRTN INJ PACK	91
reclipsen	59
REGLAN	
see <i>metoclopramide hcl</i>	69
REGRANEX	65
RELYVRIOPAK 3-1GM	86
REMEDIENT CAP	84
REMERON	
see <i>mirtazapine</i>	35
REMODULIN	55
renal caps	83
reno caps	83
RENVELA	
see <i>sevelamer carbonate</i>	70
repaglinide	39
RESTASIS	
see <i>cyclosporine (ophth)</i>	87
RESTORIL	
see <i>temazepam</i>	73
RETACRIT	72
RETEVMO	49
RETIN-A	
see <i>tretinoin</i>	63
REVATIO	
see <i>sildenafil citrate (pulmonary hypertension)</i>	55
REVLIMID	82
REZUROCK	82
REZVOGLAR KWIKPEN	38
RHOPRESSA	87
ribavirin (<i>hepatitis c</i>)	52
rifabutin	46
rifampin	46
RILUTEK	
see <i>riluzole</i>	86
riluzole	86
RISPERDAL	
see <i>risperidone</i>	51
risperidone	51
risperidone microspheres	51
RITALIN	
see <i>methylphenidate hcl</i>	24

RITALIN LA	
see <i>methylphenidate hcl</i>	24
RITEFLO MIS.....	80
RITUXAN	47
RITUXAN INJ HYCELA.....	48
rivastigmine	90
rivastigmine tartrate.....	90
rivelsa	59
rizatriptan benzoate	80
ROBINUL	
see <i>glycopyrrolate</i>	93
ROBINUL FORTE	
see <i>glycopyrrolate</i>	93
ROCALTROL	
see <i>calcitriol</i>	67
roflumilast	31
ropinirole hydrochloride	51
rosuvastatin calcium	42
ROWASA	
see <i>mesalamine w/ cleanser</i>	69
roweepra.....	34
ROXICODONE	
see <i>oxycodone hcl</i>	27
ROZLYTREK.....	49
RUBRACA	49
RYBELSUS	38
RYBREVANT	47
S	
SABRIL	
see <i>vigabatrin</i>	34
see <i>vigadron</i>	34
SAFETYGLIDE MIS 21GX1.5	77
SAFTY NEEDLE MIS 18GX1	78
SAFTY NEEDLE MIS 18GX1.5.....	78
SAFTY NEEDLE MIS 19GX1	78
SAFTY NEEDLE MIS 19GX1.5.....	78
SAFTY NEEDLE MIS 20GX1	78
SAFTY NEEDLE MIS 20GX1.5.....	78
SAFTY NEEDLE MIS 21GX1	78
SAFTY NEEDLE MIS 21GX1.5	78
SAFTY NEEDLE MIS 21GX5/8	78
SAFTY NEEDLE MIS 22GX1	78
SAFTY NEEDLE MIS 22GX1.5	78
SAFTY NEEDLE MIS 23GX1	78
SAFTY NEEDLE MIS 23GX5/8	78
SAFTY NEEDLE MIS 25GX1.....	78
SAFTY NEEDLE MIS 25GX5/8	78
sajazir.....	71
SALAGEN	
see <i>pilocarpine hcl (oral)</i>	83
SAMSCA	
see <i>tolvaptan</i>	68
SANDIMMUNE	82
see <i>cyclosporine</i>	82
SANTYL	64
SAPHNELO.....	82
SAVELLA	90
SAVELLA MIS TITR PAK.....	90
saxagliptin hcl	38
SCEMBLIX	49
scopolamine	40
selegiline hcl.....	51
selenium sulfide	63
SE-NATAL 19 CHW	85
SE-NATAL 19 TAB.....	85
SENSIPAR	
see <i>cinacalcet hcl</i>	67
SEREVENT DISKUS	32
SEROQUEL	
see <i>quetiapine fumarate</i>	52
SEROSTIM	67
sertraline hcl.....	36
se-tan plus	72
setlakin	59
sevelamer carbonate	70
SEYSARA	92
sf 83	
sf 5000 plus.....	83
SFROWASA	70
sharobel.....	61
SIGNIFOR LAR.....	68
SIKLOS.....	72
sildenafil citrate (<i>pulmonary hypertension</i>)	55
SILIQ	63
silodosin.....	70
SILVADENE	
see <i>silver sulfadiazine</i>	63

see ssd.....	63
silver sulfadiazine	63
SIMBRINZA SUS 1-0.2%	86
simliya	59
simpesse	60
SIMPLICITY MIS INSERTER	78
simvastatin.....	42
SINEMET	
see carbidopa & levodopa tab 10-100 mg	50
see carbidopa & levodopa tab 25-100 mg	50
SINGLAIR	
see montelukast sodium	31
sirolimus.....	82
SIRTURO	46
SKYLA	61
SLIP TIP 3ML MIS.....	78
sodium chloride (inhalant).....	62
sodium citrate & citric acid soln 500-334 mg/5ml.....	70
sodium fluoride.....	81
sodium fluoride (dental)	83
sodium fluoride 5000 plus.....	83
sodium fluoride 5000 ppm	83
SODIUM OXYBATE.....	90
sodium polystyrene sulfonate powder	82
SOFOS/VELPAT TAB 400-100.....	53
solifenacin succinate	93
SOLIQUA INJ 100/33	37
SOLIRIS	71
SOMA	
see carisoprodol	85
see vanadom.....	85
sotalol hcl	53
sotalol hcl (afib/afl)	53
SPACE CHAMBR MIS ANTI-STA	80
SPACE CHAMBR MIS LARGE.....	80
SPACE CHAMBR MIS MEDIUM	80
SPACE CHAMBR MIS SMALL	80
SPIRIVA HANDIHALER	
see tiotropium bromide monohydrate ...	31
SPIRIVA RESPIMAT.....	31
spironolactone.....	66
spironolactone & hydrochlorothiazide tab 25-25 mg	66
SPORANOX	
see itraconazole	40
SPRAVATO SOL 56MG DOS	35
SPRAVATO SOL 84MG DOS	35
sprintec 28.....	60
SPRYCEL	49
sps.....	82
sronyx	60
ssd.....	63
STALEVO 100	
see carbidopa-levodopa-entacapone tabs 25-100-200 mg	50
STALEVO 125	
see carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	50
STALEVO 150	
see carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....	50
STALEVO 200	
see carbidopa-levodopa-entacapone tabs 50-200-200 mg.....	50
STALEVO 50	
see carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	50
STALEVO 75	
see carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	50
STEGLUJAN TAB 15-100MG	37
STEGLUJAN TAB 5-100MG	37
STIOLTO AER 2.5-2.5	32
STIVARGA	49
STRATTERA	
see atomoxetine hcl.....	23
STROMECTOL	
see ivermectin	29
SUBLOCADE	28
SUBOXONE	
see buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv).....	28
see buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	28

see <i>buprenorphine hcl-naloxone hcl sl</i>	37
<i>film 4-1 mg (base equiv)</i>	28
see <i>buprenorphine hcl-naloxone hcl sl</i>	37
<i>film 8-2 mg (base equiv)</i>	28
<i>subvenite</i>	34
<i>sucralfate</i>	93
<i>sulfacetamide sodium (ophth)</i>	87
<i>sulfacetamide sodium w/ sulfur cleanser</i>	
<i>10-5%</i>	63
<i>sulfacetamide sodium-prednisolone ophth</i>	
<i>soln 10-0.23(0.25)%</i>	88
<i>sulfamethoxazole-trimethoprim susp 200-</i>	
<i>40 mg/5ml</i>	29
<i>sulfamethoxazole-trimethoprim tab 400-80</i>	
<i>mg</i>	29
<i>sulfamethoxazole-trimethoprim tab 800-</i>	
<i>160 mg</i>	29
<i>sulfasalazine</i>	70
<i>sulfatrim pediatric</i>	29
<i>sulindac</i>	26
<i>sumatriptan</i>	80
<i>sumatriptan succinate</i>	80, 81
<i>sunitinib malate</i>	49
<i>SUPPORT LIQ</i>	84
<i>SURE COMFORT MIS 0.5/31G</i>	78
<i>SURE COMFORT MIS 31GX1/4</i>	78
<i>SURE COMFORT MIS 31GX6MM</i>	78
<i>SURE COMFORT MIS 32GX5/32</i>	78
<i>SUTENT</i>	
<i>see sunitinib malate</i>	49
<i>syeda</i>	60
<i>SYMBICORT</i>	
<i>see breyna</i>	32
<i>see budesonide-formoterol fumarate</i>	
<i>dihyd aerosol 160-4.5 mcg/act</i>	32
<i>see budesonide-formoterol fumarate</i>	
<i>dihyd aerosol 80-4.5 mcg/act</i>	32
<i>SYNAGIS</i>	89
<i>SYNALAR</i>	
<i>see fluocinolone acetonide</i>	64
<i>SYNJARDY TAB</i>	37
<i>SYNJARDY TAB 12.5-500</i>	37
<i>SYNJARDY TAB 5-1000MG</i>	37
<i>SYNJARDY TAB 5-500MG</i>	37
<i>SYNJARDY XR TAB</i>	37
<i>SYNJARDY XR TAB 10-1000</i>	37
<i>SYNJARDY XR TAB 25-1000</i>	37
<i>SYNJARDY XR TAB 5-1000MG</i>	37
<i>SYNRIBO</i>	50
SYNTHROID	
<i>see euthyrox</i>	92
<i>see levo-t</i>	92
<i>see levothyroxine sodium</i>	92
<i>see levoxyl</i>	92
<i>see unithroid</i>	92
SYPRINE	
<i>see trientine hcl</i>	81
<i>SYRG/NEEDLE MIS 29GX12.5</i>	78
<i>SYRG/NEEDLE MIS 31GX6MM</i>	78
<i>SYRG/NEEDLE MIS 31GX8MM</i>	78
T	
<i>TABRECTA</i>	49
<i>tacrolimus</i>	82
<i>tacrolimus (topical)</i>	65
<i>tadalafil (pulmonary hypertension)</i>	55
<i>TAFINLAR</i>	49
<i>TAGRISSO</i>	47
<i>TAKHZYRO</i>	71
<i>TALZENNA</i>	49
<i>TAMIFLU</i>	
<i>see oseltamivir phosphate</i>	53
<i>tamoxifen citrate</i>	48
<i>tamsulosin hcl</i>	70
<i>tandem plus</i>	72
<i>TARCEVA</i>	
<i>see erlotinib hcl</i>	47
<i>TARGRETIN</i>	
<i>see bexarotene</i>	49
<i>tarina 24 fe</i>	60
<i>tarina fe 1/20 eq</i>	60
<i>TARON-C DHA CAP</i>	85
<i>TARPEYO</i>	62
<i>TASIGNA</i>	49
<i>TAVALISSE</i>	71
<i>taysofy</i>	60
<i>TAYTULLA</i>	
<i>see gemmily</i>	57
<i>see merzee</i>	58

see <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	59	tetracycline hcl.....	92
<i>see taysofy</i>	60	THALITONE	66
<i>taztia xt</i>	54	theophylline	32
TAZVERIK	49	thiothixene	52
TB SYRINGE MIS 0.5/28G	79	THYROID	92
TECFIDERA		tiadylt er	54
<i>see dimethyl fumarate</i>	90	tiagabine hcl	34
TECFIDERA STARTER PACK		TIAZAC	
<i>see dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	90	<i>see diltiazem hcl extended release beads</i>	54
TEGRETOL		<i>see taztia xt</i>	54
<i>see carbamazepine</i>	33	<i>see tiadylt er</i>	54
<i>see epitol</i>	33	TIBSOVO	49
TEGRETOL-XR		TIKOSYN	
<i>see carbamazepine</i>	33	<i>see dofetilide</i>	31
telmisartan	43	tilia fe	60
telmisartan-hydrochlorothiazide tab 40-12.5 mg	45	timolol maleate	53
telmisartan-hydrochlorothiazide tab 80-12.5 mg	45	timolol maleate (ophth)	86
telmisartan-hydrochlorothiazide tab 80-25 mg	45	tinidazole	29
temazepam	73	tiotropium bromide monohydrate	31
temozolomide	47	tizanidine hcl	85
tencon	26	tm-vite rx	83
TENORETIC 100		tobramycin	24, 25
<i>see atenolol & chlorthalidone tab 100-25 mg</i>	44	<i>tobramycin (ophth)</i>	87
TENORETIC 50		<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	88
<i>see atenolol & chlorthalidone tab 50-25 mg</i>	44	TOBREX	87
TENORMIN		tolterodine tartrate	94
<i>see atenolol</i>	53	tolvaptan	68
terazosin hcl	43	TOPAMAX	
terbinafine hcl	40	<i>see topiramate</i>	34
terbutaline sulfate	32	TOPAMAX SPRINKLE	
terconazole vaginal	94	<i>see topiramate</i>	34
teriflunomide	91	topiramate	34
TERIPARATIDE	67	TOPROL XL	
testosterone	28	<i>see metoprolol succinate</i>	53
testosterone cypionate	28	<i>toremifene citrate</i>	48
testosterone enanthate	28	<i>torsemide</i>	66
tetrabenazine	90	<i>tramadol hcl</i>	27
		<i>trandolapril</i>	42
		<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	45
		<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	45

<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	52
.....	45
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	87
.....	45
<i>tranexamic acid</i>	50
TRANSDERM-SCOP	91
see <i>scopolamine</i>	40
<i>tranylcypromine sulfate</i>	60
<i>trazodone hcl</i>	36
TRELEGY AER 100MCG	37
TRELEGY AER 200MCG	37
<i>treprostinil</i>	55
TRESIBA	38
<i>tretinoin</i>	63
<i>tretinoin (chemotherapy)</i>	50
<i>triamcinolone acetonide (mouth)</i>	83
<i>triamcinolone acetonide (topical)</i>	64
<i>triamterene</i>	66
<i>triamterene & hydrochlorothiazide cap</i>	66
37.5-25 mg	66
<i>triamterene & hydrochlorothiazide tab</i>	66
37.5-25 mg	66
<i>triamterene & hydrochlorothiazide tab</i>	66
75-50 mg	66
TRIBENZOR	85
see <i>olmesartanamlodipine-</i>	85
<i>hydrochlorothiazide tab 20-5-12.5 mg</i>	85
.....	45
see <i>olmesartanamlodipine-</i>	86
<i>hydrochlorothiazide tab 40-10-12.5 mg</i>	94
.....	45
see <i>olmesartanamlodipine-</i>	94
<i>hydrochlorothiazide tab 40-10-25 mg</i>	38
.....	45
see <i>olmesartanamlodipine-</i>	47
<i>hydrochlorothiazide tab 40-5-12.5 mg</i>	49
.....	45
see <i>olmesartanamlodipine-</i>	49
<i>hydrochlorothiazide tab 40-5-25 mg</i>	49
TRICOR	50
see <i>fenofibrate</i>	50
.....	41
<i>triderm</i>	60
<i>trientine hcl</i>	64
<i>tri-estarrylla</i>	81
trifluoperazine hcl	60
<i>trifluridine</i>	52
<i>trihexyphenidyl hcl</i>	52
TRIJARDY XR TAB	52
TRIKAFTA TAB	52
<i>tri-legest fe</i>	52
TRILEPTAL	52
see <i>oxcarbazepine</i>	52
<i>tri-linyah</i>	52
<i>tri-lo-estarrylla</i>	52
<i>tri-lo-marzia</i>	52
<i>tri-lo-mili</i>	52
<i>tri-lo-sprintec</i>	52
<i>trimethoprim</i>	52
<i>tri-mili</i>	52
TRINATAL RX TAB 1	52
<i>trinate</i>	52
<i>tri-nymyo</i>	52
<i>triprocaps</i>	52
<i>tri-sprintec</i>	52
<i>tri-vite/fluoride</i>	52
<i>trivora-28</i>	52
<i>tri-vylibra</i>	52
<i>tri-vylibra lo</i>	52
TRODELVY	52
<i>tronvite</i>	52
<i>tropicamide</i>	52
<i>trospium chloride</i>	52
TRULICITY	52
TUKYSA	52
TURALIO	52
<i>turqoz</i>	52
TYKERB	52
see <i>lapatinib ditosylate</i>	52
TYMLOS	52
TYVASO	52
TYVASO DPI MAINTENANCE KI	52
TYVASO DPI POW 16-32-48	52
TYVASO DPI POW 16-32MCG	52
TYVASO REFILL	52
TYVASO STARTER	52
U	52
UBRELVY	52
ULTOMIRIS	52

<i>unithroid</i>	92
UPLIZNA	82
UPTRAVI	56
UPTRAVI PACK TAB 200/800	56
<i>urea</i>	64
<i>uremez-40</i>	64
<i>uribel</i>	29
UROCIT-K 10	
see <i>potassium citrate (alkalinizer)</i>	70
UROCIT-K 15	
see <i>potassium citrate (alkalinizer)</i>	70
UROCIT-K 5	
see <i>potassium citrate (alkalinizer)</i>	70
<i>uro-mp</i>	29
<i>uro-sp</i>	29
UROXATRAL	
see <i>alfuzosin hcl</i>	70
URSO 250	
see <i>ursodiol</i>	69
URSO FORTE	
see <i>ursodiol</i>	69
<i>ursodiol</i>	69
V	
VABYSMO	86
VAGIFEM	
see <i>estradiol vaginal</i>	94
see <i>yuvafem</i>	94
<i>valacyclovir hcl</i>	53
VALCYTE	
see <i>valganciclovir hcl</i>	52
<i>valganciclovir hcl</i>	52
VALIUM	
see <i>diazepam</i>	30
<i>valproate sodium</i>	35
<i>valproic acid</i>	35
<i>valsartan</i>	43
<i>valsartan-hydrochlorothiazide tab 160-12.5</i>	
<i>mg</i>	46
<i>valsartan-hydrochlorothiazide tab 160-25</i>	
<i>mg</i>	46
<i>valsartan-hydrochlorothiazide tab 320-12.5</i>	
<i>mg</i>	46
<i>valsartan-hydrochlorothiazide tab 320-25</i>	
<i>mg</i>	46
<i>valsartan-hydrochlorothiazide tab 80-12.5</i>	
<i>mg</i>	45
VALTOCO 10 MG DOSE	33
VALTOCO 15 MG DOSE	33
VALTOCO 20 MG DOSE	33
VALTOCO 5 MG DOSE	33
VALTREX	
see <i>valacyclovir hcl</i>	53
vanadom	85
VANCOCIN	
see <i>vancomycin hcl</i>	29
<i>vancomycin hcl</i>	29
varenicline tartrate	91
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1</i>	
<i>mg start pack</i>	91
VASCEPA	
see <i>icosapent ethyl</i>	41
VASERETIC	
see <i>enalapril maleate &</i>	
<i>hydrochlorothiazide tab 10-25 mg</i>	44
VASOTEC	
see <i>enalapril maleate</i>	42
v-c forte	84
velivet	60
VEMLIDY	53
VENCLEXTA	47
VENCLEXTA TAB START PK	47
<i>venlafaxine hcl</i>	36
VEOZAH	67
<i>verapamil hcl</i>	54
VERELAN	
see <i>verapamil hcl</i>	54
VERKAZIA	87
VESICARE	
see <i>solifenacin succinate</i>	93
vestura	60
VFEND	
see <i>voriconazole</i>	40
V-GO 20 KIT	74
V-GO 30 KIT	74
V-GO 40 KIT	74
VIBRAMYCIN	
see <i>doxycycline (monohydrate)</i>	92
see <i>doxycycline hyolate</i>	92

<i>vic-forte</i>	84	see <i>ezetimibe-simvastatin tab 10-10 mg</i>
<i>vienna</i>	6041
<i>vigabatrin</i>	34	see <i>ezetimibe-simvastatin tab 10-20 mg</i>
<i>vigadron</i>	3441
VIGAMOX		see <i>ezetimibe-simvastatin tab 10-40 mg</i>
<i>see moxifloxacin hcl (ophth)</i>	8741
VIJOICE	82	see <i>ezetimibe-simvastatin tab 10-80 mg</i>
VIJOICE TAB 250MG	8241
<i>vilamit mb</i>	29	
VILTEPSO	86	
VIMPAT		W
<i>see lacosamide</i>	34	<i>warfarin sodium</i>
VINATE ONE TAB	85	33
<i>viorele</i>	60	WELLBUTRIN SR
<i>virt-caps</i>	83	<i>see bupropion hcl</i>35
VISBIOME PAK	39	WELLBUTRIN XL
VISCO-3	85	<i>see bupropion hcl</i>35
VISTARIL		WELLPRO 31 CAP
<i>see hydroxyzine pamoate</i>	30	39
<i>vita s forte</i>	84	<i>wera</i>
<i>vitacel</i>	84	60
<i>vitamins a/c/d/fluoride</i>	84	WESCAP-C DHA CAP
<i>vitasure</i>	83	85
VITRAKVI	49	<i>wescaps</i>83
VIVELLE-DOT		WESNATAL DHA PAK COMPLETE
<i>see dotti</i>68		85
<i>see estradiol</i>69		<i>wes-phos 250 neutral</i>81
VIVITROL	40	WESTAB PLUS TAB 27-1MG
VIZIMPRO	47	85
<i>volnea</i>	60	WIDE-SEAL SILICONE DIAPHR
VONJO	49	74
<i>voriconazole</i>	40	<i>wymzya fe</i>
VORTEX VALVE MIS CHAMBER	80	60
VORTEX/MASK MIS CHILDS	80	
VORTEX/MASK MIS TODDLER	80	X
VOWST CAP	70	XADAGO
VOXZOGO	67	51
VRAYLAR	51	XALATAN
VRAYLAR CAP 1.5-3MG	51	<i>see latanoprost</i>88
VUMERTY	91	XALKORI.....49
<i>vyfemla</i>	60	XANAX
VYJUVEK GEL	65	<i>see alprazolam</i>
<i>vylibra</i>	60	30
VYTORIN		XARELTO
		33
		XARELTO STAR TAB 15/20MG.....33
		XDEMVY
		87
		XELJANZ
		25
		XELJANZ XR.....25
		XELODA
		<i>see capecitabine</i>
		47
		XENAZINE
		<i>see tetrabenazine</i>90
		XENPOZYME
		67
		XGEVA
		67
		XIFAXAN.....29
		XIGDUO XR TAB 10-1000.....37
		XIGDUO XR TAB 10-500MG
		37

XIGDUO XR TAB 2.5-1000	37
XIGDUO XR TAB 5-1000MG	37
XIGDUO XR TAB 5-500MG	37
XIIDRA	87
XOLAIR	31
XOSPATA	49
XPOVIO	48
XPOVIO 60 MG TWICE WEEKLY	48
XPOVIO 80 MG TWICE WEEKLY	48
xulane	60
XYBIOTIC CAP	39
XYREM	90
Y	
YASMIN 28	
see <i>drosipреноне-этиныл эстрадиол таб 3-0.03 мг</i>	57
see <i>ocella</i>	59
see <i>syeda</i>	60
see <i>zumandimine</i>	60
YAZ	
see <i>drosipреноне-этиныл эстрадиол таб 3-0.02 мг</i>	57
see <i>jasmiel</i>	57
see <i>loryna</i>	58
see <i>lo-zumandimine</i>	58
see <i>nikki</i>	59
see <i>vestura</i>	60
YESCARTA INJ	47
yuvafem	94
Z	
zafemy	60
zafirlukast	31
ZANAFLEX	
see <i>tizanidine hcl</i>	85
ZARONTIN	
see <i>ethosuximide</i>	35
ZARXIO	72
ZEGERID	
see <i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	93
ZEJULA	49
ZELAC CAP	39
ZELBORAФ	49
zenatane	63
ZENPEP CAP 1000UNT	65
ZENPEP CAP 1500UNT	65
ZENPEP CAP 2000UNT	65
ZENPEP CAP 2500UNT	65
ZENPEP CAP 3000UNIT	65
ZENPEP CAP 4000UNT	65
ZENPEP CAP 5000UNIT	65
ZEPOSIA	91
ZEPOSIA 7DAY CAP STR PACK	91
ZEPOSIA CAP STR KIT	91
ZEPZELCA	47
ZESTORETIC	
see <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	45
see <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	45
see <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	45
ZESTRIL	
see <i>lisinopril</i>	42
ZETIA	
see <i>ezetimibe</i>	42
ZIEXTENZO	72
ziprasidone hcl	51
ZITHROMAX	
see <i>azithromycin</i>	73
ZOCOR	
see <i>simvastatin</i>	42
ZOLADEX	48
zolmitriptan	81
ZOLOFT	
see <i>sertraline hcl</i>	36
zolpidem tartrate	73
ZOMIG	81
see <i>zolmitriptan</i>	81
ZONEGRAN	
see <i>zonisamide</i>	34
zonisamide	34
ZONTIVITY	72
ZORBTIVE	67
zovia 1/35	60
ZOVIRAX	
see <i>acyclovir topical</i>	63
zumandimine	60

ZYDELIG.....	49	ZYPREXA RELPREVV.....	52
ZYKADIA	49	ZYTIGA	
ZYNLONTA	47	<i>see abiraterone acetate</i>	47
ZYPREXA		ZYVOX	
<i>see olanzapine</i>	52	<i>see linezolid</i>	30