

2026

Prescription Drug Guide

Humana Dual Integrated Formulary

List of covered drugs (*Drug List* or Formulary)

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

Humana Dual Integrated (HMO D-SNP)

Formulary 26411 Version 13

This *Drug List* was updated on 06/02/2026. For more recent information or other questions, contact us at 1-855-281-6070 (TTY: 711), 8 A.M. to 8 P.M. local time seven days a week or visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist).

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If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 1-855-281-6070 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist). This formulary was updated on 06/02/2026.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs, over-the-counter (OTC) drugs and non-drug products are covered by Humana Dual Integrated (HMO D-SNP). The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Humana Dual Integrated (HMO D-SNP). Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a list of drugs that members can get in *Humana Dual Integrated (HMO D-SNP)*.

- You can always check Humana Dual Integrated (HMO D-SNP)'s up-to-date *List of Covered Drugs* online at **Humana.com/medicaredruglist** or by calling us at the number listed in the footer of this document. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call us at the number listed in the footer of this document. This call is free.
- Humana Dual Integrated (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**. This Notice of Availability is available in additional languages after **Section D** of this document and at **humana.com/legal/multi-language-support**.
- This document is available for free in English and Spanish.
- To receive this document in another language or in an alternate format, or to change a standing request, please call us at the number listed in the footer of this document. We will keep your preferences for future mailings and communications, so you won't need to make a separate request each time.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-855-281-6070 (TTY: 711). This is a free service.

If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 1-855-281-6070 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit



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B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by Humana Dual Integrated (HMO D-SNP). The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Humana Dual Integrated (HMO D-SNP) will cover all medically necessary drugs on the *Drug List* if
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Humana Dual Integrated (HMO D-SNP) agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Humana Dual Integrated (HMO D-SNP) network pharmacy.
- In some cases, you must do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist) or call us at the number in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and Humana Dual Integrated (HMO D-SNP) must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Humana Dual Integrated (HMO D-SNP) before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes along that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Humana Dual Integrated (HMO D-SNP)'s up-to-date *Drug List* online at [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist). Updates to the *Drug List* are posted on the website monthly.
- You can also call us at the number in the footer of this document to check the current *Drug List*.

If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 1-855-281-6070 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit



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B3. What happens when there is a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain the same with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. Please contact your prescriber for an alternative medication to treat your medical condition.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 1-855-281-6070 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit



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B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Humana Dual Integrated (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Humana Dual Integrated (HMO D-SNP) may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Humana Dual Integrated (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Humana Dual Integrated (HMO D-SNP) requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at [Humana.com/medicaredruglist](https://www.humana.com/medicaredruglist). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled “List of Drugs by Drug Type” in **Section C1** has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if Humana Dual Integrated (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 1-855-281-6070 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit



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B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in Section D. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by drug type, find the **Section C1** labeled “List of Drugs by Drug Type”. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

B8. What if the drug I want to take is not on the *Drug List*?

If you don't find your drug on the *Drug List*, call us at the number listed in the footer of this document and ask about it. If you learn that Humana Dual Integrated (HMO D-SNP) will not cover the drug, you can do one of these things:

- Ask us for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- Ask Humana Dual Integrated (HMO D-SNP) to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 1-855-281-6070 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit



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B9. What if I am a new Humana Dual Integrated (HMO D-SNP) member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Humana Dual Integrated (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our *Drug List*, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Humana Dual Integrated (HMO D-SNP), **or**
- you are taking a drug that is part of a step therapy restriction.

If you're taking a drug that Humana Dual Integrated doesn't consider to be a Part D drug, you have the right to get a one-time, 72-hour emergency supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Humana Dual Integrated (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you are a member of Humana Dual Integrated (HMO D-SNP).

If you change treatment settings

During the plan year, you may change treatment settings because of a change in the level of your care. For instance, you may:

- Move from a hospital or skilled nursing facility to a home setting
- Move from a home setting to a hospital or skilled nursing facility
- Move from one skilled nursing facility to another, so you need to use a new pharmacy
- Stop staying at a skilled nursing facility where Medicare Part A covered your prescription drugs, so you need to use Part D now
- Give up your Hospice status, so you need to use Medicare Parts A and B now
- Leave a long-term psychiatric hospital where your drugs were tailored to you

In such cases, we will cover up to **31 days** worth of a drug that Medicare Part D covers when you get the drug at a pharmacy.

If you change treatment settings more than once in the same month you may need to ask us to make an exception, **or** approve your drug in advance.

We will look at your request to see if you have a treatment plan, **and** changing it would harm your health.

If you need more time

We may extend your transition supply. This will let you keep getting your drug while we look at your appeal, **or** request for an exception.

If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 1-855-281-6070 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit



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After you get a transition supply of a Part D drug

We may need to do a medical review of the drug if:

- The drug is not on our approved list, **or**
- We need to approve it in advance because:
 - There are limits on the amount you can get
 - You need to try a less costly drug first, **or**
 - We need to know some facts about your health

If we need to know some facts about your health

Your doctor can give us these facts. This will help us work on your request to approve your drug in advance or make an exception if:

- Your drug is not on our approved list
- We need to approve your drug in advance, **or**
- You have tried other drugs to treat your health problem

To ask for an exception

Ask your doctor to send us a letter. The letter must say that you need this drug to treat your health problem because the drugs we **do** cover:

- Would not work as well to treat your health problem, **or**
- Would harm your health

The letter must explain why the limit we placed on your drug:

- Is not fitting given your health problem, **or**
- Would harm your health

In most cases, we must tell you our decision no more than **72 hours** after we get your doctor's letter. We will grant you a fast request if we find, or your doctor tells us, that waiting for a standard request could harm your life, health, or ability to function. With a fast request, we must tell you our decision no more than **24 hours** after we get your doctor's letter.

If we say no to your request for an exception

You can ask us if we cover another drug for your health problem if:

- The drug is **not** on our approved list, **or**
- Your drug **is** on our list, but:
 - We need to approve your drug in advance
 - You need to try a less costly drug first, **or**
 - There are limits on the amount you can get

Ask your doctor if this drug is a good choice for you.

You can also ask us to review our decision. You must make this appeal no more than **65 days** after our first decision.

We can help

We can help you and your doctor:

- Ask for an exception
- Make an appeal
- Find another drug for your health problem
- Learn more about your Transition Policy

If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 1-855-281-6070 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit



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You and your doctor can also get forms to ask us to:

- Approve your drug in advance
- Make an exception

Just call us at the number listed in the footer of this document, or go to our website, **Humana.com/medicaredruglist**.

Pharmacy and Therapeutics (P&T) committee

This committee watches over our Part D drug list and related rules. It made these rules for certain Part D drugs. The rules are meant to make sure the drugs:

- Are used per medical guidelines
- Have been proven safe and effective for the health problem they are treating
- Are prescribed per the maker's guidelines

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Humana Dual Integrated (HMO D-SNP) to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Humana Dual Integrated (HMO D-SNP) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

B11. How can I ask for an exception?

To ask for an exception, call us. A representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9 Section G2** of the *Member Handbook* to learn more about exceptions.

If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 1-855-281-6070 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit



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B12. How long does it take to get an exception?

After, we request a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

To ask for an exception

Ask your doctor to send us a letter. The letter must say that you need this drug to treat your health problem because the drugs we **do** cover:

- Would not work as well to treat your health problem, **or**
- Would harm your health

The letter must explain why the limit we placed on your drug:

- Is not fitting given your health problem, **or**
- Would harm your health

In most cases, we must tell you our decision no more than 72 hours after we get your doctor's letter. We will grant you a fast request if we find, or your doctor tells us, that waiting for a standard request could harm your life, health, or ability to function. With a fast request, we must tell you our decision no more than **24 hours** after we get your doctor's letter.

You and your doctor can also get forms to ask us to:

- Approve your drug in advance
- Make an exception

Just call us at the number listed in the footer of this document, or go to our website,

Humana.com/medicaredruglist.

If you or your prescriber think your health may be harmed if you must wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Humana Dual Integrated (HMO D-SNP) covers both brand name drugs and generic drugs.

If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 1-855-281-6070 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit



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B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for “over-the-counter”. Humana Dual Integrated (HMO D-SNP) covers some OTC drugs when they’re written as prescriptions by your provider.

You can read the Humana Dual Integrated (HMO D-SNP) *Drug List* to find out what OTC drugs are covered.

B16. Does Humana Dual Integrated (HMO D-SNP) cover non-drug OTC products?

Humana Dual Integrated (HMO D-SNP) covers some non-drug OTC products when they are written as prescriptions by your provider (*for example, insulin syringes, etc.*). Contact us at the number in the footer of this document for more information.

You can read the Humana Dual Integrated (HMO D-SNP) *Drug List* to find out what non-drug OTC products are covered.

Humana Dual Integrated (HMO D-SNP) covers OTC health and wellness items through the Humana Healthy Options Allowance. For more information about this benefit, see the Medical Benefits Chart in Chapter 4, Section 2.1 of your Evidence of Coverage (*sometimes called the Member Handbook*).

B17. Does Humana Dual Integrated (HMO D-SNP) cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply. Some drugs may be eligible for up to a 100-day supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply. Some drugs may be eligible for up to a 100-day supply.

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B18. What is my copay?

Humana Dual Integrated (HMO D-SNP) members have copays for prescriptions as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

- **Tier 1** – Generic and brand drugs that have \$0 copay.
- **Tier 2** – Generic and brand drugs that have \$0 copay.
- **Tier 3** – Generic and brand drugs that have 25% cost share.
- **Tier 4** – Generic and brand drugs that have 25% cost share.
- **Tier 5** – Some injectables and other high-cost drugs that have 32% cost share.

Copay amounts may vary based on the level of Extra Help received. For more information, please refer to your Evidence of Coverage (EOC; sometimes called the Member Handbook).
OTCs have a \$0 copay.

If you have questions, call us at the number in the footer of this document.

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C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Humana Dual Integrated (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by Humana Dual Integrated (HMO D-SNP).

Note: The “(*) Not a Part D Drug” header above a section of drugs means the drug is not a “Part D drug.” These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call the number listed in the footer of this document.
- You can also read **Chapter 9** of the *Member Handbook*.

C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column, as superscripts next to a drug name, and as a category header:

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Humana.com/medicaredruglist.

This formulary was updated on 06/02/2026.

- QL** = Quantity Limit: only a specific quantity of a drug is allowed per a given period of days.
- PA** = Prior authorization (approval): you must have approval from the plan before you can get this drug.
- ST** = Step therapy: you must try another drug before you can get this one.
- DL** = Dispensing Limit: Drugs that may be limited to a 30 day supply.
- BvsD** = Medicare Part B or Part D review (approval): administration location of the drug is reviewed and must be approved before the plan will cover the cost of this drug.
- (*)** = Not a Part D Drug. OTC drugs or drugs not covered by Medicare.
- MO** = Drug is typically available through mail-order.
- LA** = Limited Access; The health plan has authorized certain pharmacies to dispense this medicine, as it requires extra handling, doctor coordination or patient education. Please call the number in the footer for additional information.
- CI** = Covered insulin products; Part D insulin products covered by your plan. For more information on cost sharing for your covered insulin products, please refer to your Evidence of Coverage (EOC; sometimes called the Member Handbook).
- AV** = Advisory Committee on Immunization Practices (ACIP) Covered Part D vaccines; Part D vaccines recommended by ACIP for adults that may be available at no cost to you; additional restrictions may apply. For more information, please refer to your Evidence of Coverage (EOC; sometimes called the Member Handbook).
- PDS** = Preferred Diabetic Supplies; BD and HTL-Droplet are the preferred diabetic syringe and pen needle brands for the plan.
- SA** = Service authorization: You must have approval from the plan under your Medicaid benefit criteria before you can get this drug.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics, brand name drugs are capitalized and OTC drugs and non-drug products are listed in lower case. The information in the “Necessary actions, restrictions, or limits on use” column, as superscripts next to a drug name, and as a category header tell you if Humana Dual Integrated (HMO D-SNP) has any rules for covering your drug.

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION ^{DL}	3	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET ^{DL}	3	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET ^{DL}	3	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET ^{DL}	3	QL(180 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY ^{DL}	4	PA,QL(4 per 28 days)
celecoxib 100 mg, 200 mg CAPSULE ^{MO}	2	
celecoxib 400 mg, 50 mg CAPSULE ^{MO}	2	
diclofenac potassium 50 mg TABLET ^{MO}	2	
diclofenac sodium 1.5 % DROPS ^{MO}	4	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. ^{MO}	2	
diclofenac sodium 25 mg TABLET, DR/EC ^{MO}	2	
diclofenac sodium 50 mg TABLET, DR/EC ^{MO}	1	
diclofenac sodium 75 mg TABLET, DR/EC ^{MO}	1	
ENDOCET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG TABLET ^{DL}	3	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE ^{MO}	3	
etodolac 400 mg, 500 mg TABLET ^{MO}	3	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR. ^{MO}	3	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr PATCH. 72 HR. ^{DL}	4	QL(20 per 30 days)
flurbiprofen 100 mg TABLET ^{MO}	2	
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET ^{DL}	3	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION ^{DL}	3	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET ^{DL}	3	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION ^{DL}	3	QL(5520 per 30 days)
hydrocodone-ibuprofen 7.5-200 mg TABLET ^{DL}	3	QL(150 per 30 days)
hydromorphone 2 mg, 4 mg TABLET ^{DL}	3	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION ^{DL}	4	BvsD,QL(360 per 30 days)
hydromorphone 8 mg TABLET ^{DL}	3	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET ^{MO}	1	
ibuprofen 100 mg/5 ml SUSPENSION ^{MO}	2	
ibuprofen 400 mg TABLET ^{MO}	1	
ibuprofen 600 mg, 800 mg TABLET ^{MO}	1	
indomethacin 25 mg, 50 mg CAPSULE ^{MO}	2	
indomethacin 75 mg CAPSULE, ER ^{MO}	2	

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ketorolac 10 mg TABLET ^{MO}	2	QL(20 per 30 days)
lurbipr 100 mg TABLET ^{MO}	2	
meloxicam 15 mg TABLET ^{MO}	1	QL(30 per 30 days)
meloxicam 7.5 mg TABLET ^{MO}	1	QL(60 per 30 days)
methadone 10 mg TABLET ^{DL}	3	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION ^{DL}	3	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE ^{DL}	3	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION ^{DL}	3	QL(360 per 30 days)
methadone 5 mg TABLET ^{DL}	3	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION ^{DL}	3	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE ^{DL}	3	QL(360 per 30 days)
morphine 10 mg/5 ml SOLUTION ^{DL}	3	QL(2700 per 30 days)
morphine 100 mg TABLET ER ^{DL}	3	QL(180 per 30 days)
morphine 15 mg, 30 mg TABLET ^{DL}	3	QL(180 per 30 days)
morphine 15 mg, 30 mg, 60 mg TABLET ER ^{DL}	3	QL(120 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) SOLUTION ^{DL}	3	QL(1350 per 30 days)
morphine 200 mg TABLET ER ^{DL}	3	QL(90 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION ^{DL}	3	QL(540 per 30 days)
nabumetone 500 mg, 750 mg TABLET ^{MO}	1	
naproxen 250 mg, 375 mg TABLET ^{MO}	1	
naproxen 375 mg TABLET, DR/EC ^{MO}	1	
naproxen 500 mg TABLET ^{MO}	1	
naproxen sodium 275 mg, 550 mg TABLET ^{MO}	3	
oxycodone 10 mg, 5 mg TABLET ^{DL}	3	QL(360 per 30 days)
oxycodone 15 mg, 20 mg, 30 mg TABLET ^{DL}	3	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE ^{DL}	4	QL(270 per 30 days)
oxycodone 5 mg CAPSULE ^{DL}	4	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION ^{DL}	3	QL(5400 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET ^{DL}	3	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET ^{DL}	3	QL(360 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE ^{MO}	3	
sulindac 150 mg, 200 mg TABLET ^{MO}	1	
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. ^{DL}	3	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE ^{DL}	3	ST,QL(30 per 30 days)
tramadol 50 mg TABLET ^{DL}	2	QL(240 per 30 days)

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ANESTHETICS		
bupivacaine (pf) 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml) SOLUTION ^{MO}	1	
bupivacaine hcl 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml) SOLUTION ^{MO}	1	
lidocaine 5 % ADHESIVE PATCH, MEDICATED ^{MO}	4	QL(90 per 30 days)
lidocaine 5 % OINTMENT ^{MO}	4	
lidocaine hcl 2 % JELLY IN APPLICATOR ^{MO}	2	
lidocaine hcl 2 % SOLUTION ^{MO}	2	
lidocaine-epinephrine 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000 SOLUTION ^{MO}	1	
lidocaine-prilocaine 2.5-2.5 % CREAM ^{MO}	4	
polocaine 1 % (10 mg/ml), 2 % SOLUTION ^{MO}	1	
polocaine-mpf 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %) SOLUTION ^{MO}	1	
ropivacaine (pf) 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %) SOLUTION ^{MO}	4	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC ^{MO}	4	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET ^{MO}	2	QL(120 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET ^{MO}	2	
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. ^{MO}	3	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET ^{MO}	2	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	3	
naloxone 0.4 mg/ml SOLUTION ^{MO}	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE ^{MO}	1	
naltrexone 50 mg TABLET ^{MO}	2	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL ^{MO}	4	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	3	
REXTOVY 4 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	3	
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK ^{MO}	3	QL(53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET ^{MO}	3	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON ^{DL}	5	QL(1 per 28 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG SUBLINGUAL TABLET ^{MO}	3	
ZURNAI 1.5 MG/0.5 ML AUTO-INJECTOR ^{MO}	3	
ANTIBACTERIALS		
acetic acid 2 % SOLUTION ^{MO}	2	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION ^{MO}	3	

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amoxicillin 125 mg, 250 mg CHEWABLE TABLET ^{MO}	1	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	1	
amoxicillin 250 mg CAPSULE ^{MO}	1	
amoxicillin 500 mg CAPSULE ^{MO}	1	
amoxicillin 500 mg TABLET ^{MO}	1	
amoxicillin 875 mg TABLET ^{MO}	1	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	2	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET ^{MO}	2	
amoxicillin-pot clavulanate 875-125 mg TABLET ^{MO}	2	
ampicillin 500 mg CAPSULE ^{MO}	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION ^{MO}	3	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION ^{MO}	3	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION ^{DL}	5	PA,QL(235.2 per 28 days)
azithromycin 1 gram PACKET ^{MO}	3	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	3	
azithromycin 250 mg TABLET ^{MO}	2	
azithromycin 500 mg RECON SOLUTION ^{MO}	2	
azithromycin 500 mg, 600 mg TABLET ^{MO}	2	
aztreonam 1 gram, 2 gram RECON SOLUTION ^{MO}	4	
bacitracin 50,000 unit RECON SOLUTION ^{MO}	1	
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE ^{MO}	4	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE ^{MO}	4	
cefaclor 250 mg, 500 mg CAPSULE ^{MO}	2	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	2	
cefadroxil 500 mg CAPSULE ^{MO}	2	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION ^{MO}	2	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION ^{MO}	2	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK ^{MO}	3	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK ^{MO}	3	

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cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	2	
cefdinir 300 mg CAPSULE ^{MO}	2	
cefepime 1 gram, 2 gram RECON SOLUTION ^{MO}	3	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK ^{MO}	3	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK ^{MO}	3	
cefixime 400 mg CAPSULE ^{MO}	4	
cefixime 400 mg TABLET ^{MO}	4	
cefotetan 1 gram, 2 gram RECON SOLUTION ^{MO}	4	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	3	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK ^{MO}	3	
cefpodoxime 100 mg, 200 mg TABLET ^{MO}	3	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	3	
cefprozil 250 mg, 500 mg TABLET ^{MO}	2	
ceftaroline fosamil 400 mg, 600 mg RECON SOLUTION ^{DL}	5	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION ^{MO}	4	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION ^{MO}	2	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK ^{MO}	3	
cefuroxime axetil 250 mg, 500 mg TABLET ^{MO}	2	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION ^{MO}	1	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	2	
cephalexin 250 mg CAPSULE ^{MO}	1	
cephalexin 500 mg CAPSULE ^{MO}	1	
ciprofloxacin hcl 100 mg TABLET ^{MO}	4	
ciprofloxacin hcl 250 mg, 750 mg TABLET ^{MO}	1	
ciprofloxacin hcl 500 mg TABLET ^{MO}	1	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK ^{MO}	2	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	3	
clarithromycin 250 mg, 500 mg TABLET ^{MO}	2	
clarithromycin 500 mg TABLET, ER 24 HR. ^{MO}	2	
clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE ^{MO}	2	

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clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK ^{MO}	3	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK ^{MO}	3	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION ^{MO}	4	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION ^{MO}	4	
clindamycin phosphate 150 mg/ml SOLUTION ^{MO}	3	
clindamycin phosphate 2 % CREAM ^{MO}	3	
colistin (colistimethate na) 150 mg RECON SOLUTION ^{MO}	4	
daptomycin 350 mg RECON SOLUTION ^{MO}	4	
daptomycin 500 mg RECON SOLUTION ^{DL}	5	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK ^{MO}	4	
dicloxacillin 250 mg, 500 mg CAPSULE ^{MO}	2	
DIFICID 200 MG TABLET ^{DL}	5	
doxy-100 100 mg RECON SOLUTION ^{MO}	4	
doxycycline hyclate 100 mg CAPSULE ^{MO}	3	
doxycycline hyclate 100 mg TABLET ^{MO}	3	
doxycycline hyclate 20 mg TABLET ^{MO}	3	
doxycycline hyclate 50 mg CAPSULE ^{MO}	3	
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET ^{MO}	3	
doxycycline monohydrate 100 mg, 50 mg CAPSULE ^{MO}	2	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	4	
ertapenem 1 gram RECON SOLUTION ^{MO}	4	
ERYTHROCIN 500 MG RECON SOLUTION ^{MO}	4	
erythromycin 250 mg CAPSULE, DR/EC ^{MO}	4	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC ^{MO}	4	
erythromycin 250 mg, 500 mg TABLET ^{MO}	4	
erythromycin lactobionate 500 mg RECON SOLUTION ^{DL}	5	
fidaxomicin 200 mg TABLET ^{DL}	5	
fosfomycin tromethamine 3 gram PACKET ^{MO}	4	
gentamicin 0.1 % CREAM ^{MO}	3	
gentamicin 0.1 % OINTMENT ^{MO}	3	
gentamicin 40 mg/ml SOLUTION ^{MO}	1	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml PIGGYBACK ^{MO}	1	
gentamicin in nacl (iso-osm) 100 mg/50 ml PIGGYBACK ^{MO}	2	
gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION ^{MO}	1	

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imipenem-cilastatin 250 mg RECON SOLUTION ^{MO}	3	
imipenem-cilastatin 500 mg RECON SOLUTION ^{MO}	4	
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION ^{MO}	4	
levofloxacin 250 mg, 750 mg TABLET ^{MO}	2	
levofloxacin 500 mg TABLET ^{MO}	2	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK ^{MO}	3	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{DL}	5	QL(1800 per 30 days)
linezolid 600 mg TABLET ^{MO}	4	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK ^{MO}	4	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION ^{MO}	4	
meropenem 1 gram, 500 mg RECON SOLUTION ^{MO}	3	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK ^{MO}	3	
methenamine hippurate 1 gram TABLET ^{MO}	3	
metronidazole 0.75 % (37.5mg/5 gram) GEL ^{MO}	3	
metronidazole 0.75 % CREAM ^{MO}	4	
metronidazole 0.75 % LOTION ^{MO}	4	
metronidazole 0.75 %, 1 % GEL ^{MO}	4	
metronidazole 1 % GEL WITH PUMP ^{MO}	4	
metronidazole 250 mg, 500 mg TABLET ^{MO}	2	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK ^{MO}	2	
minocycline 100 mg, 50 mg, 75 mg CAPSULE ^{MO}	2	
mondoxylene nl 100 mg CAPSULE ^{MO}	2	
moxifloxacin 400 mg TABLET ^{MO}	3	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK ^{MO}	4	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	4	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK ^{DL}	5	
neomycin 500 mg TABLET ^{MO}	3	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE ^{MO}	3	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE ^{MO}	3	
ofloxacin 300 mg, 400 mg TABLET ^{MO}	2	
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	4	
oxacillin in dextrose(iso-osm) 2 gram/50 ml PIGGYBACK ^{MO}	4	
penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK ^{MO}	4	
penicillin g potassium 20 million unit RECON SOLUTION ^{MO}	4	

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penicillin g potassium 5 million unit RECON SOLUTION ^{MO}	3	
penicillin g sodium 5 million unit RECON SOLUTION ^{MO}	4	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION ^{MO}	2	
penicillin v potassium 250 mg, 500 mg TABLET ^{MO}	1	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION ^{MO}	3	
polymyxin b sulfate 500,000 unit RECON SOLUTION ^{MO}	3	
PRIMSOL 50 MG/5 ML SOLUTION ^{MO}	4	
streptomycin 1 gram RECON SOLUTION ^{DL}	5	
sulfacetamide sodium 10 % OINTMENT ^{MO}	2	
sulfacetamide sodium (acne) 10 % SUSPENSION ^{MO}	4	QL(118 per 30 days)
sulfadiazine 500 mg TABLET ^{MO}	4	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION ^{MO}	4	
sulfamethoxazole-trimethoprim 400-80 mg TABLET ^{MO}	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION ^{MO}	4	
sulfamethoxazole-trimethoprim 800-160 mg TABLET ^{MO}	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION ^{DL}	5	
tigecycline 50 mg RECON SOLUTION ^{MO}	4	
tinidazole 250 mg, 500 mg TABLET ^{MO}	3	
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION ^{DL}	5	BvsD
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION ^{MO}	1	
trimethoprim 100 mg TABLET ^{MO}	2	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 1.75 gram, 10 gram, 2 gram, 5 gram, 500 mg, 750 mg RECON SOLUTION ^{MO}	4	
vancomycin 125 mg CAPSULE ^{MO}	4	QL(120 per 30 days)
vancomycin 250 mg CAPSULE ^{MO}	4	QL(240 per 30 days)
vancomycin in 0.9 % sodium chl 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK ^{MO}	4	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK ^{MO}	4	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK ^{MO}	4	
vancomycin-diluent combo no.1 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK ^{MO}	4	
ANTICONVULSANTS		
brivaracetam 10 mg, 100 mg, 25 mg, 50 mg, 75 mg TABLET ^{DL}	5	PA,QL(60 per 30 days)
brivaracetam 10 mg/ml SOLUTION ^{MO}	4	PA,QL(600 per 30 days)

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brivaracetam 50 mg/5 ml SOLUTION ^{MO}	4	PA
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION ^{DL}	5	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION ^{DL}	5	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET ^{MO}	2	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. ^{MO}	4	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. ^{MO}	4	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION ^{MO}	4	
carbamazepine 200 mg TABLET ^{MO}	2	
clobazam 10 mg, 20 mg TABLET ^{DL}	4	PA
clobazam 2.5 mg/ml SUSPENSION ^{DL}	4	PA
DIACOMIT 250 MG, 500 MG CAPSULE ^{DL}	5	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET ^{DL}	5	PA,QL(180 per 30 days)
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT ^{DL}	4	
DILANTIN 30 MG CAPSULE ^{MO}	4	
divalproex 125 mg CAPSULE, DR SPRINKLE ^{MO}	3	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC ^{MO}	2	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. ^{MO}	3	
EPIDIOLEX 100 MG/ML SOLUTION ^{DL}	5	PA
epitol 200 mg TABLET ^{MO}	2	
EPRONTIA 25 MG/ML SOLUTION ^{MO}	4	PA,QL(480 per 30 days)
eslicarbazepine 200 mg, 400 mg TABLET ^{DL}	5	PA,QL(30 per 30 days)
eslicarbazepine 600 mg, 800 mg TABLET ^{DL}	5	PA,QL(60 per 30 days)
ethosuximide 250 mg CAPSULE ^{MO}	3	
ethosuximide 250 mg/5 ml SOLUTION ^{MO}	4	
felbamate 400 mg, 600 mg TABLET ^{MO}	4	PA
felbamate 600 mg/5 ml SUSPENSION ^{MO}	4	PA
FINTEPLA 2.2 MG/ML SOLUTION ^{DL,LA}	5	PA,QL(360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION ^{MO}	3	
FYCOMPA 0.5 MG/ML SUSPENSION ^{DL}	5	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET ^{MO}	4	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE ^{MO}	2	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION ^{MO}	4	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET ^{MO}	2	QL(180 per 30 days)

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lacosamide 10 mg/ml SOLUTION ^{MO}	4	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET ^{MO}	4	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION ^{DL}	5	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET ^{MO}	1	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. ^{MO}	4	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK ^{MO}	4	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE ^{MO}	2	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET ^{MO}	2	
levetiracetam 100 mg/ml SOLUTION ^{MO}	2	
levetiracetam 250 mg TABLET FOR SUSPENSION ^{MO}	4	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET ^{MO}	2	
levetiracetam 500 mg TABLET FOR SUSPENSION ^{MO}	4	ST,QL(180 per 30 days)
levetiracetam 500 mg TABLET, ER 24 HR. ^{MO}	2	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION ^{MO}	4	QL(900 per 30 days)
levetiracetam 500 mg/5 ml SOLUTION ^{MO}	4	
levetiracetam 750 mg TABLET, ER 24 HR. ^{MO}	2	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK ^{MO}	2	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM ^{DL}	5	QL(10 per 30 days)
methsuximide 300 mg CAPSULE ^{MO}	4	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL ^{DL}	4	QL(10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET ^{MO}	3	
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION ^{MO}	4	
perampanel 0.5 mg/ml SUSPENSION ^{DL}	5	PA,QL(680 per 28 days)
perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET ^{DL}	5	PA,QL(30 per 30 days)
perampanel 2 mg TABLET ^{MO}	4	PA,QL(30 per 30 days)
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET ^{MO}	3	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET ^{MO}	3	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR ^{MO}	4	QL(1500 per 30 days)
phenobarbital 30 mg TABLET ^{MO}	3	QL(300 per 30 days)
phenytoin 125 mg/5 ml SUSPENSION ^{MO}	2	
phenytoin 50 mg CHEWABLE TABLET ^{MO}	2	
phenytoin sodium 50 mg/ml SOLUTION ^{MO}	4	
phenytoin sodium 50 mg/ml SYRINGE ^{MO}	4	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE ^{MO}	2	
primidone 125 mg, 250 mg, 50 mg TABLET ^{MO}	2	

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roweepra 500 mg TABLET ^{MO}	1	
rufinamide 200 mg TABLET ^{MO}	4	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION	5	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET ^{MO}	4	PA,QL(240 per 30 days)
SPRITAM 1,000 MG TABLET FOR SUSPENSION ^{MO}	4	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION ^{MO}	4	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION ^{MO}	4	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION ^{MO}	4	ST,QL(120 per 30 days)
SUBVENITE 10 MG/ML SUSPENSION ^{DL}	4	
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET ^{MO}	1	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK ^{MO}	4	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK ^{MO}	4	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK ^{MO}	4	
SYMPAZAN 10 MG, 20 MG FILM ^{DL}	5	PA,QL(60 per 30 days)
SYMPAZAN 5 MG FILM ^{DL}	4	PA,QL(60 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET ^{MO}	4	
topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET ^{MO}	2	
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE ^{MO}	3	
topiramate 25 mg/ml SOLUTION ^{MO}	4	PA,QL(480 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION ^{MO}	3	
valproic acid 250 mg CAPSULE ^{MO}	2	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION ^{MO}	1	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL ^{DL}	5	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET ^{DL}	5	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET ^{DL}	5	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET ^{DL}	5	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET ^{DL}	5	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION ^{DL}	5	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET ^{DL}	5	PA,QL(180 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET ^{DL}	5	PA,QL(56 per 28 days)

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XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK ^{MO}	4	PA,QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK ^{DL}	5	PA,QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION ^{MO}	4	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	2	
ZTALMY 50 MG/ML SUSPENSION ^{DL}	5	PA,QL(1080 per 30 days)
ANTIDEMENTIA AGENTS		
donepezil 10 mg, 5 mg TABLET ^{MO}	1	
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	1	
donepezil 23 mg TABLET ^{MO}	3	QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET ^{MO}	3	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. ^{MO}	3	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION ^{MO}	3	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET ^{MO}	2	PA
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. ^{MO}	3	PA,QL(30 per 30 days)
memantine 2 mg/ml SOLUTION ^{MO}	3	PA
memantine 5-10 mg TABLET, DOSE PACK ^{MO}	2	PA,QL(98 per 30 days)
rivastigmine 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour PATCH, 24 HR. ^{MO}	4	QL(30 per 30 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE ^{MO}	2	QL(90 per 30 days)
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE ^{MO}	2	QL(60 per 30 days)
ANTIDEPRESSANTS		
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET ^{MO}	4	
amitriptyline 25 mg TABLET ^{MO}	4	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET ^{MO}	3	
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC ^{MO}	4	ST,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. ^{MO}	3	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET ^{MO}	3	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. ^{MO}	3	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. ^{MO}	3	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. ^{MO}	3	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. ^{MO}	3	QL(60 per 30 days)
citalopram 10 mg, 20 mg, 40 mg TABLET ^{MO}	1	
citalopram 10 mg/5 ml SOLUTION ^{MO}	2	
clomipramine 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	4	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET ^{MO}	4	

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desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. ^{MO}	3	QL(30 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. ^{DL}	5	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET ^{MO}	1	
escitalopram oxalate 15 mg CAPSULE ^{MO}	4	
escitalopram oxalate 5 mg/5 ml SOLUTION ^{MO}	4	QL(600 per 30 days)
EXXUA 18.2 MG (32 TABS) TABLET, ER 24 HR., DOSE PACK ^{DL}	5	PA
EXXUA 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG TABLET, ER 24 HR. ^{DL}	5	PA,QL(30 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. ^{MO}	4	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. ^{MO}	4	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
fluoxetine 10 mg TABLET ^{MO}	2	QL(240 per 30 days)
fluoxetine 20 mg CAPSULE ^{MO}	1	QL(120 per 30 days)
fluoxetine 20 mg TABLET ^{MO}	2	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION ^{MO}	2	
fluoxetine 40 mg CAPSULE ^{MO}	1	QL(90 per 30 days)
fluoxetine 60 mg TABLET ^{MO}	2	QL(30 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET ^{MO}	2	QL(90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET ^{MO}	3	
MARPLAN 10 MG TABLET ^{MO}	4	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING ^{MO}	3	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET ^{MO}	2	
mirtazapine 45 mg TABLET ^{MO}	2	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET ^{MO}	3	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	4	
nortriptyline 10 mg/5 ml SOLUTION ^{MO}	4	
paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg TABLET ^{MO}	2	
paroxetine hcl 10 mg/5 ml SUSPENSION ^{MO}	4	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR. ^{MO}	4	QL(60 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR. ^{MO}	4	QL(90 per 30 days)
phenelzine 15 mg TABLET ^{MO}	2	
protriptyline 10 mg, 5 mg TABLET ^{MO}	4	
RALDESY 10 MG/ML SOLUTION ^{DL}	5	
sertraline 100 mg TABLET ^{MO}	1	QL(60 per 30 days)
sertraline 20 mg/ml CONCENTRATE ^{MO}	4	
sertraline 25 mg, 50 mg TABLET ^{MO}	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET ^{MO}	4	
trazodone 100 mg, 150 mg, 50 mg TABLET ^{MO}	1	
trazodone 300 mg TABLET ^{MO}	2	

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trimipramine 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET ^{MO}	4	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET ^{MO}	2	
venlafaxine 150 mg CAPSULE, ER 24 HR. ^{MO}	2	QL(60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. ^{MO}	2	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. ^{MO}	2	QL(90 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET ^{MO}	4	PA,QL(30 per 30 days)
ZURZUVAE 20 MG, 25 MG CAPSULE ^{DL}	5	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE ^{DL}	5	PA,QL(14 per 365 days)
ANTIEMETICS		
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK ^{MO}	4	BvsD
aprepitant 125 mg CAPSULE	5	BvsD,QL(2 per 28 days)
aprepitant 40 mg CAPSULE ^{MO}	4	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE ^{MO}	4	BvsD,QL(4 per 28 days)
compro 25 mg SUPPOSITORY ^{MO}	4	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE ^{MO}	4	BvsD,QL(120 per 30 days)
granisetron hcl 1 mg TABLET ^{MO}	2	BvsD,QL(28 per 28 days)
meclizine 12.5 mg TABLET ^{MO}	2	
meclizine 25 mg TABLET ^{MO}	2	
metoclopramide hcl 10 mg, 5 mg TABLET ^{MO}	1	
ondansetron 4 mg, 8 mg TABLET, DISINTEGRATING ^{MO}	2	BvsD
ondansetron hcl 2 mg/ml SOLUTION ^{MO}	4	
ondansetron hcl 4 mg TABLET ^{MO}	1	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION ^{MO}	4	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET ^{MO}	1	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION ^{MO}	4	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE ^{MO}	4	
prochlorperazine 25 mg SUPPOSITORY ^{MO}	4	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION ^{MO}	4	
prochlorperazine maleate 10 mg, 5 mg TABLET ^{MO}	1	BvsD
promethazine 12.5 mg, 25 mg, 50 mg TABLET ^{MO}	4	
scopolamine base 1 mg over 3 days PATCH, 3 DAY ^{MO}	4	QL(10 per 30 days)
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION ^{MO}	3	BvsD
amphotericin b 50 mg RECON SOLUTION ^{MO}	2	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION ^{DL}	5	BvsD
caspofungin 50 mg, 70 mg RECON SOLUTION ^{MO}	4	

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ciclodan 8 % SOLUTION ^{MO}	2	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM ^{MO}	2	QL(90 per 30 days)
ciclopirox 0.77 % GEL ^{MO}	4	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION ^{MO}	3	QL(60 per 30 days)
ciclopirox 8 % SOLUTION ^{MO}	2	QL(13.2 per 30 days)
clotrimazole 1 % CREAM ^{MO}	2	
clotrimazole 1 % SOLUTION ^{MO}	2	
clotrimazole 10 mg TROCHE ^{MO}	2	
clotrimazole-betamethasone 1-0.05 % CREAM ^{MO}	3	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION ^{MO}	3	QL(90 per 28 days)
CRESEMBA 186 MG, 74.5 MG CAPSULE ^{DL}	5	PA
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	3	
fluconazole 100 mg, 200 mg, 50 mg TABLET ^{MO}	2	
fluconazole 150 mg TABLET ^{MO}	2	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK ^{MO}	2	
flucytosine 250 mg, 500 mg CAPSULE ^{DL}	5	
griseofulvin microsize 125 mg/5 ml SUSPENSION ^{MO}	3	
griseofulvin microsize 500 mg TABLET ^{MO}	4	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET ^{MO}	4	
itraconazole 100 mg CAPSULE ^{MO}	4	QL(120 per 30 days)
ketoconazole 2 % CREAM ^{MO}	2	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO ^{MO}	2	QL(120 per 30 days)
ketoconazole 200 mg TABLET ^{MO}	4	PA
klayesta 100,000 unit/gram POWDER ^{MO}	4	
miconazole 100 mg, 50 mg RECON SOLUTION ^{MO}	4	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK ^{DL}	5	
miconazole 100 mg, 50 mg RECON SOLUTION ^{MO}	4	
miconazole in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK ^{DL}	5	
miconazole-3 200 mg SUPPOSITORY ^{MO}	3	
nyamyc 100,000 unit/gram POWDER ^{MO}	4	
nystatin 100,000 unit/gram CREAM ^{MO}	2	
nystatin 100,000 unit/gram OINTMENT ^{MO}	2	
nystatin 100,000 unit/gram POWDER ^{MO}	4	
nystatin 100,000 unit/ml SUSPENSION ^{MO}	2	
nystatin 500,000 unit TABLET ^{MO}	2	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM ^{MO}	4	

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nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT ^{MO}	4	
nystop 100,000 unit/gram POWDER ^{MO}	4	
posaconazole 100 mg TABLET, DR/EC ^{DL}	5	PA
posaconazole 300 mg/16.7 ml SOLUTION ^{DL}	5	PA
terbinafine hcl 250 mg TABLET ^{MO}	1	
terconazole 0.4 %, 0.8 % CREAM ^{MO}	2	
terconazole 80 mg SUPPOSITORY ^{MO}	3	
voriconazole 10 mg/ml SOLUTION ^{MO}	4	
voriconazole 200 mg RECON SOLUTION ^{MO}	4	
voriconazole 200 mg, 50 mg TABLET ^{MO}	3	QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION ^{DL}	5	QL(400 per 30 days)
voriconazole-hpbcd 200 mg RECON SOLUTION ^{MO}	4	
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET ^{MO}	1	
colchicine 0.6 mg TABLET ^{MO}	3	QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET ^{MO}	3	ST,QL(30 per 30 days)
probenecid 500 mg TABLET ^{MO}	3	
probenecid-colchicine 500-0.5 mg TABLET ^{MO}	3	
ANTIMIGRAINE AGENTS		
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL ^{DL}	5	PA,QL(8 per 30 days)
eletriptan 20 mg, 40 mg TABLET ^{MO}	4	QL(9 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR ^{MO}	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE ^{MO}	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE ^{MO}	4	PA,QL(3 per 30 days)
ergotamine-caffeine 1-100 mg TABLET ^{MO}	3	QL(40 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET ^{MO}	2	QL(9 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET ^{MO}	4	PA,QL(30 per 30 days)
rizatriptan 10 mg, 5 mg TABLET ^{MO}	1	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	3	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL ^{MO}	4	QL(12 per 30 days)
sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET ^{MO}	1	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE ^{MO}	4	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR ^{MO}	4	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION ^{MO}	4	QL(6 per 30 days)
UBRELVY 100 MG, 50 MG TABLET ^{MO}	3	PA,QL(16 per 30 days)

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ANTIMYASTHENIC AGENTS		
pyridostigmine bromide 30 mg, 60 mg TABLET ^{MO}	3	
VYVGART 20 MG/ML SOLUTION ^{DL}	5	PA
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE ^{DL}	5	PA,QL(20 per 28 days)
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION ^{DL}	5	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS		
dapsone 100 mg, 25 mg TABLET ^{MO}	3	
ethambutol 100 mg, 400 mg TABLET ^{MO}	2	
isoniazid 100 mg, 300 mg TABLET ^{MO}	1	
isoniazid 100 mg/ml SOLUTION ^{MO}	1	
isoniazid 50 mg/5 ml SOLUTION ^{MO}	3	
PRIFTIN 150 MG TABLET ^{MO}	4	
pyrazinamide 500 mg TABLET ^{MO}	4	
rifabutin 150 mg CAPSULE ^{MO}	4	
rifampin 150 mg, 300 mg CAPSULE ^{MO}	3	
rifampin 600 mg RECON SOLUTION ^{MO}	4	
SIRTURO 100 MG, 20 MG TABLET ^{DL}	5	PA
TRECTOR 250 MG TABLET ^{MO}	4	
ANTINEOPLASTICS		
abiraterone 250 mg TABLET ^{DL}	5	PA,QL(120 per 30 days)
abirtega 250 mg TABLET ^{MO}	4	PA,QL(120 per 30 days)
AKEEGA 100-500 MG, 50-500 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE ^{DL}	5	PA,QL(240 per 30 days)
ALUNBRIG 180 MG, 90 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET ^{DL}	5	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK ^{DL}	5	PA,QL(30 per 30 days)
anastrozole 1 mg TABLET ^{MO}	1	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION ^{DL}	5	PA
AUGTYRO 160 MG CAPSULE ^{DL}	5	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE ^{DL}	5	PA,QL(240 per 30 days)
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK ^{DL}	5	PA,QL(66 per 28 days)
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
azacitidine 100 mg RECON SOLUTION ^{DL}	5	PA
BALVERSA 3 MG TABLET ^{DL}	5	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION ^{DL}	5	PA

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bexarotene 1 % GEL ^{DL}	5	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE ^{DL}	5	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET ^{MO}	2	QL(30 per 30 days)
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION ^{MO}	4	PA
bortezomib 1 mg, 2.5 mg, 3.5 mg RECON SOLUTION ^{MO}	4	PA
bortezomib 3.5 mg RECON SOLUTION ^{DL}	5	PA
BOSULIF 100 MG CAPSULE ^{DL}	5	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE ^{DL}	5	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE ^{DL}	5	PA,QL(180 per 30 days)
BRUKINSA 160 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE ^{DL}	5	PA,QL(120 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE ^{DL}	5	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE ^{DL}	5	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE ^{DL}	5	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE ^{DL}	5	PA,QL(56 per 28 days)
COTELLIC 20 MG TABLET ^{DL}	5	PA,QL(63 per 28 days)
cyclophosphamide 25 mg, 50 mg CAPSULE ^{MO}	4	BvsD
cyclophosphamide 25 mg, 50 mg TABLET ^{MO}	3	BvsD
CYRAMZA 10 MG/ML SOLUTION ^{DL}	5	PA
DANYELZA 4 MG/ML SOLUTION ^{DL}	5	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION ^{DL}	5	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION ^{DL}	5	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET ^{DL}	5	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET ^{DL}	5	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET ^{DL}	5	PA,QL(90 per 30 days)
DAURISMO 100 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION ^{DL}	5	PA
EMCYT 140 MG CAPSULE ^{DL}	5	
EMPLICITI 300 MG, 400 MG RECON SOLUTION ^{DL}	5	PA
ENSACOVE 100 MG CAPSULE ^{DL}	5	PA,QL(60 per 30 days)

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ENSACOVE 25 MG CAPSULE ^{DL}	5	PA,QL(270 per 30 days)
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION ^{DL}	5	PA
ERIVEDGE 150 MG CAPSULE ^{DL}	5	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET ^{DL}	5	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET ^{DL}	5	PA,QL(90 per 30 days)
EULEXIN 125 MG CAPSULE ^{DL}	5	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET ^{DL}	5	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION ^{DL}	5	PA
exemestane 25 mg TABLET ^{MO}	4	QL(60 per 30 days)
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION ^{MO}	2	BvsD
FOTIVDA 0.89 MG, 1.34 MG CAPSULE ^{DL}	5	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE ^{DL}	5	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE ^{DL}	5	PA,QL(21 per 28 days)
GAVRETO 100 MG CAPSULE ^{DL,LA}	5	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION ^{DL}	5	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET ^{DL}	5	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET ^{DL,LA}	5	PA,QL(30 per 30 days)
GLEOSTINE 10 MG CAPSULE ^{MO}	4	PA
GLEOSTINE 100 MG CAPSULE ^{DL}	5	PA
GLEOSTINE 40 MG CAPSULE	5	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION ^{DL}	5	PA
GOMEKLI 1 MG, 2 MG CAPSULE ^{DL}	5	PA
HERNEXEOS 60 MG TABLET ^{DL}	5	PA,QL(180 per 30 days)
hydroxyurea 500 mg CAPSULE ^{MO}	1	
HYRNUO 10 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE ^{DL}	5	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET ^{DL}	5	PA,QL(21 per 28 days)
IBTROZI 200 MG CAPSULE ^{DL}	5	PA,QL(90 per 30 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
IDHIFA 100 MG, 50 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
imatinib 100 mg TABLET ^{MO}	4	PA,QL(90 per 30 days)
imatinib 400 mg TABLET ^{DL}	5	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE ^{DL}	5	PA,QL(120 per 30 days)

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IMBRUVICA 140 MG, 280 MG TABLET ^{DL}	5	PA
IMBRUVICA 420 MG TABLET ^{DL}	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE ^{DL}	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION ^{DL}	5	PA
IMFINZI 50 MG/ML SOLUTION ^{DL}	5	PA
IMJUDO 20 MG/ML SOLUTION ^{DL}	5	PA
IMKELDI 80 MG/ML SOLUTION ^{DL}	5	PA,QL(300 per 30 days)
INLEXZO 225 MG IMPLANT ^{DL}	5	PA
INLURIYO 200 MG TABLET ^{DL}	5	PA,QL(84 per 28 days)
INLYTA 1 MG TABLET ^{DL}	5	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET ^{DL}	5	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE ^{DL}	5	PA,QL(120 per 30 days)
ITOVEBI 3 MG TABLET ^{DL}	5	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET ^{DL}	5	PA,QL(28 per 28 days)
IWILFIN 192 MG TABLET ^{DL}	5	PA,QL(240 per 30 days)
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
JAKAFI XR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG TABLET, ER 24 HR. ^{DL}	5	PA,QL(30 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET ^{DL}	5	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	5	PA,QL(20 per 42 days)
KANJINTI 150 MG, 420 MG RECON SOLUTION ^{DL}	5	PA
KEYTRUDA 25 MG/ML SOLUTION ^{DL}	5	PA
KEYTRUDA QLEX 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML SOLUTION ^{DL}	5	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET ^{DL}	5	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET ^{DL}	5	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET ^{DL}	5	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET ^{DL}	5	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET ^{DL}	5	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET ^{DL}	5	PA,QL(91 per 28 days)
KOMZIFTI 200 MG CAPSULE ^{DL}	5	PA,QL(90 per 30 days)
KOSELUGO 10 MG CAPSULE ^{DL}	5	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE ^{DL}	5	PA,QL(120 per 30 days)
KOSELUGO 5 MG CAPSULE, SPRINKLE ^{DL}	5	PA,QL(600 per 30 days)
KOSELUGO 7.5 MG CAPSULE, SPRINKLE ^{DL}	5	PA,QL(360 per 30 days)

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KRAZATI 200 MG TABLET ^{DL}	5	PA,QL(180 per 30 days)
lapatinib 250 mg TABLET ^{DL}	5	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE ^{DL}	5	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE ^{DL}	5	PA,QL(30 per 30 days)
LENVIMA 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) CAPSULE ^{DL}	5	PA,QL(90 per 30 days)
LENVIMA 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) CAPSULE ^{DL}	5	PA,QL(60 per 30 days)
letrozole 2.5 mg TABLET ^{MO}	1	QL(30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET ^{MO}	4	
leucovorin calcium 10 mg/ml SOLUTION ^{MO}	3	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION ^{MO}	3	
LEUKERAN 2 MG TABLET ^{DL}	5	
levoleucovorin calcium 10 mg/ml SOLUTION ^{MO}	4	PA
levoleucovorin calcium 50 mg RECON SOLUTION ^{MO}	4	PA
LIBTAYO 50 MG/ML SOLUTION ^{DL}	5	PA,QL(7 per 21 days)
LIFYORLI 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2) CAPSULE ^{DL}	5	PA
lomustine 10 mg CAPSULE ^{MO}	4	PA
lomustine 100 mg, 40 mg CAPSULE ^{DL}	5	PA
LONSURF 15-6.14 MG TABLET ^{DL}	5	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET ^{DL}	5	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION ^{DL}	5	PA
LORBRENA 100 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET ^{DL}	5	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET ^{DL}	5	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET ^{DL}	5	PA,QL(90 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET ^{DL}	5	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET ^{DL}	5	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION ^{DL}	5	PA
MATULANE 50 MG CAPSULE ^{DL}	5	
MEKINIST 0.05 MG/ML RECON SOLUTION ^{DL}	5	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)

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MEKINIST 2 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET ^{DL}	5	PA,QL(180 per 30 days)
mercaptopurine 20 mg/ml SUSPENSION ^{DL}	5	
mercaptopurine 50 mg TABLET ^{MO}	3	
mesna 400 mg TABLET ^{DL}	5	
mitomycin 20 mg, 5 mg RECON SOLUTION ^{MO}	4	
mitomycin 40 mg RECON SOLUTION ^{DL}	5	
MODEYSO 125 MG CAPSULE ^{DL}	5	PA,QL(20 per 28 days)
MVASI 25 MG/ML SOLUTION ^{DL}	5	PA
NERLYNX 40 MG TABLET ^{DL}	5	PA,QL(180 per 30 days)
nilotinib d-tartrate 150 mg, 200 mg, 50 mg CAPSULE ^{DL}	5	PA,QL(120 per 30 days)
nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE ^{DL}	5	PA,QL(120 per 30 days)
nilutamide 150 mg TABLET ^{DL}	5	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE ^{DL}	5	PA,QL(3 per 28 days)
NUBEQA 300 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE ^{DL}	5	PA,QL(30 per 30 days)
OGSIVEO 100 MG, 150 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET ^{DL}	5	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION ^{DL}	5	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET ^{DL}	5	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET ^{DL}	5	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET ^{DL}	5	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
ONUREG 200 MG, 300 MG TABLET ^{DL}	5	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION ^{DL}	5	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION ^{DL}	5	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION ^{DL}	5	PA,QL(16 per 28 days)
OPDIVO QVANTIG 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML SOLUTION ^{DL}	5	PA,QL(10 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION ^{DL}	5	PA,QL(40 per 28 days)
ORGOVYX 120 MG TABLET ^{DL}	5	PA,QL(32 per 30 days)
ORSERDU 345 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET ^{DL}	5	PA,QL(90 per 30 days)
PANRETIN 0.1 % GEL ^{DL}	5	PA
pazopanib 200 mg TABLET ^{DL}	5	PA,QL(120 per 30 days)
pazopanib 400 mg TABLET ^{DL}	5	PA,QL(60 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET ^{DL}	5	PA,QL(28 per 28 days)
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION ^{DL}	5	PA

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PIQRAY 200 MG/DAY (200 MG X 1) TABLET ^{DL}	5	PA,QL(28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) TABLET ^{DL}	5	PA,QL(56 per 28 days)
<i>pomalidomide 1 mg, 2 mg, 3 mg, 4 mg CAPSULE^{DL}</i>	5	PA,QL(21 per 28 days)
POTELIGEO 4 MG/ML SOLUTION ^{DL}	5	PA
PURIXAN 20 MG/ML SUSPENSION ^{DL}	5	
QINLOCK 50 MG TABLET ^{DL}	5	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE ^{DL}	5	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET ^{DL}	5	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE ^{DL}	5	PA,QL(120 per 30 days)
REVUFORJ 110 MG, 160 MG, 25 MG TABLET ^{DL}	5	PA
REZLIDHIA 150 MG CAPSULE ^{DL}	5	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION ^{DL}	5	PA
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE ^{DL}	5	PA
ROZLYTREK 100 MG CAPSULE ^{DL}	5	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE ^{DL}	5	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET ^{DL}	5	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION ^{DL}	5	PA
RYBREVANT 50 MG/ML SOLUTION ^{DL}	5	PA,QL(784 per 365 days)
RYBREVANT FASPRO 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML SOLUTION ^{DL}	5	PA
RYDAPT 25 MG CAPSULE ^{DL}	5	PA,QL(224 per 28 days)
SARCLISA 20 MG/ML SOLUTION ^{DL}	5	PA
SCEMBLIX 100 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET ^{DL}	5	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION ^{DL}	5	
<i>sorafenib 200 mg TABLET^{DL}</i>	5	PA,QL(120 per 30 days)
STIVARGA 40 MG TABLET ^{DL}	5	PA,QL(84 per 28 days)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE^{DL}</i>	5	PA,QL(28 per 28 days)
TABLOID 40 MG TABLET ^{MO}	4	
TABRECTA 150 MG, 200 MG TABLET ^{DL}	5	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION ^{DL}	5	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE ^{DL}	5	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE ^{DL}	5	PA,QL(120 per 30 days)

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TAGRISSE 40 MG, 80 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE ^{DL}	5	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE ^{DL}	5	PA,QL(90 per 30 days)
<i>tamoxifen 10 mg, 20 mg TABLET^{MO}</i>	1	
TAZVERIK 200 MG TABLET ^{DL}	5	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION ^{DL}	5	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION ^{DL}	5	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION ^{DL}	5	PA,QL(15 per 21 days)
TEPMETKO 225 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION ^{DL}	5	PA,QL(20 per 21 days)
THALOMID 100 MG CAPSULE ^{DL}	5	PA,QL(120 per 30 days)
THALOMID 50 MG CAPSULE ^{DL}	5	PA,QL(240 per 30 days)
TIBSOVO 250 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
<i>toremifene 60 mg TABLET^{DL}</i>	5	QL(30 per 30 days)
<i>torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET^{DL}</i>	5	PA,QL(30 per 30 days)
TRAZIMERA 150 MG, 420 MG RECON SOLUTION ^{DL}	5	PA
<i>tretinoin (antineoplastic) 10 mg CAPSULE^{DL}</i>	5	
TRUQAP 160 MG, 200 MG TABLET ^{DL}	5	PA,QL(64 per 28 days)
TUKYSA 150 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET ^{DL}	5	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULE ^{DL,LA}	5	PA,QL(120 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION ^{DL}	5	PA
VALCHLOR 0.016 % GEL ^{DL}	5	PA,QL(60 per 28 days)
<i>valrubicin 40 mg/ml SOLUTION^{DL}</i>	5	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET ^{DL}	5	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION ^{DL}	5	PA
VENCLEXTA 10 MG TABLET ^{MO}	3	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET ^{DL}	5	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET	5	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK ^{DL}	5	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
VITRAKVI 100 MG CAPSULE ^{DL}	5	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION ^{DL}	5	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE ^{DL}	5	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE ^{DL}	5	PA,QL(120 per 30 days)

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VORANIGO 10 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
VYLOY 100 MG, 300 MG RECON SOLUTION ^{DL}	5	PA
XALKORI 150 MG PELLETT ^{DL}	5	PA,QL(180 per 30 days)
XALKORI 20 MG PELLETT ^{DL}	5	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE ^{DL}	5	PA,QL(120 per 30 days)
XALKORI 50 MG PELLETT ^{DL}	5	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET ^{DL}	5	PA,QL(90 per 30 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET ^{DL}	5	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET ^{DL}	5	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (80 MG X 1) TABLET ^{DL}	5	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET ^{DL}	5	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET ^{DL}	5	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE ^{DL}	5	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION ^{DL}	5	PA
YONDELIS 1 MG RECON SOLUTION ^{DL}	5	PA
<i>yulithira</i> 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET ^{MO}	4	PA,QL(30 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET ^{DL}	5	PA,QL(240 per 30 days)
ZIRABEV 25 MG/ML SOLUTION ^{DL}	5	PA
ZOLINZA 100 MG CAPSULE ^{DL}	5	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET ^{DL}	5	PA,QL(150 per 30 days)
ZYNYZ 500 MG/20 ML SOLUTION ^{DL}	5	PA,QL(20 per 28 days)
ANTIPARASITICS		
<i>albendazole</i> 200 mg TABLET ^{MO}	4	
<i>atovaquone</i> 750 mg/5 ml SUSPENSION ^{MO}	4	
<i>atovaquone-proguanil</i> 250-100 mg, 62.5-25 mg TABLET ^{MO}	4	
<i>chloroquine phosphate</i> 250 mg, 500 mg TABLET ^{MO}	2	
COARTEM 20-120 MG TABLET ^{MO}	4	QL(24 per 30 days)
<i>hydroxychloroquine</i> 100 mg, 300 mg, 400 mg TABLET ^{MO}	2	
<i>hydroxychloroquine</i> 200 mg TABLET ^{MO}	2	
IMPAVIDO 50 MG CAPSULE ^{DL}	5	QL(84 per 28 days)

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ivermectin 3 mg, 6 mg TABLET ^{MO}	3	
LAMPIT 120 MG, 30 MG TABLET ^{MO}	4	
mefloquine 250 mg TABLET ^{MO}	2	
nitazoxanide 500 mg TABLET ^{DL}	5	
pentamidine 300 mg RECON SOLUTION ^{MO}	4	
pentamidine 300 mg RECON SOLUTION ^{MO}	4	BvsD
praziquantel 600 mg TABLET ^{MO}	4	
primaquine 26.3 mg (15 mg base) TABLET ^{MO}	3	
pyrimethamine 25 mg TABLET ^{DL}	5	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE ^{MO}	4	PA,QL(42 per 7 days)
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE ^{MO}	3	
amantadine hcl 50 mg/5 ml SOLUTION ^{MO}	2	
apomorphine 10 mg/ml CARTRIDGE ^{DL}	5	PA,QL(84 per 28 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	2	
benztropine 1 mg/ml SOLUTION ^{MO}	4	
bromocriptine 2.5 mg TABLET ^{MO}	3	
carbidopa 25 mg TABLET ^{MO}	4	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING ^{MO}	4	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET ^{MO}	2	
carbidopa-levodopa 25-100 mg TABLET ^{MO}	2	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER ^{MO}	3	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg TABLET ^{MO}	4	
entacapone 200 mg TABLET ^{MO}	3	QL(300 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg TABLET ^{MO}	2	
rasagiline 0.5 mg, 1 mg TABLET ^{MO}	3	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET ^{MO}	2	
selegiline hcl 5 mg CAPSULE ^{MO}	2	
selegiline hcl 5 mg TABLET ^{MO}	2	
trihexyphenidyl 0.4 mg/ml ELIXIR ^{MO}	3	
trihexyphenidyl 2 mg, 5 mg TABLET ^{MO}	3	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	5	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	5	QL(3.2 per 56 days)

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ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON ^{DL}	5	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE ^{DL}	5	QL(1 per 28 days)
aripiprazole 1 mg/ml SOLUTION ^{MO}	4	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING ^{MO}	4	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET ^{MO}	3	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	5	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE ^{DL}	5	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{DL}	5	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE ^{DL}	5	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{DL}	5	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET ^{MO}	4	PA,QL(60 per 30 days)
BYSANTI 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
BYSANTI TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK ^{DL}	4	PA
BYSANTI TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK ^{DL}	4	PA
BYSANTI TITRATION PACK C 1 MG(4)-2MG(2)- 6 MG (2) TABLET, DOSE PACK ^{DL}	4	PA
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE ^{DL}	4	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET ^{MO}	4	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET ^{MO}	4	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE ^{MO}	4	
chlorpromazine 25 mg/ml SOLUTION ^{MO}	4	
clozapine 100 mg TABLET ^{MO}	3	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING ^{MO}	4	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING ^{MO}	4	PA
clozapine 150 mg TABLET, DISINTEGRATING ^{MO}	4	PA,QL(180 per 30 days)
clozapine 200 mg TABLET ^{MO}	3	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING ^{MO}	4	PA,QL(135 per 30 days)
clozapine 25 mg TABLET ^{MO}	3	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING ^{MO}	4	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET ^{MO}	3	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	4	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK ^{MO}	4	PA,QL(56 per 28 days)
FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK ^{MO}	4	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK ^{MO}	4	PA,QL(56 per 28 days)

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fluphenazine decanoate 25 mg/ml SOLUTION ^{MO}	4	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	4	
fluphenazine hcl 2.5 mg/5 ml ELIXIR ^{MO}	3	
fluphenazine hcl 2.5 mg/ml SOLUTION ^{MO}	4	
fluphenazine hcl 5 mg/ml CONCENTRATE ^{MO}	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET ^{MO}	2	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION ^{MO}	3	
haloperidol lactate 2 mg/ml CONCENTRATE ^{MO}	2	
haloperidol lactate 5 mg/ml SOLUTION ^{MO}	2	
haloperidol lactate 5 mg/ml SYRINGE ^{MO}	2	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	5	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	5	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE ^{DL}	5	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE ^{DL}	5	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE ^{MO}	4	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	5	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	5	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	5	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	5	QL(2.63 per 90 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE ^{MO}	4	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET ^{MO}	3	QL(30 per 30 days)
lurasidone 80 mg TABLET ^{MO}	3	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
molindone 10 mg TABLET ^{MO}	4	QL(240 per 30 days)
molindone 25 mg TABLET ^{MO}	4	QL(270 per 30 days)
molindone 5 mg TABLET ^{MO}	4	QL(360 per 30 days)
NUPLAZID 10 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE ^{DL}	5	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION ^{MO}	3	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET ^{MO}	3	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	3	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING ^{MO}	3	QL(60 per 30 days)
OPIPZA 10 MG FILM ^{DL}	5	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM ^{DL}	5	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM ^{DL}	5	PA,QL(180 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. ^{MO}	4	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. ^{MO}	4	QL(60 per 30 days)

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perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET ^{MO}	4	
pimozide 1 mg, 2 mg TABLET ^{MO}	3	
quetiapine 100 mg TABLET ^{MO}	2	QL(90 per 30 days)
quetiapine 150 mg TABLET ^{MO}	2	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR. ^{MO}	3	QL(90 per 30 days)
quetiapine 200 mg TABLET ^{MO}	2	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR. ^{MO}	3	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET ^{MO}	2	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET ^{MO}	2	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR. ^{MO}	3	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR. ^{MO}	3	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON ^{MO}	4	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON ^{DL}	5	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET ^{MO}	1	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING ^{MO}	4	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET ^{MO}	1	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING ^{MO}	4	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION ^{MO}	2	
risperidone microspheres 12.5 mg/2 ml, 25 mg/2 ml SUSPENSION, ER, RECON ^{MO}	4	QL(2 per 28 days)
risperidone microspheres 37.5 mg/2 ml, 50 mg/2 ml SUSPENSION, ER, RECON ^{DL}	5	QL(2 per 28 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. ^{DL}	5	PA,QL(30 per 30 days)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET ^{MO}	2	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE ^{MO}	2	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET ^{MO}	2	
VERSACLOZ 50 MG/ML SUSPENSION ^{DL}	5	PA,QL(540 per 30 days)
VRAYLAR 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE ^{DL}	4	PA,QL(30 per 30 days)
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE ^{MO}	3	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION ^{MO}	4	
ZYPREXA 10 MG RECON SOLUTION ^{MO}	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION ^{MO}	4	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION ^{DL}	5	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION ^{DL}	5	QL(1 per 28 days)

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ANTISPASTICITY AGENTS		
baclofen 10 mg TABLET ^{MO}	1	
baclofen 20 mg TABLET ^{MO}	1	
baclofen 5 mg TABLET ^{MO}	1	QL(90 per 30 days)
tizanidine 2 mg TABLET ^{MO}	1	
tizanidine 4 mg TABLET ^{MO}	1	
ANTIVIRALS		
abacavir 20 mg/ml SOLUTION ^{MO}	4	QL(960 per 30 days)
abacavir 300 mg TABLET ^{MO}	4	QL(60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET ^{MO}	4	QL(30 per 30 days)
acyclovir 200 mg CAPSULE ^{MO}	2	
acyclovir 400 mg, 800 mg TABLET ^{MO}	1	
acyclovir sodium 50 mg/ml SOLUTION ^{MO}	2	BvsD
adefovir 10 mg TABLET ^{MO}	4	
APTIVUS 250 MG CAPSULE ^{DL}	5	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE ^{MO}	4	QL(60 per 30 days)
atazanavir 300 mg CAPSULE ^{MO}	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION ^{DL}	5	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET ^{DL}	5	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER ^{DL}	5	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION ^{DL}	5	
CIMDUO 300-300 MG TABLET ^{DL}	5	QL(30 per 30 days)
darunavir 600 mg TABLET ^{MO}	4	QL(60 per 30 days)
darunavir 800 mg TABLET ^{DL}	5	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET ^{DL}	5	QL(30 per 30 days)
DESCOVY 120-15 MG, 200-25 MG TABLET ^{DL}	5	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC ^{MO}	3	QL(30 per 30 days)
DOVATO 50-300 MG TABLET ^{DL}	5	QL(30 per 30 days)
EDURANT 25 MG TABLET ^{DL}	5	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION ^{DL}	5	QL(180 per 30 days)
efavirenz 200 mg CAPSULE ^{MO}	4	QL(120 per 30 days)
efavirenz 50 mg CAPSULE ^{MO}	4	QL(480 per 30 days)
efavirenz 600 mg TABLET ^{MO}	4	QL(30 per 30 days)
efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET ^{MO}	3	QL(30 per 30 days)
efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET ^{DL}	5	QL(30 per 30 days)
emtricitita-rilpivirine-tenof df 200-25-300 mg TABLET ^{DL}	5	QL(30 per 30 days)

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emtricitabine 200 mg CAPSULE ^{MO}	4	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET ^{MO}	4	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION ^{MO}	4	QL(680 per 28 days)
entecavir 0.5 mg, 1 mg TABLET ^{MO}	4	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET ^{DL}	5	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET ^{DL}	5	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET ^{DL}	5	PA,QL(28 per 28 days)
etravirine 100 mg TABLET ^{DL}	5	QL(120 per 30 days)
etravirine 200 mg TABLET ^{DL}	5	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET ^{DL}	5	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET ^{MO}	2	QL(90 per 30 days)
fosamprenavir 700 mg TABLET ^{DL}	5	QL(120 per 30 days)
FUZEON 90 MG RECON SOLUTION ^{DL}	5	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET ^{DL}	5	QL(30 per 30 days)
IDVYNSO 100-0.25 MG TABLET ^{DL}	5	QL(30 per 30 days)
INTELENCE 25 MG TABLET ^{MO}	4	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET ^{DL}	5	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET ^{MO}	4	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET ^{MO}	3	QL(180 per 30 days)
ISENTRESS 400 MG TABLET ^{DL}	5	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET ^{DL}	5	QL(60 per 30 days)
JULUCA 50-25 MG TABLET ^{DL}	5	QL(30 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION ^{DL}	5	
lamivudine 10 mg/ml SOLUTION ^{MO}	2	QL(900 per 30 days)
lamivudine 100 mg TABLET ^{MO}	3	QL(90 per 30 days)
lamivudine 150 mg TABLET ^{MO}	2	QL(60 per 30 days)
lamivudine 300 mg TABLET ^{MO}	2	QL(30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET ^{MO}	4	QL(60 per 30 days)
LIVTENCITY 200 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET ^{MO}	4	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET ^{MO}	4	QL(150 per 30 days)
maraviroc 150 mg TABLET ^{DL}	5	QL(240 per 30 days)
maraviroc 300 mg TABLET ^{DL}	5	QL(120 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. ^{MO}	4	QL(120 per 30 days)
nevirapine 200 mg TABLET ^{MO}	2	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. ^{MO}	4	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION ^{MO}	4	QL(1200 per 30 days)

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NORVIR 100 MG POWDER IN PACKET ^{MO}	4	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLET ^{DL}	5	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE ^{MO}	2	QL(224 per 365 days)
oseltamivir 45 mg CAPSULE ^{MO}	2	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	4	QL(1440 per 365 days)
oseltamivir 75 mg CAPSULE ^{MO}	3	QL(112 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACK ^{MO}	3	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK ^{MO}	3	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK ^{MO}	3	QL(60 per 10 days)
PIFELTRO 100 MG TABLET ^{DL}	5	QL(60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET ^{DL}	5	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLET ^{DL}	5	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLET ^{DL}	5	PA
PREZCOBIX 675-150 MG, 800-150 MG-MG TABLET ^{DL}	5	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION ^{DL}	5	QL(360 per 30 days)
PREZISTA 150 MG TABLET ^{DL}	5	QL(240 per 30 days)
PREZISTA 75 MG TABLET ^{MO}	4	QL(480 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE ^{MO}	4	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION ^{MO}	4	
REYATAZ 50 MG POWDER IN PACKET ^{MO}	4	
ribavirin 200 mg CAPSULE ^{MO}	3	
ribavirin 200 mg TABLET ^{MO}	3	
rilpivirine hcl 25 mg TABLET ^{DL}	5	QL(30 per 30 days)
rimantadine 100 mg TABLET ^{MO}	3	
ritonavir 100 mg TABLET ^{MO}	2	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. ^{DL}	5	QL(60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION ^{DL}	5	QL(1800 per 30 days)
stavudine 15 mg, 20 mg CAPSULE ^{MO}	3	QL(120 per 30 days)
stavudine 30 mg, 40 mg CAPSULE ^{MO}	3	QL(60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET ^{DL}	5	QL(30 per 30 days)
SUNLENCA 300 MG TABLET ^{DL}	5	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	5	QL(9 per 365 days)
SYMTUZA 800-150-200-10 MG TABLET ^{DL}	5	QL(30 per 30 days)
tenofovir disoproxil fumarate 300 mg TABLET ^{MO}	2	QL(30 per 30 days)
TIVICAY 50 MG TABLET ^{DL}	5	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION ^{DL}	5	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET ^{DL}	5	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION ^{MO}	4	QL(180 per 30 days)

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TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION ^{DL}	5	
TYBOST 150 MG TABLET ^{MO}	3	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET ^{MO}	3	
valganciclovir 450 mg TABLET ^{MO}	3	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION ^{DL}	5	QL(1056 per 30 days)
VEMLIDY 25 MG TABLET ^{DL}	5	QL(30 per 30 days)
VIRACEPT 250 MG TABLET ^{DL}	5	QL(300 per 30 days)
VIRACEPT 625 MG TABLET ^{DL}	5	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET ^{DL}	5	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER ^{DL}	5	QL(240 per 30 days)
VOCABRIA 30 MG TABLET ^{DL}	5	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET ^{DL}	5	PA,QL(28 per 28 days)
zidovudine 10 mg/ml SYRUP ^{MO}	3	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE ^{MO}	4	QL(180 per 30 days)
zidovudine 300 mg TABLET ^{MO}	3	QL(60 per 30 days)
ZIRGAN 0.15 % GEL ^{MO}	4	QL(5 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET ^{DL}	3	QL(120 per 30 days)
alprazolam 2 mg TABLET ^{DL}	3	QL(150 per 30 days)
buspirone 10 mg, 5 mg TABLET ^{MO}	1	
buspirone 15 mg, 30 mg, 7.5 mg TABLET ^{MO}	1	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING ^{DL}	4	
clonazepam 0.5 mg, 1 mg TABLET ^{DL}	3	
clonazepam 2 mg TABLET ^{DL}	3	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET ^{DL}	4	
diazepam 10 mg TABLET ^{DL}	3	QL(120 per 30 days)
diazepam 2 mg TABLET ^{DL}	3	QL(90 per 30 days)
diazepam 5 mg TABLET ^{DL}	3	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION ^{DL}	4	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE ^{DL}	4	QL(240 per 30 days)
diazepam intensol 5 mg/ml CONCENTRATE ^{DL}	4	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	3	
doxepin 10 mg/ml CONCENTRATE ^{MO}	4	
hydroxyzine hcl 10 mg, 50 mg TABLET ^{MO}	3	
hydroxyzine hcl 25 mg TABLET ^{MO}	3	
lorazepam 0.5 mg, 1 mg TABLET ^{DL}	2	QL(90 per 30 days)

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lorazepam 2 mg TABLET ^{DL}	2	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE ^{DL}	3	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE ^{DL}	3	QL(150 per 30 days)
BIPOLAR AGENTS		
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE ^{MO}	1	
lithium carbonate 300 mg TABLET ^{MO}	1	
lithium carbonate 300 mg, 450 mg TABLET ER ^{MO}	2	
lithium citrate 8 meq/5 ml SOLUTION ^{MO}	4	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET ^{MO}	1	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	3	
dapagliflozin 10 mg, 5 mg TABLET ^{MO}	3	QL(30 per 30 days)
dapagliflozin-metformin 10-1,000 mg, 10-500 mg, 5-500 mg TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(30 per 30 days)
dapagliflozin-metformin 5-1,000 mg TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(60 per 30 days)
diazoxide 50 mg/ml SUSPENSION ^{DL}	5	
FARXIGA 10 MG, 5 MG TABLET ^{MO}	3	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	3	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE ^{CI,MO}	3	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION ^{CI,MO}	3	
glimepiride 1 mg TABLET ^{MO}	1	
glimepiride 2 mg, 4 mg TABLET ^{MO}	1	
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. ^{MO}	1	
glipizide 10 mg, 5 mg TABLET ^{MO}	1	
glipizide 15 mg, 2.5 mg TABLET ^{MO}	1	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	1	
GLYXAMBI 10-5 MG, 25-5 MG TABLET ^{MO}	3	QL(30 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN ^{CI,DL}	5	
INSULIN ASPART U-100 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	3	
INSULIN ASPART U-100 100 UNIT/ML CARTRIDGE ^{CI,MO}	3	
INSULIN ASPART U-100 100 UNIT/ML SOLUTION ^{CI,MO}	3	
INSULIN LISPRO 100 UNIT/ML SOLUTION ^{CI,MO}	2	
JANUMET 50-1,000 MG, 50-500 MG TABLET ^{MO}	3	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE ^{MO}	3	QL(30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE ^{MO}	3	QL(60 per 30 days)

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JANUVIA 100 MG, 25 MG, 50 MG TABLET ^{MO}	3	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET ^{MO}	3	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET ^{MO}	3	QL(60 per 30 days)
JENTADUETO 2.5-850 MG TABLET ^{MO}	3	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	3	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION ^{CI,MO}	2	
linagliptin-metformin 2.5-1,000 mg, 2.5-500 mg, 2.5-850 mg TABLET ^{MO}	3	QL(60 per 30 days)
metformin 1,000 mg, 500 mg TABLET ^{MO}	1	
metformin 500 mg TABLET, ER 24 HR. ^{MO}	1	QL(120 per 30 days)
metformin 750 mg TABLET, ER 24 HR. ^{MO}	1	QL(60 per 30 days)
metformin 850 mg TABLET ^{MO}	1	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR ^{MO}	3	PA,QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET ^{MO}	1	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN ^{CI,MO}	3	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION ^{CI,MO}	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	3	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION ^{CI,MO}	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	3	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION ^{CI,MO}	2	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	3	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML (70-30) SOLUTION ^{CI,MO}	2	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN ^{CI,MO}	3	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE ^{CI,MO}	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION ^{CI,MO}	2	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR ^{MO}	3	PA,QL(3 per 28 days)
OZEMPIC 1.5 MG, 4 MG, 9 MG TABLET ^{MO}	3	PA,QL(30 per 30 days)
pioglitazone 15 mg, 45 mg TABLET ^{MO}	1	QL(30 per 30 days)
pioglitazone 30 mg TABLET ^{MO}	1	QL(30 per 30 days)

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pioglitazone-metformin 15-500 mg, 15-850 mg TABLET ^{MO}	1	QL(90 per 30 days)
repaglinide 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	1	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET ^{MO}	3	PA,QL(30 per 30 days)
sitagliptin phos-metformin 50-1,000 mg, 50-500 mg TABLET ^{MO}	3	QL(60 per 30 days)
sitagliptin phosphate 100 mg, 25 mg, 50 mg TABLET ^{MO}	3	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN ^{CI,MO}	3	QL(15 per 24 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET ^{MO}	3	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN ^{CI,MO}	3	
TRADJENTA 5 MG TABLET ^{MO}	3	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	3	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN ^{CI,MO}	3	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION ^{CI,MO}	2	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR ^{MO}	3	PA,QL(2 per 28 days)
XIGDUO XR 10-1,000 MG, 10-500 MG, 5-500 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	QL(60 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR ^{MO}	3	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE ^{MO}	3	
BLOOD PRODUCTS AND MODIFIERS		
anagrelide 0.5 mg, 1 mg CAPSULE ^{MO}	3	
cilostazol 100 mg, 50 mg TABLET ^{MO}	2	
clopidogrel 300 mg TABLET ^{MO}	4	
clopidogrel 75 mg TABLET ^{MO}	1	QL(30 per 30 days)
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE ^{MO}	4	QL(60 per 30 days)
ELIQUIS 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) TABLET FOR SUSPENSION ^{MO}	3	ST,QL(592 per 30 days)

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ELIQUIS 2.5 MG TABLET ^{MO}	3	QL(60 per 30 days)
ELIQUIS 5 MG TABLET ^{MO}	3	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK ^{MO}	3	QL(74 per 30 days)
ELIQUIS SPRINKLE 0.15 MG CAPSULE, SPRINKLE ^{MO}	3	ST,QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE ^{MO}	3	
enoxaparin 300 mg/3 ml SOLUTION ^{MO}	3	
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION ^{MO}	3	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE ^{MO}	3	
heparin (porcine) 5,000 unit/ml SYRINGE ^{MO}	3	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION ^{MO}	3	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE ^{MO}	3	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET ^{MO}	1	
NIVESTYM 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE ^{DL}	5	PA
NIVESTYM 300 MCG/ML, 480 MCG/1.6 ML SOLUTION ^{DL}	5	PA
prasugrel hcl 10 mg, 5 mg TABLET ^{MO}	4	QL(30 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET ^{DL}	5	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET ^{DL}	5	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET ^{DL}	5	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION ^{MO}	4	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION ^{DL}	5	PA,QL(14 per 30 days)
rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	3	ST,QL(600 per 30 days)
rivaroxaban 2.5 mg TABLET ^{MO}	3	QL(60 per 30 days)
ticagrelor 60 mg, 90 mg TABLET ^{MO}	3	QL(60 per 30 days)
tranexamic acid 650 mg TABLET ^{MO}	3	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE ^{DL}	5	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR ^{DL}	5	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR ^{DL}	5	PA,QL(1.2 per 28 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET ^{MO}	1	
warfarin 5 mg TABLET ^{MO}	1	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION ^{MO}	3	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET ^{MO}	3	QL(30 per 30 days)

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XARELTO 15 MG, 2.5 MG TABLET ^{MO}	3	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK ^{MO}	3	QL(51 per 30 days)
ZARXIO 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE ^{DL}	5	PA
CARDIOVASCULAR AGENTS		
acebutolol 200 mg, 400 mg CAPSULE ^{MO}	1	
acetazolamide 125 mg, 250 mg TABLET ^{MO}	4	
acetazolamide 500 mg CAPSULE, ER ^{MO}	4	
aliskiren 150 mg, 300 mg TABLET ^{MO}	4	QL(30 per 30 days)
amiloride 5 mg TABLET ^{MO}	3	
amiloride-hydrochlorothiazide 5-50 mg TABLET ^{MO}	1	
amiodarone 100 mg, 400 mg TABLET ^{MO}	4	
amiodarone 200 mg TABLET ^{MO}	2	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	1	
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET ^{MO}	4	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE ^{MO}	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE ^{MO}	1	QL(30 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET ^{MO}	1	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET ^{MO}	1	QL(30 per 30 days)
atenolol 100 mg TABLET ^{MO}	1	
atenolol 25 mg, 50 mg TABLET ^{MO}	1	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET ^{MO}	1	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET ^{MO}	1	
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	1	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET ^{MO}	1	
bisoprolol fumarate 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	2	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET ^{MO}	1	
bumetanide 0.25 mg/ml SOLUTION ^{MO}	2	
bumetanide 0.5 mg, 2 mg TABLET ^{MO}	2	
bumetanide 1 mg TABLET ^{MO}	2	
candesartan 16 mg, 4 mg, 8 mg TABLET ^{MO}	1	QL(60 per 30 days)
candesartan 32 mg TABLET ^{MO}	1	QL(30 per 30 days)

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candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET ^{MO}	1	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET ^{MO}	1	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET ^{MO}	1	
cartia xt 120 mg, 180 mg, 240 mg, 300 mg CAPSULE, ER 24 HR. ^{MO}	2	
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET ^{MO}	1	
chlorthalidone 25 mg TABLET ^{MO}	1	
chlorthalidone 50 mg TABLET ^{MO}	1	
cholestyramine (with sugar) 4 gram POWDER ^{MO}	3	
cholestyramine (with sugar) 4 gram POWDER IN PACKET ^{MO}	3	
cholestyramine light 4 gram POWDER ^{MO}	3	
cholestyramine light 4 gram POWDER IN PACKET ^{MO}	3	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY ^{MO}	4	QL(4 per 28 days)
clonidine hcl 0.05 mg, 0.2 mg, 0.3 mg TABLET ^{MO}	1	
clonidine hcl 0.1 mg TABLET ^{MO}	1	
colestipol 1 gram TABLET ^{MO}	3	
colestipol 5 gram GRANULES ^{MO}	4	QL(1000 per 30 days)
colestipol 5 gram PACKET ^{MO}	4	
digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET ^{MO}	2	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	2	
diltiazem hcl 120 mg CAPSULE, ER 24 HR. ^{MO}	2	
diltiazem hcl 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	2	
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET ^{MO}	2	
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. ^{MO}	2	
diltiazem hcl 360 mg CAPSULE, ER 24 HR. ^{MO}	2	QL(30 per 30 days)
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE ^{MO}	4	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET ^{MO}	2	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET ^{MO}	1	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET ^{MO}	1	
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLETT ^{MO}	3	QL(240 per 30 days)
ezetimibe 10 mg TABLET ^{MO}	1	QL(30 per 30 days)
ezetimibe-simvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg TABLET ^{MO}	1	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. ^{MO}	1	
fenofibrate 160 mg TABLET ^{MO}	2	QL(30 per 30 days)
fenofibrate 54 mg TABLET ^{MO}	2	QL(60 per 30 days)

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fenofibrate micronized 130 mg, 43 mg CAPSULE ^{MO}	4	ST,QL(30 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE ^{MO}	3	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE ^{MO}	3	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET ^{MO}	3	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET ^{MO}	3	QL(60 per 30 days)
fenofibric acid 105 mg, 35 mg TABLET ^{MO}	3	QL(30 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET ^{MO}	3	
fluvastatin 20 mg, 40 mg CAPSULE ^{MO}	4	ST,QL(60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. ^{MO}	4	ST,QL(30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET ^{MO}	1	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET ^{MO}	1	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION ^{MO}	2	
furosemide 20 mg, 40 mg TABLET ^{MO}	1	
furosemide 80 mg TABLET ^{MO}	1	
gemfibrozil 600 mg TABLET ^{MO}	1	QL(60 per 30 days)
guanfacine 1 mg, 2 mg TABLET ^{MO}	1	
hydralazine 10 mg, 100 mg TABLET ^{MO}	2	
hydralazine 25 mg, 50 mg TABLET ^{MO}	2	
hydrochlorothiazide 12.5 mg CAPSULE ^{MO}	1	
hydrochlorothiazide 12.5 mg, 25 mg TABLET ^{MO}	1	
hydrochlorothiazide 50 mg TABLET ^{MO}	1	
indapamide 1.25 mg, 2.5 mg TABLET ^{MO}	1	
irbesartan 150 mg, 300 mg, 75 mg TABLET ^{MO}	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET ^{MO}	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET ^{MO}	1	QL(30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET ^{MO}	2	
isosorbide mononitrate 10 mg, 20 mg TABLET ^{MO}	1	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. ^{MO}	1	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. ^{MO}	1	
isosorbide-hydralazine 20-37.5 mg TABLET ^{MO}	3	QL(180 per 30 days)
ivabradine 5 mg, 7.5 mg TABLET ^{MO}	4	QL(60 per 30 days)
KERENDIA 10 MG, 20 MG TABLET ^{MO}	3	PA,QL(30 per 30 days)
KERENDIA 40 MG TABLET ^{MO}	3	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET ^{MO}	2	
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	1	
lisinopril 30 mg TABLET ^{MO}	1	
lisinopril-hydrochlorothiazide 10-12.5 mg TABLET ^{MO}	1	
lisinopril-hydrochlorothiazide 20-12.5 mg, 20-25 mg TABLET ^{MO}	1	

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losartan 100 mg, 25 mg, 50 mg TABLET ^{MO}	1	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET ^{MO}	1	QL(60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg TABLET ^{MO}	1	
methyldopa 250 mg, 500 mg TABLET ^{MO}	1	
metolazone 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	3	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. ^{MO}	1	
metoprolol succinate 200 mg TABLET, ER 24 HR. ^{MO}	1	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET ^{MO}	2	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET ^{MO}	1	
metoprolol tartrate 37.5 mg, 75 mg TABLET ^{MO}	1	
metoprolol tartrate 5 mg/5 ml SOLUTION ^{MO}	3	
metyrosine 250 mg CAPSULE ^{DL}	5	
midodrine 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	3	
minoxidil 10 mg, 2.5 mg TABLET ^{MO}	2	
moexipril 15 mg, 7.5 mg TABLET ^{MO}	1	
MULTAQ 400 MG TABLET ^{MO}	3	QL(60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg TABLET ^{MO}	3	
nebivolol 10 mg TABLET ^{MO}	3	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET ^{MO}	3	QL(30 per 30 days)
nebivolol 20 mg TABLET ^{MO}	3	QL(60 per 30 days)
NEXLETOL 180 MG TABLET ^{MO}	3	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET ^{MO}	3	PA,QL(30 per 30 days)
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR. ^{MO}	4	
niacin 500 mg TABLET ^{MO}	3	
niacor 500 mg TABLET ^{MO}	3	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER ^{MO}	3	
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. ^{MO}	3	
nimodipine 30 mg CAPSULE ^{MO}	4	
nimodipine 60 mg/20 ml SOLUTION ^{DL}	5	QL(2838 per 28 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. ^{MO}	2	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET ^{MO}	3	
nitroglycerin 0.4 mg SUBLINGUAL TABLET ^{MO}	3	
olmesartan 20 mg, 40 mg TABLET ^{MO}	1	QL(30 per 30 days)
olmesartan 5 mg TABLET ^{MO}	1	QL(60 per 30 days)

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olmesartan-amlodipin-hcthiazyd 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET ^{MO}	1	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET ^{MO}	1	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE ^{MO}	3	QL(120 per 30 days)
PACERONE 100 MG, 400 MG TABLET ^{MO}	4	
pacerone 200 mg TABLET ^{MO}	2	
pentoxifylline 400 mg TABLET ER ^{MO}	2	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET ^{MO}	1	
pravastatin 10 mg, 80 mg TABLET ^{MO}	1	
pravastatin 20 mg, 40 mg TABLET ^{MO}	1	
prazosin 1 mg, 2 mg, 5 mg CAPSULE ^{MO}	2	
prevalite 4 gram POWDER ^{MO}	3	
prevalite 4 gram POWDER IN PACKET ^{MO}	4	
propafenone 150 mg, 225 mg, 300 mg TABLET ^{MO}	3	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR. ^{MO}	4	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET ^{MO}	2	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. ^{MO}	2	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	1	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET ^{MO}	1	
quinidine sulfate 200 mg, 300 mg TABLET ^{MO}	4	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE ^{MO}	1	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. ^{MO}	3	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR ^{MO}	3	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR ^{MO}	3	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE ^{MO}	3	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	1	
sacubitril-valsartan 24-26 mg, 49-51 mg, 97-103 mg TABLET ^{MO}	3	QL(60 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg TABLET ^{MO}	1	
simvastatin 5 mg, 80 mg TABLET ^{MO}	1	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET ^{MO}	2	
sotalol af 120 mg, 160 mg, 80 mg TABLET ^{MO}	2	
spironolacton-hydrochlorothiaz 25-25 mg TABLET ^{MO}	2	
spironolactone 100 mg TABLET ^{MO}	1	
spironolactone 25 mg, 50 mg TABLET ^{MO}	1	
taztia xt 120 mg, 180 mg, 240 mg, 300 mg, 360 mg CAPSULE, ER 24 HR. ^{MO}	2	

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telmisartan 20 mg, 40 mg TABLET ^{MO}	1	QL(30 per 30 days)
telmisartan 80 mg TABLET ^{MO}	1	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET ^{MO}	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET ^{MO}	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET ^{MO}	1	QL(60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE ^{MO}	1	
tiadylt er 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	2	
timolol maleate 10 mg, 20 mg, 5 mg TABLET ^{MO}	4	
torseamide 10 mg, 100 mg, 5 mg TABLET ^{MO}	2	
torseamide 20 mg TABLET ^{MO}	2	
trandolapril 1 mg, 2 mg, 4 mg TABLET ^{MO}	1	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	3	
triamterene 100 mg, 50 mg CAPSULE ^{MO}	4	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE ^{MO}	1	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET ^{MO}	1	
triamterene-hydrochlorothiazid 75-50 mg TABLET ^{MO}	1	
valsartan 160 mg, 320 mg TABLET ^{MO}	1	QL(60 per 30 days)
valsartan 40 mg, 80 mg TABLET ^{MO}	1	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET ^{MO}	1	QL(30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE ^{MO}	3	QL(240 per 30 days)
VASCEPA 1 GRAM CAPSULE ^{MO}	3	QL(120 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. ^{MO}	2	
verapamil 120 mg, 180 mg, 240 mg TABLET ER ^{MO}	1	
verapamil 120 mg, 40 mg, 80 mg TABLET ^{MO}	1	
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET ^{MO}	3	PA,QL(30 per 30 days)
ZYPITAMAG 2 MG, 4 MG TABLET ^{MO}	3	ST,QL(30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE ^{MO}	3	QL(60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE ^{MO}	3	QL(30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
AUSTEDO 6 MG TABLET ^{DL}	5	PA,QL(60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. ^{DL}	5	PA,QL(90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. ^{DL}	5	PA,QL(30 per 30 days)

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AUSTEDO XR 24 MG TABLET, ER 24 HR. ^{DL}	5	PA,QL(60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK ^{DL}	5	PA,QL(28 per 28 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK ^{DL}	5	PA,QL(42 per 28 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	3	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET ^{MO}	4	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET ^{MO}	4	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET ^{MO}	4	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET ^{MO}	4	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET ^{MO}	4	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET ^{MO}	3	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. ^{MO}	3	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. ^{MO}	3	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET ^{MO}	3	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC ^{MO}	4	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC ^{MO}	4	PA,QL(14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE ^{MO}	4	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC ^{MO}	2	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC ^{MO}	2	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC ^{MO}	2	QL(60 per 30 days)
fingolimod 0.5 mg CAPSULE ^{MO}	3	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE ^{DL}	5	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE ^{DL}	5	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE ^{DL}	5	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE ^{DL}	5	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. ^{MO}	2	QL(30 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR ^{DL}	5	PA,QL(1.2 per 28 days)
methylphenidate hcl 10 mg TABLET ER ^{MO}	3	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET ^{MO}	3	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER ^{MO}	3	QL(90 per 30 days)
NUJEDXTA 20-10 MG CAPSULE ^{DL}	5	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE ^{MO}	3	QL(90 per 30 days)
pregabalin 20 mg/ml SOLUTION ^{MO}	3	QL(900 per 30 days)

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pregabalin 200 mg, 25 mg CAPSULE ^{MO}	3	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE ^{MO}	3	QL(60 per 30 days)
riluzole 50 mg TABLET ^{MO}	4	
teriflunomide 14 mg, 7 mg TABLET ^{MO}	4	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET ^{MO}	4	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET ^{MO}	4	PA,QL(120 per 30 days)
DENTAL & ORAL AGENTS		
chlorhexidine gluconate 0.12 % MOUTHWASH ^{MO}	1	
periogard 0.12 % MOUTHWASH ^{MO}	1	
pilocarpine hcl 5 mg, 7.5 mg TABLET ^{MO}	3	
triamcinolone acetonide 0.1 % PASTE ^{MO}	3	
DERMATOLOGICAL AGENTS		
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	4	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE ^{MO}	4	PA
adapalene 0.3 % GEL ^{MO}	3	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP ^{MO}	3	QL(45 per 30 days)
ammonium lactate 12 % CREAM ^{MO}	2	
ammonium lactate 12 % LOTION ^{MO}	2	
amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	4	
azelaic acid 15 % GEL ^{MO}	4	ST,QL(50 per 30 days)
betamethasone dipropionate 0.05 % CREAM ^{MO}	4	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION ^{MO}	4	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT ^{MO}	3	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM ^{MO}	3	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION ^{MO}	4	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT ^{MO}	3	QL(180 per 30 days)
betamethasone, augmented 0.05 % CREAM ^{MO}	2	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL ^{MO}	3	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION ^{MO}	3	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT ^{MO}	3	QL(100 per 30 days)
calcipotriene 0.005 % CREAM ^{MO}	4	PA,QL(120 per 30 days)
calcipotriene 0.005 % SOLUTION ^{MO}	4	QL(60 per 30 days)
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	4	
clindamycin phosphate 1 % GEL ^{MO}	3	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION ^{MO}	3	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB ^{MO}	2	
clindamycin-benzoyl peroxide 1-5 % GEL ^{MO}	4	QL(50 per 30 days)

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clindamycin-benzoyl peroxide 1.2 % (1 % base) -5 % GEL ^{MO}	4	QL(45 per 30 days)
clobetasol 0.05 % CREAM ^{MO}	3	QL(120 per 30 days)
clobetasol 0.05 % FOAM ^{MO}	4	QL(100 per 28 days)
clobetasol 0.05 % GEL ^{MO}	4	QL(120 per 28 days)
clobetasol 0.05 % OINTMENT ^{MO}	3	QL(120 per 28 days)
clobetasol 0.05 % SHAMPOO ^{MO}	4	QL(240 per 30 days)
clobetasol 0.05 % SOLUTION ^{MO}	2	QL(100 per 30 days)
clobetasol-emollient 0.05 % CREAM ^{MO}	4	QL(120 per 30 days)
desonide 0.05 % CREAM ^{MO}	4	QL(240 per 30 days)
desonide 0.05 % OINTMENT ^{MO}	4	QL(240 per 30 days)
diclofenac sodium 3 % GEL ^{MO}	3	PA
erythromycin with ethanol 2 % SOLUTION ^{MO}	3	QL(120 per 30 days)
fluocinolone 0.01 % OIL ^{MO}	4	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION ^{MO}	4	QL(180 per 30 days)
fluocinolone 0.025 % CREAM ^{MO}	4	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT ^{MO}	4	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL ^{MO}	4	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM ^{MO}	3	QL(120 per 30 days)
fluocinonide 0.05 % GEL ^{MO}	3	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT ^{MO}	3	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION ^{MO}	3	QL(120 per 30 days)
fluorouracil 2 % SOLUTION ^{MO}	2	QL(30 per 30 days)
fluorouracil 5 % CREAM ^{MO}	4	
fluorouracil 5 % SOLUTION ^{MO}	2	QL(60 per 30 days)
fluticasone propionate 0.005 % OINTMENT ^{MO}	2	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM ^{MO}	2	QL(240 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR ^{MO}	2	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM ^{MO}	2	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT ^{MO}	2	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET ^{MO}	2	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	4	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION ^{MO}	2	QL(236 per 30 days)
hydrocortisone butyrate 0.1 % OINTMENT ^{MO}	4	QL(180 per 30 days)
imiquimod 5 % CREAM IN PACKET ^{MO}	3	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	4	
LOCOID LIPOCREAM 0.1 % CREAM ^{MO}	4	QL(240 per 30 days)
malathion 0.5 % LOTION ^{MO}	4	
mometasone 0.1 % CREAM ^{MO}	2	QL(180 per 30 days)

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mometasone 0.1 % OINTMENT ^{MO}	2	QL(180 per 30 days)
mometasone 0.1 % SOLUTION ^{MO}	2	QL(180 per 30 days)
mupirocin 2 % OINTMENT ^{MO}	1	
permethrin 5 % CREAM ^{MO}	3	
pimecrolimus 1 % CREAM ^{MO}	4	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION ^{MO}	4	QL(7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	4	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	4	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	4	QL(60 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT ^{MO}	4	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION ^{MO}	1	QL(120 per 30 days)
silver sulfadiazine 1 % CREAM ^{MO}	2	
SSD 1 % CREAM ^{MO}	2	
tacrolimus 0.03 %, 0.1 % OINTMENT ^{MO}	4	QL(200 per 30 days)
tazarotene 0.1 % CREAM ^{MO}	3	QL(120 per 30 days)
tretinoin 0.01 %, 0.05 % GEL ^{MO}	3	PA,QL(45 per 30 days)
tretinoin 0.025 % GEL ^{MO}	4	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM ^{MO}	3	PA,QL(45 per 30 days)
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	4	
ZORYVE 0.15 % CREAM ^{MO}	4	PA,QL(120 per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION ^{MO}	4	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION ^{MO}	4	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION ^{MO}	4	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION ^{MO}	4	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP ^{MO}	2	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	4	
calcium chloride 100 mg/ml (10 %) SOLUTION ^{MO}	4	
calcium chloride 100 mg/ml (10 %) SYRINGE ^{MO}	4	
calcium gluconate 100 mg/ml (10%) SOLUTION ^{MO}	2	
carglumic acid 200 mg TABLET, DISPERSIBLE ^{DL}	5	PA
CHEMET 100 MG CAPSULE ^{DL}	5	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION ^{MO}	4	BvsD

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CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION ^{MO}	4	BvsD
CLINOLIPID 20 % EMULSION ^{MO}	4	BvsD
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK ^{MO}	2	
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	1	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	1	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION ^{MO}	2	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	2	
deferasirox 180 mg, 360 mg TABLET ^{MO}	4	PA
deferasirox 90 mg TABLET ^{MO}	3	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION ^{MO}	1	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION ^{MO}	1	
dextrose 20 % in water (d20w) 20 % PARENTERAL SOLUTION ^{MO}	1	
dextrose 25 % in water (d25w) SYRINGE ^{MO}	1	
dextrose 30 % in water (d30w) PARENTERAL SOLUTION ^{MO}	1	
dextrose 40 % in water (d40w) 40 % PARENTERAL SOLUTION ^{MO}	1	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION ^{MO}	2	
dextrose 5 % in water (d5w) 5 % PIGGYBACK ^{MO}	2	
dextrose 5 %-lactated ringers PARENTERAL SOLUTION ^{MO}	1	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION ^{MO}	1	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION ^{MO}	1	
dextrose 50 % in water (d50w) PARENTERAL SOLUTION ^{MO}	1	

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dextrose 50 % in water (d50w) SYRINGE ^{MO}	2	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION ^{MO}	2	
electrolyte-148 PARENTERAL SOLUTION ^{MO}	4	
electrolyte-48 in d5w PARENTERAL SOLUTION ^{MO}	1	
electrolyte-a PARENTERAL SOLUTION ^{MO}	4	
GLYCOPHOS 1 MMOL/ML SOLUTION ^{MO}	1	
INTRALIPID 20 %, 30 % EMULSION ^{MO}	4	BvsD
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION ^{MO}	4	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION ^{MO}	4	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION ^{MO}	4	
ISOLYTE-S PARENTERAL SOLUTION ^{MO}	4	
JYNARQUE 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) TABLET, SEQUENTIAL ^{DL}	5	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET ^{DL}	5	PA,QL(120 per 30 days)
KABIVEN 3.31-10.8-3.9 % EMULSION ^{MO}	4	BvsD
kionex 15 gram/60 ml SUSPENSION ^{MO}	3	
klor-con 10 10 meq TABLET ER ^{MO}	2	
KLOR-CON 10 10 MEQ TABLET ER ^{MO}	2	
klor-con 8 8 meq TABLET ER ^{MO}	2	
KLOR-CON 8 8 MEQ TABLET ER ^{MO}	2	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	2	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS ^{MO}	2	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	2	
lactated ringers PARENTERAL SOLUTION ^{MO}	1	
levocarnitine 330 mg TABLET ^{MO}	2	
levocarnitine (with sugar) 100 mg/ml SOLUTION ^{MO}	3	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET ^{MO}	3	QL(30 per 30 days)
m-natal plus 27 mg iron- 1 mg TABLET ^{MO}	2	
magnesium sulfate 500 mg/ml (50 %) SOLUTION ^{MO}	1	
magnesium sulfate 500 mg/ml (50 %) SYRINGE ^{MO}	1	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK ^{MO}	1	
magnesium sulfate in water 2 gram/50 ml (4 %), 3 gram/100 ml (3 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %) PIGGYBACK ^{MO}	1	
magnesium sulfate in water 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %) PARENTERAL SOLUTION ^{MO}	1	
neo-vital rx 27 mg iron- 1 mg TABLET ^{MO}	2	
NEONATAL COMPLETE 29-1 MG TABLET ^{MO}	2	

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NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET ^{MO}	2	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK ^{MO}	2	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION ^{MO}	4	
NORMOSOL-R PARENTERAL SOLUTION ^{MO}	4	
NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION ^{MO}	4	
NORMOSOL-R PH 7.4 PARENTERAL SOLUTION ^{MO}	4	
NUTRILIPID 20 % EMULSION ^{MO}	4	BvsD
one natal rx 27 mg iron- 1 mg TABLET ^{MO}	2	
penicillamine 250 mg TABLET ^{DL}	5	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION ^{MO}	4	BvsD
PLASMA-LYTE 148 PH 7.4 PARENTERAL SOLUTION ^{MO}	4	
PLASMA-LYTE A PARENTERAL SOLUTION ^{MO}	4	
PLENAMINE 15 % PARENTERAL SOLUTION ^{MO}	4	BvsD
potassium acetate 2 meq/ml SOLUTION ^{MO}	1	
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium chloride 10 meq CAPSULE, ER ^{MO}	2	
potassium chloride 10 meq, 20 meq TABLET ER ^{MO}	2	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	2	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	2	
potassium chloride 15 meq, 8 meq TABLET ER ^{MO}	2	
potassium chloride 2 meq/ml SOLUTION ^{MO}	2	
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID ^{MO}	4	
potassium chloride 8 meq CAPSULE, ER ^{MO}	2	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium chloride in lr-d5 20 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml PIGGYBACK ^{MO}	2	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION ^{MO}	3	
potassium chloride-d5-0.2%nacl 20 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	1	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER ^{MO}	3	
pr natal 400 29-1-400 mg COMBO PACK ^{MO}	2	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP ^{MO}	2	

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<i>pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK</i> ^{MO}	2	
<i>pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP</i> ^{MO}	2	
PREMASOL 10 % 10 % PARENTERAL SOLUTION ^{MO}	4	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET ^{MO}	2	
PRENATABS FA 29-1 MG TABLET ^{MO}	4	
<i>prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET</i> ^{MO}	2	
<i>prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET</i> ^{MO}	2	
PRENATE ELITE 26 MG IRON- 1 MG TABLET ^{MO}	2	
PROSOL 20 % PARENTERAL SOLUTION ^{MO}	4	BvsD
<i>ringer's PARENTERAL SOLUTION</i> ^{MO}	1	
<i>se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET</i> ^{MO}	2	
SMOFLIPID 20 % EMULSION ^{MO}	4	BvsD
<i>sodium bicarbonate 50 meq/50 ml (8.4 %) SYRINGE</i> ^{MO}	4	
<i>sodium chloride 2.5 meq/ml SOLUTION</i> ^{MO}	2	
<i>sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION</i> ^{MO}	2	
<i>sodium chloride 0.9 % PARENTERAL SOLUTION</i> ^{MO}	2	
<i>sodium chloride 0.9 % PIGGYBACK</i> ^{MO}	2	
<i>sodium chloride 0.9 % SOLUTION</i> ^{MO}	2	
<i>sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION</i> ^{MO}	1	
<i>sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION</i> ^{MO}	1	
<i>sodium phosphate 3 mmol/ml SOLUTION</i> ^{MO}	4	
<i>sodium polystyrene sulfonate 15 gram POWDER</i> ^{MO}	3	
<i>sodium polystyrene sulfonate 15 gram/60 ml SUSPENSION</i> ^{MO}	3	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION ^{MO}	3	
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION ^{MO}	4	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION ^{MO}	4	BvsD
<i>trientine 250 mg CAPSULE</i> ^{DL}	5	QL(240 per 30 days)
<i>trientine 500 mg CAPSULE</i> ^{DL}	5	QL(120 per 30 days)
<i>trinatal rx 1 60 mg iron-1 mg TABLET</i> ^{MO}	2	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION ^{MO}	4	BvsD
<i>wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK</i> ^{MO}	2	
<i>wesnate dha 28 mg iron-1 mg -200 mg CAPSULE</i> ^{MO}	4	
<i>westab plus 27 mg iron- 1 mg TABLET</i> ^{MO}	2	
GASTROINTESTINAL AGENTS		
<i>alosetron 0.5 mg, 1 mg TABLET</i> ^{MO}	4	PA,QL(60 per 30 days)
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET</i> ^{MO}	2	
<i>cimetidine hcl 300 mg/5 ml SOLUTION</i> ^{MO}	2	
<i>constulose 10 gram/15 ml SOLUTION</i> ^{MO}	2	

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dicyclomine 10 mg CAPSULE ^{MO}	4	
dicyclomine 10 mg/5 ml SOLUTION ^{MO}	4	
dicyclomine 20 mg TABLET ^{MO}	4	
diphenoxylate-atropine 2.5-0.025 mg TABLET ^{MO}	4	
enulose 10 gram/15 ml SOLUTION ^{MO}	2	
esomeprazole magnesium 20 mg CAPSULE, DR/EC ^{MO}	3	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC ^{MO}	3	QL(60 per 30 days)
famotidine 10 mg/ml SOLUTION ^{MO}	2	
famotidine 20 mg, 40 mg TABLET ^{MO}	2	
FAMOTIDINE 4 MG/ML SOLUTION ^{MO}	2	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION ^{MO}	4	
famotidine (pf) 20 mg/2 ml SOLUTION ^{MO}	2	
FAMOTIDINE (PF) 4 MG/ML SOLUTION ^{MO}	2	
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION ^{MO}	1	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION ^{MO}	1	
gavilyte-n 420 gram RECON SOLUTION ^{MO}	1	
generlac 10 gram/15 ml SOLUTION ^{MO}	2	
glutamine (sickle cell) 5 gram POWDER IN PACKET ^{DL}	5	PA,QL(180 per 30 days)
glycopyrrolate 0.2 mg/ml SOLUTION ^{MO}	4	
glycopyrrolate 1 mg, 2 mg TABLET ^{MO}	3	
lactulose 10 gram/15 ml SOLUTION ^{MO}	2	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC ^{MO}	2	QL(60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE ^{MO}	3	QL(30 per 30 days)
loperamide 2 mg CAPSULE ^{MO}	2	
lubiprostone 24 mcg, 8 mcg CAPSULE ^{MO}	3	QL(60 per 30 days)
misoprostol 100 mcg, 200 mcg TABLET ^{MO}	3	
MOVANTIK 12.5 MG, 25 MG TABLET ^{MO}	3	QL(30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE ^{MO}	1	
omeprazole 10 mg CAPSULE, DR/EC ^{MO}	1	
omeprazole 20 mg, 40 mg CAPSULE, DR/EC ^{MO}	1	
pantoprazole 20 mg, 40 mg TABLET, DR/EC ^{MO}	1	QL(60 per 30 days)
pantoprazole 40 mg RECON SOLUTION ^{MO}	2	
pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK ^{MO}	4	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK ^{MO}	4	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION ^{MO}	1	

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peg-electrolyte soln 420 gram RECON SOLUTION ^{MO}	1	
rabeprazole 20 mg TABLET, DR/EC ^{MO}	3	QL(60 per 30 days)
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION ^{MO}	1	
sucralfate 1 gram TABLET ^{MO}	2	
sucralfate 100 mg/ml SUSPENSION ^{MO}	4	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION ^{MO}	4	
SUTAB 1.479-0.188- 0.225 GRAM TABLET ^{MO}	3	
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC ^{MO}	4	
ursodiol 250 mg TABLET ^{MO}	3	
ursodiol 300 mg CAPSULE ^{MO}	3	
ursodiol 500 mg TABLET ^{MO}	4	
VOWST 1 X 10EXP6 TO 3 X 10EXP7 CELL CAPSULE ^{DL}	5	PA
XERMELO 250 MG TABLET ^{DL}	5	PA,QL(84 per 28 days)
XIFAXAN 200 MG TABLET ^{MO}	4	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET ^{DL}	5	PA,QL(84 per 28 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine 1 gram/scoop POWDER ^{DL}	5	
CREON 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC ^{MO}	3	
CYSTAGON 150 MG, 50 MG CAPSULE ^{MO}	4	
ELELYSO 200 UNIT RECON SOLUTION ^{DL}	5	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE ^{DL}	5	
REVCovi 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION ^{DL}	5	PA
sapropterin 100 mg POWDER IN PACKET ^{DL}	5	PA
sodium phenylbutyrate 0.94 gram/gram POWDER ^{DL}	5	
sodium phenylbutyrate 500 mg TABLET ^{DL}	5	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION ^{DL}	5	PA
WELIREG 40 MG TABLET ^{DL}	5	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION ^{DL}	5	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION ^{DL}	5	PA
ZENPEP 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT CAPSULE, DR/EC ^{MO}	4	

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GENITOURINARY AGENTS		
alfuzosin 10 mg TABLET, ER 24 HR. ^{MO}	1	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET ^{MO}	3	
dutasteride 0.5 mg CAPSULE ^{MO}	3	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. ^{MO}	3	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE ^{MO}	4	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. ^{MO}	3	QL(30 per 30 days)
finasteride 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
GEMTESA 75 MG TABLET ^{MO}	4	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. ^{MO}	3	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON ^{MO}	3	QL(300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR. ^{MO}	3	QL(60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. ^{MO}	3	QL(60 per 30 days)
oxybutynin chloride 5 mg TABLET ^{MO}	3	
oxybutynin chloride 5 mg/5 ml SYRUP ^{MO}	3	
silodosin 4 mg, 8 mg CAPSULE ^{MO}	3	QL(30 per 30 days)
solifenacin 10 mg, 5 mg TABLET ^{MO}	4	QL(30 per 30 days)
tadalafil 5 mg TABLET ^{MO}	4	PA
tamsulosin 0.4 mg CAPSULE ^{MO}	2	
tolterodine 1 mg, 2 mg TABLET ^{MO}	4	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. ^{MO}	3	QL(30 per 30 days)
trospium 20 mg TABLET ^{MO}	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
betamethasone acet,sod phos 6 mg/ml SUSPENSION ^{MO}	3	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET ^{MO}	2	
dexamethasone 0.5 mg/5 ml ELIXIR ^{MO}	2	
dexamethasone 0.5 mg/5 ml SOLUTION ^{MO}	2	
dexamethasone intensol 1 mg/ml DROPS ^{MO}	2	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION ^{MO}	2	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE ^{MO}	2	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION ^{MO}	2	
dexamethasone sodium phosphate 4 mg/ml SYRINGE ^{MO}	2	
fludrocortisone 0.1 mg TABLET ^{MO}	2	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET ^{MO}	2	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK ^{MO}	2	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION ^{MO}	2	

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methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION ^{MO}	4	
prednisolone 15 mg/5 ml SOLUTION ^{MO}	2	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION ^{MO}	2	
prednisolone sodium phosphate 20 mg/5 ml (4 mg/ml) SOLUTION ^{MO}	4	
prednisolone sodium phosphate 25 mg/5 ml (5 mg/ml) SOLUTION ^{MO}	3	
prednisone 1 mg, 2.5 mg, 50 mg TABLET ^{MO}	1	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET ^{MO}	1	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK ^{MO}	2	
prednisone 5 mg/5 ml SOLUTION ^{MO}	4	BvsD
prednisone intensol 5 mg/ml CONCENTRATE ^{MO}	3	BvsD
SOLU-MEDROL 2 GRAM RECON SOLUTION ^{MO}	4	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION ^{MO}	4	
triamcinolone acetonide 0.025 %, 0.1 % LOTION ^{MO}	3	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT ^{MO}	2	
triamcinolone acetonide 0.025 %, 0.5 % CREAM ^{MO}	2	
triamcinolone acetonide 0.1 % CREAM ^{MO}	2	
triderm 0.1 %, 0.5 % CREAM ^{MO}	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION ^{MO}	4	PA
desmopressin 0.1 mg TABLET ^{MO}	3	
desmopressin 0.2 mg TABLET ^{MO}	4	
INCRELEX 10 MG/ML SOLUTION ^{DL}	5	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE ^{DL}	5	PA
OMNITROPE 5.8 MG RECON SOLUTION ^{DL}	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
abigale 1-0.5 mg TABLET ^{MO}	2	
abigale lo 0.5-0.1 mg TABLET ^{MO}	2	
afirmelle 0.1-20 mg-mcg TABLET ^{MO}	2	
altavera (28) 0.15-0.03 mg TABLET ^{MO}	2	
alyacen 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	2	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	2	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET ^{MO}	4	

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apri 0.15-0.03 mg TABLET ^{MO}	2	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	2	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
aubra 0.1-20 mg-mcg TABLET ^{MO}	2	
aubra eq 0.1-20 mg-mcg TABLET ^{MO}	2	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	2	
aurovela 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	3	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	2	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	2	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	2	
aviane 0.1-20 mg-mcg TABLET ^{MO}	2	
ayuna 0.15-0.03 mg TABLET ^{MO}	2	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	2	
balziva (28) 0.4-35 mg-mcg TABLET ^{MO}	4	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	2	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	2	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	2	
briellyn 0.4-35 mg-mcg TABLET ^{MO}	4	
camila 0.35 mg TABLET ^{MO}	2	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
chateal eq (28) 0.15-0.03 mg TABLET ^{MO}	2	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY ^{MO}	4	QL(8 per 28 days)
conjugated estrogens 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg TABLET ^{MO}	4	
cryselle (28) 0.3-30 mg-mcg TABLET ^{MO}	2	
cyred 0.15-0.03 mg TABLET ^{MO}	2	
cyred eq 0.15-0.03 mg TABLET ^{MO}	2	
danazol 100 mg, 200 mg, 50 mg CAPSULE ^{MO}	4	
dasetta 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	2	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	2	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
deblitane 0.35 mg TABLET ^{MO}	2	
DEPO-ESTRADIOL 5 MG/ML OIL ^{MO}	4	

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DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE ^{MO}	3	QL(0.65 per 90 days)
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	2	
dolishale 90-20 mcg (28) TABLET ^{MO}	4	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY ^{MO}	3	QL(8 per 28 days)
drosiprone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET ^{MO}	2	
DUAVEE 0.45-20 MG TABLET ^{MO}	4	PA,QL(30 per 30 days)
elinest 0.3-30 mg-mcg TABLET ^{MO}	2	
eluryng 0.12-0.015 mg/24 hr RING ^{MO}	3	QL(1 per 28 days)
emzahh 0.35 mg TABLET ^{MO}	2	
ENDOMETRIN 100 MG INSERT ^{MO}	4	
enilloring 0.12-0.015 mg/24 hr RING ^{MO}	3	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	2	
enskyce 0.15-0.03 mg TABLET ^{MO}	2	
errin 0.35 mg TABLET ^{MO}	2	
estarylla 0.25-0.035 mg TABLET ^{MO}	2	
estradiol 0.01 % (0.1 mg/gram) CREAM ^{MO}	3	
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY ^{MO}	2	QL(4 per 28 days)
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY ^{MO}	3	QL(8 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	1	
estradiol 10 mcg TABLET ^{MO}	3	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL ^{MO}	4	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET ^{MO}	2	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING ^{MO}	4	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET ^{MO}	2	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING ^{MO}	3	QL(1 per 28 days)
falmina (28) 0.1-20 mg-mcg TABLET ^{MO}	2	
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	2	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING ^{MO}	4	
gallifrey 5 mg TABLET ^{MO}	3	
hailey 1.5-30 mg-mcg TABLET ^{MO}	2	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	2	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	2	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	2	
haloette 0.12-0.015 mg/24 hr RING ^{MO}	3	QL(1 per 28 days)

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heather 0.35 mg TABLET ^{MO}	2	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
incassia 0.35 mg TABLET ^{MO}	2	
introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
isibloom 0.15-0.03 mg TABLET ^{MO}	2	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET ^{MO}	2	
jencycla 0.35 mg TABLET ^{MO}	2	
juleber 0.15-0.03 mg TABLET ^{MO}	2	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	2	
junel 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	3	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	2	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	2	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	2	
kalliga 0.15-0.03 mg TABLET ^{MO}	2	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	2	
kelnor 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	2	
kelnor 1/50 (28) 1-50 mg-mcg TABLET ^{MO}	2	
kurvelo (28) 0.15-0.03 mg TABLET ^{MO}	2	
l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	2	
larin 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	3	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	2	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	2	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	2	
leena 28 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	2	
lessina 0.1-20 mg-mcg TABLET ^{MO}	2	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	2	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	2	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg TABLET ^{MO}	2	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
levonorgestrel-ethinyl estrad 90-20 mcg (28) TABLET ^{MO}	4	
levora-28 0.15-0.03 mg TABLET ^{MO}	2	
lo-zumandimine (28) 3-0.02 mg TABLET ^{MO}	2	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET ^{MO}	2	

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LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET ^{MO}	3	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET ^{MO}	2	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET ^{MO}	2	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET ^{MO}	2	
low-ogestrel (28) 0.3-30 mg-mcg TABLET ^{MO}	2	
luizza 1-20 mg-mcg TABLET ^{MO}	3	
luizza 1.5-30 mg-mcg TABLET ^{MO}	2	
lutura (28) 0.1-20 mg-mcg TABLET ^{MO}	2	
lyleq 0.35 mg TABLET ^{MO}	2	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY ^{MO}	3	QL(8 per 28 days)
lyza 0.35 mg TABLET ^{MO}	2	
marlissa (28) 0.15-0.03 mg TABLET ^{MO}	2	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	2	
medroxyprogesterone 150 mg/ml SUSPENSION ^{MO}	2	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE ^{MO}	2	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET ^{MO}	2	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION ^{MO}	3	
megestrol 625 mg/5 ml (125 mg/ml) SUSPENSION ^{MO}	4	
meleya 0.35 mg TABLET ^{MO}	2	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET ^{MO}	3	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	2	
microgestin 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	3	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	2	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	2	
mili 0.25-0.035 mg TABLET ^{MO}	2	
mimvey 1-0.5 mg TABLET ^{MO}	2	
mono-linyah 0.25-0.035 mg TABLET ^{MO}	2	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET ^{MO}	4	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	2	
NEXPLANON 68 MG IMPLANT ^{MO}	3	
nikki (28) 3-0.02 mg TABLET ^{MO}	2	
NORA-BE 0.35 MG TABLET ^{MO}	2	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	3	QL(3 per 28 days)

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noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	4	
norethindrone (contraceptive) 0.35 mg TABLET ^{MO}	2	
norethindrone ac-eth estradiol 1-20 mg-mcg TABLET ^{MO}	3	
norethindrone ac-eth estradiol 1.5-30 mg-mcg TABLET ^{MO}	2	
norethindrone acetate 5 mg TABLET ^{MO}	3	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	2	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg TABLET ^{MO}	2	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	2	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET ^{MO}	2	
nortrel 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	2	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	2	
nylia 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	2	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	2	
ocella 3-0.03 mg TABLET ^{MO}	2	
orquidea 0.35 mg TABLET ^{MO}	2	
philith 0.4-35 mg-mcg TABLET ^{MO}	4	
pimtrex (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	2	
portia 28 0.15-0.03 mg TABLET ^{MO}	2	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET ^{MO}	4	
PREMARIN 0.625 MG/GRAM CREAM ^{MO}	3	
progesterone 50 mg/ml OIL ^{MO}	3	
progesterone micronized 100 mg INSERT ^{MO}	4	
progesterone micronized 100 mg, 200 mg CAPSULE ^{MO}	3	
raloxifene 60 mg TABLET ^{MO}	2	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET ^{MO}	2	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
sharobel 0.35 mg TABLET ^{MO}	2	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	2	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	2	QL(91 per 90 days)
sprintec (28) 0.25-0.035 mg TABLET ^{MO}	2	
sronyx 0.1-20 mg-mcg TABLET ^{MO}	2	
syeda 3-0.03 mg TABLET ^{MO}	2	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	2	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	2	

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tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	2	
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET ^{MO}	3	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET ^{MO}	3	PA,QL(150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP ^{MO}	3	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL ^{MO}	3	PA
testosterone enanthate 200 mg/ml OIL ^{MO}	2	PA,QL(25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	2	
tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	2	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	2	
tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	2	
tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	2	
tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	2	
tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	2	
tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	2	
tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	2	
tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	2	
tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	2	
tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	2	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	2	
tulana 0.35 mg TABLET ^{MO}	2	
turqoz (28) 0.3-30 mg-mcg TABLET ^{MO}	2	
valtya 1-35 mg-mcg, 1-50 mg-mcg TABLET ^{MO}	2	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET ^{MO}	2	
vestura (28) 3-0.02 mg TABLET ^{MO}	2	
vienva 0.1-20 mg-mcg TABLET ^{MO}	2	
violele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	2	
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	2	
vyfemla (28) 0.4-35 mg-mcg TABLET ^{MO}	4	
vylibra 0.25-0.035 mg TABLET ^{MO}	2	
wera (28) 0.5-35 mg-mcg TABLET ^{MO}	2	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	4	
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	2	
xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	4	
xulane 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	3	QL(3 per 28 days)
zafemy 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	3	QL(3 per 28 days)
zarah 3-0.03 mg TABLET ^{MO}	2	

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zovia 1-35 (28) 1-35 mg-mcg TABLET ^{MO}	2	
zumandimine (28) 3-0.03 mg TABLET ^{MO}	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET ^{MO}	3	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	3	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET ^{MO}	1	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET ^{MO}	1	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	1	
liomny 25 mcg, 5 mcg, 50 mcg TABLET ^{MO}	3	
liothyronine 10 mcg/ml SOLUTION ^{MO}	3	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET ^{MO}	3	
np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET ^{MO}	3	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	3	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg TABLET ^{MO}	3	
ELIGARD 7.5 MG (1 MONTH) SYRINGE ^{MO}	4	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE ^{MO}	4	PA
ELIGARD (4 MONTH) 30 MG SYRINGE ^{MO}	4	PA
ELIGARD (6 MONTH) 45 MG SYRINGE ^{MO}	4	PA
FIRMAGON 120 MG RECON SOLUTION ^{DL}	5	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION ^{DL}	5	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION ^{MO}	4	PA
lanreotide 120 mg/0.5 ml SYRINGE ^{DL}	5	PA,QL(0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE ^{DL}	5	PA,QL(0.2 per 28 days)
lanreotide 90 mg/0.3 ml SYRINGE ^{DL}	5	PA,QL(0.3 per 28 days)
leuprolide 1 mg/0.2 ml KIT ^{MO}	4	
leuprolide acetate (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION ^{MO}	4	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT	5	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT ^{DL}	5	PA,QL(1 per 30 days)

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LUPRON DEPOT (3 MONTH) 11.25 MG SYRINGE KIT	5	PA,QL(1 per 90 days)
LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION ^{MO}	4	PA,QL(1 per 90 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml SOLUTION ^{MO}	4	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE ^{MO}	4	PA
octreotide acetate 50 mcg/ml SOLUTION ^{MO}	3	PA
octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON ^{DL}	5	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON ^{DL}	5	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION ^{DL}	5	PA,QL(60 per 30 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION ^{DL}	5	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION ^{DL}	5	PA,QL(30 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION ^{MO}	4	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET ^{MO}	2	
propylthiouracil 50 mg TABLET ^{MO}	2	
IMMUNOLOGICAL AGENTS		
ABRYSCO (PF) 120 MCG/0.5 ML RECON SOLUTION ^{AV,DL}	1	
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION ^{DL}	1	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION ^{DL}	5	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION ^{AV,DL}	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE ^{AV,DL}	1	
ADALIMUMAB-ADAZ 10 MG/0.1 ML SYRINGE ^{DL}	5	PA,QL(0.2 per 28 days)
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE ^{DL}	5	PA,QL(1.2 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR ^{DL}	5	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE ^{DL}	5	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR ^{DL}	5	PA,QL(4.8 per 28 days)
ADALIMUMAB-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT ^{DL}	5	PA,QL(2 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	5	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT ^{DL}	5	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	5	PA,QL(6 per 28 days)

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ADALIMUMAB-ADBM(CF) PEN PS-UV 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	5	PA,QL(6 per 28 days)
ARCALYST 220 MG RECON SOLUTION ^{DL}	5	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	
azathioprine 50 mg TABLET ^{MO}	2	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	
BENLYSTA 120 MG RECON SOLUTION ^{DL}	5	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR ^{DL}	5	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE ^{DL}	5	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION ^{DL}	5	PA,QL(6 per 28 days)
BESREMI 500 MCG/ML SYRINGE ^{DL}	5	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION ^{AV,DL}	1	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE ^{AV,DL}	1	
COSENTYX 150 MG/ML SYRINGE ^{DL}	5	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE ^{DL}	5	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE ^{DL}	5	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR ^{DL}	5	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR ^{DL}	5	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR ^{DL}	5	PA,QL(8 per 28 days)
cyclosporine 100 mg, 25 mg CAPSULE ^{MO}	4	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	4	BvsD
cyclosporine modified 100 mg/ml SOLUTION ^{MO}	4	BvsD
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION ^{DL}	1	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	1	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR ^{DL}	5	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR ^{DL}	5	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE ^{DL}	5	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE ^{DL}	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE ^{DL}	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION ^{DL}	5	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE ^{DL}	5	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR ^{DL}	5	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION ^{AV,DL}	1	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE ^{AV,DL}	1	BvsD

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ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE ^{AV,DL}	1	BvsD
ENVARUSUS XR 0.75 MG, 1 MG, 4 MG TABLET, ER 24 HR. ^{MO}	4	PA
everolimus (immunosuppressive) 0.25 mg TABLET ^{MO}	4	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET ^{DL}	5	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET ^{DL}	5	BvsD,QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION ^{DL}	5	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION ^{DL}	5	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION ^{AV,DL}	1	
GARDASIL 9 (PF) 0.5 ML SYRINGE ^{AV,DL}	1	
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION ^{DL}	5	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML SYRINGE ^{AV,DL}	1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML SYRINGE ^{DL}	1	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE ^{AV,DL}	1	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION ^{DL}	1	
HUMIRA 40 MG/0.8 ML SYRINGE KIT ^{DL}	5	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	5	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT ^{DL}	5	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT ^{DL}	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT ^{DL}	5	PA,QL(6 per 28 days)
icatibant 30 mg/3 ml SYRINGE ^{DL}	5	PA,QL(18 per 30 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION ^{AV,DL}	1	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE ^{DL}	1	
IPOL 40-8-32 UNIT/0.5 ML SUSPENSION ^{AV,DL}	1	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
JYLAMVO 2 MG/ML SOLUTION ^{MO}	4	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION ^{AV,DL}	1	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE ^{DL}	1	
leflunomide 10 mg, 20 mg TABLET ^{MO}	3	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION ^{AV,DL}	1	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION ^{AV,DL}	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT ^{AV,DL}	1	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION ^{AV,DL}	1	
methotrexate sodium 2.5 mg TABLET ^{MO}	2	BvsD

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methotrexate sodium 25 mg/ml SOLUTION ^{MO}	1	
methotrexate sodium (pf) 1 gram RECON SOLUTION ^{MO}	2	
methotrexate sodium (pf) 25 mg/ml SOLUTION ^{MO}	1	
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	4	BvsD
mycophenolate mofetil 250 mg CAPSULE ^{MO}	2	BvsD
mycophenolate mofetil 500 mg TABLET ^{MO}	3	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION ^{MO}	4	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC ^{MO}	4	BvsD
OTULFI 45 MG/0.5 ML SOLUTION ^{MO}	3	PA,QL(1.5 per 84 days)
OTULFI 45 MG/0.5 ML SYRINGE ^{MO}	3	PA,QL(1.5 per 84 days)
OTULFI 90 MG/ML SYRINGE ^{DL}	5	PA,QL(3 per 84 days)
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE ^{DL}	1	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION ^{DL}	1	
PEGASYS 180 MCG/0.5 ML SYRINGE ^{DL}	5	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION ^{DL}	5	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT ^{AV,DL}	1	
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML KIT ^{AV,DL}	1	
PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT ^{DL}	1	
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET ^{MO}	4	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION ^{DL}	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION ^{DL}	1	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE ^{DL}	1	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION ^{AV,DL}	1	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE ^{AV,DL}	1	BvsD
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. ^{DL}	5	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. ^{DL}	5	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION ^{DL}	5	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION ^{DL}	1	
ROTATEQ VACCINE 2 ML SOLUTION ^{DL}	1	
sajazir 30 mg/3 ml SYRINGE ^{DL}	5	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION ^{MO}	4	BvsD

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SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	
SHINGRIX (PF) 50 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
<i>sirolimus</i> 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	4	BvsD
<i>sirolimus</i> 1 mg/ml SOLUTION ^{MO}	4	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	5	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	5	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR ^{DL}	5	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR ^{DL}	5	PA,QL(16.8 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION ^{DL}	5	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE ^{DL}	5	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE ^{DL}	5	PA,QL(3 per 84 days)
<i>tacrolimus</i> 0.5 mg, 1 mg, 5 mg CAPSULE ^{MO}	3	BvsD
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION ^{AV,DL}	1	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION ^{AV,DL}	1	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE ^{AV,DL}	1	
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
TREMFYA 100 MG/ML SYRINGE	5	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE ^{DL}	5	PA,QL(4 per 28 days)
TREMFYA ONE-PRESS 100 MG/ML AUTO-INJECTOR	5	PA,QL(3 per 84 days)
TREMFYA PEN 100 MG/ML PEN INJECTOR	5	PA,QL(3 per 84 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR ^{DL}	5	PA,QL(4 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN) 200 MG/2 ML PEN INJECTOR ^{DL}	5	PA,QL(4 per 28 days)
TRUMENBA 120 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE ^{AV,DL}	1	
TYENNE 162 MG/0.9 ML SYRINGE ^{DL}	5	PA,QL(3.6 per 28 days)
TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR ^{DL}	5	PA,QL(3.6 per 28 days)
TYPHIM VI 25 MCG/0.5 ML SOLUTION ^{AV,DL}	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE ^{AV,DL}	1	
USTEKINUMAB 45 MG/0.5 ML SOLUTION ^{DL}	5	PA,QL(1.5 per 84 days)
USTEKINUMAB 45 MG/0.5 ML SYRINGE ^{DL}	5	PA,QL(1.5 per 84 days)
USTEKINUMAB 90 MG/ML SYRINGE ^{DL}	5	PA,QL(3 per 84 days)
VAQTA (PF) 25 UNIT/0.5 ML SUSPENSION ^{DL}	1	
VAQTA (PF) 25 UNIT/0.5 ML SYRINGE ^{DL}	1	
VAQTA (PF) 50 UNIT/ML SUSPENSION ^{AV,DL}	1	
VAQTA (PF) 50 UNIT/ML SYRINGE ^{AV,DL}	1	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	

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VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION ^{AV,MO}	1	
VIMKUNYA 40 MCG/0.8 ML SYRINGE ^{AV,DL}	1	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC ^{AV,MO}	1	
XATMEP 2.5 MG/ML SOLUTION ^{MO}	4	PA
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR ^{DL,LA}	5	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE ^{DL,LA}	5	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR ^{DL,LA}	5	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE ^{DL,LA}	5	PA,QL(4 per 28 days)
YESINTEK 45 MG/0.5 ML SOLUTION ^{MO}	3	PA,QL(1.5 per 84 days)
YESINTEK 45 MG/0.5 ML SYRINGE ^{MO}	3	PA,QL(1.5 per 84 days)
YESINTEK 90 MG/ML SYRINGE ^{DL}	5	PA,QL(3 per 84 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION ^{AV,DL}	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
balsalazide 750 mg CAPSULE ^{MO}	3	
budesonide 3 mg CAPSULE, DR/EC ^{MO}	3	
budesonide 9 mg TABLET, DR/ER ^{DL}	5	PA,QL(30 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA ^{MO}	3	
mesalamine 0.375 gram CAPSULE, ER 24 HR. ^{MO}	4	QL(120 per 30 days)
mesalamine 1,000 mg SUPPOSITORY ^{MO}	4	QL(30 per 30 days)
mesalamine 4 gram/60 ml ENEMA ^{MO}	4	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET ^{MO}	1	
sulfasalazine 500 mg TABLET, DR/EC ^{MO}	2	
METABOLIC BONE DISEASE AGENTS		
alendronate 10 mg, 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
alendronate 35 mg TABLET ^{MO}	1	QL(4 per 28 days)
alendronate 70 mg TABLET ^{MO}	1	QL(4 per 28 days)
alendronate 70 mg/75 ml SOLUTION ^{MO}	4	QL(300 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL ^{MO}	3	QL(3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg CAPSULE ^{MO}	2	
calcitriol 1 mcg/ml SOLUTION ^{MO}	4	
cinacalcet 30 mg, 60 mg TABLET ^{MO}	4	QL(60 per 30 days)
cinacalcet 90 mg TABLET ^{MO}	4	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE ^{MO}	4	
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR ^{DL}	5	PA,QL(2.24 per 28 days)
ibandronate 150 mg TABLET ^{MO}	2	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION ^{MO}	4	PA,QL(3 per 90 days)

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ibandronate 3 mg/3 ml SYRINGE ^{MO}	4	PA,QL(3 per 90 days)
paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE ^{MO}	4	
PROLIA 60 MG/ML SYRINGE ^{MO}	4	QL(1 per 180 days)
risedronate 150 mg TABLET ^{MO}	3	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET ^{MO}	3	QL(30 per 30 days)
risedronate 35 mg TABLET ^{MO}	3	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC ^{MO}	4	QL(4 per 28 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR ^{DL}	5	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION ^{DL}	5	PA,QL(1.7 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK ^{MO}	4	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION ^{MO}	4	
zoledronic acid 4 mg/5 ml SOLUTION ^{MO}	4	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK ^{MO}	4	QL(300 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK ^{MO}	1	PA,QL(100 per 365 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION	5	PA
ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	1	
ALCOHOL SWABS PADS, MEDICATED ^{MO}	1	
ALCOHOL WIPES PADS, MEDICATED ^{MO}	1	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN ^{MO}	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN ^{MO}	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN ^{MO}	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE ^{PDS,MO}	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE ^{MO}	1	
BD ALCOHOL SWABS PADS, MEDICATED ^{MO}	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE ^{PDS,MO}	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{PDS,MO}	1	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE ^{PDS,MO}	1	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	

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BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE ^{PDS,MO}	1	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE ^{PDS,MO}	1	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE ^{PDS,MO}	1	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE ^{PDS,MO}	1	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE ^{PDS,MO}	1	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
BORDERED GAUZE 2 X 2 " BANDAGE ^{MO}	1	
butalbital-acetaminophen-caff 50-325-40 mg TABLET ^{MO}	2	QL(180 per 30 days)
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED ^{MO}	1	
CEQR SIMPLICITY 2 UNIT DEVICE ^{MO}	3	
CEQR SIMPLICITY INSERTER MISCELLANEOUS ^{MO}	3	
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE ^{DL}	4	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK ^{DL}	4	PA,QL(56 per 28 days)
CURITY ALCOHOL SWABS PADS, MEDICATED ^{MO}	1	
CURITY GAUZE 2 X 2 " BANDAGE ^{MO}	1	
DERMACEA 2 X 2 " BANDAGE ^{MO}	1	
DROPLET INSULIN SYR(HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE ^{PDS,MO}	1	
DROPLET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	

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DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE ^{PDS,MO}	1	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	1	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE ^{MO}	4	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED ^{MO}	1	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	1	
EASYLIFE ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
GAUZE BANDAGE 2 X 2 " BANDAGE ^{MO}	1	
GAUZE PAD 2 X 2 " BANDAGE ^{MO}	1	
INCONTROL ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{PDS,MO}	1	
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
IV PREP WIPES PADS, MEDICATED ^{MO}	1	
mifepristone 300 mg TABLET ^{DL}	5	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD ^{MO}	3	
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
nitroglycerin 0.4 % (w/w) OINTMENT ^{MO}	4	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN ^{MO}	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS) CARTRIDGE ^{MO}	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE ^{MO}	3	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE ^{MO}	3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) CARTRIDGE ^{MO}	3	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE ^{MO}	3	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE ^{MO}	3	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE ^{MO}	3	
OMNIPOD GO PODS CARTRIDGE ^{MO}	3	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE ^{MO}	3	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE ^{MO}	3	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE ^{MO}	3	

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OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE ^{MO}	3	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE ^{MO}	3	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE ^{MO}	3	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE ^{PDS,MO}	1	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
PRO-COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
REZDIFFRA 100 MG, 60 MG, 80 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
sodium chloride 0.9 % SOLUTION ^{MO}	2	
sorbitol-mannitol 2.7-0.54 gram/100 ml SOLUTION ^{MO}	2	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	1	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	1	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED ^{MO}	1	
ULTILET ALCOHOL SWAB PADS, MEDICATED ^{MO}	1	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{PDS,MO}	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{PDS,MO}	1	
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE ^{PDS,MO}	1	
WEBCOL PADS, MEDICATED ^{MO}	1	
XDEMVI 0.25 % DROPS ^{MO}	4	PA,QL(10 per 42 days)
OPHTHALMIC AGENTS		
atropine 1 % DROPS ^{MO}	2	
ATROPINE SULFATE (PF) 1 % DROPPERETTE ^{MO}	2	
azelastine 0.05 % DROPS ^{MO}	2	
bacitracin 500 unit/gram OINTMENT ^{MO}	3	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT ^{MO}	2	
BETADINE OPHTHALMIC PREP 5 % SOLUTION ^{MO}	4	
betaxolol 0.5 % DROPS ^{MO}	2	
bimatoprost 0.01 % DROPS ^{MO}	3	QL(2.5 per 25 days)
brimonidine 0.2 % DROPS ^{MO}	1	
carteolol 1 % DROPS ^{MO}	1	

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ciprofloxacin hcl 0.3 % DROPS ^{MO}	1	
COMBIGAN 0.2-0.5 % DROPS ^{MO}	3	
cromolyn 4 % DROPS ^{MO}	1	
cyclosporine 0.05 % DROPPERETTE ^{MO}	3	QL(60 per 30 days)
CYSTARAN 0.44 % DROPS ^{DL}	5	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS ^{MO}	2	
diclofenac sodium 0.1 % DROPS ^{MO}	2	
dorzolamide 2 % DROPS ^{MO}	1	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS ^{MO}	1	
dorzolamide-timolol (pf) 2-0.5 % DROPPERETTE ^{MO}	4	QL(60 per 30 days)
erythromycin 5 mg/gram (0.5 %) OINTMENT ^{MO}	2	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION ^{MO}	3	QL(16.6 per 30 days)
fluorometholone 0.1 % DROPS, SUSPENSION ^{MO}	3	
flurbiprofen sodium 0.03 % DROPS ^{MO}	2	
gatifloxacin 0.5 % DROPS ^{MO}	3	QL(2.5 per 25 days)
gentamicin 0.3 % DROPS ^{MO}	2	
ILEVRO 0.3 % DROPS, SUSPENSION ^{MO}	3	QL(3 per 30 days)
ketorolac 0.4 %, 0.5 % DROPS ^{MO}	3	QL(10 per 30 days)
latanoprost 0.005 % DROPS ^{MO}	1	QL(5 per 25 days)
levobunolol 0.5 % DROPS ^{MO}	1	
LOTEMAX SM 0.38 % DROPS, GEL ^{MO}	4	
loteprednol etabonate 0.2 %, 0.5 % DROPS, SUSPENSION ^{MO}	4	
loteprednol etabonate 0.5 % DROPS, GEL ^{MO}	4	
LUMIGAN 0.01 % DROPS ^{MO}	3	QL(2.5 per 25 days)
methazolamide 25 mg, 50 mg TABLET ^{MO}	4	
moxifloxacin 0.5 % DROPS ^{MO}	3	
NATACYN 5 % DROPS, SUSPENSION ^{MO}	4	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT ^{MO}	3	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT ^{MO}	2	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT ^{MO}	2	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION ^{MO}	2	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS ^{MO}	2	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION ^{MO}	3	

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ofloxacin 0.3 % DROPS ^{MO}	2	
pilocarpine hcl 1 %, 2 %, 4 % DROPS ^{MO}	3	
polycin 500-10,000 unit/gram OINTMENT ^{MO}	2	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS ^{MO}	1	
prednisolone acetate 1 % DROPS, SUSPENSION ^{MO}	3	
prednisolone sodium phosphate 1 % DROPS ^{MO}	2	
RHOPRESSA 0.02 % DROPS ^{MO}	3	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS ^{MO}	3	ST
SIMBRINZA 1-0.2 % DROPS, SUSPENSION ^{MO}	4	
sulfacetamide sodium 10 % DROPS ^{MO}	2	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS ^{MO}	2	
timolol 0.5 % DROPS ^{MO}	4	
timolol maleate 0.25 % DROPS ^{MO}	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION ^{MO}	4	
timolol maleate 0.5 % DROPS ^{MO}	1	
timolol maleate 0.5 % DROPS, ONCE DAILY ^{MO}	4	
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE ^{MO}	4	
tobramycin 0.3 % DROPS ^{MO}	2	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION ^{MO}	2	
travoprost 0.004 % DROPS ^{MO}	3	QL(2.5 per 25 days)
trifluridine 1 % DROPS ^{MO}	3	
VYZULTA 0.024 % DROPS ^{MO}	4	QL(2.5 per 25 days)
OTIC AGENTS		
fluocinolone acetonide oil 0.01 % DROPS ^{MO}	2	
hydrocortisone-acetic acid 1-2 % DROPS ^{MO}	3	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION ^{MO}	2	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION ^{MO}	2	
ofloxacin 0.3 % DROPS ^{MO}	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION ^{MO}	3	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET ^{DL}	5	PA,QL(90 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	3	QL(12 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	3	QL(32.1 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml SOLUTION FOR NEBULIZATION ^{MO}	2	BvsD
albuterol sulfate 2 mg, 4 mg TABLET ^{MO}	4	

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albuterol sulfate 2 mg/5 ml SYRUP ^{MO}	1	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION ^{MO}	2	BvsD
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER ^{MO}	3	QL(36 per 30 days)
alyq 20 mg TABLET ^{MO}	4	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET ^{DL}	5	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION ^{MO}	2	
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION ^{MO}	4	BvsD,QL(120 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE ^{MO}	3	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	4	PA,QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR ^{MO}	3	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL ^{MO}	2	QL(30 per 25 days)
azelastine 205.5 mcg (0.15 %) SPRAY, NON-AEROSOL ^{MO}	3	QL(30 per 25 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE ^{MO}	3	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	3	QL(10.7 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION ^{MO}	4	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{DL}	5	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION ^{MO}	2	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST ^{MO}	4	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE ^{MO}	4	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION ^{MO}	3	BvsD
desloratadine 5 mg TABLET ^{MO}	3	QL(30 per 30 days)
diphenhydramine hcl 50 mg/ml SOLUTION ^{MO}	4	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR ^{MO}	3	QL(4 per 30 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR ^{DL}	5	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL ^{MO}	3	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE ^{MO}	3	QL(60 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION ^{MO}	2	QL(16 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	3	
ipratropium bromide 0.02 % SOLUTION ^{MO}	2	BvsD
ipratropium bromide 17 mcg/actuation HFA AEROSOL INHALER ^{MO}	4	PA,QL(25.8 per 30 days)
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL ^{MO}	2	QL(30 per 30 days)

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ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL ^{MO}	2	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION ^{MO}	2	BvsD
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER ^{MO}	4	ST,QL(30 per 30 days)
levocetirizine 5 mg TABLET ^{MO}	1	QL(30 per 30 days)
macitentan 10 mg TABLET ^{DL}	5	PA,QL(30 per 30 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL ^{MO}	4	QL(34 per 30 days)
montelukast 10 mg TABLET ^{MO}	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET ^{MO}	4	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET ^{MO}	1	QL(30 per 30 days)
nintedanib 100 mg, 150 mg CAPSULE ^{DL}	5	PA,QL(60 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR ^{DL}	5	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE ^{DL}	5	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE ^{DL}	5	PA,QL(0.4 per 28 days)
OPSUMIT 10 MG TABLET ^{DL}	5	PA,QL(30 per 30 days)
pirfenidone 267 mg CAPSULE ^{DL}	5	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET ^{DL}	5	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET ^{DL}	5	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION ^{DL}	5	BvsD
roflumilast 250 mcg TABLET ^{MO}	3	QL(28 per 365 days)
roflumilast 500 mcg TABLET ^{MO}	3	QL(30 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET ^{MO}	3	PA,QL(360 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST ^{MO}	3	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE ^{MO}	3	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST ^{MO}	3	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST ^{MO}	3	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	3	QL(30.6 per 30 days)
tadalafil (pulm. hypertension) 20 mg TABLET ^{MO}	4	PA,QL(60 per 30 days)
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. ^{MO}	4	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. ^{MO}	4	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE ^{MO}	3	QL(60 per 30 days)
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL ^{DL}	5	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL ^{DL}	5	PA,QL(56 per 28 days)

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UPTRAVI 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG TABLET ^{DL}	5	PA,QL(60 per 30 days)
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK ^{DL}	5	PA,QL(200 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	3	QL(36 per 30 days)
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT ^{DL}	5	PA
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE ^{MO}	3	QL(60 per 30 days)
zafirlukast 10 mg, 20 mg TABLET ^{MO}	4	QL(60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
chlorzoxazone 500 mg TABLET ^{MO}	4	
cyclobenzaprine 10 mg, 5 mg TABLET ^{MO}	4	
methocarbamol 500 mg, 750 mg TABLET ^{MO}	2	
SLEEP DISORDER AGENTS		
BELSOMRA 10 MG TABLET ^{MO}	3	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET ^{MO}	3	QL(30 per 30 days)
BELSOMRA 5 MG TABLET ^{MO}	3	QL(120 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET ^{MO}	4	QL(30 per 30 days)
modafinil 100 mg, 200 mg TABLET ^{MO}	3	QL(60 per 30 days)
ramelteon 8 mg TABLET ^{MO}	4	QL(30 per 30 days)
sodium oxybate 500 mg/ml SOLUTION ^{DL}	5	PA,QL(540 per 30 days)
tasimelteon 20 mg CAPSULE ^{DL}	5	PA,QL(30 per 30 days)
temazepam 15 mg CAPSULE ^{DL}	3	QL(30 per 30 days)
temazepam 30 mg CAPSULE ^{DL}	3	QL(30 per 30 days)
zaleplon 10 mg, 5 mg CAPSULE ^{MO}	3	QL(30 per 30 days)
zolpidem 10 mg, 5 mg TABLET ^{MO}	2	QL(30 per 30 days)
zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE ^{MO}	2	QL(30 per 30 days)
(*) Not A Part D Drug		
24 hour allergy relief 50 mcg/actuation SPRAY, SUSPENSION	*	
3-day vaginal 2 % CREAM	*	
8 hour pain reliever 650 mg TABLET ER	*	
8hr muscle aches-pain 650 mg TABLET ER	*	
acetaminophen 120 mg, 650 mg SUPPOSITORY	*	
acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SOLUTION	*	
acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SUSPENSION	*	
acetaminophen 160 mg/5 ml, 500 mg/15 ml LIQUID	*	

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acetaminophen 325 mg, 500 mg TABLET	*	
acetaminophen 650 mg TABLET ER	*	
acid gone antacid 95-358 mg/15 ml SUSPENSION	*	
acid reducer (famotidine) 10 mg, 20 mg TABLET	*	
acid reducer complete (famot) 10-800-165 mg CHEWABLE TABLET	*	
acid reducer-antacid 10-800-165 mg CHEWABLE TABLET	*	
ACNE MEDICATION 10 % LOTION	*	
ACNE MEDICATION 10 %, 2.5 %, 5 % GEL	*	
adult aspirin regimen 81 mg TABLET, DR/EC	*	
ala-hist ir 2 mg TABLET	*	
ALAWAY 0.025 % (0.035 %) DROPS	*	
all day allergy (cetirizine) 10 mg TABLET	*	
all day pain relief 220 mg TABLET	*	
all day relief 220 mg TABLET	*	
ALLER-CHLOR 4 MG TABLET	*	
aller-ease 180 mg TABLET	*	
aller-g-time 25 mg TABLET	*	
allergy 12.5 mg/5 ml LIQUID	*	
allergy (chlorpheniramine) 4 mg TABLET	*	
allergy (diphenhydramine) 25 mg CAPSULE	*	
allergy (diphenhydramine) 25 mg TABLET	*	
allergy relief (cetirizine) 10 mg, 5 mg TABLET	*	
allergy relief (fexofenadine) 180 mg, 60 mg TABLET	*	
allergy relief (fluticasone) 50 mcg/actuation SPRAY, SUSPENSION	*	
allergy relief (loratadine) 10 mg TABLET	*	
allergy relief (loratadine) 5 mg/5 ml SOLUTION	*	
allergy relief(chlorpheniramn) 4 mg TABLET	*	
allergy relief(diphenhydramin) 12.5 mg/5 ml LIQUID	*	
allergy relief(diphenhydramin) 25 mg CAPSULE	*	
allergy relief(diphenhydramin) 25 mg TABLET	*	
allergy-time 4 mg TABLET	*	
almacone-2 400-400-40 mg/5 ml SUSPENSION	*	
alum-mag hydroxide-simeth 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
aluminum hydroxide gel 320 mg/5 ml SUSPENSION	*	
ammonium lactate 12 % CREAM	*	
antacid (calcium carbonate) 200 mg calcium (500 mg) CHEWABLE TABLET	*	

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antacid anti-gas 400-400-40 mg/5 ml SUSPENSION	*	
antacid ext str (calcium carb) 300 mg (750 mg) CHEWABLE TABLET	*	
antacid regular strength 200-200-20 mg/5 ml SUSPENSION	*	
antacid ultra strength 400 mg calcium (1,000 mg) CHEWABLE TABLET	*	
antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
anti-diarrheal (loperamide) 1 mg/7.5 ml LIQUID	*	
anti-diarrheal (loperamide) 2 mg CAPSULE	*	
anti-diarrheal (loperamide) 2 mg TABLET	*	
anti-itch (hc) 1 % CREAM	*	QL(240 per 30 days)
antifungal (clotrimazole) 1 % CREAM	*	
antifungal (miconazole) 2 % CREAM	*	
antifungal (tolnaftate) 1 % CREAM	*	
arthritis pain relief (acetam) 650 mg TABLET ER	*	
artificial tears(pvalch-povid) 0.5-0.6 % DROPS	*	
aspirin 300 mg SUPPOSITORY	*	
aspirin 325 mg TABLET	*	
aspirin 325 mg, 81 mg TABLET, DR/EC	*	
aspirin 81 mg CHEWABLE TABLET	*	
aspirin,buffd-calcium carb-mag 325 mg TABLET	*	
athlete's foot (clotrimazole) 1 % CREAM	*	
BACMIN 27 MG IRON- 1 MG TABLET	*	
banophen 25 mg TABLET	*	
banophen 25 mg, 50 mg CAPSULE	*	
benzoyl peroxide 10 %, 2.5 %, 5 % GEL	*	
benzoyl peroxide 5 % CLEANSER	*	
BETADINE 10 % SOLUTION	*	
bisacodyl 10 mg SUPPOSITORY	*	
bisacodyl 5 mg TABLET, DR/EC	*	
bismuth subsalicylate 262 mg CHEWABLE TABLET	*	
budesonide 32 mcg/actuation SPRAY, NON-AEROSOL	*	
cal-gest antacid 200 mg calcium (500 mg) CHEWABLE TABLET	*	
calcium antacid 200 mg calcium (500 mg), 300 mg (750 mg) CHEWABLE TABLET	*	
calcium carbonate 500 mg/5 ml (1,250 mg/5 ml) SUSPENSION	*	
calcium carbonate-vitamin d3 500 mg-5 mcg (200 unit) TABLET	*	
carboxymethylcellulose sodium 0.5 % DROPPERETTE	*	

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carboxymethylcellulose sodium 0.5 % DROPS	*	
cetirizine 1 mg/ml SOLUTION	*	QL(300 per 30 days)
cetirizine 10 mg, 5 mg CHEWABLE TABLET	*	
cetirizine 10 mg, 5 mg TABLET	*	
cetirizine 5 mg/5 ml SOLUTION	*	
child allergy relf(cetirizine) 1 mg/ml SOLUTION	*	QL(300 per 30 days)
child pain rel-fever reducer 120 mg SUPPOSITORY	*	
child's all day allergy(cetir) 1 mg/ml SOLUTION	*	QL(300 per 30 days)
children's acetaminophen 160 mg/5 ml LIQUID	*	
children's acetaminophen 160 mg/5 ml, 160 mg/5 ml (5 ml) SUSPENSION	*	
CHILDREN'S ALAWAY 0.025 % (0.035 %) DROPS	*	
children's allergy (diphenhyd) 12.5 mg/5 ml LIQUID	*	
children's allergy relief(fex) 30 mg/5 ml SUSPENSION	*	
children's allergy relief(lor) 5 mg/5 ml SOLUTION	*	
children's cetirizine 1 mg/ml SOLUTION	*	QL(300 per 30 days)
children's cetirizine 10 mg CHEWABLE TABLET	*	
children's ibuprofen 100 mg/5 ml SUSPENSION	*	
children's mapap 80 mg CHEWABLE TABLET	*	
children's pain relief 160 mg/5 ml SUSPENSION	*	
children's pain reliever 160 mg/5 ml SUSPENSION	*	
children's pain-fever relief 160 mg/5 ml LIQUID	*	
children's pain-fever relief 160 mg/5 ml SUSPENSION	*	
cholecalciferol (vitamin d3) 250 mcg (10,000 unit) CAPSULE	*	
chromium chloride 4 mcg/ml SOLUTION	*	
clearlax 17 gram POWDER IN PACKET	*	
clotrimazole 1 % CREAM	*	
clotrimazole-3 2 % CREAM	*	
COLACE 100 MG CAPSULE	*	
copper chloride 0.4 mg/ml SOLUTION	*	
corvita 1.25-2.5-7 mg TABLET	*	
CORVITE 1.25-2.5-7 MG TABLET	*	
cupric chloride 0.4 mg/ml SOLUTION	*	
cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL	*	
DIALYVITE 1-100-300-50 MG-MG-MCG-MG, 100-1 MG TABLET	*	
DIALYVITE 3000 3-70-15 MG-MCG-MG TABLET	*	
DIALYVITE 5000 5 MG TABLET	*	

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DIALYVITE SUPREME D 3-2,000 MG-UNIT TABLET	*	
dimetane (diphenhydramine hcl) 25 mg, 50 mg CAPSULE	*	
diphedryl 12.5 mg/5 ml LIQUID	*	
diphenhydramine hcl 12.5 mg/5 ml LIQUID	*	
diphenhydramine hcl 25 mg TABLET	*	
diphenhydramine hcl 25 mg, 50 mg CAPSULE	*	
docusate sodium 100 mg, 250 mg CAPSULE	*	
docusate sodium 50 mg/5 ml LIQUID	*	
dual action complete 10-800-165 mg CHEWABLE TABLET	*	
dual action pain reliever 125-250 mg TABLET	*	
econtra ez 1.5 mg TABLET	*	
econtra one-step 1.5 mg TABLET	*	
ed chlorped jr 2 mg/5 ml SYRUP	*	
ed-apap 160 mg/5 ml LIQUID	*	
enema 19-7 gram/118 ml ENEMA	*	
enema disposable 19-7 gram/118 ml ENEMA	*	
ENLYTE (IRON) 1.5 MG IRON- 8.73 MG CAPSULE, IR/DR, BIPHASIC	*	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
eye itch relief 0.025 % (0.035 %) DROPS	*	
famotidine 10 mg, 20 mg TABLET	*	
fe-vite 15 mg iron (75 mg)/ml DROPS	*	
ferosul 325 mg (65 mg iron) TABLET	*	
ferro-time 325 mg (65 mg iron) TABLET	*	
ferrous sulfate 15 mg iron (75 mg)/ml DROPS	*	
ferrous sulfate 220 mg (44 mg iron)/5 ml ELIXIR	*	
ferrous sulfate 220 mg (44 mg iron)/5 ml SOLUTION	*	
ferrous sulfate 300 mg (60 mg iron)/5 ml LIQUID	*	
ferrous sulfate 324 mg (65 mg iron), 325 mg (65 mg iron) TABLET, DR/EC	*	
ferrous sulfate 325 mg (65 mg iron) TABLET	*	
FEVERALL 120 MG, 325 MG, 650 MG, 80 MG SUPPOSITORY	*	
fexofenadine 180 mg, 60 mg TABLET	*	
first aid antibiotic 3.5mg-400 unit- 5,000 unit/gram OINTMENT	*	
FIRST AID ANTISEPTIC(POVIDONE) 10 % OINTMENT	*	
fleet bisacodyl 5 mg TABLET, DR/EC	*	
fleet docusate 100 mg CAPSULE	*	
FLEET ENEMA 19-7 GRAM/118 ML ENEMA	*	
FLEET PEDIATRIC 9.5-3.5 GRAM/59 ML ENEMA	*	

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FLORAFOL FE PEDIATRIC 0.25MG FLUORIDE -7 MG IRON/ML DROPS	*	
FLORAFOL PEDIATRIC MULTIVITAMI 0.25 MG FLUORIDE/ML DROPS	*	
flotrex 0.25 mg, 0.5 mg, 1 mg CHEWABLE TABLET	*	
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION	*	
folic acid 1 mg TABLET	*	
<i>folic acid 1 mg TABLET</i>	1	
<i>folic acid 5 mg/ml SOLUTION</i>	1	
FOLTRATE 0.5-1 MG TABLET	*	
GENTEAL TEARS SEVERE GEL 0.3 % GEL	*	
GENTEAL TEARS SEVERE(PETROLAT) 94-3 % OINTMENT	*	
gentle laxative (bisacodyl) 10 mg SUPPOSITORY	*	
gentle laxative (bisacodyl) 5 mg TABLET, DR/EC	*	
healthylax 17 gram POWDER IN PACKET	*	
heartburn relief 254-237.5 mg/5 ml SUSPENSION	*	
heartburn relief (famotidine) 10 mg, 20 mg TABLET	*	
HISTAFLEX 325-25 MG TABLET	*	
HISTEX (TRIPROLIDINE) 2.5 MG/5 ML LIQUID	*	
HISTEX PD 0.938 MG/ML DROPS	*	
hydrocortisone 0.5 % CREAM	*	
hydrocortisone 1 % CREAM	*	QL(240 per 30 days)
hydrocortisone 1 % OINTMENT	*	QL(240 per 30 days)
hydrocortisone acetate 0.5 %, 1 % CREAM	*	
hydrocortisone plus 1 % CREAM	*	
hydrocortisone-aloe vera 1 % CREAM	*	
<i>hydroxocobalamin 1,000 mcg/ml SOLUTION</i>	*	
ibu-200 200 mg TABLET	*	
ibuprofen 100 mg CHEWABLE TABLET	*	
ibuprofen 200 mg CAPSULE	*	
ibuprofen 200 mg TABLET	*	
ibuprofen ib 100 mg CHEWABLE TABLET	*	
ibuprofen jr strength 100 mg CHEWABLE TABLET	*	
ibuprofen-acetaminophen 125-250 mg TABLET	*	
infant's acetaminophen 160 mg/5 ml SUSPENSION	*	
infant's ibuprofen 50 mg/1.25 ml DROPS, SUSPENSION	*	
infants' pain and fever 160 mg/5 ml SUSPENSION	*	
iron 325 mg (65 mg iron) TABLET	*	
itch relief (hc) with aloe 1 % CREAM	*	
K-PHOS-NEUTRAL 250 MG TABLET	*	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ketotifen fumarate 0.025 % (0.035 %) DROPS	*	
lansoprazole 15 mg CAPSULE, DR/EC	*	QL(60 per 30 days)
laxative (bisacodyl) 5 mg TABLET, DR/EC	*	
levonorgestrel 1.5 mg TABLET	*	
lice killing 0.33-4 % SHAMPOO	*	
lice killing (permethrin) 1 % LIQUID	*	
lice treatment 1 % LIQUID	*	
lidocaine 4 % CREAM	*	
loperamide 1 mg/7.5 ml LIQUID	*	
loratadine 10 mg TABLET	*	
loratadine 10 mg TABLET, DISINTEGRATING	*	
loratadine 5 mg/5 ml SOLUTION	*	
LOTRIMIN AF (CLOTRIMAZOLE) 1 % CREAM	*	
lubricant eye 57.3-42.5 % OINTMENT	*	
lubricant eye drops 0.5 % DROPPERETTE	*	
lubricant eye drops 0.5 % DROPS	*	
lubrifresh pm 83-15 % OINTMENT	*	
m-dryl 12.5 mg/5 ml LIQUID	*	
m-pap 160 mg/5 ml LIQUID	*	
MAG-AL 200-200 MG/5 ML SUSPENSION	*	
mag-al plus 200-200-20 mg/5 ml SUSPENSION	*	
mag-al plus extra strength 400-400-40 mg/5 ml SUSPENSION	*	
magnesium oxide 400 mg (241.3 mg magnesium), 420 mg TABLET	*	
manganese chloride 0.1 mg/ml SOLUTION	*	
mapap (acetaminophen) 500 mg CAPSULE	*	
mapap (acetaminophen) 500 mg/15 ml LIQUID	*	
miconazole nitrate 1,200-2 mg-%, 200 mg- 2 % (9 gram) KIT	*	
miconazole nitrate 2 % CREAM	*	
miconazole nitrate 2 % SOLUTION W/APPLICATOR	*	
miconazole-3 200 mg- 2 % (9 gram) KIT	*	
miconazole-7 2 % CREAM	*	
micotrin ac 1 % CREAM	*	
mintox maximum strength 400-400-40 mg/5 ml SUSPENSION	*	
multi-vit with fluoride-iron 0.25mg fluoride -10 mg iron/ml DROPS	*	
multi-vitamin with fluoride 0.25 mg, 0.5 mg, 1 mg CHEWABLE TABLET	*	
multi-vitamin with fluoride 0.25 mg/ml, 0.5 mg/ml DROPS	*	
my choice 1.5 mg TABLET	*	

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my way 1.5 mg TABLET	*	
mycozyl ac 1 % CREAM	*	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL	*	
naproxen sodium 220 mg CAPSULE	*	
naproxen sodium 220 mg TABLET	*	
NASCOBAL 500 MCG/SPRAY SPRAY, NON-AEROSOL	*	
NEPHPLEX RX 1-60-300-12.5 MG-MG-MCG-MG TABLET	*	
new day 1.5 mg TABLET	*	
niacin 500 mg CAPSULE, ER	*	
nicotine 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr PATCH, 24 HR.	*	
nicotine 21-14-7 mg/24 hr PATCH, TD DAILY, SEQUENTIAL	*	
nicotine (polacrilex) 2 mg, 4 mg GUM	*	
nicotine (polacrilex) 2 mg, 4 mg LOZENGE	*	
nicotine (polacrilex) 2 mg, 4 mg MINI LOZENGE	*	
niva-fol 2.5-25-2 mg TABLET	*	
omeprazole 20 mg TABLET, DR/EC	*	
omeprazole magnesium 20 mg CAPSULE, DR/EC	*	
opcicon one-step 1.5 mg TABLET	*	
option-2 1.5 mg TABLET	*	
oyster shell calcium 500 500 mg calcium (1,250 mg) TABLET	*	
oyster shell calcium-vit d3 500 mg-5 mcg (200 unit) TABLET	*	
pain relief (acetaminophen) 325 mg, 500 mg TABLET	*	
pain relief (ibuprofen) 200 mg TABLET	*	
pain relief es (acetaminophen) 500 mg TABLET	*	
pain reliever (acetaminophen) 325 mg, 500 mg TABLET	*	
pain reliever (acetaminophen) 650 mg SUPPOSITORY	*	
pain reliever es(acetaminophn) 500 mg TABLET	*	
pedia iron 15 mg iron (75 mg)/ml DROPS	*	
PEDIACLEAR PD 0.625 MG/ML DROPS	*	
PEDIAVENT 2 MG/5 ML LIQUID	*	
phospha 250 neutral 250 mg TABLET	*	
phospho-trin 250 neutral 250 mg TABLET	*	
phospho-trin k500 500 mg TABLET, SOLUBLE	*	
phytonadione (vitamin k1) 1 mg/0.5 ml SYRINGE	*	
phytonadione (vitamin k1) 1 mg/0.5 ml, 10 mg/ml SOLUTION	*	
phytonadione (vitamin k1) 5 mg TABLET	*	
pink bismuth 262 mg TABLET	*	
pink bismuth 525 mg/15 ml SUSPENSION	*	

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POLY-VI-FLOR (ARCOFOLIN) 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE CHEWABLE TABLET	*	
POLY-VI-FLOR DROPS 0.25 MG FLUORIDE/ML DROPS	*	
POLY-VI-FLOR IRON DROP(ARCOFO) 0.25MG FLUORIDE -7 MG IRON/ML DROPS	*	
POLY-VI-FLOR W-IRON(ARCOFOLIN) 0.5 MG FLUORIDE -10 MG IRON CHEWABLE TABLET	*	
polyethylene glycol 3350 17 gram POWDER IN PACKET	*	
polyvinyl alcohol 1.4 % DROPS	*	
povidone-iodine 10 % SOLUTION	*	
proctozone-b 10 mg SUPPOSITORY	*	
pyridoxine (vitamin b6) 100 mg/ml SOLUTION	*	
QUFLORA FE 9-0.25 MG CHEWABLE TABLET	*	
QUFLORA FE (FERROUS SULFATE) 9.5-0.25 MG/ML DROPS	*	
QUFLORA PEDIATRIC 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET	*	
QUFLORA PEDIATRIC DROPS 0.25MG FLUORIDE (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML DROPS	*	
READY-TO-USE ENEMA 19-7 GRAM/118 ML ENEMA	*	
REFRESH CELLUVISC 1 % DROPPERETTE, GEL	*	
REFRESH LACRI-LUBE 56.8-42.5 % OINTMENT	*	
REFRESH LIQUIGEL 1 % DROPS, LIQUID GEL	*	
REFRESH OPTIVE MEGA-3 (PF) 0.5-1-0.5 % DROPS	*	
REFRESH PLUS 0.5 % DROPPERETTE	*	
REFRESH TEARS 0.5 % DROPS	*	
renal caps 1 mg CAPSULE	*	
reno caps 1 mg CAPSULE	*	
SLOW-MAG 71.5 MG TABLET, DR/EC	*	
smooth antacid 300 mg (750 mg) CHEWABLE TABLET	*	
sodium bicarbonate 325 mg, 650 mg TABLET	*	
soluvita multivitamin fluoride 0.25 mg/ml, 0.5 mg/ml DROPS	*	
stomach relief 262 mg CHEWABLE TABLET	*	
stomach relief 262 mg TABLET	*	
stomach relief 262 mg/15 ml, 525 mg/15 ml SUSPENSION	*	
stool softener 100 MG, 250 mg CAPSULE	*	
stool softener (docusate cal) 240 mg CAPSULE	*	
STROVITE FORTE 10-1 MG TABLET	*	
STROVITE ONE 1-1,000-15-5 MG-UNIT-MG-MG TABLET	*	
SYSTANE GEL 0.3 % GEL	*	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYSTANE NIGHTTIME 94-3 % OINTMENT	*	
tension headache 500-65 mg TABLET	*	
thiamine hcl (vitamin b1) 100 mg/ml SOLUTION	*	
tioconazole-1 6.5 % OINTMENT	*	
tolnaftate 1 % CREAM	*	
tolnaftate 1 % POWDER	*	
tri-buffered aspirin 325 mg TABLET	*	
tri-vite with fluoride 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml DROPS	*	
triphrocaps 1 mg CAPSULE	*	
TRIPLE ANTIBIOTIC 3.5MG-400 UNIT- 5,000 UNIT/GRAM OINTMENT	*	
triprolidine hcl 0.625 mg/ml, 0.938 mg/ml DROPS	*	
ultra lido 4 % CREAM	*	
vit 3 500 mg-500 mcg -1 mg-12.5 mg CAPSULE	*	
VITAL-D RX 1,750-60-1-12.5 UNIT-MG-MG-MG TABLET	*	
vitamin d2 1,250 mcg (50,000 unit) CAPSULE	1	
vitamin k 1 mg/0.5 ml SOLUTION	*	
vitamin k1 10 mg/ml SOLUTION	*	
wes-phos 250 neutral 250 mg TABLET	*	
wescaps 1 mg CAPSULE	*	
westab max 2.5-25-2 mg TABLET	*	
women's gentle laxative(bisac) 5 mg TABLET, DR/EC	*	
zaditor 0.025 % (0.035 %) DROPS	*	
(*) Not A Part D Drug - Service Auth. Required		
benzphetamine 50 mg TABLET	*	
diethylpropion 25 mg TABLET	*	
diethylpropion 75 mg TABLET ER	*	
IMCIVREE 10 MG/ML SOLUTION	*	
liraglutide (weight loss) 3 mg/0.5 ml (18 mg/3 ml) PEN INJECTOR	*	
lomaira 8 mg TABLET	*	
orlistat 120 mg CAPSULE	*	
phendimetrazine tartrate 105 mg CAPSULE, ER	*	
phendimetrazine tartrate 35 mg TABLET	*	
phentermine 15 mg, 30 mg, 37.5 mg CAPSULE	*	
phentermine 37.5 mg, 8 mg TABLET	*	
phentermine-topiramate 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg CAPSULE ER MULTIPHASE 24 HR.	*	QL(30 per 30 days)
SAXENDA 3 MG/0.5 ML (18 MG/3 ML) PEN INJECTOR	*	

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WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR	*	
WEGOVY HD 7.2 MG/0.75 ML PEN INJECTOR	*	
XENICAL 120 MG CAPSULE	*	
ZEPBOUND 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR	*	
ZEPBOUND 10 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML SOLUTION	*	
ZEPBOUND KWIKPEN 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML) PEN INJECTOR	*	QL(2.4 per 28 days)

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D. Index of Covered Drugs

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B

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c-nate dha	63	carvedilol	55
CABENUVA	46	caspofungin	30
cabergoline	78	CAYSTON	91
CABOMETYX	34	cefaclor	20
cal-gest antacid	95	cefadroxil	20
		cefazolin	20

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This formulary was updated on 06/02/2026.

cefazolin in dextrose (iso-os)	20	children's ibuprofen	96
cefdinir	21	children's mapap	96
cefepime	21	children's pain relief	96
cefepime in dextrose 5 %	21	children's pain reliever	96
cefepime in dextrose,iso-osm	21	children's pain-fever relief	96
cefixime	21	chlorhexidine gluconate	61
cefotetan	21	chloroquine phosphate	41
cefoxitin	21	chlorpromazine	43
cefoxitin in dextrose, iso-osm	21	chlorthalidone	55
cefpodoxime	21	chlorzoxazone	93
cefprozil	21	cholecalciferol (vitamin d3)	96
ceftaroline fosamil	21	cholestyramine (with sugar)	55
ceftazidime	21	cholestyramine light	55
ceftriaxone	21	CHORIONIC GONADOTROPIN, HUMAN	71
ceftriaxone in dextrose,iso-os	21	chromium chloride	96
cefuroxime axetil	21	ciclodan	31
cefuroxime sodium	21	ciclopirox	31
celecoxib	17	cidofovir	46
cephalexin	21	cilostazol	52
CEQR SIMPLICITY	86	CIMDUO	46
CEQR SIMPLICITY INSERTER	86	cimetidine	67
cetirizine	91, 96	cimetidine hcl	67
chateal eq (28)	72	cinacalcet	84
CHEMET	63	ciprofloxacin hcl	21, 89
child allergy relf(cetirizine)	96	ciprofloxacin in 5 % dextrose	21
child pain rel-fever reducer	96	citalopram	28
child's all day allergy(cetir)	96	claravis	61
children's acetaminophen	96	clarithromycin	21
CHILDREN'S ALAWAY	96	clearlax	96
children's allergy (diphenhyd)	96	clindamycin hcl	21
children's allergy relief(fex)	96	clindamycin in 0.9 % sod chlor	22
children's allergy relief(lor)	96	clindamycin in 5 % dextrose	22
children's cetirizine	96	clindamycin palmitate hcl	22

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clindamycin pediatric	22	COBENFY	86
clindamycin phosphate	22, 61	COBENFY STARTER PACK	86
clindamycin-benzoyl peroxide	61, 62	COLACE	96
CLINIMIX 4.25%/D10W SULF FREE	63	colchicine	32
CLINIMIX 4.25%/D5W SULFIT FREE	63	colestipol	55
CLINIMIX 5%-D20W(SULFITE-FREE)	63	colistin (colistimethate na)	22
CLINIMIX 5%/D15W SULFITE FREE	63	COMBIGAN	89
CLINIMIX 6%-D5W (SULFITE-FREE)	64	COMBIPATCH	72
CLINIMIX 8%-D10W(SULFITE-FREE)	64	COMBIVENT RESPIMAT	91
CLINIMIX 8%-D14W(SULFITE-FREE)	64	COMETRIQ	34
CLINIMIX E 2.75%/D5W SULF FREE	64	complete natal dha	64
CLINIMIX E 4.25%/D10W SUL FREE	64	compro	30
CLINIMIX E 4.25%/D5W SULF FREE	64	conjugated estrogens	72
CLINIMIX E 5%/D15W SULFIT FREE	64	constulose	67
CLINIMIX E 5%/D20W SULFIT FREE	64	COPIKTRA	34
CLINIMIX E 8%-D10W SULFITEFREE	64	copper chloride	96
CLINIMIX E 8%-D14W SULFITEFREE	64	corvita	96
CLINISOL SF 15 %	64	CORVITE	96
CLINOLIPID	64	COSENTYX	80
clobazam	25	COSENTYX (2 SYRINGES)	80
clobetasol	62	COSENTYX PEN	80
clobetasol-emollient	62	COSENTYX PEN (2 PENS)	80
clomipramine	28	COSENTYX UNOREADY PEN	80
clonazepam	49	COTELLIC	34
clonidine	55	CREON	69
clonidine hcl	55	CRESEMBA	31
clopidogrel	52	cromolyn	89, 91
clorazepate dipotassium	49	cryselle (28)	72
clotrimazole	31, 96	cupric chloride	96
clotrimazole-3	96	CURITY ALCOHOL SWABS	86
clotrimazole-betamethasone	31	CURITY GAUZE	86
clozapine	43	cyanocobalamin (vitamin b-12)	96
COARTEM	41	cyclobenzaprine	93

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cyclophosphamide	34	deferasirox	64
cyclosporine	80, 89	DELSTRIGO	46
cyclosporine modified	80	DENGVAXIA (PF)	80
CYRAMZA	34	DEPO-ESTRADIOL	72
cyred	72	DEPO-SUBQ PROVERA 104	73
cyred eq	72	DERMACEA	86
CYSTAGON	69	DESCOVY	46
CYSTARAN	89	desipramine	28
D			
d10 %-0.45 % sodium chloride	64	desloratadine	91
d2.5 %-0.45 % sodium chloride	64	desmopressin	71
d5 % and 0.9 % sodium chloride	64	desog-e.estradiol/e.estradiol	73
d5 %-0.45 % sodium chloride	64	desonide	62
dabigatran etexilate	52	desvenlafaxine succinate	29
danazol	72	dexamethasone	70
DANYELZA	34	dexamethasone intensol	70
DANZITEN	34	dexamethasone sodium phos (pf)	70
dapagliflozin	50	dexamethasone sodium phosphate	70, 89
dapagliflozin-metformin	50	dexmethylphenidate	60
dapsone	33	dextroamphetamine sulfate	60
DAPTACEL (DTAP PEDIATRIC) (PF)	80	dextroamphetamine-amphetamine	60
daptomycin	22	dextrose 10 % and 0.2 % nacl	64
daptomycin in 0.9 % sod chlor	22	dextrose 10 % in water (d10w)	64
darunavir	46	dextrose 20 % in water (d20w)	64
DARZALEX	34	dextrose 25 % in water (d25w)	64
DARZALEX FASPRO	34	dextrose 30 % in water (d30w)	64
dasatinib	34	dextrose 40 % in water (d40w)	64
dasetta 1/35 (28)	72	dextrose 5 % in water (d5w)	64
dasetta 7/7/7 (28)	72	dextrose 5 %-lactated ringers	64
DAURISMO	34	dextrose 5%-0.2 % sod chloride	64
daysee	72	dextrose 5%-0.3 % sod.chloride	64
deblitane	72	dextrose 50 % in water (d50w)	64, 65
decitabine	34	dextrose 70 % in water (d70w)	65
		DIACOMIT	25

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DIALYVITE	96	dotti	73
DIALYVITE 3000	96	DOVATO	46
DIALYVITE 5000	96	doxazosin	55
DIALYVITE SUPREME D	97	doxepin	49
diazepam	25, 49	doxercalciferol	84
diazepam intensol	49	doxy-100	22
diazoxide	50	doxycycline hyclate	22
diclofenac potassium	17	doxycycline monohydrate	22
diclofenac sodium	17, 62, 89	DRIZALMA SPRINKLE	60
dicloxacillin	22	dronabinol	30
dicyclomine	68	DROPLET INSULIN SYR(HALF UNIT)	86
didanosine	46	DROPLET INSULIN SYRINGE	86
diethylpropion	102	DROPLET MICRON PEN NEEDLE	87
DIFICID	22	DROPLET PEN NEEDLE	87
digoxin	55	DROPSAFE ALCOHOL PREP PADS	87
dihydroergotamine	32	DROPSAFE PEN NEEDLE	87
DILANTIN	25	drospirenone-ethinyl estradiol	73
dilt-xr	55	DROXIA	87
diltiazem hcl	55	dual action complete	97
dimetane (diphenhydramine hcl)	97	dual action pain reliever	97
dimethyl fumarate	60	DUAVEE	73
diphedryl	97	duloxetine	60
diphenhydramine hcl	91, 97	DUPIXENT PEN	80
diphenoxylate-atropine	68	DUPIXENT SYRINGE	80
disulfiram	19	dutasteride	70
divalproex	25	dutasteride-tamsulosin	70
docusate sodium	97	E	
dofetilide	55	EASY COMFORT ALCOHOL PAD	87
dolishale	73	EASY TOUCH ALCOHOL PREP PADS	87
donepezil	28	EASYLIFE ALCOHOL PADS	87
dorzolamide	89	econtra ez	97
dorzolamide-timolol	89	econtra one-step	97
dorzolamide-timolol (pf)	89	ed chlorped jr	97

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ed-apap	97	ENBREL	80
EDURANT	46	ENBREL MINI	80
EDURANT PED	46	ENBREL SURECLICK	80
efavirenz	46	ENDOCET	17
efavirenz-emtricitabin-tenofov	46	ENDOMETRIN	73
efavirenz-lamivu-tenofov disop	46	enema	97
electrolyte-148	65	enema disposable	97
electrolyte-48 in d5w	65	ENGERIX-B (PF)	80
electrolyte-a	65	ENGERIX-B PEDIATRIC (PF)	81
ELELYSO	69	enilloring	73
eletriptan	32	ENLYTE (IRON)	97
ELIGARD	78	enoxaparin	53
ELIGARD (3 MONTH)	78	enpresse	73
ELIGARD (4 MONTH)	78	ENSACOVE	34, 35
ELIGARD (6 MONTH)	78	enskyce	73
elinest	73	entacapone	42
ELIQUIS	52, 53	entecavir	47
ELIQUIS DVT-PE TREAT 30D START	53	ENTRESTO SPRINKLE	55
ELIQUIS SPRINKLE	53	enulose	68
ELMIRON	70	ENVARUSUS XR	81
eluryng	73	EPCLUSA	47
EMCYT	34	EPIDIOLEX	25
EMGALITY PEN	32	epinephrine	91
EMGALITY SYRINGE	32	epitol	25
EMPLICITI	34	EPRONTIA	25
EMSAM	29	ERBITUX	35
emtricit-rilpivirine-tenof df	46	ergocalciferol (vitamin d2)	97
emtricitabine	47	ergotamine-caffeine	32
emtricitabine-tenofovir (tdf)	47	ERIVEDGE	35
EMTRIVA	47	ERLEADA	35
emzahh	73	erlotinib	35
enalapril maleate	55	errin	73
enalapril-hydrochlorothiazide	55	ertapenem	22

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ERYTHROCIN	22	famotidine (pf)	68
erythromycin	22, 89	FANAPT	43
erythromycin lactobionate	22	FANAPT TITRATION PACK A	43
erythromycin with ethanol	62	FANAPT TITRATION PACK B	43
escitalopram oxalate	29	FANAPT TITRATION PACK C	43
eslicarbazepine	25	FARXIGA	50
esomeprazole magnesium	68	FASENRA PEN	91
estarylla	73	fe-vite	97
estradiol	73	febuxostat	32
estradiol valerate	73	feirza	73
estradiol-norethindrone acet	73	felbamate	25
ESTRING	73	felodipine	55
eszopiclone	93	FEMLYV	73
ethambutol	33	fenofibrate	55
ethosuximide	25	fenofibrate micronized	56
ethynodiol diac-eth estradiol	73	fenofibrate nanocrystallized	56
etodolac	17	fenofibric acid	56
etonogestrel-ethinyl estradiol	73	fentanyl	17
etravirine	47	ferosul	97
EULEXIN	35	ferro-time	97
everolimus (antineoplastic)	35	ferrous sulfate	97
everolimus (immunosuppressive)	81	fesoterodine	70
EVOTAZ	47	FETZIMA	29
exemestane	35	FEVERALL	97
EXXUA	29	fexofenadine	97
eye itch relief	97	FIASP FLEXTOUCH U-100 INSULIN	50
EYSUVIS	89	FIASP PENFILL U-100 INSULIN	50
ezetimibe	55	FIASP U-100 INSULIN	50
ezetimibe-simvastatin	55	fidaxomicin	22
		finasteride	70
		fingolimod	60
		FINTEPLA	25
		FIRMAGON	78

F

falmina (28)	73
famciclovir	47
famotidine	68, 97

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FIRMAGON KIT W DILUENT SYRINGE	78	FORTEO	84
first aid antibiotic	97	fosamprenavir	47
FIRST AID ANTISEPTIC(POVIDONE)	97	fosfomycin tromethamine	22
flecainide	56	fosinopril	56
fleet bisacodyl	97	fosinopril-hydrochlorothiazide	56
fleet docusate	97	fosphenytoin	25
FLEET ENEMA	97	FOTIVDA	35
FLEET PEDIATRIC	97	FRUZAQLA	35
FLORAFOL FE PEDIATRIC	98	furosemide	56
FLORAFOL PEDIATRIC MULTIVITAMI	98	FUZEON	47
flotrex	98	FYCOMPA	25
fluconazole	31	G	
fluconazole in nacl (iso-osm)	31	gabapentin	25
flucytosine	31	galantamine	28
fludrocortisone	70	gallifrey	73
flunisolide	91	GAMUNEX-C	81
fluocinolone	62	GARDASIL 9 (PF)	81
fluocinolone acetonide oil	90	gatifloxacin	89
fluocinolone and shower cap	62	GAUZE BANDAGE	87
fluocinonide	62	GAUZE PAD	87
fluorometholone	89	gavilyte-c	68
fluorouracil	35, 62	gavilyte-g	68
fluoxetine	29	gavilyte-n	68
fluphenazine decanoate	44	GAVRETO	35
fluphenazine hcl	44	GAZYVA	35
flurbiprofen	17	gefitinib	35
flurbiprofen sodium	89	gemfibrozil	56
fluticasone propion-salmeterol	91	GEMTESA	70
fluticasone propionate	62, 91, 98	generlac	68
fluvastatin	56	gentamicin	22, 89
fluvoxamine	29	gentamicin in nacl (iso-osm)	22
folic acid	98	gentamicin sulfate (ped) (pf)	22
FOLTRATE	98	GENTEAL TEARS SEVERE GEL	98

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GENTEAL TEARS SEVERE(PETROLAT)	98	heather	74
gentle laxative (bisacodyl)	98	heparin (porcine)	53
GENVOYA	47	heparin, porcine (pf)	53
GILOTRIF	35	HEPLISAV-B (PF)	81
glatiramer	60	HERNEXEOS	35
glatopa	60	HIBERIX (PF)	81
GLEOSTINE	35	HISTAFLEX	98
glimepiride	50	HISTEX (TRIPROLIDINE)	98
glipizide	50	HISTEX PD	98
glipizide-metformin	50	HUMIRA	81
glutamine (sickle cell)	68	HUMIRA PEN	81
GLYCOPHOS	65	HUMIRA(CF)	81
glycopyrrolate	68	HUMIRA(CF) PEN	81
GLYXAMBI	50	HUMIRA(CF) PEN CROHNS-UC-HS	81
GOMEKLI	35	HUMIRA(CF) PEN PSOR-UV-ADOL HS	81
granisetron hcl	30	HUMULIN R U-500 (CONC) KWIKPEN	50
griseofulvin microsize	31	hydralazine	56
griseofulvin ultramicrosize	31	hydrochlorothiazide	56
guanfacine	56, 60	hydrocodone-acetaminophen	17
		hydrocodone-ibuprofen	17
		hydrocortisone	62, 84, 98
		hydrocortisone acetate	98
		hydrocortisone butyrate	62
		hydrocortisone plus	98
		hydrocortisone-acetic acid	90
		hydrocortisone-aloe vera	98
		hydromorphone	17
		hydroxocobalamin	98
		hydroxychloroquine	41
		hydroxyurea	35
		hydroxyzine hcl	49
		hydroxyzine pamoate	91
		HYRNUO	35

H

HAEGARDA	81		
hailey	73		
hailey 24 fe	73		
hailey fe 1.5/30 (28)	73		
hailey fe 1/20 (28)	73		
haloette	73		
haloperidol	44		
haloperidol decanoate	44		
haloperidol lactate	44		
HAVRIX (PF)	81		
healthylax	98		
heartburn relief	98		
heartburn relief (famotidine)	98		

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I

ibandronate	84, 85	infant's acetaminophen	98
IBRANCE	35	infant's ibuprofen	98
IBTROZI	35	infants' pain and fever	98
ibu	17	INLEXZO	36
ibu-200	98	INLURIYO	36
ibuprofen	17, 98	INLYTA	36
ibuprofen ib	98	INQOVI	36
ibuprofen jr strength	98	INREBIC	36
ibuprofen-acetaminophen	98	INSULIN ASPART U-100	50
icatibant	81	INSULIN LISPRO	50
iclevia	74	INSULIN SYRINGE MICROFINE	87
ICLUSIG	35	INSULIN SYRINGE-NEEDLE U-100	87
IDHIFA	35	INSULIN U-500 SYRINGE-NEEDLE	87
IDVYNSO	47	INTELENCE	47
ILEVRO	89	INTRALIPID	65
imatinib	35	introvale	74
IMBRUVICA	35, 36	INVEGA HAFYERA	44
IMCIVREE	102	INVEGA SUSTENNA	44
IMFINZI	36	INVEGA TRINZA	44
imipenem-cilastatin	23	IONOSOL-MB IN D5W	65
imipramine hcl	29	IPOL	81
imiquimod	62	ipratropium bromide	91, 92
IMJUDO	36	ipratropium-albuterol	92
IMKELDI	36	irbesartan	56
IMOVAX RABIES VACCINE (PF)	81	irbesartan-hydrochlorothiazide	56
IMPAVIDO	41	iron	98
incassia	74	ISENTRESS	47
INCONTROL ALCOHOL PADS	87	ISENTRESS HD	47
INCRELEX	71	isibloom	74
indapamide	56	ISOLYTE S PH 7.4	65
indomethacin	17	ISOLYTE-P IN 5 % DEXTROSE	65
INFANRIX (DTAP) (PF)	81	ISOLYTE-S	65
		isoniazid	33

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isosorbide dinitrate	56	junel fe 24	74
isosorbide mononitrate	56	JYLAMVO	81
isosorbide-hydralazine	56	JYNARQUE	65
isotretinoin	62	JYNNEOS (PF)	81
itch relief (hc) with aloe	98		
ITOVEBI	36	K	
itraconazole	31	K-PHOS-NEUTRAL	98
IV PREP WIPES	87	KABIVEN	65
ivabradine	56	KALETRA	47
ivermectin	42	kalliga	74
IWILFIN	36	KANJINTI	36
IXIARO (PF)	81	kariva (28)	74
		kelnor 1/35 (28)	74
J		kelnor 1/50 (28)	74
jaimiess	74	KERENDIA	56
JAKAFI	36	KESIMPTA PEN	60
JAKAFI XR	36	ketoconazole	31
jantoven	53	ketorolac	18, 89
JANUMET	50	ketotifen fumarate	99
JANUMET XR	50	KEYTRUDA	36
JANUVIA	51	KEYTRUDA QLEX	36
JARDIANCE	51	KINRIX (PF)	81
jasmiel (28)	74	kionex	65
JAYPIRCA	36	KISQALI	36
JEMPERLI	36	KISQALI FEMARA CO-PACK	36
jencycla	74	klayesta	31
JENTADUETO	51	klor-con 10	65
JENTADUETO XR	51	klor-con 8	65
juleber	74	klor-con m10	65
JULUCA	47	KLOR-CON M15	65
junel 1.5/30 (21)	74	klor-con m20	65
junel 1/20 (21)	74	KLOXXADO	19
junel fe 1.5/30 (28)	74	KOMZIFTI	36
junel fe 1/20 (28)	74	KOSELUGO	36

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KRAZATI	37	leuprolide	78
kurvelo (28)	74	leuprolide acetate (3 month)	78
L			
l norgest/e.estradiol-e.estrad	74	levabuterol tartrate	92
labetalol	56	levetiracetam	26
lacosamide	26	levetiracetam in nacl (iso-os)	26
lactated ringers	65	LEVO-T	78
lactulose	68	levobunolol	89
lamivudine	47	levocarnitine	65
lamivudine-zidovudine	47	levocarnitine (with sugar)	65
lamotrigine	26	levocetirizine	92
LAMPIT	42	levofloxacin	23
lanreotide	78	levofloxacin in d5w	23
lansoprazole	68, 99	levoleucovorin calcium	37
LANTUS SOLOSTAR U-100 INSULIN	51	levonest (28)	74
LANTUS U-100 INSULIN	51	levonorg-eth estrad triphasic	74
lapatinib	37	levonorgestrel	99
larin 1.5/30 (21)	74	levonorgestrel-ethinyl estrad	74
larin 1/20 (21)	74	levora-28	74
larin 24 fe	74	levothyroxine	78
larin fe 1.5/30 (28)	74	LEVOXYL	78
larin fe 1/20 (28)	74	LIBERVANT	26
latanoprost	89	LIBTAYO	37
laxative (bisacodyl)	99	lice killing	99
LAZCLUZE	37	lice killing (permethrin)	99
leena 28	74	lice treatment	99
leflunomide	81	lidocaine	19, 99
lenalidomide	37	lidocaine hcl	19
LENVIMA	37	lidocaine-epinephrine	19
lessina	74	lidocaine-prilocaine	19
letrozole	37	LIFYORLI	37
leucovorin calcium	37	linagliptin-metformin	51
LEUKERAN	37	linezolid	23
		linezolid in dextrose 5%	23

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linezolid-0.9% sodium chloride	23	LOTRIMIN AF (CLOTRIMAZOLE)	99
LINZESS	68	lovastatin	57
liomny	78	low-ogestrel (28)	75
liothyronine	78	loxapine succinate	44
liraglutide (weight loss)	102	lubiprostone	68
lisinopril	56	lubricant eye	99
lisinopril-hydrochlorothiazide	56	lubricant eye drops	99
lithium carbonate	50	lubrifresh pm	99
lithium citrate	50	luizza	75
LIVTENCITY	47	LUMAKRAS	37
lo-zumandimine (28)	74	LUMIGAN	89
LOCOID LIPOCREAM	62	LUPRON DEPOT	78
LOESTRIN 1.5/30 (21)	74	LUPRON DEPOT (3 MONTH)	79
LOESTRIN 1/20 (21)	75	lurasidone	44
LOESTRIN FE 1.5/30 (28-DAY)	75	lurbipr	18
LOESTRIN FE 1/20 (28-DAY)	75	lutera (28)	75
lojaimiess	75	LUTRATE DEPOT (3 MONTH)	79
LOKELMA	65	LYBALVI	44
lomaira	102	lyleq	75
lomustine	37	lyllana	75
LONSURF	37	LYNPARZA	37
loperamide	68, 99	LYSODREN	37
lopinavir-ritonavir	47	LYTGOBI	37
LOQTORZI	37	lyza	75
loratadine	99		
lorazepam	49, 50		
lorazepam intensol	50		
LORBRENA	37		
loryna (28)	75		
losartan	57		
losartan-hydrochlorothiazide	57		
LOTEMAX SM	89		
loteprednol etabonate	89		
		M	
		m-dryl	99
		M-M-R II (PF)	81
		m-natal plus	65
		m-pap	99
		macitentan	92
		MAG-AL	99
		mag-al plus	99
		mag-al plus extra strength	99

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magnesium oxide	99	methenamine hippurate	23
magnesium sulfate	65	methimazole	79
magnesium sulfate in d5w	65	methocarbamol	93
magnesium sulfate in water	65	methotrexate sodium	81, 82
malathion	62	methotrexate sodium (pf)	82
manganese chloride	99	methsuximide	26
mapap (acetaminophen)	99	methyl dopa	57
maraviroc	47	methylphenidate hcl	60
MARGENZA	37	methylprednisolone	70
marlissa (28)	75	methylprednisolone acetate	70
MARPLAN	29	methylprednisolone sodium succ	71
MATULANE	37	metoclopramide hcl	30
meclizine	30	metolazone	57
medroxyprogesterone	75	metoprolol succinate	57
mefloquine	42	metoprolol ta-hydrochlorothiaz	57
megestrol	75	metoprolol tartrate	57
MEKINIST	37, 38	metronidazole	23
MEKTOVI	38	metronidazole in nacl (iso-os)	23
meleya	75	metyrosine	57
meloxicam	18	micafungin	31
memantine	28	MICAFUNGIN IN 0.9 % SODIUM CHL	31
MENEST	75	miconazole nitrate	99
MENQUADFI (PF)	81	miconazole-3	31, 99
MENVEO A-C-Y-W-135-DIP (PF)	81	miconazole-7	99
mercaptopurine	38	micotrin ac	99
meropenem	23	microgestin 1.5/30 (21)	75
meropenem-0.9% sodium chloride	23	microgestin 1/20 (21)	75
mesalamine	84	microgestin fe 1.5/30 (28)	75
mesna	38	microgestin fe 1/20 (28)	75
metformin	51	midodrine	57
methadone	18	mifepristone	87
methadone intensol	18	mili	75
methazolamide	89	mimvey	75

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minocycline	23	MYRBETRIQ	70
minoxidil	57	N	
mintox maximum strength	99	nabumetone	18
MIRENA	87	nadolol	57
mirtazapine	29	nafcillin	23
misoprostol	68	nafcillin in dextrose iso-osm	23
mitomycin	38	naloxone	19, 100
modafinil	93	naltrexone	19
MODEYSO	38	NANO 2ND GEN PEN NEEDLE	87
moexipril	57	NANO PEN NEEDLE	87
molindone	44	naproxen	18
mometasone	62, 63, 92	naproxen sodium	18, 100
mondoxyne nl	23	naratriptan	32
mono-lynyah	75	NASCOBAL	100
montelukast	92	NATACYN	89
morphine	18	NATAZIA	75
morphine concentrate	18	nateglinide	51
MOUNJARO	51	NAYZILAM	26
MOVANTIK	68	neбиволоl	57
moxifloxacin	23, 89	necon 0.5/35 (28)	75
moxifloxacin-sod.chloride(iso)	23	nefazodone	29
MRESVIA (PF)	82	neo-vital rx	65
MULTAQ	57	neomycin	23
multi-vit with fluoride-iron	99	neomycin-bacitracin-poly-hc	89
multi-vitamin with fluoride	99	neomycin-bacitracin-polymyxin	89
mupirocin	63	neomycin-polymyxin b-dexameth	89
MVASI	38	neomycin-polymyxin-gramicidin	89
my choice	99	neomycin-polymyxin-hc	89, 90
my way	100	NEONATAL COMPLETE	65
mycophenolate mofetil	82	NEONATAL PLUS VITAMIN	66
mycophenolate mofetil (hcl)	82	NEONATAL-DHA	66
mycophenolate sodium	82	NEPHPLEX RX	100
mycozyl ac	100	NERLYNX	38

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nevirapine	47	norgestimate-ethinyl estradiol	76
new day	100	NORMOSOL-M IN 5 % DEXTROSE	66
NEXLETOL	57	NORMOSOL-R	66
NEXLIZET	57	NORMOSOL-R IN 5 % DEXTROSE	66
NEXPLANON	75	NORMOSOL-R PH 7.4	66
niacin	57, 100	nortrel 0.5/35 (28)	76
niacor	57	nortrel 1/35 (21)	76
nicotine	100	nortrel 1/35 (28)	76
nicotine (polacrilex)	100	nortrel 7/7/7 (28)	76
NICOTROL NS	19	nortriptyline	29
nifedipine	57	NORVIR	48
nikki (28)	75	NOVOLIN 70-30 FLEXPEN U-100	51
nilotinib d-tartrate	38	NOVOLIN 70/30 U-100 INSULIN	51
nilotinib hcl	38	NOVOLIN N FLEXPEN	51
nilutamide	38	NOVOLIN N NPH U-100 INSULIN	51
nimodipine	57	NOVOLIN R FLEXPEN	51
NINLARO	38	NOVOLIN R REGULAR U100 INSULIN	51
nintedanib	92	NOVOLOG FLEXPEN U-100 INSULIN	51
nitazoxanide	42	NOVOLOG MIX 70-30 U-100 INSULN	51
nitisinone	69	NOVOLOG MIX 70-30FLEXPEN U-100	51
nitrofurantoin macrocrystal	23	NOVOLOG PENFILL U-100 INSULIN	51
nitrofurantoin monohyd/m-cryst	23	NOVOLOG U-100 INSULIN ASPART	51
nitroglycerin	57, 87	NOVOPEN ECHO	87
niva-fol	100	np thyroid	78
NIVESTYM	53	NUBEQA	38
nizatidine	68	NUCALA	92
NORA-BE	75	NUEDEXTA	60
norelgestromin-ethin.estradiol	75	NUPLAZID	44
noreth-ethinyl estradiol-iron	76	NUTRILIPID	66
norethindrone (contraceptive)	76	nyamyc	31
norethindrone ac-eth estradiol	76	nylia 1/35 (28)	76
norethindrone acetate	76	nylia 7/7/7 (28)	76
norethindrone-e.estradiol-iron	76	nystatin	31

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nystatin-triamcinolone	31, 32	OMNITROPE	71
nystop	32	ondansetron	30
O			
ocella	76	ondansetron hcl	30
octreotide acetate	79	ondansetron hcl (pf)	30
octreotide,microspheres	79	one natal rx	66
ODEFSEY	48	ONUREG	38
ODOMZO	38	opcicon one-step	100
ofloxacin	23, 90	OPDIVO	38
OGSIVEO	38	OPDIVO QVANTIG	38
OJEMDA	38	OPDUALAG	38
OJJAARA	38	OPIPZA	44
olanzapine	44	OPSUMIT	92
olmesartan	57	option-2	100
olmesartan-amlodipin-hcthiazyd	58	OPVEE	19
olmesartan-hydrochlorothiazide	58	ORGOVYX	38
omega-3 acid ethyl esters	58	orlistat	102
omeprazole	68, 100	orquidea	76
omeprazole magnesium	100	ORSERDU	38
OMNIPOD 5 (G6/LIBRE 2 PLUS)	87	oseltamivir	48
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	87	OTULFI	82
OMNIPOD 5 G6-G7 PODS (GEN 5)	87	oxacillin	23
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	87	oxacillin in dextrose(iso-osm)	23
OMNIPOD CLASSIC PODS (GEN 3)	87	oxcarbazepine	26
OMNIPOD DASH INTRO KIT (GEN 4)	87	oxybutynin chloride	70
OMNIPOD DASH PODS (GEN 4)	87	oxycodone	18
OMNIPOD GO PODS	87	oxycodone-acetaminophen	18
OMNIPOD GO PODS 10 UNITS/DAY	87	oyster shell calcium 500	100
OMNIPOD GO PODS 15 UNITS/DAY	87	oyster shell calcium-vit d3	100
OMNIPOD GO PODS 20 UNITS/DAY	87	OZEMPIC	51
OMNIPOD GO PODS 25 UNITS/DAY	88	P	
OMNIPOD GO PODS 30 UNITS/DAY	88	PACERONE	58
OMNIPOD GO PODS 40 UNITS/DAY	88	pain relief (acetaminophen)	100
		pain relief (ibuprofen)	100

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pain relief es (acetaminophen)	100	perindopril erbumine	58
pain reliever (acetaminophen)	100	periogard	61
pain reliever es(acetaminophn)	100	PERJETA	38
paliperidone	44	permethrin	63
PANRETIN	38	perphenazine	45
pantoprazole	68	phendimetrazine tartrate	102
pantoprazole in 0.9% sod chlor	68	phenelzine	29
paricalcitol	85	phenobarbital	26
paroxetine hcl	29	phentermine	102
PAXLOVID	48	phentermine-topiramate	102
pazopanib	38	phenytoin	26
pedia iron	100	phenytoin sodium	26
PEDIACLEAR PD	100	phenytoin sodium extended	26
PEDIARIX (PF)	82	philith	76
PEDIAVENT	100	phospha 250 neutral	100
PEDVAX HIB (PF)	82	phospho-trin 250 neutral	100
peg 3350-electrolytes	68	phospho-trin k500	100
peg-electrolyte soln	69	phytonadione (vitamin k1)	100
PEGASYS	82	PIFELTRO	48
PEMAZYRE	38	pilocarpine hcl	61, 90
PEN NEEDLE, DIABETIC	88	pimecrolimus	63
PENBRAYA (PF)	82	pimozide	45
penicillamine	66	pimtree (28)	76
penicillin g pot in dextrose	23	pink bismuth	100
penicillin g potassium	23, 24	pioglitazone	51
penicillin g sodium	24	pioglitazone-metformin	52
penicillin v potassium	24	piperacillin-tazobactam	24
PENMENVY MEN A-B-C-W-Y (PF)	82	PIQRAY	39
PENTACEL (PF)	82	pirfenidone	92
pentamidine	42	piroxicam	18
pentoxifylline	58	PLASMA-LYTE 148 PH 7.4	66
perampanel	26	PLASMA-LYTE A	66
PERIKABIVEN	66	PLENAMINE	66

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podofilox	63	prasugrel hcl	53
polocaine	19	pravastatin	58
polocaine-mpf	19	praziquantel	42
POLY-VI-FLOR (ARCOFOLIN)	101	prazosin	58
POLY-VI-FLOR DROPS	101	prednisolone	71
POLY-VI-FLOR IRON DROP(ARCOFO)	101	prednisolone acetate	90
POLY-VI-FLOR W-IRON(ARCOFOLIN)	101	prednisolone sodium phosphate	71, 90
polycin	90	prednisone	71
polyethylene glycol 3350	101	prednisone intensol	71
polymyxin b sulf-trimethoprim	90	pregabalin	60, 61
polymyxin b sulfate	24	PREMARIN	76
polyvinyl alcohol	101	PREMASOL 10 %	67
pomalidomide	39	PRENATA	67
portia 28	76	PRENATABS FA	67
posaconazole	32	prenatal plus (calcium carb)	67
potassium acetate	66	prenatal plus vitamin-mineral	67
potassium chlorid-d5-0.45%nacl	66	PRENATE ELITE	67
potassium chloride	66	prevalite	58
potassium chloride in 0.9%nacl	66	PREVYMIS	48
potassium chloride in 5 % dex	66	PREZCOBIX	48
potassium chloride in lr-d5	66	PREZISTA	48
potassium chloride in water	66	PRIFTIN	33
potassium chloride-0.45 % nacl	66	primaquine	42
potassium chloride-d5-0.2%nacl	66	primidone	26
potassium chloride-d5-0.9%nacl	66	PRIMSOL	24
potassium citrate	66	PRIORIX (PF)	82
POTELIGEO	39	PRO COMFORT ALCOHOL PADS	88
povidone-iodine	101	PRO-COMFORT ALCOHOL PADS	88
pr natal 400	66	probenecid	32
pr natal 400 ec	66	probenecid-colchicine	32
pr natal 430	67	prochlorperazine	30
pr natal 430 ec	67	prochlorperazine edisylate	30
pramipexole	42	prochlorperazine maleate	30

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procto-med hc	63	quinidine sulfate	58
proctosol hc	63	quinine sulfate	42
proctozone-b	101	QULIPTA	32
proctozone-hc	63	R	
progesterone	76	RABAVERT (PF)	82
progesterone micronized	76	rabeprazole	69
PROGRAF	82	RALDESY	29
PROLIA	85	raloxifene	76
PROMACTA	53	ramelteon	93
promethazine	30	ramipril	58
propafenone	58	ranolazine	58
propranolol	58	rasagiline	42
propylthiouracil	79	READY-TO-USE ENEMA	101
PROQUAD (PF)	82	reclipsen (28)	76
PROSOL 20 %	67	RECOMBIVAX HB (PF)	82
protriptyline	29	REFRESH CELLUVISC	101
PULMOZYME	92	REFRESH LACRI-LUBE	101
PURE COMFORT ALCOHOL PADS	88	REFRESH LIQUIGEL	101
PURIXAN	39	REFRESH OPTIVE MEGA-3 (PF)	101
pyrazinamide	33	REFRESH PLUS	101
pyridostigmine bromide	33	REFRESH TEARS	101
pyridoxine (vitamin b6)	101	RELENZA DISKHALER	48
pyrimethamine	42	renal caps	101
Q		reno caps	101
QINLOCK	39	repaglinide	52
QUADRACEL (PF)	82	REPATHA PUSHTRONEX	58
quetiapine	45	REPATHA SURECLICK	58
QUFLORA FE	101	REPATHA SYRINGE	58
QUFLORA FE (FERROUS SULFATE)	101	RETACRIT	53
QUFLORA PEDIATRIC	101	RETEVMO	39
QUFLORA PEDIATRIC DROPS	101	RETROVIR	48
quinapril	58	REVCovi	69
quinapril-hydrochlorothiazide	58	REVUFORJ	39

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REXTOVY	19	roweepra	27
REXULTI	45	ROZLYTREK	39
REYATAZ	48	RUBRACA	39
REZDIFFRA	88	rufinamide	27
REZLIDHIA	39	RUKOBIA	48
RHOPRESSA	90	RUXIENCE	39
RIABNI	39	RYBELSUS	52
ribavirin	48	RYBREVANT	39
rifabutin	33	RYBREVANT FASPRO	39
rifampin	33	RYDAPT	39
rilpivirine hcl	48	S	
riluzole	61	sacubitril-valsartan	58
rimantadine	48	sajazir	82
ringer's	67	SANDIMMUNE	82
RINVOQ	82	SANDOSTATIN LAR DEPOT	79
RINVOQ LQ	82	SANTYL	63
risedronate	85	sapropterin	69
RISPERDAL CONSTA	45	SARCLISA	39
risperidone	45	SAXENDA	102
risperidone microspheres	45	SCSEMBLIX	39
ritonavir	48	scopolamine base	30
rivaroxaban	53	se-natal 19 chewable	67
rivastigmine	28	SECUADO	45
rivastigmine tartrate	28	selegiline hcl	42
rizatriptan	32	selenium sulfide	63
ROCKLATAN	90	SELZENTRY	48
roflumilast	92	sertraline	29
ROMVIMZA	39	setlakin	76
ropinirole	42	sharobel	76
ropivacaine (pf)	19	SHINGRIX (PF)	83
rosuvastatin	58	SIGNIFOR	79
ROTARIX	82	sildenafil (pulm.hypertension)	92
ROTATEQ VACCINE	82	silodosin	70

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silver sulfadiazine	63	sotalol	58
SIMBRINZA	90	sotalol af	58
simliya (28)	76	SPIRIVA RESPIMAT	92
simpesse	76	SPIRIVA WITH HANDIHALER	92
simvastatin	58	spironolacton-hydrochlorothiaz	58
sirolimus	83	spironolactone	58
SIRTURO	33	sprintec (28)	76
sitagliptin phos-metformin	52	SPRITAM	27
sitagliptin phosphate	52	SPS (WITH SORBITOL)	67
SKYRIZI	83	sronyx	76
SLOW-MAG	101	SSD	63
SMOFLIPID	67	stavudine	48
smooth antacid	101	STELARA	83
sodium bicarbonate	67, 101	STIOLTO RESPIMAT	92
sodium chloride	67, 88	STIVARGA	39
sodium chloride 0.45 %	67	stomach relief	101
sodium chloride 0.9 %	67	stool softener	101
sodium chloride 3 % hypertonic	67	stool softener (docusate cal)	101
sodium chloride 5 % hypertonic	67	STRENSIQ	69
sodium oxybate	93	streptomycin	24
sodium phenylbutyrate	69	STRIBILD	48
sodium phosphate	67	STRIVERDI RESPIMAT	92
sodium polystyrene sulfonate	67	STROVITE FORTE	101
sodium,potassium,mag sulfates	69	STROVITE ONE	101
solifenacin	70	SUBVENITE	27
SOLIQUA 100/33	52	subvenite starter (blue) kit	27
SOLTAMOX	39	subvenite starter (green) kit	27
SOLU-MEDROL	71	subvenite starter (orange) kit	27
SOLU-MEDROL (PF)	71	sucrafate	69
soluvita multivitamin fluoride	101	SUFLAVE	69
SOMAVERT	79	sulfacetamide sodium	24, 90
sorafenib	39	sulfacetamide sodium (acne)	24
sorbitol-mannitol	88	sulfacetamide-prednisolone	90

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sulfadiazine	24	tarina fe 1-20 eq (28)	76
sulfamethoxazole-trimethoprim	24	tarina fe 1/20 (28)	77
sulfasalazine	84	tasimelteon	93
sulindac	18	tazarotene	63
sumatriptan	32	taztia xt	58
sumatriptan succinate	32	TAZVERIK	40
sunitinib malate	39	TDVAX	83
SUNLENCA	48	TECENTRIQ	40
SURE COMFORT ALCOHOL PREP PADS	88	TECENTRIQ HYBREZA	40
SURE-PREP ALCOHOL PREP PADS	88	TEFLARO	24
SUTAB	69	telmisartan	59
syeda	76	telmisartan-amlodipine	59
SYMBICORT	92	telmisartan-hydrochlorothiazid	59
SYMPAZAN	27	temazepam	93
SYMTUZA	48	TENIVAC (PF)	83
SYNJARDY	52	tenofovir disoproxil fumarate	48
SYNJARDY XR	52	tension headache	102
SYNTHROID	78	TEPMETKO	40
SYSTANE GEL	101	terazosin	59
SYSTANE NIGHTTIME	102	terbinafine hcl	32
T			
TABLOID	39	terconazole	32
TABRECTA	39	teriflunomide	61
tacrolimus	63, 83	testosterone	77
tadalafil	70	testosterone cypionate	77
tadalafil (pulm. hypertension)	92	testosterone enanthate	77
TAFINLAR	39	tetrabenazine	61
TAGRISSO	40	TEVIMBRA	40
TALICIA	69	THALOMID	40
TALZENNA	40	theophylline	92
tamoxifen	40	thiamine hcl (vitamin b1)	102
tamsulosin	70	thioridazine	45
tarina 24 fe	76	thiothixene	45
		tiadylt er	59

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tiagabine	27	TRAVASOL 10 %	67
TIBSOVO	40	travoprost	90
ticagrelor	53	TRAZIMERA	40
TICOVAC	83	trazodone	29
tigecycline	24	TRECTOR	33
tilia fe	77	TRELEGY ELLIPTA	92
timolol	90	TRELSTAR	79
timolol maleate	59, 90	TREMFYA	83
timolol maleate (pf)	90	TREMFYA ONE-PRESS	83
tinidazole	24	TREMFYA PEN	83
tioconazole-1	102	TREMFYA PEN INDUCTION PK(2PEN)	83
TIVICAY	48	TRESIBA FLEXTOUCH U-100	52
TIVICAY PD	48	TRESIBA FLEXTOUCH U-200	52
tizanidine	46	TRESIBA U-100 INSULIN	52
tobramycin	90	tretinoin	63
tobramycin in 0.225 % nacl	24	tretinoin (antineoplastic)	40
tobramycin sulfate	24	tri-buffered aspirin	102
tobramycin-dexamethasone	90	tri-estarylla	77
tolnaftate	102	tri-legest fe	77
tolterodine	70	tri-linyah	77
topiramate	27	tri-lo-estarylla	77
toremifene	40	tri-lo-marzia	77
torpenz	40	tri-lo-mili	77
toremide	59	tri-lo-sprintec	77
TOUJEO MAX U-300 SOLOSTAR	52	tri-mili	77
TOUJEO SOLOSTAR U-300 INSULIN	52	tri-sprintec (28)	77
TPN ELECTROLYTES	67	tri-vite with fluoride	102
TRADJENTA	52	tri-vylibra	77
tramadol	18	tri-vylibra lo	77
trandolapril	59	triamcinolone acetonide	61, 71
trandolapril-verapamil	59	triamterene	59
tranexamic acid	53	triamterene-hydrochlorothiazid	59
tranlycypromine	29	triderm	71

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trientine	67	TYPHIM VI	83
trifluoperazine	45	U	
trifluridine	90	UBRELVY	32
trihexyphenidyl	42	UDENYCA	53
TRIJARDY XR	52	UDENYCA AUTOINJECTOR	53
TRIKAFTA	92	UDENYCA ONBODY	53
trimethoprim	24	ULTILET ALCOHOL SWAB	88
trimipramine	30	ultra lido	102
trinatal rx 1	67	ULTRA-FINE INS SYR (HALF UNIT)	88
TRINTELLIX	30	ULTRA-FINE INSULIN SYRINGE	88
triphrocaps	102	ULTRA-FINE PEN NEEDLE	88
TRIPLE ANTIBIOTIC	102	UNITHROID	78
triprolidine hcl	102	UNITUXIN	40
TRIUMEQ	48	UPTRAVI	93
TRIUMEQ PD	48	ursodiol	69
trivora (28)	77	USTEKINUMAB	83
TROGARZO	49	V	
TROPHAMINE 10 %	67	valacyclovir	49
tropium	70	VALCHLOR	40
TRUE COMFORT ALCOHOL PADS	88	valganciclovir	49
TRUE COMFORT PRO ALCOHOL PADS	88	valproate sodium	27
TRULICITY	52	valproic acid	27
TRUMENBA	83	valproic acid (as sodium salt)	27
TRUQAP	40	valrubicin	40
TUKYSA	40	valsartan	59
tulana	77	valsartan-hydrochlorothiazide	59
TURALIO	40	VALTOCO	27
turqoz (28)	77	valtya	77
TWINRIX (PF)	83	vancomycin	24
TYBOST	49	vancomycin in 0.9 % sodium chl	24
TYENNE	83	vancomycin in dextrose 5 %	24
TYENNE AUTOINJECTOR	83	vancomycin-diluent combo no.1	24
TYMLOS	85	VANFLYTA	40

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VAQTA (PF)	83	VIVITROL	19
varenicline tartrate	19	VIVOTIF	84
VARIVAX (PF)	83	VIZIMPRO	40
VASCEPA	59	VOCABRIA	49
VAXCHORA VACCINE	84	volnea (28)	77
VECTIBIX	40	VONJO	40
velivet triphasic regimen (28)	77	VORANIGO	41
VEMLIDY	49	voriconazole	32
VENCLEXTA	40	voriconazole-hpbc	32
VENCLEXTA STARTING PACK	40	VOSEVI	49
venlafaxine	30	VOWST	69
VENTOLIN HFA	93	VRAYLAR	45
verapamil	59	vyfemla (28)	77
VERQUVO	59	vylibra	77
VERSACLOZ	45	VYLOY	41
VERZENIO	40	VYVGART	33
vestura (28)	77	VYVGART HYTRULO	33
vienna	77	VYZULTA	90
vigabatrin	27	W	
vigadrone	27	warfarin	53
VIGAFYDE	27	WEBCOL	88
vigpoder	27	WEGOVY	103
vilazodone	30	WEGOVY HD	103
VIMKUNYA	84	WELIREG	69
viorele (28)	77	wera (28)	77
VIRACEPT	49	wes-phos 250 neutral	102
VIREAD	49	wescaps	102
vit 3	102	wesnata dha complete	67
VITAL-D RX	102	wesnate dha	67
vitamin d2	102	westab max	102
vitamin k	102	westab plus	67
vitamin k1	102	WINREVAIR	93
VITRAKVI	40	wixela inhub	93

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women's gentle laxative(bisac)	102	zaleplon	93
wymzya fe	77	zarah	77
X			
XALKORI	41	ZARXIO	54
xarah fe	77	ZEGALOGUE AUTOINJECTOR	52
XARELTO	53, 54	ZEGALOGUE SYRINGE	52
XARELTO DVT-PE TREAT 30D START	54	ZEJULA	41
XATMEP	84	ZELBORAF	41
XCOPRI	27	ZEMAIRA	69
XCOPRI MAINTENANCE PACK	27	zenatane	63
XCOPRI TITRATION PACK	28	ZENPEP	69
XDEMY	88	ZEPBOUND	103
xelria fe	77	ZEPBOUND KWIKPEN	103
XENICAL	103	zidovudine	49
XERMELO	69	ziprasidone hcl	45
XGEVA	85	ziprasidone mesylate	45
XIFAXAN	69	ZIRABEV	41
XIGDUO XR	52	ZIRGAN	49
XOLAIR	84	zoledronic ac-mannitol-0.9nacl	85
XOSPATA	41	zoledronic acid	85
XPOVIO	41	zoledronic acid-mannitol-water	85
XTANDI	41	ZOLINZA	41
xulane	77	zolpidem	93
Y			
YERVOY	41	ZONISADE	28
YESINTEK	84	zonisamide	28
YF-VAX (PF)	84	ZORYVE	63
YONDELIS	41	zovia 1-35 (28)	78
yulithira	41	ZTALMY	28
Z			
zaditor	102	ZUBSOLV	19
zafemy	77	zumandimine (28)	78
zafirlukast	93	ZURNAI	19
		ZURZUVAE	30
		ZYDELIG	41
		ZYKADIA	41

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ZYNYZ	41
ZYPITAMAG	59
ZYPREXA	45
ZYPREXA RELPREVV	45

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Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available.
Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ।
ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。
请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。
請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે.
877-320-1235 (TTY: 711) પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים.
נא התקשר למספר **877-320-1235 (TTY: 711)**

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं।
877-320-1235 (TTY: 711) पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

This notice is available at <https://www.humana.com/legal/multi-language-support>.

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**ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាន់ដ្ឋានផ្សេងៗដ៏ស្មោះត្រង់
រកបាន។ ទូរសព្ទទៅលេខ 877-320-1235 (TTY: 711)។**

**한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
877-320-1235 (TTY: 711)번으로 문의하십시오.**

**ພາສາລາວ [Lao] ມີການບໍລິການດ້ານພາສາ, ຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນ
ໃຫ້ໃຊ້ໄດ້. ໂທ 877-320-1235 (TTY: 711).**

**Diné [Navajo]: Saad t'áa' jiik'eh, t'áadoole'é binahjí' bee adahodoonííígíí diné bich'í'
anidahazt'í'í, dóo' łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjí'
hodúlnih 877-320-1235 (TTY: 711).**

**Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty.
Zadzwoń pod numer 877-320-1235 (TTY: 711).**

**Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e
outros formatos alternativos. Ligue 877-320-1235 (TTY: 711).**

**ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।
877-320-1235 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।**

**Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки,
вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру
877-320-1235 (TTY: 711).**

**Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y
servicios en otro formato están disponibles. Llame al 877-320-1235 (TTY: 711).**

**Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na
pantulong, at kapalit na format. Tumawag sa 877-320-1235 (TTY: 711).**

**தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன.
877-320-1235 (TTY: 711) ஐ அழைக்கவும்.**

**తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు
అందుబాటులో గలవు. 877-320-1235 (TTY: 711) కి కాల్ చేయండి.**

اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ 877-320-1235 (TTY: 711)

**Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định
dạng thay thế. Hãy gọi 877-320-1235 (TTY: 711).**

**አማርኛ [Amharic]: ቋንቋ፣ አገዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችን ይገኛሉ። በ
877-320-1235 (TTY: 711) ላይ ይደውሉ።**

**Bàsà` [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdò-fàńo-nyo, kè nyo-boŭn-po-kà bɛ́ bɛ́
nyuɛɛ se wídí péè-péè dò ko. 877-320-1235 (TTY: 711) dá.**

**Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ 877-320-1235
(TTY: 711).**

**Òyìnbó [Yoruba]: Àwọn isẹ̀ àtilẹ̀hìn ìrànlọ́wọ́ èdè, àtì ọ̀nà kíkà mírán wà lárọ̀wọ́tọ́. Pe
877-320-1235 (TTY: 711).**

**नेपाली [Nepali]: भाषासम्बन्धी निःशुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था)
सेवाहरू उपलब्ध छन् । 877-320-1235 (TTY: 711) मा कल गर्नुहोस् ।**

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