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**West Virginia Senior Advantage**

**Institutional Special Needs Plan**

**2023 Formulary**

**(List of Covered Drugs)**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION**

**ABOUT THE DRUGS WE COVER IN THIS PLAN**

Formulary ID 23522, Version 6

This formulary was updated on 10/10/2022. For more recent information or other questions, please contact West Virginia Senior Advantage Member Services, at 1-844-854-6888 or, for TTY users, 711, 8am – 8pm, 7 days a week, or visit [www.wvsenioradvantage.com](http://www.wvsenioradvantage.com).

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Member Services for more information.

**Important Message About What You Pay for Insulin -** You won’t pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means West Virginia Senior Advantage. When it refers to “plan” or “our plan,” it means West Virginia Senior Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/10/2022. For a updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

# What is the West Virginia Senior Advantage ISNP Formulary?

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

# Can the Formulary (drug list) change?

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

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

* **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  + If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the [*Insert mandatory* < plan/sponsor name>]’s Formulary?”
* **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
* **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. We may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31 day supply of the drug.
  + If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the West Virginia Senior Advantage Plan’s Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2023. To get updated information about the drugs covered by West Virginia Senior Advantage please contact us. Our contact information appears on the front and back cover pages. West Virginia Senior Advantage will send you a notice in the event of a mid-year non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. The most current formulary will be listed at [www.wvsenioradvantage.com](http://www.wvsenioradvantage.com).

# How do I use the Formulary?

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

## Medical Condition

The formulary begins on page 4. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “cardiovascular agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

## Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 81. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

# What are generic drugs?

West Virginia Senior Advantage covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug.  Generally, generic drugs cost less than brand-name drugs.

# Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted documents that explain our prior authorization restriction and step therapy restriction. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask West Virginia Senior Advantage to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the West Virginia Senior Advantage Plan’s formulary?” on page iv for information about how to request an exception.

# What if my drug is not on the Formulary?

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

If you learn that West Virginia Senior Advantage does not cover your drug, you have two options:

* You can ask Member Services for a list of similar drugs that are covered by West Virginia Senior Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by West Virginia Senior Advantage.
* You can ask West Virginia Senior Advantage to make an exception and cover your drug. See below for information about how to request an exception.

# How do I request an exception to the West Virginia Senior Advantage Plan’s Formulary?

You can ask West Virginia Senior Advantage to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care when changing from one treatment setting to another (such as long-term care facility to hospital, hospital to long-term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility, hospice to home), and need a drug that is not on our formulary, we will cover a 30-day emergency temporary supply of medication in the retail setting and up to a 31-day supply in the long-term care setting.

# For more information

For more detailed information about your West Virginia Senior Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

# West Virginia Senior Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by West Virginia Senior Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 81.

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

The information in the Requirements/Limits column tells you if West Virginia Senior Advantage has any special requirements for coverage of your drug.

# List of Covered Drugs

## List of Drugs by Medical Condition

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## Legend

**1:** Covered Medications

**BvD:** Part B vs. Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make this determination.

**HRM:** High Risk Medication - Prior authorization (PA) may be required for ages 65 and over.

**PA:** Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

**QL:** Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

**ST:** Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug.

| **Drug Name** | **Drug Tier** | **Requirements/Limits** | | |
| --- | --- | --- | --- | --- |
| **ANALGESICS** | | |  |  |
| **Analgesics** | | |  |  |
| *butalbital-apap-caff-cod oral capsule* *50-325-40-30 mg* | 1 | QL (180 EA per 30 days) | | |
| *butalbital-apap-caffeine oral capsule* *50-300-40 mg, 50-325-40 mg* | 1 | QL (180 EA per 30 days) | | |
| *butalbital-apap-caffeine oral tablet* *50-325-40 mg* | 1 | QL (180 EA per 30 days) | | |
| *butalbital-asa-caff-codeine oral capsule* *50-325-40-30 mg* | 1 | QL (180 EA per 30 days) | | |
| *butalbital-aspirin-caffeine oral capsule* *50-325-40 mg* | 1 | QL (180 EA per 30 days) | | |
| **Nonsteroidal Anti-Inflammatory Drugs** | | |  |  |
| *celecoxib oral capsule* *100 mg, 200 mg, 400 mg, 50 mg* | 1 |  | | |
| *diclofenac potassium oral tablet* *50 mg* | 1 |  | | |
| *diclofenac sodium er oral tablet extended release 24 hour* *100 mg* | 1 |  | | |
| *diclofenac sodium external gel* *1 %* | 1 |  | | |
| *diclofenac sodium oral tablet delayed release* *25 mg, 50 mg, 75 mg* | 1 |  | | |
| *diclofenac-misoprostol oral tablet delayed release* *50-0.2 mg, 75-0.2 mg* | 1 |  | | |
| *diflunisal oral tablet* *500 mg* | 1 |  | | |
| *etodolac er oral tablet extended release 24 hour* *400 mg, 500 mg, 600 mg* | 1 |  | | |
| *etodolac oral capsule* *200 mg, 300 mg* | 1 |  | | |
| *etodolac oral tablet* *400 mg, 500 mg* | 1 |  | | |
| *flurbiprofen oral tablet* *100 mg* | 1 |  | | |
| IBU ORAL TABLET 600 MG, 800 MG | 1 |  | | |
| *ibuprofen oral suspension* *100 mg/5ml* | 1 |  | | |
| *ibuprofen oral tablet* *400 mg, 600 mg, 800 mg* | 1 |  | | |
| *indomethacin oral capsule* *25 mg, 50 mg* | 1 |  | | |
| *ketorolac tromethamine oral tablet* *10 mg* | 1 |  | | |
| *meloxicam oral tablet* *15 mg, 7.5 mg* | 1 |  | | |
| *nabumetone oral tablet* *500 mg, 750 mg* | 1 |  | | |
| *naproxen oral suspension* *125 mg/5ml* | 1 |  | | |
| *naproxen oral tablet* *250 mg, 375 mg, 500 mg* | 1 |  | | |
| *naproxen oral tablet delayed release* *375 mg, 500 mg* | 1 |  | | |
| *naproxen sodium oral tablet* *275 mg, 550 mg* | 1 |  | | |
| *oxaprozin oral tablet* *600 mg* | 1 |  | | |
| *piroxicam oral capsule* *10 mg, 20 mg* | 1 |  | | |
| *sulindac oral tablet* *150 mg, 200 mg* | 1 |  | | |
| **Opioid Analgesics, Long-Acting** | | |  |  |
| *fentanyl transdermal patch 72 hour* *100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr* | 1 | PA; QL (10 EA per 30 days) | | |
| *methadone hcl oral solution* *10 mg/5ml, 5 mg/5ml* | 1 |  | | |
| *methadone hcl oral tablet* *10 mg, 5 mg* | 1 |  | | |
| *morphine sulfate er oral capsule extended release 24 hour* *10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg* | 1 |  | | |
| *morphine sulfate er oral tablet extended release* *100 mg, 15 mg, 200 mg, 30 mg, 60 mg* | 1 |  | | |
| **Opioid Analgesics, Short-Acting** | | |  |  |
| *acetaminophen-codeine #3 oral tablet* *300-30 mg* | 1 |  | | |
| *acetaminophen-codeine oral solution* *120-12 mg/5ml* | 1 |  | | |
| *acetaminophen-codeine oral tablet* *300-15 mg, 300-60 mg* | 1 |  | | |
| *butorphanol tartrate nasal solution* *10 mg/ml* | 1 |  | | |
| *codeine sulfate oral tablet* *15 mg, 30 mg, 60 mg* | 1 |  | | |
| *fentanyl citrate buccal lozenge on a handle* *1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg* | 1 | PA; QL (120 EA per 30 days) | | |
| *hydrocodone-acetaminophen oral solution* *7.5-325 mg/15ml* | 1 |  | | |
| *hydrocodone-acetaminophen oral tablet* *10-325 mg, 5-325 mg, 7.5-325 mg* | 1 |  | | |
| *hydrocodone-ibuprofen oral tablet* *10-200 mg, 5-200 mg, 7.5-200 mg* | 1 |  | | |
| *hydromorphone hcl oral liquid* *1 mg/ml* | 1 |  | | |
| *hydromorphone hcl oral tablet* *2 mg, 4 mg, 8 mg* | 1 |  | | |
| *morphine sulfate (concentrate) oral solution* *20 mg/ml* | 1 |  | | |
| *morphine sulfate oral solution* *10 mg/5ml, 20 mg/5ml* | 1 |  | | |
| *morphine sulfate oral tablet* *15 mg, 30 mg* | 1 |  | | |
| *oxycodone hcl oral capsule* *5 mg* | 1 |  | | |
| *oxycodone hcl oral concentrate* *100 mg/5ml* | 1 |  | | |
| *oxycodone hcl oral solution* *5 mg/5ml* | 1 |  | | |
| *oxycodone hcl oral tablet* *10 mg, 15 mg, 20 mg, 30 mg, 5 mg* | 1 |  | | |
| *oxycodone-acetaminophen oral solution* *5-325 mg/5ml* | 1 |  | | |
| *oxycodone-acetaminophen oral tablet* *10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 1 |  | | |
| *tramadol hcl oral tablet* *100 mg* | 1 | QL (120 EA per 30 days) | | |
| *tramadol hcl oral tablet* *50 mg* | 1 | QL (240 EA per 30 days) | | |
| *tramadol-acetaminophen oral tablet* *37.5-325 mg* | 1 | QL (240 EA per 30 days) | | |
| **ANESTHETICS** | | |  |  |
| **Local Anesthetics** | | |  |  |
| *lidocaine external ointment* *5 %* | 1 | QL (50 GM per 30 days) | | |
| *lidocaine external patch* *5 %* | 1 | QL (90 EA per 30 days) | | |
| *lidocaine hcl (pf) injection solution* *1 %* | 1 |  | | |
| *lidocaine hcl external solution* *4 %* | 1 | QL (50 ML per 30 days) | | |
| *lidocaine hcl injection solution* *1 %* | 1 |  | | |
| *lidocaine viscous hcl mouth/throat solution* *2 %* | 1 |  | | |
| *lidocaine-prilocaine external cream* *2.5-2.5 %* | 1 | QL (30 GM per 30 days) | | |
| **ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS** | | |  |  |
| **Alcohol Deterrents/Anti-Craving** | | |  |  |
| *acamprosate calcium oral tablet delayed release* *333 mg* | 1 |  | | |
| *disulfiram oral tablet* *250 mg* | 1 |  | | |
| *naltrexone hcl oral tablet* *50 mg* | 1 |  | | |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG | 1 |  | | |
| **Opioid Dependence** | | |  |  |
| *buprenorphine hcl sublingual tablet sublingual* *2 mg, 8 mg* | 1 | QL (90 EA per 30 days) | | |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual* *2-0.5 mg, 8-2 mg* | 1 | QL (90 EA per 30 days) | | |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG | 1 | QL (90 EA per 30 days) | | |
| **Opioid Reversal Agents** | | |  |  |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML | 1 |  | | |
| *naloxone hcl injection solution* *0.4 mg/ml* | 1 |  | | |
| *naloxone hcl injection solution cartridge* *0.4 mg/ml* | 1 |  | | |
| *naloxone hcl injection solution prefilled syringe* *2 mg/2ml* | 1 |  | | |
| *naloxone hcl nasal liquid* *4 mg/0.1ml* | 1 |  | | |
| NARCAN NASAL LIQUID 4 MG/0.1ML | 1 |  | | |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML | 1 |  | | |
| **Smoking Cessation Agents** | | |  |  |
| *bupropion hcl er (smoking det) oral tablet extended release 12 hour* *150 mg* | 1 |  | | |
| NICOTROL INHALATION INHALER 10 MG | 1 |  | | |
| *varenicline tartrate oral* *0.5 mg x 11 & 1 mg x 42* | 1 |  | | |
| *varenicline tartrate oral tablet* *0.5 mg, 1 mg* | 1 |  | | |
| **ANTIBACTERIALS** | | |  |  |
| **Aminoglycosides** | | |  |  |
| *amikacin sulfate injection solution* *500 mg/2ml* | 1 |  | | |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML | 1 | PA | | |
| *gentamicin in saline intravenous solution* *0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%* | 1 |  | | |
| *gentamicin sulfate external cream* *0.1 %* | 1 |  | | |
| *gentamicin sulfate external ointment* *0.1 %* | 1 |  | | |
| *gentamicin sulfate injection solution* *40 mg/ml* | 1 |  | | |
| *neomycin sulfate oral tablet* *500 mg* | 1 |  | | |
| *paromomycin sulfate oral capsule* *250 mg* | 1 |  | | |
| *tobramycin sulfate injection solution* *10 mg/ml, 80 mg/2ml* | 1 |  | | |
| ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML | 1 |  | | |
| **Antibacterials, Other** | | |  |  |
| *aztreonam injection solution reconstituted* *1 gm, 2 gm* | 1 |  | | |
| *clindamycin hcl oral capsule* *150 mg, 300 mg, 75 mg* | 1 |  | | |
| *clindamycin palmitate hcl oral solution reconstituted* *75 mg/5ml* | 1 |  | | |
| *clindamycin phosphate in d5w intravenous solution* *300 mg/50ml, 600 mg/50ml, 900 mg/50ml* | 1 |  | | |
| *clindamycin phosphate injection solution* *300 mg/2ml, 600 mg/4ml, 900 mg/6ml* | 1 |  | | |
| *clindamycin phosphate vaginal cream* *2 %* | 1 |  | | |
| *colistimethate sodium (cba) injection solution reconstituted* *150 mg* | 1 |  | | |
| *daptomycin intravenous solution reconstituted* *350 mg, 500 mg* | 1 |  | | |
| FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML | 1 |  | | |
| *fosfomycin tromethamine oral packet* *3 gm* | 1 |  | | |
| *linezolid intravenous solution* *600 mg/300ml* | 1 | PA | | |
| *linezolid oral suspension reconstituted* *100 mg/5ml* | 1 | PA | | |
| *linezolid oral tablet* *600 mg* | 1 | PA | | |
| *methenamine hippurate oral tablet* *1 gm* | 1 |  | | |
| *metronidazole external cream* *0.75 %* | 1 |  | | |
| *metronidazole external gel* *0.75 %, 1 %* | 1 |  | | |
| *metronidazole external lotion* *0.75 %* | 1 |  | | |
| *metronidazole intravenous solution* *500 mg/100ml* | 1 |  | | |
| *metronidazole oral capsule* *375 mg* | 1 |  | | |
| *metronidazole oral tablet* *250 mg, 500 mg* | 1 |  | | |
| *metronidazole vaginal gel* *0.75 %* | 1 |  | | |
| *nitrofurantoin macrocrystal oral capsule* *100 mg, 25 mg, 50 mg* | 1 |  | | |
| *nitrofurantoin monohyd macro oral capsule* *100 mg* | 1 |  | | |
| *nitrofurantoin oral suspension* *25 mg/5ml* | 1 |  | | |
| *tigecycline intravenous solution reconstituted* *50 mg* | 1 |  | | |
| *tinidazole oral tablet* *250 mg, 500 mg* | 1 |  | | |
| *trimethoprim oral tablet* *100 mg* | 1 |  | | |
| *vancomycin hcl in dextrose intravenous solution* *750-5 mg/150ml-%* | 1 |  | | |
| *vancomycin hcl in nacl intravenous solution* *1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%* | 1 |  | | |
| *vancomycin hcl intravenous solution reconstituted* *1 gm, 10 gm, 500 mg, 5000 mg, 750 mg* | 1 |  | | |
| *vancomycin hcl oral capsule* *125 mg, 250 mg* | 1 |  | | |
| *vancomycin hcl oral solution reconstituted* *250 mg/5ml* | 1 |  | | |
| XIFAXAN ORAL TABLET 550 MG | 1 |  | | |
| **Beta-Lactam, Cephalosporins** | | |  |  |
| *cefaclor oral capsule* *250 mg, 500 mg* | 1 |  | | |
| *cefaclor oral suspension reconstituted* *125 mg/5ml, 250 mg/5ml, 375 mg/5ml* | 1 |  | | |
| *cefadroxil oral capsule* *500 mg* | 1 |  | | |
| *cefadroxil oral suspension reconstituted* *250 mg/5ml, 500 mg/5ml* | 1 |  | | |
| *cefadroxil oral tablet* *1 gm* | 1 |  | | |
| *cefazolin sodium injection solution reconstituted* *1 gm, 10 gm, 500 mg* | 1 |  | | |
| *cefdinir oral capsule* *300 mg* | 1 |  | | |
| *cefdinir oral suspension reconstituted* *125 mg/5ml, 250 mg/5ml* | 1 |  | | |
| *cefepime hcl injection solution reconstituted* *1 gm, 2 gm* | 1 |  | | |
| *cefixime oral capsule* *400 mg* | 1 |  | | |
| *cefixime oral suspension reconstituted* *100 mg/5ml, 200 mg/5ml* | 1 |  | | |
| *cefoxitin sodium intravenous solution reconstituted* *1 gm, 10 gm, 2 gm* | 1 |  | | |
| *cefpodoxime proxetil oral suspension reconstituted* *100 mg/5ml, 50 mg/5ml* | 1 |  | | |
| *cefpodoxime proxetil oral tablet* *100 mg, 200 mg* | 1 |  | | |
| *cefprozil oral suspension reconstituted* *125 mg/5ml, 250 mg/5ml* | 1 |  | | |
| *cefprozil oral tablet* *250 mg, 500 mg* | 1 |  | | |
| *ceftazidime injection solution reconstituted* *1 gm, 6 gm* | 1 |  | | |
| *ceftazidime intravenous solution reconstituted* *2 gm* | 1 |  | | |
| *ceftriaxone sodium injection solution reconstituted* *1 gm, 2 gm, 250 mg, 500 mg* | 1 |  | | |
| *ceftriaxone sodium intravenous solution reconstituted* *10 gm* | 1 |  | | |
| *cefuroxime axetil oral tablet* *250 mg, 500 mg* | 1 |  | | |
| *cefuroxime sodium injection solution reconstituted* *750 mg* | 1 |  | | |
| *cefuroxime sodium intravenous solution reconstituted* *1.5 gm* | 1 |  | | |
| *cephalexin oral capsule* *250 mg, 500 mg* | 1 |  | | |
| *cephalexin oral suspension reconstituted* *125 mg/5ml, 250 mg/5ml* | 1 |  | | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG | 1 |  | | |
| **Beta-Lactam, Penicillins** | | |  |  |
| *amoxicillin oral capsule* *250 mg, 500 mg* | 1 |  | | |
| *amoxicillin oral suspension reconstituted* *125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml* | 1 |  | | |
| *amoxicillin oral tablet* *500 mg, 875 mg* | 1 |  | | |
| *amoxicillin oral tablet chewable* *125 mg, 250 mg* | 1 |  | | |
| *amoxicillin-pot clavulanate er oral tablet extended release 12 hour* *1000-62.5 mg* | 1 |  | | |
| *amoxicillin-pot clavulanate oral suspension reconstituted* *200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml* | 1 |  | | |
| *amoxicillin-pot clavulanate oral tablet* *250-125 mg, 500-125 mg, 875-125 mg* | 1 |  | | |
| *amoxicillin-pot clavulanate oral tablet chewable* *200-28.5 mg, 400-57 mg* | 1 |  | | |
| *ampicillin oral capsule* *500 mg* | 1 |  | | |
| *ampicillin sodium injection solution reconstituted* *1 gm, 125 mg* | 1 |  | | |
| *ampicillin sodium intravenous solution reconstituted* *10 gm* | 1 |  | | |
| *ampicillin-sulbactam sodium injection solution reconstituted* *1.5 (1-0.5) gm, 3 (2-1) gm* | 1 |  | | |
| *ampicillin-sulbactam sodium intravenous solution reconstituted* *15 (10-5) gm* | 1 |  | | |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML | 1 |  | | |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML | 1 |  | | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML | 1 |  | | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML | 1 |  | | |
| *dicloxacillin sodium oral capsule* *250 mg, 500 mg* | 1 |  | | |
| *nafcillin sodium injection solution reconstituted* *1 gm, 2 gm* | 1 |  | | |
| *nafcillin sodium intravenous solution reconstituted* *10 gm* | 1 |  | | |
| *oxacillin sodium in dextrose intravenous solution* *1 gm/50ml, 2 gm/50ml* | 1 |  | | |
| *oxacillin sodium injection solution reconstituted* *1 gm, 2 gm* | 1 |  | | |
| *oxacillin sodium intravenous solution reconstituted* *10 gm* | 1 |  | | |
| *penicillin g pot in dextrose intravenous solution* *40000 unit/ml, 60000 unit/ml* | 1 |  | | |
| *penicillin g potassium injection solution reconstituted* *20000000 unit* | 1 |  | | |
| *penicillin g sodium injection solution reconstituted* *5000000 unit* | 1 |  | | |
| *penicillin v potassium oral solution reconstituted* *125 mg/5ml, 250 mg/5ml* | 1 |  | | |
| *penicillin v potassium oral tablet* *250 mg, 500 mg* | 1 |  | | |
| *piperacillin sod-tazobactam so intravenous solution reconstituted* *2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm* | 1 |  | | |
| **Carbapenems** | | |  |  |
| *ertapenem sodium injection solution reconstituted* *1 gm* | 1 |  | | |
| *imipenem-cilastatin intravenous solution reconstituted* *250 mg, 500 mg* | 1 |  | | |
| *meropenem intravenous solution reconstituted* *1 gm, 500 mg* | 1 |  | | |
| **Macrolides** | | |  |  |
| *azithromycin intravenous solution reconstituted* *500 mg* | 1 |  | | |
| *azithromycin oral packet* *1 gm* | 1 |  | | |
| *azithromycin oral suspension reconstituted* *100 mg/5ml, 200 mg/5ml* | 1 |  | | |
| *azithromycin oral tablet* *250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg* | 1 |  | | |
| *clarithromycin er oral tablet extended release 24 hour* *500 mg* | 1 |  | | |
| *clarithromycin oral suspension reconstituted* *125 mg/5ml, 250 mg/5ml* | 1 |  | | |
| *clarithromycin oral tablet* *250 mg, 500 mg* | 1 |  | | |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML | 1 | ST | | |
| DIFICID ORAL TABLET 200 MG | 1 | ST | | |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 1 |  | | |
| *erythromycin base oral capsule delayed release particles* *250 mg* | 1 |  | | |
| *erythromycin base oral tablet* *250 mg, 500 mg* | 1 |  | | |
| *erythromycin ethylsuccinate oral suspension reconstituted* *200 mg/5ml, 400 mg/5ml* | 1 |  | | |
| *erythromycin oral tablet delayed release* *250 mg, 333 mg, 500 mg* | 1 |  | | |
| **Quinolones** | | |  |  |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % | 1 |  | | |
| *ciprofloxacin hcl ophthalmic solution* *0.3 %* | 1 |  | | |
| *ciprofloxacin hcl oral tablet* *100 mg, 250 mg, 500 mg, 750 mg* | 1 |  | | |
| *ciprofloxacin in d5w intravenous solution* *200 mg/100ml* | 1 |  | | |
| *levofloxacin in d5w intravenous solution* *500 mg/100ml, 750 mg/150ml* | 1 |  | | |
| *levofloxacin intravenous solution* *25 mg/ml* | 1 |  | | |
| *levofloxacin oral solution* *25 mg/ml* | 1 |  | | |
| *levofloxacin oral tablet* *250 mg, 500 mg, 750 mg* | 1 |  | | |
| *moxifloxacin hcl in nacl intravenous solution* *400 mg/250ml* | 1 |  | | |
| *moxifloxacin hcl oral tablet* *400 mg* | 1 |  | | |
| *ofloxacin oral tablet* *300 mg, 400 mg* | 1 |  | | |
| **Sulfonamides** | | |  |  |
| *sulfacetamide sodium (acne) external lotion* *10 %* | 1 |  | | |
| *sulfadiazine oral tablet* *500 mg* | 1 |  | | |
| *sulfamethoxazole-trimethoprim oral suspension* *200-40 mg/5ml* | 1 |  | | |
| *sulfamethoxazole-trimethoprim oral tablet* *400-80 mg, 800-160 mg* | 1 |  | | |
| **Tetracyclines** | | |  |  |
| *demeclocycline hcl oral tablet* *150 mg, 300 mg* | 1 |  | | |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 1 |  | | |
| *doxycycline hyclate oral capsule* *100 mg, 50 mg* | 1 |  | | |
| *doxycycline hyclate oral tablet* *100 mg, 20 mg* | 1 |  | | |
| *doxycycline monohydrate oral capsule* *100 mg, 50 mg* | 1 |  | | |
| *doxycycline monohydrate oral suspension reconstituted* *25 mg/5ml* | 1 |  | | |
| *doxycycline monohydrate oral tablet* *100 mg, 50 mg, 75 mg* | 1 |  | | |
| *minocycline hcl oral capsule* *100 mg, 50 mg, 75 mg* | 1 |  | | |
| *tetracycline hcl oral capsule* *250 mg, 500 mg* | 1 |  | | |
| **ANTICONVULSANTS** | | |  |  |
| **Anticonvulsants, Other** | | |  |  |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 1 | QL (600 ML per 30 days) | | |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 1 | QL (60 EA per 30 days) | | |
| DIACOMIT ORAL CAPSULE 250 MG | 1 | PA; QL (360 EA per 30 days) | | |
| DIACOMIT ORAL CAPSULE 500 MG | 1 | PA; QL (180 EA per 30 days) | | |
| DIACOMIT ORAL PACKET 250 MG | 1 | PA; QL (360 EA per 30 days) | | |
| DIACOMIT ORAL PACKET 500 MG | 1 | PA; QL (180 EA per 30 days) | | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 1 | PA | | |
| *felbamate oral suspension* *600 mg/5ml* | 1 |  | | |
| *felbamate oral tablet* *400 mg, 600 mg* | 1 |  | | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 1 | PA | | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 1 | QL (720 ML per 30 days) | | |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 1 | QL (30 EA per 30 days) | | |
| *lamotrigine er oral tablet extended release 24 hour* *100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | 1 |  | | |
| *lamotrigine oral kit* *25 & 50 & 100 mg* | 1 |  | | |
| *lamotrigine oral tablet* *100 mg, 150 mg, 200 mg, 25 mg* | 1 |  | | |
| *lamotrigine oral tablet chewable* *25 mg, 5 mg* | 1 |  | | |
| *lamotrigine oral tablet dispersible* *100 mg, 200 mg, 25 mg, 50 mg* | 1 |  | | |
| *lamotrigine starter kit-blue oral kit* *35 x 25 mg* | 1 |  | | |
| *lamotrigine starter kit-green oral kit* *84 x 25 mg & 14x100 mg* | 1 |  | | |
| *lamotrigine starter kit-orange oral kit* *42 x 25 mg & 7 x 100 mg* | 1 |  | | |
| *levetiracetam er oral tablet extended release 24 hour* *500 mg, 750 mg* | 1 |  | | |
| *levetiracetam oral solution* *100 mg/ml* | 1 |  | | |
| *levetiracetam oral tablet* *1000 mg, 250 mg, 500 mg, 750 mg* | 1 |  | | |
| *phenobarbital oral elixir* *20 mg/5ml* | 1 |  | | |
| *phenobarbital oral tablet* *100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | 1 |  | | |
| *primidone oral tablet* *250 mg, 50 mg* | 1 |  | | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG | 1 | QL (90 EA per 30 days) | | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG | 1 | QL (120 EA per 30 days) | | |
| *valproic acid oral capsule* *250 mg* | 1 |  | | |
| *valproic acid oral solution* *250 mg/5ml* | 1 |  | | |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 1 | QL (56 EA per 28 days) | | |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG | 1 | QL (56 EA per 28 days) | | |
| XCOPRI ORAL TABLET 100 MG, 50 MG | 1 | QL (30 EA per 30 days) | | |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 1 | QL (60 EA per 30 days) | | |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | 1 | QL (28 EA per 28 days) | | |
| **Calcium Channel Modifying Agents** | | |  |  |
| CELONTIN ORAL CAPSULE 300 MG | 1 |  | | |
| *ethosuximide oral capsule* *250 mg* | 1 |  | | |
| *ethosuximide oral solution* *250 mg/5ml* | 1 |  | | |
| *zonisamide oral capsule* *100 mg, 25 mg, 50 mg* | 1 |  | | |
| **Gamma-Aminobutyric Acid (Gaba) Augmenting Agents** | | |  |  |
| *clobazam oral suspension* *2.5 mg/ml* | 1 | QL (480 ML per 30 days) | | |
| *clobazam oral tablet* *10 mg, 20 mg* | 1 | QL (60 EA per 30 days) | | |
| *diazepam rectal gel* *10 mg, 2.5 mg, 20 mg* | 1 |  | | |
| *gabapentin oral capsule* *100 mg, 300 mg, 400 mg* | 1 |  | | |
| *gabapentin oral solution* *250 mg/5ml* | 1 |  | | |
| *gabapentin oral tablet* *600 mg, 800 mg* | 1 |  | | |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | 1 | QL (10 EA per 30 days) | | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | 1 | QL (60 EA per 30 days) | | |
| *tiagabine hcl oral tablet* *12 mg, 16 mg, 2 mg, 4 mg* | 1 |  | | |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML | 1 | QL (10 EA per 30 days) | | |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML | 1 | QL (10 EA per 30 days) | | |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML | 1 | QL (10 EA per 30 days) | | |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML | 1 | QL (10 EA per 30 days) | | |
| *vigabatrin oral packet* *500 mg* | 1 | PA | | |
| *vigabatrin oral tablet* *500 mg* | 1 | PA | | |
| VIGADRONE ORAL PACKET 500 MG | 1 | PA | | |
| **Sodium Channel Agents** | | |  |  |
| APTIOM ORAL TABLET 200 MG, 400 MG | 1 | QL (30 EA per 30 days) | | |
| APTIOM ORAL TABLET 600 MG, 800 MG | 1 | QL (60 EA per 30 days) | | |
| *carbamazepine er oral capsule extended release 12 hour* *100 mg, 200 mg, 300 mg* | 1 |  | | |
| *carbamazepine er oral tablet extended release 12 hour* *100 mg, 200 mg, 400 mg* | 1 |  | | |
| *carbamazepine oral suspension* *100 mg/5ml* | 1 |  | | |
| *carbamazepine oral tablet* *200 mg* | 1 |  | | |
| *carbamazepine oral tablet chewable* *100 mg* | 1 |  | | |
| DILANTIN ORAL CAPSULE 30 MG | 1 |  | | |
| EPITOL ORAL TABLET 200 MG | 1 |  | | |
| *lacosamide oral solution* *10 mg/ml* | 1 | QL (1200 ML per 30 days) | | |
| *lacosamide oral tablet* *100 mg, 150 mg, 200 mg, 50 mg* | 1 | QL (60 EA per 30 days) | | |
| *oxcarbazepine oral suspension* *300 mg/5ml* | 1 |  | | |
| *oxcarbazepine oral tablet* *150 mg, 300 mg, 600 mg* | 1 |  | | |
| *phenytoin oral suspension* *125 mg/5ml* | 1 |  | | |
| *phenytoin oral tablet chewable* *50 mg* | 1 |  | | |
| *phenytoin sodium extended oral capsule* *100 mg, 200 mg, 300 mg* | 1 |  | | |
| *rufinamide oral suspension* *40 mg/ml* | 1 | QL (2400 ML per 30 days) | | |
| *rufinamide oral tablet* *200 mg, 400 mg* | 1 | QL (240 EA per 30 days) | | |
| **ANTIDEMENTIA AGENTS** | | |  |  |
| **Antidementia Agents, Other** | | |  |  |
| *memantine hcl er oral capsule extended release 24 hour* *14 mg, 21 mg, 28 mg, 7 mg* | 1 |  | | |
| *memantine hcl oral solution* *2 mg/ml* | 1 |  | | |
| *memantine hcl oral tablet* *10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg* | 1 |  | | |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG | 1 |  | | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | 1 |  | | |
| **Cholinesterase Inhibitors** | | |  |  |
| *donepezil hcl oral tablet* *10 mg, 23 mg, 5 mg* | 1 |  | | |
| *donepezil hcl oral tablet dispersible* *10 mg, 5 mg* | 1 |  | | |
| *galantamine hydrobromide er oral capsule extended release 24 hour* *16 mg, 24 mg, 8 mg* | 1 |  | | |
| *galantamine hydrobromide oral solution* *4 mg/ml* | 1 |  | | |
| *galantamine hydrobromide oral tablet* *12 mg, 4 mg, 8 mg* | 1 |  | | |
| *rivastigmine tartrate oral capsule* *1.5 mg, 3 mg, 4.5 mg, 6 mg* | 1 |  | | |
| *rivastigmine transdermal patch 24 hour* *13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr* | 1 | QL (30 EA per 30 days) | | |
| **ANTIDEPRESSANTS** | | |  |  |
| **Antidepressants, Other** | | |  |  |
| *bupropion hcl er (sr) oral tablet extended release 12 hour* *100 mg, 150 mg, 200 mg* | 1 |  | | |
| *bupropion hcl er (xl) oral tablet extended release 24 hour* *150 mg, 300 mg* | 1 |  | | |
| *bupropion hcl oral tablet* *100 mg, 75 mg* | 1 |  | | |
| *mirtazapine oral tablet* *15 mg, 30 mg, 45 mg, 7.5 mg* | 1 |  | | |
| *mirtazapine oral tablet dispersible* *15 mg, 30 mg, 45 mg* | 1 |  | | |
| *olanzapine-fluoxetine hcl oral capsule* *12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg* | 1 |  | | |
| *perphenazine-amitriptyline oral tablet* *2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | 1 |  | | |
| **Monoamine Oxidase Inhibitors** | | |  |  |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | 1 | PA; QL (30 EA per 30 days) | | |
| MARPLAN ORAL TABLET 10 MG | 1 | QL (180 EA per 30 days) | | |
| *phenelzine sulfate oral tablet* *15 mg* | 1 |  | | |
| *tranylcypromine sulfate oral tablet* *10 mg* | 1 |  | | |
| **Ssris/Snris (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)** | | |  |  |
| *citalopram hydrobromide oral capsule* *30 mg* | 1 |  | | |
| *citalopram hydrobromide oral solution* *10 mg/5ml* | 1 |  | | |
| *citalopram hydrobromide oral tablet* *10 mg, 20 mg, 40 mg* | 1 |  | | |
| *desvenlafaxine er oral tablet extended release 24 hour* *100 mg, 50 mg* | 1 |  | | |
| *desvenlafaxine succinate er oral tablet extended release 24 hour* *100 mg, 25 mg, 50 mg* | 1 |  | | |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG | 1 | QL (60 EA per 30 days) | | |
| *duloxetine hcl oral capsule delayed release particles* *20 mg, 30 mg, 40 mg, 60 mg* | 1 |  | | |
| *escitalopram oxalate oral solution* *5 mg/5ml* | 1 |  | | |
| *escitalopram oxalate oral tablet* *10 mg, 20 mg, 5 mg* | 1 |  | | |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG | 1 | QL (30 EA per 30 days) | | |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG | 1 | QL (28 EA per 28 days) | | |
| *fluoxetine hcl oral capsule* *10 mg, 20 mg, 40 mg* | 1 |  | | |
| *fluoxetine hcl oral solution* *20 mg/5ml* | 1 |  | | |
| *fluoxetine hcl oral tablet* *10 mg, 20 mg, 60 mg* | 1 |  | | |
| *fluvoxamine maleate er oral capsule extended release 24 hour* *100 mg, 150 mg* | 1 |  | | |
| *fluvoxamine maleate oral tablet* *100 mg, 25 mg, 50 mg* | 1 |  | | |
| *nefazodone hcl oral tablet* *100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | 1 |  | | |
| *paroxetine hcl er oral tablet extended release 24 hour* *12.5 mg, 25 mg, 37.5 mg* | 1 |  | | |
| *paroxetine hcl oral suspension* *10 mg/5ml* | 1 |  | | |
| *paroxetine hcl oral tablet* *10 mg, 20 mg, 30 mg, 40 mg* | 1 |  | | |
| *sertraline hcl oral capsule* *150 mg, 200 mg* | 1 |  | | |
| *sertraline hcl oral concentrate* *20 mg/ml* | 1 |  | | |
| *sertraline hcl oral tablet* *100 mg, 25 mg, 50 mg* | 1 |  | | |
| *trazodone hcl oral tablet* *100 mg, 150 mg, 300 mg, 50 mg* | 1 |  | | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 1 | QL (30 EA per 30 days) | | |
| *venlafaxine hcl er oral capsule extended release 24 hour* *150 mg, 37.5 mg, 75 mg* | 1 |  | | |
| *venlafaxine hcl er oral tablet extended release 24 hour* *150 mg, 225 mg, 37.5 mg, 75 mg* | 1 |  | | |
| *venlafaxine hcl oral tablet* *100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 |  | | |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG | 1 | QL (30 EA per 30 days) | | |
| *vilazodone hcl oral tablet* *10 mg, 20 mg, 40 mg* | 1 | QL (30 EA per 30 days) | | |
| **Tricyclics** | | |  |  |
| *amitriptyline hcl oral tablet* *10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 1 |  | | |
| *amoxapine oral tablet* *100 mg, 150 mg, 25 mg, 50 mg* | 1 |  | | |
| *clomipramine hcl oral capsule* *25 mg, 50 mg, 75 mg* | 1 |  | | |
| *desipramine hcl oral tablet* *10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 1 |  | | |
| *doxepin hcl oral capsule* *10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 1 |  | | |
| *doxepin hcl oral concentrate* *10 mg/ml* | 1 |  | | |
| *imipramine hcl oral tablet* *10 mg, 25 mg, 50 mg* | 1 |  | | |
| *nortriptyline hcl oral capsule* *10 mg, 25 mg, 50 mg, 75 mg* | 1 |  | | |
| *nortriptyline hcl oral solution* *10 mg/5ml* | 1 |  | | |
| *protriptyline hcl oral tablet* *10 mg, 5 mg* | 1 |  | | |
| *trimipramine maleate oral capsule* *100 mg, 25 mg, 50 mg* | 1 |  | | |
| **ANTIEMETICS** | | |  |  |
| **Antiemetics, Other** | | |  |  |
| COMPRO RECTAL SUPPOSITORY 25 MG | 1 |  | | |
| *meclizine hcl oral tablet* *12.5 mg, 25 mg* | 1 |  | | |
| PHENADOZ RECTAL SUPPOSITORY 25 MG | 1 |  | | |
| *prochlorperazine maleate oral tablet* *10 mg, 5 mg* | 1 |  | | |
| *prochlorperazine rectal suppository* *25 mg* | 1 |  | | |
| *promethazine hcl injection solution* *25 mg/ml* | 1 |  | | |
| *promethazine hcl oral syrup* *6.25 mg/5ml* | 1 |  | | |
| *promethazine hcl oral tablet* *12.5 mg, 25 mg, 50 mg* | 1 |  | | |
| *promethazine hcl rectal suppository* *12.5 mg, 25 mg* | 1 |  | | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG | 1 |  | | |
| *scopolamine transdermal patch 72 hour* *1 mg/3days* | 1 |  | | |
| *trimethobenzamide hcl oral capsule* *300 mg* | 1 |  | | |
| **Emetogenic Therapy Adjuncts** | | |  |  |
| *aprepitant oral capsule* *125 mg* | 1 | BvD; QL (4 EA per 28 days) | | |
| *aprepitant oral capsule* *40 mg, 80 mg* | 1 | BvD; QL (8 EA per 28 days) | | |
| *aprepitant oral capsule* *80 & 125 mg* | 1 | BvD; QL (12 EA per 28 days) | | |
| *dronabinol oral capsule* *10 mg, 2.5 mg, 5 mg* | 1 | PA; QL (60 EA per 30 days) | | |
| *granisetron hcl oral tablet* *1 mg* | 1 | BvD; QL (60 EA per 30 days) | | |
| *ondansetron hcl injection solution* *4 mg/2ml, 40 mg/20ml* | 1 | BvD | | |
| *ondansetron hcl oral solution* *4 mg/5ml* | 1 | BvD | | |
| *ondansetron hcl oral tablet* *4 mg, 8 mg* | 1 | BvD | | |
| *ondansetron oral tablet dispersible* *4 mg, 8 mg* | 1 | BvD | | |
| **ANTIFUNGALS** | | |  |  |
| **Antifungals** | | |  |  |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 1 | BvD | | |
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG | 1 | BvD | | |
| *amphotericin b intravenous solution reconstituted* *50 mg* | 1 | BvD | | |
| *caspofungin acetate intravenous solution reconstituted* *50 mg, 70 mg* | 1 |  | | |
| *ciclopirox olamine external cream* *0.77 %* | 1 |  | | |
| *ciclopirox olamine external suspension* *0.77 %* | 1 |  | | |
| *clotrimazole external cream* *1 %* | 1 |  | | |
| *clotrimazole external solution* *1 %* | 1 |  | | |
| *clotrimazole mouth/throat troche* *10 mg* | 1 |  | | |
| *econazole nitrate external cream* *1 %* | 1 |  | | |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG | 1 |  | | |
| *fluconazole in sodium chloride intravenous solution* *200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%* | 1 |  | | |
| *fluconazole oral suspension reconstituted* *10 mg/ml, 40 mg/ml* | 1 |  | | |
| *fluconazole oral tablet* *100 mg, 150 mg, 200 mg, 50 mg* | 1 |  | | |
| *flucytosine oral capsule* *250 mg, 500 mg* | 1 |  | | |
| *griseofulvin microsize oral suspension* *125 mg/5ml* | 1 |  | | |
| *griseofulvin microsize oral tablet* *500 mg* | 1 |  | | |
| *griseofulvin ultramicrosize oral tablet* *125 mg, 250 mg* | 1 |  | | |
| *itraconazole oral capsule* *100 mg* | 1 | PA | | |
| *itraconazole oral solution* *10 mg/ml* | 1 | PA | | |
| JUBLIA EXTERNAL SOLUTION 10 % | 1 |  | | |
| *ketoconazole external cream* *2 %* | 1 |  | | |
| *ketoconazole external shampoo* *2 %* | 1 |  | | |
| *ketoconazole oral tablet* *200 mg* | 1 |  | | |
| *micafungin sodium intravenous solution reconstituted* *100 mg, 50 mg* | 1 |  | | |
| *miconazole 3 vaginal suppository* *200 mg* | 1 |  | | |
| NOXAFIL ORAL SUSPENSION 40 MG/ML | 1 | PA | | |
| NYAMYC EXTERNAL POWDER 100000 UNIT/GM | 1 |  | | |
| *nystatin external cream* *100000 unit/gm* | 1 |  | | |
| *nystatin external ointment* *100000 unit/gm* | 1 |  | | |
| *nystatin external powder* *100000 unit/gm* | 1 |  | | |
| *nystatin mouth/throat suspension* *100000 unit/ml* | 1 |  | | |
| *nystatin oral tablet* *500000 unit* | 1 |  | | |
| NYSTOP EXTERNAL POWDER 100000 UNIT/GM | 1 |  | | |
| *posaconazole oral tablet delayed release* *100 mg* | 1 | PA | | |
| *terbinafine hcl oral tablet* *250 mg* | 1 |  | | |
| *terconazole vaginal cream* *0.4 %, 0.8 %* | 1 |  | | |
| *terconazole vaginal suppository* *80 mg* | 1 |  | | |
| *voriconazole intravenous solution reconstituted* *200 mg* | 1 | PA | | |
| *voriconazole oral suspension reconstituted* *40 mg/ml* | 1 | PA; QL (300 ML per 30 days) | | |
| *voriconazole oral tablet* *200 mg* | 1 | PA; QL (60 EA per 30 days) | | |
| *voriconazole oral tablet* *50 mg* | 1 | PA; QL (120 EA per 30 days) | | |
| **ANTIGOUT AGENTS** | | |  |  |
| **Antigout Agents** | | |  |  |
| *allopurinol oral tablet* *100 mg, 300 mg* | 1 |  | | |
| *colchicine oral capsule* *0.6 mg* | 1 |  | | |
| *colchicine oral tablet* *0.6 mg* | 1 |  | | |
| *colchicine-probenecid oral tablet* *0.5-500 mg* | 1 |  | | |
| *febuxostat oral tablet* *40 mg, 80 mg* | 1 |  | | |
| *probenecid oral tablet* *500 mg* | 1 |  | | |
| **ANTIMIGRAINE AGENTS** | | |  |  |
| **Ergot Alkaloids** | | |  |  |
| *dihydroergotamine mesylate nasal solution* *4 mg/ml* | 1 | QL (8 ML per 28 days) | | |
| *ergotamine-caffeine oral tablet* *1-100 mg* | 1 | QL (40 EA per 28 days) | | |
| **Prophylactic** | | |  |  |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 1 | PA | | |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | 1 | PA | | |
| EPRONTIA ORAL SOLUTION 25 MG/ML | 1 |  | | |
| *propranolol hcl er oral capsule extended release 24 hour* *80 mg* | 1 |  | | |
| *propranolol hcl oral tablet* *80 mg* | 1 |  | | |
| *topiramate er oral capsule er 24 hour sprinkle* *100 mg, 150 mg, 200 mg, 25 mg, 50 mg* | 1 |  | | |
| *topiramate oral capsule sprinkle* *15 mg, 25 mg* | 1 |  | | |
| *topiramate oral tablet* *100 mg, 200 mg, 25 mg, 50 mg* | 1 |  | | |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 1 | PA; QL (16 EA per 30 days) | | |
| **Serotonin (5-Ht) Receptor Agonist** | | |  |  |
| *naratriptan hcl oral tablet* *1 mg, 2.5 mg* | 1 | QL (9 EA per 30 days) | | |
| *rizatriptan benzoate oral tablet* *10 mg, 5 mg* | 1 | QL (12 EA per 30 days) | | |
| *rizatriptan benzoate oral tablet dispersible* *10 mg, 5 mg* | 1 | QL (12 EA per 30 days) | | |
| *sumatriptan nasal solution* *20 mg/act, 5 mg/act* | 1 | QL (18 EA per 30 days) | | |
| *sumatriptan succinate oral tablet* *100 mg, 25 mg, 50 mg* | 1 | QL (9 EA per 30 days) | | |
| *sumatriptan succinate refill subcutaneous solution cartridge* *4 mg/0.5ml, 6 mg/0.5ml* | 1 | QL (4 ML per 30 days) | | |
| *sumatriptan succinate subcutaneous solution* *6 mg/0.5ml* | 1 | QL (4 ML per 30 days) | | |
| *sumatriptan succinate subcutaneous solution auto-injector* *4 mg/0.5ml, 6 mg/0.5ml* | 1 | QL (4 ML per 30 days) | | |
| **ANTIMYASTHENIC AGENTS** | | |  |  |
| **Parasympathomimetics** | | |  |  |
| *pyridostigmine bromide oral solution* *60 mg/5ml* | 1 |  | | |
| *pyridostigmine bromide oral tablet* *60 mg* | 1 |  | | |
| **ANTIMYCOBACTERIALS** | | |  |  |
| **Antimycobacterials, Other** | | |  |  |
| *dapsone oral tablet* *100 mg, 25 mg* | 1 |  | | |
| PRIFTIN ORAL TABLET 150 MG | 1 |  | | |
| *rifabutin oral capsule* *150 mg* | 1 |  | | |
| **Antituberculars** | | |  |  |
| *ethambutol hcl oral tablet* *100 mg, 400 mg* | 1 |  | | |
| *isoniazid oral syrup* *50 mg/5ml* | 1 |  | | |
| *isoniazid oral tablet* *100 mg, 300 mg* | 1 |  | | |
| PASER ORAL PACKET 4 GM | 1 |  | | |
| *pyrazinamide oral tablet* *500 mg* | 1 |  | | |
| *rifampin intravenous solution reconstituted* *600 mg* | 1 |  | | |
| *rifampin oral capsule* *150 mg, 300 mg* | 1 |  | | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 1 | PA | | |
| TRECATOR ORAL TABLET 250 MG | 1 |  | | |
| **ANTINEOPLASTICS** | | |  |  |
| **Alkylating Agents** | | |  |  |
| *cyclophosphamide oral capsule* *25 mg, 50 mg* | 1 | BvD | | |
| *cyclophosphamide oral tablet* *25 mg, 50 mg* | 1 | BvD | | |
| LEUKERAN ORAL TABLET 2 MG | 1 |  | | |
| MATULANE ORAL CAPSULE 50 MG | 1 | PA | | |
| VALCHLOR EXTERNAL GEL 0.016 % | 1 | PA; QL (60 GM per 30 days) | | |
| **Antiandrogens** | | |  |  |
| *abiraterone acetate oral tablet* *250 mg, 500 mg* | 1 | PA; QL (120 EA per 30 days) | | |
| *bicalutamide oral tablet* *50 mg* | 1 | QL (30 EA per 30 days) | | |
| ERLEADA ORAL TABLET 60 MG | 1 | PA; QL (120 EA per 30 days) | | |
| LYSODREN ORAL TABLET 500 MG | 1 |  | | |
| *nilutamide oral tablet* *150 mg* | 1 | QL (60 EA per 30 days) | | |
| NUBEQA ORAL TABLET 300 MG | 1 | PA; QL (120 EA per 30 days) | | |
| XTANDI ORAL CAPSULE 40 MG | 1 | PA; QL (120 EA per 30 days) | | |
| XTANDI ORAL TABLET 40 MG | 1 | PA; QL (120 EA per 30 days) | | |
| XTANDI ORAL TABLET 80 MG | 1 | PA; QL (60 EA per 30 days) | | |
| YONSA ORAL TABLET 125 MG | 1 | PA; QL (120 EA per 30 days) | | |
| **Antiangiogenic Agents** | | |  |  |
| *lenalidomide oral capsule* *10 mg, 15 mg, 25 mg, 5 mg* | 1 | PA | | |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 1 | PA | | |
| REVLIMID ORAL CAPSULE 2.5 MG, 20 MG | 1 | PA | | |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 1 | PA | | |
| **Antiestrogens/Modifiers** | | |  |  |
| EMCYT ORAL CAPSULE 140 MG | 1 |  | | |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML | 1 | PA | | |
| *tamoxifen citrate oral tablet* *10 mg, 20 mg* | 1 |  | | |
| *toremifene citrate oral tablet* *60 mg* | 1 | PA | | |
| **Antimetabolites** | | |  |  |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 1 |  | | |
| *hydroxyurea oral capsule* *500 mg* | 1 |  | | |
| INQOVI ORAL TABLET 35-100 MG | 1 | PA | | |
| *mercaptopurine oral tablet* *50 mg* | 1 |  | | |
| ONUREG ORAL TABLET 200 MG, 300 MG | 1 | PA | | |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML | 1 |  | | |
| TABLOID ORAL TABLET 40 MG | 1 |  | | |
| **Antineoplastics, Other** | | |  |  |
| IDHIFA ORAL TABLET 100 MG | 1 | PA; QL (30 EA per 30 days) | | |
| IDHIFA ORAL TABLET 50 MG | 1 | PA; QL (60 EA per 30 days) | | |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 1 | PA | | |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 1 | PA | | |
| KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 1 | PA | | |
| *leucovorin calcium oral tablet* *10 mg, 15 mg, 25 mg, 5 mg* | 1 |  | | |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 1 | PA | | |
| LUMAKRAS ORAL TABLET 120 MG | 1 | PA | | |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 1 | PA; QL (120 EA per 30 days) | | |
| MESNEX ORAL TABLET 400 MG | 1 |  | | |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 1 | PA; QL (3 EA per 28 days) | | |
| ORGOVYX ORAL TABLET 120 MG | 1 | PA | | |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG | 1 | PA | | |
| WELIREG ORAL TABLET 40 MG | 1 | PA | | |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 1 | BvD | | |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 1 | PA | | |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 1 | PA | | |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 1 | PA | | |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 1 | PA | | |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 1 | PA | | |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 1 | PA | | |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 1 | PA | | |
| ZOLINZA ORAL CAPSULE 100 MG | 1 | PA; QL (120 EA per 30 days) | | |
| **Aromatase Inhibitors, 3Rd Generation** | | |  |  |
| *anastrozole oral tablet* *1 mg* | 1 |  | | |
| *exemestane oral tablet* *25 mg* | 1 |  | | |
| *letrozole oral tablet* *2.5 mg* | 1 |  | | |
| **Molecular Target Inhibitors** | | |  |  |
| ALECENSA ORAL CAPSULE 150 MG | 1 | PA | | |
| ALUNBRIG ORAL TABLET 180 MG | 1 | PA; QL (30 EA per 30 days) | | |
| ALUNBRIG ORAL TABLET 30 MG | 1 | PA; QL (180 EA per 30 days) | | |
| ALUNBRIG ORAL TABLET 90 MG | 1 | PA; QL (60 EA per 30 days) | | |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | 1 | PA; QL (30 EA per 30 days) | | |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 1 | PA; QL (30 EA per 30 days) | | |
| BALVERSA ORAL TABLET 3 MG | 1 | PA; QL (84 EA per 28 days) | | |
| BALVERSA ORAL TABLET 4 MG | 1 | PA; QL (56 EA per 28 days) | | |
| BALVERSA ORAL TABLET 5 MG | 1 | PA; QL (28 EA per 28 days) | | |
| BOSULIF ORAL TABLET 100 MG | 1 | PA; QL (90 EA per 30 days) | | |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 1 | PA; QL (30 EA per 30 days) | | |
| BRAFTOVI ORAL CAPSULE 75 MG | 1 | PA | | |
| BRUKINSA ORAL CAPSULE 80 MG | 1 | PA | | |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | 1 | PA; QL (30 EA per 30 days) | | |
| CALQUENCE ORAL CAPSULE 100 MG | 1 | PA; QL (60 EA per 30 days) | | |
| CAPRELSA ORAL TABLET 100 MG | 1 | PA; QL (60 EA per 30 days) | | |
| CAPRELSA ORAL TABLET 300 MG | 1 | PA; QL (30 EA per 30 days) | | |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 1 | PA; QL (56 EA per 28 days) | | |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 1 | PA; QL (112 EA per 28 days) | | |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG | 1 | PA; QL (84 EA per 28 days) | | |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 1 | PA; QL (60 EA per 30 days) | | |
| COTELLIC ORAL TABLET 20 MG | 1 | PA | | |
| DAURISMO ORAL TABLET 100 MG | 1 | PA; QL (30 EA per 30 days) | | |
| DAURISMO ORAL TABLET 25 MG | 1 | PA; QL (60 EA per 30 days) | | |
| ERIVEDGE ORAL CAPSULE 150 MG | 1 | PA | | |
| *erlotinib hcl oral tablet* *100 mg, 150 mg* | 1 | PA; QL (30 EA per 30 days) | | |
| *erlotinib hcl oral tablet* *25 mg* | 1 | PA; QL (90 EA per 30 days) | | |
| *everolimus oral tablet* *10 mg, 2.5 mg, 5 mg, 7.5 mg* | 1 | PA; QL (30 EA per 30 days) | | |
| *everolimus oral tablet soluble* *2 mg, 3 mg* | 1 | PA; QL (30 EA per 30 days) | | |
| *everolimus oral tablet soluble* *5 mg* | 1 | PA; QL (60 EA per 30 days) | | |
| EXKIVITY ORAL CAPSULE 40 MG | 1 | PA | | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 1 | PA; QL (21 EA per 28 days) | | |
| GAVRETO ORAL CAPSULE 100 MG | 1 | PA | | |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 1 | PA; QL (30 EA per 30 days) | | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 1 | PA; QL (21 EA per 28 days) | | |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 1 | PA; QL (21 EA per 28 days) | | |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 1 | PA; QL (30 EA per 30 days) | | |
| *imatinib mesylate oral tablet* *100 mg* | 1 | PA; QL (90 EA per 30 days) | | |
| *imatinib mesylate oral tablet* *400 mg* | 1 | PA; QL (60 EA per 30 days) | | |
| IMBRUVICA ORAL CAPSULE 140 MG | 1 | PA; QL (120 EA per 30 days) | | |
| IMBRUVICA ORAL CAPSULE 70 MG | 1 | PA; QL (30 EA per 30 days) | | |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | 1 | PA; QL (30 EA per 30 days) | | |
| INLYTA ORAL TABLET 1 MG | 1 | PA; QL (180 EA per 30 days) | | |
| INLYTA ORAL TABLET 5 MG | 1 | PA; QL (60 EA per 30 days) | | |
| INREBIC ORAL CAPSULE 100 MG | 1 | PA | | |
| IRESSA ORAL TABLET 250 MG | 1 | PA | | |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 1 | PA; QL (60 EA per 30 days) | | |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 1 | PA; QL (21 EA per 28 days) | | |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 1 | PA; QL (42 EA per 28 days) | | |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 1 | PA; QL (63 EA per 28 days) | | |
| KOSELUGO ORAL CAPSULE 10 MG | 1 | PA; QL (240 EA per 30 days) | | |
| KOSELUGO ORAL CAPSULE 25 MG | 1 | PA; QL (120 EA per 30 days) | | |
| *lapatinib ditosylate oral tablet* *250 mg* | 1 | PA; QL (180 EA per 30 days) | | |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG | 1 | PA | | |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG | 1 | PA | | |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | 1 | PA | | |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | 1 | PA | | |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG | 1 | PA | | |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | 1 | PA | | |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG | 1 | PA | | |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG | 1 | PA | | |
| LORBRENA ORAL TABLET 100 MG | 1 | PA; QL (30 EA per 30 days) | | |
| LORBRENA ORAL TABLET 25 MG | 1 | PA; QL (90 EA per 30 days) | | |
| MEKINIST ORAL TABLET 0.5 MG | 1 | PA; QL (90 EA per 30 days) | | |
| MEKINIST ORAL TABLET 2 MG | 1 | PA; QL (30 EA per 30 days) | | |
| MEKTOVI ORAL TABLET 15 MG | 1 | PA | | |
| NERLYNX ORAL TABLET 40 MG | 1 | PA; QL (180 EA per 30 days) | | |
| ODOMZO ORAL CAPSULE 200 MG | 1 | PA | | |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 1 | PA; QL (14 EA per 21 days) | | |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG | 1 | PA; QL (28 EA per 28 days) | | |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | 1 | PA; QL (56 EA per 28 days) | | |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG | 1 | PA; QL (56 EA per 28 days) | | |
| QINLOCK ORAL TABLET 50 MG | 1 | PA | | |
| RETEVMO ORAL CAPSULE 40 MG | 1 | PA; QL (60 EA per 30 days) | | |
| RETEVMO ORAL CAPSULE 80 MG | 1 | PA; QL (120 EA per 30 days) | | |
| ROZLYTREK ORAL CAPSULE 100 MG | 1 | PA; QL (150 EA per 30 days) | | |
| ROZLYTREK ORAL CAPSULE 200 MG | 1 | PA; QL (90 EA per 30 days) | | |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 1 | PA; QL (120 EA per 30 days) | | |
| RYDAPT ORAL CAPSULE 25 MG | 1 | PA; QL (240 EA per 30 days) | | |
| SCEMBLIX ORAL TABLET 20 MG | 1 | PA; QL (60 EA per 30 days) | | |
| SCEMBLIX ORAL TABLET 40 MG | 1 | PA; QL (300 EA per 30 days) | | |
| *sorafenib tosylate oral tablet* *200 mg* | 1 | PA; QL (120 EA per 30 days) | | |
| SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG | 1 | PA; QL (60 EA per 30 days) | | |
| SPRYCEL ORAL TABLET 140 MG | 1 | PA; QL (30 EA per 30 days) | | |
| SPRYCEL ORAL TABLET 20 MG | 1 | PA; QL (90 EA per 30 days) | | |
| STIVARGA ORAL TABLET 40 MG | 1 | PA | | |
| *sunitinib malate oral capsule* *12.5 mg, 25 mg, 37.5 mg, 50 mg* | 1 | PA; QL (28 EA per 28 days) | | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 1 | PA; QL (120 EA per 30 days) | | |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 1 | PA; QL (120 EA per 30 days) | | |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 1 | PA; QL (30 EA per 30 days) | | |
| TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | 1 | PA; QL (30 EA per 30 days) | | |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | 1 | PA; QL (120 EA per 30 days) | | |
| TAZVERIK ORAL TABLET 200 MG | 1 | PA | | |
| TEPMETKO ORAL TABLET 225 MG | 1 | PA | | |
| TIBSOVO ORAL TABLET 250 MG | 1 | PA | | |
| TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG | 1 | PA; QL (21 EA per 28 days) | | |
| TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG | 1 | PA; QL (42 EA per 28 days) | | |
| TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG | 1 | PA; QL (42 EA per 28 days) | | |
| TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG | 1 | PA; QL (63 EA per 28 days) | | |
| TUKYSA ORAL TABLET 150 MG, 50 MG | 1 | PA; QL (120 EA per 30 days) | | |
| TURALIO ORAL CAPSULE 200 MG | 1 | PA | | |
| VENCLEXTA ORAL TABLET 10 MG | 1 | PA; QL (60 EA per 30 days) | | |
| VENCLEXTA ORAL TABLET 100 MG | 1 | PA; QL (180 EA per 30 days) | | |
| VENCLEXTA ORAL TABLET 50 MG | 1 | PA; QL (30 EA per 30 days) | | |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | 1 | PA; QL (42 EA per 28 days) | | |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 1 | PA; QL (56 EA per 28 days) | | |
| VITRAKVI ORAL CAPSULE 100 MG | 1 | PA; QL (60 EA per 30 days) | | |
| VITRAKVI ORAL CAPSULE 25 MG | 1 | PA; QL (180 EA per 30 days) | | |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 1 | PA; QL (300 ML per 30 days) | | |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 1 | PA; QL (30 EA per 30 days) | | |
| VONJO ORAL CAPSULE 100 MG | 1 | PA | | |
| VOTRIENT ORAL TABLET 200 MG | 1 | PA; QL (120 EA per 30 days) | | |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 1 | PA; QL (120 EA per 30 days) | | |
| XOSPATA ORAL TABLET 40 MG | 1 | PA | | |
| ZEJULA ORAL CAPSULE 100 MG | 1 | PA; QL (90 EA per 30 days) | | |
| ZELBORAF ORAL TABLET 240 MG | 1 | PA; QL (240 EA per 30 days) | | |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 1 | PA; QL (60 EA per 30 days) | | |
| ZYKADIA ORAL TABLET 150 MG | 1 | PA | | |
| **Retinoids** | | |  |  |
| *bexarotene external gel* *1 %* | 1 | PA; QL (60 GM per 30 days) | | |
| *bexarotene oral capsule* *75 mg* | 1 | PA | | |
| *tretinoin oral capsule* *10 mg* | 1 |  | | |
| **ANTIPARASITICS** | | |  |  |
| **Anthelmintics** | | |  |  |
| *albendazole oral tablet* *200 mg* | 1 |  | | |
| EMVERM ORAL TABLET CHEWABLE 100 MG | 1 |  | | |
| *ivermectin oral tablet* *3 mg* | 1 | PA | | |
| **Antiprotozoals** | | |  |  |
| *atovaquone oral suspension* *750 mg/5ml* | 1 |  | | |
| *atovaquone-proguanil hcl oral tablet* *250-100 mg, 62.5-25 mg* | 1 |  | | |
| *benznidazole oral tablet* *100 mg, 12.5 mg* | 1 |  | | |
| *chloroquine phosphate oral tablet* *250 mg, 500 mg* | 1 |  | | |
| COARTEM ORAL TABLET 20-120 MG | 1 |  | | |
| *hydroxychloroquine sulfate oral tablet* *100 mg, 200 mg, 300 mg, 400 mg* | 1 |  | | |
| LAMPIT ORAL TABLET 120 MG, 30 MG | 1 |  | | |
| *mefloquine hcl oral tablet* *250 mg* | 1 |  | | |
| *nitazoxanide oral tablet* *500 mg* | 1 |  | | |
| *pentamidine isethionate inhalation solution reconstituted* *300 mg* | 1 | BvD | | |
| *pentamidine isethionate injection solution reconstituted* *300 mg* | 1 |  | | |
| *primaquine phosphate oral tablet* *26.3 (15 base) mg* | 1 |  | | |
| *quinine sulfate oral capsule* *324 mg* | 1 | PA | | |
| **ANTIPARKINSON AGENTS** | | |  |  |
| **Anticholinergics** | | |  |  |
| *benztropine mesylate oral tablet* *0.5 mg, 1 mg, 2 mg* | 1 |  | | |
| *trihexyphenidyl hcl oral solution* *0.4 mg/ml* | 1 |  | | |
| *trihexyphenidyl hcl oral tablet* *2 mg, 5 mg* | 1 |  | | |
| **Antiparkinson Agents, Other** | | |  |  |
| *amantadine hcl oral capsule* *100 mg* | 1 |  | | |
| *amantadine hcl oral solution* *50 mg/5ml* | 1 |  | | |
| *amantadine hcl oral tablet* *100 mg* | 1 |  | | |
| *carbidopa-levodopa-entacapone oral tablet* *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* | 1 |  | | |
| *entacapone oral tablet* *200 mg* | 1 |  | | |
| **Dopamine Agonists** | | |  |  |
| *bromocriptine mesylate oral capsule* *5 mg* | 1 |  | | |
| *bromocriptine mesylate oral tablet* *2.5 mg* | 1 |  | | |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 1 | PA; QL (150 EA per 30 days) | | |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR | 1 |  | | |
| *pramipexole dihydrochloride oral tablet* *0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | 1 |  | | |
| *ropinirole hcl er oral tablet extended release 24 hour* *12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | 1 |  | | |
| *ropinirole hcl oral tablet* *0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | 1 |  | | |
| **Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors** | | |  |  |
| *carbidopa oral tablet* *25 mg* | 1 |  | | |
| *carbidopa-levodopa er oral tablet extended release* *25-100 mg, 50-200 mg* | 1 |  | | |
| *carbidopa-levodopa oral tablet* *10-100 mg, 25-100 mg, 25-250 mg* | 1 |  | | |
| *carbidopa-levodopa oral tablet dispersible* *10-100 mg, 25-100 mg, 25-250 mg* | 1 |  | | |
| INBRIJA INHALATION CAPSULE 42 MG | 1 | PA; QL (300 EA per 30 days) | | |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | 1 | ST | | |
| **Monoamine Oxidase B (Mao-B) Inhibitors** | | |  |  |
| *rasagiline mesylate oral tablet* *0.5 mg, 1 mg* | 1 |  | | |
| *selegiline hcl oral capsule* *5 mg* | 1 |  | | |
| *selegiline hcl oral tablet* *5 mg* | 1 |  | | |
| **ANTIPSYCHOTICS** | | |  |  |
| **1St Generation/Typical** | | |  |  |
| *chlorpromazine hcl oral concentrate* *100 mg/ml, 30 mg/ml* | 1 | PA; HRM | | |
| *chlorpromazine hcl oral tablet* *10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | 1 | PA; HRM | | |
| *fluphenazine decanoate injection solution* *25 mg/ml* | 1 |  | | |
| *fluphenazine hcl injection solution* *2.5 mg/ml* | 1 | PA; HRM | | |
| *fluphenazine hcl oral concentrate* *5 mg/ml* | 1 | PA; HRM | | |
| *fluphenazine hcl oral elixir* *2.5 mg/5ml* | 1 | PA; HRM | | |
| *fluphenazine hcl oral tablet* *1 mg, 10 mg, 2.5 mg, 5 mg* | 1 | PA; HRM | | |
| *haloperidol decanoate intramuscular solution* *100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)* | 1 |  | | |
| *haloperidol lactate injection solution* *5 mg/ml* | 1 | PA; HRM | | |
| *haloperidol lactate oral concentrate* *2 mg/ml* | 1 | PA; HRM | | |
| *haloperidol oral tablet* *0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | 1 | PA; HRM | | |
| *loxapine succinate oral capsule* *10 mg, 25 mg, 5 mg, 50 mg* | 1 | PA; HRM | | |
| *molindone hcl oral tablet* *10 mg, 25 mg, 5 mg* | 1 | PA; HRM | | |
| *perphenazine oral tablet* *16 mg, 2 mg, 4 mg, 8 mg* | 1 | PA; HRM | | |
| *pimozide oral tablet* *1 mg, 2 mg* | 1 |  | | |
| *thioridazine hcl oral tablet* *10 mg, 100 mg, 25 mg, 50 mg* | 1 | PA; HRM | | |
| *thiothixene oral capsule* *1 mg, 10 mg, 2 mg, 5 mg* | 1 | PA; HRM | | |
| *trifluoperazine hcl oral tablet* *1 mg, 10 mg, 2 mg, 5 mg* | 1 | PA; HRM | | |
| **2Nd Generation/Atypical** | | |  |  |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG | 1 | QL (1 EA per 28 days) | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | 1 | QL (1 EA per 28 days) | | |
| *aripiprazole oral solution* *1 mg/ml* | 1 | PA; HRM; QL (750 ML per 30 days) | | |
| *aripiprazole oral tablet* *10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | 1 | PA; HRM; QL (30 EA per 30 days) | | |
| *aripiprazole oral tablet dispersible* *10 mg, 15 mg* | 1 | PA; HRM; QL (60 EA per 30 days) | | |
| *asenapine maleate sublingual tablet sublingual* *10 mg, 2.5 mg, 5 mg* | 1 | PA; HRM; QL (60 EA per 30 days) | | |
| CAPLYTA ORAL CAPSULE 42 MG | 1 | PA; HRM; QL (30 EA per 30 days) | | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 1 | PA; HRM; QL (60 EA per 30 days) | | |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG | 1 | PA; HRM; QL (8 EA per 28 days) | | |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML | 1 | QL (3.5 ML per 180 days) | | |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML | 1 | QL (5 ML per 180 days) | | |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | 1 | QL (0.75 ML per 28 days) | | |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | 1 | QL (1 ML per 28 days) | | |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | 1 | QL (1.5 ML per 28 days) | | |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 1 | QL (0.25 ML per 28 days) | | |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | 1 | QL (0.5 ML per 28 days) | | |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML | 1 | QL (0.88 ML per 90 days) | | |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML | 1 | QL (1.32 ML per 90 days) | | |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML | 1 | QL (1.75 ML per 90 days) | | |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML | 1 | QL (2.63 ML per 90 days) | | |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | 1 | PA; HRM; QL (30 EA per 30 days) | | |
| LATUDA ORAL TABLET 80 MG | 1 | PA; HRM; QL (60 EA per 30 days) | | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 1 | PA; HRM; QL (30 EA per 30 days) | | |
| NUPLAZID ORAL CAPSULE 34 MG | 1 | PA; HRM | | |
| NUPLAZID ORAL TABLET 10 MG | 1 | PA; HRM | | |
| *olanzapine intramuscular solution reconstituted* *10 mg* | 1 | PA; HRM; QL (30 EA per 30 days) | | |
| *olanzapine oral tablet* *10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg* | 1 | PA; HRM; QL (30 EA per 30 days) | | |
| *olanzapine oral tablet* *7.5 mg* | 1 | PA; HRM; QL (60 EA per 30 days) | | |
| *olanzapine oral tablet dispersible* *10 mg, 15 mg, 20 mg, 5 mg* | 1 | PA; HRM; QL (30 EA per 30 days) | | |
| *paliperidone er oral tablet extended release 24 hour* *1.5 mg, 3 mg, 9 mg* | 1 | PA; HRM; QL (30 EA per 30 days) | | |
| *paliperidone er oral tablet extended release 24 hour* *6 mg* | 1 | PA; HRM; QL (60 EA per 30 days) | | |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG | 1 | QL (1 EA per 30 days) | | |
| *quetiapine fumarate er oral tablet extended release 24 hour* *150 mg, 200 mg* | 1 | PA; HRM; QL (30 EA per 30 days) | | |
| *quetiapine fumarate er oral tablet extended release 24 hour* *300 mg, 400 mg, 50 mg* | 1 | PA; HRM; QL (60 EA per 30 days) | | |
| *quetiapine fumarate oral tablet* *100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | 1 | PA; HRM; QL (60 EA per 30 days) | | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 1 | PA; HRM; QL (30 EA per 30 days) | | |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG | 1 | QL (2 EA per 28 days) | | |
| *risperidone oral solution* *1 mg/ml* | 1 | PA; HRM; QL (480 ML per 30 days) | | |
| *risperidone oral tablet* *0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg* | 1 | PA; HRM; QL (60 EA per 30 days) | | |
| *risperidone oral tablet* *4 mg* | 1 | PA; HRM; QL (120 EA per 30 days) | | |
| *risperidone oral tablet dispersible* *0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg* | 1 | PA; HRM; QL (60 EA per 30 days) | | |
| *risperidone oral tablet dispersible* *4 mg* | 1 | PA; HRM; QL (120 EA per 30 days) | | |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR | 1 | PA; HRM; QL (30 EA per 30 days) | | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 1 | PA; HRM; QL (30 EA per 30 days) | | |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG | 1 | PA; HRM; QL (7 EA per 28 days) | | |
| *ziprasidone hcl oral capsule* *20 mg, 40 mg, 60 mg, 80 mg* | 1 | PA; HRM; QL (60 EA per 30 days) | | |
| *ziprasidone mesylate intramuscular solution reconstituted* *20 mg* | 1 | PA; HRM; QL (6 EA per 3 days) | | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | 1 | QL (2 EA per 28 days) | | |
| **Treatment-Resistant** | | |  |  |
| *clozapine oral tablet* *100 mg, 200 mg, 25 mg, 50 mg* | 1 | PA; HRM; QL (120 EA per 30 days) | | |
| *clozapine oral tablet dispersible* *100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg* | 1 | PA; HRM; QL (120 EA per 30 days) | | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 1 | PA; HRM; QL (540 ML per 30 days) | | |
| **ANTISPASTICITY AGENTS** | | |  |  |
| **Antispasticity Agents** | | |  |  |
| *baclofen oral tablet* *10 mg, 20 mg, 5 mg* | 1 |  | | |
| *tizanidine hcl oral capsule* *2 mg, 4 mg, 6 mg* | 1 |  | | |
| *tizanidine hcl oral tablet* *2 mg, 4 mg* | 1 |  | | |
| **ANTIVIRALS** | | |  |  |
| **Anti-Cytomegalovirus (Cmv) Agents** | | |  |  |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 1 | PA; QL (28 EA per 28 days) | | |
| *valganciclovir hcl oral solution reconstituted* *50 mg/ml* | 1 |  | | |
| *valganciclovir hcl oral tablet* *450 mg* | 1 |  | | |
| ZIRGAN OPHTHALMIC GEL 0.15 % | 1 |  | | |
| **Anti-Hepatitis B (Hbv) Agents** | | |  |  |
| *adefovir dipivoxil oral tablet* *10 mg* | 1 | PA; QL (30 EA per 30 days) | | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 1 | PA; QL (600 ML per 30 days) | | |
| *entecavir oral tablet* *0.5 mg, 1 mg* | 1 | PA; QL (30 EA per 30 days) | | |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML | 1 |  | | |
| *lamivudine oral tablet* *100 mg* | 1 |  | | |
| VEMLIDY ORAL TABLET 25 MG | 1 | PA | | |
| **Anti-Hepatitis C (Hcv) Agents** | | |  |  |
| MAVYRET ORAL PACKET 50-20 MG | 1 | PA | | |
| MAVYRET ORAL TABLET 100-40 MG | 1 | PA | | |
| *ribavirin oral capsule* *200 mg* | 1 |  | | |
| *ribavirin oral tablet* *200 mg* | 1 |  | | |
| *sofosbuvir-velpatasvir oral tablet* *400-100 mg* | 1 | PA | | |
| VOSEVI ORAL TABLET 400-100-100 MG | 1 | PA | | |
| **Antiherpetic Agents** | | |  |  |
| *acyclovir oral capsule* *200 mg* | 1 |  | | |
| *acyclovir oral suspension* *200 mg/5ml* | 1 |  | | |
| *acyclovir oral tablet* *400 mg, 800 mg* | 1 |  | | |
| *acyclovir sodium intravenous solution* *50 mg/ml* | 1 | BvD | | |
| *famciclovir oral tablet* *125 mg, 250 mg, 500 mg* | 1 |  | | |
| *trifluridine ophthalmic solution* *1 %* | 1 |  | | |
| *valacyclovir hcl oral tablet* *1 gm, 500 mg* | 1 |  | | |
| **Anti-Hiv Agents, Integrase Inhibitors (Insti)** | | |  |  |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 1 |  | | |
| DOVATO ORAL TABLET 50-300 MG | 1 |  | | |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 1 |  | | |
| ISENTRESS HD ORAL TABLET 600 MG | 1 |  | | |
| ISENTRESS ORAL PACKET 100 MG | 1 |  | | |
| ISENTRESS ORAL TABLET 400 MG | 1 |  | | |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG | 1 |  | | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 1 |  | | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 1 |  | | |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG | 1 |  | | |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG | 1 |  | | |
| **Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)** | | |  |  |
| COMPLERA ORAL TABLET 200-25-300 MG | 1 |  | | |
| EDURANT ORAL TABLET 25 MG | 1 |  | | |
| *efavirenz oral capsule* *200 mg, 50 mg* | 1 |  | | |
| *efavirenz oral tablet* *600 mg* | 1 |  | | |
| *etravirine oral tablet* *100 mg, 200 mg* | 1 |  | | |
| INTELENCE ORAL TABLET 25 MG | 1 |  | | |
| *nevirapine er oral tablet extended release 24 hour* *100 mg, 400 mg* | 1 |  | | |
| *nevirapine oral suspension* *50 mg/5ml* | 1 |  | | |
| *nevirapine oral tablet* *200 mg* | 1 |  | | |
| PIFELTRO ORAL TABLET 100 MG | 1 |  | | |
| **Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)** | | |  |  |
| *abacavir sulfate oral solution* *20 mg/ml* | 1 |  | | |
| *abacavir sulfate oral tablet* *300 mg* | 1 |  | | |
| *abacavir sulfate-lamivudine oral tablet* *600-300 mg* | 1 |  | | |
| CIMDUO ORAL TABLET 300-300 MG | 1 |  | | |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 1 |  | | |
| DESCOVY ORAL TABLET 200-25 MG | 1 |  | | |
| *efavirenz-emtricitab-tenofovir oral tablet* *600-200-300 mg* | 1 |  | | |
| *efavirenz-lamivudine-tenofovir oral tablet* *400-300-300 mg, 600-300-300 mg* | 1 |  | | |
| *emtricitabine oral capsule* *200 mg* | 1 |  | | |
| *emtricitabine-tenofovir df oral tablet* *100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg* | 1 |  | | |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 1 |  | | |
| JULUCA ORAL TABLET 50-25 MG | 1 |  | | |
| *lamivudine oral solution* *10 mg/ml* | 1 |  | | |
| *lamivudine oral tablet* *150 mg, 300 mg* | 1 |  | | |
| *lamivudine-zidovudine oral tablet* *150-300 mg* | 1 |  | | |
| ODEFSEY ORAL TABLET 200-25-25 MG | 1 |  | | |
| *tenofovir disoproxil fumarate oral tablet* *300 mg* | 1 |  | | |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 1 |  | | |
| VIREAD ORAL POWDER 40 MG/GM | 1 |  | | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 1 |  | | |
| *zidovudine oral capsule* *100 mg* | 1 |  | | |
| *zidovudine oral syrup* *50 mg/5ml* | 1 |  | | |
| *zidovudine oral tablet* *300 mg* | 1 |  | | |
| **Anti-Hiv Agents, Other** | | |  |  |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG | 1 |  | | |
| *maraviroc oral tablet* *150 mg, 300 mg* | 1 |  | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | 1 |  | | |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 1 |  | | |
| SELZENTRY ORAL TABLET 25 MG, 75 MG | 1 |  | | |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 1 |  | | |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG | 1 |  | | |
| TYBOST ORAL TABLET 150 MG | 1 |  | | |
| **Anti-Hiv Agents, Protease Inhibitors (Pi)** | | |  |  |
| APTIVUS ORAL CAPSULE 250 MG | 1 |  | | |
| *atazanavir sulfate oral capsule* *150 mg, 200 mg, 300 mg* | 1 |  | | |
| EVOTAZ ORAL TABLET 300-150 MG | 1 |  | | |
| *fosamprenavir calcium oral tablet* *700 mg* | 1 |  | | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 1 |  | | |
| *lopinavir-ritonavir oral solution* *400-100 mg/5ml* | 1 |  | | |
| *lopinavir-ritonavir oral tablet* *100-25 mg, 200-50 mg* | 1 |  | | |
| NORVIR ORAL PACKET 100 MG | 1 |  | | |
| NORVIR ORAL SOLUTION 80 MG/ML | 1 |  | | |
| PREZCOBIX ORAL TABLET 800-150 MG | 1 |  | | |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 1 |  | | |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 1 |  | | |
| REYATAZ ORAL PACKET 50 MG | 1 |  | | |
| *ritonavir oral tablet* *100 mg* | 1 |  | | |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 1 |  | | |
| **Anti-Influenza Agents** | | |  |  |
| *oseltamivir phosphate oral capsule* *30 mg, 45 mg, 75 mg* | 1 |  | | |
| *oseltamivir phosphate oral suspension reconstituted* *6 mg/ml* | 1 |  | | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER | 1 |  | | |
| *rimantadine hcl oral tablet* *100 mg* | 1 |  | | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 1 |  | | |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 1 |  | | |
| **ANXIOLYTICS** | | |  |  |
| **Anxiolytics, Other** | | |  |  |
| *buspirone hcl oral tablet* *10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 1 |  | | |
| *hydroxyzine hcl oral syrup* *10 mg/5ml* | 1 |  | | |
| *hydroxyzine hcl oral tablet* *10 mg, 25 mg, 50 mg* | 1 |  | | |
| *hydroxyzine pamoate oral capsule* *100 mg, 25 mg, 50 mg* | 1 |  | | |
| *oxazepam oral capsule* *10 mg, 15 mg, 30 mg* | 1 |  | | |
| *triazolam oral tablet* *0.125 mg, 0.25 mg* | 1 |  | | |
| **Benzodiazepines** | | |  |  |
| *alprazolam oral tablet* *0.25 mg, 0.5 mg, 1 mg, 2 mg* | 1 |  | | |
| *alprazolam oral tablet dispersible* *0.25 mg, 0.5 mg, 1 mg, 2 mg* | 1 |  | | |
| *chlordiazepoxide hcl oral capsule* *10 mg, 25 mg, 5 mg* | 1 |  | | |
| *clonazepam oral tablet* *0.5 mg, 1 mg, 2 mg* | 1 |  | | |
| *clonazepam oral tablet dispersible* *0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg* | 1 |  | | |
| *clorazepate dipotassium oral tablet* *15 mg, 3.75 mg, 7.5 mg* | 1 |  | | |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML | 1 |  | | |
| *diazepam oral solution* *5 mg/5ml* | 1 |  | | |
| *diazepam oral tablet* *10 mg, 2 mg, 5 mg* | 1 |  | | |
| *lorazepam injection solution* *2 mg/ml* | 1 |  | | |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML | 1 |  | | |
| *lorazepam oral tablet* *0.5 mg, 1 mg, 2 mg* | 1 |  | | |
| **BIPOLAR AGENTS** | | |  |  |
| **Mood Stabilizers** | | |  |  |
| *divalproex sodium er oral tablet extended release 24 hour* *250 mg, 500 mg* | 1 |  | | |
| *divalproex sodium oral capsule delayed release sprinkle* *125 mg* | 1 |  | | |
| *divalproex sodium oral tablet delayed release* *125 mg, 250 mg, 500 mg* | 1 |  | | |
| *lithium carbonate er oral tablet extended release* *300 mg, 450 mg* | 1 |  | | |
| *lithium carbonate oral capsule* *150 mg, 300 mg, 600 mg* | 1 |  | | |
| *lithium carbonate oral tablet* *300 mg* | 1 |  | | |
| **BLOOD GLUCOSE REGULATORS** | | |  |  |
| **Antidiabetic Agents** | | |  |  |
| *acarbose oral tablet* *100 mg, 25 mg, 50 mg* | 1 |  | | |
| *glimepiride oral tablet* *1 mg, 2 mg, 4 mg* | 1 |  | | |
| *glipizide er oral tablet extended release 24 hour* *10 mg, 2.5 mg, 5 mg* | 1 |  | | |
| *glipizide oral tablet* *10 mg, 5 mg* | 1 |  | | |
| *glipizide-metformin hcl oral tablet* *2.5-250 mg, 2.5-500 mg, 5-500 mg* | 1 |  | | |
| *glyburide micronized oral tablet* *1.5 mg, 3 mg, 6 mg* | 1 |  | | |
| *glyburide oral tablet* *1.25 mg, 2.5 mg, 5 mg* | 1 |  | | |
| *glyburide-metformin oral tablet* *1.25-250 mg, 2.5-500 mg, 5-500 mg* | 1 |  | | |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG | 1 |  | | |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG | 1 |  | | |
| INVOKANA ORAL TABLET 100 MG, 300 MG | 1 |  | | |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG | 1 | QL (60 EA per 30 days) | | |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | 1 | QL (30 EA per 30 days) | | |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | 1 | QL (60 EA per 30 days) | | |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 1 | QL (30 EA per 30 days) | | |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 1 |  | | |
| *metformin hcl er oral tablet extended release 24 hour* *500 mg, 750 mg* | 1 |  | | |
| *metformin hcl oral solution* *500 mg/5ml* | 1 |  | | |
| *metformin hcl oral tablet* *1000 mg, 500 mg, 850 mg* | 1 |  | | |
| *miglitol oral tablet* *100 mg, 25 mg, 50 mg* | 1 |  | | |
| *nateglinide oral tablet* *120 mg, 60 mg* | 1 |  | | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML | 1 |  | | |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 1 |  | | |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML | 1 |  | | |
| *pioglitazone hcl oral tablet* *15 mg, 30 mg, 45 mg* | 1 |  | | |
| *pioglitazone hcl-glimepiride oral tablet* *30-2 mg, 30-4 mg* | 1 |  | | |
| *pioglitazone hcl-metformin hcl oral tablet* *15-500 mg, 15-850 mg* | 1 |  | | |
| *repaglinide oral tablet* *0.5 mg, 1 mg, 2 mg* | 1 |  | | |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 1 |  | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML | 1 | PA | | |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML | 1 | PA | | |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG | 1 |  | | |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG | 1 |  | | |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | 1 |  | | |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML | 1 |  | | |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML | 1 | QL (15 ML per 30 days) | | |
| **Glycemic Agents** | | |  |  |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE | 1 |  | | |
| *diazoxide oral suspension* *50 mg/ml* | 1 |  | | |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG | 1 |  | | |
| *glucagon emergency injection kit* *1 mg* | 1 |  | | |
| KORLYM ORAL TABLET 300 MG | 1 | PA; QL (120 EA per 30 days) | | |
| **Insulins** | | |  |  |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML | 1 |  | | |
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML | 1 |  | | |
| *cvs gauze sterile pad* *2"x2"* | 1 |  | | |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM | 1 |  | | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 1 |  | | |
| FIASP INJECTION SOLUTION 100 UNIT/ML | 1 |  | | |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 1 |  | | |
| *insulin asp prot & asp flexpen subcutaneous suspension pen-injector* *(70-30) 100 unit/ml* | 1 |  | | |
| *insulin aspart flexpen subcutaneous solution pen-injector* *100 unit/ml* | 1 |  | | |
| *insulin aspart injection solution* *100 unit/ml* | 1 |  | | |
| *insulin aspart penfill subcutaneous solution cartridge* *100 unit/ml* | 1 |  | | |
| *insulin aspart prot & aspart subcutaneous suspension* *(70-30) 100 unit/ml* | 1 |  | | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 1 |  | | |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 |  | | |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 1 |  | | |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 |  | | |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 1 |  | | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 1 |  | | |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | 1 |  | | |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 1 |  | | |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | 1 |  | | |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | 1 |  | | |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 1 |  | | |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML | 1 |  | | |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 1 |  | | |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 1 |  | | |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 1 |  | | |
| *preferred plus insulin syringe* *28g x 1/2" 0.5 ml* | 1 |  | | |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML | 1 |  | | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | 1 | QL (18 ML per 30 days) | | |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 1 |  | | |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 1 |  | | |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 1 |  | | |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 |  | | |
| **BLOOD PRODUCTS AND MODIFIERS** | | |  |  |
| **Anticoagulants** | | |  |  |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | 1 |  | | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 1 |  | | |
| *enoxaparin sodium injection solution prefilled syringe* *100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml* | 1 |  | | |
| *fondaparinux sodium subcutaneous solution* *10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml* | 1 |  | | |
| *heparin sodium (porcine) injection solution* *1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml* | 1 |  | | |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | 1 |  | | |
| *warfarin sodium oral tablet* *1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 |  | | |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML | 1 |  | | |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG | 1 |  | | |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | 1 |  | | |
| **Blood Products And Modifiers, Other** | | |  |  |
| *anagrelide hcl oral capsule* *0.5 mg, 1 mg* | 1 |  | | |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG | 1 | PA | | |
| PROMACTA ORAL PACKET 12.5 MG | 1 | PA; QL (360 EA per 30 days) | | |
| PROMACTA ORAL PACKET 25 MG | 1 | PA; QL (180 EA per 30 days) | | |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | 1 | PA; QL (30 EA per 30 days) | | |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 1 | PA; QL (60 EA per 30 days) | | |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 1 | PA | | |
| *tranexamic acid oral tablet* *650 mg* | 1 |  | | |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 1 | PA | | |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 1 | PA | | |
| **Platelet Modifying Agents** | | |  |  |
| *aspirin-dipyridamole er oral capsule extended release 12 hour* *25-200 mg* | 1 |  | | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 1 |  | | |
| *cilostazol oral tablet* *100 mg, 50 mg* | 1 |  | | |
| *clopidogrel bisulfate oral tablet* *75 mg* | 1 |  | | |
| *dipyridamole oral tablet* *25 mg, 50 mg, 75 mg* | 1 |  | | |
| *prasugrel hcl oral tablet* *10 mg, 5 mg* | 1 |  | | |
| **CARDIOVASCULAR AGENTS** | | |  |  |
| **Alpha-Adrenergic Agonists** | | |  |  |
| *clonidine hcl oral tablet* *0.1 mg, 0.2 mg, 0.3 mg* | 1 |  | | |
| *clonidine transdermal patch weekly* *0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr* | 1 |  | | |
| *droxidopa oral capsule* *100 mg, 200 mg, 300 mg* | 1 | PA | | |
| *guanfacine hcl oral tablet* *1 mg, 2 mg* | 1 |  | | |
| *midodrine hcl oral tablet* *10 mg, 2.5 mg, 5 mg* | 1 |  | | |
| **Alpha-Adrenergic Blocking Agents** | | |  |  |
| *doxazosin mesylate oral tablet* *1 mg, 2 mg, 4 mg, 8 mg* | 1 |  | | |
| *prazosin hcl oral capsule* *1 mg, 2 mg, 5 mg* | 1 |  | | |
| *terazosin hcl oral capsule* *1 mg, 10 mg, 2 mg, 5 mg* | 1 |  | | |
| **Angiotensin Ii Receptor Antagonists** | | |  |  |
| *candesartan cilexetil oral tablet* *16 mg, 32 mg, 4 mg, 8 mg* | 1 |  | | |
| *irbesartan oral tablet* *150 mg, 300 mg, 75 mg* | 1 |  | | |
| *losartan potassium oral tablet* *100 mg, 25 mg, 50 mg* | 1 |  | | |
| *olmesartan medoxomil oral tablet* *20 mg, 40 mg, 5 mg* | 1 |  | | |
| *telmisartan oral tablet* *20 mg, 40 mg, 80 mg* | 1 |  | | |
| *valsartan oral tablet* *160 mg, 320 mg, 40 mg, 80 mg* | 1 |  | | |
| **Angiotensin-Converting Enzyme (Ace) Inhibitors** | | |  |  |
| *benazepril hcl oral tablet* *10 mg, 20 mg, 40 mg, 5 mg* | 1 |  | | |
| *captopril oral tablet* *100 mg, 12.5 mg, 25 mg, 50 mg* | 1 |  | | |
| *enalapril maleate oral tablet* *10 mg, 2.5 mg, 20 mg, 5 mg* | 1 |  | | |
| *fosinopril sodium oral tablet* *10 mg, 20 mg, 40 mg* | 1 |  | | |
| *lisinopril oral tablet* *10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | 1 |  | | |
| *moexipril hcl oral tablet* *15 mg, 7.5 mg* | 1 |  | | |
| *perindopril erbumine oral tablet* *2 mg, 4 mg, 8 mg* | 1 |  | | |
| *quinapril hcl oral tablet* *10 mg, 20 mg, 40 mg, 5 mg* | 1 |  | | |
| *ramipril oral capsule* *1.25 mg, 10 mg, 2.5 mg, 5 mg* | 1 |  | | |
| *trandolapril oral tablet* *1 mg, 2 mg, 4 mg* | 1 |  | | |
| **Antiarrhythmics** | | |  |  |
| *amiodarone hcl oral tablet* *100 mg, 200 mg, 400 mg* | 1 |  | | |
| *disopyramide phosphate oral capsule* *100 mg, 150 mg* | 1 |  | | |
| *dofetilide oral capsule* *125 mcg, 250 mcg, 500 mcg* | 1 |  | | |
| *flecainide acetate oral tablet* *100 mg, 150 mg, 50 mg* | 1 |  | | |
| *mexiletine hcl oral capsule* *150 mg, 200 mg, 250 mg* | 1 |  | | |
| MULTAQ ORAL TABLET 400 MG | 1 |  | | |
| *propafenone hcl er oral capsule extended release 12 hour* *225 mg, 325 mg, 425 mg* | 1 |  | | |
| *propafenone hcl oral tablet* *150 mg, 225 mg, 300 mg* | 1 |  | | |
| *quinidine sulfate oral tablet* *200 mg, 300 mg* | 1 |  | | |
| *sotalol hcl (af) oral tablet* *120 mg, 160 mg, 80 mg* | 1 |  | | |
| *sotalol hcl oral tablet* *120 mg, 160 mg, 240 mg, 80 mg* | 1 |  | | |
| **Beta-Adrenergic Blocking Agents** | | |  |  |
| *acebutolol hcl oral capsule* *200 mg, 400 mg* | 1 |  | | |
| *atenolol oral tablet* *100 mg, 25 mg, 50 mg* | 1 |  | | |
| *betaxolol hcl oral tablet* *10 mg, 20 mg* | 1 |  | | |
| *bisoprolol fumarate oral tablet* *10 mg, 5 mg* | 1 |  | | |
| *carvedilol oral tablet* *12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | 1 |  | | |
| *labetalol hcl oral tablet* *100 mg, 200 mg, 300 mg* | 1 |  | | |
| *metoprolol succinate er oral tablet extended release 24 hour* *100 mg, 200 mg, 25 mg, 50 mg* | 1 |  | | |
| *metoprolol tartrate oral tablet* *100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 |  | | |
| *nadolol oral tablet* *20 mg, 40 mg, 80 mg* | 1 |  | | |
| *nebivolol hcl oral tablet* *10 mg, 2.5 mg, 20 mg, 5 mg* | 1 |  | | |
| *pindolol oral tablet* *10 mg, 5 mg* | 1 |  | | |
| *propranolol hcl er oral capsule extended release 24 hour* *120 mg, 160 mg, 60 mg* | 1 |  | | |
| *propranolol hcl oral solution* *20 mg/5ml, 40 mg/5ml* | 1 |  | | |
| *propranolol hcl oral tablet* *10 mg, 20 mg, 40 mg, 60 mg* | 1 |  | | |
| *timolol maleate oral tablet* *10 mg, 20 mg, 5 mg* | 1 |  | | |
| **Calcium Channel Blocking Agents, Dihydropyridines** | | |  |  |
| *amlodipine besylate oral tablet* *10 mg, 2.5 mg, 5 mg* | 1 |  | | |
| *felodipine er oral tablet extended release 24 hour* *10 mg, 2.5 mg, 5 mg* | 1 |  | | |
| *isradipine oral capsule* *2.5 mg, 5 mg* | 1 |  | | |
| KATERZIA ORAL SUSPENSION 1 MG/ML | 1 |  | | |
| *nicardipine hcl oral capsule* *20 mg, 30 mg* | 1 |  | | |
| *nifedipine er oral tablet extended release 24 hour* *30 mg, 60 mg, 90 mg* | 1 |  | | |
| *nifedipine er osmotic release oral tablet extended release 24 hour* *30 mg, 60 mg, 90 mg* | 1 |  | | |
| *nifedipine oral capsule* *10 mg, 20 mg* | 1 |  | | |
| **Calcium Channel Blocking Agents, Nondihydropyridines** | | |  |  |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG | 1 |  | | |
| *diltiazem hcl er beads oral capsule extended release 24 hour* *360 mg, 420 mg* | 1 |  | | |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour* *120 mg, 180 mg, 240 mg, 300 mg* | 1 |  | | |
| *diltiazem hcl er oral capsule extended release 12 hour* *120 mg, 60 mg, 90 mg* | 1 |  | | |
| *diltiazem hcl oral tablet* *120 mg, 30 mg, 60 mg, 90 mg* | 1 |  | | |
| *dilt-xr oral capsule extended release 24 hour* *120 mg, 180 mg, 240 mg* | 1 |  | | |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | 1 |  | | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 1 |  | | |
| *verapamil hcl er oral capsule extended release 24 hour* *100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg* | 1 |  | | |
| *verapamil hcl er oral tablet extended release* *120 mg, 180 mg, 240 mg* | 1 |  | | |
| *verapamil hcl oral tablet* *120 mg, 40 mg, 80 mg* | 1 |  | | |
| **Cardiovascular Agents, Other** | | |  |  |
| *aliskiren fumarate oral tablet* *150 mg, 300 mg* | 1 |  | | |
| *amiloride-hydrochlorothiazide oral tablet* *5-50 mg* | 1 |  | | |
| *amlodipine besy-benazepril hcl oral capsule* *10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg* | 1 |  | | |
| *amlodipine besylate-valsartan oral tablet* *10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | 1 |  | | |
| *amlodipine-atorvastatin oral tablet* *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* | 1 |  | | |
| *amlodipine-olmesartan oral tablet* *10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | 1 |  | | |
| *atenolol-chlorthalidone oral tablet* *100-25 mg, 50-25 mg* | 1 |  | | |
| *benazepril-hydrochlorothiazide oral tablet* *10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg* | 1 |  | | |
| *bisoprolol-hydrochlorothiazide oral tablet* *10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | 1 |  | | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | 1 | PA; QL (30 EA per 30 days) | | |
| *candesartan cilexetil-hctz oral tablet* *16-12.5 mg, 32-12.5 mg, 32-25 mg* | 1 |  | | |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | 1 | PA; QL (60 EA per 30 days) | | |
| DIGITEK ORAL TABLET 125 MCG | 1 | QL (30 EA per 30 days) | | |
| DIGITEK ORAL TABLET 250 MCG | 1 |  | | |
| *digoxin oral solution* *0.05 mg/ml* | 1 |  | | |
| *digoxin oral tablet* *125 mcg* | 1 | QL (30 EA per 30 days) | | |
| *digoxin oral tablet* *250 mcg* | 1 |  | | |
| *enalapril-hydrochlorothiazide oral tablet* *10-25 mg, 5-12.5 mg* | 1 |  | | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | 1 | QL (60 EA per 30 days) | | |
| *fosinopril sodium-hctz oral tablet* *10-12.5 mg, 20-12.5 mg* | 1 |  | | |
| *irbesartan-hydrochlorothiazide oral tablet* *150-12.5 mg, 300-12.5 mg* | 1 |  | | |
| *isosorb dinitrate-hydralazine oral tablet* *20-37.5 mg* | 1 |  | | |
| *lisinopril-hydrochlorothiazide oral tablet* *10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 |  | | |
| *losartan potassium-hctz oral tablet* *100-12.5 mg, 100-25 mg, 50-12.5 mg* | 1 |  | | |
| *metoprolol-hydrochlorothiazide oral tablet* *100-25 mg, 100-50 mg, 50-25 mg* | 1 |  | | |
| *metyrosine oral capsule* *250 mg* | 1 |  | | |
| *olmesartan medoxomil-hctz oral tablet* *20-12.5 mg, 40-12.5 mg, 40-25 mg* | 1 |  | | |
| *olmesartan-amlodipine-hctz oral tablet* *20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | 1 |  | | |
| *pentoxifylline er oral tablet extended release* *400 mg* | 1 |  | | |
| *quinapril-hydrochlorothiazide oral tablet* *10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 |  | | |
| *ranolazine er oral tablet extended release 12 hour* *1000 mg, 500 mg* | 1 |  | | |
| *spironolactone-hctz oral tablet* *25-25 mg* | 1 |  | | |
| *telmisartan-amlodipine oral tablet* *40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | 1 |  | | |
| *telmisartan-hctz oral tablet* *40-12.5 mg, 80-12.5 mg, 80-25 mg* | 1 |  | | |
| *triamterene-hctz oral capsule* *37.5-25 mg* | 1 |  | | |
| *triamterene-hctz oral tablet* *37.5-25 mg, 75-50 mg* | 1 |  | | |
| *valsartan-hydrochlorothiazide oral tablet* *160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | 1 |  | | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 1 | PA; QL (30 EA per 30 days) | | |
| **Diuretics, Loop** | | |  |  |
| *bumetanide injection solution* *0.25 mg/ml* | 1 |  | | |
| *bumetanide oral tablet* *0.5 mg, 1 mg, 2 mg* | 1 |  | | |
| *furosemide injection solution* *10 mg/ml, 10 mg/ml (4ml syringe)* | 1 |  | | |
| *furosemide oral solution* *10 mg/ml, 8 mg/ml* | 1 |  | | |
| *furosemide oral tablet* *20 mg, 40 mg, 80 mg* | 1 |  | | |
| *torsemide oral tablet* *10 mg, 100 mg, 20 mg, 5 mg* | 1 |  | | |
| **Diuretics, Potassium-Sparing** | | |  |  |
| *amiloride hcl oral tablet* *5 mg* | 1 |  | | |
| *eplerenone oral tablet* *25 mg, 50 mg* | 1 |  | | |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 1 |  | | |
| *spironolactone oral tablet* *100 mg, 25 mg, 50 mg* | 1 |  | | |
| **Diuretics, Thiazide** | | |  |  |
| *chlorthalidone oral tablet* *25 mg, 50 mg* | 1 |  | | |
| *hydrochlorothiazide oral capsule* *12.5 mg* | 1 |  | | |
| *hydrochlorothiazide oral tablet* *12.5 mg, 25 mg, 50 mg* | 1 |  | | |
| *indapamide oral tablet* *1.25 mg, 2.5 mg* | 1 |  | | |
| *metolazone oral tablet* *10 mg, 2.5 mg, 5 mg* | 1 |  | | |
| **Dyslipidemics, Fibric Acid Derivatives** | | |  |  |
| *fenofibrate micronized oral capsule* *134 mg, 200 mg, 67 mg* | 1 |  | | |
| *fenofibrate oral capsule* *150 mg, 50 mg* | 1 |  | | |
| *fenofibrate oral tablet* *145 mg, 160 mg, 48 mg, 54 mg* | 1 |  | | |
| *fenofibric acid oral capsule delayed release* *135 mg, 45 mg* | 1 |  | | |
| *gemfibrozil oral tablet* *600 mg* | 1 |  | | |
| **Dyslipidemics, Hmg Coa Reductase Inhibitors** | | |  |  |
| *atorvastatin calcium oral tablet* *10 mg, 20 mg, 40 mg, 80 mg* | 1 |  | | |
| *fluvastatin sodium er oral tablet extended release 24 hour* *80 mg* | 1 |  | | |
| *lovastatin oral tablet* *10 mg, 20 mg, 40 mg* | 1 |  | | |
| *pravastatin sodium oral tablet* *10 mg, 20 mg, 40 mg, 80 mg* | 1 |  | | |
| *rosuvastatin calcium oral tablet* *10 mg, 20 mg, 40 mg, 5 mg* | 1 |  | | |
| *simvastatin oral tablet* *10 mg, 20 mg, 40 mg, 5 mg, 80 mg* | 1 |  | | |
| **Dyslipidemics, Other** | | |  |  |
| *cholestyramine light oral packet* *4 gm* | 1 |  | | |
| *cholestyramine oral packet* *4 gm* | 1 |  | | |
| *colesevelam hcl oral packet* *3.75 gm* | 1 |  | | |
| *colesevelam hcl oral tablet* *625 mg* | 1 |  | | |
| *colestipol hcl oral packet* *5 gm* | 1 |  | | |
| *colestipol hcl oral tablet* *1 gm* | 1 |  | | |
| *ezetimibe oral tablet* *10 mg* | 1 |  | | |
| *ezetimibe-simvastatin oral tablet* *10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg* | 1 |  | | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | 1 | PA | | |
| *niacin er (antihyperlipidemic) oral tablet extended release* *1000 mg, 500 mg, 750 mg* | 1 |  | | |
| *omega-3-acid ethyl esters oral capsule* *1 gm* | 1 |  | | |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML | 1 | PA | | |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | 1 | PA | | |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 1 | PA | | |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM | 1 |  | | |
| **Vasodilators, Direct-Acting Arterial/ Venous** | | |  |  |
| *hydralazine hcl oral tablet* *10 mg, 100 mg, 25 mg, 50 mg* | 1 |  | | |
| *isosorbide dinitrate oral tablet* *10 mg, 20 mg, 30 mg, 5 mg* | 1 |  | | |
| *isosorbide mononitrate er oral tablet extended release 24 hour* *120 mg, 30 mg, 60 mg* | 1 |  | | |
| *isosorbide mononitrate oral tablet* *10 mg, 20 mg* | 1 |  | | |
| *minoxidil oral tablet* *10 mg, 2.5 mg* | 1 |  | | |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | 1 |  | | |
| *nitroglycerin sublingual tablet sublingual* *0.3 mg, 0.4 mg, 0.6 mg* | 1 |  | | |
| *nitroglycerin transdermal patch 24 hour* *0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | 1 |  | | |
| *nitroglycerin translingual solution* *0.4 mg/spray* | 1 |  | | |
| RECTIV RECTAL OINTMENT 0.4 % | 1 |  | | |
| **CENTRAL NERVOUS SYSTEM AGENTS** | | |  |  |
| **Attention Deficit Hyperactivity Disorder Agents, Amphetamines** | | |  |  |
| *amphetamine-dextroamphetamine oral tablet* *10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | 1 |  | | |
| *dextroamphetamine sulfate oral solution* *5 mg/5ml* | 1 |  | | |
| *dextroamphetamine sulfate oral tablet* *10 mg, 15 mg, 20 mg, 30 mg, 5 mg* | 1 |  | | |
| **Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines** | | |  |  |
| *atomoxetine hcl oral capsule* *10 mg, 18 mg, 25 mg* | 1 | QL (60 EA per 30 days) | | |
| *atomoxetine hcl oral capsule* *100 mg, 40 mg, 60 mg, 80 mg* | 1 | QL (30 EA per 30 days) | | |
| *dexmethylphenidate hcl oral tablet* *10 mg, 2.5 mg, 5 mg* | 1 |  | | |
| *guanfacine hcl er oral tablet extended release 24 hour* *1 mg, 2 mg, 3 mg, 4 mg* | 1 |  | | |
| *methylphenidate hcl oral solution* *10 mg/5ml, 5 mg/5ml* | 1 |  | | |
| *methylphenidate hcl oral tablet* *10 mg, 20 mg, 5 mg* | 1 |  | | |
| **Central Nervous System, Other** | | |  |  |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 1 | PA; QL (120 EA per 30 days) | | |
| AUSTEDO ORAL TABLET 6 MG | 1 | PA; QL (60 EA per 30 days) | | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML | 1 | PA | | |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 1 | PA; QL (30 EA per 30 days) | | |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG | 1 | PA; QL (28 EA per 28 days) | | |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 1 | PA | | |
| *riluzole oral tablet* *50 mg* | 1 | PA | | |
| *tetrabenazine oral tablet* *12.5 mg* | 1 | PA; QL (90 EA per 30 days) | | |
| *tetrabenazine oral tablet* *25 mg* | 1 | PA; QL (120 EA per 30 days) | | |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML | 1 | PA | | |
| **Fibromyalgia Agents** | | |  |  |
| *pregabalin oral capsule* *100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | 1 | QL (90 EA per 30 days) | | |
| *pregabalin oral capsule* *225 mg, 300 mg* | 1 | QL (60 EA per 30 days) | | |
| *pregabalin oral solution* *20 mg/ml* | 1 | QL (900 ML per 30 days) | | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 1 | QL (60 EA per 30 days) | | |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG | 1 | QL (55 EA per 28 days) | | |
| **Multiple Sclerosis Agents** | | |  |  |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML | 1 | PA | | |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | 1 | PA | | |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 1 | PA | | |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML | 1 | PA | | |
| *dalfampridine er oral tablet extended release 12 hour* *10 mg* | 1 | PA | | |
| *dimethyl fumarate oral capsule delayed release* *120 mg, 240 mg* | 1 | PA | | |
| *dimethyl fumarate starter pack oral* *120 & 240 mg* | 1 | PA | | |
| GILENYA ORAL CAPSULE 0.5 MG | 1 | PA | | |
| *glatiramer acetate subcutaneous solution prefilled syringe* *20 mg/ml, 40 mg/ml* | 1 | PA | | |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG | 1 | PA | | |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG, 12 X 0.25 MG | 1 | PA | | |
| **DENTAL AND ORAL AGENTS** | | |  |  |
| **Dental And Oral Agents** | | |  |  |
| *cevimeline hcl oral capsule* *30 mg* | 1 |  | | |
| *chlorhexidine gluconate mouth/throat solution* *0.12 %* | 1 |  | | |
| PERIOGARD MOUTH/THROAT SOLUTION 0.12 % | 1 |  | | |
| *pilocarpine hcl oral tablet* *5 mg, 7.5 mg* | 1 |  | | |
| *triamcinolone acetonide mouth/throat paste* *0.1 %* | 1 |  | | |
| **DERMATOLOGICAL AGENTS** | | |  |  |
| **Acne And Rosacea Agents** | | |  |  |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 1 |  | | |
| *acitretin oral capsule* *10 mg, 17.5 mg, 25 mg* | 1 | PA | | |
| *adapalene external cream* *0.1 %* | 1 | PA | | |
| *adapalene external gel* *0.3 %* | 1 | PA | | |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG | 1 |  | | |
| *benzoyl peroxide-erythromycin external gel* *5-3 %* | 1 |  | | |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 1 |  | | |
| *clindamycin phos-benzoyl perox external gel* *1-5 %, 1.2-5 %* | 1 |  | | |
| *isotretinoin oral capsule* *10 mg, 20 mg, 30 mg, 40 mg* | 1 |  | | |
| *tazarotene external cream* *0.1 %* | 1 | PA | | |
| TAZORAC EXTERNAL CREAM 0.05 % | 1 | PA | | |
| TAZORAC EXTERNAL GEL 0.05 %, 0.1 % | 1 | PA | | |
| *tretinoin external cream* *0.025 %, 0.05 %, 0.1 %* | 1 | PA | | |
| *tretinoin external gel* *0.01 %, 0.025 %* | 1 | PA | | |
| **Dermatitis And Pruitus Agents** | | |  |  |
| *alclometasone dipropionate external cream* *0.05 %* | 1 |  | | |
| *alclometasone dipropionate external ointment* *0.05 %* | 1 |  | | |
| *ammonium lactate external cream* *12 %* | 1 |  | | |
| *ammonium lactate external lotion* *12 %* | 1 |  | | |
| *betamethasone dipropionate aug external cream* *0.05 %* | 1 |  | | |
| *betamethasone dipropionate aug external gel* *0.05 %* | 1 |  | | |
| *betamethasone dipropionate aug external lotion* *0.05 %* | 1 |  | | |
| *betamethasone dipropionate aug external ointment* *0.05 %* | 1 |  | | |
| *betamethasone dipropionate external cream* *0.05 %* | 1 |  | | |
| *betamethasone dipropionate external lotion* *0.05 %* | 1 |  | | |
| *betamethasone dipropionate external ointment* *0.05 %* | 1 |  | | |
| *betamethasone valerate external cream* *0.1 %* | 1 |  | | |
| *betamethasone valerate external lotion* *0.1 %* | 1 |  | | |
| *betamethasone valerate external ointment* *0.1 %* | 1 |  | | |
| *clobetasol propionate e external cream* *0.05 %* | 1 |  | | |
| *clobetasol propionate emulsion external foam* *0.05 %* | 1 |  | | |
| *clobetasol propionate external cream* *0.05 %* | 1 |  | | |
| *clobetasol propionate external gel* *0.05 %* | 1 |  | | |
| *clobetasol propionate external lotion* *0.05 %* | 1 |  | | |
| *clobetasol propionate external ointment* *0.05 %* | 1 |  | | |
| *clobetasol propionate external shampoo* *0.05 %* | 1 |  | | |
| *clobetasol propionate external solution* *0.05 %* | 1 |  | | |
| *desonide external cream* *0.05 %* | 1 |  | | |
| *desonide external lotion* *0.05 %* | 1 |  | | |
| *desonide external ointment* *0.05 %* | 1 |  | | |
| *desoximetasone external cream* *0.05 %, 0.25 %* | 1 |  | | |
| *desoximetasone external gel* *0.05 %* | 1 |  | | |
| *desoximetasone external ointment* *0.05 %, 0.25 %* | 1 |  | | |
| EUCRISA EXTERNAL OINTMENT 2 % | 1 |  | | |
| *fluocinolone acetonide external cream* *0.01 %, 0.025 %* | 1 |  | | |
| *fluocinolone acetonide external ointment* *0.025 %* | 1 |  | | |
| *fluocinolone acetonide external solution* *0.01 %* | 1 |  | | |
| *fluocinolone acetonide scalp external oil* *0.01 %* | 1 |  | | |
| *fluocinonide emulsified base external cream* *0.05 %* | 1 |  | | |
| *fluocinonide external cream* *0.05 %* | 1 |  | | |
| *fluocinonide external gel* *0.05 %* | 1 |  | | |
| *fluocinonide external ointment* *0.05 %* | 1 |  | | |
| *fluocinonide external solution* *0.05 %* | 1 |  | | |
| *fluticasone propionate external cream* *0.05 %* | 1 |  | | |
| *fluticasone propionate external ointment* *0.005 %* | 1 |  | | |
| *halobetasol propionate external cream* *0.05 %* | 1 |  | | |
| *halobetasol propionate external ointment* *0.05 %* | 1 |  | | |
| *hydrocortisone (perianal) external cream* *2.5 %* | 1 |  | | |
| *hydrocortisone external cream* *1 %* | 1 |  | | |
| *hydrocortisone external lotion* *2.5 %* | 1 |  | | |
| *hydrocortisone external ointment* *1 %, 2.5 %* | 1 |  | | |
| *hydrocortisone valerate external cream* *0.2 %* | 1 |  | | |
| *hydrocortisone valerate external ointment* *0.2 %* | 1 |  | | |
| *mometasone furoate external cream* *0.1 %* | 1 |  | | |
| *mometasone furoate external ointment* *0.1 %* | 1 |  | | |
| *mometasone furoate external solution* *0.1 %* | 1 |  | | |
| *pimecrolimus external cream* *1 %* | 1 |  | | |
| *prednicarbate external ointment* *0.1 %* | 1 |  | | |
| PROCTO-MED HC EXTERNAL CREAM 2.5 % | 1 |  | | |
| PROCTO-PAK EXTERNAL CREAM 1 % | 1 |  | | |
| PROCTOSOL HC EXTERNAL CREAM 2.5 % | 1 |  | | |
| PROCTOZONE-HC EXTERNAL CREAM 2.5 % | 1 |  | | |
| *selenium sulfide external lotion* *2.5 %* | 1 |  | | |
| *tacrolimus external ointment* *0.03 %, 0.1 %* | 1 |  | | |
| *triamcinolone acetonide external cream* *0.025 %, 0.1 %, 0.5 %* | 1 |  | | |
| *triamcinolone acetonide external lotion* *0.025 %, 0.1 %* | 1 |  | | |
| *triamcinolone acetonide external ointment* *0.025 %, 0.1 %, 0.5 %* | 1 |  | | |
| **Dermatological Agents, Other** | | |  |  |
| *calcipotriene external cream* *0.005 %* | 1 |  | | |
| *calcipotriene external ointment* *0.005 %* | 1 |  | | |
| *calcipotriene external solution* *0.005 %* | 1 |  | | |
| *calcitriol external ointment* *3 mcg/gm* | 1 |  | | |
| *clotrimazole-betamethasone external cream* *1-0.05 %* | 1 |  | | |
| *clotrimazole-betamethasone external lotion* *1-0.05 %* | 1 |  | | |
| *diclofenac sodium external gel* *3 %* | 1 | PA | | |
| *fluorouracil external cream* *5 %* | 1 |  | | |
| *fluorouracil external solution* *2 %, 5 %* | 1 |  | | |
| *global alcohol prep ease pad* *70 %* | 1 |  | | |
| *hydrocortisone ace-pramoxine external cream* *1-1 %* | 1 |  | | |
| *imiquimod external cream* *5 %* | 1 |  | | |
| *methoxsalen rapid oral capsule* *10 mg* | 1 | PA | | |
| *nystatin-triamcinolone external cream* *100000-0.1 unit/gm-%* | 1 |  | | |
| *nystatin-triamcinolone external ointment* *100000-0.1 unit/gm-%* | 1 |  | | |
| PANRETIN EXTERNAL GEL 0.1 % | 1 | PA | | |
| *podofilox external solution* *0.5 %* | 1 |  | | |
| PROCTOFOAM HC RECTAL FOAM 1-1 % | 1 |  | | |
| REGRANEX EXTERNAL GEL 0.01 % | 1 | PA | | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | 1 |  | | |
| *silver sulfadiazine external cream* *1 %* | 1 |  | | |
| SSD EXTERNAL CREAM 1 % | 1 |  | | |
| **Pediculicides/Scabicides** | | |  |  |
| *malathion external lotion* *0.5 %* | 1 |  | | |
| *permethrin external cream* *5 %* | 1 |  | | |
| **Topical Anti-Infectives** | | |  |  |
| *acyclovir external ointment* *5 %* | 1 |  | | |
| *ciclopirox external gel* *0.77 %* | 1 |  | | |
| *ciclopirox external shampoo* *1 %* | 1 |  | | |
| *ciclopirox external solution* *8 %* | 1 |  | | |
| *clindamycin phosphate external gel* *1 %* | 1 |  | | |
| *clindamycin phosphate external lotion* *1 %* | 1 |  | | |
| *clindamycin phosphate external solution* *1 %* | 1 |  | | |
| *clindamycin phosphate external swab* *1 %* | 1 |  | | |
| *ery external pad* *2 %* | 1 |  | | |
| *erythromycin external gel* *2 %* | 1 |  | | |
| *erythromycin external solution* *2 %* | 1 |  | | |
| *mupirocin calcium external cream* *2 %* | 1 |  | | |
| *mupirocin external ointment* *2 %* | 1 |  | | |
| **ELECTROLYTES/MINERALS/METALS/VITAMINS** | | |  |  |
| **Electrolyte/ Mineral Replacement** | | |  |  |
| *carglumic acid oral tablet soluble* *200 mg* | 1 | PA | | |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION | 1 | BvD | | |
| *kcl in dextrose-nacl intravenous solution* *10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%* | 1 |  | | |
| *kcl-lactated ringers-d5w intravenous solution* *20 meq/l* | 1 |  | | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | 1 |  | | |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ | 1 |  | | |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ | 1 |  | | |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ | 1 |  | | |
| KLOR-CON ORAL PACKET 20 MEQ | 1 |  | | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ | 1 |  | | |
| *lactated ringers intravenous solution* | 1 |  | | |
| *magnesium sulfate injection solution* *50 %, 50 % (10ml syringe)* | 1 |  | | |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION | 1 | BvD | | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | 1 | BvD | | |
| *potassium chloride crys er oral tablet extended release* *10 meq, 15 meq, 20 meq* | 1 |  | | |
| *potassium chloride er oral capsule extended release* *10 meq, 8 meq* | 1 |  | | |
| *potassium chloride er oral tablet extended release* *10 meq, 20 meq, 8 meq* | 1 |  | | |
| *potassium chloride in dextrose intravenous solution* *20-5 meq/l-%* | 1 |  | | |
| *potassium chloride in nacl intravenous solution* *20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%* | 1 |  | | |
| *potassium chloride intravenous solution* *10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml* | 1 |  | | |
| *potassium chloride oral packet* *20 meq* | 1 |  | | |
| *potassium chloride oral solution* *20 meq/15ml (10%), 40 meq/15ml (20%)* | 1 |  | | |
| *potassium citrate er oral tablet extended release* *10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)* | 1 |  | | |
| *sodium chloride intravenous solution* *0.45 %, 0.9 %, 3 %, 5 %* | 1 |  | | |
| *sodium chloride irrigation solution* *0.9 %* | 1 |  | | |
| *sodium fluoride oral tablet* *2.2 (1 f) mg* | 1 |  | | |
| **Electrolyte/Mineral/Metal Modifiers** | | |  |  |
| *deferasirox granules oral packet* *180 mg, 360 mg, 90 mg* | 1 | PA | | |
| *deferasirox oral tablet* *180 mg, 360 mg, 90 mg* | 1 | PA | | |
| *deferasirox oral tablet soluble* *125 mg, 250 mg, 500 mg* | 1 | PA | | |
| *deferiprone oral tablet* *1000 mg, 500 mg* | 1 | PA | | |
| FERRIPROX ORAL SOLUTION 100 MG/ML | 1 | PA | | |
| FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG | 1 | PA | | |
| LOKELMA ORAL PACKET 10 GM, 5 GM | 1 |  | | |
| *sodium polystyrene sulfonate oral powder* | 1 |  | | |
| SPS ORAL SUSPENSION 15 GM/60ML | 1 |  | | |
| *tolvaptan oral tablet* *15 mg, 30 mg* | 1 | PA | | |
| *trientine hcl oral capsule* *250 mg* | 1 | PA | | |
| **Electrolytes/Minerals/Metals/Vitamins** | | |  |  |
| CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 % | 1 | BvD | | |
| CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % | 1 | BvD | | |
| CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % | 1 | BvD | | |
| CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % | 1 | BvD | | |
| CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % | 1 | BvD | | |
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % | 1 | BvD | | |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % | 1 | BvD | | |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % | 1 | BvD | | |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % | 1 | BvD | | |
| CLINISOL SF INTRAVENOUS SOLUTION 15 % | 1 | BvD | | |
| *dextrose intravenous solution* *10 %, 5 %* | 1 |  | | |
| *dextrose-nacl intravenous solution* *10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %* | 1 |  | | |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % | 1 | BvD | | |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION | 1 | BvD | | |
| *levocarnitine oral solution* *1 gm/10ml* | 1 |  | | |
| *levocarnitine oral tablet* *330 mg* | 1 |  | | |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 1 | BvD | | |
| PLENAMINE INTRAVENOUS SOLUTION 15 % | 1 | BvD | | |
| PREMASOL INTRAVENOUS SOLUTION 10 % | 1 | BvD | | |
| *prenatal oral tablet* *27-1 mg* | 1 |  | | |
| PROSOL INTRAVENOUS SOLUTION 20 % | 1 | BvD | | |
| TPN ELECTROLYTES INTRAVENOUS CONCENTRATE | 1 | BvD | | |
| TRAVASOL INTRAVENOUS SOLUTION 10 % | 1 | BvD | | |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | 1 | BvD | | |
| **Phosphate Binders** | | |  |  |
| AURYXIA ORAL TABLET 1 GM 210 MG(FE) | 1 | PA | | |
| *calcium acetate (phos binder) oral capsule* *667 mg* | 1 |  | | |
| *calcium acetate oral tablet* *667 mg* | 1 |  | | |
| *sevelamer carbonate oral packet* *0.8 gm, 2.4 gm* | 1 |  | | |
| *sevelamer carbonate oral tablet* *800 mg* | 1 |  | | |
| *sevelamer hcl oral tablet* *400 mg, 800 mg* | 1 |  | | |
| VELPHORO ORAL TABLET CHEWABLE 500 MG | 1 |  | | |
| **GASTROINTESTINAL AGENTS** | | |  |  |
| **Anti-Constipation Agents** | | |  |  |
| *constulose oral solution* *10 gm/15ml* | 1 |  | | |
| *enulose oral solution* *10 gm/15ml* | 1 |  | | |
| *generlac oral solution* *10 gm/15ml* | 1 |  | | |
| *lactulose oral solution* *10 gm/15ml* | 1 |  | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 1 |  | | |
| *lubiprostone oral capsule* *24 mcg, 8 mcg* | 1 |  | | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 1 |  | | |
| **Anti-Diarrheal Agents** | | |  |  |
| *alosetron hcl oral tablet* *0.5 mg, 1 mg* | 1 | PA | | |
| *diphenoxylate-atropine oral liquid* *2.5-0.025 mg/5ml* | 1 |  | | |
| *diphenoxylate-atropine oral tablet* *2.5-0.025 mg* | 1 |  | | |
| *loperamide hcl oral capsule* *2 mg* | 1 |  | | |
| **Antispasmodics, Gastrointestinal** | | |  |  |
| *dicyclomine hcl oral capsule* *10 mg* | 1 |  | | |
| *dicyclomine hcl oral solution* *10 mg/5ml* | 1 |  | | |
| *dicyclomine hcl oral tablet* *20 mg* | 1 |  | | |
| *glycopyrrolate oral solution* *1 mg/5ml* | 1 |  | | |
| *glycopyrrolate oral tablet* *1 mg, 2 mg* | 1 |  | | |
| **Gastrointestinal Agents, Other** | | |  |  |
| *amoxicill-clarithro-lansopraz oral* | 1 |  | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML | 1 |  | | |
| GATTEX SUBCUTANEOUS KIT 5 MG | 1 | PA | | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM | 1 |  | | |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM | 1 |  | | |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM | 1 |  | | |
| *metoclopramide hcl oral solution* *5 mg/5ml* | 1 |  | | |
| *metoclopramide hcl oral tablet* *10 mg, 5 mg* | 1 |  | | |
| *na sulfate-k sulfate-mg sulf oral solution* *17.5-3.13-1.6 gm/177ml* | 1 |  | | |
| *peg 3350-kcl-na bicarb-nacl oral solution reconstituted* *420 gm* | 1 |  | | |
| *peg-3350/electrolytes oral solution reconstituted* *236 gm* | 1 |  | | |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML | 1 |  | | |
| SUTAB ORAL TABLET 1479-225-188 MG | 1 |  | | |
| *ursodiol oral capsule* *300 mg* | 1 |  | | |
| *ursodiol oral tablet* *250 mg, 500 mg* | 1 |  | | |
| **Histamine2 (H2) Receptor Antagonists** | | |  |  |
| *cimetidine hcl oral solution* *300 mg/5ml* | 1 |  | | |
| *cimetidine oral tablet* *200 mg, 300 mg, 400 mg, 800 mg* | 1 |  | | |
| *famotidine oral suspension reconstituted* *40 mg/5ml* | 1 |  | | |
| *famotidine oral tablet* *20 mg, 40 mg* | 1 |  | | |
| *nizatidine oral capsule* *150 mg, 300 mg* | 1 |  | | |
| **Protectants** | | |  |  |
| *misoprostol oral tablet* *100 mcg, 200 mcg* | 1 |  | | |
| *sucralfate oral suspension* *1 gm/10ml* | 1 |  | | |
| *sucralfate oral tablet* *1 gm* | 1 |  | | |
| **Proton Pump Inhibitors** | | |  |  |
| *esomeprazole magnesium oral capsule delayed release* *20 mg, 40 mg* | 1 |  | | |
| *lansoprazole oral capsule delayed release* *15 mg, 30 mg* | 1 |  | | |
| *lansoprazole oral tablet delayed release dispersible* *15 mg, 30 mg* | 1 |  | | |
| *omeprazole oral capsule delayed release* *10 mg, 20 mg, 40 mg* | 1 |  | | |
| *pantoprazole sodium oral packet* *40 mg* | 1 |  | | |
| *pantoprazole sodium oral tablet delayed release* *20 mg, 40 mg* | 1 |  | | |
| **GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT** | | |  |  |
| **Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment** | | |  |  |
| *betaine oral powder* | 1 |  | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | 1 |  | | |
| *cromolyn sodium oral concentrate* *100 mg/5ml* | 1 |  | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | 1 | PA | | |
| ENDARI ORAL PACKET 5 GM | 1 | PA; QL (180 EA per 30 days) | | |
| *miglustat oral capsule* *100 mg* | 1 | PA | | |
| *nitisinone oral capsule* *10 mg, 2 mg, 5 mg* | 1 | PA | | |
| ORFADIN ORAL CAPSULE 20 MG | 1 | PA | | |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 1 | PA | | |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | 1 | PA | | |
| RAVICTI ORAL LIQUID 1.1 GM/ML | 1 | PA | | |
| *sapropterin dihydrochloride oral packet* *100 mg, 500 mg* | 1 | PA | | |
| *sapropterin dihydrochloride oral tablet* *100 mg* | 1 | PA | | |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML | 1 | PA | | |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG | 1 | PA | | |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | 1 |  | | |
| **GENITOURINARY AGENTS** | | |  |  |
| **Antispasmodics, Urinary** | | |  |  |
| *darifenacin hydrobromide er oral tablet extended release 24 hour* *15 mg, 7.5 mg* | 1 |  | | |
| *fesoterodine fumarate er oral tablet extended release 24 hour* *4 mg, 8 mg* | 1 |  | | |
| *flavoxate hcl oral tablet* *100 mg* | 1 |  | | |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML | 1 |  | | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | 1 |  | | |
| *oxybutynin chloride er oral tablet extended release 24 hour* *10 mg, 15 mg, 5 mg* | 1 |  | | |
| *oxybutynin chloride oral syrup* *5 mg/5ml* | 1 |  | | |
| *oxybutynin chloride oral tablet* *5 mg* | 1 |  | | |
| *solifenacin succinate oral tablet* *10 mg, 5 mg* | 1 |  | | |
| *tolterodine tartrate er oral capsule extended release 24 hour* *2 mg, 4 mg* | 1 |  | | |
| *tolterodine tartrate oral tablet* *1 mg, 2 mg* | 1 |  | | |
| *trospium chloride er oral capsule extended release 24 hour* *60 mg* | 1 |  | | |
| *trospium chloride oral tablet* *20 mg* | 1 |  | | |
| **Benign Prostatic Hypertrophy Agents** | | |  |  |
| *alfuzosin hcl er oral tablet extended release 24 hour* *10 mg* | 1 |  | | |
| *dutasteride oral capsule* *0.5 mg* | 1 |  | | |
| *dutasteride-tamsulosin hcl oral capsule* *0.5-0.4 mg* | 1 |  | | |
| *finasteride oral tablet* *5 mg* | 1 |  | | |
| *silodosin oral capsule* *4 mg, 8 mg* | 1 |  | | |
| *tamsulosin hcl oral capsule* *0.4 mg* | 1 |  | | |
| **Genitourinary Agents, Other** | | |  |  |
| *acetic acid irrigation solution* *0.25 %* | 1 |  | | |
| *bethanechol chloride oral tablet* *10 mg, 25 mg, 5 mg, 50 mg* | 1 |  | | |
| ELMIRON ORAL CAPSULE 100 MG | 1 |  | | |
| *penicillamine oral tablet* *250 mg* | 1 | PA | | |
| **HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)** | | |  |  |
| **Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)** | | |  |  |
| *dexamethasone oral solution* *0.5 mg/5ml* | 1 |  | | |
| *dexamethasone oral tablet* *0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | 1 |  | | |
| *dexamethasone sod phosphate pf injection solution* *10 mg/ml* | 1 |  | | |
| *dexamethasone sodium phosphate injection solution* *10 mg/ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml* | 1 |  | | |
| *fludrocortisone acetate oral tablet* *0.1 mg* | 1 |  | | |
| *hydrocortisone oral tablet* *10 mg, 20 mg, 5 mg* | 1 |  | | |
| ISTURISA ORAL TABLET 1 MG | 1 | PA; QL (240 EA per 30 days) | | |
| ISTURISA ORAL TABLET 10 MG, 5 MG | 1 | PA; QL (180 EA per 30 days) | | |
| *methylprednisolone acetate injection suspension* *80 mg/ml* | 1 |  | | |
| *methylprednisolone oral tablet* *16 mg, 32 mg, 4 mg, 8 mg* | 1 | BvD | | |
| *methylprednisolone oral tablet therapy pack* *4 mg* | 1 |  | | |
| *methylprednisolone sodium succ injection solution reconstituted* *125 mg, 40 mg* | 1 |  | | |
| *prednisolone oral solution* *15 mg/5ml* | 1 | BvD | | |
| *prednisolone sodium phosphate oral solution* *10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml* | 1 | BvD | | |
| *prednisolone sodium phosphate oral tablet dispersible* *10 mg, 15 mg, 30 mg* | 1 | BvD | | |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML | 1 | BvD | | |
| *prednisone oral solution* *5 mg/5ml* | 1 | BvD | | |
| *prednisone oral tablet* *1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | 1 | BvD | | |
| *prednisone oral tablet therapy pack* *10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)* | 1 |  | | |
| SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 125 MG, 40 MG | 1 |  | | |
| **HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)** | | |  |  |
| **Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)** | | |  |  |
| *desmopressin acetate oral tablet* *0.1 mg, 0.2 mg* | 1 |  | | |
| *desmopressin acetate spray nasal solution* *0.01 %* | 1 |  | | |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | 1 | PA | | |
| NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG | 1 |  | | |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML | 1 | PA | | |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG | 1 | PA | | |
| **HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)** | | |  |  |
| **Androgens** | | |  |  |
| *danazol oral capsule* *100 mg, 200 mg, 50 mg* | 1 |  | | |
| *oxandrolone oral tablet* *10 mg, 2.5 mg* | 1 | PA | | |
| *testosterone cypionate intramuscular solution* *100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)* | 1 | PA | | |
| *testosterone enanthate intramuscular solution* *200 mg/ml* | 1 | PA | | |
| *testosterone transdermal gel* *10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)* | 1 | PA | | |
| *testosterone transdermal solution* *30 mg/act* | 1 | PA | | |
| **Estrogens** | | |  |  |
| DUAVEE ORAL TABLET 0.45-20 MG | 1 |  | | |
| *estradiol oral tablet* *0.5 mg, 1 mg, 2 mg* | 1 |  | | |
| *estradiol transdermal patch twice weekly* *0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | 1 |  | | |
| *estradiol transdermal patch weekly* *0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | 1 |  | | |
| *estradiol vaginal cream* *0.1 mg/gm* | 1 |  | | |
| *estradiol vaginal tablet* *10 mcg* | 1 |  | | |
| ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) | 1 |  | | |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG | 1 |  | | |
| IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG | 1 |  | | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG | 1 |  | | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 1 |  | | |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | 1 |  | | |
| YUVAFEM VAGINAL TABLET 10 MCG | 1 |  | | |
| **Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)** | | |  |  |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG | 1 |  | | |
| *alyacen 1/35 oral tablet* *1-35 mg-mcg* | 1 |  | | |
| APRI ORAL TABLET 0.15-30 MG-MCG | 1 |  | | |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG | 1 |  | | |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG | 1 |  | | |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | 1 |  | | |
| BALZIVA ORAL TABLET 0.4-35 MG-MCG | 1 |  | | |
| BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 1 |  | | |
| *briellyn oral tablet* *0.4-35 mg-mcg* | 1 |  | | |
| CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG | 1 |  | | |
| CYRED EQ ORAL TABLET 0.15-30 MG-MCG | 1 |  | | |
| *desogestrel-ethinyl estradiol oral tablet* *0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg* | 1 |  | | |
| *drospirenone-ethinyl estradiol oral tablet* *3-0.02 mg, 3-0.03 mg* | 1 |  | | |
| EMOQUETTE ORAL TABLET 0.15-30 MG-MCG | 1 |  | | |
| ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG | 1 |  | | |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG | 1 |  | | |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG | 1 |  | | |
| *ethynodiol diac-eth estradiol oral tablet* *1-35 mg-mcg, 1-50 mg-mcg* | 1 |  | | |
| FALMINA ORAL TABLET 0.1-20 MG-MCG | 1 |  | | |
| FEMYNOR ORAL TABLET 0.25-35 MG-MCG | 1 |  | | |
| ICLEVIA ORAL TABLET 0.15-0.03 MG | 1 |  | | |
| INTROVALE ORAL TABLET 0.15-0.03 MG | 1 |  | | |
| ISIBLOOM ORAL TABLET 0.15-30 MG-MCG | 1 |  | | |
| JASMIEL ORAL TABLET 3-0.02 MG | 1 |  | | |
| JULEBER ORAL TABLET 0.15-30 MG-MCG | 1 |  | | |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 1 |  | | |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG | 1 |  | | |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 1 |  | | |
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG | 1 |  | | |
| KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | 1 |  | | |
| KELNOR 1/35 ORAL TABLET 1-35 MG-MCG | 1 |  | | |
| KELNOR 1/50 ORAL TABLET 1-50 MG-MCG | 1 |  | | |
| KURVELO ORAL TABLET 0.15-30 MG-MCG | 1 |  | | |
| LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 1 |  | | |
| LARIN 1/20 ORAL TABLET 1-20 MG-MCG | 1 |  | | |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 1 |  | | |
| LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG | 1 |  | | |
| LARISSIA ORAL TABLET 0.1-20 MG-MCG | 1 |  | | |
| LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG | 1 |  | | |
| LESSINA ORAL TABLET 0.1-20 MG-MCG | 1 |  | | |
| LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG | 1 |  | | |
| *levonorgest-eth estrad 91-day oral tablet* *0.15-0.03 mg* | 1 |  | | |
| *levonorgestrel-ethinyl estrad oral tablet* *0.1-20 mg-mcg, 0.15-30 mg-mcg* | 1 |  | | |
| *levonorg-eth estrad triphasic oral tablet* *50-30/75-40/ 125-30 mcg* | 1 |  | | |
| LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG | 1 |  | | |
| LORYNA ORAL TABLET 3-0.02 MG | 1 |  | | |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG | 1 |  | | |
| LUTERA ORAL TABLET 0.1-20 MG-MCG | 1 |  | | |
| *marlissa oral tablet* *0.15-30 mg-mcg* | 1 |  | | |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 1 |  | | |
| MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG | 1 |  | | |
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 1 |  | | |
| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG | 1 |  | | |
| MILI ORAL TABLET 0.25-35 MG-MCG | 1 |  | | |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | 1 |  | | |
| NIKKI ORAL TABLET 3-0.02 MG | 1 |  | | |
| *norethin ace-eth estrad-fe oral tablet* *1-20 mg-mcg* | 1 |  | | |
| *norethindrone acet-ethinyl est oral tablet* *1-20 mg-mcg* | 1 |  | | |
| *norgestimate-eth estradiol oral tablet* *0.25-35 mg-mcg* | 1 |  | | |
| *norgestim-eth estrad triphasic oral tablet* *0.18/0.215/0.25 mg-35 mcg* | 1 |  | | |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | 1 |  | | |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG | 1 |  | | |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG | 1 |  | | |
| NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | 1 |  | | |
| NYLIA 1/35 ORAL TABLET 1-35 MG-MCG | 1 |  | | |
| NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | 1 |  | | |
| NYMYO ORAL TABLET 0.25-35 MG-MCG | 1 |  | | |
| OCELLA ORAL TABLET 3-0.03 MG | 1 |  | | |
| OSPHENA ORAL TABLET 60 MG | 1 | PA | | |
| PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | 1 |  | | |
| PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG | 1 |  | | |
| PORTIA-28 ORAL TABLET 0.15-30 MG-MCG | 1 |  | | |
| PREMPHASE ORAL TABLET 0.625-5 MG | 1 |  | | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 1 |  | | |
| RECLIPSEN ORAL TABLET 0.15-30 MG-MCG | 1 |  | | |
| SETLAKIN ORAL TABLET 0.15-0.03 MG | 1 |  | | |
| SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG | 1 |  | | |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | 1 |  | | |
| SYEDA ORAL TABLET 3-0.03 MG | 1 |  | | |
| TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG | 1 |  | | |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 1 |  | | |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 1 |  | | |
| TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 1 |  | | |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 1 |  | | |
| TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG | 1 |  | | |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 1 |  | | |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG | 1 |  | | |
| VESTURA ORAL TABLET 3-0.02 MG | 1 |  | | |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | 1 |  | | |
| VYFEMLA ORAL TABLET 0.4-35 MG-MCG | 1 |  | | |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG | 1 |  | | |
| ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG | 1 |  | | |
| **Progestins** | | |  |  |
| CAMILA ORAL TABLET 0.35 MG | 1 |  | | |
| DEBLITANE ORAL TABLET 0.35 MG | 1 |  | | |
| ERRIN ORAL TABLET 0.35 MG | 1 |  | | |
| INCASSIA ORAL TABLET 0.35 MG | 1 |  | | |
| LYLEQ ORAL TABLET 0.35 MG | 1 |  | | |
| LYZA ORAL TABLET 0.35 MG | 1 |  | | |
| *medroxyprogesterone acetate intramuscular suspension* *150 mg/ml* | 1 |  | | |
| *medroxyprogesterone acetate intramuscular suspension prefilled syringe* *150 mg/ml* | 1 |  | | |
| *medroxyprogesterone acetate oral tablet* *10 mg, 2.5 mg, 5 mg* | 1 |  | | |
| *megestrol acetate oral suspension* *40 mg/ml, 625 mg/5ml* | 1 |  | | |
| *megestrol acetate oral tablet* *20 mg, 40 mg* | 1 |  | | |
| NORA-BE ORAL TABLET 0.35 MG | 1 |  | | |
| *norethindrone acetate oral tablet* *5 mg* | 1 |  | | |
| *norethindrone oral tablet* *0.35 mg* | 1 |  | | |
| *progesterone oral capsule* *100 mg, 200 mg* | 1 |  | | |
| SHAROBEL ORAL TABLET 0.35 MG | 1 |  | | |
| **HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)** | | |  |  |
| **Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)** | | |  |  |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 1 |  | | |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 1 |  | | |
| *levothyroxine sodium oral tablet* *100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | 1 |  | | |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 1 |  | | |
| *liothyronine sodium oral tablet* *25 mcg, 5 mcg, 50 mcg* | 1 |  | | |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 1 |  | | |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 1 |  | | |
| **HORMONAL AGENTS, SUPPRESSANT (PITUITARY)** | | |  |  |
| **Hormonal Agents, Suppressant (Pituitary)** | | |  |  |
| *cabergoline oral tablet* *0.5 mg* | 1 |  | | |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG | 1 | PA | | |
| *leuprolide acetate injection kit* *1 mg/0.2ml* | 1 | PA | | |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG | 1 | PA | | |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG | 1 | PA | | |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG | 1 | PA | | |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG | 1 | PA | | |
| *octreotide acetate injection solution* *100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml* | 1 | PA | | |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | 1 | PA; QL (60 ML per 30 days) | | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 1 | PA | | |
| SYNAREL NASAL SOLUTION 2 MG/ML | 1 | PA | | |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG | 1 | PA | | |
| **HORMONAL AGENTS, SUPPRESSANT (THYROID)** | | |  |  |
| **Antithyroid Agents** | | |  |  |
| *methimazole oral tablet* *10 mg, 5 mg* | 1 |  | | |
| *propylthiouracil oral tablet* *50 mg* | 1 |  | | |
| **IMMUNOLOGICAL AGENTS** | | |  |  |
| **Angioedema Agents** | | |  |  |
| FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML | 1 | PA | | |
| *icatibant acetate subcutaneous solution* *30 mg/3ml* | 1 | PA | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML | 1 | PA | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 1 | PA | | |
| **Immunoglobulins** | | |  |  |
| PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | 1 | BvD | | |
| PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML | 1 | BvD | | |
| **Immunological Agents, Other** | | |  |  |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG | 1 | PA | | |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 1 | PA | | |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 1 | PA | | |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 1 | PA | | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML | 1 | PA | | |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML | 1 | PA | | |
| *leflunomide oral tablet* *10 mg, 20 mg* | 1 |  | | |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG | 1 | PA | | |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML | 1 | PA | | |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 1 | PA | | |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | 1 | PA | | |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 1 | PA | | |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 1 | PA | | |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | 1 | PA | | |
| TAVNEOS ORAL CAPSULE 10 MG | 1 | PA | | |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 1 | PA; QL (8 ML per 28 days) | | |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 1 | PA; QL (2 ML per 28 days) | | |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | 1 | PA; QL (8 EA per 28 days) | | |
| **Immunostimulants** | | |  |  |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML | 1 | PA | | |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML | 1 | PA | | |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT | 1 | PA | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 1 | PA | | |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | 1 | PA | | |
| **Immunosuppressants** | | |  |  |
| *azathioprine oral tablet* *100 mg, 50 mg, 75 mg* | 1 | BvD | | |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | 1 | PA | | |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | 1 | PA | | |
| *cyclosporine modified oral capsule* *100 mg, 25 mg, 50 mg* | 1 | BvD | | |
| *cyclosporine modified oral solution* *100 mg/ml* | 1 | BvD | | |
| *cyclosporine oral capsule* *100 mg, 25 mg* | 1 | BvD | | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML | 1 | PA | | |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 1 | PA | | |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML | 1 | PA | | |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG | 1 | PA | | |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | 1 | PA | | |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG | 1 | BvD | | |
| *everolimus oral tablet* *0.25 mg, 0.5 mg, 0.75 mg, 1 mg* | 1 | BvD | | |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | 1 | BvD | | |
| GENGRAF ORAL SOLUTION 100 MG/ML | 1 | BvD | | |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | 1 | PA | | |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML | 1 | PA | | |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML | 1 | PA | | |
| HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | 1 | PA | | |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 1 | PA | | |
| HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | 1 | PA | | |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 1 | PA | | |
| LUPKYNIS ORAL CAPSULE 7.9 MG | 1 | PA; QL (180 EA per 30 days) | | |
| *methotrexate sodium (pf) injection solution* *50 mg/2ml* | 1 | BvD | | |
| *methotrexate sodium injection solution* *50 mg/2ml* | 1 | BvD | | |
| *methotrexate sodium oral tablet* *2.5 mg* | 1 | BvD | | |
| *mycophenolate mofetil oral capsule* *250 mg* | 1 | BvD | | |
| *mycophenolate mofetil oral suspension reconstituted* *200 mg/ml* | 1 | BvD | | |
| *mycophenolate mofetil oral tablet* *500 mg* | 1 | BvD | | |
| *mycophenolate sodium oral tablet delayed release* *180 mg, 360 mg* | 1 | BvD | | |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG | 1 | BvD | | |
| REZUROCK ORAL TABLET 200 MG | 1 | PA | | |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML | 1 | BvD | | |
| *sirolimus oral solution* *1 mg/ml* | 1 | BvD | | |
| *sirolimus oral tablet* *0.5 mg, 1 mg, 2 mg* | 1 | BvD | | |
| *tacrolimus oral capsule* *0.5 mg, 1 mg, 5 mg* | 1 | BvD | | |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | 1 | BvD | | |
| **Vaccines** | | |  |  |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | 1 |  | | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5 | 1 |  | | |
| *bcg vaccine injection solution reconstituted* *50 mg* | 1 |  | | |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 |  | | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | 1 |  | | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 | 1 |  | | |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 1 |  | | |
| *diphtheria-tetanus toxoids dt intramuscular suspension* *25-5 lfu/0.5ml* | 1 | BvD | | |
| ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML, 20 MCG/ML (PREFILLED SYRINGE) | 1 | BvD | | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | 1 |  | | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 |  | | |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML | 1 |  | | |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG | 1 |  | | |
| IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML | 1 | BvD | | |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 | 1 |  | | |
| IPOL INJECTION INJECTABLE | 1 |  | | |
| IXIARO INTRAMUSCULAR SUSPENSION | 1 |  | | |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 1 |  | | |
| MENACTRA INTRAMUSCULAR SOLUTION | 1 |  | | |
| MENQUADFI INTRAMUSCULAR SOLUTION | 1 |  | | |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 1 |  | | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | 1 |  | | |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 |  | | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | 1 |  | | |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS) | 1 |  | | |
| *prehevbrio intramuscular suspension* *10 mcg/ml* | 1 | BvD | | |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 1 |  | | |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 1 |  | | |
| QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML) | 1 |  | | |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 1 |  | | |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 1 | BvD | | |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML, 5 MCG/0.5ML (PREFILLED SYRINGE) | 1 | BvD | | |
| ROTARIX ORAL SUSPENSION RECONSTITUTED | 1 |  | | |
| ROTATEQ ORAL SOLUTION | 1 |  | | |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 1 |  | | |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML | 1 | BvD | | |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION) | 1 | BvD | | |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML | 1 |  | | |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 |  | | |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML | 1 |  | | |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 1 |  | | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | 1 |  | | |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML | 1 |  | | |
| VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML | 1 |  | | |
| YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE) | 1 |  | | |
| **INFLAMMATORY BOWEL DISEASE AGENTS** | | |  |  |
| **Aminosalicylates** | | |  |  |
| *balsalazide disodium oral capsule* *750 mg* | 1 |  | | |
| LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM | 1 |  | | |
| *mesalamine er oral capsule extended release 24 hour* *0.375 gm* | 1 |  | | |
| *mesalamine oral capsule delayed release* *400 mg* | 1 |  | | |
| *mesalamine oral tablet delayed release* *800 mg* | 1 |  | | |
| *mesalamine rectal enema* *4 gm* | 1 |  | | |
| *mesalamine rectal suppository* *1000 mg* | 1 |  | | |
| *sulfasalazine oral tablet* *500 mg* | 1 |  | | |
| *sulfasalazine oral tablet delayed release* *500 mg* | 1 |  | | |
| **Glucocorticoids** | | |  |  |
| *budesonide er oral tablet extended release 24 hour* *9 mg* | 1 |  | | |
| *budesonide oral capsule delayed release particles* *3 mg* | 1 |  | | |
| *hydrocortisone rectal enema* *100 mg/60ml* | 1 |  | | |
| **METABOLIC BONE DISEASE AGENTS** | | |  |  |
| **Metabolic Bone Disease Agents** | | |  |  |
| *alendronate sodium oral solution* *70 mg/75ml* | 1 |  | | |
| *alendronate sodium oral tablet* *10 mg, 35 mg, 70 mg* | 1 |  | | |
| *calcitonin (salmon) nasal solution* *200 unit/act* | 1 | BvD | | |
| *calcitriol oral capsule* *0.25 mcg, 0.5 mcg* | 1 | BvD | | |
| *calcitriol oral solution* *1 mcg/ml* | 1 | BvD | | |
| *cinacalcet hcl oral tablet* *30 mg, 60 mg* | 1 | BvD; QL (60 EA per 30 days) | | |
| *cinacalcet hcl oral tablet* *90 mg* | 1 | BvD; QL (120 EA per 30 days) | | |
| *ibandronate sodium oral tablet* *150 mg* | 1 |  | | |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG | 1 | PA | | |
| *paricalcitol oral capsule* *1 mcg, 2 mcg, 4 mcg* | 1 | BvD | | |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | 1 |  | | |
| *raloxifene hcl oral tablet* *60 mg* | 1 |  | | |
| *risedronate sodium oral tablet* *150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg* | 1 |  | | |
| *risedronate sodium oral tablet delayed release* *35 mg* | 1 |  | | |
| *teriparatide (recombinant) subcutaneous solution pen-injector* *620 mcg/2.48ml* | 1 | PA | | |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | 1 | PA | | |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML | 1 | PA; QL (1.7 ML per 28 days) | | |
| **OPHTHALMIC AGENTS** | | |  |  |
| **Ophthalmic Agents, Other** | | |  |  |
| *atropine sulfate ophthalmic solution* *1 %* | 1 |  | | |
| *bacitra-neomycin-polymyxin-hc ophthalmic ointment* *1 %* | 1 |  | | |
| *cyclosporine ophthalmic emulsion* *0.05 %* | 1 | QL (60 EA per 30 days) | | |
| CYSTADROPS OPHTHALMIC SOLUTION 0.37 % | 1 | PA; QL (20 ML per 28 days) | | |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % | 1 | PA; QL (60 ML per 30 days) | | |
| ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % | 1 |  | | |
| *neomycin-polymyxin-dexameth ophthalmic ointment* *3.5-10000-0.1* | 1 |  | | |
| *neomycin-polymyxin-dexameth ophthalmic suspension* *3.5-10000-0.1* | 1 |  | | |
| *neomycin-polymyxin-gramicidin ophthalmic solution* *1.75-10000-.025* | 1 |  | | |
| *neomycin-polymyxin-hc ophthalmic suspension* *3.5-10000-1* | 1 |  | | |
| NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000 | 1 |  | | |
| *polymyxin b-trimethoprim ophthalmic solution* *10000-0.1 unit/ml-%* | 1 |  | | |
| PRED-G OPHTHALMIC SUSPENSION 0.3-1 % | 1 |  | | |
| *sulfacetamide-prednisolone ophthalmic solution* *10-0.23 %* | 1 |  | | |
| *tobramycin-dexamethasone ophthalmic suspension* *0.3-0.1 %* | 1 |  | | |
| **Ophthalmic Anti-Allergy Agents** | | |  |  |
| *azelastine hcl ophthalmic solution* *0.05 %* | 1 |  | | |
| *cromolyn sodium ophthalmic solution* *4 %* | 1 |  | | |
| *epinastine hcl ophthalmic solution* *0.05 %* | 1 |  | | |
| *olopatadine hcl ophthalmic solution* *0.1 %, 0.2 %* | 1 |  | | |
| **Ophthalmic Anti-Infectives** | | |  |  |
| AZASITE OPHTHALMIC SOLUTION 1 % | 1 |  | | |
| *bacitracin ophthalmic ointment* *500 unit/gm* | 1 |  | | |
| *bacitracin-polymyxin b ophthalmic ointment* *500-10000 unit/gm* | 1 |  | | |
| *erythromycin ophthalmic ointment* *5 mg/gm* | 1 |  | | |
| *gatifloxacin ophthalmic solution* *0.5 %* | 1 |  | | |
| GENTAK OPHTHALMIC OINTMENT 0.3 % | 1 |  | | |
| *gentamicin sulfate ophthalmic solution* *0.3 %* | 1 |  | | |
| *levofloxacin ophthalmic solution* *0.5 %* | 1 |  | | |
| *moxifloxacin hcl ophthalmic solution* *0.5 %* | 1 |  | | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | 1 |  | | |
| *neomycin-bacitracin zn-polymyx ophthalmic ointment* *5-400-10000* | 1 |  | | |
| *ofloxacin ophthalmic solution* *0.3 %* | 1 |  | | |
| *sulfacetamide sodium ophthalmic ointment* *10 %* | 1 |  | | |
| *sulfacetamide sodium ophthalmic solution* *10 %* | 1 |  | | |
| *tobramycin ophthalmic solution* *0.3 %* | 1 |  | | |
| **Ophthalmic Anti-Inflammatories** | | |  |  |
| *bromfenac sodium (once-daily) ophthalmic solution* *0.09 %* | 1 |  | | |
| BROMSITE OPHTHALMIC SOLUTION 0.075 % | 1 |  | | |
| *dexamethasone sodium phosphate ophthalmic solution* *0.1 %* | 1 |  | | |
| *diclofenac sodium ophthalmic solution* *0.1 %* | 1 |  | | |
| DUREZOL OPHTHALMIC EMULSION 0.05 % | 1 |  | | |
| *fluorometholone ophthalmic suspension* *0.1 %* | 1 |  | | |
| *flurbiprofen sodium ophthalmic solution* *0.03 %* | 1 |  | | |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | 1 |  | | |
| *ketorolac tromethamine ophthalmic solution* *0.4 %, 0.5 %* | 1 |  | | |
| *loteprednol etabonate ophthalmic suspension* *0.5 %* | 1 |  | | |
| *prednisolone acetate ophthalmic suspension* *1 %* | 1 |  | | |
| *prednisolone sodium phosphate ophthalmic solution* *1 %* | 1 |  | | |
| **Ophthalmic Beta-Adrenergic Blocking Agents** | | |  |  |
| *betaxolol hcl ophthalmic solution* *0.5 %* | 1 |  | | |
| *carteolol hcl ophthalmic solution* *1 %* | 1 |  | | |
| *levobunolol hcl ophthalmic solution* *0.5 %* | 1 |  | | |
| *timolol maleate (once-daily) ophthalmic solution* *0.5 %* | 1 |  | | |
| *timolol maleate ophthalmic gel forming solution* *0.25 %, 0.5 %* | 1 |  | | |
| *timolol maleate ophthalmic solution* *0.25 %, 0.5 %* | 1 |  | | |
| **Ophthalmic Intraocular Pressure Lowering Agents, Other** | | |  |  |
| *acetazolamide er oral capsule extended release 12 hour* *500 mg* | 1 |  | | |
| *acetazolamide oral tablet* *125 mg, 250 mg* | 1 |  | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 1 |  | | |
| *apraclonidine hcl ophthalmic solution* *0.5 %* | 1 |  | | |
| AZOPT OPHTHALMIC SUSPENSION 1 % | 1 |  | | |
| *brimonidine tartrate ophthalmic solution* *0.15 %, 0.2 %* | 1 |  | | |
| *brimonidine tartrate-timolol ophthalmic solution* *0.2-0.5 %* | 1 |  | | |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % | 1 |  | | |
| *dorzolamide hcl ophthalmic solution* *2 %* | 1 |  | | |
| *dorzolamide hcl-timolol mal ophthalmic solution* *22.3-6.8 mg/ml* | 1 |  | | |
| *dorzolamide hcl-timolol mal pf ophthalmic solution* *2-0.5 %* | 1 |  | | |
| *methazolamide oral tablet* *25 mg, 50 mg* | 1 |  | | |
| *pilocarpine hcl ophthalmic solution* *1 %, 2 %, 4 %* | 1 |  | | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % | 1 |  | | |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % | 1 |  | | |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | 1 |  | | |
| **Ophthalmic Prostaglandin And Prostamide Analogs** | | |  |  |
| *bimatoprost ophthalmic solution* *0.03 %* | 1 |  | | |
| *latanoprost ophthalmic solution* *0.005 %* | 1 |  | | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 1 |  | | |
| *travoprost (bak free) ophthalmic solution* *0.004 %* | 1 |  | | |
| **OTIC AGENTS** | | |  |  |
| **Otic Agents** | | |  |  |
| *acetic acid otic solution* *2 %* | 1 |  | | |
| *ciprofloxacin hcl otic solution* *0.2 %* | 1 |  | | |
| *ciprofloxacin-dexamethasone otic suspension* *0.3-0.1 %* | 1 |  | | |
| *ciprofloxacin-fluocinolone pf otic solution* *0.3-0.025 %* | 1 |  | | |
| *fluocinolone acetonide otic oil* *0.01 %* | 1 |  | | |
| *hydrocortisone-acetic acid otic solution* *1-2 %* | 1 |  | | |
| *neomycin-polymyxin-hc otic solution* *1 %* | 1 |  | | |
| *neomycin-polymyxin-hc otic suspension* *3.5-10000-1* | 1 |  | | |
| *ofloxacin otic solution* *0.3 %* | 1 |  | | |
| **RESPIRATORY TRACT/ PULMONARY AGENTS** | | |  |  |
| **Antihistamines** | | |  |  |
| *azelastine hcl nasal solution* *0.1 %, 0.15 %* | 1 |  | | |
| *cetirizine hcl oral solution* *1 mg/ml* | 1 |  | | |
| *cyproheptadine hcl oral syrup* *2 mg/5ml* | 1 |  | | |
| *cyproheptadine hcl oral tablet* *4 mg* | 1 |  | | |
| *desloratadine oral tablet* *5 mg* | 1 |  | | |
| *levocetirizine dihydrochloride oral solution* *2.5 mg/5ml* | 1 |  | | |
| *levocetirizine dihydrochloride oral tablet* *5 mg* | 1 |  | | |
| **Anti-Inflammatories, Inhaled Corticosteroids** | | |  |  |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 1 |  | | |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH | 1 |  | | |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH | 1 |  | | |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH | 1 |  | | |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 1 |  | | |
| *budesonide inhalation suspension* *0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml* | 1 | BvD | | |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST | 1 |  | | |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT | 1 |  | | |
| *flunisolide nasal solution* *25 mcg/act (0.025%)* | 1 |  | | |
| *fluticasone propionate nasal suspension* *50 mcg/act* | 1 |  | | |
| *mometasone furoate nasal suspension* *50 mcg/act* | 1 |  | | |
| **Antileukotrienes** | | |  |  |
| *montelukast sodium oral packet* *4 mg* | 1 |  | | |
| *montelukast sodium oral tablet* *10 mg* | 1 |  | | |
| *montelukast sodium oral tablet chewable* *4 mg, 5 mg* | 1 |  | | |
| *zafirlukast oral tablet* *10 mg, 20 mg* | 1 |  | | |
| **Bronchodilators, Anticholinergic** | | |  |  |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | 1 |  | | |
| *ipratropium bromide inhalation solution* *0.02 %* | 1 | BvD | | |
| *ipratropium bromide nasal solution* *0.03 %, 0.06 %* | 1 |  | | |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG | 1 |  | | |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 1 |  | | |
| **Bronchodilators, Sympathomimetic** | | |  |  |
| *albuterol sulfate hfa inhalation aerosol solution* *108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)* | 1 |  | | |
| *albuterol sulfate inhalation nebulization solution* *(2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml* | 1 | BvD | | |
| *albuterol sulfate oral syrup* *2 mg/5ml* | 1 |  | | |
| *albuterol sulfate oral tablet* *2 mg, 4 mg* | 1 |  | | |
| *epinephrine injection solution* *0.3 mg/0.3ml* | 1 |  | | |
| *epinephrine injection solution auto-injector* *0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml* | 1 |  | | |
| *levalbuterol hcl inhalation nebulization solution* *0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml* | 1 | BvD | | |
| *levalbuterol tartrate inhalation aerosol* *45 mcg/act* | 1 |  | | |
| PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT | 1 |  | | |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT | 1 |  | | |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE | 1 |  | | |
| *terbutaline sulfate oral tablet* *2.5 mg, 5 mg* | 1 |  | | |
| **Cystic Fibrosis Agents** | | |  |  |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | 1 | PA | | |
| KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG | 1 | PA; QL (56 EA per 28 days) | | |
| KALYDECO ORAL TABLET 150 MG | 1 | PA; QL (60 EA per 30 days) | | |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG | 1 | PA; QL (56 EA per 28 days) | | |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 1 | PA; QL (120 EA per 30 days) | | |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 1 | BvD | | |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG | 1 | PA; QL (56 EA per 28 days) | | |
| *tobramycin inhalation nebulization solution* *300 mg/5ml* | 1 | BvD | | |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG | 1 | PA; QL (84 EA per 28 days) | | |
| **Phosphodiesterase Inhibitors, Airways Disease** | | |  |  |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG | 1 |  | | |
| *theophylline er oral tablet extended release 12 hour* *300 mg, 450 mg* | 1 |  | | |
| *theophylline er oral tablet extended release 24 hour* *400 mg, 600 mg* | 1 |  | | |
| *theophylline oral solution* *80 mg/15ml* | 1 |  | | |
| **Pulmonary Antihypertensives** | | |  |  |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 1 | PA; QL (90 EA per 30 days) | | |
| *ambrisentan oral tablet* *10 mg, 5 mg* | 1 | PA; QL (30 EA per 30 days) | | |
| *bosentan oral tablet* *125 mg, 62.5 mg* | 1 | PA; QL (60 EA per 30 days) | | |
| OPSUMIT ORAL TABLET 10 MG | 1 | PA; QL (30 EA per 30 days) | | |
| *sildenafil citrate oral tablet* *20 mg* | 1 | PA; QL (90 EA per 30 days) | | |
| **Pulmonary Fibrosis Agents** | | |  |  |
| ESBRIET ORAL CAPSULE 267 MG | 1 | PA | | |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 1 | PA | | |
| *pirfenidone oral tablet* *267 mg, 801 mg* | 1 | PA | | |
| **Respiratory Tract Agents, Other** | | |  |  |
| *acetylcysteine inhalation solution* *10 %, 20 %* | 1 | BvD | | |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | 1 |  | | |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | 1 |  | | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH | 1 |  | | |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH | 1 |  | | |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT | 1 |  | | |
| *budesonide-formoterol fumarate inhalation aerosol* *160-4.5 mcg/act, 80-4.5 mcg/act* | 1 |  | | |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | 1 |  | | |
| *cromolyn sodium inhalation nebulization solution* *20 mg/2ml* | 1 | BvD | | |
| *fluticasone-salmeterol inhalation aerosol powder breath activated* *100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act* | 1 |  | | |
| *ipratropium-albuterol inhalation solution* *0.5-2.5 (3) mg/3ml* | 1 | BvD | | |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 1 | PA | | |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML | 1 | PA | | |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG | 1 | PA | | |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH | 1 |  | | |
| **SKELETAL MUSCLE RELAXANTS** | | |  |  |
| **Skeletal Muscle Relaxants** | | |  |  |
| *carisoprodol oral tablet* *350 mg* | 1 |  | | |
| *cyclobenzaprine hcl oral tablet* *10 mg, 5 mg* | 1 |  | | |
| *methocarbamol oral tablet* *500 mg, 750 mg* | 1 |  | | |
| **SLEEP DISORDER AGENTS** | | |  |  |
| **Sleep Promoting Agents** | | |  |  |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 1 | QL (30 EA per 30 days) | | |
| *doxepin hcl oral tablet* *3 mg, 6 mg* | 1 | QL (30 EA per 30 days) | | |
| *ramelteon oral tablet* *8 mg* | 1 | QL (30 EA per 30 days) | | |
| *temazepam oral capsule* *15 mg, 22.5 mg, 30 mg* | 1 | QL (30 EA per 30 days) | | |
| *temazepam oral capsule* *7.5 mg* | 1 | QL (120 EA per 30 days) | | |
| *zaleplon oral capsule* *10 mg* | 1 | QL (60 EA per 30 days) | | |
| *zaleplon oral capsule* *5 mg* | 1 | QL (30 EA per 30 days) | | |
| *zolpidem tartrate oral tablet* *10 mg, 5 mg* | 1 | QL (30 EA per 30 days) | | |
| **Wakefulness Promoting Agents** | | |  |  |
| *armodafinil oral tablet* *150 mg, 200 mg, 250 mg, 50 mg* | 1 | PA; QL (30 EA per 30 days) | | |
| *modafinil oral tablet* *100 mg* | 1 | PA; QL (30 EA per 30 days) | | |
| *modafinil oral tablet* *200 mg* | 1 | PA; QL (60 EA per 30 days) | | |
| SUNOSI ORAL TABLET 150 MG, 75 MG | 1 | PA; QL (30 EA per 30 days) | | |
| XYREM ORAL SOLUTION 500 MG/ML | 1 | PA; QL (540 ML per 30 days) | | |
| XYWAV ORAL SOLUTION 500 MG/ML | 1 | PA; QL (540 ML per 30 days) | | |

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VARIVAX 81

VASCEPA 53

VELIVET 73

VELPHORO 63

VEMLIDY 37

VENCLEXTA 30

VENCLEXTA STARTING PACK 30

venlafaxine hcl 19

venlafaxine hcl er 19

verapamil hcl 50

verapamil hcl er 50

VERQUVO 52

VERSACLOZ 36

VERZENIO 30

VESTURA 73

VICTOZA 43

VIENVA 73

vigabatrin 16

VIGADRONE 16

VIIBRYD STARTER PACK 19

VIJOICE 66

vilazodone hcl 19

VIRACEPT 40

VIREAD 39

VITRAKVI 30

VIVITROL 6

VIZIMPRO 31

VONJO 31

voriconazole 22

VOSEVI 37

VOTRIENT 31

VRAYLAR 36

VYFEMLA 73

VYLIBRA 73

W

warfarin sodium 46

WELIREG 26

X

XALKORI 31

XARELTO 46

XARELTO STARTER PACK 46

XATMEP 26

XCOPRI 15

XCOPRI (250 MG DAILY DOSE) 15

XCOPRI (350 MG DAILY DOSE) 15

XGEVA 82

XIFAXAN 9

XOFLUZA (40 MG DOSE) 40

XOFLUZA (80 MG DOSE) 40

XOLAIR 77

XOSPATA 31

XPOVIO (100 MG ONCE WEEKLY) 26

XPOVIO (40 MG ONCE WEEKLY) 26

XPOVIO (40 MG TWICE WEEKLY) 26

XPOVIO (60 MG ONCE WEEKLY) 26

XPOVIO (60 MG TWICE WEEKLY) 26

XPOVIO (80 MG ONCE WEEKLY) 26

XPOVIO (80 MG TWICE WEEKLY) 26

XTANDI 24

XULTOPHY 43

XYREM 91

XYWAV 91

Y

YF-VAX 81

YONSA 24

YUVAFEM 69

Z

zafirlukast 87

zaleplon 90

ZARXIO 46

ZEJULA 31

ZELBORAF 31

ZEMDRI 8

ZENPEP 66

zidovudine 39

ZIEXTENZO 46

ZIMHI 7

ziprasidone hcl 36

ziprasidone mesylate 36

ZIRGAN 37

ZOLINZA 26

zolpidem tartrate 91

zonisamide 15

ZOVIA 1/35 (28) 73

ZYDELIG 31

ZYKADIA 31

ZYPREXA RELPREVV 36