

Preferred Drug List

Molina Healthcare of New York, Inc. CHIP



2023

*Molina mandates the use of generic drugs, if available. Brand names listed are for reference only. THIS LIST IS SUBJECT TO CHANGE. You can get more information and updates to this document on our website at www.molinahealthcare.com



Your Extended Family.

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Non-Discrimination Notification Molina Healthcare of New York, Inc.

Your Extended Family

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 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language

If you need these services, contact Molina Member Services at 1-800-223-7242 or TTY: 711.

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Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (310) 507-6186.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services 200
Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

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Table of Contents

INTRODUCTION	14
PREFACE	14
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	14
DRUG LIST PRODUCT DESCRIPTIONS.....	14
GENERIC SUBSTITUTION.....	14
PLAN DESIGN.....	15
CLASSES OF CONSIDERATION	15
NON-COVERED MEDICATIONS.....	15
PRIOR AUTHORIZATION REQUEST PROCEDURE	15
PRIOR AUTHORIZATION HELPFUL HINTS	15
LEGEND.....	15
REQUESTING FORMULARY CHANGES	16
NOTICE.....	16
FORMULARY UPDATES	17
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	18
AMPHETAMINES	18
ANALEPTICS	18
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	19
STIMULANTS - MISC.....	19
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	21
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	21
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS.....	21
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	21
ANTIRHEUMATIC - ENZYME INHIBITORS	21
INTERLEUKIN-6 RECEPTOR INHIBITORS	21
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	22
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	23
PYRIMIDINE SYNTHESIS INHIBITORS	23
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS.....	23
ANALGESICS - NONNARCOTIC.....	23
ANALGESIC COMBINATIONS.....	23
ANALGESICS OTHER.....	23
SALICYLATES	24
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN.....	24
OPIOID AGONISTS	24
OPIOID COMBINATIONS	26
OPIOID PARTIAL AGONISTS	27
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES ...	28
ANDROGENS	28
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS	28
INTRARECTAL STEROIDS	28
RECTAL COMBINATIONS	28
RECTAL LOCAL ANESTHETICS	28
RECTAL STEROIDS	28

ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID.....	28
ANTACID COMBINATIONS	28
ANTACIDS - BICARBONATE	28
ANTACIDS - CALCIUM SALTS	28
ANTACIDS - MAGNESIUM SALTS	29
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES.....	29
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	29
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS... 	29
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	29
ANTI-INFECTIVE MISC. - COMBINATIONS.....	29
ANTIPROTOZOAL AGENTS	29
GLYCOPEPTIDES	29
LEPROSTATICS	29
LINCOSAMIDES	29
OXAZOLIDINONES	29
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS.....	30
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS	30
ANTIANGINALS-OTHER	30
NITRATES	30
ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY	30
ANTIANSXIETY AGENTS - MISC.....	30
BENZODIAZEPINES	31
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS	32
ANTIARRHYTHMICS TYPE I-A	32
ANTIARRHYTHMICS TYPE I-B	32
ANTIARRHYTHMICS TYPE I-C	32
ANTIARRHYTHMICS TYPE III.....	32
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE	32
ANTI-INFLAMMATORY AGENTS.....	32
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	33
BRONCHODILATORS - ANTICHOLINERGICS	33
LEUKOTRIENE MODULATORS	33
STEROID INHALANTS	33
SYMPATHOMIMETICS.....	33
XANTHINES.....	35
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS	35
COUMARIN ANTICOAGULANTS.....	35
DIRECT FACTOR XA INHIBITORS.....	35
HEPARINS AND HEPARINOID-LIKE AGENTS	35
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES	36
ANTICONVULSANTS - BENZODIAZEPINES	36
ANTICONVULSANTS - MISC.	36
GABA MODULATORS	38
HYDANTOINS	39
SUCCINIMIDES	39

VALPROIC ACID	39
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	39
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS).....	39
ANTIDEPRESSANTS - MISC.....	39
MONOAMINE OXIDASE INHIBITORS (MAOIS).....	40
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	40
SEROTONIN MODULATORS.....	41
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	41
TRICYCLIC AGENTS	41
ANTIDIABETICS - DRUGS TO TREAT DIABETES	42
ALPHA-GLUCOSIDASE INHIBITORS	42
ANTIDIABETIC COMBINATIONS.....	42
BIGUANIDES	44
DIABETIC OTHER	44
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	44
INCRETIN MIMETIC AGENTS	44
INSULIN	45
INSULIN SENSITIZING AGENTS	45
MEGLITINIDE ANALOGUES	46
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS.....	46
SULFONYLUREAS	46
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA	46
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.	46
ANTIPERISTALTIC AGENTS	47
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING	47
OPIOID ANTAGONISTS	47
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING	47
5-HT3 RECEPTOR ANTAGONISTS.....	47
ANTIEMETICS - ANTICHOLINERGIC	47
ANTIEMETICS - MISCELLANEOUS	48
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....	48
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	48
IMIDAZOLE-RELATED ANTIFUNGALS.....	48
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES.....	48
ANTIHIISTAMINES - ALKYLAMINES	48
ANTIHIISTAMINES - ETHANOLAMINES	48
ANTIHIISTAMINES - NON-SEDATING	49
ANTIHIISTAMINES - PHENOTHIAZINES	49
ANTIHIISTAMINES - PIPERIDINES	49
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL	49
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS	49
ANTIHYPERLIPIDEMICS - COMBINATIONS	49
BILE ACID SEQUESTRANTS	50
FIBRIC ACID DERIVATIVES.....	50
HMG COA REDUCTASE INHIBITORS.....	50

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS.....	50
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	51
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE...51	
ACE INHIBITORS.....	51
ANGIOTENSIN II RECEPTOR ANTAGONISTS.....	52
ANTIADRENERGIC ANTIHYPERTENSIVES	52
ANTIHYPERTENSIVE COMBINATIONS	52
VASODILATORS	54
ANTIMALARIALS - DRUGS TO TREAT MALARIA	54
ANTIMALARIALS - DRUGS TO TREAT MALARIA	54
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS.....	54
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS	54
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	55
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	55
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER.....	55
ALKYLATING AGENTS	55
ANTIMETABOLITES.....	55
ANTINEOPLASTIC - EGFR INHIBITORS	55
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....	56
ANTINEOPLASTIC ENZYME INHIBITORS	56
ANTINEOPLASTICS MISC.....	57
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	57
MITOTIC INHIBITORS	57
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE.....	58
ANTIPARKINSON ANTICHOLINERGICS	58
ANTIPARKINSON COMT INHIBITORS.....	58
ANTIPARKINSON DOPAMINERGICS.....	58
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	59
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES.....	59
ANTIMANIC AGENTS.....	59
ANTIPSYCHOTICS - MISC.....	59
BENZISOXAZOLES	60
BUTYROPHENONES	61
DIBENZAPINES	61
PHENOTHIAZINES	63
QUINOLINONE DERIVATIVES	64
THIOXANTHENES	65
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT	65
CHLORINE ANTISEPTICS	65
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS	65
ANTIRETROVIRALS.....	65
CMV AGENTS.....	68

HEPATITIS AGENTS	68
HERPES AGENTS	68
INFLUENZA AGENTS	68
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	69
ALPHA-BETA BLOCKERS	69
BETA BLOCKERS CARDIO-SELECTIVE	69
BETA BLOCKERS NON-SELECTIVE	69
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	70
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS.....	70
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS.....	72
CARDIAC GLYCOSIDES	72
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	72
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	72
PROSTAGLANDIN VASODILATORS	72
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS....	73
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS.....	73
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	73
SINUS NODE INHIBITORS	73
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS.....	73
CEPHALOSPORINS - 1ST GENERATION.....	73
CEPHALOSPORINS - 2ND GENERATION	74
CEPHALOSPORINS - 3RD GENERATION	74
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING	74
BULK CHEMICALS - B'S	74
BULK CHEMICALS - E'S	74
BULK CHEMICALS - H'S.....	74
BULK CHEMICALS - P'S	74
LIQUIDS	74
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL.....	74
COMBINATION CONTRACEPTIVES - ORAL.....	74
COMBINATION CONTRACEPTIVES - TRANSDERMAL	78
COMBINATION CONTRACEPTIVES - VAGINAL.....	78
EMERGENCY CONTRACEPTIVES.....	78
PROGESTIN CONTRACEPTIVES - INJECTABLE.....	80
PROGESTIN CONTRACEPTIVES - IUD	80
PROGESTIN CONTRACEPTIVES - ORAL.....	80
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE.	80
GLUCOCORTICOSTEROIDS	80
MINERALOCORTICIDS	81
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS.....	81
ANTITUSSIVES	81
COUGH/COLD/ALLERGY COMBINATIONS	81

EXPECTORANTS	82
MISC. RESPIRATORY INHALANTS	82
MUCOLYTICS	82
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS	82
ACNE PRODUCTS	82
ANTI-INFLAMMATORY AGENTS - TOPICAL	84
ANTIBIOTICS - TOPICAL	84
ANTIFUNGALS - TOPICAL	84
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	85
ANTIPSORIATICS	85
ANTIVIRALS - TOPICAL	86
BURN PRODUCTS	86
CORTICOSTEROIDS - TOPICAL.....	86
ENZYMES - TOPICAL.....	87
IMMUNOMODULATING AGENTS - TOPICAL.....	87
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	87
KERATOLYTIC/ANTIMITOTIC AGENTS	88
LOCAL ANESTHETICS - TOPICAL	88
MISC. TOPICAL	88
ROSACEA AGENTS	88
SCABICIDES & PEDICULICIDES.....	88
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS	89
DIAGNOSTIC DRUGS	89
DIAGNOSTIC TESTS	89
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	90
DIGESTIVE ENZYMES	90
DIURETICS - DRUGS TO TREAT HEART CONDITIONS.....	91
CARBONIC ANHYDRASE INHIBITORS	91
DIURETIC COMBINATIONS	91
LOOP DIURETICS	91
POTASSIUM SPARING DIURETICS	91
THIAZIDES AND THIAZIDE-LIKE DIURETICS.....	91
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES	92
BONE DENSITY REGULATORS	92
FERTILITY REGULATORS	92
GROWTH HORMONES	92
HORMONE RECEPTOR MODULATORS	92
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)	92
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS.....	92
METABOLIC MODIFIERS	92
POSTERIOR PITUITARY HORMONES.....	92
PROLACTIN INHIBITORS	93
SOMATOSTATIC AGENTS.....	93
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	93
ESTROGEN COMBINATIONS.....	93

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	93
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	93
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	93
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	93
ANTIFLATULENTS.....	93
GALLSTONE SOLUBILIZING AGENTS.....	94
GASTROINTESTINAL STIMULANTS.....	94
INFLAMMATORY BOWEL AGENTS.....	94
INTESTINAL ACIDIFIERS.....	94
PHOSPHATE BINDER AGENTS	94
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....	94
ALKALINIZERS.....	94
GENITOURINARY IRRIGANTS.....	94
PROSTATIC HYPERTROPHY AGENTS.....	95
URINARY ANALGESICS.....	95
GOUT AGENTS - DRUGS TO TREAT GOUT	95
GOUT AGENT COMBINATIONS	95
GOUT AGENTS - DRUGS TO TREAT GOUT	95
URICOSURICS	95
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS.....	95
ANTIHEMOPHILIC PRODUCTS	95
HEMATORHEOLOGIC AGENTS	96
PLATELET AGGREGATION INHIBITORS.....	96
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS....	96
COBALAMINS.....	96
FOLIC ACID/FOLATES	96
HEMATOPOIETIC GROWTH FACTORS	96
HEMATOPOIETIC MIXTURES	97
IRON.....	97
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS	98
ANTIHISTAMINE HYPNOTICS	98
BARBITURATE HYPNOTICS	98
NON-BARBITURATE HYPNOTICS.....	98
LAXATIVES - DRUGS TO TREAT CONSTIPATION	98
BULK LAXATIVES	98
LAXATIVE COMBINATIONS	99
LAXATIVES - MISCELLANEOUS.....	99
LUBRICANT LAXATIVES.....	99
SALINE LAXATIVES	99
STIMULANT LAXATIVES.....	99
SURFACTANT LAXATIVES	99
MACROLIDES - DRUGS TO TREAT INFECTIONS.....	100
AZITHROMYCIN.....	100

CLARITHROMYCIN	100
ERYTHROMYCINS	100
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING	100
BANDAGES-DRESSINGS-TAPE.....	100
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	111
DIABETIC SUPPLIES	113
GI-GU OSTOMY & IRRIGATION SUPPLIES	114
MISC. DEVICES.....	115
PARENTERAL THERAPY SUPPLIES	123
RESPIRATORY THERAPY SUPPLIES.....	124
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES	126
SEROTONIN AGONISTS.....	126
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION.....	126
CALCIUM.....	126
ELECTROLYTE MIXTURES.....	127
FLUORIDE	127
MAGNESIUM.....	127
PHOSPHATE.....	127
POTASSIUM.....	127
SODIUM.....	128
ZINC	128
MISCELLANEOUS THERAPEUTIC CLASSES	128
CHELATING AGENTS.....	128
IMMUNOMODULATORS.....	128
IMMUNOSUPPRESSIVE AGENTS.....	128
IRRIGATION SOLUTIONS.....	129
PATIENT ASSESSMENT SERVICES.....	129
POTASSIUM REMOVING AGENTS	129
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT.....	129
ANESTHETICS TOPICAL ORAL	129
ANTI-INFECTIVES - THROAT	129
ANTISEPTICS - MOUTH/THROAT	129
DENTAL PRODUCTS	129
STEROIDS - MOUTH/THROAT/DENTAL.....	130
THROAT PRODUCTS - MISC.	130
MULTIVITAMINS - DRUGS FOR NUTRITION.....	130
B-COMPLEX W/ FOLIC ACID	130
MULTIPLE VITAMINS W/ IRON.....	130
MULTIPLE VITAMINS W/ MINERALS	130
MULTIVITAMINS - DRUGS FOR NUTRITION	130
PED MULTI VITAMINS W/FL & FE	130
PED MV W/ FLUORIDE.....	131
PED MV W/ IRON.....	131
PEDIATRIC MULTIPLE VITAMINS.....	131
PEDIATRIC VITAMINS	131

PRENATAL VITAMINS	131
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS.....	132
CENTRAL MUSCLE RELAXANTS	132
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	132
NASAL AGENTS - MISC.	132
NASAL ANTIALLERGY	132
NASAL ANTICHOLINERGICS	132
NASAL STEROIDS.....	132
SYMPATHOMIMETIC DECONGESTANTS	133
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS	133
ARTIFICIAL TEARS AND LUBRICANTS.....	133
BETA-BLOCKERS - OPTHALMIC	133
CYCLOPLEGIC MYDRIATICS	133
MIOTICS	134
OPHTHALMIC ADRENERGIC AGENTS	134
OPHTHALMIC ANTI-INFECTIVES	134
OPHTHALMIC LOCAL ANESTHETICS	134
OPHTHALMIC STEROIDS.....	134
OPHTHALMICS - MISC.....	135
PROSTAGLANDINS - OPTHALMIC.....	135
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR	136
OTIC AGENTS - MISCELLANEOUS	136
OTIC ANTI-INFECTIVES.....	136
OTIC COMBINATIONS	136
OTIC STEROIDS	136
OXYTOCICS - DRUGS FOR PREGNANCY.....	136
OXYTOCICS - DRUGS FOR PREGNANCY	136
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS	136
IMMUNE SERUMS	136
MONOCLONAL ANTIBODIES	136
PENICILLINS - DRUGS TO TREAT INFECTIONS.....	136
AMINOPENICILLINS	136
NATURAL PENICILLINS.....	137
PENICILLIN COMBINATIONS	137
PENICILLINASE-RESISTANT PENICILLINS	137
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING	137
ANTIMICROBIAL AGENTS	137
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	137
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES.....	137
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	138
AGENTS FOR CHEMICAL DEPENDENCY	138
ANTI-CATAPLECTIC AGENTS	138
ANTIDEMENTIA AGENTS.....	138

MOVEMENT DISORDER DRUG THERAPY	139
MULTIPLE SCLEROSIS AGENTS	139
SMOKING DETERRENTS	139
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS	140
ALPHA-PROTEINASE INHIBITOR (HUMAN)	140
CYSTIC FIBROSIS AGENTS	140
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	140
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	140
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	141
ANTITHYROID AGENTS.....	141
THYROID HORMONES	141
TOXOIDS - DRUGS TO PREVENT INFECTIONS.....	142
TOXOID COMBINATIONS	142
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID	142
ANTISPASMODICS	142
H-2 ANTAGONISTS	143
MISC. ANTI-ULCER	143
PROTON PUMP INHIBITORS	144
ULCER DRUGS - PROSTAGLANDINS	144
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	144
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) ...	144
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS.....	145
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS.....	145
VACCINES - DRUGS TO PREVENT INFECTIONS	145
BACTERIAL VACCINES	145
VIRAL VACCINES.....	145
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS.....	146
VAGINAL ANTI-INFECTIVES	146
VAGINAL ESTROGENS.....	146
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	146
ANAPHYLAXIS THERAPY AGENTS	146
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	147
VITAMINS - DRUGS FOR NUTRITION.....	147
OIL SOLUBLE VITAMINS	147
WATER SOLUBLE VITAMINS.....	147
Index	148

Molina Healthcare of New York Preferred Drug List (Formulary)

(04/01/2023)

INTRODUCTION

We are pleased to provide the 2023 *Molina Healthcare of New York Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. All the information in the document is provided as a reference for drug therapy selection.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, general principles are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., *atorvastatin*).
- The second column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In this document, *lowercase italicized* type indicates generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.

- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log in to www.molinahealthcare.com to check coverage.

CLASSES OF CONSIDERATION

OPIOID ANALGESICS

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90 mg per day. Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

NON-COVERED MEDICATIONS

Please note that certain medications are not covered. This includes, but is not limited to:

- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as “DESI 5 and 6” drugs)

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (844) 823-5479. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from Molina Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

Class of Medication/Diagnosis

Cholesterol Lowering

Diabetes

Non-Formulary/Non-Preferred Medication

Requested Clinical Information

Lipid Panel, Cardiovascular risk factors

A1c Report

Medication Log and/or Progress Notes documenting previous use of Formulary medications

LEGEND

AGE	Age Limit
MED	Max 90 mg Morphine Equivalent Dose per day
GNDR	Gender Edit
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability

UPPERCASE Indicates brand availability

REQUESTING FORMULARY CHANGES

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to Molina's Pharmacy Department with your contact information.

Fax: (866) 879-4742

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2023. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

Key			
AGE= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA= Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
4/1/2023	Cosentyx Sensoready (300 MG) SOAJ 150MG/ML	Add QL	2 mL every 24 days
4/1/2023	Cosentyx Sensoready Pen SOAJ 150MG/ML	Add QL	1 mL every 24 days
4/1/2023	Cosentyx SOSY 150MG/ML	Add QL	1 mL every 24 days
4/1/2023	Cosentyx (300 MG Dose) SOSY 150MG/ML	Add QL	2 mL every 24 days
4/1/2023	Cosentyx SOSY 75MG/0.5ML	Add QL	0.5 mL every 24 days
4/1/2023	dilTIAZem HCl TABS 30MG	Update QL	4 per day

Drug Name **Requirements/Limits**
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS
TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	QL (5 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	QL (3 tabs every 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	QL (2 tabs every 1 day); AGE (Min 3, Max 18)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	QL (4 caps every 1 day); AGE (Min 6, Max 18)
<i>dextroamphetamine sulfate cap er 24hr 10 mg (generic of DEXEDRINE)</i>	QL (4 caps every 1 day); AGE (Min 6, Max 18)
<i>dextroamphetamine sulfate cap er 24hr 15 mg (generic of DEXEDRINE)</i>	QL (2 caps every 1 day); AGE (Min 6, Max 18)
<i>dextroamphetamine sulfate tab 5 mg</i>	QL (6 tabs every 1 day); AGE (Min 3, Max 18)
<i>dextroamphetamine sulfate tab 10 mg</i>	QL (6 tabs every 1 day); AGE (Min 3, Max 18)
<i>zenzedi tab 5mg</i>	QL (6 tabs every 1 day); AGE (Min 3, Max 18)
<i>zenzedi tab 10mg</i>	QL (6 tabs every 1 day); AGE (Min 3, Max 18)

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	QL (40 vials in lifetime); AGE (Max 1)
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Drug Name	Requirements/Limits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	
<i>atomoxetine hcl cap 10 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 18 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 25 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 40 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 60 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 80 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>atomoxetine hcl cap 100 mg (base equiv)</i> (generic of STRATTERA)	QL (1 cap every 1 day); AGE (Min 6, Max 18)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (generic of INTUNIV)	QL (1 tab every 1 day)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (generic of INTUNIV)	QL (1 tab every 1 day)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (generic of INTUNIV)	QL (1 tab every 1 day)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (generic of INTUNIV)	QL (1 tab every 1 day)
STIMULANTS - MISC.	
<i>armodafinil tab 50 mg</i> (generic of NUVIGIL)	QL (1 tab every 1 day); AGE (Min 17)
<i>armodafinil tab 150 mg</i> (generic of NUVIGIL)	QL (1 tab every 1 day); AGE (Min 17)
<i>armodafinil tab 200 mg</i> (generic of NUVIGIL)	QL (1 tab every 1 day); AGE (Min 17)
<i>armodafinil tab 250 mg</i> (generic of NUVIGIL)	QL (1 tab every 1 day); AGE (Min 17)
<i>dexmethylphenidate hcl tab 2.5 mg</i> (generic of FOCALIN)	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl tab 5 mg</i> (generic of FOCALIN)	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl tab 10 mg</i> (generic of FOCALIN)	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 20 mg (cd)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD

Drug Name	Requirements/Limits
<i>methylphenidate hcl cap er 30 mg (cd)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 40 mg (cd)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 50 mg (cd)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl cap er 60 mg (cd)</i>	QL (1 cap every 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl soln 5 mg/5ml (generic of METHYLIN)</i>	QL (15 mL every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl soln 10 mg/5ml (generic of METHYLIN)</i>	QL (30 mL every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab 5 mg (generic of RITALIN)</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab 10 mg (generic of RITALIN)</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab 20 mg (generic of RITALIN)</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 10 mg</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 20 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	QL (2 tabs every 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	QL (1 tab every 1 day); AGE (Min 6, Max 18)
<i>modafinil tab 100 mg (generic of PROVIGIL)</i>	QL (1 tab every 1 day); AGE (Min 17)
<i>modafinil tab 200 mg (generic of PROVIGIL)</i>	QL (1 tab every 1 day); AGE (Min 17)

Drug Name	Requirements/Limits
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	
<i>neomycin sulfate tab 500 mg</i>	
<i>paromomycin sulfate cap 250 mg (generic of HUMATIN)</i>	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS	
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	
HUMIRA INJ 10/0.1ML	SP, PA, QL (2 injections every 24 days)
HUMIRA INJ 20/0.2ML	SP, PA, QL (2 injections every 24 days)
HUMIRA INJ 40/0.4ML	SP, PA, QL (2 injections every 24 days)
HUMIRA KIT 40MG/0.8	SP, PA, QL (2 injections every 24 days)
HUMIRA PEDIA INJ CROHNS	SP, PA, QL (2 injections every 24 days)
HUMIRA PEN INJ 40/0.4ML	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ 40MG/0.8	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ 80/0.8ML	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ CD/UC/HS	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ PS/UV	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN KIT CD/UC/HS	SP, PA, QL (3 pens every 180 days)
HUMIRA PEN KIT PED UC	SP, PA, QL (4 pens every 180 days)
HUMIRA PEN KIT PS/UV	SP, PA, QL (3 pens every 180 days)
ANTIRHEUMATIC - ENZYME INHIBITORS	
XELJANZ SOL 1MG/ML	SP, PA
XELJANZ TAB 5MG	SP, PA
XELJANZ TAB 10MG	SP, PA
XELJANZ XR TAB 11MG	SP, PA
XELJANZ XR TAB 22MG	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS	
KEVZARA INJ 150/1.14	SP, PA
KEVZARA INJ 200/1.14	SP, PA

Drug Name	Requirements/Limits
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
<i>celecoxib cap 50 mg (generic of CELEBREX)</i>	QL (4 caps every 1 day)
<i>celecoxib cap 100 mg (generic of CELEBREX)</i>	QL (4 caps every 1 day)
<i>celecoxib cap 200 mg (generic of CELEBREX)</i>	QL (2 caps every 1 day)
<i>celecoxib cap 400 mg (generic of CELEBREX)</i>	QL (2 caps every 1 day)
<i>diclofenac potassium tab 50 mg</i>	QL (4 tabs every 1 day)
<i>diclofenac sodium tab delayed release 25 mg</i>	QL (3 tabs every 1 day)
<i>diclofenac sodium tab delayed release 50 mg</i>	QL (3 tabs every 1 day)
<i>diclofenac sodium tab delayed release 75 mg</i>	QL (2 tabs every 1 day)
<i>diclofenac sodium tab er 24hr 100 mg</i>	QL (2 tabs every 1 day)
<i>ec-naproxen tab 375mg (generic of EC-NAPROSYN)</i>	QL (3 tabs every 1 day)
<i>ec-naproxen tab 500mg (generic of EC-NAPROSYN)</i>	QL (3 tabs every 1 day)
<i>etodolac tab 400 mg (generic of LODINE)</i>	QL (3 tabs every 1 day)
<i>etodolac tab 500 mg</i>	QL (2 tabs every 1 day)
<i>flurbiprofen tab 50 mg</i>	QL (4 tabs every 1 day)
<i>flurbiprofen tab 100 mg</i>	QL (4 tabs every 1 day)
<i>ibuprofen cap 200 mg</i>	QL (4 caps every 1 day), OTC
<i>ibuprofen chew tab 100 mg</i>	QL (6 tabs every 1 day), OTC
<i>ibuprofen susp 40 mg/ml</i>	QL (160 mL every 1 day), OTC
<i>ibuprofen susp 100 mg/5ml</i>	QL (160 mL every 1 day)
<i>ibuprofen susp 100 mg/5ml</i>	QL (160 mL every 1 day), OTC
<i>ibuprofen tab 100 mg</i>	QL (4 tabs every 1 day), OTC
<i>ibuprofen tab 200 mg</i>	QL (4 tabs every 1 day), OTC
<i>ibuprofen tab 400 mg</i>	QL (4 tabs every 1 day)
<i>ibuprofen tab 600 mg</i>	QL (4 tabs every 1 day)
<i>ibuprofen tab 800 mg</i>	QL (4 tabs every 1 day)
<i>indomethacin cap 25 mg</i>	QL (4 caps every 1 day); AGE (Max 64)
<i>indomethacin cap 50 mg</i>	QL (4 caps every 1 day); AGE (Max 64)
<i>ketorolac tromethamine tab 10 mg</i>	QL (4 tabs every 1 day); AGE (Max 64)
<i>meloxicam tab 7.5 mg</i>	QL (1 tab every 1 day)
<i>meloxicam tab 15 mg</i>	QL (1 tab every 1 day)
<i>nabumetone tab 500 mg</i>	QL (4 tabs every 1 day)
<i>nabumetone tab 750 mg</i>	QL (4 tabs every 1 day)

Drug Name	Requirements/Limits
<i>naproxen sodium tab 220 mg</i>	QL (3 tabs every 1 day), OTC
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	QL (100 mL every 1 day)
<i>naproxen tab 250 mg</i>	QL (3 tabs every 1 day)
<i>naproxen tab 375 mg</i>	QL (3 tabs every 1 day)
<i>naproxen tab 500 mg (generic of NAPROSYN)</i>	QL (3 tabs every 1 day)
<i>naproxen tab ec 375 mg (generic of EC-NAPROSYN)</i>	QL (3 tabs every 1 day)
<i>naproxen tab ec 500 mg (generic of EC-NAPROSYN)</i>	QL (3 tabs every 1 day)
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	PA, QL (3 tabs every 1 day)
<i>piroxicam cap 10 mg (generic of FELDENE)</i>	PA, QL (4 caps every 1 day)
<i>piroxicam cap 20 mg (generic of FELDENE)</i>	PA, QL (2 caps every 1 day)
<i>sulindac tab 150 mg</i>	QL (3 tabs every 1 day)
<i>sulindac tab 200 mg</i>	QL (3 tabs every 1 day)

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TAB 10/20/30	SP, PA
OTEZLA TAB 30MG	SP, PA

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tab 10 mg (generic of ARAVA)</i>	QL (1 tab every 1 day)
<i>leflunomide tab 20 mg (generic of ARAVA)</i>	QL (1 tab every 1 day)

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML	SP, PA, QL (8 syringes every 24 days)
ENBREL INJ 25MG	SP, PA, QL (8 vials every 24 days)
ENBREL INJ 50MG/ML	SP, PA, QL (4 syringes every 24 days)
ENBREL MINI INJ 50MG/ML	SP, PA, QL (4 injections every 24 days)
ENBREL SRCLK INJ 50MG/ML	SP, PA, QL (4 pens every 24 days)

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>bac tab (generic of ESGIC)</i>	QL (6 tabs every 1 day); AGE (Max 64)
<i>butalbital-acetaminophen tab 50-325 mg</i>	QL (10 tabs every 1 day); AGE (Max 64)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)</i>	QL (6 tabs every 1 day); AGE (Max 64)

ANALGESICS OTHER

<i>acetaminophen chew tab 80 mg</i>	QL (6 tabs every 1 day), OTC
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Drug Name	Requirements/Limits
<i>acetaminophen chew tab 160 mg</i>	QL (6 tabs every 1 day), OTC
<i>acetaminophen disintegrating tab 160 mg</i>	QL (25 tabs every 1 day), OTC
<i>acetaminophen liquid 160 mg/5ml</i>	OTC
<i>acetaminophen liquid 167 mg/5ml</i>	OTC
<i>acetaminophen soln 160 mg/5ml</i>	OTC
<i>acetaminophen suppos 120 mg</i>	QL (34 supp every 1 day), OTC
<i>acetaminophen suppos 650 mg</i>	QL (6 supp every 1 day), OTC
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>acetaminophen tab 325 mg</i>	QL (12 tabs every 1 day), OTC
<i>acetaminophen tab 500 mg</i>	QL (8 tabs every 1 day), OTC
<i>acetaminophen tab er 650 mg</i>	QL (6 tabs every 1 day), OTC
FEVERALL INF SUP 80MG	QL (50 supp every 1 day), OTC
<i>sm pain relief tab 500 mg</i>	QL (8 tabs every 1 day), OTC

SALICYLATES

<i>aspirin chew tab 81 mg</i>	QL (1 tab every 1 day), OTC
<i>aspirin tab 325 mg</i>	QL (12 tabs every 1 day), OTC
<i>aspirin tab delayed release 81 mg</i>	QL (1 tab every 1 day), OTC
<i>aspirin tab delayed release 325 mg</i>	QL (12 tabs every 1 day), OTC
<i>salsalate tab 500 mg</i>	QL (4 tabs every 1 day)
<i>salsalate tab 750 mg</i>	QL (4 tabs every 1 day)

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

CODEINE SULF TAB 60MG	QL (8 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required, AGE (Min 12)
<i>codeine sulfate tab 30 mg</i>	QL (12 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required, AGE (Min 12)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	PA, QL (0.334 patches every 1 day); MED

Drug Name	Requirements/Limits
<i>fentanyl td patch 72hr 50 mcg/hr</i>	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	PA, QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	PA, QL (0.334 patches every 1 day); MED
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	QL (12 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	QL (12 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>methadone hcl tab 5 mg</i>	MED; QL (max 7 day supply for initial fill or PA required)
<i>methadone hcl tab 10 mg</i>	MED; QL (max 7 day supply for initial fill or PA required)
<i>morphine sulfate oral soln 10 mg/5ml</i>	MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	MED
<i>morphine sulfate tab 15 mg</i>	QL (3 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 30 mg</i>	QL (3 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	ST, QL (3 tabs every 1 day); MED; Requires prior use of IR opioids
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	ST, QL (3 tabs every 1 day); MED; Requires prior use of IR opioids
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	ST, QL (3 tabs every 1 day); MED; Requires prior use of IR opioids
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	ST, QL (3 tabs every 1 day); MED; Requires prior use of IR opioids
OXAYDO TAB 5MG	MED; QL (max quantity 90 per fill); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl soln 5 mg/5ml</i>	MED; QL (max quantity 240 per fill); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 5 mg</i>	MED; QL (max quantity 120 per fill); Max 7 day supply for initial fill or PA required

Drug Name	Requirements/Limits
<i>oxycodone hcl tab 10 mg</i>	MED; QL (max quantity 120 per fill); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 15 mg (generic of ROXICODONE)</i>	MED; QL (max quantity 120 per fill); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 20 mg</i>	MED; QL (max quantity 120 per fill); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 30 mg (generic of ROXICODONE)</i>	MED; QL (max quantity 120 per fill); Max 7 day supply for initial fill or PA required
<i>tramadol hcl tab 50 mg</i>	QL (8 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required, AGE (Min 12)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (3750 mL every 25 days); MED; Max 7 day supply for initial fill or PA required, AGE (Min 12)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required, AGE (Min 12)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required, AGE (Min 12)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required, AGE (Min 12)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	QL (8 caps every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	QL (8 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 7.5-325 (generic of PERCOCET)</i>	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required

Drug Name	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (3750 mL every 25 days); HYCET, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (6 tabs every 1 day); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (6 tabs every 1 day); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (6 tabs every 1 day); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET)</i>	QL (8 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET)</i>	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET)</i>	QL (6 tabs every 1 day); MED; Max 7 day supply for initial fill or PA required

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	QL (12 tabs every 1 day)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	QL (3 tabs every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i>	QL (3 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i>	QL (3 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i>	QL (3 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i>	QL (2 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (3 tabs every 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (3 tabs every 1 day)
SUBLOCADE INJ 100/0.5	SP
SUBLOCADE INJ 300/1.5	SP
SUBOXONE MIS 2-0.5MG	QL (3 films every 1 day)
SUBOXONE MIS 4-1MG	QL (3 films every 1 day)
SUBOXONE MIS 8-2MG	QL (3 films every 1 day)
SUBOXONE MIS 12-3MG	QL (2 films every 1 day)

Drug Name	Requirements/Limits
ZUBSOLV SUB 0.7-0.18	QL (3 tabs every 1 day)
ZUBSOLV SUB 1.4-0.36	QL (3 tabs every 1 day)
ZUBSOLV SUB 2.9-0.71	QL (3 tabs every 1 day)
ZUBSOLV SUB 5.7-1.4	QL (3 tabs every 1 day)
ZUBSOLV SUB 8.6-2.1	QL (2 tabs every 1 day)
ZUBSOLV SUB 11.4-2.9	QL (1 tab every 1 day)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

testosterone cypionate im inj in oil 100 mg/ml
(generic of DEPO-TESTOSTERONE)

testosterone cypionate im inj in oil 200 mg/ml
(generic of DEPO-TESTOSTERONE)

testosterone enanthate im inj in oil 200 mg/ml

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

hydrocortisone enema 100 mg/60ml (generic of CORTENEMA) QL (1680 mL every 25 days)

RECTAL COMBINATIONS

pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15% OTC

RECTAL LOCAL ANESTHETICS

qc dibucaine oin 1% OTC

RECTAL STEROIDS

hydrocortisone acetate suppos 25 mg QL (7 supp every 1 day)

hydrocortisone rectal cream 2.5% (generic of HYDROCORTISONE RECTAL CREAM 2.5%)

ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID

ANTACID COMBINATIONS

alum & mag hydroxide-simethicone chew tab 200-200-25 mg OTC

alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml OTC

alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml OTC

aluminum hydroxide-magnesium carbonate chew tab 160-105 mg OTC

aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml OTC

ANTACIDS - BICARBONATE

sodium bicarbonate tab 325 mg OTC

sodium bicarbonate tab 650 mg OTC

ANTACIDS - CALCIUM SALTS

CALCIUM CARB TAB 648MG OTC

calcium carbonate (antacid) chew tab 500 mg OTC

Drug Name	Requirements/Limits
<i>calcium carbonate (antacid) chew tab 750 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	OTC
ANTACIDS - MAGNESIUM SALTS	
<i>magnesium oxide tab 420 mg</i>	OTC
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
<i>albendazole tab 200 mg</i>	PA
<i>ivermectin tab 3 mg (generic of STROMEKTOL)</i>	QL (16 tabs every 2 days); Max 1 fill per month
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	
<i>metronidazole tab 250 mg</i>	QL (8 tabs every 1 day)
<i>metronidazole tab 500 mg</i>	QL (4 tabs every 1 day)
<i>trimethoprim tab 100 mg</i>	QL (6 tabs every 1 day)
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	QL (40 mL every 1 day)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	QL (4 tabs every 1 day)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	QL (4 tabs every 1 day)
<i>sulfatrim pd sus 200-40/5</i>	QL (40 mL every 1 day)
ANTIPROTOZOAL AGENTS	
<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	PA
GLYCOPEPTIDES	
<i>FIRVANQ SOL 25MG/ML</i>	QL (40 mL every 1 day)
<i>FIRVANQ SOL 50MG/ML</i>	QL (40 mL every 1 day)
LEPROSTATICS	
<i>dapsone tab 25 mg</i>	QL (4 tabs every 1 day)
<i>dapsone tab 100 mg</i>	QL (3 tabs every 1 day)
LINCOSAMIDES	
<i>clindamycin hcl cap 150 mg (generic of CLEOCIN)</i>	QL (8 caps every 1 day)
<i>clindamycin hcl cap 300 mg (generic of CLEOCIN)</i>	QL (6 caps every 1 day)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)</i>	AGE (Max 18)
OXAZOLIDINONES	
<i>linezolid for susp 100 mg/5ml (generic of ZYVOX)</i>	PA
<i>linezolid tab 600 mg (generic of ZYVOX)</i>	PA

Drug Name	Requirements/Limits
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS	
<i>nitrofurantoin macrocrystalline cap 50 mg (generic of MACRODANTIN)</i>	QL (2 caps every 1 day); AGE (Max 64)
<i>nitrofurantoin macrocrystalline cap 100 mg (generic of MACRODANTIN)</i>	QL (4 caps every 1 day); AGE (Max 64)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg (generic of MACROBID)</i>	QL (2 caps every 1 day); AGE (Max 64)
<i>nitrofurantoin susp 25 mg/5ml</i>	QL (40 mL every 1 day); AGE (Max 12)

ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS
ANTIANGINALS-OTHER

<i>ranolazine tab er 12hr 500 mg</i>	ST, QL (2 tabs every 1 day); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	ST, QL (2 tabs every 1 day); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate

NITRATES

<i>isosorbide dinitrate tab 5 mg (generic of ISORDIL TITRADOSE)</i>	QL (4 tabs every 1 day)
<i>isosorbide dinitrate tab 10 mg</i>	QL (4 tabs every 1 day)
<i>isosorbide dinitrate tab 20 mg</i>	QL (6 tabs every 1 day)
<i>isosorbide dinitrate tab 30 mg</i>	QL (4 tabs every 1 day)
<i>isosorbide mononitrate tab 10 mg</i>	QL (3 tabs every 1 day)
<i>isosorbide mononitrate tab 20 mg</i>	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	QL (2 tabs every 1 day)
<i>nitroglycerin sl tab 0.3 mg (generic of NITROSTAT)</i>	QL (10 tabs every 1 day)
<i>nitroglycerin sl tab 0.4 mg (generic of NITROSTAT)</i>	QL (10 tabs every 1 day)
<i>nitroglycerin sl tab 0.6 mg (generic of NITROSTAT)</i>	QL (10 tabs every 1 day)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	QL (1 patch every 1 day)

ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY
ANTIANSXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	QL (8 tabs every 1 day); AGE (Min 6)
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Drug Name	Requirements/Limits
<i>buspirone hcl tab 10 mg</i>	QL (6 tabs every 1 day); AGE (Min 6)
<i>buspirone hcl tab 15 mg</i>	QL (4 tabs every 1 day); AGE (Min 6)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	QL (60 mL every 1 day); AGE (Max 64)
<i>hydroxyzine hcl tab 10 mg</i>	QL (8 tabs every 1 day); AGE (Max 64)
<i>hydroxyzine hcl tab 25 mg</i>	QL (8 tabs every 1 day); AGE (Max 64)
<i>hydroxyzine hcl tab 50 mg</i>	QL (8 tabs every 1 day); AGE (Max 64)
<i>hydroxyzine pamoate cap 25 mg</i>	QL (8 caps every 1 day); AGE (Max 64)
<i>hydroxyzine pamoate cap 50 mg (generic of VISTARIL)</i>	QL (8 caps every 1 day); AGE (Max 64)
<i>hydroxyzine pamoate cap 100 mg</i>	QL (4 caps every 1 day); AGE (Max 64)

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg (generic of XANAX)</i>	QL (3 tabs every 1 day); AGE (Min 18)
<i>alprazolam tab 0.25 mg (generic of XANAX)</i>	QL (3 tabs every 1 day); AGE (Min 18)
<i>alprazolam tab 1 mg (generic of XANAX)</i>	QL (3 tabs every 1 day); AGE (Min 18)
<i>alprazolam tab 2 mg (generic of XANAX)</i>	QL (3 tabs every 1 day); AGE (Min 18)
<i>chlordiazepoxide hcl cap 5 mg</i>	QL (3 caps every 1 day); AGE (Min 6, Max 64)
<i>chlordiazepoxide hcl cap 10 mg</i>	QL (3 caps every 1 day); AGE (Min 6, Max 64)
<i>chlordiazepoxide hcl cap 25 mg</i>	QL (3 caps every 1 day); AGE (Min 6, Max 64)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (4 tabs every 1 day); AGE (Min 6, Max 64)
<i>clorazepate dipotassium tab 15 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>diazepam conc 5 mg/ml</i>	PA, QL (3 mL every 1 day); AGE (Max 64)
<i>diazepam oral soln 1 mg/ml</i>	QL (4 mL every 1 day); AGE (Max 64)
<i>diazepam tab 2 mg (generic of VALIUM)</i>	QL (3 tabs every 1 day); AGE (Max 64)

Drug Name	Requirements/Limits
<i>diazepam tab 5 mg (generic of VALIUM)</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>diazepam tab 10 mg (generic of VALIUM)</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>lorazepam conc 2 mg/ml</i>	QL (3 mL every 1 day); AGE (Min 12)
<i>lorazepam tab 0.5 mg (generic of ATIVAN)</i>	QL (3 tabs every 1 day); AGE (Min 12)
<i>lorazepam tab 1 mg (generic of ATIVAN)</i>	QL (3 tabs every 1 day); AGE (Min 12)
<i>lorazepam tab 2 mg (generic of ATIVAN)</i>	QL (3 tabs every 1 day); AGE (Min 12)
<i>oxazepam cap 10 mg</i>	QL (3 caps every 1 day); AGE (Min 6)
<i>oxazepam cap 15 mg</i>	QL (3 caps every 1 day); AGE (Min 6)
<i>oxazepam cap 30 mg</i>	QL (4 caps every 1 day); AGE (Min 6)

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg (generic of NORPACE)</i>	QL (8 caps every 1 day)
<i>disopyramide phosphate cap 150 mg (generic of NORPACE)</i>	QL (5 caps every 1 day); AGE (Max 64)
<i>quinidine sulfate tab 300 mg</i>	QL (8 tabs every 1 day)

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	QL (6 caps every 1 day)
<i>mexiletine hcl cap 200 mg</i>	QL (6 caps every 1 day)
<i>mexiletine hcl cap 250 mg</i>	QL (6 caps every 1 day)

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	QL (7 tabs every 1 day)
<i>flecainide acetate tab 100 mg</i>	QL (6 tabs every 1 day)
<i>flecainide acetate tab 150 mg</i>	QL (3 tabs every 1 day)
<i>propafenone hcl tab 150 mg</i>	QL (6 tabs every 1 day)
<i>propafenone hcl tab 225 mg</i>	QL (3 tabs every 1 day)
<i>propafenone hcl tab 300 mg</i>	QL (3 tabs every 1 day)

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	QL (4 tabs every 1 day)
<i>pacerone tab 200mg</i>	QL (4 tabs every 1 day)

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	QL (26 each every 1 day)
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Drug Name	Requirements/Limits
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	
FASENRA INJ 30MG/ML	SP, PA
FASENRA PEN INJ 30MG/ML	SP, PA
XOLAIR INJ 75/0.5	SP, PA, QL (5 syringes every 24 days)
XOLAIR INJ 150MG/ML	SP, PA, QL (5 syringes every 24 days)
XOLAIR SOL 150MG	SP, PA, QL (5 vials every 24 days)
BRONCHODILATORS - ANTICHOLINERGICS	
ATROVENT HFA AER 17MCG	QL (1 inhaler every 25 days)
INCRUSE ELPT INH 62.5MCG	QL (1 blister every 1 day)
<i>ipratropium bromide inhal soln 0.02%</i>	QL (10 mL every 1 day)
LEUKOTRIENE MODULATORS	
<i>montelukast sodium chew tab 4 mg (base equiv)</i> (generic of SINGULAIR)	QL (1 tab every 1 day)
<i>montelukast sodium chew tab 5 mg (base equiv)</i> (generic of SINGULAIR)	QL (1 tab every 1 day)
<i>montelukast sodium tab 10 mg (base equiv)</i> (generic of SINGULAIR)	QL (1 tab every 1 day)
STEROID INHALANTS	
ALVESCO AER 80MCG	QL (1 inhaler every 25 days)
ALVESCO AER 160MCG	QL (1 inhaler every 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i> (generic of PULMICORT)	QL (4 mL every 1 day); AGE (Max 9)
<i>budesonide inhalation susp 0.25 mg/2ml</i> (generic of PULMICORT)	QL (4 mL every 1 day); AGE (Max 9)
FLOVENT HFA AER 44MCG	QL (0.033 inhalers every 1 day); AGE (Max 11)
FLOVENT HFA AER 110MCG	QL (0.033 inhalers every 1 day); AGE (Max 11)
FLUTICAS HFA AER 44MCG	QL (0.033 inhalers every 1 day); AGE (Max 11)
FLUTICAS HFA AER 110MCG	QL (0.033 inhalers every 1 day); AGE (Max 11)
QVAR REDIIHA AER 80MCG	QL (0.354 gm every 1 day)
QVAR REDIIHAL AER 40MCG	QL (0.354 gm every 1 day)
SYMPATHOMIMETICS	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (Age 0-17: 17 gm/25 days; Age 18+: 8.5 gm/25 days)

Drug Name	Requirements/Limits
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (Age 0-17: 36 gm/25 days; Age 18+: 18 gm/25 days); Generic Ventolin
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROVENTIL HFA)</i>	QL (Age 0-17: 17 gm/25 days; Age 18+: 8.5 gm/25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	QL (150 each every 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	QL (300 each every 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	QL (225 each every 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	QL (150 each every 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	QL (150 mL every 1 day)
<i>albuterol sulfate tab 4 mg</i>	QL (8 tabs every 1 day)
ANORO ELLIPT AER 62.5-25	QL (2 blisters every 1 day)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	QL (1 inhaler every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	QL (1 inhaler every 25 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (0.04 inhalers every 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (0.04 inhalers every 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (0.04 inhalers every 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (2 inhalations every 1 day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (2 inhalations every 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	QL (360 mL every 25 days)
STRIVERDI AER 2.5MCG	QL (0.5 inhalers every 1 day)
<i>terbutaline sulfate tab 2.5 mg</i>	QL (8 tabs every 1 day)
<i>terbutaline sulfate tab 5 mg</i>	QL (6 tabs every 1 day)
TRELEGY AER 100MCG	QL (0.033 inhalers every 1 day)
TRELEGY AER 100MCG	QL (0.071 inhalers every 1 day)
TRELEGY AER 200MCG	QL (0.033 inhalers every 1 day)
TRELEGY AER 200MCG	QL (0.071 inhalers every 1 day)

Drug Name	Requirements/Limits
<i>wixela inhub aer 100/50</i> (generic of ADVAIR DISKUS)	QL (2 inhalations every 1 day)
<i>wixela inhub aer 250/50</i> (generic of ADVAIR DISKUS)	QL (2 inhalations every 1 day)
<i>wixela inhub aer 500/50</i> (generic of ADVAIR DISKUS)	QL (2 inhalations every 1 day)

XANTHINES

<i>theophylline elixir 80 mg/15ml</i>	
<i>theophylline soln 80 mg/15ml</i>	
<i>theophylline tab er 12hr 300 mg</i>	QL (4 tabs every 1 day)
<i>theophylline tab er 12hr 450 mg</i>	QL (2 tabs every 1 day)
<i>theophylline tab er 24hr 400 mg</i>	QL (3 tabs every 1 day)
<i>theophylline tab er 24hr 600 mg</i>	QL (3 tabs every 1 day)

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 2 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 2.5 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 3 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 4 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 5 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 6 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 7.5 mg</i>	QL (10 tabs every 1 day)
<i>warfarin sodium tab 10 mg</i>	QL (10 tabs every 1 day)

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	QL (74 tabs every year); Max quantity 74 tablets, max one fill per year
ELIQUIS TAB 2.5MG	QL (2 tabs every 1 day)
ELIQUIS TAB 5MG	QL (2 tabs every 1 day)

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj 300 mg/3ml</i> (generic of LOVENOX)	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i> (generic of LOVENOX)	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> (generic of LOVENOX)	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> (generic of LOVENOX)	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i> (generic of LOVENOX)	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i> (generic of LOVENOX)	QL (2 syringes every 1 day)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i> (generic of LOVENOX)	QL (2 syringes every 1 day)

Drug Name	Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 150 mg/ml (generic of LOVENOX)</i>	QL (2 syringes every 1 day)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (generic of ARIXTRA)</i>	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml (generic of ARIXTRA)</i>	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (generic of ARIXTRA)</i>	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml (generic of ARIXTRA)</i>	PA
FRAGMIN INJ 2500/0.2	PA
FRAGMIN INJ 5000/0.2	PA
FRAGMIN INJ 7500/0.3	PA
FRAGMIN INJ 10000/ML	PA
FRAGMIN INJ 12500UNT	PA
FRAGMIN INJ 15000UNT	PA
FRAGMIN INJ 18000UNT	PA

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam tab 10 mg (generic of ONFI)</i>	QL (2 tabs every 1 day)
<i>clobazam tab 20 mg (generic of ONFI)</i>	QL (2 tabs every 1 day)
<i>clonazepam tab 0.5 mg (generic of KLONOPIN)</i>	QL (10 tabs every 1 day)
<i>clonazepam tab 1 mg (generic of KLONOPIN)</i>	QL (10 tabs every 1 day)
<i>clonazepam tab 2 mg (generic of KLONOPIN)</i>	QL (10 tabs every 1 day)
<i>diazepam rectal gel delivery system 2.5 mg</i>	QL (2 ea every 25 days)
<i>diazepam rectal gel delivery system 10 mg</i>	QL (2 ea every 25 days)
<i>diazepam rectal gel delivery system 20 mg</i>	QL (2 ea every 25 days)
NAYZILAM SPR 5MG	QL (10 bottles every 25 days); AGE (Min 12)
VALTOCO SPR 5MG	QL (10 sprays every 25 days); AGE (Min 6)
VALTOCO SPR 10MG	QL (10 sprays every 25 days); AGE (Min 6)
VALTOCO SPR 15MG	QL (10 ea every 25 days); AGE (Min 6)
VALTOCO SPR 20MG	QL (10 ea every 25 days); AGE (Min 6)

ANTICONVULSANTS - MISC.

<i>carbamazepine cap er 12hr 100 mg (generic of CARBATROL)</i>	QL (8 caps every 1 day)
<i>carbamazepine cap er 12hr 200 mg (generic of CARBATROL)</i>	QL (8 ea every 1 day)
<i>carbamazepine cap er 12hr 300 mg (generic of CARBATROL)</i>	QL (8 caps every 1 day)
<i>carbamazepine chew tab 100 mg</i>	QL (8 tabs every 1 day)

Drug Name	Requirements/Limits
<i>carbamazepine susp 100 mg/5ml (generic of TEGRETOL)</i>	QL (60 mL every 1 day)
<i>carbamazepine tab 200 mg (generic of TEGRETOL)</i>	QL (8 tabs every 1 day)
<i>carbamazepine tab er 12hr 100 mg (generic of TEGRETOL-XR)</i>	QL (8 tabs every 1 day)
<i>carbamazepine tab er 12hr 200 mg (generic of TEGRETOL-XR)</i>	QL (8 tabs every 1 day)
<i>carbamazepine tab er 12hr 400 mg (generic of TEGRETOL-XR)</i>	QL (8 tabs every 1 day)
CARBATROL CAP 100MG	QL (8 caps every 1 day)
CARBATROL CAP 200MG	QL (8 caps every 1 day)
CARBATROL CAP 300MG	QL (8 caps every 1 day)
<i>epitol tab 200mg (generic of TEGRETOL)</i>	QL (8 tabs every 1 day)
<i>gabapentin cap 100 mg (generic of NEURONTIN)</i>	QL (10 caps every 1 day)
<i>gabapentin cap 300 mg (generic of NEURONTIN)</i>	QL (10 caps every 1 day)
<i>gabapentin cap 400 mg (generic of NEURONTIN)</i>	QL (9 caps every 1 day)
<i>gabapentin oral soln 250 mg/5ml (generic of NEURONTIN)</i>	
<i>gabapentin tab 600 mg (generic of NEURONTIN)</i>	QL (6 tabs every 1 day)
<i>gabapentin tab 800 mg (generic of NEURONTIN)</i>	QL (4 tabs every 1 day)
<i>lacosamide oral solution 10 mg/ml (generic of LACOSAMIDE)</i>	QL (20 mL every 1 day)
<i>lacosamide tab 50 mg (generic of VIMPAT)</i>	QL (2 tabs every 1 day)
<i>lacosamide tab 100 mg (generic of VIMPAT)</i>	QL (2 tabs every 1 day)
<i>lacosamide tab 150 mg (generic of VIMPAT)</i>	QL (2 tabs every 1 day)
<i>lacosamide tab 200 mg (generic of VIMPAT)</i>	QL (2 tabs every 1 day)
<i>lamotrigine tab 25 mg (generic of LAMICTAL)</i>	QL (10 tabs every 1 day)
<i>lamotrigine tab 100 mg (generic of LAMICTAL)</i>	QL (8 tabs every 1 day)
<i>lamotrigine tab 150 mg (generic of LAMICTAL)</i>	QL (4 tabs every 1 day)
<i>lamotrigine tab 200 mg (generic of LAMICTAL)</i>	QL (4 tabs every 1 day)
<i>lamotrigine tab chewable dispersible 5 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>	QL (8 tabs every 1 day)
<i>lamotrigine tab chewable dispersible 25 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>	QL (8 tabs every 1 day)
<i>levetiracetam oral soln 100 mg/ml (generic of KEPPRA)</i>	QL (30 mL every 1 day)
<i>levetiracetam tab 250 mg (generic of KEPPRA)</i>	QL (6 tabs every 1 day)
<i>levetiracetam tab 500 mg (generic of KEPPRA)</i>	QL (6 tabs every 1 day)
<i>levetiracetam tab 750 mg (generic of KEPPRA)</i>	QL (4 tabs every 1 day)
<i>levetiracetam tab 1000 mg (generic of KEPPRA)</i>	QL (3 tabs every 1 day)
<i>levetiracetam tab er 24hr 500 mg (generic of KEPPRA XR)</i>	QL (6 tabs every 1 day)
<i>levetiracetam tab er 24hr 750 mg (generic of KEPPRA XR)</i>	QL (4 tabs every 1 day)

Drug Name	Requirements/Limits
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> (generic of TRILEPTAL)	QL (16.667 mL every 1 day)
<i>oxcarbazepine tab 150 mg</i> (generic of TRILEPTAL)	QL (16 tabs every 1 day)
<i>oxcarbazepine tab 300 mg</i> (generic of TRILEPTAL)	QL (8 tabs every 1 day)
<i>oxcarbazepine tab 600 mg</i> (generic of TRILEPTAL)	QL (4 tabs every 1 day)
<i>pregabalin cap 25 mg</i> (generic of LYRICA)	PA, QL (3 caps every 1 day)
<i>pregabalin cap 50 mg</i> (generic of LYRICA)	PA, QL (6 caps every 1 day)
<i>pregabalin cap 75 mg</i> (generic of LYRICA)	PA, QL (8 caps every 1 day)
<i>pregabalin cap 100 mg</i> (generic of LYRICA)	PA, QL (3 caps every 1 day)
<i>pregabalin cap 150 mg</i> (generic of LYRICA)	PA, QL (3 caps every 1 day)
<i>pregabalin cap 200 mg</i> (generic of LYRICA)	PA, QL (3 caps every 1 day)
<i>pregabalin cap 225 mg</i> (generic of LYRICA)	PA, QL (2 caps every 1 day)
<i>pregabalin cap 300 mg</i> (generic of LYRICA)	PA, QL (2 caps every 1 day)
<i>primidone tab 50 mg</i> (generic of MYSOLINE)	QL (4 tabs every 1 day)
<i>primidone tab 250 mg</i> (generic of MYSOLINE)	QL (4 tabs every 1 day)
<i>roweepira tab 500mg</i> (generic of KEPPRA)	QL (6 tabs every 1 day)
<i>rufinamide susp 40 mg/ml</i> (generic of BANZEL)	QL (80 mL every 1 day)
<i>rufinamide tab 200 mg</i> (generic of BANZEL)	QL (16 tabs every 1 day)
<i>rufinamide tab 400 mg</i> (generic of BANZEL)	QL (8 tabs every 1 day)
<i>subvenite tab 25mg</i> (generic of LAMICTAL)	QL (10 tabs every 1 day)
<i>subvenite tab 100mg</i> (generic of LAMICTAL)	QL (8 tabs every 1 day)
<i>subvenite tab 150mg</i> (generic of LAMICTAL)	QL (4 tabs every 1 day)
<i>subvenite tab 200mg</i> (generic of LAMICTAL)	QL (4 tabs every 1 day)
TEGRETOL SUS 100/5ML	QL (60 mL every 1 day)
TEGRETOL TAB 200MG	QL (8 tabs every 1 day)
TEGRETOL-XR TAB 100MG	QL (8 tabs every 1 day)
TEGRETOL-XR TAB 200MG	QL (8 tabs every 1 day)
TEGRETOL-XR TAB 400MG	QL (8 tabs every 1 day)
<i>topiramate sprinkle cap 15 mg</i> (generic of TOPAMAX SPRINKLE)	QL (8 caps every 1 day)
<i>topiramate sprinkle cap 25 mg</i> (generic of TOPAMAX SPRINKLE)	QL (8 caps every 1 day)
<i>topiramate tab 25 mg</i> (generic of TOPAMAX)	QL (4 tabs every 1 day)
<i>topiramate tab 50 mg</i> (generic of TOPAMAX)	QL (2 tabs every 1 day)
<i>topiramate tab 100 mg</i> (generic of TOPAMAX)	QL (2 tabs every 1 day)
<i>topiramate tab 200 mg</i> (generic of TOPAMAX)	QL (2 tabs every 1 day)
<i>zonisamide cap 25 mg</i> (generic of ZONEGRAN)	QL (2 caps every 1 day)
<i>zonisamide cap 50 mg</i>	QL (2 caps every 1 day)
<i>zonisamide cap 100 mg</i> (generic of ZONEGRAN)	QL (6 caps every 1 day)

GABA MODULATORS

<i>tiagabine hcl tab 2 mg</i> (generic of GABITRIL)	QL (28 tabs every 1 day)
<i>tiagabine hcl tab 4 mg</i> (generic of GABITRIL)	QL (14 tabs every 1 day)
<i>tiagabine hcl tab 12 mg</i> (generic of GABITRIL)	QL (4.67 tabs every 1 day)
<i>tiagabine hcl tab 16 mg</i> (generic of GABITRIL)	QL (3.5 tabs every 1 day)

Drug Name	Requirements/Limits
<i>vigabatrin powd pack 500 mg</i> (generic of SABRIL)	QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i> (generic of SABRIL)	QL (6 tabs every 1 day)
<i>vigadrone pow 500mg</i> (generic of SABRIL)	QL (6 packets every 1 day)

HYDANTOINS

DILANTIN CAP 30MG	QL (6 caps every 1 day)
DILANTIN CAP 100MG	QL (6 caps every 1 day)
DILANTIN CHW 50MG	QL (5 tabs every 1 day)
DILANTIN-125 SUS 125/5ML	QL (20 mL every 1 day)
<i>phenytoin chew tab 50 mg</i> (generic of DILANTIN INFATABS)	QL (5 ea every 1 day)
<i>phenytoin sodium extended cap 100 mg</i> (generic of DILANTIN)	QL (6 caps every 1 day)
<i>phenytoin sodium extended cap 200 mg</i> (generic of PHENYTEK)	QL (6 caps every 1 day)
<i>phenytoin sodium extended cap 300 mg</i> (generic of PHENYTEK)	QL (6 caps every 1 day)
<i>phenytoin susp 125 mg/5ml</i> (generic of DILANTIN-125)	QL (20 mL every 1 day)

SUCCINIMIDES

<i>ethosuximide cap 250 mg</i> (generic of ZARONTIN)	QL (6 caps every 1 day)
<i>ethosuximide soln 250 mg/5ml</i> (generic of ZARONTIN)	QL (30 mL every 1 day)

VALPROIC ACID

<i>divalproex sodium cap delayed release sprinkle 125 mg</i> (generic of DEPAKOTE SPRINKLES)	QL (10 caps every 1 day)
<i>divalproex sodium tab delayed release 125 mg</i> (generic of DEPAKOTE)	QL (15 tabs every 1 day)
<i>divalproex sodium tab delayed release 250 mg</i> (generic of DEPAKOTE)	QL (10 tabs every 1 day)
<i>divalproex sodium tab delayed release 500 mg</i> (generic of DEPAKOTE)	QL (10 tabs every 1 day)
<i>divalproex sodium tab er 24 hr 250 mg</i> (generic of DEPAKOTE ER)	QL (10 tabs every 1 day)
<i>divalproex sodium tab er 24 hr 500 mg</i> (generic of DEPAKOTE ER)	QL (10 tabs every 1 day)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	QL (100 mL every 1 day)
<i>valproic acid cap 250 mg</i>	QL (20 caps every 1 day)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tab 15 mg</i> (generic of REMERON)	QL (1 tab every 1 day)
<i>mirtazapine tab 30 mg</i> (generic of REMERON)	QL (4 tabs every 1 day)
<i>mirtazapine tab 45 mg</i>	QL (1 tab every 1 day)

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	QL (4 tabs every 1 day)
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Drug Name	Requirements/Limits
<i>bupropion hcl tab 100 mg</i>	QL (4 tabs every 1 day)
<i>bupropion hcl tab er 12hr 100 mg (generic of WELLBUTRIN SR)</i>	QL (2 tabs every 1 day)
<i>bupropion hcl tab er 12hr 150 mg (generic of WELLBUTRIN SR)</i>	QL (3 tabs every 1 day)
<i>bupropion hcl tab er 12hr 200 mg (generic of WELLBUTRIN SR)</i>	QL (2 tabs every 1 day)
<i>bupropion hcl tab er 24hr 150 mg (generic of WELLBUTRIN XL)</i>	QL (1 tab every 1 day)
<i>bupropion hcl tab er 24hr 300 mg (generic of WELLBUTRIN XL)</i>	QL (1 tab every 1 day)

MONOAMINE OXIDASE INHIBITORS (MAOIS)

<i>phenelzine sulfate tab 15 mg (generic of NARDIL)</i>	QL (6 tabs every 1 day)
<i>tranylcypromine sulfate tab 10 mg (generic of PARNATE)</i>	QL (8 tabs every 1 day)

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	QL (20 mL every 1 day)
<i>citalopram hydrobromide tab 10 mg (base equiv) (generic of CELEXA)</i>	QL (1.5 tabs every 1 day)
<i>citalopram hydrobromide tab 20 mg (base equiv) (generic of CELEXA)</i>	QL (2 tabs every 1 day)
<i>citalopram hydrobromide tab 40 mg (base equiv) (generic of CELEXA)</i>	QL (2 tabs every 1 day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv) (generic of LEXAPRO)</i>	QL (1.5 tabs every 1 day)
<i>escitalopram oxalate tab 10 mg (base equiv) (generic of LEXAPRO)</i>	QL (1.5 tabs every 1 day)
<i>escitalopram oxalate tab 20 mg (base equiv) (generic of LEXAPRO)</i>	QL (1 tab every 1 day)
<i>fluoxetine hcl cap 10 mg (generic of PROZAC)</i>	QL (3 caps every 1 day)
<i>fluoxetine hcl cap 20 mg (generic of PROZAC)</i>	QL (4 caps every 1 day)
<i>fluoxetine hcl cap 40 mg (generic of PROZAC)</i>	QL (2 caps every 1 day)
<i>fluoxetine hcl solution 20 mg/5ml</i>	
<i>fluvoxamine maleate tab 25 mg</i>	QL (2 tabs every 1 day)
<i>fluvoxamine maleate tab 50 mg</i>	QL (2 tabs every 1 day)
<i>fluvoxamine maleate tab 100 mg</i>	QL (3 tabs every 1 day)
<i>paroxetine hcl tab 10 mg (generic of PAXIL)</i>	QL (2 tabs every 1 day)
<i>paroxetine hcl tab 20 mg (generic of PAXIL)</i>	QL (2 tabs every 1 day)
<i>paroxetine hcl tab 30 mg (generic of PAXIL)</i>	QL (2 tabs every 1 day)
<i>paroxetine hcl tab 40 mg (generic of PAXIL)</i>	QL (2 tabs every 1 day)
<i>sertraline hcl oral concentrate for solution 20 mg/ml (generic of ZOLOFT)</i>	
<i>sertraline hcl tab 25 mg (generic of ZOLOFT)</i>	QL (1.5 tabs every 1 day)
<i>sertraline hcl tab 50 mg (generic of ZOLOFT)</i>	QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
<i>sertraline hcl tab 100 mg (generic of ZOLOFT)</i>	QL (2 tabs every 1 day)
SEROTONIN MODULATORS	
<i>trazodone hcl tab 50 mg</i>	
<i>trazodone hcl tab 100 mg</i>	
<i>trazodone hcl tab 150 mg</i>	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (generic of CYMBALTA)</i>	QL (2 caps every 1 day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (generic of CYMBALTA)</i>	QL (2 caps every 1 day)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (generic of CYMBALTA)</i>	QL (2 caps every 1 day)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (1 cap every 1 day)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (3 caps every 1 day)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (1 cap every 1 day)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	QL (3 tabs every 1 day)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	QL (3 tabs every 1 day)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	QL (3 tabs every 1 day)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	QL (3 tabs every 1 day)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	QL (3 tabs every 1 day)
TRICYCLIC AGENTS	
<i>amitriptyline hcl tab 10 mg</i>	QL (6 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 25 mg</i>	QL (6 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 50 mg</i>	QL (4 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 75 mg</i>	QL (4 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 100 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>amitriptyline hcl tab 150 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>clomipramine hcl cap 25 mg (generic of ANAFRANIL)</i>	QL (6 caps every 1 day)
<i>clomipramine hcl cap 50 mg (generic of ANAFRANIL)</i>	QL (4 caps every 1 day)
<i>clomipramine hcl cap 75 mg (generic of ANAFRANIL)</i>	QL (4 caps every 1 day)
<i>desipramine hcl tab 10 mg (generic of NORPRAMIN)</i>	QL (6 tabs every 1 day)

Drug Name	Requirements/Limits
<i>desipramine hcl tab 25 mg (generic of NORPRAMIN)</i>	QL (4 tabs every 1 day)
<i>desipramine hcl tab 50 mg</i>	QL (6 tabs every 1 day)
<i>desipramine hcl tab 75 mg</i>	QL (4 tabs every 1 day)
<i>desipramine hcl tab 100 mg</i>	QL (3 tabs every 1 day)
<i>desipramine hcl tab 150 mg</i>	QL (2 tabs every 1 day)
<i>doxepin hcl cap 10 mg</i>	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 25 mg</i>	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 50 mg</i>	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 75 mg</i>	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 100 mg</i>	QL (3 caps every 1 day); AGE (Max 64)
<i>doxepin hcl cap 150 mg</i>	QL (2 caps every 1 day); AGE (Max 64)
<i>doxepin hcl conc 10 mg/ml</i>	QL (30 mL every 1 day); AGE (Max 64)
<i>imipramine hcl tab 10 mg</i>	QL (6 tabs every 1 day)
<i>imipramine hcl tab 25 mg</i>	QL (6 tabs every 1 day)
<i>imipramine hcl tab 50 mg</i>	QL (6 tabs every 1 day)
<i>nortriptyline hcl cap 10 mg (generic of PAMELOR)</i>	QL (6 caps every 1 day)
<i>nortriptyline hcl cap 25 mg (generic of PAMELOR)</i>	QL (6 caps every 1 day)
<i>nortriptyline hcl cap 50 mg (generic of PAMELOR)</i>	QL (4 caps every 1 day)
<i>nortriptyline hcl cap 75 mg (generic of PAMELOR)</i>	QL (2 caps every 1 day)
<i>protriptyline hcl tab 5 mg</i>	QL (8 tabs every 1 day)
<i>protriptyline hcl tab 10 mg</i>	QL (8 tabs every 1 day)

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	QL (3 tabs every 1 day)
<i>acarbose tab 50 mg</i>	QL (3 tabs every 1 day)
<i>acarbose tab 100 mg</i>	QL (4 tabs every 1 day)

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	ST, QL (2 tabs every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
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Drug Name	Requirements/Limits
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	ST, QL (2 tabs every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-15 mg</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-30 mg</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-45 mg</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (2 tabs every 1 day); Generic Glucovance
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (2 tabs every 1 day); Generic Glucovance
<i>glyburide-metformin tab 5-500 mg</i>	QL (4 tabs every 1 day); Generic Glucovance
SEGLUROMET TAB 2.5-500	ST; Requires trial of metformin
SEGLUROMET TAB 2.5-1000	ST; Requires trial of metformin

Drug Name	Requirements/Limits
SEGLUROMET TAB 7.5-500	ST; Requires trial of metformin
SEGLUROMET TAB 7.5-1000	ST; Requires trial of metformin

BIGUANIDES

<i>metformin hcl tab 500 mg</i>	QL (5 tabs every 1 day)
<i>metformin hcl tab 850 mg</i>	QL (3 tabs every 1 day)
<i>metformin hcl tab 1000 mg</i>	QL (2 tabs every 1 day)
<i>metformin hcl tab er 24hr 500 mg</i>	QL (4 tabs every 1 day)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (4 tabs every 1 day)

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	QL (2 ea every 25 days)
BAQSIMI TWO POW 3MG/DOSE	QL (2 ea every 25 days)
GLUCAGEN INJ HYPOKIT	QL (2 syringes every 25 days)
<i>glucagon (rdna) for inj kit 1 mg (generic of GLUCAGON EMERGENCY KIT)</i>	QL (2 kits every 25 days)
GLUCOSE CHEW TABS	OTC

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	ST, QL (1 tab every 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina

INCRETIN MIMETIC AGENTS

OZEMPIC INJ 2/1.5ML	ST, QL (1 pen every 25 days); Requires trial of metformin, 0.25 OR 0.5 MG/DOSE
OZEMPIC INJ 4MG/3ML	ST, QL (1 pen every 25 days); Requires trial of metformin
OZEMPIC INJ 8MG/3ML	ST, QL (1 pen every 25 days); Requires trial of metformin
RYBELSUS TAB 3MG	ST, QL (1 tab every 1 day); Requires trial of metformin

Drug Name	Requirements/Limits
RYBELSUS TAB 7MG	ST, QL (1 tab every 1 day); Requires trial of metformin
RYBELSUS TAB 14MG	ST, QL (1 tab every 1 day); Requires trial of metformin
TRULICITY INJ 0.75/0.5	ST, QL (4 pens every 25 days); Requires trial of metformin
TRULICITY INJ 1.5/0.5	ST, QL (4 pens every 25 days); Requires trial of metformin
TRULICITY INJ 3/0.5	ST, QL (4 pens every 25 days); Requires trial of metformin
TRULICITY INJ 4.5/0.5	ST, QL (4 pens every 25 days); Requires trial of metformin

INSULIN

ADMELOG INJ 100U/ML	QL (30 mL per 25 days)
ADMELOG SOLO INJ 100U/ML	QL (10 pens every 25 days)
BASAGLAR INJ 100UNIT	QL (10 pens every 25 days)
HUMULIN R INJ U-500	QL (1 vial every 25 days)
HUMULIN R U-500 KWIKPEN	QL (6 pens every 25 days)
INS ASP PROT INJ FLEXPEN	QL (25 mL every 25 days)
INSULIN ASPA INJ 70/30	QL (25 mL every 25 days)
INSULIN ASPA INJ FLEXPEN	QL (10 pens every 25 days)
INSULIN GLAR INJ 100U/ML	QL (10 pens every 25 days); (YFGN preferred)
INSULIN GLAR SOL 100U/ML	QL (3 vials every 25 days); (YFGN preferred)
INSULIN LISP INJ PROTAMIN	QL (10 pens every 25 days)
LANTUS SOLOS INJ 100/ML	QL (10 pens every 25 days)
NOVOLIN INJ 70/30	QL (30 mL every 25 days), OTC
NOVOLIN INJ 70/30 FP	QL (10 pens every 25 days), OTC
NOVOLIN N INJ 100 UNIT	QL (10 pens every 25 days), OTC
NOVOLIN N INJ U-100	QL (30 mL every 25 days), OTC
NOVOLIN R INJ U-100	QL (3 vials every 25 days), OTC
NOVOLOG INJ FLEX REL	QL (10 pens every 25 days)

INSULIN SENSITIZING AGENTS

pioglitazone hcl tab 15 mg (base equiv) (generic of QL (1 tab every 1 day)
ACTOS)

Drug Name	Requirements/Limits
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<i>pioglitazone hcl tab 30 mg (base equiv)</i> (generic of ACTOS)	QL (1 tab every 1 day)
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<i>pioglitazone hcl tab 45 mg (base equiv)</i> (generic of ACTOS)	QL (1 tab every 1 day)
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MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i>	QL (3 tabs every 1 day)
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<i>nateglinide tab 120 mg</i>	QL (3 tabs every 1 day)
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<i>repaglinide tab 0.5 mg</i>	QL (6 tabs every 1 day)
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<i>repaglinide tab 1 mg</i>	QL (6 tabs every 1 day)
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<i>repaglinide tab 2 mg</i>	QL (6 tabs every 1 day)
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SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

STEGLATRO TAB 5MG	ST; Requires trial of metformin
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STEGLATRO TAB 15MG	ST; Requires trial of metformin
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SULFONYLUREAS

<i>glimepiride tab 1 mg</i> (generic of AMARYL)	QL (3 tabs every 1 day)
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<i>glimepiride tab 2 mg</i> (generic of AMARYL)	QL (4 tabs every 1 day)
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<i>glimepiride tab 4 mg</i> (generic of AMARYL)	QL (3 tabs every 1 day)
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<i>glipizide tab 5 mg</i>	QL (8 tabs every 1 day)
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<i>glipizide tab 10 mg</i>	QL (4 tabs every 1 day)
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<i>glipizide tab er 24hr 2.5 mg</i> (generic of GLUCOTROL XL)	QL (2 tabs every 1 day)
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<i>glipizide tab er 24hr 5 mg</i> (generic of GLUCOTROL XL)	QL (2 tabs every 1 day)
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<i>glipizide tab er 24hr 10 mg</i> (generic of GLUCOTROL XL)	QL (2 tabs every 1 day)
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<i>glipizide xl tab 2.5mg</i> (generic of GLUCOTROL XL)	QL (2 tabs every 1 day)
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<i>glipizide xl tab 5mg</i> (generic of GLUCOTROL XL)	QL (2 tabs every 1 day)
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<i>glipizide xl tab 10mg</i> (generic of GLUCOTROL XL)	QL (2 tabs every 1 day)
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<i>glyburide micronized tab 1.5 mg</i> (generic of GLYNASE)	QL (4 tabs every 1 day)
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<i>glyburide micronized tab 3 mg</i> (generic of GLYNASE)	QL (4 tabs every 1 day)
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<i>glyburide micronized tab 6 mg</i> (generic of GLYNASE)	QL (4 tabs every 1 day)
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<i>glyburide tab 1.25 mg</i>	QL (4 tabs every 1 day)
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<i>glyburide tab 2.5 mg</i>	QL (4 tabs every 1 day)
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<i>glyburide tab 5 mg</i>	QL (4 tabs every 1 day)
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ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew tab 262 mg</i>	OTC
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<i>bismuth subsalicylate susp 262 mg/15ml</i>	OTC
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<i>bismuth subsalicylate susp 525 mg/15ml</i>	OTC
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Drug Name	Requirements/Limits
<i>bismuth subsalicylate tab 262 mg</i>	OTC

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	QL (40 mL every 1 day)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (generic of LOMOTIL)	QL (8 tabs every 1 day)
<i>loperamide hcl cap 2 mg</i>	QL (8 caps every 1 day)
<i>loperamide hcl cap 2 mg</i>	QL (8 caps every 1 day), OTC
<i>loperamide hcl tab 2 mg</i>	QL (8 tabs every 1 day), OTC
<i>loperamide sus 1mg/7.5</i>	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

OPIOID ANTAGONISTS

KLOXXADO SPR 8MG	
<i>naloxone hcl inj 0.4 mg/ml</i>	
<i>naloxone hcl inj 4 mg/10ml</i>	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i> (generic of NARCAN)	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
<i>naltrexone hcl tab 50 mg</i>	QL (2 tabs every 1 day)
NARCAN SPR 4MG	
VIVITROL INJ 380MG	QL (1 injection every 28 days)
ZIMHI SOL	

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT₃ RECEPTOR ANTAGONISTS

<i>granisetron hcl tab 1 mg</i>	ST, QL (2 tabs every 1 day); Requires trial of ondansetron
<i>ondansetron hcl oral soln 4 mg/5ml</i>	PA
<i>ondansetron hcl tab 4 mg</i>	QL (90 tabs every 25 days)
<i>ondansetron hcl tab 8 mg</i>	QL (90 tabs every 25 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	QL (90 tabs every 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	QL (90 tabs every 25 days)

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate tab 50 mg</i>	QL (6 tabs every 1 day), OTC
<i>meclizine hcl chew tab 25 mg</i>	QL (4 tabs every 1 day), OTC
<i>meclizine hcl tab 12.5 mg</i>	QL (4 tabs every 1 day)
<i>meclizine hcl tab 12.5 mg</i>	QL (4 tabs every 1 day), OTC

Drug Name	Requirements/Limits
<i>meclizine hcl tab 25 mg</i>	QL (4 tabs every 1 day)
<i>meclizine hcl tab 25 mg</i>	QL (4 tabs every 1 day), OTC
<i>scopolamine td patch 72hr 1 mg/3days</i> (generic of TRANSDERM-SCOP)	QL (0.34 patches every 1 day)

ANTIEMETICS - MISCELLANEOUS

<i>fructose-dextrose-phosphoric acid oral soln</i>	OTC
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ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

<i>griseofulvin microsize susp 125 mg/5ml</i>	QL (40 mL every 1 day)
<i>nystatin tab 500000 unit</i>	QL (8 tabs every 1 day)
<i>terbinafine hcl tab 250 mg</i>	QL (1 tab every 1 day)

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole for susp 10 mg/ml</i> (generic of DIFLUCAN)	QL (35 mL every 25 days); AGE (Max 12)
<i>fluconazole for susp 40 mg/ml</i> (generic of DIFLUCAN)	QL (35 mL every 25 days); AGE (Max 12)
<i>fluconazole tab 50 mg</i>	QL (2 tabs every 1 day)
<i>fluconazole tab 100 mg</i> (generic of DIFLUCAN)	QL (21 tabs every 25 days)
<i>fluconazole tab 150 mg</i> (generic of DIFLUCAN)	QL (2 tabs every 25 days)
<i>fluconazole tab 200 mg</i> (generic of DIFLUCAN)	QL (21 tabs every 25 days)
<i>ketoconazole tab 200 mg</i>	QL (2 tabs every 1 day)

ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHIISTAMINES - ALKYLAMINES

<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	OTC
<i>chlorpheniramine tab 4 mg</i>	QL (6 tabs every 1 day), OTC
<i>chlorpheniramine tab er 12 mg</i>	QL (2 tabs every 1 day), OTC

ANTIHIISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate soln 4 mg/5ml</i>	
<i>carbinoxamine maleate tab 4 mg</i>	
<i>clemastine fumarate tab 1.34 mg</i>	QL (2 tabs every 1 day), OTC
<i>clemastine fumarate tab 2.68 mg</i>	QL (3 tabs every 1 day)
<i>diphenhydramine hcl cap 25 mg</i>	QL (6 caps every 1 day), OTC; AGE (Max 64)
<i>diphenhydramine hcl cap 50 mg</i>	QL (6 caps every 1 day), OTC; AGE (Max 64)
<i>diphenhydramine hcl chew tab 12.5 mg</i>	QL (6 ea every 1 day), OTC; AGE (Max 12)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	QL (80 mL every 1 day); AGE (Max 12)
<i>diphenhydramine hcl inj 50 mg/ml</i>	AGE (Max 64)

Drug Name	Requirements/Limits
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	QL (80 mL every 1 day), OTC; AGE (Max 12)
<i>diphenhydramine hcl tab 25 mg</i>	QL (6 tabs every 1 day), OTC; AGE (Max 64)

ANTI-HISTAMINES - NON-SEDATING

<i>allergy relf tab 5mg</i>	QL (1 tab every 1 day), OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (10 mL every 1 day); AGE (Max 12)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>cetirizine hcl tab 5 mg</i>	QL (1 tab every 1 day), OTC
<i>cetirizine hcl tab 10 mg</i>	QL (1 tab every 1 day), OTC
<i>loratadine rapidly-disintegrating tab 10 mg</i>	QL (1 tab every 1 day), OTC; AGE (Max 12)
<i>loratadine syrup 5 mg/5ml</i>	QL (10 mL every 1 day), OTC; AGE (Max 12)
<i>loratadine tab 10 mg</i>	QL (1 tab every 1 day), OTC

ANTI-HISTAMINES - PHENOTHIAZINES

<i>promethazine hcl inj 25 mg/ml (generic of PHENERGAN)</i>	QL (100 vials every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl inj 50 mg/ml (generic of PHENERGAN)</i>	QL (50 ampules every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl suppos 12.5 mg</i>	QL (24 supp every 30 days); AGE (Min 2, Max 64)
<i>promethazine hcl suppos 25 mg</i>	QL (24 supp every 30 days); AGE (Min 2, Max 64)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	QL (100 mL every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl tab 12.5 mg</i>	QL (2 tabs every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl tab 25 mg</i>	QL (6 tabs every 1 day); AGE (Min 2, Max 64)
<i>promethazine hcl tab 50 mg</i>	QL (2 tabs every 1 day); AGE (Min 2, Max 64)

ANTI-HISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	QL (20 mL every 1 day); AGE (Max 64)
<i>cyproheptadine hcl tab 4 mg</i>	QL (6 tabs every 1 day); AGE (Max 64)

ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TAB 180MG	PA
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ANTIHYPERLIPIDEMICS - COMBINATIONS

NEXLIZET TAB 180/10MG	PA
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Drug Name	Requirements/Limits
BILE ACID SEQUESTRANTS	
<i>cholestyramine light powder 4 gm/dose</i> (generic of QUESTRAN LIGHT)	QL (8 gm every 1 day)
<i>cholestyramine powder 4 gm/dose</i> (generic of QUESTRAN)	QL (48 gm every 1 day)
<i>colestipol hcl tab 1 gm</i> (generic of COLESTID)	QL (16 tabs every 1 day)
<i>prevalite pow 4gm</i> (generic of QUESTRAN LIGHT)	QL (8 gm every 1 day)
FIBRIC ACID DERIVATIVES	
<i>fenofibrate tab 48 mg</i> (generic of TRICOR)	QL (1 tab every 1 day)
<i>fenofibrate tab 54 mg</i>	QL (1 tab every 1 day)
<i>fenofibrate tab 145 mg</i> (generic of TRICOR)	QL (1 tab every 1 day)
<i>fenofibrate tab 160 mg</i>	QL (1 tab every 1 day)
<i>gemfibrozil tab 600 mg</i> (generic of LOPID)	QL (4 tabs every 1 day)
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tab 10 mg</i> (base equivalent) (generic of LIPITOR)	QL (1 tab every 1 day)
<i>atorvastatin calcium tab 20 mg</i> (base equivalent) (generic of LIPITOR)	QL (1 tab every 1 day)
<i>atorvastatin calcium tab 40 mg</i> (base equivalent) (generic of LIPITOR)	QL (1 tab every 1 day)
<i>atorvastatin calcium tab 80 mg</i> (base equivalent) (generic of LIPITOR)	QL (1 tab every 1 day)
<i>lovastatin tab 10 mg</i>	QL (1 tab every 1 day)
<i>lovastatin tab 20 mg</i>	QL (1 tab every 1 day)
<i>lovastatin tab 40 mg</i>	QL (1 tab every 1 day)
<i>pravastatin sodium tab 10 mg</i>	QL (1 tab every 1 day)
<i>pravastatin sodium tab 20 mg</i>	QL (1 tab every 1 day)
<i>pravastatin sodium tab 40 mg</i>	QL (1 tab every 1 day)
<i>pravastatin sodium tab 80 mg</i>	QL (1 tab every 1 day)
<i>rosuvastatin calcium tab 5 mg</i> (generic of CRESTOR)	QL (1 tab every 1 day)
<i>rosuvastatin calcium tab 10 mg</i> (generic of CRESTOR)	QL (1 tab every 1 day)
<i>rosuvastatin calcium tab 20 mg</i> (generic of CRESTOR)	QL (1 tab every 1 day)
<i>rosuvastatin calcium tab 40 mg</i> (generic of CRESTOR)	QL (1 tab every 1 day)
<i>simvastatin tab 5 mg</i>	QL (1 tab every 1 day)
<i>simvastatin tab 10 mg</i> (generic of ZOCOR)	QL (1 tab every 1 day)
<i>simvastatin tab 20 mg</i> (generic of ZOCOR)	QL (1 tab every 1 day)
<i>simvastatin tab 40 mg</i> (generic of ZOCOR)	QL (1 tab every 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe tab 10 mg</i> (generic of ZETIA)	QL (1 tab every 1 day)

Drug Name	Requirements/Limits
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
REPATHA INJ 140MG/ML	PA, QL (2 syringes every 24 days)
REPATHA PUSH INJ 420/3.5	PA, QL (1 cartridge every 24 days)
REPATHA SURE INJ 140MG/ML	PA, QL (2 pens every 24 days)

**ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE
ACE INHIBITORS**

<i>benazepril hcl tab 5 mg</i>	QL (1.5 tabs every 1 day)
<i>benazepril hcl tab 10 mg (generic of LOTENSIN)</i>	QL (1.5 tabs every 1 day)
<i>benazepril hcl tab 20 mg (generic of LOTENSIN)</i>	QL (1.5 tabs every 1 day)
<i>benazepril hcl tab 40 mg (generic of LOTENSIN)</i>	QL (2 tabs every 1 day)
<i>captopril tab 12.5 mg</i>	QL (3 tabs every 1 day)
<i>captopril tab 25 mg</i>	QL (3 tabs every 1 day)
<i>captopril tab 50 mg</i>	QL (3 tabs every 1 day)
<i>captopril tab 100 mg</i>	QL (3 tabs every 1 day)
<i>enalapril maleate oral soln 1 mg/ml (generic of EPANED)</i>	AGE (Max 12)
<i>enalapril maleate tab 2.5 mg (generic of VASOTEC)</i>	QL (1 tab every 1 day)
<i>enalapril maleate tab 5 mg (generic of VASOTEC)</i>	QL (1 tab every 1 day)
<i>enalapril maleate tab 10 mg (generic of VASOTEC)</i>	QL (1 tab every 1 day)
<i>enalapril maleate tab 20 mg (generic of VASOTEC)</i>	QL (2 tabs every 1 day)
<i>fosinopril sodium tab 10 mg</i>	QL (1 tab every 1 day)
<i>fosinopril sodium tab 20 mg</i>	QL (1 tab every 1 day)
<i>fosinopril sodium tab 40 mg</i>	QL (1 tab every 1 day)
<i>lisinopril tab 2.5 mg (generic of ZESTRIL)</i>	QL (1 tab every 1 day)
<i>lisinopril tab 5 mg (generic of ZESTRIL)</i>	QL (1 tab every 1 day)
<i>lisinopril tab 10 mg (generic of ZESTRIL)</i>	QL (1 tab every 1 day)
<i>lisinopril tab 20 mg (generic of ZESTRIL)</i>	QL (1 tab every 1 day)
<i>lisinopril tab 30 mg (generic of ZESTRIL)</i>	QL (2 tabs every 1 day)
<i>lisinopril tab 40 mg (generic of ZESTRIL)</i>	QL (2 tabs every 1 day)
QBRELIS SOL 1MG/ML	AGE (Min 6, Max 12)
<i>quinapril hcl tab 5 mg (generic of ACCUPRIL)</i>	QL (1 tab every 1 day)
<i>quinapril hcl tab 10 mg (generic of ACCUPRIL)</i>	QL (1 tab every 1 day)
<i>quinapril hcl tab 20 mg (generic of ACCUPRIL)</i>	QL (1 tab every 1 day)
<i>quinapril hcl tab 40 mg (generic of ACCUPRIL)</i>	QL (2 tabs every 1 day)
<i>ramipril cap 1.25 mg (generic of ALTACE)</i>	QL (1 cap every 1 day)
<i>ramipril cap 2.5 mg (generic of ALTACE)</i>	QL (1 cap every 1 day)
<i>ramipril cap 5 mg (generic of ALTACE)</i>	QL (1 cap every 1 day)
<i>ramipril cap 10 mg (generic of ALTACE)</i>	QL (1 cap every 1 day)
<i>trandolapril tab 1 mg</i>	QL (1 tab every 1 day)
<i>trandolapril tab 2 mg</i>	QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>trandolapril tab 4 mg</i>	QL (1 tab every 1 day)
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>irbesartan tab 75 mg (generic of AVAPRO)</i>	QL (1 tab every 1 day)
<i>irbesartan tab 150 mg (generic of AVAPRO)</i>	QL (1 tab every 1 day)
<i>irbesartan tab 300 mg (generic of AVAPRO)</i>	QL (1 tab every 1 day)
<i>losartan potassium tab 25 mg (generic of COZAAR)</i>	QL (1 tab every 1 day)
<i>losartan potassium tab 50 mg (generic of COZAAR)</i>	QL (1 tab every 1 day)
<i>losartan potassium tab 100 mg (generic of COZAAR)</i>	QL (1 tab every 1 day)
<i>valsartan tab 40 mg (generic of DIOVAN)</i>	QL (2 tabs every 1 day)
<i>valsartan tab 80 mg (generic of DIOVAN)</i>	QL (2 tabs every 1 day)
<i>valsartan tab 160 mg (generic of DIOVAN)</i>	QL (2 tabs every 1 day)
<i>valsartan tab 320 mg (generic of DIOVAN)</i>	QL (2 tabs every 1 day)
ANTIADRENERGIC ANTIHYPERTENSIVES	
<i>clonidine hcl tab 0.1 mg</i>	QL (6 tabs every 1 day)
<i>clonidine hcl tab 0.2 mg</i>	QL (6 tabs every 1 day)
<i>clonidine hcl tab 0.3 mg</i>	QL (4 tabs every 1 day)
<i>doxazosin mesylate tab 1 mg (generic of CARDURA)</i>	QL (1 tab every 1 day)
<i>doxazosin mesylate tab 2 mg (generic of CARDURA)</i>	QL (1 tab every 1 day)
<i>doxazosin mesylate tab 4 mg</i>	QL (1 tab every 1 day)
<i>doxazosin mesylate tab 8 mg (generic of CARDURA)</i>	QL (2 tabs every 1 day)
<i>guanfacine hcl tab 1 mg</i>	QL (4 tabs every 1 day); Generic Tenex
<i>guanfacine hcl tab 2 mg</i>	QL (2 tabs every 1 day); Generic Tenex
<i>methyldopa tab 250 mg</i>	QL (4 tabs every 1 day); AGE (Max 64)
<i>methyldopa tab 500 mg</i>	QL (6 tabs every 1 day); AGE (Max 64)
<i>prazosin hcl cap 1 mg (generic of MINIPRESS)</i>	QL (6 caps every 1 day)
<i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i>	QL (6 caps every 1 day)
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	QL (6 caps every 1 day)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	QL (1 cap every 1 day)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	QL (2 caps every 1 day)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	QL (1 cap every 1 day)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	QL (2 caps every 1 day)
ANTIHYPERTENSIVE COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	QL (1 cap every 1 day)

Drug Name	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (generic of LOTREL)	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL)	QL (1 cap every 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL)	QL (1 cap every 1 day)
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	QL (1 tab every 1 day)
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	QL (1 tab every 1 day)
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	QL (2 tabs every 1 day)
<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	QL (1 tab every 1 day)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	QL (1 tab every 1 day)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of LOTENSIN HCT)	QL (1 tab every 1 day)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	QL (1 tab every 1 day)
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	QL (1 tab every 1 day)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (generic of ZIAC)	QL (3 tabs every 1 day)
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (generic of ZIAC)	QL (3 tabs every 1 day)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (generic of ZIAC)	QL (4 tabs every 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5</i> <i>mg</i>	QL (2 tabs every 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 10-25</i> <i>mg</i> (generic of VASERETIC)	QL (2 tabs every 1 day)
<i>fosinopril sodium & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	QL (1 tab every 1 day)
<i>fosinopril sodium & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	QL (1 tab every 1 day)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE)	QL (1 tab every 1 day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE)	QL (1 tab every 1 day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	QL (2 tabs every 1 day)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	QL (2 tabs every 1 day)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	QL (1 tab every 1 day)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	QL (1 tab every 1 day)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	QL (1 tab every 1 day)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC)	QL (1 tab every 1 day)
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> (generic of ACCURETIC)	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	QL (1 tab every 1 day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	QL (1 tab every 1 day)

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	QL (10 tabs every 1 day)
<i>hydralazine hcl tab 25 mg</i>	QL (4 tabs every 1 day)
<i>hydralazine hcl tab 50 mg</i>	QL (8 tabs every 1 day)
<i>hydralazine hcl tab 100 mg</i>	QL (3 tabs every 1 day)
<i>minoxidil tab 2.5 mg</i>	QL (5 tabs every 1 day)
<i>minoxidil tab 10 mg</i>	QL (5 tabs every 1 day)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tab 250 mg</i>	QL (10 tabs every 3 days)
<i>chloroquine phosphate tab 500 mg</i>	QL (5 tabs every 3 days)
<i>hydroxychloroquine sulfate tab 200 mg</i> (generic of PLAQUENIL)	QL (4 tabs every 1 day)
<i>mefloquine hcl tab 250 mg</i>	QL (4 tabs every 1 day)

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

<i>pyridostigmine bromide tab 60 mg</i> (generic of MESTINON)	QL (6 tabs every 1 day)
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Drug Name	Requirements/Limits
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	
<i>ethambutol hcl tab 100 mg</i>	QL (5 tabs every 1 day)
<i>ethambutol hcl tab 400 mg (generic of MYAMBUTOL)</i>	QL (5 tabs every 1 day)
<i>isoniazid syrup 50 mg/5ml</i>	QL (30 mL every 1 day)
<i>isoniazid tab 100 mg</i>	QL (6 tabs every 1 day)
<i>isoniazid tab 300 mg</i>	QL (3 tabs every 1 day)
PRIFTIN TAB 150MG	QL (1.143 tabs every 1 day)
<i>pyrazinamide tab 500 mg</i>	QL (6 tabs every 1 day)
<i>rifampin cap 150 mg</i>	QL (8 caps every 1 day)
<i>rifampin cap 300 mg</i>	QL (4 caps every 1 day)

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	SP, QL (16 caps every 1 day)
<i>cyclophosphamide cap 50 mg</i>	SP, QL (16 caps every 1 day)
LEUKERAN TAB 2MG	QL (8 tabs every 1 day)
<i>melphalan tab 2 mg</i>	
<i>temozolomide cap 5 mg</i>	SP, PA
<i>temozolomide cap 20 mg</i>	SP, PA
<i>temozolomide cap 100 mg</i>	SP, PA
<i>temozolomide cap 140 mg</i>	SP, PA
<i>temozolomide cap 180 mg</i>	SP, PA
<i>temozolomide cap 250 mg</i>	SP, PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg (generic of XELODA)</i>	SP, PA
<i>capecitabine tab 500 mg (generic of XELODA)</i>	SP, PA
<i>mercaptopurine tab 50 mg</i>	QL (4 tabs every 1 day)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	QL (5 vials every 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	QL (1 vial every 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	QL (5 vials every 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	QL (1 vial every 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	QL (0.25 vials every 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	QL (24 tabs every 1 day)

ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl tab 25 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA, QL (3 tabs every 1 day)
<i>erlotinib hcl tab 100 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA, QL (1 tab every 1 day)

Drug Name	Requirements/Limits
<i>erlotinib hcl tab 150 mg (base equivalent)</i> (generic of TARCEVA)	SP, PA, QL (1 tab every 1 day)
TAGRISSO TAB 40MG	SP, PA, QL (1 tab every 1 day)
TAGRISSO TAB 80MG	SP, PA, QL (1 tab every 1 day)

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tab 250 mg</i> (generic of ZYTIGA)	SP, PA, QL (120 tabs every 30 days)
<i>anastrozole tab 1 mg</i> (generic of ARIMIDEX)	QL (1 tab every 1 day)
<i>bicalutamide tab 50 mg</i> (generic of CASODEX)	QL (3 tabs every 1 day)
ELIGARD INJ 7.5MG	PA
ELIGARD INJ 22.5MG	PA
ELIGARD INJ 30MG	PA
ELIGARD INJ 45MG	PA
<i>letrozole tab 2.5 mg</i> (generic of FEMARA)	QL (1 tab every 1 day)
<i>leuprolide acetate inj kit 5 mg/ml</i>	PA
LYSODREN TAB 500MG	SP
<i>megestrol acetate susp 40 mg/ml</i>	QL (40 mL every 1 day)
<i>megestrol acetate tab 20 mg</i>	QL (40 tabs every 1 day)
<i>megestrol acetate tab 40 mg</i>	QL (20 tabs every 1 day)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	QL (2 tabs every 1 day)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	QL (2 tabs every 1 day)

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAP 150MG	SP, PA, QL (240 caps every 30 days)
BRUKINSA CAP 80MG	SP, PA, QL (4 caps every 1 day)
IBRANCE CAP 75MG	SP, PA, QL (21 caps every 28 days)
IBRANCE CAP 100MG	SP, PA, QL (21 caps every 28 days)
IBRANCE CAP 125MG	SP, PA, QL (21 caps every 28 days)
IBRANCE TAB 75MG	SP, PA, QL (21 tabs every 28 days)
IBRANCE TAB 100MG	SP, PA, QL (21 tabs every 28 days)
IBRANCE TAB 125MG	SP, PA, QL (21 tabs every 28 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i> (generic of GLEEVEC)	SP, PA, QL (3 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent)</i> (generic of GLEEVEC)	SP, PA, QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
IMBRUVICA CAP 140MG	SP, PA, QL (3 caps every 1 day)
IMBRUVICA TAB 420MG	SP, PA, QL (1 tab every 1 day)
IMBRUVICA TAB 560MG	SP, PA, QL (1 tab every 1 day)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i> (generic of TYKERB)	SP, PA, QL (6 tabs every 1 day)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i> (generic of NEXAVAR)	SP, PA, QL (4 tabs every 1 day)
SPRYCEL TAB 20MG	SP, PA, QL (3 tabs every 1 day)
SPRYCEL TAB 50MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 70MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 80MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 100MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 140MG	SP, PA, QL (1 tab every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (4 caps every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (2 caps every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (1 cap every 1 day)
ANTINEOPLASTICS MISC.	
<i>hydroxyurea cap 500 mg (generic of HYDREA)</i>	
MATULANE CAP 50MG	SP, PA
<i>tretinoin cap 10 mg</i>	PA
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	
<i>leucovorin calcium tab 5 mg</i>	
<i>leucovorin calcium tab 10 mg</i>	
<i>leucovorin calcium tab 15 mg</i>	
<i>leucovorin calcium tab 25 mg</i>	
MITOTIC INHIBITORS	
<i>etoposide cap 50 mg</i>	PA

Drug Name	Requirements/Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE	
ANTIPARKINSON ANTICHOLINERGICS	
<i>benztropine mesylate tab 0.5 mg</i>	QL (5 tabs every 1 day); AGE (Max 64)
<i>benztropine mesylate tab 1 mg</i>	QL (6 tabs every 1 day); AGE (Max 64)
<i>benztropine mesylate tab 2 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	PA
<i>trihexyphenidyl hcl tab 2 mg</i>	QL (12 tabs every 1 day); AGE (Max 64)
<i>trihexyphenidyl hcl tab 5 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
ANTIPARKINSON COMT INHIBITORS	
<i>entacapone tab 200 mg (generic of COMTAN)</i>	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
ANTIPARKINSON DOPAMINERGICS	
<i>amantadine hcl cap 100 mg</i>	QL (4 caps every 1 day)
<i>amantadine hcl soln 50 mg/5ml</i>	QL (40 mL every 1 day)
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	QL (6 caps every 1 day)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	QL (6 tabs every 1 day)
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	QL (8 tabs every 1 day)
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	QL (12 tabs every 1 day)
<i>carbidopa & levodopa tab 25-250 mg</i>	QL (8 tabs every 1 day)
<i>carbidopa & levodopa tab er 25-100 mg</i>	QL (4 tabs every 1 day)
<i>carbidopa & levodopa tab er 50-200 mg</i>	QL (8 tabs every 1 day)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (generic of STALEVO 50)</i>	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)</i>	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)</i>	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa

Drug Name	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	ST, QL (8 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg (generic of STALEVO 200)</i>	ST, QL (6 tabs every 1 day); Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tab 0.5 mg</i>	QL (3 tabs every 1 day)
<i>pramipexole dihydrochloride tab 0.25 mg</i>	QL (3 tabs every 1 day)
<i>pramipexole dihydrochloride tab 0.75 mg</i>	QL (6 tabs every 1 day)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	QL (3 tabs every 1 day)
<i>pramipexole dihydrochloride tab 1 mg</i>	QL (3 tabs every 1 day)
<i>pramipexole dihydrochloride tab 1.5 mg</i>	QL (3 tabs every 1 day)
<i>ropinirole hydrochloride tab 0.5 mg</i>	QL (6 tabs every 1 day)
<i>ropinirole hydrochloride tab 0.25 mg</i>	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 1 mg</i>	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 2 mg</i>	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 3 mg</i>	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 4 mg</i>	QL (12 tabs every 1 day)
<i>ropinirole hydrochloride tab 5 mg</i>	QL (12 tabs every 1 day)

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl cap 5 mg</i>	QL (2 caps every 1 day)
<i>selegiline hcl tab 5 mg</i>	QL (2 tabs every 1 day)

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	QL (12 caps every 1 day); AGE (Min 6)
<i>lithium carbonate cap 300 mg</i>	QL (6 caps every 1 day); AGE (Min 6)
<i>lithium carbonate cap 600 mg</i>	QL (3 caps every 1 day)
<i>lithium carbonate tab 300 mg</i>	QL (6 tabs every 1 day)
<i>lithium carbonate tab er 300 mg (generic of LITHOBID)</i>	QL (6 tabs every 1 day); AGE (Min 6)
<i>lithium carbonate tab er 450 mg</i>	QL (4 tabs every 1 day); AGE (Min 6)

ANTIPSYCHOTICS - MISC.

VRAYLAR CAP 1.5-3MG	
VRAYLAR CAP 1.5MG	
VRAYLAR CAP 3MG	
VRAYLAR CAP 4.5MG	
VRAYLAR CAP 6MG	
<i>ziprasidone hcl cap 20 mg (generic of GEODON)</i>	QL (2 caps every 1 day); AGE (Min 6)

Drug Name	Requirements/Limits
<i>ziprasidone hcl cap 40 mg (generic of GEODON)</i>	QL (2 caps every 1 day); AGE (Min 6)
<i>ziprasidone hcl cap 60 mg (generic of GEODON)</i>	QL (2 caps every 1 day); AGE (Min 6)
<i>ziprasidone hcl cap 80 mg (generic of GEODON)</i>	QL (2 caps every 1 day); AGE (Min 6)

BENZISOXAZOLES

INVEGA SUST INJ 39/0.25	QL (0.25 injections every 25 days); AGE (Min 18)
INVEGA SUST INJ 78/0.5ML	QL (0.5 injections every 25 days); AGE (Min 18)
INVEGA SUST INJ 117/0.75	QL (0.75 injections every 25 days); AGE (Min 18)
INVEGA SUST INJ 156MG/ML	QL (1 injection every 25 days); AGE (Min 18)
INVEGA SUST INJ 234/1.5	QL (1.5 injections every 25 days); AGE (Min 18)
INVEGA TRINZ INJ 273MG	QL (0.88 injections every 71 days); AGE (Min 18)
INVEGA TRINZ INJ 410MG	QL (1.32 injections every 71 days); AGE (Min 18)
INVEGA TRINZ INJ 546MG	QL (1.75 injections every 71 days); AGE (Min 18)
INVEGA TRINZ INJ 819MG	QL (2.65 injections every 71 days); AGE (Min 18)
<i>paliperidone tab er 24hr 1.5 mg (generic of INVEGA)</i>	PA
<i>paliperidone tab er 24hr 3 mg (generic of INVEGA)</i>	PA
<i>paliperidone tab er 24hr 6 mg (generic of INVEGA)</i>	PA
<i>paliperidone tab er 24hr 9 mg (generic of INVEGA)</i>	PA
RISPERDAL INJ 12.5MG	QL (2 vials every 25 days); AGE (Min 18)
RISPERDAL INJ 25MG	QL (2 vials every 25 days); AGE (Min 18)
RISPERDAL INJ 37.5MG	QL (2 vials every 25 days); AGE (Min 18)
RISPERDAL INJ 50MG	QL (2 vials every 25 days); AGE (Min 18)
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 1 mg</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 2 mg</i>	QL (2 tabs every 1 day); AGE (Min 5)

Drug Name	Requirements/Limits
<i>risperidone orally disintegrating tab 3 mg</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone orally disintegrating tab 4 mg</i>	QL (4 tabs every 1 day); AGE (Min 5)
<i>risperidone soln 1 mg/ml (generic of RISPERSDAL)</i>	QL (16 mL every 1 day); AGE (Min 5)
<i>risperidone tab 0.5 mg (generic of RISPERSDAL)</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 0.25 mg</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 1 mg (generic of RISPERSDAL)</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 2 mg (generic of RISPERSDAL)</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 3 mg (generic of RISPERSDAL)</i>	QL (2 tabs every 1 day); AGE (Min 5)
<i>risperidone tab 4 mg (generic of RISPERSDAL)</i>	QL (4 tabs every 1 day); AGE (Min 5)

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml (generic of HALDOL DECANOATE 50)</i>	AGE (Min 6)
<i>haloperidol decanoate im soln 100 mg/ml (generic of HALDOL DECANOATE 100)</i>	AGE (Min 6)
<i>haloperidol lactate inj 5 mg/ml</i>	AGE (Min 6)
<i>haloperidol lactate oral conc 2 mg/ml</i>	AGE (Min 6)
<i>haloperidol tab 0.5 mg</i>	QL (6 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 1 mg</i>	QL (5 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 2 mg</i>	QL (5 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 5 mg</i>	QL (5 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 10 mg</i>	QL (5 tabs every 1 day); AGE (Min 6)
<i>haloperidol tab 20 mg</i>	QL (5 tabs every 1 day); AGE (Min 6)

DIBENZAPINES

<i>asenapine maleate sl tab 5 mg (base equiv) (generic of SAPHRIS)</i>	
<i>asenapine maleate sl tab 10 mg (base equiv) (generic of SAPHRIS)</i>	
CLOZARIL TAB 25MG	AGE (Min 6)
CLOZARIL TAB 50MG	QL (2 tabs every 1 day); AGE (Min 6)
CLOZARIL TAB 100MG	AGE (Min 6)

Drug Name	Requirements/Limits
CLOZARIL TAB 200MG	AGE (Min 6)
<i>loxapine succinate cap 5 mg</i>	QL (15 caps every 1 day); AGE (Min 6)
<i>loxapine succinate cap 10 mg</i>	QL (15 caps every 1 day); AGE (Min 6)
<i>loxapine succinate cap 25 mg</i>	QL (6 caps every 1 day); AGE (Min 6)
<i>loxapine succinate cap 50 mg</i>	QL (15 caps every 1 day); AGE (Min 6)
<i>olanzapine tab 2.5 mg</i> (generic of ZYPREXA)	ST, QL (1 tab every 1 day); Requires trial of risperidone, quetiapine or clozapine; AGE (Min 6)
<i>olanzapine tab 5 mg</i> (generic of ZYPREXA)	ST, QL (1 tab every 1 day); Requires trial of risperidone, quetiapine or clozapine; AGE (Min 6)
<i>olanzapine tab 7.5 mg</i> (generic of ZYPREXA)	ST, QL (1 tab every 1 day); Requires trial of risperidone, quetiapine or clozapine; AGE (Min 6)
<i>olanzapine tab 10 mg</i> (generic of ZYPREXA)	ST, QL (1 tab every 1 day); Requires trial of risperidone, quetiapine or clozapine; AGE (Min 6)
<i>olanzapine tab 15 mg</i> (generic of ZYPREXA)	ST, QL (1 tab every 1 day); Requires trial of risperidone, quetiapine or clozapine; AGE (Min 6)
<i>olanzapine tab 20 mg</i> (generic of ZYPREXA)	ST, QL (1 tab every 1 day); Requires trial of risperidone, quetiapine or clozapine; AGE (Min 6)
<i>quetiapine fumarate tab 25 mg</i> (generic of SEROQUEL)	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 50 mg</i> (generic of SEROQUEL)	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 100 mg</i> (generic of SEROQUEL)	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 200 mg</i> (generic of SEROQUEL)	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 300 mg</i> (generic of SEROQUEL)	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab 400 mg</i> (generic of SEROQUEL)	QL (2 tabs every 1 day); AGE (Min 6)
<i>quetiapine fumarate tab er 24hr 50 mg</i> (generic of PA, QL (1 tab every 1 day) SEROQUEL XR)	

Drug Name	Requirements/Limits
<i>quetiapine fumarate tab er 24hr 150 mg (generic of SEROQUEL XR)</i>	PA, QL (1 tab every 1 day)
<i>quetiapine fumarate tab er 24hr 200 mg (generic of SEROQUEL XR)</i>	PA, QL (1 tab every 1 day)
<i>quetiapine fumarate tab er 24hr 300 mg (generic of SEROQUEL XR)</i>	PA, QL (1 tab every 1 day)
<i>quetiapine fumarate tab er 24hr 400 mg (generic of SEROQUEL XR)</i>	PA, QL (1 tab every 1 day)
ZYPREXA RELP INJ 210MG	QL (2 injections every 25 days); AGE (Min 18)
ZYPREXA RELP INJ 300MG	QL (2 injections every 25 days); AGE (Min 18)
ZYPREXA RELP INJ 405MG	QL (1 injection every 25 days); AGE (Min 18)

PHENOTHIAZINES

<i>chlorpromazine hcl tab 10 mg</i>	QL (12 tabs every 1 day); AGE (Min 6)
<i>chlorpromazine hcl tab 25 mg</i>	QL (12 tabs every 1 day); AGE (Min 6)
<i>chlorpromazine hcl tab 50 mg</i>	QL (12 tabs every 1 day); AGE (Min 6)
<i>chlorpromazine hcl tab 100 mg</i>	QL (12 tabs every 1 day); AGE (Min 6)
<i>chlorpromazine hcl tab 200 mg</i>	QL (12 tabs every 1 day); AGE (Min 6)
<i>compro sup 25mg</i>	QL (12 supp every 1 day)
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	QL (4 tabs every 1 day); AGE (Min 6)
<i>fluphenazine hcl tab 2.5 mg</i>	QL (4 tabs every 1 day); AGE (Min 6)
<i>fluphenazine hcl tab 5 mg</i>	QL (4 tabs every 1 day); AGE (Min 6)
<i>fluphenazine hcl tab 10 mg</i>	QL (4 tabs every 1 day); AGE (Min 6)
<i>perphenazine tab 2 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>perphenazine tab 4 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>perphenazine tab 8 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>perphenazine tab 16 mg</i>	QL (3 tabs every 1 day); AGE (Min 6, Max 64)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	QL (10 tabs every 1 day); AGE (Min 6)

Drug Name	Requirements/Limits
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	QL (8 tabs every 1 day); AGE (Min 6)
<i>prochlorperazine suppos 25 mg</i>	QL (12 supp every 1 day)
<i>thioridazine hcl tab 10 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>thioridazine hcl tab 25 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>thioridazine hcl tab 50 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>thioridazine hcl tab 100 mg</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	QL (6 tabs every 1 day); AGE (Min 6)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	QL (6 tabs every 1 day); AGE (Min 6)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	QL (6 tabs every 1 day); AGE (Min 6)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	QL (4 tabs every 1 day); AGE (Min 6)

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG	QL (1 injection every 25 days); AGE (Min 18)
ABILIFY MAIN INJ 300MG	QL (1 vial every 25 days); AGE (Min 18)
ABILIFY MAIN INJ 400MG	QL (1 injection every 25 days); AGE (Min 18)
ABILIFY MAIN INJ 400MG	QL (1 vial every 25 days); AGE (Min 18)
<i>aripiprazole oral solution 1 mg/ml</i>	PA; AGE (Min 6)
<i>aripiprazole orally disintegrating tab 10 mg</i>	PA, QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole orally disintegrating tab 15 mg</i>	PA, QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 2 mg (generic of ABILIFY)</i>	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 5 mg (generic of ABILIFY)</i>	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 10 mg (generic of ABILIFY)</i>	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 15 mg (generic of ABILIFY)</i>	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 20 mg (generic of ABILIFY)</i>	QL (1 tab every 1 day); AGE (Min 6)
<i>aripiprazole tab 30 mg (generic of ABILIFY)</i>	QL (1 tab every 1 day); AGE (Min 6)

Drug Name	Requirements/Limits
ARISTADA INJ 441MG/1.	QL (1 injection every 25 days); AGE (Min 18)
ARISTADA INJ 662MG/2	QL (1 injection every 25 days); AGE (Min 18)
ARISTADA INJ 882MG/3	QL (1 injection every 25 days); AGE (Min 18)
ARISTADA INJ 1064MG	QL (1 injection every 50 days); AGE (Min 18)

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	QL (6 caps every 1 day); AGE (Min 6)
<i>thiothixene cap 2 mg</i>	QL (6 caps every 1 day); AGE (Min 6)
<i>thiothixene cap 5 mg</i>	QL (6 caps every 1 day); AGE (Min 6)
<i>thiothixene cap 10 mg</i>	QL (6 caps every 1 day); AGE (Min 6)

ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

CHLORINE ANTISEPTICS

<i>betasept liq 4%</i>	OTC
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ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i> (generic of ZIAGEN)	QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i> (generic of ZIAGEN)	QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	QL (1 tab every 1 day)
APTIVUS CAP 250MG	QL (4 caps every 1 day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i> (generic of REYATAZ)	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i> (generic of REYATAZ)	QL (1 cap every 1 day)
BIKTARVY TAB 30-120-15 MG	QL (1 tab every 1 day); AGE (Max 12)
BIKTARVY TAB 50-200-25 MG	QL (1 tab every 1 day)
CIMDUO TAB 300-300	QL (1 tab every 1 day)
COMPLERA TAB	QL (1 tab every 1 day)
DELSTRIGO TAB	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	QL (1 tab every 1 day)
DOVATO TAB 50-300MG	QL (1 tab every 1 day)
EDURANT TAB 25MG	QL (1 tab every 1 day)
<i>efavirenz cap 50 mg</i> (generic of SUSTIVA)	QL (12 caps every 1 day)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>efavirenz cap 200 mg</i> (generic of SUSTIVA)	QL (3 caps every 1 day)
<i>efavirenz tab 600 mg</i> (generic of SUSTIVA)	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg</i> (generic of EMTRIVA)	QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	QL (1 tab every 1 day)
EMTRIVA SOL 10MG/ML	QL (20 mL every 1 day)
<i>etravirine tab 100 mg</i> (generic of INTELENCE)	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i> (generic of INTELENCE)	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	QL (1 tab every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i> (generic of LEXIVA)	QL (4 tabs every 1 day)
FUZEON INJ 90MG	QL (2 vials every 1 day)
GENVOYA TAB	QL (1 tab every 1 day)
INTELENCE TAB 25MG	QL (4 tabs every 1 day)
ISENTRESS CHW 25MG	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	QL (12 tabs every 1 day)
ISENTRESS HD TAB 600MG	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	QL (2 packets every 1 day)
ISENTRESS TAB 400MG	QL (2 tabs every 1 day)
JULUCA TAB 50-25MG	QL (1 tab every 1 day)
<i>lamivudine oral soln 10 mg/ml</i> (generic of EPIVIR)	QL (30 mL every 1 day)
<i>lamivudine tab 150 mg</i> (generic of EPIVIR)	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i> (generic of EPIVIR)	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	QL (2 tabs every 1 day)
LEXIVA SUS 50MG/ML	QL (56 mL every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	QL (17.5 mL every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	QL (8 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg</i> (generic of SELZENTRY)	QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
<i>maraviroc tab 300 mg</i> (generic of SELZENTRY)	QL (2 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 100 mg</i>	QL (3 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	QL (1 tab every 1 day)
NORVIR POW 100MG	Only covered for 0-4 months old
NORVIR SOL 80MG/ML	QL (15 mL every 1 day)
ODEFSEY TAB	QL (1 tab every 1 day)
PIFELTRO TAB 100MG	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	QL (1 tab every 1 day)
PREZISTA SUS 100MG/ML	QL (8 mL every 1 day)
PREZISTA TAB 75MG	QL (16 tabs every 1 day)
PREZISTA TAB 150MG	QL (8 tabs every 1 day)
PREZISTA TAB 600MG	QL (2 tabs every 1 day)
PREZISTA TAB 800MG	QL (1 tab every 1 day)
RETROVIR INJ 10MG/ML	QL (5 vials every 1 day)
REYATAZ POW 50MG	QL (6 packets every 1 day)
<i>ritonavir tab 100 mg</i> (generic of NORVIR)	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	QL (2 tabs every 1 day)
SELZENTRY SOL 20MG/ML	QL (60 mL every 1 day)
SELZENTRY TAB 25MG	QL (48 tabs every 1 day)
SELZENTRY TAB 75MG	QL (16 tabs every 1 day)
<i>stavudine cap 15 mg</i>	QL (2 caps every 1 day)
<i>stavudine cap 20 mg</i>	QL (2 caps every 1 day)
<i>stavudine cap 30 mg</i>	QL (2 caps every 1 day)
<i>stavudine cap 40 mg</i>	QL (2 caps every 1 day)
STRIBILD TAB	QL (1 tab every 1 day)
SYMTUZA TAB	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i> (generic of VIREAD)	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	QL (6 tabs every 1 day)
TIVICAY TAB 10MG	QL (2 tabs every 1 day)
TIVICAY TAB 25MG	QL (2 tabs every 1 day)
TIVICAY TAB 50MG	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	QL (6 tabs every 1 day)
TRIUMEQ TAB	QL (1 tab every 1 day)
TRIZIVIR TAB	QL (2 tabs every 1 day)
TRUVADA TAB 200-300	QL (1 tab every 1 day)
TYBOST TAB 150MG	QL (1 tab every 1 day)
VIRACEPT TAB 250MG	QL (10 tabs every 1 day)
VIRACEPT TAB 625MG	QL (4 tabs every 1 day)
VIREAD POW 40MG/GM	QL (7.5 gm every 1 day)
VIREAD TAB 150MG	QL (1 tab every 1 day)

Drug Name	Requirements/Limits
VIREAD TAB 200MG	QL (1 tab every 1 day)
VIREAD TAB 250MG	QL (1 tab every 1 day)
<i>zidovudine cap 100 mg</i> (generic of RETROVIR)	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i> (generic of RETROVIR)	QL (60 mL every 1 day)
<i>zidovudine tab 300 mg</i>	QL (2 tabs every 1 day)

CMV AGENTS

<i>valganciclovir hcl for soln 50 mg/ml</i> (base equiv) (generic of VALCYTE)	PA
<i>valganciclovir hcl tab 450 mg</i> (base equivalent) (generic of VALCYTE)	PA

HEPATITIS AGENTS

<i>adefovir dipivoxil tab 10 mg</i>	QL (1 tab every 1 day)
<i>entecavir tab 0.5 mg</i> (generic of BARACLUDE)	QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i> (generic of BARACLUDE)	QL (1 tab every 1 day)
<i>lamivudine tab 100 mg</i> (hbv) (generic of EPIVIR HBV)	QL (3 tabs every 1 day)
LEDIP-SOFOSB TAB 90-400MG	SP, QL (1 tab every 1 day); Preferred agent
PEGASYS INJ 180MCG/M	SP, PA
<i>ribavirin cap 200 mg</i>	SP, PA
<i>ribavirin tab 200 mg</i>	SP, PA
SOFOS/VELPAT TAB 400-100	SP, QL (1 tab every 1 day); Preferred agent
SOVALDI TAB 400MG	SP, PA
VEMLIDY TAB 25MG	PA
VOSEVI TAB	SP, PA, QL (1 tab every 1 day)
ZEPATIER TAB 50-100MG	SP, PA

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	QL (5 caps every 1 day)
<i>acyclovir susp 200 mg/5ml</i> (generic of ZOVIRAX)	QL (25 mL every 1 day)
<i>acyclovir tab 400 mg</i>	QL (5 tabs every 1 day)
<i>acyclovir tab 800 mg</i>	QL (5 tabs every 1 day)
<i>famciclovir tab 125 mg</i>	QL (3 tabs every 1 day)
<i>famciclovir tab 250 mg</i>	QL (3 tabs every 1 day)
<i>famciclovir tab 500 mg</i>	QL (3 tabs every 1 day)
<i>valacyclovir hcl tab 1 gm</i> (generic of VALTREX)	QL (8 tabs every 1 day)
<i>valacyclovir hcl tab 500 mg</i> (generic of VALTREX)	QL (8 tabs every 1 day)

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg</i> (base equiv) (generic of TAMIFLU)	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg</i> (base equiv) (generic of TAMIFLU)	QL (max quantity 10 per fill)

Drug Name	Requirements/Limits
<i>oseltamivir phosphate cap 75 mg (base equiv)</i> (generic of TAMIFLU)	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> (generic of TAMIFLU)	
RELENZA MIS DISKHALE	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i>	QL (2 tabs every 1 day)
TAMIFLU CAP 30MG	QL (max quantity 10 per fill)
TAMIFLU CAP 45MG	QL (max quantity 10 per fill)
TAMIFLU CAP 75MG	QL (max quantity 10 per fill)
TAMIFLU SUS 6MG/ML	QL (max quantity 180 per fill)

BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i> (generic of COREG)	QL (2 tabs every 1 day)
<i>carvedilol tab 6.25 mg</i> (generic of COREG)	QL (2 tabs every 1 day)
<i>carvedilol tab 12.5 mg</i> (generic of COREG)	QL (2 tabs every 1 day)
<i>carvedilol tab 25 mg</i> (generic of COREG)	QL (2 tabs every 1 day)
<i>labetalol hcl tab 100 mg</i>	QL (4 tabs every 1 day)
<i>labetalol hcl tab 200 mg</i>	QL (4 tabs every 1 day)
<i>labetalol hcl tab 300 mg</i>	QL (6 tabs every 1 day)

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	QL (16 caps every 1 day)
<i>acebutolol hcl cap 400 mg</i>	QL (16 caps every 1 day)
<i>atenolol tab 25 mg</i> (generic of TENORMIN)	QL (2 tabs every 1 day)
<i>atenolol tab 50 mg</i> (generic of TENORMIN)	QL (2 tabs every 1 day)
<i>atenolol tab 100 mg</i> (generic of TENORMIN)	QL (2 tabs every 1 day)
<i>bisoprolol fumarate tab 5 mg</i>	QL (2 tabs every 1 day)
<i>bisoprolol fumarate tab 10 mg</i>	QL (2 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> (generic of TOPROL XL)	QL (3 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (generic of TOPROL XL)	QL (4 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (generic of TOPROL XL)	QL (3 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (generic of TOPROL XL)	QL (2 tabs every 1 day)
<i>metoprolol tartrate tab 25 mg</i>	QL (3 tabs every 1 day)
<i>metoprolol tartrate tab 50 mg</i> (generic of LOPRESSOR)	QL (3 tabs every 1 day)
<i>metoprolol tartrate tab 100 mg</i> (generic of LOPRESSOR)	QL (3 tabs every 1 day)

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tab 20 mg</i> (generic of CORGARD)	QL (3 tabs every 1 day)
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Drug Name	Requirements/Limits
<i>nadolol tab 40 mg (generic of CORGARD)</i>	QL (3 tabs every 1 day)
<i>nadolol tab 80 mg</i>	QL (2 tabs every 1 day)
<i>propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)</i>	QL (3 caps every 1 day)
<i>propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)</i>	QL (4 caps every 1 day)
<i>propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)</i>	QL (3 caps every 1 day)
<i>propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)</i>	QL (2 caps every 1 day)
<i>propranolol hcl oral soln 20 mg/5ml</i>	QL (20 mL every 1 day)
<i>propranolol hcl oral soln 40 mg/5ml</i>	
<i>propranolol hcl tab 10 mg</i>	QL (6 tabs every 1 day)
<i>propranolol hcl tab 20 mg</i>	QL (6 tabs every 1 day)
<i>propranolol hcl tab 40 mg</i>	QL (6 tabs every 1 day)
<i>propranolol hcl tab 60 mg</i>	QL (6 tabs every 1 day)
<i>propranolol hcl tab 80 mg</i>	QL (6 tabs every 1 day)
<i>sorine tab 80mg (generic of BETAPACE)</i>	QL (2 tabs every 1 day)
<i>sorine tab 120mg (generic of BETAPACE)</i>	QL (2 tabs every 1 day)
<i>sorine tab 160mg (generic of BETAPACE)</i>	QL (2 tabs every 1 day)
<i>sorine tab 240mg</i>	QL (2 tabs every 1 day)
<i>sotalol hcl (afib/af) tab 80 mg (generic of BETAPACE AF)</i>	QL (2 tabs every 1 day)
<i>sotalol hcl (afib/af) tab 120 mg (generic of BETAPACE AF)</i>	QL (2 tabs every 1 day)
<i>sotalol hcl (afib/af) tab 160 mg (generic of BETAPACE AF)</i>	QL (2 tabs every 1 day)
<i>sotalol hcl tab 80 mg (generic of BETAPACE)</i>	QL (2 tabs every 1 day)
<i>sotalol hcl tab 120 mg (generic of BETAPACE)</i>	QL (2 tabs every 1 day)
<i>sotalol hcl tab 160 mg (generic of BETAPACE)</i>	QL (2 tabs every 1 day)
<i>sotalol hcl tab 240 mg</i>	QL (2 tabs every 1 day)

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg (base equivalent) (generic of NORVASC)</i>	QL (1 tab every 1 day)
<i>amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)</i>	QL (1 tab every 1 day)
<i>amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)</i>	QL (1 tab every 1 day)
<i>cartia xt cap 120/24hr (generic of CARDIZEM CD)</i>	QL (1 cap every 1 day)
<i>cartia xt cap 180/24hr (generic of CARDIZEM CD)</i>	QL (2 caps every 1 day)
<i>cartia xt cap 240/24hr (generic of CARDIZEM CD)</i>	QL (1 cap every 1 day)
<i>cartia xt cap 300/24hr (generic of CARDIZEM CD)</i>	QL (1 cap every 1 day)

Drug Name	Requirements/Limits
<i>dilt-xr cap 120mg</i>	QL (2 caps every 1 day)
<i>dilt-xr cap 180mg</i>	QL (2 caps every 1 day)
<i>dilt-xr cap 240mg</i>	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 120 mg</i>	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 180 mg</i>	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 240 mg</i>	QL (2 caps every 1 day)
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (generic of CARDIZEM CD)	QL (1 cap every 1 day)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (generic of CARDIZEM CD)	QL (2 caps every 1 day)
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (generic of CARDIZEM CD)	QL (1 cap every 1 day)
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (generic of CARDIZEM CD)	QL (1 cap every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr</i> <i>120 mg (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr</i> <i>180 mg (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr</i> <i>240 mg (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr</i> <i>300 mg (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr</i> <i>360 mg (generic of TIAZAC)</i>	QL (2 caps every 1 day)
<i>diltiazem hcl extended release beads cap er 24hr</i> <i>420 mg (generic of TIAZAC)</i>	QL (1 cap every 1 day)
<i>diltiazem hcl tab 30 mg (generic of CARDIZEM)</i>	QL (4 tabs every 1 day)
<i>diltiazem hcl tab 60 mg (generic of CARDIZEM)</i>	QL (4 tabs every 1 day)
<i>diltiazem hcl tab 90 mg</i>	QL (4 tabs every 1 day)
<i>diltiazem hcl tab 120 mg (generic of CARDIZEM)</i>	QL (4 tabs every 1 day)
<i>felodipine tab er 24hr 2.5 mg</i>	QL (1 tab every 1 day)
<i>felodipine tab er 24hr 5 mg</i>	QL (1 tab every 1 day)
<i>felodipine tab er 24hr 10 mg</i>	QL (2 tabs every 1 day)
KATERZIA SUS 1MG/ML	AGE (Min 6, Max 12)
<i>nifedipine cap 10 mg</i>	QL (4 caps every 1 day); AGE (Max 64)
<i>nifedipine cap 20 mg</i>	QL (4 caps every 1 day); AGE (Max 64)
<i>nifedipine tab er 24hr 30 mg</i>	QL (1 tab every 1 day)
<i>nifedipine tab er 24hr 60 mg</i>	QL (1 tab every 1 day)
<i>nifedipine tab er 24hr 90 mg</i>	QL (2 tabs every 1 day)
<i>nifedipine tab er 24hr osmotic release 30 mg</i> (generic of PROCARDIA XL)	QL (1 tab every 1 day)
<i>nifedipine tab er 24hr osmotic release 60 mg</i> (generic of PROCARDIA XL)	QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
<i>nifedipine tab er 24hr osmotic release 90 mg</i> (generic of PROCARDIA XL)	QL (2 tabs every 1 day)
NORLIQVA SOL 1MG/ML	AGE (Min 6, Max 12)
<i>taztia xt cap 120mg/24</i> (generic of TIAZAC)	QL (2 caps every 1 day)
<i>taztia xt cap 180mg/24</i> (generic of TIAZAC)	QL (2 caps every 1 day)
<i>taztia xt cap 240mg/24</i> (generic of TIAZAC)	QL (2 caps every 1 day)
<i>taztia xt cap 300mg er</i> (generic of TIAZAC)	QL (2 caps every 1 day)
<i>taztia xt cap 360mg/24</i> (generic of TIAZAC)	QL (2 caps every 1 day)
<i>tiadytl cap 120mg/24</i> (generic of TIAZAC)	QL (2 caps every 1 day)
<i>tiadytl cap 180mg/24</i> (generic of TIAZAC)	QL (2 caps every 1 day)
<i>tiadytl cap 240mg/24</i> (generic of TIAZAC)	QL (2 caps every 1 day)
<i>tiadytl cap 300mg/24</i> (generic of TIAZAC)	QL (2 caps every 1 day)
<i>tiadytl cap 360mg/24</i> (generic of TIAZAC)	QL (2 caps every 1 day)
<i>tiadytl cap 420mg/24</i> (generic of TIAZAC)	QL (1 cap every 1 day)
<i>verapamil hcl tab 40 mg</i>	QL (4 tabs every 1 day)
<i>verapamil hcl tab 80 mg</i>	QL (4 tabs every 1 day)
<i>verapamil hcl tab 120 mg</i>	QL (3 tabs every 1 day)
<i>verapamil hcl tab er 120 mg</i> (generic of CALAN SR)	QL (3 tabs every 1 day)
<i>verapamil hcl tab er 180 mg</i>	QL (2 tabs every 1 day)
<i>verapamil hcl tab er 240 mg</i> (generic of CALAN SR)	QL (3 tabs every 1 day)

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	AGE (Max 12)
<i>digoxin tab 62.5 mcg (0.0625 mg)</i> (generic of LANOXIN)	QL (8 tabs every 1 day)
<i>digoxin tab 125 mcg (0.125 mg)</i> (generic of DIGOXIN TAB 125 MCG (0.125 MG))	QL (1 tab every 1 day)
<i>digoxin tab 250 mcg (0.25 mg)</i> (generic of DIGOXIN TAB 250 MCG (0.25 MG))	QL (1 tab every 1 day)

CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

ENTRESTO TAB 24-26MG	PA
ENTRESTO TAB 49-51MG	PA
ENTRESTO TAB 97-103MG	PA

PROSTAGLANDIN VASODILATORS

REMODULIN INJ 1MG/ML	SP, PA
REMODULIN INJ 2.5MG/ML	SP, PA
REMODULIN INJ 5MG/ML	SP, PA
REMODULIN INJ 10MG/ML	SP, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	SP, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	SP, PA

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Drug Name	Requirements/Limits
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	SP, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	SP, PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg (generic of LETAIRIS)</i>	SP, PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg (generic of LETAIRIS)</i>	SP, PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg (generic of TRACLEER)</i>	SP, PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg (generic of TRACLEER)</i>	SP, PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG	SP, PA, QL (1 tab every 1 day)
TRACLEER TAB 32MG	SP, PA

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg (generic of REVATIO)</i>	SP, PA, QL (3 tabs every 1 day)
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PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI TAB 200MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 400MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	SP, PA, QL (2 tabs every 1 day)

SINUS NODE INHIBITORS

CORLANOR TAB 5MG	PA
CORLANOR TAB 7.5MG	PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil for susp 250 mg/5ml</i>	AGE (Max 12)
<i>cefadroxil for susp 500 mg/5ml</i>	AGE (Max 12)
<i>cephalexin cap 250 mg</i>	QL (6 caps every 1 day)
<i>cephalexin cap 500 mg</i>	QL (6 caps every 1 day)
<i>cephalexin for susp 125 mg/5ml</i>	AGE (Max 12)

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Drug Name	Requirements/Limits
<i>cephalexin for susp 250 mg/5ml</i>	AGE (Max 12)
CEPHALOSPORINS - 2ND GENERATION	
<i>cefprozil for susp 125 mg/5ml</i>	AGE (Max 12)
<i>cefprozil for susp 250 mg/5ml</i>	AGE (Max 12)
<i>cefuroxime axetil tab 250 mg</i>	QL (2 tabs every 1 day)
<i>cefuroxime axetil tab 500 mg</i>	QL (2 tabs every 1 day)
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir cap 300 mg</i>	QL (2 caps every 1 day)
<i>cefdinir for susp 125 mg/5ml</i>	AGE (Max 12)
<i>cefdinir for susp 250 mg/5ml</i>	AGE (Max 12)
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING	
BULK CHEMICALS - B'S	
BUDESONIDE POW	
BUDESONIDE POW MICRONIZ	
BULK CHEMICALS - E'S	
ETHYL OLEATE LIQ	OTC
BULK CHEMICALS - H'S	
HYDROXYPROG POW CAPROATE	PA; AGE (Min 16, Max 60)
BULK CHEMICALS - P'S	
PROGESTERONE POW MICRONIZ	
LIQUIDS	
BENZYL BENZO LIQ	AGE (Min 16, Max 60)
BENZYL BENZO LIQ	OTC; AGE (Min 16, Max 60)
SESAME OIL	
SESAME OIL	OTC
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
COMBINATION CONTRACEPTIVES - ORAL	
<i>afirmelle tab 0.1-0.02</i>	QL (1.34 tabs every 1 day)
<i>altavera tab</i>	QL (1.34 tabs every 1 day)
<i>alyacen tab 1/35</i>	QL (1.34 tabs every 1 day)
<i>alyacen tab 7/7/7</i>	QL (1.34 tabs every 1 day)
<i>amethia tab (generic of SEASONIQUE)</i>	QL (1.08 tabs every 1 day)
<i>apri tab</i>	QL (1.34 tabs every 1 day)
<i>ashlyna tab (generic of SEASONIQUE)</i>	QL (1.08 tabs every 1 day)
<i>abra eq tab 0.1-0.02</i>	QL (1.34 tabs every 1 day)
<i>abra tab 0.1-0.02</i>	QL (1.34 tabs every 1 day)
<i>aurovela fe tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>aurovela fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>aurovela tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>aurovela tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>aviane tab</i>	QL (1.34 tabs every 1 day)
<i>ayuna tab</i>	QL (1.34 tabs every 1 day)
<i>azurette tab (generic of MIRCETTE)</i>	QL (1.34 tabs every 1 day)

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Drug Name	Requirements/Limits
<i>balziva tab</i>	QL (1.34 tabs every 1 day)
<i>blisovi fe tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>blisovi fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>briellyn tab</i>	QL (1.34 tabs every 1 day)
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	QL (1.08 tabs every 1 day)
<i>camrese tab</i> (generic of SEASONIQUE)	QL (1.08 tabs every 1 day)
<i>chateal eq tab 0.15/30</i>	QL (1.34 tabs every 1 day)
<i>chateal tab 0.15/30</i>	QL (1.34 tabs every 1 day)
<i>cryselle-28 tab 28 tabs</i>	QL (1.34 tabs every 1 day)
<i>cyred eq tab</i>	QL (1.34 tabs every 1 day)
<i>cyred tab</i>	QL (1.34 tabs every 1 day)
<i>dasetta tab 1/35</i>	QL (1.34 tabs every 1 day)
<i>dasetta tab 7/7/7</i>	QL (1.34 tabs every 1 day)
<i>daysee tab</i> (generic of SEASONIQUE)	QL (1.08 tabs every 1 day)
<i>delyla tab 0.1-0.02</i>	QL (1.34 tabs every 1 day)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	QL (1.34 tabs every 1 day)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (1.34 tabs every 1 day)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	QL (1.34 tabs every 1 day)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	QL (1.34 tabs every 1 day)
<i>elinest tab</i>	QL (1.34 tabs every 1 day)
<i>enpresse-28 tab</i>	QL (1.34 tabs every 1 day)
<i>enskyce tab</i>	QL (1.34 tabs every 1 day)
<i>estarylla tab 0.25-35</i>	QL (1.34 tabs every 1 day)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	QL (1.34 tabs every 1 day)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	QL (1.34 tabs every 1 day)
<i>falmina tab</i>	QL (1.34 tabs every 1 day)
<i>hailey fe tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>hailey fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>hailey tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>iclevia tab</i>	QL (1.08 tabs every 1 day)
<i>introvale tab</i>	QL (1.08 tabs every 1 day)
<i>isibloom tab</i>	QL (1.34 tabs every 1 day)
<i>jaimiess tab</i> (generic of SEASONIQUE)	QL (1.08 tabs every 1 day)
<i>jasmiel tab 3-0.02mg</i> (generic of YAZ)	QL (1.34 tabs every 1 day)
<i>jolessa tab</i>	QL (1.08 tabs every 1 day)
<i>juleber tab</i>	QL (1.34 tabs every 1 day)
<i>junel 1.5/30 tab</i>	QL (1.34 tabs every 1 day)
<i>junel 1/20 tab</i>	QL (1.34 tabs every 1 day)
<i>junel fe tab 1.5/30</i>	QL (1.34 tabs every 1 day)

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Drug Name	Requirements/Limits
<i>junel fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>kalliga tab</i>	QL (1.34 tabs every 1 day)
<i>kariva tab 28 day</i> (generic of MIRCETTE)	QL (1.34 tabs every 1 day)
<i>kelnor 1/50 tab</i>	QL (1.34 tabs every 1 day)
<i>kelnor tab 1/35</i>	QL (1.34 tabs every 1 day)
<i>kurvelo tab 0.15/30</i>	QL (1.34 tabs every 1 day)
<i>larin fe tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>larin fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>larin tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>larin tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>lessina tab</i>	QL (1.34 tabs every 1 day)
<i>levonest tab</i>	QL (1.34 tabs every 1 day)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (generic of LOSEASONIQUE)	QL (1.08 tabs every 1 day)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (generic of SEASONIQUE)	QL (1.08 tabs every 1 day)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	QL (1.08 tabs every 1 day)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	QL (1.34 tabs every 1 day)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (1.34 tabs every 1 day)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	QL (1.34 tabs every 1 day)
<i>levora-28 tab 0.15/30</i>	QL (1.34 tabs every 1 day)
<i>lo-zumandimi tab 3-0.02mg</i> (generic of YAZ)	QL (1.34 tabs every 1 day)
<i>loestrin 21 tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>loestrin fe tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>loestrin fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>loestrin tab 1/20-21</i>	QL (1.34 tabs every 1 day)
<i>lojaimiess tab</i> (generic of LOSEASONIQUE)	QL (1.08 tabs every 1 day)
<i>loryna tab 3-0.02mg</i> (generic of YAZ)	QL (1.34 tabs every 1 day)
<i>low-ogestrel tab</i>	QL (1.34 tabs every 1 day)
<i>lutera tab</i>	QL (1.34 tabs every 1 day)
<i>marlissa tab 0.15/30</i>	QL (1.34 tabs every 1 day)
<i>microgestin tab 1.5/30</i>	QL (1.34 tabs every 1 day)
<i>microgestin tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>microgestin tab fe1.5/30</i>	QL (1.34 tabs every 1 day)
<i>microgestin tab fe 1/20</i>	QL (1.34 tabs every 1 day)
<i>mili tab 0.25/35</i>	QL (1.34 tabs every 1 day)
<i>mono-linyah tab 0.25-35</i>	QL (1.34 tabs every 1 day)
<i>necon tab 0.5/35</i>	QL (1.34 tabs every 1 day)
<i>nikki tab 3-0.02mg</i> (generic of YAZ)	QL (1.34 tabs every 1 day)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	QL (1.34 tabs every 1 day)

Drug Name	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	QL (1.34 tabs every 1 day)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	QL (1.34 tabs every 1 day)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	QL (1.34 tabs every 1 day)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	QL (1.34 tabs every 1 day)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	QL (1.34 tabs every 1 day)
<i>nortrel tab 0.5/35</i>	QL (1.34 tabs every 1 day)
<i>nortrel tab 1/35</i>	QL (1.34 tabs every 1 day)
<i>nortrel tab 7/7/7</i>	QL (1.34 tabs every 1 day)
<i>nylia tab 1/35</i>	QL (1.34 tabs every 1 day)
<i>nylia tab 7/7/7</i>	QL (1.34 tabs every 1 day)
<i>nymyo tab 0.25-35</i>	QL (1.34 tabs every 1 day)
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	QL (1.34 tabs every 1 day)
<i>philith tab 0.4-35</i>	QL (1.34 tabs every 1 day)
<i>pimtreea tab (generic of MIRCETTE)</i>	QL (1.34 tabs every 1 day)
<i>pirmella tab 1/35</i>	QL (1.34 tabs every 1 day)
<i>pirmella tab 7/7/7</i>	QL (1.34 tabs every 1 day)
<i>portia-28 tab</i>	QL (1.34 tabs every 1 day)
<i>reclipsen tab</i>	QL (1.34 tabs every 1 day)
<i>setlakin tab</i>	QL (1.08 tabs every 1 day)
<i>simliya tab 28 day (generic of MIRCETTE)</i>	QL (1.34 tabs every 1 day)
<i>simpesse tab (generic of SEASONIQUE)</i>	QL (1.08 tabs every 1 day)
<i>sprintec 28 tab 28 day</i>	QL (1.34 tabs every 1 day)
<i>sronyx tab</i>	QL (1.34 tabs every 1 day)
<i>syeda tab 3-0.03mg (generic of YASMIN 28)</i>	QL (1.34 tabs every 1 day)
<i>tarina fe tab 1/20</i>	QL (1.34 tabs every 1 day)
<i>tarina fe tab 1/20 eq</i>	QL (1.34 tabs every 1 day)
<i>tri-estaryll tab</i>	QL (1.34 tabs every 1 day)
<i>tri-linyah tab</i>	QL (1.34 tabs every 1 day)
<i>tri-lo tab estaryll (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs every 1 day)
<i>tri-lo- tab marzia (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs every 1 day)
<i>tri-lo- tab sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs every 1 day)
<i>tri-lo-mili tab (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs every 1 day)
<i>tri-mili tab</i>	QL (1.34 tabs every 1 day)
<i>tri-nymyo tab</i>	QL (1.34 tabs every 1 day)
<i>tri-sprintec tab</i>	QL (1.34 tabs every 1 day)
<i>tri-vylibra tab</i>	QL (1.34 tabs every 1 day)

Drug Name	Requirements/Limits
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	QL (1.34 tabs every 1 day)
<i>trivora-28 tab</i>	QL (1.34 tabs every 1 day)
<i>velivet pak</i>	QL (1.34 tabs every 1 day)
<i>vestura tab 3-0.02mg</i> (generic of YAZ)	QL (1.34 tabs every 1 day)
<i>vienva tab 0.1-20</i>	QL (1.34 tabs every 1 day)
<i>viorele tab</i> (generic of MIRCETTE)	QL (1.34 tabs every 1 day)
<i>volnea tab</i> (generic of MIRCETTE)	QL (1.34 tabs every 1 day)
<i>vyfemla tab 0.4-35</i>	QL (1.34 tabs every 1 day)
<i>vylibra tab 0.25-35</i>	QL (1.34 tabs every 1 day)
<i>wera tab 0.5/35</i>	QL (1.34 tabs every 1 day)
YAZ TAB 3-0.02MG	QL (1.34 tabs every 1 day)
<i>zovia 1/35 tab</i>	QL (1.34 tabs every 1 day)
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	QL (1.34 tabs every 1 day)

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>xulane dis 150-35</i>	QL (0.143 patches every 1 day)
<i>zafemy dis 150/35</i>	QL (0.143 patches every 1 day)

COMBINATION CONTRACEPTIVES - VAGINAL

<i>eluryng mis</i> (generic of NUVARING)	QL (0.05 rings every 1 day)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	QL (0.05 rings every 1 day)
<i>haloette mis</i> (generic of NUVARING)	QL (0.05 rings every 1 day)

EMERGENCY CONTRACEPTIVES

<i>aftera tab 1.5mg</i>	QL (6 tabs every year), OTC; Max #1 per fill, new prescription required for every fill, no refills permitted
<i>afterpill tab 1.5mg</i>	QL (6 tabs every year), OTC; Max #1 per fill, new prescription required for every fill, no refills permitted
<i>econtra ez tab 1.5mg</i>	QL (6 tabs every year), OTC; Max #1 per fill, new prescription required for every fill, no refills permitted

Drug Name	Requirements/Limits
<i>econtra os tab 1.5mg</i>	QL (6 tabs every year), OTC; Max #1 per fill, new prescription required for every fill, no refills permitted
ELLA TAB 30MG	QL (6 tabs every year); Max #1 per fill, new prescription required for every fill, no refills permitted
<i>her style tab 1.5mg</i>	QL (6 tabs every year), OTC
<i>levonorgestrel tab 1.5 mg</i>	QL (6 tabs every year), OTC; Max #1 per fill, new prescription required for every fill, no refills permitted
<i>my choice tab 1.5mg</i>	QL (6 tabs every year), OTC; Max #1 per fill, new prescription required for every fill, no refills permitted
<i>my way tab 1.5mg</i>	QL (6 tabs every year), OTC; Max #1 per fill, new prescription required for every fill, no refills permitted
<i>new day tab 1.5mg</i>	QL (6 tabs every year), OTC; Max #1 per fill, new prescription required for every fill, no refills permitted
<i>opcicon tab 1.5mg</i>	QL (6 tabs every year), OTC; Max #1 per fill, new prescription required for every fill, no refills permitted
<i>option 2 tab 1.5mg</i>	QL (6 tabs every year), OTC; Max #1 per fill, new prescription required for every fill, no refills permitted
<i>react tab 1.5mg</i>	QL (6 tabs every year), OTC; Max #1 per fill, new prescription required for every fill, no refills permitted

Drug Name	Requirements/Limits
<i>take action tab 1.5mg</i>	QL (6 tabs every year), OTC; Max #1 per fill, new prescription required for every fill, no refills permitted

PROGESTIN CONTRACEPTIVES - INJECTABLE

DEPO-PROVERA INJ 150MG/ML	QL (4 injections every 284 days)
DEPO-SQ PROV INJ 104	QL (4 injections every 284 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)</i>	QL (4 injections every 284 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)</i>	QL (4 injections every 284 days)

PROGESTIN CONTRACEPTIVES - IUD

KYLEENA IUD 19.5MG	
LILETTA IUD 52MG	
MIRENA IUD SYSTEM	
SKYLA IUD 13.5MG	

PROGESTIN CONTRACEPTIVES - ORAL

<i>camila tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>deblitane tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>errin tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>heather tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>incassia tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>jencycla tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>lyleq tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>lyza tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>nora-be tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>norethindrone tab 0.35 mg</i>	QL (1.34 tabs every 1 day)
<i>norlyroc tab 0.35mg</i>	QL (1.34 tabs every 1 day)
<i>sharobel tab 0.35mg</i>	QL (1.34 tabs every 1 day)

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>	
<i>dexamethasone elixir 0.5 mg/5ml</i>	QL (60 mL every 1 day)
<i>dexamethasone soln 0.5 mg/5ml</i>	
<i>dexamethasone tab 0.5 mg</i>	QL (12 tabs every 1 day)
<i>dexamethasone tab 0.75 mg</i>	QL (10 tabs every 1 day)
<i>dexamethasone tab 1 mg</i>	QL (10 tabs every 1 day)
<i>dexamethasone tab 1.5 mg</i>	QL (10 tabs every 1 day)
<i>dexamethasone tab 2 mg</i>	QL (10 tabs every 1 day)
<i>dexamethasone tab 4 mg</i>	QL (10 tabs every 1 day)

Drug Name	Requirements/Limits
<i>dexamethasone tab 6 mg</i>	QL (10 tabs every 1 day)
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	QL (24 tabs every 1 day)
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	QL (12 tabs every 1 day)
<i>hydrocortisone tab 20 mg (generic of CORTEF)</i>	QL (6 tabs every 1 day)
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	QL (12 tabs every 1 day)
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	QL (6 tabs every 1 day)
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	QL (4 tabs every 1 day)
<i>methylprednisolone tab 32 mg</i>	QL (2 tabs every 1 day)
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	QL (12 tabs every 1 day)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)</i>	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	
<i>prednisolone soln 15 mg/5ml</i>	
<i>prednisone oral soln 5 mg/5ml</i>	QL (60 mL every 1 day)
<i>prednisone tab 1 mg</i>	QL (10 tabs every 1 day)
<i>prednisone tab 2.5 mg</i>	QL (8 tabs every 1 day)
<i>prednisone tab 5 mg</i>	QL (16 tabs every 1 day)
<i>prednisone tab 10 mg</i>	QL (9 tabs every 1 day)
<i>prednisone tab 20 mg</i>	QL (6 tabs every 1 day)
<i>prednisone tab 50 mg</i>	QL (3 tabs every 1 day)
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	QL (5 tabs every 1 day)
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

<i>benzonatate cap 100 mg</i>	QL (6 caps every 1 day)
<i>benzonatate cap 200 mg</i>	QL (5 caps every 1 day)
<i>cough relief liq 15mg/5ml</i>	OTC

COUGH/COLD/ALLERGY COMBINATIONS

<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	QL (480 mL every 25 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	QL (2 tabs every 1 day), OTC; AGE (Min 4)
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	QL (240 mL every 25 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	QL (180 mL every 25 days), OTC

Drug Name	Requirements/Limits
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	QL (2 tabs every 1 day), OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	QL (2 tabs every 1 day), OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	QL (1 tab every 1 day), OTC
<i>prometh vc syp 6.25-5/5</i>	QL (60 mL every 1 day); AGE (Max 64)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	QL (60 mL every 1 day); AGE (Max 64)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	QL (60 mL every 1 day)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	QL (4 tabs every 1 day), OTC; AGE (Min 4)

EXPECTORANTS

<i>guaifenesin liquid 100 mg/5ml</i>	OTC; AGE (Min 4)
<i>guaifenesin tab 200 mg</i>	OTC; AGE (Min 4)
<i>guaifenesin tab 400 mg</i>	OTC; AGE (Min 4)
<i>guaifenesin tab er 12hr 600 mg</i>	QL (2 tabs every 1 day), OTC

MISC. RESPIRATORY INHALANTS

<i>nebusal neb 3%</i>	
<i>pulmosal neb 7%</i>	
<i>sodium chloride soln nebu 0.9%</i>	
<i>sodium chloride soln nebu 3%</i>	
<i>sodium chloride soln nebu 7%</i>	

MUCOLYTICS

<i>acetylcysteine inhal soln 20%</i>	QL (4 vials every 1 day)
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DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

<i>acne medicat gel 2.5%</i>	QL (60 gm every 25 days), OTC
<i>adapalene gel 0.1%</i>	QL (45 gm every 25 days), OTC
<i>avita cre 0.025% (generic of RETIN-A)</i>	ST, QL (45 gm every 25 days); Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)

Drug Name	Requirements/Limits
<i>avita gel 0.025%</i>	ST, QL (45 gm every 25 days); Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>benzoyl peroxide gel 5%</i>	OTC
<i>benzoyl peroxide gel 10%</i>	OTC
BENZOYL PEROXIDE LOTION 5%	OTC
BENZOYL PEROXIDE LOTION 10%	OTC
<i>clindamycin phosphate gel 1%</i> (generic of CLINDAGEL)	ST, QL (60 mL every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate lotion 1%</i> (generic of CLEOCIN-T)	ST, QL (10 mL every 1 day); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate soln 1%</i>	QL (60 mL every 25 days)
DIFFERIN GEL 0.1%	QL (45 gm every 25 days), OTC
<i>erythromycin soln 2%</i>	QL (15 mL every 1 day)
<i>isotretinoin</i>	PA
<i>isotretinoin</i> (generic of isotretinoin)	PA
<i>sulfacetamide sodium lotion 10%</i> (<i>acne</i>) (generic of KLARON)	PA, QL (118 mL every 25 days)
<i>tretinoin cream 0.1%</i> (generic of RETIN-A)	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>tretinoin cream 0.05%</i> (generic of RETIN-A)	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)

Drug Name	Requirements/Limits
<i>tretinoin cream 0.025%</i> (generic of RETIN-A)	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>tretinoin gel 0.01%</i> (generic of RETIN-A)	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)
<i>tretinoin gel 0.025%</i> (generic of RETIN-A)	ST, QL (45 gm every 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max 35)

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>arthr pain gel 1%</i>	QL (200 gm every 25 days), OTC
<i>diclofenac sodium gel 1%</i> (1.16% diethylamine equiv)	QL (200 gm every 25 days), OTC
<i>goodsense gel art pain</i>	QL (200 gm every 25 days), OTC
<i>qc diclofena gel 1%</i>	QL (200 gm every 25 days), OTC

ANTIBIOTICS - TOPICAL

<i>bacitracin oint 500 unit/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	OTC
<i>bacitracin-polymyxin b oint</i>	OTC
<i>gentamicin sulfate cream 0.1%</i>	QL (30 gm every 25 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm every 25 days)
<i>mupirocin oint 2%</i>	QL (44 gm every 25 days)
<i>neomycin-bacitracin-polymyxin oint</i>	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	OTC

ANTIFUNGALS - TOPICAL

<i>ciclodan sol 8%</i>	QL (6.6 mL every 25 days)
<i>ciclopirox olamine cream 0.77%</i> (base equiv) (generic of LOPROX)	QL (180 gm every 30 days)
<i>ciclopirox olamine susp 0.77%</i> (base equiv) (generic of LOPROX)	QL (60 mL every 25 days)
<i>ciclopirox solution 8%</i>	QL (6.6 mL every 25 days)

Drug Name	Requirements/Limits
<i>clotrimazole cream 1%</i>	QL (60 gm every 30 days)
<i>clotrimazole cream 1%</i>	QL (60 gm every 30 days), OTC
<i>clotrimazole soln 1%</i>	QL (60 mL every 30 days)
<i>clotrimazole soln 1%</i>	QL (60 mL every 30 days), OTC
<i>ketoconazole cream 2%</i>	QL (60 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL every 25 days)
<i>miconazole nitrate aerosol pow 2%</i>	QL (133 gm every 30 days), OTC
<i>miconazole nitrate cream 2%</i>	QL (150 gm every 25 days), OTC
<i>miconazole nitrate powder 2%</i>	QL (90 gm every 30 days), OTC
<i>nystatin cream 100000 unit/gm</i>	QL (90 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	QL (90 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (30 gm every 25 days)
<i>terbinafine hcl cream 1%</i>	QL (30 gm every 25 days), OTC
<i>tolnaftate aerosol pow 1%</i>	QL (133 gm every 30 days), OTC
<i>tolnaftate cream 1%</i>	QL (60 gm every 30 days), OTC
<i>tolnaftate powder 1%</i>	QL (67.5 gm every 30 days), OTC
<i>tolnaftate soln 1%</i>	QL (151 mL every 30 days), OTC

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

fluorouracil cream 5% (generic of EFUDEX)

ANTIPSORIATICS

calcipotriene cream 0.005% (generic of DOVONEX) PA

calcipotriene oint 0.005% PA

calcipotriene soln 0.005% (50 mcg/ml) PA

calcitrene oin 0.005% PA

COSENTYX INJ 75MG/0.5 SP, PA, QL (0.5 mL every 24 days)

COSENTYX INJ 150MG/ML SP, PA, QL (1 mL every 24 days)

COSENTYX INJ 300DOSE SP, PA, QL (2 mL every 24 days)

COSENTYX PEN INJ 150MG/ML SP, PA, QL (1 mL every 24 days)

COSENTYX PEN INJ 300DOSE SP, PA, QL (2 mL every 24 days)

Drug Name	Requirements/Limits
ANTIVIRALS - TOPICAL	
<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	PA
<i>docosanol cream 10%</i>	QL (2 gm every 15 days), OTC
BURN PRODUCTS	
<i>silver sulfadiazine cream 1% (generic of SILVADENE)</i>	
<i>ssd cre 1% (generic of SILVADENE)</i>	
CORTICOSTEROIDS - TOPICAL	
<i>alclometasone dipropionate cream 0.05%</i>	QL (60 gm every 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	QL (60 gm every 25 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	QL (50 gm every 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	QL (50 gm every 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	QL (60 mL every 25 days)
<i>betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)</i>	QL (50 gm every 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	QL (60 gm every 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	QL (60 mL every 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	QL (45 gm every 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	QL (45 gm every 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	QL (60 mL every 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (45 gm every 25 days)
<i>clobetasol propionate soln 0.05%</i>	QL (50 mL every 25 days)
<i>desonide cream 0.05% (generic of DESOWEN)</i>	ST, QL (60 gm every 25 days); Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	QL (60 gm every 25 days)
<i>fluocinolone acetonide cream 0.025% (generic of SYNALAR)</i>	QL (60 gm every 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTH/FS BODY)</i>	QL (120 mL every 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTH/FS SCALP)</i>	QL (120 mL every 25 days)
<i>fluocinolone acetonide oint 0.025% (generic of SYNALAR)</i>	QL (60 gm every 25 days)
<i>fluocinonide cream 0.05%</i>	QL (60 gm every 25 days)
<i>fluocinonide emulsified base cream 0.05%</i>	QL (60 gm every 25 days)
<i>fluocinonide gel 0.05%</i>	QL (60 gm every 25 days)

Drug Name	Requirements/Limits
<i>fluocinonide oint 0.05%</i>	QL (60 gm every 25 days); Requires prior use of Mometasone and Fluocinolone Cream
<i>fluocinonide soln 0.05%</i>	QL (60 mL every 25 days)
<i>fluticasone propionate cream 0.05%</i>	QL (60 gm every 25 days)
<i>fluticasone propionate oint 0.005%</i>	QL (60 gm every 25 days)
<i>halobetasol propionate cream 0.05%</i>	QL (50 gm every 25 days)
<i>halobetasol propionate oint 0.05%</i>	QL (50 gm every 25 days)
<i>hydrocortisone acetate cream 1%</i>	OTC
<i>hydrocortisone cream 0.5%</i>	QL (60 gm every 25 days), OTC
<i>hydrocortisone cream 1%</i>	QL (60 gm every 25 days), OTC
<i>hydrocortisone cream 1%- rx</i>	QL (60 gm every 25 days)
<i>hydrocortisone cream 2.5%</i>	QL (60 gm every 25 days)
<i>hydrocortisone lotion 1%</i>	OTC
<i>hydrocortisone lotion 2.5%</i>	QL (60 mL every 25 days)
<i>hydrocortisone oint 0.5%</i>	QL (60 gm every 25 days), OTC
<i>hydrocortisone oint 1%</i>	QL (60 gm every 25 days), OTC
<i>hydrocortisone oint 1%- rx</i>	QL (60 gm every 25 days)
<i>hydrocortisone oint 2.5%</i>	QL (60 gm every 25 days)
<i>mometasone furoate cream 0.1%</i>	QL (45 gm every 25 days)
<i>mometasone furoate oint 0.1%</i>	QL (45 gm every 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	QL (60 mL every 25 days)
TRIAMCINOLON POW ACETONID	
<i>triamcinolone acetamide cream 0.1%</i>	
<i>triamcinolone acetamide cream 0.5%</i>	
<i>triamcinolone acetamide cream 0.025%</i>	
<i>triamcinolone acetamide lotion 0.1%</i>	
<i>triamcinolone acetamide lotion 0.025%</i>	
<i>triamcinolone acetamide oint 0.1%</i>	
<i>triamcinolone acetamide oint 0.5%</i>	
<i>triamcinolone acetamide oint 0.025%</i>	
ENZYMES - TOPICAL	
<i>SANTYL OIN 250/GM</i>	PA, QL (2 gm every 1 day)
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod cream 5%</i>	PA, QL (24 packets every 25 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus cream 1% (generic of ELIDEL)</i>	PA, QL (2 gm every 1 day)

Drug Name	Requirements/Limits
<i>tacrolimus oint 0.1%</i> (generic of PROTOPIC)	PA, QL (30 gm every 25 days)
<i>tacrolimus oint 0.03%</i> (generic of PROTOPIC)	PA, QL (30 gm every 25 days)
KERATOLYTIC/ANTIMITOTIC AGENTS	
<i>podofilox soln 0.5%</i>	QL (7 mL every 180 days)
LOCAL ANESTHETICS - TOPICAL	
<i>arth pain cre 0.075%</i>	OTC
<i>capsaicin cream 0.1%</i>	QL (85 gm every 25 days), OTC
<i>capsaicin cream 0.025%</i>	OTC
CIRCATA CRE 0.05%	OTC
CIRCATRIX CRE 0.05%	OTC
<i>dermacinrx cre penetral</i>	OTC
<i>dibucaine oint 1%</i>	OTC
<i>glydo gel 2%</i>	
<i>lidocaine cream 4%</i>	OTC
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	
<i>lidocaine patch 4%</i>	QL (4 patches every 1 day), OTC
<i>lidocaine patch 5%</i> (generic of LIDODERM)	PA, QL (3 packets every 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (60 gm every 25 days)
MISC. TOPICAL	
DRYSOL SOL 20%	
<i>minerin cre</i>	OTC
ROSACEA AGENTS	
<i>metronidazole cream 0.75%</i> (generic of METROCREAM)	
<i>metronidazole gel 0.75%</i>	Generic Metrogel
<i>metronidazole lotion 0.75%</i> (generic of METROLOTION)	
<i>rosadan cre 0.75%</i> (generic of METROCREAM)	
<i>rosadan gel 0.75%</i>	Generic Metrogel
SCABICIDES & PEDICULICIDES	
<i>crotan lot 10%</i>	
<i>goodsense liq lice rin</i>	OTC; Generic NIX
<i>lice treatmt liq 1%</i>	OTC; Generic NIX
<i>lice trtmnt liq 1%</i>	OTC; Generic NIX
<i>malathion lotion 0.5%</i>	QL (59 mL every 25 days)
<i>permethrin aerosol 0.5%</i>	OTC; Generic RID

Drug Name	Requirements/Limits
<i>permethrin cream 5%</i>	
<i>permethrin lotion 1%</i>	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	OTC; Generic RID
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	OTC; Generic RID
<i>spinosad susp 0.9%</i>	QL (120 mL every 25 days)

DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC DRUGS

THYROGEN INJ 0.9MG	PA, QL (2 vials every 180 days)
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DIAGNOSTIC TESTS

ACCUA KIT COV-2	
ACETONE (URINE) TEST STRIP	OTC
BD VERITOR KIT COV/FLU	
BD VERITOR KIT SARSCOV2	QL (1 kit every 1 day)
BINAXNOW COV KIT HOME TES	OTC
BINAXNOW KIT COVID-19	QL (1 kit every 1 day)
CARESTART KIT COVID-19	OTC
CLEARDETECT KIT COVID-19	OTC
CLINITEST KIT SELF-TST	OTC
COBAS COV-2 KIT ASSAY	
COBAS COV-2 KIT CONTROL	
COVID-19 AT- KIT 1-PACK	OTC
COVID-19 AT- KIT 2-PACK	OTC
COVID-19 KIT	OTC
COVID-19 RAP KIT 1-PACK	OTC
COVID-19 RAP KIT 2-PACK	OTC
COVID-19 TES KIT SPECIMEN	OTC
CVS COVID-19 KIT HOME 2PK	OTC
DIATRUST KIT COVID-19	OTC
DXTERITY TES KIT COVID-19	OTC
ELLUME COV19 KIT HOME TES	OTC
EVERLYWELL KIT HOME	OTC
FLOWFLEX KIT TEST	OTC
ID NOW 2.0 KIT SWAB	OTC
ID NOW 2.0 KIT TEST	
ID NOW CONTR KIT COVID-19	
ID NOW KIT COVID-19	QL (1 kit every 1 day)
IHEALTH 2-PK KIT COVID-19	OTC
IHEALTH 5-PK KIT COVID-19	OTC
IHEALTH 40PK KIT COVID-19	OTC
INDICAID KIT COVID-19	OTC
INTELISWAB KIT COVID-19	OTC
LYRA DIRECT KIT COV-2	
LYRA SARS KIT COV-2	

Drug Name	Requirements/Limits
ON/GO COVID KIT ANTIGEN	OTC
ON/GO ONE KIT COVID-19	OTC
OTC ANTIGENT KIT 1-PACK	OTC
OTC ANTIGENT KIT 2-PACK	OTC
PILOT COVID KIT HOME TES	OTC
PIXEL COVID KIT HOME TES	OTC
QUICKVUE HOM KIT COVID-19	OTC
QUICKVUE KIT SARS ANT	
RAPID RESPON KIT COVID-19	OTC
RELION TRUE TES METRIX	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins
SIMPLICITY KIT COVID-19	OTC
SOFIA2 FLU/ KIT SARS FIA	
SOFIA 2 SARS KIT ANTIGEN	QL (1 kit every 1 day)
SOFIA SARS KIT ANTIGEN	
SPEEDY SWAB KIT COVID-19	OTC
TRUE METRIX TES GLUCOSE	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins. Max 300 strips/month for type 1 if submitted with Dx code or PA required without Dx.
XPERT XPRESS KIT COV-2	QL (1 kit every 1 day)

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	QL (6 caps every 1 day)
CREON CAP 6000UNIT	QL (6 caps every 1 day)
CREON CAP 12000UNT	QL (6 caps every 1 day)
CREON CAP 24000UNT	QL (6 caps every 1 day)
CREON CAP 36000UNT	QL (6 caps every 1 day)
VIOKACE TAB 10440	
VIOKACE TAB 20880	
ZENPEP CAP 3000UNIT	QL (6 caps every 1 day)
ZENPEP CAP 5000UNIT	QL (6 caps every 1 day)
ZENPEP CAP 15000UNT	QL (6 caps every 1 day)
ZENPEP CAP 20000UNT	QL (6 caps every 1 day)
ZENPEP CAP 25000UNT	QL (6 caps every 1 day)

Drug Name	Requirements/Limits
ZENPEP CAP 40000UNT	QL (6 caps every 1 day)

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	QL (4 caps every 1 day)
<i>acetazolamide tab 125 mg</i>	QL (4 tabs every 1 day)
<i>acetazolamide tab 250 mg</i>	QL (4 tabs every 1 day)

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	QL (2 tabs every 1 day)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (generic of ALDACTAZIDE)	QL (4 tabs every 1 day)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	QL (2 caps every 1 day)
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	QL (4 tabs every 1 day)
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	QL (4 tabs every 1 day)

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i> (generic of BUMEX)	QL (2 tabs every 1 day)
<i>bumetanide tab 1 mg</i>	QL (2 tabs every 1 day)
<i>bumetanide tab 2 mg</i>	QL (5 tabs every 1 day)
<i>furosemide oral soln 8 mg/ml</i>	AGE (Max 12)
<i>furosemide oral soln 10 mg/ml</i>	AGE (Max 12)
<i>furosemide tab 20 mg</i> (generic of LASIX)	QL (6 tabs every 1 day)
<i>furosemide tab 40 mg</i> (generic of LASIX)	QL (6 tabs every 1 day)
<i>furosemide tab 80 mg</i> (generic of LASIX)	QL (6 tabs every 1 day)
<i>torseamide tab 5 mg</i>	QL (2 tabs every 1 day)
<i>torseamide tab 10 mg</i>	QL (4 tabs every 1 day)
<i>torseamide tab 20 mg</i>	QL (4 tabs every 1 day)
<i>torseamide tab 100 mg</i>	QL (2 tabs every 1 day)

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	QL (4 tabs every 1 day)
<i>spironolactone tab 25 mg</i> (generic of ALDACTONE)	QL (8 tabs every 1 day)
<i>spironolactone tab 50 mg</i> (generic of ALDACTONE)	QL (4 tabs every 1 day)
<i>spironolactone tab 100 mg</i> (generic of ALDACTONE)	QL (2 tabs every 1 day)

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>	QL (4 tabs every 1 day)
<i>chlorthalidone tab 50 mg</i>	QL (4 tabs every 1 day)
<i>hydrochlorothiazide cap 12.5 mg</i>	QL (2 caps every 1 day)
<i>hydrochlorothiazide tab 25 mg</i>	QL (8 tabs every 1 day)
<i>hydrochlorothiazide tab 50 mg</i>	QL (4 tabs every 1 day)
<i>indapamide tab 1.25 mg</i>	QL (2 tabs every 1 day)
<i>indapamide tab 2.5 mg</i>	QL (2 tabs every 1 day)
<i>metolazone tab 2.5 mg</i>	QL (4 tabs every 1 day)
<i>metolazone tab 5 mg</i>	QL (4 tabs every 1 day)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>metolazone tab 10 mg</i>	QL (2 tabs every 1 day)

ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES

BONE DENSITY REGULATORS

<i>alendronate sodium tab 5 mg</i>	QL (1 tab every 1 day)
<i>alendronate sodium tab 10 mg</i>	QL (1 tab every 1 day)
<i>alendronate sodium tab 35 mg</i>	QL (0.143 tabs every 1 day)
<i>alendronate sodium tab 70 mg (generic of FOSAMAX)</i>	QL (0.143 tabs every 1 day)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	QL (1 mL every 1 day); AGE (Min 50)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	QL (0.036 tabs every 1 day)
PROLIA INJ 60MG/ML	SP, PA
TYMLOS INJ	SP, PA

FERTILITY REGULATORS

<i>clomid tab 50mg</i>	QL (Max 3 fills per lifetime); AGE (Min 21, Max 44)
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GROWTH HORMONES

OMNITROPE INJ 5.8MG	SP, PA
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HORMONE RECEPTOR MODULATORS

<i>raloxifene hcl tab 60 mg (generic of EVISTA)</i>	QL (1 tab every 1 day); AGE (Min 50)
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INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)

INCRELEX INJ 40MG/4ML	SP, PA
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LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS

LUPR DEP-PED INJ 3M 30MG	PA
LUPR DEP-PED INJ 7.5MG	PA
LUPR DEP-PED INJ 11.25MG	PA
LUPR DEP-PED INJ 15MG	PA
SYNAREL SOL 2MG/ML	SP, PA

METABOLIC MODIFIERS

<i>calcitriol cap 0.5 mcg (generic of ROCALTROL)</i>	QL (4 caps every 1 day)
<i>calcitriol cap 0.25 mcg (generic of ROCALTROL)</i>	QL (4 caps every 1 day)
ELAPRASE INJ 6MG/3ML	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%) (generic of CARNITOR)</i>	QL (60 mL every 1 day)
<i>levocarnitine tab 330 mg (generic of CARNITOR)</i>	QL (18 tabs every 1 day)

POSTERIOR PITUITARY HORMONES

<i>desmopressin acetate nasal spray soln 0.01%</i>	PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	PA
<i>desmopressin acetate tab 0.1 mg (generic of DDAVP)</i>	QL (4 tabs every 1 day)

Drug Name	Requirements/Limits
<i>desmopressin acetate tab 0.2 mg (generic of DDAVP)</i>	QL (5 tabs every 1 day)

PROLACTIN INHIBITORS

<i>cabergoline tab 0.5 mg</i>	
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SOMATOSTATIC AGENTS

<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (generic of SANDOSTATIN)</i>	SP, PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	SP, PA
SANDOSTATIN KIT LAR 10MG	SP, PA
SANDOSTATIN KIT LAR 20MG	SP, PA
SANDOSTATIN KIT LAR 30MG	SP, PA

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ESTROGEN COMBINATIONS

<i>fyavolv tab 0.5-2.5</i>	QL (1 tab every 1 day)
<i>fyavolv tab 1-5</i>	QL (1 tab every 1 day)
<i>jinteli tab 1mg-5mcg</i>	QL (1 each every 1 day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	QL (1 tab every 1 day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	QL (1 tab every 1 day)

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

<i>estradiol tab 0.5 mg (generic of ESTRACE)</i>	AGE (Max 64)
<i>estradiol tab 1 mg (generic of ESTRACE)</i>	AGE (Max 64)
<i>estradiol tab 2 mg (generic of ESTRACE)</i>	AGE (Max 64)

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO)</i>	QL (2 tabs every 1 day)
<i>ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO)</i>	QL (2 tabs every 1 day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	QL (2 tabs every 1 day)
<i>levofloxacin oral soln 25 mg/ml</i>	PA
<i>levofloxacin tab 250 mg (generic of LEVAQUIN)</i>	QL (1 tab every 1 day)
<i>levofloxacin tab 500 mg</i>	QL (1 tab every 1 day)
<i>levofloxacin tab 750 mg (generic of LEVAQUIN)</i>	QL (1 tab every 1 day)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	

GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTIFLATULENTS

<i>simethicone cap 125 mg</i>	OTC
<i>simethicone cap 180 mg</i>	OTC
<i>simethicone chew tab 80 mg</i>	OTC

Drug Name	Requirements/Limits
<i>simethicone chew tab 125 mg</i>	OTC
<i>simethicone susp 40 mg/0.6ml</i>	OTC
GALLSTONE SOLUBILIZING AGENTS	
<i>ursodiol cap 300 mg</i>	QL (2 caps every 1 day)
<i>ursodiol tab 250 mg (generic of URSO 250)</i>	QL (4 tabs every 1 day)
<i>ursodiol tab 500 mg (generic of URSO FORTE)</i>	QL (2 tabs every 1 day)
GASTROINTESTINAL STIMULANTS	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	
<i>metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)</i>	QL (6 tabs every 1 day)
<i>metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)</i>	QL (6 tabs every 1 day)
INFLAMMATORY BOWEL AGENTS	
<i>balsalazide disodium cap 750 mg (generic of COLAZAL)</i>	
<i>mesalamine cap er 24hr 0.375 gm (generic of APRISO)</i>	QL (4 caps every 1 day)
<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	QL (10 tabs every 1 day)
<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	QL (8 tabs every 1 day)
INTESTINAL ACIDIFIERS	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	QL (180 mL every 1 day)
PHOSPHATE BINDER AGENTS	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	
<i>sevelamer carbonate tab 800 mg (generic of RENVELA)</i>	ST; Requires trial of calcium acetate
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS	
ALKALINIZERS	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	
<i>potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)</i>	QL (3 tabs every 1 day)
<i>potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)</i>	QL (3 tabs every 1 day)
<i>potassium citrate tab er 15 meq (1620 mg) (generic of UROCIT-K 15)</i>	QL (4 tabs every 1 day)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	
GENITOURINARY IRRIGANTS	
<i>acetic acid irrigation soln 0.25%</i>	
<i>sodium chloride irrigation soln 0.9%</i>	QL (10000 mL every 25 days)

Drug Name	Requirements/Limits
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)</i>	QL (1 tab every 1 day)
<i>finasteride tab 5 mg (generic of PROSCAR)</i>	QL (1 tab every 1 day)
<i>tamsulosin hcl cap 0.4 mg (generic of FLOMAX)</i>	QL (2 caps every 1 day)
URINARY ANALGESICS	
<i>phenazopyridine hcl tab 100 mg</i>	QL (3 tabs every 1 day)
<i>phenazopyridine hcl tab 200 mg</i>	QL (3 tabs every 1 day)
GOUT AGENTS - DRUGS TO TREAT GOUT	
GOUT AGENT COMBINATIONS	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	QL (3 tabs every 1 day)
GOUT AGENTS - DRUGS TO TREAT GOUT	
<i>allopurinol tab 100 mg (generic of ZYLOPRIM)</i>	QL (6 tabs every 1 day)
<i>allopurinol tab 300 mg (generic of ZYLOPRIM)</i>	QL (4 tabs every 1 day)
<i>colchicine tab 0.6 mg (generic of COLCRYS)</i>	QL (30 tabs every 90 days)
URICOSURICS	
<i>probenecid tab 500 mg</i>	QL (3 tabs every 1 day)
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS	
ANTIHEMOPHILIC PRODUCTS	
ADVATE INJ 250UNIT	SP, PA
ADVATE INJ 500UNIT	SP, PA
ADVATE INJ 1000UNIT	SP, PA
ADVATE INJ 1500UNIT	SP, PA
ADVATE INJ 2000UNIT	SP, PA
ADVATE INJ 3000UNIT	SP, PA
ADVATE INJ 4000UNIT	SP, PA
BENEFIX INJ 250UNIT	SP, PA
BENEFIX INJ 500UNIT	SP, PA
BENEFIX INJ 1000UNIT	SP, PA
BENEFIX INJ 2000UNIT	SP, PA
BENEFIX INJ 3000UNIT	SP, PA
HUMATE-P SOL 500-1200	SP, PA
HUMATE-P SOL 2400UNIT	SP, PA
IXINITY INJ 250UNIT	SP, PA
IXINITY INJ 500UNIT	SP, PA
IXINITY INJ 1000UNIT	SP, PA
IXINITY INJ 2000UNIT	SP, PA
IXINITY INJ 3000UNIT	SP, PA
KOGENATE FS INJ 250UNIT	SP, PA
KOGENATE FS INJ 500UNIT	SP, PA
KOGENATE FS INJ 1000UNIT	SP, PA
KOVALTRY INJ 250UNIT	SP, PA

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
KOVALTRY INJ 500UNIT	SP, PA
KOVALTRY INJ 1000UNIT	SP, PA
KOVALTRY INJ 2000UNIT	SP, PA
KOVALTRY INJ 3000UNIT	SP, PA
NUWIQ KIT 250UNIT	SP, PA
NUWIQ KIT 500UNIT	SP, PA
NUWIQ KIT 1000UNIT	SP, PA
RIXUBIS INJ 250 UNIT	SP, PA
RIXUBIS INJ 500UNIT	SP, PA
RIXUBIS INJ 1000UNIT	SP, PA
RIXUBIS INJ 2000UNIT	SP, PA
RIXUBIS INJ 3000UNIT	SP, PA

HEMATORHEOLOGIC AGENTS

<i>pentoxifylline tab er 400 mg</i>	QL (4 ea every 1 day)
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PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	PA
<i>cilostazol tab 50 mg</i>	QL (2 tabs every 1 day)
<i>cilostazol tab 100 mg</i>	QL (2 tabs every 1 day)
<i>clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)</i>	QL (1 tab every 1 day)
<i>dipyridamole tab 25 mg</i>	QL (10 tabs every 1 day)
<i>dipyridamole tab 50 mg</i>	QL (8 tabs every 1 day)
<i>dipyridamole tab 75 mg</i>	QL (4 tabs every 1 day)

HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

COBALAMINS

<i>cyanocobalamin tab 100 mcg</i>	OTC
<i>cyanocobalamin tab 500 mcg</i>	OTC
<i>cyanocobalamin tab 1000 mcg</i>	OTC

FOLIC ACID/FOLATES

<i>folic acid tab 1 mg</i>	QL (5 tabs every 1 day)
<i>folic acid tab 400 mcg</i>	QL (5 tabs every 1 day), OTC
<i>folic acid tab 800 mcg</i>	QL (5 tabs every 1 day), OTC

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 25MCG	PA
ARANESP INJ 40MCG	PA
ARANESP INJ 60MCG	PA
ARANESP INJ 100MCG	PA
ARANESP INJ 200MCG	PA
ARANESP INJ 300MCG	PA
ARANESP INJ 500MCG	PA
RETACRIT INJ 2000UNIT	PA

Drug Name	Requirements/Limits
RETACRIT INJ 3000UNIT	PA
RETACRIT INJ 4000UNIT	PA
RETACRIT INJ 10000UNT	PA
RETACRIT INJ 20000UNI	PA
RETACRIT INJ 40000UNT	PA
ZARXIO INJ 300/0.5	PA
ZARXIO INJ 480/0.8	PA
ZIEXTENZO INJ 6/0.6ML	PA, QL (1 syringe every 11 days)

HEMATOPOIETIC MIXTURES

<i>chromagen cap</i>	QL (2 caps every 1 day)
<i>ferocon cap</i>	QL (2 caps every 1 day)
<i>foltrin cap</i>	QL (2 caps every 1 day)
<i>poly-iron cap 150 fort</i>	QL (2 caps every 1 day)

IRON

<i>ferrex 150 cap 150mg</i>	QL (2 caps every 1 day), OTC
<i>ferrocite tab 324mg</i>	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	OTC
FERROUS GLUC TAB 324MG	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	OTC
FERROUS SULF LIQ 44MG/5ML	OTC
FERROUS SULF TAB 324MG EC	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	OTC
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i>	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	QL (3 tabs every 1 day), OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	OTC
<i>nu-iron 150 cap 150mg</i>	QL (2 caps every 1 day), OTC
<i>poly-iron cap 150mg</i>	QL (2 caps every 1 day), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	QL (2 caps every 1 day), OTC

Drug Name	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS	

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i>	QL (1 tab every 1 day), OTC
<i>doxylamine succinate (sleep) tab 25 mg</i>	QL (1 tab every 1 day), OTC

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	QL (50 mL every 1 day); AGE (Max 12)
<i>phenobarbital tab 15 mg</i>	QL (2 tabs every 1 day)
<i>phenobarbital tab 16.2 mg</i>	QL (2 tabs every 1 day)
<i>phenobarbital tab 30 mg</i>	QL (2 tabs every 1 day)
<i>phenobarbital tab 32.4 mg</i>	QL (2 tabs every 1 day)
<i>phenobarbital tab 60 mg</i>	QL (2 tabs every 1 day)
<i>phenobarbital tab 64.8 mg</i>	QL (3 tabs every 1 day)
<i>phenobarbital tab 97.2 mg</i>	QL (2 tabs every 1 day)
<i>phenobarbital tab 100 mg</i>	QL (2 tabs every 1 day)

NON-BARBITURATE HYPNOTICS

<i>estazolam tab 1 mg</i>	QL (1 tab every 1 day); AGE (Min 18)
<i>estazolam tab 2 mg</i>	QL (1 tab every 1 day); AGE (Min 18)
<i>temazepam cap 15 mg (generic of RESTORIL)</i>	QL (1 cap every 1 day); AGE (Min 18)
<i>temazepam cap 30 mg (generic of RESTORIL)</i>	QL (1 cap every 1 day); AGE (Min 18)
<i>triazolam tab 0.25 mg (generic of HALCION)</i>	QL (2 tabs every 1 day); AGE (Min 18)
<i>triazolam tab 0.125 mg</i>	QL (1 tab every 1 day); AGE (Min 18)
<i>zolpidem tartrate tab 5 mg (generic of AMBIEN)</i>	QL (2 tabs every 1 day); AGE (Min 18)
<i>zolpidem tartrate tab 10 mg (generic of AMBIEN)</i>	QL (1 tab every 1 day); AGE (Min 18)

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	OTC
KONSYL DAILY POW 100%	OTC
<i>methylcellulose tab 500 mg</i>	OTC
<i>psyllium cap 0.52 gm</i>	OTC
<i>psyllium powder 28.3%</i>	OTC
<i>psyllium powder 48.57%</i>	OTC
<i>psyllium powder 58.6%</i>	OTC
<i>qc natural pow vegetabl</i>	OTC
UNIFIBER POW	OTC

Drug Name	Requirements/Limits
<i>wheat dextrin oral powder</i>	OTC
LAXATIVE COMBINATIONS	
<i>gavilyte-c sol</i>	QL (4000 mL every 1 day)
<i>gavilyte-g sol (generic of GOLYTELY)</i>	QL (4000 mL every 1 day)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	QL (4000 mL every 1 day)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	QL (4000 mL every 1 day)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	QL (6 tabs every 1 day), OTC
LAXATIVES - MISCELLANEOUS	
<i>constulose sol 10gm/15</i>	QL (180 mL every 1 day)
<i>glycerin suppos 1.2 gm</i>	OTC
<i>glycerin suppos 2 gm</i>	OTC
<i>glycerin suppos 2.1 gm</i>	OTC
<i>glycerin suppos 80.7%</i>	OTC
<i>lactulose solution 10 gm/15ml</i>	QL (180 mL every 1 day)
<i>polyethylene glycol 3350 oral powder</i>	QL (34 gm every 1 day), OTC
LUBRICANT LAXATIVES	
<i>mineral oil</i>	OTC
<i>mineral oil enema</i>	OTC
SALINE LAXATIVES	
<i>magnesium citrate soln</i>	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	OTC
MILK OF MAGN SUS 2400/10	OTC
<i>sodium phosphates - enema</i>	OTC
STIMULANT LAXATIVES	
<i>bisacodyl suppos 10 mg</i>	QL (1 supp every 1 day), OTC
<i>bisacodyl tab delayed release 5 mg</i>	QL (3 tabs every 1 day), OTC
<i>sennosides chew tab 15 mg</i>	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	OTC
<i>sennosides tab 8.6 mg</i>	QL (2 tabs every 1 day), OTC
<i>sennosides tab 25 mg</i>	OTC
SURFACTANT LAXATIVES	
<i>docusate calcium cap 240 mg</i>	QL (2 caps every 1 day), OTC
<i>docusate sodium cap 100 mg</i>	QL (6 caps every 1 day), OTC
<i>docusate sodium cap 250 mg</i>	QL (6 caps every 1 day), OTC

Drug Name	Requirements/Limits
<i>docusate sodium liquid 150 mg/15ml</i>	QL (30 mL every 1 day), OTC
<i>docusate sodium tab 100 mg</i>	QL (6 tabs every 1 day), OTC
PEDIA-LAX LIQ 50MG	QL (30 mL every 1 day), OTC

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml (generic of ZITHROMAX)</i>	QL (20 mL every 1 day); AGE (Max 12)
<i>azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)</i>	QL (30 mL every 1 day); AGE (Max 12)
<i>azithromycin powd pack for susp 1 gm</i>	QL (1 packet every 1 day)
<i>azithromycin tab 250 mg (generic of ZITHROMAX)</i>	QL (12 tabs every 25 days)
<i>azithromycin tab 500 mg (generic of ZITHROMAX)</i>	QL (6 tabs every 25 days)
<i>azithromycin tab 600 mg</i>	QL (1 tab every 1 day)

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	AGE (Max 12)
<i>clarithromycin for susp 250 mg/5ml</i>	AGE (Max 12)
<i>clarithromycin tab 250 mg</i>	
<i>clarithromycin tab 500 mg</i>	

ERYTHROMYCINS

<i>erythromycin ethylsuccinate for susp 200 mg/5ml (generic of E.E.S. GRANULES)</i>	AGE (Max 12)
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MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING

BANDAGES-DRESSINGS-TAPE

ACT BRIGHTS MIS BANDAGES	QL (30 boxes every 25 days), OTC
ACT SPORT FM MIS 1-1/8"X3	QL (30 boxes every 25 days), OTC
ACT SPORT FM MIS ASSORTED	QL (30 boxes every 25 days), OTC
ACT SPORT FM MIS KNEE/ELB	QL (30 boxes every 25 days), OTC
ADH BANDAGE MIS ANTIBACT	QL (30 boxes every 25 days), OTC
ADH BANDAGE MIS CLEAR	QL (30 boxes every 25 days), OTC
ADH BANDAGE MIS FLEXIBLE	QL (30 boxes every 25 days), OTC
ADH BANDAGE MIS FOAM	QL (30 boxes every 25 days), OTC
ADH BANDAGE MIS FOAM TOE	QL (30 boxes every 25 days), OTC

Drug Name	Requirements/Limits
ADH BANDAGE MIS HEALTH	QL (30 boxes every 25 days), OTC
ADH BANDAGE MIS HYPO-ALL	QL (30 boxes every 25 days), OTC
ADH BANDAGE MIS PLASTIC	QL (30 boxes every 25 days), OTC
ADH BANDAGE MIS RETENTIO	QL (30 boxes every 25 days), OTC
ADH BANDAGE MIS SHEER	QL (30 boxes every 25 days), OTC
ADH BANDAGE MIS STRONG	QL (30 boxes every 25 days), OTC
ADH BANDAGE MIS WTR SHLD	QL (30 boxes every 25 days), OTC
ADHESIVE BANDAGES- RX	QL (30 boxes every 25 days)
ADHESIVE PAD MIS LARGE	QL (30 boxes every 25 days), OTC
ADHESIVE PAD MIS MEDIUM	QL (30 boxes every 25 days), OTC
ADV HEALING MIS BANDAGES	QL (30 boxes every 25 days), OTC
ANIMAL PRINT MIS STRIPS	QL (30 boxes every 25 days), OTC
ANTI-BACTRIA MIS CHILD	QL (30 boxes every 25 days), OTC
ANTIBAC BNDG MIS 7/8"	QL (30 boxes every 25 days), OTC
ANTIBAC FABR MIS STRIPS	QL (30 boxes every 25 days), OTC
ANTIBACTERAI MIS BANDAGES	QL (30 boxes every 25 days), OTC
ANTIBACTERIA MIS BANDAGES	QL (30 boxes every 25 days), OTC
ANTIBACTERIA MIS CLEAR	QL (30 boxes every 25 days), OTC
BAND AID MED MIS BUTTRFLY	QL (30 boxes every 25 days), OTC
BAND AID MIS 1"	QL (30 boxes every 25 days), OTC
BAND-AID CLR MIS 7/8"SPOT	QL (30 boxes every 25 days), OTC
BAND-AID FAM MIS PACK	QL (30 boxes every 25 days), OTC
BAND-AID FLX MIS	QL (30 boxes every 25 days), OTC

Drug Name	Requirements/Limits
BAND-AID FLX MIS 1" X 3"	QL (30 boxes every 25 days), OTC
BAND-AID FLX MIS 1"X3"	QL (30 boxes every 25 days), OTC
BAND-AID FLX MIS 3/4"X3"	QL (30 boxes every 25 days), OTC
BAND-AID FLX MIS ASSORTED	QL (30 boxes every 25 days), OTC
BAND-AID FLX MIS EXTRA LG	QL (30 boxes every 25 days), OTC
BAND-AID FLX MIS FABRIC	QL (30 boxes every 25 days), OTC
BAND-AID FLX MIS FINGRTIP	QL (30 boxes every 25 days), OTC
BAND-AID FLX MIS KNUCKLE	QL (30 boxes every 25 days), OTC
BAND-AID HYD MIS ACNE BLE	QL (30 boxes every 25 days), OTC
BAND-AID HYD MIS ALL-PURP	QL (30 boxes every 25 days), OTC
BAND-AID HYD MIS BLS CUSH	QL (30 boxes every 25 days), OTC
BAND-AID HYD MIS LARGE	QL (30 boxes every 25 days), OTC
BAND-AID LG MIS BUTTRFLY	QL (30 boxes every 25 days), OTC
BAND-AID MIS	QL (30 boxes every 25 days), OTC
BAND-AID MIS 3/4"X3"	QL (30 boxes every 25 days), OTC
BAND-AID MIS BABY SHA	QL (30 boxes every 25 days), OTC
BAND-AID MIS BLUE CLU	QL (30 boxes every 25 days), OTC
BAND-AID MIS DIS PRIN	QL (30 boxes every 25 days), OTC
BAND-AID MIS FROZEN	QL (30 boxes every 25 days), OTC
BAND-AID MIS GLOW-DRK	QL (30 boxes every 25 days), OTC
BAND-AID MIS HL KITTY	QL (30 boxes every 25 days), OTC
BAND-AID MIS HOT COLR	QL (30 boxes every 25 days), OTC
BAND-AID MIS LIGHTYEA	QL (30 boxes every 25 days), OTC

Drug Name	Requirements/Limits
BAND-AID MIS MEDICATE	QL (30 boxes every 25 days), OTC
BAND-AID MIS MICK MOU	QL (30 boxes every 25 days), OTC
BAND-AID MIS OURTONE	QL (30 boxes every 25 days), OTC
BAND-AID MIS PIXAR	QL (30 boxes every 25 days), OTC
BAND-AID MIS POKEMON	QL (30 boxes every 25 days), OTC
BAND-AID MIS RUGRATS	QL (30 boxes every 25 days), OTC
BAND-AID MIS SENSITIV	QL (30 boxes every 25 days), OTC
BAND-AID MIS SHEER	QL (30 boxes every 25 days), OTC
BAND-AID MIS SHEER CF	QL (30 boxes every 25 days), OTC
BAND-AID MIS SKN FLX	QL (30 boxes every 25 days), OTC
BAND-AID MIS SPORT EX	QL (30 boxes every 25 days), OTC
BAND-AID MIS STAR WAR	QL (30 boxes every 25 days), OTC
BAND-AID MIS SUP MARI	QL (30 boxes every 25 days), OTC
BAND-AID MIS THAT GIR	QL (30 boxes every 25 days), OTC
BAND-AID MIS TOUGH	QL (30 boxes every 25 days), OTC
BAND-AID MIS TOUGH WP	QL (30 boxes every 25 days), OTC
BAND-AID MIS TOUGH XL	QL (30 boxes every 25 days), OTC
BAND-AID MIS TOUGH-ST	QL (30 boxes every 25 days), OTC
BAND-AID MIS TOY STRY	QL (30 boxes every 25 days), OTC
BAND-AID MIS VARIETY	QL (30 boxes every 25 days), OTC
BAND-AID MIS X-LG	QL (30 boxes every 25 days), OTC
BAND-AID PAD 2"X2"	QL (120 pads every 25 days), OTC
BAND-AID PAD TRU-ABSO	QL (120 pads every 25 days), OTC

Drug Name	Requirements/Limits
BAND-AID PAW MIS PATROL	QL (30 boxes every 25 days), OTC
BAND-AID WTR MIS BLC FLEX	QL (30 boxes every 25 days), OTC
BANDAGE FABR MIS EX-LONG	QL (30 boxes every 25 days), OTC
BANDAGE ROLL MIS KERLIX	QL (120 boxes every 25 days), OTC
BANDAGE ROLL MIS KERLIX	QL (180 boxes every 25 days), OTC
BANDAGES FAB MIS ASSORTED	QL (30 boxes every 25 days), OTC
BIOGUARD PAD 3"X4"	QL (180 pads every 25 days)
BLISTER REL MIS BANDAGE	QL (30 boxes every 25 days), OTC
BORDER GAUZE PAD 2"X2"	QL (120 pads every 25 days), OTC
BUTTERFLY MIS CLOSURES	QL (30 boxes every 25 days), OTC
CARPALOID MIS EMPLOYEE	QL (30 boxes every 25 days), OTC
CARPALOID MIS LARGE	QL (30 boxes every 25 days), OTC
CARPALOID MIS PRA LG	QL (30 boxes every 25 days), OTC
CARPALOID MIS PRAC SM	QL (30 boxes every 25 days), OTC
CARPALOID MIS SMALL	QL (30 boxes every 25 days), OTC
COMFORT FAB MIS 3/4"X3"	QL (30 boxes every 25 days), OTC
COMFORT FAB MIS ASSORTED	QL (30 boxes every 25 days), OTC
COMFORT FAB MIS KNEE/ELB	QL (30 boxes every 25 days), OTC
COVERLET MIS STRIPS	QL (30 boxes every 25 days), OTC
CRAYON STRIP MIS BANDAGE	QL (30 boxes every 25 days), OTC
CURITY AMD PAD 2"X2"	QL (120 pads every 25 days), OTC
CURITY COVER PAD 3"X4"	QL (180 pads every 25 days), OTC
CURITY COVER PAD 4"X3"	QL (180 pads every 25 days), OTC

Drug Name	Requirements/Limits
CURITY GAUZE PAD 2"X2"	QL (120 pads every 25 days), OTC
CURITY GAUZE PAD 4"X3"	QL (180 pads every 25 days), OTC
CURITY GAUZE PAD 4"X4"	QL (120 pads every 25 days), OTC
CURITY GAUZE PAD 4"X4"	QL (180 pads every 25 days), OTC
CURITY SPONG PAD 2"X2"	QL (120 pads every 25 days), OTC
CURITY SPONG PAD 4"X3"	QL (180 pads every 25 days), OTC
CURITY SPONG PAD 4"X4"	QL (120 pads every 25 days), OTC
CVS ADHESIVE TAP 1"X10YDS	QL (300 ea every 25 days), OTC
CVS ANTI-BAC MIS	QL (30 boxes every 25 days), OTC
CVS ANTI-BAC MIS BANDAGE	QL (30 boxes every 25 days), OTC
CVS ANTI-BAC MIS WATERPRO	QL (30 boxes every 25 days), OTC
CVS CLEAR MIS BANDAGES	QL (30 boxes every 25 days), OTC
CVS FLEX FAB MIS BANDAG	QL (30 boxes every 25 days), OTC
CVS GAUZE PD PAD 2"X2"	QL (120 pads every 25 days), OTC
CVS PLASTIC MIS BANDAGE	QL (30 boxes every 25 days), OTC
CVS SHEER BA MIS ASSORTED	QL (30 boxes every 25 days), OTC
CVS SHEER MIS BAND 1"	QL (30 boxes every 25 days), OTC
CVS SHEER MIS BAND XL	QL (30 boxes every 25 days), OTC
CVS SPOT BAN MIS SHEER	QL (30 boxes every 25 days), OTC
DERM NON-ADH PAD 3"X4"	QL (180 pads every 25 days), OTC
DERMACEA I.V PAD 2"X2"	QL (120 pads every 25 days), OTC
DERMACEA IV PAD 2"X2"	QL (120 pads every 25 days), OTC
DERMACEA PAD 2"X2"	QL (120 pads every 25 days), OTC

Drug Name	Requirements/Limits
DERMACEA PAD 3"X4"	QL (180 pads every 25 days), OTC
DRESS SPONGE PAD 4"X3"	QL (180 pads every 25 days), OTC
DURAPORE TAP 1"X10YDS	QL (120 ea every 25 days), OTC
EQ STRONG MIS STRIPS	QL (30 boxes every 25 days), OTC
EQL BUTTERFL MIS CLOSURE	QL (30 boxes every 25 days), OTC
EQL FIRST MIS AID BAND	QL (30 boxes every 25 days), OTC
EQL FLEXIBLE MIS FABRIC	QL (30 boxes every 25 days), OTC
EQL FLEXIBLE MIS FOAM	QL (30 boxes every 25 days), OTC
EQL GAUZE PAD 2"X2"	QL (120 pads every 25 days), OTC
EQL GENTLE MIS STRIPS	QL (30 boxes every 25 days), OTC
EQL HVY DUTY MIS STRIPS	QL (30 boxes every 25 days), OTC
EQL PLASTIC MIS STRIPS	QL (30 boxes every 25 days), OTC
EQL SHEER MIS SPOTS	QL (30 boxes every 25 days), OTC
EQL SHEER MIS STRIPS	QL (30 boxes every 25 days), OTC
EQL STRIPS MIS	QL (30 boxes every 25 days), OTC
FABRIC BANDG MIS ASSORTED	QL (30 boxes every 25 days), OTC
FABRIC BANDG MIS FLEXIBLE	QL (30 boxes every 25 days), OTC
FIRST AID MIS FLEX FAB	QL (30 boxes every 25 days), OTC
FLEX BANDAGE MIS	QL (30 boxes every 25 days), OTC
FLEX BANDAGE MIS FABRIC	QL (30 boxes every 25 days), OTC
GAUZE PAD 2"X2"	QL (120 pads every 25 days), OTC
GAUZE PAD PAD 2"X2"	QL (120 pads every 25 days), OTC
GAUZE PADS & DRESSINGS - PADS 2" X 3"	QL (180 pads every 25 days), OTC

Drug Name	Requirements/Limits
GAUZE PADS & DRESSINGS - PADS 3" X 3"	QL (120 pads every 25 days), OTC
GAUZE PADS & DRESSINGS - PADS 5" X 9"	QL (30 pads every 25 days), OTC
GAUZE SPONGE PAD 2X2 8PLY	QL (120 pads every 25 days)
GAUZE SPONGE PAD 2X2 8PLY	QL (120 pads every 25 days), OTC
GENTLE PAPER TAP 1"X10YD	QL (300 ea every 25 days), OTC
GENTLE PAPER TAP 1"X10YDS	QL (300 ea every 25 days), OTC
GNP BANDAGES MIS	QL (30 boxes every 25 days), OTC
GNP BANDAGES MIS 1"X3"	QL (30 boxes every 25 days), OTC
GNP BANDAGES MIS 2"X4"	QL (30 boxes every 25 days), OTC
GNP BANDAGES MIS 3/4"X3"	QL (30 boxes every 25 days), OTC
GNP BANDAGES MIS ASSORTED	QL (30 boxes every 25 days), OTC
GNP BANDAGES MIS CLEAR	QL (30 boxes every 25 days), OTC
GNP BANDAGES MIS SHEER	QL (30 boxes every 25 days), OTC
GNP GAUZE PAD 2X2	QL (120 pads every 25 days), OTC
GNTL ADHESVE MIS BNDG XL	QL (30 boxes every 25 days), OTC
HEAVY DUTY MIS BANDAGES	QL (30 boxes every 25 days), OTC
HEAVY DUTY MIS CLR&TGH	QL (30 boxes every 25 days), OTC
HEAVY DUTY MIS FAB BAND	QL (30 boxes every 25 days), OTC
HM BUTTERFLY MIS CLOSURES	QL (30 boxes every 25 days), OTC
HM NON-STICK PAD 3" X 4"	QL (180 pads every 25 days), OTC
HM STERILE PAD 2X2 8PLY	QL (120 pads every 25 days), OTC
HYPO-ALLERG MIS BANDAGE	QL (30 boxes every 25 days), OTC
I.V. SPONGES PAD 2"X2"	QL (120 pads every 25 days), OTC

Drug Name	Requirements/Limits
J&J GAUZE PAD 2"X2"	QL (120 ea every 25 days), OTC
KENDALL FOAM PAD 2"X2"	QL (120 pads every 25 days), OTC
KERLIX GAUZE MIS ROLL LRG	QL (120 boxes every 25 days), OTC
LEUKOSTRIP MIS 1/2"X4"	QL (30 boxes every 25 days), OTC
LEUKOSTRIP MIS 1/4"X3"	QL (30 boxes every 25 days), OTC
LEUKOSTRIP MIS 1/4"X4"	QL (30 boxes every 25 days), OTC
LEUKOSTRIP MIS 1/8X1.5"	QL (30 boxes every 25 days), OTC
MIRASORB MIS 2" X 2"	QL (120 each every 25 days), OTC
NEXCARE TATT MIS BANDAGES	QL (30 boxes every 25 days), OTC
NEXCARE WATR MIS PRF BAND	QL (30 boxes every 25 days), OTC
NON-ADHERENT PAD 3"X4"	QL (180 pads every 25 days), OTC
NON-STCK PAD PAD 3"X4"	QL (180 pads every 25 days), OTC
NON-STICK PAD 3"X4"	QL (180 pads every 25 days), OTC
PEANUTS MIS BANDAGES	QL (30 boxes every 25 days), OTC
PLAS BANDAGE MIS 3/4"X3"	QL (30 boxes every 25 days), OTC
PLASTC BANDG MIS 3/4"	QL (30 boxes every 25 days), OTC
PROXI-STRIP MIS 1/4"X4"	QL (30 boxes every 25 days), OTC
PROXI-STRIPS MIS 1/2"X4"	QL (30 boxes every 25 days), OTC
RA ADHESIVE MIS BANDAGES	QL (30 boxes every 25 days), OTC
RA ADHESIVE TAP 1"X10YDS	QL (300 ea every 25 days), OTC
RA STERILE PAD 2"X2"	QL (120 pads every 25 days), OTC
RA STERILE PAD 4"X4"	QL (30 pads every 25 days), OTC
RELEASE PAD 4" X 3"	QL (180 pads every 25 days), OTC

Drug Name	Requirements/Limits
RESTORE CONT PAD 2"X2"	QL (120 pads every 25 days), OTC
SHEER ADHESI MIS 3/4"X3"	QL (30 boxes every 25 days), OTC
SHEER BANDGE MIS	QL (30 boxes every 25 days), OTC
SHEER BANDGE MIS 1"	QL (30 boxes every 25 days), OTC
SHEER BANDGE MIS EX-LARGE	QL (30 boxes every 25 days), OTC
SHR BANDAGES MIS	QL (30 boxes every 25 days), OTC
SHR BANDAGES MIS ASSORTED	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS ANTIBACT	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS CLEAR	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS CLR SPOT	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS FAB 3/4"	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS FAB XL	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS FLEXIBLE	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS FOAM	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS FOAM XL	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS PLASTIC	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS SHEER	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS SHEER XL	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS STRNG ST	QL (30 boxes every 25 days), OTC
SM BANDAGES MIS WTRSHELD	QL (30 boxes every 25 days), OTC
SM GAUZE PAD 2"X2"	QL (120 pads every 25 days), OTC
SM GAUZE PAD 4"X4"	QL (30 pads every 25 days), OTC
SM KNUCKLE/ MIS FINGERTP	QL (30 boxes every 25 days), OTC

Drug Name	Requirements/Limits
SM STERILE PAD 2"X2"	QL (120 pads every 25 days), OTC
SM STRONG MIS STRIPS	QL (30 boxes every 25 days), OTC
SM STURDY MIS STRIP	QL (30 boxes every 25 days), OTC
SOFT 'N FLEX MIS	QL (30 boxes every 25 days), OTC
SORESPOT MIS BANDAGES	QL (30 each every 25 days), OTC
STERI-STRIP MIS	QL (30 boxes every 25 days), OTC
STERI-STRIP MIS 1" X 5"	QL (30 boxes every 25 days), OTC
STERI-STRIP MIS 1/2"X2"	QL (30 each every 25 days), OTC
STERI-STRIP MIS 1/2"X4"	QL (30 boxes every 25 days), OTC
STERI-STRIP MIS 1/4"X1.5	QL (30 boxes every 25 days), OTC
STERI-STRIP MIS 1/4"X3"	QL (30 boxes every 25 days), OTC
STERI-STRIP MIS 1/4"X4"	QL (30 boxes every 25 days), OTC
STERI-STRIP MIS 1/8"X3"	QL (30 boxes every 25 days), OTC
STERILE GAUZ PAD 2"X2"	QL (120 pads every 25 days), OTC
STERILE PAD 2"X2"	QL (120 pads every 25 days), OTC
STERILE PADS PAD 2"X2"	QL (120 pads every 25 days), OTC
STRONG STRIP MIS WATERPRF	QL (30 boxes every 25 days), OTC
SUPERSTRIP MIS 1" X 3"	QL (30 boxes every 25 days), OTC
SURESEAL MIS EX LARGE	QL (30 boxes every 25 days), OTC
SURESEAL MIS K	QL (30 boxes every 25 days), OTC
SURESEAL MIS LARGE	QL (30 boxes every 25 days), OTC
SURGICAL SPN PAD 2" X 2"	QL (120 pads every 25 days), OTC
TEGADERM CNT PAD 3"X4"	QL (180 pads every 25 days), OTC

Drug Name	Requirements/Limits
TEGADERM FM PAD 2"X2"	QL (120 pads every 25 days), OTC
TELFA ADHESV PAD 3"X4"	QL (180 pads every 25 days), OTC
TELFA NON-AD PAD 3"X4"	QL (180 pads every 25 days), OTC
THERAGAUZE PAD 2"X2"	QL (120 pads every 25 days), OTC
TOPPER DRESS MIS	QL (180 boxes every 25 days), OTC
VARIETY PACK MIS BANDAGES	QL (30 boxes every 25 days), OTC
WATERPROOF MIS BANDAGES	QL (30 boxes every 25 days), OTC
WTERPRF BAND MIS CLEAR	QL (30 boxes every 25 days), OTC

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

AIMSCO MIS LUBRICAT	QL (108 boxes every 25 days), OTC
COLOR CONDOM MIS + LUBE	QL (108 boxes every 25 days), OTC
CONDOMS - MALE	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX NON-LUBRICATED	OTC; QL (max quantity 12 per fill)
FANTASY LUBR MIS	QL (108 boxes every 25 days), OTC
FANTASY LUBR MIS COLORS	QL (108 boxes every 25 days), OTC
FANTASY LUBR MIS SPERMICI	QL (108 boxes every 25 days), OTC
FANTASY MIS LUBRICAT	QL (108 boxes every 25 days), OTC
K-Y ME & YOU MIS EX LUBRI	QL (108 each every 25 days), OTC
K-Y ME & YOU MIS INTENSE	QL (108 each every 25 days), OTC
KAMELEON LUB MIS COLORS	QL (108 boxes every 25 days), OTC
KAMELEON MIS TRI-COLR	QL (108 boxes every 25 days), OTC
KIMONO COLOR MIS	QL (108 each every 25 days), OTC
KIMONO MICRO MIS THIN +	QL (108 boxes every 25 days), OTC

Drug Name	Requirements/Limits
KIMONO MICRO MIS THIN PLS	QL (108 each every 25 days), OTC
KIMONO MIS LUBRICAT	QL (108 boxes every 25 days), OTC
KIMONO MIS SENSATIO	QL (108 boxes every 25 days), OTC
KIMONO PLUS MIS LUBRICAT	QL (108 boxes every 25 days), OTC
KIMONO PLUS MIS SPERMICI	QL (108 boxes every 25 days), OTC
KIMONO PS MIS LUBRICAT	QL (108 each every 25 days), OTC
KIMONO PS MIS PLUS	QL (108 each every 25 days), OTC
KIMONO SENSE MIS PLUS	QL (108 each every 25 days), OTC
KIMONO SPEC MIS	QL (108 each every 25 days), OTC
MAXX MIS LUBRICAT	QL (108 boxes every 25 days), OTC
MAXX PLUS MIS SPERMICI	QL (108 each every 25 days), OTC
NATURAL COND MIS + LUBE	QL (108 boxes every 25 days), OTC
REALITY MIS LUBRICAT	QL (108 boxes every 25 days), OTC
REALITY ULTR MIS TEXTURED	QL (108 each every 25 days), OTC
REALITY ULTR MIS THIN	QL (108 each every 25 days), OTC
TRUSTEX LUBR MIS ASSORTED	QL (108 boxes every 25 days), OTC
TRUSTEX LUBR MIS BANANA	QL (108 boxes every 25 days), OTC
TRUSTEX LUBR MIS CHOC	QL (108 boxes every 25 days), OTC
TRUSTEX LUBR MIS COLA	QL (108 boxes every 25 days), OTC
TRUSTEX LUBR MIS COLORS	QL (108 boxes every 25 days), OTC
TRUSTEX LUBR MIS EX LARGE	QL (108 boxes every 25 days), OTC
TRUSTEX LUBR MIS EX STR	QL (108 boxes every 25 days), OTC
TRUSTEX LUBR MIS GRAPE	QL (108 boxes every 25 days), OTC

Drug Name	Requirements/Limits
TRUSTEX LUBR MIS MINT	QL (108 boxes every 25 days), OTC
TRUSTEX LUBR MIS RIB/STUD	QL (108 boxes every 25 days), OTC
TRUSTEX LUBR MIS SPERMICI	QL (108 boxes every 25 days), OTC
TRUSTEX LUBR MIS STRWBRY	QL (108 boxes every 25 days), OTC
TRUSTEX LUBR MIS VANILLA	QL (108 boxes every 25 days), OTC
TRUSTEX/RIA MIS LUBRICAT	QL (108 boxes every 25 days), OTC
TRUSTEX/RIA MIS SPERMICI	QL (108 boxes every 25 days), OTC
TRUSTX NON-9 MIS RIB/STUD	QL (108 boxes every 25 days), OTC

DIABETIC SUPPLIES

DEXCOM G6 RECEIVER	QL (1 each every 310 days); PA (except ages 2-18 with history of insulin)
DEXCOM G6 SENSOR	QL (3 boxes every 25 days); PA (except ages 2-18 with history of insulin)
DEXCOM G6 TRANSMITTER	QL (1 box every 76 days); PA (except ages 2-18 with history of insulin)
FREESTY LIBR KIT 2 SENSOR	QL (2 boxes every 23 days); PA (except ages 2-18 with history of insulin)
FREESTY LIBR KIT 3 SENSOR	
FREESTY LIBR MIS 2 READER	QL (1 each every 310 days); PA (except ages 2-18 with history of insulin)
FREESTYLE LIBRE READER	QL (1 each every 310 days); PA (except ages 2-18 with history of insulin)
FREESTYLE LIBRE SENSOR	QL (2 boxes every 23 days); PA (except ages 2-18 with history of insulin); 14 day
LANCETS	OTC
RELION TRUE KIT MET AIR	OTC; Covered through Manufacturer
TRUE METRIX KIT AIR	OTC; Covered through Manufacturer
TRUE METRIX KIT METER	OTC; Covered through Manufacturer

Drug Name	Requirements/Limits
GI-GU OSTOMY & IRRIGATION SUPPLIES	
ADAPT PST	QL (10 gm every 25 days), OTC
ALLKARE BARR MIS WIPES	QL (25 boxes every 25 days), OTC
ALLKARE BARR MIS WIPES	QL (5 boxes every 25 days), OTC
DISPOZ-A-BAG MIS LG 32OZ	QL (10 boxes every 25 days), OTC
DOVER URINE MIS BAG	QL (50 boxes every 25 days)
DRAIN POUCH MIS 1"	QL (50 boxes every 25 days), OTC
DRAIN POUCH MIS 1-3/4"	QL (15 boxes every 25 days), OTC
DRAIN POUCH MIS 2-1/4"	QL (25 boxes every 25 days), OTC
DRAIN POUCH MIS 19-64MM	QL (50 boxes every 25 days), OTC
DRAIN POUCH MIS 32MMX12"	QL (15 boxes every 25 days), OTC
DRAIN POUCH MIS 45MM	QL (15 boxes every 25 days), OTC
DRAIN POUCH MIS 45MM	QL (20 boxes every 25 days), OTC
DRAIN POUCH MIS 57MM	QL (20 boxes every 25 days), OTC
DRAIN POUCH MIS 57MM	QL (50 boxes every 25 days), OTC
DRAINAGE BAG KIT 2000ML	QL (10 kits every 25 days), OTC
DURAHESIVE WAF 45MM	QL (20 ea every 25 days), OTC
EAKIN COHESV MIS SEALS 2"	QL (25 boxes every 25 days), OTC
NEW IMAGE WAF 1-3/4"	QL (20 ea every 25 days), OTC
NEW IMAGE WAF 2-1/4"	QL (10 ea every 25 days), OTC
OSTOMY BELT MIS LARGE	QL (510 boxes every 25 days), OTC
OSTOMY BELT MIS MEDIUM	QL (5 boxes every 25 days), OTC
OSTOMY SUPPLIES - POWDER	OTC
2-PC BARRIER MIS 2-1/4"	QL (25 boxes every 25 days), OTC

Drug Name	Requirements/Limits
SKIN BARRIER WAF 2-1/4"	QL (10 ea every 25 days), OTC
SKIN BARRIER WAF 57MM	QL (10 ea every 25 days), OTC
SKIN PREP MIS WIPES	QL (15 boxes every 25 days), OTC
STOMAHESIVE PST	QL (510 gm every 25 days), OTC
SUR-FIT NATU WAF 4"X4"	QL (10 ea every 25 days), OTC
SUR-FIT NATU WAF 5"X5"	QL (20 ea every 25 days), OTC
UROST POUCH MIS 1-3/4"	QL (50 boxes every 25 days), OTC
UROST POUCH MIS 3/4"	QL (50 boxes every 25 days), OTC
UROST POUCH MIS 22MM	QL (15 boxes every 25 days), OTC

MISC. DEVICES

ALCOHOL SWABS	QL (200 pads every 25 days), OTC
ALLERGARD MIS GLOV 5.5	QL (100 boxes every 25 days), OTC
ALLERGARD MIS GLOV 6.5	QL (100 boxes every 25 days), OTC
ALLERGARD MIS GLOV 7.5	QL (100 boxes every 25 days), OTC
ALLERGARD MIS GLOV 8.5	QL (100 boxes every 25 days), OTC
ALLERGARD MIS GLOVE 6	QL (100 boxes every 25 days), OTC
ALLERGARD MIS GLOVE 7	QL (100 boxes every 25 days), OTC
ALLERGARD MIS GLOVE 8	QL (100 boxes every 25 days), OTC
ALLERGARD MIS GLOVE 9	QL (100 boxes every 25 days), OTC
CHEMO GLOVES MIS LARGE	QL (100 boxes every 25 days)
CHEMO GLOVES MIS MEDIUM	QL (100 boxes every 25 days)
CHEMO GLOVES MIS SMALL	QL (100 boxes every 25 days)
CHEMO GLOVES MIS X-LARGE	QL (100 boxes every 25 days)

Drug Name	Requirements/Limits
COMFORT EZ MIS LARGE	QL (100 boxes every 25 days), OTC
COMFORT EZ MIS MEDIUM	QL (100 boxes every 25 days), OTC
COMFORT EZ MIS SMALL	QL (100 boxes every 25 days), OTC
COMFORT EZ MIS X-LARGE	QL (100 boxes every 25 days), OTC
COTTON GLOVE MIS MEDIUM	QL (100 boxes every 25 days), OTC
CVS GLOVES MIS	QL (100 boxes every 25 days), OTC
CVS GLOVES MIS SMALL	QL (100 boxes every 25 days), OTC
CVS GLOVES MIS VINYL	QL (100 boxes every 25 days), OTC
ELECTRONIC THERMOMETERS	OTC; QL (max quantity 1 per fill)
EQL LATEX MIS GLOVES	QL (100 boxes every 25 days), OTC
EQL VINYL MIS GLOVES	QL (100 boxes every 25 days), OTC
ESSENTRA MIS 9X9"	QL (200 sheets every 25 days)
EXAM GLOVES MIS DISPOSBL	QL (100 boxes every 25 days), OTC
EXAM GLOVES MIS EX SMALL	QL (100 boxes every 25 days), OTC
EXAM GLOVES MIS LARGE	QL (100 boxes every 25 days), OTC
EXAM GLOVES MIS MEDIUM	QL (100 boxes every 25 days), OTC
EXAM GLOVES MIS SMALL	QL (100 boxes every 25 days), OTC
HEAVY DUTY MIS LATEX	QL (100 boxes every 25 days), OTC
INFANT THERMOMETERS	QL (2 boxes every year), OTC
J&J GLOVES MIS LATEX	QL (100 boxes every 25 days), OTC
J&J GLOVES MIS LTX-FREE	QL (100 boxes every 25 days), OTC
LATEX EXAM MIS GLOVES	QL (100 boxes every 25 days), OTC
LATEX GLOVE MIS LARGE	QL (100 boxes every 25 days)

Drug Name	Requirements/Limits
LATEX GLOVE MIS MEDIUM	QL (100 boxes every 25 days)
LATEX GLOVE MIS SMALL	QL (100 boxes every 25 days)
LATEX GLOVES MIS	QL (100 boxes every 25 days), OTC
LATEX GLOVES MIS GEN PURP	QL (100 boxes every 25 days), OTC
LATEX GLOVES MIS LARGE	QL (100 boxes every 25 days), OTC
LATEX GLOVES MIS MEDIUM	QL (100 boxes every 25 days)
LATEX GLOVES MIS MEDIUM	QL (100 boxes every 25 days), OTC
LATEX GLOVES MIS ONE SIZE	QL (100 boxes every 25 days), OTC
LATEX GLOVES MIS PF-LARGE	QL (100 boxes every 25 days), OTC
LATEX GLOVES MIS PF-MED	QL (100 boxes every 25 days), OTC
LATEX GLOVES MIS PF-SMALL	QL (100 boxes every 25 days), OTC
LATEX GLOVES MIS PF-XL	QL (100 boxes every 25 days), OTC
LATEX GLOVES MIS SMALL	QL (100 boxes every 25 days), OTC
MAXXUS ORTHO MIS GLOV 6.5	QL (100 boxes every 25 days), OTC
MAXXUS ORTHO MIS GLOV 7.5	QL (100 boxes every 25 days), OTC
MAXXUS ORTHO MIS GLOV 8.5	QL (100 boxes every 25 days), OTC
MAXXUS ORTHO MIS GLOVE 6	QL (100 boxes every 25 days), OTC
MAXXUS ORTHO MIS GLOVE 7	QL (100 boxes every 25 days), OTC
MAXXUS ORTHO MIS GLOVE 8	QL (100 boxes every 25 days), OTC
MAXXUS ORTHO MIS GLOVE 9	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS GLOV 5.5	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS GLOV 6.5	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS GLOV 7.5	QL (100 boxes every 25 days), OTC

Drug Name	Requirements/Limits
MICRO-TOUCH MIS GLOV 8.5	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS GLOVE 6	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS GLOVE 7	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS GLOVE 8	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS GLOVE 9	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS GLOVE/LG	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS GLOVE/MD	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS GLOVE/SM	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS XP LARGE	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS XP MED	QL (100 boxes every 25 days), OTC
MICRO-TOUCH MIS XP SMALL	QL (100 boxes every 25 days), OTC
NEOPRENE GLV MIS LARGE	QL (100 boxes every 25 days)
NEOPRENE GLV MIS MEDIUM	QL (100 boxes every 25 days)
NEOPRENE GLV MIS SMALL	QL (100 boxes every 25 days)
NEOPRENE GLV MIS X-LARGE	QL (100 boxes every 25 days)
NEUTRALON 50 MIS GLOV 5.5	QL (100 boxes every 25 days), OTC
NEUTRALON 50 MIS GLOV 6.5	QL (100 boxes every 25 days), OTC
NEUTRALON 50 MIS GLOV 7.5	QL (100 boxes every 25 days), OTC
NEUTRALON 50 MIS GLOV 8.5	QL (100 boxes every 25 days), OTC
NEUTRALON 50 MIS GLOVE 6	QL (100 boxes every 25 days), OTC
NEUTRALON 50 MIS GLOVE 7	QL (100 boxes every 25 days), OTC
NEUTRALON 50 MIS GLOVE 8	QL (100 boxes every 25 days), OTC
NEUTRALON 50 MIS GLOVE 9	QL (100 boxes every 25 days), OTC

Drug Name	Requirements/Limits
NEUTRALON MIS GLOV 5.5	QL (100 boxes every 25 days), OTC
NEUTRALON MIS GLOV 6.5	QL (100 boxes every 25 days), OTC
NEUTRALON MIS GLOV 7.5	QL (100 boxes every 25 days), OTC
NEUTRALON MIS GLOV 8.5	QL (100 boxes every 25 days), OTC
NEUTRALON MIS GLOVE 6	QL (100 boxes every 25 days), OTC
NEUTRALON MIS GLOVE 7	QL (100 boxes every 25 days), OTC
NEUTRALON MIS GLOVE 8	QL (100 boxes every 25 days), OTC
NEUTRALON MIS GLOVE 9	QL (100 boxes every 25 days), OTC
NITRILE EXAM MIS GLOVES	QL (100 boxes every 25 days), OTC
NITRILE EXAM MIS LARGE	QL (100 boxes every 25 days), OTC
NITRILE EXAM MIS MEDIUM	QL (100 boxes every 25 days), OTC
NITRILE EXAM MIS SMALL	QL (100 boxes every 25 days), OTC
NITRILE EXAM MIS X-LARGE	QL (100 boxes every 25 days), OTC
NITRILE GLOV MIS BLACK/L	QL (100 each every 25 days), OTC
NITRILE GLOV MIS BLACK/M	QL (100 each every 25 days), OTC
NITRILE GLOV MIS BLACK/S	QL (100 each every 25 days), OTC
NITRILE GLOV MIS BLACK/XL	QL (100 each every 25 days), OTC
NITRILE GLOV MIS BLUE/L	QL (100 each every 25 days)
NITRILE GLOV MIS BLUE/L	QL (100 each every 25 days), OTC
NITRILE GLOV MIS BLUE/M	QL (100 each every 25 days)
NITRILE GLOV MIS BLUE/M	QL (100 each every 25 days), OTC
NITRILE GLOV MIS BLUE/S	QL (100 each every 25 days)
NITRILE GLOV MIS BLUE/S	QL (100 each every 25 days), OTC

Drug Name	Requirements/Limits
NITRILE GLOV MIS BLUE/XL	QL (100 each every 25 days)
NITRILE GLOV MIS BLUE/XL	QL (100 each every 25 days), OTC
NITRILE GLOV MIS LARGE	QL (100 boxes every 25 days)
NITRILE GLOV MIS LARGE	QL (100 boxes every 25 days), OTC
NITRILE GLOV MIS MEDIUM	QL (100 boxes every 25 days)
NITRILE GLOV MIS MEDIUM	QL (100 boxes every 25 days), OTC
NITRILE GLOV MIS OATMEAL	QL (100 boxes every 25 days), OTC
NITRILE GLOV MIS ONE SIZE	QL (100 boxes every 25 days), OTC
NITRILE GLOV MIS SIZE 6	QL (100 boxes every 25 days)
NITRILE GLOV MIS SIZE 6.5	QL (100 boxes every 25 days)
NITRILE GLOV MIS SIZE 7	QL (100 boxes every 25 days)
NITRILE GLOV MIS SIZE 7.5	QL (100 boxes every 25 days)
NITRILE GLOV MIS SIZE 8	QL (100 boxes every 25 days)
NITRILE GLOV MIS SIZE 8.5	QL (100 boxes every 25 days)
NITRILE GLOV MIS SIZE 9	QL (100 boxes every 25 days)
NITRILE GLOV MIS SIZE 9.5	QL (100 boxes every 25 days)
NITRILE GLOV MIS SIZE 10	QL (100 boxes every 25 days)
NITRILE GLOV MIS SMALL	QL (100 boxes every 25 days)
NITRILE GLOV MIS X-LARGE	QL (100 boxes every 25 days)
NITRILE GLOV MIS X-LARGE	QL (100 boxes every 25 days), OTC
NYPLEX GLOVE MIS	QL (100 boxes every 25 days), OTC
PRO COMFORT MIS GLOVE XL	QL (100 boxes every 25 days), OTC
PRO COMFORT MIS GLOVES L	QL (100 boxes every 25 days), OTC

Drug Name	Requirements/Limits
PRO COMFORT MIS GLOVES M	QL (100 boxes every 25 days), OTC
PURE-COMFORT MIS LARGE	QL (100 boxes every 25 days), OTC
PURE-COMFORT MIS MEDIUM	QL (100 boxes every 25 days), OTC
PURE-COMFORT MIS NIT LG	QL (100 boxes every 25 days), OTC
PURE-COMFORT MIS NIT MED	QL (100 boxes every 25 days), OTC
PURE-COMFORT MIS NIT XL	QL (100 boxes every 25 days), OTC
PURE-COMFORT MIS SMALL	QL (100 boxes every 25 days), OTC
PURE-COMFORT MIS VINYL LG	QL (100 boxes every 25 days), OTC
PURE-COMFORT MIS VINYL MD	QL (100 boxes every 25 days), OTC
PURE-COMFORT MIS VINYL SM	QL (100 boxes every 25 days), OTC
PURE-COMFORT MIS VINYL XL	QL (100 boxes every 25 days), OTC
PURE-COMFORT MIS XLARGE	QL (100 boxes every 25 days), OTC
RA EXT CUFF MIS NIT GLV	QL (100 boxes every 25 days), OTC
RA VINYL MIS GLOVES	QL (100 boxes every 25 days), OTC
RECTAL THERMOMETERS	QL (2 boxes every year), OTC
SAFESKIN MIS GLOVES	QL (100 boxes every 25 days), OTC
SECURE GLOVE MIS LARGE	QL (100 boxes every 25 days), OTC
SECURE GLOVE MIS MEDIUM	QL (100 boxes every 25 days), OTC
SECURE GLOVE MIS SMALL	QL (100 boxes every 25 days), OTC
SHAMROCK MIS GLOVE LG	QL (100 boxes every 25 days), OTC
SHAMROCK MIS GLOVE MD	QL (100 boxes every 25 days), OTC
SHAMROCK MIS GLOVE SM	QL (100 boxes every 25 days), OTC
SHAMROCK MIS GLOVE XL	QL (100 boxes every 25 days), OTC

Drug Name	Requirements/Limits
SHAMROCK MIS GLOVE XS	QL (100 boxes every 25 days), OTC
SURGIKOS MIS GLOV 5.5	QL (100 boxes every 25 days), OTC
SURGIKOS MIS GLOV 6.5	QL (100 boxes every 25 days), OTC
SURGIKOS MIS GLOV 7.5	QL (100 boxes every 25 days), OTC
SURGIKOS MIS GLOV 8.5	QL (100 boxes every 25 days), OTC
SURGIKOS MIS GLOVE 6	QL (100 boxes every 25 days), OTC
SURGIKOS MIS GLOVE 7	QL (100 boxes every 25 days), OTC
SURGIKOS MIS GLOVE 8	QL (100 boxes every 25 days), OTC
SURGIKOS MIS GLOVE 9	QL (100 boxes every 25 days), OTC
TRANQUILITY MIS LG GLOVE	QL (100 boxes every 25 days), OTC
TRANQUILITY MIS MD GLOVE	QL (100 boxes every 25 days), OTC
TRANQUILITY MIS SM GLOVE	QL (100 boxes every 25 days), OTC
ULTRA-SOFT MIS GLOVES	QL (100 boxes every 25 days), OTC
VINYL EXAM MIS GLOVE LG	QL (100 boxes every 25 days), OTC
VINYL EXAM MIS GLOVE MD	QL (100 boxes every 25 days), OTC
VINYL EXAM MIS GLOVE XL	QL (100 boxes every 25 days), OTC
VINYL EXAM MIS GLOVE XS	QL (100 boxes every 25 days), OTC
VINYL EXAM MIS GLOVES	QL (100 boxes every 25 days), OTC
VINYL GLOVES MIS	QL (100 boxes every 25 days), OTC
VINYL GLOVES MIS GEN PURP	QL (100 boxes every 25 days), OTC
VINYL GLOVES MIS LARGE	QL (100 boxes every 25 days), OTC
VINYL GLOVES MIS MEDIUM	QL (100 boxes every 25 days), OTC
VINYL GLOVES MIS ONE SIZE	QL (100 boxes every 25 days), OTC

Drug Name	Requirements/Limits
VINYL GLOVES MIS SMALL	QL (100 boxes every 25 days), OTC

PARENTERAL THERAPY SUPPLIES

BD U-500 MIS 31GX6MM	QL (5 syringes every 1 day)
INSULIN SYRG MIS 0.3/29G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G	QL (5 syringes every 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G	QL (5 syringes every 1 day), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G	QL (5 syringes every 1 day), OTC; TRUEPLUS
NEEDLE (DISP) 18 X 1-1/2"	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	
PEN NEEDLES MIS 29GX10MM	QL (200 needles every 25 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	QL (200 needles every 25 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	QL (200 needles every 25 days), OTC; TRUEPLUS

Drug Name	Requirements/Limits
PEN NEEDLES MIS 31GX6MM	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	QL (200 pen needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	QL (200 needles every 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	QL (200 needles every 25 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	QL (200 needles every 25 days), OTC; TECHLITE
SYRINGE (DISPOSABLE) 3 ML	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1" - RX	
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	

RESPIRATORY THERAPY SUPPLIES

ACE AERO CLD MIS ENHANCER	QL (1 box every year)
ACTIVITY PCH MIS	QL (1 pack every year)
ADULT MASK MIS LARGE	QL (1 box every year)
AEROSOL MASK MIS ADULT	QL (1 box every year)
AEROSOL MASK MIS ADULT	QL (1 box every year), OTC
AEROTRC PLUS MIS	QL (1 box every year)
AIR TUBE MIS /PLUGS	QL (1 each every year)
AIRS PEDIATR MIS MASK	QL (1 each every year)
ALTERA NEB MIS HANDSET	QL (1 box every year)
BUBBLES PEDI MIS MASK	QL (1 box every year), OTC
CARETOUCH MIS CPAP	QL (1 each every year)
CO MONITOR MIS T PIECES	QL (1 box every year)
CONVERSION MIS BABY SZ1	QL (1 box every year)
CONVERSION MIS BABY SZ2	QL (1 box every year)
CONVERSION MIS BABY SZ3	QL (1 box every year)
CPAP & BIPAP MIS HOSE	QL (1 box every year)
2 CPAP HOSE MIS HANGER	QL (1 box every year)
CPAP MASK MIS WIPES	QL (1 box every year)
CPAP NEURAL MIS PRE-WASH	QL (1 each every year)
EASY FLOW MIS 300MM	QL (1 each every year), OTC
EASY FLOW MIS 400MM	QL (1 each every year), OTC
EASY FLOW MIS AIR NOZZ	QL (1 each every year), OTC
EASY FLOW MIS HEPA FIL	QL (1 each every year), OTC
ERAPID NEB MIS HANDSET	QL (1 box every year)
FILTER AIR MIS PP	QL (1 box every year)
FLYP HYPERSO MIS CARTRIDG	QL (1 each every year), OTC
FULL KIT NEB MIS SET	QL (1 box every year)

Drug Name	Requirements/Limits
HUMIDIFIERS	QL (1 box every year), OTC
LITETOUCH MIS MASK LG	QL (1 box every year)
LITETOUCH MIS MASK MD	QL (1 box every year)
LITETOUCH MIS MASK SM	QL (1 box every year)
MINIELITE MIS FILTERS	QL (1 box every year), OTC
NEBULIZER	OTC
NEBULIZER MIS MASK AD	QL (1 box every year)
NEBULIZER MIS MASK CH	QL (1 box every year)
NEBULIZER MIS MASK CHD	QL (1 box every year)
NEBULIZER MIS MASK INF	QL (1 box every year)
NEBULIZER- RX	
NOSE CLIP MIS	QL (1 box every year), OTC
PARI EXPIRAT MIS FILTER	QL (1 each every year)
PARI MASK MIS SIZE 3	QL (1 box every year)
PARI PLASTIC MIS MASK	QL (1 box every year)
PARI PLASTIC MIS MASK PED	QL (1 box every year)
PARI SMRTMSK MIS BABY	QL (1 box every year), OTC
PARI VORTEX MIS ADL MASK	QL (1 box every year), OTC
PEAK FLOW METER	QL (1 each every year), OTC
PEAK FLOW METER- RX	QL (1 each every year)
PEDIATRIC MIS MOUTHPIE	QL (1 box every year), OTC
PFLEX MIS	QL (1 pack every year)
PFT FILTER MIS 1000	QL (1 box every year)
PHARM CHOICE MIS WIPES	QL (1 each every year), OTC
PILLOW MASK MIS ADULT	QL (1 box every year)
PILLOW MASK MIS CHILD	QL (1 box every year)
PILLOW MASK MIS PEDIATRI	QL (1 box every year)
PRONEB ULTRA MIS FILTER	QL (1 box every year), OTC
REPLACEMENT MIS FILTER	QL (1 box every year)
REPLACEMENT MIS FILTERS	QL (1 each every year), OTC
SIDESTREAM MIS MASK	QL (1 box every year)
SIDESTREAM MIS MASK	QL (1 box every year), OTC
SIDESTREAM MIS PED MASK	QL (1 box every year)
SIDESTREAM MIS PED MASK	QL (1 box every year), OTC
SIDESTRM PLS MIS FACE MSK	QL (1 box every year), OTC
SILICONE MSK MIS ADULT	QL (1 box every year)
SILICONE MSK MIS INFANT	QL (1 box every year)
SILICONE MSK MIS PED	QL (1 box every year)
SOOTHENEB MIS MED CUP	QL (1 box every year), OTC
SOOTHENEB MIS MESH CAP	QL (1 box every year), OTC
SOOTHENEB MIS NBL 100	QL (1 box every year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	QL (2 spacers every 180 days), OTC

Drug Name	Requirements/Limits
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	QL (2 spacers every 180 days)
THRESHOLD MIS IMT	QL (1 pack every year)
TUBE CLEANIN MIS BRUSH	QL (1 box every year)
WINDMILL MIS TRAINER	QL (1 ea every year)
WING TIP MIS TUBING	QL (1 box every year), OTC

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

SEROTONIN AGONISTS

<i>naratriptan hcl tab 1 mg (base equiv)</i>	QL (9 tabs every 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	QL (9 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (12 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (generic of MAXALT-MLT)</i>	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent) (generic of MAXALT)</i>	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 25 mg (generic of IMITREX)</i>	QL (9 tabs every 25 days)
<i>sumatriptan succinate tab 50 mg (generic of IMITREX)</i>	QL (9 tabs every 25 days)
<i>sumatriptan succinate tab 100 mg (generic of IMITREX)</i>	QL (9 tabs every 25 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i>	OTC
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	OTC

Drug Name	Requirements/Limits
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	OTC
<i>oys shell+d tab 250-125</i>	OTC
<i>oyster shell calcium tab 500 mg</i>	OTC
RISACAL-D TAB	OTC

ELECTROLYTE MIXTURES

<i>oral electrolyte solution</i>	OTC
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FLUORIDE

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	QL (1 tab every 1 day)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	QL (1 tab every 1 day)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	QL (1 tab every 1 day)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	QL (1.67 mL every 1 day)

MAGNESIUM

<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	OTC
<i>magnesium oxide tab 500 mg (mg supplement)</i>	OTC
<i>magnesium tab 250 mg</i>	OTC
<i>magnesium-ox tab 400mg</i>	OTC

PHOSPHATE

<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	QL (4 tabs every 1 day)
<i>wes-phos 250 tab neutral</i>	QL (4 tabs every 1 day), OTC

POTASSIUM

<i>klor-con 8 tab 8meq er</i>	QL (4 tabs every 1 day)
<i>klor-con 10 tab 10meq er</i>	QL (4 tabs every 1 day)
<i>potassium bicarbonate effer tab 25 meq</i>	QL (2 tabs every 1 day)
<i>potassium chloride cap er 8 meq</i>	QL (4 caps every 1 day)
<i>potassium chloride cap er 10 meq</i>	QL (4 caps every 1 day)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	QL (4 tabs every 1 day)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	QL (5 tabs every 1 day)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>potassium chloride tab er 8 meq (600 mg)</i>	QL (4 tabs every 1 day)
<i>potassium chloride tab er 10 meq (generic of K-TAB)</i>	QL (4 tabs every 1 day)

Drug Name	Requirements/Limits
<i>potassium chloride tab er 20 meq (1500 mg)</i> (generic of K-TAB)	QL (5 tabs every 1 day)
SODIUM	
<i>sodium chloride tab 1 gm</i>	OTC
ZINC	
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	OTC
MISCELLANEOUS THERAPEUTIC CLASSES	
CHELATING AGENTS	
<i>penicillamine tab 250 mg</i> (generic of DEPEN TITRATABS)	PA
IMMUNOMODULATORS	
<i>lenalidomide cap 5 mg</i>	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 25 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 25MG	SP, PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	SP, PA, QL (1 cap every 1 day)
IMMUNOSUPPRESSIVE AGENTS	
<i>azathioprine tab 50 mg</i> (generic of IMURAN)	QL (8 tabs every 1 day)
<i>cyclosporine cap 25 mg</i> (generic of SANDIMMUNE)	QL (16 caps every 1 day)
<i>cyclosporine cap 100 mg</i> (generic of SANDIMMUNE)	QL (5 caps every 1 day)
<i>cyclosporine modified cap 25 mg</i> (generic of NEORAL)	QL (15 caps every 1 day)
<i>cyclosporine modified cap 50 mg</i>	QL (15 caps every 1 day)
<i>cyclosporine modified cap 100 mg</i> (generic of NEORAL)	QL (10 caps every 1 day)
<i>cyclosporine modified oral soln 100 mg/ml</i> (generic of NEORAL)	QL (10 mL every 1 day)
ENVARUSUS XR TAB 0.75MG	
ENVARUSUS XR TAB 1MG	
ENVARUSUS XR TAB 4MG	
<i>gengraf cap 25mg</i> (generic of NEORAL)	QL (15 caps every 1 day)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>gengraf cap 100mg</i> (generic of NEORAL)	QL (10 caps every 1 day)
<i>gengraf sol 100mg/ml</i> (generic of NEORAL)	QL (10 mL every 1 day)
<i>mycophenolate mofetil cap 250 mg</i> (generic of CELLCEPT)	QL (12 caps every 1 day)
<i>mycophenolate mofetil tab 500 mg</i> (generic of CELLCEPT)	QL (8 tabs every 1 day)
NEORAL CAP 25MG	QL (15 caps every 1 day)
NEORAL CAP 100MG	QL (10 caps every 1 day)
NEORAL SOL 100MG/ML	QL (10 mL every 1 day)
SANDIMMUNE SOL 100MG/ML	
<i>tacrolimus cap 0.5 mg</i> (generic of PROGRAF)	QL (2 caps every 1 day)
<i>tacrolimus cap 1 mg</i> (generic of PROGRAF)	QL (14 caps every 1 day)
<i>tacrolimus cap 5 mg</i> (generic of PROGRAF)	

IRRIGATION SOLUTIONS

water for irrigation, sterile irrigation soln

PATIENT ASSESSMENT SERVICES

EUA PATIENT MIS ASSESS

POTASSIUM REMOVING AGENTS

LOKELMA PAK 5GM	QL (3 packets every 1 day)
LOKELMA PAK 10GM	QL (3 packets every 1 day)
<i>sodium polystyrene sulfonate powder</i>	
<i>sps sus 15gm/60</i>	
VELTASSA POW 8.4GM	QL (1 packet every 1 day)
VELTASSA POW 16.8GM	QL (1 packet every 1 day)
VELTASSA POW 25.2GM	QL (1 packet every 1 day)

MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT

ANESTHETICS TOPICAL ORAL

lidocaine hcl viscous soln 2%

ANTI-INFECTIVES - THROAT

<i>clotrimazole troche 10 mg</i>	QL (5 ea every 1 day)
<i>nystatin susp 100000 unit/ml</i>	QL (120 mL every 1 day)

ANTISEPTICS - MOUTH/THROAT

chlorhexidine gluconate soln 0.12% (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)

DENTAL PRODUCTS

<i>denta 5000 cre plus</i>	
<i>denta 5000 cre plus 2pk</i>	
<i>dentagel gel 1.1%</i>	
<i>sf 5000 plus cre 1.1%</i>	
<i>sf gel 1.1%</i>	
<i>sod fluoride gel 1.1%</i>	
<i>sodium fluor cre 5000 pls</i>	

Drug Name	Requirements/Limits
<i>sodium fluor cre 5000 ppm</i>	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	
STEROIDS - MOUTH/THROAT/DENTAL	
<i>oralone dent pst 0.1%</i>	
<i>triamcinolone acetonide dental paste 0.1%</i>	
THROAT PRODUCTS - MISC.	
<i>pilocarpine hcl tab 5 mg (generic of SALAGEN)</i>	
<i>pilocarpine hcl tab 7.5 mg (generic of SALAGEN)</i>	
MULTIVITAMINS - DRUGS FOR NUTRITION	
B-COMPLEX W/ FOLIC ACID	
<i>b-complex w/ c & folic acid cap 1 mg- rx</i>	QL (2 caps every 1 day)
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg- rx</i>	
<i>b-complex w/ c & folic acid tab 5 mg- rx</i>	
MULTIPLE VITAMINS W/ IRON	
<i>multiple vitamins w/ iron tab</i>	QL (1 tab every 1 day), OTC
MULTIPLE VITAMINS W/ MINERALS	
ALGAE BASED TAB CALCIUM	QL (1 tab every 1 day), OTC
BACMIN TAB	QL (1 tab every 1 day)
CERTAVITE TAB SENIOR	QL (1 tab every 1 day), OTC
DIALYVITE TAB SUPREM D	QL (1 tab every 1 day)
ICAPS AREDS TAB FORMULA	QL (1 tab every 1 day), OTC
<i>multiple vitamins w/ minerals tab</i>	QL (1 tab every 1 day), OTC
<i>multiple vitamins w/ minerals tab- rx</i>	QL (1 tab every 1 day)
NUTRICAP TAB	QL (1 tab every 1 day)
ONCOVITE TAB	QL (1 tab every 1 day), OTC
PRESERVISION TAB AREDS	QL (1 tab every 1 day), OTC
PRORENAL +D TAB	QL (1 tab every 1 day), OTC
PRORENAL+D TAB	QL (1 tab every 1 day), OTC
RENAPLEX-D TAB	QL (1 tab every 1 day), OTC
SYSTANE ICAP TAB AREDS2	QL (1 tab every 1 day), OTC
THERA M PLUS TAB	QL (1 tab every 1 day), OTC
THERA-M TAB	QL (1 tab every 1 day), OTC
THEREMS-M TAB	QL (1 tab every 1 day), OTC
UDAMIN SP TAB	QL (1 tab every 1 day)
MULTIVITAMINS - DRUGS FOR NUTRITION	
<i>multiple vitamin tab</i>	QL (1 tab every 1 day), OTC
PED MULTI VITAMINS W/FL & FE	
<i>multi-vit/fe dro /fl 0.25</i>	QL (1.67 mL every 1 day), OTC
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	QL (1.67 mL every 1 day)

Drug Name	Requirements/Limits
PED MV W/ FLUORIDE	
<i>multi vit/fl dro 0.5mg/ml</i>	QL (1.67 mL every 1 day), OTC
<i>multivit/fl dro 0.25mg</i>	QL (1.67 mL every 1 day), OTC
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	QL (1 tab every 1 day)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	QL (1 tab every 1 day)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	QL (2 tabs every 1 day)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	QL (1.67 mL every 1 day)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	QL (1.67 mL every 1 day)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	QL (1.67 mL every 1 day)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	QL (1.67 mL every 1 day)
PED MV W/ IRON	
<i>cerovite jr chw</i>	OTC
MULTI/IRON/ DRO INF/TODD	QL (50 mL every 25 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	QL (1 tab every 1 day), OTC
<i>qc childrens chw complete</i>	OTC
<i>sm animal sh chw complete</i>	OTC
PEDIATRIC MULTIPLE VITAMINS	
<i>animal chews chw</i>	QL (1 tab every 1 day), OTC
<i>child chew/ chw extra c</i>	QL (1 tab every 1 day), OTC
<i>gnp little chw ones</i>	QL (1 tab every 1 day), OTC
MULTIV INFAN DRO /TODDLER	QL (50 mL every 25 days), OTC
<i>multivitamin chw children</i>	QL (1 tab every 1 day), OTC
<i>qc childrens chw extra c</i>	QL (1 tab every 1 day), OTC
<i>sm animal chw shapes</i>	QL (1 tab every 1 day), OTC
PEDIATRIC VITAMINS	
VITAMI A-C-D DRO INF/TODD	QL (50 mL every 25 days), OTC
PRENATAL VITAMINS	
NATALVIT TAB 75-1MG	QL (1 tab every 1 day)
<i>prenatabs rx tab</i>	QL (1 tab every 1 day), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	QL (1 tab every 1 day), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG-RX	QL (1 tab every 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	QL (1 tab every 1 day), OTC

Drug Name	Requirements/Limits
SE-NATAL 19 CHW	QL (1 tab every 1 day)
SE-NATAL 19 TAB	QL (1 tab every 1 day)
TRINATAL RX TAB 1	QL (1 tab every 1 day)
VINATE II TAB	QL (1 tab every 1 day)
VINATE ONE TAB	QL (1 tab every 1 day)
VITAFOL-OB TAB 65-1MG	QL (1 tab every 1 day)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 5 mg</i>	QL (4 tabs every 1 day)
<i>baclofen tab 10 mg</i>	QL (3 tabs every 1 day)
<i>baclofen tab 20 mg</i>	QL (4 tabs every 1 day)
<i>chlorzoxazone tab 500 mg</i>	QL (6 tabs every 1 day)
<i>cyclobenzaprine hcl tab 5 mg</i>	QL (3 tabs every 1 day)
<i>cyclobenzaprine hcl tab 10 mg</i>	QL (3 tabs every 1 day)
<i>methocarbamol tab 500 mg</i>	QL (6 tabs every 1 day); AGE (Max 64)
<i>methocarbamol tab 750 mg</i>	QL (10 tabs every 1 day); AGE (Max 64)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	QL (2 tabs every 1 day)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	QL (3 tabs every 1 day); AGE (Max 64)
<i>tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)</i>	QL (9 tabs every 1 day); AGE (Max 64)

NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENTS - MISC.

<i>saline nasal spray 0.65%</i>	OTC
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NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	QL (1 bottle every 25 days)
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	QL (52 mL every 25 days), OTC

NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	

NASAL STEROIDS

<i>allergy relf spr 50mcg</i>	QL (1.441 bottles every 25 days), OTC; AGE (Min 4)
<i>allgy relief spr 50mcg</i>	QL (1.013 bottles every 25 days), OTC; AGE (Min 4)
<i>budesonide sus 32mcg</i>	QL (1 bottle every 25 days), OTC; AGE (Min 6)

Drug Name	Requirements/Limits
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1 bottle every 25 days); AGE (Min 4)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1.013 bottles every 25 days), OTC; AGE (Min 4)
<i>fluticasone sus 50mcg</i>	QL (1.441 bottles every 25 days), OTC; AGE (Min 4)
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	QL (1.006 bottles every 25 days), OTC; AGE (Min 2)

SYMPATHOMIMETIC DECONGESTANTS

<i>oxymetazoline hcl nasal soln 0.05%</i>	OTC
<i>phenylephrine hcl tab 10 mg</i>	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	QL (6 tabs every 1 day), OTC
<i>pseudoephedrine hcl tab 60 mg</i>	QL (6 tabs every 1 day), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	QL (2 tabs every 1 day), OTC

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

ARTIFICIAL TEARS AND LUBRICANTS

<i>artificial tear ophth solution</i>	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	OTC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>carteolol hcl ophth soln 1%</i>	QL (15 mL every 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>	QL (10 mL every 25 days)
<i>levobunolol hcl ophth soln 0.5%</i>	QL (15 mL every 25 days)
<i>timolol maleate ophth soln 0.5% (generic of TIMOPTIC)</i>	
<i>timolol maleate ophth soln 0.25% (generic of TIMOPTIC)</i>	

CYCLOPLEGIC MYDRIATICS

<i>ATROPINE SUL SOL 1% OP</i>	QL (15 mL every 25 days)
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Drug Name	Requirements/Limits
<i>atropine sulfate ophth soln 1% (generic of ATROPINE SULFATE)</i>	QL (15 mL every 25 days)
<i>cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)</i>	QL (15 mL every 25 days)
ISOPTO ATROP SOL 1% OP	QL (15 mL every 25 days)
MIOTICS	
<i>pilocarpine hcl ophth soln 1%</i>	
<i>pilocarpine hcl ophth soln 2%</i>	
<i>pilocarpine hcl ophth soln 4%</i>	
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate ophth soln 0.2%</i>	
OPHTHALMIC ANTI-INFECTIVES	
<i>bacitracin ophth oint 500 unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	
<i>gentak oin 0.3% op</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	QL (10 mL every 30 days)
<i>levofloxacin ophth soln 0.5%</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	QL (3 mL every 25 days)
<i>neo-polycin oin op</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin ophth soln 0.3% (generic of OCUFLOX)</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>tobramycin ophth soln 0.3%</i>	
<i>trifluridine ophth soln 1%</i>	QL (7.5 mL every 25 days)
OPHTHALMIC LOCAL ANESTHETICS	
<i>proparacaine hcl ophth soln 0.5% (generic of ALCAINE)</i>	
OPHTHALMIC STEROIDS	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	
<i>fluorometholone ophth susp 0.1%</i>	QL (15 mL every 25 days)
<i>neo-polycin oin hc 1%op</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	

Drug Name	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	
<i>prednisolone acetate ophth susp 1% (generic of PRED FORTE)</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	

OPHTHALMICS - MISC.

<i>azelastine hcl ophth soln 0.05%</i>	PA, QL (6 mL every 25 days)
<i>cromolyn sodium ophth soln 4%</i>	
<i>diclofenac sodium ophth soln 0.1%</i>	
<i>dorzolamide hcl ophth soln 2% (generic of TRUSOPT)</i>	
<i>eye allergy sol itch rel</i>	QL (2.5 mL every 30 days), OTC
<i>eye allergy sol itch/red</i>	QL (5 mL every 30 days), OTC
<i>flurbiprofen sodium ophth soln 0.03%</i>	
<i>gnp olopatad sol 0.2%</i>	QL (2.5 mL every 30 days), OTC
<i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i>	QL (10 mL every 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	QL (10 mL every 25 days), OTC
<i>olopatadine dro 0.1% op</i>	QL (5 mL every 30 days), OTC
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	QL (5 mL every 30 days), OTC
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	QL (2.5 mL every 30 days), OTC
PATADAY SOL 0.1%	QL (5 mL every 30 days), OTC
PATADAY SOL 0.2%	QL (2.5 mL every 30 days), OTC
<i>sm olopatadi sol 0.2%</i>	QL (2.5 mL every 30 days), OTC
<i>sodium chloride hypertonic ophth oint 5%</i>	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	OTC

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost ophth soln 0.03%</i>	ST; Requires trial of latanoprost
<i>latanoprost ophth soln 0.005% (generic of XALATAN)</i>	QL (5 mL every 25 days)

Drug Name	Requirements/Limits
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR	
OTIC AGENTS - MISCELLANEOUS	
<i>acetic acid otic soln 2%</i>	QL (20 mL every 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	OTC
<i>isopropyl alcohol-glycerin otic liquid 95-5%</i>	OTC
OTIC ANTI-INFECTIVES	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	QL (14 ea every 25 days)
<i>ofloxacin otic soln 0.3%</i>	QL (5 mL every 25 days)
OTIC COMBINATIONS	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
OTIC STEROIDS	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
OXYTOCICS - DRUGS FOR PREGNANCY	
OXYTOCICS - DRUGS FOR PREGNANCY	
<i>methergine tab 0.2mg</i>	QL (7 tabs every 1 day)
<i>methylergonovine maleate tab 0.2 mg</i>	QL (7 tabs every 1 day)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS	
IMMUNE SERUMS	
<i>HYPERRHO S/D INJ 50MCG</i>	SP
<i>HYPERRHO S/D INJ 300MCG</i>	SP
<i>MICRHOGAM PL INJ 50MCG</i>	SP
<i>RHOGAM PLUS INJ 300MCG</i>	SP
<i>RHOPHYLAC INJ 1500/2ML</i>	SP
MONOCLONAL ANTIBODIES	
<i>SYNAGIS INJ 50/0.5ML</i>	SP, PA
<i>SYNAGIS INJ 50MG</i>	SP, PA
<i>SYNAGIS INJ 100MG/ML</i>	SP, PA
PENICILLINS - DRUGS TO TREAT INFECTIONS	
AMINOPENICILLINS	
<i>amoxicillin (trihydrate) cap 250 mg</i>	QL (8 caps every 1 day)
<i>amoxicillin (trihydrate) cap 500 mg</i>	QL (8 caps every 1 day)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	QL (6 tabs every 1 day)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	QL (8 tabs every 1 day)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	
<i>amoxicillin (trihydrate) tab 500 mg</i>	QL (5 tabs every 1 day)
<i>amoxicillin (trihydrate) tab 875 mg</i>	QL (4 tabs every 1 day)

Drug Name	Requirements/Limits
<i>ampicillin cap 500 mg</i>	QL (8 caps every 1 day)

NATURAL PENICILLINS

<i>penicillin v potassium for soln 125 mg/5ml</i>	QL (40 mL every 1 day)
<i>penicillin v potassium for soln 250 mg/5ml</i>	QL (40 mL every 1 day)
<i>penicillin v potassium tab 250 mg</i>	QL (8 tabs every 1 day)
<i>penicillin v potassium tab 500 mg</i>	QL (8 tabs every 1 day)

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	QL (3 tabs every 1 day); AGE (Max 12)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	QL (4 tabs every 1 day); AGE (Max 12)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	AGE (Max 12)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	AGE (Max 12)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	AGE (Max 12)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	QL (2 tabs every 1 day)
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	QL (2 tabs every 1 day)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	QL (2 tabs every 1 day)

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	QL (8 caps every 1 day)
<i>dicloxacillin sodium cap 500 mg</i>	QL (6 caps every 1 day)

PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING

ANTIMICROBIAL AGENTS

BENZYL ALC LIQ	AGE (Min 16, Max 60)
BENZYL ALC LIQ	OTC; AGE (Min 16, Max 60)

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>hydroxyprogesterone caproate im in oil 250 mg/ml SP, PA (generic of MAKENA)</i>	
<i>medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)</i>	QL (2 tabs every 1 day)
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	QL (2 tabs every 1 day)
<i>medroxyprogesterone acetate tab 10 mg (generic of PROVERA)</i>	QL (2 tabs every 1 day)
<i>norethindrone acetate tab 5 mg (generic of AYGESTIN)</i>	QL (1 tab every 1 day)
<i>progesterone cap 100 mg (generic of PROMETRIUM)</i>	QL (1 cap every 1 day)

Drug Name	Requirements/Limits
<i>progesterone cap 200 mg (generic of PROMETRIUM)</i>	QL (2 caps every 1 day)

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	
<i>disulfiram tab 250 mg</i>	QL (1 tab every 1 day)
<i>disulfiram tab 500 mg</i>	QL (1 tab every 1 day)

ANTI-CATAPLECTIC AGENTS

SOD OXYBATE SOL 500MG/ML	SP, PA
XYREM SOL 500MG/ML	SP, PA

ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (2 each every 1 day)
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (2 tabs every 1 day)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	QL (1 each every 1 day)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	QL (1 tab every 1 day)
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	QL (1 tab every 1 day)
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	QL (1 tab every 1 day)
<i>galantamine hydrobromide cap er 24hr 8 mg (generic of RAZADYNE ER)</i>	
<i>galantamine hydrobromide cap er 24hr 16 mg (generic of RAZADYNE ER)</i>	
<i>galantamine hydrobromide cap er 24hr 24 mg (generic of RAZADYNE ER)</i>	
<i>galantamine hydrobromide tab 4 mg</i>	
<i>galantamine hydrobromide tab 8 mg</i>	
<i>galantamine hydrobromide tab 12 mg</i>	
<i>memantine hcl oral solution 2 mg/ml</i>	
<i>memantine hcl tab 5 mg (generic of NAMENDA)</i>	
<i>memantine hcl tab 10 mg (generic of NAMENDA)</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)</i>	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	
<i>rivastigmine td patch 24hr 4.6 mg/24hr (generic of PA EXELON)</i>	

Drug Name	Requirements/Limits
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<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of PA EXELON)</i>	
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<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic PA of EXELON)</i>	
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MOVEMENT DISORDER DRUG THERAPY

<i>tetrabenazine tab 12.5 mg (generic of XENAZINE)</i>	SP, PA
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<i>tetrabenazine tab 25 mg (generic of XENAZINE)</i>	SP, PA
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MULTIPLE SCLEROSIS AGENTS

AUBAGIO TAB 7MG	SP, PA
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AUBAGIO TAB 14MG	SP, PA
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AVONEX PEN KIT 30MCG	SP, PA
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AVONEX PREFL KIT 30MCG	SP, PA
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<i>dalfampridine tab er 12hr 10 mg (generic of AMPYRA)</i>	SP, PA
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<i>dimethyl fumarate capsule delayed release 120 mg (generic of TECFIDERA)</i>	SP, PA, QL (2 caps every 1 day)
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<i>dimethyl fumarate capsule delayed release 240 mg (generic of TECFIDERA)</i>	SP, PA, QL (2 caps every 1 day)
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EXTAVIA INJ 0.3MG	SP, PA
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<i> fingolimod hcl cap 0.5 mg (base equiv) (generic of GILENYA)</i>	SP, PA
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<i>glatiramer acetate soln prefilled syringe 20 mg/ml (generic of COPAXONE)</i>	SP, PA
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<i>glatiramer acetate soln prefilled syringe 40 mg/ml (generic of COPAXONE)</i>	SP, PA
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<i>glatopa inj 20mg/ml (generic of COPAXONE)</i>	SP, PA
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<i>glatopa inj 40mg/ml (generic of COPAXONE)</i>	SP, PA
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REBIF INJ 22/0.5	SP, PA
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REBIF INJ 44/0.5	SP, PA
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REBIF REBIDO INJ 22/0.5	SP, PA
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REBIF REBIDO INJ 44/0.5	SP, PA
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REBIF REBIDO INJ TITRATN	SP, PA
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REBIF TITRTN INJ PACK	SP, PA
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SMOKING DETERRENTS

APO-VARENICL TAB 0.5MG	QL (4 tabs every 1 day)
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APO-VARENICL TAB 1MG	QL (2 tabs every 1 day)
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<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (2 tabs every 1 day)
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<i>nicotine polacrilex gum 2 mg</i>	QL (24 pieces every 1 day), OTC; AGE (Min 18)
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<i>nicotine polacrilex gum 4 mg</i>	QL (24 pieces every 1 day), OTC; AGE (Min 18)
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<i>nicotine polacrilex lozenge 2 mg</i>	QL (20 lozgs every 1 day), OTC; AGE (Min 18)
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Drug Name	Requirements/Limits
<i>nicotine polacrilex lozenge 4 mg</i>	QL (20 lozgs every 1 day), OTC; AGE (Min 18)
<i>nicotine td patch 24hr 7 mg/24hr</i>	QL (1 patch every 1 day), OTC; AGE (Min 18)
<i>nicotine td patch 24hr 14 mg/24hr</i>	QL (1 patch every 1 day), OTC; AGE (Min 18)
<i>nicotine td patch 24hr 21 mg/24hr</i>	QL (1 patch every 1 day), OTC; AGE (Min 18)
NICOTROL INH	QL (168 cartridges every 26 days); AGE (Min 18)
NICOTROL NS SPR 10MG/ML	QL (4 bottles every 26 days); AGE (Min 18)
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	QL (4 tabs every 1 day)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	QL (2 tabs every 1 day)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

ALPHA-PROTEINASE INHIBITOR (HUMAN)

ARALAST NP INJ 1000MG	SP, PA
PROLASTIN-C INJ 1000MG	SP, PA
ZEMAIRA INJ 1000MG	SP, PA

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG	SP, PA
KALYDECO PAK 50MG	SP, PA
KALYDECO PAK 75MG	SP, PA
KALYDECO TAB 150MG	SP, PA
ORKAMBI GRA 150-188	SP, PA
ORKAMBI TAB 100-125	SP, PA, QL (4 tabs every 1 day); AGE (Min 6, Max 11)
ORKAMBI TAB 200-125	SP, PA, QL (56 tabs every 8 days)
PULMOZYME SOL 1MG/ML	SP, PA, QL (2.5 mL every 1 day)
SYMDEKO TAB 50-75MG	SP, PA
SYMDEKO TAB 100-150	SP, PA
TRIKAFTA TAB	SP, PA

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxycycline monohydrate cap 50 mg</i>	QL (3 caps every 1 day)
<i>doxycycline monohydrate cap 100 mg</i>	QL (3 caps every 1 day)
<i>doxycycline monohydrate tab 100 mg</i>	QL (3 tabs every 1 day)
<i>minocycline hcl cap 50 mg</i>	QL (2 caps every 1 day)
<i>minocycline hcl cap 100 mg (generic of MINOCIN)</i>	QL (2 caps every 1 day)

Drug Name	Requirements/Limits
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THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	QL (6 tabs every 1 day)
<i>methimazole tab 10 mg</i>	QL (6 tabs every 1 day)
<i>propylthiouracil tab 50 mg</i>	QL (20 tabs every 1 day)

THYROID HORMONES

ADTHYZA TAB 16.25MG	QL (1 tab every 1 day); AGE (Max 64)
ADTHYZA TAB 32.5MG	QL (1 tab every 1 day); AGE (Max 64)
ADTHYZA TAB 65MG	QL (1 tab every 1 day); AGE (Max 64)
ADTHYZA TAB 97.5MG	QL (1 tab every 1 day); AGE (Max 64)
ADTHYZA TAB 130MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 15MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 30MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 60MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 90MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 120MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 180MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 240MG	QL (1 tab every 1 day); AGE (Max 64)
ARMOUR THYRO TAB 300MG	QL (1 tab every 1 day); AGE (Max 64)
<i>levothyroxine sodium tab 25 mcg (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)</i>	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 50 mcg (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)</i>	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 75 mcg (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)</i>	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 88 mcg (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)</i>	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 100 mcg (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)</i>	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 112 mcg (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)</i>	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 125 mcg (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)</i>	QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
<i>levothyroxine sodium tab 137 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 150 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 175 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 175 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 200 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 200 MCG)	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 300 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 300 MCG)	QL (2 tabs every 1 day)
<i>np thyroid tab 15mg</i>	QL (1 tab every 1 day); AGE (Max 64)
<i>np thyroid tab 30mg</i>	QL (1 tab every 1 day); AGE (Max 64)
<i>np thyroid tab 60mg</i>	QL (1 tab every 1 day); AGE (Max 64)
<i>np thyroid tab 90mg</i>	QL (1 tab every 1 day); AGE (Max 64)
<i>np thyroid tab 120mg</i>	QL (1 tab every 1 day); AGE (Max 64)
SYNTHROID TAB 25MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 50MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 75MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 88MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 100MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 112MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 125MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 137MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 150MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 175MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 200MCG	QL (2 tabs every 1 day)
SYNTHROID TAB 300MCG	QL (2 tabs every 1 day)

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	AGE (Min 19)
BOOSTRIX INJ	AGE (Min 19)
TDVAX INJ 2-2 LF	AGE (Min 19)
TENIVAC INJ 5-2LF	AGE (Min 19)

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	QL (4 caps every 1 day); AGE (Max 64)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	QL (80 mL every 1 day); AGE (Max 64)

Drug Name	Requirements/Limits
<i>dicyclomine hcl tab 20 mg</i>	QL (8 tabs every 1 day); AGE (Max 64)
<i>glycopyrrolate oral soln 1 mg/5ml (generic of CUVPOSA)</i>	PA
<i>glycopyrrolate tab 1 mg (generic of ROBINUL)</i>	
<i>glycopyrrolate tab 2 mg (generic of ROBINUL FORTE)</i>	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	QL (60 mL every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	QL (12 tabs every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	QL (60 mL every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab 0.125 mg</i>	QL (12 tabs every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	QL (12 tabs every 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	QL (4 tabs every 1 day); AGE (Max 64)
<i>oscimin tab 0.125mg</i>	QL (12 tabs every 1 day); AGE (Max 64)

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	QL (60 mL every 1 day)
<i>cimetidine tab 200 mg</i>	QL (4 tabs every 1 day)
<i>cimetidine tab 200 mg</i>	QL (4 tabs every 1 day), OTC
<i>cimetidine tab 300 mg</i>	QL (2 tabs every 1 day)
<i>cimetidine tab 400 mg</i>	QL (2 tabs every 1 day)
<i>cimetidine tab 800 mg</i>	QL (2 tabs every 1 day)
<i>famotidine for susp 40 mg/5ml</i>	QL (5 mL every 1 day); AGE (Max 6)
<i>famotidine tab 10 mg</i>	QL (2 tabs every 1 day), OTC
<i>famotidine tab 20 mg</i>	QL (2 tabs every 1 day), OTC
<i>famotidine tab 20 mg (generic of PEPCID)</i>	QL (2 tabs every 1 day)
<i>famotidine tab 40 mg (generic of PEPCID)</i>	QL (2 tabs every 1 day)
<i>nizatidine cap 150 mg</i>	ST, QL (4 caps every 1 day); Requires trial of famotidine

MISC. ANTI-ULCER

CARAFATE SUS 1GM/10ML	QL (40 mL every 1 day); AGE (Max 18)
<i>sucralfate susp 1 gm/10ml (generic of CARAFATE)</i>	QL (40 mL every 1 day); AGE (Max 18)
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	QL (4 tabs every 1 day)

AGE - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
PROTON PUMP INHIBITORS	
<i>acid reducer cap 20.6mgdr</i>	QL (1 cap every 1 day), OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (2 caps every 1 day), OTC
<i>gnp omeprazo cap 20mg</i>	QL (1 cap every 1 day), OTC
<i>lansoprazole cap delayed release 15 mg</i>	QL (2 caps every 1 day)
<i>lansoprazole cap delayed release 15 mg</i>	QL (2 caps every 1 day), OTC
<i>omeprazole cap delayed release 10 mg</i>	QL (3 caps every 1 day)
<i>omeprazole cap delayed release 20 mg</i>	QL (3 caps every 1 day)
<i>omeprazole cap delayed release 40 mg</i>	QL (1 cap every 1 day)
<i>omeprazole delayed release tab 20 mg</i>	QL (3 tabs every 1 day), OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	QL (1 cap every 1 day), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	QL (3 tabs every 1 day), OTC
<i>omeprazole tab 20mg</i>	QL (3 tabs every 1 day), OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	QL (1 tab every 1 day)
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	QL (3 tabs every 1 day)
<i>qc omepraza tab 20mg</i>	QL (3 tabs every 1 day), OTC
<i>sm omepraza tab 20mg</i>	QL (3 tabs every 1 day), OTC

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tab 100 mcg (generic of CYTOTEC)</i>	QL (4 tabs every 1 day)
<i>misoprostol tab 200 mcg (generic of CYTOTEC)</i>	QL (4 tabs every 1 day)

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride syrup 5 mg/5ml</i>	QL (20 mL every 1 day)
<i>oxybutynin chloride tab 5 mg</i>	QL (3 tabs every 1 day)
<i>oxybutynin chloride tab er 24hr 5 mg (generic of DITROPAN XL)</i>	ST, QL (1 tab every 1 day); Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 10 mg (generic of DITROPAN XL)</i>	ST, QL (1 tab every 1 day); Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 15 mg</i>	ST, QL (1 tab every 1 day); Requires trial of oxybutynin IR

Drug Name	Requirements/Limits
<i>tolterodine tartrate tab 1 mg</i> (generic of DETROL)	ST, QL (2 tabs every 1 day); Requires trial of oxybutynin
<i>tolterodine tartrate tab 2 mg</i> (generic of DETROL)	ST, QL (2 tabs every 1 day); Requires trial of oxybutynin
<i>tropium chloride tab 20 mg</i>	ST, QL (2 tabs every 1 day); Requires trial of oxybutynin

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	QL (4 tabs every 1 day)
<i>bethanechol chloride tab 10 mg</i>	QL (4 tabs every 1 day)
<i>bethanechol chloride tab 25 mg</i>	QL (4 tabs every 1 day)
<i>bethanechol chloride tab 50 mg</i>	QL (4 tabs every 1 day)

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	QL (4 tabs every 1 day)
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VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

PNEUMOVAX 23 INJ 25/0.5	QL (Max 2 fills per lifetime); AGE (Min 19)
PREVNAR 13 INJ	QL (Max 1 fill per lifetime); AGE (Min 19)
PREVNAR 20 INJ	QL (Max 1 fill per lifetime); AGE (Min 19)
VAXNEUVANCE INJ	QL (Max 1 fill per lifetime); AGE (Min 19)

VIRAL VACCINES

AFLURIA QUAD INJ 2022-23	AGE (Min 19)
ENGERIX-B INJ 10/0.5ML	AGE (Min 19)
ENGERIX-B INJ 20MCG/ML	AGE (Min 19)
FLUARIX QUAD INJ 2022-23	AGE (Min 19)
FLUBLOK QUAD INJ 2022-23	AGE (Min 19)
FLUCLVX QUAD INJ 2022-23	AGE (Min 19)
FLULAVAL QUA INJ 2022-23	AGE (Min 19)
FLUMIST QUAD SUS 2022-23	AGE (Min 19)
FLUZONE QUAD INJ 2022-23	AGE (Min 19)
HAVRIX INJ 720UNIT	AGE (Min 19)
HAVRIX INJ 1440UNIT	AGE (Min 19)
HEPLISAV-B INJ 20/0.5ML	AGE (Min 19)
JANSSEN VACC INJ COVID-19	
MODERNA VAC INJ COVID-19	
PFIZER VACC INJ COVID-19	
RECOMBIVA HB INJ 5MCG/0.5	AGE (Min 19)
RECOMBIVA HB INJ 10MCG/ML	AGE (Min 19)

Drug Name	Requirements/Limits
SHINGRIX INJ 50/0.5ML	QL (Max 2 fills per lifetime); AGE (Min 19)
TWINRIX INJ	AGE (Min 19)
VAQTA INJ 25/0.5ML	AGE (Min 19)
VAQTA INJ 50UNT/ML	AGE (Min 19)

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	
<i>clotrimazole vaginal cream 1%</i>	OTC
<i>clotrimazole vaginal cream 2%</i>	OTC
<i>metronidazole vaginal gel 0.75%</i>	QL (70 gm every 5 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal cream 2%</i>	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	OTC
<i>qc clotrimaz cre 1%</i>	OTC
<i>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	
<i>terconazole vaginal suppos 80 mg</i>	QL (1 supp every 1 day)
<i>tioconazole vaginal oint 6.5%</i>	OTC

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)</i>	QL (1.42 gm every 1 day)
<i>estradiol vaginal tab 10 mcg (generic of ESTRADIOL VAGINAL TAB 10 MCG)</i>	

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	QL (2 pens every 25 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic of EPIPEN 2-PAK)</i>	QL (2 pens every 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (generic of EPIPEN-JR 2-PAK)</i>	QL (2 pens every 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	QL (1 pen every 25 days)
SYMJEPI INJ 0.3MG	QL (2 syringes every 25 days)

Drug Name	Requirements/Limits
SYMJEPI INJ 0.15MG	QL (1 syringe every 25 days)

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

<i>midodrine hcl tab 2.5 mg</i>	QL (3 tabs every 1 day)
<i>midodrine hcl tab 5 mg</i>	QL (3 tabs every 1 day)
<i>midodrine hcl tab 10 mg</i>	QL (3 tabs every 1 day)

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>cholecalciferol cap 2000 unit</i>	QL (1 cap every 1 day), OTC
<i>cholecalciferol cap 5000 unit</i>	QL (1 cap every 1 day), OTC
<i>cholecalciferol cap 50000 unit</i>	QL (1 cap every 1 day), OTC
<i>cholecalciferol oral liquid 400 unit/ml</i>	QL (6 mL every 1 day), OTC
<i>cholecalciferol tab 400 unit</i>	QL (6 tabs every 1 day), OTC
<i>cholecalciferol tab 1000 unit</i>	QL (6 tabs every 1 day), OTC
<i>cholecalciferol tab 2000 unit</i>	QL (6 tabs every 1 day), OTC
<i>ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)</i>	QL (6 caps every 1 day)
<i>phytonadione tab 5 mg (generic of MEPHYTON)</i>	QL (5 tabs every 1 day)

WATER SOLUBLE VITAMINS

<i>ascorbic acid tab 500 mg</i>	OTC
<i>niacin cap er 250 mg</i>	OTC
<i>niacin tab 500 mg</i>	OTC
<i>pyridoxine hcl tab 25 mg</i>	QL (2 tabs every 1 day), OTC
<i>pyridoxine hcl tab 50 mg</i>	QL (4 tabs every 1 day), OTC
<i>pyridoxine hcl tab 100 mg</i>	QL (4 tabs every 1 day), OTC
<i>riboflavin tab 100 mg</i>	OTC
<i>thiamine hcl tab 100 mg</i>	QL (1 tab every 1 day), OTC
<i>thiamine mononitrate tab 100 mg</i>	QL (1 tab every 1 day), OTC

Index

- 2**
2 CPAP HOSE MIS HANGER.....124
2-PC BARRIER MIS 2-1/4114
- A**
abacavir sulfate-lamivudine tab 600-300 mg65
abacavir sulfate soln 20 mg/ml (base equiv).....65
abacavir sulfate tab 300 mg (base equiv).....65
- ABILIFY
see *aripiprazole tab 10 mg*64
see *aripiprazole tab 15 mg*64
see *aripiprazole tab 20 mg*64
see *aripiprazole tab 2 mg*64
see *aripiprazole tab 30 mg*64
see *aripiprazole tab 5 mg*64
- ABILIFY MAIN INJ 300MG.....64
ABILIFY MAIN INJ 400MG.....64
abiraterone acetate tab 250 mg56
acamprosate calcium tab delayed release 333 mg138
acarbose tab 100 mg.....42
acarbose tab 25 mg.....42
acarbose tab 50 mg.....42
ACCUA KIT COV-289
ACCUPRIL
see *quinapril hcl tab 10 mg*.....51
see *quinapril hcl tab 20 mg*.....51
see *quinapril hcl tab 40 mg*.....51
see *quinapril hcl tab 5 mg*51
- ACCURETIC
see *quinapril-hydrochlorothiazide tab 20-12.5 mg*54
see *quinapril-hydrochlorothiazide tab 20-25 mg*54
- ACE AERO CLD MIS ENHANCER124
acebutolol hcl cap 200 mg69
acebutolol hcl cap 400 mg.....69
acetaminophen chew tab 160 mg24
acetaminophen chew tab 80 mg.....23
acetaminophen disintegrating tab 160 mg24
acetaminophen liquid 160 mg/5ml.....24
acetaminophen liquid 167 mg/5ml.....24
acetaminophen soln 160 mg/5ml24
acetaminophen suppos 120 mg24
acetaminophen suppos 650 mg24
acetaminophen susp 160 mg/5ml.....24
acetaminophen tab 325 mg24
acetaminophen tab 500 mg24
acetaminophen tab er 650 mg24
acetaminophen w/ codeine soln 120-12 mg/5ml.....26
acetaminophen w/ codeine tab 300-15 mg26
acetaminophen w/ codeine tab 300-30 mg26
acetaminophen w/ codeine tab 300-60 mg26
acetazolamide cap er 12hr 500 mg...91
acetazolamide tab 125 mg91
acetazolamide tab 250 mg91
acetic acid irrigation soln 0.25%94
acetic acid otic soln 2%.....136
ACETONE (URINE) TEST STRIP89
acetylcysteine inhal soln 20%82
acid reducer cap 20.6mgdr144
acne medicat gel 2.5%82
ACT BRIGHTS MIS BANDAGES100
ACTIVITY PCH MIS124
ACTOS
see *pioglitazone hcl tab 15 mg (base equiv)*45
see *pioglitazone hcl tab 30 mg (base equiv)*46
see *pioglitazone hcl tab 45 mg (base equiv)*46
ACT SPORT FM MIS 1-1/8.....100
ACT SPORT FM MIS ASSORTED100
ACT SPORT FM MIS KNEE/ELB.....100
ACULAR
see *ketorolac tromethamine ophth soln 0.5%*135
acyclovir cap 200 mg.....68
acyclovir oint 5%86
acyclovir susp 200 mg/5ml.....68
acyclovir tab 400 mg68
acyclovir tab 800 mg68
ADACEL INJ.....142
adapalene gel 0.1%82
ADAPT PST114

ADDERALL	ADHESIVE BANDAGES- RX	101
see <i>amphetamine-</i>	ADHESIVE PAD MIS LARGE	101
<i>dextroamphetamine tab 10 mg...</i>	ADHESIVE PAD MIS MEDIUM	101
see <i>amphetamine-</i>	ADMELOG INJ 100U/ML	45
<i>dextroamphetamine tab 12.5 mg</i>	ADMELOG SOLO INJ 100U/ML.....	45
see <i>amphetamine-</i>	ADTHYZA TAB 130MG	141
<i>dextroamphetamine tab 15 mg...</i>	ADTHYZA TAB 16.25MG	141
see <i>amphetamine-</i>	ADTHYZA TAB 32.5MG	141
<i>dextroamphetamine tab 20 mg...</i>	ADTHYZA TAB 65MG.....	141
see <i>amphetamine-</i>	ADTHYZA TAB 97.5MG	141
<i>dextroamphetamine tab 30 mg...</i>	ADULT MASK MIS LARGE.....	124
see <i>amphetamine-</i>	ADVAIR DISKUS	
<i>dextroamphetamine tab 5 mg</i>	see <i>fluticasone-salmeterol aer</i>	
see <i>amphetamine-</i>	<i>powder ba 100-50 mcg/act</i>	34
<i>dextroamphetamine tab 7.5 mg..</i>	see <i>fluticasone-salmeterol aer</i>	
ADDERALL XR	<i>powder ba 250-50 mcg/act</i>	34
see <i>amphetamine-</i>	see <i>fluticasone-salmeterol aer</i>	
<i>dextroamphetamine cap er 24hr 10</i>	<i>powder ba 500-50 mcg/act</i>	34
<i>mg</i>	see <i>wixela inhub aer 100/50</i>	35
see <i>amphetamine-</i>	see <i>wixela inhub aer 250/50</i>	35
<i>dextroamphetamine cap er 24hr 15</i>	see <i>wixela inhub aer 500/50</i>	35
<i>mg</i>	ADVATE INJ 1000UNIT.....	95
see <i>amphetamine-</i>	ADVATE INJ 1500UNIT.....	95
<i>dextroamphetamine cap er 24hr 20</i>	ADVATE INJ 2000UNIT.....	95
<i>mg</i>	ADVATE INJ 250UNIT	95
see <i>amphetamine-</i>	ADVATE INJ 3000UNIT.....	95
<i>dextroamphetamine cap er 24hr 25</i>	ADVATE INJ 4000UNIT.....	95
<i>mg</i>	ADVATE INJ 500UNIT	95
see <i>amphetamine-</i>	ADV HEALING MIS BANDAGES	101
<i>dextroamphetamine cap er 24hr 30</i>	AEROSOL MASK MIS ADULT.....	124
<i>mg</i>	AEROTRC PLUS MIS.....	124
see <i>amphetamine-</i>	<i>afirmelle tab 0.1-0.02.....</i>	74
<i>dextroamphetamine cap er 24hr 5</i>	AFLURIA QUAD INJ 2022-23	145
<i>mg</i>	<i>aftera tab 1.5mg.....</i>	78
<i>adefovir dipivoxil tab 10 mg</i>	<i>afterpill tab 1.5mg</i>	78
ADH BANDAGE MIS ANTIBACT	AIMSCO MIS LUBRICAT.....	111
ADH BANDAGE MIS CLEAR	AIRS PEDIATR MIS MASK	124
ADH BANDAGE MIS FLEXIBLE	AIR TUBE MIS /PLUGS	124
ADH BANDAGE MIS FOAM	<i>albendazole tab 200 mg.....</i>	29
ADH BANDAGE MIS FOAM TOE.....	<i>albuterol sulfate inhal aero 108</i>	
ADH BANDAGE MIS HEALTH	<i>mcg/act (90mcg base equiv) ...</i>	33, 34
ADH BANDAGE MIS HYPO-ALL.....	<i>albuterol sulfate soln nebu 0.083%</i>	
ADH BANDAGE MIS PLASTIC.....	<i>(2.5 mg/3ml).....</i>	34
ADH BANDAGE MIS RETENTIO	<i>albuterol sulfate soln nebu 0.5% (5</i>	
ADH BANDAGE MIS SHEER	<i>mg/ml)</i>	34
ADH BANDAGE MIS STRONG.....	<i>albuterol sulfate soln nebu 0.63</i>	
ADH BANDAGE MIS WTR SHLD	<i>mg/3ml (base equiv)</i>	34

<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	34
<i>albuterol sulfate syrup 2 mg/5ml</i>	34
<i>albuterol sulfate tab 4 mg</i>	34
ALCAINE	
<i>see proparacaine hcl ophth soln 0.5%</i>	
.....	134
<i>alclometasone dipropionate cream 0.05%</i>	86
<i>alclometasone dipropionate oint 0.05%</i>	86
ALCOHOL SWABS	115
ALDACTAZIDE	
<i>see spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
.....	91
ALDACTONE	
<i>see spironolactone tab 100 mg</i>	91
<i>see spironolactone tab 25 mg</i>	91
<i>see spironolactone tab 50 mg</i>	91
ALECENSA CAP 150MG	56
<i>alendronate sodium tab 10 mg</i>	92
<i>alendronate sodium tab 35 mg</i>	92
<i>alendronate sodium tab 5 mg</i>	92
<i>alendronate sodium tab 70 mg</i>	92
<i>alfuzosin hcl tab er 24hr 10 mg</i>	95
ALGAE BASED TAB CALCIUM.....	130
ALLERGARD MIS GLOV 5.5	115
ALLERGARD MIS GLOV 6.5	115
ALLERGARD MIS GLOV 7.5	115
ALLERGARD MIS GLOV 8.5	115
ALLERGARD MIS GLOVE 6	115
ALLERGARD MIS GLOVE 7	115
ALLERGARD MIS GLOVE 8	115
ALLERGARD MIS GLOVE 9	115
<i>allergy relf spr 50mcg</i>	132
<i>allergy relf tab 5mg</i>	49
<i>allgy relief spr 50mcg</i>	132
ALLKARE BARR MIS WIPES	114
<i>allopurinol tab 100 mg</i>	95
<i>allopurinol tab 300 mg</i>	95
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	44
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	44
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	44
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	43
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	42
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	43
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	43
<i>alogliptin-pioglitazone tab 25-15 mg</i>	43
<i>alogliptin-pioglitazone tab 25-30 mg</i>	43
<i>alogliptin-pioglitazone tab 25-45 mg</i>	43
<i>alprazolam tab 0.25 mg</i>	31
<i>alprazolam tab 0.5 mg</i>	31
<i>alprazolam tab 1 mg</i>	31
<i>alprazolam tab 2 mg</i>	31
ALTACE	
<i>see ramipril cap 1.25 mg</i>	51
<i>see ramipril cap 10 mg</i>	51
<i>see ramipril cap 2.5 mg</i>	51
<i>see ramipril cap 5 mg</i>	51
<i>altavera tab</i>	74
ALTERA NEB MIS HANDSET	124
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	28
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	28
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	28
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> ...	28
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i> ...	28
ALVESCO AER 160MCG	33
ALVESCO AER 80MCG	33
<i>alyacen tab 1/35</i>	74
<i>alyacen tab 7/7/7</i>	74
<i>amantadine hcl cap 100 mg</i>	58
<i>amantadine hcl soln 50 mg/5ml</i>	58
AMARYL	
<i>see glimepiride tab 1 mg</i>	46
<i>see glimepiride tab 2 mg</i>	46
<i>see glimepiride tab 4 mg</i>	46
AMBIEN	
<i>see zolpidem tartrate tab 10 mg</i>	98
<i>see zolpidem tartrate tab 5 mg</i>	98
<i>ambrisentan tab 10 mg</i>	73
<i>ambrisentan tab 5 mg</i>	73

<i>amethia tab</i>	74	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	136
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	91	<i>amoxicillin (trihydrate) tab 500 mg</i>	136
<i>amiloride hcl tab 5 mg</i>	91	<i>amoxicillin (trihydrate) tab 875 mg</i>	136
<i>amiodarone hcl tab 200 mg</i>	32	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	137
<i>amitriptyline hcl tab 100 mg</i>	41	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	137
<i>amitriptyline hcl tab 10 mg</i>	41	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	137
<i>amitriptyline hcl tab 150 mg</i>	41	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	137
<i>amitriptyline hcl tab 25 mg</i>	41	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	137
<i>amitriptyline hcl tab 50 mg</i>	41	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	137
<i>amitriptyline hcl tab 75 mg</i>	41	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	137
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	53	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	137
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	53	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	18
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	52	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	18
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	53	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	18
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	53	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	18
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	70	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	18
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	70	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	18
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	70	<i>amphetamine-dextroamphetamine tab 10 mg</i>	18
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	53	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	18
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	53	<i>amphetamine-dextroamphetamine tab 15 mg</i>	18
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	53	<i>amphetamine-dextroamphetamine tab 20 mg</i>	18
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	53	<i>amphetamine-dextroamphetamine tab 30 mg</i>	18
<i>amoxicillin (trihydrate) cap 250 mg</i>	136	<i>amphetamine-dextroamphetamine tab 5 mg</i>	18
<i>amoxicillin (trihydrate) cap 500 mg</i>	136	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	18
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	136	<i>ampicillin cap 500 mg</i>	137
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	136		
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	136		
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	136		
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	136		

AMPYRA	
<i>see dalfampridine tab er 12hr 10 mg</i>	
.....	139
ANAFRANIL	
<i>see clomipramine hcl cap 25 mg</i>	41
<i>see clomipramine hcl cap 50 mg</i>	41
<i>see clomipramine hcl cap 75 mg</i>	41
<i>anastrozole tab 1 mg</i>	56
<i>animal chews chw</i>	131
ANIMAL PRINT MIS STRIPS.....	101
ANORO ELLIPT AER 62.5-25	34
ANTIBAC BNDG MIS 7/8.....	101
ANTIBAC FABR MIS STRIPS	101
ANTIBACTERAI MIS BANDAGES.....	101
ANTIBACTERIA MIS BANDAGES.....	101
ANTIBACTERIA MIS CLEAR	101
ANTI-BACTRIA MIS CHILD	101
APO-VARENICL TAB 0.5MG	139
APO-VARENICL TAB 1MG.....	139
APRISO	
<i>see mesalamine cap er 24hr 0.375</i>	
<i>gm</i>	94
<i>apri tab</i>	74
APTIVUS CAP 250MG.....	65
ARALAST NP INJ 1000MG	140
ARANESP INJ 100MCG	96
ARANESP INJ 200MCG	96
ARANESP INJ 25MCG.....	96
ARANESP INJ 300MCG	96
ARANESP INJ 40MCG.....	96
ARANESP INJ 500MCG	96
ARANESP INJ 60MCG.....	96
ARAVA	
<i>see leflunomide tab 10 mg</i>	23
<i>see leflunomide tab 20 mg</i>	23
ARICEPT	
<i>see donepezil hydrochloride tab 10</i>	
<i>mg</i>	138
<i>see donepezil hydrochloride tab 5 mg</i>	
.....	138
ARIMIDEX	
<i>see anastrozole tab 1 mg</i>	56
<i>aripiprazole orally disintegrating tab 10</i>	
<i>mg</i>	64
<i>aripiprazole orally disintegrating tab 15</i>	
<i>mg</i>	64
<i>aripiprazole oral solution 1 mg/ml</i>	64
<i>aripiprazole tab 10 mg</i>	64
<i>aripiprazole tab 15 mg</i>	64
<i>aripiprazole tab 20 mg</i>	64
<i>aripiprazole tab 2 mg</i>	64
<i>aripiprazole tab 30 mg</i>	64
<i>aripiprazole tab 5 mg</i>	64
ARISTADA INJ 1064MG	65
ARISTADA INJ 441MG/1.....	65
ARISTADA INJ 662MG/2.....	65
ARISTADA INJ 882MG/3.....	65
ARIXTRA	
<i>see fondaparinux sodium</i>	
<i>subcutaneous inj 10 mg/0.8ml</i> ...	36
<i>see fondaparinux sodium</i>	
<i>subcutaneous inj 2.5 mg/0.5ml</i> ..	36
<i>see fondaparinux sodium</i>	
<i>subcutaneous inj 5 mg/0.4ml</i>	36
<i>see fondaparinux sodium</i>	
<i>subcutaneous inj 7.5 mg/0.6ml</i> ..	36
<i>armodafinil tab 150 mg</i>	19
<i>armodafinil tab 200 mg</i>	19
<i>armodafinil tab 250 mg</i>	19
<i>armodafinil tab 50 mg</i>	19
ARMOUR THYRO TAB 120MG.....	141
ARMOUR THYRO TAB 15MG	141
ARMOUR THYRO TAB 180MG.....	141
ARMOUR THYRO TAB 240MG.....	141
ARMOUR THYRO TAB 300MG.....	141
ARMOUR THYRO TAB 30MG	141
ARMOUR THYRO TAB 60MG	141
ARMOUR THYRO TAB 90MG	141
<i>arth pain cre 0.075%</i>	88
<i>arthr pain gel 1%</i>	84
<i>artificial tear ophth solution</i>	133
<i>ascorbic acid tab 500 mg</i>	147
<i>asenapine maleate sl tab 10 mg (base</i>	
<i>equiv)</i>	61
<i>asenapine maleate sl tab 5 mg (base</i>	
<i>equiv)</i>	61
<i>ashlyna tab</i>	74
<i>aspirin chew tab 81 mg</i>	24
<i>aspirin-dipyridamole cap er 12hr 25-</i>	
<i>200 mg</i>	96
<i>aspirin tab 325 mg</i>	24
<i>aspirin tab delayed release 325 mg</i> ..	24
<i>aspirin tab delayed release 81 mg</i>	24

<i>atazanavir sulfate cap 150 mg (base equiv)</i>	65	ATROPINE SUL SOL 1% OP.....	133
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	65	ATROVENT HFA AER 17MCG	33
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	65	AUBAGIO TAB 14MG.....	139
<i>atenolol & chlorthalidone tab 100-25 mg</i>	53	AUBAGIO TAB 7MG.....	139
<i>atenolol & chlorthalidone tab 50-25 mg</i>	53	<i>abra eq tab 0.1-0.02</i>	74
<i>atenolol tab 100 mg</i>	69	<i>abra tab 0.1-0.02</i>	74
<i>atenolol tab 25 mg</i>	69	AUGMENTIN	
<i>atenolol tab 50 mg</i>	69	see <i>amoxicillin & k clavulanate tab 500-125 mg</i>	137
ATIVAN		AUGMENTIN ES-600	
see <i>lorazepam tab 0.5 mg</i>	32	see <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	137
see <i>lorazepam tab 1 mg</i>	32	<i>aurovela fe tab 1/20</i>	74
see <i>lorazepam tab 2 mg</i>	32	<i>aurovela fe tab 1.5/30</i>	74
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	19	<i>aurovela tab 1/20</i>	74
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	19	<i>aurovela tab 1.5/30</i>	74
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	19	AVALIDE	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	19	see <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	53
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	19	see <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	53
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	19	AVAPRO	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	19	see <i>irbesartan tab 150 mg</i>	52
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	50	see <i>irbesartan tab 300 mg</i>	52
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	50	see <i>irbesartan tab 75 mg</i>	52
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	50	<i>aviane tab</i>	74
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	50	<i>avita cre 0.025%</i>	82
<i>atovaquone susp 750 mg/5ml</i>	29	<i>avita gel 0.025%</i>	83
ATRIPLA		AVONEX PEN KIT 30MCG.....	139
see <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	66	AVONEX PREFL KIT 30MCG.....	139
ATROPINE SULFATE		AYGESTIN	
see <i>atropine sulfate ophth soln 1%</i>	134	see <i>norethindrone acetate tab 5 mg</i>	137
<i>atropine sulfate ophth soln 1%</i>	134	<i>ayuna tab</i>	74
		<i>azathioprine tab 50 mg</i>	128
		<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	132
		<i>azelastine hcl ophth soln 0.05%</i>	135
		<i>azithromycin for susp 100 mg/5ml</i> ..	100
		<i>azithromycin for susp 200 mg/5ml</i> ..	100
		<i>azithromycin powd pack for susp 1 gm</i>	100
		<i>azithromycin tab 250 mg</i>	100
		<i>azithromycin tab 500 mg</i>	100
		<i>azithromycin tab 600 mg</i>	100
		AZULFIDINE	
		see <i>sulfasalazine tab 500 mg</i>	94

AZULFIDINE EN-TABS	
<i>see sulfasalazine tab delayed release</i>	
500 mg	94
azurette tab	74
B	
<i>bacitracin oint 500 unit/gm</i>	84
<i>bacitracin ophth oint 500 unit/gm</i> ...	134
<i>bacitracin-polymyxin b oint</i>	84
<i>bacitracin-polymyxin b ophth oint</i> ...	134
<i>bacitracin-polymyxin-neomycin-hc</i>	
<i>ophth oint 1%</i>	134
<i>bacitracin zinc oint 500 unit/gm</i>	84
<i>baclofen tab 10 mg</i>	132
<i>baclofen tab 20 mg</i>	132
<i>baclofen tab 5 mg</i>	132
BACMIN TAB.....	130
<i>bac tab</i>	23
BACTRIM	
<i>see sulfamethoxazole-trimethoprim</i>	
<i>tab 400-80 mg</i>	29
BACTRIM DS	
<i>see sulfamethoxazole-trimethoprim</i>	
<i>tab 800-160 mg</i>	29
<i>balsalazide disodium cap 750 mg</i>	94
<i>balziva tab</i>	75
BANDAGE FABR MIS EX-LONG	104
BANDAGE ROLL MIS KERLIX	104
BANDAGES FAB MIS ASSORTED	104
BAND-AID CLR MIS 7/8.....	101
BAND-AID FAM MIS PACK.....	101
BAND-AID FLX MIS.....	101
BAND-AID FLX MIS 1	102
BAND-AID FLX MIS 3/4	102
BAND-AID FLX MIS ASSORTED.....	102
BAND-AID FLX MIS EXTRA LG	102
BAND-AID FLX MIS FABRIC	102
BAND-AID FLX MIS FINGRTIP	102
BAND-AID FLX MIS KNUCKLE.....	102
BAND-AID HYD MIS ACNE BLE	102
BAND-AID HYD MIS ALL-PURP	102
BAND-AID HYD MIS BLS CUSH.....	102
BAND-AID HYD MIS LARGE.....	102
BAND-AID LG MIS BUTTRFLY	102
BAND AID MED MIS BUTTRFLY	101
BAND-AID MIS.....	102
BAND AID MIS 1	101
BAND-AID MIS 3/4	102
BAND-AID MIS BABY SHA.....	102
BAND-AID MIS BLUE CLU	102
BAND-AID MIS DIS PRIN.....	102
BAND-AID MIS FROZEN	102
BAND-AID MIS GLOW-DRK	102
BAND-AID MIS HL KITTY	102
BAND-AID MIS HOT COLR	102
BAND-AID MIS LIGHTYEA.....	102
BAND-AID MIS MEDICATE	103
BAND-AID MIS MICK MOU	103
BAND-AID MIS OURTONE	103
BAND-AID MIS PIXAR	103
BAND-AID MIS POKEMON.....	103
BAND-AID MIS RUGRATS	103
BAND-AID MIS SENSITIV	103
BAND-AID MIS SHEER	103
BAND-AID MIS SHEER CF.....	103
BAND-AID MIS SKN FLX	103
BAND-AID MIS SPORT EX.....	103
BAND-AID MIS STAR WAR.....	103
BAND-AID MIS SUP MARI.....	103
BAND-AID MIS THAT GIR	103
BAND-AID MIS TOUGH.....	103
BAND-AID MIS TOUGH-ST.....	103
BAND-AID MIS TOUGH WP	103
BAND-AID MIS TOUGH XL	103
BAND-AID MIS TOY STRY	103
BAND-AID MIS VARIETY.....	103
BAND-AID MIS X-LG.....	103
BAND-AID PAD 2.....	103
BAND-AID PAD TRU-ABSO.....	103
BAND-AID PAW MIS PATROL.....	104
BAND-AID WTR MIS BLC FLEX	104
BANZEL	
<i>see rufinamide susp 40 mg/ml</i>	38
<i>see rufinamide tab 200 mg</i>	38
<i>see rufinamide tab 400 mg</i>	38
BAQSIMI ONE POW 3MG/DOSE	44
BAQSIMI TWO POW 3MG/DOSE	44
BARACLUDGE	
<i>see entecavir tab 0.5 mg</i>	68
<i>see entecavir tab 1 mg</i>	68
BASAGLAR INJ 100UNIT.....	45
<i>b-complex w/ c & folic acid cap 1 mg-</i>	
<i>rx</i>	130
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	
.....	130

<i>b-complex w/ c & folic acid tab 1 mg</i>	
.....	130
<i>b-complex w/ c & folic acid tab 1 mg- rx</i>	130
<i>b-complex w/ c & folic acid tab 5 mg- rx</i>	130
BD U-500 MIS 31GX6MM	123
BD VERITOR KIT COV/FLU	89
BD VERITOR KIT SARSCOV2	89
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	53
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	53
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	53
<i>benazepril & hydrochlorothiazide tab 5- 6.25 mg</i>	53
<i>benazepril hcl tab 10 mg</i>	51
<i>benazepril hcl tab 20 mg</i>	51
<i>benazepril hcl tab 40 mg</i>	51
<i>benazepril hcl tab 5 mg</i>	51
BENEFIX INJ 1000UNIT	95
BENEFIX INJ 2000UNIT	95
BENEFIX INJ 250UNIT	95
BENEFIX INJ 3000UNIT	95
BENEFIX INJ 500UNIT	95
<i>benzonatate cap 100 mg</i>	81
<i>benzonatate cap 200 mg</i>	81
<i>benzoyl peroxide gel 10%</i>	83
<i>benzoyl peroxide gel 5%</i>	83
BENZOYL PEROXIDE LOTION 10%	83
BENZOYL PEROXIDE LOTION 5%	83
<i>benztropine mesylate tab 0.5 mg</i>	58
<i>benztropine mesylate tab 1 mg</i>	58
<i>benztropine mesylate tab 2 mg</i>	58
BENZYL ALC LIQ	137
BENZYL BENZO LIQ	74
<i>betamethasone dipropionate augmented cream 0.05%</i>	86
<i>betamethasone dipropionate augmented gel 0.05%</i>	86
<i>betamethasone dipropionate augmented lotion 0.05%</i>	86
<i>betamethasone dipropionate augmented oint 0.05%</i>	86
<i>betamethasone dipropionate cream 0.05%</i>	86
<i>betamethasone dipropionate lotion 0.05%</i>	86
<i>betamethasone dipropionate oint 0.05%</i>	86
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	86
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	86
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	86
BETAPACE	
see <i>sorine tab 120mg</i>	70
see <i>sorine tab 160mg</i>	70
see <i>sorine tab 80mg</i>	70
see <i>sotalol hcl tab 120 mg</i>	70
see <i>sotalol hcl tab 160 mg</i>	70
see <i>sotalol hcl tab 80 mg</i>	70
BETAPACE AF	
see <i>sotalol hcl (afib/afl) tab 120 mg</i>	70
see <i>sotalol hcl (afib/afl) tab 160 mg</i>	70
see <i>sotalol hcl (afib/afl) tab 80 mg</i>	70
<i>betasept liq 4%</i>	65
<i>bethanechol chloride tab 10 mg</i>	145
<i>bethanechol chloride tab 25 mg</i>	145
<i>bethanechol chloride tab 50 mg</i>	145
<i>bethanechol chloride tab 5 mg</i>	145
<i>bicalutamide tab 50 mg</i>	56
BIKTARVY TAB 30-120-15 MG	65
BIKTARVY TAB 50-200-25 MG	65
<i>bimatoprost ophth soln 0.03%</i>	135
BINAXNOW COV KIT HOME TES	89
BINAXNOW KIT COVID-19	89
BIOGUARD PAD 3	104
<i>bisacodyl suppos 10 mg</i>	99
<i>bisacodyl tab delayed release 5 mg</i>	99
<i>bismuth subsalicylate chew tab 262 mg</i>	46
<i>bismuth subsalicylate susp 262 mg/15ml</i>	46
<i>bismuth subsalicylate susp 525 mg/15ml</i>	46
<i>bismuth subsalicylate tab 262 mg</i>	47
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	53

<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg	53	<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	27
<i>bisoprolol & hydrochlorothiazide tab</i> 5-6.25 mg	53	<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	27
<i>bisoprolol fumarate tab</i> 10 mg	69	<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	27
<i>bisoprolol fumarate tab</i> 5 mg	69	<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	27
<i>blisovi fe tab</i> 1/20	75	<i>buprenorphine hcl sl tab</i> 2 mg (base equiv).....	27
<i>blisovi fe tab</i> 1.5/30	75	<i>buprenorphine hcl sl tab</i> 8 mg (base equiv).....	27
BLISTER REL MIS BANDAGE	104	<i>bupropion hcl (smoking deterrent) tab</i> er 12hr 150 mg	139
BOOSTRIX INJ	142	<i>bupropion hcl tab</i> 100 mg	40
BORDER GAUZE PAD 2.....	104	<i>bupropion hcl tab</i> 75 mg	39
<i>bosentan tab</i> 125 mg	73	<i>bupropion hcl tab er</i> 12hr 100 mg	40
<i>bosentan tab</i> 62.5 mg	73	<i>bupropion hcl tab er</i> 12hr 150 mg	40
<i>briellyn tab</i>	75	<i>bupropion hcl tab er</i> 12hr 200 mg	40
<i>brimonidine tartrate ophth soln</i> 0.2%	134	<i>bupropion hcl tab er</i> 24hr 150 mg	40
<i>bromocriptine mesylate cap</i> 5 mg (base equivalent).....	58	<i>bupropion hcl tab er</i> 24hr 300 mg	40
<i>bromocriptine mesylate tab</i> 2.5 mg (base equivalent)	58	<i>buspirone hcl tab</i> 10 mg	31
<i>brompheniramine & pseudoephedrine</i> <i>elixir</i> 1-15 mg/5ml	81	<i>buspirone hcl tab</i> 15 mg	31
BRUKINSA CAP 80MG	56	<i>buspirone hcl tab</i> 5 mg	30
BUBBLES PEDI MIS MASK.....	124	<i>butalbital-acetaminophen-caffeine tab</i> 50-325-40 mg	23
<i>budesonide delayed release particles</i> <i>cap</i> 3 mg.....	80	<i>butalbital-acetaminophen-caff w/ cod</i> <i>cap</i> 50-325-40-30 mg	26
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol</i> 160-4.5 mcg/act	34	<i>butalbital-acetaminophen tab</i> 50-325 mg	23
<i>budesonide-formoterol fumarate dihyd</i> <i>aerosol</i> 80-4.5 mcg/act	34	BUTTERFLY MIS CLOSURES	104
<i>budesonide inhalation susp</i> 0.25 mg/2ml.....	33	C	
<i>budesonide inhalation susp</i> 0.5 mg/2ml	33	<i>cabergoline tab</i> 0.5 mg	93
BUDESONIDE POW.....	74	<i>caffeine citrate oral soln</i> 60 mg/3ml (10 mg/ml base equiv).....	18
BUDESONIDE POW MICRONIZ	74	CALAN SR	
<i>budesonide sus</i> 32mcg.....	132	see verapamil hcl tab er 120 mg ...	72
<i>bumetanide tab</i> 0.5 mg.....	91	see verapamil hcl tab er 240 mg ...	72
<i>bumetanide tab</i> 1 mg	91	<i>calcipotriene cream</i> 0.005%	85
<i>bumetanide tab</i> 2 mg	91	<i>calcipotriene oint</i> 0.005%.....	85
BUMEX		<i>calcipotriene soln</i> 0.005% (50 mcg/ml)	85
see <i>bumetanide tab</i> 0.5 mg	91	<i>calcitonin (salmon) nasal soln</i> 200 unit/act.....	92
<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	27	<i>calcitrene oin</i> 0.005%.....	85
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	27	<i>calcitriol cap</i> 0.25 mcg	92
		<i>calcitriol cap</i> 0.5 mcg.....	92

<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca).....</i>	94	<i>captopril tab 25 mg</i>	51
<i>calcium carb-cholecalciferol tab 250</i> <i>mg-3.125 mcg (125 unit)</i>	126	<i>captopril tab 50 mg</i>	51
<i>calcium carbonate (antacid) chew tab</i> <i>1000 mg</i>	29	CARAFATE	
<i>calcium carbonate (antacid) chew tab</i> <i>500 mg</i>	28	<i>see sucralfate susp 1 gm/10ml</i>	143
<i>calcium carbonate (antacid) chew tab</i> <i>750 mg</i>	29	<i>see sucralfate tab 1 gm</i>	143
<i>calcium carbonate (antacid) susp 1250</i> <i>mg/5ml.....</i>	29	CARAFATE SUS 1GM/10ML	143
<i>calcium carbonate-cholecalciferol chew</i> <i>tab 500 mg-400 unit.....</i>	126	<i>carbamazepine cap er 12hr 100 mg..</i>	36
<i>calcium carbonate-cholecalciferol chew</i> <i>tab 500 mg-600 unit.....</i>	126	<i>carbamazepine cap er 12hr 200 mg..</i>	36
<i>calcium carbonate-cholecalciferol tab</i> <i>500 mg-200 unit</i>	126	<i>carbamazepine cap er 12hr 300 mg..</i>	36
<i>calcium carbonate-cholecalciferol tab</i> <i>500 mg-400 unit</i>	126	<i>carbamazepine chew tab 100 mg</i>	36
<i>calcium carbonate-cholecalciferol tab</i> <i>600 mg-200 unit</i>	126	<i>carbamazepine susp 100 mg/5ml</i>	37
<i>calcium carbonate-cholecalciferol tab</i> <i>600 mg-400 unit</i>	126	<i>carbamazepine tab 200 mg</i>	37
<i>calcium carbonate-cholecalciferol tab</i> <i>600 mg-800 unit</i>	126	<i>carbamazepine tab er 12hr 100 mg ..</i>	37
<i>calcium carbonate tab 1500 mg (600</i> <i>mg elemental ca)</i>	126	<i>carbamazepine tab er 12hr 200 mg ..</i>	37
CALCIUM CARB TAB 648MG.....	28	<i>carbamazepine tab er 12hr 400 mg ..</i>	37
<i>calcium citrate-vitamin d tab 200 mg-</i> <i>250 unit (elemental ca)</i>	126	<i>carbamide peroxide 6.5% otic soln .</i>	136
<i>calcium citrate-vitamin d tab 315 mg-</i> <i>200 unit (elemental ca)</i>	127	CARBATROL	
<i>calcium citrate-vitamin d tab 315 mg-</i> <i>250 unit (elemental ca)</i>	127	<i>see carbamazepine cap er 12hr 100</i> <i>mg</i>	36
<i>calcium-magnesium-zinc tab 333-133-</i> <i>5 mg.....</i>	127	<i>see carbamazepine cap er 12hr 200</i> <i>mg</i>	36
<i>calcium polycarbophil tab 625 mg</i>	98	<i>see carbamazepine cap er 12hr 300</i> <i>mg</i>	36
<i>camila tab 0.35mg</i>	80	CARBATROL CAP 100MG	37
<i>camrese lo tab.....</i>	75	CARBATROL CAP 200MG	37
<i>camrese tab</i>	75	CARBATROL CAP 300MG	37
<i>capecitabine tab 150 mg</i>	55	<i>carbidopa & levodopa tab 10-100 mg</i>	58
<i>capecitabine tab 500 mg</i>	55	<i>carbidopa & levodopa tab 25-100 mg</i>	58
<i>capsaicin cream 0.025%</i>	88	<i>carbidopa & levodopa tab 25-250 mg</i>	58
<i>capsaicin cream 0.1%.....</i>	88	<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	58
<i>captopril tab 100 mg</i>	51	<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	58
<i>captopril tab 12.5 mg</i>	51	<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg.....</i>	58
		<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg.....</i>	58
		<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg.....</i>	58
		<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	58
		<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg.....</i>	59
		<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg.....</i>	59
		<i>carbinoxamine maleate soln 4 mg/5ml</i> <i>.....</i>	48

<i>carbinoxamine maleate tab 4 mg</i>	48
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	133
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	133
CARDIZEM	
see <i>diltiazem hcl tab 120 mg</i>	71
see <i>diltiazem hcl tab 30 mg</i>	71
see <i>diltiazem hcl tab 60 mg</i>	71
CARDIZEM CD	
see <i>cartia xt cap 120/24hr</i>	70
see <i>cartia xt cap 180/24hr</i>	70
see <i>cartia xt cap 240/24hr</i>	70
see <i>cartia xt cap 300/24hr</i>	70
see <i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	71
see <i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	71
see <i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	71
see <i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	71
CARDURA	
see <i>doxazosin mesylate tab 1 mg</i> ..	52
see <i>doxazosin mesylate tab 2 mg</i> ..	52
see <i>doxazosin mesylate tab 8 mg</i> ..	52
CARESTART KIT COVID-19	89
CARETOUCH MIS CPAP.....	124
CARNITOR	
see <i>levocarnitine oral soln 1 gm/10ml (10%)</i>	92
see <i>levocarnitine tab 330 mg</i>	92
CARPALAID MIS EMPLOYEE.....	104
CARPALAID MIS LARGE	104
CARPALAID MIS PRAC SM.....	104
CARPALAID MIS PRA LG	104
CARPALAID MIS SMALL	104
<i>carteolol hcl ophth soln 1%</i>	133
<i>cartia xt cap 120/24hr</i>	70
<i>cartia xt cap 180/24hr</i>	70
<i>cartia xt cap 240/24hr</i>	70
<i>cartia xt cap 300/24hr</i>	70
<i>carvedilol tab 12.5 mg</i>	69
<i>carvedilol tab 25 mg</i>	69
<i>carvedilol tab 3.125 mg</i>	69
<i>carvedilol tab 6.25 mg</i>	69
CASODEX	
see <i>bicalutamide tab 50 mg</i>	56
<i>cefadroxil for susp 250 mg/5ml</i>	73
<i>cefadroxil for susp 500 mg/5ml</i>	73
<i>cefdinir cap 300 mg</i>	74
<i>cefdinir for susp 125 mg/5ml</i>	74
<i>cefdinir for susp 250 mg/5ml</i>	74
<i>cefprozil for susp 125 mg/5ml</i>	74
<i>cefprozil for susp 250 mg/5ml</i>	74
<i>cefuroxime axetil tab 250 mg</i>	74
<i>cefuroxime axetil tab 500 mg</i>	74
CELEBREX	
see <i>celecoxib cap 100 mg</i>	22
see <i>celecoxib cap 200 mg</i>	22
see <i>celecoxib cap 400 mg</i>	22
see <i>celecoxib cap 50 mg</i>	22
<i>celecoxib cap 100 mg</i>	22
<i>celecoxib cap 200 mg</i>	22
<i>celecoxib cap 400 mg</i>	22
<i>celecoxib cap 50 mg</i>	22
CELEXA	
see <i>citalopram hydrobromide tab 10 mg (base equiv)</i>	40
see <i>citalopram hydrobromide tab 20 mg (base equiv)</i>	40
see <i>citalopram hydrobromide tab 40 mg (base equiv)</i>	40
CELLCEPT	
see <i>mycophenolate mofetil cap 250 mg</i>	129
see <i>mycophenolate mofetil tab 500 mg</i>	129
<i>cephalexin cap 250 mg</i>	73
<i>cephalexin cap 500 mg</i>	73
<i>cephalexin for susp 125 mg/5ml</i>	73
<i>cephalexin for susp 250 mg/5ml</i>	74
<i>cerovite jr chw</i>	131
CERTAVITE TAB SENIOR	130
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	49
<i>cetirizine hcl tab 10 mg</i>	49
<i>cetirizine hcl tab 5 mg</i>	49
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	81
<i>chateal eq tab 0.15/30</i>	75
<i>chateal tab 0.15/30</i>	75
CHEMO GLOVES MIS LARGE	115
CHEMO GLOVES MIS MEDIUM	115

CHEMO GLOVES MIS SMALL	115	<i>cimetidine tab 200 mg</i>	143
CHEMO GLOVES MIS X-LARGE	115	<i>cimetidine tab 300 mg</i>	143
<i>child chew/ chw extra c.....</i>	131	<i>cimetidine tab 400 mg</i>	143
<i>chlordiazepoxide hcl cap 10 mg.....</i>	31	<i>cimetidine tab 800 mg</i>	143
<i>chlordiazepoxide hcl cap 25 mg.....</i>	31	CIPRO	
<i>chlordiazepoxide hcl cap 5 mg</i>	31	see <i>ciprofloxacin hcl tab 250 mg</i>	
<i>chlorhexidine gluconate soln 0.12%</i>	129	<i>(base equiv)</i>	93
CHLORHEXIDINE GLUCONATE SOLN		see <i>ciprofloxacin hcl tab 500 mg</i>	
0.12%		<i>(base equiv)</i>	93
see <i>chlorhexidine gluconate soln</i>		<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
<i>0.12%.....</i>	129	<i>equivalent)</i>	134
<i>chloroquine phosphate tab 250 mg...54</i>		<i>ciprofloxacin hcl otic soln 0.2% (base</i>	
<i>chloroquine phosphate tab 500 mg...54</i>		<i>equivalent)</i>	136
<i>chlorpheniramine maleate syrup 2</i>		<i>ciprofloxacin hcl tab 250 mg (base</i>	
<i>mg/5ml.....</i>	48	<i>equiv).....</i>	93
<i>chlorpheniramine tab 4 mg.....</i>	48	<i>ciprofloxacin hcl tab 500 mg (base</i>	
<i>chlorpheniramine tab er 12 mg</i>	48	<i>equiv).....</i>	93
<i>chlorpromazine hcl tab 100 mg</i>	63	<i>ciprofloxacin hcl tab 750 mg (base</i>	
<i>chlorpromazine hcl tab 10 mg.....</i>	63	<i>equiv).....</i>	93
<i>chlorpromazine hcl tab 200 mg</i>	63	CIRCATA CRE 0.05%	88
<i>chlorpromazine hcl tab 25 mg.....</i>	63	CIRCATRIX CRE 0.05%	88
<i>chlorpromazine hcl tab 50 mg.....</i>	63	<i>citalopram hydrobromide oral soln 10</i>	
<i>chlorthalidone tab 25 mg</i>	91	<i>mg/5ml.....</i>	40
<i>chlorthalidone tab 50 mg</i>	91	<i>citalopram hydrobromide tab 10 mg</i>	
<i>chlorzoxazone tab 500 mg.....</i>	132	<i>(base equiv)</i>	40
<i>cholecalciferol cap 2000 unit</i>	147	<i>citalopram hydrobromide tab 20 mg</i>	
<i>cholecalciferol cap 50000 unit</i>	147	<i>(base equiv)</i>	40
<i>cholecalciferol cap 5000 unit</i>	147	<i>citalopram hydrobromide tab 40 mg</i>	
<i>cholecalciferol oral liquid 400 unit/ml</i>		<i>(base equiv)</i>	40
.....	147	<i>clarithromycin for susp 125 mg/5ml</i>	100
<i>cholecalciferol tab 1000 unit</i>	147	<i>clarithromycin for susp 250 mg/5ml</i>	100
<i>cholecalciferol tab 2000 unit</i>	147	<i>clarithromycin tab 250 mg.....</i>	100
<i>cholecalciferol tab 400 unit.....</i>	147	<i>clarithromycin tab 500 mg.....</i>	100
<i>cholestyramine light powder 4 gm/dose</i>		CLEARDETECT KIT COVID-19.....	89
.....	50	<i>clemastine fumarate tab 1.34 mg.....</i>	48
<i>cholestyramine powder 4 gm/dose ...50</i>		<i>clemastine fumarate tab 2.68 mg.....</i>	48
<i>chromagen cap</i>	97	CLEOCIN	
<i>ciclodan sol 8%</i>	84	see <i>clindamycin hcl cap 150 mg</i>	29
<i>ciclopirox olamine cream 0.77% (base</i>		see <i>clindamycin hcl cap 300 mg</i>	29
<i>equiv).....</i>	84	see <i>clindamycin phosphate vaginal</i>	
<i>ciclopirox olamine susp 0.77% (base</i>		<i>cream 2%.....</i>	146
<i>equiv).....</i>	84	CLEOCIN PEDIATRIC GRANULE	
<i>ciclopirox solution 8%.....</i>	84	see <i>clindamycin palmitate hcl for soln</i>	
<i>cilostazol tab 100 mg</i>	96	<i>75 mg/5ml (base equiv)</i>	29
<i>cilostazol tab 50 mg</i>	96	CLEOCIN-T	
CIMDUO TAB 300-300	65	see <i>clindamycin phosphate lotion 1%</i>	
<i>cimetidine hcl soln 300 mg/5ml.....</i>	143	.....	83

CLINDAGEL	
see <i>clindamycin phosphate gel 1%</i>	83
<i>clindamycin hcl cap 150 mg</i>	29
<i>clindamycin hcl cap 300 mg</i>	29
<i>clindamycin palmitate hcl for soln 75</i>	
<i>mg/5ml (base equiv)</i>	29
<i>clindamycin phosphate gel 1%</i>	83
<i>clindamycin phosphate lotion 1%</i>	83
<i>clindamycin phosphate soln 1%</i>	83
<i>clindamycin phosphate vaginal cream</i>	
2%	146
CLINITEST KIT SELF-TST	89
<i>clobazam tab 10 mg</i>	36
<i>clobazam tab 20 mg</i>	36
<i>clobetasol propionate soln 0.05%</i>	86
<i>clomid tab 50mg</i>	92
<i>clomipramine hcl cap 25 mg</i>	41
<i>clomipramine hcl cap 50 mg</i>	41
<i>clomipramine hcl cap 75 mg</i>	41
<i>clonazepam tab 0.5 mg</i>	36
<i>clonazepam tab 1 mg</i>	36
<i>clonazepam tab 2 mg</i>	36
<i>clonidine hcl tab 0.1 mg</i>	52
<i>clonidine hcl tab 0.2 mg</i>	52
<i>clonidine hcl tab 0.3 mg</i>	52
<i>clopidogrel bisulfate tab 75 mg (base</i>	
<i>equiv)</i>	96
<i>clorazepate dipotassium tab 15 mg</i>	31
<i>clorazepate dipotassium tab 3.75 mg</i>	31
<i>clorazepate dipotassium tab 7.5 mg</i>	31
<i>clotrimazole cream 1%</i>	85
<i>clotrimazole soln 1%</i>	85
<i>clotrimazole troche 10 mg</i>	129
<i>clotrimazole vaginal cream 1%</i>	146
<i>clotrimazole vaginal cream 2%</i>	146
CLOZARIL TAB 100MG	61
CLOZARIL TAB 200MG	62
CLOZARIL TAB 25MG	61
CLOZARIL TAB 50MG	61
COBAS COV-2 KIT ASSAY	89
COBAS COV-2 KIT CONTROL	89
<i>codeine sulfate tab 30 mg</i>	24
CODEINE SULF TAB 60MG	24
COLAZAL	
see <i>balsalazide disodium cap 750 mg</i>	94
<i>colchicine tab 0.6 mg</i>	95
<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>mg</i>	95
COLCRYS	
see <i>colchicine tab 0.6 mg</i>	95
COLESTID	
see <i>colestipol hcl tab 1 gm</i>	50
<i>colestipol hcl tab 1 gm</i>	50
COLOR CONDOM MIS + LUBE	111
COMBIVIR	
see <i>lamivudine-zidovudine tab 150-</i>	
<i>300 mg</i>	66
COMFORT EZ MIS LARGE	116
COMFORT EZ MIS MEDIUM	116
COMFORT EZ MIS SMALL	116
COMFORT EZ MIS X-LARGE	116
COMFORT FAB MIS 3/4	104
COMFORT FAB MIS ASSORTED	104
COMFORT FAB MIS KNEE/ELB	104
CO MONITOR MIS T PIECES	124
COMPLERA TAB	65
<i>compro sup 25mg</i>	63
COMTAN	
see <i>entacapone tab 200 mg</i>	58
CONCERTA	
see <i>methylphenidate hcl tab er</i>	
<i>osmotic release (osm) 18 mg</i>	20
see <i>methylphenidate hcl tab er</i>	
<i>osmotic release (osm) 27 mg</i>	20
see <i>methylphenidate hcl tab er</i>	
<i>osmotic release (osm) 36 mg</i>	20
see <i>methylphenidate hcl tab er</i>	
<i>osmotic release (osm) 54 mg</i>	20
CONDOMS LATEX NON-LUBRICATED	
.....	111
CONDOMS - MALE	111
<i>constulose sol 10gm/15</i>	99
CONVERSION MIS BABY SZ1	124
CONVERSION MIS BABY SZ2	124
CONVERSION MIS BABY SZ3	124
COPAXONE	
see <i>glatiramer acetate soln prefilled</i>	
<i>syringe 20 mg/ml</i>	139
see <i>glatiramer acetate soln prefilled</i>	
<i>syringe 40 mg/ml</i>	139
see <i>glatopa inj 20mg/ml</i>	139
see <i>glatopa inj 40mg/ml</i>	139
COREG	

see <i>carvedilol tab 12.5 mg</i>	69	see <i>rosuvastatin calcium tab 10 mg</i>	
see <i>carvedilol tab 25 mg</i>	69	.....	50
see <i>carvedilol tab 3.125 mg</i>	69	see <i>rosuvastatin calcium tab 20 mg</i>	
see <i>carvedilol tab 6.25 mg</i>	69	.....	50
CORGARD		see <i>rosuvastatin calcium tab 40 mg</i>	
see <i>nadolol tab 20 mg</i>	69	.....	50
see <i>nadolol tab 40 mg</i>	70	see <i>rosuvastatin calcium tab 5 mg</i> .50	
CORLANOR TAB 5MG	73	<i>cromolyn sodium nasal aerosol soln 5.2</i>	
CORLANOR TAB 7.5MG	73	<i>mg/act (4%)</i>	132
CORTEF		<i>cromolyn sodium ophth soln 4%</i>	135
see <i>hydrocortisone tab 10 mg</i>	81	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
see <i>hydrocortisone tab 20 mg</i>	81	.....	32
see <i>hydrocortisone tab 5 mg</i>	81	<i>croton lot 10%</i>	88
CORTENEMA		<i>cryselle-28 tab 28 tabs</i>	75
see <i>hydrocortisone enema 100</i>		CURITY AMD PAD 2	104
<i>mg/60ml</i>	28	CURITY COVER PAD 3	104
COSENTYX INJ 150MG/ML.....	85	CURITY COVER PAD 4	104
COSENTYX INJ 300DOSE.....	85	CURITY GAUZE PAD 2	105
COSENTYX INJ 75MG/0.5	85	CURITY GAUZE PAD 4	105
COSENTYX PEN INJ 150MG/ML	85	CURITY SPONG PAD 2.....	105
COSENTYX PEN INJ 300DOSE	85	CURITY SPONG PAD 4.....	105
COSOPT		CUVPOSA	
see <i>dorzolamide hcl-timolol maleate</i>		see <i>glycopyrrolate oral soln 1</i>	
<i>ophth soln 22.3-6.8 mg/ml</i>	133	<i>mg/5ml</i>	143
COTTON GLOVE MIS MEDIUM	116	CVS ADHESIVE TAP 1	105
<i>cough relief liq 15mg/5ml</i>	81	CVS ANTI-BAC MIS.....	105
COVERLET MIS STRIPS	104	CVS ANTI-BAC MIS BANDAGE	105
COVID-19 AT- KIT 1-PACK	89	CVS ANTI-BAC MIS WATERPRO	105
COVID-19 AT- KIT 2-PACK	89	CVS CLEAR MIS BANDAGES.....	105
COVID-19 KIT	89	CVS COVID-19 KIT HOME 2PK	89
COVID-19 RAP KIT 1-PACK.....	89	CVS FLEX FAB MIS BANDAG	105
COVID-19 RAP KIT 2-PACK.....	89	CVS GAUZE PD PAD 2	105
COVID-19 TES KIT SPECIMEN.....	89	CVS GLOVES MIS	116
COZAAR		CVS GLOVES MIS SMALL.....	116
see <i>losartan potassium tab 100 mg</i> 52		CVS GLOVES MIS VINYL.....	116
see <i>losartan potassium tab 25 mg</i> .52		CVS PLASTIC MIS BANDAGE	105
see <i>losartan potassium tab 50 mg</i> .52		CVS SHEER BA MIS ASSORTED	105
CPAP & BIPAP MIS HOSE	124	CVS SHEER MIS BAND 1	105
CPAP MASK MIS WIPES	124	CVS SHEER MIS BAND XL.....	105
CPAP NEURAL MIS PRE-WASH.....	124	CVS SPOT BAN MIS SHEER.....	105
CRAYON STRIP MIS BANDAGE.....	104	<i>cyanocobalamin tab 1000 mcg</i>	96
CREON CAP 12000UNT	90	<i>cyanocobalamin tab 100 mcg</i>	96
CREON CAP 24000UNT	90	<i>cyanocobalamin tab 500 mcg</i>	96
CREON CAP 3000UNIT	90	<i>cyclobenzaprine hcl tab 10 mg</i>	132
CREON CAP 36000UNT	90	<i>cyclobenzaprine hcl tab 5 mg</i>	132
CREON CAP 6000UNIT	90	CYCLOGYL	
CRESTOR			

see cyclopentolate hcl ophth soln 1%
134
 cyclopentolate hcl ophth soln 1% ...134
 cyclophosphamide cap 25 mg55
 cyclophosphamide cap 50 mg55
 cyclosporine cap 100 mg128
 cyclosporine cap 25 mg128
 cyclosporine modified cap 100 mg ..128
 cyclosporine modified cap 25 mg128
 cyclosporine modified cap 50 mg128
 cyclosporine modified oral soln 100
 mg/ml.....128
 CYMBALTA
 see duloxetine hcl enteric coated
 pellets cap 20 mg (base eq)41
 see duloxetine hcl enteric coated
 pellets cap 30 mg (base eq)41
 see duloxetine hcl enteric coated
 pellets cap 60 mg (base eq)41
 cyproheptadine hcl syrup 2 mg/5ml ..49
 cyproheptadine hcl tab 4 mg49
 cyred eq tab75
 cyred tab75
 CYTOTEC
 see misoprostol tab 100 mcg.....144
 see misoprostol tab 200 mcg.....144
D
 dalfampridine tab er 12hr 10 mg139
 dapson tab 100 mg29
 dapson tab 25 mg29
 dasetta tab 1/3575
 dasetta tab 7/7/775
 DAYPRO
 see oxaprozin tab 600 mg23
 daysee tab75
 DDAVP
 see desmopressin acetate tab 0.1 mg
92
 see desmopressin acetate tab 0.2 mg
93
 debilitane tab 0.35mg80
 DELSTRIGO TAB65
 delyla tab 0.1-0.0275
 denta 5000 cre plus129
 denta 5000 cre plus 2pk129
 dentagel gel 1.1%129
 DEPAKOTE

see divalproex sodium tab delayed
 release 125 mg39
 see divalproex sodium tab delayed
 release 250 mg39
 see divalproex sodium tab delayed
 release 500 mg39
 DEPAKOTE ER
 see divalproex sodium tab er 24 hr
 250 mg39
 see divalproex sodium tab er 24 hr
 500 mg39
 DEPAKOTE SPRINKLES
 see divalproex sodium cap delayed
 release sprinkle 125 mg39
 DEPEN TITRATABS
 see penicillamine tab 250 mg128
 DEPO-PROVERA CONTRACEPTIV
 see medroxyprogesterone acetate im
 susp 150 mg/ml80
 see medroxyprogesterone acetate im
 susp prefilled syr 150 mg/ml80
 DEPO-PROVERA INJ 150MG/ML80
 DEPO-SQ PROV INJ 10480
 DEPO-TESTOSTERONE
 see testosterone cypionate im inj in
 oil 100 mg/ml28
 see testosterone cypionate im inj in
 oil 200 mg/ml28
 DERMACEA I.V PAD 2105
 DERMACEA IV PAD 2105
 DERMACEA PAD 2105
 DERMACEA PAD 3106
 dermacinrx cre penetral88
 DERMA-SMOOTH/FS BODY
 see fluocinolone acetonide oil 0.01%
 (body oil)86
 DERMA-SMOOTH/FS SCALP
 see fluocinolone acetonide oil 0.01%
 (scalp oil)86
 DERM NON-ADH PAD 3105
 DESCOVY TAB 120-15MG65
 DESCOVY TAB 200/25MG65
 desipramine hcl tab 100 mg42
 desipramine hcl tab 10 mg41
 desipramine hcl tab 150 mg42
 desipramine hcl tab 25 mg42
 desipramine hcl tab 50 mg42

<i>desipramine hcl tab 75 mg</i>	42	<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>desmopressin acetate nasal spray soln</i>		<i>5 mg</i>	18
<i>0.01%</i>	92	<i>dextroamphetamine sulfate tab 10 mg</i>	
<i>desmopressin acetate nasal spray soln</i>		.....	18
<i>0.01% (refrigerated)</i>	92	<i>dextroamphetamine sulfate tab 5 mg</i>	18
<i>desmopressin acetate tab 0.1 mg</i>	92	<i>dextromethorphan-guaifenesin liquid</i>	
<i>desmopressin acetate tab 0.2 mg</i>	93	<i>10-100 mg/5ml</i>	81
<i>desogest-eth estrad & eth estrad tab</i>		<i>dextromethorphan-guaifenesin syrup</i>	
<i>0.15-0.02/0.01 mg(21/5)</i>	75	<i>10-100 mg/5ml</i>	81
<i>desogestrel & ethinyl estradiol tab 0.15</i>		<i>dextromethorphan-guaifenesin tab er</i>	
<i>mg-30 mcg</i>	75	<i>12hr 30-600 mg</i>	82
<i>desonide cream 0.05%</i>	86	DIALYVITE TAB SUPREM D.....	130
<i>desonide oint 0.05%</i>	86	DIATRUST KIT COVID-19	89
DESOWEN		<i>diazepam conc 5 mg/ml</i>	31
<i>see desonide cream 0.05%</i>	86	<i>diazepam oral soln 1 mg/ml</i>	31
DETROL		<i>diazepam rectal gel delivery system 10</i>	
<i>see tolterodine tartrate tab 1 mg</i> .	145	<i>mg</i>	36
<i>see tolterodine tartrate tab 2 mg</i> .	145	<i>diazepam rectal gel delivery system 2.5</i>	
<i>dexamethasone elixir 0.5 mg/5ml</i>	80	<i>mg</i>	36
<i>dexamethasone sodium phosphate</i>		<i>diazepam rectal gel delivery system 20</i>	
<i>ophth soln 0.1%</i>	134	<i>mg</i>	36
<i>dexamethasone soln 0.5 mg/5ml</i>	80	<i>diazepam tab 10 mg</i>	32
<i>dexamethasone tab 0.5 mg</i>	80	<i>diazepam tab 2 mg</i>	31
<i>dexamethasone tab 0.75 mg</i>	80	<i>diazepam tab 5 mg</i>	32
<i>dexamethasone tab 1.5 mg</i>	80	<i>dibucaine oint 1%</i>	88
<i>dexamethasone tab 1 mg</i>	80	<i>diclofenac potassium tab 50 mg</i>	22
<i>dexamethasone tab 2 mg</i>	80	<i>diclofenac sodium gel 1% (1.16%</i>	
<i>dexamethasone tab 4 mg</i>	80	<i>diethylamine equiv)</i>	84
<i>dexamethasone tab 6 mg</i>	81	<i>diclofenac sodium ophth soln 0.1%</i> .	135
DEXCOM G6 RECEIVER	113	<i>diclofenac sodium tab delayed release</i>	
DEXCOM G6 SENSOR.....	113	<i>25 mg</i>	22
DEXCOM G6 TRANSMITTER	113	<i>diclofenac sodium tab delayed release</i>	
DEXEDRINE		<i>50 mg</i>	22
<i>see dextroamphetamine sulfate cap</i>		<i>diclofenac sodium tab delayed release</i>	
<i>er 24hr 10 mg</i>	18	<i>75 mg</i>	22
<i>see dextroamphetamine sulfate cap</i>		<i>diclofenac sodium tab er 24hr 100 mg</i>	
<i>er 24hr 15 mg</i>	18	.....	22
<i>dexmethylphenidate hcl tab 10 mg</i> ...	19	<i>dicloxacillin sodium cap 250 mg</i>	137
<i>dexmethylphenidate hcl tab 2.5 mg</i> ..	19	<i>dicloxacillin sodium cap 500 mg</i>	137
<i>dexmethylphenidate hcl tab 5 mg</i>	19	<i>dicyclomine hcl cap 10 mg</i>	142
<i>dextran 70-hypromellose ophth soln</i>		<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
<i>0.1-0.3%</i>	133	.....	142
<i>dextroamphetamine sulfate cap er 24hr</i>		<i>dicyclomine hcl tab 20 mg</i>	143
<i>10 mg</i>	18	DIFFERIN GEL 0.1%	83
<i>dextroamphetamine sulfate cap er 24hr</i>		DIFLUCAN	
<i>15 mg</i>	18	<i>see fluconazole for susp 10 mg/ml</i> .	48
		<i>see fluconazole for susp 40 mg/ml</i> .	48

see <i>fluconazole tab 100 mg</i>	48	<i>diltiazem hcl extended release beads</i>	
see <i>fluconazole tab 150 mg</i>	48	<i>cap er 24hr 360 mg</i>	71
see <i>fluconazole tab 200 mg</i>	48	<i>diltiazem hcl extended release beads</i>	
<i>digoxin oral soln 0.05 mg/ml</i>	72	<i>cap er 24hr 420 mg</i>	71
<i>digoxin tab 125 mcg (0.125 mg)</i>	72	<i>diltiazem hcl tab 120 mg</i>	71
DIGOXIN TAB 125 MCG (0.125 MG)		<i>diltiazem hcl tab 30 mg</i>	71
see <i>digoxin tab 125 mcg (0.125 mg)</i>		<i>diltiazem hcl tab 60 mg</i>	71
.....	72	<i>diltiazem hcl tab 90 mg</i>	71
<i>digoxin tab 250 mcg (0.25 mg)</i>	72	<i>dilt-xr cap 120mg</i>	71
DIGOXIN TAB 250 MCG (0.25 MG)		<i>dilt-xr cap 180mg</i>	71
see <i>digoxin tab 250 mcg (0.25 mg)</i>		<i>dilt-xr cap 240mg</i>	71
.....	72	<i>dimenhydrinate tab 50 mg</i>	47
<i>digoxin tab 62.5 mcg (0.0625 mg)</i> ...	72	<i>dimethyl fumarate capsule delayed</i>	
DILANTIN		<i>release 120 mg</i>	139
see <i>phenytoin sodium extended cap</i>		<i>dimethyl fumarate capsule delayed</i>	
<i>100 mg</i>	39	<i>release 240 mg</i>	139
DILANTIN-125		DIOVAN	
see <i>phenytoin susp 125 mg/5ml</i>	39	see <i>valsartan tab 160 mg</i>	52
DILANTIN-125 SUS 125/5ML	39	see <i>valsartan tab 320 mg</i>	52
DILANTIN CAP 100MG	39	see <i>valsartan tab 40 mg</i>	52
DILANTIN CAP 30MG	39	see <i>valsartan tab 80 mg</i>	52
DILANTIN CHW 50MG	39	DIOVAN HCT	
DILANTIN INFATABS		see <i>valsartan-hydrochlorothiazide tab</i>	
see <i>phenytoin chew tab 50 mg</i>	39	<i>160-12.5 mg</i>	54
DILAUDID		see <i>valsartan-hydrochlorothiazide tab</i>	
see <i>hydromorphone hcl tab 2 mg</i> ..	25	<i>160-25 mg</i>	54
see <i>hydromorphone hcl tab 4 mg</i> ..	25	see <i>valsartan-hydrochlorothiazide tab</i>	
<i>diltiazem hcl cap er 24hr 120 mg</i>	71	<i>320-12.5 mg</i>	54
<i>diltiazem hcl cap er 24hr 180 mg</i>	71	see <i>valsartan-hydrochlorothiazide tab</i>	
<i>diltiazem hcl cap er 24hr 240 mg</i>	71	<i>320-25 mg</i>	54
<i>diltiazem hcl coated beads cap er 24hr</i>		see <i>valsartan-hydrochlorothiazide tab</i>	
<i>120 mg</i>	71	<i>80-12.5 mg</i>	54
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>diphenhydramine hcl (sleep) tab 25 mg</i>	
<i>180 mg</i>	71	.....	98
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>diphenhydramine hcl cap 25 mg</i>	48
<i>240 mg</i>	71	<i>diphenhydramine hcl cap 50 mg</i>	48
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>diphenhydramine hcl chew tab 12.5 mg</i>	
<i>300 mg</i>	71	.....	48
<i>diltiazem hcl extended release beads</i>		<i>diphenhydramine hcl elixir 12.5</i>	
<i>cap er 24hr 120 mg</i>	71	<i>mg/5ml</i>	48
<i>diltiazem hcl extended release beads</i>		<i>diphenhydramine hcl inj 50 mg/ml</i> ...	48
<i>cap er 24hr 180 mg</i>	71	<i>diphenhydramine hcl liquid 12.5</i>	
<i>diltiazem hcl extended release beads</i>		<i>mg/5ml</i>	49
<i>cap er 24hr 240 mg</i>	71	<i>diphenhydramine hcl tab 25 mg</i>	49
<i>diltiazem hcl extended release beads</i>		<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>cap er 24hr 300 mg</i>	71	<i>mg/5ml</i>	47

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	47	DOVER URINE MIS BAG.....	114
DIPROLENE		DOVONEX	
see <i>betamethasone dipropionate augmented oint 0.05%</i>	86	see <i>calcipotriene cream 0.005%</i>	85
<i>dipyridamole tab 25 mg</i>	96	<i>doxazosin mesylate tab 1 mg</i>	52
<i>dipyridamole tab 50 mg</i>	96	<i>doxazosin mesylate tab 2 mg</i>	52
<i>dipyridamole tab 75 mg</i>	96	<i>doxazosin mesylate tab 4 mg</i>	52
<i>disopyramide phosphate cap 100 mg</i>	32	<i>doxazosin mesylate tab 8 mg</i>	52
<i>disopyramide phosphate cap 150 mg</i>	32	<i>doxepin hcl cap 100 mg</i>	42
DISPOZ-A-BAG MIS LG 32OZ.....	114	<i>doxepin hcl cap 10 mg</i>	42
<i>disulfiram tab 250 mg</i>	138	<i>doxepin hcl cap 150 mg</i>	42
<i>disulfiram tab 500 mg</i>	138	<i>doxepin hcl cap 25 mg</i>	42
DITROPAN XL		<i>doxepin hcl cap 50 mg</i>	42
see <i>oxybutynin chloride tab er 24hr 10 mg</i>	144	<i>doxepin hcl cap 75 mg</i>	42
see <i>oxybutynin chloride tab er 24hr 5 mg</i>	144	<i>doxepin hcl conc 10 mg/ml</i>	42
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	39	<i>doxycycline monohydrate cap 100 mg</i>	140
<i>divalproex sodium tab delayed release 125 mg</i>	39	.....	140
<i>divalproex sodium tab delayed release 250 mg</i>	39	<i>doxycycline monohydrate cap 50 mg</i>	140
<i>divalproex sodium tab delayed release 500 mg</i>	39	.....	140
<i>divalproex sodium tab er 24 hr 250 mg</i>	39	<i>doxycycline monohydrate tab 100 mg</i>	140
.....	39	.....	140
<i>divalproex sodium tab er 24 hr 500 mg</i>	39	<i>doxylamine succinate (sleep) tab 25 mg</i>	98
<i>docosanol cream 10%</i>	86	DRAINAGE BAG KIT 2000ML	114
<i>docusate calcium cap 240 mg</i>	99	DRAIN POUCH MIS 1	114
<i>docusate sodium cap 100 mg</i>	99	DRAIN POUCH MIS 1-3/4	114
<i>docusate sodium cap 250 mg</i>	99	DRAIN POUCH MIS 19-64MM	114
<i>docusate sodium liquid 150 mg/15ml</i>	100	DRAIN POUCH MIS 2-1/4	114
<i>docusate sodium tab 100 mg</i>	100	DRAIN POUCH MIS 32MMX12.....	114
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	138	DRAIN POUCH MIS 45MM	114
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	138	DRAIN POUCH MIS 57MM	114
<i>donepezil hydrochloride tab 10 mg</i>	138	DRESS SPONGE PAD 4	106
<i>donepezil hydrochloride tab 5 mg</i>	138	DRISDOL	
<i>dorzolamide hcl ophth soln 2%</i>	135	see <i>ergocalciferol cap 1.25 mg (50000 unit)</i>	147
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	133	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	75
DOVATO TAB 50-300MG	65	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	75
		DRYSOL SOL 20%	88
		<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	41
		<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	41
		<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	41
		DURAHESIVE WAF 45MM.....	114
		DURAPORE TAP 1	106

DXTERITY TES KIT COVID-19	89	ELIQUIS ST P TAB 5MG	35
E		ELIQUIS TAB 2.5MG	35
E.E.S. GRANULES		ELIQUIS TAB 5MG	35
see <i>erythromycin ethylsuccinate for</i>		ELLA TAB 30MG	79
<i>susp 200 mg/5ml</i>	100	ELLUME COV19 KIT HOME TES.....	89
EAKIN COHESV MIS SEALS 2	114	<i>eluryng mis</i>	78
EASY FLOW MIS 300MM	124	<i>emtricitabine caps 200 mg</i>	66
EASY FLOW MIS 400MM	124	<i>emtricitabine-tenofovir disoproxil</i>	
EASY FLOW MIS AIR NOZZ	124	<i>fumarate tab 100-150 mg</i>	66
EASY FLOW MIS HEPA FIL	124	<i>emtricitabine-tenofovir disoproxil</i>	
EC-NAPROSYN		<i>fumarate tab 133-200 mg</i>	66
see <i>ec-naproxen tab 375mg</i>	22	<i>emtricitabine-tenofovir disoproxil</i>	
see <i>ec-naproxen tab 500mg</i>	22	<i>fumarate tab 167-250 mg</i>	66
see <i>naproxen tab ec 375 mg</i>	23	<i>emtricitabine-tenofovir disoproxil</i>	
see <i>naproxen tab ec 500 mg</i>	23	<i>fumarate tab 200-300 mg</i>	66
<i>ec-naproxen tab 375mg</i>	22	EMTRIVA	
<i>ec-naproxen tab 500mg</i>	22	see <i>emtricitabine caps 200 mg</i>	66
<i>econtra ez tab 1.5mg</i>	78	EMTRIVA SOL 10MG/ML.....	66
<i>econtra os tab 1.5mg</i>	79	<i>enalapril maleate & hydrochlorothiazide</i>	
EDURANT TAB 25MG	65	<i>tab 10-25 mg</i>	53
<i>efavirenz cap 200 mg</i>	66	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>efavirenz cap 50 mg</i>	65	<i>tab 5-12.5 mg</i>	53
<i>efavirenz-emtricitabine-tenofovir df tab</i>		<i>enalapril maleate oral soln 1 mg/ml</i> ..	51
<i>600-200-300 mg</i>	66	<i>enalapril maleate tab 10 mg</i>	51
<i>efavirenz-lamivudine-tenofovir df tab</i>		<i>enalapril maleate tab 2.5 mg</i>	51
<i>400-300-300 mg</i>	66	<i>enalapril maleate tab 20 mg</i>	51
<i>efavirenz-lamivudine-tenofovir df tab</i>		<i>enalapril maleate tab 5 mg</i>	51
<i>600-300-300 mg</i>	66	ENBREL INJ 25/0.5ML.....	23
<i>efavirenz tab 600 mg</i>	66	ENBREL INJ 25MG	23
EFFEXOR XR		ENBREL INJ 50MG/ML.....	23
see <i>venlafaxine hcl cap er 24hr 150</i>		ENBREL MINI INJ 50MG/ML	23
<i>mg (base equivalent)</i>	41	ENBREL SRCLK INJ 50MG/ML.....	23
see <i>venlafaxine hcl cap er 24hr 37.5</i>		<i>endocet tab 10-325mg</i>	26
<i>mg (base equivalent)</i>	41	<i>endocet tab 5-325mg</i>	26
see <i>venlafaxine hcl cap er 24hr 75</i>		<i>endocet tab 7.5-325</i>	26
<i>mg (base equivalent)</i>	41	ENGERIX-B INJ 10/0.5ML	145
EFUDEX		ENGERIX-B INJ 20MCG/ML	145
see <i>fluorouracil cream 5%</i>	85	<i>enoxaparin sodium inj 300 mg/3ml</i> ..	35
ELAPRASE INJ 6MG/3ML	92	<i>enoxaparin sodium inj soln pref syr 100</i>	
ELECTRONIC THERMOMETERS	116	<i>mg/ml</i>	35
ELIDEL		<i>enoxaparin sodium inj soln pref syr 120</i>	
see <i>pimecrolimus cream 1%</i>	87	<i>mg/0.8ml</i>	35
ELIGARD INJ 22.5MG.....	56	<i>enoxaparin sodium inj soln pref syr 150</i>	
ELIGARD INJ 30MG	56	<i>mg/ml</i>	36
ELIGARD INJ 45MG	56	<i>enoxaparin sodium inj soln pref syr 30</i>	
ELIGARD INJ 7.5MG	56	<i>mg/0.3ml</i>	35
<i>elinest tab</i>	75		

<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	35	EQL GAUZE PAD 2	106
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	35	EQL GENTLE MIS STRIPS.....	106
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	35	EQL HVY DUTY MIS STRIPS	106
<i>enpresse-28 tab</i>	75	EQL LATEX MIS GLOVES.....	116
<i>enskyce tab</i>	75	EQL PLASTIC MIS STRIPS.....	106
<i>entacapone tab 200 mg</i>	58	EQL SHEER MIS SPOTS	106
<i>entecavir tab 0.5 mg</i>	68	EQL SHEER MIS STRIPS	106
<i>entecavir tab 1 mg</i>	68	EQL STRIPS MIS	106
ENTRESTO TAB 24-26MG	72	EQL VINYL MIS GLOVES	116
ENTRESTO TAB 49-51MG	72	EQ STRONG MIS STRIPS	106
ENTRESTO TAB 97-103MG	72	ERAPID NEB MIS HANDSET.....	124
ENVARUSUS XR TAB 0.75MG	128	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	147
ENVARUSUS XR TAB 1MG.....	128	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	55
ENVARUSUS XR TAB 4MG.....	128	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	56
EPANED see <i>enalapril maleate oral soln 1 mg/ml</i>	51	<i>erlotinib hcl tab 25 mg (base equivalent)</i>	55
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	146	<i>errin tab 0.35mg</i>	80
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	146	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	100
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	146	<i>erythromycin ophth oint 5 mg/gm</i> ..	134
EPIPEN 2-PAK see <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	146	<i>erythromycin soln 2%</i>	83
EPIPEN-JR 2-PAK see <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	146	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	40
<i>epitol tab 200mg</i>	37	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	40
EPIVIR see <i>lamivudine oral soln 10 mg/ml</i>	66	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	40
see <i>lamivudine tab 150 mg</i>	66	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	40
see <i>lamivudine tab 300 mg</i>	66	ESGIC see <i>bac tab</i>	23
EPIVIR HBV see <i>lamivudine tab 100 mg (hbv)</i> ..	68	see <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	23
EPZICOM see <i>abacavir sulfate-lamivudine tab 600-300 mg</i>	65	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	144
EQL BUTTERFL MIS CLOSURE	106	ESSENTRA MIS 9X9	116
EQL FIRST MIS AID BAND	106	<i>estarylla tab 0.25-35</i>	75
EQL FLEXIBLE MIS FABRIC	106	<i>estazolam tab 1 mg</i>	98
EQL FLEXIBLE MIS FOAM.....	106	<i>estazolam tab 2 mg</i>	98
		ESTRACE see <i>estradiol tab 0.5 mg</i>	93
		see <i>estradiol tab 1 mg</i>	93
		see <i>estradiol tab 2 mg</i>	93

see *estradiol vaginal cream 0.1 mg/gm*146
estradiol tab 0.5 mg93
estradiol tab 1 mg93
estradiol tab 2 mg93
estradiol vaginal cream 0.1 mg/gm.....146
estradiol vaginal tab 10 mcg146
 ESTRADIOL VAGINAL TAB 10 MCG
 see *estradiol vaginal tab 10 mcg*..146
ethambutol hcl tab 100 mg.....55
ethambutol hcl tab 400 mg.....55
ethosuximide cap 250 mg39
ethosuximide soln 250 mg/5ml39
 ETHYL OLEATE LIQ.....74
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg75
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg75
etodolac tab 400 mg.....22
etodolac tab 500 mg.....22
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr78
etoposide cap 50 mg57
etravirine tab 100 mg66
etravirine tab 200 mg66
 EUA PATIENT MIS ASSESS129
 EVERLYWELL KIT HOME89
 EVISTA
 see *raloxifene hcl tab 60 mg*92
 EVOTAZ TAB 300-150.....66
 EXAM GLOVES MIS DISPOSBL.....116
 EXAM GLOVES MIS EX SMALL116
 EXAM GLOVES MIS LARGE116
 EXAM GLOVES MIS MEDIUM116
 EXAM GLOVES MIS SMALL.....116
 EXELON
 see *rivastigmine td patch 24hr 13.3 mg/24hr*139
 see *rivastigmine td patch 24hr 4.6 mg/24hr*138
 see *rivastigmine td patch 24hr 9.5 mg/24hr*139
 EXFORGE
 see *amlodipine besylate-valsartan tab 10-160 mg*53
 see *amlodipine besylate-valsartan tab 10-320 mg*53

see *amlodipine besylate-valsartan tab 5-160 mg*53
 see *amlodipine besylate-valsartan tab 5-320 mg*53
 EXTAVIA INJ 0.3MG139
eye allergy sol itch/red135
eye allergy sol itch rel135
ezetimibe tab 10 mg50
F
 FABRIC BANDG MIS ASSORTED106
 FABRIC BANDG MIS FLEXIBLE.....106
falmina tab.....75
famciclovir tab 125 mg68
famciclovir tab 250 mg68
famciclovir tab 500 mg68
famotidine for susp 40 mg/5ml143
famotidine tab 10 mg143
famotidine tab 20 mg143
famotidine tab 40 mg143
 FANTASY LUBR MIS111
 FANTASY LUBR MIS COLORS.....111
 FANTASY LUBR MIS SPERMICI111
 FANTASY MIS LUBRICAT111
 FASENRA INJ 30MG/ML.....33
 FASENRA PEN INJ 30MG/ML33
 FELDENE
 see *piroxicam cap 10 mg*23
 see *piroxicam cap 20 mg*23
felodipine tab er 24hr 10 mg71
felodipine tab er 24hr 2.5 mg71
felodipine tab er 24hr 5 mg71
 FEMARA
 see *letrozole tab 2.5 mg*56
fenofibrate tab 145 mg50
fenofibrate tab 160 mg50
fenofibrate tab 48 mg50
fenofibrate tab 54 mg50
fentanyl td patch 72hr 100 mcg/hr ...25
fentanyl td patch 72hr 12 mcg/hr24
fentanyl td patch 72hr 25 mcg/hr24
fentanyl td patch 72hr 50 mcg/hr25
fentanyl td patch 72hr 75 mcg/hr25
ferocon cap97
ferrex 150 cap 150mg97
ferrocite tab 324mg97
ferrous fumarate tab 324 mg (106 mg elemental fe)97

<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	97	<i>fludrocortisone acetate tab 0.1 mg</i> ...	81
FERROUS GLUC TAB 324MG	97	FLULAVAL QUA INJ 2022-23	145
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	97	FLUMIST QUAD SUS 2022-23.....	145
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i>	97	<i>fluocinolone acetonide cream 0.025%</i>	86
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	97	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	86
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	97	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	86
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	97	<i>fluocinolone acetonide oint 0.025%</i> ..	86
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	97	<i>fluocinonide cream 0.05%</i>	86
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	97	<i>fluocinonide emulsified base cream 0.05%</i>	86
FERROUS SULF LIQ 44MG/5ML	97	<i>fluocinonide gel 0.05%</i>	86
FERROUS SULF TAB 324MG EC	97	<i>fluocinonide oint 0.05%</i>	87
FEVERALL INF SUP 80MG	24	<i>fluocinonide soln 0.05%</i>	87
FILTER AIR MIS PP	124	<i>fluorometholone ophth susp 0.1%</i> ..	134
<i>finasteride tab 5 mg</i>	95	<i>fluorouracil cream 5%</i>	85
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	139	<i>fluoxetine hcl cap 10 mg</i>	40
FIRST AID MIS FLEX FAB.....	106	<i>fluoxetine hcl cap 20 mg</i>	40
FIRVANQ SOL 25MG/ML.....	29	<i>fluoxetine hcl cap 40 mg</i>	40
FIRVANQ SOL 50MG/ML.....	29	<i>fluoxetine hcl solution 20 mg/5ml</i>	40
<i>flavoxate hcl tab 100 mg</i>	145	<i>fluphenazine decanoate inj 25 mg/ml</i> 63	
<i>flecainide acetate tab 100 mg</i>	32	<i>fluphenazine hcl inj 2.5 mg/ml</i>	63
<i>flecainide acetate tab 150 mg</i>	32	<i>fluphenazine hcl tab 10 mg</i>	63
<i>flecainide acetate tab 50 mg</i>	32	<i>fluphenazine hcl tab 1 mg</i>	63
FLEX BANDAGE MIS.....	106	<i>fluphenazine hcl tab 2.5 mg</i>	63
FLEX BANDAGE MIS FABRIC	106	<i>fluphenazine hcl tab 5 mg</i>	63
FLOMAX		<i>flurbiprofen sodium ophth soln 0.03%</i>	135
<i>see tamsulosin hcl cap 0.4 mg</i>	95	<i>flurbiprofen tab 100 mg</i>	22
FLOVENT HFA AER 110MCG	33	<i>flurbiprofen tab 50 mg</i>	22
FLOVENT HFA AER 44MCG.....	33	FLUTICAS HFA AER 110MCG.....	33
FLOWFLEX KIT TEST.....	89	FLUTICAS HFA AER 44MCG.....	33
FLUARIX QUAD INJ 2022-23	145	<i>fluticasone propionate cream 0.05%</i> ..87	
FLUBLOK QUAD INJ 2022-23	145	<i>fluticasone propionate nasal susp 50 mcg/act</i>	133
FLUCLVX QUAD INJ 2022-23.....	145	<i>fluticasone propionate oint 0.005%</i> ..87	
<i>fluconazole for susp 10 mg/ml</i>	48	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	34
<i>fluconazole for susp 40 mg/ml</i>	48	<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	34
<i>fluconazole tab 100 mg</i>	48	<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	34
<i>fluconazole tab 150 mg</i>	48	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	34
<i>fluconazole tab 200 mg</i>	48		
<i>fluconazole tab 50 mg</i>	48		

<i>fluticasone-salmeterol aer powder ba</i>		FREESTYLE LIBRE READER	113
500-50 mcg/act	34	FREESTYLE LIBRE SENSOR	113
<i>fluticasone-salmeterol aer powder ba</i>		FREESTY LIBR KIT 2 SENSOR.....	113
55-14 mcg/act	34	FREESTY LIBR KIT 3 SENSOR.....	113
<i>fluticasone sus 50mcg</i>	133	FREESTY LIBR MIS 2 READER	113
<i>fluvoxamine maleate tab 100 mg</i>	40	<i>fructose-dextrose-phosphoric acid oral</i>	
<i>fluvoxamine maleate tab 25 mg</i>	40	<i>soln</i>	48
<i>fluvoxamine maleate tab 50 mg</i>	40	FULL KIT NEB MIS SET.....	124
FLUZONE QUAD INJ 2022-23	145	<i>furosemide oral soln 10 mg/ml</i>	91
FLYP HYPERSO MIS CARTRIDG.....	124	<i>furosemide oral soln 8 mg/ml</i>	91
FOCALIN		<i>furosemide tab 20 mg</i>	91
<i>see dexmethylphenidate hcl tab 10</i>		<i>furosemide tab 40 mg</i>	91
<i>mg</i>	19	<i>furosemide tab 80 mg</i>	91
<i>see dexmethylphenidate hcl tab 2.5</i>		FUZEON INJ 90MG	66
<i>mg</i>	19	<i>fyavolv tab 0.5-2.5</i>	93
<i>see dexmethylphenidate hcl tab 5 mg</i>		<i>fyavolv tab 1-5</i>	93
.....	19	G	
<i>folic acid tab 1 mg</i>	96	<i>gabapentin cap 100 mg</i>	37
<i>folic acid tab 400 mcg</i>	96	<i>gabapentin cap 300 mg</i>	37
<i>folic acid tab 800 mcg</i>	96	<i>gabapentin cap 400 mg</i>	37
<i>foltrin cap</i>	97	<i>gabapentin oral soln 250 mg/5ml</i>	37
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin tab 600 mg</i>	37
10 mg/0.8ml	36	<i>gabapentin tab 800 mg</i>	37
<i>fondaparinux sodium subcutaneous inj</i>		GABITRIL	
2.5 mg/0.5ml	36	<i>see tiagabine hcl tab 12 mg</i>	38
<i>fondaparinux sodium subcutaneous inj</i>		<i>see tiagabine hcl tab 16 mg</i>	38
5 mg/0.4ml	36	<i>see tiagabine hcl tab 2 mg</i>	38
<i>fondaparinux sodium subcutaneous inj</i>		<i>see tiagabine hcl tab 4 mg</i>	38
7.5 mg/0.6ml	36	<i>galantamine hydrobromide cap er 24hr</i>	
FOSAMAX		16 mg.....	138
<i>see alendronate sodium tab 70 mg</i> 92		<i>galantamine hydrobromide cap er 24hr</i>	
<i>fosamprenavir calcium tab 700 mg</i>		24 mg.....	138
<i>(base equiv)</i>	66	<i>galantamine hydrobromide cap er 24hr</i>	
<i>fosinopril sodium & hydrochlorothiazide</i>		8 mg.....	138
<i>tab 10-12.5 mg</i>	53	<i>galantamine hydrobromide tab 12 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide</i>		.....	138
<i>tab 20-12.5 mg</i>	53	<i>galantamine hydrobromide tab 4 mg</i>	
<i>fosinopril sodium tab 10 mg</i>	51	.....	138
<i>fosinopril sodium tab 20 mg</i>	51	<i>galantamine hydrobromide tab 8 mg</i>	
<i>fosinopril sodium tab 40 mg</i>	51	.....	138
FRAGMIN INJ 10000/ML.....	36	GAUZE PAD 2	106
FRAGMIN INJ 12500UNT	36	GAUZE PAD PAD 2.....	106
FRAGMIN INJ 15000UNT	36	GAUZE PADS & DRESSINGS - PADS 2	
FRAGMIN INJ 18000UNT	36	.....	106
FRAGMIN INJ 2500/0.2	36	GAUZE PADS & DRESSINGS - PADS 3	
FRAGMIN INJ 5000/0.2	36	.....	107
FRAGMIN INJ 7500/0.3	36		

GAUZE PADS & DRESSINGS - PADS 5
107
 GAUZE SPONGE PAD 2X2 8PLY.....107
gavilyte-c sol99
gavilyte-g sol99
gemfibrozil tab 600 mg50
gengraf cap 100mg129
gengraf cap 25mg128
gengraf sol 100mg/ml.....129
gentak oin 0.3% op134
gentamicin sulfate cream 0.1%.....84
gentamicin sulfate oint 0.1%84
gentamicin sulfate ophth soln 0.3% 134
 GENTLE PAPER TAP 1.....107
 GENVOYA TAB66
 GEODON
 see *ziprasidone hcl cap 20 mg*.....59
 see *ziprasidone hcl cap 40 mg*.....60
 see *ziprasidone hcl cap 60 mg*.....60
 see *ziprasidone hcl cap 80 mg*.....60
 GILENYA
 see *fingolimod hcl cap 0.5 mg (base equiv)*139
glatiramer acetate soln prefilled syringe 20 mg/ml139
glatiramer acetate soln prefilled syringe 40 mg/ml139
glatopa inj 20mg/ml139
glatopa inj 40mg/ml139
 GLEEVEC
 see *imatinib mesylate tab 100 mg (base equivalent)*56
 see *imatinib mesylate tab 400 mg (base equivalent)*56
glimepiride tab 1 mg46
glimepiride tab 2 mg46
glimepiride tab 4 mg46
glipizide tab 10 mg.....46
glipizide tab 5 mg46
glipizide tab er 24hr 10 mg.....46
glipizide tab er 24hr 2.5 mg.....46
glipizide tab er 24hr 5 mg46
glipizide xl tab 10mg46
glipizide xl tab 2.5mg46
glipizide xl tab 5mg46
 GLUCAGEN INJ HYPOKIT44
glucagon (rdna) for inj kit 1 mg44

GLUCAGON EMERGENCY KIT
 see *glucagon (rdna) for inj kit 1 mg*44
 GLUCOSE CHEW TABS44
 GLUCOTROL XL
 see *glipizide tab er 24hr 10 mg*46
 see *glipizide tab er 24hr 2.5 mg*46
 see *glipizide tab er 24hr 5 mg*46
 see *glipizide xl tab 10mg*46
 see *glipizide xl tab 2.5mg*46
 see *glipizide xl tab 5mg*.....46
glyburide-metformin tab 1.25-250 mg43
glyburide-metformin tab 2.5-500 mg 43
glyburide-metformin tab 5-500 mg...43
glyburide micronized tab 1.5 mg46
glyburide micronized tab 3 mg46
glyburide micronized tab 6 mg46
glyburide tab 1.25 mg46
glyburide tab 2.5 mg46
glyburide tab 5 mg46
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%133
glycerin suppos 1.2 gm99
glycerin suppos 2.1 gm99
glycerin suppos 2 gm.....99
glycerin suppos 80.7%99
glycopyrrolate oral soln 1 mg/5ml ..143
glycopyrrolate tab 1 mg143
glycopyrrolate tab 2 mg143
glydo gel 2%88
 GLYNASE
 see *glyburide micronized tab 1.5 mg*46
 see *glyburide micronized tab 3 mg* 46
 see *glyburide micronized tab 6 mg* 46
 GNP BANDAGES MIS.....107
 GNP BANDAGES MIS 1107
 GNP BANDAGES MIS 2107
 GNP BANDAGES MIS 3/4107
 GNP BANDAGES MIS ASSORTED107
 GNP BANDAGES MIS CLEAR.....107
 GNP BANDAGES MIS SHEER107
 GNP GAUZE PAD 2X2107
gnp little chw ones131
gnp olopatad sol 0.2%135
gnp omeprazo cap 20mg144

GNTL ADHESVE MIS BNDG XL.....	107	<i>haloperidol tab 1 mg</i>	61
GOLYTELY		<i>haloperidol tab 20 mg</i>	61
see <i>gavilyte-g sol</i>	99	<i>haloperidol tab 2 mg</i>	61
see <i>peg 3350-kcl-na bicarb-nacl-na</i>		<i>haloperidol tab 5 mg</i>	61
<i>sulfate for soln 236 gm</i>	99	HAVRIX INJ 1440UNIT	145
<i>goodsense gel art pain</i>	84	HAVRIX INJ 720UNIT	145
<i>goodsense liq lice rin</i>	88	<i>heather tab 0.35mg</i>	80
<i>granisetron hcl tab 1 mg</i>	47	HEAVY DUTY MIS BANDAGES	107
<i>griseofulvin microsize susp 125 mg/5ml</i>		HEAVY DUTY MIS CLR&TGH	107
.....	48	HEAVY DUTY MIS FAB BAND	107
<i>guaifenesin liquid 100 mg/5ml</i>	82	HEAVY DUTY MIS LATEX.....	116
<i>guaifenesin tab 200 mg</i>	82	HEPLISAV-B INJ 20/0.5ML	145
<i>guaifenesin tab 400 mg</i>	82	<i>her style tab 1.5mg</i>	79
<i>guaifenesin tab er 12hr 600 mg</i>	82	HM BUTTERFLY MIS CLOSURES	107
<i>guanfacine hcl tab 1 mg</i>	52	HM NON-STICK PAD 3.....	107
<i>guanfacine hcl tab 2 mg</i>	52	HM STERILE PAD 2X2 8PLY.....	107
<i>guanfacine hcl tab er 24hr 1 mg (base</i>		HUMATE-P SOL 2400UNIT	95
<i>equiv)</i>	19	HUMATE-P SOL 500-1200.....	95
<i>guanfacine hcl tab er 24hr 2 mg (base</i>		HUMATIN	
<i>equiv)</i>	19	see <i>paromomycin sulfate cap 250 mg</i>	
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		.....	21
<i>equiv)</i>	19	HUMIDIFIERS	125
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		HUMIRA INJ 10/0.1ML	21
<i>equiv)</i>	19	HUMIRA INJ 20/0.2ML	21
H		HUMIRA INJ 40/0.4ML	21
<i>hailey fe tab 1/20</i>	75	HUMIRA KIT 40MG/0.8	21
<i>hailey fe tab 1.5/30</i>	75	HUMIRA PEDIA INJ CROHNS	21
<i>hailey tab 1.5/30</i>	75	HUMIRA PEN INJ 40/0.4ML.....	21
HALCION		HUMIRA PEN INJ 40MG/0.8	21
see <i>triazolam tab 0.25 mg</i>	98	HUMIRA PEN INJ 80/0.8ML.....	21
HALDOL DECANOATE 100		HUMIRA PEN INJ CD/UC/HS.....	21
see <i>haloperidol decanoate im soln</i>		HUMIRA PEN INJ PS/UV	21
<i>100 mg/ml</i>	61	HUMIRA PEN KIT CD/UC/HS	21
HALDOL DECANOATE 50		HUMIRA PEN KIT PED UC	21
see <i>haloperidol decanoate im soln 50</i>		HUMIRA PEN KIT PS/UV	21
<i>mg/ml</i>	61	HUMULIN R INJ U-500	45
<i>halobetasol propionate cream 0.05%</i>	87	HUMULIN R U-500 KWIKPEN.....	45
<i>halobetasol propionate oint 0.05%</i> ...	87	<i>hydralazine hcl tab 100 mg</i>	54
<i>haloette mis</i>	78	<i>hydralazine hcl tab 10 mg</i>	54
<i>haloperidol decanoate im soln 100</i>		<i>hydralazine hcl tab 25 mg</i>	54
<i>mg/ml</i>	61	<i>hydralazine hcl tab 50 mg</i>	54
<i>haloperidol decanoate im soln 50</i>		HYDREA	
<i>mg/ml</i>	61	see <i>hydroxyurea cap 500 mg</i>	57
<i>haloperidol lactate inj 5 mg/ml</i>	61	<i>hydrochlorothiazide cap 12.5 mg</i>	91
<i>haloperidol lactate oral conc 2 mg/ml</i>	61	<i>hydrochlorothiazide tab 25 mg</i>	91
<i>haloperidol tab 0.5 mg</i>	61	<i>hydrochlorothiazide tab 50 mg</i>	91
<i>haloperidol tab 10 mg</i>	61		

<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	27	<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	143
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	27	<i>hyoscyamine sulfate sl tab 0.125 mg</i>	143
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	27	<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	143
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	27	<i>hyoscyamine sulfate tab 0.125 mg</i> .	143
<i>hydrocortisone acetate cream 1%</i>	87	<i>hyoscyamine sulfate tab disint 0.125 mg</i>	143
<i>hydrocortisone acetate suppos 25 mg</i>	28	<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	143
<i>hydrocortisone cream 0.5%</i>	87	HYPERRHO S/D INJ 300MCG.....	136
<i>hydrocortisone cream 1%</i>	87	HYPERRHO S/D INJ 50MCG.....	136
<i>hydrocortisone cream 1%- rx</i>	87	HYPO-ALLERG MIS BANDAGE.....	107
<i>hydrocortisone cream 2.5%</i>	87	HYZAAR	
<i>hydrocortisone enema 100 mg/60ml</i>	28	<i>see losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	54
<i>hydrocortisone lotion 1%</i>	87	<i>see losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	54
<i>hydrocortisone lotion 2.5%</i>	87	<i>see losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	54
<i>hydrocortisone oint 0.5%</i>	87	I	
<i>hydrocortisone oint 1%</i>	87	I.V. SPONGES PAD 2.....	107
<i>hydrocortisone oint 1%- rx</i>	87	<i>ibandronate sodium tab 150 mg (base equivalent)</i>	92
<i>hydrocortisone oint 2.5%</i>	87	IBRANCE CAP 100MG.....	56
<i>hydrocortisone rectal cream 2.5%</i>	28	IBRANCE CAP 125MG.....	56
HYDROCORTISONE RECTAL CREAM 2.5%		IBRANCE CAP 75MG.....	56
<i>see hydrocortisone rectal cream 2.5%</i>	28	IBRANCE TAB 100MG.....	56
<i>hydrocortisone tab 10 mg</i>	81	IBRANCE TAB 125MG.....	56
<i>hydrocortisone tab 20 mg</i>	81	IBRANCE TAB 75MG.....	56
<i>hydrocortisone tab 5 mg</i>	81	<i>ibuprofen cap 200 mg</i>	22
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	136	<i>ibuprofen chew tab 100 mg</i>	22
<i>hydromorphone hcl tab 2 mg</i>	25	<i>ibuprofen susp 100 mg/5ml</i>	22
<i>hydromorphone hcl tab 4 mg</i>	25	<i>ibuprofen susp 40 mg/ml</i>	22
<i>hydroxychloroquine sulfate tab 200 mg</i>	54	<i>ibuprofen tab 100 mg</i>	22
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	137	<i>ibuprofen tab 200 mg</i>	22
HYDROXYPROG POW CAPROATE.....	74	<i>ibuprofen tab 400 mg</i>	22
<i>hydroxyurea cap 500 mg</i>	57	<i>ibuprofen tab 600 mg</i>	22
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	31	<i>ibuprofen tab 800 mg</i>	22
<i>hydroxyzine hcl tab 10 mg</i>	31	ICAPS AREDS TAB FORMULA.....	130
<i>hydroxyzine hcl tab 25 mg</i>	31	<i>iclevia tab</i>	75
<i>hydroxyzine hcl tab 50 mg</i>	31	ID NOW 2.0 KIT SWAB.....	89
<i>hydroxyzine pamoate cap 100 mg</i>	31	ID NOW 2.0 KIT TEST.....	89
<i>hydroxyzine pamoate cap 25 mg</i>	31		
<i>hydroxyzine pamoate cap 50 mg</i>	31		

ID NOW CONTR KIT COVID-19.....	89	INSULIN GLAR SOL 100U/ML.....	45
ID NOW KIT COVID-19	89	INSULIN LISP INJ PROTAMIN.....	45
IHEALTH 2-PK KIT COVID-19.....	89	INSULIN SYRG MIS 0.3/29G	123
IHEALTH 40PK KIT COVID-19	89	INSULIN SYRG MIS 0.3/30G	123
IHEALTH 5-PK KIT COVID-19.....	89	INSULIN SYRG MIS 0.3/31G	123
<i>imatinib mesylate tab 100 mg (base</i>		INSULIN SYRG MIS 0.5/28G	123
<i>equivalent)</i>	56	INSULIN SYRG MIS 0.5/29G	123
<i>imatinib mesylate tab 400 mg (base</i>		INSULIN SYRG MIS 0.5/30G	123
<i>equivalent)</i>	56	INSULIN SYRG MIS 0.5/31G	123
IMBRUVICA CAP 140MG.....	57	INSULIN SYRG MIS 1ML/28G	123
IMBRUVICA TAB 420MG.....	57	INSULIN SYRG MIS 1ML/29G	123
IMBRUVICA TAB 560MG.....	57	INSULIN SYRG MIS 1ML/30G	123
<i>imipramine hcl tab 10 mg</i>	42	INSULIN SYRG MIS 1ML/31G	123
<i>imipramine hcl tab 25 mg</i>	42	INTELENCE	
<i>imipramine hcl tab 50 mg</i>	42	<i>see etravirine tab 100 mg</i>	66
<i>imiquimod cream 5%</i>	87	<i>see etravirine tab 200 mg</i>	66
IMITREX		INTELENCE TAB 25MG.....	66
<i>see sumatriptan succinate tab 100</i>		INTELISWAB KIT COVID-19.....	89
<i>mg</i>	126	<i>introvale tab</i>	75
<i>see sumatriptan succinate tab 25 mg</i>		INTUNIV	
.....	126	<i>see guanfacine hcl tab er 24hr 1 mg</i>	
<i>see sumatriptan succinate tab 50 mg</i>		<i>(base equiv)</i>	19
.....	126	<i>see guanfacine hcl tab er 24hr 2 mg</i>	
IMURAN		<i>(base equiv)</i>	19
<i>see azathioprine tab 50 mg</i>	128	<i>see guanfacine hcl tab er 24hr 3 mg</i>	
<i>incassia tab 0.35mg</i>	80	<i>(base equiv)</i>	19
INCRELEX INJ 40MG/4ML.....	92	<i>see guanfacine hcl tab er 24hr 4 mg</i>	
INCRUSE ELPT INH 62.5MCG.....	33	<i>(base equiv)</i>	19
<i>indapamide tab 1.25 mg</i>	91	INVEGA	
<i>indapamide tab 2.5 mg</i>	91	<i>see paliperidone tab er 24hr 1.5 mg</i>	
INDERAL LA		.....	60
<i>see propranolol hcl cap er 24hr 120</i>		<i>see paliperidone tab er 24hr 3 mg</i> .60	
<i>mg</i>	70	<i>see paliperidone tab er 24hr 6 mg</i> .60	
<i>see propranolol hcl cap er 24hr 160</i>		<i>see paliperidone tab er 24hr 9 mg</i> .60	
<i>mg</i>	70	INVEGA SUST INJ 117/0.75.....	60
<i>see propranolol hcl cap er 24hr 60</i>		INVEGA SUST INJ 156MG/ML.....	60
<i>mg</i>	70	INVEGA SUST INJ 234/1.5	60
<i>see propranolol hcl cap er 24hr 80</i>		INVEGA SUST INJ 39/0.25	60
<i>mg</i>	70	INVEGA SUST INJ 78/0.5ML	60
INDICAID KIT COVID-19.....	89	INVEGA TRINZ INJ 273MG.....	60
<i>indomethacin cap 25 mg</i>	22	INVEGA TRINZ INJ 410MG.....	60
<i>indomethacin cap 50 mg</i>	22	INVEGA TRINZ INJ 546MG.....	60
INFANT THERMOMETERS.....	116	INVEGA TRINZ INJ 819MG.....	60
INS ASP PROT INJ FLEXPEN.....	45	<i>ipratropium-albuterol nebu soln 0.5-</i>	
INSULIN ASPA INJ 70/30	45	<i>2.5(3) mg/3ml</i>	34
INSULIN ASPA INJ FLEXPEN	45	<i>ipratropium bromide inhal soln 0.02%</i>	
INSULIN GLAR INJ 100U/ML.....	45	.....	33

ipratropium bromide nasal soln 0.03%
(21 mcg/spray)132
ipratropium bromide nasal soln 0.06%
(42 mcg/spray)132
irbesartan-hydrochlorothiazide tab
150-12.5 mg53
irbesartan-hydrochlorothiazide tab
300-12.5 mg53
irbesartan tab 150 mg52
irbesartan tab 300 mg52
irbesartan tab 75 mg52
ISENTRESS CHW 100MG66
ISENTRESS CHW 25MG66
ISENTRESS HD TAB 600MG66
ISENTRESS POW 100MG66
ISENTRESS TAB 400MG66
isibloom tab75
isoniazid syrup 50 mg/5ml55
isoniazid tab 100 mg55
isoniazid tab 300 mg55
isopropyl alcohol-glycerin otic liquid 95-
5%136
ISOPTO ATROP SOL 1% OP134
ISORDIL TITRADOSE
 see *isosorbide dinitrate tab 5 mg* ...30
isosorbide dinitrate tab 10 mg30
isosorbide dinitrate tab 20 mg30
isosorbide dinitrate tab 30 mg30
isosorbide dinitrate tab 5 mg30
isosorbide mononitrate tab 10 mg ...30
isosorbide mononitrate tab 20 mg ...30
isosorbide mononitrate tab er 24hr 120
mg30
isosorbide mononitrate tab er 24hr 30
mg30
isosorbide mononitrate tab er 24hr 60
mg30
isotretinoin83
 see *isotretinoin*83
ivermectin tab 3 mg29
IXINITY INJ 1000UNIT95
IXINITY INJ 2000UNIT95
IXINITY INJ 250UNIT95
IXINITY INJ 3000UNIT95
IXINITY INJ 500UNIT95
J
J&J GAUZE PAD 2108

J&J GLOVES MIS LATEX116
J&J GLOVES MIS LTX-FREE116
jaimiess tab75
JANSSEN VACC INJ COVID-19145
jasmiel tab 3-0.02mg75
jencycla tab 0.35mg80
jinteli tab 1mg-5mcg93
jolessa tab75
juleber tab75
JULUCA TAB 50-25MG66
junel 1/20 tab75
junel 1.5/30 tab75
junel fe tab 1/2076
junel fe tab 1.5/3075
K
KALETRA
 see *lopinavir-ritonavir soln 400-100*
 mg/5ml (80-20 mg/ml)66
 see *lopinavir-ritonavir tab 100-25 mg*
 66
 see *lopinavir-ritonavir tab 200-50 mg*
 66
kalliga tab76
KALYDECO PAK 25MG140
KALYDECO PAK 50MG140
KALYDECO PAK 75MG140
KALYDECO TAB 150MG140
KAMELEON LUB MIS COLORS111
KAMELEON MIS TRI-COLR111
kariva tab 28 day76
KATERZIA SUS 1MG/ML71
kelnor 1/50 tab76
kelnor tab 1/3576
KENDALL FOAM PAD 2108
KEPPRA
 see *levetiracetam oral soln 100*
 mg/ml37
 see *levetiracetam tab 1000 mg*37
 see *levetiracetam tab 250 mg*37
 see *levetiracetam tab 500 mg*37
 see *levetiracetam tab 750 mg*37
 see *roweepra tab 500mg*38
KEPPRA XR
 see *levetiracetam tab er 24hr 500*
 mg37
 see *levetiracetam tab er 24hr 750*
 mg37

KERLIX GAUZE MIS ROLL LRG.....108
ketoconazole cream 2%85
ketoconazole shampoo 2%85
ketoconazole tab 200 mg48
ketorolac tromethamine ophth soln
 0.5%135
ketorolac tromethamine tab 10 mg...22
ketotifen fumarate ophth soln 0.025%
 (base equiv)135
 KEVZARA INJ 150/1.1421
 KEVZARA INJ 200/1.1421
 KIMONO COLOR MIS.....111
 KIMONO MICRO MIS THIN +111
 KIMONO MICRO MIS THIN PLS.....112
 KIMONO MIS LUBRICAT112
 KIMONO MIS SENSATIO112
 KIMONO PLUS MIS LUBRICAT112
 KIMONO PLUS MIS SPERMICI.....112
 KIMONO PS MIS LUBRICAT112
 KIMONO PS MIS PLUS.....112
 KIMONO SENS MIS PLUS112
 KIMONO SPEC MIS112
 KLARON
 see *sulfacetamide sodium lotion 10%*
 (acne).....83
 KLONOPIN
 see *clonazepam tab 0.5 mg*36
 see *clonazepam tab 1 mg*36
 see *clonazepam tab 2 mg*36
klor-con 10 tab 10meq er127
klor-con 8 tab 8meq er127
 KLOXXADO SPR 8MG47
 KOGENATE FS INJ 1000UNIT95
 KOGENATE FS INJ 250UNIT95
 KOGENATE FS INJ 500UNIT95
 KONSYL DAILY POW 100%98
 KOVALTRY INJ 1000UNIT96
 KOVALTRY INJ 2000UNIT96
 KOVALTRY INJ 250UNIT95
 KOVALTRY INJ 3000UNIT96
 KOVALTRY INJ 500UNIT96
 K-TAB
 see *potassium chloride tab er 10 meq*
 127
 see *potassium chloride tab er 20 meq*
 (1500 mg)128
kurvelo tab 0.15/30.....76

KYLEENA IUD 19.5MG.....80
 K-Y ME & YOU MIS EX LUBRI111
 K-Y ME & YOU MIS INTENSE111
L
labetalol hcl tab 100 mg.....69
labetalol hcl tab 200 mg.....69
labetalol hcl tab 300 mg.....69
 LACOSAMIDE
 see *lacosamide oral solution 10*
 mg/ml.....37
lacosamide oral solution 10 mg/ml ...37
lacosamide tab 100 mg37
lacosamide tab 150 mg37
lacosamide tab 200 mg37
lacosamide tab 50 mg.....37
lactulose (encephalopathy) solution 10
 gm/15ml.....94
lactulose solution 10 gm/15ml99
 LAMICTAL
 see *lamotrigine tab 100 mg*37
 see *lamotrigine tab 150 mg*37
 see *lamotrigine tab 200 mg*37
 see *lamotrigine tab 25 mg*37
 see *subvenite tab 100mg*38
 see *subvenite tab 150mg*38
 see *subvenite tab 200mg*38
 see *subvenite tab 25mg*38
 LAMICTAL CHEWABLE DISPERS
 see *lamotrigine tab chewable*
 dispersible 25 mg37
 see *lamotrigine tab chewable*
 dispersible 5 mg37
lamivudine oral soln 10 mg/ml.....66
lamivudine tab 100 mg (hbv).....68
lamivudine tab 150 mg66
lamivudine tab 300 mg66
lamivudine-zidovudine tab 150-300 mg
 66
lamotrigine tab 100 mg.....37
lamotrigine tab 150 mg.....37
lamotrigine tab 200 mg.....37
lamotrigine tab 25 mg37
lamotrigine tab chewable dispersible 25
 mg37
lamotrigine tab chewable dispersible 5
 mg37
 LANCETS.....113

LANOXIN	
see <i>digoxin tab 62.5 mcg (0.0625 mg)</i>	72
<i>lansoprazole cap delayed release 15 mg</i>	144
LANTUS SOLOS INJ 100/ML.....	45
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	57
<i>larin fe tab 1/20</i>	76
<i>larin fe tab 1.5/30</i>	76
<i>larin tab 1/20</i>	76
<i>larin tab 1.5/30</i>	76
LASIX	
see <i>furosemide tab 20 mg</i>	91
see <i>furosemide tab 40 mg</i>	91
see <i>furosemide tab 80 mg</i>	91
<i>latanoprost ophth soln 0.005%</i>	135
LATEX EXAM MIS GLOVES	116
LATEX GLOVE MIS LARGE.....	116
LATEX GLOVE MIS MEDIUM	117
LATEX GLOVE MIS SMALL.....	117
LATEX GLOVES MIS	117
LATEX GLOVES MIS GEN PURP.....	117
LATEX GLOVES MIS LARGE.....	117
LATEX GLOVES MIS MEDIUM	117
LATEX GLOVES MIS ONE SIZE	117
LATEX GLOVES MIS PF-LARGE	117
LATEX GLOVES MIS PF-MED	117
LATEX GLOVES MIS PF-SMALL	117
LATEX GLOVES MIS PF-XL	117
LATEX GLOVES MIS SMALL.....	117
LEDIP-SOFOSB TAB 90-400MG	68
<i>leflunomide tab 10 mg</i>	23
<i>leflunomide tab 20 mg</i>	23
<i>lenalidomide cap 10 mg</i>	128
<i>lenalidomide cap 15 mg</i>	128
<i>lenalidomide cap 25 mg</i>	128
<i>lenalidomide cap 5 mg</i>	128
<i>lessina tab</i>	76
LETAIRIS	
see <i>ambrisentan tab 10 mg</i>	73
see <i>ambrisentan tab 5 mg</i>	73
<i>letrozole tab 2.5 mg</i>	56
<i>leucovorin calcium tab 10 mg</i>	57
<i>leucovorin calcium tab 15 mg</i>	57
<i>leucovorin calcium tab 25 mg</i>	57
<i>leucovorin calcium tab 5 mg</i>	57
LEUKERAN TAB 2MG.....	55
LEUKOSTRIP MIS 1/2.....	108
LEUKOSTRIP MIS 1/4.....	108
LEUKOSTRIP MIS 1/8X1.5	108
<i>leuprolide acetate inj kit 5 mg/ml</i>	56
LEVAQUIN	
see <i>levofloxacin tab 250 mg</i>	93
see <i>levofloxacin tab 750 mg</i>	93
<i>levetiracetam oral soln 100 mg/ml</i> ...	37
<i>levetiracetam tab 1000 mg</i>	37
<i>levetiracetam tab 250 mg</i>	37
<i>levetiracetam tab 500 mg</i>	37
<i>levetiracetam tab 750 mg</i>	37
<i>levetiracetam tab er 24hr 500 mg</i>	37
<i>levetiracetam tab er 24hr 750 mg</i>	37
<i>levobunolol hcl ophth soln 0.5%</i>	133
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	92
<i>levocarnitine tab 330 mg</i>	92
<i>levofloxacin ophth soln 0.5%</i>	134
<i>levofloxacin oral soln 25 mg/ml</i>	93
<i>levofloxacin tab 250 mg</i>	93
<i>levofloxacin tab 500 mg</i>	93
<i>levofloxacin tab 750 mg</i>	93
<i>levonest tab</i>	76
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	76
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	76
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	76
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	76
<i>levonorgestrel tab 1.5 mg</i>	79
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	76
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	76
<i>levora-28 tab 0.15/30</i>	76
<i>levothyroxine sodium tab 100 mcg</i> .	141
LEVOTHYROXINE SODIUM TAB 100 MCG	
see <i>levothyroxine sodium tab 100 mcg</i>	141
<i>levothyroxine sodium tab 112 mcg</i> .	141
LEVOTHYROXINE SODIUM TAB 112 MCG	

see *levothyroxine sodium tab 112 mcg*141
levothyroxine sodium tab 125 mcg .141
 LEVOTHYROXINE SODIUM TAB 125 MCG
 see *levothyroxine sodium tab 125 mcg*141
levothyroxine sodium tab 137 mcg .142
 LEVOTHYROXINE SODIUM TAB 137 MCG
 see *levothyroxine sodium tab 137 mcg*142
levothyroxine sodium tab 150 mcg .142
 LEVOTHYROXINE SODIUM TAB 150 MCG
 see *levothyroxine sodium tab 150 mcg*142
levothyroxine sodium tab 175 mcg .142
 LEVOTHYROXINE SODIUM TAB 175 MCG
 see *levothyroxine sodium tab 175 mcg*142
levothyroxine sodium tab 200 mcg .142
 LEVOTHYROXINE SODIUM TAB 200 MCG
 see *levothyroxine sodium tab 200 mcg*142
levothyroxine sodium tab 25 mcg ...141
 LEVOTHYROXINE SODIUM TAB 25 MCG
 see *levothyroxine sodium tab 25 mcg*141
levothyroxine sodium tab 300 mcg .142
 LEVOTHYROXINE SODIUM TAB 300 MCG
 see *levothyroxine sodium tab 300 mcg*142
levothyroxine sodium tab 50 mcg ...141
 LEVOTHYROXINE SODIUM TAB 50 MCG
 see *levothyroxine sodium tab 50 mcg*141
levothyroxine sodium tab 75 mcg ...141
 LEVOTHYROXINE SODIUM TAB 75 MCG
 see *levothyroxine sodium tab 75 mcg*141
levothyroxine sodium tab 88 mcg ...141
 LEVOTHYROXINE SODIUM TAB 88 MCG

see *levothyroxine sodium tab 88 mcg*141
 LEXAPRO
 see *escitalopram oxalate tab 10 mg (base equiv)*40
 see *escitalopram oxalate tab 20 mg (base equiv)*40
 see *escitalopram oxalate tab 5 mg (base equiv)*40
 LEXIVA
 see *fosamprenavir calcium tab 700 mg (base equiv)*66
 LEXIVA SUS 50MG/ML66
lice treatmt liq 1%88
lice trtmnt liq 1%88
lidocaine cream 4%88
lidocaine hcl soln 4%88
lidocaine hcl urethral/mucosal gel 2%88
lidocaine hcl urethral/mucosal gel prefilled syringe 2%88
lidocaine hcl viscous soln 2%129
lidocaine patch 4%88
lidocaine patch 5%88
lidocaine-prilocaine cream 2.5-2.5% .88
 LIDODERM
 see *lidocaine patch 5%*88
 LILETTA IUD 52MG80
linezolid for susp 100 mg/5ml29
linezolid tab 600 mg29
 LIPITOR
 see *atorvastatin calcium tab 10 mg (base equivalent)*50
 see *atorvastatin calcium tab 20 mg (base equivalent)*50
 see *atorvastatin calcium tab 40 mg (base equivalent)*50
 see *atorvastatin calcium tab 80 mg (base equivalent)*50
lisinopril & hydrochlorothiazide tab 10-12.5 mg53
lisinopril & hydrochlorothiazide tab 20-12.5 mg54
lisinopril & hydrochlorothiazide tab 20-25 mg54
lisinopril tab 10 mg51
lisinopril tab 2.5 mg51

<i>lisinopril tab 20 mg</i>	51	<i>loratadine & pseudoephedrine tab er</i>	
<i>lisinopril tab 30 mg</i>	51	24hr 10-240 mg	82
<i>lisinopril tab 40 mg</i>	51	<i>loratadine rapidly-disintegrating tab 10</i>	
<i>lisinopril tab 5 mg</i>	51	mg	49
LITETOUCH MIS MASK LG	125	<i>loratadine syrup 5 mg/5ml</i>	49
LITETOUCH MIS MASK MD	125	<i>loratadine tab 10 mg</i>	49
LITETOUCH MIS MASK SM	125	<i>lorazepam conc 2 mg/ml</i>	32
<i>lithium carbonate cap 150 mg</i>	59	<i>lorazepam tab 0.5 mg</i>	32
<i>lithium carbonate cap 300 mg</i>	59	<i>lorazepam tab 1 mg</i>	32
<i>lithium carbonate cap 600 mg</i>	59	<i>lorazepam tab 2 mg</i>	32
<i>lithium carbonate tab 300 mg</i>	59	<i>loryna tab 3-0.02mg</i>	76
<i>lithium carbonate tab er 300 mg</i>	59	<i>losartan potassium &</i>	
<i>lithium carbonate tab er 450 mg</i>	59	<i>hydrochlorothiazide tab 100-12.5 mg</i>	
LITHOBID		.....	54
see <i>lithium carbonate tab er 300 mg</i>		<i>losartan potassium &</i>	
.....	59	<i>hydrochlorothiazide tab 100-25 mg</i>	54
LODINE		<i>losartan potassium &</i>	
see <i>etodolac tab 400 mg</i>	22	<i>hydrochlorothiazide tab 50-12.5 mg</i>	54
<i>loestrin 21 tab 1.5/30</i>	76	.....	54
<i>loestrin fe tab 1/20</i>	76	<i>losartan potassium tab 100 mg</i>	52
<i>loestrin fe tab 1.5/30</i>	76	<i>losartan potassium tab 25 mg</i>	52
<i>loestrin tab 1/20-21</i>	76	<i>losartan potassium tab 50 mg</i>	52
<i>lojaimiess tab</i>	76	LOSEASONIQUE	
LOKELMA PAK 10GM	129	see <i>camrese lo tab</i>	75
LOKELMA PAK 5GM	129	see <i>levonorg-eth est tab 0.1-</i>	
LOMOTIL		<i>0.02mg(84) & eth est tab</i>	
see <i>diphenoxylate w/ atropine tab</i>		<i>0.01mg(7)</i>	76
2.5-0.025 mg	47	see <i>lojaimiess tab</i>	76
<i>loperamide hcl cap 2 mg</i>	47	LOTENSIN	
<i>loperamide hcl tab 2 mg</i>	47	see <i>benazepril hcl tab 10 mg</i>	51
<i>loperamide sus 1mg/7.5</i>	47	see <i>benazepril hcl tab 20 mg</i>	51
LOPID		see <i>benazepril hcl tab 40 mg</i>	51
see <i>gemfibrozil tab 600 mg</i>	50	LOTENSIN HCT	
<i>lopinavir-ritonavir soln 400-100</i>		see <i>benazepril & hydrochlorothiazide</i>	
<i>mg/5ml (80-20 mg/ml)</i>	66	<i>tab 10-12.5 mg</i>	53
<i>lopinavir-ritonavir tab 100-25 mg</i>	66	see <i>benazepril & hydrochlorothiazide</i>	
<i>lopinavir-ritonavir tab 200-50 mg</i>	66	<i>tab 20-12.5 mg</i>	53
LOPRESSOR		see <i>benazepril & hydrochlorothiazide</i>	
see <i>metoprolol tartrate tab 100 mg</i>	69	<i>tab 20-25 mg</i>	53
see <i>metoprolol tartrate tab 50 mg</i>	.69	LOTREL	
LOPROX		see <i>amlodipine besylate-benazepril</i>	
see <i>ciclopirox olamine cream 0.77%</i>		<i>hcl cap 10-20 mg</i>	53
<i>(base equiv)</i>	84	see <i>amlodipine besylate-benazepril</i>	
see <i>ciclopirox olamine susp 0.77%</i>		<i>hcl cap 10-40 mg</i>	53
<i>(base equiv)</i>	84	see <i>amlodipine besylate-benazepril</i>	
<i>loratadine & pseudoephedrine tab er</i>		<i>hcl cap 5-10 mg</i>	52
12hr 5-120 mg	82		

see *amlodipine besylate-benazepril hcl cap 5-20 mg*53
lovastatin tab 10 mg50
lovastatin tab 20 mg50
lovastatin tab 40 mg50
 LOVENOX
 see *enoxaparin sodium inj 300 mg/3ml*35
 see *enoxaparin sodium inj soln pref syr 100 mg/ml*35
 see *enoxaparin sodium inj soln pref syr 120 mg/0.8ml*35
 see *enoxaparin sodium inj soln pref syr 150 mg/ml*36
 see *enoxaparin sodium inj soln pref syr 30 mg/0.3ml*35
 see *enoxaparin sodium inj soln pref syr 40 mg/0.4ml*35
 see *enoxaparin sodium inj soln pref syr 60 mg/0.6ml*35
 see *enoxaparin sodium inj soln pref syr 80 mg/0.8ml*35
low-ogestrel tab76
loxapine succinate cap 10 mg62
loxapine succinate cap 25 mg62
loxapine succinate cap 50 mg62
loxapine succinate cap 5 mg62
lo-zumandimi tab 3-0.02mg76
 LUPR DEP-PED INJ 11.25MG92
 LUPR DEP-PED INJ 15MG92
 LUPR DEP-PED INJ 3M 30MG92
 LUPR DEP-PED INJ 7.5MG92
lutera tab76
lyleq tab 0.35mg80
 LYRA DIRECT KIT COV-289
 LYRA SARS KIT COV-289
 LYRICA
 see *pregabalin cap 100 mg*38
 see *pregabalin cap 150 mg*38
 see *pregabalin cap 200 mg*38
 see *pregabalin cap 225 mg*38
 see *pregabalin cap 25 mg*38
 see *pregabalin cap 300 mg*38
 see *pregabalin cap 50 mg*38
 see *pregabalin cap 75 mg*38
 LYSODREN TAB 500MG56
lyza tab 0.35mg80

M

MACROBID
 see *nitrofurantoin monohydrate macrocrystalline cap 100 mg*30
 MACRODANTIN
 see *nitrofurantoin macrocrystalline cap 100 mg*30
 see *nitrofurantoin macrocrystalline cap 50 mg*30
magnesium citrate soln99
magnesium hydroxide susp 400 mg/5ml99
magnesium oxide tab 400 mg (240 mg elemental mg)127
magnesium oxide tab 420 mg29
magnesium oxide tab 500 mg (mg supplement)127
magnesium-ox tab 400mg127
magnesium tab 250 mg127
 MAKENA
 see *hydroxyprogesterone caproate im in oil 250 mg/ml*137
malathion lotion 0.5%88
maraviroc tab 150 mg66
maraviroc tab 300 mg67
marlissa tab 0.15/3076
 MATULANE CAP 50MG57
 MAXALT
 see *rizatriptan benzoate tab 10 mg (base equivalent)*126
 MAXALT-MLT
 see *rizatriptan benzoate oral disintegrating tab 10 mg (base eq)*126
 MAXITROL
 see *neomycin-polymyxin-dexamethasone ophth oint 0.1%*134
 see *neomycin-polymyxin-dexamethasone ophth susp 0.1%*135
 MAXX MIS LUBRICAT112
 MAXX PLUS MIS SPERMICI112
 MAXXUS ORTHO MIS GLOV 6.5117
 MAXXUS ORTHO MIS GLOV 7.5117
 MAXXUS ORTHO MIS GLOV 8.5117
 MAXXUS ORTHO MIS GLOVE 6117

MAXXUS ORTHO MIS GLOVE 7	117	see <i>atovaquone susp 750 mg/5ml</i> ..	29
MAXXUS ORTHO MIS GLOVE 8	117	<i>mercaptapurine tab 50 mg</i>	55
MAXXUS ORTHO MIS GLOVE 9	117	<i>mesalamine cap er 24hr 0.375 gm</i> ...	94
MAXZIDE		MESTINON	
see <i>triamterene &</i>		see <i>pyridostigmine bromide tab 60</i>	
<i>hydrochlorothiazide tab 75-50 mg</i>		<i>mg</i>	54
.....	91	<i>metformin hcl tab 1000 mg</i>	44
MAXZIDE-25		<i>metformin hcl tab 500 mg</i>	44
see <i>triamterene &</i>		<i>metformin hcl tab 850 mg</i>	44
<i>hydrochlorothiazide tab 37.5-25</i>		<i>metformin hcl tab er 24hr 500 mg</i>	44
<i>mg</i>	91	<i>metformin hcl tab er 24hr 750 mg</i>	44
<i>meclizine hcl chew tab 25 mg</i>	47	<i>methadone hcl tab 10 mg</i>	25
<i>meclizine hcl tab 12.5 mg</i>	47	<i>methadone hcl tab 5 mg</i>	25
<i>meclizine hcl tab 25 mg</i>	48	<i>methergine tab 0.2mg</i>	136
MEDROL		<i>methimazole tab 10 mg</i>	141
see <i>methylprednisolone tab 16 mg</i>	81	<i>methimazole tab 5 mg</i>	141
see <i>methylprednisolone tab 4 mg</i> ..	81	<i>methocarbamol tab 500 mg</i>	132
see <i>methylprednisolone tab 8 mg</i> ..	81	<i>methocarbamol tab 750 mg</i>	132
MEDROL DOSEPAK		<i>methotrexate sodium inj 250 mg/10ml</i>	
see <i>methylprednisolone tab therapy</i>		<i>(25 mg/ml)</i>	55
<i>pack 4 mg (21)</i>	81	<i>methotrexate sodium inj 50 mg/2ml</i>	
<i>medroxyprogesterone acetate im susp</i>		<i>(25 mg/ml)</i>	55
<i>150 mg/ml</i>	80	<i>methotrexate sodium inj pf 1000</i>	
<i>medroxyprogesterone acetate im susp</i>		<i>mg/40ml (25 mg/ml)</i>	55
<i>prefilled syr 150 mg/ml</i>	80	<i>methotrexate sodium inj pf 250</i>	
<i>medroxyprogesterone acetate tab 10</i>		<i>mg/10ml (25 mg/ml)</i>	55
<i>mg</i>	137	<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>medroxyprogesterone acetate tab 2.5</i>		<i>(25 mg/ml)</i>	55
<i>mg</i>	137	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>medroxyprogesterone acetate tab 5 mg</i>		<i>equiv)</i>	55
.....	137	<i>methylcellulose tab 500 mg</i>	98
<i>mefloquine hcl tab 250 mg</i>	54	<i>methyldopa tab 250 mg</i>	52
<i>megestrol acetate susp 40 mg/ml</i>	56	<i>methyldopa tab 500 mg</i>	52
<i>megestrol acetate tab 20 mg</i>	56	<i>methylergonovine maleate tab 0.2 mg</i>	
<i>megestrol acetate tab 40 mg</i>	56	.....	136
<i>meloxicam tab 15 mg</i>	22	METHYLIN	
<i>meloxicam tab 7.5 mg</i>	22	see <i>methylphenidate hcl soln 10</i>	
<i>melphalan tab 2 mg</i>	55	<i>mg/5ml</i>	20
<i>memantine hcl oral solution 2 mg/ml</i>		see <i>methylphenidate hcl soln 5</i>	
.....	138	<i>mg/5ml</i>	20
<i>memantine hcl tab 10 mg</i>	138	<i>methylphenidate hcl cap er 10 mg (cd)</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x</i>		.....	19
<i>10 mg titration pack</i>	138	<i>methylphenidate hcl cap er 20 mg (cd)</i>	
<i>memantine hcl tab 5 mg</i>	138	.....	19
MEPHYTON		<i>methylphenidate hcl cap er 30 mg (cd)</i>	
see <i>phytonadione tab 5 mg</i>	147	.....	20
MEPRON			

methylphenidate hcl cap er 40 mg (cd)
20
methylphenidate hcl cap er 50 mg (cd)
20
methylphenidate hcl cap er 60 mg (cd)
20
methylphenidate hcl soln 10 mg/5ml 20
methylphenidate hcl soln 5 mg/5ml ..20
methylphenidate hcl tab 10 mg20
methylphenidate hcl tab 20 mg20
methylphenidate hcl tab 5 mg20
methylphenidate hcl tab er 10 mg20
methylphenidate hcl tab er 20 mg20
methylphenidate hcl tab er 24hr 18 mg
20
methylphenidate hcl tab er 24hr 27 mg
20
methylphenidate hcl tab er 24hr 36 mg
20
methylphenidate hcl tab er 24hr 54 mg
20
methylphenidate hcl tab er osmotic
release (osm) 18 mg20
methylphenidate hcl tab er osmotic
release (osm) 27 mg20
methylphenidate hcl tab er osmotic
release (osm) 36 mg20
methylphenidate hcl tab er osmotic
release (osm) 54 mg20
methylprednisolone tab 16 mg81
methylprednisolone tab 32 mg81
methylprednisolone tab 4 mg81
methylprednisolone tab 8 mg81
methylprednisolone tab therapy pack 4
mg (21)81
metoclopramide hcl soln 5 mg/5ml (10
mg/10ml) (base equiv)94
metoclopramide hcl tab 10 mg (base
equivalent)94
metoclopramide hcl tab 5 mg (base
equivalent)94
metolazone tab 10 mg92
metolazone tab 2.5 mg91
metolazone tab 5 mg91
metoprolol succinate tab er 24hr 100
mg (tartrate equiv)69

metoprolol succinate tab er 24hr 200
mg (tartrate equiv)69
metoprolol succinate tab er 24hr 25 mg
(tartrate equiv)69
metoprolol succinate tab er 24hr 50 mg
(tartrate equiv)69
metoprolol tartrate tab 100 mg69
metoprolol tartrate tab 25 mg69
metoprolol tartrate tab 50 mg69
METROCREAM
 see *metronidazole cream 0.75%* ...88
 see *rosadan cre 0.75%*88
METROLOTION
 see *metronidazole lotion 0.75%*88
metronidazole cream 0.75%88
metronidazole gel 0.75%88
metronidazole lotion 0.75%88
metronidazole tab 250 mg29
metronidazole tab 500 mg29
metronidazole vaginal gel 0.75%146
mexiletine hcl cap 150 mg32
mexiletine hcl cap 200 mg32
mexiletine hcl cap 250 mg32
miconazole nitrate aerosol pow 2% ..85
miconazole nitrate cream 2%85
miconazole nitrate powder 2%85
miconazole nitrate vaginal app 200 mg
& 2% cream 9 gm kit146
miconazole nitrate vaginal cream 2%
146
miconazole nitrate vaginal cream 4%
(200 mg/5gm)146
miconazole nitrate vaginal supp 200
mg & 2% cream 9 gm kit146
miconazole nitrate vaginal suppos 100
mg146
MICRHOGAM PL INJ 50MCG136
microgestin tab 1/2076
microgestin tab 1.5/3076
microgestin tab fe 1/2076
microgestin tab fe1.5/3076
MICRO-TOUCH MIS GLOV 5.5117
MICRO-TOUCH MIS GLOV 6.5117
MICRO-TOUCH MIS GLOV 7.5117
MICRO-TOUCH MIS GLOV 8.5118
MICRO-TOUCH MIS GLOVE/LG118
MICRO-TOUCH MIS GLOVE/MD118

MICRO-TOUCH MIS GLOVE/SM.....	118	<i>mometasone furoate oint 0.1%</i>	87
MICRO-TOUCH MIS GLOVE 6	118	<i>mometasone furoate solution 0.1%</i>	
MICRO-TOUCH MIS GLOVE 7	118	<i>(lotion)</i>	87
MICRO-TOUCH MIS GLOVE 8	118	<i>mono-lynyah tab 0.25-35</i>	76
MICRO-TOUCH MIS GLOVE 9	118	<i>montelukast sodium chew tab 4 mg</i>	
MICRO-TOUCH MIS XP LARGE.....	118	<i>(base equiv)</i>	33
MICRO-TOUCH MIS XP MED.....	118	<i>montelukast sodium chew tab 5 mg</i>	
MICRO-TOUCH MIS XP SMALL.....	118	<i>(base equiv)</i>	33
<i>midodrine hcl tab 10 mg</i>	147	<i>montelukast sodium tab 10 mg (base</i>	
<i>midodrine hcl tab 2.5 mg</i>	147	<i>equiv)</i>	33
<i>midodrine hcl tab 5 mg</i>	147	<i>morphine sulfate oral soln 100 mg/5ml</i>	
<i>mili tab 0.25/35</i>	76	<i>(20 mg/ml)</i>	25
MILK OF MAGN SUS 2400/10.....	99	<i>morphine sulfate oral soln 10 mg/5ml</i>	
<i>mineral oil</i>	99	.....	25
<i>mineral oil enema</i>	99	<i>morphine sulfate oral soln 20 mg/5ml</i>	
<i>minerin cre</i>	88	.....	25
MINIELITE MIS FILTERS	125	<i>morphine sulfate tab 15 mg</i>	25
MINIPRESS		<i>morphine sulfate tab 30 mg</i>	25
see <i>prazosin hcl cap 1 mg</i>	52	<i>morphine sulfate tab er 100 mg</i>	25
see <i>prazosin hcl cap 2 mg</i>	52	<i>morphine sulfate tab er 15 mg</i>	25
see <i>prazosin hcl cap 5 mg</i>	52	<i>morphine sulfate tab er 30 mg</i>	25
MINOCIN		<i>morphine sulfate tab er 60 mg</i>	25
see <i>minocycline hcl cap 100 mg</i> ...	140	<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>minocycline hcl cap 100 mg</i>	140	<i>equiv)</i>	134
<i>minocycline hcl cap 50 mg</i>	140	<i>moxifloxacin hcl tab 400 mg (base</i>	
<i>minoxidil tab 10 mg</i>	54	<i>equiv)</i>	93
<i>minoxidil tab 2.5 mg</i>	54	MS CONTIN	
MIRASORB MIS 2	108	see <i>morphine sulfate tab er 100 mg</i>	
MIRCETTE		.....	25
see <i>azurette tab</i>	74	see <i>morphine sulfate tab er 15 mg</i> 25	
see <i>desogest-eth estrad & eth estrad</i>		see <i>morphine sulfate tab er 30 mg</i> 25	
<i>tab 0.15-0.02/0.01 mg(21/5)</i>	75	see <i>morphine sulfate tab er 60 mg</i> 25	
see <i>kariva tab 28 day</i>	76	MULTI/IRON/ DRO INF/TODD.....	131
see <i>pimtrea tab</i>	77	<i>multiple vitamins w/ iron tab</i>	130
see <i>simliya tab 28 day</i>	77	<i>multiple vitamins w/ minerals tab</i> ...	130
see <i>viorele tab</i>	78	<i>multiple vitamins w/ minerals tab- rx</i>	
see <i>volnea tab</i>	78	.....	130
MIRENA IUD SYSTEM.....	80	<i>multiple vitamin tab</i>	130
<i>mirtazapine tab 15 mg</i>	39	MULTIV INFAN DRO /TODDLER	131
<i>mirtazapine tab 30 mg</i>	39	<i>multi-vit/fe dro /fl 0.25</i>	130
<i>mirtazapine tab 45 mg</i>	39	<i>multivit/fl dro 0.25mg</i>	131
<i>misoprostol tab 100 mcg</i>	144	<i>multi vit/fl dro 0.5mg/ml</i>	131
<i>misoprostol tab 200 mcg</i>	144	<i>multivitamin chw children</i>	131
<i>modafinil tab 100 mg</i>	20	<i>mupirocin oint 2%</i>	84
<i>modafinil tab 200 mg</i>	20	MYAMBUTOL	
MODERNA VAC INJ COVID-19	145	see <i>ethambutol hcl tab 400 mg</i>	55
<i>mometasone furoate cream 0.1%</i>	87	<i>my choice tab 1.5mg</i>	79

<i>mycophenolate mofetil cap 250 mg</i>	129	<i>nateglinide tab 120 mg</i>	46
<i>mycophenolate mofetil tab 500 mg</i>	129	<i>nateglinide tab 60 mg</i>	46
MYSOLINE		NATURAL COND MIS + LUBE.....	112
see <i>primidone tab 250 mg</i>	38	NAYZILAM SPR 5MG.....	36
see <i>primidone tab 50 mg</i>	38	NEBULIZER.....	125
<i>my way tab 1.5mg</i>	79	NEBULIZER MIS MASK AD.....	125
N		NEBULIZER MIS MASK CH.....	125
<i>nabumetone tab 500 mg</i>	22	NEBULIZER MIS MASK CHD.....	125
<i>nabumetone tab 750 mg</i>	22	NEBULIZER MIS MASK INF.....	125
<i>nadolol tab 20 mg</i>	69	NEBULIZER- RX.....	125
<i>nadolol tab 40 mg</i>	70	<i>nebusal neb 3%</i>	82
<i>nadolol tab 80 mg</i>	70	<i>necon tab 0.5/35</i>	76
<i>naloxone hcl inj 0.4 mg/ml</i>	47	NEEDLE (DISP) 18 X 1-1/2.....	123
<i>naloxone hcl inj 4 mg/10ml</i>	47	<i>neomycin-bacitracin-polymyxin oint.</i> ..	84
<i>naloxone hcl nasal spray 4 mg/0.1ml</i> ..	47	<i>neomycin-bacitracin-polymyxin-</i>	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	47	<i>pramoxine oint 1%</i>	84
.....	47	<i>neomycin-bacitrac zn-polymyx</i>	
<i>naloxone hcl soln prefilled syringe 2</i>		<i>5(3.5)mg-400unt-10000unt op oin</i>	
<i>mg/2ml</i>	47	.....	134
<i>naltrexone hcl tab 50 mg</i>	47	<i>neomycin-polymy-gramicid op sol</i>	
NAMENDA		<i>1.75-10000-0.025mg-unt-mg/ml</i> ..	134
see <i>memantine hcl tab 10 mg</i>	138	<i>neomycin-polymyxin-dexamethasone</i>	
see <i>memantine hcl tab 5 mg</i>	138	<i>ophth oint 0.1%</i>	134
NAMENDA TITRATION PAK		<i>neomycin-polymyxin-dexamethasone</i>	
see <i>memantine hcl tab 28 x 5 mg &</i>		<i>ophth susp 0.1%</i>	135
<i>21 x 10 mg titration pack</i>	138	<i>neomycin-polymyxin-hc otic soln 1%</i>	
NAPROSYN		.....	136
see <i>naproxen susp 125 mg/5ml</i>	23	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
see <i>naproxen tab 500 mg</i>	23	<i>mg/ml-10000 unit/ml-1%</i>	136
<i>naproxen sodium tab 220 mg</i>	23	<i>neomycin sulfate tab 500 mg</i>	21
<i>naproxen susp 125 mg/5ml</i>	23	<i>neo-polycin oin hc 1%op</i>	134
<i>naproxen tab 250 mg</i>	23	<i>neo-polycin oin op</i>	134
<i>naproxen tab 375 mg</i>	23	NEOPRENE GLV MIS LARGE.....	118
<i>naproxen tab 500 mg</i>	23	NEOPRENE GLV MIS MEDIUM.....	118
<i>naproxen tab ec 375 mg</i>	23	NEOPRENE GLV MIS SMALL.....	118
<i>naproxen tab ec 500 mg</i>	23	NEOPRENE GLV MIS X-LARGE.....	118
<i>naratriptan hcl tab 1 mg (base equiv)</i>		NEORAL	
.....	126	see <i>cyclosporine modified cap 100</i>	
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>		<i>mg</i>	128
.....	126	see <i>cyclosporine modified cap 25 mg</i>	
NARCAN		.....	128
see <i>naloxone hcl nasal spray 4</i>		see <i>cyclosporine modified oral soln</i>	
<i>mg/0.1ml</i>	47	<i>100 mg/ml</i>	128
NARCAN SPR 4MG.....	47	see <i>gengraf cap 100mg</i>	129
NARDIL		see <i>gengraf cap 25mg</i>	128
see <i>phenelzine sulfate tab 15 mg</i> ..	40	see <i>gengraf sol 100mg/ml</i>	129
NATALVIT TAB 75-1MG.....	131	NEORAL CAP 100MG.....	129

NEORAL CAP 25MG.....	129	<i>nicotine td patch 24hr 21 mg/24hr</i> .140	
NEORAL SOL 100MG/ML.....	129	<i>nicotine td patch 24hr 7 mg/24hr</i> ...	140
NEURONTIN		NICOTROL INH.....	140
<i>see gabapentin cap 100 mg</i>	37	NICOTROL NS SPR 10MG/ML	140
<i>see gabapentin cap 300 mg</i>	37	<i>nifedipine cap 10 mg</i>	71
<i>see gabapentin cap 400 mg</i>	37	<i>nifedipine cap 20 mg</i>	71
<i>see gabapentin oral soln 250 mg/5ml</i>	37	<i>nifedipine tab er 24hr 30 mg</i>	71
<i>see gabapentin tab 600 mg</i>	37	<i>nifedipine tab er 24hr 60 mg</i>	71
<i>see gabapentin tab 800 mg</i>	37	<i>nifedipine tab er 24hr 90 mg</i>	71
NEUTRALON 50 MIS GLOV 5.5	118	<i>nifedipine tab er 24hr osmotic release</i> 30 mg.....	71
NEUTRALON 50 MIS GLOV 6.5	118	<i>nifedipine tab er 24hr osmotic release</i> 60 mg.....	71
NEUTRALON 50 MIS GLOV 7.5	118	<i>nifedipine tab er 24hr osmotic release</i> 90 mg.....	72
NEUTRALON 50 MIS GLOV 8.5	118	<i>nikki tab 3-0.02mg</i>	76
NEUTRALON 50 MIS GLOVE 6	118	NITRILE EXAM MIS GLOVES.....	119
NEUTRALON 50 MIS GLOVE 7	118	NITRILE EXAM MIS LARGE	119
NEUTRALON 50 MIS GLOVE 8	118	NITRILE EXAM MIS MEDIUM	119
NEUTRALON 50 MIS GLOVE 9	118	NITRILE EXAM MIS SMALL.....	119
NEUTRALON MIS GLOV 5.5.....	119	NITRILE EXAM MIS X-LARGE.....	119
NEUTRALON MIS GLOV 6.5.....	119	NITRILE GLOV MIS BLACK/L	119
NEUTRALON MIS GLOV 7.5.....	119	NITRILE GLOV MIS BLACK/M	119
NEUTRALON MIS GLOV 8.5.....	119	NITRILE GLOV MIS BLACK/S.....	119
NEUTRALON MIS GLOVE 6	119	NITRILE GLOV MIS BLACK/XL	119
NEUTRALON MIS GLOVE 7	119	NITRILE GLOV MIS BLUE/L	119
NEUTRALON MIS GLOVE 8	119	NITRILE GLOV MIS BLUE/M	119
NEUTRALON MIS GLOVE 9	119	NITRILE GLOV MIS BLUE/S.....	119
<i>nevirapine susp 50 mg/5ml</i>	67	NITRILE GLOV MIS BLUE/XL	120
<i>nevirapine tab 200 mg</i>	67	NITRILE GLOV MIS LARGE	120
<i>nevirapine tab er 24hr 100 mg</i>	67	NITRILE GLOV MIS MEDIUM.....	120
<i>nevirapine tab er 24hr 400 mg</i>	67	NITRILE GLOV MIS OATMEAL	120
<i>new day tab 1.5mg</i>	79	NITRILE GLOV MIS ONE SIZE.....	120
NEW IMAGE WAF 1-3/4	114	NITRILE GLOV MIS SIZE 10	120
NEW IMAGE WAF 2-1/4.....	114	NITRILE GLOV MIS SIZE 6.....	120
NEXAVAR		NITRILE GLOV MIS SIZE 6.5	120
<i>see sorafenib tosylate tab 200 mg</i> <i>(base equivalent)</i>	57	NITRILE GLOV MIS SIZE 7	120
NEXCARE TATT MIS BANDAGES	108	NITRILE GLOV MIS SIZE 7.5	120
NEXCARE WATR MIS PRF BAND.....	108	NITRILE GLOV MIS SIZE 8.....	120
NEXLETOL TAB 180MG.....	49	NITRILE GLOV MIS SIZE 8.5	120
NEXLIZET TAB 180/10MG.....	49	NITRILE GLOV MIS SIZE 9.....	120
<i>niacin cap er 250 mg</i>	147	NITRILE GLOV MIS SIZE 9.5	120
<i>niacin tab 500 mg</i>	147	NITRILE GLOV MIS SMALL.....	120
<i>nicotine polacrilex gum 2 mg</i>	139	NITRILE GLOV MIS X-LARGE.....	120
<i>nicotine polacrilex gum 4 mg</i>	139	<i>nitrofurantoin macrocrystalline cap 100</i> mg	30
<i>nicotine polacrilex lozenge 2 mg</i>	139		
<i>nicotine polacrilex lozenge 4 mg</i>	140		
<i>nicotine td patch 24hr 14 mg/24hr</i> .140			

nitrofurantoin macrocrystalline cap 50 mg30
nitrofurantoin monohydrate macrocrystalline cap 100 mg30
nitrofurantoin susp 25 mg/5ml.....30
nitroglycerin sl tab 0.3 mg30
nitroglycerin sl tab 0.4 mg30
nitroglycerin sl tab 0.6 mg30
nitroglycerin td patch 24hr 0.1 mg/hr30
nitroglycerin td patch 24hr 0.2 mg/hr30
nitroglycerin td patch 24hr 0.4 mg/hr30
nitroglycerin td patch 24hr 0.6 mg/hr30
NITROSTAT
 see *nitroglycerin sl tab 0.3 mg*30
 see *nitroglycerin sl tab 0.4 mg*30
 see *nitroglycerin sl tab 0.6 mg*30
nizatidine cap 150 mg143
NON-ADHERENT PAD 3108
NON-STCK PAD PAD 3108
NON-STICK PAD 3108
nora-be tab 0.35mg80
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....77
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg77
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....77
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg76
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....93
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg93
norethindrone acetate tab 5 mg137
norethindrone tab 0.35 mg.....80
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg77
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg77
NORLIQVA SOL 1MG/ML.....72
norlyroc tab 0.35mg80
NORPACE

see *disopyramide phosphate cap 100 mg*32
 see *disopyramide phosphate cap 150 mg*32
NORPRAMIN
 see *desipramine hcl tab 10 mg*.....41
 see *desipramine hcl tab 25 mg*.....42
nortrel tab 0.5/3577
nortrel tab 1/3577
nortrel tab 7/7/7.....77
nortriptyline hcl cap 10 mg.....42
nortriptyline hcl cap 25 mg.....42
nortriptyline hcl cap 50 mg.....42
nortriptyline hcl cap 75 mg.....42
NORVASC
 see *amlodipine besylate tab 10 mg (base equivalent)*70
 see *amlodipine besylate tab 2.5 mg (base equivalent)*70
 see *amlodipine besylate tab 5 mg (base equivalent)*70
NORVIR
 see *ritonavir tab 100 mg*67
NORVIR POW 100MG.....67
NORVIR SOL 80MG/ML67
NOSE CLIP MIS.....125
NOVOLIN INJ 70/3045
NOVOLIN INJ 70/30 FP45
NOVOLIN N INJ 100 UNIT.....45
NOVOLIN N INJ U-10045
NOVOLIN R INJ U-10045
NOVOLOG INJ FLEX REL.....45
np thyroid tab 120mg142
np thyroid tab 15mg142
np thyroid tab 30mg142
np thyroid tab 60mg142
np thyroid tab 90mg142
nu-iron 150 cap 150mg97
NUTRICAP TAB.....130
NUVARING
 see *eluryng mis*78
 see *etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr*78
 see *haloette mis*.....78
NUVIGIL
 see *armodafinil tab 150 mg*19
 see *armodafinil tab 200 mg*19

see *armodafinil tab 250 mg*19
 see *armodafinil tab 50 mg*19
 NUWIQ KIT 1000UNIT96
 NUWIQ KIT 250UNIT96
 NUWIQ KIT 500UNIT96
nylia tab 1/35.....77
nylia tab 7/7/777
nymyo tab 0.25-3577
 NYPLEX GLOVE MIS120
nystatin cream 100000 unit/gm85
nystatin oint 100000 unit/gm85
nystatin susp 100000 unit/ml.....129
nystatin tab 500000 unit.....48
nystatin topical powder 100000 unit/gm85
o
ocella tab 3-0.03mg77
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)93
octreotide acetate subcutaneous soln pref syr 100 mcg/ml93
 OCUFLOX
 see *ofloxacin ophth soln 0.3%*.....134
 ODEFSEY TAB.....67
ofloxacin ophth soln 0.3%134
ofloxacin otic soln 0.3%136
olanzapine tab 10 mg62
olanzapine tab 15 mg62
olanzapine tab 2.5 mg62
olanzapine tab 20 mg62
olanzapine tab 5 mg62
olanzapine tab 7.5 mg62
olopatadine dro 0.1% op135
olopatadine hcl ophth soln 0.1% (base equivalent)135
olopatadine hcl ophth soln 0.2% (base equivalent)135
omeprazole cap delayed release 10 mg144
omeprazole cap delayed release 20 mg144
omeprazole cap delayed release 40 mg144
omeprazole delayed release tab 20 mg144
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)144

omeprazole magnesium delayed release tab 20 mg (base equiv) ...144
omeprazole tab 20mg144
 OMNITROPE INJ 5.8MG92
 ON/GO COVID KIT ANTIGEN.....90
 ON/GO ONE KIT COVID-19.....90
 ONCOVITE TAB130
ondansetron hcl oral soln 4 mg/5ml..47
ondansetron hcl tab 4 mg47
ondansetron hcl tab 8 mg47
ondansetron orally disintegrating tab 4 mg47
ondansetron orally disintegrating tab 8 mg47
 ONFI
 see *clobazam tab 10 mg*36
 see *clobazam tab 20 mg*36
opcicon tab 1.5mg79
 OPSUMIT TAB 10MG73
option 2 tab 1.5mg.....79
oral electrolyte solution127
oralone dent pst 0.1%130
 ORKAMBI GRA 150-188.....140
 ORKAMBI TAB 100-125140
 ORKAMBI TAB 200-125140
orphenadrine citrate tab er 12hr 100 mg132
 ORTHO TRI-CYCLEN LO
 see *tri-lo-mili tab*77
 see *tri-lo tab estaryll*.....77
 see *tri-lo- tab marzia*77
 see *tri-lo- tab sprintec*77
 see *tri-vylibra tab lo*78
oscimin tab 0.125mg143
oseltamivir phosphate cap 30 mg (base equiv).....68
oseltamivir phosphate cap 45 mg (base equiv).....68
oseltamivir phosphate cap 75 mg (base equiv).....69
oseltamivir phosphate for susp 6 mg/ml (base equiv)69
 OSTOMY BELT MIS LARGE114
 OSTOMY BELT MIS MEDIUM.....114
 OSTOMY SUPPLIES - POWDER114
 OTC ANTIGENT KIT 1-PACK.....90
 OTC ANTIGENT KIT 2-PACK.....90

OTEZLA TAB 10/20/30	23	see <i>nortriptyline hcl cap 25 mg</i>	42
OTEZLA TAB 30MG	23	see <i>nortriptyline hcl cap 50 mg</i>	42
<i>oxaprozin tab 600 mg</i>	23	see <i>nortriptyline hcl cap 75 mg</i>	42
OXAYDO TAB 5MG	25	<i>pantoprazole sodium ec tab 20 mg</i>	
<i>oxazepam cap 10 mg</i>	32	(base equiv)	144
<i>oxazepam cap 15 mg</i>	32	<i>pantoprazole sodium ec tab 40 mg</i>	
<i>oxazepam cap 30 mg</i>	32	(base equiv)	144
<i>oxcarbazepine susp 300 mg/5ml (60</i>		PARI EXPIRAT MIS FILTER	125
<i>mg/ml)</i>	38	PARI MASK MIS SIZE 3	125
<i>oxcarbazepine tab 150 mg</i>	38	PARI PLASTIC MIS MASK	125
<i>oxcarbazepine tab 300 mg</i>	38	PARI PLASTIC MIS MASK PED	125
<i>oxcarbazepine tab 600 mg</i>	38	PARI SMRTMSK MIS BABY	125
<i>oxybutynin chloride syrup 5 mg/5ml</i>		PARI VORTEX MIS ADL MASK	125
.....	144	PARLODEL	
<i>oxybutynin chloride tab 5 mg</i>	144	see <i>bromocriptine mesylate cap 5 mg</i>	
<i>oxybutynin chloride tab er 24hr 10 mg</i>		(base equivalent)	58
.....	144	see <i>bromocriptine mesylate tab 2.5</i>	
<i>oxybutynin chloride tab er 24hr 15 mg</i>		<i>mg (base equivalent)</i>	58
.....	144	PARNATE	
<i>oxybutynin chloride tab er 24hr 5 mg</i>		see <i>tranylcypromine sulfate tab 10</i>	
.....	144	<i>mg</i>	40
<i>oxycodone hcl soln 5 mg/5ml</i>	25	<i>paromomycin sulfate cap 250 mg</i>	21
<i>oxycodone hcl tab 10 mg</i>	26	<i>paroxetine hcl tab 10 mg</i>	40
<i>oxycodone hcl tab 15 mg</i>	26	<i>paroxetine hcl tab 20 mg</i>	40
<i>oxycodone hcl tab 20 mg</i>	26	<i>paroxetine hcl tab 30 mg</i>	40
<i>oxycodone hcl tab 30 mg</i>	26	<i>paroxetine hcl tab 40 mg</i>	40
<i>oxycodone hcl tab 5 mg</i>	25	PATADAY SOL 0.1%	135
<i>oxycodone w/ acetaminophen tab 10-</i>		PATADAY SOL 0.2%	135
<i>325 mg</i>	27	PAXIL	
<i>oxycodone w/ acetaminophen tab 5-</i>		see <i>paroxetine hcl tab 10 mg</i>	40
<i>325 mg</i>	27	see <i>paroxetine hcl tab 20 mg</i>	40
<i>oxycodone w/ acetaminophen tab 7.5-</i>		see <i>paroxetine hcl tab 30 mg</i>	40
<i>325 mg</i>	27	see <i>paroxetine hcl tab 40 mg</i>	40
<i>oxymetazoline hcl nasal soln 0.05%</i>	133	PEAK FLOW METER	125
<i>oys shell+d tab 250-125</i>	127	PEAK FLOW METER- RX	125
<i>oyster shell calcium tab 500 mg</i>	127	PEANUTS MIS BANDAGES	108
OZEMPIC INJ 2/1.5ML	44	PEDIA-LAX LIQ 50MG	100
OZEMPIC INJ 4MG/3ML	44	PEDIAPRED	
OZEMPIC INJ 8MG/3ML	44	see <i>prednisolone sod phosph oral</i>	
P		<i>soln 6.7 mg/5ml (5 mg/5ml base)</i>	
<i>pacerone tab 200mg</i>	32	.....	81
<i>paliperidone tab er 24hr 1.5 mg</i>	60	PEDIATRIC MIS MOUTHPIE	125
<i>paliperidone tab er 24hr 3 mg</i>	60	<i>pediatric multiple vitamins w/ fl-fe</i>	
<i>paliperidone tab er 24hr 6 mg</i>	60	<i>drops 0.25-10 mg/ml</i>	130
<i>paliperidone tab er 24hr 9 mg</i>	60	<i>pediatric multiple vitamins w/ fluoride</i>	
PAMELOR		<i>chew tab 0.25 mg</i>	131
see <i>nortriptyline hcl cap 10 mg</i>	42		

<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	131	<i>see oxycodone w/ acetaminophen tab 7.5-325 mg</i>	27
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	131	<i>permethrin aerosol 0.5%</i>	88
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	131	<i>permethrin cream 5%</i>	89
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	131	<i>permethrin lotion 1%</i>	89
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	131	<i>perphenazine tab 16 mg</i>	63
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	131	<i>perphenazine tab 2 mg</i>	63
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	131	<i>perphenazine tab 4 mg</i>	63
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	99	<i>perphenazine tab 8 mg</i>	63
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	99	PFIZER VACC INJ COVID-19	145
PEGASYS INJ 180MCG/M	68	PFLEX MIS	125
<i>penicillamine tab 250 mg</i>	128	PFT FILTER MIS 1000	125
<i>penicillin v potassium for soln 125 mg/5ml</i>	137	PHARM CHOICE MIS WIPES	125
<i>penicillin v potassium for soln 250 mg/5ml</i>	137	<i>phenazopyridine hcl tab 100 mg</i>	95
<i>penicillin v potassium tab 250 mg</i>	137	<i>phenazopyridine hcl tab 200 mg</i>	95
<i>penicillin v potassium tab 500 mg</i>	137	<i>phenelzine sulfate tab 15 mg</i>	40
PEN NEEDLES MIS 29GX10MM	123	PHENERGAN	
PEN NEEDLES MIS 29GX12.7	123	<i>see promethazine hcl inj 25 mg/ml</i>	49
PEN NEEDLES MIS 29GX12MM	123	<i>see promethazine hcl inj 50 mg/ml</i>	49
PEN NEEDLES MIS 31GX5MM	123	<i>phenobarbital elixir 20 mg/5ml</i>	98
PEN NEEDLES MIS 31GX6MM	124	<i>phenobarbital tab 100 mg</i>	98
PEN NEEDLES MIS 31GX8MM	124	<i>phenobarbital tab 15 mg</i>	98
PEN NEEDLES MIS 32GX4MM	124	<i>phenobarbital tab 16.2 mg</i>	98
PEN NEEDLES MIS 32GX6MM	124	<i>phenobarbital tab 30 mg</i>	98
PEN NEEDLES MIS 32GX8MM	124	<i>phenobarbital tab 32.4 mg</i>	98
<i>pentoxifylline tab er 400 mg</i>	96	<i>phenobarbital tab 60 mg</i>	98
PEPCID		<i>phenobarbital tab 64.8 mg</i>	98
<i>see famotidine tab 20 mg</i>	143	<i>phenobarbital tab 97.2 mg</i>	98
<i>see famotidine tab 40 mg</i>	143	<i>phenylephrine hcl tab 10 mg</i>	133
PERCOCET		PHENYTEK	
<i>see endocet tab 10-325mg</i>	26	<i>see phenytoin sodium extended cap 200 mg</i>	39
<i>see endocet tab 5-325mg</i>	26	<i>see phenytoin sodium extended cap 300 mg</i>	39
<i>see endocet tab 7.5-325</i>	26	<i>phenytoin chew tab 50 mg</i>	39
<i>see oxycodone w/ acetaminophen tab 10-325 mg</i>	27	<i>phenytoin sodium extended cap 100 mg</i>	39
<i>see oxycodone w/ acetaminophen tab 5-325 mg</i>	27	<i>phenytoin sodium extended cap 200 mg</i>	39
		<i>phenytoin sodium extended cap 300 mg</i>	39
		<i>phenytoin susp 125 mg/5ml</i>	39
		<i>philith tab 0.4-35</i>	77
		<i>phytonadione tab 5 mg</i>	147
		PIFELTRO TAB 100MG	67
		PILLOW MASK MIS ADULT	125
		PILLOW MASK MIS CHILD	125

PILLOW MASK MIS PEDIATRI	125	<i>polyvinyl alcohol-povidone ophth soln</i>	
<i>pilocarpine hcl ophth soln 1%</i>	134	5-6 mg/ml (0.5-0.6%)	133
<i>pilocarpine hcl ophth soln 2%</i>	134	<i>portia-28 tab</i>	77
<i>pilocarpine hcl ophth soln 4%</i>	134	<i>potassium bicarbonate effer tab 25</i>	
<i>pilocarpine hcl tab 5 mg</i>	130	meq.....	127
<i>pilocarpine hcl tab 7.5 mg</i>	130	<i>potassium chloride cap er 10 meq</i> ..	127
PILOT COVID KIT HOME TES	90	<i>potassium chloride cap er 8 meq</i>	127
<i>pimecrolimus cream 1%</i>	87	<i>potassium chloride microencapsulated</i>	
<i>pimtreea tab</i>	77	<i>crys er tab 10 meq</i>	127
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		<i>potassium chloride microencapsulated</i>	
.....	45	<i>crys er tab 20 meq</i>	127
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		<i>potassium chloride oral soln 10% (20</i>	
.....	46	<i>meq/15ml)</i>	127
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		<i>potassium chloride oral soln 20% (40</i>	
.....	46	<i>meq/15ml)</i>	127
<i>pirmella tab 1/35</i>	77	<i>potassium chloride tab er 10 meq</i> ...	127
<i>pirmella tab 7/7/7</i>	77	<i>potassium chloride tab er 20 meq</i>	
<i>piroxicam cap 10 mg</i>	23	(1500 mg).....	128
<i>piroxicam cap 20 mg</i>	23	<i>potassium chloride tab er 8 meq (600</i>	
PIXEL COVID KIT HOME TES	90	<i>mg)</i>	127
PLAQUENIL		<i>potassium citrate & citric acid soln</i>	
see <i>hydroxychloroquine sulfate tab</i>		1100-334 mg/5ml	94
200 mg	54	<i>potassium citrate tab er 10 meq (1080</i>	
PLAS BANDAGE MIS 3/4.....	108	<i>mg)</i>	94
PLASTC BANDG MIS 3/4.....	108	<i>potassium citrate tab er 15 meq (1620</i>	
PLAVIX		<i>mg)</i>	94
see <i>clopidogrel bisulfate tab 75 mg</i>		<i>potassium citrate tab er 5 meq (540</i>	
(base equiv)	96	<i>mg)</i>	94
PNEUMOVAX 23 INJ 25/0.5.....	145	<i>pot phos monobasic w/sod phos di &</i>	
<i>podofilox soln 0.5%</i>	88	<i>monobas tab 155-852-130mg</i>	127
<i>polyethylene glycol 3350 oral powder</i>		<i>pramipexole dihydrochloride tab 0.125</i>	
.....	99	<i>mg</i>	59
<i>polyethylene glycol-propylene glycol</i>		<i>pramipexole dihydrochloride tab 0.25</i>	
<i>ophth soln 0.4-0.3%</i>	133	<i>mg</i>	59
<i>polyethylene glycol-propylene glycol pf</i>		<i>pramipexole dihydrochloride tab 0.5</i>	
<i>op soln 0.4-0.3%</i>	133	<i>mg</i>	59
<i>poly-iron cap 150 fort</i>	97	<i>pramipexole dihydrochloride tab 0.75</i>	
<i>poly-iron cap 150mg</i>	97	<i>mg</i>	59
<i>polymyxin b-trimethoprim ophth soln</i>		<i>pramipexole dihydrochloride tab 1.5</i>	
10000 unit/ml-0.1%	134	<i>mg</i>	59
<i>polysaccharide iron complex cap 150</i>		<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>mg (iron equivalent)</i>	97	.....	59
POLYTRIM		<i>pramox-pe-glycerin-petrolatum rectal</i>	
see <i>polymyxin b-trimethoprim ophth</i>		<i>cream 1-0.25-14.4-15%</i>	28
<i>soln 10000 unit/ml-0.1%</i>	134	<i>pravastatin sodium tab 10 mg</i>	50
<i>polyvinyl alcohol ophth soln 1.4%</i> ...	133	<i>pravastatin sodium tab 20 mg</i>	50
		<i>pravastatin sodium tab 40 mg</i>	50

<i>pravastatin sodium tab 80 mg</i>	50	PREVNAR 20 INJ	145
<i>prazosin hcl cap 1 mg</i>	52	PREZCOBIX TAB 800-150	67
<i>prazosin hcl cap 2 mg</i>	52	PREZISTA SUS 100MG/ML	67
<i>prazosin hcl cap 5 mg</i>	52	PREZISTA TAB 150MG	67
PRED FORTE		PREZISTA TAB 600MG	67
<i>see prednisolone acetate ophth susp</i>		PREZISTA TAB 75MG	67
1%	135	PREZISTA TAB 800MG	67
<i>prednisolone acetate ophth susp 1%</i>		PRIFTIN TAB 150MG	55
.....	135	<i>primidone tab 250 mg</i>	38
<i>prednisolone sod phosphate oral soln</i>		<i>primidone tab 50 mg</i>	38
15 mg/5ml (base equiv)	81	<i>probenecid tab 500 mg</i>	95
<i>prednisolone sod phosph oral soln 6.7</i>		PROCARDIA XL	
mg/5ml (5 mg/5ml base)	81	<i>see nifedipine tab er 24hr osmotic</i>	
<i>prednisolone soln 15 mg/5ml</i>	81	<i>release 30 mg</i>	71
<i>prednisone oral soln 5 mg/5ml</i>	81	<i>see nifedipine tab er 24hr osmotic</i>	
<i>prednisone tab 10 mg</i>	81	<i>release 60 mg</i>	71
<i>prednisone tab 1 mg</i>	81	<i>see nifedipine tab er 24hr osmotic</i>	
<i>prednisone tab 2.5 mg</i>	81	<i>release 90 mg</i>	72
<i>prednisone tab 20 mg</i>	81	<i>prochlorperazine maleate tab 10 mg</i>	
<i>prednisone tab 50 mg</i>	81	<i>(base equivalent)</i>	64
<i>prednisone tab 5 mg</i>	81	<i>prochlorperazine maleate tab 5 mg</i>	
<i>prednisone tab therapy pack 10 mg</i>		<i>(base equivalent)</i>	63
(21)	81	<i>prochlorperazine suppos 25 mg</i>	64
<i>prednisone tab therapy pack 10 mg</i>		PRO COMFORT MIS GLOVES L.....	120
(48)	81	PRO COMFORT MIS GLOVES M.....	121
<i>prednisone tab therapy pack 5 mg (21)</i>		PRO COMFORT MIS GLOVE XL.....	120
.....	81	<i>progesterone cap 100 mg</i>	137
<i>prednisone tab therapy pack 5 mg (48)</i>		<i>progesterone cap 200 mg</i>	138
.....	81	PROGESTERONE POW MICRONIZ	74
<i>pregabalin cap 100 mg</i>	38	PROGRAF	
<i>pregabalin cap 150 mg</i>	38	<i>see tacrolimus cap 0.5 mg</i>	129
<i>pregabalin cap 200 mg</i>	38	<i>see tacrolimus cap 1 mg</i>	129
<i>pregabalin cap 225 mg</i>	38	<i>see tacrolimus cap 5 mg</i>	129
<i>pregabalin cap 25 mg</i>	38	PROLASTIN-C INJ 1000MG	140
<i>pregabalin cap 300 mg</i>	38	PROLIA INJ 60MG/ML	92
<i>pregabalin cap 50 mg</i>	38	<i>promethazine & phenylephrine syrup</i>	
<i>pregabalin cap 75 mg</i>	38	6.25-5 mg/5ml	82
<i>prenatabs rx tab</i>	131	<i>promethazine hcl inj 25 mg/ml</i>	49
PRENATAL VIT W/ FE FUMARATE-FA		<i>promethazine hcl inj 50 mg/ml</i>	49
TAB 27-0.8 MG.....	131	<i>promethazine hcl suppos 12.5 mg</i>	49
PRENATAL VIT W/ FE FUMARATE-FA		<i>promethazine hcl suppos 25 mg</i>	49
TAB 27-1 MG- RX	131	<i>promethazine hcl syrup 6.25 mg/5ml</i>	49
PRENATAL VIT W/ FE FUMARATE-FA		<i>promethazine hcl tab 12.5 mg</i>	49
TAB 28-0.8 MG.....	131	<i>promethazine hcl tab 25 mg</i>	49
PRESERVISION TAB AREDS	130	<i>promethazine hcl tab 50 mg</i>	49
<i>prevalite pow 4gm</i>	50	<i>prometh vc syp 6.25-5/5</i>	82
PREVNAR 13 INJ	145	PROMETRIUM	

see progesterone cap 100 mg	137	PROXI-STRIPS MIS 1/2	108
see progesterone cap 200 mg	138	PROZAC	
PRONEB ULTRA MIS FILTER	125	see fluoxetine hcl cap 10 mg.....	40
propafenone hcl tab 150 mg	32	see fluoxetine hcl cap 20 mg.....	40
propafenone hcl tab 225 mg	32	see fluoxetine hcl cap 40 mg.....	40
propafenone hcl tab 300 mg	32	pseudoephed-bromphen-dm syrup 30-	
propracaine hcl ophth soln 0.5%...	134	2-10 mg/5ml	82
propranolol hcl cap er 24hr 120 mg ..	70	pseudoephedrine-guaifenesin tab er	
propranolol hcl cap er 24hr 160 mg ..	70	12hr 60-600 mg.....	82
propranolol hcl cap er 24hr 60 mg....	70	pseudoephedrine hcl tab 30 mg.....	133
propranolol hcl cap er 24hr 80 mg....	70	pseudoephedrine hcl tab 60 mg.....	133
propranolol hcl oral soln 20 mg/5ml..	70	pseudoephedrine hcl tab er 12hr 120	
propranolol hcl oral soln 40 mg/5ml..	70	mg	133
propranolol hcl tab 10 mg	70	psyllium cap 0.52 gm	98
propranolol hcl tab 20 mg	70	psyllium powder 28.3%	98
propranolol hcl tab 40 mg	70	psyllium powder 48.57%.....	98
propranolol hcl tab 60 mg	70	psyllium powder 58.6%	98
propranolol hcl tab 80 mg	70	PULMICORT	
propylthiouracil tab 50 mg.....	141	see budesonide inhalation susp 0.25	
PRORENAL+D TAB.....	130	mg/2ml.....	33
PRORENAL +D TAB.....	130	see budesonide inhalation susp 0.5	
PROSCAR		mg/2ml.....	33
see finasteride tab 5 mg.....	95	pulmosal neb 7%	82
PROTONIX		PULMOZYME SOL 1MG/ML	140
see pantoprazole sodium ec tab 20		PURE-COMFORT MIS LARGE.....	121
mg (base equiv)	144	PURE-COMFORT MIS MEDIUM	121
see pantoprazole sodium ec tab 40		PURE-COMFORT MIS NIT LG	121
mg (base equiv)	144	PURE-COMFORT MIS NIT MED.....	121
PROTOPIC		PURE-COMFORT MIS NIT XL	121
see tacrolimus oint 0.03%	88	PURE-COMFORT MIS NIT SMALL.....	121
see tacrolimus oint 0.1%.....	88	PURE-COMFORT MIS VINYL LG.....	121
protriptyline hcl tab 10 mg	42	PURE-COMFORT MIS VINYL MD	121
protriptyline hcl tab 5 mg	42	PURE-COMFORT MIS VINYL SM	121
PROVENTIL HFA		PURE-COMFORT MIS VINYL XL	121
see albuterol sulfate inhal aero 108		PURE-COMFORT MIS XLARGE.....	121
mcg/act (90mcg base equiv).....	34	pyrazinamide tab 500 mg.....	55
PROVERA		pyrethrins-piperonyl butoxide liq 0.33-	
see medroxyprogesterone acetate		4%.....	89
tab 10 mg.....	137	pyrethrins-piperonyl butoxide shampoo	
see medroxyprogesterone acetate		0.33-4%	89
tab 2.5 mg.....	137	pyridostigmine bromide tab 60 mg ...	54
see medroxyprogesterone acetate		pyridoxine hcl tab 100 mg	147
tab 5 mg	137	pyridoxine hcl tab 25 mg	147
PROVIGIL		pyridoxine hcl tab 50 mg	147
see modafinil tab 100 mg	20	Q	
see modafinil tab 200 mg	20	QBRELIS SOL 1MG/ML.....	51
PROXI-STRIP MIS 1/4	108	qc childrens chw complete	131

<i>qc childrens chw extra c</i>	131	<i>ramipril cap 1.25 mg</i>	51
<i>qc clotrimaz cre 1%</i>	146	<i>ramipril cap 10 mg</i>	51
<i>qc dibucaine oin 1%</i>	28	<i>ramipril cap 2.5 mg</i>	51
<i>qc diclofena gel 1%</i>	84	<i>ramipril cap 5 mg</i>	51
<i>qc natural pow vegetabl</i>	98	<i>ranolazine tab er 12hr 1000 mg</i>	30
<i>qc omepraza tab 20mg</i>	144	<i>ranolazine tab er 12hr 500 mg</i>	30
QUESTRAN		RAPID RESPON KIT COVID-19	90
<i>see cholestyramine powder 4</i>		RA STERILE PAD 2	108
<i>gm/dose</i>	50	RA STERILE PAD 4	108
QUESTRAN LIGHT		RA VINYL MIS GLOVES	121
<i>see cholestyramine light powder 4</i>		RAZADYNE ER	
<i>gm/dose</i>	50	<i>see galantamine hydrobromide cap</i>	
<i>see prevalite pow 4gm</i>	50	<i>er 24hr 16 mg</i>	138
<i>quetiapine fumarate tab 100 mg</i>	62	<i>see galantamine hydrobromide cap</i>	
<i>quetiapine fumarate tab 200 mg</i>	62	<i>er 24hr 24 mg</i>	138
<i>quetiapine fumarate tab 25 mg</i>	62	<i>see galantamine hydrobromide cap</i>	
<i>quetiapine fumarate tab 300 mg</i>	62	<i>er 24hr 8 mg</i>	138
<i>quetiapine fumarate tab 400 mg</i>	62	<i>react tab 1.5mg</i>	79
<i>quetiapine fumarate tab 50 mg</i>	62	REALITY MIS LUBRICAT	112
<i>quetiapine fumarate tab er 24hr 150</i>		REALITY ULTR MIS TEXTURED	112
<i>mg</i>	63	REALITY ULTR MIS THIN	112
<i>quetiapine fumarate tab er 24hr 200</i>		REBIF INJ 22/0.5	139
<i>mg</i>	63	REBIF INJ 44/0.5	139
<i>quetiapine fumarate tab er 24hr 300</i>		REBIF REBIDO INJ 22/0.5	139
<i>mg</i>	63	REBIF REBIDO INJ 44/0.5	139
<i>quetiapine fumarate tab er 24hr 400</i>		REBIF REBIDO INJ TITRATN	139
<i>mg</i>	63	REBIF TITRTN INJ PACK	139
<i>quetiapine fumarate tab er 24hr 50 mg</i>		<i>reclipsen tab</i>	77
.....	62	RECOMBIVA HB INJ 10MCG/ML	145
QUICKVUE HOM KIT COVID-19	90	RECOMBIVA HB INJ 5MCG/0.5	145
QUICKVUE KIT SARS ANT	90	RECTAL THERMOMETERS	121
<i>quinapril hcl tab 10 mg</i>	51	REGLAN	
<i>quinapril hcl tab 20 mg</i>	51	<i>see metoclopramide hcl tab 10 mg</i>	
<i>quinapril hcl tab 40 mg</i>	51	<i>(base equivalent)</i>	94
<i>quinapril hcl tab 5 mg</i>	51	<i>see metoclopramide hcl tab 5 mg</i>	
<i>quinapril-hydrochlorothiazide tab 20-</i>		<i>(base equivalent)</i>	94
<i>12.5 mg</i>	54	RELEASE PAD 4	108
<i>quinapril-hydrochlorothiazide tab 20-25</i>		RELENZA MIS DISKHALE	69
<i>mg</i>	54	RELION TRUE KIT MET AIR	113
<i>quinidine sulfate tab 300 mg</i>	32	RELION TRUE TES METRIX	90
QVAR REDIIHA AER 80MCG	33	REMERON	
QVAR REDIIHAL AER 40MCG	33	<i>see mirtazapine tab 15 mg</i>	39
R		<i>see mirtazapine tab 30 mg</i>	39
RA ADHESIVE MIS BANDAGES	108	REMODULIN INJ 10MG/ML	72
RA ADHESIVE TAP 1	108	REMODULIN INJ 1MG/ML	72
RA EXT CUFF MIS NIT GLV	121	REMODULIN INJ 2.5MG/ML	72
<i>raloxifene hcl tab 60 mg</i>	92	REMODULIN INJ 5MG/ML	72

RENAPLEX-D TAB	130	<i>ribavirin cap 200 mg</i>	68
RENVELA		<i>ribavirin tab 200 mg</i>	68
<i>see sevelamer carbonate tab 800 mg</i>		<i>riboflavin tab 100 mg</i>	147
.....	94	<i>rifampin cap 150 mg</i>	55
<i>repaglinide tab 0.5 mg</i>	46	<i>rifampin cap 300 mg</i>	55
<i>repaglinide tab 1 mg</i>	46	<i>rimantadine hydrochloride tab 100 mg</i>	
<i>repaglinide tab 2 mg</i>	46	.....	69
REPATHA INJ 140MG/ML	51	RISACAL-D TAB	127
REPATHA PUSH INJ 420/3.5	51	RISPERDAL	
REPATHA SURE INJ 140MG/ML.....	51	<i>see risperidone soln 1 mg/ml</i>	61
REPLACEMENT MIS FILTER	125	<i>see risperidone tab 0.5 mg</i>	61
REPLACEMENT MIS FILTERS	125	<i>see risperidone tab 1 mg</i>	61
RESTORE CONT PAD 2	109	<i>see risperidone tab 2 mg</i>	61
RESTORIL		<i>see risperidone tab 3 mg</i>	61
<i>see temazepam cap 15 mg</i>	98	<i>see risperidone tab 4 mg</i>	61
<i>see temazepam cap 30 mg</i>	98	RISPERDAL INJ 12.5MG	60
RETACRIT INJ 10000UNT	97	RISPERDAL INJ 25MG	60
RETACRIT INJ 20000UNI	97	RISPERDAL INJ 37.5MG	60
RETACRIT INJ 2000UNIT	96	RISPERDAL INJ 50MG	60
RETACRIT INJ 3000UNIT	97	<i>risperidone orally disintegrating tab</i>	
RETACRIT INJ 40000UNT	97	<i>0.25 mg</i>	60
RETACRIT INJ 4000UNIT	97	<i>risperidone orally disintegrating tab 0.5</i>	
RETIN-A		<i>mg</i>	60
<i>see avita cre 0.025%</i>	82	<i>risperidone orally disintegrating tab 1</i>	
<i>see tretinoin cream 0.025%</i>	84	<i>mg</i>	60
<i>see tretinoin cream 0.05%</i>	83	<i>risperidone orally disintegrating tab 2</i>	
<i>see tretinoin cream 0.1%</i>	83	<i>mg</i>	60
<i>see tretinoin gel 0.01%</i>	84	<i>risperidone orally disintegrating tab 3</i>	
<i>see tretinoin gel 0.025%</i>	84	<i>mg</i>	61
RETROVIR		<i>risperidone orally disintegrating tab 4</i>	
<i>see zidovudine cap 100 mg</i>	68	<i>mg</i>	61
<i>see zidovudine syrup 10 mg/ml</i>	68	<i>risperidone soln 1 mg/ml</i>	61
RETROVIR INJ 10MG/ML	67	<i>risperidone tab 0.25 mg</i>	61
REVATIO		<i>risperidone tab 0.5 mg</i>	61
<i>see sildenafil citrate tab 20 mg</i>	73	<i>risperidone tab 1 mg</i>	61
REVLIMID CAP 10MG	128	<i>risperidone tab 2 mg</i>	61
REVLIMID CAP 15MG	128	<i>risperidone tab 3 mg</i>	61
REVLIMID CAP 25MG	128	<i>risperidone tab 4 mg</i>	61
REVLIMID CAP 5MG	128	RITALIN	
REYATAZ		<i>see methylphenidate hcl tab 10 mg</i> 20	
<i>see atazanavir sulfate cap 200 mg</i>		<i>see methylphenidate hcl tab 20 mg</i> 20	
<i>(base equiv)</i>	65	<i>see methylphenidate hcl tab 5 mg</i> .20	
<i>see atazanavir sulfate cap 300 mg</i>		<i>ritonavir tab 100 mg</i>	67
<i>(base equiv)</i>	65	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
REYATAZ POW 50MG	67	<i>equivalent)</i>	138
RHOGAM PLUS INJ 300MCG	136	<i>rivastigmine tartrate cap 3 mg (base</i>	
RHOPHYLAC INJ 1500/2ML	136	<i>equivalent)</i>	138

<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	138	<i>rufinamide susp 40 mg/ml</i>	38
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	138	<i>rufinamide tab 200 mg</i>	38
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	139	<i>rufinamide tab 400 mg</i>	38
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	138	RUKOBIA TAB 600MG ER.....	67
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	139	RYBELSUS TAB 14MG	45
RIXUBIS INJ 1000UNIT	96	RYBELSUS TAB 3MG	44
RIXUBIS INJ 2000UNIT	96	RYBELSUS TAB 7MG	45
RIXUBIS INJ 250 UNIT.....	96	S	
RIXUBIS INJ 3000UNIT	96	SABRIL	
RIXUBIS INJ 500UNIT.....	96	see <i>vigabatrin powd pack 500 mg</i> ..	39
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	126	see <i>vigabatrin tab 500 mg</i>	39
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	126	see <i>vigadrone pow 500mg</i>	39
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	126	SAFESKIN MIS GLOVES.....	121
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	126	SALAGEN	
ROBINUL		see <i>pilocarpine hcl tab 5 mg</i>	130
see <i>glycopyrrolate tab 1 mg</i>	143	see <i>pilocarpine hcl tab 7.5 mg</i>	130
ROBINUL FORTE		<i>saline nasal spray 0.65%</i>	132
see <i>glycopyrrolate tab 2 mg</i>	143	<i>salsalate tab 500 mg</i>	24
ROCALTROL		<i>salsalate tab 750 mg</i>	24
see <i>calcitriol cap 0.25 mcg</i>	92	SANDIMMUNE	
see <i>calcitriol cap 0.5 mcg</i>	92	see <i>cyclosporine cap 100 mg</i>	128
<i>ropinirole hydrochloride tab 0.25 mg</i> 59		see <i>cyclosporine cap 25 mg</i>	128
<i>ropinirole hydrochloride tab 0.5 mg</i> ..59		SANDIMMUNE SOL 100MG/ML.....	129
<i>ropinirole hydrochloride tab 1 mg</i>	59	SANDOSTATIN	
<i>ropinirole hydrochloride tab 2 mg</i>	59	see <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	93
<i>ropinirole hydrochloride tab 3 mg</i>	59	SANDOSTATIN KIT LAR 10MG.....	93
<i>ropinirole hydrochloride tab 4 mg</i>	59	SANDOSTATIN KIT LAR 20MG.....	93
<i>ropinirole hydrochloride tab 5 mg</i>	59	SANDOSTATIN KIT LAR 30MG.....	93
<i>rosadan cre 0.75%</i>	88	SANTYL OIN 250/GM	87
<i>rosadan gel 0.75%</i>	88	SAPHRIS	
<i>rosuvastatin calcium tab 10 mg</i>	50	see <i>asenapine maleate sl tab 10 mg (base equiv)</i>	61
<i>rosuvastatin calcium tab 20 mg</i>	50	see <i>asenapine maleate sl tab 5 mg (base equiv)</i>	61
<i>rosuvastatin calcium tab 40 mg</i>	50	<i>scopolamine td patch 72hr 1 mg/3days</i>	48
<i>rosuvastatin calcium tab 5 mg</i>	50	SEASONIQUE	
<i>roweepra tab 500mg</i>	38	see <i>amethia tab</i>	74
ROXICODONE		see <i>ashlyna tab</i>	74
see <i>oxycodone hcl tab 15 mg</i>	26	see <i>camrese tab</i>	75
see <i>oxycodone hcl tab 30 mg</i>	26	see <i>daysee tab</i>	75
		see <i>jaimiess tab</i>	75
		see <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	76
		see <i>simpesse tab</i>	77

SECURE GLOVE MIS LARGE	121	<i>sertraline hcl tab 100 mg</i>	41
SECURE GLOVE MIS MEDIUM.....	121	<i>sertraline hcl tab 25 mg</i>	40
SECURE GLOVE MIS SMALL	121	<i>sertraline hcl tab 50 mg</i>	40
SEGLUROMET TAB 2.5-1000	43	SESAME OIL	74
SEGLUROMET TAB 2.5-500.....	43	<i>setlakin tab</i>	77
SEGLUROMET TAB 7.5-1000	44	<i>sevelamer carbonate tab 800 mg</i>	94
SEGLUROMET TAB 7.5-500.....	44	<i>sf 5000 plus cre 1.1%</i>	129
<i>selegiline hcl cap 5 mg</i>	59	<i>sf gel 1.1%</i>	129
<i>selegiline hcl tab 5 mg</i>	59	SHAMROCK MIS GLOVE LG	121
SELZENTRY		SHAMROCK MIS GLOVE MD	121
<i>see maraviroc tab 150 mg</i>	66	SHAMROCK MIS GLOVE SM	121
<i>see maraviroc tab 300 mg</i>	67	SHAMROCK MIS GLOVE XL	121
SELZENTRY SOL 20MG/ML	67	SHAMROCK MIS GLOVE XS.....	122
SELZENTRY TAB 25MG.....	67	<i>sharobel tab 0.35mg</i>	80
SELZENTRY TAB 75MG.....	67	SHEER ADHESI MIS 3/4	109
SE-NATAL 19 CHW	132	SHEER BANDGE MIS	109
SE-NATAL 19 TAB.....	132	SHEER BANDGE MIS 1	109
<i>sennosides chew tab 15 mg</i>	99	SHEER BANDGE MIS EX-LARGE	109
<i>sennosides-docusate sodium tab 8.6-</i>		SHINGRIX INJ 50/0.5ML.....	146
<i>50 mg</i>	99	SHR BANDAGES MIS.....	109
<i>sennosides syrup 8.8 mg/5ml</i>	99	SHR BANDAGES MIS ASSORTED	109
<i>sennosides tab 25 mg</i>	99	SIDESTREAM MIS MASK.....	125
<i>sennosides tab 8.6 mg</i>	99	SIDESTREAM MIS PED MASK	125
SEROQUEL		SIDESTRM PLS MIS FACE MSK	125
<i>see quetiapine fumarate tab 100 mg</i>		<i>sildenafil citrate tab 20 mg</i>	73
.....	62	SILICONE MSK MIS ADULT	125
<i>see quetiapine fumarate tab 200 mg</i>		SILICONE MSK MIS INFANT	125
.....	62	SILICONE MSK MIS PED	125
<i>see quetiapine fumarate tab 25 mg</i>	62	SILVADENE	
<i>see quetiapine fumarate tab 300 mg</i>		<i>see silver sulfadiazine cream 1%</i> ...	86
.....	62	<i>see ssd cre 1%</i>	86
<i>see quetiapine fumarate tab 400 mg</i>		<i>silver sulfadiazine cream 1%</i>	86
.....	62	<i>simethicone cap 125 mg</i>	93
<i>see quetiapine fumarate tab 50 mg</i>	62	<i>simethicone cap 180 mg</i>	93
SEROQUEL XR		<i>simethicone chew tab 125 mg</i>	94
<i>see quetiapine fumarate tab er 24hr</i>		<i>simethicone chew tab 80 mg</i>	93
<i>150 mg</i>	63	<i>simethicone susp 40 mg/0.6ml</i>	94
<i>see quetiapine fumarate tab er 24hr</i>		<i>simliya tab 28 day</i>	77
<i>200 mg</i>	63	<i>simpesse tab</i>	77
<i>see quetiapine fumarate tab er 24hr</i>		SIMPLICITY KIT COVID-19	90
<i>300 mg</i>	63	<i>simvastatin tab 10 mg</i>	50
<i>see quetiapine fumarate tab er 24hr</i>		<i>simvastatin tab 20 mg</i>	50
<i>400 mg</i>	63	<i>simvastatin tab 40 mg</i>	50
<i>see quetiapine fumarate tab er 24hr</i>		<i>simvastatin tab 5 mg</i>	50
<i>50 mg</i>	62	SINEMET	
<i>sertraline hcl oral concentrate for</i>		<i>see carbidopa & levodopa tab 10-100</i>	
<i>solution 20 mg/ml</i>	40	<i>mg</i>	58

see <i>carbidopa & levodopa tab 25-100 mg</i>	58	<i>sodium chloride soln nebu 7%</i>	82
SINGULAIR		<i>sodium chloride tab 1 gm</i>	128
see <i>montelukast sodium chew tab 4 mg (base equiv)</i>	33	<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	94
see <i>montelukast sodium chew tab 5 mg (base equiv)</i>	33	<i>sodium fluor cre 5000 pls</i>	129
see <i>montelukast sodium tab 10 mg (base equiv)</i>	33	<i>sodium fluor cre 5000 ppm</i>	130
SKIN BARRIER WAF 2-1/4	115	<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	127
SKIN BARRIER WAF 57MM	115	<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	127
SKIN PREP MIS WIPES	115	<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	127
SKYLA IUD 13.5MG	80	<i>sodium fluoride gel 1.1% (0.5% f)</i> ..	130
<i>sm animal chw shapes</i>	131	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	127
<i>sm animal sh chw complete</i>	131	<i>sodium phosphates - enema</i>	99
SM BANDAGES MIS ANTIBACT	109	<i>sodium polystyrene sulfonate powder</i>	129
SM BANDAGES MIS CLEAR	109	SOD OXYBATE SOL 500MG/ML	138
SM BANDAGES MIS CLR SPOT	109	SOFIA2 FLU/ KIT SARS FIA	90
SM BANDAGES MIS FAB 3/4	109	SOFIA 2 SARS KIT ANTIGEN	90
SM BANDAGES MIS FAB XL	109	SOFIA SARS KIT ANTIGEN	90
SM BANDAGES MIS FLEXIBLE	109	SOFOS/VELPAT TAB 400-100	68
SM BANDAGES MIS FOAM	109	SOFT 'N FLEX MIS	110
SM BANDAGES MIS FOAM XL	109	SOOTHENEB MIS MED CUP	125
SM BANDAGES MIS PLASTIC	109	SOOTHENEB MIS MESH CAP	125
SM BANDAGES MIS SHEER	109	SOOTHENEB MIS NBL 100	125
SM BANDAGES MIS SHEER XL	109	<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	57
SM BANDAGES MIS STRNG ST	109	SORESPOT MIS BANDAGES	110
SM BANDAGES MIS WTRSHELD	109	<i>sorine tab 120mg</i>	70
SM GAUZE PAD 2	109	<i>sorine tab 160mg</i>	70
SM GAUZE PAD 4	109	<i>sorine tab 240mg</i>	70
SM KNUCKLE/ MIS FINGERTP	109	<i>sorine tab 80mg</i>	70
<i>sm olopatadi sol 0.2%</i>	135	<i>sotalol hcl (afib/af) tab 120 mg</i>	70
<i>sm omepraza tab 20mg</i>	144	<i>sotalol hcl (afib/af) tab 160 mg</i>	70
<i>sm pain relief tab 500 mg</i>	24	<i>sotalol hcl (afib/af) tab 80 mg</i>	70
SM STERILE PAD 2	110	<i>sotalol hcl tab 120 mg</i>	70
SM STRONG MIS STRIPS	110	<i>sotalol hcl tab 160 mg</i>	70
SM STURDY MIS STRIP	110	<i>sotalol hcl tab 240 mg</i>	70
<i>sod fluoride gel 1.1%</i>	129	<i>sotalol hcl tab 80 mg</i>	70
<i>sodium bicarbonate tab 325 mg</i>	28	SOVALDI TAB 400MG	68
<i>sodium bicarbonate tab 650 mg</i>	28	SPACER/AEROSOL-HOLDING	
<i>sodium chloride hypertonic ophth oint 5%</i>	135	CHAMBERS - DEVICE	125
<i>sodium chloride hypertonic ophth soln 5%</i>	135	SPACER/AEROSOL-HOLDING	
<i>sodium chloride irrigation soln 0.9%</i> ..	94	CHAMBERS - DEVICE- RX	126
<i>sodium chloride soln nebu 0.9%</i>	82	SPEEDY SWAB KIT COVID-19	90
<i>sodium chloride soln nebu 3%</i>	82		

<i>spinosad susp 0.9%</i>	89	STERI-STRIP MIS 1/8	110
<i>spironolactone & hydrochlorothiazide</i>		STOMAHESIVE PST	115
<i>tab 25-25 mg</i>	91	STRATTERA	
<i>spironolactone tab 100 mg</i>	91	see <i>atomoxetine hcl cap 100 mg</i>	
<i>spironolactone tab 25 mg</i>	91	<i>(base equiv)</i>	19
<i>spironolactone tab 50 mg</i>	91	see <i>atomoxetine hcl cap 10 mg (base</i>	
<i>sprintec 28 tab 28 day</i>	77	<i>equiv)</i>	19
SPRYCEL TAB 100MG	57	see <i>atomoxetine hcl cap 18 mg (base</i>	
SPRYCEL TAB 140MG	57	<i>equiv)</i>	19
SPRYCEL TAB 20MG	57	see <i>atomoxetine hcl cap 25 mg (base</i>	
SPRYCEL TAB 50MG	57	<i>equiv)</i>	19
SPRYCEL TAB 70MG	57	see <i>atomoxetine hcl cap 40 mg (base</i>	
SPRYCEL TAB 80MG	57	<i>equiv)</i>	19
<i>sps sus 15gm/60</i>	129	see <i>atomoxetine hcl cap 60 mg (base</i>	
<i>sronyx tab</i>	77	<i>equiv)</i>	19
<i>ssd cre 1%</i>	86	see <i>atomoxetine hcl cap 80 mg (base</i>	
STALEVO 100		<i>equiv)</i>	19
see <i>carbidopa-levodopa-entacapone</i>		STRIBILD TAB	67
<i>tabs 25-100-200 mg</i>	58	STRIVERDI AER 2.5MCG	34
STALEVO 125		STROMECTOL	
see <i>carbidopa-levodopa-entacapone</i>		see <i>ivermectin tab 3 mg</i>	29
<i>tabs 31.25-125-200 mg</i>	58	STRONG STRIP MIS WATERPRF	110
STALEVO 150		SUBLOCADE INJ 100/0.5	27
see <i>carbidopa-levodopa-entacapone</i>		SUBLOCADE INJ 300/1.5	27
<i>tabs 37.5-150-200 mg</i>	59	SUBOXONE	
STALEVO 200		see <i>buprenorphine hcl-naloxone hcl</i>	
see <i>carbidopa-levodopa-entacapone</i>		<i>sl film 12-3 mg (base equiv)</i>	27
<i>tabs 50-200-200 mg</i>	59	see <i>buprenorphine hcl-naloxone hcl</i>	
STALEVO 50		<i>sl film 2-0.5 mg (base equiv)</i>	27
see <i>carbidopa-levodopa-entacapone</i>		see <i>buprenorphine hcl-naloxone hcl</i>	
<i>tabs 12.5-50-200 mg</i>	58	<i>sl film 4-1 mg (base equiv)</i>	27
STALEVO 75		see <i>buprenorphine hcl-naloxone hcl</i>	
see <i>carbidopa-levodopa-entacapone</i>		<i>sl film 8-2 mg (base equiv)</i>	27
<i>tabs 18.75-75-200 mg</i>	58	SUBOXONE MIS 12-3MG	27
<i>stavudine cap 15 mg</i>	67	SUBOXONE MIS 2-0.5MG	27
<i>stavudine cap 20 mg</i>	67	SUBOXONE MIS 4-1MG	27
<i>stavudine cap 30 mg</i>	67	SUBOXONE MIS 8-2MG	27
<i>stavudine cap 40 mg</i>	67	<i>subvenite tab 100mg</i>	38
STEGLATRO TAB 15MG	46	<i>subvenite tab 150mg</i>	38
STEGLATRO TAB 5MG	46	<i>subvenite tab 200mg</i>	38
STERILE GAUZ PAD 2	110	<i>subvenite tab 25mg</i>	38
STERILE PAD 2	110	<i>sucalfate susp 1 gm/10ml</i>	143
STERILE PADS PAD 2	110	<i>sucalfate tab 1 gm</i>	143
STERI-STRIP MIS	110	<i>sulfacetamide sodium lotion 10%</i>	
STERI-STRIP MIS 1	110	<i>(acne)</i>	83
STERI-STRIP MIS 1/2	110	<i>sulfacetamide sodium ophth soln 10%</i>	
STERI-STRIP MIS 1/4	110	.....	134

<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	135	<i>see sunitinib malate cap 25 mg (base equivalent)</i>	57
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	29	<i>see sunitinib malate cap 37.5 mg (base equivalent)</i>	57
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	29	<i>see sunitinib malate cap 50 mg (base equivalent)</i>	57
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	29	<i>syeda tab 3-0.03mg</i>	77
<i>sulfasalazine tab 500 mg</i>	94	SYMBICORT	
<i>sulfasalazine tab delayed release 500 mg</i>	94	<i>see budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> ...	34
<i>sulfatrim pd sus 200-40/5</i>	29	<i>see budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	34
<i>sulindac tab 150 mg</i>	23	SYMDEKO TAB 100-150	140
<i>sulindac tab 200 mg</i>	23	SYMDEKO TAB 50-75MG	140
<i>sumatriptan succinate tab 100 mg</i> ..	126	SYMFI	
<i>sumatriptan succinate tab 25 mg</i>	126	<i>see efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	66
<i>sumatriptan succinate tab 50 mg</i>	126	SYMFI LO	
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	57	<i>see efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	66
<i>sunitinib malate cap 25 mg (base equivalent)</i>	57	SYMJEPI INJ 0.15MG	147
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	57	SYMJEPI INJ 0.3MG	146
<i>sunitinib malate cap 50 mg (base equivalent)</i>	57	SYMTUZA TAB	67
SUPERSTRIP MIS 1	110	SYNAGIS INJ 100MG/ML	136
SURESEAL MIS EX LARGE	110	SYNAGIS INJ 50/0.5ML	136
SURESEAL MIS K	110	SYNAGIS INJ 50MG	136
SURESEAL MIS LARGE	110	SYNALAR	
SUR-FIT NATU WAF 4	115	<i>see fluocinolone acetonide cream 0.025%</i>	86
SUR-FIT NATU WAF 5	115	<i>see fluocinolone acetonide oint 0.025%</i>	86
SURGICAL SPN PAD 2	110	SYNAREL SOL 2MG/ML	92
SURGIKOS MIS GLOV 5.5	122	SYNTHROID TAB 100MCG	142
SURGIKOS MIS GLOV 6.5	122	SYNTHROID TAB 112MCG	142
SURGIKOS MIS GLOV 7.5	122	SYNTHROID TAB 125MCG	142
SURGIKOS MIS GLOV 8.5	122	SYNTHROID TAB 137MCG	142
SURGIKOS MIS GLOVE 6	122	SYNTHROID TAB 150MCG	142
SURGIKOS MIS GLOVE 7	122	SYNTHROID TAB 175MCG	142
SURGIKOS MIS GLOVE 8	122	SYNTHROID TAB 200MCG	142
SURGIKOS MIS GLOVE 9	122	SYNTHROID TAB 25MCG	142
SUSTIVA		SYNTHROID TAB 300MCG	142
<i>see efavirenz cap 200 mg</i>	66	SYNTHROID TAB 50MCG	142
<i>see efavirenz cap 50 mg</i>	65	SYNTHROID TAB 75MCG	142
<i>see efavirenz tab 600 mg</i>	66	SYNTHROID TAB 88MCG	142
SUTENT		SYRINGE/NEEDLE (DISP) 3 ML 22 X 1	124
<i>see sunitinib malate cap 12.5 mg (base equivalent)</i>	57		

SYRINGE/NEEDLE (DISP) 3 ML 25 X 1
124
 SYRINGE (DISPOSABLE) 3 ML124
 SYRINGE (DISPOSABLE) 3 ML - RX124
 SYSTANE ICAP TAB AREDS2130
T
tacrolimus cap 0.5 mg129
tacrolimus cap 1 mg129
tacrolimus cap 5 mg129
tacrolimus oint 0.03%88
tacrolimus oint 0.1%88
 TAGRISSO TAB 40MG56
 TAGRISSO TAB 80MG56
take action tab 1.5mg80
 TAMIFLU
 see *oseltamivir phosphate cap 30 mg*
 (base equiv)68
 see *oseltamivir phosphate cap 45 mg*
 (base equiv)68
 see *oseltamivir phosphate cap 75 mg*
 (base equiv)69
 see *oseltamivir phosphate for susp 6*
 mg/ml (base equiv)69
 TAMIFLU CAP 30MG69
 TAMIFLU CAP 45MG69
 TAMIFLU CAP 75MG69
 TAMIFLU SUS 6MG/ML69
tamoxifen citrate tab 10 mg (base
equivalent)56
tamoxifen citrate tab 20 mg (base
equivalent)56
tamsulosin hcl cap 0.4 mg95
 TARCEVA
 see *erlotinib hcl tab 100 mg (base*
 equivalent)55
 see *erlotinib hcl tab 150 mg (base*
 equivalent)56
 see *erlotinib hcl tab 25 mg (base*
 equivalent)55
tarina fe tab 1/2077
tarina fe tab 1/20 eq77
taztia xt cap 120mg/2472
taztia xt cap 180mg/2472
taztia xt cap 240mg/2472
taztia xt cap 300mg er72
taztia xt cap 360mg/2472
 TDVAX INJ 2-2 LF142

TECFIDERA
 see *dimethyl fumarate capsule*
 delayed release 120 mg139
 see *dimethyl fumarate capsule*
 delayed release 240 mg139
 TEGADERM CNT PAD 3110
 TEGADERM FM PAD 2111
 TEGRETOL
 see *carbamazepine susp 100 mg/5ml*
 37
 see *carbamazepine tab 200 mg*37
 see *epitol tab 200mg*37
 TEGRETOL SUS 100/5ML38
 TEGRETOL TAB 200MG38
 TEGRETOL-XR
 see *carbamazepine tab er 12hr 100*
 mg37
 see *carbamazepine tab er 12hr 200*
 mg37
 see *carbamazepine tab er 12hr 400*
 mg37
 TEGRETOL-XR TAB 100MG38
 TEGRETOL-XR TAB 200MG38
 TEGRETOL-XR TAB 400MG38
 TELFA ADHESV PAD 3111
 TELFA NON-AD PAD 3111
temazepam cap 15 mg98
temazepam cap 30 mg98
temozolomide cap 100 mg55
temozolomide cap 140 mg55
temozolomide cap 180 mg55
temozolomide cap 20 mg55
temozolomide cap 250 mg55
temozolomide cap 5 mg55
 TENIVAC INJ 5-2LF142
tenofovir disoproxil fumarate tab 300
mg67
 TENORETIC 100
 see *atenolol & chlorthalidone tab*
 100-25 mg53
 TENORETIC 50
 see *atenolol & chlorthalidone tab 50-*
 25 mg53
 TENORMIN
 see *atenolol tab 100 mg*69
 see *atenolol tab 25 mg*69
 see *atenolol tab 50 mg*69

<i>terazosin hcl cap 10 mg (base equivalent)</i>	52	<i>tiadylt cap 180mg/24</i>	72
<i>terazosin hcl cap 1 mg (base equivalent)</i>	52	<i>tiadylt cap 240mg/24</i>	72
<i>terazosin hcl cap 2 mg (base equivalent)</i>	52	<i>tiadylt cap 300mg/24</i>	72
<i>terazosin hcl cap 5 mg (base equivalent)</i>	52	<i>tiadylt cap 360mg/24</i>	72
<i>terbinafine hcl cream 1%</i>	85	<i>tiadylt cap 420mg/24</i>	72
<i>terbinafine hcl tab 250 mg</i>	48	<i>tiagabine hcl tab 12 mg</i>	38
<i>terbutaline sulfate tab 2.5 mg</i>	34	<i>tiagabine hcl tab 16 mg</i>	38
<i>terbutaline sulfate tab 5 mg</i>	34	<i>tiagabine hcl tab 2 mg</i>	38
<i>terconazole vaginal cream 0.4%</i>	146	<i>tiagabine hcl tab 4 mg</i>	38
<i>terconazole vaginal cream 0.8%</i>	146	TIAZAC	
<i>terconazole vaginal suppos 80 mg</i> ..	146	<i>see diltiazem hcl extended release beads cap er 24hr 120 mg</i>	71
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	28	<i>see diltiazem hcl extended release beads cap er 24hr 180 mg</i>	71
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	28	<i>see diltiazem hcl extended release beads cap er 24hr 240 mg</i>	71
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	28	<i>see diltiazem hcl extended release beads cap er 24hr 300 mg</i>	71
<i>tetrabenazine tab 12.5 mg</i>	139	<i>see diltiazem hcl extended release beads cap er 24hr 360 mg</i>	71
<i>tetrabenazine tab 25 mg</i>	139	<i>see diltiazem hcl extended release beads cap er 24hr 420 mg</i>	71
THALOMID CAP 100MG	128	<i>see taztia xt cap 120mg/24</i>	72
<i>theophylline elixir 80 mg/15ml</i>	35	<i>see taztia xt cap 180mg/24</i>	72
<i>theophylline soln 80 mg/15ml</i>	35	<i>see taztia xt cap 240mg/24</i>	72
<i>theophylline tab er 12hr 300 mg</i>	35	<i>see taztia xt cap 300mg er</i>	72
<i>theophylline tab er 12hr 450 mg</i>	35	<i>see taztia xt cap 360mg/24</i>	72
<i>theophylline tab er 24hr 400 mg</i>	35	<i>see tiadylt cap 120mg/24</i>	72
<i>theophylline tab er 24hr 600 mg</i>	35	<i>see tiadylt cap 180mg/24</i>	72
THERAGAUZE PAD 2	111	<i>see tiadylt cap 240mg/24</i>	72
THERA M PLUS TAB	130	<i>see tiadylt cap 300mg/24</i>	72
THERA-M TAB	130	<i>see tiadylt cap 360mg/24</i>	72
THEREMS-M TAB	130	<i>see tiadylt cap 420mg/24</i>	72
<i>thiamine hcl tab 100 mg</i>	147	<i>timolol maleate ophth soln 0.25%</i> ..	133
<i>thiamine mononitrate tab 100 mg</i> ..	147	<i>timolol maleate ophth soln 0.5%</i>	133
<i>thioridazine hcl tab 100 mg</i>	64	TIMOPTIC	
<i>thioridazine hcl tab 10 mg</i>	64	<i>see timolol maleate ophth soln 0.25%</i>	133
<i>thioridazine hcl tab 25 mg</i>	64	<i>see timolol maleate ophth soln 0.5%</i>	133
<i>thioridazine hcl tab 50 mg</i>	64	<i>tioconazole vaginal oint 6.5%</i>	146
<i>thiothixene cap 10 mg</i>	65	TIVICAY PD TAB 5MG	67
<i>thiothixene cap 1 mg</i>	65	TIVICAY TAB 10MG	67
<i>thiothixene cap 2 mg</i>	65	TIVICAY TAB 25MG	67
<i>thiothixene cap 5 mg</i>	65	TIVICAY TAB 50MG	67
THRESHOLD MIS IMT	126	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	132
THYROGEN INJ 0.9MG	89		
<i>tiadylt cap 120mg/24</i>	72		

<i>tizanidine hcl tab 4 mg (base equivalent)</i>	132	<i>trandolapril tab 1 mg</i>	51
TOBRADEX		<i>trandolapril tab 2 mg</i>	51
see <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	135	<i>trandolapril tab 4 mg</i>	52
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	135	TRANQUILITY MIS LG GLOVE	122
<i>tobramycin ophth soln 0.3%</i>	134	TRANQUILITY MIS MD GLOVE	122
<i>tolnaftate aerosol pow 1%</i>	85	TRANQUILITY MIS SM GLOVE	122
<i>tolnaftate cream 1%</i>	85	TRANSDERM-SCOP	
<i>tolnaftate powder 1%</i>	85	see <i>scopolamine td patch 72hr 1 mg/3days</i>	48
<i>tolnaftate soln 1%</i>	85	<i>tranylcypramine sulfate tab 10 mg</i> ...	40
<i>tolterodine tartrate tab 1 mg</i>	145	<i>trazodone hcl tab 100 mg</i>	41
<i>tolterodine tartrate tab 2 mg</i>	145	<i>trazodone hcl tab 150 mg</i>	41
TOPAMAX		<i>trazodone hcl tab 50 mg</i>	41
see <i>topiramate tab 100 mg</i>	38	TRELEGY AER 100MCG	34
see <i>topiramate tab 200 mg</i>	38	TRELEGY AER 200MCG	34
see <i>topiramate tab 25 mg</i>	38	<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	73
see <i>topiramate tab 50 mg</i>	38	<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	73
TOPAMAX SPRINKLE		<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	72
see <i>topiramate sprinkle cap 15 mg</i> 38		<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	72
see <i>topiramate sprinkle cap 25 mg</i> 38		<i>tretinoin cap 10 mg</i>	57
<i>topiramate sprinkle cap 15 mg</i>	38	<i>tretinoin cream 0.025%</i>	84
<i>topiramate sprinkle cap 25 mg</i>	38	<i>tretinoin cream 0.05%</i>	83
<i>topiramate tab 100 mg</i>	38	<i>tretinoin cream 0.1%</i>	83
<i>topiramate tab 200 mg</i>	38	<i>tretinoin gel 0.01%</i>	84
<i>topiramate tab 25 mg</i>	38	<i>tretinoin gel 0.025%</i>	84
<i>topiramate tab 50 mg</i>	38	<i>triamcinolone acetonide cream 0.025%</i>	87
TOPPER DRESS MIS	111	<i>triamcinolone acetonide cream 0.1%</i> 87	
TOPROL XL		<i>triamcinolone acetonide cream 0.5%</i> 87	
see <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	69	<i>triamcinolone acetonide dental paste 0.1%</i>	130
see <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	69	<i>triamcinolone acetonide lotion 0.025%</i>	87
see <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	69	<i>triamcinolone acetonide lotion 0.1%</i> .87	
see <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	69	<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	133
<i>toremide tab 100 mg</i>	91	<i>triamcinolone acetonide oint 0.025%</i> 87	
<i>toremide tab 10 mg</i>	91	<i>triamcinolone acetonide oint 0.1%</i> ...87	
<i>toremide tab 20 mg</i>	91	<i>triamcinolone acetonide oint 0.5%</i> ...87	
<i>toremide tab 5 mg</i>	91	TRIAMCINOLON POW ACETONID	87
TRACLEER		<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	91
see <i>bosentan tab 125 mg</i>	73		
see <i>bosentan tab 62.5 mg</i>	73		
TRACLEER TAB 32MG	73		
<i>tramadol hcl tab 50 mg</i>	26		

<i>triamterene & hydrochlorothiazide tab</i>	TRUE METRIX KIT AIR.....	113
37.5-25 mg	TRUE METRIX KIT METER	113
<i>triamterene & hydrochlorothiazide tab</i>	TRUE METRIX TES GLUCOSE	90
75-50 mg	TRULICITY INJ 0.75/0.5	45
<i>triazolam tab 0.125 mg</i>	TRULICITY INJ 1.5/0.5.....	45
<i>triazolam tab 0.25 mg</i>	TRULICITY INJ 3/0.5	45
TRICOR	TRULICITY INJ 4.5/0.5.....	45
see <i>fenofibrate tab 145 mg</i>	TRUSOPT	
see <i>fenofibrate tab 48 mg</i>	see <i>dorzolamide hcl ophth soln 2%</i>	
<i>tri-estaryll tab</i> .....	.....	135
<i>trifluoperazine hcl tab 10 mg (base</i>	TRUSTEX/RIA MIS LUBRICAT	113
<i>equivalent)</i>	TRUSTEX/RIA MIS SPERMICI	113
<i>trifluoperazine hcl tab 1 mg (base</i>	TRUSTEX LUBR MIS ASSORTED.....	112
<i>equivalent)</i>	TRUSTEX LUBR MIS BANANA	112
<i>trifluoperazine hcl tab 2 mg (base</i>	TRUSTEX LUBR MIS CHOC	112
<i>equivalent)</i>	TRUSTEX LUBR MIS COLA	112
<i>trifluoperazine hcl tab 5 mg (base</i>	TRUSTEX LUBR MIS COLORS	112
<i>equivalent)</i>	TRUSTEX LUBR MIS EX LARGE	112
<i>trifluridine ophth soln 1%</i>	TRUSTEX LUBR MIS EX STR.....	112
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	TRUSTEX LUBR MIS GRAPE.....	112
.....	TRUSTEX LUBR MIS MINT.....	113
<i>trihexyphenidyl hcl tab 2 mg</i>	TRUSTEX LUBR MIS RIB/STUD	113
<i>trihexyphenidyl hcl tab 5 mg</i>	TRUSTEX LUBR MIS SPERMICI	113
TRIKAFTA TAB	TRUSTEX LUBR MIS STRWBRY	113
TRILEPTAL	TRUSTEX LUBR MIS VANILLA	113
see <i>oxcarbazepine susp 300 mg/5ml</i>	TRUSTX NON-9 MIS RIB/STUD	113
<i>(60 mg/ml)</i>	TRUVADA	
see <i>oxcarbazepine tab 150 mg</i>	see <i>emtricitabine-tenofovir disoproxil</i>	
see <i>oxcarbazepine tab 300 mg</i>	<i>fumarate tab 100-150 mg</i>	66
see <i>oxcarbazepine tab 600 mg</i>	see <i>emtricitabine-tenofovir disoproxil</i>	
<i>tri-linyah tab</i>	<i>fumarate tab 133-200 mg</i>	66
<i>tri-lo-mili tab</i>	see <i>emtricitabine-tenofovir disoproxil</i>	
<i>tri-lo tab estaryll</i>	<i>fumarate tab 167-250 mg</i>	66
<i>tri-lo- tab marzia</i>	see <i>emtricitabine-tenofovir disoproxil</i>	
<i>tri-lo- tab sprintec</i>	<i>fumarate tab 200-300 mg</i>	66
<i>trimethoprim tab 100 mg</i>	TRUVADA TAB 200-300.....	67
<i>tri-mili tab</i>	TUBE CLEANIN MIS BRUSH.....	126
TRINATAL RX TAB 1.....	TWINRIX INJ	146
<i>tri-nymyo tab</i>	TYBOST TAB 150MG	67
<i>tri-sprintec tab</i>	TYKERB	
TRIUMEQ PD TAB	see <i>lapatinib ditosylate tab 250 mg</i>	
TRIUMEQ TAB.....	<i>(base equiv)</i>	57
<i>trivora-28 tab</i>	TYMLOS INJ	92
<i>tri-vylibra tab</i>	U	
<i>tri-vylibra tab lo</i>	UDAMIN SP TAB	130
TRIZIVIR TAB.....	ULTRA-SOFT MIS GLOVES	122
<i>tropium chloride tab 20 mg</i>	UNIFIBER POW	98

UPTRAVI TAB 1000MCG	73	<i>valproate sodium oral soln 250 mg/5ml</i>	
UPTRAVI TAB 1200MCG	73	<i>(base equiv)</i>	39
UPTRAVI TAB 1400MCG	73	<i>valproic acid cap 250 mg</i>	39
UPTRAVI TAB 1600MCG	73	<i>valsartan-hydrochlorothiazide tab 160-</i>	
UPTRAVI TAB 200MCG	73	<i>12.5 mg</i>	54
UPTRAVI TAB 400MCG	73	<i>valsartan-hydrochlorothiazide tab 160-</i>	
UPTRAVI TAB 600MCG	73	<i>25 mg</i>	54
UPTRAVI TAB 800MCG	73	<i>valsartan-hydrochlorothiazide tab 320-</i>	
UROCIT-K 10		<i>12.5 mg</i>	54
see <i>potassium citrate tab er 10 meq</i>		<i>valsartan-hydrochlorothiazide tab 320-</i>	
<i>(1080 mg)</i>	94	<i>25 mg</i>	54
UROCIT-K 15		<i>valsartan-hydrochlorothiazide tab 80-</i>	
see <i>potassium citrate tab er 15 meq</i>		<i>12.5 mg</i>	54
<i>(1620 mg)</i>	94	<i>valsartan tab 160 mg</i>	52
UROCIT-K 5		<i>valsartan tab 320 mg</i>	52
see <i>potassium citrate tab er 5 meq</i>		<i>valsartan tab 40 mg</i>	52
<i>(540 mg)</i>	94	<i>valsartan tab 80 mg</i>	52
UROST POUCH MIS 1-3/4	115	VALTOCO SPR 10MG.....	36
UROST POUCH MIS 22MM.....	115	VALTOCO SPR 15MG.....	36
UROST POUCH MIS 3/4	115	VALTOCO SPR 20MG.....	36
UROXATRAL		VALTOCO SPR 5MG	36
see <i>alfuzosin hcl tab er 24hr 10 mg</i>		VALTRESX	
.....	95	see <i>valacyclovir hcl tab 1 gm</i>	68
URSO 250		see <i>valacyclovir hcl tab 500 mg</i>	68
see <i>ursodiol tab 250 mg</i>	94	VAQTA INJ 25/0.5ML	146
<i>ursodiol cap 300 mg</i>	94	VAQTA INJ 50UNT/ML	146
<i>ursodiol tab 250 mg</i>	94	<i>varenicline tartrate tab 0.5 mg (base</i>	
<i>ursodiol tab 500 mg</i>	94	<i>equiv)</i>	140
URSO FORTE		<i>varenicline tartrate tab 11 x 0.5 mg &</i>	
see <i>ursodiol tab 500 mg</i>	94	<i>42 x 1 mg start pack</i>	140
V		<i>varenicline tartrate tab 1 mg (base</i>	
<i>valacyclovir hcl tab 1 gm</i>	68	<i>equiv)</i>	140
<i>valacyclovir hcl tab 500 mg</i>	68	VARIETY PACK MIS BANDAGES	111
VALCYTE		VASERETIC	
see <i>valganciclovir hcl for soln 50</i>		see <i>enalapril maleate &</i>	
<i>mg/ml (base equiv)</i>	68	<i>hydrochlorothiazide tab 10-25 mg</i>	
see <i>valganciclovir hcl tab 450 mg</i>		.....	53
<i>(base equivalent)</i>	68	VASOTEC	
<i>valganciclovir hcl for soln 50 mg/ml</i>		see <i>enalapril maleate tab 10 mg</i>	51
<i>(base equiv)</i>	68	see <i>enalapril maleate tab 2.5 mg</i> ...51	
<i>valganciclovir hcl tab 450 mg (base</i>		see <i>enalapril maleate tab 20 mg</i>....51	
<i>equivalent)</i>	68	see <i>enalapril maleate tab 5 mg</i>	51
VALIUM		VAXNEUVANCE INJ	145
see <i>diazepam tab 10 mg</i>	32	<i>velivet pak</i>	78
see <i>diazepam tab 2 mg</i>	31	VELTASSA POW 16.8GM.....	129
see <i>diazepam tab 5 mg</i>	32	VELTASSA POW 25.2GM.....	129
		VELTASSA POW 8.4GM.....	129

VEMLIDY TAB 25MG	68	VINYL GLOVES MIS ONE SIZE	122
<i>venlafaxine hcl cap er 24hr 150 mg</i>		VINYL GLOVES MIS SMALL	123
<i>(base equivalent)</i>	41	VIOKACE TAB 10440	90
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>		VIOKACE TAB 20880	90
<i>(base equivalent)</i>	41	<i>viorele tab</i>	78
<i>venlafaxine hcl cap er 24hr 75 mg</i>		VIRACEPT TAB 250MG	67
<i>(base equivalent)</i>	41	VIRACEPT TAB 625MG	67
<i>venlafaxine hcl tab 100 mg (base</i>		VIREAD	
<i>equivalent)</i>	41	<i>see tenofovir disoproxil fumarate tab</i>	
<i>venlafaxine hcl tab 25 mg (base</i>		<i>300 mg</i>	67
<i>equivalent)</i>	41	VIREAD POW 40MG/GM	67
<i>venlafaxine hcl tab 37.5 mg (base</i>		VIREAD TAB 150MG	67
<i>equivalent)</i>	41	VIREAD TAB 200MG	68
<i>venlafaxine hcl tab 50 mg (base</i>		VIREAD TAB 250MG	68
<i>equivalent)</i>	41	VISTARIL	
<i>venlafaxine hcl tab 75 mg (base</i>		<i>see hydroxyzine pamoate cap 50 mg</i>	
<i>equivalent)</i>	41	.....	31
<i>verapamil hcl tab 120 mg</i>	72	VITAFOL-OB TAB 65-1MG	132
<i>verapamil hcl tab 40 mg</i>	72	VITAMI A-C-D DRO INF/TODD	131
<i>verapamil hcl tab 80 mg</i>	72	VIVITROL INJ 380MG	47
<i>verapamil hcl tab er 120 mg</i>	72	<i>volnea tab</i>	78
<i>verapamil hcl tab er 180 mg</i>	72	VOSEVI TAB	68
<i>verapamil hcl tab er 240 mg</i>	72	VRAYLAR CAP 1.5-3MG	59
<i>vestura tab 3-0.02mg</i>	78	VRAYLAR CAP 1.5MG	59
<i>vienva tab 0.1-20</i>	78	VRAYLAR CAP 3MG	59
<i>vigabatrin powd pack 500 mg</i>	39	VRAYLAR CAP 4.5MG	59
<i>vigabatrin tab 500 mg</i>	39	VRAYLAR CAP 6MG	59
<i>vigadrone pow 500mg</i>	39	<i>vyfemla tab 0.4-35</i>	78
VIGAMOX		<i>vylibra tab 0.25-35</i>	78
<i>see moxifloxacin hcl ophth soln 0.5%</i>		W	
<i>(base equiv)</i>	134	<i>warfarin sodium tab 10 mg</i>	35
VIMPAT		<i>warfarin sodium tab 1 mg</i>	35
<i>see lacosamide tab 100 mg</i>	37	<i>warfarin sodium tab 2.5 mg</i>	35
<i>see lacosamide tab 150 mg</i>	37	<i>warfarin sodium tab 2 mg</i>	35
<i>see lacosamide tab 200 mg</i>	37	<i>warfarin sodium tab 3 mg</i>	35
<i>see lacosamide tab 50 mg</i>	37	<i>warfarin sodium tab 4 mg</i>	35
VINATE II TAB	132	<i>warfarin sodium tab 5 mg</i>	35
VINATE ONE TAB	132	<i>warfarin sodium tab 6 mg</i>	35
VINYL EXAM MIS GLOVE LG	122	<i>warfarin sodium tab 7.5 mg</i>	35
VINYL EXAM MIS GLOVE MD	122	<i>water for irrigation, sterile irrigation</i>	
VINYL EXAM MIS GLOVES	122	<i>soln</i>	129
VINYL EXAM MIS GLOVE XL	122	WATERPROOF MIS BANDAGES	111
VINYL EXAM MIS GLOVE XS	122	WELLBUTRIN SR	
VINYL GLOVES MIS	122	<i>see bupropion hcl tab er 12hr 100</i>	
VINYL GLOVES MIS GEN PURP	122	<i>mg</i>	40
VINYL GLOVES MIS LARGE	122	<i>see bupropion hcl tab er 12hr 150</i>	
VINYL GLOVES MIS MEDIUM	122	<i>mg</i>	40

see *bupropion hcl tab er 12hr 200 mg*40
 WELLBUTRIN XL
 see *bupropion hcl tab er 24hr 150 mg*40
 see *bupropion hcl tab er 24hr 300 mg*40
wera tab 0.5/3578
wes-phos 250 tab neutral127
wheat dextrin oral powder99
white petrolatum-mineral oil ophth ointment133
 WINDMILL MIS TRAINER126
 WING TIP MIS TUBING126
wixela inhub aer 100/5035
wixela inhub aer 250/5035
wixela inhub aer 500/5035
 WTERPRF BAND MIS CLEAR111
X
 XALATAN
 see *latanoprost ophth soln 0.005%*135
 XANAX
 see *alprazolam tab 0.25 mg*31
 see *alprazolam tab 0.5 mg*31
 see *alprazolam tab 1 mg*31
 see *alprazolam tab 2 mg*31
 XELJANZ SOL 1MG/ML21
 XELJANZ TAB 10MG21
 XELJANZ TAB 5MG21
 XELJANZ XR TAB 11MG21
 XELJANZ XR TAB 22MG21
 XELODA
 see *capecitabine tab 150 mg*55
 see *capecitabine tab 500 mg*55
 XENAZINE
 see *tetrabenazine tab 12.5 mg*139
 see *tetrabenazine tab 25 mg*139
 XOLAIR INJ 150MG/ML33
 XOLAIR INJ 75/0.533
 XOLAIR SOL 150MG33
 XPRT XPRESS KIT COV-290
xulane dis 150-3578
 XYREM SOL 500MG/ML138

Y
 YASMIN 28

see *drospirenone-ethinyl estradiol tab 3-0.03 mg*75
 see *ocella tab 3-0.03mg*77
 see *syeda tab 3-0.03mg*77
 see *zumandimine tab 3-0.03mg*78
 YAZ
 see *drospirenone-ethinyl estradiol tab 3-0.02 mg*75
 see *jasmiel tab 3-0.02mg*75
 see *loryna tab 3-0.02mg*76
 see *lo-zumandimi tab 3-0.02mg*76
 see *nikki tab 3-0.02mg*76
 see *vestura tab 3-0.02mg*78
 YAZ TAB 3-0.02MG78
Z
zafemy dis 150/3578
 ZANAFLEX
 see *tizanidine hcl tab 4 mg (base equivalent)*132
 ZARONTIN
 see *ethosuximide cap 250 mg*39
 see *ethosuximide soln 250 mg/5ml* 39
 ZARXIO INJ 300/0.597
 ZARXIO INJ 480/0.897
 ZEMAIRA INJ 1000MG140
 ZENPEP CAP 15000UNT90
 ZENPEP CAP 20000UNT90
 ZENPEP CAP 25000UNT90
 ZENPEP CAP 3000UNIT90
 ZENPEP CAP 40000UNT91
 ZENPEP CAP 5000UNIT90
zenzedi tab 10mg18
zenzedi tab 5mg18
 ZEPATIER TAB 50-100MG68
 ZESTORETIC
 see *lisinopril & hydrochlorothiazide tab 10-12.5 mg*53
 see *lisinopril & hydrochlorothiazide tab 20-12.5 mg*54
 see *lisinopril & hydrochlorothiazide tab 20-25 mg*54
 ZESTRIL
 see *lisinopril tab 10 mg*51
 see *lisinopril tab 2.5 mg*51
 see *lisinopril tab 20 mg*51
 see *lisinopril tab 30 mg*51
 see *lisinopril tab 40 mg*51

see <i>lisinopril tab 5 mg</i>	51	see <i>sertraline hcl tab 25 mg</i>	40
ZETIA		see <i>sertraline hcl tab 50 mg</i>	40
see <i>ezetimibe tab 10 mg</i>	50	<i>zolpidem tartrate tab 10 mg</i>	98
ZIAC		<i>zolpidem tartrate tab 5 mg</i>	98
see <i>bisoprolol & hydrochlorothiazide</i>		ZONEGRAN	
<i>tab 10-6.25 mg</i>	53	see <i>zonisamide cap 100 mg</i>	38
see <i>bisoprolol & hydrochlorothiazide</i>		see <i>zonisamide cap 25 mg</i>	38
<i>tab 2.5-6.25 mg</i>	53	<i>zonisamide cap 100 mg</i>	38
see <i>bisoprolol & hydrochlorothiazide</i>		<i>zonisamide cap 25 mg</i>	38
<i>tab 5-6.25 mg</i>	53	<i>zonisamide cap 50 mg</i>	38
ZIAGEN		<i>zovia 1/35 tab</i>	78
see <i>abacavir sulfate soln 20 mg/ml</i>		ZOVIRAX	
<i>(base equiv)</i>	65	see <i>acyclovir oint 5%</i>	86
see <i>abacavir sulfate tab 300 mg</i>		see <i>acyclovir susp 200 mg/5ml</i>	68
<i>(base equiv)</i>	65	ZUBSOLV SUB 0.7-0.18	28
<i>zidovudine cap 100 mg</i>	68	ZUBSOLV SUB 1.4-0.36	28
<i>zidovudine syrup 10 mg/ml</i>	68	ZUBSOLV SUB 11.4-2.9	28
<i>zidovudine tab 300 mg</i>	68	ZUBSOLV SUB 2.9-0.71	28
ZIEXTENZO INJ 6/0.6ML	97	ZUBSOLV SUB 5.7-1.4.....	28
ZIMHI SOL.....	47	ZUBSOLV SUB 8.6-2.1.....	28
<i>zinc sulfate cap 220 mg (50 mg</i>		<i>zumandimine tab 3-0.03mg</i>	78
<i>elemental zn)</i>	128	ZYLOPRIM	
<i>ziprasidone hcl cap 20 mg</i>	59	see <i>allopurinol tab 100 mg</i>	95
<i>ziprasidone hcl cap 40 mg</i>	60	see <i>allopurinol tab 300 mg</i>	95
<i>ziprasidone hcl cap 60 mg</i>	60	ZYPREXA	
<i>ziprasidone hcl cap 80 mg</i>	60	see <i>olanzapine tab 10 mg</i>	62
ZITHROMAX		see <i>olanzapine tab 15 mg</i>	62
see <i>azithromycin for susp 100</i>		see <i>olanzapine tab 2.5 mg</i>	62
<i>mg/5ml</i>	100	see <i>olanzapine tab 20 mg</i>	62
see <i>azithromycin for susp 200</i>		see <i>olanzapine tab 5 mg</i>	62
<i>mg/5ml</i>	100	see <i>olanzapine tab 7.5 mg</i>	62
see <i>azithromycin tab 250 mg</i>	100	ZYPREXA RELP INJ 210MG.....	63
see <i>azithromycin tab 500 mg</i>	100	ZYPREXA RELP INJ 300MG.....	63
ZOCOR		ZYPREXA RELP INJ 405MG.....	63
see <i>simvastatin tab 10 mg</i>	50	ZYTIGA	
see <i>simvastatin tab 20 mg</i>	50	see <i>abiraterone acetate tab 250 mg</i>	
see <i>simvastatin tab 40 mg</i>	50	.....	56
ZOLOFT		ZYVOX	
see <i>sertraline hcl oral concentrate for</i>		see <i>linezolid for susp 100 mg/5ml</i> .29	
<i>solution 20 mg/ml</i>	40	see <i>linezolid tab 600 mg</i>	29
see <i>sertraline hcl tab 100 mg</i>	41		