

Preferred Drug List

Molina Healthcare of New York, Inc.



2022

*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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Your Extended Family

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Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

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

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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.....	20
AMPHETAMINES	20
ANALEPTICS	21
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	21
STIMULANTS - MISC.	22
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS.....	23
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	23
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS	23
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	23
ANTIRHEUMATIC - ENZYME INHIBITORS	24
INTERLEUKIN-6 RECEPTOR INHIBITORS.....	24
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	24
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS.....	25
PYRIMIDINE SYNTHESIS INHIBITORS	25
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS.....	25
ANALGESICS - NONNARCOTIC	25
ANALGESIC COMBINATIONS	25
ANALGESICS OTHER	26
SALICYLATES	26
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN	26
OPIOID AGONISTS.....	26
OPIOID COMBINATIONS.....	28
OPIOID PARTIAL AGONISTS.....	29
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES ..	29
ANDROGENS	29
ANORECTAL AND RELATED PRODUCTS	29
INTRARECTAL STEROIDS.....	29
RECTAL COMBINATIONS.....	29
RECTAL LOCAL ANESTHETICS	29
RECTAL STEROIDS.....	29

ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID	29
ANTACID COMBINATIONS.....	29
ANTACIDS - BICARBONATE.....	30
ANTACIDS - CALCIUM SALTS	30
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES....	30
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	30
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS..	30
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	30
ANTI-INFECTIVE MISC. - COMBINATIONS.....	30
ANTIPROTOZOAL AGENTS	30
GLYCOPEPTIDES.....	30
LEPROSTATICS.....	30
LINCOSAMIDES	30
OXAZOLIDINONES	31
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS	31
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS.....	31
ANTIANGINALS-OTHER.....	31
NITRATES	31
ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY	32
ANTIANSXIETY AGENTS - MISC.	32
BENZODIAZEPINES.....	32
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS	33
ANTIARRHYTHMICS TYPE I-A	33
ANTIARRHYTHMICS TYPE I-B	33
ANTIARRHYTHMICS TYPE I-C	33
ANTIARRHYTHMICS TYPE III	34
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE.....	34
ANTI-INFLAMMATORY AGENTS	34
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	34
BRONCHODILATORS - ANTICHOLINERGICS	34
LEUKOTRIENE MODULATORS	34
STEROID INHALANTS	34
SYMPATHOMIMETICS	34
XANTHINES	35
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS	36
COUMARIN ANTICOAGULANTS	36
DIRECT FACTOR XA INHIBITORS	36
HEPARINS AND HEPARINOID-LIKE AGENTS	36
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES.....	37
ANTICONVULSANTS - BENZODIAZEPINES.....	37
ANTICONVULSANTS - MISC.	37
GABA MODULATORS	39
HYDANTOINS	39
SUCCINIMIDES.....	39
VALPROIC ACID.....	40

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	40
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	40
ANTIDEPRESSANTS - MISC.	40
MONOAMINE OXIDASE INHIBITORS (MAOIS)	40
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	40
SEROTONIN MODULATORS	41
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	41
TRICYCLIC AGENTS.....	42
ANTIDIABETICS - DRUGS TO TREAT DIABETES	43
ALPHA-GLUCOSIDASE INHIBITORS	43
ANTIDIABETIC COMBINATIONS	43
BIGUANIDES	44
DIABETIC OTHER.....	44
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	44
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS).....	45
INSULIN	45
INSULIN SENSITIZING AGENTS.....	46
MEGLITINIDE ANALOGUES.....	46
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS.....	46
SULFONYLUREAS	46
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA	47
.....	47
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....	47
ANTIPERISTALTIC AGENTS	47
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE	47
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	50
BILE ACID SEQUESTRANTS	50
FIBRIC ACID DERIVATIVES	50
HMG COA REDUCTASE INHIBITORS	50
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS.....	51

PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	51
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE ..	51
ACE INHIBITORS	51
ANGIOTENSIN II RECEPTOR ANTAGONISTS	51
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.....	54
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	54
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER	55
ALKYLATING AGENTS	55
ANTIMETABOLITES	55
ANTINEOPLASTIC - EGFR INHIBITORS	55
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....	55
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	57
ANTIPARKINSON ANTICHOLINERGICS.....	57
ANTIPARKINSON COMT INHIBITORS	57
ANTIPARKINSON DOPAMINERGICS	58
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	59
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES	59
ANTIMANIC AGENTS	59
ANTIPSYCHOTICS - MISC.	59
BENZISOXAZOLES	59
BUTYROPHENONES	61
DIBENZAPINES.....	61
PHENOTHIAZINES.....	63
QUINOLINONE DERIVATIVES	64
THIOXANTHENES	64
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT	65
CHLORINE ANTISEPTICS	65
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....	65
ANTIRETROVIRALS	65
CMV AGENTS	67
HEPATITIS AGENTS.....	67

HERPES AGENTS	68
INFLUENZA AGENTS.....	68
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS.....	68
ALPHA-BETA BLOCKERS	68
BETA BLOCKERS CARDIO-SELECTIVE.....	68
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.....	71
CARDIAC GLYCOSIDES.....	71
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	72
PROSTAGLANDIN VASODILATORS	72
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS ...	72
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	72
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST.....	72
SINUS NODE INHIBITORS.....	73
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS.....	73
CEPHALOSPORINS - 1ST GENERATION.....	73
CEPHALOSPORINS - 2ND GENERATION	73
CEPHALOSPORINS - 3RD GENERATION	73
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING.....	73
BULK CHEMICALS - B'S	73
BULK CHEMICALS - E'S.....	73
BULK CHEMICALS - H'S	73
BULK CHEMICALS - P'S.....	73
LIQUIDS.....	73
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	73
COMBINATION CONTRACEPTIVES - ORAL.....	73
COMBINATION CONTRACEPTIVES - TRANSDERMAL.....	77
COMBINATION CONTRACEPTIVES - VAGINAL	78
EMERGENCY CONTRACEPTIVES	78
PROGESTIN CONTRACEPTIVES - INJECTABLE.....	78
PROGESTIN CONTRACEPTIVES - IUD	78
PROGESTIN CONTRACEPTIVES - ORAL	78
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	78
GLUCOCORTICOSTEROIDS	78
MINERALOCORTICIDS.....	79
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS	79
ANTITUSSIVES	79
COUGH/COLD/ALLERGY COMBINATIONS	80
EXPECTORANTS.....	80
MISC. RESPIRATORY INHALANTS.....	80

MUCOLYTICS.....	80
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS.....	80
ACNE PRODUCTS.....	80
ANTI-INFLAMMATORY AGENTS - TOPICAL.....	82
ANTIBIOTICS - TOPICAL.....	82
ANTIFUNGALS - TOPICAL.....	82
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	83
ANTIPSORIATICS.....	83
ANTIVIRALS - TOPICAL.....	83
BURN PRODUCTS.....	83
CORTICOSTEROIDS - TOPICAL.....	83
EMOLLIENTS.....	85
IMMUNOMODULATING AGENTS - TOPICAL.....	85
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	85
KERATOLYTIC/ANTIMITOTIC AGENTS.....	85
LOCAL ANESTHETICS - TOPICAL.....	85
MISC. TOPICAL.....	85
ROSACEA AGENTS.....	86
SCABICIDES & PEDICULICIDES.....	86
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS.....	86
DIAGNOSTIC DRUGS.....	86
DIAGNOSTIC TESTS.....	86
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	87
DIGESTIVE ENZYMES.....	87
DIURETICS - DRUGS TO TREAT HEART CONDITIONS.....	87
CARBONIC ANHYDRASE INHIBITORS.....	87
DIURETIC COMBINATIONS.....	87
LOOP DIURETICS.....	88
POTASSIUM SPARING DIURETICS.....	88
THIAZIDES AND THIAZIDE-LIKE DIURETICS.....	88
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES.....	88
BONE DENSITY REGULATORS.....	88
FERTILITY REGULATORS.....	89
GROWTH HORMONES.....	89
HORMONE RECEPTOR MODULATORS.....	89
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS).....	89
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS.....	89
METABOLIC MODIFIERS.....	89
POSTERIOR PITUITARY HORMONES.....	89
PROLACTIN INHIBITORS.....	89
SOMATOSTATIC AGENTS.....	89
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....	90
ESTROGEN COMBINATIONS.....	90
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....	90
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	90

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	90
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS	90
ANTIFLATULENTS	90
GALLSTONE SOLUBILIZING AGENTS	90
GASTROINTESTINAL STIMULANTS	90
INFLAMMATORY BOWEL AGENTS	91
INTESTINAL ACIDIFIERS	91
PHOSPHATE BINDER AGENTS.....	91
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS	91
ALKALINIZERS	91
GENITOURINARY IRRIGANTS	91
PROSTATIC HYPERTROPHY AGENTS	91
URINARY ANALGESICS	91
GOUT AGENTS - DRUGS TO TREAT GOUT.....	91
GOUT AGENT COMBINATIONS.....	91
GOUT AGENTS - DRUGS TO TREAT GOUT	92
URICOSURICS.....	92
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS	92
ANTIHEMOPHILIC PRODUCTS.....	92
HEMATORHEOLOGIC AGENTS.....	93
PLATELET AGGREGATION INHIBITORS	93
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS ...	93
COBALAMINS	93
FOLIC ACID/FOLATES.....	93
HEMATOPOIETIC GROWTH FACTORS.....	93
HEMATOPOIETIC MIXTURES.....	93
IRON.....	94
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS.....	94
ANTI-HISTAMINE HYPNOTICS.....	94
BARBITURATE HYPNOTICS.....	94
NON-BARBITURATE HYPNOTICS	95
LAXATIVES - DRUGS TO TREAT CONSTIPATION.....	95
BULK LAXATIVES	95
LAXATIVE COMBINATIONS.....	95
LAXATIVES - MISCELLANEOUS	96
LUBRICANT LAXATIVES	96
SALINE LAXATIVES	96
STIMULANT LAXATIVES	96
SURFACTANT LAXATIVES.....	96
MACROLIDES - DRUGS TO TREAT INFECTIONS	96
AZITHROMYCIN	96
CLARITHROMYCIN	97
ERYTHROMYCINS.....	97

MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING.....	97
BANDAGES-DRESSINGS-TAPE	97
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	98
DIABETIC SUPPLIES.....	99
GI-GU OSTOMY & IRRIGATION SUPPLIES	99
MISC. DEVICES	100
PARENTERAL THERAPY SUPPLIES.....	103
RESPIRATORY THERAPY SUPPLIES	104
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES	104
SEROTONIN AGONISTS	104
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION.....	105
CALCIUM	105
ELECTROLYTE MIXTURES.....	106
FLUORIDE.....	106
MAGNESIUM	106
PHOSPHATE	106
POTASSIUM	106
SODIUM	106
ZINC	106
MISCELLANEOUS THERAPEUTIC CLASSES.....	106
CHELATING AGENTS	106
IMMUNOMODULATORS	107
IMMUNOSUPPRESSIVE AGENTS.....	107
IRRIGATION SOLUTIONS	107
POTASSIUM REMOVING AGENTS	107
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	108
ANESTHETICS TOPICAL ORAL.....	108
ANTI-INFECTIVES - THROAT	108
ANTISEPTICS - MOUTH/THROAT	108
DENTAL PRODUCTS	108
STEROIDS - MOUTH/THROAT/DENTAL.....	108
THROAT PRODUCTS - MISC.	108
MULTIVITAMINS - DRUGS FOR NUTRITION	108
B-COMPLEX W/ FOLIC ACID	108
MULTIPLE VITAMINS W/ IRON	108
MULTIPLE VITAMINS W/ MINERALS.....	108
MULTIVITAMINS - DRUGS FOR NUTRITION	109
PED MULTI VITAMINS W/FL & FE	109
PED MULTIPLE VITAMINS W/ MINERALS	109
PED MV W/ FLUORIDE	109
PED MV W/ IRON	109
PEDIATRIC MULTIPLE VITAMINS.....	109
PEDIATRIC VITAMINS.....	109
PRENATAL VITAMINS	109

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS	110
CENTRAL MUSCLE RELAXANTS	110
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	110
NASAL AGENTS - MISC.....	110
NASAL ANTIALLERGY	110
NASAL ANTICHOLINERGICS	110
NASAL STEROIDS	111
SYMPATHOMIMETIC DECONGESTANTS	111
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS.....	111
ARTIFICIAL TEARS AND LUBRICANTS.....	111
BETA-BLOCKERS - OPHTHALMIC.....	111
CYCLOPLEGIC MYDRIATICS.....	111
MIOTICS.....	112
OPHTHALMIC ADRENERGIC AGENTS	112
OPHTHALMIC ANTI-INFECTIVES	112
OPHTHALMIC INTEGRIN ANTAGONISTS.....	112
OPHTHALMIC LOCAL ANESTHETICS	112
OPHTHALMIC STEROIDS.....	112
OPHTHALMICS - MISC.	113
PROSTAGLANDINS - OPHTHALMIC.....	113
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR	113
OTIC AGENTS - MISCELLANEOUS	113
OTIC ANTI-INFECTIVES	113
OTIC COMBINATIONS.....	114
OTIC STEROIDS	114
OXYTOCICS - DRUGS FOR PREGNANCY	114
OXYTOCICS - DRUGS FOR PREGNANCY	114
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS.....	114
IMMUNE SERUMS.....	114
MONOCLONAL ANTIBODIES	114
PENICILLINS - DRUGS TO TREAT INFECTIONS	114
AMINOPENICILLINS	114
NATURAL PENICILLINS	114
PENICILLIN COMBINATIONS	114
PENICILLINASE-RESISTANT PENICILLINS	115
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING	115
ANTIMICROBIAL AGENTS.....	115
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES.....	115
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	115
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	115
AGENTS FOR CHEMICAL DEPENDENCY	115
ANTI-CATAPLECTIC AGENTS	116
ANTIDEMENTIA AGENTS.....	116

MOVEMENT DISORDER DRUG THERAPY	116
MULTIPLE SCLEROSIS AGENTS.....	116
SMOKING DETERRENTS.....	117
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS.....	117
ALPHA-PROTEINASE INHIBITOR (HUMAN)	117
CYSTIC FIBROSIS AGENTS	118
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	118
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	118
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	118
ANTITHYROID AGENTS.....	118
THYROID HORMONES.....	118
TOXOIDS - DRUGS TO PREVENT INFECTIONS	120
TOXOID COMBINATIONS	120
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID	120
ANTISPASMODICS	120
H-2 ANTAGONISTS	120
MISC. ANTI-ULCER	121
PROTON PUMP INHIBITORS	121
ULCER DRUGS - PROSTAGLANDINS	121
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	121
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)...	121
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	122
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	122
VACCINES - DRUGS TO PREVENT INFECTIONS	122
BACTERIAL VACCINES	122
VIRAL VACCINES	122
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS	123
VAGINAL ANTI-INFECTIVES	123
VAGINAL ESTROGENS	123
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	123
ANAPHYLAXIS THERAPY AGENTS	123
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	123
VITAMINS - DRUGS FOR NUTRITION	124
OIL SOLUBLE VITAMINS	124
WATER SOLUBLE VITAMINS	124
Index.....	125

Molina Healthcare of New York Preferred Drug List (Formulary)

(01/01/2022)

INTRODUCTION

We are pleased to provide the 2022 *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
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
lowercase 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. ©2021. 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
1/1/2022	Moxifloxacin HCl TABS 400MG	Add to formulary	
1/1/2022	Viokace TABS 10440-39150UNIT	Add to formulary	
1/1/2022	Viokace TABS 20880-78300UNIT	Add to formulary	
1/1/2022	Envarsus XR TB24 0.75MG	Add to formulary	
1/1/2022	Envarsus XR TB24 1MG	Add to formulary	
1/1/2022	Envarsus XR TB24 4MG	Add to formulary	
1/1/2022	Veltassa PACK 8.4GM	Add to formulary with QL	Max daily dose = 1
1/1/2022	Veltassa PACK 16.8GM	Add to formulary with QL	Max daily dose = 1
1/1/2022	Veltassa PACK 25.2GM	Add to formulary with QL	Max daily dose = 1
1/1/2022	Lokelma PACK 5GM	Add to formulary with QL	Max daily dose = 3
1/1/2022	Lokelma PACK 10GM	Add to formulary with QL	Max daily dose = 3
1/1/2022	Alvesco AERS 80MCG/ACT	Add to formulary with QL	Max 6.1 per 25 days
1/1/2022	Alvesco AERS 160MCG/ACT	Add to formulary with QL	Max 6.1 per 25 days
1/1/2022	Vemlidy TABS 25MG	Add to formulary with PA	
1/1/2022	Prolastin-C SOLN 1000MG/20ML (INJ)	Add to formulary with PA	
1/1/2022	Prolastin-C SOLR 1000MG (IV)	Add to formulary with PA	
1/1/2022	Vraylar CAPS 1.5MG	Add to formulary with PA	
1/1/2022	Vraylar CAPS 3MG	Add to formulary with PA	
1/1/2022	Vraylar CAPS 4.5MG	Add to formulary with PA	
1/1/2022	Vraylar CAPS 6MG	Add to formulary with PA	
1/1/2022	Extavia KIT 0.3MG	Add to formulary with PA	
1/1/2022	Fasenra Pen SOAJ 30MG/ML	Add to formulary with PA	
1/1/2022	Fasenra SOSY 30MG/ML	Add to formulary with PA	
1/1/2022	Vraylar CPPK 1.5 & 3MG	Add to formulary with PA	
1/1/2022	Cosentyx Sensoready Pen	Add to formulary with PA	

Date Effective	Product Name	Change	Notes
	SOAJ 150MG/ML		
1/1/2022	Cosentyx Sensoready (300 MG) SOAJ 150MG/ML	Add to formulary with PA	
1/1/2022	Cosentyx SOSY 75MG/0.5ML	Add to formulary with PA	
1/1/2022	Cosentyx SOSY 150MG/ML	Add to formulary with PA	
1/1/2022	Cosentyx (300 MG Dose) SOSY 150MG/ML	Add to formulary with PA	
1/1/2022	Famotidine SUSR 40MG/5ML	Update max age	Max age = 6
1/1/2022	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)	Remove age limits	
1/1/2022	INSULIN ISOPHANE (HUMAN) SUSP PEN-INJECTOR 100 UNIT/ML	Remove age limits	
1/1/2022	INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30)	Remove age limits	
1/1/2022	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (50-50)	Remove age limits	
1/1/2022	INSULIN ISOPHANE & REGULAR SUSP PEN-INJ 100 UNIT/ML (70-30)	Remove age limits	
1/1/2022	HUMALOG MIX INJ 50/50KWP	Remove age limits	
1/1/2022	HUMALOG MIX INJ 50/50KWP	Remove age limits	
1/1/2022	INS ASP PROT INJ FLEXPEN	Remove age limits	
1/1/2022	ADMELOG SOLO INJ 100U/ML	Remove age limits	
1/1/2022	INS ASP PROT INJ FLEXPEN	Remove age limits	
1/1/2022	NOVOLOG MIX INJ FLEXPEN	Remove age limits	
1/1/2022	ADMELOG SOLO INJ 100U/ML	Remove age limits	
1/1/2022	SandIMMUNE CAPS 25MG	Remove brand from formulary	
1/1/2022	SandIMMUNE CAPS 100MG	Remove brand from formulary	
1/1/2022	Leukine SOLR 250MCG	Remove from formulary	
1/1/2022	*Arnuity Ellipta AEPB	Remove from formulary	
1/1/2022	PLEGRIDY SOLN PEN-	Remove from formulary	

Date Effective	Product Name	Change	Notes
	INJECTOR 125 MCG/0.5ML		
1/1/2022	PLEGRIDY SOLN PEN-INJ 63 & 94 MCG/0.5ML PA	Remove from formulary	
1/1/2022	PLEGRIDY SOLN PREFILLED SYRINGE 125 MCG/0.	Remove from formulary	
1/1/2022	PLEGRIDY SOLN PREF SYR 63 & 94 MCG/0.5ML P	Remove from formulary	
1/1/2022	Nivestym SOSY 300MCG/0.5ML	Remove from formulary	
1/1/2022	Nivestym SOSY 480MCG/0.8ML	Remove from formulary	
1/1/2022	Udenyca SOSY 6MG/0.6ML	Remove from formulary	
1/1/2022	Shingrix	Update min age and QL	Min age 18, max 2 inj per lifetime
1/1/2022	PCV13	Update min age and QL	Min age 19, max 1 inj per lifetime
1/1/2022	Vaxneuvance	Update min age and QL	Min age 19, max 1 inj per lifetime
1/1/2022	Prevnar 20	Update min age and QL	Min age 19, max 1 inj per lifetime
1/1/2022	PPSV23	Update min age and QL	Min age 19, max 2 inj per lifetime
1/1/2022	ADACEL INJ	Remove prerequisite	Remove prenatal vitamin requirement
1/1/2022	TET/DIP TOX INJ 2-2 LF	Remove prerequisite	Remove prenatal vitamin requirement
1/1/2022	TDVAX INJ 2-2 LF	Remove prerequisite	Remove prenatal vitamin requirement
1/1/2022	TENIVAC INJ 5-2LF	Remove prerequisite	Remove prenatal vitamin requirement
1/1/2022	TENIVAC INJ 5-2LF	Remove prerequisite	Remove prenatal vitamin requirement
1/1/2022	BOOSTRIX INJ	Remove prerequisite	Remove prenatal vitamin requirement
1/1/2022	BOOSTRIX INJ	Remove prerequisite	Remove prenatal vitamin requirement

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 (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	QL (150 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	QL (60 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 5 mg (generic of DEXEDRINE)</i>	QL (120 ea / 30 days); AGE (Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 10 mg (generic of DEXEDRINE)</i>	QL (120 ea / 30 days); AGE (Max age 18 years)

Drug Name	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (generic of DEXEDRINE)	QL (60 ea / 30 days); AGE (Max age 18 years)
<i>dextroamphetamine sulfate tab 5 mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>zenzedi tab 5mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>zenzedi tab 10mg</i>	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml</i> <i>base equiv)</i>	QL (120 mL in lifetime); AGE (Max age 1 year)
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 18 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 25 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 40 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 60 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 80 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 100 mg (base equiv)</i> (generic of STRATTERA)	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (generic of INTUNIV)	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (generic of INTUNIV)	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (generic of INTUNIV)	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (generic of INTUNIV)	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
STIMULANTS - MISC.	
<i>armodafinil tab 50 mg (generic of NUVIGIL)</i>	PA, QL (30 ea / 30 days)
<i>armodafinil tab 150 mg (generic of NUVIGIL)</i>	PA, QL (30 ea / 30 days)
<i>armodafinil tab 200 mg (generic of NUVIGIL)</i>	PA, QL (30 ea / 30 days)
<i>armodafinil tab 250 mg (generic of NUVIGIL)</i>	PA, QL (30 ea / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg (generic of FOCALIN)</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 5 mg (generic of FOCALIN)</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>dexmethylphenidate hcl tab 10 mg (generic of FOCALIN)</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 20 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 30 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 40 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 50 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 60 mg (cd)</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl soln 5 mg/5ml (generic of METHYLIN)</i>	QL (450 mL / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl soln 10 mg/5ml (generic of METHYLIN)</i>	QL (900 mL / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 5 mg (generic of RITALIN)</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)

Drug Name	Requirements/Limits
<i>methylphenidate hcl tab 10 mg (generic of RITALIN)</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 20 mg (generic of RITALIN)</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 10 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 20 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>modafinil tab 100 mg (generic of PROVIGIL)</i>	PA, QL (30 ea / 30 days)
<i>modafinil tab 200 mg (generic of PROVIGIL)</i>	PA, QL (60 ea / 30 days)

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 ea / 28 days)
HUMIRA INJ 20/0.2ML	SP, PA, QL (2 ea / 28 days)
HUMIRA INJ 40/0.4ML	SP, PA, QL (2 ea / 28 days)
HUMIRA KIT 40MG/0.8	SP, PA, QL (2 ea / 28 days)
HUMIRA PEDIA INJ CROHNS	SP, PA, QL (2 ea / 28 days)
HUMIRA PEN INJ 40/0.4ML	SP, PA, QL (2 ea / 28 days)
HUMIRA PEN INJ 40MG/0.8	SP, PA, QL (2 ea / 28 days)
HUMIRA PEN INJ 80/0.8ML	SP, PA, QL (3 ea / 180 days)
HUMIRA PEN INJ CD/UC/HS	SP, PA, QL (2 ea / 28 days)
HUMIRA PEN INJ PS/UV	SP, PA, QL (2 ea / 28 days)

Drug Name	Requirements/Limits
HUMIRA PEN KIT CD/UC/HS	SP, PA, QL (3 ea / 180 days)
HUMIRA PEN KIT PED UC	SP, PA, QL (3 ea / 180 days)
HUMIRA PEN KIT PS/UV	SP, PA, QL (3 ea / 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

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg (generic of CELEBREX)</i>	PA
<i>celecoxib cap 100 mg (generic of CELEBREX)</i>	PA, QL (120 ea / 30 days)
<i>celecoxib cap 200 mg (generic of CELEBREX)</i>	PA, QL (60 ea / 30 days)
<i>celecoxib cap 400 mg (generic of CELEBREX)</i>	PA, QL (120 ea / 30 days)
<i>diclofenac potassium tab 50 mg</i>	QL (120 ea / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 75 mg (generic of DICLOFENAC SODIUM DR)</i>	QL (60 ea / 30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	QL (60 ea / 30 days)
<i>ec-naproxen tab 375mg (generic of EC-NAPROSYN)</i>	QL (90 ea / 30 days)
<i>ec-naproxen tab 500mg (generic of EC-NAPROSYN)</i>	QL (90 ea / 30 days)
<i>etodolac tab 400 mg (generic of LODINE)</i>	QL (90 ea / 30 days)
<i>etodolac tab 500 mg</i>	QL (90 ea / 30 days)
<i>flurbiprofen tab 50 mg</i>	QL (120 ea / 30 days)
<i>flurbiprofen tab 100 mg</i>	QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg</i>	QL (120 ea / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i>	QL (180 ea / 30 days), OTC
<i>ibuprofen susp 40 mg/ml</i>	QL (4800 mL / 30 days), OTC
<i>ibuprofen susp 100 mg/5ml</i>	QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml</i>	QL (4800 mL / 30 days), OTC
<i>ibuprofen tab 100 mg</i>	QL (120 ea / 30 days), OTC
<i>ibuprofen tab 200 mg</i>	QL (120 ea / 30 days), OTC
<i>ibuprofen tab 400 mg</i>	QL (120 ea / 30 days)
<i>ibuprofen tab 600 mg</i>	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
<i>ibuprofen tab 800 mg</i>	QL (120 ea / 30 days)
<i>indomethacin cap 25 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>indomethacin cap 50 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>ketoprofen cap 50 mg</i>	QL (120 ea / 30 days)
<i>ketoprofen cap 75 mg</i>	QL (120 ea / 30 days)
<i>ketorolac tromethamine tab 10 mg</i>	QL (4 ea / day, max 5 day supply); AGE (Max age 64 years)
<i>meloxicam tab 7.5 mg (generic of MOBIC)</i>	QL (30 ea / 30 days)
<i>meloxicam tab 15 mg (generic of MOBIC)</i>	QL (30 ea / 30 days)
<i>nabumetone tab 500 mg</i>	QL (120 ea / 30 days)
<i>nabumetone tab 750 mg</i>	QL (120 ea / 30 days)
<i>naproxen dr tab 375mg (generic of EC-NAPROSYN)</i>	QL (90 ea / 30 days)
<i>naproxen dr tab 500mg (generic of EC-NAPROSYN)</i>	QL (90 ea / 30 days)
<i>naproxen sodium tab 220 mg</i>	QL (90 ea / 30 days), OTC
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	QL (3000 mL / 30 days)
<i>naproxen tab 250 mg</i>	QL (90 ea / 30 days)
<i>naproxen tab 375 mg</i>	QL (90 ea / 30 days)
<i>naproxen tab 500 mg (generic of NAPROSYN)</i>	QL (90 ea / 30 days)
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	PA, QL (90 ea / 30 days)
<i>piroxicam cap 10 mg (generic of FELDENE)</i>	PA, QL (120 ea / 30 days)
<i>piroxicam cap 20 mg (generic of FELDENE)</i>	PA, QL (60 ea / 30 days)
<i>sulindac tab 150 mg</i>	QL (90 ea / 30 days)
<i>sulindac tab 200 mg</i>	QL (90 ea / 30 days)

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 (30 ea / 30 days)
<i>leflunomide tab 20 mg (generic of ARAVA)</i>	QL (30 ea / 30 days)

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML	SP, PA, QL (4 mL / 24 days)
ENBREL INJ 25MG	SP, PA, QL (4 mL / 24 days)
ENBREL INJ 50MG/ML	SP, PA, QL (4 mL / 24 days)
ENBREL MINI INJ 50MG/ML	SP, PA, QL (4 mL / 24 days)
ENBREL SRCLK INJ 50MG/ML	SP, PA, QL (4 mL / 24 days)

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>bac tab (generic of ESGIC)</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>butalbital-acetaminophen tab 50-325 mg</i>	QL (300 ea / 30 days); AGE (Max age 64 years)

Drug Name	Requirements/Limits
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)</i>	QL (180 ea / 30 days); AGE (Max age 64 years)

ANALGESICS OTHER

<i>acetaminophen chew tab 80 mg</i>	QL (180 ea / 30 days), OTC
<i>acetaminophen chew tab 160 mg</i>	QL (180 ea / 30 days), OTC
<i>acetaminophen disintegrating tab 160 mg</i>	QL (750 ea / 30 days), 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 (1020 ea / 30 days), OTC
<i>acetaminophen suppos 650 mg</i>	QL (180 ea / 30 days), OTC
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>acetaminophen tab 325 mg</i>	QL (360 ea / 30 days), OTC
<i>acetaminophen tab 500 mg</i>	QL (240 ea / 30 days), OTC; Includes SM Pain Relief Tab
<i>acetaminophen tab er 650 mg</i>	QL (180 ea / 30 days), OTC
FEVERALL INF SUP 80MG	QL (1500 ea / 30 days), OTC

SALICYLATES

<i>aspirin chew tab 81 mg</i>	QL (30 ea / 30 days), OTC
<i>aspirin tab 325 mg</i>	QL (360 ea / 30 days), OTC
<i>aspirin tab delayed release 81 mg</i>	QL (30 ea / 30 days), OTC
<i>aspirin tab delayed release 325 mg</i>	QL (360 ea / 30 days), OTC
<i>salsalate tab 500 mg</i>	QL (120 ea / 30 days)
<i>salsalate tab 750 mg</i>	QL (120 ea / 30 days)

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

CODEINE SULF TAB 60MG	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>codeine sulfate tab 30 mg</i>	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>fentanyl td patch 72hr 12 mcg/hr</i>	QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	QL (10 ea / 30 days); MED
<i>hydromorphone hcl tab 2 mg (generic of DILAUDID)</i>	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydromorphone hcl tab 4 mg (generic of DILAUDID)</i>	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

Drug Name	Requirements/Limits
<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 (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 30 mg</i>	QL (90 ea / 30 days); 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 (90 ea / 30 days); MED; Requires prior use of IR opioids
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	ST, QL (90 ea / 30 days); MED; Requires prior use of IR opioids
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	ST, QL (90 ea / 30 days); MED; Requires prior use of IR opioids
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	ST, QL (90 ea / 30 days); 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 (generic of ROXICODONE)</i>	MED; QL (max quantity 90 per fill); Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 10 mg</i>	MED; QL (max quantity 90 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 90 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

Drug Name	Requirements/Limits
<i>tramadol hcl tab 50 mg (generic of ULTRAM)</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (3750 mL / 25 days); MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 5-325mg (generic of PERCOCET)</i>	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 7.5-325 (generic of PERCOCET)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 10-325mg (generic of PERCOCET)</i>	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (3750 mL / 25 days); HYCET, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (180 ea / 30 days); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (180 ea / 30 days); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (180 ea / 30 days); 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 (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

Drug Name	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET)	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET)	QL (180 ea / 30 days); 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 (360 ea / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	QL (90 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> (base equiv)	QL (90 ea / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i> (base equiv)	QL (90 ea / 30 days)
SUBLOCADE INJ 100/0.5	SP
SUBLOCADE INJ 300/1.5	SP
SUBOXONE MIS 2-0.5MG	QL (90 ea / 30 days)
SUBOXONE MIS 4-1MG	QL (90 ea / 30 days)
SUBOXONE MIS 8-2MG	QL (90 ea / 30 days)
SUBOXONE MIS 12-3MG	QL (60 ea / 30 days)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

<i>testosterone cypionate im inj in oil 100 mg/ml</i> (generic of DEPO-TESTOSTERONE)	
<i>testosterone cypionate im inj in oil 200 mg/ml</i> (generic of DEPO-TESTOSTERONE)	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml</i> (generic of CORTENEMA)	QL (1680 mL / 25 days)
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RECTAL COMBINATIONS

<i>pramox-pe-glycerin-petrolatum rectal cream 1- 0.25-14.4-15%</i>	OTC
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RECTAL LOCAL ANESTHETICS

<i>dibucaine perianal ointment 1%</i>	OTC
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RECTAL STEROIDS

<i>hydrocortisone rectal cream 2.5%</i> (generic of HYDROCORTISONE RECTAL CREAM 2.5%)	
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ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID

ANTACID COMBINATIONS

<i>alum & mag hydroxide-simethicone chew tab 200- 200-25 mg</i>	OTC
<i>alum & mag hydroxide-simethicone susp 200-200- 20 mg/5ml</i>	OTC

Drug Name	Requirements/Limits
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	OTC
ANTACIDS - BICARBONATE	
<i>sodium bicarbonate tab 325 mg</i>	OTC
<i>sodium bicarbonate tab 650 mg</i>	OTC
ANTACIDS - CALCIUM SALTS	
<i>CALCIUM CARB TAB 648MG</i>	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	OTC
<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
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
<i>albendazole tab 200 mg (generic of ALBENZA)</i>	PA
<i>ivermectin tab 3 mg (generic of STROMEKTOL)</i>	QL (16 ea / 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 (240 ea / 30 days)
<i>metronidazole tab 500 mg</i>	QL (120 ea / 30 days)
<i>trimethoprim tab 100mg</i>	QL (180 ea / 30 days)
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	QL (1200 mL / 30 days)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	QL (120 ea / 30 days)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	QL (120 ea / 30 days)
<i>sulfatrim pd sus 200-40/5</i>	QL (1200 mL / 30 days)
ANTIPROTOZOAL AGENTS	
<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	PA
GLYCOPEPTIDES	
<i>FIRVANQ SOL 25MG/ML</i>	QL (1200 mL / 30 days)
<i>FIRVANQ SOL 50MG/ML</i>	QL (1200 mL / 30 days)
LEPROSTATICS	
<i>dapsone tab 25 mg</i>	QL (120 ea / 30 days)
<i>dapsone tab 100 mg</i>	QL (90 ea / 30 days)
LINCOSAMIDES	
<i>clindamycin hcl cap 150 mg (generic of CLEOCIN)</i>	QL (240 ea / 30 days)

Drug Name	Requirements/Limits
<i>clindamycin hcl cap 300 mg</i> (generic of CLEOCIN)	QL (180 ea / 30 days)
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i> (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)	AGE (Max age 18 years)

OXAZOLIDINONES

<i>linezolid for susp 100 mg/5ml</i> (generic of ZYVOX)	PA
<i>linezolid tab 600 mg</i> (generic of ZYVOX)	PA

URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS

<i>nitrofurantoin macrocrystalline cap 50 mg</i> (generic of MACRODANTIN)	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i> (generic of MACRODANTIN)	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (generic of MACROBID)	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	QL (40 mL / day, max 10 day supply); AGE (Max age 12 years)

ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS

ANTIANGINALS-OTHER

<i>ranolazine tab er 12hr 500 mg</i> (generic of RANEXA)	ST, QL (60 ea / 30 days); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i> (generic of RANEXA)	ST, QL (60 ea / 30 days); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate

NITRATES

<i>isosorbide dinitrate tab 5 mg</i> (generic of ISORDIL TITRADOSE)	QL (120 ea / 30 days)
<i>isosorbide dinitrate tab 10 mg</i>	QL (120 ea / 30 days)
<i>isosorbide dinitrate tab 20 mg</i>	QL (180 ea / 30 days)
<i>isosorbide dinitrate tab 30 mg</i>	QL (120 ea / 30 days)
<i>isosorbide mononitrate tab 10 mg</i>	QL (90 ea / 30 days)
<i>isosorbide mononitrate tab 20 mg</i>	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	QL (60 ea / 30 days)
<i>nitroglycerin sl tab 0.3 mg</i> (generic of NITROSTAT)	QL (300 ea / 30 days)
<i>nitroglycerin sl tab 0.4 mg</i> (generic of NITROSTAT)	QL (300 ea / 30 days)
<i>nitroglycerin sl tab 0.6 mg</i> (generic of NITROSTAT)	QL (300 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	QL (30 ea / 30 days)

ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTIANSXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	QL (240 ea / 30 days); AGE (Min age 6 years)
<i>buspirone hcl tab 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>buspirone hcl tab 15 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 50 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 0.25 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 1 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 2 mg (generic of XANAX)</i>	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>chlordiazepoxide hcl cap 5 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>chlordiazepoxide hcl cap 10 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>chlordiazepoxide hcl cap 25 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)

Drug Name	Requirements/Limits
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 15 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>diazepam conc 5 mg/ml</i>	PA, QL (90 mL / 30 days); AGE (Max age 64 years)
<i>diazepam oral soln 1 mg/ml</i>	QL (120 mL / 30 days); AGE (Max age 64 years)
<i>diazepam tab 2 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>diazepam tab 5 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>diazepam tab 10 mg (generic of VALIUM)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>lorazepam conc 2 mg/ml</i>	QL (90 mL / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 0.5 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 1 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>lorazepam tab 2 mg (generic of ATIVAN)</i>	QL (90 ea / 30 days); AGE (Min age 12 years)
<i>oxazepam cap 10 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years)
<i>oxazepam cap 15 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years)
<i>oxazepam cap 30 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg (generic of NORPACE)</i>	QL (240 ea / 30 days)
<i>disopyramide phosphate cap 150 mg (generic of NORPACE)</i>	QL (150 ea / 30 days); AGE (Max age 64 years)
<i>quinidine sulfate tab 300 mg</i>	QL (240 ea / 30 days)

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	QL (180 ea / 30 days)
<i>mexiletine hcl cap 200 mg</i>	QL (180 ea / 30 days)
<i>mexiletine hcl cap 250 mg</i>	QL (180 ea / 30 days)

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	QL (210 ea / 30 days)
<i>flecainide acetate tab 100 mg</i>	QL (180 ea / 30 days)
<i>flecainide acetate tab 150 mg</i>	QL (90 ea / 30 days)
<i>propafenone hcl tab 150 mg</i>	QL (180 ea / 30 days)

Drug Name	Requirements/Limits
<i>propafenone hcl tab 225 mg</i>	QL (90 ea / 30 days)
<i>propafenone hcl tab 300 mg</i>	QL (90 ea / 30 days)

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	QL (120 ea / 30 days)
<i>pacerone tab 200mg</i>	QL (120 ea / 30 days)

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 (780 mL / 30 days)
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA INJ 30MG/ML	SP, PA
FASENRA PEN INJ 30MG/ML	SP, PA
XOLAIR INJ 75/0.5	SP, PA, QL (2.5 mL / 24 days)
XOLAIR INJ 150MG/ML	SP, PA, QL (5 mL / 24 days)
XOLAIR SOL 150MG	SP, PA, QL (5 ea / 24 days)

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	QL (12.9 gm / 25 days)
INCRUSE ELPT INH 62.5MCG	QL (30 ea / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	QL (300 mL / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium chew tab 4 mg (base equiv)</i> (generic of SINGULAIR)	QL (30 ea / 30 days)
<i>montelukast sodium chew tab 5 mg (base equiv)</i> (generic of SINGULAIR)	QL (30 ea / 30 days)
<i>montelukast sodium tab 10 mg (base equiv)</i> (generic of SINGULAIR)	QL (30 ea / 30 days)

STEROID INHALANTS

ALVESCO AER 80MCG	QL (6.1 gm / 25 days)
ALVESCO AER 160MCG	QL (6.1 gm / 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i> (generic of PULMICORT)	QL (120 mL / 30 days); AGE (Max age 9 years)
<i>budesonide inhalation susp 0.25 mg/2ml</i> (generic of PULMICORT)	QL (120 mL / 30 days); AGE (Max age 9 years)
FLOVENT HFA AER 44MCG	QL (10.6 gm / 30 days); AGE (Max age 11 years)
FLOVENT HFA AER 110MCG	QL (12 gm / 30 days); AGE (Max age 11 years)
QVAR REDIIHA AER 80MCG	QL (10.6 gm / 30 days)
QVAR REDIIHAL AER 40MCG	QL (10.6 gm / 30 days)

SYMPATHOMIMETICS

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (18 gm / 25 days); Generic Ventolin
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> (generic of PROAIR HFA)	QL (8.5 gm / 25 days); Generic Proair

Drug Name	Requirements/Limits
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	QL (150 ea / 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	QL (300 mL / 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	QL (225 mL / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	QL (150 mL / 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	QL (4500 mL / 30 days)
<i>albuterol sulfate tab 4 mg</i>	QL (240 ea / 30 days)
ANORO ELLIPT AER 62.5-25	QL (60 ea / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (10.2 gm / 25 days); AGE (Max age 11 years); Generic Symbicort
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (10.2 gm / 25 days); AGE (Max age 11 years); Generic Symbicort
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (1 ea / 25 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (1 ea / 25 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (1 ea / 25 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	QL (360 mL / 25 days)
STRIVERDI AER 2.5MCG	QL (60 gm / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	QL (240 ea / 30 days)
<i>terbutaline sulfate tab 5 mg</i>	QL (180 ea / 30 days)
TRELEGY AER ELLIPTA	QL (60 ea / 30 days)
<i>wixela inhub aer 100/50 (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>wixela inhub aer 250/50 (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)
<i>wixela inhub aer 500/50 (generic of ADVAIR DISKUS)</i>	QL (60 ea / 30 days)

XANTHINES

<i>theophylline soln 80 mg/15ml</i>	
<i>theophylline tab er 12hr 300 mg</i>	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 450 mg</i>	QL (60 ea / 30 days)
<i>theophylline tab er 24hr 400 mg</i>	QL (90 ea / 30 days)
<i>theophylline tab er 24hr 600 mg</i>	QL (90 ea / 30 days)

Drug Name	Requirements/Limits
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS	
COUMARIN ANTICOAGULANTS	
<i>warfarin sodium tab 1 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 2 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 2.5 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 3 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 4 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 5 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 6 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 7.5 mg</i>	QL (300 ea / 30 days)
<i>warfarin sodium tab 10 mg</i>	QL (300 ea / 30 days)
DIRECT FACTOR XA INHIBITORS	
ELIQUIS ST P TAB 5MG	PA
ELIQUIS TAB 2.5MG	PA
ELIQUIS TAB 5MG	PA
HEPARINS AND HEPARINOID-LIKE AGENTS	
<i>enoxaparin sodium inj 30 mg/0.3ml (generic of LOVENOX)</i>	QL (18 mL / 30 days)
<i>enoxaparin sodium inj 40 mg/0.4ml (generic of LOVENOX)</i>	QL (24 mL / 30 days)
<i>enoxaparin sodium inj 100 mg/ml (generic of LOVENOX)</i>	QL (60 mL / 30 days)
<i>enoxaparin sodium inj 120 mg/0.8ml (generic of LOVENOX)</i>	QL (48 mL / 30 days)
<i>enoxaparin sodium inj 150 mg/ml (generic of LOVENOX)</i>	QL (60 mL / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml (generic of LOVENOX)</i>	
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml (generic of LOVENOX)</i>	QL (36 mL / 30 days)
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml (generic of LOVENOX)</i>	QL (48 mL / 30 days)
<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

Drug Name	Requirements/Limits
FRAGMIN INJ 18000UNT	PA

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam tab 10 mg</i> (generic of ONFI)	QL (60 ea / 30 days)
<i>clobazam tab 20 mg</i> (generic of ONFI)	QL (60 ea / 30 days)
<i>clonazepam tab 0.5 mg</i> (generic of KLONOPIN)	QL (300 ea / 30 days)
<i>clonazepam tab 1 mg</i> (generic of KLONOPIN)	QL (300 ea / 30 days)
<i>clonazepam tab 2 mg</i> (generic of KLONOPIN)	QL (300 ea / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 10 mg</i>	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 20 mg</i>	QL (2 ea / 25 days)
VALTOCO SPR 5MG	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 10MG	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 15MG	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 20MG	QL (10 ea / 25 days); AGE (Min age 6 years)

ANTICONVULSANTS - MISC.

<i>carbamazepine cap er 12hr 100 mg</i> (generic of CARBATROL)	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 200 mg</i> (generic of CARBATROL)	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 300 mg</i> (generic of CARBATROL)	QL (240 ea / 30 days)
<i>carbamazepine chew tab 100 mg</i>	QL (240 ea / 30 days)
<i>carbamazepine susp 100 mg/5ml</i> (generic of TEGRETOL)	QL (1800 mL / 30 days)
<i>carbamazepine tab 200 mg</i> (generic of TEGRETOL)	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 100 mg</i> (generic of TEGRETOL-XR)	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 200 mg</i> (generic of TEGRETOL-XR)	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 400 mg</i> (generic of TEGRETOL-XR)	QL (240 ea / 30 days)
CARBATROL CAP 100MG	QL (240 ea / 30 days)
CARBATROL CAP 200MG	QL (240 ea / 30 days)
CARBATROL CAP 300MG	QL (240 ea / 30 days)
<i>epitol tab 200mg</i> (generic of TEGRETOL)	QL (240 ea / 30 days)
<i>gabapentin cap 100 mg</i> (generic of NEURONTIN)	QL (300 ea / 30 days)
<i>gabapentin cap 300 mg</i> (generic of NEURONTIN)	QL (300 ea / 30 days)
<i>gabapentin cap 400 mg</i> (generic of NEURONTIN)	QL (270 ea / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i> (generic of NEURONTIN)	
<i>gabapentin tab 600 mg</i> (generic of NEURONTIN)	QL (180 ea / 30 days)

Drug Name	Requirements/Limits
<i>gabapentin tab 800 mg</i> (generic of NEURONTIN)	QL (120 ea / 30 days)
<i>lamotrigine tab 25 mg</i> (generic of LAMICTAL)	QL (300 ea / 30 days)
<i>lamotrigine tab 100 mg</i> (generic of LAMICTAL)	QL (240 ea / 30 days)
<i>lamotrigine tab 150 mg</i> (generic of LAMICTAL)	QL (120 ea / 30 days)
<i>lamotrigine tab 200 mg</i> (generic of LAMICTAL)	QL (120 ea / 30 days)
<i>lamotrigine tab chewable dispersible 5 mg</i> (generic of LAMICTAL CHEWABLE DISPERS)	QL (240 ea / 30 days)
<i>lamotrigine tab chewable dispersible 25 mg</i> (generic of LAMICTAL CHEWABLE DISPERS)	QL (240 ea / 30 days)
<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	QL (900 mL / 30 days)
<i>levetiracetam tab 250 mg</i> (generic of KEPPRA)	QL (180 ea / 30 days)
<i>levetiracetam tab 500 mg</i> (generic of KEPPRA)	QL (180 ea / 30 days)
<i>levetiracetam tab 750 mg</i> (generic of KEPPRA)	QL (120 ea / 30 days)
<i>levetiracetam tab 1000 mg</i> (generic of KEPPRA)	QL (90 ea / 30 days)
<i>levetiracetam tab er 24hr 500 mg</i> (generic of KEPPRA XR)	QL (180 ea / 30 days)
<i>levetiracetam tab er 24hr 750 mg</i> (generic of KEPPRA XR)	QL (120 ea / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> (generic of TRILEPTAL)	QL (500 mL / 30 days)
<i>oxcarbazepine tab 150 mg</i> (generic of TRILEPTAL)	QL (480 ea / 30 days)
<i>oxcarbazepine tab 300 mg</i> (generic of TRILEPTAL)	QL (240 ea / 30 days)
<i>oxcarbazepine tab 600 mg</i> (generic of TRILEPTAL)	QL (120 ea / 30 days)
<i>pregabalin cap 25 mg</i> (generic of LYRICA)	PA, QL (90 ea / 30 days)
<i>pregabalin cap 50 mg</i> (generic of LYRICA)	PA, QL (180 ea / 30 days)
<i>pregabalin cap 75 mg</i> (generic of LYRICA)	PA, QL (240 ea / 30 days)
<i>pregabalin cap 100 mg</i> (generic of LYRICA)	PA, QL (90 ea / 30 days)
<i>pregabalin cap 150 mg</i> (generic of LYRICA)	PA, QL (90 ea / 30 days)
<i>pregabalin cap 200 mg</i> (generic of LYRICA)	PA, QL (90 ea / 30 days)
<i>pregabalin cap 225 mg</i> (generic of LYRICA)	PA, QL (60 ea / 30 days)
<i>pregabalin cap 300 mg</i> (generic of LYRICA)	PA, QL (60 ea / 30 days)
<i>primidone tab 50 mg</i> (generic of MYSOLINE)	QL (120 ea / 30 days)
<i>primidone tab 250 mg</i> (generic of MYSOLINE)	QL (120 ea / 30 days)
<i>roovepra tab 500mg</i> (generic of KEPPRA)	QL (180 ea / 30 days)
<i>rufinamide susp 40 mg/ml</i> (generic of BANZEL)	QL (2400 mL / 30 days)
<i>rufinamide tab 200 mg</i> (generic of BANZEL)	QL (480 ea / 30 days)
<i>rufinamide tab 400 mg</i> (generic of BANZEL)	QL (240 ea / 30 days)
<i>subvenite tab 25mg</i> (generic of LAMICTAL)	QL (300 ea / 30 days)
<i>subvenite tab 100mg</i> (generic of LAMICTAL)	QL (240 ea / 30 days)
<i>subvenite tab 150mg</i> (generic of LAMICTAL)	QL (120 ea / 30 days)
<i>subvenite tab 200mg</i> (generic of LAMICTAL)	QL (120 ea / 30 days)
TEGRETOL SUS 100/5ML	QL (1800 mL / 30 days)
TEGRETOL TAB 200MG	QL (240 ea / 30 days)
TEGRETOL-XR TAB 100MG	QL (240 ea / 30 days)
TEGRETOL-XR TAB 200MG	QL (240 ea / 30 days)

Drug Name	Requirements/Limits
TEGRETOL-XR TAB 400MG	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 15 mg</i> (generic of TOPAMAX SPRINKLE)	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 25 mg</i> (generic of TOPAMAX SPRINKLE)	QL (240 ea / 30 days)
<i>topiramate tab 25 mg</i> (generic of TOPAMAX)	QL (120 ea / 30 days)
<i>topiramate tab 50 mg</i> (generic of TOPAMAX)	QL (60 ea / 30 days)
<i>topiramate tab 100 mg</i> (generic of TOPAMAX)	QL (60 ea / 30 days)
<i>topiramate tab 200 mg</i> (generic of TOPAMAX)	QL (60 ea / 30 days)
VIMPAT SOL 10MG/ML	QL (600 mL / 30 days)
VIMPAT TAB 50MG	QL (60 ea / 30 days)
VIMPAT TAB 100MG	QL (60 ea / 30 days)
VIMPAT TAB 150MG	QL (60 ea / 30 days)
VIMPAT TAB 200MG	QL (60 ea / 30 days)
<i>zonisamide cap 25 mg</i> (generic of ZONEGRAN)	QL (60 ea / 30 days)
<i>zonisamide cap 50 mg</i>	QL (60 ea / 30 days)
<i>zonisamide cap 100 mg</i> (generic of ZONEGRAN)	QL (180 ea / 30 days)

GABA MODULATORS

<i>tiagabine hcl tab 2 mg</i> (generic of GABITRIL)	QL (840 ea / 30 days)
<i>tiagabine hcl tab 4 mg</i> (generic of GABITRIL)	QL (420 ea / 30 days)
<i>tiagabine hcl tab 12 mg</i> (generic of GABITRIL)	QL (140 ea / 30 days)
<i>tiagabine hcl tab 16 mg</i> (generic of GABITRIL)	QL (105 ea / 30 days)
<i>vigabatrin powd pack 500 mg</i> (generic of SABRIL)	QL (180 ea / 30 days)
<i>vigabatrin tab 500 mg</i> (generic of SABRIL)	QL (180 ea / 30 days)
<i>vigadrone pow 500mg</i> (generic of SABRIL)	QL (180 ea / 30 days)

HYDANTOINS

DILANTIN CAP 30MG	QL (180 ea / 30 days)
DILANTIN CAP 100MG	QL (180 ea / 30 days)
DILANTIN CHW 50MG	QL (150 ea / 30 days)
DILANTIN-125 SUS 125/5ML	QL (600 mL / 30 days)
<i>phenytoin chew tab 50 mg</i> (generic of DILANTIN INFATABS)	QL (150 ea / 30 days)
<i>phenytoin sodium extended cap 100 mg</i> (generic of DILANTIN)	QL (180 ea / 30 days)
<i>phenytoin sodium extended cap 200 mg</i> (generic of PHENYTEK)	QL (180 ea / 30 days)
<i>phenytoin sodium extended cap 300 mg</i> (generic of PHENYTEK)	QL (180 ea / 30 days)
<i>phenytoin susp 125 mg/5ml</i> (generic of DILANTIN-125)	QL (600 mL / 30 days)

SUCCINIMIDES

<i>ethosuximide cap 250 mg</i> (generic of ZARONTIN)	QL (180 ea / 30 days)
<i>ethosuximide soln 250 mg/5ml</i> (generic of ZARONTIN)	QL (900 mL / 30 days)

Drug Name	Requirements/Limits
VALPROIC ACID	
<i>divalproex sodium cap delayed release sprinkle 125 mg (generic of DEPAKOTE SPRINKLES)</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 125 mg (generic of DEPAKOTE)</i>	QL (450 ea / 30 days)
<i>divalproex sodium tab delayed release 250 mg (generic of DEPAKOTE)</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 500 mg (generic of DEPAKOTE)</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab er 24 hr 250 mg (generic of DEPAKOTE ER)</i>	QL (300 ea / 30 days)
<i>divalproex sodium tab er 24 hr 500 mg (generic of DEPAKOTE ER)</i>	QL (300 ea / 30 days)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	QL (3000 mL / 30 days)
<i>valproic acid cap 250 mg</i>	QL (600 ea / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tab 15 mg (generic of REMERON)</i>	QL (30 ea / 30 days)
<i>mirtazapine tab 30 mg (generic of REMERON)</i>	QL (120 ea / 30 days)
<i>mirtazapine tab 45 mg</i>	QL (30 ea / 30 days)

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	QL (120 ea / 30 days)
<i>bupropion hcl tab 100 mg</i>	QL (120 ea / 30 days)
<i>bupropion hcl tab er 12hr 100 mg (generic of WELLBUTRIN SR)</i>	QL (60 ea / 30 days)
<i>bupropion hcl tab er 12hr 150 mg (generic of WELLBUTRIN SR)</i>	QL (90 ea / 30 days)
<i>bupropion hcl tab er 12hr 200 mg (generic of WELLBUTRIN SR)</i>	QL (60 ea / 30 days)
<i>bupropion hcl tab er 24hr 150 mg (generic of WELLBUTRIN XL)</i>	QL (30 ea / 30 days)
<i>bupropion hcl tab er 24hr 300 mg (generic of WELLBUTRIN XL)</i>	QL (30 ea / 30 days)

MONOAMINE OXIDASE INHIBITORS (MAOIS)

<i>phenelzine sulfate tab 15 mg (generic of NARDIL)</i>	QL (180 ea / 30 days)
<i>tranylcypromine sulfate tab 10 mg (generic of PARNATE)</i>	QL (240 ea / 30 days)

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	QL (600 mL / 30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv) (generic of CELEXA)</i>	QL (45 ea / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv) (generic of CELEXA)</i>	QL (60 ea / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv) (generic of CELEXA)</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv)</i> (generic of LEXAPRO)	QL (45 ea / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i> (generic of LEXAPRO)	QL (45 ea / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i> (generic of LEXAPRO)	QL (30 ea / 30 days)
<i>fluoxetine hcl cap 10 mg (generic of PROZAC)</i>	QL (90 ea / 30 days)
<i>fluoxetine hcl cap 20 mg (generic of PROZAC)</i>	QL (120 ea / 30 days)
<i>fluoxetine hcl cap 40 mg (generic of PROZAC)</i>	QL (60 ea / 30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	
<i>fluvoxamine maleate tab 25 mg</i>	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	QL (90 ea / 30 days)
<i>paroxetine hcl tab 10 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 20 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 30 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<i>paroxetine hcl tab 40 mg (generic of PAXIL)</i>	QL (60 ea / 30 days)
<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 (45 ea / 30 days)
<i>sertraline hcl tab 50 mg (generic of ZOLOFT)</i>	QL (60 ea / 30 days)
<i>sertraline hcl tab 100 mg (generic of ZOLOFT)</i>	QL (60 ea / 30 days)

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 (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (generic of CYMBALTA)</i>	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (generic of CYMBALTA)</i>	QL (60 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (30 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (generic of EFFEXOR XR)</i>	QL (30 ea / 30 days)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	QL (90 ea / 30 days)

Drug Name	Requirements/Limits
TRICYCLIC AGENTS	
<i>amitriptyline hcl tab 10 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 25 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 50 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 75 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 150 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>clomipramine hcl cap 25 mg (generic of ANAFRANIL)</i>	QL (180 ea / 30 days)
<i>clomipramine hcl cap 50 mg (generic of ANAFRANIL)</i>	QL (120 ea / 30 days)
<i>clomipramine hcl cap 75 mg (generic of ANAFRANIL)</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 10 mg (generic of NORPRAMIN)</i>	QL (180 ea / 30 days)
<i>desipramine hcl tab 25 mg (generic of NORPRAMIN)</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 50 mg</i>	QL (180 ea / 30 days)
<i>desipramine hcl tab 75 mg</i>	QL (120 ea / 30 days)
<i>desipramine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>desipramine hcl tab 150 mg</i>	QL (60 ea / 30 days)
<i>doxepin hcl cap 10 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 25 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 50 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 75 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 150 mg</i>	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl conc 10 mg/ml</i>	QL (900 mL / 30 days); AGE (Max age 64 years)
<i>imipramine hcl tab 10 mg</i>	QL (180 ea / 30 days)
<i>imipramine hcl tab 25 mg</i>	QL (180 ea / 30 days)
<i>imipramine hcl tab 50 mg</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 10 mg (generic of PAMELOR)</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 25 mg (generic of PAMELOR)</i>	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 50 mg (generic of PAMELOR)</i>	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
<i>nortriptyline hcl cap 75 mg (generic of PAMELOR)</i>	QL (60 ea / 30 days)
<i>protriptyline hcl tab 5 mg</i>	QL (240 ea / 30 days)
<i>protriptyline hcl tab 10 mg</i>	QL (240 ea / 30 days)

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg (generic of PRECOSE)</i>	QL (90 ea / 30 days)
<i>acarbose tab 50 mg (generic of PRECOSE)</i>	QL (90 ea / 30 days)
<i>acarbose tab 100 mg (generic of PRECOSE)</i>	QL (120 ea / 30 days)

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	ST, QL (60 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	ST, QL (60 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	ST, QL (30 ea / 30 days); 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 (30 ea / 30 days); 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 (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni

Drug Name	Requirements/Limits
<i>alogliptin-pioglitazone tab 25-30 mg</i>	ST, QL (30 ea / 30 days); 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 (30 ea / 30 days); 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 (60 ea / 30 days); Generic Glucovance
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (60 ea / 30 days); Generic Glucovance
<i>glyburide-metformin tab 5-500 mg</i>	QL (120 ea / 30 days); Generic Glucovance
SEGLUROMET TAB 2.5-500	ST; Requires trial of metformin
SEGLUROMET TAB 2.5-1000	ST; Requires trial of metformin
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 (150 ea / 30 days)
<i>metformin hcl tab 850 mg</i>	QL (90 ea / 30 days)
<i>metformin hcl tab 1000 mg</i>	QL (60 ea / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	QL (120 ea / 30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (120 ea / 30 days)

DIABETIC OTHER

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

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product; Generic Nesina
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Drug Name	Requirements/Limits
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product; Generic Nesina

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

OZEMPIC INJ 2/1.5ML	ST, QL (1.5 mL / 25 days); Requires trial of metformin, 0.25 OR 0.5 MG/DOSE
OZEMPIC INJ 2/1.5ML	ST, QL (1.5 mL / 25 days); Requires trial of metformin, 1 MG/DOSE
OZEMPIC INJ 4MG/3ML	ST, QL (3 mL / 25 days); Requires trial of metformin
RYBELSUS TAB 3MG	ST, QL (30 ea / 30 days); Requires trial of metformin
RYBELSUS TAB 7MG	ST, QL (30 ea / 30 days); Requires trial of metformin
RYBELSUS TAB 14MG	ST, QL (30 ea / 30 days); Requires trial of metformin
TRULICITY INJ 0.75/0.5	ST, QL (2 mL / 25 days); Requires trial of metformin
TRULICITY INJ 1.5/0.5	ST, QL (2 mL / 25 days); Requires trial of metformin
TRULICITY INJ 3/0.5	ST, QL (2 mL / 25 days); Requires trial of metformin
TRULICITY INJ 4.5/0.5	ST, QL (2 mL / 25 days); Requires trial of metformin

INSULIN

ADMELOG INJ 100U/ML	QL (30 mL / 25 days)
ADMELOG SOLO INJ 100U/ML	QL (30 mL / 25 days)
BASAGLAR INJ 100UNIT	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50KWP	QL (30 mL / 25 days)
HUMULIN R INJ U-500	QL (18 mL / 25 days); (Kwikpen)
HUMULIN R INJ U-500	QL (20 mL / 25 days)
INS ASP PROT INJ FLEXPEN	QL (30 mL / 25 days)
INSULIN ASPA INJ 70/30	QL (30 mL / 25 days)
INSULIN ASPA INJ FLEXPEN	QL (30 mL / 25 days)
INSULIN LISP INJ PROTAMIN	QL (30 mL / 25 days)
NOVOLIN INJ 70/30	QL (30 mL / 25 days), OTC
NOVOLIN INJ 70/30 FP	QL (30 mL / 25 days), OTC

Drug Name	Requirements/Limits
NOVOLIN N INJ 100 UNIT	QL (30 mL / 25 days), OTC
NOVOLIN N INJ U-100	QL (30 mL / 25 days), OTC
NOVOLIN R INJ U-100	QL (30 mL / 25 days), OTC
NOVOLOG INJ FLEXPEN	QL (30 mL / 25 days)
NOVOLOG MIX INJ 70/30	QL (30 mL / 25 days)
NOVOLOG MIX INJ FLEX REL	QL (30 mL / 25 days)
NOVOLOG MIX INJ FLEXPEN	QL (30 mL / 25 days)
NOVOLOG RELI INJ 70/30	QL (30 mL / 25 days)
SEMGLEE INJ 100U/ML	QL (30 mL / 25 days); Pen
SEMGLEE SOL 100U/ML	QL (30 mL / 25 days)

INSULIN SENSITIZING AGENTS

pioglitazone hcl tab 15 mg (base equiv) (generic of ACTOS) QL (30 ea / 30 days)

pioglitazone hcl tab 30 mg (base equiv) (generic of ACTOS) QL (30 ea / 30 days)

pioglitazone hcl tab 45 mg (base equiv) (generic of ACTOS) QL (30 ea / 30 days)

MEGLITINIDE ANALOGUES

nateglinide tab 60 mg QL (90 ea / 30 days)

nateglinide tab 120 mg QL (90 ea / 30 days)

repaglinide tab 0.5 mg QL (180 ea / 30 days)

repaglinide tab 1 mg QL (180 ea / 30 days)

repaglinide tab 2 mg QL (180 ea / 30 days)

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

STEGLATRO TAB 5MG ST; Requires trial of metformin

STEGLATRO TAB 15MG ST; Requires trial of metformin

SULFONYLUREAS

glimepiride tab 1 mg (generic of AMARYL) QL (90 ea / 30 days)

glimepiride tab 2 mg (generic of AMARYL) QL (120 ea / 30 days)

glimepiride tab 4 mg (generic of AMARYL) QL (90 ea / 30 days)

glipizide tab 5 mg QL (240 ea / 30 days)

glipizide tab 10 mg QL (120 ea / 30 days)

glipizide tab er 24hr 2.5 mg (generic of GLUCOTROL XL) QL (60 ea / 30 days)

glipizide tab er 24hr 5 mg (generic of GLUCOTROL XL) QL (60 ea / 30 days)

glipizide tab er 24hr 10 mg (generic of GLUCOTROL XL) QL (60 ea / 30 days)

glipizide xl tab 2.5mg (generic of GLUCOTROL XL) QL (60 ea / 30 days)

glipizide xl tab 5mg (generic of GLUCOTROL XL) QL (60 ea / 30 days)

glipizide xl tab 10mg (generic of GLUCOTROL XL) QL (60 ea / 30 days)

glyburide micronized tab 1.5 mg (generic of GLYNASE) QL (120 ea / 30 days)

Drug Name	Requirements/Limits
<i>glyburide micronized tab 3 mg (generic of GLYNASE)</i>	QL (120 ea / 30 days)
<i>glyburide micronized tab 6 mg (generic of GLYNASE)</i>	QL (120 ea / 30 days)
<i>glyburide tab 1.25 mg</i>	QL (120 ea / 30 days)
<i>glyburide tab 2.5 mg</i>	QL (120 ea / 30 days)
<i>glyburide tab 5 mg</i>	QL (120 ea / 30 days)

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew tab 262 mg</i>	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i>	OTC
<i>bismuth subsalicylate tab 262 mg</i>	OTC

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	QL (1200 mL / 30 days)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg</i>	QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg</i>	QL (240 ea / 30 days), OTC
<i>loperamide hcl tab 2 mg</i>	QL (240 ea / 30 days), OTC
<i>loperamide sus 1mg/7.5</i>	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

OPIOID ANTAGONISTS

<i>naloxone hcl inj 0.4 mg/ml</i>	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
<i>naltrexone hcl tab 50 mg</i>	QL (60 ea / 30 days)
NARCAN SPR	
VIVITROL INJ 380MG	QL (1 ea / 28 days)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT₃ RECEPTOR ANTAGONISTS

<i>granisetron hcl tab 1 mg</i>	ST, QL (60 ea / 30 days); Requires trial of ondansetron
<i>ondansetron hcl oral soln 4 mg/5ml</i>	PA
<i>ondansetron hcl tab 4 mg (generic of ZOFTRAN)</i>	QL (90 ea / 25 days)
<i>ondansetron hcl tab 8 mg</i>	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	QL (90 ea / 25 days)

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate tab 50 mg</i>	QL (180 ea / 30 days), OTC
<i>meclizine hcl chew tab 25 mg</i>	QL (120 ea / 30 days), OTC
<i>meclizine hcl tab 12.5 mg</i>	QL (120 ea / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	QL (120 ea / 30 days), OTC

Drug Name	Requirements/Limits
<i>meclizine hcl tab 25 mg</i>	QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg</i>	QL (120 ea / 30 days), OTC
<i>scopolamine td patch 72hr 1 mg/3days</i> (generic of PA TRANSDERM-SCOP)	

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 (1200 mL / 30 days)
<i>nystatin tab 500000 unit</i>	QL (240 ea / 30 days)
<i>terbinafine hcl tab 250 mg</i>	QL (30 ea / 30 days)

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole for susp 10 mg/ml</i> (generic of DIFLUCAN)	QL (35 mL / 25 days); AGE (Max age 12 years)
<i>fluconazole for susp 40 mg/ml</i> (generic of DIFLUCAN)	QL (35 mL / 25 days); AGE (Max age 12 years)
<i>fluconazole tab 50 mg</i> (generic of DIFLUCAN)	QL (60 ea / 30 days)
<i>fluconazole tab 100 mg</i> (generic of DIFLUCAN)	QL (21 ea / 25 days)
<i>fluconazole tab 150 mg</i> (generic of DIFLUCAN)	QL (2 ea / 25 days)
<i>fluconazole tab 200 mg</i> (generic of DIFLUCAN)	QL (21 ea / 25 days)
<i>ketoconazole tab 200 mg</i>	QL (60 ea / 30 days)

ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHISTAMINES - ALKYLAMINES

<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	OTC
<i>chlorpheniramine tab 4 mg</i>	QL (180 ea / 30 days), OTC
<i>chlorpheniramine tab er 12 mg</i>	QL (60 ea / 30 days), OTC

ANTIHISTAMINES - 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 (60 ea / 30 days), OTC
<i>clemastine fumarate tab 2.68 mg</i>	QL (90 ea / 30 days)
<i>diphenhydramine hcl cap 25 mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>diphenhydramine hcl cap 50 mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
<i>diphenhydramine hcl chew tab 12.5 mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 12 years)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	QL (2400 mL / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl inj 50 mg/ml</i>	AGE (Max age 64 years)
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
<i>diphenhydramine hcl tab 25 mg</i>	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)

Drug Name	Requirements/Limits
ANTI-HISTAMINES - NON-SEDATING	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (300 mL / 30 days); AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl tab 5 mg</i>	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i>	QL (30 ea / 30 days), OTC
<i>loratadine rapidly-disintegrating tab 10 mg</i>	QL (30 ea / 30 days), OTC; AGE (Max age 12 years)
<i>loratadine syrup 5 mg/5ml</i>	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>loratadine tab 10 mg</i>	QL (30 ea / 30 days), OTC
ANTI-HISTAMINES - PHENOTHIAZINES	
<i>promethazine hcl inj 25 mg/ml (generic of PHENERGAN)</i>	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl inj 50 mg/ml (generic of PHENERGAN)</i>	QL (1500 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl suppos 12.5 mg</i>	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl suppos 25 mg</i>	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 12.5 mg</i>	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 25 mg</i>	QL (180 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 50 mg</i>	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
ANTI-HISTAMINES - PIPERIDINES	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	QL (600 mL / 30 days); AGE (Max age 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL	
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS	
NEXLETOL TAB 180MG	PA

Drug Name	Requirements/Limits
ANTIHYPERLIPIDEMICS - COMBINATIONS	
NEXLIZET TAB 180/10MG	PA
BILE ACID SEQUESTRANTS	
<i>cholestyramine light powder 4 gm/dose</i> (generic of QUESTRAN LIGHT)	QL (240 gm / 30 days)
<i>cholestyramine powder 4 gm/dose</i> (generic of QUESTRAN)	QL (1440 gm / 30 days)
<i>colestipol hcl tab 1 gm</i> (generic of COLESTID)	QL (480 ea / 30 days)
<i>prevalite pow 4gm</i> (generic of QUESTRAN LIGHT)	QL (240 gm / 30 days)
FIBRIC ACID DERIVATIVES	
<i>fenofibrate tab 48 mg</i> (generic of TRICOR)	QL (30 ea / 30 days)
<i>fenofibrate tab 54 mg</i>	QL (30 ea / 30 days)
<i>fenofibrate tab 145 mg</i> (generic of TRICOR)	QL (30 ea / 30 days)
<i>fenofibrate tab 160 mg</i>	QL (30 ea / 30 days)
<i>gemfibrozil tab 600 mg</i> (generic of LOPID)	QL (120 ea / 30 days)
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i> (generic of LIPITOR)	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i> (generic of LIPITOR)	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i> (generic of LIPITOR)	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> (generic of LIPITOR)	QL (30 ea / 30 days)
<i>lovastatin tab 10 mg</i>	QL (30 ea / 30 days)
<i>lovastatin tab 20 mg</i>	QL (30 ea / 30 days)
<i>lovastatin tab 40 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 10 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 20 mg</i>	QL (30 ea / 30 days)
<i>pravastatin sodium tab 40 mg</i> (generic of PRAVACHOL)	QL (30 ea / 30 days)
<i>pravastatin sodium tab 80 mg</i>	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 5 mg</i> (generic of CRESTOR)	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 10 mg</i> (generic of CRESTOR)	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 20 mg</i> (generic of CRESTOR)	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 40 mg</i> (generic of CRESTOR)	QL (30 ea / 30 days)
<i>simvastatin tab 5 mg</i>	QL (30 ea / 30 days)
<i>simvastatin tab 10 mg</i> (generic of ZOCOR)	QL (30 ea / 30 days)
<i>simvastatin tab 20 mg</i> (generic of ZOCOR)	QL (30 ea / 30 days)
<i>simvastatin tab 40 mg</i> (generic of ZOCOR)	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
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INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg (generic of ZETIA)</i>	QL (30 ea / 30 days)
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PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML	PA
REPATHA PUSH INJ 420/3.5	PA, QL (3.5 mL / 25 days)
REPATHA SURE INJ 140MG/ML	PA

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	QL (45 ea / 30 days)
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<i>benazepril hcl tab 10 mg (generic of LOTENSIN)</i>	QL (45 ea / 30 days)
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<i>benazepril hcl tab 20 mg (generic of LOTENSIN)</i>	QL (45 ea / 30 days)
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<i>benazepril hcl tab 40 mg (generic of LOTENSIN)</i>	QL (60 ea / 30 days)
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<i>captopril tab 12.5 mg</i>	QL (90 ea / 30 days)
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<i>captopril tab 25 mg</i>	QL (90 ea / 30 days)
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<i>captopril tab 50 mg</i>	QL (90 ea / 30 days)
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<i>captopril tab 100 mg</i>	QL (90 ea / 30 days)
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<i>enalapril maleate tab 2.5 mg (generic of VASOTEC)</i>	QL (30 ea / 30 days)
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<i>enalapril maleate tab 5 mg (generic of VASOTEC)</i>	QL (30 ea / 30 days)
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<i>enalapril maleate tab 10 mg (generic of VASOTEC)</i>	QL (30 ea / 30 days)
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<i>enalapril maleate tab 20 mg (generic of VASOTEC)</i>	QL (60 ea / 30 days)
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<i>fosinopril sodium tab 10 mg</i>	QL (30 ea / 30 days)
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<i>fosinopril sodium tab 20 mg</i>	QL (30 ea / 30 days)
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<i>fosinopril sodium tab 40 mg</i>	QL (30 ea / 30 days)
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<i>lisinopril tab 2.5 mg (generic of ZESTRIL)</i>	QL (30 ea / 30 days)
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<i>lisinopril tab 5 mg (generic of ZESTRIL)</i>	QL (30 ea / 30 days)
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<i>lisinopril tab 10 mg (generic of ZESTRIL)</i>	QL (30 ea / 30 days)
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<i>lisinopril tab 20 mg (generic of ZESTRIL)</i>	QL (30 ea / 30 days)
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<i>lisinopril tab 30 mg (generic of ZESTRIL)</i>	QL (60 ea / 30 days)
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<i>lisinopril tab 40 mg (generic of ZESTRIL)</i>	QL (60 ea / 30 days)
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<i>quinapril hcl tab 5 mg (generic of ACCUPRIL)</i>	QL (30 ea / 30 days)
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<i>quinapril hcl tab 10 mg (generic of ACCUPRIL)</i>	QL (30 ea / 30 days)
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<i>quinapril hcl tab 20 mg (generic of ACCUPRIL)</i>	QL (30 ea / 30 days)
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<i>quinapril hcl tab 40 mg (generic of ACCUPRIL)</i>	QL (60 ea / 30 days)
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<i>ramipril cap 1.25 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
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<i>ramipril cap 2.5 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
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<i>ramipril cap 5 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
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<i>ramipril cap 10 mg (generic of ALTACE)</i>	QL (30 ea / 30 days)
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<i>trandolapril tab 1 mg</i>	QL (30 ea / 30 days)
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<i>trandolapril tab 2 mg</i>	QL (30 ea / 30 days)
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<i>trandolapril tab 4 mg (generic of MAVIK)</i>	QL (30 ea / 30 days)
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan tab 75 mg (generic of AVAPRO)</i>	QL (30 ea / 30 days)
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<i>irbesartan tab 150 mg (generic of AVAPRO)</i>	QL (30 ea / 30 days)
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Drug Name	Requirements/Limits
<i>irbesartan tab 300 mg (generic of AVAPRO)</i>	QL (30 ea / 30 days)
<i>losartan potassium tab 25 mg (generic of COZAAR)</i>	QL (30 ea / 30 days)
<i>losartan potassium tab 50 mg (generic of COZAAR)</i>	QL (30 ea / 30 days)
<i>losartan potassium tab 100 mg (generic of COZAAR)</i>	QL (30 ea / 30 days)
<i>valsartan tab 40 mg (generic of DIOVAN)</i>	QL (60 ea / 30 days)
<i>valsartan tab 80 mg (generic of DIOVAN)</i>	QL (60 ea / 30 days)
<i>valsartan tab 160 mg (generic of DIOVAN)</i>	QL (60 ea / 30 days)
<i>valsartan tab 320 mg (generic of DIOVAN)</i>	QL (60 ea / 30 days)

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine hcl tab 0.1 mg</i>	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.2 mg</i>	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.3 mg</i>	QL (120 ea / 30 days)
<i>doxazosin mesylate tab 1 mg</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	QL (60 ea / 30 days)
<i>guanfacine hcl tab 1 mg</i>	QL (120 ea / 30 days); Generic Tenex
<i>guanfacine hcl tab 2 mg</i>	QL (60 ea / 30 days); Generic Tenex
<i>prazosin hcl cap 1 mg (generic of MINIPRESS)</i>	QL (180 ea / 30 days)
<i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i>	QL (180 ea / 30 days)
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	QL (180 ea / 30 days)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	QL (60 ea / 30 days)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	QL (30 ea / 30 days)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	QL (60 ea / 30 days)

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	QL (30 ea / 30 days)
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	QL (60 ea / 30 days)
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	QL (30 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	QL (120 ea / 30 days)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	QL (60 ea / 30 days)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	QL (60 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	QL (30 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	QL (30 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	QL (60 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> (generic of ACCURETIC)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	QL (30 ea / 30 days)

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	QL (300 ea / 30 days)
<i>hydralazine hcl tab 25 mg</i>	QL (120 ea / 30 days)
<i>hydralazine hcl tab 50 mg</i>	QL (240 ea / 30 days)
<i>hydralazine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>minoxidil tab 2.5 mg</i>	QL (150 ea / 30 days)
<i>minoxidil tab 10 mg</i>	QL (150 ea / 30 days)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tab 250 mg</i>	QL (10 ea / 3 days)
<i>chloroquine phosphate tab 500 mg</i>	QL (5 ea / 3 days)
<i>hydroxychloroquine sulfate tab 200 mg</i> (generic of PLAQUENIL)	QL (120 ea / 30 days)
<i>mefloquine hcl tab 250 mg</i>	QL (120 ea / 30 days)

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 (180 ea / 30 days)
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ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>ethambutol hcl tab 100 mg</i>	QL (150 ea / 30 days)
<i>ethambutol hcl tab 400 mg</i> (generic of MYAMBUTOL)	QL (150 ea / 30 days)
<i>isoniazid syrup 50 mg/5ml</i>	QL (900 mL / 30 days)
<i>isoniazid tab 100 mg</i>	QL (180 ea / 30 days)
<i>isoniazid tab 300 mg</i>	QL (90 ea / 30 days)
PRIFTIN TAB 150MG	QL (24 ea / 21 days)
<i>pyrazinamide tab 500 mg</i>	QL (180 ea / 30 days)
<i>rifampin cap 150 mg</i>	QL (240 ea / 30 days)
<i>rifampin cap 300 mg</i>	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER	

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	SP, QL (480 ea / 30 days)
<i>cyclophosphamide cap 50 mg</i>	SP, QL (480 ea / 30 days)
LEUKERAN TAB 2MG	QL (240 ea / 30 days)
<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 (generic of TEMODAR)</i>	SP, PA
<i>temozolomide cap 140 mg (generic of TEMODAR)</i>	SP, PA
<i>temozolomide cap 180 mg (generic of TEMODAR)</i>	SP, PA
<i>temozolomide cap 250 mg (generic of TEMODAR)</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 (120 ea / 30 days)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	QL (10 mL / 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	QL (720 ea / 30 days)

ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl tab 25 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA, QL (90 ea / 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA, QL (30 ea / 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent) (generic of TARCEVA)</i>	SP, PA, QL (30 ea / 30 days)
TAGRISSO TAB 40MG	SP, PA, QL (30 ea / 30 days)
TAGRISSO TAB 80MG	SP, PA, QL (30 ea / 30 days)

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tab 250 mg (generic of ZYTIGA)</i>	SP, PA, QL (120 ea / 30 days)
<i>anastrozole tab 1 mg (generic of ARIMIDEX)</i>	QL (30 ea / 30 days)
<i>bicalutamide tab 50 mg (generic of CASODEX)</i>	QL (90 ea / 30 days)
ELIGARD INJ 7.5MG	PA
ELIGARD INJ 22.5MG	PA
ELIGARD INJ 30MG	PA
ELIGARD INJ 45MG	PA

Drug Name	Requirements/Limits
<i>flutamide cap 125 mg</i>	QL (180 ea / 30 days)
<i>letrozole tab 2.5 mg (generic of FEMARA)</i>	QL (30 ea / 30 days)
<i>leuprolide acetate inj kit 5 mg/ml</i>	PA
LYSODREN TAB 500MG	
<i>megestrol acetate susp 40 mg/ml</i>	QL (1200 mL / 30 days)
<i>megestrol acetate tab 20 mg</i>	QL (1200 ea / 30 days)
<i>megestrol acetate tab 40 mg</i>	QL (600 ea / 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	QL (60 ea / 30 days)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	QL (60 ea / 30 days)

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAP 150MG	SP, PA, QL (240 ea / 30 days)
BRUKINSA CAP 80MG	SP, PA, QL (120 ea / 30 days)
IBRANCE CAP 75MG	SP, PA, QL (30 ea / 30 days)
IBRANCE CAP 100MG	SP, PA, QL (30 ea / 30 days)
IBRANCE CAP 125MG	SP, PA, QL (30 ea / 30 days)
IBRANCE TAB 75MG	SP, PA, QL (30 ea / 30 days)
IBRANCE TAB 100MG	SP, PA, QL (30 ea / 30 days)
IBRANCE TAB 125MG	SP, PA, QL (30 ea / 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent) (generic of GLEEVEC)</i>	SP, PA, QL (90 ea / 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent) (generic of GLEEVEC)</i>	SP, PA, QL (60 ea / 30 days)
IMBRUVICA CAP 140MG	SP, PA, QL (90 ea / 30 days)
IMBRUVICA TAB 420MG	SP, PA, QL (30 ea / 30 days)
IMBRUVICA TAB 560MG	SP, PA, QL (30 ea / 30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv) (generic of TYKERB)</i>	SP, PA, QL (180 ea / 30 days)
NEXAVAR TAB 200MG	SP, PA, QL (120 ea / 30 days)
SPRYCEL TAB 20MG	SP, PA, QL (90 ea / 30 days)
SPRYCEL TAB 50MG	SP, PA, QL (30 ea / 30 days)
SPRYCEL TAB 70MG	SP, PA, QL (30 ea / 30 days)

Drug Name	Requirements/Limits
SPRYCEL TAB 80MG	SP, PA, QL (30 ea / 30 days)
SPRYCEL TAB 100MG	SP, PA, QL (30 ea / 30 days)
SPRYCEL TAB 140MG	SP, PA, QL (30 ea / 30 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (120 ea / 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (60 ea / 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (30 ea / 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i> (generic of SUTENT)	SP, PA, QL (30 ea / 30 days)

ANTINEOPLASTICS MISC.

<i>hydroxyurea cap 500 mg</i> (generic of HYDREA)	
INTRON A INJ 10MU	SP, PA
INTRON A INJ 25MU	SP, PA
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
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ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate tab 0.5 mg</i>	QL (150 ea / 30 days); AGE (Max age 64 years)
<i>benztropine mesylate tab 1 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>benztropine mesylate tab 2 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	PA
<i>trihexyphenidyl hcl tab 2 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)

ANTIPARKINSON COMT INHIBITORS

<i>entacapone tab 200 mg</i> (generic of COMTAN)	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
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Drug Name	Requirements/Limits
ANTIPARKINSON DOPAMINERGICS	
<i>amantadine hcl cap 100 mg</i>	QL (120 ea / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	QL (1200 mL / 30 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	QL (180 ea / 30 days)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	QL (180 ea / 30 days)
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	QL (240 ea / 30 days)
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	QL (360 ea / 30 days)
<i>carbidopa & levodopa tab 25-250 mg</i>	QL (240 ea / 30 days)
<i>carbidopa & levodopa tab er 25-100 mg</i>	QL (120 ea / 30 days)
<i>carbidopa & levodopa tab er 50-200 mg</i>	QL (240 ea / 30 days)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	ST, QL (180 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tab 0.5 mg</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.25 mg</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.75 mg</i>	QL (180 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 1 mg</i>	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 1.5 mg</i>	QL (90 ea / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	QL (180 ea / 30 days)
<i>ropinirole hydrochloride tab 0.25 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 1 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 2 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 3 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 4 mg</i>	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 5 mg</i>	QL (360 ea / 30 days)

Drug Name	Requirements/Limits
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	
<i>selegiline hcl cap 5 mg</i>	QL (60 ea / 30 days)
<i>selegiline hcl tab 5 mg</i>	QL (60 ea / 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES	
ANTIMANIC AGENTS	
<i>lithium carbonate cap 150 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate cap 300 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate cap 600 mg</i>	QL (90 ea / 30 days)
<i>lithium carbonate tab 300 mg</i>	QL (180 ea / 30 days)
<i>lithium carbonate tab er 300 mg (generic of LITHOBID)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>lithium carbonate tab er 450 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
ANTIPSYCHOTICS - MISC.	
LATUDA TAB 20MG	PA
LATUDA TAB 40MG	PA
LATUDA TAB 60MG	PA
LATUDA TAB 80MG	PA
LATUDA TAB 120MG	PA
VRAYLAR CAP 1.5-3MG	PA
VRAYLAR CAP 1.5MG	PA
VRAYLAR CAP 3MG	PA
VRAYLAR CAP 4.5MG	PA
VRAYLAR CAP 6MG	PA
<i>ziprasidone hcl cap 20 mg (generic of GEODON)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 40 mg (generic of GEODON)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 60 mg (generic of GEODON)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>ziprasidone hcl cap 80 mg (generic of GEODON)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
BENZISOXAZOLES	
FANAPT PAK	PA
FANAPT TAB 1MG	PA
FANAPT TAB 2MG	PA
FANAPT TAB 4MG	PA
FANAPT TAB 6MG	PA
FANAPT TAB 8MG	PA
FANAPT TAB 10MG	PA
FANAPT TAB 12MG	PA
INVEGA SUST INJ 39/0.25	QL (0.25 mL / 25 days)

Drug Name	Requirements/Limits
INVEGA SUST INJ 78/0.5ML	QL (0.5 mL / 25 days)
INVEGA SUST INJ 117/0.75	QL (0.75 mL / 25 days)
INVEGA SUST INJ 156MG/ML	QL (1 mL / 25 days)
INVEGA SUST INJ 234/1.5	QL (1.5 mL / 25 days)
INVEGA TRINZ INJ 273MG	QL (0.875 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 410MG	QL (1.315 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 546MG	QL (1.75 mL / 71 days); AGE (Min age 6 years)
INVEGA TRINZ INJ 819MG	QL (2.65 mL / 71 days); AGE (Min age 6 years)
<i>paliperidone tab er 24hr 1.5 mg</i> (generic of INVEGA)	PA
<i>paliperidone tab er 24hr 3 mg</i> (generic of INVEGA)	PA
<i>paliperidone tab er 24hr 6 mg</i> (generic of INVEGA)	PA
<i>paliperidone tab er 24hr 9 mg</i> (generic of INVEGA)	PA
RISPERDAL INJ 12.5MG	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 25MG	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 37.5MG	QL (2 ea / 25 days); AGE (Min age 6 years)
RISPERDAL INJ 50MG	QL (2 ea / 25 days); AGE (Min age 6 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 1 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 2 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	QL (120 ea / 30 days); AGE (Min age 5 years)
<i>risperidone soln 1 mg/ml</i> (generic of RISPERDAL)	QL (480 mL / 30 days); AGE (Min age 5 years)
<i>risperidone tab 0.5 mg</i> (generic of RISPERDAL)	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 0.25 mg</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 1 mg</i> (generic of RISPERDAL)	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 2 mg</i> (generic of RISPERDAL)	QL (60 ea / 30 days); AGE (Min age 5 years)

Drug Name	Requirements/Limits
<i>risperidone tab 3 mg (generic of RISPERDAL)</i>	QL (60 ea / 30 days); AGE (Min age 5 years)
<i>risperidone tab 4 mg (generic of RISPERDAL)</i>	QL (120 ea / 30 days); AGE (Min age 5 years)

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml (generic of HALDOL DECANOATE 50)</i>	AGE (Min age 6 years)
<i>haloperidol decanoate im soln 100 mg/ml (generic of HALDOL DECANOATE 100)</i>	AGE (Min age 6 years)
<i>haloperidol lactate inj 5 mg/ml</i>	AGE (Min age 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	AGE (Min age 6 years)
<i>haloperidol tab 0.5 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 1 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 2 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 5 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 10 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)
<i>haloperidol tab 20 mg</i>	QL (150 ea / 30 days); AGE (Min age 6 years)

DIBENZAPINES

<i>asenapine maleate sl tab 5 mg (base equiv) (generic of SAPHRIS)</i>	PA
<i>asenapine maleate sl tab 10 mg (base equiv) (generic of SAPHRIS)</i>	PA
<i>clozapine tab 25 mg (generic of CLOZARIL)</i>	AGE (Min age 6 years)
<i>clozapine tab 50 mg (generic of CLOZARIL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>clozapine tab 100 mg (generic of CLOZARIL)</i>	AGE (Min age 6 years)
<i>clozapine tab 200 mg (generic of CLOZARIL)</i>	AGE (Min age 6 years)
CLOZARIL TAB 25MG	AGE (Min age 6 years)
CLOZARIL TAB 50MG	QL (60 ea / 30 days); AGE (Min age 6 years)
CLOZARIL TAB 100MG	AGE (Min age 6 years)
CLOZARIL TAB 200MG	AGE (Min age 6 years)
<i>loxapine succinate cap 5 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 10 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 25 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>loxapine succinate cap 50 mg</i>	QL (450 ea / 30 days); AGE (Min age 6 years)

Drug Name	Requirements/Limits
<i>olanzapine tab 2.5 mg (generic of ZYPREXA)</i>	ST, QL (30 ea / 30 days); Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 5 mg (generic of ZYPREXA)</i>	ST, QL (30 ea / 30 days); Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 7.5 mg (generic of ZYPREXA)</i>	ST, QL (30 ea / 30 days); Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 10 mg (generic of ZYPREXA)</i>	ST, QL (30 ea / 30 days); Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 15 mg (generic of ZYPREXA)</i>	ST, QL (30 ea / 30 days); Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>olanzapine tab 20 mg (generic of ZYPREXA)</i>	ST, QL (30 ea / 30 days); Requires trial of risperidone or quetiapine or clozapine; AGE (Min age 6 years)
<i>quetiapine fumarate tab 25 mg (generic of SEROQUEL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 50 mg (generic of SEROQUEL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 100 mg (generic of SEROQUEL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 200 mg (generic of SEROQUEL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 300 mg (generic of SEROQUEL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab 400 mg (generic of SEROQUEL)</i>	QL (60 ea / 30 days); AGE (Min age 6 years)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	PA, QL (30 ea / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	PA, QL (30 ea / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	PA, QL (30 ea / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	PA, QL (30 ea / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	PA, QL (30 ea / 30 days)
ZYPREXA RELP INJ 210MG	QL (2 ea / 25 days); AGE (Min age 6 years)
ZYPREXA RELP INJ 300MG	QL (2 ea / 25 days); AGE (Min age 6 years)
ZYPREXA RELP INJ 405MG	QL (1 ea / 25 days); AGE (Min age 6 years)

Drug Name	Requirements/Limits
PHENOTHIAZINES	
<i>chlorpromazine hcl tab 10 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 25 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 50 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 100 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>chlorpromazine hcl tab 200 mg</i>	QL (360 ea / 30 days); AGE (Min age 6 years)
<i>compro sup 25mg</i>	QL (360 ea / 30 days)
<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 (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 2.5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 5 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>fluphenazine hcl tab 10 mg</i>	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>perphenazine tab 2 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 4 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 8 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>perphenazine tab 16 mg</i>	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	QL (300 ea / 30 days); AGE (Min age 6 years)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	QL (240 ea / 30 days); AGE (Min age 6 years)
<i>prochlorperazine suppos 25 mg</i>	QL (360 ea / 30 days)
<i>thioridazine hcl tab 10 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 25 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 50 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>thioridazine hcl tab 100 mg</i>	QL (90 ea / 30 days); AGE (Max age 64 years)

Drug Name	Requirements/Limits
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	QL (120 ea / 30 days); AGE (Min age 6 years)

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG	QL (1 ea / 25 days); AGE (Min age 6 years)
ABILIFY MAIN INJ 400MG	QL (1 ea / 25 days); AGE (Min age 6 years)
<i>aripiprazole oral solution 1 mg/ml</i>	PA; AGE (Min age 6 years)
<i>aripiprazole orally disintegrating tab 10 mg</i>	PA, QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole orally disintegrating tab 15 mg</i>	PA, QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 2 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 5 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 10 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 15 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 20 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
<i>aripiprazole tab 30 mg (generic of ABILIFY)</i>	QL (30 ea / 30 days); AGE (Min age 6 years)
ARISTADA INJ 441MG/1.	QL (1.6 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 662MG/2	QL (2.4 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 882MG/3	QL (3.2 mL / 25 days); AGE (Min age 6 years)
ARISTADA INJ 1064MG	QL (3.9 mL / 50 days); AGE (Min age 6 years)

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 2 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 5 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>thiothixene cap 10 mg</i>	QL (180 ea / 30 days); AGE (Min age 6 years)

Drug Name	Requirements/Limits
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT	
CHLORINE ANTISEPTICS	
<i>betasept liq 4%</i>	OTC
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS	
ANTIRETROVIRALS	
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i> (generic of ZIAGEN)	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i> (generic of ZIAGEN)	QL (60 ea / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	QL (30 ea / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> (generic of TRIZIVIR)	QL (60 ea / 30 days)
APTIVUS CAP 250MG	QL (120 ea / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i> (generic of REYATAZ)	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i> (generic of REYATAZ)	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i> (generic of REYATAZ)	QL (30 ea / 30 days)
BIKTARVY TAB	QL (30 ea / 30 days)
CIMDUO TAB 300-300	QL (30 ea / 30 days)
COMPLERA TAB	QL (30 ea / 30 days)
CRIXIVAN CAP 400MG	QL (180 ea / 30 days)
DELSTRIGO TAB	QL (30 ea / 30 days)
DESCOVY TAB 200/25MG	QL (30 ea / 30 days)
DOVATO TAB 50-300MG	QL (30 ea / 30 days)
EDURANT TAB 25MG	QL (30 ea / 30 days)
<i>efavirenz cap 50 mg</i> (generic of SUSTIVA)	QL (360 ea / 30 days)
<i>efavirenz cap 200 mg</i> (generic of SUSTIVA)	QL (90 ea / 30 days)
<i>efavirenz tab 600 mg</i> (generic of SUSTIVA)	QL (30 ea / 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	QL (30 ea / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	QL (30 ea / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	QL (30 ea / 30 days)
<i>emtricitabine caps 200 mg</i> (generic of EMTRIVA)	QL (30 ea / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	QL (30 ea / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	QL (30 ea / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	QL (30 ea / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
EMTRIVA SOL 10MG/ML	QL (600 mL / 30 days)
<i>etravirine tab 100 mg</i> (generic of INTELENCE)	QL (120 ea / 30 days)
<i>etravirine tab 200 mg</i> (generic of INTELENCE)	QL (60 ea / 30 days)
EVOTAZ TAB 300-150	QL (30 ea / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i> (generic of LEXIVA)	QL (120 ea / 30 days)
FUZEON INJ 90MG	QL (60 ea / 30 days)
GENVOYA TAB	QL (30 ea / 30 days)
INTELENCE TAB 25MG	QL (120 ea / 30 days)
INVIRASE TAB 500MG	QL (120 ea / 30 days)
ISENTRESS CHW 25MG	QL (180 ea / 30 days)
ISENTRESS CHW 100MG	QL (360 ea / 30 days)
ISENTRESS HD TAB 600MG	QL (60 ea / 30 days)
ISENTRESS POW 100MG	QL (60 ea / 30 days)
ISENTRESS TAB 400MG	QL (60 ea / 30 days)
JULUCA TAB 50-25MG	QL (30 ea / 30 days)
<i>lamivudine oral soln 10 mg/ml</i> (generic of EPIVIR)	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i> (generic of EPIVIR)	QL (60 ea / 30 days)
<i>lamivudine tab 300 mg</i> (generic of EPIVIR)	QL (30 ea / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	QL (60 ea / 30 days)
LEXIVA SUS 50MG/ML	QL (1680 mL / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	QL (525 mL / 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	QL (240 ea / 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	QL (120 ea / 30 days)
<i>nevirapine sus 50mg/5ml</i>	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	QL (60 ea / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	QL (90 ea / 30 days)
<i>nevirapine tab er 24hr 400 mg</i> (generic of VIRAMUNE XR)	QL (30 ea / 30 days)
NORVIR SOL 80MG/ML	QL (450 mL / 30 days)
ODEFSEY TAB	QL (30 ea / 30 days)
PIFELTRO TAB 100MG	QL (30 ea / 30 days)
PREZCOBIX TAB 800-150	QL (30 ea / 30 days)
PREZISTA SUS 100MG/ML	QL (240 mL / 30 days)
PREZISTA TAB 75MG	QL (300 ea / 30 days)
PREZISTA TAB 150MG	QL (1800 ea / 30 days)
PREZISTA TAB 600MG	QL (60 ea / 30 days)
PREZISTA TAB 800MG	QL (30 ea / 30 days)
RETROVIR INJ 10MG/ML	QL (3000 mL / 30 days)
REYATAZ POW 50MG	QL (180 ea / 30 days)
<i>ritonavir tab 100 mg</i> (generic of NORVIR)	QL (360 ea / 30 days)
RUKOBIA TAB 600MG ER	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
SELZENTRY SOL 20MG/ML	QL (1800 mL / 30 days)
SELZENTRY TAB 25MG	QL (1440 ea / 30 days)
SELZENTRY TAB 75MG	QL (480 ea / 30 days)
SELZENTRY TAB 150MG	QL (60 ea / 30 days)
SELZENTRY TAB 300MG	QL (60 ea / 30 days)
<i>stavudine cap 15 mg</i>	QL (60 ea / 30 days)
<i>stavudine cap 20 mg</i>	QL (60 ea / 30 days)
<i>stavudine cap 30 mg</i>	QL (60 ea / 30 days)
<i>stavudine cap 40 mg</i>	QL (60 ea / 30 days)
STRIBILD TAB	QL (30 ea / 30 days)
SYMTUZA TAB	QL (30 ea / 30 days)
TEMIXYS TAB 300-300	QL (30 ea / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i> (generic of VIREAD)	QL (30 ea / 30 days)
TIVICAY PD TAB 5MG	QL (180 ea / 30 days)
TIVICAY TAB 10MG	QL (60 ea / 30 days)
TIVICAY TAB 25MG	QL (60 ea / 30 days)
TIVICAY TAB 50MG	QL (60 ea / 30 days)
TRIUMEQ TAB	QL (30 ea / 30 days)
TRUVADA TAB 200-300	QL (30 ea / 30 days)
TYBOST TAB 150MG	QL (30 ea / 30 days)
VIRACEPT TAB 250MG	QL (300 ea / 30 days)
VIRACEPT TAB 625MG	QL (120 ea / 30 days)
VIREAD POW 40MG/GM	QL (225 gm / 30 days)
VIREAD TAB 150MG	QL (30 ea / 30 days)
VIREAD TAB 200MG	QL (30 ea / 30 days)
VIREAD TAB 250MG	QL (30 ea / 30 days)
<i>zidovudine cap 100 mg</i> (generic of RETROVIR)	QL (180 ea / 30 days)
<i>zidovudine syrup 10 mg/ml</i> (generic of RETROVIR)	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	QL (60 ea / 30 days)

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> (generic of HEPSERA)	QL (30 ea / 30 days)
BARACLUDE SOL	QL (900 mL / 30 days)
<i>entecavir tab 0.5 mg</i> (generic of BARACLUDE)	QL (30 ea / 30 days)
<i>entecavir tab 1 mg</i> (generic of BARACLUDE)	QL (30 ea / 30 days)
<i>lamivudine tab 100 mg</i> (hbv) (generic of EPIVIR HBV)	QL (90 ea / 30 days)
LEDIP-SOFOSB TAB 90-400MG	SP, PA, QL (30 ea / 30 days); Preferred agent
PEGASYS INJ	SP, PA

Drug Name	Requirements/Limits
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, PA, QL (30 ea / 30 days); Preferred agent
SOVALDI TAB 400MG	SP, PA
VEMLIDY TAB 25MG	PA
VOSEVI TAB	SP, PA, QL (30 ea / 30 days)
ZEPATIER TAB 50-100MG	SP, PA

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	QL (150 ea / 30 days)
<i>acyclovir susp 200 mg/5ml (generic of ZOVIRAX)</i>	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i>	QL (150 ea / 30 days)
<i>acyclovir tab 800 mg</i>	QL (150 ea / 30 days)
<i>famciclovir tab 125 mg</i>	QL (90 ea / 30 days)
<i>famciclovir tab 250 mg</i>	QL (90 ea / 30 days)
<i>famciclovir tab 500 mg</i>	QL (90 ea / 30 days)
<i>valacyclovir hcl tab 1 gm (generic of VALTREX)</i>	QL (240 ea / 30 days)
<i>valacyclovir hcl tab 500 mg (generic of VALTREX)</i>	QL (240 ea / 30 days)

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv) (generic of TAMIFLU)</i>	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg (base equiv) (generic of TAMIFLU)</i>	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 75 mg (base equiv) (generic of TAMIFLU)</i>	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv) (generic of TAMIFLU)</i>	QL (max quantity 180 per fill)
RELENZA MIS DISKHALE	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i>	QL (60 ea / 30 days)

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

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg (generic of COREG)</i>	QL (60 ea / 30 days)
<i>carvedilol tab 6.25 mg (generic of COREG)</i>	QL (60 ea / 30 days)
<i>carvedilol tab 12.5 mg (generic of COREG)</i>	QL (60 ea / 30 days)
<i>carvedilol tab 25 mg (generic of COREG)</i>	QL (60 ea / 30 days)
<i>labetalol hcl tab 100 mg</i>	QL (120 ea / 30 days)
<i>labetalol hcl tab 200 mg</i>	QL (120 ea / 30 days)
<i>labetalol hcl tab 300 mg</i>	QL (180 ea / 30 days)

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	QL (480 ea / 30 days)
<i>acebutolol hcl cap 400 mg</i>	QL (480 ea / 30 days)
<i>atenolol tab 25 mg (generic of TENORMIN)</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<i>atenolol tab 50 mg (generic of TENORMIN)</i>	QL (60 ea / 30 days)
<i>atenolol tab 100 mg (generic of TENORMIN)</i>	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 5 mg</i>	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 10 mg</i>	QL (60 ea / 30 days)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (90 ea / 30 days)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (120 ea / 30 days)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (90 ea / 30 days)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	QL (60 ea / 30 days)
<i>metoprolol tartrate tab 25 mg</i>	QL (90 ea / 30 days)
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	QL (90 ea / 30 days)
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	QL (90 ea / 30 days)

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tab 20 mg (generic of CORGARD)</i>	QL (90 ea / 30 days)
<i>nadolol tab 40 mg (generic of CORGARD)</i>	QL (90 ea / 30 days)
<i>nadolol tab 80 mg (generic of CORGARD)</i>	QL (60 ea / 30 days)
<i>propranolol hcl cap er 24hr 60 mg (generic of INDERAL LA)</i>	QL (90 ea / 30 days)
<i>propranolol hcl cap er 24hr 80 mg (generic of INDERAL LA)</i>	QL (120 ea / 30 days)
<i>propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)</i>	QL (90 ea / 30 days)
<i>propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)</i>	QL (60 ea / 30 days)
<i>propranolol hcl oral soln 20 mg/5ml</i>	QL (600 mL / 30 days)
<i>propranolol hcl oral soln 40 mg/5ml</i>	
<i>propranolol hcl tab 10 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 20 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 40 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 60 mg</i>	QL (180 ea / 30 days)
<i>propranolol hcl tab 80 mg</i>	QL (180 ea / 30 days)
<i>sorine tab 80mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sorine tab 120mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sorine tab 160mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sorine tab 240mg</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/af) tab 80 mg (generic of BETAPACE AF)</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/af) tab 120 mg (generic of BETAPACE AF)</i>	QL (60 ea / 30 days)
<i>sotalol hcl (afib/af) tab 160 mg (generic of BETAPACE AF)</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<i>sotalol hcl tab 80 mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 120 mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 160 mg (generic of BETAPACE)</i>	QL (60 ea / 30 days)
<i>sotalol hcl tab 240 mg</i>	QL (60 ea / 30 days)

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 (30 ea / 30 days)
<i>amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)</i>	QL (30 ea / 30 days)
<i>amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 120/24hr (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 180/24hr (generic of CARDIZEM CD)</i>	QL (60 ea / 30 days)
<i>cartia xt cap 240/24hr (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>cartia xt cap 300/24hr (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>dilt-xr cap 120mg</i>	QL (60 ea / 30 days)
<i>dilt-xr cap 180mg</i>	QL (60 ea / 30 days)
<i>dilt-xr cap 240mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 120 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 180 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 240 mg</i>	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 120 mg (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 180 mg (generic of CARDIZEM CD)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)</i>	QL (30 ea / 30 days)
<i>diltiazem hcl tab 30 mg (generic of CARDIZEM)</i>	QL (60 ea / 30 days)
<i>diltiazem hcl tab 60 mg (generic of CARDIZEM)</i>	QL (120 ea / 30 days)

Drug Name	Requirements/Limits
<i>diltiazem hcl tab 90 mg</i>	QL (120 ea / 30 days)
<i>diltiazem hcl tab 120 mg (generic of CARDIZEM)</i>	QL (120 ea / 30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 5 mg</i>	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 10 mg</i>	QL (60 ea / 30 days)
<i>nifedipine cap 10 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nifedipine cap 20 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 60 mg</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 90 mg</i>	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)</i>	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)</i>	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 120mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 180mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 240mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 300mg er (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>taztia xt cap 360mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>tiadyt cap 120mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>tiadyt cap 180mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>tiadyt cap 240mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>tiadyt cap 300mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>tiadyt cap 360mg/24 (generic of TIAZAC)</i>	QL (60 ea / 30 days)
<i>tiadyt cap 420mg/24 (generic of TIAZAC)</i>	QL (30 ea / 30 days)
<i>verapamil hcl tab 40 mg</i>	QL (120 ea / 30 days)
<i>verapamil hcl tab 80 mg</i>	QL (120 ea / 30 days)
<i>verapamil hcl tab 120 mg</i>	QL (90 ea / 30 days)
<i>verapamil hcl tab er 120 mg (generic of CALAN SR)</i>	QL (90 ea / 30 days)
<i>verapamil hcl tab er 180 mg</i>	QL (60 ea / 30 days)
<i>verapamil hcl tab er 240 mg (generic of CALAN SR)</i>	QL (90 ea / 30 days)

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	AGE (Max age 12 years)
<i>digoxin tab 125 mcg (0.125 mg) (generic of DIGOXIN TAB 125 MCG (0.125 MG))</i>	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg) (generic of DIGOXIN TAB 250 MCG (0.25 MG))</i>	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	

PROSTAGLANDIN VASODILATORS

REMODYLIN INJ 1MG/ML	SP, PA
REMODYLIN INJ 2.5MG/ML	SP, PA
REMODYLIN INJ 5MG/ML	SP, PA
REMODYLIN 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
<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 (30 ea / 30 days)
<i>ambrisentan tab 10 mg (generic of LETAIRIS)</i>	SP, PA, QL (30 ea / 30 days)
<i>bosentan tab 62.5 mg (generic of TRACLEER)</i>	SP, PA, QL (60 ea / 30 days)
<i>bosentan tab 125 mg (generic of TRACLEER)</i>	SP, PA, QL (60 ea / 30 days)
OPSUMIT TAB 10MG	SP, PA, QL (30 ea / 30 days)
TRACLEER TAB 32MG	SP, PA

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg (generic of REVATIO)</i>	SP, PA, QL (90 ea / 30 days)
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PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI TAB 200MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 400MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 600MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 800MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1000MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1200MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1400MCG	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1600MCG	SP, PA, QL (60 ea / 30 days)

Drug Name	Requirements/Limits
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 age 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	AGE (Max age 12 years)
<i>cephalexin cap 250 mg</i>	QL (180 ea / 30 days)
<i>cephalexin cap 500 mg</i>	QL (180 ea / 30 days)
<i>cephalexin for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	AGE (Max age 12 years)
CEPHALOSPORINS - 2ND GENERATION	
<i>cefprozil for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	AGE (Max age 12 years)
<i>cefuroxime axetil tab 250 mg</i>	QL (2 ea / day, max 10 day supply)
<i>cefuroxime axetil tab 500 mg</i>	QL (2 ea / day, max 10 day supply)
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir cap 300 mg</i>	QL (60 ea / 30 days)
<i>cefdinir for susp 125 mg/5ml</i>	AGE (Max age 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	AGE (Max age 12 years)
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 age 16 years and Max age 60 years)
BULK CHEMICALS - P'S	
PROGESTERONE POW MICRONIZ	
LIQUIDS	
BENZYL BENZO LIQ	AGE (Min age 16 years and Max age 60 years)
BENZYL BENZO LIQ	OTC; AGE (Min age 16 years and Max age 60 years)
SESAME OIL	
SESAME OIL	OTC
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
COMBINATION CONTRACEPTIVES - ORAL	
<i>afirmelle tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>altavera tab</i>	QL (28 ea / 21 days)

Drug Name	Requirements/Limits
<i>alyacen tab 1/35</i>	QL (28 ea / 21 days)
<i>alyacen tab 7/7/7</i>	QL (28 ea / 21 days)
<i>amethia tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>apri tab</i>	QL (28 ea / 21 days)
<i>ashlyna tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>aubra eq tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>aubra tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>aurovela fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>aurovela fe tab 1/20</i>	QL (28 ea / 21 days)
<i>aurovela tab 1.5/30</i>	QL (28 ea / 21 days)
<i>aurovela tab 1/20</i>	QL (28 ea / 21 days)
<i>aviane tab</i>	QL (28 ea / 21 days)
<i>ayuna tab</i>	QL (28 ea / 21 days)
<i>azurette tab</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>azurette tab 28 day</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>balziva tab</i>	QL (28 ea / 21 days)
<i>blisovi fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>blisovi fe tab 1/20</i>	QL (28 ea / 21 days)
<i>briellyn tab</i>	QL (28 ea / 21 days)
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	QL (91 ea / 84 days)
<i>camrese tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>caziant pak</i>	QL (28 ea / 21 days)
<i>chateal eq tab 0.15/30</i>	QL (28 ea / 21 days)
<i>chateal tab 0.15/30</i>	QL (28 ea / 21 days)
<i>cryselle-28 tab 28 tabs</i>	QL (28 ea / 21 days)
<i>cyclafem tab 1/35</i>	QL (28 ea / 21 days)
<i>cyclafem tab 7/7/7</i>	QL (28 ea / 21 days)
<i>cyred eq tab</i>	QL (28 ea / 21 days)
<i>cyred tab</i>	QL (28 ea / 21 days)
<i>dasetta tab 1/35</i>	QL (28 ea / 21 days)
<i>dasetta tab 7/7/7</i>	QL (28 ea / 21 days)
<i>daysee tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>delyla tab 0.1-0.02</i>	QL (28 ea / 21 days)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)
<i>elinest tab</i>	QL (28 ea / 21 days)
<i>emoquette tab</i>	QL (28 ea / 21 days)
<i>enpresse-28 tab</i>	QL (28 ea / 21 days)
<i>enskyce tab</i>	QL (28 ea / 21 days)

Drug Name	Requirements/Limits
<i>estarylla tab 0.25-35</i>	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	QL (28 ea / 21 days)
<i>falmina tab</i>	QL (28 ea / 21 days)
<i>femynor tab 0.25-35</i>	QL (28 ea / 21 days)
<i>hailey fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>hailey fe tab 1/20</i>	QL (28 ea / 21 days)
<i>hailey tab 1.5/30</i>	QL (28 ea / 21 days)
<i>iclevia tab</i>	QL (91 ea / 84 days)
<i>introvale tab</i>	QL (91 ea / 84 days)
<i>isibloom tab</i>	QL (28 ea / 21 days)
<i>jaimiess tab (generic of SEASONIQUE)</i>	QL (91 ea / 84 days)
<i>jasmiel tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>jolessa tab</i>	QL (91 ea / 84 days)
<i>juleber tab</i>	QL (28 ea / 21 days)
<i>junel 1.5/30 tab</i>	QL (28 ea / 21 days)
<i>junel 1/20 tab</i>	QL (28 ea / 21 days)
<i>junel fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>junel fe tab 1/20</i>	QL (28 ea / 21 days)
<i>kalliga tab</i>	QL (28 ea / 21 days)
<i>kariva tab 28 day (generic of MIRCETTE)</i>	QL (28 ea / 21 days)
<i>kelnor 1/50 tab</i>	QL (28 ea / 21 days)
<i>kelnor tab 1/35</i>	QL (28 ea / 21 days)
<i>kurvelo tab 0.15/30</i>	QL (28 ea / 21 days)
<i>larin fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>larin fe tab 1/20</i>	QL (28 ea / 21 days)
<i>larin tab 1.5/30</i>	QL (28 ea / 21 days)
<i>larin tab 1/20</i>	QL (28 ea / 21 days)
<i>larissia tab</i>	QL (28 ea / 21 days)
<i>lessina tab</i>	QL (28 ea / 21 days)
<i>levonest tab</i>	QL (28 ea / 21 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (generic of LOSEASONIQUE)</i>	QL (91 ea / 84 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)</i>	QL (91 ea / 84 days)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	QL (91 ea / 84 days)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	QL (28 ea / 21 days)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	QL (28 ea / 21 days)
<i>levora-28 tab 0.15/30</i>	QL (28 ea / 21 days)

Drug Name	Requirements/Limits
<i>lillow tab 0.15/30</i>	QL (28 ea / 21 days)
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>loestrin 21 tab 1.5/30</i>	QL (28 ea / 21 days)
<i>loestrin fe tab 1.5/30</i>	QL (28 ea / 21 days)
<i>loestrin fe tab 1/20</i>	QL (28 ea / 21 days)
<i>loestrin tab 1/20-21</i>	QL (28 ea / 21 days)
<i>lojaimiess tab (generic of LOSEASONIQUE)</i>	QL (91 ea / 84 days)
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>low-ogestrel tab</i>	QL (28 ea / 21 days)
<i>lutra tab</i>	QL (28 ea / 21 days)
<i>marlissa tab 0.15/30</i>	QL (28 ea / 21 days)
<i>microgestin tab 1.5/30</i>	QL (28 ea / 21 days)
<i>microgestin tab 1/20</i>	QL (28 ea / 21 days)
<i>microgestin tab fe1.5/30</i>	QL (28 ea / 21 days)
<i>microgestin tab fe 1/20</i>	QL (28 ea / 21 days)
<i>mili tab 0.25/35</i>	QL (28 ea / 21 days)
<i>mono-linyah tab 0.25-35</i>	QL (28 ea / 21 days)
<i>necon tab 0.5/35</i>	QL (28 ea / 21 days)
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	QL (28 ea / 21 days)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	QL (28 ea / 21 days)
<i>nortrel tab 0.5/35</i>	QL (28 ea / 21 days)
<i>nortrel tab 1/35</i>	QL (28 ea / 21 days)
<i>nortrel tab 7/7/7</i>	QL (28 ea / 21 days)
<i>nylia tab 7/7/7</i>	QL (28 ea / 21 days)
<i>nymyo tab 0.25-35</i>	QL (28 ea / 21 days)
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	QL (28 ea / 21 days)
<i>orsythia tab</i>	QL (28 ea / 21 days)
<i>philith tab 0.4-35</i>	QL (28 ea / 21 days)
<i>pimtrea tab (generic of MIRCETTE)</i>	QL (28 ea / 21 days)
<i>pirmella tab 1/35</i>	QL (28 ea / 21 days)
<i>pirmella tab 7/7/7</i>	QL (28 ea / 21 days)
<i>portia-28 tab</i>	QL (28 ea / 21 days)

Drug Name	Requirements/Limits
<i>previfem tab</i>	QL (28 ea / 21 days)
<i>reclipsen tab</i>	QL (28 ea / 21 days)
<i>setlakin tab</i>	QL (91 ea / 84 days)
<i>simliya tab 28 day</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>simpesse tab</i> (generic of SEASONIQUE)	QL (91 ea / 84 days)
<i>sprintec 28 tab 28 day</i>	QL (28 ea / 21 days)
<i>sronyx tab</i>	QL (28 ea / 21 days)
<i>syeda tab 3-0.03mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)
<i>tarina fe tab 1/20</i>	QL (28 ea / 21 days)
<i>tarina fe tab 1/20 eq</i>	QL (28 ea / 21 days)
<i>tri femynor tab</i>	QL (28 ea / 21 days)
<i>tri-estaryl tab</i>	QL (28 ea / 21 days)
<i>tri-lynyah tab</i>	QL (28 ea / 21 days)
<i>tri-lo tab estaryl</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 21 days)
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 21 days)
<i>tri-lo- tab sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 21 days)
<i>tri-lo-mili tab</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 21 days)
<i>tri-mili tab</i>	QL (28 ea / 21 days)
<i>tri-nymyo tab</i>	QL (28 ea / 21 days)
<i>tri-previfem tab</i>	QL (28 ea / 21 days)
<i>tri-sprintec tab</i>	QL (28 ea / 21 days)
<i>tri-vylibra tab</i>	QL (28 ea / 21 days)
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	QL (28 ea / 21 days)
<i>trivora-28 tab</i>	QL (28 ea / 21 days)
<i>velivet pak</i>	QL (28 ea / 21 days)
<i>vestura tab 3-0.02mg</i> (generic of YAZ)	QL (28 ea / 21 days)
<i>vienva tab 0.1-20</i>	QL (28 ea / 21 days)
<i>viorele tab</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>volnea tab</i> (generic of MIRCETTE)	QL (28 ea / 21 days)
<i>vyfemla tab 0.4-35</i>	QL (28 ea / 21 days)
<i>vylibra tab 0.25-35</i>	QL (28 ea / 21 days)
<i>wera tab 0.5/35</i>	QL (28 ea / 21 days)
<i>zarah tab 3-0.03mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)
<i>zovia 1/35 tab</i>	QL (28 ea / 21 days)
<i>zovia 1/35e tab</i>	QL (28 ea / 21 days)
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	QL (28 ea / 21 days)
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
<i>xulane dis 150-35</i>	QL (3 ea / 21 days)
<i>zafemy dis 150/35</i>	QL (3 ea / 21 days)

Drug Name	Requirements/Limits
COMBINATION CONTRACEPTIVES - VAGINAL	
<i>eluryng mis</i> (generic of NUVARING)	QL (1 ea / 21 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)	QL (1 ea / 21 days)
EMERGENCY CONTRACEPTIVES	
ELLA TAB 30MG	QL (6 ea / year)
<i>levonorgestrel tab 1.5 mg</i>	QL (6 ea / year), OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE	
DEPO-SQ PROV INJ 104	QL (2.6 mL / 284 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	QL (1 mL / 71 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	QL (1 mL / 71 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 (28 ea / 21 days)
<i>deblitane tab 0.35mg</i>	QL (28 ea / 21 days)
<i>errin tab 0.35mg</i>	QL (28 ea / 21 days)
<i>heather tab 0.35mg</i>	QL (28 ea / 21 days)
<i>incassia tab 0.35mg</i>	QL (28 ea / 21 days)
<i>jencycla tab 0.35mg</i>	QL (28 ea / 21 days)
<i>lyleq tab 0.35mg</i>	QL (28 ea / 21 days)
<i>lyza tab 0.35mg</i>	QL (28 ea / 21 days)
<i>nora-be tab 0.35mg</i>	QL (28 ea / 21 days)
<i>norethindrone tab 0.35 mg</i>	QL (28 ea / 21 days)
<i>norlyda tab 0.35mg</i>	QL (28 ea / 21 days)
<i>norlyroc tab 0.35mg</i>	QL (28 ea / 21 days)
<i>sharobel tab 0.35mg</i>	QL (28 ea / 21 days)
<i>tulana tab 0.35mg</i>	QL (28 ea / 21 days)
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	
GLUCOCORTICOSTEROIDS	
<i>budesonide delayed release particles cap 3 mg</i> (generic of ENTOCORT EC)	
<i>decadron tab 0.5mg</i>	QL (360 ea / 30 days)
<i>decadron tab 0.75mg</i>	QL (300 ea / 30 days)
<i>decadron tab 4mg</i>	QL (300 ea / 30 days)
<i>decadron tab 6mg</i>	QL (300 ea / 30 days)
<i>dexamethasone elixir 0.5 mg/5ml</i>	QL (1800 mL / 30 days)
<i>dexamethasone soln 0.5 mg/5ml</i>	

Drug Name	Requirements/Limits
<i>dexamethasone tab 0.5 mg</i>	QL (360 ea / 30 days)
<i>dexamethasone tab 0.75 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 1 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 1.5 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 2 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 4 mg</i>	QL (300 ea / 30 days)
<i>dexamethasone tab 6 mg</i>	QL (300 ea / 30 days)
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	QL (720 ea / 30 days)
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	QL (360 ea / 30 days)
<i>hydrocortisone tab 20 mg (generic of CORTEF)</i>	QL (180 ea / 30 days)
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	QL (360 ea / 30 days)
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	QL (180 ea / 30 days)
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	QL (120 ea / 30 days)
<i>methylprednisolone tab 32 mg (generic of MEDROL)</i>	QL (60 ea / 30 days)
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	QL (360 ea / 30 days)
<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 syrup 15 mg/5ml (usp solution equivalent)</i>	
<i>prednisone oral soln 5 mg/5ml</i>	QL (1800 mL / 30 days)
<i>prednisone tab 1 mg</i>	QL (300 ea / 30 days)
<i>prednisone tab 2.5 mg</i>	QL (240 ea / 30 days)
<i>prednisone tab 5 mg</i>	QL (480 ea / 30 days)
<i>prednisone tab 10 mg</i>	QL (270 ea / 30 days)
<i>prednisone tab 20 mg</i>	QL (180 ea / 30 days)
<i>prednisone tab 50 mg</i>	QL (90 ea / 30 days)
<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>	

MINERALOCORTICOIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	QL (150 ea / 30 days)
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

<i>benzonatate cap 100 mg (generic of TESSALON PERLES)</i>	QL (180 ea / 30 days)
<i>benzonatate cap 200 mg</i>	QL (150 ea / 30 days)

Drug Name	Requirements/Limits
COUGH/COLD/ALLERGY COMBINATIONS	
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	QL (480 mL / 25 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	QL (240 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	QL (240 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	QL (180 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	QL (60 ea / 30 days), OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	QL (60 ea / 30 days), OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	QL (30 ea / 30 days), OTC
<i>prometh vc syp 6.25-5/5</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	QL (1800 mL / 30 days)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	QL (120 ea / 30 days), OTC; AGE (Min age 4 years)
EXPECTORANTS	
<i>guaifenesin liquid 100 mg/5ml</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin syrup 100 mg/5ml</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 200 mg</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 400 mg</i>	OTC; AGE (Min age 4 years)
<i>guaifenesin tab er 12hr 600 mg</i>	QL (60 ea / 30 days), OTC
MISC. RESPIRATORY INHALANTS	
<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 (3600 mL / 30 days)
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS	
ACNE PRODUCTS	
<i>acne medicat gel 2.5%</i>	QL (60 gm / 25 days), OTC
ACNE MEDICAT LOT 10%	OTC; Benzoyl Peroxide
<i>adapalene gel 0.1%</i>	QL (45 gm / 25 days), OTC

Drug Name	Requirements/Limits
<i>avita cre 0.025%</i> (generic of RETIN-A)	ST, QL (45 gm / 25 days); Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>avita gel 0.025%</i>	ST, QL (45 gm / 25 days); Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
BENZOYL PEROXIDE GEL 2.5%	QL (60 gm / 25 days), OTC
<i>benzoyl peroxide gel 5%</i>	OTC
<i>benzoyl peroxide gel 10%</i>	OTC
BENZOYL PEROXIDE LOTION 5%	OTC
<i>clindamycin phosphate gel 1%</i> (generic of CLINDAGEL)	ST, QL (60 mL / 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 (300 mL / 30 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 25 days)
DIFFERIN GEL 0.1%	QL (45 gm / 25 days), OTC
<i>erythromycin soln 2%</i>	QL (450 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>sulfacetamide sodium lotion 10%</i> (acne) (generic of KLARON)	PA, QL (118 mL / 25 days)
<i>tretinoin cream 0.1%</i> (generic of RETIN-A)	ST, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin cream 0.05%</i> (generic of RETIN-A)	ST, QL (45 gm / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)

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

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>arthr pain gel 1%</i>	QL (200 gm / 25 days), OTC
<i>diclofenac sodium gel 1%</i>	QL (200 gm / 25 days), OTC
<i>goodsense gel art pain</i>	QL (200 gm / 25 days), OTC
<i>qc diclofena gel 1%</i>	QL (200 gm / 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 / 25 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm / 25 days)
<i>mupirocin oint 2%</i>	QL (44 gm / 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 / 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i> (generic of LOPROX)	QL (180 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i> (generic of LOPROX)	QL (60 mL / 25 days)
<i>ciclopirox solution 8%</i>	QL (6.6 mL / 25 days)
<i>clotrimazole cream 1%</i>	QL (60 gm / 30 days)
<i>clotrimazole cream 1%</i>	QL (60 gm / 30 days), OTC
<i>clotrimazole soln 1%</i>	QL (60 mL / 30 days)
<i>clotrimazole soln 1%</i>	QL (60 mL / 30 days), OTC
<i>ketoconazole cream 2%</i>	QL (60 gm / 25 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL / 25 days)
<i>miconazole nitrate aerosol pow 2%</i>	QL (133 gm / 30 days), OTC

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

COSENTYX INJ 150MG/ML SP, PA

COSENTYX INJ 300DOSE SP, PA

COSENTYX PEN INJ 150MG/ML SP, PA

COSENTYX PEN INJ 300DOSE SP, PA

ANTIVIRALS - TOPICAL

acyclovir oint 5% (generic of ZOVIRAX) PA

docosanol cream 10% QL (2 gm / 15 days), OTC

hm docosan cre 10% QL (2 gm / 15 days), OTC

BURN PRODUCTS

silver sulfadiazine cream 1% (generic of SILVADENE)

ssd cre 1% (generic of SILVADENE)

CORTICOSTEROIDS - TOPICAL

alclometasone dipropionate cream 0.05% QL (60 gm / 25 days)

alclometasone dipropionate oint 0.05% QL (60 gm / 25 days)

betamethasone dipropionate augmented cream 0.05% (generic of DIPROLENE AF) QL (50 gm / 25 days)

betamethasone dipropionate augmented gel 0.05% QL (50 gm / 25 days)

betamethasone dipropionate augmented lotion 0.05% QL (60 mL / 25 days)

betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE) QL (50 gm / 25 days)

betamethasone dipropionate cream 0.05% QL (60 gm / 25 days)

betamethasone dipropionate lotion 0.05% QL (60 mL / 25 days)

betamethasone dipropionate oint 0.05% QL (45 gm / 25 days)

Drug Name	Requirements/Limits
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	QL (45 gm / 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	QL (60 mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (45 gm / 25 days)
<i>clobetasol propionate soln 0.05%</i>	QL (50 mL / 25 days)
<i>desonide cream 0.05% (generic of DESOWEN)</i>	ST, QL (60 gm / 25 days); Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide cream 0.025% (generic of SYNALAR)</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTH/FS BODY)</i>	QL (120 mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTH/FS SCALP)</i>	QL (120 mL / 25 days)
<i>fluocinolone acetonide oint 0.025% (generic of SYNALAR)</i>	QL (60 gm / 25 days)
<i>fluocinonide cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide emulsified base cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide gel 0.05%</i>	QL (60 gm / 25 days)
<i>fluocinonide oint 0.05%</i>	ST, PA, QL (60 gm / 25 days); Requires prior use of Mometasone and Fluocinolone Cream
<i>fluocinonide soln 0.05%</i>	QL (60 mL / 25 days)
<i>fluticasone propionate cream 0.05%</i>	QL (60 gm / 25 days)
<i>fluticasone propionate oint 0.005%</i>	QL (60 gm / 25 days)
<i>halobetasol propionate cream 0.05%</i>	QL (50 gm / 25 days)
<i>halobetasol propionate oint 0.05%</i>	QL (50 gm / 25 days)
<i>hc/aloe cre 0.5%</i>	OTC
<i>hydrocortisone acetate cream 1%</i>	OTC
<i>hydrocortisone cream 0.5%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone cream 1%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone cream 1%- rx</i>	QL (60 gm / 25 days)
<i>hydrocortisone cream 2.5%</i>	QL (60 gm / 25 days)
<i>hydrocortisone lotion 1%</i>	OTC
<i>hydrocortisone lotion 2.5%</i>	QL (60 mL / 25 days)
<i>hydrocortisone oint 0.5%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone oint 1%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone oint 1%- rx</i>	QL (60 gm / 25 days)
<i>hydrocortisone oint 2.5%</i>	QL (60 gm / 25 days)
<i>hydrocortisone-aloe vera cream 1%</i>	OTC
<i>mometasone furoate cream 0.1%</i>	QL (45 gm / 25 days)
<i>mometasone furoate oint 0.1%</i>	QL (45 gm / 25 days)

Drug Name	Requirements/Limits
<i>mometasone furoate solution 0.1% (lotion)</i>	QL (60 mL / 25 days)
TRIAMCINOLON POW ACETONID	
<i>triamcinolone acetonide cream 0.1%</i>	
<i>triamcinolone acetonide cream 0.5%</i>	
<i>triamcinolone acetonide cream 0.025%</i>	
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide oint 0.1%</i>	
<i>triamcinolone acetonide oint 0.5%</i>	
<i>triamcinolone acetonide oint 0.025%</i>	

EMOLLIENTS

<i>emollient - ointment</i>	OTC; Generic Aquaphor
<i>lactic acid (ammonium lactate) cream 12%</i>	QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	QL (280 gm / 25 days), OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	QL (225 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	QL (225 gm / 25 days), OTC

IMMUNOMODULATING AGENTS - TOPICAL

<i>imiquimod cream 5% (generic of ALDARA)</i>	PA, QL (24 ea / 25 days)
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IMMUNOSUPPRESSIVE AGENTS - TOPICAL

<i>pimecrolimus cream 1% (generic of ELIDEL)</i>	PA, QL (60 gm / 30 days)
<i>tacrolimus oint 0.1% (generic of PROTOPIC)</i>	PA, QL (30 gm / 25 days)
<i>tacrolimus oint 0.03% (generic of PROTOPIC)</i>	PA, QL (30 gm / 25 days)

KERATOLYTIC/ANTIMITOTIC AGENTS

<i>podofilox soln 0.5%</i>	QL (7 mL / 180 days)
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LOCAL ANESTHETICS - TOPICAL

<i>ARTH PAIN CRE 0.075%</i>	OTC
<i>capsaicin cream 0.1%</i>	QL (85 gm / 25 days), OTC
<i>capsaicin cream 0.025%</i>	OTC
<i>CIRCATA CRE 0.05%</i>	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 (120 ea / 30 days), OTC
<i>lidocaine patch 5% (generic of LIDODERM)</i>	PA, QL (90 ea / 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (60 gm / 25 days)

MISC. TOPICAL

<i>DRYSOL SOL 20%</i>	
<i>minerin cre</i>	OTC

Drug Name	Requirements/Limits
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>	PA
<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 / 25 days)
<i>permethrin aerosol 0.5%</i>	OTC; Generic RID
<i>permethrin cream 5%</i>	
<i>permethrin lotion 1%</i>	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i>	OTC; Generic NIX
<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 / 25 days)
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS	
DIAGNOSTIC DRUGS	
THYROGEN INJ 0.9MG	PA, QL (2 ea / 180 days)
DIAGNOSTIC TESTS	
ACETONE (URINE) TEST STRIP	OTC
ACST KIT KIT COVID-19	OTC
BD VERITOR KIT COV/FLU	
BD VERITOR KIT SARSCOV2	QL (1 ea / 1 day)
BINAXNOW KIT COVID-19	QL (1 ea / 1 day)
COVID-19 KIT	OTC
COVID-19 TES KIT SPECIMEN	OTC
ECOTEST KIT COVID-19	
FASTEP KIT COVID-19	
ID NOW CONTR KIT COVID-19	
ID NOW KIT COVID-19	QL (1 ea / 1 day)
LYRA DIRECT KIT COV-2	
LYRA SARS KIT COV-2	
MYLAB BOX KIT COVID-19	OTC
PIXEL COVID KIT HOME TES	OTC
QUICKVUE KIT SARS ANT	
RAPID RESPON KIT COVID-19	OTC

Drug Name	Requirements/Limits
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
SOFIA2 FLU/ KIT SARS FIA	
SOFIA 2 SARS KIT ANTIGEN	QL (1 ea / 1 day)
SOFIA SARS KIT ANTIGEN	
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 ea / 1 day)

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	QL (180 ea / 30 days)
CREON CAP 6000UNIT	QL (180 ea / 30 days)
CREON CAP 12000UNT	QL (180 ea / 30 days)
CREON CAP 24000UNT	QL (180 ea / 30 days)
CREON CAP 36000UNT	QL (180 ea / 30 days)
VIOKACE TAB 10440	
VIOKACE TAB 20880	
ZENPEP CAP 3000UNIT	QL (180 ea / 30 days)
ZENPEP CAP 5000UNIT	QL (180 ea / 30 days)
ZENPEP CAP 15000UNT	QL (180 ea / 30 days)
ZENPEP CAP 20000UNT	QL (180 ea / 30 days)
ZENPEP CAP 25000	QL (180 ea / 30 days)
ZENPEP CAP 40000	QL (180 ea / 30 days)

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	QL (120 ea / 30 days)
<i>acetazolamide tab 125 mg</i>	QL (120 ea / 30 days)
<i>acetazolamide tab 250 mg</i>	QL (120 ea / 30 days)

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	QL (60 ea / 30 days)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (generic of ALDACTAZIDE)	QL (120 ea / 30 days)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
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<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	QL (120 ea / 30 days)
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<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)	QL (120 ea / 30 days)
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LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i> (generic of BUMEX)	QL (60 ea / 30 days)
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<i>bumetanide tab 1 mg</i>	QL (60 ea / 30 days)
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<i>bumetanide tab 2 mg</i>	QL (150 ea / 30 days)
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<i>furosemide oral soln 8 mg/ml</i>	AGE (Max age 12 years)
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<i>furosemide oral soln 10 mg/ml</i>	AGE (Max age 12 years)
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<i>furosemide tab 20 mg</i> (generic of LASIX)	QL (180 ea / 30 days)
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<i>furosemide tab 40 mg</i> (generic of LASIX)	QL (180 ea / 30 days)
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<i>furosemide tab 80 mg</i> (generic of LASIX)	QL (180 ea / 30 days)
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<i>torseamide tab 5 mg</i>	QL (60 ea / 30 days)
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<i>torseamide tab 10 mg</i>	QL (120 ea / 30 days)
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<i>torseamide tab 20 mg</i>	QL (120 ea / 30 days)
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<i>torseamide tab 100 mg</i>	QL (60 ea / 30 days)
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POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	QL (120 ea / 30 days)
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<i>spironolactone tab 25 mg</i> (generic of ALDACTONE)	QL (240 ea / 30 days)
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<i>spironolactone tab 50 mg</i> (generic of ALDACTONE)	QL (120 ea / 30 days)
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<i>spironolactone tab 100 mg</i> (generic of ALDACTONE)	QL (60 ea / 30 days)
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THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>	QL (120 ea / 30 days)
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<i>chlorthalidone tab 50 mg</i>	QL (120 ea / 30 days)
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<i>hydrochlorothiazide cap 12.5 mg</i>	QL (60 ea / 30 days)
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<i>hydrochlorothiazide tab 25 mg</i>	QL (240 ea / 30 days)
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<i>hydrochlorothiazide tab 50 mg</i>	QL (120 ea / 30 days)
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<i>indapamide tab 1.25 mg</i>	QL (60 ea / 30 days)
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<i>indapamide tab 2.5 mg</i>	QL (60 ea / 30 days)
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<i>metolazone tab 2.5 mg</i>	QL (120 ea / 30 days)
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<i>metolazone tab 5 mg</i>	QL (120 ea / 30 days)
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<i>metolazone tab 10 mg</i>	QL (60 ea / 30 days)
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ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES

BONE DENSITY REGULATORS

<i>alendronate sodium tab 5 mg</i>	QL (30 ea / 30 days)
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<i>alendronate sodium tab 10 mg</i>	QL (30 ea / 30 days)
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<i>alendronate sodium tab 35 mg</i>	QL (4 ea / 28 days)
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<i>alendronate sodium tab 70 mg</i> (generic of FOSAMAX)	QL (4 ea / 28 days)
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<i>calcitonin (salmon) nasal soln 200 unit/act</i> (generic of MIACALCIN)	QL (30 mL / 30 days); AGE (Min age 50 years)
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Drug Name	Requirements/Limits
<i>ibandronate sodium tab 150 mg (base equivalent)</i> (generic of BONIVA)	QL (1 ea / 28 days)
PROLIA SOL 60MG/ML	SP, PA
TYMLOS INJ	SP, PA
FERTILITY REGULATORS	
<i>clomiphene citrate tab 50 mg</i>	QL (30 ea in lifetime); AGE (Min age 21 years and Max age 44 years)
GROWTH HORMONES	
OMNITROPE INJ 5.8MG	SP, PA
HORMONE RECEPTOR MODULATORS	
<i>raloxifene hcl tab 60 mg</i> (generic of EVISTA)	QL (30 ea / 30 days); AGE (Min age 50 years)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)	
INCRELEX INJ 40MG/4ML	SP, PA
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</i> (generic of ROCALTROL)	QL (120 ea / 30 days)
<i>calcitriol cap 0.25 mcg</i> (generic of ROCALTROL)	QL (120 ea / 30 days)
ELAPRASE INJ 6MG/3ML	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (generic of CARNITOR)	QL (1800 mL / 30 days)
<i>levocarnitine tab 330 mg</i> (generic of CARNITOR)	QL (540 ea / 30 days)
POSTERIOR PITUITARY HORMONES	
<i>desmopressin acetate nasal spray soln 0.01%</i>	PA
<i>desmopressin acetate nasal spray soln 0.01%</i> (refrigerated)	PA
<i>desmopressin acetate tab 0.1 mg</i> (generic of DDAVP)	QL (120 ea / 30 days)
<i>desmopressin acetate tab 0.2 mg</i> (generic of DDAVP)	QL (150 ea / 30 days)
STIMATE SOL 1.5MG/ML	SP, PA
PROLACTIN INHIBITORS	
<i>cabergoline tab 0.5 mg</i>	
SOMATOSTATIC AGENTS	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> (generic of SANDOSTATIN)	SP, PA
SANDOSTATIN KIT LAR 10MG	SP, PA
SANDOSTATIN KIT LAR 20MG	SP, PA

Drug Name	Requirements/Limits
SANDOSTATIN KIT LAR 30MG	SP, PA

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ESTROGEN COMBINATIONS

<i>fyavolv tab 0.5-2.5</i> (generic of FEMHRT)	QL (28 ea / 28 days)
<i>fyavolv tab 1-5</i>	QL (28 ea / 28 days)
<i>jinteli tab 1mg-5mcg</i>	QL (28 ea / 28 days)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (generic of FEMHRT)	QL (28 ea / 28 days)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	QL (28 ea / 28 days)

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

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

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> (generic of CIPRO)	QL (2 ea / day, max quantity 20 per fill)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> (generic of CIPRO)	QL (2 ea / day, max quantity 20 per fill)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	QL (2 ea / day, max quantity 20 per fill)
<i>levofloxacin oral soln 25 mg/ml</i>	PA
<i>levofloxacin tab 250 mg</i> (generic of LEVAQUIN)	QL (1 ea / day, max 10 day supply)
<i>levofloxacin tab 500 mg</i> (generic of LEVAQUIN)	QL (1 ea / day, max 10 day supply)
<i>levofloxacin tab 750 mg</i> (generic of LEVAQUIN)	QL (1 ea / day, max 10 day supply)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	

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

ANTIPLATULENTS

<i>simethicone cap 125 mg</i>	OTC
<i>simethicone cap 180 mg</i>	OTC
<i>simethicone chew tab 80 mg</i>	OTC
<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 (60 ea / 30 days)
<i>ursodiol tab 250 mg</i> (generic of URSO 250)	QL (120 ea / 30 days)
<i>ursodiol tab 500 mg</i> (generic of URSO FORTE)	QL (60 ea / 30 days)

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i> (base equiv)	
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Drug Name	Requirements/Limits
<i>metoclopramide hcl tab 5 mg (base equivalent)</i> (generic of REGLAN)	QL (180 ea / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> (generic of REGLAN)	QL (180 ea / 30 days)
INFLAMMATORY BOWEL AGENTS	
<i>balsalazide disodium cap 750 mg</i> (generic of COLAZAL)	
<i>mesalamine cap er 24hr 0.375 gm</i> (generic of APRISO)	QL (120 ea / 30 days)
<i>sulfasalazine tab 500 mg</i> (generic of AZULFIDINE)	QL (300 ea / 30 days)
<i>sulfasalazine tab delayed release 500 mg</i> (generic of AZULFIDINE EN-TABS)	QL (240 ea / 30 days)
INTESTINAL ACIDIFIERS	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	QL (5400 mL / 30 days)
PHOSPHATE BINDER AGENTS	
<i>calcium acetate (phosphate binder) cap 667 mg</i> (169 mg ca) (generic of PHOSLO)	
<i>sevelamer carbonate tab 800 mg</i> (generic of RENVELA)	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)</i> (generic of UROCIT-K 5)	QL (90 ea / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i> (generic of UROCIT-K 10)	QL (90 ea / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i> (generic of UROCIT-K 15)	QL (120 ea / 30 days)
<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 / 25 days)
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl tab er 24hr 10 mg</i> (generic of UROXATRAL)	QL (30 ea / 30 days)
<i>finasteride tab 5 mg</i> (generic of PROSCAR)	QL (30 ea / 30 days)
<i>tamsulosin hcl cap 0.4 mg</i> (generic of FLOMAX)	QL (60 ea / 30 days)
URINARY ANALGESICS	
<i>phenazopyridine hcl tab 100 mg</i>	QL (90 ea / 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	QL (90 ea / 30 days)
GOUT AGENTS - DRUGS TO TREAT GOUT	
GOUT AGENT COMBINATIONS	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	QL (90 ea / 30 days)

Drug Name	Requirements/Limits
GOUT AGENTS - DRUGS TO TREAT GOUT	
<i>allopurinol tab 100 mg (generic of ZYLOPRIM)</i>	QL (180 ea / 30 days)
<i>allopurinol tab 300 mg (generic of ZYLOPRIM)</i>	QL (120 ea / 30 days)
<i>colchicine tab 0.6 mg (generic of COLCRYS)</i>	QL (30 ea / 90 days, max 1 fill per 90 days)

URICOSURICS	
<i>probenecid tab 500 mg</i>	QL (90 ea / 30 days)

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
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

Drug Name	Requirements/Limits
RIXUBIS INJ 3000UNIT	SP, PA
HEMATORHEOLOGIC AGENTS	
<i>pentoxifylline tab er 400 mg</i>	QL (120 ea / 30 days)
PLATELET AGGREGATION INHIBITORS	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	PA
<i>cilostazol tab 50 mg</i>	QL (60 ea / 30 days)
<i>cilostazol tab 100 mg</i>	QL (60 ea / 30 days)
<i>clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)</i>	QL (30 ea / 30 days)
<i>dipyridamole tab 25 mg</i>	QL (300 ea / 30 days)
<i>dipyridamole tab 50 mg</i>	QL (240 ea / 30 days)
<i>dipyridamole tab 75 mg</i>	QL (120 ea / 30 days)
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS	
COBALAMINS	
<i>cyanocobalamin sl tab 2500 mcg</i>	OTC
<i>cyanocobalamin tab 100 mcg</i>	OTC
<i>cyanocobalamin tab 500 mcg</i>	OTC
<i>cyanocobalamin tab 1000 mcg</i>	OTC
<i>cyanocobalamin tab er 1000 mcg</i>	OTC
FOLIC ACID/FOLATES	
<i>folic acid tab 1 mg</i>	QL (150 ea / 30 days)
<i>folic acid tab 400 mcg</i>	QL (150 ea / 30 days), OTC
<i>folic acid tab 800 mcg</i>	QL (150 ea / 30 days), 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
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 (0.6 mL / 11 days)
HEMATOPOIETIC MIXTURES	
<i>chromagen cap</i>	QL (60 ea / 30 days)
<i>ferocon cap</i>	QL (60 ea / 30 days)
<i>foltrin cap</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<i>hematogen cap</i>	QL (60 ea / 30 days), OTC
<i>iferex 150 cap forte</i>	QL (60 ea / 30 days)
<i>poly-iron cap 150 fort</i>	QL (60 ea / 30 days)
<i>tricon cap</i>	QL (60 ea / 30 days)

IRON

<i>ferrex 150 cap 150mg</i>	QL (60 ea / 30 days), 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 (90 ea / 30 days), 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>iferex 150 cap</i>	QL (60 ea / 30 days), OTC
<i>nu-iron 150 cap 150mg</i>	QL (60 ea / 30 days), OTC
<i>poly-iron cap 150mg</i>	QL (60 ea / 30 days), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	QL (60 ea / 30 days), OTC

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i>	QL (30 ea / 30 days), OTC
<i>doxylamine succinate (sleep) tab 25 mg</i>	QL (30 ea / 30 days), OTC

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	QL (1500 mL / 30 days); AGE (Max age 12 years)
<i>phenobarbital tab 15 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 16.2 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 30 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 32.4 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 60 mg</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<i>phenobarbital tab 64.8 mg</i>	QL (90 ea / 30 days)
<i>phenobarbital tab 97.2 mg</i>	QL (60 ea / 30 days)
<i>phenobarbital tab 100 mg</i>	QL (60 ea / 30 days)

NON-BARBITURATE HYPNOTICS

<i>estazolam tab 1 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>estazolam tab 2 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>flurazepam hcl cap 15 mg</i>	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
<i>flurazepam hcl cap 30 mg</i>	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
<i>temazepam cap 15 mg (generic of RESTORIL)</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>temazepam cap 30 mg (generic of RESTORIL)</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>triazolam tab 0.25 mg (generic of HALCION)</i>	QL (60 ea / 30 days); AGE (Min age 18 years)
<i>triazolam tab 0.125 mg</i>	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>zolpidem tartrate tab 5 mg (generic of AMBIEN)</i>	QL (60 ea / 30 days); AGE (Min age 18 years)
<i>zolpidem tartrate tab 10 mg (generic of AMBIEN)</i>	QL (30 ea / 30 days); AGE (Min age 18 years)

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	OTC
KONSYL DAILY POW 28.3%	OTC
KONSYL DAILY POW 100%	OTC
KONSYL-D POW 52.3%	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
<i>wheat dextrin oral powder</i>	OTC

LAXATIVE COMBINATIONS

<i>gavilyte-c sol</i>	QL (120000 mL / 30 days)
<i>gavilyte-g sol (generic of GOLYTELY)</i>	QL (120000 mL / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	QL (120000 mL / 30 days)

Drug Name	Requirements/Limits
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (generic of PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM)	QL (120000 mL / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	QL (180 ea / 30 days), OTC

LAXATIVES - MISCELLANEOUS

<i>constulose sol 10gm/15</i>	QL (5400 mL / 30 days)
<i>glycerin sup 2gm</i>	OTC
<i>glycerin suppos 1.2 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 (5400 mL / 30 days)
<i>polyethylene glycol 3350 oral powder</i>	QL (1020 gm / 30 days), 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
<i>milk of magn sus 2400mg</i>	OTC
<i>sodium phosphates - enema</i>	OTC

STIMULANT LAXATIVES

<i>bisacodyl suppos 10 mg</i>	QL (30 ea / 30 days), OTC
<i>bisacodyl tab delayed release 5 mg</i>	QL (90 ea / 30 days), 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 (60 ea / 30 days), OTC
<i>sennosides tab 25 mg</i>	OTC

SURFACTANT LAXATIVES

<i>docusate calcium cap 240 mg</i>	QL (60 ea / 30 days), OTC
<i>docusate sodium cap 100 mg</i>	QL (180 ea / 30 days), OTC
<i>docusate sodium cap 250 mg</i>	QL (180 ea / 30 days), OTC
<i>docusate sodium liquid 150 mg/15ml</i>	QL (900 mL / 30 days), OTC
<i>docusate sodium syrup 60 mg/15ml</i>	QL (900 mL / 30 days), OTC
<i>docusate sodium tab 100 mg</i>	QL (180 ea / 30 days), OTC
PEDIA-LAX LIQ 50MG	QL (900 mL / 30 days), OTC

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i> (generic of ZITHROMAX)	QL (600 mL / 30 days, max 1 fill per 45 days); AGE (Max age 12 years)
<i>azithromycin for susp 200 mg/5ml</i> (generic of ZITHROMAX)	QL (900 mL / 30 days, max 1 fill per 45 days); AGE (Max age 12 years)

Drug Name	Requirements/Limits
<i>azithromycin powd pack for susp 1 gm</i>	QL (1 ea / day, max 1 day supply)
<i>azithromycin tab 250 mg (generic of ZITHROMAX)</i>	QL (12 ea / 25 days)
<i>azithromycin tab 500 mg (generic of ZITHROMAX)</i>	QL (6 ea / 25 days)
<i>azithromycin tab 600 mg</i>	QL (30 ea / 30 days)

CLARITHROMYCIN

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

ERYTHROMYCINS

<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	AGE (Max age 12 years)
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MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING

BANDAGES-DRESSINGS-TAPE

<i>adhesive bandages</i>	QL (30 ea / 25 days), OTC
ADHESIVE BANDAGES	QL (30 ea / 25 days), OTC
ADHESIVE BANDAGES- RX	QL (30 ea / 25 days)
BAND-AID PAD 2"X2"	QL (120 ea / 25 days), OTC
BAND-AID PAD 4"X4"	QL (120 ea / 25 days), OTC
BANDAGE ROLL MIS KERLIX	QL (120 ea / 25 days), OTC
BANDAGE ROLL MIS KERLIX	QL (180 ea / 25 days), OTC
BIOGUARD PAD 3"X4"	QL (180 ea / 25 days)
BORDER GAUZE PAD 2"X2"	QL (120 ea / 25 days), OTC
CURITY AMD PAD 2"X2"	QL (120 ea / 25 days), OTC
CURITY COVER PAD 3"X4"	QL (180 ea / 25 days), OTC
CURITY COVER PAD 4"X3"	QL (180 ea / 25 days), OTC
CURITY GAUZE PAD 2"X2"	QL (120 ea / 25 days), OTC
CURITY GAUZE PAD 4"X3"	QL (180 ea / 25 days), OTC
CURITY GAUZE PAD 4"X4"	QL (120 ea / 25 days), OTC
CURITY GAUZE PAD 4"X4"	QL (180 ea / 25 days), OTC
CURITY SPONG PAD 2"X2"	QL (120 ea / 25 days), OTC
CURITY SPONG PAD 4"X3"	QL (180 ea / 25 days), OTC
CURITY SPONG PAD 4"X4"	QL (120 ea / 25 days), OTC
CVS ADHESIVE TAP 1"X10YDS	QL (300 ea / 25 days), OTC
CVS GAUZE PD PAD 2"X2"	QL (120 ea / 25 days), OTC
DERM NON-ADH PAD 3"X4"	QL (180 ea / 25 days), OTC
DERMACEA I.V PAD 2"X2"	QL (120 ea / 25 days), OTC
DERMACEA IV PAD 2"X2"	QL (120 ea / 25 days), OTC
DERMACEA PAD 2"X2"	QL (120 ea / 25 days), OTC
DERMACEA PAD 3"X4"	QL (180 ea / 25 days), OTC
DRESS SPONGE PAD 4"X3"	QL (180 ea / 25 days), OTC
DURAPORE TAP 1"X10YDS	QL (120 ea / 25 days), OTC
EQL GAUZE PAD 2"X2"	QL (120 ea / 25 days), OTC

Drug Name	Requirements/Limits
GAUZE PAD 2"X2"	QL (120 ea / 25 days), OTC
GAUZE PADS & DRESSINGS - PADS 2" X 3"	QL (180 ea / 25 days), OTC
GAUZE PADS & DRESSINGS - PADS 3" X 3"	QL (120 ea / 25 days), OTC
GAUZE PADS & DRESSINGS - PADS 5" X 9"	QL (30 ea / 25 days), OTC
GAUZE SPONGE PAD 2X2 8PLY	QL (120 ea / 25 days)
GAUZE SPONGE PAD 2X2 8PLY	QL (120 ea / 25 days), OTC
GENTLE PAPER TAP 1"X10YD	QL (300 ea / 25 days), OTC
GENTLE PAPER TAP 1"X10YDS	QL (300 ea / 25 days), OTC
GNP GAUZE PAD 2X2	QL (120 ea / 25 days), OTC
HM NON-STICK PAD 3" X 4"	QL (180 ea / 25 days), OTC
HM STERILE PAD 2X2 8PLY	QL (120 ea / 25 days), OTC
I.V. SPONGES PAD 2"X2"	QL (120 ea / 25 days), OTC
J&J GAUZE PAD 2"X2"	QL (120 ea / 25 days), OTC
KENDALL FOAM PAD 2"X2"	QL (120 ea / 25 days), OTC
KERLIX GAUZE MIS ROLL LRG	QL (120 ea / 25 days), OTC
MIRASORB MIS 2" X 2"	QL (120 ea / 25 days), OTC
NON-ADHERENT PAD 3"X4"	QL (180 ea / 25 days), OTC
NON-STCK PAD PAD 3"X4"	QL (180 ea / 25 days), OTC
NON-STICK PAD 3"X4"	QL (180 ea / 25 days), OTC
RA ADHESIVE TAP 1"X10YDS	QL (300 ea / 25 days), OTC
RA STERILE PAD 2"X2"	QL (120 ea / 25 days), OTC
RA STERILE PAD 4"X4"	QL (30 ea / 25 days), OTC
RELEASE PAD 4" X 3"	QL (180 ea / 25 days), OTC
RESTORE CONT PAD 2"X2"	QL (120 ea / 25 days), OTC
SM GAUZE PAD 2"X2"	QL (120 ea / 25 days), OTC
SM GAUZE PAD 4"X4"	QL (30 ea / 25 days), OTC
SM STERILE PAD 2"X2"	QL (120 ea / 25 days), OTC
STERILE GAUZ PAD 2"X2"	QL (120 ea / 25 days), OTC
STERILE PAD 2"X2"	QL (120 ea / 25 days), OTC
STERILE PADS PAD 2"X2"	QL (120 ea / 25 days), OTC
SURGICAL SPN PAD 2" X 2"	QL (120 ea / 25 days), OTC
TEGADERM CNT PAD 3"X4"	QL (180 ea / 25 days), OTC
TEGADERM FM PAD 2"X2"	QL (120 ea / 25 days), OTC
TELFA ADHESV PAD 3"X4"	QL (180 ea / 25 days), OTC
TELFA NON-AD PAD 3"X4"	QL (180 ea / 25 days), OTC
TELFA NON-ST PAD 3"X4"	QL (180 ea / 25 days), OTC
THERAGAUZE PAD 2"X2"	QL (120 ea / 25 days), OTC
TOPPER DRESS MIS	QL (180 ea / 25 days), OTC

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CONDOMS - MALE	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX LUBRICATED	QL (108 ea / 25 days), OTC
CONDOMS LATEX NON-LUBRICATED	OTC; QL (max quantity 12 per fill)

Drug Name	Requirements/Limits
DIABETIC SUPPLIES	
DEXCOM G5 MOBILE RECEIVER	PA, QL (1 ea / 310 days)
DEXCOM G5 MOBILE TRANSMIT	PA, QL (1 ea / 76 days)
DEXCOM G6 RECEIVER	PA, QL (1 ea / 310 days)
DEXCOM G6 SENSOR	PA, QL (3 ea / 25 days)
DEXCOM G6 TRANSMITTER	PA, QL (1 ea / 76 days)
FREESTY LIBR KIT 2 SENSOR	PA, QL (2 ea / 25 days)
FREESTY LIBR MIS 2 READER	PA, QL (1 ea / 310 days)
FREESTYLE LIBRE READER	PA, QL (1 ea / 310 days)
FREESTYLE LIBRE SENSOR	PA, QL (2 ea / 25 days); 14 day
G5/G4 MIS SENSOR	PA, QL (4 ea / 23 days)
LANCETS	OTC
GI-GU OSTOMY & IRRIGATION SUPPLIES	
ADAPT PST	QL (10 gm / 25 days), OTC
ALLKARE BARR MIS WIPES	QL (25 ea / 25 days), OTC
ALLKARE BARR MIS WIPES	QL (5 ea / 25 days), OTC
DISPOZ-A-BAG MIS LG 32OZ	QL (10 ea / 25 days), OTC
DOVER URINE MIS BAG	QL (50 ea / 25 days)
DRAIN POUCH MIS 1"	QL (50 ea / 25 days), OTC
DRAIN POUCH MIS 1-3/4"	QL (15 ea / 25 days), OTC
DRAIN POUCH MIS 2-1/4"	QL (25 ea / 25 days), OTC
DRAIN POUCH MIS 19-64MM	QL (50 ea / 25 days), OTC
DRAIN POUCH MIS 32MMX12"	QL (15 ea / 25 days), OTC
DRAIN POUCH MIS 45MM	QL (15 ea / 25 days), OTC
DRAIN POUCH MIS 45MM	QL (20 ea / 25 days), OTC
DRAIN POUCH MIS 57MM	QL (20 ea / 25 days), OTC
DRAIN POUCH MIS 57MM	QL (50 ea / 25 days), OTC
DRAINAGE BAG KIT 2000ML	QL (10 ea / 25 days), OTC
DURAHESIVE WAF 45MM	QL (20 ea / 25 days), OTC
EAKIN COHESV MIS SEALS 2"	QL (25 ea / 25 days), OTC
NEW IMAGE WAF 1-3/4"	QL (20 ea / 25 days), OTC
NEW IMAGE WAF 2-1/4"	QL (10 ea / 25 days), OTC
OSTOMY BELT MIS LARGE	QL (510 ea / 25 days), OTC
OSTOMY BELT MIS MEDIUM	QL (5 ea / 25 days), OTC
OSTOMY SUPPLIES - POWDER	OTC
2-PC BARRIER MIS 2-1/4"	QL (25 ea / 25 days), OTC
SKIN BARRIER WAF 2-1/4"	QL (10 ea / 25 days), OTC
SKIN BARRIER WAF 57MM	QL (10 ea / 25 days), OTC
SKIN PREP MIS WIPES	QL (15 ea / 25 days), OTC
STOMAHESIVE PST	QL (510 gm / 25 days), OTC
SUR-FIT NATU WAF 4"X4"	QL (10 ea / 25 days), OTC
SUR-FIT NATU WAF 5"X5"	QL (20 ea / 25 days), OTC
UROST POUCH MIS 1-3/4"	QL (50 ea / 25 days), OTC
UROST POUCH MIS 3/4"	QL (50 ea / 25 days), OTC

Drug Name	Requirements/Limits
UROST POUCH MIS 22MM	QL (15 ea / 25 days), OTC
MISC. DEVICES	
ADVOCATE MIS INFRARED	OTC; QL (max quantity 1 per fill)
ALCOHOL SWABS	QL (200 ea / 25 days), OTC
CLEVER CHOIC MIS DUO	OTC; QL (max quantity 1 per fill)
DIGITAL60 MIS THERMOME	OTC; QL (max quantity 1 per fill)
DIGITAL EAR MIS THERMOMT	OTC; QL (max quantity 1 per fill)
DIGITAL MIS THERMOME	OTC; QL (max quantity 1 per fill)
DIGITAL THER MIS	OTC; QL (max quantity 1 per fill)
DIGITAL THER MIS 2-SECOND	OTC; QL (max quantity 1 per fill)
DIGITAL THER MIS FLEX TIP	OTC; QL (max quantity 1 per fill)
DIGITAL THER MIS FLEX-TIP	OTC; QL (max quantity 1 per fill)
DIGITAL THER MIS FLEXIBLE	OTC; QL (max quantity 1 per fill)
DIGITAL THER MIS RIGID	OTC; QL (max quantity 1 per fill)
DIGITAL THER MIS STANDARD	OTC; QL (max quantity 1 per fill)
DIGITL THERM MIS 2-SECOND	OTC; QL (max quantity 1 per fill)
DISPOSABLE GLOVES	QL (100 ea / 25 days), OTC
DISPOSABLE GLOVES-RX	QL (100 ea / 25 days)
ECONO DIGITA MIS THERMOME	OTC; QL (max quantity 1 per fill)
ESSENTRA MIS 9X9"	QL (200 ea / 25 days)
FEVER FLASH MIS EAR THER	OTC; QL (max quantity 1 per fill)
FEVER FLASH MIS THERMOM	OTC; QL (max quantity 1 per fill)
FEVER FLASH MIS THERMOME	OTC; QL (max quantity 1 per fill)
FEVERFLASH MIS DIG THER	OTC; QL (max quantity 1 per fill)
GNP FVR FLSH MIS THERMOME	OTC; QL (max quantity 1 per fill)
GNP ORAL MIS THERMOM	OTC; QL (max quantity 1 per fill)

Drug Name	Requirements/Limits
HM DIGITAL MIS THERMOME	OTC; QL (max quantity 1 per fill)
HM TEMPLE MIS THERMOME	OTC; QL (max quantity 1 per fill)
HM THERMOMET MIS FLEX-TIP	OTC; QL (max quantity 1 per fill)
INFANT THERMOMETERS	QL (2 ea / year, max quantity 1 per fill), OTC
INFRA FOREHD MIS THERMOME	OTC; QL (max quantity 1 per fill)
INFRARED EAR MIS THERMOME	OTC; QL (max quantity 1 per fill)
INFRARED MIS FOREHEAD	OTC; QL (max quantity 1 per fill)
INFRARED MIS THERMOME	OTC; QL (max quantity 1 per fill)
INSTANT EAR MIS DIG THER	OTC; QL (max quantity 1 per fill)
KAZ DIGITAL MIS THERMOM	OTC; QL (max quantity 1 per fill)
KP FAST READ MIS FLEXIBLE	OTC; QL (max quantity 1 per fill)
LMA MAD MIS NASAL	
MUCOSAL ATOM MIS DEVICE	OTC
NEODOT INFRA MIS THERMOME	OTC; QL (max quantity 1 per fill)
ORAL TEMP MIS DIGITAL	OTC; QL (max quantity 1 per fill)
PRO COMFORT MIS TEMPA CH	OTC; QL (max quantity 1 per fill)
PURE COMFORT MIS TEMPA	OTC; QL (max quantity 1 per fill)
QUICK READ MIS THERMOME	OTC; QL (max quantity 1 per fill)
QUICK TEMP MIS INF THER	OTC; QL (max quantity 1 per fill)
QUICK TEMP MIS INFRARED	OTC; QL (max quantity 1 per fill)
RA DIGITAL MIS THERMOME	OTC; QL (max quantity 1 per fill)
RA SOFT-TIP/ MIS FEVER AL	OTC; QL (max quantity 1 per fill)
RECTAL THERMOMETERS	QL (2 ea / year, max quantity 1 per fill), OTC
RELION BASAL MIS THERMOM	OTC; QL (max quantity 1 per fill)

Drug Name	Requirements/Limits
SM DIGITAL MIS THERMOME	OTC; QL (max quantity 1 per fill)
SM TEMPLE MIS THERMOME	OTC; QL (max quantity 1 per fill)
TEMPLE THERM MIS DIGITAL	OTC; QL (max quantity 1 per fill)
TEMPLE TOUCH MIS MINI	OTC; QL (max quantity 1 per fill)
4-IN-1 THERM MIS CLEV CHC	OTC; QL (max quantity 1 per fill)
THERMOMETER MIS 2-PART	OTC; QL (max quantity 1 per fill)
THERMOMETER MIS BODY/OBJ	OTC; QL (max quantity 1 per fill)
THERMOMETER MIS COMFORT	OTC; QL (max quantity 1 per fill)
THERMOMETER MIS DIGITAL	OTC; QL (max quantity 1 per fill)
THERMOMETER MIS EAR	OTC; QL (max quantity 1 per fill)
THERMOMETER MIS EAR/FORE	OTC; QL (max quantity 1 per fill)
THERMOMETER MIS FLEX TIP	OTC; QL (max quantity 1 per fill)
THERMOMETER MIS FOREHEAD	OTC; QL (max quantity 1 per fill)
THERMOMETER MIS MULTITIP	OTC; QL (max quantity 1 per fill)
THERMOMETER MIS SPD READ	OTC; QL (max quantity 1 per fill)
THERMOMETER MIS TEMPLE	OTC; QL (max quantity 1 per fill)
THERMOMETER MIS UNDERARM	OTC; QL (max quantity 1 per fill)
THERMOSCAN MIS EAR	OTC; QL (max quantity 1 per fill)
THERMOSCAN MIS EAR THER	OTC; QL (max quantity 1 per fill)
THERMOSCAN MIS FOREHEAD	OTC; QL (max quantity 1 per fill)
TOUCH-FREE MIS THERM	OTC; QL (max quantity 1 per fill)
WALGREENS MIS DIG THER	OTC; QL (max quantity 1 per fill)
WALGREENS MIS FLEX-TIP	OTC; QL (max quantity 1 per fill)

Drug Name	Requirements/Limits
PARENTERAL THERAPY SUPPLIES	
BD U-500 MIS 31GX6MM	QL (150 ea / 30 days)
INSULIN SYRG MIS 0.3/29G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/29G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/29G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/29G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G	QL (150 ea / 30 days), OTC; TRUEPLUS
NEEDLE (DISP) 18 X 1-1/2"	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	
PEN NEEDLES MIS 29GX10MM	QL (200 ea / 25 days), OTC; TECHLITE

Drug Name	Requirements/Limits
PEN NEEDLES MIS 29GX12.7	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX6MM	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX8MM	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX4MM	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	QL (200 ea / 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 25 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	

RESPIRATORY THERAPY SUPPLIES

HUMIDIFIERS	QL (1 ea / year), OTC
NEBULIZER	OTC
NEBULIZER- RX	
PEAK FLOW METER	QL (1 ea / year), OTC
PEAK FLOW METER- RX	QL (1 ea / year)
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	QL (1 ea / year), OTC
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)-RX	QL (1 ea / year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	QL (2 ea / 180 days, max quantity 1 per fill), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	QL (2 ea / 180 days, max quantity 1 per fill)

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

SEROTONIN AGONISTS

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

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

<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 chew tab 600 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 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
<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

Drug Name	Requirements/Limits
ELECTROLYTE MIXTURES	
<i>oral electrolyte solution</i>	OTC
FLUORIDE	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	QL (30 ea / 30 days)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	QL (50 mL / 30 days)
MAGNESIUM	
<i>magnesium chloride tab dr 64 mg (elemental mg)</i>	OTC
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	OTC
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	OTC
<i>magnesium tab 250 mg</i>	OTC
<i>magnesium tab 500mg</i>	OTC
PHOSPHATE	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	QL (120 ea / 30 days)
POTASSIUM	
<i>klor-con 8 tab 8meq er</i>	QL (120 ea / 30 days)
<i>klor-con 10 tab 10meq er</i>	QL (120 ea / 30 days)
<i>potassium bicarbonate effer tab 25 meq</i>	QL (60 ea / 30 days)
<i>potassium chloride cap er 8 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride cap er 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	QL (150 ea / 30 days)
<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 (120 ea / 30 days)
<i>potassium chloride tab er 10 meq</i>	QL (120 ea / 30 days)
<i>potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)</i>	QL (150 ea / 30 days)
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 (generic of DEPEN TITRATABS)</i>	PA

Drug Name	Requirements/Limits
IMMUNOMODULATORS	
REVLIMID CAP 5MG	SP, PA, QL (30 ea / 30 days)
REVLIMID CAP 10MG	SP, PA, QL (30 ea / 30 days)
REVLIMID CAP 15MG	SP, PA, QL (30 ea / 30 days)
REVLIMID CAP 25MG	SP, PA, QL (30 ea / 30 days)
THALOMID CAP 100MG	SP, PA, QL (30 ea / 30 days)
IMMUNOSUPPRESSIVE AGENTS	
<i>azathioprine tab 50 mg (generic of IMURAN)</i>	QL (240 ea / 30 days)
<i>cyclosporine cap 25 mg (generic of SANDIMMUNE)</i>	QL (480 ea / 30 days)
<i>cyclosporine cap 100 mg (generic of SANDIMMUNE)</i>	QL (150 ea / 30 days)
<i>cyclosporine modified cap 25 mg (generic of NEORAL)</i>	QL (450 ea / 30 days)
<i>cyclosporine modified cap 50 mg</i>	QL (450 ea / 30 days)
<i>cyclosporine modified cap 100 mg (generic of NEORAL)</i>	QL (300 ea / 30 days)
<i>cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)</i>	QL (300 mL / 30 days)
ENVARUSUS XR TAB 0.75MG	
ENVARUSUS XR TAB 1MG	
ENVARUSUS XR TAB 4MG	
<i>engraf cap 25mg (generic of NEORAL)</i>	QL (450 ea / 30 days)
<i>engraf cap 100mg (generic of NEORAL)</i>	QL (300 ea / 30 days)
<i>engraf sol 100mg/ml (generic of NEORAL)</i>	QL (300 mL / 30 days)
<i>mycophenolate mofetil cap 250 mg (generic of CELLCEPT)</i>	QL (360 ea / 30 days)
<i>mycophenolate mofetil tab 500 mg (generic of CELLCEPT)</i>	QL (240 ea / 30 days)
NEORAL CAP 25MG	QL (450 ea / 30 days)
NEORAL CAP 100MG	QL (300 ea / 30 days)
NEORAL SOL 100MG/ML	QL (300 mL / 30 days)
SANDIMMUNE SOL 100MG/ML	
<i>tacrolimus cap 0.5 mg (generic of PROGRAF)</i>	QL (60 ea / 30 days)
<i>tacrolimus cap 1 mg (generic of PROGRAF)</i>	QL (420 ea / 30 days)
<i>tacrolimus cap 5 mg (generic of PROGRAF)</i>	
IRRIGATION SOLUTIONS	
<i>water for irrigation, sterile irrigation soln</i>	
POTASSIUM REMOVING AGENTS	
LOKELMA PAK 5GM	QL (90 ea / 30 days)
LOKELMA PAK 10GM	QL (90 ea / 30 days)
<i>sodium polystyrene sulfonate powder</i>	

Drug Name	Requirements/Limits
<i>sps sus 15gm/60</i>	
VELTASSA POW 8.4GM	QL (30 ea / 30 days)
VELTASSA POW 16.8GM	QL (30 ea / 30 days)
VELTASSA POW 25.2GM	QL (30 ea / 30 days)

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

ANESTHETICS TOPICAL ORAL

lidocaine hcl viscous soln 2%

ANTI-INFECTIVES - THROAT

clotrimazole troche 10 mg

QL (150 ea / 30 days)

nystatin susp 100000 unit/ml

QL (3600 mL / 30 days)

ANTISEPTICS - MOUTH/THROAT

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

DENTAL PRODUCTS

denta 5000 cre plus

denta 5000 cre plus 2pk

dentagel gel 1.1%

sf 5000 plus cre 1.1%

sf gel 1.1%

sod fluoride gel 1.1%

sodium fluor cre 5000 pls

sodium fluor cre 5000 ppm

sodium fluoride gel 1.1% (0.5% f)

STEROIDS - MOUTH/THROAT/DENTAL

oralone dent pst 0.1%

triamcinolone acetonide dental paste 0.1%

THROAT PRODUCTS - MISC.

pilocarpine hcl tab 5 mg (generic of SALAGEN)

pilocarpine hcl tab 7.5 mg (generic of SALAGEN)

MULTIVITAMINS - DRUGS FOR NUTRITION

B-COMPLEX W/ FOLIC ACID

b-complex w/ c & folic acid cap 1 mg

QL (60 ea / 30 days), OTC

b-complex w/ c & folic acid cap 1 mg- rx

QL (60 ea / 30 days)

b-complex w/ c & folic acid tab 0.8 mg

OTC

b-complex w/ c & folic acid tab 1 mg

OTC

b-complex w/ c & folic acid tab 1 mg- rx

b-complex w/ c & folic acid tab 5 mg- rx

MULTIPLE VITAMINS W/ IRON

multiple vitamins w/ iron tab

QL (30 ea / 30 days), OTC

MULTIPLE VITAMINS W/ MINERALS

multiple vitamins w/ minerals cap

QL (30 ea / 30 days), OTC

multiple vitamins w/ minerals cap- rx

QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>multiple vitamins w/ minerals tab</i>	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ minerals tab- rx</i>	QL (30 ea / 30 days)
MULTIVITAMINS - DRUGS FOR NUTRITION	
<i>multiple vitamin tab</i>	QL (30 ea / 30 days), OTC
PED MULTI VITAMINS W/FL & FE	
<i>multi-vit/fe dro /fl 0.25</i>	QL (50 mL / 30 days), OTC
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	QL (50 mL / 30 days)
PED MULTIPLE VITAMINS W/ MINERALS	
<i>pediatric multiple vitamin w/ minerals & c chew tab</i>	QL (30 ea / 30 days), OTC
PED MV W/ FLUORIDE	
<i>multi vit/fl dro 0.5mg/ml</i>	QL (50 mL / 30 days), OTC
<i>multivit/fl dro 0.25mg</i>	QL (50 mL / 30 days), OTC
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	QL (60 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	QL (50 mL / 30 days)
PED MV W/ IRON	
<i>animal shape chw complete</i>	OTC
<i>cerovite jr chw</i>	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	QL (30 ea / 30 days), OTC
POLY-VI-SOL SOL IRON	QL (50 mL / 25 days), OTC
<i>qc childrens chw complete</i>	OTC
<i>sm animal sh chw complete</i>	OTC
PEDIATRIC MULTIPLE VITAMINS	
<i>pediatric multiple vitamin w/ c & fa chew tab</i>	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ extra c & fa chew tab</i>	QL (30 ea / 30 days), OTC
POLY-VI-SOL SOL 50MG/ML	QL (50 mL / 25 days), OTC
PEDIATRIC VITAMINS	
TRI-VI-SOL SOL A/C/D	QL (50 mL / 25 days), OTC
PRENATAL VITAMINS	
COMPLETENATE CHW	QL (30 ea / 30 days)
NATALVIT TAB 75-1MG	QL (30 ea / 30 days)
PRENATAL 19 TAB	QL (30 ea / 30 days), OTC
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg-rx</i>	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg-rx</i>	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	QL (30 ea / 30 days), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG-RX	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	QL (30 ea / 30 days), OTC
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	QL (60 ea / 30 days), OTC
PRENATVITE TAB RX	QL (30 ea / 30 days)
SE-NATAL 19 CHW	QL (30 ea / 30 days)
SE-NATAL 19 TAB	QL (30 ea / 30 days)
TRINATAL RX TAB 1	QL (30 ea / 30 days)
VINATE II TAB	QL (30 ea / 30 days)
VINATE ONE TAB	QL (30 ea / 30 days)
VITAFOL-OB TAB 65-1MG	QL (30 ea / 30 days)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 10 mg</i>	QL (90 ea / 30 days)
<i>baclofen tab 20 mg</i>	QL (120 ea / 30 days)
<i>chlorzoxazone tab 500 mg</i>	QL (180 ea / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	QL (90 ea / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	QL (90 ea / 30 days)
<i>methocarbamol tab 500 mg</i>	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>methocarbamol tab 750 mg</i>	QL (300 ea / 30 days); AGE (Max age 64 years)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	QL (60 ea / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)</i>	QL (270 ea / 30 days); AGE (Max age 64 years)

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 (30 mL / 25 days)
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	QL (52 mL / 25 days), OTC

NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	
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Drug Name	Requirements/Limits
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	
NASAL STEROIDS	
<i>budesonide sus 32mcg</i>	QL (8.43 mL / 25 days), OTC
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (16 gm / 25 days); AGE (Min age 4 years)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (16 mL / 25 days), OTC; AGE (Min age 4 years)
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	OTC
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 (180 ea / 30 days), OTC
<i>pseudoephedrine hcl tab 60 mg</i>	QL (180 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	QL (60 ea / 30 days), 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 / 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>	QL (10 mL / 25 days)
<i>levobunolol hcl ophth soln 0.5%</i>	QL (15 mL / 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 / 25 days)

Drug Name	Requirements/Limits
<i>cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)</i>	QL (15 mL / 25 days)
ISOPTO ATROP SOL 1% OP	QL (15 mL / 25 days)
MIOTICS	
<i>pilocarpine hcl ophth soln 1% (generic of ISOPTO CARPINE)</i>	
<i>pilocarpine hcl ophth soln 2% (generic of ISOPTO CARPINE)</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) (generic of CILOXAN)</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 / 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 / 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% (generic of BLEPH-10)</i>	
<i>tobramycin ophth soln 0.3% (generic of TOBREX)</i>	
<i>trifluridine ophth soln 1%</i>	QL (7.5 mL / 25 days)
OPHTHALMIC INTEGRIN ANTAGONISTS	
XIIDRA DRO 5%	ST; Requires trial of OTC lubricant and ointment
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 / 25 days)

Drug Name	Requirements/Limits
<i>neo-polycin oin hc 1%op</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	
<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 / 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 / 30 days), OTC
<i>eye allergy sol itch/red</i>	QL (5 mL / 30 days), OTC
<i>flurbiprofen sodium ophth soln 0.03%</i>	
<i>gnp olopatad sol 0.2%</i>	QL (2.5 mL / 30 days), OTC
<i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i>	QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	QL (10 mL / 25 days), OTC
<i>olopatadine dro 0.1% op</i>	QL (5 mL / 30 days), OTC
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	QL (5 mL / 30 days), OTC
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	QL (2.5 mL / 30 days), OTC
<i>PATADAY SOL 0.1%</i>	QL (5 mL / 30 days), OTC
<i>PATADAY SOL 0.2%</i>	QL (2.5 mL / 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 / 25 days)

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	QL (20 mL / 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	OTC

OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	QL (14 ea / 25 days)
<i>ofloxacin otic soln 0.3%</i>	QL (5 mL / 25 days)

Drug Name	Requirements/Limits
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 (210 ea / 30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	QL (210 ea / 30 days)
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 (240 ea / 30 days)
<i>amoxicillin (trihydrate) cap 500 mg</i>	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	QL (180 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	QL (240 ea / 30 days)
<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 (150 ea / 30 days)
<i>amoxicillin (trihydrate) tab 875 mg</i>	QL (120 ea / 30 days)
<i>ampicillin cap 500 mg</i>	QL (240 ea / 30 days)
NATURAL PENICILLINS	
<i>penicillin v potassium for soln 125 mg/5ml</i>	QL (1200 mL / 30 days)
<i>penicillin v potassium for soln 250 mg/5ml</i>	QL (1200 mL / 30 days)
<i>penicillin v potassium tab 250 mg</i>	QL (240 ea / 30 days)
<i>penicillin v potassium tab 500 mg</i>	QL (240 ea / 30 days)
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	QL (90 ea / 30 days); AGE (Max age 12 years)

Drug Name	Requirements/Limits
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	QL (120 ea / 30 days); AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	QL (2 ea / day, max 10 day supply)
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	QL (2 ea / day, max 10 day supply)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	QL (2 ea / day, max 10 day supply)

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	QL (240 ea / 30 days)
<i>dicloxacillin sodium cap 500 mg</i>	QL (180 ea / 30 days)

PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING

ANTIMICROBIAL AGENTS

BENZYL ALC LIQ	AGE (Min age 16 years and Max age 60 years)
BENZYL ALC LIQ	OTC; AGE (Min age 16 years and Max age 60 years)

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 (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 10 mg (generic of PROVERA)</i>	QL (60 ea / 30 days)
<i>norethindrone acetate tab 5 mg (generic of AYGESTIN)</i>	QL (30 ea / 30 days)
<i>progesterone cap 100 mg (generic of PROMETRIUM)</i>	QL (30 ea / 30 days)
<i>progesterone cap 200 mg (generic of PROMETRIUM)</i>	QL (60 ea / 30 days)

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 (30 ea / 30 days)
<i>disulfiram tab 500 mg</i>	QL (30 ea / 30 days)

Drug Name	Requirements/Limits
ANTI-CATAPLECTIC AGENTS	
XYREM SOL 500MG/ML	SP, PA
ANTIDEMENTIA AGENTS	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (60 ea / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	QL (30 ea / 30 days)
<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</i>	
<i>memantine hcl tab 10 mg</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>	
<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of PA EXELON)</i>	
<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic of PA EXELON)</i>	
MOVEMENT DISORDER DRUG THERAPY	
<i>tetrabenazine tab 12.5 mg (generic of XENAZINE)</i>	SP, PA
<i>tetrabenazine tab 25 mg (generic of XENAZINE)</i>	SP, PA
MULTIPLE SCLEROSIS AGENTS	
AUBAGIO TAB 7MG	SP, PA
AUBAGIO TAB 14MG	SP, PA
AVONEX PEN KIT 30MCG	SP, PA
AVONEX PREFL KIT 30MCG	SP, PA
<i>dalfampridine tab er 12hr 10 mg (generic of AMPYRA)</i>	SP, PA

Drug Name	Requirements/Limits
<i>dimethyl fumarate capsule delayed release 120 mg</i> (generic of TECFIDERA)	SP, PA, QL (60 ea / 30 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i> (generic of TECFIDERA)	SP, PA, QL (60 ea / 30 days)
EXTAVIA INJ 0.3MG	SP, PA
GILENYA CAP 0.5MG	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (generic of COPAXONE)	SP, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> (generic of COPAXONE)	SP, PA
<i>glatopa inj 20mg/ml</i> (generic of COPAXONE)	SP, PA
<i>glatopa inj 40mg/ml</i> (generic of COPAXONE)	SP, PA
REBIF INJ 22/0.5	SP, PA
REBIF INJ 44/0.5	SP, PA
REBIF REBIDO INJ 22/0.5	SP, PA
REBIF REBIDO INJ 44/0.5	SP, PA
REBIF REBIDO INJ TITRATN	SP, PA
REBIF TITRTN INJ PACK	SP, PA

SMOKING DETERRENTS

APO-VARENICL TAB 0.5MG	QL (120 ea / 30 days)
APO-VARENICL TAB 1MG	QL (60 ea / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (60 ea / 30 days)
<i>nicotine polacrilex gum 2 mg</i>	QL (720 ea / 30 days), OTC; AGE (Min age 18 years)
<i>nicotine polacrilex gum 4 mg</i>	QL (720 ea / 30 days), OTC; AGE (Min age 18 years)
<i>nicotine polacrilex lozenge 2 mg</i>	QL (600 ea / 30 days), OTC; AGE (Min age 18 years)
<i>nicotine polacrilex lozenge 4 mg</i>	QL (600 ea / 30 days), OTC; AGE (Min age 18 years)
<i>nicotine td patch 24hr 7 mg/24hr</i>	QL (30 ea / 30 days), OTC; AGE (Min age 18 years)
<i>nicotine td patch 24hr 14 mg/24hr</i>	QL (30 ea / 30 days), OTC; AGE (Min age 18 years)
<i>nicotine td patch 24hr 21 mg/24hr</i>	QL (30 ea / 30 days), OTC; AGE (Min age 18 years)
NICOTROL INH	QL (480 ea / 30 days); AGE (Min age 18 years)
NICOTROL NS SPR 10MG/ML	QL (120 mL / 30 days); AGE (Min age 18 years)
VARENICLINE TAB 0.5MG	QL (120 ea / 30 days)
VARENICLINE TAB 1MG	QL (60 ea / 30 days)

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

ALPHA-PROTEINASE INHIBITOR (HUMAN)

PROLASTIN-C INJ 1000MG	SP, PA
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Drug Name	Requirements/Limits
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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 (120 ea / 30 days); AGE (Min age 6 years and Max age 11 years)
ORKAMBI TAB 200-125	SP, PA, QL (56 ea / 8 days)
PULMOZYME SOL 1MG/ML	SP, PA, QL (75 mL / 30 days)
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 (90 ea / 30 days)
<i>doxycycline monohydrate cap 100 mg</i>	QL (90 ea / 30 days)
<i>doxycycline monohydrate tab 100 mg</i>	QL (90 ea / 30 days)
<i>minocycline hcl cap 50 mg</i>	QL (60 ea / 30 days)
<i>minocycline hcl cap 100 mg</i> (generic of MINOCIN)	QL (60 ea / 30 days)

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	QL (180 ea / 30 days)
<i>methimazole tab 10 mg</i>	QL (180 ea / 30 days)
<i>propylthiouracil tab 50 mg</i>	QL (600 ea / 30 days)

THYROID HORMONES

ARMOUR THYRO TAB 15MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 30MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 60MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 90MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 120MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 180MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 240MG	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 300MG	QL (30 ea / 30 days); AGE (Max age 64 years)

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

Drug Name	Requirements/Limits
TOXOIDS - DRUGS TO PREVENT INFECTIONS	
TOXOID COMBINATIONS	
ADACEL INJ	AGE (Min age 19 years)
BOOSTRIX INJ	AGE (Min age 19 years)
TDVAX INJ 2-2 LF	AGE (Min age 19 years)
TENIVAC INJ 5-2LF	AGE (Min age 19 years)

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

ANTISPASMODICS

CUVPOSA SOL 1MG/5ML	PA
<i>dicyclomine hcl cap 10 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	QL (2400 mL / 30 days); AGE (Max age 64 years)
<i>dicyclomine hcl tab 20 mg</i>	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>glycopyrrolate tab 1 mg</i>	
<i>glycopyrrolate tab 2 mg</i>	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>oscimin tab 0.125mg</i>	QL (360 ea / 30 days); AGE (Max age 64 years)

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	QL (1800 mL / 30 days)
<i>cimetidine tab 200 mg</i>	QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i>	QL (120 ea / 30 days), OTC
<i>cimetidine tab 300 mg</i>	QL (60 ea / 30 days)
<i>cimetidine tab 400 mg</i>	QL (60 ea / 30 days)
<i>cimetidine tab 800 mg</i>	QL (60 ea / 30 days)
<i>famotidine for susp 40 mg/5ml</i>	QL (150 mL / 30 days); AGE (Max age 6 years)
<i>famotidine tab 10 mg</i>	QL (60 ea / 30 days), OTC
<i>famotidine tab 20 mg</i>	QL (60 ea / 30 days), OTC
<i>famotidine tab 20 mg (generic of PEPCID)</i>	QL (60 ea / 30 days)
<i>famotidine tab 40 mg (generic of PEPCID)</i>	QL (60 ea / 30 days)

Drug Name	Requirements/Limits
<i>nizatidine cap 150 mg</i>	ST, QL (120 ea / 30 days); Requires trial of famotidine
<i>nizatidine oral soln 15 mg/ml</i>	ST; Requires trial of famotidine

MISC. ANTI-ULCER

<i>sucralfate susp 1 gm/10ml (generic of CARAFATE)</i>	QL (1200 mL / 30 days); AGE (Max age 18 years)
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	QL (120 ea / 30 days)

PROTON PUMP INHIBITORS

<i>acid reducer cap 20.6mgdr</i>	QL (30 ea / 30 days), OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (60 ea / 30 days), OTC
FIRST-OMEPRASUS 2MG/ML	QL (150 mL / 30 days); AGE (Max age 12 years)
<i>lansoprazole cap delayed release 15 mg</i>	QL (60 ea / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	QL (60 ea / 30 days), OTC
<i>omeprazole cap delayed release 10 mg</i>	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	QL (30 ea / 30 days)
<i>omeprazole delayed release tab 20 mg</i>	QL (90 ea / 30 days), OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	QL (30 ea / 30 days), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	QL (90 ea / 30 days), OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	QL (30 ea / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	QL (90 ea / 30 days)

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tab 100 mcg</i>	QL (120 ea / 30 days)
<i>misoprostol tab 200 mcg</i>	QL (120 ea / 30 days)

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride syrup 5 mg/5ml</i>	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	QL (90 ea / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg (generic of DITROPAN XL)</i>	ST, QL (30 ea / 30 days); Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 10 mg (generic of DITROPAN XL)</i>	ST, QL (30 ea / 30 days); Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 15 mg</i>	ST, QL (30 ea / 30 days); Requires trial of oxybutynin IR

Drug Name	Requirements/Limits
<i>tolterodine tartrate tab 1 mg (generic of DETROL)</i>	ST, QL (60 ea / 30 days); Requires trial of oxybutynin
<i>tolterodine tartrate tab 2 mg (generic of DETROL)</i>	ST, QL (60 ea / 30 days); Requires trial of oxybutynin
<i>tropium chloride tab 20 mg</i>	ST, QL (60 ea / 30 days); Requires trial of oxybutynin

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 10 mg</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 25 mg</i>	QL (120 ea / 30 days)
<i>bethanechol chloride tab 50 mg</i>	QL (120 ea / 30 days)

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	QL (120 ea / 30 days)
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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 age 19 years)
PREVNAR 13 INJ	QL (max 1 fill per lifetime); AGE (Min age 19 years)
PREVNAR 20 INJ	QL (max 1 fill per lifetime); AGE (Min age 19 years)
VAXNEUVANCE INJ	QL (max 1 fill per lifetime); AGE (Min age 19 years)

VIRAL VACCINES

AFLURIA QUAD INJ 2019-20	AGE (Min age 19 years)
ENGERIX-B INJ 10/0.5ML	AGE (Min age 19 years)
ENGERIX-B INJ 20MCG/ML	AGE (Min age 19 years)
FLUARIX QUAD INJ 2019-20	AGE (Min age 19 years)
FLUBLOK QUAD INJ 2019-20	AGE (Min age 19 years)
FLUCLVX QUAD INJ 2019-20	AGE (Min age 19 years)
FLULAVAL QUA INJ 2019-20	AGE (Min age 19 years)
FLUMIST QUAD SUS 2021-22	AGE (Min age 19 years and Max age 49 years)
FLUZONE QUAD INJ 2019-20	AGE (Min age 19 years)
HAVRIX INJ 720UNIT	AGE (Min age 19 years)
HAVRIX INJ 1440UNIT	AGE (Min age 19 years)
HEPLISAV-B INJ 20/0.5ML	AGE (Min age 19 years)
JANSSEN VACC INJ COVID-19	
MODERNA VAC INJ COVID-19	
PFIZER VACC INJ COVID-19	
RECOMBIVA HB INJ 5MCG/0.5	AGE (Min age 19 years)
RECOMBIVA HB INJ 10MCG/ML	AGE (Min age 19 years)
SHINGRIX INJ 50/0.5ML	QL (max 2 fills per lifetime); AGE (Min age 18 years)
TWINRIX INJ	AGE (Min age 19 years)

Drug Name	Requirements/Limits
VAQTA INJ 25/0.5ML	AGE (Min age 19 years)
VAQTA INJ 50UNT/ML	AGE (Min age 19 years)

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	
<i>clotrimazole cre 1% vag</i>	OTC
<i>clotrimazole vaginal cream 1%</i>	OTC
<i>clotrimazole vaginal cream 2%</i>	OTC
<i>metronidazole vaginal gel 0.75%</i>	QL (70 gm / 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>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	
<i>terconazole vaginal suppos 80 mg</i>	QL (30 ea / 30 days)
<i>tioconazole vaginal oint 6.5%</i>	OTC
<i>vandazole gel 0.75%</i>	QL (70 gm / 5 days)

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)</i>	QL (42.5 gm / 30 days)
<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) (generic of EPIPEN 2-PAK)</i>	QL (2 ea / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (generic of EPIPEN-JR 2-PAK)</i>	QL (2 ea / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	QL (2 ea / 25 days)
SYMJEPI INJ 0.3MG	QL (2 ea / 25 days)
SYMJEPI INJ 0.15MG	QL (2 ea / 25 days)

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

<i>midodrine hcl tab 2.5 mg</i>	QL (90 ea / 30 days)
<i>midodrine hcl tab 5 mg</i>	QL (90 ea / 30 days)
<i>midodrine hcl tab 10 mg</i>	QL (90 ea / 30 days)

Drug Name	Requirements/Limits
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VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>cholecalciferol cap 1000 unit</i>	QL (30 ea / 30 days), OTC
<i>cholecalciferol cap 2000 unit</i>	QL (30 ea / 30 days), OTC
<i>cholecalciferol cap 5000 unit</i>	QL (30 ea / 30 days), OTC
<i>cholecalciferol cap 10000 unit</i>	QL (30 ea / 30 days), OTC
<i>cholecalciferol cap 50000 unit</i>	QL (30 ea / 30 days), OTC
<i>cholecalciferol chew tab 400 unit</i>	QL (30 ea / 30 days), OTC
<i>cholecalciferol oral liquid 400 unit/ml</i>	QL (180 mL / 30 days), OTC
<i>cholecalciferol tab 400 unit</i>	QL (180 ea / 30 days), OTC
<i>cholecalciferol tab 1000 unit</i>	QL (180 ea / 30 days), OTC
<i>cholecalciferol tab 2000 unit</i>	QL (180 ea / 30 days), OTC
<i>cholecalciferol tab 5000 unit</i>	QL (180 ea / 30 days), OTC
<i>ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)</i>	QL (180 ea / 30 days)
<i>phytonadione tab 5 mg (generic of MEPHYTON)</i>	QL (150 ea / 30 days)

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>niacin tab er 750 mg</i>	OTC
<i>niacinamide tab 500 mg</i>	OTC
<i>pyridoxine hcl tab 25 mg</i>	QL (60 ea / 30 days), OTC
<i>pyridoxine hcl tab 50 mg</i>	QL (120 ea / 30 days), OTC
<i>pyridoxine hcl tab 100 mg</i>	QL (120 ea / 30 days), OTC
<i>thiamine mononitrate tab 100 mg</i>	QL (30 ea / 30 days), OTC
<i>vitamin b-2 tab 100mg</i>	OTC

Index

- 2**
2-PC BARRIER MIS 2-1/499
- 4**
4-IN-1 THERM MIS CLEV CHC 102
- A**
abacavir sulfate soln 20 mg/ml (base equiv)65
abacavir sulfate tab 300 mg (base equiv)65
abacavir sulfate-lamivudine tab 600-300 mg65
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg.....65
- ABILIFY
see *aripiprazole tab 10 mg*64
see *aripiprazole tab 15 mg*64
see *aripiprazole tab 2 mg*64
see *aripiprazole tab 20 mg*64
see *aripiprazole tab 30 mg*64
see *aripiprazole tab 5 mg*64
- ABILIFY MAIN INJ 300MG64
ABILIFY MAIN INJ 400MG64
abiraterone acetate tab 250 mg55
acamprosate calcium tab delayed release 333 mg 115
acarbose tab 100 mg43
acarbose tab 25 mg.....43
acarbose tab 50 mg.....43
- 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 10-12.5 mg*.....53
see *quinapril-hydrochlorothiazide tab 20-12.5 mg*.....53
see *quinapril-hydrochlorothiazide tab 20-25 mg*54
acebutolol hcl cap 200 mg68
acebutolol hcl cap 400 mg68
acetaminophen chew tab 160 mg26
acetaminophen chew tab 80 mg.....26
acetaminophen disintegrating tab 160 mg26
acetaminophen liquid 160 mg/5ml ...26
acetaminophen liquid 167 mg/5ml ...26
acetaminophen soln 160 mg/5ml26
acetaminophen suppos 120 mg.....26
acetaminophen suppos 650 mg.....26
acetaminophen susp 160 mg/5ml.....26
acetaminophen tab 325 mg26
acetaminophen tab 500 mg26
acetaminophen tab er 650 mg26
acetaminophen w/ codeine soln 120-12 mg/5ml.....28
acetaminophen w/ codeine tab 300-15 mg28
acetaminophen w/ codeine tab 300-30 mg28
acetaminophen w/ codeine tab 300-60 mg28
acetazolamide cap er 12hr 500 mg...87
acetazolamide tab 125 mg87
acetazolamide tab 250 mg87
acetic acid irrigation soln 0.25%91
acetic acid otic soln 2%.....113
- ACETONE (URINE) TEST STRIP86
acetylcysteine inhal soln 20%80
acid reducer cap 20.6mgdr 121
acne medicat gel 2.5%80
- ACNE MEDICAT LOT 10%80
ACST KIT KIT COVID-1986
- ACTOS
see *pioglitazone hcl tab 15 mg (base equiv)*46
see *pioglitazone hcl tab 30 mg (base equiv)*46
see *pioglitazone hcl tab 45 mg (base equiv)*46
- ACULAR
see *ketorolac tromethamine ophth soln 0.5%*..... 113
acyclovir cap 200 mg.....68
acyclovir oint 5%83
acyclovir susp 200 mg/5ml.....68
acyclovir tab 400 mg68
acyclovir tab 800 mg68
- ADACEL INJ 120
adapalene gel 0.1%.....80
ADAPT PST99

ADDERALL	see <i>wixela inhub aer 100/50</i>	35
see <i>amphetamine-</i>	see <i>wixela inhub aer 250/50</i>	35
<i>dextroamphetamine tab 10 mg</i> ...20	see <i>wixela inhub aer 500/50</i>	35
see <i>amphetamine-</i>	ADVATE INJ 1000UNIT	92
<i>dextroamphetamine tab 12.5 mg</i> 20	ADVATE INJ 1500UNIT	92
see <i>amphetamine-</i>	ADVATE INJ 2000UNIT	92
<i>dextroamphetamine tab 15 mg</i> ...20	ADVATE INJ 250UNIT	92
see <i>amphetamine-</i>	ADVATE INJ 3000UNIT	92
<i>dextroamphetamine tab 20 mg</i> ...20	ADVATE INJ 4000UNIT	92
see <i>amphetamine-</i>	ADVATE INJ 500UNIT	92
<i>dextroamphetamine tab 30 mg</i> ...20	ADVOCATE MIS INFRARED	100
see <i>amphetamine-</i>	<i>afirmelle tab 0.1-0.02</i>	73
<i>dextroamphetamine tab 5 mg</i> ....20	AFLURIA QUAD INJ 2019-20	122
see <i>amphetamine-</i>	<i>albendazole tab 200 mg</i>	30
<i>dextroamphetamine tab 7.5 mg</i> ..20	ALBENZA	
ADDERALL XR	see <i>albendazole tab 200 mg</i>	30
see <i>amphetamine-</i>	<i>albuterol sulfate inhal aero 108</i>	
<i>dextroamphetamine cap er 24hr 10</i>	<i>mcg/act (90mcg base equiv)</i>	34
<i>mg</i>.....20	<i>albuterol sulfate soln nebu 0.083%</i>	
see <i>amphetamine-</i>	<i>(2.5 mg/3ml)</i>	35
<i>dextroamphetamine cap er 24hr 15</i>	<i>albuterol sulfate soln nebu 0.5% (5</i>	
<i>mg</i>.....20	<i>mg/ml)</i>	35
see <i>amphetamine-</i>	<i>albuterol sulfate soln nebu 0.63</i>	
<i>dextroamphetamine cap er 24hr 20</i>	<i>mg/3ml (base equiv)</i>	35
<i>mg</i>.....20	<i>albuterol sulfate soln nebu 1.25</i>	
see <i>amphetamine-</i>	<i>mg/3ml (base equiv)</i>	35
<i>dextroamphetamine cap er 24hr 25</i>	<i>albuterol sulfate syrup 2 mg/5ml</i>	35
<i>mg</i>.....20	<i>albuterol sulfate tab 4 mg</i>	35
see <i>amphetamine-</i>	ALCAINE	
<i>dextroamphetamine cap er 24hr 30</i>	see <i>proparacaine hcl ophth soln 0.5%</i>	
<i>mg</i>.....20	.....	112
see <i>amphetamine-</i>	<i>alclometasone dipropionate cream</i>	
<i>dextroamphetamine cap er 24hr 5</i>	<i>0.05%</i>	83
<i>mg</i>.....20	<i>alclometasone dipropionate oint 0.05%</i>	
<i>adefovir dipivoxil tab 10 mg</i> .....	.....	83
67	ALCOHOL SWABS	100
<i>adhesive bandages</i>	ALDACTAZIDE	
97	see <i>spironolactone &</i>	
ADHESIVE BANDAGES	<i>hydrochlorothiazide tab 25-25 mg</i>	
97	.....	87
ADHESIVE BANDAGES- RX	ALDACTONE	
97	see <i>spironolactone tab 100 mg</i>	88
ADMELOG INJ 100U/ML.....	see <i>spironolactone tab 25 mg</i>	88
45	see <i>spironolactone tab 50 mg</i>	88
ADMELOG SOLO INJ 100U/ML.....	ALDARA	
45	see <i>imiquimod cream 5%</i>	85
ADVAIR DISKUS	ALECENSA CAP 150MG	56
see <i>fluticasone-salmeterol aer</i>		
<i>powder ba 100-50 mcg/dose</i>		
35		
see <i>fluticasone-salmeterol aer</i>		
<i>powder ba 250-50 mcg/dose</i>		
35		
see <i>fluticasone-salmeterol aer</i>		
<i>powder ba 500-50 mcg/dose</i>		
35		

<i>alendronate sodium tab 10 mg</i>	88	ALVESCO AER 160MCG	34
<i>alendronate sodium tab 35 mg</i>	88	ALVESCO AER 80MCG	34
<i>alendronate sodium tab 5 mg</i>	88	<i>alyacen tab 1/35</i>	74
<i>alendronate sodium tab 70 mg</i>	88	<i>alyacen tab 7/7/7</i>	74
<i>alfuzosin hcl tab er 24hr 10 mg</i>	91	<i>amantadine hcl cap 100 mg</i>	58
ALLKARE BARR MIS WIPES	99	<i>amantadine hcl soln 50 mg/5ml</i>	58
<i>allopurinol tab 100 mg</i>	92	AMARYL	
<i>allopurinol tab 300 mg</i>	92	<i>see glimepiride tab 1 mg</i>	46
<i>alogliptin benzoate tab 12.5 mg (base</i> <i>equiv)</i>	45	<i>see glimepiride tab 2 mg</i>	46
<i>alogliptin benzoate tab 25 mg (base</i> <i>equiv)</i>	45	<i>see glimepiride tab 4 mg</i>	46
<i>alogliptin benzoate tab 6.25 mg (base</i> <i>equiv)</i>	44	AMBIEN	
<i>alogliptin-metformin hcl tab 12.5-1000</i> <i>mg</i>	43	<i>see zolpidem tartrate tab 10 mg</i>	95
<i>alogliptin-metformin hcl tab 12.5-500</i> <i>mg</i>	43	<i>see zolpidem tartrate tab 5 mg</i>	95
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	43	<i>ambrisentan tab 10 mg</i>	72
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	43	<i>ambrisentan tab 5 mg</i>	72
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	43	AMERGE	
<i>alogliptin-pioglitazone tab 25-15 mg</i> .43		<i>see naratriptan hcl tab 1 mg (base</i> <i>equiv)</i>	104
<i>alogliptin-pioglitazone tab 25-30 mg</i> .44		<i>see naratriptan hcl tab 2.5 mg (base</i> <i>equiv)</i>	105
<i>alogliptin-pioglitazone tab 25-45 mg</i> .44		<i>amethia tab</i>	74
<i>alprazolam tab 0.25 mg</i>	32	<i>amiloride & hydrochlorothiazide tab 5-</i> <i>50 mg</i>	87
<i>alprazolam tab 0.5 mg</i>	32	<i>amiloride hcl tab 5 mg</i>	88
<i>alprazolam tab 1 mg</i>	32	<i>amiodarone hcl tab 200 mg</i>	34
<i>alprazolam tab 2 mg</i>	32	<i>amitriptyline hcl tab 10 mg</i>	42
ALTACE		<i>amitriptyline hcl tab 100 mg</i>	42
<i>see ramipril cap 1.25 mg</i>	51	<i>amitriptyline hcl tab 150 mg</i>	42
<i>see ramipril cap 10 mg</i>	51	<i>amitriptyline hcl tab 25 mg</i>	42
<i>see ramipril cap 2.5 mg</i>	51	<i>amitriptyline hcl tab 50 mg</i>	42
<i>see ramipril cap 5 mg</i>	51	<i>amitriptyline hcl tab 75 mg</i>	42
<i>altavera tab</i>	73	<i>amlodipine besylate tab 10 mg (base</i> <i>equivalent)</i>	70
<i>alum & mag hydroxide-simethicone</i> <i>chew tab 200-200-25 mg</i>	29	<i>amlodipine besylate tab 2.5 mg (base</i> <i>equivalent)</i>	70
<i>alum & mag hydroxide-simethicone</i> <i>susp 200-200-20 mg/5ml</i>	29	<i>amlodipine besylate tab 5 mg (base</i> <i>equivalent)</i>	70
<i>alum & mag hydroxide-simethicone</i> <i>susp 400-400-40 mg/5ml</i>	30	<i>amlodipine besylate-benazepril hcl cap</i> <i>10-20 mg</i>	52
<i>aluminum hydroxide-magnesium</i> <i>carbonate chew tab 160-105 mg</i> ...	30	<i>amlodipine besylate-benazepril hcl cap</i> <i>10-40 mg</i>	52
<i>aluminum hydroxide-magnesium</i> <i>carbonate susp 95-358 mg/15ml</i> ...30		<i>amlodipine besylate-benazepril hcl cap</i> <i>5-10 mg</i>	52
		<i>amlodipine besylate-benazepril hcl cap</i> <i>5-20 mg</i>	52
		<i>amlodipine besylate-benazepril hcl cap</i> <i>5-40 mg</i>	52

amlodipine besylate-valsartan tab 10-160 mg52
amlodipine besylate-valsartan tab 10-320 mg53
amlodipine besylate-valsartan tab 5-160 mg52
amlodipine besylate-valsartan tab 5-320 mg52
amoxicillin & k clavulanate chew tab 200-28.5 mg..... 114
amoxicillin & k clavulanate chew tab 400-57 mg 115
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 115
amoxicillin & k clavulanate for susp 400-57 mg/5ml 115
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 115
amoxicillin & k clavulanate tab 250-125 mg 115
amoxicillin & k clavulanate tab 500-125 mg 115
amoxicillin & k clavulanate tab 875-125 mg 115
amoxicillin (trihydrate) cap 250 mg 114
amoxicillin (trihydrate) cap 500 mg 114
amoxicillin (trihydrate) chew tab 125 mg 114
amoxicillin (trihydrate) chew tab 250 mg 114
amoxicillin (trihydrate) for susp 125 mg/5ml 114
amoxicillin (trihydrate) for susp 200 mg/5ml 114
amoxicillin (trihydrate) for susp 250 mg/5ml 114
amoxicillin (trihydrate) for susp 400 mg/5ml 114
amoxicillin (trihydrate) tab 500 mg 114
amoxicillin (trihydrate) tab 875 mg 114
amphetamine-dextroamphetamine cap er 24hr 10 mg.....20
amphetamine-dextroamphetamine cap er 24hr 15 mg.....20
amphetamine-dextroamphetamine cap er 24hr 20 mg.....20

amphetamine-dextroamphetamine cap er 24hr 25 mg.....20
amphetamine-dextroamphetamine cap er 24hr 30 mg.....20
amphetamine-dextroamphetamine cap er 24hr 5 mg20
amphetamine-dextroamphetamine tab 10 mg.....20
amphetamine-dextroamphetamine tab 12.5 mg20
amphetamine-dextroamphetamine tab 15 mg.....20
amphetamine-dextroamphetamine tab 20 mg.....20
amphetamine-dextroamphetamine tab 30 mg.....20
amphetamine-dextroamphetamine tab 5 mg.....20
amphetamine-dextroamphetamine tab 7.5 mg.....20
ampicillin cap 500 mg 114
 AMPYRA
 see dalfampridine tab er 12hr 10 mg 116
 ANAFRANIL
 see clomipramine hcl cap 25 mg ...42
 see clomipramine hcl cap 50 mg ...42
 see clomipramine hcl cap 75 mg ...42
anastrozole tab 1 mg.....55
animal shape chw complete..... 109
 ANORO ELLIPT AER 62.5-2535
 APO-VARENICL TAB 0.5MG..... 117
 APO-VARENICL TAB 1MG..... 117
apri tab.....74
 APRISO
 see mesalamine cap er 24hr 0.375 gm.....91
 APTIVUS CAP 250MG65
 ARANESP INJ 100MCG93
 ARANESP INJ 200MCG93
 ARANESP INJ 25MCG93
 ARANESP INJ 300MCG93
 ARANESP INJ 40MCG93
 ARANESP INJ 500MCG93
 ARANESP INJ 60MCG93
 ARAVA
 see leflunomide tab 10 mg25

see <i>leflunomide tab 20 mg</i>	25	<i>ascorbic acid tab 500 mg</i>	124
ARICEPT		<i>asenapine maleate sl tab 10 mg (base equiv)</i>	61
see <i>donepezil hydrochloride tab 10 mg</i>	116	<i>asenapine maleate sl tab 5 mg (base equiv)</i>	61
see <i>donepezil hydrochloride tab 5 mg</i>	116	<i>ashlyna tab</i>	74
ARIMIDEX		<i>aspirin chew tab 81 mg</i>	26
see <i>anastrozole tab 1 mg</i>	55	<i>aspirin tab 325 mg</i>	26
<i>aripiprazole oral solution 1 mg/ml</i>	64	<i>aspirin tab delayed release 325 mg</i> ..	26
<i>aripiprazole orally disintegrating tab 10 mg</i>	64	<i>aspirin tab delayed release 81 mg</i>	26
<i>aripiprazole orally disintegrating tab 15 mg</i>	64	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	93
<i>aripiprazole orally disintegrating tab 15 mg</i>	64	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	65
<i>aripiprazole tab 10 mg</i>	64	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	65
<i>aripiprazole tab 15 mg</i>	64	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	65
<i>aripiprazole tab 2 mg</i>	64	<i>atenolol & chlorthalidone tab 100-25 mg</i>	53
<i>aripiprazole tab 20 mg</i>	64	<i>atenolol & chlorthalidone tab 50-25 mg</i>	53
<i>aripiprazole tab 30 mg</i>	64	<i>atenolol tab 100 mg</i>	69
<i>aripiprazole tab 5 mg</i>	64	<i>atenolol tab 25 mg</i>	68
ARISTADA INJ 1064MG	64	<i>atenolol tab 50 mg</i>	69
ARISTADA INJ 441MG/1.....	64	ATIVAN	
ARISTADA INJ 662MG/2.....	64	see <i>lorazepam tab 0.5 mg</i>	33
ARISTADA INJ 882MG/3.....	64	see <i>lorazepam tab 1 mg</i>	33
ARIXTRA		see <i>lorazepam tab 2 mg</i>	33
see <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> ...	36	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	21
see <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> ..	36	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	21
see <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	36	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	21
see <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> ..	36	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	21
<i>armodafinil tab 150 mg</i>	22	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	21
<i>armodafinil tab 200 mg</i>	22	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	21
<i>armodafinil tab 250 mg</i>	22	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	21
<i>armodafinil tab 50 mg</i>	22	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	50
ARMOUR THYRO TAB 120MG	118	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	50
ARMOUR THYRO TAB 15MG	118		
ARMOUR THYRO TAB 180MG	118		
ARMOUR THYRO TAB 240MG	118		
ARMOUR THYRO TAB 300MG	118		
ARMOUR THYRO TAB 30MG	118		
ARMOUR THYRO TAB 60MG	118		
ARMOUR THYRO TAB 90MG	118		
ARTH PAIN CRE 0.075%.....	85		
<i>arthr pain gel 1%</i>	82		
<i>artificial tear ophth solution</i>	111		

<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	50	<i>azithromycin for susp 200 mg/5ml</i> ...	96
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	50	<i>azithromycin powd pack for susp 1 gm</i>	97
<i>atovaquone susp 750 mg/5ml</i>	30	<i>azithromycin tab 250 mg</i>	97
ATRIPLA		<i>azithromycin tab 500 mg</i>	97
<i>see efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	65	<i>azithromycin tab 600 mg</i>	97
ATROPINE SUL SOL 1% OP.....	111	AZULFIDINE	
ATROVENT HFA AER 17MCG	34	<i>see sulfasalazine tab 500 mg</i>	91
AUBAGIO TAB 14MG	116	AZULFIDINE EN-TABS	
AUBAGIO TAB 7MG.....	116	<i>see sulfasalazine tab delayed release 500 mg</i>	91
<i>aubra eq tab 0.1-0.02</i>	74	<i>azurette tab</i>	74
<i>aubra tab 0.1-0.02</i>	74	<i>azurette tab 28 day</i>	74
AUGMENTIN		B	
<i>see amoxicillin & k clavulanate tab 500-125 mg</i>	115	<i>bac tab</i>	25
AUGMENTIN ES-600		<i>bacitracin oint 500 unit/gm</i>	82
<i>see amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	115	<i>bacitracin ophth oint 500 unit/gm</i> ..	112
<i>aurovela fe tab 1.5/30</i>	74	<i>bacitracin zinc oint 500 unit/gm</i>	82
<i>aurovela fe tab 1/20</i>	74	<i>bacitracin-polymyxin b oint</i>	82
<i>aurovela tab 1.5/30</i>	74	<i>bacitracin-polymyxin b ophth oint</i> ..	112
<i>aurovela tab 1/20</i>	74	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	112
AVALIDE		<i>baclofen tab 10 mg</i>	110
<i>see irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	53	<i>baclofen tab 20 mg</i>	110
<i>see irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	53	BACTRIM	
AVAPRO		<i>see sulfamethoxazole-trimethoprim tab 400-80 mg</i>	30
<i>see irbesartan tab 150 mg</i>	51	BACTRIM DS	
<i>see irbesartan tab 300 mg</i>	52	<i>see sulfamethoxazole-trimethoprim tab 800-160 mg</i>	30
<i>see irbesartan tab 75 mg</i>	51	<i>balsalazide disodium cap 750 mg</i>	91
<i>aviane tab</i>	74	<i>balziva tab</i>	74
<i>avita cre 0.025%</i>	81	BANDAGE ROLL MIS KERLIX.....	97
<i>avita gel 0.025%</i>	81	BAND-AID PAD 2.....	97
AVONEX PEN KIT 30MCG.....	116	BAND-AID PAD 4.....	97
AVONEX PREFL KIT 30MCG.....	116	BANZEL	
AYGESTIN		<i>see rufinamide susp 40 mg/ml</i>	38
<i>see norethindrone acetate tab 5 mg</i>	115	<i>see rufinamide tab 200 mg</i>	38
<i>ayuna tab</i>	74	<i>see rufinamide tab 400 mg</i>	38
<i>azathioprine tab 50 mg</i>	107	BAQSIMI ONE POW 3MG/DOSE	44
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	110	BAQSIMI TWO POW 3MG/DOSE	44
<i>azelastine hcl ophth soln 0.05%</i>	113	BARACLUDGE	
<i>azithromycin for susp 100 mg/5ml</i> ...	96	<i>see entecavir tab 0.5 mg</i>	67
		<i>see entecavir tab 1 mg</i>	67
		BARACLUDGE SOL.....	67
		BASAGLAR INJ 100UNIT.....	45

<i>b-complex w/ c & folic acid cap 1 mg</i>	
.....	108
<i>b-complex w/ c & folic acid cap 1 mg-rx</i>	108
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	
.....	108
<i>b-complex w/ c & folic acid tab 1 mg</i>	
.....	108
<i>b-complex w/ c & folic acid tab 1 mg-rx</i>	108
<i>b-complex w/ c & folic acid tab 5 mg-rx</i>	108
BD U-500 MIS 31GX6MM.....	103
BD VERITOR KIT COV/FLU.....	86
BD VERITOR KIT SARSCOV2.....	86
<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.....	92
BENEFIX INJ 2000UNIT.....	92
BENEFIX INJ 250UNIT.....	92
BENEFIX INJ 3000UNIT.....	92
BENEFIX INJ 500UNIT.....	92
<i>benzonatate cap 100 mg</i>	79
<i>benzonatate cap 200 mg</i>	79
<i>benzoyl peroxide gel 10%</i>	81
BENZOYL PEROXIDE GEL 2.5%.....	81
<i>benzoyl peroxide gel 5%</i>	81
BENZOYL PEROXIDE LOTION 5%.....	81
<i>benztropine mesylate tab 0.5 mg</i>	57
<i>benztropine mesylate tab 1 mg</i>	57
<i>benztropine mesylate tab 2 mg</i>	57
BENZYL ALC LIQ.....	115
BENZYL BENZO LIQ.....	73
<i>betamethasone dipropionate augmented cream 0.05%</i>	83
<i>betamethasone dipropionate augmented gel 0.05%</i>	83
<i>betamethasone dipropionate augmented lotion 0.05%</i>	83
<i>betamethasone dipropionate augmented oint 0.05%</i>	83
<i>betamethasone dipropionate cream 0.05%</i>	83
<i>betamethasone dipropionate lotion 0.05%</i>	83
<i>betamethasone dipropionate oint 0.05%</i>	83
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	84
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	84
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	84
BETAPACE	
see <i>sorine tab 120mg</i>	69
see <i>sorine tab 160mg</i>	69
see <i>sorine tab 80mg</i>	69
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>	69
see <i>sotalol hcl (afib/afl) tab 160 mg</i>	69
see <i>sotalol hcl (afib/afl) tab 80 mg</i>	69
<i>betasept liq 4%</i>	65
<i>bethanechol chloride tab 10 mg</i>	122
<i>bethanechol chloride tab 25 mg</i>	122
<i>bethanechol chloride tab 5 mg</i>	122
<i>bethanechol chloride tab 50 mg</i>	122
<i>bicalutamide tab 50 mg</i>	55
BIKTARVY TAB.....	65
<i>bimatoprost ophth soln 0.03%</i>	113
BINAXNOW KIT COVID-19.....	86
BIOGUARD PAD 3.....	97
<i>bisacodyl suppos 10 mg</i>	96
<i>bisacodyl tab delayed release 5 mg</i>	96
<i>bismuth subsalicylate chew tab 262 mg</i>	47
<i>bismuth subsalicylate susp 262 mg/15ml</i>	47
<i>bismuth subsalicylate susp 525 mg/15ml</i>	47

bismuth subsalicylate tab 262 mg ...47
bisoprolol & hydrochlorothiazide tab
10-6.25 mg53
bisoprolol & hydrochlorothiazide tab
2.5-6.25 mg53
bisoprolol & hydrochlorothiazide tab 5-
6.25 mg53
bisoprolol fumarate tab 10 mg69
bisoprolol fumarate tab 5 mg69
 BLEPH-10
 see *sulfacetamide sodium ophth soln*
 10%.....112
blisovi fe tab 1.5/3074
blisovi fe tab 1/2074
 BONIVA
 see *ibandronate sodium tab 150 mg*
 (base equivalent).....89
 BOOSTRIX INJ120
 BORDER GAUZE PAD 2.....97
bosentan tab 125 mg.....72
bosentan tab 62.5 mg.....72
briellyn tab74
brimonidine tartrate ophth soln 0.2%
 112
bromocriptine mesylate cap 5 mg (base
equivalent)58
bromocriptine mesylate tab 2.5 mg
(base equivalent)58
brompheniramine & pseudoephedrine
elixir 1-15 mg/5ml.....80
 BRUKINSA CAP 80MG56
budesonide delayed release particles
cap 3 mg78
budesonide inhalation susp 0.25
mg/2ml34
budesonide inhalation susp 0.5 mg/2ml
 34
 BUDESONIDE POW73
 BUDESONIDE POW MICRONIZ73
budesonide sus 32mcg.....111
budesonide-formoterol fumarate dihyd
aerosol 160-4.5 mcg/act35
budesonide-formoterol fumarate dihyd
aerosol 80-4.5 mcg/act35
bumetanide tab 0.5 mg.....88
bumetanide tab 1 mg88
bumetanide tab 2 mg88

BUMEX
 see *bumetanide tab 0.5 mg*88
buprenorphine hcl sl tab 2 mg (base
equiv)29
buprenorphine hcl sl tab 8 mg (base
equiv)29
buprenorphine hcl-naloxone hcl sl tab
2-0.5 mg (base equiv)29
buprenorphine hcl-naloxone hcl sl tab
8-2 mg (base equiv)29
bupropion hcl (smoking deterrent) tab
er 12hr 150 mg.....117
bupropion hcl tab 100 mg40
bupropion hcl tab 75 mg40
bupropion hcl tab er 12hr 100 mg ...40
bupropion hcl tab er 12hr 150 mg ...40
bupropion hcl tab er 12hr 200 mg ...40
bupropion hcl tab er 24hr 150 mg ...40
bupropion hcl tab er 24hr 300 mg ...40
buspirone hcl tab 10 mg32
buspirone hcl tab 15 mg32
buspirone hcl tab 5 mg32
butalbital-acetaminophen tab 50-325
mg25
butalbital-acetaminophen-caff w/ cod
cap 50-325-40-30 mg.....28
butalbital-acetaminophen-caffeine tab
50-325-40 mg26
C
cabergoline tab 0.5 mg89
caffeine citrate oral soln 60 mg/3ml
(10 mg/ml base equiv).....21
 CALAN SR
 see *verapamil hcl tab er 120 mg* ...71
 see *verapamil hcl tab er 240 mg* ...71
calcipotriene cream 0.005%83
calcipotriene oint 0.005%.....83
calcipotriene soln 0.005% (50 mcg/ml)
 83
calcitonin (salmon) nasal soln 200
unit/act.....88
calcitrene oin 0.005%.....83
calcitriol cap 0.25 mcg89
calcitriol cap 0.5 mcg.....89
calcium acetate (phosphate binder) cap
667 mg (169 mg ca).....91
 CALCIUM CARB TAB 648MG.....30

<i>calcium carbonate (antacid) chew tab</i>	
1000 mg	30
<i>calcium carbonate (antacid) chew tab</i>	
500 mg	30
<i>calcium carbonate (antacid) chew tab</i>	
750 mg	30
<i>calcium carbonate (antacid) susp 1250</i>	
mg/5ml	30
<i>calcium carbonate tab 1500 mg (600</i>	
mg elemental ca)	105
<i>calcium carbonate-cholecalciferol chew</i>	
tab 500 mg-400 unit.....	105
<i>calcium carbonate-cholecalciferol chew</i>	
tab 500 mg-600 unit.....	105
<i>calcium carbonate-cholecalciferol chew</i>	
tab 600 mg-400 unit.....	105
<i>calcium carbonate-cholecalciferol tab</i>	
250 mg-125 unit	105
<i>calcium carbonate-cholecalciferol tab</i>	
500 mg-200 unit	105
<i>calcium carbonate-cholecalciferol tab</i>	
500 mg-400 unit	105
<i>calcium carbonate-cholecalciferol tab</i>	
600 mg-200 unit	105
<i>calcium carbonate-cholecalciferol tab</i>	
600 mg-400 unit	105
<i>calcium carbonate-cholecalciferol tab</i>	
600 mg-800 unit	105
<i>calcium citrate-vitamin d tab 200 mg-</i>	
250 unit (elemental ca)	105
<i>calcium citrate-vitamin d tab 315 mg-</i>	
200 unit (elemental ca)	105
<i>calcium citrate-vitamin d tab 315 mg-</i>	
250 unit (elemental ca)	105
<i>calcium polycarbophil tab 625 mg ...</i>	95
<i>calcium-magnesium-zinc tab 333-133-</i>	
5 mg.....	105
<i>camila tab 0.35mg</i>	78
<i>camrese lo tab</i>	74
<i>camrese tab</i>	74
<i>capecitabine tab 150 mg</i>	55
<i>capecitabine tab 500 mg</i>	55
<i>capsaicin cream 0.025%</i>	85
<i>capsaicin cream 0.1%.....</i>	85
<i>captopril tab 100 mg</i>	51
<i>captopril tab 12.5 mg</i>	51
<i>captopril tab 25 mg</i>	51
<i>captopril tab 50 mg</i>	51
CARAFATE	
see <i>sucralfate susp 1 gm/10ml....</i>	121
see <i>sucralfate tab 1 gm.....</i>	121
<i>carbamazepine cap er 12hr 100 mg..</i>	37
<i>carbamazepine cap er 12hr 200 mg..</i>	37
<i>carbamazepine cap er 12hr 300 mg..</i>	37
<i>carbamazepine chew tab 100 mg</i>	37
<i>carbamazepine susp 100 mg/5ml</i>	37
<i>carbamazepine tab 200 mg</i>	37
<i>carbamazepine tab er 12hr 100 mg ..</i>	37
<i>carbamazepine tab er 12hr 200 mg ..</i>	37
<i>carbamazepine tab er 12hr 400 mg ..</i>	37
<i>carbamide peroxide 6.5% otic soln.</i>	113
CARBATROL	
see <i>carbamazepine cap er 12hr 100</i>	
mg.....	37
see <i>carbamazepine cap er 12hr 200</i>	
mg.....	37
see <i>carbamazepine cap er 12hr 300</i>	
mg.....	37
CARBATROL CAP 100MG	37
CARBATROL CAP 200MG	37
CARBATROL CAP 300MG	37
<i>carbidopa & levodopa tab 10-100 mg</i>	58
<i>carbidopa & levodopa tab 25-100 mg</i>	58
<i>carbidopa & levodopa tab 25-250 mg</i>	58
<i>carbidopa & levodopa tab er 25-100</i>	
mg	58
<i>carbidopa & levodopa tab er 50-200</i>	
mg	58
<i>carbidopa-levodopa-entacapone tabs</i>	
12.5-50-200 mg.....	58
<i>carbidopa-levodopa-entacapone tabs</i>	
18.75-75-200 mg.....	58
<i>carbidopa-levodopa-entacapone tabs</i>	
25-100-200 mg.....	58
<i>carbidopa-levodopa-entacapone tabs</i>	
31.25-125-200 mg	58
<i>carbidopa-levodopa-entacapone tabs</i>	
37.5-150-200 mg.....	58
<i>carbidopa-levodopa-entacapone tabs</i>	
50-200-200 mg.....	58
<i>carbinoxamine maleate soln 4 mg/5ml</i>	
.....	48
<i>carbinoxamine maleate tab 4 mg</i>	48

<i>carboxymethylcellulose sodium (pf)</i>	
<i>ophth soln 0.5%</i>	111
<i>carboxymethylcellulose sodium ophth</i>	
<i>soln 0.5%</i>	111
CARDIZEM	
see <i>diltiazem hcl tab 120 mg</i>	71
see <i>diltiazem hcl tab 30 mg</i>	70
see <i>diltiazem hcl tab 60 mg</i>	70
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</i>	
<i>24hr 120 mg</i>	70
see <i>diltiazem hcl coated beads cap er</i>	
<i>24hr 180 mg</i>	70
see <i>diltiazem hcl coated beads cap er</i>	
<i>24hr 240 mg</i>	70
see <i>diltiazem hcl coated beads cap er</i>	
<i>24hr 300 mg</i>	70
CARNITOR	
see <i>levocarnitine oral soln 1 gm/10ml</i>	
<i>(10%)</i>	89
see <i>levocarnitine tab 330 mg</i>	89
<i>carteolol hcl ophth soln 1%</i>	111
<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>	68
<i>carvedilol tab 25 mg</i>	68
<i>carvedilol tab 3.125 mg</i>	68
<i>carvedilol tab 6.25 mg</i>	68
CASODEX	
see <i>bicalutamide tab 50 mg</i>	55
<i>caziant pak</i>	74
<i>cefadroxil for susp 250 mg/5ml</i>	73
<i>cefadroxil for susp 500 mg/5ml</i>	73
<i>cefdinir cap 300 mg</i>	73
<i>cefdinir for susp 125 mg/5ml</i>	73
<i>cefdinir for susp 250 mg/5ml</i>	73
<i>cefprozil for susp 125 mg/5ml</i>	73
<i>cefprozil for susp 250 mg/5ml</i>	73
<i>cefuroxime axetil tab 250 mg</i>	73
<i>cefuroxime axetil tab 500 mg</i>	73
CELEBREX	
see <i>celecoxib cap 100 mg</i>	24
see <i>celecoxib cap 200 mg</i>	24
see <i>celecoxib cap 400 mg</i>	24
see <i>celecoxib cap 50 mg</i>	24
<i>celecoxib cap 100 mg</i>	24
<i>celecoxib cap 200 mg</i>	24
<i>celecoxib cap 400 mg</i>	24
<i>celecoxib cap 50 mg</i>	24
CELEXA	
see <i>citalopram hydrobromide tab 10</i>	
<i>mg (base equiv)</i>	40
see <i>citalopram hydrobromide tab 20</i>	
<i>mg (base equiv)</i>	40
see <i>citalopram hydrobromide tab 40</i>	
<i>mg (base equiv)</i>	40
CELLCEPT	
see <i>mycophenolate mofetil cap 250</i>	
<i>mg</i>	107
see <i>mycophenolate mofetil tab 500</i>	
<i>mg</i>	107
<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>	73
<i>cerovite jr chw</i>	109
<i>cetirizine hcl oral soln 1 mg/ml (5</i>	
<i>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</i>	
<i>5-120 mg</i>	80
<i>chateal eq tab 0.15/30</i>	74
<i>chateal tab 0.15/30</i>	74
<i>chlordiazepoxide hcl cap 10 mg</i>	32
<i>chlordiazepoxide hcl cap 25 mg</i>	32
<i>chlordiazepoxide hcl cap 5 mg</i>	32
<i>chlorhexidine gluconate soln 0.12%</i>	
108	
CHLORHEXIDINE GLUCONATE SOLN	
0.12%	
see <i>chlorhexidine gluconate soln</i>	
0.12%.....	108
<i>chloroquine phosphate tab 250 mg</i> ...	54
<i>chloroquine phosphate tab 500 mg</i> ...	54
<i>chlorpheniramine maleate syrup 2</i>	
<i>mg/5ml</i>	48
<i>chlorpheniramine tab 4 mg</i>	48
<i>chlorpheniramine tab er 12 mg</i>	48

<i>chlorpromazine hcl tab 10 mg</i>	63	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	112
<i>chlorpromazine hcl tab 100 mg</i>	63	<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	113
<i>chlorpromazine hcl tab 200 mg</i>	63	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	90
<i>chlorpromazine hcl tab 25 mg</i>	63	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	90
<i>chlorpromazine hcl tab 50 mg</i>	63	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	90
<i>chlorthalidone tab 25 mg</i>	88	CIRCATA CRE 0.05%	85
<i>chlorthalidone tab 50 mg</i>	88	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	40
<i>chlorzoxazone tab 500 mg</i>	110	<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	40
<i>cholecalciferol cap 1000 unit</i>	124	<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	40
<i>cholecalciferol cap 10000 unit</i>	124	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	40
<i>cholecalciferol cap 2000 unit</i>	124	<i>clarithromycin for susp 125 mg/5ml</i> .97	
<i>cholecalciferol cap 5000 unit</i>	124	<i>clarithromycin for susp 250 mg/5ml</i> .97	
<i>cholecalciferol cap 50000 unit</i>	124	<i>clarithromycin tab 250 mg</i>	97
<i>cholecalciferol chew tab 400 unit</i>	124	<i>clarithromycin tab 500 mg</i>	97
<i>cholecalciferol oral liquid 400 unit/ml</i>	124	<i>clemastine fumarate tab 1.34 mg</i>	48
<i>cholecalciferol tab 1000 unit</i>	124	<i>clemastine fumarate tab 2.68 mg</i>	48
<i>cholecalciferol tab 2000 unit</i>	124	CLEOCIN	
<i>cholecalciferol tab 400 unit</i>	124	<i>see clindamycin hcl cap 150 mg</i>	30
<i>cholecalciferol tab 5000 unit</i>	124	<i>see clindamycin hcl cap 300 mg</i>	31
<i>cholestyramine light powder 4 gm/dose</i>	50	<i>see clindamycin phosphate vaginal cream 2%</i>	123
<i>cholestyramine powder 4 gm/dose</i> ...	50	CLEOCIN PEDIATRIC GRANULE	
<i>chromagen cap</i>	93	<i>see clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	31
<i>ciclodan sol 8%</i>	82	CLEOCIN-T	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	82	<i>see clindamycin phosphate lotion 1%</i>	81
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	82	CLEVER CHOIC MIS DUO.....	100
<i>ciclopirox solution 8%</i>	82	CLINDAGEL	
<i>cilostazol tab 100 mg</i>	93	<i>see clindamycin phosphate gel 1%</i> 81	
<i>cilostazol tab 50 mg</i>	93	<i>clindamycin hcl cap 150 mg</i>	30
CILOXAN		<i>clindamycin hcl cap 300 mg</i>	31
<i>see ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	112	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	31
CIMDUO TAB 300-300	65	<i>clindamycin phosphate gel 1%</i>	81
<i>cimetidine hcl soln 300 mg/5ml</i>	120	<i>clindamycin phosphate lotion 1%</i>	81
<i>cimetidine tab 200 mg</i>	120	<i>clindamycin phosphate soln 1%</i>	81
<i>cimetidine tab 300 mg</i>	120		
<i>cimetidine tab 400 mg</i>	120		
<i>cimetidine tab 800 mg</i>	120		
CIPRO			
<i>see ciprofloxacin hcl tab 250 mg (base equiv)</i>	90		
<i>see ciprofloxacin hcl tab 500 mg (base equiv)</i>	90		

<i>clindamycin phosphate vaginal cream</i>	
2%	123
<i>clobazam tab 10 mg</i>	37
<i>clobazam tab 20 mg</i>	37
<i>clobetasol propionate soln 0.05%</i>	84
<i>clomiphene citrate tab 50 mg</i>	89
<i>clomipramine hcl cap 25 mg</i>	42
<i>clomipramine hcl cap 50 mg</i>	42
<i>clomipramine hcl cap 75 mg</i>	42
<i>clonazepam tab 0.5 mg</i>	37
<i>clonazepam tab 1 mg</i>	37
<i>clonazepam tab 2 mg</i>	37
<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 equiv)</i>	93
<i>clorazepate dipotassium tab 15 mg</i>	33
<i>clorazepate dipotassium tab 3.75 mg</i>	32
<i>clorazepate dipotassium tab 7.5 mg</i>	33
<i>clotrimazole cre 1% vag</i>	123
<i>clotrimazole cream 1%</i>	82
<i>clotrimazole soln 1%</i>	82
<i>clotrimazole troche 10 mg</i>	108
<i>clotrimazole vaginal cream 1%</i>	123
<i>clotrimazole vaginal cream 2%</i>	123
<i>clozapine tab 100 mg</i>	61
<i>clozapine tab 200 mg</i>	61
<i>clozapine tab 25 mg</i>	61
<i>clozapine tab 50 mg</i>	61
CLOZARIL	
see <i>clozapine tab 100 mg</i>	61
see <i>clozapine tab 200 mg</i>	61
see <i>clozapine tab 25 mg</i>	61
see <i>clozapine tab 50 mg</i>	61
CLOZARIL TAB 100MG	61
CLOZARIL TAB 200MG	61
CLOZARIL TAB 25MG	61
CLOZARIL TAB 50MG	61
CODEINE SULF TAB 60MG	26
<i>codeine sulfate tab 30 mg</i>	26
COLAZAL	
see <i>balsalazide disodium cap 750 mg</i>	91
<i>colchicine tab 0.6 mg</i>	92
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	91
COLCRYS	
see <i>colchicine tab 0.6 mg</i>	92
COLESTID	
see <i>colestipol hcl tab 1 gm</i>	50
<i>colestipol hcl tab 1 gm</i>	50
COMBIVIR	
see <i>lamivudine-zidovudine tab 150-300 mg</i>	66
COMPLERA TAB	65
COMPLETENATE CHW	109
<i>compro sup 25mg</i>	63
COMTAN	
see <i>entacapone tab 200 mg</i>	57
CONDOMS - MALE	98
CONDOMS LATEX LUBRICATED	98
CONDOMS LATEX NON-LUBRICATED	98
<i>constulose sol 10gm/15</i>	96
COPAXONE	
see <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	117
see <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	117
see <i>glatopa inj 20mg/ml</i>	117
see <i>glatopa inj 40mg/ml</i>	117
COREG	
see <i>carvedilol tab 12.5 mg</i>	68
see <i>carvedilol tab 25 mg</i>	68
see <i>carvedilol tab 3.125 mg</i>	68
see <i>carvedilol tab 6.25 mg</i>	68
CORGARD	
see <i>nadolol tab 20 mg</i>	69
see <i>nadolol tab 40 mg</i>	69
see <i>nadolol tab 80 mg</i>	69
CORLANOR TAB 5MG	73
CORLANOR TAB 7.5MG	73
CORTEF	
see <i>hydrocortisone tab 10 mg</i>	79
see <i>hydrocortisone tab 20 mg</i>	79
see <i>hydrocortisone tab 5 mg</i>	79
CORTENEMA	
see <i>hydrocortisone enema 100 mg/60ml</i>	29
COSENTYX INJ 150MG/ML	83
COSENTYX INJ 300DOSE	83
COSENTYX INJ 75MG/0.5	83
COSENTYX PEN INJ 150MG/ML	83
COSENTYX PEN INJ 300DOSE	83

COSOPT	
see <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	..... 111
COVID-19 KIT	.....86
COVID-19 TES KIT SPECIMEN	.....86
COZAAR	
see <i>losartan potassium tab 100 mg</i>	52
see <i>losartan potassium tab 25 mg</i>	.52
see <i>losartan potassium tab 50 mg</i>	.52
CREON CAP 12000UNT	.....87
CREON CAP 24000UNT	.....87
CREON CAP 3000UNIT	.....87
CREON CAP 36000UNT	.....87
CREON CAP 6000UNIT	.....87
CRESTOR	
see <i>rosuvastatin calcium tab 10 mg</i>	.....50
see <i>rosuvastatin calcium tab 20 mg</i>	.....50
see <i>rosuvastatin calcium tab 40 mg</i>	.....50
see <i>rosuvastatin calcium tab 5 mg</i>	.50
CRIXIVAN CAP 400MG	.....65
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	..... 110
<i>cromolyn sodium ophth soln 4%</i>	.... 113
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	.....34
<i>crotan lot 10%</i>	.....86
<i>cryselle-28 tab 28 tabs</i>	.....74
CURITY AMD PAD 2	.....97
CURITY COVER PAD 3	.....97
CURITY COVER PAD 4	.....97
CURITY GAUZE PAD 2	.....97
CURITY GAUZE PAD 4	.....97
CURITY SPONG PAD 2	.....97
CURITY SPONG PAD 4	.....97
CUVPOSA SOL 1MG/5ML	..... 120
CVS ADHESIVE TAP 1	.....97
CVS GAUZE PD PAD 2	.....97
<i>cyanocobalamin sl tab 2500 mcg</i>	.....93
<i>cyanocobalamin tab 100 mcg</i>	.....93
<i>cyanocobalamin tab 1000 mcg</i>	.....93
<i>cyanocobalamin tab 500 mcg</i>	.....93
<i>cyanocobalamin tab er 1000 mcg</i>	....93
<i>cyclafem tab 1/35</i>	.....74
<i>cyclafem tab 7/7/7</i>	.....74
<i>cyclobenzaprine hcl tab 10 mg</i>	..... 110
<i>cyclobenzaprine hcl tab 5 mg</i>	..... 110
CYCLOGYL	
see <i>cyclopentolate hcl ophth soln 1%</i>	..... 112
<i>cyclopentolate hcl ophth soln 1%</i>	... 112
<i>cyclophosphamide cap 25 mg</i>	.....55
<i>cyclophosphamide cap 50 mg</i>	.....55
<i>cyclosporine cap 100 mg</i>	..... 107
<i>cyclosporine cap 25 mg</i>	..... 107
<i>cyclosporine modified cap 100 mg</i>	.. 107
<i>cyclosporine modified cap 25 mg</i>	.... 107
<i>cyclosporine modified cap 50 mg</i>	.... 107
<i>cyclosporine modified oral soln 100 mg/ml</i>	..... 107
CYMBALTA	
see <i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	.....41
see <i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	.....41
see <i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	.....41
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	..49
<i>cyproheptadine hcl tab 4 mg</i>	.....49
<i>cyred eq tab</i>	.....74
<i>cyred tab</i>	.....74
D	
<i>dalfampridine tab er 12hr 10 mg</i>	.... 116
<i>dapsone tab 100 mg</i>	.....30
<i>dapsone tab 25 mg</i>	.....30
<i>dasetta tab 1/35</i>	.....74
<i>dasetta tab 7/7/7</i>	.....74
DAYPRO	
see <i>oxaprozin tab 600 mg</i>	.....25
<i>daysee tab</i>	.....74
DDAVP	
see <i>desmopressin acetate tab 0.1 mg</i>	.....89
see <i>desmopressin acetate tab 0.2 mg</i>	.....89
<i>deblitane tab 0.35mg</i>	.....78
<i>decadron tab 0.5mg</i>	.....78
<i>decadron tab 0.75mg</i>	.....78
<i>decadron tab 4mg</i>	.....78
<i>decadron tab 6mg</i>	.....78
DELSTRIGO TAB	.....65
<i>delyla tab 0.1-0.02</i>	.....74

<i>denta 5000 cre plus</i>	108	<i>desipramine hcl tab 25 mg</i>	42
<i>denta 5000 cre plus 2pk</i>	108	<i>desipramine hcl tab 50 mg</i>	42
<i>dentagel gel 1.1%</i>	108	<i>desipramine hcl tab 75 mg</i>	42
DEPAKOTE		<i>desmopressin acetate nasal spray soln</i>	
see <i>divalproex sodium tab delayed</i>		<i>0.01%</i>	89
<i>release 125 mg</i>	40	<i>desmopressin acetate nasal spray soln</i>	
see <i>divalproex sodium tab delayed</i>		<i>0.01% (refrigerated)</i>	89
<i>release 250 mg</i>	40	<i>desmopressin acetate tab 0.1 mg</i>	89
see <i>divalproex sodium tab delayed</i>		<i>desmopressin acetate tab 0.2 mg</i>	89
<i>release 500 mg</i>	40	<i>desogest-eth estrad & eth estrad tab</i>	
DEPAKOTE ER		<i>0.15-0.02/0.01 mg(21/5)</i>	74
see <i>divalproex sodium tab er 24 hr</i>		<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>250 mg</i>	40	<i>mg-30 mcg</i>	74
see <i>divalproex sodium tab er 24 hr</i>		<i>desonide cream 0.05%</i>	84
<i>500 mg</i>	40	<i>desonide oint 0.05%</i>	84
DEPAKOTE SPRINKLES		DESOWEN	
see <i>divalproex sodium cap delayed</i>		see <i>desonide cream 0.05%</i>	84
<i>release sprinkle 125 mg</i>	40	DETROL	
DEPEN TITRATABS		see <i>tolterodine tartrate tab 1 mg</i> .	122
see <i>penicillamine tab 250 mg</i>	106	see <i>tolterodine tartrate tab 2 mg</i> .	122
DEPO-PROVERA CONTRACEPTIV		<i>dexamethasone elixir 0.5 mg/5ml</i>	78
see <i>medroxyprogesterone acetate im</i>		<i>dexamethasone sodium phosphate</i>	
<i>susp 150 mg/ml</i>	78	<i>ophth soln 0.1%</i>	112
see <i>medroxyprogesterone acetate im</i>		<i>dexamethasone soln 0.5 mg/5ml</i>	78
<i>susp prefilled syr 150 mg/ml</i>	78	<i>dexamethasone tab 0.5 mg</i>	79
DEPO-SQ PROV INJ 104	78	<i>dexamethasone tab 0.75 mg</i>	79
DEPO-TESTOSTERONE		<i>dexamethasone tab 1 mg</i>	79
see <i>testosterone cypionate im inj in</i>		<i>dexamethasone tab 1.5 mg</i>	79
<i>oil 100 mg/ml</i>	29	<i>dexamethasone tab 2 mg</i>	79
see <i>testosterone cypionate im inj in</i>		<i>dexamethasone tab 4 mg</i>	79
<i>oil 200 mg/ml</i>	29	<i>dexamethasone tab 6 mg</i>	79
DERM NON-ADH PAD 3	97	DEXCOM G5 MOBILE RECEIVER	99
DERMACEA I.V PAD 2	97	DEXCOM G5 MOBILE TRANSMIT.....	99
DERMACEA IV PAD 2	97	DEXCOM G6 RECEIVER	99
DERMACEA PAD 2.....	97	DEXCOM G6 SENSOR.....	99
DERMACEA PAD 3.....	97	DEXCOM G6 TRANSMITTER	99
<i>dermacinrx cre penetral</i>	85	DEXEDRINE	
DERMA-SMOOTH/FS BODY		see <i>dextroamphetamine sulfat cap</i>	
see <i>fluocinolone acetonide oil 0.01%</i>		<i>er 24hr 10 mg</i>	20
<i>(body oil)</i>	84	see <i>dextroamphetamine sulfat cap</i>	
DERMA-SMOOTH/FS SCALP		<i>er 24hr 15 mg</i>	21
see <i>fluocinolone acetonide oil 0.01%</i>		see <i>dextroamphetamine sulfat cap</i>	
<i>(scalp oil)</i>	84	<i>er 24hr 5 mg</i>	20
DESCOVY TAB 200/25MG	65	<i>dexmethylphenidate hcl tab 10 mg</i> ...	22
<i>desipramine hcl tab 10 mg</i>	42	<i>dexmethylphenidate hcl tab 2.5 mg</i> ..	22
<i>desipramine hcl tab 100 mg</i>	42	<i>dexmethylphenidate hcl tab 5 mg</i>	22
<i>desipramine hcl tab 150 mg</i>	42		

<i>dextran 70-hypromellose ophth soln</i>		<i>dicloxacillin sodium cap 500 mg</i>	115
0.1-0.3%.....	111	<i>dicyclomine hcl cap 10 mg</i>	120
<i>dextroamphetamine sulfate cap er 24hr</i>		<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
10 mg	20	.....	120
<i>dextroamphetamine sulfate cap er 24hr</i>		<i>dicyclomine hcl tab 20 mg</i>	120
15 mg	21	DIFFERIN GEL 0.1%	81
<i>dextroamphetamine sulfate cap er 24hr</i>		DIFLUCAN	
5 mg	20	see <i>fluconazole for susp 10 mg/ml</i>	48
<i>dextroamphetamine sulfate tab 10 mg</i>		see <i>fluconazole for susp 40 mg/ml</i>	48
.....	21	see <i>fluconazole tab 100 mg</i>	48
<i>dextroamphetamine sulfate tab 5 mg</i>	21	see <i>fluconazole tab 150 mg</i>	48
<i>dextromethorphan-guaifenesin liquid</i>		see <i>fluconazole tab 200 mg</i>	48
10-100 mg/5ml	80	see <i>fluconazole tab 50 mg</i>	48
<i>dextromethorphan-guaifenesin liquid</i>		DIGITAL EAR MIS THERMOMT	100
10-200 mg/5ml	80	DIGITAL MIS THERMOME	100
<i>dextromethorphan-guaifenesin syrup</i>		DIGITAL THER MIS	100
10-100 mg/5ml	80	DIGITAL THER MIS 2-SECOND	100
<i>dextromethorphan-guaifenesin tab er</i>		DIGITAL THER MIS FLEX TIP.....	100
12hr 30-600 mg	80	DIGITAL THER MIS FLEXIBLE.....	100
<i>diazepam conc 5 mg/ml</i>	33	DIGITAL THER MIS FLEX-TIP	100
<i>diazepam oral soln 1 mg/ml</i>	33	DIGITAL THER MIS RIGID	100
<i>diazepam rectal gel delivery system 10</i>		DIGITAL THER MIS STANDARD	100
mg	37	DIGITAL60 MIS THERMOME.....	100
<i>diazepam rectal gel delivery system 2.5</i>		DIGITL THERM MIS 2-SECOND	100
mg	37	<i>digoxin oral soln 0.05 mg/ml</i>	71
<i>diazepam rectal gel delivery system 20</i>		<i>digoxin tab 125 mcg (0.125 mg)</i>	71
mg	37	DIGOXIN TAB 125 MCG (0.125 MG)	
<i>diazepam tab 10 mg</i>	33	see <i>digoxin tab 125 mcg (0.125 mg)</i>	
<i>diazepam tab 2 mg</i>	33	.....	71
<i>diazepam tab 5 mg</i>	33	<i>digoxin tab 250 mcg (0.25 mg)</i>	71
<i>dibucaine oint 1%</i>	85	DIGOXIN TAB 250 MCG (0.25 MG)	
<i>dibucaine perianal ointment 1%</i>	29	see <i>digoxin tab 250 mcg (0.25 mg)</i>	
<i>diclofenac potassium tab 50 mg</i>	24	.....	71
DICLOFENAC SODIUM DR		DILANTIN	
see <i>diclofenac sodium tab delayed</i>		see <i>phenytoin sodium extended cap</i>	
<i>release 75 mg</i>	24	100 mg	39
<i>diclofenac sodium gel 1%</i>	82	DILANTIN CAP 100MG	39
<i>diclofenac sodium ophth soln 0.1%</i>	113	DILANTIN CAP 30MG	39
<i>diclofenac sodium tab delayed release</i>		DILANTIN CHW 50MG	39
25 mg	24	DILANTIN INFATABS	
<i>diclofenac sodium tab delayed release</i>		see <i>phenytoin chew tab 50 mg</i>	39
50 mg	24	DILANTIN-125	
<i>diclofenac sodium tab delayed release</i>		see <i>phenytoin susp 125 mg/5ml</i>	39
75 mg	24	DILANTIN-125 SUS 125/5ML	39
<i>diclofenac sodium tab er 24hr 100 mg</i>		DILAUDID	
.....	24	see <i>hydromorphone hcl tab 2 mg</i> ..	26
<i>dicloxacillin sodium cap 250 mg</i>	115	see <i>hydromorphone hcl tab 4 mg</i> ..	26

<i>diltiazem hcl cap er 24hr 120 mg</i>	70	<i>see valsartan-hydrochlorothiazide tab</i>	
<i>diltiazem hcl cap er 24hr 180 mg</i>	70	<i>320-25 mg</i>	54
<i>diltiazem hcl cap er 24hr 240 mg</i>	70	<i>see valsartan-hydrochlorothiazide tab</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>80-12.5 mg</i>	54
<i>120 mg</i>	70	<i>diphenhydramine hcl (sleep) tab 25 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>		.....	94
<i>180 mg</i>	70	<i>diphenhydramine hcl cap 25 mg</i>	48
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>diphenhydramine hcl cap 50 mg</i>	48
<i>240 mg</i>	70	<i>diphenhydramine hcl chew tab 12.5 mg</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>		.....	48
<i>300 mg</i>	70	<i>diphenhydramine hcl elixir 12.5</i>	
<i>diltiazem hcl extended release beads</i>		<i>mg/5ml</i>	48
<i>cap er 24hr 120 mg</i>	70	<i>diphenhydramine hcl inj 50 mg/ml</i> ...	48
<i>diltiazem hcl extended release beads</i>		<i>diphenhydramine hcl liquid 12.5</i>	
<i>cap er 24hr 180 mg</i>	70	<i>mg/5ml</i>	48
<i>diltiazem hcl extended release beads</i>		<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>cap er 24hr 240 mg</i>	70	<i>mg/5ml</i>	47
<i>diltiazem hcl extended release beads</i>		<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>cap er 24hr 300 mg</i>	70	<i>0.025 mg</i>	47
<i>diltiazem hcl extended release beads</i>		<i>diphenhydramine hcl tab 25 mg</i>	48
<i>cap er 24hr 360 mg</i>	70	DIPROLENE	
<i>diltiazem hcl extended release beads</i>		<i>see betamethasone dipropionate</i>	
<i>cap er 24hr 420 mg</i>	70	<i>augmented oint 0.05%</i>	83
<i>diltiazem hcl tab 120 mg</i>	71	DIPROLENE AF	
<i>diltiazem hcl tab 30 mg</i>	70	<i>see betamethasone dipropionate</i>	
<i>diltiazem hcl tab 60 mg</i>	70	<i>augmented cream 0.05%</i>	83
<i>diltiazem hcl tab 90 mg</i>	71	<i>dipyridamole tab 25 mg</i>	93
<i>dilt-xr cap 120mg</i>	70	<i>dipyridamole tab 50 mg</i>	93
<i>dilt-xr cap 180mg</i>	70	<i>dipyridamole tab 75 mg</i>	93
<i>dilt-xr cap 240mg</i>	70	<i>disopyramide phosphate cap 100 mg</i> 33	
<i>dimenhydrinate tab 50 mg</i>	47	<i>disopyramide phosphate cap 150 mg</i> 33	
<i>dimethyl fumarate capsule delayed</i>		DISPOSABLE GLOVES	100
<i>release 120 mg</i>	117	DISPOSABLE GLOVES-RX.....	100
<i>dimethyl fumarate capsule delayed</i>		DISPOZ-A-BAG MIS LG 32OZ	99
<i>release 240 mg</i>	117	<i>disulfiram tab 250 mg</i>	115
DIOVAN		<i>disulfiram tab 500 mg</i>	115
<i>see valsartan tab 160 mg</i>	52	DITROPAN XL	
<i>see valsartan tab 320 mg</i>	52	<i>see oxybutynin chloride tab er 24hr</i>	
<i>see valsartan tab 40 mg</i>	52	<i>10 mg</i>	121
<i>see valsartan tab 80 mg</i>	52	<i>see oxybutynin chloride tab er 24hr 5</i>	
DIOVAN HCT		<i>mg</i>	121
<i>see valsartan-hydrochlorothiazide tab</i>		<i>divalproex sodium cap delayed release</i>	
<i>160-12.5 mg</i>	54	<i>sprinkle 125 mg</i>	40
<i>see valsartan-hydrochlorothiazide tab</i>		<i>divalproex sodium tab delayed release</i>	
<i>160-25 mg</i>	54	<i>125 mg</i>	40
<i>see valsartan-hydrochlorothiazide tab</i>		<i>divalproex sodium tab delayed release</i>	
<i>320-12.5 mg</i>	54	<i>250 mg</i>	40

<i>divalproex sodium tab delayed release</i>		DRAIN POUCH MIS 19-64MM	99
500 mg	40	DRAIN POUCH MIS 2-1/4	99
<i>divalproex sodium tab er 24 hr 250 mg</i>		DRAIN POUCH MIS 32MMX12	99
.....	40	DRAIN POUCH MIS 45MM.....	99
<i>divalproex sodium tab er 24 hr 500 mg</i>		DRAIN POUCH MIS 57MM.....	99
.....	40	DRAINAGE BAG KIT 2000ML.....	99
<i>docosanol cream 10%</i>	83	DRESS SPONGE PAD 4.....	97
<i>docusate calcium cap 240 mg</i>	96	DRISDOL	
<i>docusate sodium cap 100 mg</i>	96	see <i>ergocalciferol cap 1.25 mg</i>	
<i>docusate sodium cap 250 mg</i>	96	(50000 unit)	124
<i>docusate sodium liquid 150 mg/15ml</i>	96	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>docusate sodium syrup 60 mg/15ml</i> .	96	0.02 mg	74
<i>docusate sodium tab 100 mg</i>	96	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>donepezil hydrochloride orally</i>		0.03 mg	74
<i>disintegrating tab 10 mg</i>	116	DRYSOL SOL 20%	85
<i>donepezil hydrochloride orally</i>		<i>duloxetine hcl enteric coated pellets</i>	
<i>disintegrating tab 5 mg</i>	116	<i>cap 20 mg (base eq)</i>	41
<i>donepezil hydrochloride tab 10 mg</i> .	116	<i>duloxetine hcl enteric coated pellets</i>	
<i>donepezil hydrochloride tab 5 mg</i> ...	116	<i>cap 30 mg (base eq)</i>	41
<i>dorzolamide hcl ophth soln 2%</i>	113	<i>duloxetine hcl enteric coated pellets</i>	
<i>dorzolamide hcl-timolol maleate ophth</i>		<i>cap 60 mg (base eq)</i>	41
<i>soln 22.3-6.8 mg/ml</i>	111	DURAHESIVE WAF 45MM.....	99
DOVATO TAB 50-300MG.....	65	DURAPORE TAP 1	97
DOVER URINE MIS BAG	99	E	
DOVONEX		EAKIN COHESV MIS SEALS 2	99
see <i>calcipotriene cream 0.005%</i>	83	EC-NAPROSYN	
<i>doxazosin mesylate tab 1 mg</i>	52	see <i>ec-naproxen tab 375mg</i>	24
<i>doxazosin mesylate tab 2 mg</i>	52	see <i>ec-naproxen tab 500mg</i>	24
<i>doxazosin mesylate tab 4 mg</i>	52	see <i>naproxen dr tab 375mg</i>	25
<i>doxazosin mesylate tab 8 mg</i>	52	see <i>naproxen dr tab 500mg</i>	25
<i>doxepin hcl cap 10 mg</i>	42	<i>ec-naproxen tab 375mg</i>	24
<i>doxepin hcl cap 100 mg</i>	42	<i>ec-naproxen tab 500mg</i>	24
<i>doxepin hcl cap 150 mg</i>	42	ECONO DIGITA MIS THERMOME.....	100
<i>doxepin hcl cap 25 mg</i>	42	ECOTEST KIT COVID-19.....	86
<i>doxepin hcl cap 50 mg</i>	42	EDURANT TAB 25MG	65
<i>doxepin hcl cap 75 mg</i>	42	<i>efavirenz cap 200 mg</i>	65
<i>doxepin hcl conc 10 mg/ml</i>	42	<i>efavirenz cap 50 mg</i>	65
<i>doxycycline monohydrate cap 100 mg</i>		<i>efavirenz tab 600 mg</i>	65
.....	118	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
<i>doxycycline monohydrate cap 50 mg</i>		600-200-300 mg	65
.....	118	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>doxycycline monohydrate tab 100 mg</i>		400-300-300 mg	65
.....	118	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>doxylamine succinate (sleep) tab 25</i>		600-300-300 mg	65
mg	94	EFFEXOR XR	
DRAIN POUCH MIS 1	99	see <i>venlafaxine hcl cap er 24hr 150</i>	
DRAIN POUCH MIS 1-3/4	99	mg (base equivalent)	41

see <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	41	<i>endocet tab 5-325mg</i>	28
see <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	41	<i>endocet tab 7.5-325</i>	28
EFUDEX		ENGERIX-B INJ 10/0.5ML	122
see <i>fluorouracil cream 5%</i>	83	ENGERIX-B INJ 20MCG/ML	122
ELAPRASE INJ 6MG/3ML	89	<i>enoxaparin sodium inj 100 mg/ml</i>	36
ELIDEL		<i>enoxaparin sodium inj 120 mg/0.8ml</i>	36
see <i>pimecrolimus cream 1%</i>	85	<i>enoxaparin sodium inj 150 mg/ml</i>	36
ELIGARD INJ 22.5MG	55	<i>enoxaparin sodium inj 30 mg/0.3ml</i> .36	
ELIGARD INJ 30MG	55	<i>enoxaparin sodium inj 300 mg/3ml</i> ..36	
ELIGARD INJ 45MG	55	<i>enoxaparin sodium inj 40 mg/0.4ml</i> .36	
ELIGARD INJ 7.5MG	55	<i>enoxaparin sodium subcutaneous soln</i>	
<i>elinest tab</i>	74	60 mg/0.6ml	36
ELIQUIS ST P TAB 5MG	36	<i>enoxaparin sodium subcutaneous soln</i>	
ELIQUIS TAB 2.5MG	36	80 mg/0.8ml	36
ELIQUIS TAB 5MG	36	<i>enpresse-28 tab</i>	74
ELLA TAB 30MG	78	<i>enskyce tab</i>	74
<i>eluryng mis</i>	78	<i>entacapone tab 200 mg</i>	57
<i>emollient - ointment</i>	85	<i>entecavir tab 0.5 mg</i>	67
<i>emoquette tab</i>	74	<i>entecavir tab 1 mg</i>	67
<i>emtricitabine caps 200 mg</i>	65	ENTOCORT EC	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	65	see <i>budesonide delayed release</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	65	particles cap 3 mg	78
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	65	ENVARSUS XR TAB 0.75MG	107
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	65	ENVARSUS XR TAB 1MG	107
EMTRIVA		ENVARSUS XR TAB 4MG	107
see <i>emtricitabine caps 200 mg</i>	65	<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	123
EMTRIVA SOL 10MG/ML	66	<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	123
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	53	<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	123
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	53	EPIPEN 2-PAK	
<i>enalapril maleate tab 10 mg</i>	51	see <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	123
<i>enalapril maleate tab 2.5 mg</i>	51	EPIPEN-JR 2-PAK	
<i>enalapril maleate tab 20 mg</i>	51	see <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	123
<i>enalapril maleate tab 5 mg</i>	51	.....	123
ENBREL INJ 25/0.5ML	25	<i>epitol tab 200mg</i>	37
ENBREL INJ 25MG	25	EPIVIR	
ENBREL INJ 50MG/ML	25	see <i>lamivudine oral soln 10 mg/ml</i>	66
ENBREL MINI INJ 50MG/ML	25	see <i>lamivudine tab 150 mg</i>	66
ENBREL SRCLK INJ 50MG/ML	25	see <i>lamivudine tab 300 mg</i>	66
<i>endocet tab 10-325mg</i>	28	EPIVIR HBV	
		see <i>lamivudine tab 100 mg (hbv)</i> ..	67
		EPZICOM	

see *abacavir sulfate-lamivudine tab*
 600-300 mg65
 EQL GAUZE PAD 297
ergocalciferol cap 1.25 mg (50000 unit)
 124
erlotinib hcl tab 100 mg (base
 equivalent)55
erlotinib hcl tab 150 mg (base
 equivalent)55
erlotinib hcl tab 25 mg (base
 equivalent)55
errin tab 0.35mg78
erythromycin ethylsuccinate for susp
 200 mg/5ml.....97
erythromycin ophth oint 5 mg/gm ..112
erythromycin soln 2%.....81
escitalopram oxalate soln 5 mg/5ml
 (base equiv)41
escitalopram oxalate tab 10 mg (base
 equiv)41
escitalopram oxalate tab 20 mg (base
 equiv)41
escitalopram oxalate tab 5 mg (base
 equiv)41
 ESGIC
 see *bac tab*.....25
 see *butalbital-acetaminophen-*
 caffeine tab 50-325-40 mg26
esomeprazole magnesium cap delayed
 release 20 mg (base eq).....121
 ESSENTRA MIS 9X9100
estarylla tab 0.25-3575
estazolam tab 1 mg95
estazolam tab 2 mg95
 ESTRACE
 see *estradiol tab 0.5 mg*.....90
 see *estradiol tab 1 mg*.....90
 see *estradiol tab 2 mg*.....90
 see *estradiol vaginal cream 0.1*
 mg/gm123
estradiol tab 0.5 mg90
estradiol tab 1 mg90
estradiol tab 2 mg90
estradiol vaginal cream 0.1 mg/gm 123
estradiol vaginal tab 10 mcg123
 ESTRADIOL VAGINAL TAB 10 MCG
 see *estradiol vaginal tab 10 mcg* .123

ethambutol hcl tab 100 mg.....54
ethambutol hcl tab 400 mg.....54
ethosuximide cap 250 mg39
ethosuximide soln 250 mg/5ml39
 ETHYL OLEATE LIQ73
ethynodiol diacetate & ethinyl estradiol
 tab 1 mg-35 mcg75
ethynodiol diacetate & ethinyl estradiol
 tab 1 mg-50 mcg75
etodolac tab 400 mg.....24
etodolac tab 500 mg.....24
etonogestrel-ethinyl estradiol va ring
 0.120-0.015 mg/24hr78
etoposide cap 50 mg57
etravirine tab 100 mg66
etravirine tab 200 mg66
 EVISTA
 see *raloxifene hcl tab 60 mg*89
 EVOTAZ TAB 300-15066
 EXELON
 see *rivastigmine td patch 24hr 13.3*
 mg/24hr.....116
 see *rivastigmine td patch 24hr 4.6*
 mg/24hr.....116
 see *rivastigmine td patch 24hr 9.5*
 mg/24hr.....116
 EXFORGE
 see *amlodipine besylate-valsartan*
 tab 10-160 mg52
 see *amlodipine besylate-valsartan*
 tab 10-320 mg53
 see *amlodipine besylate-valsartan*
 tab 5-160 mg.....52
 see *amlodipine besylate-valsartan*
 tab 5-320 mg.....52
 EXTAVIA INJ 0.3MG117
eye allergy sol itch rel.....113
eye allergy sol itch/red113
ezetimibe tab 10 mg.....51
F
falmina tab.....75
famciclovir tab 125 mg68
famciclovir tab 250 mg68
famciclovir tab 500 mg68
famotidine for susp 40 mg/5ml120
famotidine tab 10 mg120
famotidine tab 20 mg120

<i>famotidine tab 40 mg</i>	120	<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i>	94
FANAPT PAK	59	<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	94
FANAPT TAB 10MG	59	<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	94
FANAPT TAB 12MG	59	<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	94
FANAPT TAB 1MG	59	<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	94
FANAPT TAB 2MG	59	<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	94
FANAPT TAB 4MG	59	FEVER FLASH MIS EAR THER	100
FANAPT TAB 6MG	59	FEVER FLASH MIS THERMOM	100
FANAPT TAB 8MG	59	FEVER FLASH MIS THERMOME	100
FASENRA INJ 30MG/ML	34	FEVERALL INF SUP 80MG	26
FASENRA PEN INJ 30MG/ML	34	FEVERFLASH MIS DIG THER	100
FASTEP KIT COVID-19	86	<i>finasteride tab 5 mg</i>	91
FELDENE		FIRST-OMEPRA SUS 2MG/ML	121
<i>see piroxicam cap 10 mg</i>	25	FIRVANQ SOL 25MG/ML	30
<i>see piroxicam cap 20 mg</i>	25	FIRVANQ SOL 50MG/ML	30
<i>felodipine tab er 24hr 10 mg</i>	71	<i>flavoxate hcl tab 100 mg</i>	122
<i>felodipine tab er 24hr 2.5 mg</i>	71	<i>flecainide acetate tab 100 mg</i>	33
<i>felodipine tab er 24hr 5 mg</i>	71	<i>flecainide acetate tab 150 mg</i>	33
FEMARA		<i>flecainide acetate tab 50 mg</i>	33
<i>see letrozole tab 2.5 mg</i>	56	FLOMAX	
FEMHRT		<i>see tamsulosin hcl cap 0.4 mg</i>	91
<i>see fyavolv tab 0.5-2.5</i>	90	FLOVENT HFA AER 110MCG	34
<i>see norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	90	FLOVENT HFA AER 44MCG	34
<i>femynor tab 0.25-35</i>	75	FLUARIX QUAD INJ 2019-20	122
<i>fenofibrate tab 145 mg</i>	50	FLUBLOK QUAD INJ 2019-20	122
<i>fenofibrate tab 160 mg</i>	50	FLUCLVX QUAD INJ 2019-20	122
<i>fenofibrate tab 48 mg</i>	50	<i>fluconazole for susp 10 mg/ml</i>	48
<i>fenofibrate tab 54 mg</i>	50	<i>fluconazole for susp 40 mg/ml</i>	48
<i>fentanyl td patch 72hr 100 mcg/hr</i> ...	26	<i>fluconazole tab 100 mg</i>	48
<i>fentanyl td patch 72hr 12 mcg/hr</i>	26	<i>fluconazole tab 150 mg</i>	48
<i>fentanyl td patch 72hr 25 mcg/hr</i>	26	<i>fluconazole tab 200 mg</i>	48
<i>fentanyl td patch 72hr 50 mcg/hr</i>	26	<i>fluconazole tab 50 mg</i>	48
<i>fentanyl td patch 72hr 75 mcg/hr</i>	26	<i>fludrocortisone acetate tab 0.1 mg</i> ...	79
<i>ferocon cap</i>	93	FLULAVAL QUA INJ 2019-20	122
<i>ferrex 150 cap 150mg</i>	94	FLUMIST QUAD SUS 2021-22	122
<i>ferrocite tab 324mg</i>	94	<i>fluocinolone acetonide cream 0.025%</i>	84
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	94	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	84
FERROUS GLUC TAB 324MG	94	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	84
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	94		
FERROUS SULF LIQ 44MG/5ML	94		
FERROUS SULF TAB 324MG EC	94		
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	94		

<i>fluocinolone acetonide oint 0.025%</i> ..84	<i>see dexamethylphenidate hcl tab 10</i>
<i>fluocinonide cream 0.05%</i> .....84	<i>mg</i>.....22
<i>fluocinonide emulsified base cream</i>	<i>see dexamethylphenidate hcl tab 2.5</i>
<i>0.05%</i>.....84	<i>mg</i>.....22
<i>fluocinonide gel 0.05%</i> .....84	<i>see dexamethylphenidate hcl tab 5 mg</i>
<i>fluocinonide oint 0.05%</i> .....84	.....22
<i>fluocinonide soln 0.05%</i> .....84	<i>folic acid tab 1 mg</i> .....93
<i>fluorometholone ophth susp 0.1%</i> ..112	<i>folic acid tab 400 mcg</i>.....93
<i>fluorouracil cream 5%</i>.....83	<i>folic acid tab 800 mcg</i>.....93
<i>fluoxetine hcl cap 10 mg</i> .....41	<i>foltrin cap</i> .....93
<i>fluoxetine hcl cap 20 mg</i> .....41	<i>fondaparinux sodium subcutaneous inj</i>
<i>fluoxetine hcl cap 40 mg</i> .....41	<i>10 mg/0.8ml</i>.....36
<i>fluoxetine hcl solution 20 mg/5ml</i>....41	<i>fondaparinux sodium subcutaneous inj</i>
<i>fluphenazine decanoate inj 25 mg/ml</i> 63	<i>2.5 mg/0.5ml</i>.....36
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....63	<i>fondaparinux sodium subcutaneous inj</i>
<i>fluphenazine hcl tab 1 mg</i> .....63	<i>5 mg/0.4ml</i> .....36
<i>fluphenazine hcl tab 10 mg</i>.....63	<i>fondaparinux sodium subcutaneous inj</i>
<i>fluphenazine hcl tab 2.5 mg</i>.....63	<i>7.5 mg/0.6ml</i>.....36
<i>fluphenazine hcl tab 5 mg</i> .....63	FOSAMAX
<i>flurazepam hcl cap 15 mg</i> .....95	<i>see alendronate sodium tab 70 mg</i> 88
<i>flurazepam hcl cap 30 mg</i> .....95	<i>fosamprenavir calcium tab 700 mg</i>
<i>flurbiprofen sodium ophth soln 0.03%</i>	<i>(base equiv)</i> .....66
.....113	<i>fosinopril sodium & hydrochlorothiazide</i>
<i>flurbiprofen tab 100 mg</i> .....24	<i>tab 10-12.5 mg</i>.....53
<i>flurbiprofen tab 50 mg</i> .....24	<i>fosinopril sodium & hydrochlorothiazide</i>
<i>flutamide cap 125 mg</i> .....56	<i>tab 20-12.5 mg</i>.....53
<i>fluticasone propionate cream 0.05%</i> .84	<i>fosinopril sodium tab 10 mg</i> .....51
<i>fluticasone propionate nasal susp 50</i>	<i>fosinopril sodium tab 20 mg</i> .....51
<i>mcg/act</i> .....111	<i>fosinopril sodium tab 40 mg</i> .....51
<i>fluticasone propionate oint 0.005%</i> ..84	FRAGMIN INJ 10000/ML .....36
<i>fluticasone-salmeterol aer powder ba</i>	FRAGMIN INJ 12500UNT .....36
<i>100-50 mcg/dose</i> .....35	FRAGMIN INJ 15000UNT .....36
<i>fluticasone-salmeterol aer powder ba</i>	FRAGMIN INJ 18000UNT .....37
<i>113-14 mcg/act</i> .....35	FRAGMIN INJ 2500/0.2 .....36
<i>fluticasone-salmeterol aer powder ba</i>	FRAGMIN INJ 5000/0.2 .....36
<i>232-14 mcg/act</i> .....35	FRAGMIN INJ 7500/0.3 .....36
<i>fluticasone-salmeterol aer powder ba</i>	FREESTY LIBR KIT 2 SENSOR .....99
<i>250-50 mcg/dose</i> .....35	FREESTY LIBR MIS 2 READER .....99
<i>fluticasone-salmeterol aer powder ba</i>	FREESTYLE LIBRE READER .....99
<i>500-50 mcg/dose</i> .....35	FREESTYLE LIBRE SENSOR.....99
<i>fluticasone-salmeterol aer powder ba</i>	<i>fructose-dextrose-phosphoric acid oral</i>
<i>55-14 mcg/act</i> .....35	<i>soln</i> .....48
<i>fluvoxamine maleate tab 100 mg</i> ....41	<i>furosemide oral soln 10 mg/ml</i> .....88
<i>fluvoxamine maleate tab 25 mg</i> .....41	<i>furosemide oral soln 8 mg/ml</i> .....88
<i>fluvoxamine maleate tab 50 mg</i> .....41	<i>furosemide tab 20 mg</i>.....88
FLUZONE QUAD INJ 2019-20 .....122	<i>furosemide tab 40 mg</i>.....88
FOCALIN	<i>furosemide tab 80 mg</i>.....88

FUZEON INJ 90MG.....	66
<i>fyavolv tab 0.5-2.5</i>	90
<i>fyavolv tab 1-5</i>	90
G	
G5/G4 MIS SENSOR	99
<i>gabapentin cap 100 mg</i>	37
<i>gabapentin cap 300 mg</i>	37
<i>gabapentin cap 400 mg</i>	37
<i>gabapentin oral soln 250 mg/5ml</i>	37
<i>gabapentin tab 600 mg</i>	37
<i>gabapentin tab 800 mg</i>	38
GABITRIL	
<i>see tiagabine hcl tab 12 mg</i>	39
<i>see tiagabine hcl tab 16 mg</i>	39
<i>see tiagabine hcl tab 2 mg</i>	39
<i>see tiagabine hcl tab 4 mg</i>	39
<i>galantamine hydrobromide cap er 24hr</i> <i>16 mg</i>	116
<i>galantamine hydrobromide cap er 24hr</i> <i>24 mg</i>	116
<i>galantamine hydrobromide cap er 24hr</i> <i>8 mg</i>	116
<i>galantamine hydrobromide tab 12 mg</i>	116
<i>galantamine hydrobromide tab 4 mg</i>	116
<i>galantamine hydrobromide tab 8 mg</i>	116
GAUZE PAD 2	98
GAUZE PADS & DRESSINGS - PADS 2	98
GAUZE PADS & DRESSINGS - PADS 3	98
GAUZE PADS & DRESSINGS - PADS 5	98
GAUZE SPONGE PAD 2X2 8PLY	98
<i>gavilyte-c sol</i>	95
<i>gavilyte-g sol</i>	95
<i>gemfibrozil tab 600 mg</i>	50
<i>gengraf cap 100mg</i>	107
<i>gengraf cap 25mg</i>	107
<i>gengraf sol 100mg/ml</i>	107
<i>gentak oin 0.3% op</i>	112
<i>gentamicin sulfate cream 0.1%</i>	82
<i>gentamicin sulfate oint 0.1%</i>	82
<i>gentamicin sulfate ophth soln 0.3%</i>	112
GENTLE PAPER TAP 1.....	98
GENVOYA TAB	66
GEODON	
<i>see ziprasidone hcl cap 20 mg</i>	59
<i>see ziprasidone hcl cap 40 mg</i>	59
<i>see ziprasidone hcl cap 60 mg</i>	59
<i>see ziprasidone hcl cap 80 mg</i>	59
GILENYA CAP 0.5MG.....	117
<i>glatiramer acetate soln prefilled syringe</i> <i>20 mg/ml</i>	117
<i>glatiramer acetate soln prefilled syringe</i> <i>40 mg/ml</i>	117
<i>glatopa inj 20mg/ml</i>	117
<i>glatopa inj 40mg/ml</i>	117
GLEEVEC	
<i>see imatinib mesylate tab 100 mg</i> <i>(base equivalent)</i>	56
<i>see imatinib mesylate tab 400 mg</i> <i>(base equivalent)</i>	56
<i>glimepiride tab 1 mg</i>	46
<i>glimepiride tab 2 mg</i>	46
<i>glimepiride tab 4 mg</i>	46
<i>glipizide tab 10 mg</i>	46
<i>glipizide tab 5 mg</i>	46
<i>glipizide tab er 24hr 10 mg</i>	46
<i>glipizide tab er 24hr 2.5 mg</i>	46
<i>glipizide tab er 24hr 5 mg</i>	46
<i>glipizide xl tab 10mg</i>	46
<i>glipizide xl tab 2.5mg</i>	46
<i>glipizide xl tab 5mg</i>	46
GLUCAGEN INJ HYPOKIT	44
<i>glucagon (rdna) for inj kit 1 mg</i>	44
GLUCAGON EMERGENCY KIT	
<i>see glucagon (rdna) for inj kit 1 mg</i>	44
GLUCOSE CHEW TABS	44
GLUCOTROL XL	
<i>see glipizide tab er 24hr 10 mg</i>	46
<i>see glipizide tab er 24hr 2.5 mg</i> ...	46
<i>see glipizide tab er 24hr 5 mg</i>	46
<i>see glipizide xl tab 10mg</i>	46
<i>see glipizide xl tab 2.5mg</i>	46
<i>see glipizide xl tab 5mg</i>	46
<i>glyburide micronized tab 1.5 mg</i>	46
<i>glyburide micronized tab 3 mg</i>	47
<i>glyburide micronized tab 6 mg</i>	47
<i>glyburide tab 1.25 mg</i>	47
<i>glyburide tab 2.5 mg</i>	47

glyburide tab 5 mg47
glyburide-metformin tab 1.25-250 mg
44
glyburide-metformin tab 2.5-500 mg 44
glyburide-metformin tab 5-500 mg...44
glycerin sup 2gm.....96
glycerin suppos 1.2 gm96
glycerin suppos 2.1 gm96
glycerin suppos 80.7%.....96
glycerin-hypromellose-peg 400 ophth
soln 0.2-0.2-1% 111
glycopyrrolate tab 1 mg120
glycopyrrolate tab 2 mg120
glydo gel 2%85
 GLYNASE
 see *glyburide micronized tab 1.5 mg*
 46
 see *glyburide micronized tab 3 mg* 47
 see *glyburide micronized tab 6 mg* 47
 GNP FVR FLSH MIS THERMOME..... 100
 GNP GAUZE PAD 2X298
gnp olopatad sol 0.2% 113
 GNP ORAL MIS THERMOM 100
 GOLYTELY
 see *gavilyte-g sol*95
 see *peg 3350-kcl-na bicarb-nacl-na*
 sulfate for soln 236 gm.....95
goodsense gel art pain82
granisetron hcl tab 1 mg47
griseofulvin microsize susp 125 mg/5ml
 48
guaifenesin liquid 100 mg/5ml80
guaifenesin syrup 100 mg/5ml.....80
guaifenesin tab 200 mg.....80
guaifenesin tab 400 mg.....80
guaifenesin tab er 12hr 600 mg80
guanfacine hcl tab 1 mg52
guanfacine hcl tab 2 mg52
guanfacine hcl tab er 24hr 1 mg (base
equiv)21
guanfacine hcl tab er 24hr 2 mg (base
equiv)21
guanfacine hcl tab er 24hr 3 mg (base
equiv)21
guanfacine hcl tab er 24hr 4 mg (base
equiv)21

H
hailey fe tab 1.5/3075
hailey fe tab 1/20.....75
hailey tab 1.5/3075
 HALCION
 see *triazolam tab 0.25 mg*95
 HALDOL DECANOATE 100
 see *haloperidol decanoate im soln*
 100 mg/ml.....61
 HALDOL DECANOATE 50
 see *haloperidol decanoate im soln 50*
 mg/ml.....61
halobetasol propionate cream 0.05% 84
halobetasol propionate oint 0.05% ...84
haloperidol decanoate im soln 100
mg/ml.....61
haloperidol decanoate im soln 50
mg/ml.....61
haloperidol lactate inj 5 mg/ml61
*haloperidol lactate oral conc 2 mg/ml*61
haloperidol tab 0.5 mg.....61
haloperidol tab 1 mg.....61
haloperidol tab 10 mg.....61
haloperidol tab 2 mg.....61
haloperidol tab 20 mg.....61
haloperidol tab 5 mg.....61
 HAVRIX INJ 1440UNIT 122
 HAVRIX INJ 720UNIT 122
hc/aloe cre 0.5%.....84
heather tab 0.35mg.....78
hematogen cap94
 HEPLISAV-B INJ 20/0.5ML 122
 HEPSERA
 see *adefovir dipivoxil tab 10 mg* ...67
 HM DIGITAL MIS THERMOME..... 101
hm docosan cre 10%83
 HM NON-STICK PAD 398
 HM STERILE PAD 2X2 8PLY.....98
 HM TEMPLE MIS THERMOME 101
 HM THERMOMET MIS FLEX-TIP 101
 HUMALOG MIX INJ 50/5045
 HUMALOG MIX INJ 50/50KWP.....45
 HUMATE-P SOL 2400UNIT92
 HUMATE-P SOL 500-1200.....92
 HUMATIN
 see *paromomycin sulfate cap 250 mg*
 23

HUMIDIFIERS	104		
HUMIRA INJ 10/0.1ML	23		
HUMIRA INJ 20/0.2ML	23		
HUMIRA INJ 40/0.4ML	23		
HUMIRA KIT 40MG/0.8.....	23		
HUMIRA PEDIA INJ CROHNS	23		
HUMIRA PEN INJ 40/0.4ML	23		
HUMIRA PEN INJ 40MG/0.8	23		
HUMIRA PEN INJ 80/0.8ML	23		
HUMIRA PEN INJ CD/UC/HS.....	23		
HUMIRA PEN INJ PS/UV	23		
HUMIRA PEN KIT CD/UC/HS	24		
HUMIRA PEN KIT PED UC	24		
HUMIRA PEN KIT PS/UV	24		
HUMULIN R INJ U-500	45		
<i>hydralazine hcl tab 10 mg</i>	<i>54</i>		
<i>hydralazine hcl tab 100 mg</i>	<i>54</i>		
<i>hydralazine hcl tab 25 mg</i>	<i>54</i>		
<i>hydralazine hcl tab 50 mg</i>	<i>54</i>		
HYDREA			
<i>see hydroxyurea cap 500 mg</i>	<i>57</i>		
<i>hydrochlorothiazide cap 12.5 mg</i>	<i>88</i>		
<i>hydrochlorothiazide tab 25 mg</i>	<i>88</i>		
<i>hydrochlorothiazide tab 50 mg</i>	<i>88</i>		
<i>hydrocodone-acetaminophen soln 7.5-</i>			
<i>325 mg/15ml</i>	<i>28</i>		
<i>hydrocodone-acetaminophen tab 10-</i>			
<i>325 mg</i>	<i>28</i>		
<i>hydrocodone-acetaminophen tab 5-325</i>			
<i>mg</i>	<i>28</i>		
<i>hydrocodone-acetaminophen tab 7.5-</i>			
<i>325 mg</i>	<i>28</i>		
<i>hydrocortisone acetate cream 1% ...</i>	<i>84</i>		
<i>hydrocortisone cream 0.5%</i>	<i>84</i>		
<i>hydrocortisone cream 1%.....</i>	<i>84</i>		
<i>hydrocortisone cream 1%- rx</i>	<i>84</i>		
<i>hydrocortisone cream 2.5%.....</i>	<i>84</i>		
<i>hydrocortisone enema 100 mg/60ml.</i>	<i>29</i>		
<i>hydrocortisone lotion 1%</i>	<i>84</i>		
<i>hydrocortisone lotion 2.5%.....</i>	<i>84</i>		
<i>hydrocortisone oint 0.5%</i>	<i>84</i>		
<i>hydrocortisone oint 1%</i>	<i>84</i>		
<i>hydrocortisone oint 1%- rx</i>	<i>84</i>		
<i>hydrocortisone oint 2.5%</i>	<i>84</i>		
<i>hydrocortisone rectal cream 2.5%</i>	<i>29</i>		
HYDROCORTISONE RECTAL CREAM			
2.5%			
			<i>see hydrocortisone rectal cream</i>
			2.5%
			<i>hydrocortisone tab 10 mg</i>
			<i>hydrocortisone tab 20 mg</i>
			<i>hydrocortisone tab 5 mg</i>
			<i>hydrocortisone w/ acetic acid otic soln</i>
			1-2%
			<i>hydrocortisone-aloe vera cream 1% .</i>
			<i>hydromorphone hcl tab 2 mg</i>
			<i>hydromorphone hcl tab 4 mg</i>
			<i>hydroxychloroquine sulfate tab 200 mg</i>
		
			HYDROXYPROG POW CAPROATE
			<i>hydroxyprogesterone caproate im in oil</i>
			250 mg/ml
			<i>hydroxyurea cap 500 mg</i>
			<i>hydroxyzine hcl syrup 10 mg/5ml.....</i>
			<i>hydroxyzine hcl tab 10 mg</i>
			<i>hydroxyzine hcl tab 25 mg</i>
			<i>hydroxyzine hcl tab 50 mg</i>
			<i>hydroxyzine pamoate cap 100 mg</i>
			<i>hydroxyzine pamoate cap 25 mg.....</i>
			<i>hydroxyzine pamoate cap 50 mg.....</i>
			<i>hyoscyamine sulfate elixir 0.125</i>
			<i>mg/5ml</i>
			<i>hyoscyamine sulfate sl tab 0.125 mg</i>
		
			<i>hyoscyamine sulfate soln 0.125 mg/ml</i>
		
			<i>hyoscyamine sulfate tab 0.125 mg .</i>
			<i>hyoscyamine sulfate tab disint 0.125</i>
			<i>mg</i>
			<i>hyoscyamine sulfate tab er 12hr 0.375</i>
			<i>mg</i>
			HYPERRHO S/D INJ 300MCG.....
			HYPERRHO S/D INJ 50MCG
			HYZAAR
			<i>see losartan potassium &</i>
			<i>hydrochlorothiazide tab 100-12.5</i>
			<i>mg.....</i>
			<i>see losartan potassium &</i>
			<i>hydrochlorothiazide tab 100-25 mg</i>
		
			<i>see losartan potassium &</i>
			<i>hydrochlorothiazide tab 50-12.5</i>
			<i>mg.....</i>

I	
I.V. SPONGES PAD 2	98
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	89
IBRANCE CAP 100MG.....	56
IBRANCE CAP 125MG.....	56
IBRANCE CAP 75MG	56
IBRANCE TAB 100MG.....	56
IBRANCE TAB 125MG.....	56
IBRANCE TAB 75MG	56
<i>ibuprofen cap 200 mg</i>	24
<i>ibuprofen chew tab 100 mg</i>	24
<i>ibuprofen susp 100 mg/5ml</i>	24
<i>ibuprofen susp 40 mg/ml</i>	24
<i>ibuprofen tab 100 mg</i>	24
<i>ibuprofen tab 200 mg</i>	24
<i>ibuprofen tab 400 mg</i>	24
<i>ibuprofen tab 600 mg</i>	24
<i>ibuprofen tab 800 mg</i>	25
<i>iclevia tab</i>	75
ID NOW CONTR KIT COVID-19.....	86
ID NOW KIT COVID-19	86
<i>iferex 150 cap</i>	94
<i>iferex 150 cap forte</i>	94
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	56
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	56
IMBRUVICA CAP 140MG	56
IMBRUVICA TAB 420MG	56
IMBRUVICA TAB 560MG	56
<i>imipramine hcl tab 10 mg</i>	42
<i>imipramine hcl tab 25 mg</i>	42
<i>imipramine hcl tab 50 mg</i>	42
<i>imiquimod cream 5%</i>	85
IMITREX	
<i>see sumatriptan succinate tab 100 mg</i>	105
<i>see sumatriptan succinate tab 25 mg</i>	105
<i>see sumatriptan succinate tab 50 mg</i>	105
IMURAN	
<i>see azathioprine tab 50 mg</i>	107
<i>incassia tab 0.35mg</i>	78
INCRELEX INJ 40MG/4ML	89
INCRUSE ELPT INH 62.5MCG	34
<i>indapamide tab 1.25 mg</i>	88
<i>indapamide tab 2.5 mg</i>	88
INDERAL LA	
<i>see propranolol hcl cap er 24hr 120 mg</i>	69
<i>see propranolol hcl cap er 24hr 160 mg</i>	69
<i>see propranolol hcl cap er 24hr 60 mg</i>	69
<i>see propranolol hcl cap er 24hr 80 mg</i>	69
<i>indomethacin cap 25 mg</i>	25
<i>indomethacin cap 50 mg</i>	25
INFANT THERMOMETERS.....	101
INFRA FOREHD MIS THERMOME.....	101
INFRARED EAR MIS THERMOME	101
INFRARED MIS FOREHEAD	101
INFRARED MIS THERMOME.....	101
INS ASP PROT INJ FLEXPEN.....	45
INSTANT EAR MIS DIG THER	101
INSULIN ASPA INJ 70/30	45
INSULIN ASPA INJ FLEXPEN	45
INSULIN LISP INJ PROTAMIN.....	45
INSULIN SYRG MIS 0.3/29G	103
INSULIN SYRG MIS 0.3/30G	103
INSULIN SYRG MIS 0.3/31G	103
INSULIN SYRG MIS 0.5/28G	103
INSULIN SYRG MIS 0.5/29G	103
INSULIN SYRG MIS 0.5/30G	103
INSULIN SYRG MIS 0.5/31G	103
INSULIN SYRG MIS 1ML/28G.....	103
INSULIN SYRG MIS 1ML/29G.....	103
INSULIN SYRG MIS 1ML/30G.....	103
INSULIN SYRG MIS 1ML/31G.....	103
INTELENCE	
<i>see etravirine tab 100 mg</i>	66
<i>see etravirine tab 200 mg</i>	66
INTELENCE TAB 25MG	66
INTRON A INJ 10MU	57
INTRON A INJ 25MU	57
<i>introvale tab</i>	75
INTUNIV	
<i>see guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	21
<i>see guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	21

see *guanfacine hcl tab er 24hr 3 mg (base equiv)*.....21
 see *guanfacine hcl tab er 24hr 4 mg (base equiv)*.....21
INVEGA
 see *paliperidone tab er 24hr 1.5 mg*60
 see *paliperidone tab er 24hr 3 mg* .60
 see *paliperidone tab er 24hr 6 mg* .60
 see *paliperidone tab er 24hr 9 mg* .60
INVEGA SUST INJ 117/0.75.....60
INVEGA SUST INJ 156MG/ML.....60
INVEGA SUST INJ 234/1.5.....60
INVEGA SUST INJ 39/0.25.....59
INVEGA SUST INJ 78/0.5ML60
INVEGA TRINZ INJ 273MG.....60
INVEGA TRINZ INJ 410MG.....60
INVEGA TRINZ INJ 546MG.....60
INVEGA TRINZ INJ 819MG.....60
INVIRASE TAB 500MG.....66
ipratropium bromide inhal soln 0.02%34
ipratropium bromide nasal soln 0.03% (21 mcg/spray)110
ipratropium bromide nasal soln 0.06% (42 mcg/spray)111
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml35
irbesartan tab 150 mg51
irbesartan tab 300 mg52
irbesartan tab 75 mg51
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....53
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....53
ISENTRESS CHW 100MG66
ISENTRESS CHW 25MG66
ISENTRESS HD TAB 600MG66
ISENTRESS POW 100MG66
ISENTRESS TAB 400MG66
isibloom tab.....75
isoniazid syrup 50 mg/5ml54
isoniazid tab 100 mg54
isoniazid tab 300 mg54
ISOPTO ATROP SOL 1% OP112
ISOPTO CARPINE
 see *pilocarpine hcl ophth soln 1%* 112

see *pilocarpine hcl ophth soln 2%* 112
ISORDIL TITRADOSE
 see *isosorbide dinitrate tab 5 mg*...31
isosorbide dinitrate tab 10 mg31
isosorbide dinitrate tab 20 mg31
isosorbide dinitrate tab 30 mg31
isosorbide dinitrate tab 5 mg31
isosorbide mononitrate tab 10 mg31
isosorbide mononitrate tab 20 mg31
isosorbide mononitrate tab er 24hr 120 mg31
isosorbide mononitrate tab er 24hr 30 mg31
isosorbide mononitrate tab er 24hr 60 mg31
isotretinoin cap 10 mg81
isotretinoin cap 20 mg81
isotretinoin cap 30 mg81
isotretinoin cap 40 mg81
ivermectin tab 3 mg30
IXINITY INJ 1000UNIT92
IXINITY INJ 2000UNIT92
IXINITY INJ 250UNIT92
IXINITY INJ 3000UNIT92
IXINITY INJ 500UNIT92
J
J&J GAUZE PAD 2.....98
jaimiess tab.....75
JANSSEN VACC INJ COVID-19122
jasmiel tab 3-0.02mg75
jencycla tab 0.35mg78
jinteli tab 1mg-5mcg90
jolessa tab75
juleber tab75
JULUCA TAB 50-25MG.....66
junel 1.5/30 tab.....75
junel 1/20 tab.....75
junel fe tab 1.5/3075
junel fe tab 1/2075
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

<i>kalliga tab</i>	75	KOGENATE FS INJ 500UNIT	92
KALYDECO PAK 25MG	118	KONSYL DAILY POW 100%	95
KALYDECO PAK 50MG	118	KONSYL DAILY POW 28.3%	95
KALYDECO PAK 75MG	118	KONSYL-D POW 52.3%	95
KALYDECO TAB 150MG	118	KOVALTRY INJ 1000UNIT	92
<i>kariva tab 28 day</i>	75	KOVALTRY INJ 2000UNIT	92
KAZ DIGITAL MIS THERMOM	101	KOVALTRY INJ 250UNIT	92
<i>kelnor 1/50 tab</i>	75	KOVALTRY INJ 3000UNIT	92
<i>kelnor tab 1/35</i>	75	KOVALTRY INJ 500UNIT	92
KENDALL FOAM PAD 2	98	KP FAST READ MIS FLEXIBLE.....	101
KEPPRA		K-TAB	
<i>see levetiracetam oral soln 100</i>		<i>see potassium chloride tab er 20 meq</i>	
<i>mg/ml</i>	38	<i>(1500 mg)</i>	106
<i>see levetiracetam tab 1000 mg</i>	38	<i>kurvelo tab 0.15/30</i>	75
<i>see levetiracetam tab 250 mg</i>	38	KYLEENA IUD 19.5MG.....	78
<i>see levetiracetam tab 500 mg</i>	38	L	
<i>see levetiracetam tab 750 mg</i>	38	<i>labetalol hcl tab 100 mg</i>	68
<i>see roweepra tab 500mg</i>	38	<i>labetalol hcl tab 200 mg</i>	68
KEPPRA XR		<i>labetalol hcl tab 300 mg</i>	68
<i>see levetiracetam tab er 24hr 500</i>		<i>lactic acid (ammonium lactate) cream</i>	
<i>mg</i>	38	12%	85
<i>see levetiracetam tab er 24hr 750</i>		<i>lactic acid (ammonium lactate) lotion</i>	
<i>mg</i>	38	12%	85
KERLIX GAUZE MIS ROLL LRG.....	98	<i>lactulose (encephalopathy) solution 10</i>	
<i>ketoconazole cream 2%</i>	82	<i>gm/15ml</i>	91
<i>ketoconazole shampoo 2%</i>	82	<i>lactulose solution 10 gm/15ml</i>	96
<i>ketoconazole tab 200 mg</i>	48	LAMICTAL	
<i>ketoprofen cap 50 mg</i>	25	<i>see lamotrigine tab 100 mg</i>	38
<i>ketoprofen cap 75 mg</i>	25	<i>see lamotrigine tab 150 mg</i>	38
<i>ketorolac tromethamine ophth soln</i>		<i>see lamotrigine tab 200 mg</i>	38
0.5%	113	<i>see lamotrigine tab 25 mg</i>	38
<i>ketorolac tromethamine tab 10 mg</i> ...25		<i>see subvenite tab 100mg</i>	38
<i>ketotifen fumarate ophth soln 0.025%</i>		<i>see subvenite tab 150mg</i>	38
<i>(base equiv)</i>	113	<i>see subvenite tab 200mg</i>	38
KEVZARA INJ 150/1.14	24	<i>see subvenite tab 25mg</i>	38
KEVZARA INJ 200/1.14	24	LAMICTAL CHEWABLE DISPERS	
KLARON		<i>see lamotrigine tab chewable</i>	
<i>see sulfacetamide sodium lotion 10%</i>		<i>dispersible 25 mg</i>	38
<i>(acne)</i>	81	<i>see lamotrigine tab chewable</i>	
KLONOPIN		<i>dispersible 5 mg</i>	38
<i>see clonazepam tab 0.5 mg</i>	37	<i>lamivudine oral soln 10 mg/ml</i>	66
<i>see clonazepam tab 1 mg</i>	37	<i>lamivudine tab 100 mg (hbv)</i>	67
<i>see clonazepam tab 2 mg</i>	37	<i>lamivudine tab 150 mg</i>	66
<i>klor-con 10 tab 10meq er</i>	106	<i>lamivudine tab 300 mg</i>	66
<i>klor-con 8 tab 8meq er</i>	106	<i>lamivudine-zidovudine tab 150-300 mg</i>	
KOGENATE FS INJ 1000UNIT	92	.....	66
KOGENATE FS INJ 250UNIT	92	<i>lamotrigine tab 100 mg</i>	38

<i>lamotrigine tab 150 mg</i>	38	<i>levetiracetam tab 250 mg</i>	38
<i>lamotrigine tab 200 mg</i>	38	<i>levetiracetam tab 500 mg</i>	38
<i>lamotrigine tab 25 mg</i>	38	<i>levetiracetam tab 750 mg</i>	38
<i>lamotrigine tab chewable dispersible 25 mg</i>	38	<i>levetiracetam tab er 24hr 500 mg</i>	38
<i>lamotrigine tab chewable dispersible 5 mg</i>	38	<i>levetiracetam tab er 24hr 750 mg</i>	38
LANCETS	99	<i>levobunolol hcl ophth soln 0.5%</i>	111
<i>lansoprazole cap delayed release 15 mg</i>	121	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	89
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	56	<i>levocarnitine tab 330 mg</i>	89
<i>larin fe tab 1.5/30</i>	75	<i>levofloxacin ophth soln 0.5%</i>	112
<i>larin fe tab 1/20</i>	75	<i>levofloxacin oral soln 25 mg/ml</i>	90
<i>larin tab 1.5/30</i>	75	<i>levofloxacin tab 250 mg</i>	90
<i>larin tab 1/20</i>	75	<i>levofloxacin tab 500 mg</i>	90
<i>larissia tab</i>	75	<i>levofloxacin tab 750 mg</i>	90
LASIX		<i>levonest tab</i>	75
<i>see furosemide tab 20 mg</i>	88	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	75
<i>see furosemide tab 40 mg</i>	88	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	75
<i>see furosemide tab 80 mg</i>	88	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	75
<i>latanoprost ophth soln 0.005%</i>	113	<i>levonorgestrel tab 1.5 mg</i>	78
LATUDA TAB 120MG	59	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	75
LATUDA TAB 20MG	59	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	75
LATUDA TAB 40MG	59	<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	75
LATUDA TAB 60MG	59	<i>levora-28 tab 0.15/30</i>	75
LATUDA TAB 80MG	59	<i>levothyroxine sodium tab 100 mcg</i> .	119
LEDIP-SOFOSB TAB 90-400MG	67	LEVOTHYROXINE SODIUM TAB 100 MCG	
<i>leflunomide tab 10 mg</i>	25	<i>see levothyroxine sodium tab 100 mcg</i>	119
<i>leflunomide tab 20 mg</i>	25	<i>levothyroxine sodium tab 112 mcg</i> .	119
<i>lessina tab</i>	75	LEVOTHYROXINE SODIUM TAB 112 MCG	
LETAIRIS		<i>see levothyroxine sodium tab 112 mcg</i>	119
<i>see ambrisentan tab 10 mg</i>	72	<i>levothyroxine sodium tab 125 mcg</i> .	119
<i>see ambrisentan tab 5 mg</i>	72	LEVOTHYROXINE SODIUM TAB 125 MCG	
<i>letrozole tab 2.5 mg</i>	56	<i>see levothyroxine sodium tab 125 mcg</i>	119
<i>leucovorin calcium tab 10 mg</i>	57	<i>levothyroxine sodium tab 137 mcg</i> .	119
<i>leucovorin calcium tab 15 mg</i>	57	LEVOTHYROXINE SODIUM TAB 137 MCG	
<i>leucovorin calcium tab 25 mg</i>	57		
<i>leucovorin calcium tab 5 mg</i>	57		
LEUKERAN TAB 2MG	55		
<i>leuprolide acetate inj kit 5 mg/ml</i>	56		
LEVAQUIN			
<i>see levofloxacin tab 250 mg</i>	90		
<i>see levofloxacin tab 500 mg</i>	90		
<i>see levofloxacin tab 750 mg</i>	90		
<i>levetiracetam oral soln 100 mg/ml</i> ...	38		
<i>levetiracetam tab 1000 mg</i>	38		

see *levothyroxine sodium tab 137 mcg* 119
levothyroxine sodium tab 150 mcg . 119
 LEVOTHYROXINE SODIUM TAB 150 MCG
 see *levothyroxine sodium tab 150 mcg* 119
levothyroxine sodium tab 175 mcg . 119
 LEVOTHYROXINE SODIUM TAB 175 MCG
 see *levothyroxine sodium tab 175 mcg* 119
levothyroxine sodium tab 200 mcg . 119
 LEVOTHYROXINE SODIUM TAB 200 MCG
 see *levothyroxine sodium tab 200 mcg* 119
levothyroxine sodium tab 25 mcg ... 119
 LEVOTHYROXINE SODIUM TAB 25 MCG
 see *levothyroxine sodium tab 25 mcg* 119
levothyroxine sodium tab 300 mcg . 119
 LEVOTHYROXINE SODIUM TAB 300 MCG
 see *levothyroxine sodium tab 300 mcg* 119
levothyroxine sodium tab 50 mcg ... 119
 LEVOTHYROXINE SODIUM TAB 50 MCG
 see *levothyroxine sodium tab 50 mcg* 119
levothyroxine sodium tab 75 mcg ... 119
 LEVOTHYROXINE SODIUM TAB 75 MCG
 see *levothyroxine sodium tab 75 mcg* 119
levothyroxine sodium tab 88 mcg ... 119
 LEVOTHYROXINE SODIUM TAB 88 MCG
 see *levothyroxine sodium tab 88 mcg* 119
 LEXAPRO
 see *escitalopram oxalate tab 10 mg (base equiv)*.....41
 see *escitalopram oxalate tab 20 mg (base equiv)*.....41
 see *escitalopram oxalate tab 5 mg (base equiv)*.....41
 LEXIVA

see *fosamprenavir calcium tab 700 mg (base equiv)*66
 LEXIVA SUS 50MG/ML66
lice treatmt liq 1%86
lice trtmnt liq 1%86
lidocaine cream 4%85
lidocaine hcl soln 4%85
lidocaine hcl urethral/mucosal gel 2%85
lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....85
lidocaine hcl viscous soln 2% 108
lidocaine patch 4%85
lidocaine patch 5%85
lidocaine-prilocaine cream 2.5-2.5%.85
 LIDODERM
 see *lidocaine patch 5%*85
 LILETTA IUD 52MG78
lillow tab 0.15/3076
linezolid for susp 100 mg/5ml31
linezolid tab 600 mg31
 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 mg53
lisinopril & hydrochlorothiazide tab 20-25 mg.....53
lisinopril tab 10 mg.....51
lisinopril tab 2.5 mg51
lisinopril tab 20 mg.....51
lisinopril tab 30 mg.....51
lisinopril tab 40 mg.....51
lisinopril tab 5 mg51
lithium carbonate cap 150 mg.....59
lithium carbonate cap 300 mg.....59
lithium carbonate cap 600 mg.....59
lithium carbonate tab 300 mg59
lithium carbonate tab er 300 mg59

<i>lithium carbonate tab er 450 mg</i>	59	<i>losartan potassium &</i>	
LITHOBID		<i>hydrochlorothiazide tab 100-12.5 mg</i>	
see <i>lithium carbonate tab er 300 mg</i>		.....	53
.....	59	<i>losartan potassium &</i>	
LMA MAD MIS NASAL.....	101	<i>hydrochlorothiazide tab 100-25 mg</i>	53
LODINE		<i>losartan potassium &</i>	
see <i>etodolac tab 400 mg</i>	24	<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>loestrin 21 tab 1.5/30</i>	76	.....	53
<i>loestrin fe tab 1.5/30</i>	76	<i>losartan potassium tab 100 mg</i>	52
<i>loestrin fe tab 1/20</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	107	see <i>camrese lo tab</i>	74
LOKELMA PAK 5GM.....	107	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>	75
<i>2.5-0.025 mg</i>	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>	52
<i>(base equiv)</i>	82	see <i>amlodipine besylate-benazepril</i>	
see <i>ciclopirox olamine susp 0.77%</i>		<i>hcl cap 10-40 mg</i>	52
<i>(base equiv)</i>	82	see <i>amlodipine besylate-benazepril</i>	
<i>loratadine & pseudoephedrine tab er</i>		<i>hcl cap 5-10 mg</i>	52
<i>12hr 5-120 mg</i>	80	see <i>amlodipine besylate-benazepril</i>	
<i>loratadine & pseudoephedrine tab er</i>		<i>hcl cap 5-20 mg</i>	52
<i>24hr 10-240 mg</i>	80	<i>lovastatin tab 10 mg</i>	50
<i>loratadine rapidly-disintegrating tab 10</i>		<i>lovastatin tab 20 mg</i>	50
<i>mg</i>	49	<i>lovastatin tab 40 mg</i>	50
<i>loratadine syrup 5 mg/5ml</i>	49	LOVENOX	
<i>loratadine tab 10 mg</i>	49	see <i>enoxaparin sodium inj 100</i>	
<i>lorazepam conc 2 mg/ml</i>	33	<i>mg/ml</i>	36
<i>lorazepam tab 0.5 mg</i>	33	see <i>enoxaparin sodium inj 120</i>	
<i>lorazepam tab 1 mg</i>	33	<i>mg/0.8ml</i>	36
<i>lorazepam tab 2 mg</i>	33	see <i>enoxaparin sodium inj 150</i>	
<i>loryna tab 3-0.02mg</i>	76	<i>mg/ml</i>	36

see enoxaparin sodium inj 30
 mg/0.3ml36
 see enoxaparin sodium inj 300
 mg/3ml36
 see enoxaparin sodium inj 40
 mg/0.4ml36
 see enoxaparin sodium subcutaneous
 soln 60 mg/0.6ml36
 see enoxaparin sodium subcutaneous
 soln 80 mg/0.8ml36
 low-ogestrel tab76
 loxapine succinate cap 10 mg61
 loxapine succinate cap 25 mg61
 loxapine succinate cap 5 mg61
 loxapine succinate cap 50 mg61
 lo-zumandimi tab 3-0.02mg76
 LUPR DEP-PED INJ 11.25MG89
 LUPR DEP-PED INJ 15MG.....89
 LUPR DEP-PED INJ 3M 30MG89
 LUPR DEP-PED INJ 7.5MG.....89
 luteru tab76
 lyleq tab 0.35mg78
 LYRA DIRECT KIT COV-286
 LYRA SARS KIT COV-286
 LYRICA
 see pregabalin cap 100 mg38
 see pregabalin cap 150 mg38
 see pregabalin cap 200 mg38
 see pregabalin cap 225 mg38
 see pregabalin cap 25 mg38
 see pregabalin cap 300 mg38
 see pregabalin cap 50 mg38
 see pregabalin cap 75 mg38
 LYSODREN TAB 500MG56
 lyza tab 0.35mg78
M
 MACROBID
 see nitrofurantoin monohydrate
 macrocrystalline cap 100 mg31
 MACRODANTIN
 see nitrofurantoin macrocrystalline
 cap 100 mg31
 see nitrofurantoin macrocrystalline
 cap 50 mg31
 magnesium chloride tab dr 64 mg
 (elemental mg) 106
 magnesium citrate soln96

magnesium hydroxide susp 400
 mg/5ml96
 magnesium oxide tab 400 mg (240 mg
 elemental mg) 106
 magnesium oxide tab 400 mg (241.3
 mg elemental mg) 106
 magnesium tab 250 mg 106
 magnesium tab 500mg 106
 MAKENA
 see hydroxyprogesterone caproate
 im in oil 250 mg/ml 115
 malathion lotion 0.5%86
 marlissa tab 0.15/3076
 MATULANE CAP 50MG.....57
 MAVIK
 see trandolapril tab 4 mg51
 MAXALT
 see rizatriptan benzoate tab 10 mg
 (base equivalent) 105
 MAXALT-MLT
 see rizatriptan benzoate oral
 disintegrating tab 10 mg (base eq)
 105
 MAXITROL
 see neomycin-polymyxin-
 dexamethasone ophth oint 0.1%
 113
 see neomycin-polymyxin-
 dexamethasone ophth susp 0.1%
 113
 MAXZIDE
 see triamterene &
 hydrochlorothiazide tab 75-50 mg
 88
 MAXZIDE-25
 see triamterene &
 hydrochlorothiazide tab 37.5-25
 mg.....88
 meclizine hcl chew tab 25 mg47
 meclizine hcl tab 12.5 mg47
 meclizine hcl tab 25 mg48
 MEDROL
 see methylprednisolone tab 16 mg 79
 see methylprednisolone tab 32 mg 79
 see methylprednisolone tab 4 mg ..79
 see methylprednisolone tab 8 mg ..79
 MEDROL DOSEPAK

see methylprednisolone tab therapy
 pack 4 mg (21)79
 medroxyprogesterone acetate im susp
 150 mg/ml78
 medroxyprogesterone acetate im susp
 prefilled syr 150 mg/ml78
 medroxyprogesterone acetate tab 10
 mg115
 medroxyprogesterone acetate tab 2.5
 mg115
 medroxyprogesterone acetate tab 5 mg
115
 mefloquine hcl tab 250 mg54
 megestrol acetate susp 40 mg/ml56
 megestrol acetate tab 20 mg56
 megestrol acetate tab 40 mg56
 meloxicam tab 15 mg25
 meloxicam tab 7.5 mg25
 melphalan tab 2 mg.....55
 memantine hcl oral solution 2 mg/ml
116
 memantine hcl tab 10 mg.....116
 memantine hcl tab 28 x 5 mg & 21 x
 10 mg titration pack116
 memantine hcl tab 5 mg116
 MEPHYTON
 see phytonadione tab 5 mg.....124
 MEPRON
 see atovaquone susp 750 mg/5ml .30
 mercaptopurine tab 50 mg55
 mesalamine cap er 24hr 0.375 gm ...91
 MESTINON
 see pyridostigmine bromide tab 60
 mg.....54
 metformin hcl tab 1000 mg44
 metformin hcl tab 500 mg44
 metformin hcl tab 850 mg44
 metformin hcl tab er 24hr 500 mg...44
 metformin hcl tab er 24hr 750 mg...44
 methadone hcl tab 10 mg.....27
 methadone hcl tab 5 mg27
 methergine tab 0.2mg114
 methimazole tab 10 mg118
 methimazole tab 5 mg118
 methocarbamol tab 500 mg.....110
 methocarbamol tab 750 mg.....110

methotrexate sodium inj 250 mg/10ml
 (25 mg/ml).....55
 methotrexate sodium inj 50 mg/2ml
 (25 mg/ml).....55
 methotrexate sodium inj pf 1000
 mg/40ml (25 mg/ml)55
 methotrexate sodium inj pf 250
 mg/10ml (25 mg/ml)55
 methotrexate sodium inj pf 50 mg/2ml
 (25 mg/ml).....55
 methotrexate sodium tab 2.5 mg (base
 equiv)55
 methylcellulose tab 500 mg.....95
 methylergonovine maleate tab 0.2 mg
114
 METHYLIN
 see methylphenidate hcl soln 10
 mg/5ml22
 see methylphenidate hcl soln 5
 mg/5ml22
 methylphenidate hcl cap er 10 mg (cd)
22
 methylphenidate hcl cap er 20 mg (cd)
22
 methylphenidate hcl cap er 30 mg (cd)
22
 methylphenidate hcl cap er 40 mg (cd)
22
 methylphenidate hcl cap er 50 mg (cd)
22
 methylphenidate hcl cap er 60 mg (cd)
22
 methylphenidate hcl soln 10 mg/5ml 22
 methylphenidate hcl soln 5 mg/5ml..22
 methylphenidate hcl tab 10 mg23
 methylphenidate hcl tab 20 mg23
 methylphenidate hcl tab 5 mg.....22
 methylphenidate hcl tab er 10 mg23
 methylphenidate hcl tab er 20 mg23
 methylphenidate hcl tab er 24hr 18 mg
23
 methylphenidate hcl tab er 24hr 27 mg
23
 methylphenidate hcl tab er 24hr 36 mg
23
 methylphenidate hcl tab er 24hr 54 mg
23

methylprednisolone tab 16 mg79
methylprednisolone tab 32 mg79
methylprednisolone tab 4 mg.....79
methylprednisolone tab 8 mg.....79
methylprednisolone tab therapy pack 4 mg (21)79
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)90
metoclopramide hcl tab 10 mg (base equivalent)91
metoclopramide hcl tab 5 mg (base equivalent)91
metolazone tab 10 mg88
metolazone tab 2.5 mg88
metolazone tab 5 mg88
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 mg.....69
metoprolol tartrate tab 50 mg.....69
METROCREAM
 see *metronidazole cream 0.75%* ...86
 see *rosadan cre 0.75%*86
METROLOTION
 see *metronidazole lotion 0.75%*86
metronidazole cream 0.75%86
metronidazole gel 0.75%86
metronidazole lotion 0.75%86
metronidazole tab 250 mg.....30
metronidazole tab 500 mg.....30
metronidazole vaginal gel 0.75% ...123
mexiletine hcl cap 150 mg.....33
mexiletine hcl cap 200 mg.....33
mexiletine hcl cap 250 mg.....33
MIACALCIN
 see *calcitonin (salmon) nasal soln 200 unit/act*88
miconazole nitrate aerosol pow 2% ..82
miconazole nitrate cream 2%83
miconazole nitrate powder 2%83

miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit123
miconazole nitrate vaginal cream 2%123
miconazole nitrate vaginal cream 4% (200 mg/5gm)123
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit123
miconazole nitrate vaginal suppos 100 mg123
MICRHOGAM PL INJ 50MCG114
microgestin tab 1.5/3076
microgestin tab 1/2076
microgestin tab fe 1/20.....76
microgestin tab fe1.5/3076
midodrine hcl tab 10 mg123
midodrine hcl tab 2.5 mg123
midodrine hcl tab 5 mg123
mili tab 0.25/3576
milk of magn sus 2400mg96
mineral oil96
mineral oil enema96
minerin cre.....85
MINIPRESS
 see *prazosin hcl cap 1 mg*52
 see *prazosin hcl cap 2 mg*52
 see *prazosin hcl cap 5 mg*52
MINOCIN
 see *minocycline hcl cap 100 mg* ..118
minocycline hcl cap 100 mg.....118
minocycline hcl cap 50 mg118
minoxidil tab 10 mg.....54
minoxidil tab 2.5 mg.....54
MIRASORB MIS 298
MIRCETTE
 see *azurette tab*74
 see *azurette tab 28 day*74
 see *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)*.....74
 see *kariva tab 28 day*75
 see *pimtrea tab*.....76
 see *simliya tab 28 day*77
 see *viorele tab*77
 see *volnea tab*77
MIRENA IUD SYSTEM.....78
mirtazapine tab 15 mg.....40
mirtazapine tab 30 mg.....40

mirtazapine tab 45 mg40
misoprostol tab 100 mcg 121
misoprostol tab 200 mcg 121
MOBIC
 see *meloxicam tab 15 mg*25
 see *meloxicam tab 7.5 mg*25
modafinil tab 100 mg23
modafinil tab 200 mg23
MODERNA VAC INJ COVID-19 122
mometasone furoate cream 0.1%84
mometasone furoate oint 0.1%84
mometasone furoate solution 0.1%
 (*lotion*)85
mono-lynyah tab 0.25-3576
montelukast sodium chew tab 4 mg
 (*base equiv*)34
montelukast sodium chew tab 5 mg
 (*base equiv*)34
montelukast sodium tab 10 mg (base
 equiv)34
morphine sulfate oral soln 10 mg/5ml
 27
morphine sulfate oral soln 100 mg/5ml
 (*20 mg/ml*)27
morphine sulfate oral soln 20 mg/5ml
 27
morphine sulfate tab 15 mg27
morphine sulfate tab 30 mg27
morphine sulfate tab er 100 mg27
morphine sulfate tab er 15 mg27
morphine sulfate tab er 30 mg27
morphine sulfate tab er 60 mg27
moxifloxacin hcl ophth soln 0.5% (base
 equiv) 112
moxifloxacin hcl tab 400 mg (base
 equiv)90
MS CONTIN
 see *morphine sulfate tab er 100 mg*
 27
 see *morphine sulfate tab er 15 mg* 27
 see *morphine sulfate tab er 30 mg* 27
 see *morphine sulfate tab er 60 mg* 27
MUCOSAL ATOM MIS DEVICE 101
multi vit/fl dro 0.5mg/ml 109
multiple vitamin tab 109
multiple vitamins w/ iron tab 108
multiple vitamins w/ minerals cap ..108

multiple vitamins w/ minerals cap- rx
 108
multiple vitamins w/ minerals tab... 109
multiple vitamins w/ minerals tab- rx
 109
multi-vit/fe dro /fl 0.25 109
multivit/fl dro 0.25mg 109
mupirocin oint 2%82
MYAMBUTOL
 see *ethambutol hcl tab 400 mg*54
mycophenolate mofetil cap 250 mg 107
mycophenolate mofetil tab 500 mg.107
MYLAB BOX KIT COVID-19 86
MYSOLINE
 see *primidone tab 250 mg*38
 see *primidone tab 50 mg*38
N
nabumetone tab 500 mg25
nabumetone tab 750 mg25
nadolol tab 20 mg69
nadolol tab 40 mg69
nadolol tab 80 mg69
naloxone hcl inj 0.4 mg/ml47
naloxone hcl soln prefilled syringe 2
 mg/2ml47
naltrexone hcl tab 50 mg47
NAMENDA TITRATION PAK
 see *memantine hcl tab 28 x 5 mg &*
 21 x 10 mg titration pack 116
NAPROSYN
 see *naproxen susp 125 mg/5ml*25
 see *naproxen tab 500 mg*25
naproxen dr tab 375mg25
naproxen dr tab 500mg25
naproxen sodium tab 220 mg25
naproxen susp 125 mg/5ml25
naproxen tab 250 mg25
naproxen tab 375 mg25
naproxen tab 500 mg25
naratriptan hcl tab 1 mg (base equiv)
 104
naratriptan hcl tab 2.5 mg (base equiv)
 105
NARCAN SPR47
NARDIL
 see *phenelzine sulfate tab 15 mg* ..40
NATALVIT TAB 75-1MG 109

<i>nateglinide tab 120 mg</i>	46	<i>nevirapine sus 50mg/5ml</i>	66
<i>nateglinide tab 60 mg</i>	46	<i>nevirapine tab 200 mg</i>	66
NEBULIZER.....	104	<i>nevirapine tab er 24hr 100 mg</i>	66
NEBULIZER- RX	104	<i>nevirapine tab er 24hr 400 mg</i>	66
<i>necon tab 0.5/35</i>	76	NEW IMAGE WAF 1-3/4.....	99
NEEDLE (DISP) 18 X 1-1/2	103	NEW IMAGE WAF 2-1/4.....	99
NEODOT INFRA MIS THERMOME	101	NEXAVAR TAB 200MG	56
<i>neomycin sulfate tab 500 mg</i>	23	NEXLETOL TAB 180MG.....	49
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	112	NEXLIZET TAB 180/10MG.....	50
<i>neomycin-bacitracin-polymyxin oint</i> ..	82	<i>niacin cap er 250 mg</i>	124
<i>neomycin-bacitracin-polymyxin-</i> <i>pramoxine oint 1%</i>	82	<i>niacin tab 500 mg</i>	124
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i>	112	<i>niacin tab er 750 mg</i>	124
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	113	<i>niacinamide tab 500 mg</i>	124
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	113	<i>nicotine polacrilex gum 2 mg</i>	117
<i>neomycin-polymyxin-hc otic soln 1%</i>	114	<i>nicotine polacrilex gum 4 mg</i>	117
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	114	<i>nicotine polacrilex lozenge 2 mg</i>	117
<i>neo-polycin oin hc 1%op</i>	113	<i>nicotine polacrilex lozenge 4 mg</i>	117
<i>neo-polycin oin op</i>	112	<i>nicotine td patch 24hr 14 mg/24hr</i> .	117
NEORAL		<i>nicotine td patch 24hr 21 mg/24hr</i> .	117
see <i>cyclosporine modified cap 100</i> <i>mg</i>	107	<i>nicotine td patch 24hr 7 mg/24hr</i> ...	117
see <i>cyclosporine modified cap 25 mg</i>	107	NICOTROL INH	117
see <i>cyclosporine modified oral soln</i> <i>100 mg/ml</i>	107	NICOTROL NS SPR 10MG/ML	117
see <i>gengraf cap 100mg</i>	107	<i>nifedipine cap 10 mg</i>	71
see <i>gengraf cap 25mg</i>	107	<i>nifedipine cap 20 mg</i>	71
see <i>gengraf sol 100mg/ml</i>	107	<i>nifedipine tab er 24hr 30 mg</i>	71
NEORAL CAP 100MG	107	<i>nifedipine tab er 24hr 60 mg</i>	71
NEORAL CAP 25MG.....	107	<i>nifedipine tab er 24hr 90 mg</i>	71
NEORAL SOL 100MG/ML.....	107	<i>nifedipine tab er 24hr osmotic release</i> <i>30 mg</i>	71
NEURONTIN		<i>nifedipine tab er 24hr osmotic release</i> <i>60 mg</i>	71
see <i>gabapentin cap 100 mg</i>	37	<i>nifedipine tab er 24hr osmotic release</i> <i>90 mg</i>	71
see <i>gabapentin cap 300 mg</i>	37	<i>nikki tab 3-0.02mg</i>	76
see <i>gabapentin cap 400 mg</i>	37	<i>nitrofurantoin macrocrystalline cap 100</i> <i>mg</i>	31
see <i>gabapentin oral soln 250 mg/5ml</i>	37	<i>nitrofurantoin macrocrystalline cap 50</i> <i>mg</i>	31
see <i>gabapentin tab 600 mg</i>	37	<i>nitrofurantoin monohydrate</i> <i>macrocrystalline cap 100 mg</i>	31
see <i>gabapentin tab 800 mg</i>	38	<i>nitrofurantoin susp 25 mg/5ml</i>	31
		<i>nitroglycerin sl tab 0.3 mg</i>	31
		<i>nitroglycerin sl tab 0.4 mg</i>	31
		<i>nitroglycerin sl tab 0.6 mg</i>	31
		<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	31

<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	76
.....31	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	76
.....32	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	42
.....32	
NITROSTAT	
see <i>nitroglycerin sl tab 0.3 mg</i>	42
see <i>nitroglycerin sl tab 0.4 mg</i>	42
see <i>nitroglycerin sl tab 0.6 mg</i>	42
<i>nizatidine cap 150 mg</i>	43
<i>nizatidine oral soln 15 mg/ml</i>	43
NON-ADHERENT PAD 3	43
NON-STCK PAD PAD 3	43
NON-STICK PAD 3	43
<i>nora-be tab 0.35mg</i>	43
<i>norethindrone ace & ethinyl estradiol</i>	
<i>tab 1 mg-20 mcg</i>	43
<i>norethindrone ace & ethinyl estradiol</i>	
<i>tab 1.5 mg-30 mcg</i>	43
<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>tab 1 mg-20 mcg</i>	43
<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>tab 1.5 mg-30 mcg</i>	43
<i>norethindrone acetate tab 5 mg</i>	115
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 0.5 mg-2.5 mcg</i>	90
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 1 mg-5 mcg</i>	90
<i>norethindrone tab 0.35 mg</i>	78
<i>norgestimate & ethinyl estradiol tab</i>	
<i>0.25 mg-35 mcg</i>	76
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>25/0.215-25/0.25-25 mg-mcg</i>	76
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>35/0.215-35/0.25-35 mg-mcg</i>	76
<i>norlyda tab 0.35mg</i>	78
<i>norlyroc tab 0.35mg</i>	78
NORPACE	
see <i>disopyramide phosphate cap 100</i>	
<i>mg</i>	33
see <i>disopyramide phosphate cap 150</i>	
<i>mg</i>	33
NORPRAMIN	
see <i>desipramine hcl tab 10 mg</i>	42
see <i>desipramine hcl tab 25 mg</i>	42
<i>nortrel tab 0.5/35</i>	76
<i>nortrel tab 1/35</i>	76
<i>nortrel tab 7/7/7</i>	76
<i>nortriptyline hcl cap 10 mg</i>	42
<i>nortriptyline hcl cap 25 mg</i>	42
<i>nortriptyline hcl cap 50 mg</i>	42
<i>nortriptyline hcl cap 75 mg</i>	43
NORVASC	
see <i>amlodipine besylate tab 10 mg</i>	
<i>(base equivalent)</i>	70
see <i>amlodipine besylate tab 2.5 mg</i>	
<i>(base equivalent)</i>	70
see <i>amlodipine besylate tab 5 mg</i>	
<i>(base equivalent)</i>	70
NORVIR	
see <i>ritonavir tab 100 mg</i>	66
NORVIR SOL 80MG/ML	66
NOVOLIN INJ 70/30	45
NOVOLIN INJ 70/30 FP	45
NOVOLIN N INJ 100 UNIT	46
NOVOLIN N INJ U-100	46
NOVOLIN R INJ U-100	46
NOVOLOG INJ FLEXPEN	46
NOVOLOG MIX INJ 70/30	46
NOVOLOG MIX INJ FLEX REL	46
NOVOLOG MIX INJ FLEXPEN	46
NOVOLOG RELI INJ 70/30	46
<i>np thyroid tab 120mg</i>	119
<i>np thyroid tab 15mg</i>	119
<i>np thyroid tab 30mg</i>	119
<i>np thyroid tab 60mg</i>	119
<i>np thyroid tab 90mg</i>	119
<i>nu-iron 150 cap 150mg</i>	94
NUVARING	
see <i>eluryng mis</i>	78
see <i>etonogestrel-ethinyl estradiol va</i>	
<i>ring 0.120-0.015 mg/24hr</i>	78
NUVIGIL	
see <i>armodafinil tab 150 mg</i>	22
see <i>armodafinil tab 200 mg</i>	22
see <i>armodafinil tab 250 mg</i>	22
see <i>armodafinil tab 50 mg</i>	22
NUWIQ KIT 1000UNIT	92
NUWIQ KIT 250UNIT	92
NUWIQ KIT 500UNIT	92
<i>nylia tab 7/7/7</i>	76
<i>nymyo tab 0.25-35</i>	76
<i>nystatin cream 100000 unit/gm</i>	83

<i>nystatin oint 100000 unit/gm</i>	83	<i>see clobazam tab 20 mg</i>	37
<i>nystatin susp 100000 unit/ml</i>	108	OPSUMIT TAB 10MG	72
<i>nystatin tab 500000 unit</i>	48	<i>oral electrolyte solution</i>	106
<i>nystatin topical powder 100000</i>		ORAL TEMP MIS DIGITAL	101
<i>unit/gm</i>	83	<i>oralone dent pst 0.1%</i>	108
O		ORKAMBI GRA 150-188	118
<i>ocella tab 3-0.03mg</i>	76	ORKAMBI TAB 100-125.....	118
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		ORKAMBI TAB 200-125.....	118
<i>mg/ml)</i>	89	<i>orphenadrine citrate tab er 12hr 100</i>	
OCUFLOX		<i>mg</i>	110
<i>see ofloxacin ophth soln 0.3%</i>	112	<i>orsythia tab</i>	76
ODEFSEY TAB	66	ORTHO TRI-CYCLEN LO	
<i>ofloxacin ophth soln 0.3%</i>	112	<i>see norgestimate-eth estrad tab</i>	
<i>ofloxacin otic soln 0.3%</i>	113	<i>0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<i>olanzapine tab 10 mg</i>	62	.....	76
<i>olanzapine tab 15 mg</i>	62	<i>see tri-lo tab estaryll</i>	77
<i>olanzapine tab 2.5 mg</i>	62	<i>see tri-lo- tab marzia</i>	77
<i>olanzapine tab 20 mg</i>	62	<i>see tri-lo- tab sprintec</i>	77
<i>olanzapine tab 5 mg</i>	62	<i>see tri-lo-mili tab</i>	77
<i>olanzapine tab 7.5 mg</i>	62	<i>see tri-vylibra tab lo</i>	77
<i>olopatadine dro 0.1% op</i>	113	<i>oscimin tab 0.125mg</i>	120
<i>olopatadine hcl ophth soln 0.1% (base</i>		<i>oseltamivir phosphate cap 30 mg (base</i>	
<i>equivalent)</i>	113	<i>equiv)</i>	68
<i>olopatadine hcl ophth soln 0.2% (base</i>		<i>oseltamivir phosphate cap 45 mg (base</i>	
<i>equivalent)</i>	113	<i>equiv)</i>	68
<i>omeprazole cap delayed release 10 mg</i>		<i>oseltamivir phosphate cap 75 mg (base</i>	
.....	121	<i>equiv)</i>	68
<i>omeprazole cap delayed release 20 mg</i>		<i>oseltamivir phosphate for susp 6</i>	
.....	121	<i>mg/ml (base equiv)</i>	68
<i>omeprazole cap delayed release 40 mg</i>		OSTOMY BELT MIS LARGE	99
.....	121	OSTOMY BELT MIS MEDIUM	99
<i>omeprazole delayed release tab 20 mg</i>		OSTOMY SUPPLIES - POWDER	99
.....	121	OTEZLA TAB 10/20/30	25
<i>omeprazole magnesium cap dr 20.6 mg</i>		OTEZLA TAB 30MG	25
<i>(20 mg base equiv)</i>	121	<i>oxaprozin tab 600 mg</i>	25
<i>omeprazole magnesium delayed</i>		OXAYDO TAB 5MG	27
<i>release tab 20 mg (base equiv)</i> ...	121	<i>oxazepam cap 10 mg</i>	33
OMNITROPE INJ 5.8MG	89	<i>oxazepam cap 15 mg</i>	33
<i>ondansetron hcl oral soln 4 mg/5ml</i> ..	47	<i>oxazepam cap 30 mg</i>	33
<i>ondansetron hcl tab 4 mg</i>	47	<i>oxcarbazepine susp 300 mg/5ml (60</i>	
<i>ondansetron hcl tab 8 mg</i>	47	<i>mg/ml)</i>	38
<i>ondansetron orally disintegrating tab 4</i>		<i>oxcarbazepine tab 150 mg</i>	38
<i>mg</i>	47	<i>oxcarbazepine tab 300 mg</i>	38
<i>ondansetron orally disintegrating tab 8</i>		<i>oxcarbazepine tab 600 mg</i>	38
<i>mg</i>	47	<i>oxybutynin chloride syrup 5 mg/5ml</i>	
ONFI		.....	121
<i>see clobazam tab 10 mg</i>	37	<i>oxybutynin chloride tab 5 mg</i>	121

<i>oxybutynin chloride tab er 24hr 10 mg</i>	<i>paroxetine hcl tab 10 mg</i>	41
.....	<i>paroxetine hcl tab 20 mg</i>	41
<i>oxybutynin chloride tab er 24hr 15 mg</i>	<i>paroxetine hcl tab 30 mg</i>	41
.....	<i>paroxetine hcl tab 40 mg</i>	41
<i>oxybutynin chloride tab er 24hr 5 mg</i>	PATADAY SOL 0.1%	113
.....	PATADAY SOL 0.2%	113
<i>oxycodone hcl soln 5 mg/5ml</i>	PAXIL	
<i>oxycodone hcl tab 10 mg</i>	see <i>paroxetine hcl tab 10 mg</i>	41
<i>oxycodone hcl tab 15 mg</i>	see <i>paroxetine hcl tab 20 mg</i>	41
<i>oxycodone hcl tab 20 mg</i>	see <i>paroxetine hcl tab 30 mg</i>	41
<i>oxycodone hcl tab 30 mg</i>	see <i>paroxetine hcl tab 40 mg</i>	41
<i>oxycodone hcl tab 5 mg</i>	PEAK FLOW METER.....	104
<i>oxycodone w/ acetaminophen tab 10-</i>	PEAK FLOW METER- RX.....	104
<i>325 mg</i>	PEDIA-LAX LIQ 50MG	96
<i>oxycodone w/ acetaminophen tab 5-</i>	PEDIAPRED	
<i>325 mg</i>	see <i>prednisolone sod phosph oral</i>	
<i>oxycodone w/ acetaminophen tab 7.5-</i>	<i>soln 6.7 mg/5ml (5 mg/5ml base)</i>	
<i>325 mg</i> .....	.....	79
<i>oxymetazoline hcl nasal soln 0.05%</i>	<i>pediatric multiple vitamin w/ c & fa</i>	
<i>oys shell+d tab 250-125</i>	<i>chew tab</i>	109
<i>oyster shell calcium tab 500 mg</i>	<i>pediatric multiple vitamin w/ extra c &</i>	
OZEMPIC INJ 2/1.5ML.....	<i>fa chew tab</i>	109
OZEMPIC INJ 4MG/3ML	<i>pediatric multiple vitamin w/ minerals</i>	
P	& <i>c chew tab</i>	109
<i>pacerone tab 200mg</i>	<i>pediatric multiple vitamins w/ fl-fe</i>	
<i>paliperidone tab er 24hr 1.5 mg</i>	<i>drops 0.25-10 mg/ml</i>	109
<i>paliperidone tab er 24hr 3 mg</i>	<i>pediatric multiple vitamins w/ fluoride</i>	
<i>paliperidone tab er 24hr 6 mg</i>	<i>chew tab 0.25 mg</i>	109
<i>paliperidone tab er 24hr 9 mg</i>	<i>pediatric multiple vitamins w/ fluoride</i>	
PAMELOR	<i>chew tab 0.5 mg</i>	109
see <i>nortriptyline hcl cap 10 mg</i>	<i>pediatric multiple vitamins w/ fluoride</i>	
see <i>nortriptyline hcl cap 25 mg</i>	<i>chew tab 1 mg</i>	109
see <i>nortriptyline hcl cap 50 mg</i>	<i>pediatric multiple vitamins w/ fluoride</i>	
see <i>nortriptyline hcl cap 75 mg</i>	<i>soln 0.25 mg/ml</i>	109
<i>pantoprazole sodium ec tab 20 mg</i>	<i>pediatric multiple vitamins w/ fluoride</i>	
<i>(base equiv)</i>	<i>soln 0.5 mg/ml</i>	109
<i>pantoprazole sodium ec tab 40 mg</i>	<i>pediatric multiple vitamins w/ iron</i>	
<i>(base equiv)</i>	<i>chew tab 15 mg</i>	109
PARLODEL	<i>pediatric vitamins acd w/ fluoride soln</i>	
see <i>bromocriptine mesylate cap 5 mg</i>	<i>0.25 mg/ml</i>	109
<i>(base equivalent)</i>	<i>pediatric vitamins acd w/ fluoride soln</i>	
see <i>bromocriptine mesylate tab 2.5</i>	<i>0.5 mg/ml</i>	109
<i>mg (base equivalent)</i>	<i>peg 3350-kcl-na bicarb-nacl-na sulfat</i>	
PARNATE	<i>for soln 236 gm</i>	95
see <i>tranylcypromine sulfate tab 10</i>	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
<i>mg</i>	<i>420 gm</i>	96
<i>paromomycin sulfate cap 250 mg</i>		

PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM
 see *peg 3350-kcl-sod bicarb-nacl for soln 420 gm*96

PEGASYS INJ67

PEGASYS INJ 180MCG/M68

PEN NEEDLES MIS 29GX10MM 103

PEN NEEDLES MIS 29GX12.7 104

PEN NEEDLES MIS 29GX12MM 104

PEN NEEDLES MIS 31GX5MM 104

PEN NEEDLES MIS 31GX6MM 104

PEN NEEDLES MIS 31GX8MM 104

PEN NEEDLES MIS 32GX4MM 104

PEN NEEDLES MIS 32GX6MM 104

PEN NEEDLES MIS 32GX8MM 104

penicillamine tab 250 mg 106

penicillin v potassium for soln 125 mg/5ml 114

penicillin v potassium for soln 250 mg/5ml 114

penicillin v potassium tab 250 mg .. 114

penicillin v potassium tab 500 mg .. 114

pentoxifylline tab er 400 mg93

PEPCID
 see *famotidine tab 20 mg* 120

see *famotidine tab 40 mg* 120

PERCOCET
 see *endocet tab 10-325mg*28

see *endocet tab 5-325mg*28

see *endocet tab 7.5-325*28

see *oxycodone w/ acetaminophen tab 10-325 mg*29

see *oxycodone w/ acetaminophen tab 5-325 mg*28

see *oxycodone w/ acetaminophen tab 7.5-325 mg*29

permethrin aerosol 0.5%86

permethrin cream 5%86

permethrin lotion 1%86

perphenazine tab 16 mg63

perphenazine tab 2 mg63

perphenazine tab 4 mg63

perphenazine tab 8 mg63

PFIZER VACC INJ COVID-19 122

phenazopyridine hcl tab 100 mg91

phenazopyridine hcl tab 200 mg91

phenelzine sulfate tab 15 mg40

PHENERGAN

see *promethazine hcl inj 25 mg/ml* 49

see *promethazine hcl inj 50 mg/ml* 49

phenobarbital elixir 20 mg/5ml94

phenobarbital tab 100 mg95

phenobarbital tab 15 mg94

phenobarbital tab 16.2 mg94

phenobarbital tab 30 mg94

phenobarbital tab 32.4 mg94

phenobarbital tab 60 mg94

phenobarbital tab 64.8 mg95

phenobarbital tab 97.2 mg95

phenylephrine hcl tab 10 mg 111

PHENYTEK
 see *phenytoin sodium extended cap 200 mg*39

see *phenytoin sodium extended cap 300 mg*39

phenytoin chew tab 50 mg39

phenytoin sodium extended cap 100 mg39

phenytoin sodium extended cap 200 mg39

phenytoin sodium extended cap 300 mg39

phenytoin susp 125 mg/5ml39

philith tab 0.4-3576

PHOSLO
 see *calcium acetate (phosphate binder) cap 667 mg (169 mg ca)* 91

phytonadione tab 5 mg 124

PIFELTRO TAB 100MG66

pilocarpine hcl ophth soln 1% 112

pilocarpine hcl ophth soln 2% 112

pilocarpine hcl ophth soln 4% 112

pilocarpine hcl tab 5 mg 108

pilocarpine hcl tab 7.5 mg 108

pimecrolimus cream 1%85

pimtrea tab76

pioglitazone hcl tab 15 mg (base equiv)46

pioglitazone hcl tab 30 mg (base equiv)46

pioglitazone hcl tab 45 mg (base equiv)46

pirmella tab 1/3576

pirmella tab 7/7/776

<i>piroxicam cap 10 mg</i>	25	<i>potassium chloride tab er 20 meq</i> (1500 mg).....	106
<i>piroxicam cap 20 mg</i>	25	<i>potassium chloride tab er 8 meq (600</i> <i>mg)</i>	106
PIXEL COVID KIT HOME TES.....	86	<i>potassium citrate & citric acid soln</i> <i>1100-334 mg/5ml</i>	91
PLAQUENIL		<i>potassium citrate tab er 10 meq (1080</i> <i>mg)</i>	91
<i>see hydroxychloroquine sulfate tab</i> <i>200 mg</i>	54	<i>potassium citrate tab er 15 meq (1620</i> <i>mg)</i>	91
PLAVIX		<i>potassium citrate tab er 5 meq (540</i> <i>mg)</i>	91
<i>see clopidogrel bisulfate tab 75 mg</i> <i>(base equiv)</i>	93	<i>pramipexole dihydrochloride tab 0.125</i> <i>mg</i>	58
PNEUMOVAX 23 INJ 25/0.5.....	122	<i>pramipexole dihydrochloride tab 0.25</i> <i>mg</i>	58
<i>podofilox soln 0.5%</i>	85	<i>pramipexole dihydrochloride tab 0.5</i> <i>mg</i>	58
<i>polyethylene glycol 3350 oral powder</i>	96	<i>pramipexole dihydrochloride tab 0.75</i> <i>mg</i>	58
<i>polyethylene glycol-propylene glycol</i> <i>ophth soln 0.4-0.3%</i>	111	<i>pramipexole dihydrochloride tab 1 mg</i>	58
<i>polyethylene glycol-propylene glycol pf</i> <i>op soln 0.4-0.3%</i>	111	<i>pramipexole dihydrochloride tab 1.5</i> <i>mg</i>	58
<i>poly-iron cap 150 fort</i>	94	<i>pramox-pe-glycerin-petrolatum rectal</i> <i>cream 1-0.25-14.4-15%</i>	29
<i>poly-iron cap 150mg</i>	94	PRAVACHOL	
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	112	<i>see pravastatin sodium tab 40 mg</i> .50	
<i>polysaccharide iron complex cap 150</i> <i>mg (iron equivalent)</i>	94	<i>pravastatin sodium tab 10 mg</i>	50
POLYTRIM		<i>pravastatin sodium tab 20 mg</i>	50
<i>see polymyxin b-trimethoprim ophth</i> <i>soln 10000 unit/ml-0.1%</i>	112	<i>pravastatin sodium tab 40 mg</i>	50
<i>polyvinyl alcohol ophth soln 1.4%</i> ..	111	<i>pravastatin sodium tab 80 mg</i>	50
<i>polyvinyl alcohol-povidone ophth soln</i> <i>5-6 mg/ml (0.5-0.6%)</i>	111	<i>prazosin hcl cap 1 mg</i>	52
POLY-VI-SOL SOL 50MG/ML.....	109	<i>prazosin hcl cap 2 mg</i>	52
POLY-VI-SOL SOL IRON	109	<i>prazosin hcl cap 5 mg</i>	52
<i>portia-28 tab</i>	76	PRECOSE	
<i>pot phos monobasic w/sod phos di &</i> <i>monobas tab 155-852-130mg</i>	106	<i>see acarbose tab 100 mg</i>	43
<i>potassium bicarbonate effer tab 25</i> <i>meq</i>	106	<i>see acarbose tab 25 mg</i>	43
<i>potassium chloride cap er 10 meq</i> ..	106	<i>see acarbose tab 50 mg</i>	43
<i>potassium chloride cap er 8 meq</i>	106	PRED FORTE	
<i>potassium chloride microencapsulated</i> <i>crys er tab 10 meq</i>	106	<i>see prednisolone acetate ophth susp</i> <i>1%</i>	113
<i>potassium chloride microencapsulated</i> <i>crys er tab 20 meq</i>	106	<i>prednisolone acetate ophth susp 1%</i>	113
<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	106	<i>prednisolone sod phosph oral soln 6.7</i> <i>mg/5ml (5 mg/5ml base)</i>	79
<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	106		
<i>potassium chloride tab er 10 meq</i> ...	106		

<i>prednisolone sod phosphate oral soln</i>	
15 mg/5ml (base equiv)	79
<i>prednisolone syrup 15 mg/5ml (usp</i>	
<i>solution equivalent)</i>	79
<i>prednisone oral soln 5 mg/5ml</i>	79
<i>prednisone tab 1 mg</i>	79
<i>prednisone tab 10 mg</i>	79
<i>prednisone tab 2.5 mg</i>	79
<i>prednisone tab 20 mg</i>	79
<i>prednisone tab 5 mg</i>	79
<i>prednisone tab 50 mg</i>	79
<i>prednisone tab therapy pack 10 mg</i>	
(21).....	79
<i>prednisone tab therapy pack 10 mg</i>	
(48).....	79
<i>prednisone tab therapy pack 5 mg (21)</i>	
.....	79
<i>prednisone tab therapy pack 5 mg (48)</i>	
.....	79
<i>pregabalin cap 100 mg</i>	38
<i>pregabalin cap 150 mg</i>	38
<i>pregabalin cap 200 mg</i>	38
<i>pregabalin cap 225 mg</i>	38
<i>pregabalin cap 25 mg</i>	38
<i>pregabalin cap 300 mg</i>	38
<i>pregabalin cap 50 mg</i>	38
<i>pregabalin cap 75 mg</i>	38
PRENATAL 19 TAB	109
<i>prenatal vit w/ dss-iron carbonyl-fa tab</i>	
90-1 mg- rx.....	109
<i>prenatal vit w/ fe fumarate-fa chew tab</i>	
29-1 mg- rx.....	110
PRENATAL VIT W/ FE FUMARATE-FA	
TAB 27-0.8 MG.....	110
PRENATAL VIT W/ FE FUMARATE-FA	
TAB 27-1 MG- RX	110
PRENATAL VIT W/ FE FUMARATE-FA	
TAB 28-0.8 MG.....	110
<i>prenatal vit w/ iron carbonyl-fa tab 29-</i>	
<i>1 mg</i>	110
PRENATAL W/FE FUM-FA TAB 28-0.8	
MG & DHA CAP 200 MG PACK.....	110
PRENATVITE TAB RX.....	110
<i>prevalite pow 4gm</i>	50
<i>previfem tab</i>	77
PREVNAR 13 INJ	122
PREVNAR 20 INJ	122
PREZCOBIX TAB 800-150.....	66
PREZISTA SUS 100MG/ML.....	66
PREZISTA TAB 150MG	66
PREZISTA TAB 600MG	66
PREZISTA TAB 75MG	66
PREZISTA TAB 800MG	66
PRIFTIN TAB 150MG.....	54
<i>primidone tab 250 mg</i>	38
<i>primidone tab 50 mg</i>	38
PRO COMFORT MIS TEMPA CH	101
PROAIR HFA	
see <i>albuterol sulfate inhal aero</i>	108
<i>mcg/act (90mcg base equiv)</i>	34
<i>probenecid tab 500 mg</i>	92
PROCARDIA XL	
see <i>nifedipine tab er 24hr osmotic</i>	
<i>release 30 mg</i>	71
see <i>nifedipine tab er 24hr osmotic</i>	
<i>release 60 mg</i>	71
see <i>nifedipine tab er 24hr osmotic</i>	
<i>release 90 mg</i>	71
<i>prochlorperazine maleate tab 10 mg</i>	
<i>(base equivalent)</i>	63
<i>prochlorperazine maleate tab 5 mg</i>	
<i>(base equivalent)</i>	63
<i>prochlorperazine suppos 25 mg</i>	63
<i>progesterone cap 100 mg</i>	115
<i>progesterone cap 200 mg</i>	115
PROGESTERONE POW MICRONIZ	73
PROGRAF	
see <i>tacrolimus cap 0.5 mg</i>	107
see <i>tacrolimus cap 1 mg</i>	107
see <i>tacrolimus cap 5 mg</i>	107
PROLASTIN-C INJ 1000MG	117
PROLIA SOL 60MG/ML	89
<i>prometh vc syp 6.25-5/5</i>	80
<i>promethazine & phenylephrine syrup</i>	
6.25-5 mg/5ml	80
<i>promethazine hcl inj 25 mg/ml</i>	49
<i>promethazine hcl inj 50 mg/ml</i>	49
<i>promethazine hcl suppos 12.5 mg</i> ...	49
<i>promethazine hcl suppos 25 mg</i>	49
<i>promethazine hcl syrup 6.25 mg/5ml</i>	49
<i>promethazine hcl tab 12.5 mg</i>	49
<i>promethazine hcl tab 25 mg</i>	49
<i>promethazine hcl tab 50 mg</i>	49
PROMETRIUM	

see progesterone cap 100 mg	115	<i>pseudoephedrine hcl tab 60 mg</i>	111
see progesterone cap 200 mg	115	<i>pseudoephedrine hcl tab er 12hr 120</i>	
<i>propafenone hcl tab 150 mg</i>	33	<i>mg</i>	111
<i>propafenone hcl tab 225 mg</i>	34	<i>pseudoephedrine-guaifenesin tab er</i>	
<i>propafenone hcl tab 300 mg</i>	34	<i>12hr 60-600 mg</i>	80
<i>propracaine hcl ophth soln 0.5% ..</i>	112	<i>psyllium cap 0.52 gm</i>	95
<i>propranolol hcl cap er 24hr 120 mg ..</i>	69	<i>psyllium powder 28.3%</i>	95
<i>propranolol hcl cap er 24hr 160 mg ..</i>	69	<i>psyllium powder 48.57%.....</i>	95
<i>propranolol hcl cap er 24hr 60 mg</i>	69	<i>psyllium powder 58.6%</i>	95
<i>propranolol hcl cap er 24hr 80 mg</i>	69	PULMICORT	
<i>propranolol hcl oral soln 20 mg/5ml..</i>	69	see <i>budesonide inhalation susp 0.25</i>	
<i>propranolol hcl oral soln 40 mg/5ml..</i>	69	<i>mg/2ml</i>	34
<i>propranolol hcl tab 10 mg</i>	69	see <i>budesonide inhalation susp 0.5</i>	
<i>propranolol hcl tab 20 mg</i>	69	<i>mg/2ml</i>	34
<i>propranolol hcl tab 40 mg</i>	69	PULMOZYME SOL 1MG/ML	118
<i>propranolol hcl tab 60 mg</i>	69	PURE COMFORT MIS TEMPA.....	101
<i>propranolol hcl tab 80 mg</i>	69	<i>pyrazinamide tab 500 mg.....</i>	54
<i>propylthiouracil tab 50 mg.....</i>	118	<i>pyreth-piperonyl butox sham-permeth</i>	
PROSCAR		<i>aero-nit remover gel kit</i>	86
see <i>finasteride tab 5 mg.....</i>	91	<i>pyrethrins-piperonyl butoxide liq 0.33-</i>	
PROTONIX		<i>4%</i>	86
see <i>pantoprazole sodium ec tab 20</i>		<i>pyrethrins-piperonyl butoxide shampoo</i>	
<i>mg (base equiv)</i>	121	<i>0.33-4%</i>	86
see <i>pantoprazole sodium ec tab 40</i>		<i>pyridostigmine bromide tab 60 mg ...</i>	54
<i>mg (base equiv)</i>	121	<i>pyridoxine hcl tab 100 mg.....</i>	124
PROTOPIC		<i>pyridoxine hcl tab 25 mg.....</i>	124
see <i>tacrolimus oint 0.03%</i>	85	<i>pyridoxine hcl tab 50 mg.....</i>	124
see <i>tacrolimus oint 0.1%.....</i>	85	Q	
<i>protriptyline hcl tab 10 mg</i>	43	<i>qc childrens chw complete.....</i>	109
<i>protriptyline hcl tab 5 mg</i>	43	<i>qc diclofena gel 1%</i>	82
PROVERA		<i>qc natural pow vegetabl.....</i>	95
see <i>medroxyprogesterone acetate</i>		QUESTRAN	
<i>tab 10 mg.....</i>	115	see <i>cholestyramine powder 4</i>	
see <i>medroxyprogesterone acetate</i>		<i>gm/dose.....</i>	50
<i>tab 2.5 mg.....</i>	115	QUESTRAN LIGHT	
see <i>medroxyprogesterone acetate</i>		see <i>cholestyramine light powder 4</i>	
<i>tab 5 mg</i>	115	<i>gm/dose.....</i>	50
PROVIGIL		see <i>prevalite pow 4gm</i>	50
see <i>modafinil tab 100 mg</i>	23	<i>quetiapine fumarate tab 100 mg</i>	62
see <i>modafinil tab 200 mg</i>	23	<i>quetiapine fumarate tab 200 mg</i>	62
PROZAC		<i>quetiapine fumarate tab 25 mg</i>	62
see <i>fluoxetine hcl cap 10 mg.....</i>	41	<i>quetiapine fumarate tab 300 mg</i>	62
see <i>fluoxetine hcl cap 20 mg.....</i>	41	<i>quetiapine fumarate tab 400 mg</i>	62
see <i>fluoxetine hcl cap 40 mg.....</i>	41	<i>quetiapine fumarate tab 50 mg</i>	62
<i>pseudoephed-bromphen-dm syrup 30-</i>		<i>quetiapine fumarate tab er 24hr 150</i>	
<i>2-10 mg/5ml</i>	80	<i>mg</i>	62
<i>pseudoephedrine hcl tab 30 mg</i>	111		

<i>quetiapine fumarate tab er 24hr 200 mg</i>	62	<i>see galantamine hydrobromide cap er 24hr 24 mg</i>	116
<i>quetiapine fumarate tab er 24hr 300 mg</i>	62	<i>see galantamine hydrobromide cap er 24hr 8 mg</i>	116
<i>quetiapine fumarate tab er 24hr 400 mg</i>	62	REBIF INJ 22/0.5	117
<i>quetiapine fumarate tab er 24hr 50 mg</i>	62	REBIF INJ 44/0.5	117
QUICK READ MIS THERMOME	101	REBIF REBIDO INJ 22/0.5	117
QUICK TEMP MIS INF THER	101	REBIF REBIDO INJ 44/0.5	117
QUICK TEMP MIS INFRARED	101	REBIF REBIDO INJ TITRATN	117
QUICKVUE KIT SARS ANT	86	REBIF TITRTN INJ PACK	117
<i>quinapril hcl tab 10 mg</i>	51	<i>reclipsen tab</i>	77
<i>quinapril hcl tab 20 mg</i>	51	RECOMBIVA HB INJ 10MCG/ML	122
<i>quinapril hcl tab 40 mg</i>	51	RECOMBIVA HB INJ 5MCG/0.5	122
<i>quinapril hcl tab 5 mg</i>	51	RECTAL THERMOMETERS	101
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	53	REGLAN	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	53	<i>see metoclopramide hcl tab 10 mg (base equivalent)</i>	91
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	54	<i>see metoclopramide hcl tab 5 mg (base equivalent)</i>	91
<i>quinidine sulfate tab 300 mg</i>	33	RELEASE PAD 4	98
QVAR REDIIHA AER 80MCG	34	RELENZA MIS DISKHALE	68
QVAR REDIIHAL AER 40MCG	34	RELION BASAL MIS THERMOM	101
R		RELION TRUE TES METRIX	87
RA ADHESIVE TAP 1	98	REMERON	
RA DIGITAL MIS THERMOME	101	<i>see mirtazapine tab 15 mg</i>	40
RA SOFT-TIP/ MIS FEVER AL	101	<i>see mirtazapine tab 30 mg</i>	40
RA STERILE PAD 2	98	REMODULIN INJ 10MG/ML	72
RA STERILE PAD 4	98	REMODULIN INJ 1MG/ML	72
<i>raloxifene hcl tab 60 mg</i>	89	REMODULIN INJ 2.5MG/ML	72
<i>ramipril cap 1.25 mg</i>	51	REMODULIN INJ 5MG/ML	72
<i>ramipril cap 10 mg</i>	51	RENVELA	
<i>ramipril cap 2.5 mg</i>	51	<i>see sevelamer carbonate tab 800 mg</i>	91
<i>ramipril cap 5 mg</i>	51	<i>repaglinide tab 0.5 mg</i>	46
RANEXA		<i>repaglinide tab 1 mg</i>	46
<i>see ranolazine tab er 12hr 1000 mg</i>	31	<i>repaglinide tab 2 mg</i>	46
<i>see ranolazine tab er 12hr 500 mg</i>	31	REPATHA INJ 140MG/ML	51
<i>ranolazine tab er 12hr 1000 mg</i>	31	REPATHA PUSH INJ 420/3.5	51
<i>ranolazine tab er 12hr 500 mg</i>	31	REPATHA SURE INJ 140MG/ML	51
RAPID RESPON KIT COVID-19	86	RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	104
RAZADYNE ER		RESPIRATORY THERAPY SUPPLIES - MISC (MASK)- RX	104
<i>see galantamine hydrobromide cap er 24hr 16 mg</i>	116	RESTORE CONT PAD 2	98
		RESTORIL	
		<i>see temazepam cap 15 mg</i>	95
		<i>see temazepam cap 30 mg</i>	95

RETACRIT INJ 10000UNT	93	RISPERDAL INJ 12.5MG	60
RETACRIT INJ 20000UNI	93	RISPERDAL INJ 25MG	60
RETACRIT INJ 2000UNIT	93	RISPERDAL INJ 37.5MG	60
RETACRIT INJ 3000UNIT	93	RISPERDAL INJ 50MG	60
RETACRIT INJ 40000UNT	93	<i>risperidone orally disintegrating tab</i>	
RETACRIT INJ 4000UNIT	93	0.25 mg	60
RETIN-A		<i>risperidone orally disintegrating tab 0.5</i>	
see <i>avita cre 0.025%</i>	81	mg	60
see <i>tretinoin cream 0.025%</i>	82	<i>risperidone orally disintegrating tab 1</i>	
see <i>tretinoin cream 0.05%</i>	81	mg	60
see <i>tretinoin cream 0.1%</i>	81	<i>risperidone orally disintegrating tab 2</i>	
see <i>tretinoin gel 0.01%</i>	82	mg	60
see <i>tretinoin gel 0.025%</i>	82	<i>risperidone orally disintegrating tab 3</i>	
RETROVIR		mg	60
see <i>zidovudine cap 100 mg</i>	67	<i>risperidone orally disintegrating tab 4</i>	
see <i>zidovudine syrup 10 mg/ml</i>	67	mg	60
RETROVIR INJ 10MG/ML	66	<i>risperidone soln 1 mg/ml</i>	60
REVATIO		<i>risperidone tab 0.25 mg</i>	60
see <i>sildenafil citrate tab 20 mg</i>	72	<i>risperidone tab 0.5 mg</i>	60
REVLIMID CAP 10MG	107	<i>risperidone tab 1 mg</i>	60
REVLIMID CAP 15MG	107	<i>risperidone tab 2 mg</i>	60
REVLIMID CAP 25MG	107	<i>risperidone tab 3 mg</i>	61
REVLIMID CAP 5MG	107	<i>risperidone tab 4 mg</i>	61
REYATAZ		RITALIN	
see <i>atazanavir sulfate cap 150 mg</i>		see <i>methylphenidate hcl tab 10 mg</i>	23
(<i>base equiv</i>)	65	see <i>methylphenidate hcl tab 20 mg</i>	23
see <i>atazanavir sulfate cap 200 mg</i>		see <i>methylphenidate hcl tab 5 mg</i>	22
(<i>base equiv</i>)	65	<i>ritonavir tab 100 mg</i>	66
see <i>atazanavir sulfate cap 300 mg</i>		<i>rivastigmine tartrate cap 1.5 mg (base</i>	
(<i>base equiv</i>)	65	<i>equivalent)</i>	116
REYATAZ POW 50MG	66	<i>rivastigmine tartrate cap 3 mg (base</i>	
RHOGAM PLUS INJ 300MCG	114	<i>equivalent)</i>	116
RHOPHYLAC INJ 1500/2ML	114	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
<i>ribavirin cap 200 mg</i>	68	<i>equivalent)</i>	116
<i>ribavirin tab 200 mg</i>	68	<i>rivastigmine tartrate cap 6 mg (base</i>	
<i>rifampin cap 150 mg</i>	54	<i>equivalent)</i>	116
<i>rifampin cap 300 mg</i>	54	<i>rivastigmine td patch 24hr 13.3</i>	
<i>rimantadine hydrochloride tab 100 mg</i>		<i>mg/24hr</i>	116
.....	68	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	
RISACAL-D TAB	105	.....	116
RISPERDAL		<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	
see <i>risperidone soln 1 mg/ml</i>	60	.....	116
see <i>risperidone tab 0.5 mg</i>	60	RIXUBIS INJ 1000UNIT	92
see <i>risperidone tab 1 mg</i>	60	RIXUBIS INJ 2000UNIT	92
see <i>risperidone tab 2 mg</i>	60	RIXUBIS INJ 250 UNIT	92
see <i>risperidone tab 3 mg</i>	61	RIXUBIS INJ 3000UNIT	93
see <i>risperidone tab 4 mg</i>	61	RIXUBIS INJ 500UNIT	92

rizatriptan benzoate oral disintegrating tab 10 mg (base eq) 105
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) 105
rizatriptan benzoate tab 10 mg (base equivalent) 105
rizatriptan benzoate tab 5 mg (base equivalent) 105
ROCALTROL
 see *calcitriol cap 0.25 mcg* 89
 see *calcitriol cap 0.5 mcg* 89
ropinirole hydrochloride tab 0.25 mg 58
ropinirole hydrochloride tab 0.5 mg ..58
ropinirole hydrochloride tab 1 mg58
ropinirole hydrochloride tab 2 mg58
ropinirole hydrochloride tab 3 mg58
ropinirole hydrochloride tab 4 mg58
ropinirole hydrochloride tab 5 mg58
rosadan cre 0.75% 86
rosadan gel 0.75% 86
rosuvastatin calcium tab 10 mg 50
rosuvastatin calcium tab 20 mg 50
rosuvastatin calcium tab 40 mg 50
rosuvastatin calcium tab 5 mg 50
roweepra tab 500mg 38
ROXICODONE
 see *oxycodone hcl tab 15 mg* 27
 see *oxycodone hcl tab 30 mg* 27
 see *oxycodone hcl tab 5 mg* 27
rufinamide susp 40 mg/ml 38
rufinamide tab 200 mg 38
rufinamide tab 400 mg 38
RUKOBIA TAB 600MG ER 66
RYBELSUS TAB 14MG 45
RYBELSUS TAB 3MG 45
RYBELSUS TAB 7MG 45
S
SABRIL
 see *vigabatrin powd pack 500 mg* ..39
 see *vigabatrin tab 500 mg* 39
 see *vigadrone pow 500mg* 39
SALAGEN
 see *pilocarpine hcl tab 5 mg* 108
 see *pilocarpine hcl tab 7.5 mg* 108
saline nasal spray 0.65% 110
salsalate tab 500 mg 26
salsalate tab 750 mg 26

SANDIMMUNE
 see *cyclosporine cap 100 mg* 107
 see *cyclosporine cap 25 mg* 107
SANDIMMUNE SOL 100MG/ML 107
SANDOSTATIN
 see *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* 89
SANDOSTATIN KIT LAR 10MG 89
SANDOSTATIN KIT LAR 20MG 89
SANDOSTATIN KIT LAR 30MG 90
SAPHRIS
 see *asenapine maleate sl tab 10 mg (base equiv)* 61
 see *asenapine maleate sl tab 5 mg (base equiv)* 61
scopolamine td patch 72hr 1 mg/3days 48
SEASONIQUE
 see *amethia tab* 74
 see *ashlyna tab* 74
 see *camrese tab* 74
 see *daysee tab* 74
 see *jaimiess tab* 75
 see *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* 75
 see *simpesse tab* 77
SEGLUROMET TAB 2.5-1000 44
SEGLUROMET TAB 2.5-500 44
SEGLUROMET TAB 7.5-1000 44
SEGLUROMET TAB 7.5-500 44
selegiline hcl cap 5 mg 59
selegiline hcl tab 5 mg 59
SELZENTRY SOL 20MG/ML 67
SELZENTRY TAB 150MG 67
SELZENTRY TAB 25MG 67
SELZENTRY TAB 300MG 67
SELZENTRY TAB 75MG 67
SEMGLEE INJ 100U/ML 46
SEMGLEE SOL 100U/ML 46
SE-NATAL 19 CHW 110
SE-NATAL 19 TAB 110
sennosides chew tab 15 mg 96
sennosides syrup 8.8 mg/5ml 96
sennosides tab 25 mg 96
sennosides tab 8.6 mg 96

<i>sennosides-docusate sodium tab 8.6-50 mg</i>	96	<i>see montelukast sodium chew tab 4 mg (base equiv)</i>	34
SEROQUEL		<i>see montelukast sodium chew tab 5 mg (base equiv)</i>	34
<i>see quetiapine fumarate tab 100 mg</i>	62	<i>see montelukast sodium tab 10 mg (base equiv)</i>	34
<i>see quetiapine fumarate tab 200 mg</i>	62	SKIN BARRIER WAF 2-1/4	99
<i>see quetiapine fumarate tab 25 mg</i>	62	SKIN BARRIER WAF 57MM.....	99
<i>see quetiapine fumarate tab 300 mg</i>	62	SKIN PREP MIS WIPES.....	99
<i>see quetiapine fumarate tab 400 mg</i>	62	SKYLA IUD 13.5MG	78
<i>see quetiapine fumarate tab 50 mg</i>	62	<i>sm animal sh chw complete</i>	109
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	41	SM DIGITAL MIS THERMOME	102
<i>sertraline hcl tab 100 mg</i>	41	SM GAUZE PAD 2	98
<i>sertraline hcl tab 25 mg</i>	41	SM GAUZE PAD 4	98
<i>sertraline hcl tab 50 mg</i>	41	SM STERILE PAD 2	98
SESAME OIL	73	SM TEMPLE MIS THERMOME	102
<i>setlakin tab</i>	77	<i>sod fluoride gel 1.1%</i>	108
<i>sevelamer carbonate tab 800 mg</i>	91	<i>sodium bicarbonate tab 325 mg</i>	30
<i>sf 5000 plus cre 1.1%</i>	108	<i>sodium bicarbonate tab 650 mg</i>	30
<i>sf gel 1.1%</i>	108	<i>sodium chloride hypertonic ophth oint 5%</i>	113
<i>sharobel tab 0.35mg</i>	78	<i>sodium chloride hypertonic ophth soln 5%</i>	113
SHINGRIX INJ 50/0.5ML.....	122	<i>sodium chloride irrigation soln 0.9%</i>	91
<i>sildenafil citrate tab 20 mg</i>	72	<i>sodium chloride soln nebu 0.9%</i>	80
SILVADENE		<i>sodium chloride soln nebu 3%</i>	80
<i>see silver sulfadiazine cream 1%</i>	83	<i>sodium chloride soln nebu 7%</i>	80
<i>see ssd cre 1%</i>	83	<i>sodium chloride tab 1 gm</i>	106
<i>silver sulfadiazine cream 1%</i>	83	<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	91
<i>simethicone cap 125 mg</i>	90	<i>sodium fluor cre 5000 pls</i>	108
<i>simethicone cap 180 mg</i>	90	<i>sodium fluor cre 5000 ppm</i>	108
<i>simethicone chew tab 125 mg</i>	90	<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	106
<i>simethicone chew tab 80 mg</i>	90	<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	106
<i>simethicone susp 40 mg/0.6ml</i>	90	<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	106
<i>simliya tab 28 day</i>	77	<i>sodium fluoride gel 1.1% (0.5% f)</i> .	108
<i>simpesse tab</i>	77	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	106
<i>simvastatin tab 10 mg</i>	50	<i>sodium phosphates - enema</i>	96
<i>simvastatin tab 20 mg</i>	50	<i>sodium polystyrene sulfonate powder</i>	107
<i>simvastatin tab 40 mg</i>	50	SOFIA 2 SARS KIT ANTIGEN.....	87
<i>simvastatin tab 5 mg</i>	50	SOFIA SARS KIT ANTIGEN.....	87
SINEMET		SOFIA2 FLU/ KIT SARS FIA.....	87
<i>see carbidopa & levodopa tab 10-100 mg</i>	58		
<i>see carbidopa & levodopa tab 25-100 mg</i>	58		
SINGULAIR			

SOFOS/VELPAT TAB 400-100.....	68	STERILE PADS PAD 2.....	98
<i>sorine tab 120mg</i>	69	STIMATE SOL 1.5MG/ML.....	89
<i>sorine tab 160mg</i>	69	STOMAHESIVE PST.....	99
<i>sorine tab 240mg</i>	69	STRATTERA	
<i>sorine tab 80mg</i>	69	see <i>atomoxetine hcl cap 10 mg (base</i>	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	69	<i>equiv)</i>	21
<i>sotalol hcl (afib/afl) tab 160 mg</i>	69	see <i>atomoxetine hcl cap 100 mg</i>	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	69	<i>(base equiv)</i>	21
<i>sotalol hcl tab 120 mg</i>	70	see <i>atomoxetine hcl cap 18 mg (base</i>	
<i>sotalol hcl tab 160 mg</i>	70	<i>equiv)</i>	21
<i>sotalol hcl tab 240 mg</i>	70	see <i>atomoxetine hcl cap 25 mg (base</i>	
<i>sotalol hcl tab 80 mg</i>	70	<i>equiv)</i>	21
SOVALDI TAB 400MG.....	68	see <i>atomoxetine hcl cap 40 mg (base</i>	
SPACER/AEROSOL-HOLDING		<i>equiv)</i>	21
CHAMBERS - DEVICE.....	104	see <i>atomoxetine hcl cap 60 mg (base</i>	
SPACER/AEROSOL-HOLDING		<i>equiv)</i>	21
CHAMBERS - DEVICE- RX.....	104	see <i>atomoxetine hcl cap 80 mg (base</i>	
<i>spinosad susp 0.9%</i>	86	<i>equiv)</i>	21
<i>spironolactone & hydrochlorothiazide</i>		STRIBILD TAB.....	67
<i>tab 25-25 mg</i>	87	STRIVERDI AER 2.5MCG.....	35
<i>spironolactone tab 100 mg</i>	88	STROMECTOL	
<i>spironolactone tab 25 mg</i>	88	see <i>ivermectin tab 3 mg</i>	30
<i>spironolactone tab 50 mg</i>	88	SUBLOCADE INJ 100/0.5.....	29
<i>sprintec 28 tab 28 day</i>	77	SUBLOCADE INJ 300/1.5.....	29
SPRYCEL TAB 100MG.....	57	SUBOXONE MIS 12-3MG.....	29
SPRYCEL TAB 140MG.....	57	SUBOXONE MIS 2-0.5MG.....	29
SPRYCEL TAB 20MG.....	56	SUBOXONE MIS 4-1MG.....	29
SPRYCEL TAB 50MG.....	56	SUBOXONE MIS 8-2MG.....	29
SPRYCEL TAB 70MG.....	56	<i>subvenite tab 100mg</i>	38
SPRYCEL TAB 80MG.....	57	<i>subvenite tab 150mg</i>	38
<i>sps sus 15gm/60</i>	108	<i>subvenite tab 200mg</i>	38
<i>sronyx tab</i>	77	<i>subvenite tab 25mg</i>	38
<i>ssd cre 1%</i>	83	<i>sucralfate susp 1 gm/10ml</i>	121
STALEVO 100		<i>sucralfate tab 1 gm</i>	121
see <i>carbidopa-levodopa-entacapone</i>		<i>sulfacetamide sodium lotion 10%</i>	
<i>tabs 25-100-200 mg</i>	58	(<i>acne</i>).....	81
STALEVO 150		<i>sulfacetamide sodium ophth soln 10%</i>	
see <i>carbidopa-levodopa-entacapone</i>		.....	112
<i>tabs 37.5-150-200 mg</i>	58	<i>sulfacetamide sodium-prednisolone</i>	
<i>stavudine cap 15 mg</i>	67	<i>ophth soln 10-0.23(0.25)%</i>	113
<i>stavudine cap 20 mg</i>	67	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>stavudine cap 30 mg</i>	67	<i>200-40 mg/5ml</i>	30
<i>stavudine cap 40 mg</i>	67	<i>sulfamethoxazole-trimethoprim tab</i>	
STEGLATRO TAB 15MG.....	46	<i>400-80 mg</i>	30
STEGLATRO TAB 5MG.....	46	<i>sulfamethoxazole-trimethoprim tab</i>	
STERILE GAUZ PAD 2.....	98	<i>800-160 mg</i>	30
STERILE PAD 2.....	98	<i>sulfasalazine tab 500 mg</i>	91

sulfasalazine tab delayed release 500 mg91
sulfatrim pd sus 200-40/530
sulindac tab 150 mg25
sulindac tab 200 mg25
sumatriptan succinate tab 100 mg..105
sumatriptan succinate tab 25 mg ...105
sumatriptan succinate tab 50 mg ..105
sunitinib malate cap 12.5 mg (base equivalent)57
sunitinib malate cap 25 mg (base equivalent)57
sunitinib malate cap 37.5 mg (base equivalent)57
sunitinib malate cap 50 mg (base equivalent)57
 SUR-FIT NATU WAF 499
 SUR-FIT NATU WAF 599
 SURGICAL SPN PAD 298
 SUSTIVA
 see *efavirenz cap 200 mg*65
 see *efavirenz cap 50 mg*.....65
 see *efavirenz tab 600 mg*65
 SUTENT
 see *sunitinib malate cap 12.5 mg (base equivalent)*.....57
 see *sunitinib malate cap 25 mg (base equivalent)*57
 see *sunitinib malate cap 37.5 mg (base equivalent)*.....57
 see *sunitinib malate cap 50 mg (base equivalent)*57
syeda tab 3-0.03mg77
 SYMDEKO TAB 100-150 118
 SYMDEKO TAB 50-75MG 118
 SYMFI
 see *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg*.....65
 SYMFI LO
 see *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg*.....65
 SYMJEPI INJ 0.15MG..... 123
 SYMJEPI INJ 0.3MG 123
 SYMTUZA TAB.....67
 SYNAGIS INJ 100MG/ML 114
 SYNAGIS INJ 50/0.5ML 114
 SYNAGIS INJ 50MG 114

SYNALAR
 see *fluocinolone acetonide cream 0.025%*84
 see *fluocinolone acetonide oint 0.025%*84
 SYNAREL SOL 2MG/ML.....89
 SYNTHROID TAB 100MCG 119
 SYNTHROID TAB 112MCG 119
 SYNTHROID TAB 125MCG 119
 SYNTHROID TAB 137MCG 119
 SYNTHROID TAB 150MCG 119
 SYNTHROID TAB 175MCG 119
 SYNTHROID TAB 200MCG 119
 SYNTHROID TAB 25MCG 119
 SYNTHROID TAB 300MCG 119
 SYNTHROID TAB 50MCG 119
 SYNTHROID TAB 75MCG 119
 SYNTHROID TAB 88MCG 119
 SYRINGE (DISPOSABLE) 3 ML..... 104
 SYRINGE (DISPOSABLE) 3 ML - RX.104
 SYRINGE/NEEDLE (DISP) 3 ML 22 X 1 104
 SYRINGE/NEEDLE (DISP) 3 ML 25 X 1 104

T
tacrolimus cap 0.5 mg 107
tacrolimus cap 1 mg 107
tacrolimus cap 5 mg 107
tacrolimus oint 0.03%85
tacrolimus oint 0.1%85
 TAGRISSO TAB 40MG55
 TAGRISSO TAB 80MG55
 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)*68
 see *oseltamivir phosphate for susp 6 mg/ml (base equiv)*68
tamoxifen citrate tab 10 mg (base equivalent)56
tamoxifen citrate tab 20 mg (base equivalent)56
tamsulosin hcl cap 0.4 mg91
 TARCEVA

see erlotinib hcl tab 100 mg (base equivalent)	55	see temozolomide cap 180 mg	55
see erlotinib hcl tab 150 mg (base equivalent)	55	see temozolomide cap 250 mg	55
see erlotinib hcl tab 25 mg (base equivalent)	55	temozolomide cap 100 mg	55
tarina fe tab 1/20	77	temozolomide cap 140 mg	55
tarina fe tab 1/20 eq	77	temozolomide cap 180 mg	55
taztia xt cap 120mg/24	71	temozolomide cap 20 mg	55
taztia xt cap 180mg/24	71	temozolomide cap 250 mg	55
taztia xt cap 240mg/24	71	temozolomide cap 5 mg	55
taztia xt cap 300mg er	71	TEMPLE THERM MIS DIGITAL	102
taztia xt cap 360mg/24	71	TEMPLE TOUCH MIS MINI	102
TDVAX INJ 2-2 LF	120	TENIVAC INJ 5-2LF	120
TECFIDERA		tenofovir disoproxil fumarate tab 300 mg	67
see dimethyl fumarate capsule delayed release 120 mg	117	TENORETIC 100	
see dimethyl fumarate capsule delayed release 240 mg	117	see atenolol & chlorthalidone tab 100-25 mg	53
TEGADERM CNT PAD 3	98	TENORETIC 50	
TEGADERM FM PAD 2	98	see atenolol & chlorthalidone tab 50-25 mg	53
TEGRETOL		TENORMIN	
see carbamazepine susp 100 mg/5ml	37	see atenolol tab 100 mg	69
see carbamazepine tab 200 mg	37	see atenolol tab 25 mg	68
see epitol tab 200mg	37	see atenolol tab 50 mg	69
TEGRETOL SUS 100/5ML	38	terazosin hcl cap 1 mg (base equivalent)	52
TEGRETOL TAB 200MG	38	terazosin hcl cap 10 mg (base equivalent)	52
TEGRETOL-XR		terazosin hcl cap 2 mg (base equivalent)	52
see carbamazepine tab er 12hr 100 mg	37	terazosin hcl cap 5 mg (base equivalent)	52
see carbamazepine tab er 12hr 200 mg	37	terbinafine hcl cream 1%	83
see carbamazepine tab er 12hr 400 mg	37	terbinafine hcl tab 250 mg	48
TEGRETOL-XR TAB 100MG	38	terbutaline sulfate tab 2.5 mg	35
TEGRETOL-XR TAB 200MG	38	terbutaline sulfate tab 5 mg	35
TEGRETOL-XR TAB 400MG	39	terconazole vaginal cream 0.4%	123
TELFA ADHESV PAD 3	98	terconazole vaginal cream 0.8%	123
TELFA NON-AD PAD 3	98	terconazole vaginal suppos 80 mg	123
TELFA NON-ST PAD 3	98	TESSALON PERLES	
temazepam cap 15 mg	95	see benzonatate cap 100 mg	79
temazepam cap 30 mg	95	testosterone cypionate im inj in oil 100 mg/ml	29
TEMIXYS TAB 300-300	67	testosterone cypionate im inj in oil 200 mg/ml	29
TEMODAR		testosterone enanthate im inj in oil 200 mg/ml	29
see temozolomide cap 100 mg	55	tetrabenazine tab 12.5 mg	116
see temozolomide cap 140 mg	55		

<i>tetrabenazine tab 25 mg</i>	116	<i>see diltiazem hcl extended release</i>	
THALOMID CAP 100MG	107	<i>beads cap er 24hr 180 mg</i>	70
<i>theophylline soln 80 mg/15ml</i>	35	<i>see diltiazem hcl extended release</i>	
<i>theophylline tab er 12hr 300 mg</i>	35	<i>beads cap er 24hr 240 mg</i>	70
<i>theophylline tab er 12hr 450 mg</i>	35	<i>see diltiazem hcl extended release</i>	
<i>theophylline tab er 24hr 400 mg</i>	35	<i>beads cap er 24hr 300 mg</i>	70
<i>theophylline tab er 24hr 600 mg</i>	35	<i>see diltiazem hcl extended release</i>	
THERAGAUZE PAD 2	98	<i>beads cap er 24hr 360 mg</i>	70
THERMOMETER MIS 2-PART.....	102	<i>see diltiazem hcl extended release</i>	
THERMOMETER MIS BODY/OBJ	102	<i>beads cap er 24hr 420 mg</i>	70
THERMOMETER MIS COMFORT	102	<i>see taztia xt cap 120mg/24</i>	71
THERMOMETER MIS DIGITAL	102	<i>see taztia xt cap 180mg/24</i>	71
THERMOMETER MIS EAR	102	<i>see taztia xt cap 240mg/24</i>	71
THERMOMETER MIS EAR/FORE	102	<i>see taztia xt cap 300mg er</i>	71
THERMOMETER MIS FLEX TIP	102	<i>see taztia xt cap 360mg/24</i>	71
THERMOMETER MIS FOREHEAD	102	<i>see tiadylt cap 120mg/24</i>	71
THERMOMETER MIS MULTITIP	102	<i>see tiadylt cap 180mg/24</i>	71
THERMOMETER MIS SPD READ	102	<i>see tiadylt cap 240mg/24</i>	71
THERMOMETER MIS TEMPLE	102	<i>see tiadylt cap 300mg/24</i>	71
THERMOMETER MIS UNDERARM.....	102	<i>see tiadylt cap 360mg/24</i>	71
THERMOSCAN MIS EAR	102	<i>see tiadylt cap 420mg/24</i>	71
THERMOSCAN MIS EAR THER	102	<i>timolol maleate ophth soln 0.25%</i> ..	111
THERMOSCAN MIS FOREHEAD	102	<i>timolol maleate ophth soln 0.5%</i>	111
<i>thiamine mononitrate tab 100 mg</i> ..	124	TIMOPTIC	
<i>thioridazine hcl tab 10 mg</i>	63	<i>see timolol maleate ophth soln</i>	
<i>thioridazine hcl tab 100 mg</i>	63	<i>0.25%</i>	111
<i>thioridazine hcl tab 25 mg</i>	63	<i>see timolol maleate ophth soln 0.5%</i>	
<i>thioridazine hcl tab 50 mg</i>	63	.....	111
<i>thiothixene cap 1 mg</i>	64	<i>tioconazole vaginal oint 6.5%</i>	123
<i>thiothixene cap 10 mg</i>	64	TIVICAY PD TAB 5MG	67
<i>thiothixene cap 2 mg</i>	64	TIVICAY TAB 10MG.....	67
<i>thiothixene cap 5 mg</i>	64	TIVICAY TAB 25MG.....	67
THYROGEN INJ 0.9MG.....	86	TIVICAY TAB 50MG.....	67
<i>tiadylt cap 120mg/24</i>	71	<i>tizanidine hcl tab 2 mg (base</i>	
<i>tiadylt cap 180mg/24</i>	71	<i>equivalent)</i>	110
<i>tiadylt cap 240mg/24</i>	71	<i>tizanidine hcl tab 4 mg (base</i>	
<i>tiadylt cap 300mg/24</i>	71	<i>equivalent)</i>	110
<i>tiadylt cap 360mg/24</i>	71	TOBRADEX	
<i>tiadylt cap 420mg/24</i>	71	<i>see tobramycin-dexamethasone</i>	
<i>tiagabine hcl tab 12 mg</i>	39	<i>ophth susp 0.3-0.1%</i>	113
<i>tiagabine hcl tab 16 mg</i>	39	<i>tobramycin ophth soln 0.3%</i>	112
<i>tiagabine hcl tab 2 mg</i>	39	<i>tobramycin-dexamethasone ophth susp</i>	
<i>tiagabine hcl tab 4 mg</i>	39	<i>0.3-0.1%</i>	113
TIAZAC		TOBEX	
<i>see diltiazem hcl extended release</i>		<i>see tobramycin ophth soln 0.3%</i> .	112
<i>beads cap er 24hr 120 mg</i>	70	<i>tolnaftate aerosol pow 1%</i>	83
		<i>tolnaftate cream 1%</i>	83

<i>tolnaftate powder 1%</i>	83	<i>trazodone hcl tab 50 mg</i>	41
<i>tolnaftate soln 1%</i>	83	TRELEGY AER ELLIPTA	35
<i>tolterodine tartrate tab 1 mg</i>	122	<i>treprostinil inj soln 100 mg/20ml (5</i>	
<i>tolterodine tartrate tab 2 mg</i>	122	<i>mg/ml)</i>	72
TOPAMAX		<i>treprostinil inj soln 20 mg/20ml (1</i>	
<i>see topiramate tab 100 mg</i>	39	<i>mg/ml)</i>	72
<i>see topiramate tab 200 mg</i>	39	<i>treprostinil inj soln 200 mg/20ml (10</i>	
<i>see topiramate tab 25 mg</i>	39	<i>mg/ml)</i>	72
<i>see topiramate tab 50 mg</i>	39	<i>treprostinil inj soln 50 mg/20ml (2.5</i>	
TOPAMAX SPRINKLE		<i>mg/ml)</i>	72
<i>see topiramate sprinkle cap 15 mg</i> 39		<i>tretinoin cap 10 mg</i>	57
<i>see topiramate sprinkle cap 25 mg</i> 39		<i>tretinoin cream 0.025%</i>	82
<i>topiramate sprinkle cap 15 mg</i>	39	<i>tretinoin cream 0.05%</i>	81
<i>topiramate sprinkle cap 25 mg</i>	39	<i>tretinoin cream 0.1%</i>	81
<i>topiramate tab 100 mg</i>	39	<i>tretinoin gel 0.01%</i>	82
<i>topiramate tab 200 mg</i>	39	<i>tretinoin gel 0.025%</i>	82
<i>topiramate tab 25 mg</i>	39	<i>tri femynor tab</i>	77
<i>topiramate tab 50 mg</i>	39	TRIAMCINOLON POW ACETONID	85
TOPPER DRESS MIS	98	<i>triamcinolone acetonide cream 0.025%</i>	
TOPROL XL		.....	85
<i>see metoprolol succinate tab er 24hr</i>		<i>triamcinolone acetonide cream 0.1%</i> 85	
<i>100 mg (tartrate equiv)</i>	69	<i>triamcinolone acetonide cream 0.5%</i> 85	
<i>see metoprolol succinate tab er 24hr</i>		<i>triamcinolone acetonide dental paste</i>	
<i>200 mg (tartrate equiv)</i>	69	<i>0.1%</i>	108
<i>see metoprolol succinate tab er 24hr</i>		<i>triamcinolone acetonide lotion 0.025%</i>	
<i>25 mg (tartrate equiv)</i>	69	.....	85
<i>see metoprolol succinate tab er 24hr</i>		<i>triamcinolone acetonide lotion 0.1%</i> .85	
<i>50 mg (tartrate equiv)</i>	69	<i>triamcinolone acetonide nasal aerosol</i>	
<i>torsemidate tab 10 mg</i>	88	<i>suspension 55 mcg/act</i>	111
<i>torsemidate tab 100 mg</i>	88	<i>triamcinolone acetonide oint 0.025%</i> 85	
<i>torsemidate tab 20 mg</i>	88	<i>triamcinolone acetonide oint 0.1%</i> ...85	
<i>torsemidate tab 5 mg</i>	88	<i>triamcinolone acetonide oint 0.5%</i> ...85	
TOUCH-FREE MIS THERM	102	<i>triamterene & hydrochlorothiazide cap</i>	
TRACLEER		<i>37.5-25 mg</i>	87
<i>see bosentan tab 125 mg</i>	72	<i>triamterene & hydrochlorothiazide tab</i>	
<i>see bosentan tab 62.5 mg</i>	72	<i>37.5-25 mg</i>	88
TRACLEER TAB 32MG	72	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tramadol hcl tab 50 mg</i>	28	<i>75-50 mg</i>	88
<i>trandolapril tab 1 mg</i>	51	<i>triazolam tab 0.125 mg</i>	95
<i>trandolapril tab 2 mg</i>	51	<i>triazolam tab 0.25 mg</i>	95
<i>trandolapril tab 4 mg</i>	51	<i>tricon cap</i>	94
TRANSDERM-SCOP		TRICOR	
<i>see scopolamine td patch 72hr 1</i>		<i>see fenofibrate tab 145 mg</i>	50
<i>mg/3days</i>	48	<i>see fenofibrate tab 48 mg</i>	50
<i>tranylcypromine sulfate tab 10 mg</i> ...40		<i>tri-estaryll tab</i>	77
<i>trazodone hcl tab 100 mg</i>	41	<i>trifluoperazine hcl tab 1 mg (base</i>	
<i>trazodone hcl tab 150 mg</i>	41	<i>equivalent)</i>	64

<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	64	<i>see emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	65
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	64	<i>see emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	65
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	64	<i>see emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	65
<i>trifluridine ophth soln 1%</i>	112	<i>see emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	65
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	57	TRUVADA TAB 200-300	67
<i>trihexyphenidyl hcl tab 2 mg</i>	57	<i>tulana tab 0.35mg</i>	78
<i>trihexyphenidyl hcl tab 5 mg</i>	57	TWINRIX INJ	122
TRIKAFTA TAB	118	TYBOST TAB 150MG	67
TRILEPTAL		TYKERB	
<i>see oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	38	<i>see lapatinib ditosylate tab 250 mg (base equiv)</i>	56
<i>see oxcarbazepine tab 150 mg</i>	38	TYMLOS INJ.....	89
<i>see oxcarbazepine tab 300 mg</i>	38	U	
<i>see oxcarbazepine tab 600 mg</i>	38	ULTRAM	
<i>tri-lynh tab</i>	77	<i>see tramadol hcl tab 50 mg</i>	28
<i>tri-lo tab estaryl</i>	77	UNIFIBER POW	95
<i>tri-lo- tab marzia</i>	77	UPTRAVI TAB 1000MCG	72
<i>tri-lo- tab sprintec</i>	77	UPTRAVI TAB 1200MCG	72
<i>tri-lo-mili tab</i>	77	UPTRAVI TAB 1400MCG	72
<i>trimethoprim tab 100mg</i>	30	UPTRAVI TAB 1600MCG	72
<i>tri-mili tab</i>	77	UPTRAVI TAB 200MCG	72
TRINATAL RX TAB 1.....	110	UPTRAVI TAB 400MCG	72
<i>tri-nymyo tab</i>	77	UPTRAVI TAB 600MCG	72
<i>tri-previfem tab</i>	77	UPTRAVI TAB 800MCG	72
<i>tri-sprintec tab</i>	77	UROCIT-K 10	
TRIUMEQ TAB	67	<i>see potassium citrate tab er 10 meq (1080 mg)</i>	91
TRI-VI-SOL SOL A/C/D.....	109	UROCIT-K 15	
<i>trivora-28 tab</i>	77	<i>see potassium citrate tab er 15 meq (1620 mg)</i>	91
<i>tri-vylibra tab</i>	77	UROCIT-K 5	
<i>tri-vylibra tab lo</i>	77	<i>see potassium citrate tab er 5 meq (540 mg)</i>	91
TRIZIVIR		UROST POUCH MIS 1-3/4.....	99
<i>see abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	65	UROST POUCH MIS 22MM	100
<i>tropium chloride tab 20 mg</i>	122	UROST POUCH MIS 3/4.....	99
TRUE METRIX TES GLUCOSE.....	87	UROXATRAL	
TRULICITY INJ 0.75/0.5	45	<i>see alfuzosin hcl tab er 24hr 10 mg</i>	91
TRULICITY INJ 1.5/0.5	45	URSO 250	
TRULICITY INJ 3/0.5.....	45	<i>see ursodiol tab 250 mg</i>	90
TRULICITY INJ 4.5/0.5	45	URSO FORTE	
TRUSOPT		<i>see ursodiol tab 500 mg</i>	90
<i>see dorzolamide hcl ophth soln 2%</i>	113		
TRUVADA			

<i>ursodiol cap 300 mg</i>	90	VARENICLINE TAB 1MG.....	117
<i>ursodiol tab 250 mg</i>	90	VASERETIC	
<i>ursodiol tab 500 mg</i>	90	<i>see enalapril maleate &</i>	
V		<i>hydrochlorothiazide tab 10-25 mg</i>	
<i>valacyclovir hcl tab 1 gm</i>	68	.....	53
<i>valacyclovir hcl tab 500 mg</i>	68	VASOTEC	
VALCYTE		<i>see enalapril maleate tab 10 mg</i> ...	51
<i>see valganciclovir hcl for soln 50</i>		<i>see enalapril maleate tab 2.5 mg</i> ..	51
<i>mg/ml (base equiv)</i>	67	<i>see enalapril maleate tab 20 mg</i> ...	51
<i>see valganciclovir hcl tab 450 mg</i>		<i>see enalapril maleate tab 5 mg</i>	51
<i>(base equivalent)</i>	67	VAXNEUVANCE INJ	122
<i>valganciclovir hcl for soln 50 mg/ml</i>		<i>velivet pak</i>	77
<i>(base equiv)</i>	67	VELTASSA POW 16.8GM.....	108
<i>valganciclovir hcl tab 450 mg (base</i>		VELTASSA POW 25.2GM.....	108
<i>equivalent)</i>	67	VELTASSA POW 8.4GM	108
VALIUM		VEMLIDY TAB 25MG	68
<i>see diazepam tab 10 mg</i>	33	<i>venlafaxine hcl cap er 24hr 150 mg</i>	
<i>see diazepam tab 2 mg</i>	33	<i>(base equivalent)</i>	41
<i>see diazepam tab 5 mg</i>	33	<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	
<i>valproate sodium oral soln 250 mg/5ml</i>		<i>(base equivalent)</i>	41
<i>(base equiv)</i>	40	<i>venlafaxine hcl cap er 24hr 75 mg</i>	
<i>valproic acid cap 250 mg</i>	40	<i>(base equivalent)</i>	41
<i>valsartan tab 160 mg</i>	52	<i>venlafaxine hcl tab 100 mg (base</i>	
<i>valsartan tab 320 mg</i>	52	<i>equivalent)</i>	41
<i>valsartan tab 40 mg</i>	52	<i>venlafaxine hcl tab 25 mg (base</i>	
<i>valsartan tab 80 mg</i>	52	<i>equivalent)</i>	41
<i>valsartan-hydrochlorothiazide tab 160-</i>		<i>venlafaxine hcl tab 37.5 mg (base</i>	
<i>12.5 mg</i>	54	<i>equivalent)</i>	41
<i>valsartan-hydrochlorothiazide tab 160-</i>		<i>venlafaxine hcl tab 50 mg (base</i>	
<i>25 mg</i>	54	<i>equivalent)</i>	41
<i>valsartan-hydrochlorothiazide tab 320-</i>		<i>venlafaxine hcl tab 75 mg (base</i>	
<i>12.5 mg</i>	54	<i>equivalent)</i>	41
<i>valsartan-hydrochlorothiazide tab 320-</i>		<i>verapamil hcl tab 120 mg</i>	71
<i>25 mg</i>	54	<i>verapamil hcl tab 40 mg</i>	71
<i>valsartan-hydrochlorothiazide tab 80-</i>		<i>verapamil hcl tab 80 mg</i>	71
<i>12.5 mg</i>	54	<i>verapamil hcl tab er 120 mg</i>	71
VALTOCO SPR 10MG	37	<i>verapamil hcl tab er 180 mg</i>	71
VALTOCO SPR 15MG	37	<i>verapamil hcl tab er 240 mg</i>	71
VALTOCO SPR 20MG	37	<i>vestura tab 3-0.02mg</i>	77
VALTOCO SPR 5MG.....	37	<i>vienva tab 0.1-20</i>	77
VALTREX		<i>vigabatrin powd pack 500 mg</i>	39
<i>see valacyclovir hcl tab 1 gm</i>	68	<i>vigabatrin tab 500 mg</i>	39
<i>see valacyclovir hcl tab 500 mg</i>	68	<i>vigadrone pow 500mg</i>	39
<i>vandazole gel 0.75%</i>	123	VIGAMOX	
VAQTA INJ 25/0.5ML	123	<i>see moxifloxacin hcl ophth soln 0.5%</i>	
VAQTA INJ 50UNT/ML	123	<i>(base equiv)</i>	112
VARENICLINE TAB 0.5MG	117	VIMPAT SOL 10MG/ML	39

VIMPAT TAB 100MG.....	39	see <i>bupropion hcl tab er 12hr 100 mg</i>	40
VIMPAT TAB 150MG.....	39	see <i>bupropion hcl tab er 12hr 150 mg</i>	40
VIMPAT TAB 200MG.....	39	see <i>bupropion hcl tab er 12hr 200 mg</i>	40
VIMPAT TAB 50MG	39		
VINATE II TAB	110		
VINATE ONE TAB.....	110		
VIOKACE TAB 10440.....	87	WELLBUTRIN XL	
VIOKACE TAB 20880.....	87	see <i>bupropion hcl tab er 24hr 150 mg</i>	40
<i>viorele tab</i>	77	see <i>bupropion hcl tab er 24hr 300 mg</i>	40
VIRACEPT TAB 250MG	67	<i>wera tab 0.5/35</i>	77
VIRACEPT TAB 625MG	67	<i>wheat dextrin oral powder</i>	95
VIRAMUNE XR		<i>white petrolatum-mineral oil ophth ointment</i>	111
see <i>nevirapine tab er 24hr 400 mg</i>	66	<i>wixela inhub aer 100/50</i>	35
VIREAD		<i>wixela inhub aer 250/50</i>	35
see <i>tenofovir disoproxil fumarate tab 300 mg</i>	67	<i>wixela inhub aer 500/50</i>	35
VIREAD POW 40MG/GM	67	X	
VIREAD TAB 150MG.....	67	XALATAN	
VIREAD TAB 200MG.....	67	see <i>latanoprost ophth soln 0.005%</i>	113
VIREAD TAB 250MG.....	67		
VITAFOL-OB TAB 65-1MG.....	110	XANAX	
<i>vitamin b-2 tab 100mg</i>	124	see <i>alprazolam tab 0.25 mg</i>	32
VIVITROL INJ 380MG.....	47	see <i>alprazolam tab 0.5 mg</i>	32
<i>volnea tab</i>	77	see <i>alprazolam tab 1 mg</i>	32
VOSEVI TAB	68	see <i>alprazolam tab 2 mg</i>	32
VRAYLAR CAP 1.5-3MG	59	XELJANZ SOL 1MG/ML	24
VRAYLAR CAP 1.5MG	59	XELJANZ TAB 10MG.....	24
VRAYLAR CAP 3MG	59	XELJANZ TAB 5MG	24
VRAYLAR CAP 4.5MG	59	XELJANZ XR TAB 11MG.....	24
VRAYLAR CAP 6MG	59	XELJANZ XR TAB 22MG	24
<i>vyfemla tab 0.4-35</i>	77	XELODA	
<i>vylibra tab 0.25-35</i>	77	see <i>capecitabine tab 150 mg</i>	55
W		see <i>capecitabine tab 500 mg</i>	55
WALGREENS MIS DIG THER.....	102	XENAZINE	
WALGREENS MIS FLEX-TIP.....	102	see <i>tetrabenazine tab 12.5 mg</i>	116
<i>warfarin sodium tab 1 mg</i>	36	see <i>tetrabenazine tab 25 mg</i>	116
<i>warfarin sodium tab 10 mg</i>	36	XIIDRA DRO 5%	112
<i>warfarin sodium tab 2 mg</i>	36	XOLAIR INJ 150MG/ML	34
<i>warfarin sodium tab 2.5 mg</i>	36	XOLAIR INJ 75/0.5	34
<i>warfarin sodium tab 3 mg</i>	36	XOLAIR SOL 150MG	34
<i>warfarin sodium tab 4 mg</i>	36	XPERT XPRESS KIT COV-2.....	87
<i>warfarin sodium tab 5 mg</i>	36	<i>xulane dis 150-35</i>	77
<i>warfarin sodium tab 6 mg</i>	36	XYREM SOL 500MG/ML	116
<i>warfarin sodium tab 7.5 mg</i>	36	Y	
<i>water for irrigation, sterile irrigation soln</i>	107	YASMIN 28	
WELLBUTRIN SR			

see <i>drospirenone-ethinyl estradiol</i> <i>tab 3-0.03 mg</i>	74	see <i>lisinopril tab 5 mg</i>	51
see <i>ocella tab 3-0.03mg</i>	76	ZETIA	
see <i>syeda tab 3-0.03mg</i>	77	see <i>ezetimibe tab 10 mg</i>	51
see <i>zarah tab 3-0.03mg</i>	77	ZIAC	
see <i>zumandimine tab 3-0.03mg</i>	77	see <i>bisoprolol & hydrochlorothiazide</i> <i>tab 10-6.25 mg</i>	53
YAZ		see <i>bisoprolol & hydrochlorothiazide</i> <i>tab 2.5-6.25 mg</i>	53
see <i>drospirenone-ethinyl estradiol</i> <i>tab 3-0.02 mg</i>	74	see <i>bisoprolol & hydrochlorothiazide</i> <i>tab 5-6.25 mg</i>	53
see <i>jasmiel tab 3-0.02mg</i>	75	ZIAGEN	
see <i>loryna tab 3-0.02mg</i>	76	see <i>abacavir sulfate soln 20 mg/ml</i> <i>(base equiv)</i>	65
see <i>lo-zumandimi tab 3-0.02mg</i>	76	see <i>abacavir sulfate tab 300 mg</i> <i>(base equiv)</i>	65
see <i>nikki tab 3-0.02mg</i>	76	<i>zidovudine cap 100 mg</i>	67
see <i>vestura tab 3-0.02mg</i>	77	<i>zidovudine syrup 10 mg/ml</i>	67
Z		<i>zidovudine tab 300 mg</i>	67
<i>zafemy dis 150/35</i>	77	ZIEXTENZO INJ 6/0.6ML	93
ZANAFLEX		<i>zinc sulfate cap 220 mg (50 mg</i> <i>elemental zn)</i>	106
see <i>tizanidine hcl tab 4 mg (base</i> <i>equivalent)</i>	110	<i>ziprasidone hcl cap 20 mg</i>	59
<i>zarah tab 3-0.03mg</i>	77	<i>ziprasidone hcl cap 40 mg</i>	59
ZARONTIN		<i>ziprasidone hcl cap 60 mg</i>	59
see <i>ethosuximide cap 250 mg</i>	39	<i>ziprasidone hcl cap 80 mg</i>	59
see <i>ethosuximide soln 250 mg/5ml</i>	39	ZITHROMAX	
ZARXIO INJ 300/0.5	93	see <i>azithromycin for susp 100</i> <i>mg/5ml</i>	96
ZARXIO INJ 480/0.8	93	see <i>azithromycin for susp 200</i> <i>mg/5ml</i>	96
ZENPEP CAP 15000UNT	87	see <i>azithromycin tab 250 mg</i>	97
ZENPEP CAP 20000UNT	87	see <i>azithromycin tab 500 mg</i>	97
ZENPEP CAP 25000	87	ZOCOR	
ZENPEP CAP 3000UNIT	87	see <i>simvastatin tab 10 mg</i>	50
ZENPEP CAP 40000	87	see <i>simvastatin tab 20 mg</i>	50
ZENPEP CAP 5000UNIT	87	see <i>simvastatin tab 40 mg</i>	50
<i>zenzedi tab 10mg</i>	21	ZOFRAN	
<i>zenzedi tab 5mg</i>	21	see <i>ondansetron hcl tab 4 mg</i>	47
ZEPATIER TAB 50-100MG	68	ZOLOFT	
ZESTORETIC		see <i>sertraline hcl oral concentrate for</i> <i>solution 20 mg/ml</i>	41
see <i>lisinopril & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	53	see <i>sertraline hcl tab 100 mg</i>	41
see <i>lisinopril & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	53	see <i>sertraline hcl tab 25 mg</i>	41
see <i>lisinopril & hydrochlorothiazide</i> <i>tab 20-25 mg</i>	53	see <i>sertraline hcl tab 50 mg</i>	41
ZESTRIL		<i>zolpidem tartrate tab 10 mg</i>	95
see <i>lisinopril tab 10 mg</i>	51	<i>zolpidem tartrate tab 5 mg</i>	95
see <i>lisinopril tab 2.5 mg</i>	51	ZONEGRAN	
see <i>lisinopril tab 20 mg</i>	51		
see <i>lisinopril tab 30 mg</i>	51		
see <i>lisinopril tab 40 mg</i>	51		

see <i>zonisamide cap 100 mg</i>	39	see <i>olanzapine tab 10 mg</i>	62
see <i>zonisamide cap 25 mg</i>	39	see <i>olanzapine tab 15 mg</i>	62
<i>zonisamide cap 100 mg</i>	39	see <i>olanzapine tab 2.5 mg</i>	62
<i>zonisamide cap 25 mg</i>	39	see <i>olanzapine tab 20 mg</i>	62
<i>zonisamide cap 50 mg</i>	39	see <i>olanzapine tab 5 mg</i>	62
<i>zovia 1/35 tab</i>	77	see <i>olanzapine tab 7.5 mg</i>	62
<i>zovia 1/35e tab</i>	77	ZYPREXA RELP INJ 210MG.....	62
ZOVIRAX		ZYPREXA RELP INJ 300MG.....	62
see <i>acyclovir oint 5%</i>	83	ZYPREXA RELP INJ 405MG.....	62
see <i>acyclovir susp 200 mg/5ml</i>	68	ZYTIGA	
<i>zumandimine tab 3-0.03mg</i>	77	see <i>abiraterone acetate tab 250 mg</i>	
ZYLOPRIM		.....	55
see <i>allopurinol tab 100 mg</i>	92	ZYVOX	
see <i>allopurinol tab 300 mg</i>	92	see <i>linezolid for susp 100 mg/5ml</i> .	31
ZYPREXA		see <i>linezolid tab 600 mg</i>	31