

## Comprehensive Drug List

The Absolute Total Care Comprehensive Drug List (CDL) lists drugs covered by your prescription benefit. The CDL is updated often and may change. For more information, you may view the latest CDL on our website at [absolutetotalcare.com](https://absolutetotalcare.com) or call us at 1-866-433-6041 (TTY: 711).

### Comprehensive Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find.
2. In the Find box type the name of the medicine you want to locate.
3. Click the Next button until you find the medicine(s) you are looking for.

## Notice of Non-Discrimination

Absolute Total Care (ATC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATC provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact our Manager of Member Services, by mail at: 100 Center Point Circle, Columbia, SC 29210; by phone at: 1-866-433-6041 (TTY: 711); or by email at: ATCMBRSVC@centene.com.

If you believe that ATC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368-1019, 300-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. Language assistance services are available. Please visit our Language Assistance page for more information.

## Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:  
1-866-433-6041 (رقم هاتف الصم والبكم 711)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-433-6041 (TTY: 711)

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह । 1-866-433-6041 (TTY: 711) पर कॉल कर ।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမူကတိ၊ ကညိ ကျိအလိ၊ နမနာ ကျိအတိမာစာလါ တလင်ဘူလင်စူ၊ နိတမံဘင်သုနူလိ၊ ကိး  
866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ እማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች: በነጻ ሊያግዝዎት ተዘጋጅተዋል: ወደ ሚክሶሎው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው: 711)።

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။

## **Pharmacy Program**

It's important to Absolute Total Care that our members receive medications that are appropriate and high quality. We work hard to make sure you have access to safe and effective medications that are proven to help you get healthy and stay healthy.

The pharmacy program does not cover all medicines. Some medicines require prior authorization (PA). Some have limits on age, dosage and maximum quantities.

## **Comprehensive Drug List (CDL)**

The Absolute Total Care CDL is the list of covered drugs. The CDL applies to drugs you can receive at retail pharmacies. The Absolute Total Care CDL is reviewed often by Absolute Total Care to make sure the use of medicines is appropriate.

## **Pharmacy Benefit Manager**

Absolute Total Care works with Pharmacy Services to process pharmacy claims for prescribed drugs. Some drugs on the Absolute Total Care CDL may require PA. Pharmacy Services is responsible for the PA process. Express Scripts is our Pharmacy Benefit Manager (PBM).

## **Specialty Drugs**

The preferred specialty pharmacy provider of Absolute Total Care is AcariaHealth Specialty Pharmacy. All specialty drugs must have PA to be approved for payment by Absolute Total Care. The Absolute Total Care Medical Director and Absolute Total Care Pharmacy Director are in charge of the clinical review of these PA requests.

AcariaHealth Specialty Pharmacy provides the following services:

- Delivers drugs to your home or provider's office
- Provides staff pharmacists. The pharmacists can help you 24 hours a day, seven days a week to answer your questions and offer help with your drugs
- Gives you information, materials and ongoing support to help you take the drugs to manage your health condition
- Hepatitis C agents

## **Dispensing Limits**

Drugs may be filled up to a maximum of 31 days' supply for each new prescription or refill. A total of 80% of the days' supply or 25 days must have passed before the prescription can be refilled for non-controlled-substance CDL drugs. A total of 90% of the days' supply must have passed before the prescription can be refilled for controlled substances and narcotic CDL drugs.

## **Appropriate Use and Safety Edits**

The health and safety of our members is important to Absolute Total Care. One way we make sure our members are safe is through point-of-sale (POS) edits. This happens at the time a prescription is

processed at the pharmacy. These edits are based on U.S. Food and Drug Administration (FDA) recommendations. They promote safe and effective medicine use.

### Prior Authorizations (PAs)

Some medicines listed on the Absolute Total Care CDL may need PA. The information for PAs should be sent to Pharmacy Services. The information should be sent by your provider or pharmacist. They can fill this information out on the **Medication Prior Authorization Form**. This form should be **faxed to Pharmacy Services at 1-833-982-4001**. This document can be found on the Absolute Total Care website, [absolutetotalcare.com](http://absolutetotalcare.com). All completed authorizations are reviewed within 24 hours from the time of receipt.

Absolute Total Care will cover the medicine if it is determined that:

1. There is a medical reason the member needs the specific medicine.
2. Depending on the medicine, other medicines on the CDL have not worked.

PA requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and their provider will be notified. Alternative options and appeal process information will also be provided.

### Step Therapy

Sometimes Absolute Total Care requires you to do step therapy. This means you will have to try medicines in the CDL in a certain order before we cover another medicine.

If Absolute Total Care has record that the first medicine was tried and did not work, the next medicine is automatically covered. If Absolute Total Care does not have a record that the required medicine was tried, the provider may have to send more information about the request.

If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

### Quantity Limits

Sometimes, Absolute Total Care limits how much of a certain medicine a member can get at once. If your provider thinks that you have a reason to get more than the limit, they can submit a PA. If Absolute Total Care does not approve the PA, we will notify the member and their provider. They will also send information about the appeal process.

### Age Limits

Sometimes, medicines on the Absolute Total Care CDL have age limits. This is because of drug maker, FDA or clinical guidelines. It is to keep you healthy and safe. Age limits meet FDA alerts for the appropriate use of pharmaceuticals. They also align with South Carolina Healthy Connections Medicaid Guidelines.

## Medical Necessity Requests

Sometimes, a member needs a medicine that is not listed in the CDL. When this happens, the member's provider can make a medical necessity (MN) request for the medicine. A MN request does not happen often. This is because the list of medicines on the CDL treat most medical conditions.

For a MN request, Absolute Total Care requires:

- Documented failure of at least two CDL drugs within the same therapeutic class for the same diagnosis. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented intolerance or contraindication to at least two CDL drugs within the same therapeutic class. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented clinical history or presentation where the patient is not a candidate for any of the CDL drugs for the indication.

These requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and provider will be notified. Alternative options and appeal process information will also be provided.

## Emergency Supply Policy

State and federal law require that a pharmacy fill a 72-hour supply of CDL medicine to any member awaiting PA determination. This is so the member's therapy is not interrupted or delayed. All participating pharmacies are authorized to provide a 72-hour supply of medicine. They are reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication. They are reimbursed whether or not the PA request ends up being approved or denied. If the pharmacy has any questions, they may call the Pharmacy Help Desk at **1-833-750-4506**.

## Exclusions

The following drug categories are not part of the Absolute Total Care CDL, unless noted as covered on the CDL. They are also not covered by the 72-hour emergency supply policy:

- Weight control products
- Pharmaceuticals used for cosmetic purposes or hair growth
- Investigational pharmaceuticals or products
- Immunizing agents
- Drug Efficacy Study Implementation (DESI) and Identical, Related, and Similar (IRS) drugs that are classified as ineffective
- Fertility products
- Erectile dysfunction products prescribed to treat impotence

- Nutritional supplements
- Injectables (except those listed in the CDL)
- Infusion supplies
- Gender transition pharmaceuticals or products

### Newly-Approved Products

Absolute Total Care reviews new drugs before adding them to the CDL. While the new drugs are being reviewed, access to them will be considered through the PA review process. If Absolute Total Care does not approve PA, we will notify the member and their practitioner. We will also provide information about the appeal process.

### Over-The-Counter (OTC) Medications

Absolute Total Care covers many OTC medicines. These medicines can be found in the Absolute Total Care CDL. These products are covered as long as you have a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

### Generic Drugs

Generic drugs are made up of the same active ingredient as brand-name drugs. When generic drugs are available, the brand-name drug will not be covered without Absolute Total Care PA unless the Brand name drug is preferred by the SCDHHS Single PDL.

If you or your provider think a brand-name drug is medically necessary, the provider must request the drug using the PA process. Absolute Total Care will cover the brand-name drug according to our clinical guidelines if there is a medical reason the member needs the particular brand-name drug. If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

### Drug Efficacy Study Implementation (DESI) Drugs

DESI products and known related drug products are defined as less than effective by the FDA. This is because there is not much evidence that it is effective for all labeling indications. It is also because *justification* for their medical need has not been established. DESI products are not covered by Absolute Total Care.

### Filling a Prescription

Members can have prescriptions filled at an Absolute Total Care network pharmacy. You can find a network pharmacy near you by contacting **Absolute Total Care Member Services at 1-866-433--6041 (TTY: 711)**. You can also visit Absolute Total Care's website at [absolutetotalcare.com](http://absolutetotalcare.com) and click Find a Provider to locate a pharmacy. You can type in your address or zip code and see pharmacies that are close by. At the pharmacy, you will need to provide your prescription and your Absolute Total Care member ID card.

If members are traveling more than 30 miles from the South Carolina border, they can have a one-time fill of their medicine. All necessary prescriptions are required to be filled on the same day for a maximum 31-day supply.

### Copayments

Effective July 1, 2024, Absolute Total Care charges \$0.00 for each prescription.

### Drug Tiers

The following notations define the comprehensive drug list status in the Drug Tier column.

P:	Preferred
NP:	Non-preferred
PA:	Preferred with Clinical PA

Non-managed/Supplemental (clinical criteria may apply):

C:	Non-Managed Covered
NC:	Non-Managed Not Covered
X:	Pharmacy Benefit Exclusion

### Abbreviations

The following notations and abbreviations may be found in the drug listing requirements/limits column.

AL:	Age Limit	Drug is limited to a specific age.
QL:	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific timeframe.
Max Day(s) Supply:	Day(s) Supply	There is a limit on the amount of the drug that is covered per time.
Max Fill:	Fill Limit	There is a limit on the number of times the drug can be filled.
Opioid Smart PA:	Unique Limits for Opioid Drugs	There may be limits on use such as a maximum seven-day supply for short-acting opioids or prior authorization required. Exceptions exist for specific diagnoses and/or history of use.
PA, Smart PA:	Prior Authorization	Prior authorization is required before prescription can be filled.
Pack Lmt:	Package Limit	There is a limit on the number of packages covered per prescription.
Rtl:	Retail	The limit or restriction applies to coverage at a retail pharmacy.

RX/OTC:	Prescription/Over-the-counter	The drug is available as both prescription and over-the-counter.
SP:	Specialty Drug	High-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.
ST:	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage.

#### Clinical Edit Descriptions

Edit Name	Edit Description
Opioid	Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve* Limits: <ul style="list-style-type: none"> <li>• Daily Dose Max = 90 MME**</li> <li>• Day Supply Max = 7 days</li> <li>• Must use short-acting opioids before long-acting opioids</li> </ul> *Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent
Test Strips	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days.

#### Contact Information

Absolute Total Care	Phone: 1-866-433-6041 Fax: 1-855-865-9469 Website: <a href="http://www.absolutetotalcare.com">www.absolutetotalcare.com</a>
AcariaHealth Specialty Pharmacy	Phone: 1-855-535-1815 Fax: 1-855-217-0926 Website: <a href="http://www.acariahealth.com">www.acariahealth.com</a>
Pharmacy Services	PA Phone: 1-866-399-0928 PA Fax: 1-833-982-4001 Help Desk: 1-800-460-8988
Pharmacy Help Desk	Phone: 1-833-750-4506



Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	P	QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	P	QL(2 ea daily); AL(At least 3 yrs old)
ADZENYS XR-ODT TBED	NP	
amphetamine sulfate TABS	NP	
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG	NP	
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	NC	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	NP	QL(1 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine TABS	P	QL(2 ea daily); AL(At least 3 yrs old)
amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG	NC	QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)	NC	QL(2 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 10 MG, 15 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 5 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate SOLN	NP	
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	QL(2 ea daily); AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	
dextroamphetamine sulfate TABS 5 MG, 10 MG	NC	QL(2 ea daily); AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	QL(2 ea daily); AL(At least 3 yrs old)
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	P	
DYANAVEL XR CHER	NP	

Drug Name	Drug Tier	Requirements/Limits
DYANAVEL XR SUER	P	
EVEKEO ODT TBDP	NP	
EVEKEO TABS (Use amphetamine sulfate)	NP	
<i>lisdexamfetamine dimesylate CAPS</i>	NP	QL(1 ea daily)
<i>lisdexamfetamine dimesylate CHEW</i>	NC	
<i>lisdexamfetamine dimesylate CHEW</i>	NP	
<i>methamphetamine hcl</i>	NP	
MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	NP	
VYVANSE CAPS	P	QL(1 ea daily)
VYVANSE CHEW	P	
XELSTRYM	NP	
<b>Analeptics</b>		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NC	
<i>caffeine &amp; sodium benzoate</i>	NC	
CAFFEINE ANHYDROUS POWD	NC	RX/OTC
CAFFEINE CITRATED POWD	NC	
<i>caffeine citrate SOLN IV 60 MG/3ML</i>	NC	
<i>caffeine citrate SOLN OR</i>	C	Limit 2 fills per Lifetime; QL(45 ml per fill retail); 2 max fill(s) per 999 day(s) retail
DOPRAM	NC	
<b>Anorexiant Non-Amphetamine</b>		
<i>diethylpropion hcl TABS</i>	NC	
<i>diethylpropion hcl TB24</i>	NC	
<b>Anti-Obesity Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
IMCIVREE	NC	
<i>orlistat</i>	NC	
SAXENDA	NP	
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	PA	QL(3 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	PA	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
ZEPBOUND SOAJ	NC	
ZEPBOUND SOLN	NC	
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
<i>atomoxetine hcl</i>	P	AL(At least 6 yrs old)
<i>clonidine hcl (adhd) TB12</i>	P	
<i>clonidine hcl (adhd) TB12</i>	NC	
<i>guanfacine hcl (adhd)</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV (Use <i>guanfacine hcl (adhd)</i> )	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use <i>clonidine hcl (adhd)</i> )	NC	
ONYDA XR SUER	NP	
QELBREE	NP	
STRATTERA (Use <i>atomoxetine hcl</i> )	NP	AL(At least 6 yrs old)
<b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)</b>		
SUNOSI	NP	
SUNOSI 75 MG	NC	
<b>Histamine H3-Receptor Antagonist/Inverse Agonists</b>		
WAKIX	NP	SP
<b>Stimulants - Misc.</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
APTENSIO XR CP24 (Use methylphenidate hcl)	NP		methylphenidate hcl SOLN	P	
armodafinil	NP		methylphenidate hcl TABS 5 MG	P	QL(6 ea daily); AL(At least 3 yrs old)
AZSTARYS	NP		methylphenidate hcl TABS 10 MG, 20 MG	NC	QL(3 ea daily); AL(At least 3 yrs old)
CONCERTA TBCR 36 MG (Use methylphenidate hcl)	P	QL(2 ea daily); AL(At least 6 yrs old)	methylphenidate hcl TABS 10 MG, 20 MG	P	QL(3 ea daily); AL(At least 3 yrs old)
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	P	QL(1 ea daily); AL(At least 6 yrs old)	methylphenidate hcl TABS 5 MG	NC	QL(6 ea daily); AL(At least 3 yrs old)
DAYTRANA PTCH (Use methylphenidate)	P		methylphenidate hcl TB24 36 MG	NP	QL(2 ea daily)
dexmethylphenidate hcl CP24	NC		methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	NP	QL(1 ea daily)
dexmethylphenidate hcl CP24	P		methylphenidate hcl TBCR 36 MG	NP	QL(2 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl TABS	NC	QL(2 ea daily); AL(At least 6 yrs old)	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	NC	QL(1 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl TABS	P	QL(2 ea daily); AL(At least 6 yrs old)	methylphenidate hcl TBCR 36 MG	NC	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (Use dexmethylphenidate hcl)	NP		methylphenidate hcl TBCR 10 MG, 20 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use dexmethylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)	methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	NP	
JORNAY PM CP24	NP		methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 ea daily); AL(At least 6 yrs old)
METADATE CD CPCR (Use methylphenidate hcl)	NC	QL(1 ea daily); AL(At least 6 yrs old)	methylphenidate PTCH	NP	
METHYLIN SOLN (Use methylphenidate hcl)	NP		modafinil	NC	
methylphenidate hcl CHEW	NP		modafinil	NP	
methylphenidate hcl CHEW	NC		NUVIGIL (Use armodafinil)	NP	
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	P		PROVIGIL (Use modafinil)	NP	
methylphenidate hcl CP24	NP		QUILLICHEW ER CHER	P	
methylphenidate hcl CPCR	P	QL(1 ea daily); AL(At least 6 yrs old)	QUILLIVANT XR SRER	P	

Drug Name	Drug Tier	Requirements/Limits
RELEXXII TBCR 45 MG, 63 MG ( <i>Use methylphenidate hcl</i> )	NC	
RELEXXII TBCR 18 MG, 27 MG, 54 MG	NC	QL(1 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 72 MG	NP	
RELEXXII TBCR 36 MG	NC	QL(2 ea daily); AL(At least 6 yrs old)
RITALIN LA CP24 ( <i>Use methylphenidate hcl</i> )	NP	
RITALIN TABS 5 MG ( <i>Use methylphenidate hcl</i> )	NP	QL(6 ea daily); AL(At least 3 yrs old)
RITALIN TABS 10 MG, 20 MG ( <i>Use methylphenidate hcl</i> )	NP	QL(3 ea daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	C	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
ODACTRA SUBL	NC	
ORALAIR ADULT STARTER PACK SUBL	NC	
ORALAIR SUBL	NC	
PALFORZIA INITIAL DOSE ESCALATION CSPK	NC	SP
PALFORZIA LEVEL 10 CSPK	NC	SP
PALFORZIA LEVEL 11 (MAINTENANCE) PACK	NC	SP
PALFORZIA LEVEL 11 (TITRATION) PACK	NC	SP
PALFORZIA LEVEL 1 CSPK	NC	SP
PALFORZIA LEVEL 2 CSPK	NC	SP
PALFORZIA LEVEL 3 CSPK	NC	SP

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA LEVEL 4 CSPK	NC	SP
PALFORZIA LEVEL 5 CSPK	NC	SP
PALFORZIA LEVEL 6 CSPK	NC	SP
PALFORZIA LEVEL 7 CSPK	NC	SP
PALFORZIA LEVEL 8 CSPK	NC	SP
PALFORZIA LEVEL 9 CSPK	NC	SP
RAGWITEK SUBL	C	QL(1 ea daily); AL(At least 18 yrs old - Up to 65 yrs old)

### ALTERNATIVE MEDICINES

Alternative Medicine Combinations		
MEGARED ADVANCED TOTAL BODY	NC	
MIDNITE SLEEP AID	NC	
SLOWMAG MG CALM+SLEEP	NC	

### AMEBICIDES

Amebicides		
IODOQUINOL POWD	NC	

### AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

Aminoglycosides		
AMIKACIN SULFATE POWD	NC	
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	NC	
ARIKAYCE	NP	SP
BETHKIS NEBU ( <i>Use tobramycin</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i>	NC		OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP
<i>gentamicin sulfate IJ</i>	NC		RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP
<i>neomycin sulfate TABS</i>	NP		RASUVO SOAJ 20 MG/0.4ML	P	
<i>neomycin sulfate TABS</i>	NC		RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	NC	SP
STREPTOMYCIN SULFATE POWD	NC		REDITREX SOSY	NP	SP
<i>streptomycin sulfate SOLR</i>	NC		REDITREX SOSY	NP	
TOBRAMYCIN SULFATE POWD	NC		Anti-TNF-alpha - Monoclonal Antibodies		
<i>tobramycin sulfate SOLN IJ 40 MG/ML</i>	NC		ABRILADA 1-PEN KIT AJKT	NP	
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML</i>	C	PA	ABRILADA 2-PEN KIT AJKT	NP	
<i>tobramycin sulfate SOLR</i>	C	PA	ABRILADA PSKT	NP	
<i>tobramycin NEBU</i>	NP		ADALIMUMAB-AACF (2 PEN) AJKT	NP	
ZEMDRI	NC		ADALIMUMAB-AACF (2 SYRINGE) PSKT	NP	
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>			ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN) AJKT	NC	
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UEVITIS (4 PEN) AJKT	NC	
OLUMIANT	NP	SP			
RINVOQ TB24 15 MG	NP				
RINVOQ TB24	NP	SP			
XELJANZ XR TB24	NP	SP			
XELJANZ SOLN	NP	SP			
XELJANZ SOLN	NP				
XELJANZ TABS	NP	SP			
Antirheumatic Antimetabolites					
OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY 1-PEN KIT AJKT	NP		ADALIMUMAB-RYVK PSKT	NP	
ADALIMUMAB-AATY 2-PEN KIT AJKT	NP		AMJEVITA SOAJ	NP	
ADALIMUMAB-AATY 2-SYRINGE KIT PSKT 20 MG/0.2ML	NP		AMJEVITA SOAJ	NP	SP
ADALIMUMAB-ADAZ SOAJ	NC		AMJEVITA SOSY 40 MG/0.4ML	NP	
ADALIMUMAB-ADAZ SOAJ	NP		AMJEVITA SOSY	NP	SP
ADALIMUMAB-ADAZ SOSY	NC		CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	
ADALIMUMAB-ADAZ SOSY	NP		CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	NP		CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEITIS AJKT	NP	SP
ADALIMUMAB-ADBM PSORIASIS/UEITIS STARTER AJKT	NP		CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP	CYLTEZO AJKT	NP	
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEITIS AJKT	NP	SP	CYLTEZO AJKT	NP	SP
ADALIMUMAB-ADBM AJKT	NP	SP	CYLTEZO PSKT	NP	
ADALIMUMAB-ADBM AJKT	NP		CYLTEZO PSKT 40 MG/0.4ML	NP	SP
ADALIMUMAB-ADBM PSKT	NP		HADLIMA PUSHTOUCH SOAJ	NP	
ADALIMUMAB-ADBM PSKT 40 MG/0.4ML	NP	SP	HADLIMA SOSY	NP	
ADALIMUMAB-FKJP AJKT	NP		HULIO AJKT	NP	
ADALIMUMAB-FKJP PSKT	NP		HULIO PSKT	NP	
ADALIMUMAB-RYVK (2 PEN) AJKT	NP		HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	P	QL(3 ea per 365 day(s) retail); AL(At least 2 yrs old); SP
			HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	P	QL(2 ea per 365 day(s) retail); AL(At least 2 yrs old); SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	P	QL(3 ea per 365 day(s) retail); AL(At least 2 yrs old); SP	HUMIRA PEN-PS/UV STARTER PNKT	NC	QL(4 ea per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	NC	QL(0.14 ea daily; 4 ea per 28 day(s) retail); AL(At least 2 yrs old); SP	HUMIRA PEN-PS/UV STARTER PNKT	P	QL(3 ea per 365 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	P	QL(4 ea per 365 day(s) retail); AL(At least 2 yrs old); SP	HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML	P	QL(2 ea per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	QL(4 ea per 365 day(s) retail); AL(At least 2 yrs old); SP	HUMIRA PSKT 40 MG/0.8ML	P	QL(0.14 ea daily; 4 ea per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA PEN PNKT 40 MG/0.8ML	P	QL(0.14 ea daily; 4 ea per 28 day(s) retail); AL(At least 2 yrs old); SP	HUMIRA PSKT 40 MG/0.4ML	P	QL(4 ea per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA PEN PNKT 80 MG/0.8ML	P	QL(4 ea per 365 day(s) retail); AL(At least 2 yrs old); SP	HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML	NC	QL(2 ea per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA PEN PNKT 40 MG/0.4ML	P	QL(4 ea per 28 day(s) retail); SP	HUMIRA PSKT 40 MG/0.4ML	NC	QL(4 ea per 28 day(s) retail); AL(At least 2 yrs old); SP
HUMIRA PEN PNKT 40 MG/0.4ML	NC	QL(4 ea per 28 day(s) retail); AL(At least 2 yrs old); SP	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	
HUMIRA PEN PNKT 80 MG/0.8ML	NC	QL(4 ea per 365 day(s) retail); AL(At least 2 yrs old); SP	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	
HUMIRA PEN PNKT 40 MG/0.4ML	P	QL(4 ea per 28 day(s) retail); AL(At least 2 yrs old); SP	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	
			HYRIMOZ PLAQUE PSORIASIS/UEVITIS STARTER PACK SOAJ	NP	
			HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NC	

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ SENSOREADY PENS SOAJ	NC	
HYRIMOZ SOAJ 40 MG/0.4ML	NC	
HYRIMOZ SOAJ	NP	
HYRIMOZ SOSY	NC	
HYRIMOZ SOSY	NP	
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP	
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	
SIMLANDI 1-PEN KIT AJKT	NP	
SIMLANDI 2-PEN KIT AJKT	NP	
SIMPONI ARIA SOLN	NC	SP
SIMPONI SOAJ	NP	SP
SIMPONI SOSY	NP	SP
YUFLYMA 1-PEN KIT AJKT 40 MG/0.4ML	NP	
YUFLYMA 2-PEN KIT AJKT	NP	
YUFLYMA 2-SYRINGE KIT PSKT	NP	
YUFLYMA CD/UC/HS STARTER AJKT	NP	
YUSIMRY	NP	
Gold Compounds		
RIDAURA	NC	
Interleukin-1 Blockers		
ARCALYST	NP	
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	NP	SP
KINERET SOSY	NP	
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ	NP	SP

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SOLN	C	SP; PA
ACTEMRA SOSY	NP	SP
KEVZARA SOAJ	NP	SP
KEVZARA SOSY	NP	SP
TYENNE SOLN	NC	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ADVIL TABS ( <i>Use ibuprofen</i> )	NC	
ALEVE ARTHRITIS TABS ( <i>Use naproxen sodium</i> )	NC	QL(2 ea daily)
ALEVE TABS ( <i>Use naproxen sodium</i> )	NC	QL(2 ea daily)
ANAPROX DS TABS ( <i>Use naproxen sodium</i> )	NC	
ARTHROTEC 50 TBEC ( <i>Use diclofenac w/ misoprostol</i> )	NP	
ARTHROTEC 75 TBEC ( <i>Use diclofenac w/ misoprostol</i> )	NP	
CALDOLOR SOLN	NC	
CELEBREX ( <i>Use celecoxib</i> )	NC	QL(2 ea daily); PA
<i>celecoxib</i>	C	QL(2 ea daily); PA
COMBOGESIC SOLN	NC	
DAYPRO TABS ( <i>Use oxaprozin</i> )	NP	
<i>diclofenac potassium CAPS</i>	NP	
<i>diclofenac potassium CAPS</i>	NC	
<i>diclofenac potassium TABS</i>	NP	
<i>diclofenac potassium TABS</i>	NC	
<i>diclofenac sodium TB24</i>	P	
<i>diclofenac sodium TBEC 50 MG, 75 MG</i>	NC	
<i>diclofenac sodium TBEC</i>	P	



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac w/ misoprostol TBEC</i>	NP		<i>indomethacin sodium</i>	NC	
<i>diclofenac w/ misoprostol TBEC</i>	NC		<i>indomethacin CAPS 25 MG, 50 MG</i>	NC	
DUEXIS ( <i>Use ibuprofen-famotidine</i> )	NP		<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
EC-NAPROSYN TBEC ( <i>Use naproxen</i> )	NC	QL(2 ea daily)	<i>indomethacin CPCR</i>	NP	
<i>etodolac CAPS</i>	NP		<i>indomethacin CPCR</i>	NC	
<i>etodolac TABS</i>	NC		INDOMETHACIN POWD	NC	
<i>etodolac TABS</i>	NP		<i>indomethacin SUPP</i>	NP	
<i>etodolac TB24</i>	NP		<i>indomethacin SUSP</i>	NP	
FELDENE CAPS ( <i>Use piroxicam</i> )	NP		INFANTS ADVIL SUSP ( <i>Use ibuprofen</i> )	NC	
<i>fenoprofen calcium CAPS 400 MG</i>	NP		<i>ketoprofen CAPS 25 MG</i>	NP	
FENOPROFEN CALCIUM POWD	NC		<i>ketoprofen CP24</i>	NP	
<i>fenoprofen calcium TABS</i>	NP		<i>ketorolac tromethamine SOLN IM 30 MG/ML, 60 MG/2ML</i>	NC	
FLURBIPROFEN POWD	NC		KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	
<i>flurbiprofen TABS 100 MG</i>	NC		KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	NC	
<i>flurbiprofen TABS 100 MG</i>	NP		<i>ketorolac tromethamine TABS</i>	P	QL(20 ea per 31 day(s) retail); AL(At least 17 yrs old)
<i>ibuprofen lysine</i>	NC		<i>ketorolac tromethamine TABS</i>	NC	QL(20 ea per 31 day(s) retail); AL(At least 17 yrs old)
<i>ibuprofen-acetaminophen TABS</i>	NC		<i>meclofenamate sodium CAPS</i>	NP	
<i>ibuprofen CHEW</i>	C		MECLOFENAMATE SODIUM POWD	NC	
<i>ibuprofen-famotidine</i>	NP		<i>mefenamic acid CAPS</i>	NP	
IBUPROFEN POWD	NC		MEFENAMIC ACID POWD	NC	
<i>ibuprofen SUSP 100 MG/5ML</i>	P	RX/OTC	<i>meloxicam CAPS</i>	NP	
<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	C		<i>meloxicam TABS</i>	P	
<i>ibuprofen SUSP 100 MG/5ML</i>	NC	RX/OTC			
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	NC				
<i>ibuprofen TABS 200 MG</i>	C				
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P				
INDOMETHACIN	NC				

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam TABS 15 MG</i>	NC	
MOTRIN CHILDRENS CHEW ( <i>Use ibuprofen</i> )	NC	
MOTRIN INFANTS DROPS SUSP ( <i>Use ibuprofen</i> )	NC	
<i>nabumetone</i>	P	
NALFON CAPS ( <i>Use fenoprofen calcium</i> )	NP	
NALFON TABS ( <i>Use fenoprofen calcium</i> )	NP	
NAPRELAN TB24 ( <i>Use naproxen sodium</i> )	NP	
NAPRELAN TB24 500 MG ( <i>Use naproxen sodium</i> )	NC	
NAPROSYN SUSP ( <i>Use naproxen</i> )	NP	
NAPROSYN TABS 500 MG ( <i>Use naproxen</i> )	NC	
NAPROTIN	NC	
NAPROXEN SODIUM POWD	NC	
<i>naproxen sodium TABS 220 MG</i>	C	QL(2 ea daily)
<i>naproxen sodium TABS 275 MG, 550 MG</i>	NP	
<i>naproxen sodium TB24</i>	NP	
<i>naproxen sodium TB24 375 MG, 500 MG</i>	NC	
<i>naproxen-esomeprazole magnesium 375 MG-20 MG</i>	NC	
<i>naproxen-esomeprazole magnesium</i>	NP	
NAPROXEN POWD	NC	
<i>naproxen SUSP</i>	P	
<i>naproxen TABS</i>	P	
<i>naproxen TABS</i>	NC	
<i>naproxen TBEC</i>	NP	QL(2 ea daily)
<i>naproxen TBEC</i>	NC	QL(2 ea daily)
<i>naproxen TBEC</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin TABS</i>	NP	
<i>oxaprozin TABS</i>	NC	
PHENYLBUTAZONE	NC	
<i>piroxicam CAPS 10 MG</i>	NC	
<i>piroxicam CAPS</i>	P	
PIROXICAM POWD	NC	
RELAFEN DS	NP	
SPRIX SOLN NA	NC	
SULINDAC POWD	NC	
<i>sulindac TABS</i>	P	
TOLECTIN 600 TABS	NP	
<i>tolmetin sodium CAPS</i>	NP	
<i>tolmetin sodium TABS 600 MG</i>	NP	
VIMOVO ( <i>Use naproxen-esomeprazole magnesium</i> )	NP	
ZIPSOR CAPS ( <i>Use diclofenac potassium</i> )	NC	
ZYNRELEF	NC	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS 30 MG	NP	SP
OTEZLA TABS	NP	
OTEZLA TBPK	NP	
OTEZLA TBPK	NP	SP
Pyrimidine Synthesis Inhibitors		
ARAVA ( <i>Use leflunomide</i> )	NC	QL(1 ea daily)
<i>leflunomide</i>	C	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	NP	SP
ORENCIA SOLR	NC	SP
ORENCIA SOSY	NP	SP
Soluble Tumor Necrosis Factor Receptor Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SOCT	P	QL(8 ml per 28 day(s) retail); AL(At least 2 yrs old); SP	<i>acetaminophen CHEW</i>	C	
			<i>acetaminophen LIQD 160 MG/5ML</i>	C	
ENBREL SURECLICK SOAJ	P	QL(8 ml per 28 day(s) retail); AL(At least 2 yrs old); SP	<i>acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML</i>	NC	
ENBREL SOLN	P	QL(4 ml per 28 day(s) retail); AL(At least 2 yrs old); SP	<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	C	QL(240 ml per fill retail)
ENBREL SOSY 25 MG/0.5ML	P	QL(4 ml per 28 day(s) retail); AL(At least 2 yrs old)	<i>acetaminophen SUPP 120 MG, 650 MG</i>	C	QL(12 ea per 31 day(s) retail)
ENBREL SOSY 50 MG/ML	P	QL(8 ml per 28 day(s) retail); AL(At least 2 yrs old); SP	<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	C	
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>			<i>acetaminophen TABS 325 MG, 500 MG</i>	C	
<b>Analgesic Combinations</b>			<i>clonidine hcl (analgesia) EP</i>	NC	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	NC		CLONIDINE HYDROCHLORIDE XX	NC	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	C	QL(4 ea daily)	FEVERALL JUNIOR STRENGTH SUPP	C	QL(12 ea per 31 day(s) retail)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	C	QL(4 ea daily)	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use <i>acetaminophen</i> )	NC	
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	NC		TYLENOL CHILDRENS PAIN +FEVER SUSP (Use <i>acetaminophen</i> )	NC	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	C		TYLENOL CHILDRENS SUSP (Use <i>acetaminophen</i> )	NC	
<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	NC		TYLENOL EXTRA STRENGTH TABS (Use <i>acetaminophen</i> )	NC	
<i>butalbital-aspirin-caffeine CAPS</i>	C	QL(4 ea daily)	TYLENOL FOR CHILDREN/ADULTS SUSP (Use <i>acetaminophen</i> )	NC	
ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i> )	NC	QL(4 ea daily)	TYLENOL INFANTS PAIN+FEVER SUSP (Use <i>acetaminophen</i> )	NC	
<b>Analgesics Other</b>					

Drug Name	Drug Tier	Requirements/Limits
TYLENOL TABS ( <i>Use acetaminophen</i> )	NC	
<b>Salicylates</b>		
ACETYL SALICYLIC ACID POWD	NC	RX/OTC
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	C	
<i>aspirin CHEW</i>	C	
ASPIRIN POWD	NC	RX/OTC
ASPIRIN SUPP 300 MG	C	QL(12 ea per 31 day(s) retail)
<i>aspirin TABS 325 MG</i>	C	
<i>aspirin TBEC 81 MG, 325 MG</i>	C	
BUFFERIN ( <i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i> )	NC	
DIFLUNISAL POWD	NC	
<i>diflunisal TABS</i>	NC	
<i>diflunisal TABS</i>	NP	
ECOTRIN ARTHRITIS PAIN TBEC ( <i>Use aspirin</i> )	NC	
ECOTRIN REGULAR STRENGTH TBEC ( <i>Use aspirin</i> )	NC	
ECOTRIN TBEC ( <i>Use aspirin</i> )	NC	
<i>salsalate</i>	C	
SODIUM SALICYLATE CRYST	NC	
SODIUM SALICYLATE POWD	NC	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
ACTIQ LPOP ( <i>Use fentanyl citrate</i> )	NC	
CODEINE PHOSPHATE POWD	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate TABS 30 MG</i>	P	Opioid Smart PA; AL(At least 12 yrs old)
CODEINE SULFATE TABS	P	Opioid Smart PA; AL(At least 12 yrs old)
CONZIP CP24 ( <i>Use tramadol hcl</i> )	NP	
DEMEROL SOLN IJ	NC	
DILAUDID LIQD ( <i>Use hydromorphone hcl</i> )	NP	
DILAUDID SOLN IJ	NC	
DILAUDID TABS 2 MG ( <i>Use hydromorphone hcl</i> )	NP	Opioid Smart PA; QL(8 ea daily)
DILAUDID TABS 8 MG ( <i>Use hydromorphone hcl</i> )	NP	Opioid Smart PA; QL(4 ea daily)
DILAUDID TABS 4 MG ( <i>Use hydromorphone hcl</i> )	NP	Opioid Smart PA
DSUVIA SUBL	NP	
<i>fentanyl citrate LPOP</i>	NP	
FENTANYL CITRATE POWD	NC	
<i>fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML</i>	NC	
FENTANYL CITRATE SOLN XX 500 MG/50ML	NC	
FENTANYL CITRATE SOLN IJ ( <i>Use fentanyl citrate</i> )	NC	
<i>fentanyl citrate SOSY IJ</i>	NC	
FENTANYL CITRATE SOSY IJ 25 MCG/0.5ML, 50 MCG/ML, 100 MCG/2ML	NC	
<i>fentanyl citrate TABS</i>	NP	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	NC	Opioid Smart PA; QL(0.34 ea daily)	HYSINGLA ER T24A	NP	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	Opioid Smart PA; QL(0.34 ea daily)	<i>levorphanol tartrate TABS</i>	NP	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NC		<i>levorphanol tartrate TABS 3 MG</i>	NC	
FENTORA TABS (Use <i>fentanyl citrate</i> )	NP		MEPERIDINE HCL POWD	NC	
<i>hydrocodone bitartrate CP12</i>	NP		<i>meperidine hcl SOLN OR 50 MG/5ML</i>	P	Opioid Smart PA
<i>hydrocodone bitartrate T24A</i>	NP		<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	NC	
<i>hydromorphone hcl LIQD</i>	P		<i>meperidine hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(6 ea daily)
HYDROMORPHONE HCL POWD	NC		<i>methadone hcl CONC</i>	NC	
<i>hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	NC		METHADONE HCL POWD	NC	
HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 ea daily)	<i>methadone hcl SOLN IJ 10 MG/ML</i>	NC	
<i>hydromorphone hcl TABS 2 MG</i>	NC	Opioid Smart PA; QL(8 ea daily)	METHADONE HCL SOLN IJ	NC	
<i>hydromorphone hcl TABS 8 MG</i>	P	Opioid Smart PA; QL(4 ea daily)	<i>methadone hcl TABS 5 MG</i>	C	QL(4 ea daily); PA
<i>hydromorphone hcl TABS 4 MG</i>	P	Opioid Smart PA	<i>methadone hcl TABS 10 MG</i>	C	QL(10 ea daily); PA
<i>hydromorphone hcl TABS 2 MG</i>	P	Opioid Smart PA; QL(8 ea daily)	<i>methadone hcl TBSO</i>	NC	
<i>hydromorphone hcl TB24</i>	NP		<i>morphine sulfate beads</i>	NP	
HYDROMORPHONE HYDROCHLORIDE POWD	NC		<i>morphine sulfate for continuous microinfusion</i>	NC	
HYDROMORPHONE HYDROCHLORIDE SOLN IJ	NC		MORPHINE SULFATE/SODIUM CHLORIDE SOLN IV	NC	
			MORPHINE SULFATE/SODIUM CHLORIDE SOSY IJ 2 MG/2ML-0.9 %	NC	
			<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	
			MORPHINE SULFATE POWD	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML</i>	P	Opioid Smart PA	<i>oxycodone hcl SOLN</i>	P	Opioid Smart PA
<i>morphine sulfate SOLN IV 4 MG/ML, 8 MG/ML, 10 MG/ML, 50 MG/ML</i>	NC		<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NC	
<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	P	Opioid Smart PA; QL(16.67 ml daily)	<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NP	
<i>morphine sulfate SOLN OR 20 MG/ML</i>	NC	Opioid Smart PA	<i>oxycodone hcl TABA</i>	NC	
MORPHINE SULFATE SOLN IV 2 MG/ML, 4 MG/ML, 8 MG/ML, 10 MG/ML, 50 MG/ML	NC		<i>oxycodone hcl TABS</i>	NC	
<i>morphine sulfate SUPP</i>	P	Opioid Smart PA; QL(0.78 ea daily)	<i>oxycodone hcl TABS 15 MG, 30 MG</i>	P	QL(6 ea daily)
<i>morphine sulfate TABS</i>	P	Opioid Smart PA; QL(6 ea daily)	<i>oxycodone hcl TABS 5 MG, 10 MG, 20 MG</i>	P	Opioid Smart PA; QL(6 ea daily)
<i>morphine sulfate TBCR</i>	P	QL(3 ea daily)	OXYCONTIN T12A	NP	
<i>morphine sulfate TBCR</i>	NC	QL(3 ea daily)	<i>oxymorphone hcl TABS</i>	NP	
MS CONTIN TBCR (Use <i>morphine sulfate</i> )	NP	Opioid Smart PA; QL(3 ea daily)	<i>oxymorphone hcl TABS</i>	NC	
NUCYNTA ER TB12	NP		<i>oxymorphone hcl TB12</i>	NP	
NUCYNTA TABS	NP		QDOLO SOLN (Use <i>tramadol hcl</i> )	NP	
OLINVYK	NC		<i>remifentanil hcl</i>	NC	
OXAYDO TABS 5 MG	NC	Opioid Smart PA; QL(6 ea daily)	ROXICODONE TABS 15 MG, 30 MG (Use <i>oxycodone hcl</i> )	NP	Opioid Smart PA; QL(6 ea daily)
<i>oxycodone hcl CAPS</i>	P	Opioid Smart PA; QL(6 ea daily)	ROXYBOND TABA	NP	
<i>oxycodone hcl CONC 100 MG/5ML</i>	NC	Opioid Smart PA; QL(4 ml daily)	<i>sufentanil citrate SOLN IV 50 MCG/ML</i>	NC	
<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Opioid Smart PA; QL(4 ml daily)	SUFENTANIL CITRATE SOLN XX	NC	
OXYCODONE HCL POWD	NC		SUFENTANIL CITRATE SOLN IV 50 MCG/ML (Use <i>sufentanil citrate</i> )	NC	
<i>oxycodone hcl SOLN</i>	NC	Opioid Smart PA	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
			<i>tramadol hcl SOLN</i>	NP	
			<i>tramadol hcl TABS 25 MG</i>	P	
			<i>tramadol hcl TABS 100 MG</i>	NP	
			<i>tramadol hcl TABS 50 MG</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(8 ea daily); AL(At least 18 yrs old)	<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	NC	Opioid Smart PA; QL(6 ea daily); AL(At least 12 yrs old)
<i>tramadol hcl TABS 50 MG</i>	NC	Opioid Smart PA; QL(8 ea daily); AL(At least 18 yrs old)	<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NC	
<i>tramadol hcl TB24</i>	NP		<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP	
<i>tramadol hcl TB24</i>	P		<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	P	
TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	NP		<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	Opioid Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
ULTRAM TABS (Use tramadol hcl)	NC	Opioid Smart PA; QL(8 ea daily); AL(At least 18 yrs old)	<i>butalbital-aspirin-caffeine w/cod</i>	NP	Opioid Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
XTAMPZA ER	P		<i>butalbital-aspirin-caffeine w/cod</i>	NC	Opioid Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
Opioid Combinations			<i>butalbital-aspirin-caffeine w/cod</i>	P	Opioid Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine SOLN</i>	NC	Opioid Smart PA	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine)	NP	
<i>acetaminophen w/ codeine SOLN</i>	P	Opioid Smart PA; QL(30 ml daily); AL(At least 12 yrs old)	<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-7.5 MG/15ML</i>	NC	Opioid Smart PA; QL(180 ml daily)
<i>acetaminophen w/ codeine SOLN</i>	NC	Opioid Smart PA; QL(30 ml daily); AL(At least 12 yrs old)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	Opioid Smart PA; QL(6 ea daily); AL(At least 12 yrs old)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	QL(6 ea daily); AL(At least 12 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	Opioid Smart PA; QL(180 ml daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	NC	Opioid Smart PA; QL(6 ea daily)
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	NC		OXYCODONE/ACETAMINOPHEN TABS	NC	
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	P		PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i> )	NP	Opioid Smart PA; QL(6 ea daily)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	NC	Opioid Smart PA; QL(10 ea daily)	PERCOCET TABS 325 MG-2.5 MG (Use <i>oxycodone w/ acetaminophen</i> )	NP	
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Opioid Smart PA; QL(10 ea daily)	PROLATE SOLN	NP	
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P		PROLATE TABS	NP	
NALOCET TABS	NP		PROLATE TABS	NC	
NALOCET TABS	NC		SEGLENTIS	NP	
OXYCODONE AND ACETAMINOPHEN TABS	NC		<i>tramadol-acetaminophen</i>	P	Opioid Smart PA; QL(4 ea daily); AL(At least 18 yrs old)
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLN	NC		<i>tramadol-acetaminophen</i>	NC	Opioid Smart PA; QL(4 ea daily); AL(At least 18 yrs old)
<i>oxycodone w/ acetaminophen SOLN</i>	NP	Opioid Smart PA	ULTRACET (Use <i>tramadol-acetaminophen</i> )	NC	Opioid Smart PA; QL(4 ea daily); AL(At least 18 yrs old)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	NC		<b>Opioid Partial Agonists</b>		
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Opioid Smart PA; QL(6 ea daily)	BELBUCA FILM	NP	
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	P		BRIXADI SOSY 32 MG/0.64ML, 64 MG/0.18ML, 96 MG/0.27ML	NP	
			BUPRENEX SOLN (Use <i>buprenorphine hcl</i> )	NC	
			<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	NC	QL(3 ea daily); AL(At least 16 yrs old)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG</i>	NP	QL(3 ea daily); AL(At least 16 yrs old)	SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	P	QL(2 ea daily); AL(At least 16 yrs old)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG</i>	NC	QL(2 ea daily); AL(At least 16 yrs old)	<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG</i>	NP	QL(2 ea daily); AL(At least 16 yrs old)	Anabolic Steroids		
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	NC	QL(12 ea daily); AL(At least 16 yrs old)	<i>oxandrolone</i>	NC	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	NC	QL(3 ea daily); AL(At least 16 yrs old)	Androgens		
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	P	QL(3 ea daily); AL(At least 16 yrs old)	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	NP	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	P	QL(12 ea daily); AL(At least 16 yrs old)	ANDROGEL PUMP GEL TD 1.62 % (Use <i>testosterone</i> )	NC	
<i>buprenorphine hcl SOLN</i>	NC		ANDROGEL PUMP GEL TD 1.62 % (Use <i>testosterone</i> )	NP	
<i>buprenorphine hcl SUBL</i>	P		ANDROGEL GEL TD 25 MG/2.5GM (Use <i>testosterone</i> )	NC	
<i>buprenorphine hcl SUBL</i>	NC		ANDROGEL GEL TD 25 MG/2.5GM (Use <i>testosterone</i> )	NP	
<i>buprenorphine PTWK</i>	NP		<i>danazol CAPS</i>	NC	
<i>butorphanol tartrate NA 10 MG/ML</i>	NP		DANAZOL POWD	NC	
<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	NC		FORTESTA GEL TD (Use <i>testosterone</i> )	NP	
BUTRANS PTWK (Use <i>buprenorphine</i> )	P		JATENZO CAPS	NC	
<i>nalbuphine hcl</i>	NC		METHITEST TABS	C	
<i>pentazocine w/ naloxone hcl</i>	NP		<i>methyltestosterone CAPS</i>	NC	
SUBLOCADE SOSY	P	SP	METHYLTESTOSTERONE POWD	NC	
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	P	QL(3 ea daily); AL(At least 16 yrs old)	NATESTO GEL NA	NP	
			NATESTO GEL NA	NC	
			TESTIM GEL TD (Use <i>testosterone</i> )	PA	PA
			<i>testosterone cypionate SOLN IM 100 MG/ML</i>	C	QL(0.2858 ml daily)
			<i>testosterone cypionate SOLN IM 200 MG/ML</i>	C	QL(4 ml per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate SOLN IM</i>	C	QL(0.1429 ml daily)
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	NP	
<i>testosterone GEL TD 1.62 %</i>	PA	PA
<i>testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 50 MG/5GM</i>	NC	
<i>testosterone SOLN</i>	NP	
TLANDO CAPS	NC	
VOGELXO PUMP GEL TD (Use testosterone)	NP	
VOGELXO GEL TD (Use testosterone)	NC	
VOGELXO GEL TD (Use testosterone)	NP	
XYOSTED SOAJ	NC	
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	
CORTENEMA (Use hydrocortisone (intrarectal))	NC	
CORTIFOAM EX 10 %	NC	
<i>hydrocortisone (intrarectal)</i>	C	
UCERIS (Use budesonide (intrarectal))	NP	
Rectal Combinations		
<i>hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 %</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NC	
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NC	
<i>lidocaine-hydrocortisone acetate (rectal) KIT</i>	NC	
PROCTOFOAM HC FOAM EX	NC	
Rectal Steroids		
ANUSOL-HC EX (Use hydrocortisone (rectal))	NC	
<i>hydrocortisone (rectal) EX 2.5 %</i>	C	
<i>hydrocortisone (rectal) EX 1 %</i>	C	1 package(s) per fill retail; RX/OTC
<i>hydrocortisone acetate (rectal)</i>	NC	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	NC	
<b>ANTACIDS</b>		
Antacid Combinations		
ALKA-SELTZER HEARTBURN RELIEF EXTRA STRENGTH	NC	
<i>alum &amp; mag hydrox-simethicone LIQD</i>	C	QL(24 ml daily)
<i>alum &amp; mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 200 MG/5ML-200 MG/5ML-200 MG/5ML-200 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	C	QL(24 ml daily)
CIDATRINE-TM TABS	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHAZYME GAS & ACID MAXIMUM STRENGTH CHEW	NC		EMVERM CHEW	C	QL(1 ea per fill retail)
SENTRIVA-ES CHEW	NC		<i>ivermectin</i>	NC	
SINTRA-ES TABS	NC		MEBENDAZOLE POWD	NC	
Antacids - Aluminum Salts			PIPERAZINE CITRATE	NC	
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	C		<i>praziquantel</i>	NC	
Antacids - Bicarbonate			THIABENDAZOLE POWD	NC	
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	C	QL(3.34 ea daily)	<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
Antacids - Calcium Salts			Antianginals-Other		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	C		ASPRUZYO SPRINKLE PACK	NP	
TUMS LASTING EFFECTS CHEW (Use <i>calcium carbonate (antacid)</i> )	NC		RANEXA TB12 (Use <i>ranolazine</i> )	NC	
TUMS CHEW (Use <i>calcium carbonate (antacid)</i> )	NC		<i>ranolazine TB12</i>	P	
Antacids - Magnesium Salts			<i>ranolazine TB12 500 MG</i>	NC	
MAGNESIUM CARBONATE GRAN	NC		Nitrates		
MAGNESIUM OXIDE HEAVY POWD	NC	RX/OTC	GONITRO PACK	NC	
MAGNESIUM OXIDE LIGHT POWD	NC	RX/OTC	ISORDIL TITRADOSE TABS (Use <i>isosorbide dinitrate</i> )	NC	
<i>magnesium oxide TABS 400 MG</i>	C		<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	C	
MAGNESIUM TRISILICATE	NC		<i>isosorbide dinitrate TABS 40 MG</i>	NC	
MAGNESIUM TRISILICATE HYDRATE	NC		<i>isosorbide mononitrate TABS</i>	C	QL(2 ea daily)
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>			<i>isosorbide mononitrate TB24</i>	C	QL(1 ea daily)
Anthelmintics			NITRO-BID OINT	C	
<i>albendazole</i>	NC		NITRO-DUR PT24	NC	
			NITRO-DUR PT24 (Use <i>nitroglycerin</i> )	NC	
			<i>nitroglycerin in d5w</i>	NC	
			<i>nitroglycerin CPCR</i>	C	
			<i>nitroglycerin PT24</i>	C	
			<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
NITROGLYCERIN SOLN IV	NC	
<i>nitroglycerin SUBL</i>	C	
NITROSTAT SUBL ( <i>Use nitroglycerin</i> )	NC	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl 15 MG</i>	C	QL(4 ea daily)
<i>buspirone hcl 7.5 MG, 30 MG</i>	C	QL(3 ea daily)
<i>buspirone hcl 5 MG, 10 MG</i>	C	QL(6 ea daily)
DROPERIDOL/SODIUM CHLORIDE SOSY	NC	
DROPERIDOL POWD	NC	
<i>droperidol SOLN 2.5 MG/ML</i>	NC	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	NC	
<i>hydroxyzine hcl SYRP</i>	C	
<i>hydroxyzine hcl TABS</i>	C	
<i>hydroxyzine pamoate CAPS</i>	C	
HYDROXYZINE PAMOATE POWD	NC	
<i>meprobamate</i>	C	
VISTARIL CAPS ( <i>Use hydroxyzine pamoate</i> )	NC	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	NC	
<i>alprazolam TABS</i>	C	QL(3 ea daily)
<i>alprazolam TB24</i>	NC	
<i>alprazolam TBDP</i>	NC	
ATIVAN TABS 1 MG ( <i>Use lorazepam</i> )	NC	QL(4 ea daily)
ATIVAN TABS 0.5 MG, 2 MG ( <i>Use lorazepam</i> )	NC	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl CAPS</i>	C	QL(4 ea daily)
<i>clorazepate dipotassium TABS</i>	C	QL(3 ea daily)
<i>diazepam CONC</i>	NC	
DIAZEPAM SOAJ	NC	
<i>diazepam SOLN OR 5 MG/5ML</i>	C	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	NC	
DIAZEPAM SOLN IJ 5 MG/ML	NC	
<i>diazepam TABS</i>	C	QL(4 ea daily)
<i>lorazepam CONC</i>	NC	
<i>lorazepam SOLN</i>	NC	
<i>lorazepam TABS 1 MG</i>	C	QL(4 ea daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	C	QL(3 ea daily)
LOREEV XR CS24	NC	
<i>oxazepam CAPS</i>	C	QL(4 ea daily)
TRANXENE T TABS 7.5 MG ( <i>Use clorazepate dipotassium</i> )	NC	QL(3 ea daily)
VALIUM TABS ( <i>Use diazepam</i> )	NC	QL(4 ea daily)
XANAX TABS ( <i>Use alprazolam</i> )	NC	QL(3 ea daily)
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics - Misc.		
<i>adenosine SOLN 6 MG/2ML, 12 MG/4ML</i>	NC	
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	C	
NORPACE CR CP12 150 MG	C	
NORPACE CR CP12 100 MG	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NORPACE CAPS ( <i>Use disopyramide phosphate</i> )	NC		FASENRA SOSY	NC	SP
PROCAINAMIDE HCL POWD	NC		XOLAIR SOLR	C	SP; PA
<i>procainamide hcl SOLN</i>	NC		XOLAIR SOSY	C	SP; PA
<i>quinidine gluconate TBCR</i>	C		Anti-Inflammatory Agents		
<i>quinidine sulfate TABS</i>	C		<i>cromolyn sodium NEBU</i>	C	QL(8 ml daily)
Antiarrhythmics Type I-B			CROMOLYN SODIUM POWD	NC	
<i>lidocaine hcl (cardiac) SOSY</i>	NC		Bronchodilators - Anticholinergics		
LIDOCAINE HCL SOLN	NC		ATROVENT HFA	P	1 package(s) per 31 day(s) retail
<i>lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML</i>	NC		INCRUSE ELLIPTA	P	1 package(s) per 31 day(s) retail
<i>mexiletine hcl</i>	C		IPRATROPIUM BROMIDE MONOHYDRATE POWD	NC	
Antiarrhythmics Type I-C			IPRATROPIUM BROMIDE POWD	NC	
<i>flecainide acetate</i>	C		<i>ipratropium bromide SOLN 0.02 %</i>	NP	QL(375 ml per 25 day(s) retail)
<i>propafenone hcl CP12</i>	C		<i>ipratropium bromide SOLN 0.02 %</i>	NC	QL(375 ml per 25 day(s) retail)
<i>propafenone hcl TABS</i>	C		SPIRIVA HANDIHALER CAPS ( <i>Use tiotropium bromide monohydrate</i> )	P	
RYTHMOL SR CP12 ( <i>Use propafenone hcl</i> )	NC		SPIRIVA RESPIMAT AERS	NP	
Antiarrhythmics Type III			<i>tiotropium bromide monohydrate CAPS</i>	NP	
<i>amiodarone hcl SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML</i>	NC		TUDORZA PRESSAIR	NP	1 package(s) per 31 day(s) retail
<i>amiodarone hcl TABS 100 MG, 400 MG</i>	NC		TUDORZA PRESSAIR	NC	1 package(s) per 31 day(s) retail
<i>amiodarone hcl TABS 200 MG</i>	C		YUPELRI	NP	
<i>dofetilide</i>	C		Leukotriene Modulators		
<i>ibutilide fumarate</i>	NC		ACCOLATE ( <i>Use zafirlukast</i> )	NP	
MULTAQ	NC		<i>montelukast sodium CHEW</i>	P	QL(1 ea daily)
NEXTERONE	NC		ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
TIKOSYN ( <i>Use dofetilide</i> )	NC		Antiasthmatic - Monoclonal Antibodies		
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	NC	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium CHEW</i>	NC	QL(1 ea daily)	ASMANEX TWISTHALER 14 METERED DOSES AEPB	P	
<i>montelukast sodium PACK</i>	NC	QL(1 ea daily)	ASMANEX TWISTHALER 30 METERED DOSES AEPB	P	
<i>montelukast sodium PACK</i>	P	QL(1 ea daily)	ASMANEX TWISTHALER 60 METERED DOSES AEPB	P	
<i>montelukast sodium TABS</i>	P	QL(1 ea daily)	<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	P	QL(60 ml per 31 day(s) retail); AL(Up to 8 yrs old)
<i>montelukast sodium TABS</i>	NC	QL(1 ea daily)	<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	NC	QL(60 ml per 31 day(s) retail); AL(Up to 8 yrs old)
SINGULAIR CHEW ( <i>Use montelukast sodium</i> )	NP	QL(1 ea daily)	<i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>	P	QL(120 ml per fill retail); AL(Up to 8 yrs old)
SINGULAIR PACK ( <i>Use montelukast sodium</i> )	NP	QL(1 ea daily)	FLOVENT DISKUS AEPB ( <i>Use fluticasone propionate (inhalation)</i> )	NP	
SINGULAIR TABS ( <i>Use montelukast sodium</i> )	NP	QL(1 ea daily)	FLUNISOLIDE ANHYDROUS POWD	NC	
<i>zafirlukast 20 MG</i>	NC		<i>fluticasone propionate (inhalation) AEPB</i>	NP	
<i>zafirlukast</i>	P		<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(11 gm per 25 day(s) retail)
<i>zileuton TB12</i>	NC		<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 gm per 25 day(s) retail)
<i>zileuton TB12</i>	NP		PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail
ZYFLO TABS	NP		PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail
Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors			PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML ( <i>Use budesonide (inhalation)</i> )	NP	QL(120 ml per fill retail); AL(Up to 8 yrs old)
OHTUVAYRE	NP	SP	PULMICORT SUSP 1 MG/2ML ( <i>Use budesonide (inhalation)</i> )	NP	QL(60 ml per 31 day(s) retail); AL(Up to 8 yrs old)
Selective Phosphodiesterase 4 (PDE4) Inhibitors					
DALIRESP ( <i>Use roflumilast</i> )	NP	QL(1 ea daily)			
<i>roflumilast</i>	NP	QL(1 ea daily)			
Steroid Inhalants					
ALVESCO	P				
ARMONAIR DIGIHALER	NP				
ARNUITY ELLIPTA	P	QL(1 ea daily)			
ASMANEX HFA AERO	P	QL(0.44 gm daily)			
ASMANEX TWISTHALER 120 METERED DOSES AEPB	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER 40 MCG/ACT	P	QL(0.36 gm daily)	<i>albuterol sulfate AERS</i>	P	QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
QVAR REDIHALER 80 MCG/ACT	P	QL(0.72 gm daily)	<i>albuterol sulfate NEBU 2.5 MG/0.5ML</i>	P	
Sympathomimetics			<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ml per 31 day(s) retail)
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	P	QL(60 ea per 30 day(s) retail); AL(At least 4 yrs old)	<i>albuterol sulfate NEBU 0.5 %</i>	NC	
ADVAIR HFA AERO (Use fluticasone-salmeterol)	P		<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ml daily)
AIRDUO DIGIHALER 113/14	NP		ALBUTEROL SULFATE NEBU	NC	
AIRDUO DIGIHALER 232/14	NP		ALBUTEROL SULFATE POWD	NC	
AIRDUO DIGIHALER 55/14	NP		<i>albuterol sulfate SYRP</i>	NC	
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	NP		<i>albuterol sulfate SYRP</i>	P	
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	NP		<i>albuterol sulfate TABS</i>	P	
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	NP		ANORO ELLIPTA	P	
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	NP		ANORO ELLIPTA	NC	
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	NP		<i>arformoterol tartrate</i>	P	
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	NP		<i>arformoterol tartrate</i>	NC	
AIRDUO RESPICLICK 55/14 AEPB	NC		BEVESPI AEROSPHERE	NP	
AIRSUPRA	NP		BREO ELLIPTA (Use fluticasone furoate-vilanterol)	NP	
<i>albuterol sulfate AERS</i>	NP	QL(18 gm per fill retail; 36 gm per 30 day(s) retail)	BREO ELLIPTA	NP	
<i>albuterol sulfate AERS</i>	NP	QL(8.5 gm per fill retail; 17 gm per 30 day(s) retail)	BREO ELLIPTA 100 MCG/ACT-25 MCG/ACT	NC	
<i>albuterol sulfate AERS</i>	NC	QL(8.5 gm per fill retail)	BREZTRI AEROSPHERE	NP	
<i>albuterol sulfate AERS</i>	NC	QL(18 gm per fill retail; 36 gm per 30 day(s) retail)	BROVANA (Use <i>arformoterol tartrate</i> )	NP	
			<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(30.9 gm per 30 day(s) retail)
			<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(30.6 gm per 30 day(s) retail)
			COMBIVENT RESPIMAT AERS	P	QL(4 gm per 31 day(s) retail)
			DUAKLIR PRESSAIR	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DULERA	P	QL(39 gm per 30 day(s) retail)	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (Use budesonide-formoterol fumarate dihydrate)	P	QL(20.7 gm per 30 day(s) retail)
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(26.4 gm per 30 day(s) retail)	TERBUTALINE SULFATE POWD	NC	
EPHEDRINE HCL POWD	NC		<i>terbutaline sulfate SOLN</i>	NC	
EPHEDRINE SULFATE POWD	NC		<i>terbutaline sulfate TABS</i>	NP	
<i>fluticasone furoate-vilanterol</i>	NP		<i>terbutaline sulfate TABS</i>	NC	
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	NP	QL(60 ea per 30 day(s) retail); AL(At least 4 yrs old)	TRELEGY ELLIPTA	NP	
<i>formoterol fumarate NEBU</i>	NP		XOPENEX (Use <i>levalbuterol hcl</i> )	NC	
<i>formoterol fumarate NEBU</i>	NC		XOPENEX CONCENTRATE (Use <i>levalbuterol hcl</i> )	NC	
<i>ipratropium-albuterol SOLN</i>	NP	QL(12 ml daily)	XOPENEX HFA (Use <i>levalbuterol tartrate</i> )	NP	QL(0.5 gm daily; 30 gm per 30 day(s) retail)
<i>isoproterenol hcl</i>	NC		<b>Xanthines</b>		
<i>levalbuterol hcl</i>	NP		AMINOPHYLLINE ANHYDROUS POWD	NC	
<i>levalbuterol hcl</i>	NC		<i>aminophylline SOLN</i>	NC	
<i>levalbuterol tartrate</i>	NP	QL(0.5 gm daily; 30 gm per 30 day(s) retail)	THEO-24 CP24	C	
METAPROTERENOL SULFATE POWD	NC		THEOPHYLLINE ETHYLENEDIAMINE EP POWD	NC	
PERFORMIST NEBU (Use <i>formoterol fumarate</i> )	NP		<i>theophylline ELIX</i>	C	
PROAIR DIGIHALER	NP		<i>theophylline SOLN</i>	C	QL(475 ml per fill retail)
PROAIR RESPICLICK AEPB	P		<i>theophylline TB12</i>	C	
SEREVENT DISKUS	P	1 package(s) per fill retail	<i>theophylline TB24</i>	C	
STIOLTO RESPIMAT	P		<b>ANTICOAGULANTS - Blood Thinners</b>		
STRIVERDI RESPIMAT	NP		<b>Coumarin Anticoagulants</b>		
			WARFARIN SODIUM CLATHRATEFORM POWD	NC	
			<i>warfarin sodium TABS</i>	NC	
			<i>warfarin sodium TABS</i>	P	
			<b>Direct Factor Xa Inhibitors</b>		



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)	<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L</i>	NC	
ELIQUIS TABS	P	QL(2 ea daily)	<i>heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML</i>	NC	
SAVAYSA	NP		<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	C	
XARELTO STARTER PACK TBPK	P		HEPARIN SODIUM/D5W	NC	
XARELTO SUSR	P		HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML	NC	
XARELTO TABS	P		HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML	NC	
Heparins And Heparinoid-Like Agents			HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	NC	
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	QL(126 ml per 180 day(s) retail)	HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	NC	
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(33.6 ml per 180 day(s) retail)	HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	C	
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	NC	QL(16.8 ml per 180 day(s) retail)	LOVENOX SOLN IJ 300 MG/3ML ( <i>Use enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(126 ml per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	P	QL(12.6 ml per 180 day(s) retail)	LOVENOX SOLN IJ 300 MG/3ML ( <i>Use enoxaparin sodium</i> )	NP	QL(126 ml per 180 day(s) retail)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	NC	QL(42 ml per 180 day(s) retail)	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>Use enoxaparin sodium</i> )	NP	Max 42 syringes in 180 days; QL(33.6 ml per 180 day(s) retail); SP
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	NC	QL(25.2 ml per 180 day(s) retail)			
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(42 ml per 180 day(s) retail)			
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(25.2 ml per 180 day(s) retail)			
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	NC	QL(33.6 ml per 180 day(s) retail)			
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	NC	QL(12.6 ml per 180 day(s) retail)			
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(16.8 ml per 180 day(s) retail)			
FRAGMIN SOLN 10000 UNIT/4ML	NP				
FRAGMIN SOSY	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOSY 80 MG/0.8ML (Use enoxaparin sodium)	NC	QL(33.6 ml per 180 day(s) retail)	<i>argatroban</i>	NC	
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NP	QL(42 ml per 180 day(s) retail)	ARGATROBAN	NC	
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	NP	QL(16.8 ml per 180 day(s) retail)	ARGATROBAN/SODIUM CHLORIDE	NC	
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	NP	QL(25.2 ml per 180 day(s) retail)	BIVALIRUDIN RTU SOLN (Use bivalirudin trifluoroacetate)	NC	
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	NP	Max 42 syringes in 180 days; QL(25.2 ml per 180 day(s) retail); SP	<i>bivalirudin trifluoroacetate SOLN</i>	NC	
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	NP	QL(12.6 ml per 180 day(s) retail)	<i>bivalirudin trifluoroacetate SOLR</i>	NC	
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	NP	Max 42 syringes in 180 days; QL(16.8 ml per 180 day(s) retail); SP	<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	NC	
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NP	Max 42 syringes in 180 days; QL(42 ml per 180 day(s) retail); SP	<i>dabigatran etexilate mesylate CAPS</i>	NP	
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium)	NP	QL(33.6 ml per 180 day(s) retail)	PRADAXA CAPS (Use dabigatran etexilate mesylate)	P	
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	NP	Max 42 syringes in 180 days; QL(12.6 ml per 180 day(s) retail); SP	PRADAXA CAPS 75 MG (Use dabigatran etexilate mesylate)	NC	
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	NP	Max 42 syringes in 180 days; QL(16.8 ml per 180 day(s) retail); SP	<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NP	Max 42 syringes in 180 days; QL(42 ml per 180 day(s) retail); SP	AMPA Glutamate Receptor Antagonists		
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium)	NP	QL(33.6 ml per 180 day(s) retail)	FYCOMPA SUSP	PA	PA
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	NP	Max 42 syringes in 180 days; QL(12.6 ml per 180 day(s) retail); SP	FYCOMPA TABS	PA	PA
<b>In Vitro/Lock Anticoagulants</b>			Anticonvulsants - Benzodiazepines		
ANTICOAGULANT SODIUM CITRATE SOLN	NC		<i>clobazam SUSP</i>	PA	PA
DEFENCATH	NC		<i>clobazam TABS</i>	NC	
<b>Thrombin Inhibitors</b>			<i>clobazam TABS</i>	PA	PA
			<i>clonazepam TABS</i>	C	QL(4 ea daily)
			<i>clonazepam TBDP</i>	NC	
			DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	NC	QL(1 ea per fill retail); AL(At least 2 yrs old)
			DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NC	QL(1 ea per fill retail); AL(At least 2 yrs old)
			<i>diazepam (anticonvulsant) GEL</i>	C	QL(1 ea per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KLONOPIN TABS ( <i>Use clonazepam</i> )	NC	QL(4 ea daily)	DIACOMIT CAPS 500 MG	NP	QL(6 ea daily); SP
LIBERVANT FILM	NP		DIACOMIT PACK 500 MG	NP	QL(6 ea daily); SP
NAYZILAM	P	QL(10 ea per 30 day(s) retail)	DIACOMIT PACK 250 MG	NP	QL(12 ea daily); SP
ONFI SUSP ( <i>Use clobazam</i> )	NP		ELEPSIA XR TB24	NP	
ONFI TABS ( <i>Use clobazam</i> )	NP		EPIDIOLEX	NP	
SYMPAZAN FILM	NP		EPRONTIA SOLN	NP	
VALTOCO 10 MG DOSE LIQD	P	QL(10 ea per 30 day(s) retail)	FINTEPLA	NP	
VALTOCO 15 MG DOSE LQPK	P	QL(10 ea per 30 day(s) retail)	<i>gabapentin CAPS</i>	NC	QL(9 ea daily)
VALTOCO 20 MG DOSE LQPK	P	QL(10 ea per 30 day(s) retail)	<i>gabapentin CAPS</i>	P	QL(9 ea daily)
VALTOCO 5 MG DOSE LIQD	P	QL(10 ea per 30 day(s) retail)	<i>gabapentin SOLN 250 MG/5ML</i>	NC	
Anticonvulsants - Misc.			<i>gabapentin SOLN</i>	P	
APTIOM	NP		<i>gabapentin TABS 600 MG</i>	P	QL(6 ea daily)
BANZEL SUSP ( <i>Use rufinamide</i> )	PA	PA	<i>gabapentin TABS 800 MG</i>	NC	QL(4 ea daily)
BANZEL TABS ( <i>Use rufinamide</i> )	PA	PA	<i>gabapentin TABS 800 MG</i>	P	QL(4 ea daily)
BRIVIACT SOLN OR 10 MG/ML	NP		<i>gabapentin TABS 600 MG</i>	NC	QL(6 ea daily)
BRIVIACT TABS	NP		KEPPRA XR TB24 ( <i>Use levetiracetam</i> )	NP	
<i>carbamazepine CHEW</i>	P		KEPPRA SOLN OR 100 MG/ML ( <i>Use levetiracetam</i> )	NP	QL(16 ml daily)
<i>carbamazepine CP12</i>	NP		KEPPRA TABS 1000 MG ( <i>Use levetiracetam</i> )	NP	
<i>carbamazepine CP12 200 MG, 300 MG</i>	NC		KEPPRA TABS 250 MG, 750 MG ( <i>Use levetiracetam</i> )	NP	QL(4 ea daily)
CARBAMAZEPINE POWD	NC		KEPPRA TABS 500 MG ( <i>Use levetiracetam</i> )	NP	QL(6 ea daily)
<i>carbamazepine SUSP</i>	NP		<i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	NP	
<i>carbamazepine TABS</i>	P		<i>lacosamide SOLN OR 10 MG/ML</i>	NC	
<i>carbamazepine TB12 200 MG, 400 MG</i>	NC		<i>lacosamide TABS</i>	NP	
<i>carbamazepine TB12</i>	NP		<i>lacosamide TABS</i>	NC	
CARBATROL CP12 ( <i>Use carbamazepine</i> )	P		LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <i>Use lamotrigine</i> )	NP	
DIACOMIT CAPS 250 MG	NP	QL(12 ea daily); SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT KIT (Use lamotrigine)	NP		levetiracetam TABS 500 MG	P	QL(6 ea daily)
LAMICTAL ODT TBDP (Use lamotrigine)	NP		levetiracetam TABS 750 MG	NC	QL(4 ea daily)
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine)	NP		levetiracetam TABS 500 MG	NC	QL(6 ea daily)
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine)	NP		levetiracetam TABS 1000 MG	NC	
LAMICTAL STARTER/TAKING VALPROATE KIT (Use lamotrigine)	NP		levetiracetam TABS 1000 MG	P	
LAMICTAL XR KIT	NP		levetiracetam TB24	NC	
LAMICTAL XR TB24 (Use lamotrigine)	NP	QL(1 ea daily)	levetiracetam TB24	P	
LAMICTAL TABS (Use lamotrigine)	NP		LYRICA CAPS (Use pregabalin)	NP	
lamotrigine CHEW	P		LYRICA SOLN (Use pregabalin)	NP	
lamotrigine CHEW	NC		MOTPOLY XR CP24	NP	
lamotrigine KIT 25 MG	NP		MYSOLINE (Use primidone)	NP	
lamotrigine TABS	P		NEURONTIN CAPS (Use gabapentin)	NP	QL(9 ea daily)
lamotrigine TABS	NC		NEURONTIN SOLN (Use gabapentin)	NC	
lamotrigine TB24	P	QL(1 ea daily)	NEURONTIN SOLN (Use gabapentin)	NP	
lamotrigine TBDP	P		NEURONTIN TABS 600 MG (Use gabapentin)	NP	QL(6 ea daily)
levetiracetam in sodium chloride	NC		NEURONTIN TABS 800 MG (Use gabapentin)	NP	QL(4 ea daily)
LEVETIRACETAM/SODIUM CHLORIDE	NC		oxcarbazepine SUSP	NP	
levetiracetam SOLN IV 500 MG/5ML	NC		oxcarbazepine TABS	P	
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	NC	QL(16 ml daily)	oxcarbazepine TABS 300 MG, 600 MG	NC	
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	P	QL(16 ml daily)	oxcarbazepine TB24	NP	
levetiracetam TABS 250 MG, 750 MG	P	QL(4 ea daily)	OXTELLAR XR TB24 (Use oxcarbazepine)	NP	
			pregabalin CAPS	P	
			pregabalin CAPS	NC	
			pregabalin SOLN	NP	
			primidone 50 MG, 250 MG	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>primidone</i>	P		TROKENDI XR CP24 (Use <i>topiramate</i> )	NP	
QUDEXY XR CS24 (Use <i>topiramate</i> )	NP		VIMPAT SOLN OR 10 MG/ML (Use <i>lacosamide</i> )	PA	PA
<i>rufinamide SUSP</i>	NP		VIMPAT TABS (Use <i>lacosamide</i> )	PA	PA
<i>rufinamide TABS</i>	NP		ZONEGRAN CAPS 25 MG, 100 MG (Use <i>zonisamide</i> )	NC	
SPRITAM TB3D	NP		ZONISADE SUSP	NP	
TEGRETOL SUSP (Use <i>carbamazepine</i> )	NP		<i>zonisamide CAPS</i>	P	
TEGRETOL TABS (Use <i>carbamazepine</i> )	NP		ZTALMY	NC	
TEGRETOL-XR TB12 (Use <i>carbamazepine</i> )	P		ZTALMY	NP	
TOPAMAX SPRINKLE CPSP 15 MG (Use <i>topiramate</i> )	NP	QL(6 ea daily)	<b>Carbamates</b>		
TOPAMAX SPRINKLE CPSP 25 MG (Use <i>topiramate</i> )	NP	QL(8 ea daily)	<i>felbamate SUSP</i>	P	
TOPAMAX TABS 25 MG, 50 MG (Use <i>topiramate</i> )	NP	QL(6 ea daily)	<i>felbamate SUSP</i>	NC	
TOPAMAX TABS 200 MG (Use <i>topiramate</i> )	NP	QL(2 ea daily)	<i>felbamate TABS</i>	NC	
TOPAMAX TABS 100 MG (Use <i>topiramate</i> )	NP	QL(4 ea daily)	<i>felbamate TABS</i>	P	
<i>topiramate CP24</i>	NP		FELBATOL SUSP (Use <i>felbamate</i> )	NP	
<i>topiramate CPSP 15 MG</i>	P	QL(6 ea daily)	FELBATOL TABS (Use <i>felbamate</i> )	NP	
<i>topiramate CPSP 25 MG</i>	P	QL(8 ea daily)	XCOPRI TABS	NP	
<i>topiramate CS24</i>	NP		XCOPRI TBPK	NP	
<i>topiramate TABS 25 MG, 50 MG</i>	NC	QL(6 ea daily)	<b>GABA Modulators</b>		
<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 ea daily)	GABITRIL (Use <i>tiagabine hcl</i> )	NC	PA
<i>topiramate TABS 100 MG</i>	P	QL(4 ea daily)	SABRIL PACK (Use <i>vigabatrin</i> )	PA	PA
<i>topiramate TABS 200 MG</i>	P	QL(2 ea daily)	SABRIL TABS (Use <i>vigabatrin</i> )	PA	PA
TRILEPTAL SUSP (Use <i>oxcarbazepine</i> )	P		<i>tiagabine hcl</i>	PA	PA
TRILEPTAL TABS (Use <i>oxcarbazepine</i> )	NP		<i>vigabatrin PACK</i>	PA	PA
TRILEPTAL TABS (Use <i>oxcarbazepine</i> )	NC		<i>vigabatrin PACK</i>	NP	
			<i>vigabatrin PACK</i>	NC	
			<i>vigabatrin TABS</i>	NP	
			VIGAFYDE SOLN	NP	
			<b>Hydantoins</b>		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DILANTIN	NP		DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	NP	QL(3 ea daily)
DILANTIN (Use phenytoin sodium extended)	NP		DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	NP	QL(8 ea daily)
DILANTIN INFATABS CHEW (Use phenytoin)	NP		DEPAKOTE TBEC 500 MG (Use divalproex sodium)	NP	QL(7 ea daily)
DILANTIN-125 SUSP (Use phenytoin)	NP		DEPAKOTE TBEC 125 MG (Use divalproex sodium)	NP	QL(2 ea daily)
fosphenytoin sodium	NC		DEPAKOTE TBEC 250 MG (Use divalproex sodium)	NP	QL(3 ea daily)
phenytoin sodium extended 100 MG, 200 MG, 300 MG	P		divalproex sodium CSDR	P	QL(8 ea daily)
phenytoin sodium extended 100 MG	NC		divalproex sodium TB24 500 MG	P	QL(7 ea daily)
phenytoin sodium extended 200 MG, 300 MG	NP		divalproex sodium TB24 500 MG	NC	QL(7 ea daily)
PHENYTOIN SODIUM POWD	NC		divalproex sodium TB24 250 MG	P	QL(3 ea daily)
phenytoin sodium SOLN	NC		divalproex sodium TBEC 125 MG	NC	QL(2 ea daily)
phenytoin CHEW	NC		divalproex sodium TBEC 500 MG	NC	QL(7 ea daily)
phenytoin CHEW	P		divalproex sodium TBEC 250 MG	NC	QL(3 ea daily)
phenytoin SUSP 100 MG/4ML	NC		divalproex sodium TBEC 500 MG	NC	QL(7 ea daily)
phenytoin SUSP	P		divalproex sodium TBEC 250 MG	NC	QL(3 ea daily)
Succinimides			divalproex sodium TBEC 500 MG	P	QL(7 ea daily)
CELONTIN (Use methsuximide)	P		divalproex sodium TBEC 250 MG	P	QL(3 ea daily)
ethosuximide CAPS	NC		divalproex sodium TBEC 125 MG	P	QL(2 ea daily)
ethosuximide CAPS	P		valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	C	PA
ethosuximide SOLN	P		valproate sodium SOLN OR 500 MG/10ML	NP	
methsuximide	NP		valproate sodium SOLN OR 250 MG/5ML	P	
ZARONTIN CAPS (Use ethosuximide)	NP		valproate sodium SOLN OR 250 MG/5ML	NC	
ZARONTIN SOLN (Use ethosuximide)	NP				
Valproic Acid					
DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	NP	QL(7 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid CAPS</i>	P		<i>bupropion hcl TB12 200 MG</i>	NC	QL(2 ea daily)
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>					
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>					
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	NC	QL(1 ea daily)	<i>bupropion hcl TB12 150 MG</i>	P	QL(3 ea daily)
<i>mirtazapine TABS 30 MG</i>	NC	QL(1.5 ea daily)	<i>bupropion hcl TB12 100 MG</i>	P	QL(4 ea daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 ea daily)	<i>bupropion hcl TB12 150 MG</i>	NC	QL(3 ea daily)
<i>mirtazapine TABS 15 MG</i>	NC	QL(3 ea daily)	<i>bupropion hcl TB24 450 MG</i>	NP	
<i>mirtazapine TABS 15 MG</i>	P	QL(3 ea daily)	<i>bupropion hcl TB24 300 MG</i>	P	QL(1 ea daily)
<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 ea daily)	<i>bupropion hcl TB24 150 MG</i>	P	QL(3 ea daily)
<i>mirtazapine TBDP 45 MG</i>	P	QL(1 ea daily)	<i>bupropion hcl TB24 300 MG</i>	NC	QL(1 ea daily)
<i>mirtazapine TBDP 15 MG</i>	P	QL(3 ea daily)	<i>bupropion hcl TB24 150 MG</i>	NC	QL(3 ea daily)
<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 ea daily)	<i>FORFIVO XL TB24 (Use bupropion hcl)</i>	NP	
<i>REMERON SOLTAB TBDP 30 MG (Use mirtazapine)</i>	NP	QL(1.5 ea daily)	<i>WELLBUTRIN SR TB12 150 MG (Use bupropion hcl)</i>	NP	QL(3 ea daily)
<i>REMERON SOLTAB TBDP 15 MG (Use mirtazapine)</i>	NP	QL(3 ea daily)	<i>WELLBUTRIN SR TB12 100 MG (Use bupropion hcl)</i>	NP	QL(4 ea daily)
<i>REMERON SOLTAB TBDP 45 MG (Use mirtazapine)</i>	NP	QL(1 ea daily)	<i>WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)</i>	NP	QL(2 ea daily)
<i>REMERON TABS 30 MG (Use mirtazapine)</i>	NP	QL(1.5 ea daily)	<i>WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)</i>	NP	QL(1 ea daily)
<i>REMERON TABS 15 MG (Use mirtazapine)</i>	NP	QL(3 ea daily)	<i>WELLBUTRIN XL TB24 150 MG (Use bupropion hcl)</i>	NP	QL(3 ea daily)
<b>Antidepressant Combinations</b>					
<i>AUVELITY</i>	NP		<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
<b>Antidepressants - Misc.</b>					
<i>APLENZIN</i>	NP		<i>EMSAM</i>	NP	
<i>bupropion hcl TABS</i>	NC		<i>MARPLAN</i>	NP	
<i>bupropion hcl TABS</i>	P	QL(3 ea daily)	<i>MARPLAN</i>	NC	
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 ea daily)	<i>NARDIL (Use phenelzine sulfate)</i>	NP	
<i>bupropion hcl TB12 100 MG</i>	NC	QL(4 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PARNATE (Use <i>tranylcypromine sulfate</i> )	NC		<i>escitalopram oxalate</i> TABS 20 MG	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>phenelzine sulfate</i>	P		<i>escitalopram oxalate</i> TABS 5 MG	P	QL(4 ea daily)
<i>tranylcypromine sulfate</i>	NP		<i>escitalopram oxalate</i> TABS 10 MG	NC	QL(2 ea daily); AL(At least 7 yrs old)
<i>tranylcypromine sulfate</i>	NC		<i>escitalopram oxalate</i> TABS 20 MG	NC	QL(1 ea daily); AL(At least 7 yrs old)
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>fluoxetine hcl</i> CAPS 10 MG, 20 MG	NC	QL(4 ea daily)
CELEXA TABS 40 MG (Use <i>citalopram hydrobromide</i> )	NP	QL(1 ea daily); AL(At least 7 yrs old)	<i>fluoxetine hcl</i> CAPS 40 MG	NC	QL(2 ea daily); AL(At least 7 yrs old)
CELEXA TABS 20 MG (Use <i>citalopram hydrobromide</i> )	NP	QL(2 ea daily); AL(At least 7 yrs old)	<i>fluoxetine hcl</i> CAPS 10 MG, 20 MG	P	QL(4 ea daily)
CELEXA TABS 10 MG (Use <i>citalopram hydrobromide</i> )	NP	QL(4 ea daily)	<i>fluoxetine hcl</i> CAPS 40 MG	P	QL(2 ea daily); AL(At least 7 yrs old)
CITALOPRAM HYDROBROMIDE CAPS	NP		<i>fluoxetine hcl</i> CPDR	NP	
<i>citalopram hydrobromide SOLN</i>	NC		<i>fluoxetine hcl</i> SOLN	P	QL(120 ml per fill retail)
<i>citalopram hydrobromide SOLN</i>	P		<i>fluoxetine hcl</i> TABS 20 MG	P	QL(4 ea daily)
<i>citalopram hydrobromide</i> TABS 10 MG	P	QL(4 ea daily)	<i>fluoxetine hcl</i> TABS 60 MG	NP	
<i>citalopram hydrobromide</i> TABS 20 MG	NC	QL(2 ea daily); AL(At least 7 yrs old)	<i>fluoxetine hcl</i> TABS 10 MG, 20 MG	NC	
<i>citalopram hydrobromide</i> TABS 10 MG	NC	QL(4 ea daily)	<i>fluoxetine hcl</i> TABS 10 MG	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>citalopram hydrobromide</i> TABS 20 MG	P	QL(2 ea daily); AL(At least 7 yrs old)	FLUOXETINE HYDROCHLORIDE TABS (Use <i>fluoxetine hcl</i> )	NP	
<i>citalopram hydrobromide</i> TABS 40 MG	P	QL(1 ea daily); AL(At least 7 yrs old)	<i>fluvoxamine maleate</i> CP24	NP	
<i>citalopram hydrobromide</i> TABS 40 MG	NC	QL(1 ea daily); AL(At least 7 yrs old)	<i>fluvoxamine maleate</i> TABS 100 MG	P	QL(3 ea daily)
<i>escitalopram oxalate</i> SOLN	NP		<i>fluvoxamine maleate</i> TABS 25 MG, 50 MG	P	QL(2 ea daily); AL(At least 7 yrs old)
<i>escitalopram oxalate</i> TABS 10 MG	P	QL(2 ea daily); AL(At least 7 yrs old)	LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i> )	NP	QL(4 ea daily)
<i>escitalopram oxalate</i> TABS 5 MG	NC	QL(4 ea daily)			



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEXAPRO TABS 20 MG (Use escitalopram oxalate)	NP	QL(1 ea daily); AL(At least 7 yrs old)	<i>sertraline hcl CONC</i>	NP	QL(186 ml per 31 day(s) retail)
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	NP	QL(2 ea daily); AL(At least 7 yrs old)	<i>sertraline hcl CONC</i>	NC	QL(186 ml per 31 day(s) retail)
<i>paroxetine hcl SUSP</i>	NP	QL(40 ml daily)	<i>sertraline hcl TABS 25 MG, 50 MG</i>	P	QL(4 ea daily)
<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	QL(2 ea daily); AL(At least 7 yrs old)	<i>sertraline hcl TABS 100 MG</i>	NC	QL(2 ea daily); AL(At least 7 yrs old)
<i>paroxetine hcl TABS 20 MG</i>	NC	QL(3 ea daily)	<i>sertraline hcl TABS 25 MG, 50 MG</i>	NC	QL(4 ea daily)
<i>paroxetine hcl TABS 10 MG</i>	P	QL(6 ea daily)	<i>sertraline hcl TABS 100 MG</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
<i>paroxetine hcl TABS 30 MG</i>	NC	QL(2 ea daily); AL(At least 7 yrs old)	SERTRALINE HYDROCHLORIDE CAPS	NP	
<i>paroxetine hcl TABS 10 MG</i>	NC	QL(6 ea daily)	ZOLOFT CONC (Use <i>sertraline hcl</i> )	NP	QL(186 ml per 31 day(s) retail)
<i>paroxetine hcl TABS 20 MG</i>	P	QL(3 ea daily)	ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i> )	NP	QL(4 ea daily)
<i>paroxetine hcl TB24</i>	NP	QL(1 ea daily); AL(At least 7 yrs old)	ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i> )	NP	QL(2 ea daily); AL(At least 7 yrs old)
<i>paroxetine hcl TB24</i>	NC	QL(1 ea daily); AL(At least 7 yrs old)	Serotonin Modulators		
PAXIL CR TB24 (Use <i>paroxetine hcl</i> )	NP	QL(1 ea daily); AL(At least 7 yrs old)	<i>nefazodone hcl</i>	P	
PAXIL SUSP (Use <i>paroxetine hcl</i> )	NP	QL(40 ml daily)	TRAZODONE HCL POWD	NC	
PAXIL TABS 20 MG (Use <i>paroxetine hcl</i> )	NP	QL(3 ea daily)	<i>trazodone hcl TABS 300 MG</i>	P	QL(2 ea daily)
PAXIL TABS 30 MG, 40 MG (Use <i>paroxetine hcl</i> )	NP	QL(2 ea daily); AL(At least 7 yrs old)	<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P	
PAXIL TABS 10 MG (Use <i>paroxetine hcl</i> )	NP	QL(6 ea daily)	TRINTELLIX	NP	QL(1 ea daily); AL(At least 18 yrs old)
PROZAC CAPS 40 MG (Use <i>fluoxetine hcl</i> )	NP	QL(2 ea daily); AL(At least 7 yrs old)	VIIBRYD TABS (Use <i>vilazodone hcl</i> )	NP	QL(1 ea daily)
PROZAC CAPS 10 MG, 20 MG (Use <i>fluoxetine hcl</i> )	NP	QL(4 ea daily)	<i>vilazodone hcl TABS</i>	P	QL(1 ea daily)
			Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
			CYMBALTA CPEP (Use <i>duloxetine hcl</i> )	NC	QL(1 ea daily); AL(At least 7 yrs old)
			DESVENLAFAXINE ER 100 MG	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DESVENLAFAXINE ER	NP		<i>venlafaxine hcl CP24 150 MG</i>	NC	QL(2 ea daily)
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	P	QL(1 ea daily)	<i>venlafaxine hcl TABS</i>	P	
<i>desvenlafaxine succinate 100 MG</i>	P	QL(4 ea daily)	<i>venlafaxine hcl TABS</i>	NC	
DRIZALMA SPRINKLE CSDR	NP		<i>venlafaxine hcl TB24 150 MG</i>	NC	QL(1 ea daily)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	NC	QL(1 ea daily); AL(At least 7 yrs old)	<i>venlafaxine hcl TB24 150 MG</i>	NP	QL(1 ea daily)
<i>duloxetine hcl CPEP 40 MG</i>	NP		<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	NP	QL(1 ea daily); AL(At least 7 yrs old)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	QL(1 ea daily); AL(At least 7 yrs old)	<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>	NC	QL(1 ea daily); AL(At least 7 yrs old)
EFFEXOR XR CP24 150 MG (Use <i>venlafaxine hcl</i> )	NP	QL(2 ea daily)	Tricyclic Agents		
EFFEXOR XR CP24 37.5 MG (Use <i>venlafaxine hcl</i> )	NP	QL(4 ea daily)	<i>amitriptyline hcl TABS</i>	C	
EFFEXOR XR CP24 75 MG (Use <i>venlafaxine hcl</i> )	NP	QL(5 ea daily)	<i>amoxapine</i>	C	
FETZIMA TITRATION PACK C4PK	NP		ANAFRANIL (Use <i>clomipramine hcl</i> )	NC	
FETZIMA CP24	NP		<i>clomipramine hcl 75 MG</i>	C	
PRISTIQ 25 MG, 50 MG (Use <i>desvenlafaxine succinate</i> )	NP	QL(1 ea daily)	<i>clomipramine hcl 25 MG, 50 MG</i>	NC	
PRISTIQ 100 MG (Use <i>desvenlafaxine succinate</i> )	NP	QL(4 ea daily)	DESIPRAMINE HCL POWD	NC	
PRISTIQ 50 MG (Use <i>desvenlafaxine succinate</i> )	NC	QL(1 ea daily)	<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	C	
VENLAFAXINE BESYLATE ER	NP		<i>desipramine hcl TABS 25 MG</i>	C	QL(2 ea daily)
<i>venlafaxine hcl CP24 75 MG</i>	P	QL(5 ea daily)	<i>doxepin hcl CAPS</i>	C	
<i>venlafaxine hcl CP24 37.5 MG</i>	P	QL(4 ea daily)	<i>doxepin hcl CONC</i>	C	
<i>venlafaxine hcl CP24 75 MG</i>	NC	QL(5 ea daily)	IMIPRAMINE HCL POWD	NC	
<i>venlafaxine hcl CP24 37.5 MG</i>	NC	QL(4 ea daily)	<i>imipramine hcl TABS</i>	C	
<i>venlafaxine hcl CP24 150 MG</i>	P	QL(2 ea daily)	<i>imipramine pamoate</i>	NC	
			NORPRAMIN TABS 10 MG (Use <i>desipramine hcl</i> )	NC	
			NORPRAMIN TABS 25 MG (Use <i>desipramine hcl</i> )	NC	QL(2 ea daily)
			<i>nortriptyline hcl CAPS</i>	C	
			NORTRIPTYLINE HCL POWD	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl SOLN</i>	C	QL(20 ml daily)	INVOKAMET XR TB24	NP	
PAMELOR CAPS ( <i>Use nortriptyline hcl</i> )	NC		INVOKAMET TABS	P	ST
<i>protriptyline hcl</i>	NC		JANUMET XR TB24	NP	
<i>trimipramine maleate CAPS</i>	NC		JENTADUETO XR TB24	NP	
TRIMIPRAMINE MALEATE POWD	NC		KOMBIGLYZE XR ( <i>Use saxagliptin-metformin hcl</i> )	NP	QL(1 ea daily)
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>			<i>pioglitazone hcl-glimepiride</i>	NP	
Alpha-Glucosidase Inhibitors			<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 ea daily)
<i>acarbose</i>	P		QTERN	NP	
<i>miglitol</i>	NP		<i>saxagliptin-metformin hcl</i>	NP	QL(1 ea daily)
PRECOSE ( <i>Use acarbose</i> )	NP		SEGLUROMET	NC	QL(2 ea daily)
Antidiabetic - Amylin Analogs			SEGLUROMET	NP	QL(2 ea daily)
SYMLINPEN 120 SOPN	P	QL(11 ml per 31 day(s) retail); ST	SITAGLIPTIN/METFORMIN HYDROCHLORIDE	NP	
SYMLINPEN 60 SOPN	P	QL(6 ml per 31 day(s) retail); ST	SOLIQUA 100/33	NP	QL(18 ml per 31 day(s) retail)
Antidiabetic Combinations			STEGLUJAN	NP	
ACTOPLUS MET TABS 850 MG-15 MG ( <i>Use pioglitazone hcl-metformin hcl</i> )	NP	QL(2 ea daily)	SYNJARDY XR TB24	NP	
<i>alogliptin-metformin hcl</i>	NP	QL(2 ea daily)	SYNJARDY TABS	NP	
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 ea daily)	TRIJARDY XR	NP	
<i>dapagliflozin propanediol-metformin hcl</i>	NP		XIGDUO XR ( <i>Use dapagliflozin propanediol-metformin hcl</i> )	P	
DUETACT ( <i>Use pioglitazone hcl-glimepiride</i> )	NP		XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG	P	ST
<i>glipizide-metformin hcl</i>	NP		XULTOPHY 100/3.6	NP	
<i>glyburide-metformin</i>	P		<b>Biguanides</b>		
<i>glyburide-metformin</i>	NC		GLUMETZA TB24 ( <i>Use metformin hcl</i> )	NP	
GLYXAMBI	NP		<i>metformin hcl SOLN</i>	NP	
			<i>metformin hcl TABS 500 MG</i>	P	QL(5 ea daily)
			<i>metformin hcl TABS 625 MG</i>	NP	
			<i>metformin hcl TABS 850 MG</i>	P	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TABS 1000 MG</i>	NC	QL(2 ea daily)
<i>metformin hcl TABS 850 MG</i>	NC	QL(3 ea daily)
<i>metformin hcl TABS 1000 MG</i>	P	QL(2 ea daily)
<i>metformin hcl TABS 500 MG</i>	NC	QL(5 ea daily)
<i>metformin hcl TB24 500 MG</i>	P	QL(4 ea daily)
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP	
<i>metformin hcl TB24 750 MG</i>	NC	QL(3 ea daily)
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NC	
<i>metformin hcl TB24 750 MG</i>	P	QL(3 ea daily)
RIOMET SOLN ( <i>Use metformin hcl</i> )	NP	
Diabetic Other		
BAQSIMI ONE PACK POWD	NC	
BAQSIMI TWO PACK POWD	NC	
<i>diazoxide</i>	NC	
GLUCAGEN HYPOKIT	NC	
<i>glucagon (rdna)</i>	C	QL(4 ea per 365 day(s) retail)
GLUCAGON EMERGENCY KIT ( <i>Use glucagon (rdna)</i> )	NC	QL(4 ea per 365 day(s) retail)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	NC	
GVOKE HYPOPEN 1-PACK SOAJ	NC	
GVOKE HYPOPEN 2-PACK SOAJ	NC	
GVOKE KIT SOLN	NC	

Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS SOSY 1 MG/0.2ML	NC	
ZEGALOGUE SOAJ	NC	
ZEGALOGUE SOSY	NC	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	NP	QL(1 ea daily)
JANUVIA	P	ST
ONGLYZA ( <i>Use saxagliptin hcl</i> )	NP	QL(1 ea daily)
<i>saxagliptin hcl</i>	NP	QL(1 ea daily)
SITAGLIPTIN	NP	
TRADJENTA	P	ST
ZITUVIO	NP	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET	NC	
Incretin Mimetic Agents		
BYDUREON BCISE AUIJ	NP	QL(3.4 ml per 28 day(s) retail)
BYETTA SOPN 5 MCG/0.02ML	NP	QL(1.2 ml per 31 day(s) retail); AL(At least 18 yrs old)
BYETTA SOPN 10 MCG/0.04ML	NP	QL(2.4 ml per 31 day(s) retail); AL(At least 18 yrs old)
<i>liraglutide</i>	NP	QL(12 ml per 28 day(s) retail); AL(At least 10 yrs old)
MOUNJARO	NP	
OZEMPIC SOPN	PA	PA
RYBELSUS TABS	NP	
TRULICITY	PA	QL(2 ml per 28 day(s) retail); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VICTOZA (Use liraglutide)	PA	QL(12 ml per 28 day(s) retail); AL(At least 10 yrs old); PA	HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	
Insulin			HUMULIN R U-500 KWIKPEN SOPN SC	P	
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP		HUMULIN R SOLN IJ	P	Limit 40mls per month
APIDRA SOLOSTAR SOPN	P		INSULIN ASPART FLEXPEN SOPN	P	QL(30 ml per 31 day(s) retail)
APIDRA SOLN	NC		INSULIN ASPART PENFILL SOCT	P	QL(30 ml per 31 day(s) retail)
APIDRA SOLN	NP		INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(30 ml per 31 day(s) retail)
BASAGLAR KWIKPEN SOPN	NP		INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 31 day(s) retail)
BASAGLAR TEMPO PEN SOPN	NP		INSULIN ASPART SOLN IJ	P	QL(30 ml per 31 day(s) retail)
FIASP FLEXTOUCH SOPN	NP		INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	NP	QL(1.5 ml daily)
FIASP PENFILL SOCT	NP		INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	NP	QL(0.9 ml daily)
FIASP PUMPCART SOCT	NC		INSULIN DEGLUDEC SOLN	NP	QL(1.5 ml daily)
FIASP SOLN	NP		INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	
HUMALOG JUNIOR KWIKPEN SOPN	P	QL(30 ml per 31 day(s) retail)	INSULIN GLARGINE SOLOSTAR SOPN	NP	
HUMALOG MIX 50/50 KWIKPEN SUPN	P		INSULIN GLARGINE SOLN	NP	
HUMALOG MIX 50/50 SUSP	P		INSULIN GLARGINE-YFGN SOLN	NP	QL(30 ml per 31 day(s) retail)
HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(30 ml per 31 day(s) retail)	INSULIN GLARGINE-YFGN SOPN	NP	QL(30 ml per 31 day(s) retail)
HUMALOG MIX 75/25 SUSP	P		INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(30 ml per 31 day(s) retail)
HUMALOG TEMPO PEN SOPN	P		INSULIN LISPRO KWIKPEN SOPN	NC	QL(30 ml per 31 day(s) retail)
HUMALOG SOLN IJ	P	QL(30 ml per 31 day(s) retail)	INSULIN LISPRO KWIKPEN SOPN	P	QL(30 ml per 31 day(s) retail)
HUMULIN 70/30 KWIKPEN SUPN	P	QL(1 ml daily)			
HUMULIN 70/30 SUSP	P	Limit 40mls per month			
HUMULIN N KWIKPEN SUPN	P	QL(1 ml daily)			
HUMULIN N SUSP	P	Limit 40mls per month			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(30 ml per 31 day(s) retail)	NOVOLOG FLEXPEN SOPN	P	QL(30 ml per 31 day(s) retail)
INSULIN LISPRO SOLN IJ	P	QL(30 ml per 31 day(s) retail)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	P	QL(30 ml per 31 day(s) retail)
INSULIN LISPRO SOLN IJ	NC	QL(30 ml per 31 day(s) retail)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	P	QL(30 ml per 31 day(s) retail)
LANTUS SOLOSTAR SOPN	P		NOVOLOG MIX 70/30 RELION SUSP	P	QL(40 ml per 31 day(s) retail)
LANTUS SOLOSTAR SOPN	NC		NOVOLOG MIX 70/30 SUSP	P	QL(40 ml per 31 day(s) retail)
LYUMJEV KWIKPEN SOPN	NP		NOVOLOG PENFILL SOCT	P	QL(30 ml per 31 day(s) retail)
LYUMJEV TEMPO PEN SOPN	NP		NOVOLOG RELION SOLN IJ	P	QL(30 ml per 31 day(s) retail)
LYUMJEV SOLN	NP		NOVOLOG SOLN IJ	P	QL(30 ml per 31 day(s) retail)
MYXREDLIN	NC		REZVOGLAR KWIKPEN	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(1 ml daily)	SEMGLEE SOLN	NP	QL(30 ml per 31 day(s) retail)
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ml daily)	SEMGLEE SOPN	NP	QL(30 ml per 31 day(s) retail)
NOVOLIN 70/30 RELION SUSP	NP		TOUJEO MAX SOLOSTAR SOPN	NP	
NOVOLIN 70/30 SUSP	NP	Limit 40mls per month	TOUJEO SOLOSTAR SOPN	NP	
NOVOLIN N FLEXPEN RELION SUPN	NP	QL(1 ml daily)	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	NP	QL(1.5 ml daily)
NOVOLIN N FLEXPEN SUPN	NP	QL(1 ml daily)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	NP	QL(0.9 ml daily)
NOVOLIN N RELION SUSP	NP		TRESIBA SOLN	NP	QL(1.5 ml daily)
NOVOLIN N SUSP	NP	Limit 40mls per month	<b>Insulin Sensitizing Agents</b>		
NOVOLIN R FLEXPEN RELION SOPN IJ	NP		ACTOS (Use pioglitazone hcl)	NP	QL(1 ea daily)
NOVOLIN R FLEXPEN SOPN IJ	NP		pioglitazone hcl	P	QL(1 ea daily)
NOVOLIN R RELION SOLN IJ	NP		pioglitazone hcl	NC	QL(1 ea daily)
NOVOLIN R SOLN IJ	NP	Limit 40mls per month	<b>Meglitinide Analogues</b>		
NOVOLOG FLEXPEN RELION SOPN	P	QL(30 ml per 31 day(s) retail)	nateglinide 60 MG	NC	QL(3 ea daily)
			nateglinide	P	QL(3 ea daily)
			repaglinide	NP	

Drug Name	Drug Tier	Requirements/Limits
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>		
<i>dapagliflozin propanediol</i>	NP	ST
FARXIGA	P	ST
FARXIGA (Use <i>dapagliflozin propanediol</i> )	P	ST
JARDIANCE	P	ST
STEGLATRO	NC	QL(1 ea daily)
STEGLATRO	NP	QL(1 ea daily)
<b>Sulfonylureas</b>		
AMARYL 1 MG (Use <i>glimepiride</i> )	NC	QL(4 ea daily)
<i>glimepiride 1 MG</i>	NC	
<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 ea daily)
<i>glimepiride 2 MG</i>	NC	QL(4 ea daily)
<i>glimepiride 3 MG</i>	P	
<i>glimepiride 4 MG</i>	P	QL(2 ea daily)
<i>glimepiride 4 MG</i>	NC	QL(2 ea daily)
GLIPIZIDE POWD	NC	
<i>glipizide TABS 5 MG, 10 MG</i>	NC	
<i>glipizide TABS</i>	P	
<i>glipizide TB24 5 MG, 10 MG</i>	NC	
<i>glipizide TB24</i>	P	
GLUCOTROL XL TB24 (Use <i>glipizide</i> )	NP	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	
GLYBURIDE POWD	NC	
<i>glyburide TABS</i>	P	
<i>glyburide TABS</i>	NC	
GLYNASE 1.5 MG, 6 MG (Use <i>glyburide micronized</i> )	NP	
GLYNASE 3 MG (Use <i>glyburide micronized</i> )	NC	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>to Treat Diarrhea</b>		
<b>Antidiarrheal - Chloride Channel Antagonists</b>		
MYTESI	NC	
<b>Antidiarrheal/Probiotic Agents - Misc.</b>		
BISMUTH SUBGALLATE POWD	NC	RX/OTC
<i>bismuth subsalicylate CHEW 262 MG</i>	C	
<i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>	C	
PEPTO-BISMOL MAX STRENGTH SUSP (Use <i>bismuth subsalicylate</i> )	NC	
PEPTO-BISMOL TO-GO CHEW (Use <i>bismuth subsalicylate</i> )	NC	
PEPTO-BISMOL CHEW (Use <i>bismuth subsalicylate</i> )	NC	
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate w/ atropine LIQD</i>	C	
<i>diphenoxylate w/ atropine TABS</i>	C	
IMODIUM A-D CAPS (Use <i>loperamide hcl</i> )	NC	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS (Use <i>loperamide hcl</i> )	NC	QL(8 ea daily)
LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i> )	NC	
<i>loperamide hcl CAPS</i>	C	QL(8 ea daily); RX/OTC
LOPERAMIDE HCL POWD	NC	
<i>loperamide hcl TABS</i>	C	QL(8 ea daily)
LOPERAMIDE HYDROCHLORIDE POWD	NC	
MOTOFEN	NC	
<i>opium tincture</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Adsorbents		
KAOLIN	NC	RX/OTC
KAOLIN COLLOIDAL	NC	RX/OTC
PECTIN	NC	RX/OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidote Combinations		
PREVDUO	NC	
Antidotes - Chelating Agents		
CHEMET	C	
<i>deferasirox PACK</i>	C	SP; PA
<i>deferasirox TABS</i>	C	SP; PA
<i>deferasirox TBSO</i>	C	SP; PA
<i>deferiprone TABS</i>	NC	SP
EXJADE TBSO ( <i>Use deferasirox</i> )	NC	SP; PA
JADENU SPRINKLE PACK ( <i>Use deferasirox</i> )	NC	SP; PA
JADENU TABS ( <i>Use deferasirox</i> )	NC	SP; PA
Antidotes and Specific Antagonists		
<i>acetylcysteine (antidote) SOLN</i>	NC	
CALCIUM DISODIUM VERSENATE SOLN 1 GM/5ML	NC	
CHARCOAL ACTIVATED POWD	NC	RX/OTC
CHARCOAL POWD	NC	RX/OTC
EDETATE CALCIUM DISODIUM POWD	NC	
EDETATE CALCIUM DISODIUM SOLN	NC	
<i>fomepizole 1.5 GM/1.5ML</i>	NC	
<i>methylene blue (antidote) SOLN IV</i>	NC	
PRAXBIND	NC	
PROTOPAM CHLORIDE SOLR	NC	

Drug Name	Drug Tier	Requirements/Limits
Benzodiazepine Antagonists		
<i>flumazenil</i>	NC	
Opioid Antagonists		
KLOXXADO LIQD	NP	
NALMEFENE HYDROCHLORIDE IJ	NC	
<i>naloxone hcl LIQD</i>	NP	QL(4 ea per 90 day(s) retail); RX/OTC
<i>naloxone hcl LIQD</i>	NC	QL(4 ea per 90 day(s) retail); RX/OTC
<i>naloxone hcl LIQD</i>	P	QL(4 ea per 90 day(s) retail); RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ml per 90 day(s) retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	NC	QL(2 ml per 90 day(s) retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ml per 90 day(s) retail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ml per 90 day(s) retail)
<i>naloxone hcl SOSY 0.4 MG/ML</i>	P	
<i>naltrexone hcl</i>	C	
NARCAN LIQD ( <i>Use naloxone hcl</i> )	P	QL(4 ea per 90 day(s) retail); RX/OTC
OPVEE NA	NP	
REXTOVY LIQD	NP	
VIVITROL	P	QL(1 ea per 30 day(s) retail); SP
ZIMHI SOSY	NP	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	
<i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>	NC	



Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl TABS</i>	NP	
<i>granisetron hcl TABS</i>	NC	
<i>ondansetron hcl SOLN IJ</i>	C	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	NC	QL(50 ml per 31 day(s) retail)
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	P	QL(50 ml per 31 day(s) retail)
<i>ondansetron hcl SOSY</i>	C	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	NC	QL(20 ea per 31 day(s) retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 ea per 31 day(s) retail)
<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(20 ea per 31 day(s) retail)
<i>ondansetron TBDP 16 MG</i>	P	
<i>palonosetron hcl SOLN</i>	NC	
<i>palonosetron hcl SOSY</i>	NC	
PALONOSETRON HYDROCHLORIDE SOLN	NC	
POSFREA SOLN	NC	
SANCUSO PTCH	NP	
SUSTOL PRSY	NC	
Antiemetics - Anticholinergic		
ANTIVERT CHEW ( <i>Use meclizine hcl</i> )	NP	RX/OTC
ANTIVERT TABS 50 MG ( <i>Use meclizine hcl</i> )	NP	
DIMENHYDRINATE SOLN	NC	
MECLIZINE HCL MONOHYDRATE POWD	NC	
<i>meclizine hcl CHEW</i>	NC	RX/OTC
MECLIZINE HCL POWD	NC	
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	NC	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
MECLIZINE HYDROCHLORIDE MONOHYDRATE POWD	NC	
<i>scopolamine</i>	NP	
TIGAN SOLN	NC	
TRANSDERM-SCOP ( <i>Use scopolamine</i> )	P	
<i>trimethobenzamide hcl CAPS</i>	NP	
Antiemetics - Antidopaminergic		
BARHEMSYS	NC	
Antiemetics - Miscellaneous		
AKYNZEO	NP	
AKYNZEO SOLN	NC	
AKYNZEO SOLR	NC	
BONJESTA TBCR	NP	
DICLEGIS TBEC ( <i>Use doxylamine-pyridoxine</i> )	NP	
<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>dronabinol CAPS</i>	NC	
<i>dronabinol CAPS</i>	NP	
MARINOL CAPS 5 MG, 10 MG ( <i>Use dronabinol</i> )	NC	
MARINOL CAPS 2.5 MG ( <i>Use dronabinol</i> )	NP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NC	
<i>aprepitant CAPS</i>	NP	
<i>aprepitant MISC</i>	NP	
EMEND TRIPACK CAPS ( <i>Use aprepitant</i> )	P	
EMEND CAPS 80 MG ( <i>Use aprepitant</i> )	P	
EMEND SUSR	NP	
FOCINVEZ SOLN	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fosaprepitant dimeglumine SOLR</i>	NC		DIFLUCAN SUSR 40 MG/ML ( <i>Use fluconazole</i> )	NP	QL(70 ml per fill retail)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>					
<b>Antifungal - Glucan Synthesis Inhibitors</b>					
BREXAFEMME	NP		DIFLUCAN TABS 100 MG, 200 MG ( <i>Use fluconazole</i> )	NP	
<i>caspofungin acetate</i>	NC		<i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i>	NC	
CASPOFUNGIN ACETATE	NC		FLUCONAZOLE/SODIUM CHLORIDE	NC	
ERAXIS	NC		<i>fluconazole SUSR</i>	P	QL(70 ml per fill retail)
MICAFUNGIN	NC		<i>fluconazole TABS 150 MG</i>	P	QL(2 ea per fill retail)
<i>micafungin sodium</i>	NC		<i>fluconazole TABS 100 MG, 200 MG</i>	NC	
MICAFUNGIN/SODIUM CHLORIDE	NC		<i>fluconazole TABS 100 MG, 200 MG</i>	P	
REZZAYO	NC		<i>fluconazole TABS 50 MG</i>	P	QL(3 ea per 14 day(s) retail)
<b>Antifungals</b>					
ABELCET	NC		<i>itraconazole CAPS</i>	NP	QL(1 ea daily)
<i>amphotericin b IV</i>	NC		<i>itraconazole SOLN</i>	NP	
<i>amphotericin b liposome</i>	NC		<i>ketoconazole</i>	NP	
<i>flucytosine</i>	NC		MICONAZOLE	NC	
<i>griseofulvin microsize SUSP</i>	P		NOXAFIL PACK	NC	
<i>griseofulvin microsize TABS</i>	NP		<i>posaconazole SOLN</i>	NC	
<i>griseofulvin microsize TABS</i>	NC		<i>posaconazole SUSP</i>	NC	
<i>griseofulvin ultramicrosize</i>	P		<i>posaconazole TBEC</i>	NC	
<i>griseofulvin ultramicrosize</i>	NC		SPORANOX CAPS ( <i>Use itraconazole</i> )	NP	QL(1 ea daily)
<i>nystatin TABS</i>	P	QL(6 ea daily)	SPORANOX SOLN ( <i>Use itraconazole</i> )	NP	
<i>terbinafine hcl TABS</i>	P	QL(1 ea daily; 90 ea per 120 day(s) retail)	TOLSURA CAPS	NC	
<i>terbinafine hcl TABS</i>	NC	QL(1 ea daily; 90 ea per 120 day(s) retail)	VFEND SUSR ( <i>Use voriconazole</i> )	NP	
<b>Imidazole-Related Antifungals</b>					
CRESEMBA CAPS	NP		VFEND TABS ( <i>Use voriconazole</i> )	NP	
CRESEMBA SOLR	NC		VIVJOA	NC	
DIFLUCAN SUSR 10 MG/ML ( <i>Use fluconazole</i> )	NC	QL(70 ml per fill retail)	<i>voriconazole SOLR</i>	NC	
			<i>voriconazole SUSR</i>	NP	
			<i>voriconazole TABS</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole TABS</i>	NC	
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
BROMPHENIRAMINE MALEATE POWD	NC	
CHLORPHENIRAMINE MALEATE POWD	NC	
<i>chlorpheniramine maleate SYRP</i>	C	
<i>dexchlorpheniramine maleate SOLN</i>	C	
<b>Antihistamines - Ethanolamines</b>		
BENADRYL ALLERGY ULTRATABS TABS ( <i>Use diphenhydramine hcl</i> )	NC	QL(4 ea daily)
BENADRYL ALLERGY CAPS ( <i>Use diphenhydramine hcl</i> )	NC	QL(4 ea daily)
BENADRYL ALLERGY TABS ( <i>Use diphenhydramine hcl</i> )	NC	QL(4 ea daily)
<i>carbinoxamine maleate SOLN</i>	NC	
<i>carbinoxamine maleate SUER</i>	NC	
<i>carbinoxamine maleate TABS 4 MG</i>	NC	
CARBINOXAMINE MALEATE TABS	NC	
CLEMASTINE FUMARATE POWD	NC	
<i>clemastine fumarate SYRP</i>	NC	
<i>clemastine fumarate TABS 2.68 MG</i>	NC	
<i>diphenhydramine hcl CAPS</i>	C	QL(4 ea daily)
<i>diphenhydramine hcl CHEW</i>	NC	
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	C	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DIPHENHYDRAMINE HCL POWD	NC	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	NC	
<i>diphenhydramine hcl TABS 25 MG</i>	C	QL(4 ea daily)
DOXYLAMINE SUCCINATE POWD	NC	RX/OTC
RYVENT TABS	NC	
<b>Antihistamines - Ethylenediamines</b>		
PEDIACLEAR 8 CHILDRENS LIQD	NC	
PYRILAMINE MALEATE CRYSTALS	NC	
PYRILAMINE MALEATE POWD	NC	
TRIPLENNAMINE HCL	NC	
<b>Antihistamines - Non-Sedating</b>		
ALLEGRA ALLERGY TABS 60 MG ( <i>Use fexofenadine hcl</i> )	NC	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG ( <i>Use fexofenadine hcl</i> )	NC	QL(1 ea daily)
<i>cetirizine hcl CHEW</i>	C	QL(1 ea daily)
<i>cetirizine hcl SOLN OR</i>	P	QL(300 ml per fill retail); RX/OTC
<i>cetirizine hcl TABS 5 MG</i>	NC	QL(1 ea daily)
<i>cetirizine hcl TABS</i>	P	QL(1 ea daily)
CLARINEX TABS ( <i>Use desloratadine</i> )	NP	
<i>desloratadine TABS</i>	NC	
<i>desloratadine TABS</i>	NP	
<i>desloratadine TBDP</i>	NP	
<i>fexofenadine hcl TABS 60 MG</i>	C	QL(2 ea daily)
<i>fexofenadine hcl TABS 180 MG</i>	C	QL(1 ea daily)
<i>levocetirizine dihydrochloride TABS</i>	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride TABS</i>	P	QL(1 ea daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	NC	QL(1 ea daily); RX/OTC
<i>loratadine TABS</i>	P	QL(1 ea daily)
<i>loratadine TABS</i>	NC	
<i>loratadine TABS</i>	NC	QL(1 ea daily)
<i>loratadine TBDP 10 MG</i>	NC	QL(1 ea daily)
<i>loratadine TBDP 10 MG</i>	P	QL(1 ea daily)
XYZAL ALLERGY 24HR TABS (Use <i>levocetirizine dihydrochloride</i> )	NC	QL(1 ea daily); RX/OTC
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use <i>cetirizine hcl</i> )	NC	QL(1 ea daily)
ZYRTEC CHEW 10 MG (Use <i>cetirizine hcl</i> )	NC	QL(1 ea daily)
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	NC	
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	NC	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	NC	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP</i>	P	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)
<i>promethazine hcl TABS 25 MG, 50 MG</i>	NC	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	C	
<i>cyproheptadine hcl TABS</i>	C	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol</b>		
Adenosine Triphosphate-Citrate Lyase (ACL)		

Drug Name	Drug Tier	Requirements/Limits
Inhibitors		
NEXLETOL	NC	
Angiotensin-like Protein Inhibitors		
EVKEEZA	NC	SP
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	NP	QL(1 ea daily)
<i>ezetimibe-simvastatin</i>	NC	QL(1 ea daily)
NEXLIZET	NC	
VYTORIN (Use <i>ezetimibe-simvastatin</i> )	NP	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	NC	
<i>icosapent ethyl</i>	NP	
LOVAZA (Use <i>omega-3-acid ethyl esters</i> )	NP	
<i>omega-3-acid ethyl esters</i>	NC	
<i>omega-3-acid ethyl esters</i>	P	
VASCEPA (Use <i>icosapent ethyl</i> )	P	
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	P	
<i>cholestyramine light PACK</i>	NC	
<i>cholestyramine light PACK</i>	NP	
<i>cholestyramine light POWD</i>	NP	
<i>cholestyramine light POWD</i>	NC	
<i>cholestyramine light POWD</i>	P	
<i>cholestyramine PACK</i>	NC	
<i>cholestyramine PACK</i>	P	
<i>cholestyramine POWD</i>	P	
<i>colesevelam hcl PACK</i>	NP	
<i>colesevelam hcl TABS</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COLESTID FLAVORED GRAN (Use colestipol hcl)	NC		<i>fenofibrate TABS 160 MG</i>	NP	QL(1 ea daily)
COLESTID FLAVORED PACK (Use colestipol hcl)	NC		<i>fenofibrate TABS 54 MG</i>	NC	QL(3 ea daily)
COLESTID GRAN (Use colestipol hcl)	NP		<i>fenofibrate TABS 48 MG, 145 MG</i>	P	
COLESTID PACK (Use colestipol hcl)	NP		<i>fenofibrate TABS 40 MG, 120 MG</i>	NC	
COLESTID TABS (Use colestipol hcl)	NP		<i>fenofibrate TABS 40 MG, 120 MG</i>	NP	
<i>colestipol hcl GRAN</i>	P		FENOFIBRATE TABS	NC	QL(1 ea daily)
<i>colestipol hcl PACK</i>	P		<i>fenofibric acid</i>	NP	
<i>colestipol hcl TABS</i>	P		FENOGLIDE TABS (Use <i>fenofibrate</i> )	NP	
QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i> )	NP		FIBRICOR (Use <i>fenofibric acid</i> )	NP	
QUESTRAN PACK (Use <i>cholestyramine</i> )	NP		GEMFIBROZIL POWD	NC	
QUESTRAN POWD (Use <i>cholestyramine</i> )	NP		<i>gemfibrozil TABS</i>	P	QL(2 ea daily)
WELCHOL PACK (Use <i>colesevelam hcl</i> )	NP		<i>gemfibrozil TABS</i>	NC	QL(2 ea daily)
WELCHOL TABS (Use <i>colesevelam hcl</i> )	NP		LIPOFEN CAPS 50 MG (Use <i>fenofibrate</i> )	NC	
Fibric Acid Derivatives			LIPOFEN CAPS (Use <i>fenofibrate</i> )	NP	
<i>choline fenofibrate</i>	NP		LOPID TABS (Use <i>gemfibrozil</i> )	NP	QL(2 ea daily)
<i>fenofibrate micronized 67 MG</i>	NC	QL(2 ea daily)	TRICOR TABS (Use <i>fenofibrate</i> )	NP	
<i>fenofibrate micronized 134 MG, 200 MG</i>	NC	QL(1 ea daily)	TRILIPIX (Use <i>choline fenofibrate</i> )	NP	
<i>fenofibrate micronized 30 MG</i>	NC		HMG CoA Reductase Inhibitors		
<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	NP		ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP	
<i>fenofibrate micronized 67 MG</i>	NP	QL(2 ea daily)	ATORVALIQ SUSP	NP	
<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 ea daily)	<i>atorvastatin calcium TABS</i>	NC	QL(1 ea daily)
<i>fenofibrate CAPS</i>	NP		<i>atorvastatin calcium TABS</i>	P	QL(1 ea daily)
<i>fenofibrate TABS 54 MG</i>	NP	QL(3 ea daily)	CRESTOR TABS (Use <i>rosuvastatin calcium</i> )	NP	QL(1 ea daily)
<i>fenofibrate TABS 160 MG</i>	NC	QL(1 ea daily)	<i>fluvastatin sodium CAPS</i>	P	
			<i>fluvastatin sodium TB24</i>	NP	
			LESCOL XL TB24 (Use <i>fluvastatin sodium</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits
LIPITOR TABS ( <i>Use atorvastatin calcium</i> )	NP	QL(1 ea daily)
LIPITOR TABS 20 MG, 40 MG, 80 MG ( <i>Use atorvastatin calcium</i> )	NC	QL(1 ea daily)
LIVALO ( <i>Use pitavastatin calcium</i> )	NP	
<i>lovastatin TABS 10 MG, 20 MG</i>	NC	QL(1 ea daily)
<i>lovastatin TABS 40 MG</i>	NC	QL(2 ea daily)
<i>lovastatin TABS 40 MG</i>	P	QL(2 ea daily)
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 ea daily)
<i>pitavastatin calcium</i>	NP	
<i>pravastatin sodium</i>	P	QL(1 ea daily)
<i>pravastatin sodium</i>	NC	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	P	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	NC	QL(1 ea daily)
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 ea daily)
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	NC	QL(1 ea daily)
<i>simvastatin TABS 80 MG</i>	NC	
<i>simvastatin TABS 80 MG</i>	P	
ZOCOR TABS 10 MG, 20 MG, 40 MG ( <i>Use simvastatin</i> )	NP	QL(1 ea daily)
ZYPITAMAG 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	NC	
<i>ezetimibe</i>	P	
ZETIA ( <i>Use ezetimibe</i> )	NP	
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	NP	
<i>niacin (antihyperlipidemic) TBCR</i>	NC	

**ANTIHYPERTENSIVES - Drugs to Treat High**

Drug Name	Drug Tier	Requirements/Limits
<b>Blood Pressure</b>		
ACE Inhibitors		
<i>ACCUPRIL (Use quinapril hcl)</i>	NP	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG ( <i>Use ramipril</i> )	NP	QL(2 ea daily)
<i>benazepril hcl 40 MG</i>	NC	QL(2 ea daily)
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 ea daily)
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	NC	QL(1 ea daily)
<i>benazepril hcl 40 MG</i>	P	QL(2 ea daily)
<i>captopril 25 MG</i>	NC	QL(3 ea daily)
<i>captopril</i>	P	QL(3 ea daily)
<i>enalapril maleate SOLN</i>	NP	
<i>enalapril maleate TABS</i>	P	QL(2 ea daily)
<i>enalapril maleate TABS</i>	NC	QL(2 ea daily)
<i>enalaprilat</i>	NC	
EPANED SOLN ( <i>Use enalapril maleate</i> )	NP	
<i>fosinopril sodium</i>	NP	QL(1 ea daily)
<i>fosinopril sodium 20 MG, 40 MG</i>	NC	QL(1 ea daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	NC	
LOTENSIN 10 MG, 20 MG ( <i>Use benazepril hcl</i> )	NP	QL(1 ea daily)
LOTENSIN 40 MG ( <i>Use benazepril hcl</i> )	NP	QL(2 ea daily)
<i>moexipril hcl</i>	NP	
<i>perindopril erbumine</i>	NP	
QBRELIS SOLN	NP	
<i>quinapril hcl</i>	NP	
<i>quinapril hcl</i>	NC	
<i>ramipril CAPS</i>	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril CAPS</i>	NC	QL(2 ea daily)
<i>trandolapril 4 MG</i>	NP	QL(2 ea daily)
<i>trandolapril 1 MG, 2 MG</i>	NP	QL(1 ea daily)
VASOTEC TABS (Use <i>enalapril maleate</i> )	NP	QL(2 ea daily)
ZESTRIL TABS (Use <i>lisinopril</i> )	NP	
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl</i>	NC	
<i>phentolamine mesylate SOLR</i>	NC	
Angiotensin II Receptor Antagonists		
ATACAND (Use <i>candesartan cilexetil</i> )	NP	
AVAPRO (Use <i>irbesartan</i> )	NP	QL(1 ea daily)
BENICAR (Use <i>olmesartan medoxomil</i> )	NP	QL(1 ea daily)
<i>candesartan cilexetil</i>	NP	
COZAAR (Use <i>losartan potassium</i> )	NP	QL(1 ea daily)
DIOVAN TABS (Use <i>valsartan</i> )	NP	QL(1 ea daily)
EDARBI	NP	
<i>irbesartan</i>	NC	QL(1 ea daily)
<i>irbesartan</i>	P	QL(1 ea daily)
<i>losartan potassium</i>	NC	QL(1 ea daily)
<i>losartan potassium</i>	P	QL(1 ea daily)
MICARDIS (Use <i>telmisartan</i> )	NP	
<i>olmesartan medoxomil</i>	P	QL(1 ea daily)
<i>olmesartan medoxomil</i>	NC	QL(1 ea daily)
<i>telmisartan</i>	NC	
<i>telmisartan</i>	P	
<i>valsartan SOLN</i>	NP	
<i>valsartan TABS</i>	P	QL(1 ea daily)
<i>valsartan TABS</i>	NC	QL(1 ea daily)
Antiadrenergic Antihypertensives		

Drug Name	Drug Tier	Requirements/Limits
CARDURA (Use <i>doxazosin mesylate</i> )	NP	
CARDURA 8 MG (Use <i>doxazosin mesylate</i> )	NC	
CATAPRES-TTS-1 (Use <i>clonidine</i> )	NC	
CATAPRES-TTS-2 (Use <i>clonidine</i> )	NC	
CATAPRES-TTS-3 (Use <i>clonidine</i> )	NC	
<i>clonidine</i>	P	
CLONIDINE HCL POWD	NC	
<i>clonidine hcl TABS</i>	P	
<i>clonidine hcl TABS</i>	NC	
<i>clonidine hcl TB24</i>	NP	
CLONIDINE HYDROCHLORIDE POWD	NC	
<i>doxazosin mesylate</i>	P	
<i>doxazosin mesylate</i>	NC	
<i>guanfacine hcl</i>	NC	
<i>guanfacine hcl</i>	P	
<i>methyldopa TABS</i>	C	
MINIPRESS CAPS (Use <i>prazosin hcl</i> )	NC	
NEXICLON XR TB24 (Use <i>clonidine hcl</i> )	NP	
<i>prazosin hcl CAPS</i>	C	
PRAZOSIN HYDROCHLORIDE POWD	NC	
RESERPINE POWD	NC	
<i>terazosin hcl</i>	P	
<i>terazosin hcl</i>	NC	
Antihypertensive Combinations		
ACCURETIC 12.5 MG-20 MG (Use <i>quinapril-hydrochlorothiazide</i> )	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACCURETIC 25 MG-20 MG (Use quinapril-hydrochlorothiazide)	NP	QL(2 ea daily)	bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG	P	
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	NP	QL(3 ea daily)	bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	P	QL(1 ea daily)
amlodipine besylate-benazepril hcl	P	QL(1 ea daily)	candesartan cilexetil-hydrochlorothiazide	NP	
amlodipine besylate-olmesartan medoxomil	NP		captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG	NP	QL(2 ea daily)
amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG-160 MG	NC		captopril & hydrochlorothiazide 25 MG-50 MG	NP	QL(3 ea daily)
amlodipine besylate-valsartan	P		DIOVAN HCT (Use valsartan-hydrochlorothiazide)	NP	QL(1 ea daily)
amlodipine-valsartan-hydrochlorothiazide	P		EDARBYCLOR	NP	
ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	NP		enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG	NC	QL(2 ea daily)
atenolol & chlorthalidone	P	QL(2 ea daily)	enalapril maleate & hydrochlorothiazide	P	QL(2 ea daily)
atenolol & chlorthalidone	NC	QL(2 ea daily)	EXFORGE (Use amlodipine besylate-valsartan)	NP	
AVALIDE (Use irbesartan-hydrochlorothiazide)	NP	QL(1 ea daily)	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP	
AZOR (Use amlodipine besylate-olmesartan medoxomil)	NP		fosinopril sodium & hydrochlorothiazide	NC	QL(1 ea daily)
benazepril & hydrochlorothiazide	P	QL(1 ea daily)	fosinopril sodium & hydrochlorothiazide	NP	QL(1 ea daily)
benazepril & hydrochlorothiazide 12.5 MG-20 MG	NC	QL(1 ea daily)	HYZAAR (Use losartan potassium & hydrochlorothiazide)	NP	QL(1 ea daily)
BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)	P	QL(1 ea daily)	irbesartan-hydrochlorothiazide	P	QL(1 ea daily)
bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	NC	QL(1 ea daily)	lisinopril & hydrochlorothiazide	P	
bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG	NC		losartan potassium & hydrochlorothiazide	P	QL(1 ea daily)



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium &amp; hydrochlorothiazide</i>	NC	QL(1 ea daily)	<i>telmisartan-amlodipine</i>	NP	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use <i>benazepril &amp; hydrochlorothiazide</i> )	NP	QL(1 ea daily)	<i>telmisartan-hydrochlorothiazide</i>	NC	QL(1 ea daily)
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use <i>amlodipine besylate-benazepril hcl</i> )	NP	QL(1 ea daily)	<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG</i>	NP	QL(2 ea daily)	TENORETIC 100 (Use <i>atenolol &amp; chlorthalidone</i> )	NP	QL(2 ea daily)
<i>metoprolol &amp; hydrochlorothiazide TABS 50 MG-100 MG</i>	NP	QL(1 ea daily)	TENORETIC 50 (Use <i>atenolol &amp; chlorthalidone</i> )	NP	QL(2 ea daily)
MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i> )	NP	QL(1 ea daily)	<i>trandolapril-verapamil hcl</i>	P	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	NP		TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )	NP	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	NP	QL(1 ea daily)	<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>olmesartan medoxomil-hydrochlorothiazide</i>	NC	QL(1 ea daily)	<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 25 MG-160 MG, 25 MG-320 MG</i>	NC	QL(1 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	NC	QL(4 ea daily)	VASERETIC 25 MG-10 MG (Use <i>enalapril maleate &amp; hydrochlorothiazide</i> )	NP	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	NP	QL(3 ea daily)	ZESTORETIC (Use <i>lisinopril &amp; hydrochlorothiazide</i> )	NP	
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	NP	QL(4 ea daily)	ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG (Use <i>bisoprolol &amp; hydrochlorothiazide</i> )	NC	QL(1 ea daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	NP	QL(2 ea daily)	ZIAC 6.25 MG-2.5 MG (Use <i>bisoprolol &amp; hydrochlorothiazide</i> )	NC	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	NC	QL(2 ea daily)	Direct Renin Inhibitors		
TEKTURNA HCT	P	ST	<i>aliskiren fumarate</i>	NP	ST
			TEKTURNA (Use <i>aliskiren fumarate</i> )	P	ST
			Endothelin Receptor Antagonists		
			TRYVIO	NC	
			Selective Aldosterone Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
<b>(SARAs)</b>		
<i>eplerenone</i>	NC	
<b>Vasodilators</b>		
<i>hydralazine hcl SOLN</i>	NC	
<i>hydralazine hcl TABS</i>	C	
<i>minoxidil 2.5 MG</i>	C	QL(3 ea daily)
<i>minoxidil 10 MG</i>	C	QL(10 ea daily)
<i>nitroprusside sodium</i>	NC	
<i>nitroprusside sodium-sodium chloride</i>	NC	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
AEMCOLO	NP	
FLAGYL CAPS ( <i>Use metronidazole</i> )	NP	
LIKMEZ SUSP	NP	
<i>metronidazole CAPS</i>	P	
<i>metronidazole SOLN</i>	NC	
<i>metronidazole TABS 500 MG</i>	NC	
<i>metronidazole TABS</i>	P	
<i>pentamidine isethionate IJ</i>	NC	
<i>tinidazole</i>	NP	
<i>tinidazole 500 MG</i>	NC	
TRIMETHOPRIM POWD	NC	
<i>trimethoprim TABS</i>	C	
XIFAXAN	NP	
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM DS TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	NC	
BACTRIM TABS ( <i>Use sulfamethoxazole-trimethoprim</i> )	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NC	
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i>	NC	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal CAPS</i>	NC	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	C	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 10.8 MG-81 MG-32.4 MG-0.12 MG-40.8 MG</i>	NC	
<i>sulfamethoxazole-trimethoprim SOLN</i>	NC	
<i>sulfamethoxazole-trimethoprim SUSP</i>	C	
<i>sulfamethoxazole-trimethoprim TABS</i>	C	
URIBEL	NC	
<b>Antiprotozoal Agents</b>		
ALINIA TABS ( <i>Use nitazoxanide</i> )	NC	
<i>atovaquone</i>	NC	
LAMPIT	NC	
<i>nitazoxanide TABS</i>	NC	
<i>nitazoxanide TABS</i>	NP	
<b>Carbapenems</b>		
<i>imipenem-cilastatin IV</i>	NC	
<i>meropenem</i>	NC	
MEROPENEM	NC	
MEROPENEM/SODIUM CHLORIDE	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RECARBRIO	NC		VANCOMYCIN HYDROCHLORIDE/DEXTROSE 1 GM/200ML-5 %, 1.25 GM/250ML-5 %, 1.5 GM/300ML-5 %, 500 MG/100ML-5 %, 750 MG/150ML-5 %	NC	
Chloramphenicols			VANCOMYCIN HYDROCHLORIDE/SODIUM CHLORIDE SOLN 750 MG/150ML-0.9 %	NC	
<i>chloramphenicol sodium succinate</i>	NC		VANCOMYCIN HYDROCHLORIDE SOLN IV 500 MG/100ML, 750 MG/150ML, 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML	NC	
Cyclic Lipopeptides			VANCOMYCIN HYDROCHLORIDE SOLR IV 1.25 GM, 1.5 GM, 1.75 GM, 2 GM, 5 GM, 10 GM, 750 MG	NC	
CUBICIN RF ( <i>Use daptomycin</i> )	NC		VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	C	QL(14 ea per fill retail)
<i>daptomycin</i>	NC		VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	C	QL(14 ea per 31 day(s) retail)
DAPTOMYCIN	NC		VANCOMYCIN SOLN IV	NC	
DAPTOMYCIN/SODIUM CHLORIDE	NC		VIBATIV 750 MG	NC	
Glycopeptides			Leprostatics		
DALVANCE	NC		<i>dapsone</i>	C	
FIRVANQ SOLR OR 50 MG/ML ( <i>Use vancomycin hcl</i> )	NC	QL(300 ml per fill retail)	Lincosamides		
FIRVANQ SOLR OR ( <i>Use vancomycin hcl</i> )	P	QL(300 ml per fill retail)	CLEOCIN ( <i>Use clindamycin hcl</i> )	NC	
KIMYRSA	NC		CLEOCIN PEDIATRIC GRANULES ( <i>Use clindamycin palmitate hydrochloride</i> )	NC	QL(300 ml per fill retail)
ORBACTIV	NC		CLEOCIN PHOSPHATE SOLN IJ	NC	
VANCOGIN CAPS 250 MG ( <i>Use vancomycin hcl</i> )	NP	QL(8 ea daily)			
VANCOGIN CAPS 125 MG ( <i>Use vancomycin hcl</i> )	NP	QL(4 ea daily)			
<i>vancomycin hcl CAPS 125 MG</i>	P	QL(4 ea daily)			
<i>vancomycin hcl CAPS 250 MG</i>	P	QL(8 ea daily)			
VANCOMYCIN HCL SOLN	NC				
<i>vancomycin hcl SOLR IV 1.25 GM, 1.5 GM, 5 GM, 10 GM, 750 MG</i>	NC				
<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	NP	QL(300 ml per fill retail)			
<i>vancomycin hcl SOLR IV 1 GM, 1000 MG</i>	C	QL(14 ea per fill retail)			
<i>vancomycin hcl SOLR IV 500 MG</i>	C	QL(14 ea per 31 day(s) retail)			

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin hcl 150 MG, 300 MG</i>	C	
<i>clindamycin hcl 75 MG</i>	NC	
<i>clindamycin palmitate hydrochloride</i>	C	QL(300 ml per fill retail)
<i>clindamycin phosphate in d5w</i>	NC	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	NC	
<i>lincomycin hcl</i>	NC	
<b>Monobactams</b>		
<i>aztreonam</i>	NC	
<b>Oxazolidinones</b>		
LINEZOLID	NC	
<i>linezolid SOLN</i>	NC	
<i>linezolid SUSR</i>	NC	
<i>linezolid TABS</i>	NC	
SIVEXTRO SOLR	NC	
SIVEXTRO TABS	C	QL(6 ea per fill retail); PA
ZYVOX SOLN	NC	
<b>Polymyxins</b>		
<i>colistimethate sodium</i>	NC	
COLY-MYCIN M ( <i>Use colistimethate sodium</i> )	NC	
POLYMYXIN B SULFATE POWD	NC	
<i>polymyxin b sulfate SOLR</i>	NC	
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine</i>	NC	
MACROBID ( <i>Use nitrofurantoin monohyd macro</i> )	NC	
MACRODANTIN ( <i>Use nitrofurantoin macrocrystal</i> )	NC	

Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine hippurate</i>	NC	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	C	
MONUROL ( <i>Use fosfomycin tromethamine</i> )	NC	
NALIDIXIC ACID	NC	
<i>nitrofurantoin</i>	C	QL(40 ml daily)
NITROFURANTOIN	NC	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	C	
<i>nitrofurantoin macrocrystal 25 MG</i>	NC	
<i>nitrofurantoin monohyd macro</i>	C	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl</i>	NC	
COARTEM	C	QL(24 ea per fill retail)
<b>Antimalarials</b>		
ARTESUNATE	NC	
CHLOROQUINE PHOSPHATE POWD	NC	
<i>chloroquine phosphate TABS 500 MG</i>	C	QL(1 ea daily)
<i>chloroquine phosphate TABS 250 MG</i>	C	
<i>hydroxychloroquine sulfate 100 MG, 200 MG</i>	C	
<i>hydroxychloroquine sulfate 300 MG, 400 MG</i>	NC	
KRINTAFEL	C	QL(0.67 ea daily)
<i>mefloquine hcl</i>	C	
MEPACRINE DIHYDROCHLORIDE DIHYDRATE	NC	

Drug Name	Drug Tier	Requirements/Limits
PLAQUENIL ( <i>Use hydroxychloroquine sulfate</i> )	NC	
<i>primaquine phosphate TABS</i>	C	
PRIMAQUINE PHOSPHATE TABS ( <i>Use primaquine phosphate</i> )	NC	
QUINACRINE DIHYDROCHLORIDE	NC	
QUINACRINE DIHYDROCHLORIDE DIHYDRATE	NC	
QUINACRINE HYDROCHLORIDE	NC	
QUININE SULFATE DIHYDRATE POWD	NC	
<i>quinine sulfate CAPS 324 MG</i>	NC	
QUININE SULFATE POWD	NC	
SOVUNA 200 MG	C	
SOVUNA 300 MG	NC	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
Antimyasthenic/Cholinergic Agents		
MESTINON TIMESPAN TBCR ( <i>Use pyridostigmine bromide</i> )	NC	
MESTINON TABS ( <i>Use pyridostigmine bromide</i> )	NC	
<i>neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML</i>	NC	
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	NC	
<i>neostigmine methylsulfate SOSY</i>	NC	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide SOLN OR</i>	NC	
<i>pyridostigmine bromide TABS 60 MG</i>	C	
<i>pyridostigmine bromide TABS 30 MG</i>	NC	
<i>pyridostigmine bromide TBCR</i>	C	
REGONOL SOLN IV	NC	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
Antimycobacterial Agents		
AMINOSALICYLIC ACID POWD	NC	
<i>cycloserine</i>	NC	
ETHAMBUTOL HCL POWD	NC	
<i>ethambutol hcl TABS</i>	C	
ISONIAZID POWD	NC	
<i>isoniazid SOLN</i>	NC	
<i>isoniazid SYRP</i>	C	
<i>isoniazid TABS</i>	C	
MYAMBUTOL TABS 400 MG ( <i>Use ethambutol hcl</i> )	NC	
MYCOBUTIN ( <i>Use rifabutin</i> )	NC	
PRETOMANID	NC	
PRIFTIN	NC	
<i>pyrazinamide</i>	C	
<i>rifabutin</i>	C	
<i>rifampin CAPS</i>	C	
<i>rifampin SOLR</i>	NC	
SIRTURO	NC	
TRECTOR	C	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
Alkylating Agents		
BICNU ( <i>Use carmustine</i> )	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>busulfan SOLN</i>	NC	
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i>	NC	SP
<i>carmustine</i>	NC	
CARMUSTINE	NC	
<i>cyclophosphamide CAPS</i>	NC	
CYCLOPHOSPHAMIDE SOLN	NC	
<i>cyclophosphamide SOLR IJ</i>	NC	SP
CYCLOPHOSPHAMIDE TABS	NC	
GLEOSTINE 10 MG, 40 MG, 100 MG	NC	
GLIADEL WAFER	NC	
IFEX SOLR	NC	
<i>ifosfamide SOLN</i>	NC	
<i>ifosfamide SOLR</i>	NC	
IFOSFAMIDE SOLR	NC	
LEUKERAN	C	
MYLERAN TABS	C	
<i>oxaliplatin SOLN</i>	NC	
<i>oxaliplatin SOLR</i>	NC	
ZANOSAR	NC	
ZEPZELCA	NC	SP
<b>Antimetabolites</b>		
<i>clofarabine</i>	NC	
CLOLAR (Use <i>clofarabine</i> )	NC	
<i>fluorouracil</i>	NC	
<i>gemcitabine hcl SOLN</i>	NC	
<i>gemcitabine hcl SOLR</i>	NC	
INFUGEM	NC	
<i>mercaptopurine TABS</i>	C	

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
<i>methotrexate sodium SOLR</i>	P	
<i>methotrexate sodium TABS 2.5 MG</i>	NC	
<i>methotrexate sodium TABS 2.5 MG</i>	P	
METHOTREXATE POWD	NC	
<i>nelarabine</i>	NC	
PEMRYDI RTU SOLN	NC	
PURIXAN SUSP	C	
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	NP	
XATMEP SOLN	NP	
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
MVASI	C	SP; PA
ZIRABEV	C	SP; PA
<b>Antineoplastic - Antibodies</b>		
DANYELZA	NC	
ENHERTU	C	SP; PA
KIMMTRAK	NC	SP
MONJUVI	NC	SP
OPDIVO	NC	SP
PADCEV	C	SP; PA
POLIVY	NC	SP
RITUXAN	NC	SP
RUXIENCE	C	SP; PA
RYBREVANT	NC	SP
SARCLISA	NC	SP
TEVIMBRA	NC	
TRUXIMA	C	SP; PA
UNITUXIN	NC	SP
<b>Antineoplastic - Anti-HER2 Agents</b>		
HERCEPTIN 150 MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HERZUMA	NC	SP	<i>letrozole</i>	C	
KANJINTI	C	SP; PA	LEUPROLIDE ACETATE INJ	NC	
MARGENZA	NC	SP	MEGESTROL ACETATE POWD	NC	
OGIVRI	C	SP; PA	<i>megestrol acetate SUSP 40 MG/ML</i>	NC	
ONTRUZANT	NC	SP	<i>megestrol acetate SUSP</i>	P	
TRAZIMERA 420 MG	C	SP; PA	<i>megestrol acetate TABS</i>	C	
TRAZIMERA 150 MG	NC	SP	<i>nilutamide</i>	NC	
Antineoplastic - Cellular Immunotherapy			NUBEQA	NC	SP
ABECMA	NC		SOLTAMOX SOLN	NC	
BREYANZI	NC		<i>tamoxifen citrate TABS</i>	C	
CARVYKTI	NC		<i>toremifene citrate</i>	C	PA
KYMRIAH	NC		ZYTIGA ( <i>Use abiraterone acetate</i> )	NC	SP; PA
OMISIRGE	NC		Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
PROVENGE	NC	SP	WELIREG	NC	SP
TECARTUS	NC		Antineoplastic - Immunomodulators		
TECELRA	NC		LEVAMISOLE HCL	NC	
YESCARTA	NC		Antineoplastic - PDGFR-alpha Inhibitors		
Antineoplastic - EGFR Inhibitors			AYVAKIT	NC	SP
LAZCLUZE	NC		Antineoplastic - XPO1 Inhibitors		
Antineoplastic - Hormonal and Related Agents			XPOVIO 60 MG TWICE WEEKLY	NC	SP
<i>abiraterone acetate</i>	C	SP; PA	XPOVIO 80 MG TWICE WEEKLY	NC	SP
<i>anastrozole</i>	C		Antineoplastic Antibiotics		
ARIMIDEX ( <i>Use anastrozole</i> )	NC		<i>bleomycin sulfate</i>	NC	
AROMASIN ( <i>Use exemestane</i> )	NC		COSMEGEN ( <i>Use dactinomycin</i> )	NC	
<i>bicalutamide</i>	C	QL(1 ea daily)	<i>dactinomycin</i>	NC	
CASODEX ( <i>Use bicalutamide</i> )	NC	QL(1 ea daily)	<i>doxorubicin hcl liposomal</i>	NC	
ERLEADA	NC	SP	<i>doxorubicin hcl SOLN</i>	NC	
EULEXIN	C		<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	NC	
<i>exemestane</i>	C				
FARESTON ( <i>Use toremifene citrate</i> )	NC	PA			
FEMARA ( <i>Use letrozole</i> )	NC				
<i>flutamide</i>	C				
<i>fulvestrant SOSY</i>	NC				

Drug Name	Drug Tier	Requirements/Limits
<i>idarubicin hcl</i>	NC	
JELMYTO SOLR UL	NC	
<i>mitomycin SOLR IV</i>	NC	
Antineoplastic Combinations		
HERCEPTIN HYLECTA	NC	SP
INQOVI	NC	SP
PHESGO	C	SP; PA
RITUXAN HYCELA	NC	SP
TECENTRIQ HYBREZA	NC	
Antineoplastic Enzyme Inhibitors		
BRAFTOVI 75 MG	C	SP; PA
BRUKINSA	NC	SP
GAVRETO	NC	SP
IBRANCE CAPS	C	SP; PA
IBRANCE TABS	C	SP; PA
ICLUSIG	C	QL(1 ea daily); SP; PA
INREBIC	C	SP; PA
LUMAKRAS	NC	SP
MEKTOVI	C	SP; PA
OGSIVEO 100 MG, 150 MG	NC	
OJEMDA SUSR	NC	
OJEMDA TABS	NC	
RETEVMO TABS	NC	
ROZLYTREK CAPS	C	SP; PA
TALZENNA	NC	SP
TAZVERIK	NC	SP
TEPMETKO	NC	SP
VORANIGO	NC	
Antineoplastic Enzymes		
ASPARLAS	C	SP; PA
RYLAZE	NC	SP
Antineoplastic Radiopharmaceuticals		
STRONTIUM CHLORIDE SR-89	NC	

Drug Name	Drug Tier	Requirements/Limits
XOFIGO	NC	
Antineoplastics Misc.		
<i>dacarbazine SOLR</i>	NC	
ELZONRIS	NC	
HYDREA ( <i>Use hydroxyurea</i> )	NC	
<i>hydroxyurea</i>	C	
NIPENT	NC	
TICE BCG	NC	
Chemotherapy Adjuncts		
ELITEK	NC	
Chemotherapy Rescue/Antidote/Protective Agents		
COSELA	NC	
<i>leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML</i>	NC	
<i>leucovorin calcium SOLR</i>	NC	
<i>leucovorin calcium TABS</i>	C	
PEDMARK	NC	
Mitotic Inhibitors		
ETOPOPHOS	NC	
<i>paclitaxel</i>	NC	
<i>vinblastine sulfate SOLN</i>	NC	
<i>vinorelbine tartrate</i>	NC	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	C	
LODOSYN ( <i>Use carbidopa</i> )	NC	
NOURIANZ	NC	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	NC	
<i>benztropine mesylate TABS</i>	C	



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl SOLN</i>	C	QL(16.67 ml daily)	PARLODEL CAPS ( <i>Use bromocriptine mesylate</i> )	NC	
<i>trihexyphenidyl hcl TABS</i>	C		PARLODEL TABS ( <i>Use bromocriptine mesylate</i> )	NC	
Antiparkinson COMT Inhibitors					
COMTAN ( <i>Use entacapone</i> )	NC		<i>pramipexole dihydrochloride TABS 0.75 MG, 1 MG, 1.5 MG</i>	NC	QL(3 ea daily); AL(At least 18 yrs old)
<i>entacapone</i>	NC		<i>pramipexole dihydrochloride TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
ONGENTYS	NC		<i>pramipexole dihydrochloride TB24</i>	NP	
<i>tolcapone</i>	NC		<i>pramipexole dihydrochloride TB24 0.375 MG, 2.25 MG, 3 MG, 3.75 MG</i>	NC	
Antiparkinson Dopaminergics			<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 ea daily)
<i>amantadine hcl CAPS</i>	C		<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 ea daily)
<i>amantadine hcl SOLN</i>	C		<i>ropinirole hydrochloride TB24</i>	NP	
<i>amantadine hcl TABS</i>	NC		<i>ropinirole hydrochloride TB24</i>	NC	
<i>bromocriptine mesylate CAPS</i>	C		RYTARY CPCR	NC	
BROMOCRIPTINE MESYLATE POWD	NC		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG ( <i>Use carbidopa-levodopa</i> )	NC	
<i>bromocriptine mesylate TABS 2.5 MG</i>	C		STALEVO 100 ( <i>Use carbidopa-levodopa-entacapone</i> )	NC	
<i>carbidopa-levodopa-entacapone</i>	NC		STALEVO 125 ( <i>Use carbidopa-levodopa-entacapone</i> )	NC	
<i>carbidopa-levodopa TABS</i>	C		STALEVO 150 ( <i>Use carbidopa-levodopa-entacapone</i> )	NC	
<i>carbidopa-levodopa TBCR</i>	C		STALEVO 200 ( <i>Use carbidopa-levodopa-entacapone</i> )	NC	
<i>carbidopa-levodopa TBDP</i>	NC				
CREXONT CPCR	NC				
DHIVY TABS	C				
DUOPA SUSP	NC				
INBRIJA CAPS	NC				
LEVODOPA POWD	NC				
MIRAPEX ER TB24 ( <i>Use pramipexole dihydrochloride</i> )	NP				
NEUPRO	NP				
OSMOLEX ER TB24 193 MG	NC				
OSMOLEX ER TB24 129 MG, 193 MG	NP				

Drug Name	Drug Tier	Requirements/Limits
STALEVO 50 (Use carbidopa-levodopa-entacapone)	NC	
STALEVO 75 (Use carbidopa-levodopa-entacapone)	NC	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>rasagiline mesylate</i>	NC	
<i>selegiline hcl CAPS</i>	C	
SELEGILINE HCL POWD	NC	
<i>selegiline hcl TABS</i>	C	
ZELAPAR TBDP	NC	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium</i>	C	QL(10 ml daily)
<i>lithium carbonate CAPS</i>	C	
LITHIUM CARBONATE POWD	C	
<i>lithium carbonate TABS</i>	C	
<i>lithium carbonate TBCR</i>	C	
LITHOBID TBCR (Use <i>lithium carbonate</i> )	NC	
<b>Antipsychotics - Misc.</b>		
CAPLYTA	NP	
EQUETRO	NP	
GEODON (Use <i>ziprasidone mesylate</i> )	NC	
GEODON (Use <i>ziprasidone hcl</i> )	NP	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA (Use <i>lurasidone hcl</i> )	NP	
<i>lurasidone hcl</i>	P	
NUPLAZID CAPS	NP	QL(1 ea daily)
NUPLAZID TABS 10 MG	NP	QL(1 ea daily)
VRAYLAR CAPS	P	
VRAYLAR CPPK	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl</i>	NC	QL(2 ea daily); AL(At least 18 yrs old)
<i>ziprasidone hcl</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
<i>ziprasidone mesylate</i>	NP	
<b>Benzisoxazoles</b>		
FANAPT	NP	
FANAPT TITRATION PACK	NP	
INVEGA (Use <i>paliperidone</i> )	NP	
INVEGA HAFYERA	P	SP
INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ml per 28 day(s) retail); SP
INVEGA SUSTENNA 156 MG/ML	P	QL(2 ml per 28 day(s) retail); SP
INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ml per 28 day(s) retail); SP
INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ml per 28 day(s) retail); SP
INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ml per 28 day(s) retail); SP
INVEGA TRINZA 546 MG/1.75ML	P	QL(1.8 ml per fill retail); 1 max fill(s) per 84 day(s) retail; SP
INVEGA TRINZA 819 MG/2.63ML	P	QL(2.7 ml per fill retail); 1 max fill(s) per 84 day(s) retail; SP
INVEGA TRINZA 410 MG/1.32ML	P	QL(1.4 ml per fill retail); 1 max fill(s) per 84 day(s) retail; SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA 273 MG/0.88ML	P	QL(0.88 ml per fill retail); 1 max fill(s) per 84 day(s) retail; SP	<i>haloperidol lactate CONC</i>	C	
<i>paliperidone</i>	NC		<i>haloperidol lactate SOLN</i>	NC	
<i>paliperidone</i>	NP		<i>haloperidol TABS 20 MG</i>	C	
PERSERIS PRSY	P	QL(1 ea per 28 day(s) retail); SP	<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	C	QL(3 ea daily)
RISPERDAL CONSTA (Use <i>risperidone microspheres</i> )	P	2 max fill(s) per 28 day(s) retail; SP	<b>Dibenzapines</b>		
RISPERDAL SOLN (Use <i>risperidone</i> )	NP	QL(4 ml daily); AL(At least 5 yrs old)	ADASUVE	NC	
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i> )	NP	QL(4 ea daily); AL(At least 5 yrs old)	ADASUVE	NP	
<i>risperidone microspheres</i>	NC	2 max fill(s) per 28 day(s) retail; SP	<i>asenapine maleate</i>	NP	
<i>risperidone SOLN</i>	P	QL(4 ml daily); AL(At least 5 yrs old)	<i>asenapine maleate 2.5 MG</i>	NC	
<i>risperidone TABS</i>	P	QL(4 ea daily); AL(At least 5 yrs old)	<i>clozapine TABS 25 MG, 200 MG</i>	NC	QL(3 ea daily); AL(At least 18 yrs old)
<i>risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	NC	QL(4 ea daily); AL(At least 5 yrs old)	<i>clozapine TABS 100 MG</i>	NC	QL(9 ea daily); AL(At least 18 yrs old)
<i>risperidone TBDP 0.5 MG, 1 MG, 3 MG, 4 MG</i>	NC	QL(2 ea daily); AL(At least 5 yrs old)	<i>clozapine TABS 100 MG</i>	P	QL(9 ea daily); AL(At least 18 yrs old)
<i>risperidone TBDP</i>	P	QL(2 ea daily); AL(At least 5 yrs old)	<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
RYKINDO SRER	NP		<i>clozapine TBDP</i>	NP	
<b>Butyrophenones</b>			CLOZARIL TABS 100 MG (Use <i>clozapine</i> )	NP	QL(9 ea daily); AL(At least 18 yrs old)
HALDOL DECANOATE 100 (Use <i>haloperidol decanoate</i> )	NC		CLOZARIL TABS 25 MG, 50 MG, 200 MG (Use <i>clozapine</i> )	NP	QL(3 ea daily); AL(At least 18 yrs old)
HALDOL DECANOATE 50 (Use <i>haloperidol decanoate</i> )	NC		<i>loxapine succinate</i>	C	QL(4 ea daily)
<i>haloperidol decanoate</i>	C		<i>olanzapine SOLR</i>	NC	
			<i>olanzapine TABS</i>	NC	
			<i>olanzapine TABS 15 MG, 20 MG</i>	P	QL(1 ea daily); AL(At least 10 yrs old)
			<i>olanzapine TABS 2.5 MG, 5 MG</i>	NC	QL(4 ea daily); AL(At least 10 yrs old)
			<i>olanzapine TABS 2.5 MG, 5 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine TABS 7.5 MG, 10 MG</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
<i>olanzapine TBDP 5 MG</i>	NC	
<i>olanzapine TBDP</i>	NP	
<i>quetiapine fumarate TABS 150 MG</i>	P	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	NC	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	NC	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG</i>	NC	
<i>quetiapine fumarate TB24</i>	P	
<i>SAPHRIS 5 MG (Use asenapine maleate)</i>	NC	
<i>SAPHRIS</i>	P	
<i>SAPHRIS (Use asenapine maleate)</i>	P	
<i>SECUADO</i>	NP	
<i>SEROQUEL XR TB24 (Use quetiapine fumarate)</i>	NP	
<i>SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use quetiapine fumarate)</i>	NP	QL(4 ea daily); AL(At least 10 yrs old)
<i>SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)</i>	NP	QL(2 ea daily); AL(At least 10 yrs old)
<i>VERSACLOZ SUSP</i>	NP	
<i>ZYPREXA ZYDIS TBDP (Use olanzapine)</i>	NP	
<i>ZYPREXA SOLR (Use olanzapine)</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)</i>	NP	QL(2 ea daily); AL(At least 10 yrs old)
<i>ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)</i>	NP	QL(4 ea daily); AL(At least 10 yrs old)
<i>ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)</i>	NP	QL(1 ea daily); AL(At least 10 yrs old)
<b>Dihydroindolones</b>		
<i>molindone hcl</i>	NC	
<b>Phenothiazines</b>		
<i>chlorpromazine hcl CONC</i>	NC	
<i>chlorpromazine hcl SOLN</i>	NC	
<i>chlorpromazine hcl TABS 10 MG</i>	C	QL(10 ea daily)
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	C	QL(3 ea daily)
<i>fluphenazine decanoate</i>	C	
<i>fluphenazine hcl CONC</i>	NC	
<i>fluphenazine hcl ELIX</i>	NC	
<i>fluphenazine hcl SOLN</i>	NC	
<i>fluphenazine hcl TABS</i>	C	
<i>perphenazine TABS</i>	C	QL(4 ea daily)
<i>prochlorperazine</i>	P	
<i>prochlorperazine</i>	NP	
<i>prochlorperazine edisylate 10 MG/2ML</i>	NC	
<i>PROCHLORPERAZINE MALEATE POWD</i>	NC	
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	C	QL(3 ea daily)
<i>trifluoperazine hcl TABS</i>	C	QL(2 ea daily)
<b>Quinolinone Derivatives</b>		
<i>ABILIFY MAINTENA PRSY</i>	P	QL(1 ea per 28 day(s) retail); SP

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA SRER	P	QL(1 ea per 28 day(s) retail); SP
ABILIFY TABS (Use aripiprazole)	NP	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole SOLN OR</i>	NP	QL(750 ml per 31 day(s) retail); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	NC	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole TBDP</i>	NP	QL(1 ea daily); AL(At least 6 yrs old)
ARISTADA 1064 MG/3.9ML	P	QL(4 ml per fill retail); 1 max fill(s) per 56 day(s) retail; SP
ARISTADA 441 MG/1.6ML	P	QL(1.6 ml per 28 day(s) retail); SP
ARISTADA 662 MG/2.4ML	P	QL(2.4 ml per 28 day(s) retail); SP
ARISTADA 882 MG/3.2ML	P	QL(3.2 ml per 28 day(s) retail); SP
ARISTADA INITIO	P	QL(2.5 ml per fill retail); 1 max fill(s) per 180 day(s) retail; SP
REXULTI	NP	
Thioxanthenes		
<i>thiothixene</i>	C	QL(3 ea daily)
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
Antiseptics & Disinfectants		
CETYLCIDE-G CONC	NC	
PHENOL CRYST	NC	
PHENOL LIQD XX 89 %	NC	

Drug Name	Drug Tier	Requirements/ Limits
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX</i>	NC	
CLORPACTIN WCS-90	NC	
<i>sodium hypochlorite SOLN EX 0.25 %, 0.5 %</i>	NC	
Iodine Antiseptics		
LUGOLS STRONG IODINE SOLN	NC	
Mercury Antiseptics		
THIMEROSAL POWD	NC	
Silver Antiseptics		
SILVER PROTEIN MILD	NC	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	C	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	C	QL(30 ml daily)
<i>abacavir sulfate TABS</i>	C	QL(2 ea daily)
APRETUDE	NC	
APTIVUS CAPS	C	QL(4 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	C	QL(2 ea daily)
<i>atazanavir sulfate CAPS 300 MG</i>	C	
BIKTARVY	C	QL(1 ea daily)
CABENUVA	NC	
CIMDUO	C	QL(1 ea daily)
COMBIVIR (Use lamivudine-zidovudine)	NC	
COMPLERA	C	QL(1 ea daily)
<i>darunavir TABS 800 MG</i>	C	QL(1 ea daily)
<i>darunavir TABS 600 MG</i>	C	QL(2 ea daily)
DELSTRIGO	C	QL(1 ea daily)
DESCOVY	C	QL(1 ea daily); PA
DOVATO	C	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EDURANT	C	QL(1 ea daily)
<i>efavirenz CAPS 50 MG</i>	C	QL(2 ea daily)
<i>efavirenz CAPS 200 MG</i>	C	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	C	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	C	QL(1 ea daily)
<i>efavirenz TABS</i>	C	QL(1 ea daily)
<i>emtricitabine CAPS</i>	C	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	C	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	NC	
EMTRIVA CAPS (Use <i>emtricitabine</i> )	NC	QL(1 ea daily)
EMTRIVA SOLN	C	QL(24 ml daily)
EPIVIR SOLN (Use <i>lamivudine</i> )	NC	QL(30 ml daily)
EPIVIR TABS 150 MG (Use <i>lamivudine</i> )	NC	QL(2 ea daily)
EPIVIR TABS 300 MG (Use <i>lamivudine</i> )	NC	QL(1 ea daily)
EPZICOM (Use <i>abacavir sulfate-lamivudine</i> )	NC	QL(1 ea daily)
<i>etravirine 200 MG</i>	C	QL(2 ea daily)
<i>etravirine 100 MG</i>	C	QL(4 ea daily)
EVOTAZ	C	QL(1 ea daily)
<i>fosamprenavir calcium TABS</i>	C	QL(4 ea daily)
GENVOYA	C	QL(1 ea daily)
INTELENCE 100 MG (Use <i>etravirine</i> )	NC	QL(4 ea daily)
INTELENCE 25 MG	C	QL(4 ea daily)
INTELENCE 200 MG (Use <i>etravirine</i> )	NC	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 100 MG	C	QL(6 ea daily)
ISENTRESS CHEW 25 MG	C	QL(12 ea daily)
ISENTRESS PACK	C	QL(2 ea daily)
ISENTRESS TABS	C	QL(2 ea daily)
JULUCA	C	QL(1 ea daily)
KALETRA SOLN (Use <i>lopinavir-ritonavir</i> )	NC	QL(16 ml daily)
KALETRA TABS 50 MG-200 MG (Use <i>lopinavir-ritonavir</i> )	NC	QL(6 ea daily)
KALETRA TABS 25 MG-100 MG (Use <i>lopinavir-ritonavir</i> )	NC	QL(4 ea daily)
<i>lamivudine SOLN</i>	C	QL(30 ml daily)
<i>lamivudine TABS 150 MG</i>	C	QL(2 ea daily)
<i>lamivudine TABS 300 MG</i>	C	QL(1 ea daily)
<i>lamivudine-zidovudine</i>	NC	
LEXIVA SUSP	C	QL(56 ml daily)
LEXIVA TABS (Use <i>fosamprenavir calcium</i> )	NC	QL(4 ea daily)
<i>lopinavir-ritonavir SOLN</i>	C	QL(16 ml daily)
<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	C	QL(4 ea daily)
<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	C	QL(6 ea daily)
<i>maraviroc TABS 300 MG</i>	C	QL(4 ea daily)
<i>maraviroc TABS 150 MG</i>	C	QL(2 ea daily)
<i>nevirapine SUSP</i>	C	QL(40 ml daily)
<i>nevirapine TABS</i>	C	QL(2 ea daily)
<i>nevirapine TB24 100 MG</i>	C	QL(3 ea daily)
<i>nevirapine TB24 400 MG</i>	C	QL(1 ea daily)
NORVIR PACK	NC	
NORVIR TABS (Use <i>ritonavir</i> )	NC	QL(12 ea daily)
ODEFSEY	C	
PIFELTRO	C	QL(1 ea daily)
PREZCOBIX	C	QL(1 ea daily)
PREZISTA SUSP	C	QL(12 ml daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 150 MG	C	QL(3 ea daily)	<i>tenofovir disoproxil fumarate</i> TABS	C	QL(1 ea daily)
PREZISTA TABS 800 MG (Use <i>darunavir</i> )	NC	QL(1 ea daily)	TIVICAY PD TBSO	NC	
PREZISTA TABS 75 MG	C	QL(2 ea daily)	TIVICAY TABS 50 MG	C	
PREZISTA TABS 600 MG (Use <i>darunavir</i> )	NC	QL(2 ea daily)	TIVICAY TABS 10 MG, 25 MG	NC	
RETROVIR IV INFUSION SOLN	NC		TRIUMEQ PD TBSO	NC	
RETROVIR CAPS (Use <i>zidovudine</i> )	NC	QL(6 ea daily)	TRIUMEQ TABS	C	QL(1 ea daily); AL(At least 18 yrs old)
RETROVIR SYRP (Use <i>zidovudine</i> )	NC	QL(60 ml daily)	TRIZIVIR	C	QL(2 ea daily)
REYATAZ CAPS 200 MG (Use <i>atazanavir sulfate</i> )	NC	QL(2 ea daily)	TRUVADA 200 MG-300 MG (Use <i>emtricitabine-tenofovir disoproxil fumarate</i> )	NC	QL(1 ea daily)
REYATAZ CAPS 300 MG (Use <i>atazanavir sulfate</i> )	NC		TYBOST	C	QL(1 ea daily); AL(At least 18 yrs old)
REYATAZ PACK	C	QL(6 ea daily)	VIRACEPT TABS 625 MG	C	QL(4 ea daily)
<i>ritonavir</i> TABS	C	QL(12 ea daily)	VIRACEPT TABS 250 MG	C	QL(9 ea daily)
RUKOBIA	C	PA	VIREAD POWD	C	QL(8 gm daily)
SELZENTRY SOLN	C	QL(35 ml daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	C	QL(1 ea daily)
SELZENTRY TABS 25 MG, 75 MG	NC		VIREAD TABS (Use <i>tenofovir disoproxil fumarate</i> )	NC	QL(1 ea daily)
SELZENTRY TABS 150 MG (Use <i>maraviroc</i> )	NC	QL(2 ea daily)	ZIAGEN SOLN (Use <i>abacavir sulfate</i> )	NC	QL(30 ml daily)
SELZENTRY TABS 300 MG (Use <i>maraviroc</i> )	NC	QL(4 ea daily)	ZIAGEN TABS (Use <i>abacavir sulfate</i> )	NC	QL(2 ea daily)
STRIBILD	C	QL(1 ea daily)	<i>zidovudine</i> CAPS	C	QL(6 ea daily)
SUSTIVA CAPS 50 MG (Use <i>efavirenz</i> )	NC	QL(2 ea daily)	<i>zidovudine</i> SYRP	C	QL(60 ml daily)
SUSTIVA CAPS 200 MG (Use <i>efavirenz</i> )	NC	QL(1 ea daily)	<i>zidovudine</i> TABS	C	QL(2 ea daily)
SUSTIVA TABS (Use <i>efavirenz</i> )	NC	QL(1 ea daily)	Antiviral Combinations		
SYMFI (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	NC	QL(1 ea daily)	PAXLOVID 100 MG-150 MG	C	
SYMFI LO (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	NC	QL(1 ea daily)	CMV Agents		
SYMTUZA	NC		<i>cidofovir</i>	NC	
			<i>foscarnet sodium</i> 6000 MG/250ML	NC	
			<i>ganciclovir sodium</i> SOLR	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GANCICLOVIR SOLN	NC		<i>acyclovir CAPS</i>	P	QL(50 ea per 31 day(s) retail)
VALCYTE TABS ( <i>Use valganciclovir hcl</i> )	NC	QL(2 ea daily)	<i>acyclovir SUSP</i>	P	QL(400 ml per 31 day(s) retail)
<i>valganciclovir hcl SOLR</i>	NC		<i>acyclovir TABS OR 800 MG</i>	NC	
<i>valganciclovir hcl TABS</i>	C	QL(2 ea daily)	<i>acyclovir TABS OR 400 MG</i>	NC	QL(3 ea daily)
<b>Hepatitis Agents</b>			<i>acyclovir TABS OR 400 MG</i>	P	QL(3 ea daily)
<i>adefovir dipivoxil</i>	NP		<i>acyclovir TABS OR 800 MG</i>	P	QL(50 ea per 31 day(s) retail)
BARACLUDE SOLN	P		<i>famciclovir</i>	NP	
BARACLUDE TABS ( <i>Use entecavir</i> )	NP		SITAVIG TABS BU	NC	
<i>entecavir TABS</i>	P		<i>valacyclovir hcl 500 MG</i>	NC	QL(2 ea daily)
<i>entecavir TABS</i>	NC		<i>valacyclovir hcl 1 GM, 1000 MG</i>	P	QL(42 ea per 21 day(s) retail)
EPCLUSA TABS 50 MG-200 MG	PA	SP; PA	<i>valacyclovir hcl 1 GM</i>	NC	QL(42 ea per 21 day(s) retail)
EPIVIR HBV TABS ( <i>Use lamivudine (hbv)</i> )	NC		<i>valacyclovir hcl 500 MG</i>	P	QL(2 ea daily)
HARVONI PACK	NP	SP	VALTREX 1 GM ( <i>Use valacyclovir hcl</i> )	NP	QL(42 ea per 21 day(s) retail)
HARVONI TABS	NP	SP	VALTREX 500 MG ( <i>Use valacyclovir hcl</i> )	NP	QL(2 ea daily)
HEPSERA ( <i>Use adefovir dipivoxil</i> )	NP		<b>Influenza Agents</b>		
<i>lamivudine (hbv) TABS</i>	P		<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	C	QL(10 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
LEDIPASVIR/SOFOSBUVIR TABS	NP		<i>oseltamivir phosphate CAPS 30 MG</i>	C	QL(20 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
MAVYRET PACK	PA	QL(6 ea daily); SP; PA	<i>oseltamivir phosphate SUSR</i>	C	QL(120 ml per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
MAVYRET TABS	PA	QL(3 ea daily); SP; PA	RAPIVAB	NC	
PEGASYS SOSY	NP	SP	RELENZA DISKHALER	C	1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)
<i>ribavirin (hepatitis c) CAPS</i>	NP				
SOFOSBUVIR/VELPATA SVIR TABS	PA	QL(1 ea daily); SP; PA			
SOVALDI PACK	NP	SP			
SOVALDI TABS	NP	SP			
VEMLIDY	NP	SP			
ZEPATIER	NP				
<b>Herpes Agents</b>					
<i>acyclovir sodium SOLN</i>	NC				
<i>acyclovir CAPS</i>	NC	QL(50 ea per 31 day(s) retail)			



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>rimantadine hydrochloride TABS</i>	NC		COREG 3.125 MG, 12.5 MG ( <i>Use carvedilol</i> )	NC	QL(2 ea daily)
TAMIFLU CAPS 45 MG, 75 MG ( <i>Use oseltamivir phosphate</i> )	NC	QL(10 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	COREG CR ( <i>Use carvedilol phosphate</i> )	NC	QL(1 ea daily)
TAMIFLU CAPS 30 MG ( <i>Use oseltamivir phosphate</i> )	NC	QL(20 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	COREG CR ( <i>Use carvedilol phosphate</i> )	NP	QL(1 ea daily)
TAMIFLU SUSR ( <i>Use oseltamivir phosphate</i> )	NC	QL(120 ml per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail	<i>labetalol hcl SOLN</i>	NC	
XOFLUZA 40 MG, 80 MG	NC		<i>labetalol hcl TABS 100 MG</i>	P	QL(3 ea daily)
Misc. Antivirals			<i>labetalol hcl TABS 200 MG</i>	P	QL(6 ea daily)
LAGEVRIO	NC		<i>labetalol hcl TABS 300 MG</i>	P	QL(8 ea daily)
VEKLURY SOLR	NC		LABETALOL HYDROCHLORIDE/DEXTROSE 5 %-200 MG/200ML	NC	
Respiratory Syncytial Virus (RSV) Agents			LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML	NC	
<i>ribavirin</i>	NC		LABETALOL HYDROCHLORIDE SOLN	NC	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>			LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML	NC	
Alpha-Beta Blockers			Beta Blockers Cardio-Selective		
<i>carvedilol 3.125 MG, 12.5 MG</i>	NC	QL(2 ea daily)	<i>acebutolol hcl CAPS</i>	NC	
<i>carvedilol 25 MG</i>	P	QL(4 ea daily)	<i>acebutolol hcl CAPS</i>	P	
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(2 ea daily)	ACEBUTOLOL HCL POWD	NC	
<i>carvedilol 25 MG</i>	NC	QL(4 ea daily)	ATENOLOL POWD	NC	
<i>carvedilol phosphate</i>	NC	QL(1 ea daily)	<i>atenolol TABS 50 MG</i>	NC	QL(2 ea daily)
<i>carvedilol phosphate</i>	NP	QL(1 ea daily)	<i>atenolol TABS</i>	P	QL(2 ea daily)
COREG 3.125 MG, 6.25 MG, 12.5 MG ( <i>Use carvedilol</i> )	NP	QL(2 ea daily)	<i>betaxolol hcl</i>	NP	
COREG 25 MG ( <i>Use carvedilol</i> )	NC	QL(4 ea daily)	<i>bisoprolol fumarate</i>	P	QL(1 ea daily)
COREG 25 MG ( <i>Use carvedilol</i> )	NP	QL(4 ea daily)	<i>bisoprolol fumarate</i>	NC	QL(1 ea daily)
			BYSTOLIC ( <i>Use nebivolol hcl</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use nebivolol hcl)	NC		nebivolol hcl	NC	
esmolol hcl-sodium chloride	NC		nebivolol hcl	NP	
esmolol hcl SOLN 100 MG/10ML	NC		TENORMIN TABS (Use atenolol)	NP	QL(2 ea daily)
ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	NC		TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate)	NP	QL(4 ea daily)
ESMOLOL HYDROCHLORIDE INWATER SOLN	NC		TOPROL XL TB24 200 MG (Use metoprolol succinate)	NP	QL(2 ea daily)
KASPARGO SPRINKLE CS24	NP		Beta Blockers Non-Selective		
LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	NP	QL(4 ea daily)	BETAPACE AF (Use sotalol hcl (afib/af))	NP	QL(2 ea daily)
LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	NP	QL(4.5 ea daily)	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	NP	
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	NC	QL(4 ea daily)	CORGARD TABS 20 MG, 40 MG (Use nadolol)	NP	QL(2 ea daily)
metoprolol succinate TB24 200 MG	NC	QL(2 ea daily)	CORGARD TABS 80 MG (Use nadolol)	NC	QL(2 ea daily)
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	P	QL(4 ea daily)	HEMANGEOL SOLN OR	NP	SP
metoprolol succinate TB24 200 MG	P	QL(2 ea daily)	INDERAL LA CP24 (Use propranolol hcl)	NC	
METOPROLOL TARTRATE POWD	NC		INDERAL LA CP24 (Use propranolol hcl)	NP	QL(2 ea daily)
metoprolol tartrate SOLN IV 5 MG/5ML	NC		INDERAL XL	NP	
metoprolol tartrate TABS 25 MG, 50 MG	P	QL(4 ea daily)	INNOPRAN XL	NP	
metoprolol tartrate TABS 37.5 MG, 75 MG	P		INNOPRAN XL 80 MG	NC	
metoprolol tartrate TABS 25 MG, 50 MG, 100 MG	NC		NADOLOL POWD	NC	
metoprolol tartrate TABS 100 MG	P	QL(4.5 ea daily)	nadolol TABS 20 MG, 40 MG, 80 MG	P	QL(2 ea daily)
			nadolol TABS 20 MG, 40 MG, 80 MG	NC	QL(2 ea daily)
			pindolol TABS	NC	
			pindolol TABS	NP	
			propranolol hcl CP24	P	QL(2 ea daily)
			PROPRANOLOL HCL POWD	NC	
			propranolol hcl SOLN IV 1 MG/ML	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	P		<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 ea daily)
<i>propranolol hcl TABS</i>	P		<i>diltiazem hcl coated beads CP24 240 MG</i>	NC	QL(2 ea daily)
<i>sotalol hcl (afib/af)</i>	P	QL(2 ea daily)	<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	NC	QL(1 ea daily)
<i>sotalol hcl (afib/af)</i>	NC	QL(2 ea daily)	<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 ea daily)
<i>sotalol hcl TABS</i>	P		<i>diltiazem hcl coated beads CP24 360 MG</i>	P	
<i>sotalol hcl TABS</i>	NC		<i>diltiazem hcl extended release beads 240 MG</i>	NC	QL(2 ea daily)
SOTYLIZE SOLN OR	NP		<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 ea daily)
TIMOLOL MALEATE POWD	NC		<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	NC	QL(1 ea daily)
<i>timolol maleate TABS</i>	NP		<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 ea daily)
<i>timolol maleate TABS</i>	NC		<i>diltiazem hcl CP12</i>	P	QL(2 ea daily)
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>			<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 ea daily)
Calcium Channel Blockers			<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 ea daily)
<i>amlodipine besylate TABS</i>	NC	QL(1 ea daily)	<i>diltiazem hcl SOLN</i>	NC	
<i>amlodipine besylate TABS</i>	P	QL(1 ea daily)	DILTIAZEM HCL SOLR	NC	
CALAN SR TBCR ( <i>Use verapamil hcl</i> )	NC	QL(2 ea daily)	<i>diltiazem hcl TABS</i>	P	QL(3 ea daily)
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	NC		<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	
CARDIZEM CD CP24 240 MG ( <i>Use diltiazem hcl coated beads</i> )	NP	QL(2 ea daily)	<i>diltiazem hcl TB24</i>	P	
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG ( <i>Use diltiazem hcl coated beads</i> )	NP	QL(1 ea daily)	<i>felodipine</i>	P	QL(1 ea daily)
CARDIZEM CD CP24 360 MG ( <i>Use diltiazem hcl coated beads</i> )	NP		<i>felodipine</i>	NC	QL(1 ea daily)
CARDIZEM LA TB24 ( <i>Use diltiazem hcl</i> )	NP		<i>isradipine CAPS</i>	P	
CARDIZEM TABS 30 MG, 60 MG, 120 MG ( <i>Use diltiazem hcl</i> )	NP	QL(3 ea daily)	KATERZIA	NP	
CLEVIPREX 25 MG/50ML, 50 MG/100ML	NC		<i>levamlodipine maleate</i>	NP	
CONJUPRI ( <i>Use levamlodipine maleate</i> )	NC		<i>nicardipine hcl CAPS</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hcl SOLN</i>	NC		VERAPAMIL HCL POWD	NC	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 0.9%-40 MG/200ML	NC		<i>verapamil hcl SOLN 2.5 MG/ML</i>	NC	
NICARDIPINE HYDROCHLORIDE SOLN	NC		<i>verapamil hcl TABS</i>	P	QL(3 ea daily)
<i>nifedipine CAPS</i>	NP	QL(4 ea daily)	<i>verapamil hcl TBCR</i>	P	QL(2 ea daily)
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 ea daily)	VERAPAMIL HYDROCHLORIDE ER CP24 ( <i>Use verapamil hcl</i> )	NP	
<i>nifedipine TB24 30 MG, 90 MG</i>	NC	QL(1 ea daily)	VERELAN PM CP24 ( <i>Use verapamil hcl</i> )	NP	
<i>nifedipine TB24 60 MG</i>	NC	QL(2 ea daily)	VERELAN CP24 ( <i>Use verapamil hcl</i> )	NC	QL(1 ea daily)
<i>nifedipine TB24 60 MG</i>	P	QL(2 ea daily)	<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<i>nimodipine CAPS</i>	NP		Cardiac Glycosides		
<i>nisoldipine</i>	NP		<i>digoxin SOLN IJ 0.25 MG/ML</i>	NC	
NORLIQVA SOLN	NP		<i>digoxin SOLN OR 0.05 MG/ML</i>	C	
NORVASC TABS ( <i>Use amlodipine besylate</i> )	NP	QL(1 ea daily)	<i>digoxin TABS 0.0625 MG, 62.5 MCG</i>	NC	
NYMALIZE SOLN 6 MG/ML	NC		<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	C	
NYMALIZE SOLN 6 MG/ML	NP		LANOXIN PEDIATRIC SOLN IJ	NC	
PROCARDIA XL TB24 60 MG ( <i>Use nifedipine</i> )	NP	QL(2 ea daily)	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG ( <i>Use digoxin</i> )	NC	
PROCARDIA XL TB24 30 MG, 90 MG ( <i>Use nifedipine</i> )	NP	QL(1 ea daily)	Inotropes		
SULAR 8.5 MG, 17 MG, 34 MG ( <i>Use nisoldipine</i> )	NP		<i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>	NC	
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG ( <i>Use diltiazem hcl extended release beads</i> )	NP	QL(1 ea daily)	DOBUTAMINE HCL/D5W	NC	
TIAZAC 240 MG ( <i>Use diltiazem hcl extended release beads</i> )	NP	QL(2 ea daily)	DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	NC	
<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	NP		<i>dopamine hcl 40 MG/ML</i>	NC	
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	P	QL(1 ea daily)	DOPAMINE HYDROCHLORIDE/DEXTROSE	NC	
			DOPAMINE/D5W	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>milrinone lactate</i>	NC		<i>amlodipine besylate-atorvastatin calcium</i>	NP	
<i>milrinone lactate in dextrose</i>	NC		<i>amlodipine besylate-atorvastatin calcium 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-40 MG</i>	NC	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>					
Cardioplegic Solutions			CADUET 5 MG-40 MG (Use <i>amlodipine besylate-atorvastatin calcium</i> )		
CARDIOPLEGIA INDUCTION HIGH POTASSIUM	NC		CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use <i>amlodipine besylate-atorvastatin calcium</i> )	NP	
CARDIOPLEGIA INDUCTION HIGH POTASSIUM/LOW DEXTROSE	NC		ENTRESTO CPSP	P	
CARDIOPLEGIA INDUCTION HIGH POTASSIUM/NON-ENRICHED	NC		ENTRESTO TABS	P	
CARDIOPLEGIA INDUCTION PLASMALYTE/TROMETHAMINE HIGH POTASSIUM	NC		<i>isosorbide dinitrate-hydralazine hcl</i>	NC	
CARDIOPLEGIA MAINTENANCE LOW DEXTROSE/LOW POTASSIUM	NC		OPSYNVI	NP	
CARDIOPLEGIA MAINTENANCE LOW POTASSIUM	NC		Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
CARDIOPLEGIA MAINTENANCE PLASMALYTE/TROMETHAMINE LOW POTASSIUM	NC		INPEFA	NP	
CARDIOPLEGIA REPERFUSATE/LOW POTASSIUM	NC		Impotence Agents		
<i>cardioplegic soln</i>	NC		CAVERJECT IMPULSE KIT	NC	
MICROPLEGIA MSA/MSG	NC		CAVERJECT SOLR	NC	
Cardiovascular Agents Misc. - Combinations			CIALIS (Use <i>tadalafil</i> )	NC	
			EDEX KIT	NC	
			MUSE PLLT 250 MCG, 500 MCG, 1000 MCG	NC	
			<i>tadalafil</i>	NC	
			<i>ildenafil hcl</i> TABS	NC	
			<i>ildenafil hcl</i> TBP	NC	
			Peripheral Vasodilators		
			NYLIDRIN HYDROCHLORIDE	NC	
			PAPAVERINE HCL POWD	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>papaverine hcl SOLN</i>	NC	
PAPAVERINE HYDROCHLORIDE POWD	NC	
Prostaglandin Vasodilators		
ORENITRAM TBCR	NP	
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	NC	
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	P	
OPSUMIT	NP	
TRACLEER TBSO	NP	
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NC	
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	NC	
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	NP	SP
UPTRAVI SOLR	C	SP; PA
UPTRAVI TABS	NP	SP
UPTRAVI TABS 200 MCG	NP	
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	
Sinus Node Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
CORLANOR SOLN	NC	
<i>ivabradine hcl TABS</i>	NC	
Transthyretin Stabilizers		
VYNDAMAX	C	SP; PA
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	NC	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporin Combinations		
AVYCAZ	NC	
ZERBAXA	NC	
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	NP	
<i>cefadroxil SUSR</i>	NP	
<i>cefadroxil TABS</i>	NP	
CEFAZOLIN SODIUM/DEXTROSE SOLR	NC	
CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	NC	
<i>cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG</i>	NC	
CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM	NC	
CEFAZOLIN/DEXTROSE SOLN 4 %-3 GM/150ML	NC	
CEFAZOLIN SOLN	NC	
CEFAZOLIN SOLR IV	NC	
<i>cephalexin CAPS 750 MG</i>	NC	
<i>cephalexin CAPS 250 MG, 500 MG</i>	C	
<i>cephalexin SUSR</i>	C	
<i>cephalexin TABS</i>	NC	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor CAPS</i>	NP	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	NP	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	NC	
<i>cefoxitin sodium IV</i>	NC	
CEFOXITIN SODIUM	NC	
<i>cefprozil SUSR 125 MG/5ML</i>	P	2 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil SUSR 250 MG/5ML</i>	NC	1 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil SUSR 125 MG/5ML</i>	NC	2 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil SUSR 250 MG/5ML</i>	P	1 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	P	QL(20 ea per fill retail)
<i>cefprozil TABS</i>	NC	QL(20 ea per fill retail)
<i>cefuroxime axetil TABS</i>	NC	QL(20 ea per fill retail)
<i>cefuroxime axetil TABS</i>	P	QL(20 ea per fill retail)
<i>cefuroxime sodium IJ 750 MG</i>	NC	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	QL(20 ea per fill retail)
<i>cefdinir CAPS</i>	NC	QL(20 ea per fill retail)
<i>cefdinir SUSR</i>	P	1 package(s) per fill retail
<i>cefdinir SUSR</i>	NC	1 package(s) per fill retail
<i>cefixime CAPS</i>	NP	
<i>cefixime SUSR</i>	NP	
<i>cefpodoxime proxetil SUSR</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>cefpodoxime proxetil SUSR</i>	NP	
<i>cefpodoxime proxetil TABS</i>	NP	
<i>cefpodoxime proxetil TABS</i>	NC	
<i>ceftazidime IV 1 GM, 2 GM, 6 GM</i>	NC	
CEFTAZIDIME/DEXTROSE	NC	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	C	QL(3 ea per fill retail); 1 max fill(s) per 31 day(s) retail
<i>ceftriaxone sodium IJ 2 GM</i>	NC	
<i>ceftriaxone sodium in dextrose</i>	NC	
CEFTRIAZONE/DEXTROSE	NC	
Cephalosporins - 4th Generation		
<i>cefepime hcl SOLR IJ 1 GM</i>	NC	
CEFEPIME/DEXTROSE	NC	
CEFEPIME SOLN	NC	
Cephalosporins - 5th Generation		
TEFLARO	NC	
Cephalosporins - Siderophores		
FETROJA	NC	
<b>CHEMICALS</b>		
Acids, Bases, & Buffers		
ACETIC ACID 3 %, 5 %	NC	
ACETIC ACID GLACIAL	NC	RX/OTC
AMMONIUM HYDROXIDE	NC	RX/OTC
FUMARIC ACID	NC	
GLYCOLIC ACID CRYSTALS	NC	RX/OTC
GLYCOLIC ACID GRAN	NC	
HYDROCHLORIC ACID	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LACTIC ACID 85 %, 88 %	NC	RX/OTC	ACEPROMAZINE MALEATE	NC	
LACTIC ACID RACEMIC	NC	RX/OTC	ACESULFAME POTASSIUM	NC	RX/OTC
NITRIC ACID	NC		ACETAMINOPHEN CRYSTAL 60MESH CRYST	NC	
OXALIC ACID	NC		ACETAMINOPHEN GRAN	NC	
OXALIC ACID DIHYDRATE	NC		ACETAMINOPHEN POWD	NC	RX/OTC
PHOSPHORIC ACID	NC		ACETARSONE	NC	
POTASSIUM HYDROXIDE PLLT	NC	RX/OTC	ACETAZOLAMIDE CRYST	NC	
POTASSIUM HYDROXIDE SOLN XX 10 %, 20 %, 45 %	NC		ACETAZOLAMIDE POWD	NC	
SODIUM BORATE DECAHYDRATE POWD	NC	RX/OTC	ACETYL DIPEPTIDE-1 CETYLESTER	NC	
SODIUM BORATE POWD	NC	RX/OTC	ACETYL HEXAPEPTIDE-8 POWD	NC	
SODIUM CARBONATE ANHYDROUS	NC		ACETYL HEXAPEPTIDE-8 SOLN	NC	
SODIUM CARBONATE MONOHYDRATE	NC		ACETYLCHOLINE CHLORIDE	NC	
SODIUM HYDROXIDE PLLT	NC	RX/OTC	ACETYL-D-GLUCOSAMINE	NC	
SULFURIC ACID	NC		ACETYL-L-CARNITINE HYDROCHLORIDE	NC	RX/OTC
TARTARIC ACID GRAN	NC	RX/OTC	ACTIPHYTE OF ALGAE GL	NC	
TARTARIC ACID POWD	NC		ACYCLOVIR	NC	
Bulk Chemicals			ADEMATIONINE DISULFATE TOSYLATE	NC	
BIORE HYDRATING MOISTURIZER	NC		ADENOSINE	NC	
CUCUMBER MELON	NC		AGAR POWD	NC	
DRAKKAR NOIR	NC		ALASKAN RED ALGAE	NC	
FRESH LINEN FRAGRANCE	NC		ALBENDAZOLE	NC	
NATAPRES LIQD	NC		ALDOSTERONE	NC	
VICTORIAS SECRET VANILLALACE	NC		ALGINIC ACID	NC	
Bulk Chemicals - A's			A-LIPOIC ACID (DL-THIOCTIC ACID)	NC	RX/OTC
6-AMINOCAPROIC ACID	NC		ALKYL BENZOATE C12-15	NC	
9-AMINOACRIDINE HCL	NC		ALLOPURINOL	NC	
ACARBOSE	NC				



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALOE VERA FREEZE DRIED POWD	NC	RX/OTC	ANDROSTENEDIONE	NC	
ALOE VERA LEAF POWD	NC	RX/OTC	ANISINDIONE	NC	
ALOE VERA OIL	NC		ANTIMONY POTASSIUM TARTRATE	NC	
ALOE VERA POWD	NC	RX/OTC	ANTIMONY TRICHLORIDE CRYSTALS	NC	
ALPHA LIPOIC ACID	NC	RX/OTC	ANTIMONY TRISULFIDE	NC	
ALPHA-KETOGLUTARIC ACID CRYSTALS	NC		ANTIPYRINE CRYSTALS	NC	
ALPHA-KETOGLUTARIC ACID POWD	NC		ANTIPYRINE POWD	NC	
ALPRAZOLAM	NC		APOMORPHINE HCL	NC	
ALTRENOGEST	NC		APOMORPHINE HCL HEMIHYDRATE	NC	
ALUMINUM ACETATE BASIC	NC		ARBUTIN ALPHA	NC	
ALUMINUM CHLOROHYDRATE	NC	RX/OTC	ARGININE HCL	NC	RX/OTC
AMANTADINE HCL	NC		ARNICA LG	NC	
AMINOCAPROIC ACID	NC		ARSENIC TRIOXIDE	NC	
AMINOLEVULINIC ACID HYDROCHLORIDE POWD	NC		ASCORBIC ACID CASSAVA POWD	NC	RX/OTC
AMINOLEVULINIC ACID HYDROCHLORIDE POWD	NC		ASCORBIC ACID GRAN	NC	RX/OTC
AMINOPROPYL MENTHYL PHOSPHATE	NC		ASCORBIC ACID POWD	NC	RX/OTC
AMITRIPTYLINE HCL POWD	NC		ASCORBYL PALMITATE	NC	RX/OTC
AMITRIPTYLINE HYDROCHLORIDE POWD	NC		ASPARAGINE MONOHYDRATE	NC	
AMLEXANOX	NC		ATORVASTATIN CALCIUM	NC	
AMLODIPINE BESYLATE	NC		ATTAPULGITE ACTIVATED COLLOIDAL	NC	
AMMONIUM LAURYL SULFATE	NC		AVIPTADIL ACETATE	NC	
AMMONIUM MOLYBDATE TETRAHYDRATE	NC		AVOCADO OIL	NC	
AMMONIUM TETRATHIOMOLYBDATE	NC		AZELAIC ACID FLAK	NC	RX/OTC
ANASTROZOLE	NC		AZELAIC ACID POWD	NC	RX/OTC
			AZELASTINE HCL	NC	
			AZELASTINE HYDROCHLORIDE	NC	
			AZITHROMYCIN	NC	
			AZITHROMYCIN DIHYDRATE	NC	
			BLUE AGAVE ORGANIC	NC	
			DL-ALPHA LIPOIC ACID	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GINSENG (AMERICAN)	NC		BETA GLUCAN	NC	
L-ARGININE HCL	NC	RX/OTC	BETAHISTINE DIHYDROCHLORIDE	NC	
LIPOIC ACID	NC	RX/OTC	BETAHISTINE HCL	NC	
LIPOIC ACID/DL-ALPHA (DL-THIOCTIC ACID)	NC	RX/OTC	BETAINE ANHYDROUS	NC	RX/OTC
MAGNASWEET 110 LIQD	NC		BETAINE HCL	NC	
MAGNASWEET 135 POWD	NC		BETAMETHASONE ACETATE	NC	
S-ADENOSYL-L-METHIONINE DISULFATE TOSYLATE	NC		BETAMETHASONE ACETATE MICRONIZED	NC	
SODIUM 4-AMINOSALICYLATEDIHYDRATE	NC		BETANAPHTHOL	NC	
Bulk Chemicals - B's			BETHANECHOL CHLORIDE	NC	
BACITRACIN MICRONIZED	NC		BIMATOPROST	NC	
BASIC FUCHSIN HCL	NC	RX/OTC	BIOTIN	NC	RX/OTC
BECLOMETHASONE DIPROPIONATE	NC		BIOTIN-D	NC	RX/OTC
BECLOMETHASONE DIPROPIONATE ANYDROUS	NC		BISABOLOL ALPHA-L	NC	
<i>belladonna (bulk) TINC</i>	NC		BISMUTH CITRATE	NC	RX/OTC
BELLADONNA EXTRACT POWD	NC		BISOPROLOL FUMARATE	NC	
BELLADONNA TINC	NC		BITTER ORANGE	NC	
BENACTYZINE HYDROCHLORIDE	NC		BORON AMORPHOUS FINE	NC	
BENZAEPRIIL HCL	NC		BORON CITRATE	NC	
BENZAEPRIIL HYDROCHLORIDE	NC		BOSWELLIA SERRATA EXTRACT	NC	
BENFOTIAMINE	NC		BOSWELLIA SERRATA EXTRACT65%	NC	
BENZETHONIUM CHLORIDE	NC		BOSWELLIA SERRATA EXTRACT70%	NC	
BENZOCAINE	NC	RX/OTC	BRILLIANT GREEN POWD	NC	RX/OTC
BENZOIN GUM	NC		BRIMONIDINE TARTRATE	NC	
BENZOQUINONE (PARA)	NC		BROMFENAC SODIUM SESQUIHYDRATE POWD	NC	
BETA CAROTENE BEAD	NC		BROMFENAC SODIUM MISC	NC	
BETA CYCLODEXTRIN	NC		BROMFENAC SODIUM POWD	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BUDESONIDE	NC		CALCITRIOL IN ALMOND OIL	NC	
BUDESONIDE MICRONIZED	NC		CALCIUM ACETATE CRYSTALS	NC	
BUFLOMEDIL HCL	NC		CALCIUM ACETATE POWDER	NC	
BUPRENORPHINE HCL	NC		CALCIUM ALGINATE	NC	
BUPROPION HCL	NC		CALCIUM AMINO ACID CHELATE 30% GRANULES	NC	
BUPROPION HYDROCHLORIDE	NC		CALCIUM CHLORIDE ANHYDROUS POWDER	NC	
BUSPIRONE HCL	NC		CALCIUM CITRATE TETRAHYDRATE POWDER	NC	RX/OTC
BUSPIRONE HYDROCHLORIDE	NC		CALCIUM CITRATE POWDER	NC	RX/OTC
BUTALBITAL	NC		CALCIUM FRUCTOBORATE	NC	
BUTORPHANOL TARTRATE	NC		CALCIUM GLUBIONATE	NC	
BUTYL ALCOHOL	NC		CALCIUM GLUBIONATE MONOHYDRATE	NC	
BUTYLATED HYDROXYANISOLE POWDER	NC		CALCIUM GLYCEROPHOSPHATE	NC	
BUTYLENE GLYCOL	NC		CALCIUM LEVULINATE DIHYDRATE	NC	
TINOGARD TL	NC		CALCIUM OXIDE	NC	
Bulk Chemicals - C's			CALCIUM PROPIONATE	NC	
ACTIPHYTE OF CUCUMBER	NC		CALCIUM PYRUVATE	NC	
ADRENOCHROME SEMICARBAZONE	NC		CALCIUM SACCHARATE	NC	
ADRENOCORTICOTROPIC HORMONE	NC		CALCIUM SILICATE	NC	
AVICEL PH 101 MICROCRYSTALLINE CELLULOSE POWDER	NC	RX/OTC	CALCIUM STEARATE	NC	
AVICEL PH 105 MICROCRYSTALLINE CELLULOSE POWDER	NC	RX/OTC	CALCIUM THIOGLYCOLATE TRIHYDRATE	NC	
BIOFLAVONOID CITRUS	NC		CANADIAN BALSAM	NC	RX/OTC
CALCIPOTRIENE	NC		CANNABIDIOL	NC	
CALCIPOTRIENE MONOHYDRATE	NC		CAPRYLIC ACID	NC	
CALCIPOTRIOL	NC		CAPRYLIC/CAPRIC TRIGLYCERIDE	NC	
CALCITRIOL	NC		CAPRYLIC/CAPRIC TRIGLYCERIDES	NC	
			CAPSAICIN PALMITATE	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAPTOPRIL	NC		CETEARYL ALCOHOL/CETEARETH-20	NC	
CARBACHOL	NC		CETOSTEARYL ALCOHOL	NC	
CARBAMIDE PEROXIDE	NC	RX/OTC	CETYL MYRISTOLEATE OIL	NC	
CARBAZOCHROME	NC		CETYL MYRISTOLEATE POWD	NC	
CARBIMAZOLE	NC		CETYL MYRISTOLEATE WAX	NC	
CARBOMER 934P	NC	RX/OTC	CETYLPYRIDINIUM CHLORIDE	NC	
CARBOMER 934P RESIN	NC	RX/OTC	CETYLPYRIDINIUM CHLORIDEMONOHYDRATE	NC	
CARBOMER 940	NC	RX/OTC	CHICKEN PROTEIN	NC	
CARBOMER 940 NF	NC	RX/OTC	CHLORAMBUCIL	NC	
CARBOMER 941	NC	RX/OTC	CHLORAMPHENICOL PALMITATE	NC	
CARBOMER 980	NC	RX/OTC	CHLORAMPHENICOL POWD	NC	
CARBOMER HOMOPOLYMER TYPE C	NC	RX/OTC	CHLORHEXIDINE DIACETATE HYDRATE	NC	
CARBOPOL 940	NC	RX/OTC	CHLOROPHYLLIN SODIUM COPPER	NC	
CARBOPOL 940 NF	NC	RX/OTC	CHLOROTHIAZIDE	NC	
CARDAMOM OIL	NC		CHLOROXINE	NC	
CARMINE	NC		CHLOROXYLENOL	NC	
CARNAUBA WAX	NC		CHLORPROMAZINE HCL	NC	
CARNOSINE L	NC		CHOLECALCIFEROL CRYSTALS	NC	
CASTOR OIL SULFATED	NC		CHOLECALCIFEROL POWD	NC	RX/OTC
CEFTAZIDIME	NC		CHOLESTEROL ACETATE POWD	NC	RX/OTC
CEFTAZIDIME/SODIUM CARBONATE	NC		CHOLESTEROL FLAK	NC	
CEFTRIAZONE SODIUM	NC		CHOLESTEROL POWD	NC	RX/OTC
CELECOXIB	NC		CHOLESTYRAMINE	NC	
CELLULASE	NC	RX/OTC	CHOLESTYRAMINE RESIN	NC	
CELLULOSE MICROCRYSTALLINE CRYSTALS	NC	RX/OTC			
CELLULOSE MICROCRYSTALLINE POWD	NC	RX/OTC			
CELLULOSE PARTIALLY DEPOLYMERIZED POWD	NC	RX/OTC			
CELLULOSE/CMC NA MICROCRYSTALLINE	NC				
CERESIN WAX	NC				
CESIUM CHLORIDE	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHOLINE CHLORIDE	NC		CLARITHROMYCIN	NC	
CHOLINE MAGNESIUM TRISALICYLATE	NC		CLEMIZOLE HCL	NC	
CHONDROITIN SULFATE SODIUM	NC	RX/OTC	CLIDINIUM BROMIDE	NC	
CHORIONIC GONADOTROPIN	NC		CLINDAMYCIN HCL	NC	
CHORIONIC GONADOTROPIN(HUMAN)	NC		CLINDAMYCIN HCL MONOHYDRATE	NC	
CHROMIC CHLORIDE CRYSTALS	NC	RX/OTC	CLINDAMYCIN HYDROCHLORIDE	NC	
CHROMIUM CHLORIDE HEXAHYDRATE REAGENT CRYSTALS	NC	RX/OTC	CLINDAMYCIN PHOSPHATE POWDER	NC	
CHROMIUM CHLORIDE POWDER	NC		CLOFAZIMINE	NC	
CHROMIUM PICOLINATE	NC	RX/OTC	CLOMIPRAMINE HCL	NC	
CHROMIUM POLYNICOTINATE	NC		CLONAZEPAM	NC	
CHROMIUM POTASSIUM SULFATE DODECAHYDRATE	NC		CLOPIDOGREL BISULFATE	NC	
CHRYSIN	NC	RX/OTC	CLORSULON	NC	
CICLOPIROX	NC		COBALT GLUCONATE	NC	
CIDOFOVIR ANHYDROUS	NC		COBAMAMIDE	NC	RX/OTC
CIDOFOVIR DIHYDRATE	NC		COCAMIDE DEA	NC	
CINNAMON BARK CASSIA	NC		COLHIBIN	NC	
CIPROFLOXACIN	NC		COLISTIMETHATE SODIUM	NC	
CIPROFLOXACIN HCL	NC		COLLAGEN HYDROLYSATE	NC	
CIPROFLOXACIN HYDROCHLORIDE	NC		COPPER GLUCONATE	NC	
CISAPRIDE MONOHYDRATE	NC		COPPER GLYCINATE	NC	
CISPLATIN	NC		CORAL CALCIUM	NC	
CITICOLINE	NC		CORN OIL	NC	RX/OTC
CITRULLINE(L)	NC	RX/OTC	COUMARIN	NC	
CITRUS BIOFLAVONOIDS 13 %	NC		CRANBERRY	NC	
			CREATINE	NC	
			CREATINE ANHYDROUS	NC	
			CREATINE MONOHYDRATE	NC	RX/OTC
			CREATININE	NC	RX/OTC
			CRESOL	NC	
			CROTAMITON	NC	
			CROTON OIL	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CUPUACU BUTTER	NC		L-CARNOSINE	NC	
CYANOCOBALAMIN CRYSTALS	NC	RX/OTC	L-CITRULLINE	NC	RX/OTC
CYANOCOBALAMIN POWDER	NC		L-CYSTEINE HCL MONOHYDRATE	NC	RX/OTC
CYCLANDELATE	NC		L-CYSTEINE HYDROCHLORIDE MONOHYDRATE	NC	RX/OTC
CYCLOBENZAPRINE HCL	NC		L-CYSTEINE CRYSTALS	NC	
CYCLOBENZAPRINE HYDROCHLORIDE	NC		L-CYSTEINE POWDER	NC	
CYCLOMETHICONE	NC		LOCUST BEAN GUM	NC	
CYCLOPENTASILOXANE /PEG/PPG-18/18 DIMETHICONE	NC		MICROCRYSTALLINE CELLULOSE NF 101 POWDER	NC	RX/OTC
CYCLOPENTOLATE HCL	NC		MICROCRYSTALLINE CELLULOSE NF 102 POWDER	NC	RX/OTC
CYCLOPENTOLATE HYDROCHLORIDE	NC		MICROCRYSTALLINE CELLULOSE NF 105 POWDER	NC	RX/OTC
CYCLOPHOSPHAMIDE	NC		SPECIFIED SOLN	NC	
CYCLOPHOSPHAMIDE MONOHYDRATE	NC		UREA PEROXIDE	NC	RX/OTC
CYCLOSERINE	NC		VITAMIN D3 LIQUID 2400 UNIT/ML, 1000000 UNIT/GM	NC	
CYCLOSPORINE	NC		VITAMIN D3 POWDER	NC	RX/OTC
CYCLOSPORINE A	NC		YLANG-YLANG OIL FRAGRANCE	NC	
CYPROHEPTADINE HCL	NC		<b>Bulk Chemicals - D's</b>		
CYSTEAMINE HCL	NC		2-DEOXY-D-GLUCOSE	NC	RX/OTC
CYSTEAMINE HYDROCHLORIDE	NC		2-DEOXY-D-GLUCOSE REAGENT GRADE	NC	RX/OTC
DERMACINRX ETHOXY DIGLYCOL	NC	RX/OTC	CALCIUM HYDROXYAPATITE	NC	
DIETHYLENE GLYCOL MONOETHYL ETHER	NC	RX/OTC	DANTROLENE SODIUM	NC	
DIETHYLENE GLYCOL MONOETHYL ETHER NF	NC	RX/OTC	DAPIPRAZOLE HCL	NC	
ETHOXY DIGLYCOL	NC	RX/OTC	DAPSONE	NC	
ETHOXY DIGLYCOL NF/EP HIGH PURITY	NC	RX/OTC	DEHYDROCHOLIC ACID	NC	
ETHOXY ETHOXY ETHANOL REAGENT	NC	RX/OTC	DEMECARIUM BROMIDE	NC	
FREEDOM ESTERDERM	NC		DENATONIUM BENZOATE	NC	
HUMAN CHORIONIC GONADOTROPIN	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEOXYCHOLIC ACID	NC		DICYCLOMINE HYDROCHLORIDE	NC	
DESICCATED BEEF LIVER	NC		DIETHANOLAMINE	NC	
DESMOPRESSIN ACETATE	NC		DIETHYL PHTHALATE	NC	
DESOXIMETASONE	NC		DIETHYLCARBAMAZINE CITRATE	NC	
DESOXYCORTICOSTERONE ACETATE	NC		DIETHYL-M-TOLUAMIDE	NC	
DEVILS CLAW	NC		DIETHYLPROPION HYDROCHLORIDE/TARTARIC ACID	NC	
DEXAMETHASONE	NC		DIETHYLSTILBESTROL	NC	
DEXAMETHASONE ACETATE	NC		DIGOXIN MICRONIZED POWD	NC	
DEXAMETHASONE ACETATE ANHYDROUS	NC		DIGOXIN POWD	NC	
DEXAMETHASONE BASE	NC		DIHYDROCODEINE BITARTRATE	NC	
DEXAMETHASONE ISONICOTINATE	NC		DIHYDROXYACETONE (1,3) DIMER	NC	
DEXAMETHASONE SODIUM PHOSPHATE	NC		DIINDOLYLMETHANE	NC	
DEXCHLORPHENIRAMINE MALEATE	NC		DIIDO-L-THYRONINE 3,5	NC	
DEXPANTHENOL LIQD	NC	RX/OTC	DILTIAZEM HCL	NC	
DEXPANTHENOL POWD	NC		DILTIAZEM HYDROCHLORIDE	NC	
DEXTRAN 40000	NC		DIMETHYL FUMARATE	NC	
DEXTRAN 75000	NC		DIMETHYL SILOXANE HYDROXYALKYL-TERMINATED	NC	
DEXTROMETHORPHAN	NC		DIMETHYLACETAMIDE	NC	
DIAMINOPYRIDINE	NC		DIMETHYLAMINOETHANOL (DEANOL)	NC	
DIAZEPAM	NC		DIMETHYLGLYCINE HCL	NC	RX/OTC
DIAZOXIDE	NC		DIOSGENIN	NC	
DIBUCAINE	NC		DIOSMIN	NC	
DIBUCAINE HCL	NC		DIOXYBENZONE	NC	
DICHLORALPHENAZONE	NC		DIPHENIDOL HYDROCHLORIDE	NC	
DICHLOROACETIC ACID	NC		DIPHENYLCYCLOPROPE NONE	NC	
DICLAZURIL	NC		DIPYRIDAMOLE	NC	
DICLOFENAC SODIUM MICRONIZED POWD	NC				
DICLOFENAC SODIUM POWD	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DISOPHENOL	NC		ENROFLOXACIN	NC	
DISULFIRAM	NC		EPINEPHRINE BITARTRATE	NC	
DIVALPROEX SODIUM	NC		ERGOLOID MESYLATES	NC	
DMAE BITARTRATE	NC		ERLOTINIB HYDROCHLORIDE	NC	
D-MANNOSE	NC		ERYTHROMYCIN ESTOLATE	NC	
DOCOSANOL	NC		ESCITALOPRAM OXALATE	NC	
DOPAMINE HYDROCHLORIDE	NC		ESTRADIOL BENZOATE	NC	
DORZOLAMIDE HYDROCHLORIDE	NC		ESTRADIOL CYPIONATE	NC	
DOW CORNING 1501 FLUID	NC		ESTRADIOL HEMIHYDRATE	NC	
DOXEPIN HCL	NC		ESTRADIOL MICRONIZED	NC	
DOXYCYCLINE MONOHYDRATE	NC		ESTRADIOL VALERATE CRYSTALS	NC	
D-RIBOSE	NC		ESTRADIOL VALERATE POWDER	NC	
D-RIBOSE REAGENT	NC		ESTRADIOL POWDER	NC	
DULOXETINE HCL	NC		ESTRIOL	NC	
DULOXETINE HYDROCHLORIDE	NC		ESTRIOL MICRONIZED	NC	
DUTASTERIDE	NC		ESTRONE CRYSTALS	NC	
DYCLONINE HCL POWDER	NC		ESTRONE POWDER	NC	
DYCLONINE HYDROCHLORIDE CRYSTALS	NC		ETHOSUXIMIDE	NC	
DYPHYLLINE	NC		ETHYL OLEATE	NC	RX/OTC
GERMALL PLUS LIQUID	NC		ETHYL VANILLIN	NC	
PCCA DMAE COMPLEX	NC		ETHYLCELLULOSE	NC	
PROSTAGLANDIN E2	NC		ETHYLENEDIAMINE	NC	
RIBOSE (D)	NC		ETOMIDATE	NC	
SYN-AKE	NC		EUCALYPTOL	NC	RX/OTC
Bulk Chemicals - E's			GREEN TEA	NC	
ECONAZOLE NITRATE	NC		Bulk Chemicals - F's		
EDROPHONIUM CHLORIDE	NC		4-AMINOPYRIDINE	NC	
EFLORNITHINE HYDROCHLORIDE MONOHYDRATE	NC		4-METHYLPYRAZOLE	NC	
EMU OIL	NC		5-FLUOROURACIL	NC	
ENALAPRIL MALEATE	NC		DALFAMPRIDINE	NC	



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FAMCICLOVIR	NC		FLUPHENAZINE DECANOATE POWD	NC	
FAMOTIDINE	NC		FLUTICASONE PROPIONATE	NC	
FENBENDAZOLE	NC		FORMOTEROL FUMARATE	NC	
FENOFIBRATE	NC		FORSKOLIN	NC	
FERRIC AMMONIUM CITRATE	NC		FURAZOLIDONE	NC	
FERRIC CHLORIDE HEXAHYDRATE MISC	NC		SIBERIAN PINE OIL	NC	
FERRIC SUBSULFATE POWD	NC		Bulk Chemicals - G's		
FERRIC SUBSULFATE SOLN	NC	RX/OTC	4-AMINO BUTYRIC ACID	NC	
FERRIC SULFATE HYDRATE	NC		ARLACEL 165	NC	
FERROUS BISGLYCINATE CHELATE	NC		EGCG POWD	NC	
FERROUS FUMARATE	NC		GABAPENTIN	NC	
FERROUS GLUCONATE DIHYDRATE GRAN	NC		GALACTOSE	NC	
FERROUS GLUCONATE DIHYDRATE POWD	NC		GAMMA-AMINO BUTYRIC ACID	NC	
FERROUS GLUCONATE POWD	NC		GARDENIA FRAGRANCE	NC	
FERULIC ACID	NC		GATIFLOXACIN SESQUIHYDRATE	NC	
FEVERFEW	NC		GENISTEIN	NC	
FEXOFENADINE HCL	NC		GINSENG ROOT	NC	
FINASTERIDE CRYST	NC		GLUCONOLACTONE	NC	
FINASTERIDE POWD	NC		GLUCOSAMINE HYDROCHLORIDE	NC	RX/OTC
FLIBANSERIN	NC		GLUCOSAMINE SULFATE	NC	RX/OTC
FLUCONAZOLE	NC		GLUCOSAMINE SULFATE POTASSIUM CHLORIDE	NC	
FLUCYTOSINE	NC		GLUCOSAMINE SULFATE SODIUM CHLORIDE	NC	
FLUMAZENIL	NC		GLUTARALDEHYDE IN WATER LIQD	NC	
FLUNIXIN MEGLUMINE	NC		GLUTARALDEHYDE SOLN 24 %	NC	
FLUOROURACIL	NC		GLYCEROL MONOOLEATE	NC	
FLUOXETINE HCL	NC				
FLUOXETINE HYDROCHLORIDE	NC				
FLUPHENAZINE DECANOATE LIQD	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLYCERYL MONOSTEARATE FLAK	NC	RX/OTC	HISTAMINE PHOSPHATE CRYSTALS	NC	
GLYCOFUROL	NC		HONEY ALMOND FRAGRANCE	NC	
GLYCOPYRROLATE	NC		HUPERZINE SERRATE A	NC	
GLYCOSAMINOGLYCAN S	NC		HYALURONATE SODIUM	NC	
GLYCYRRHIZIC ACID	NC		HYALURONIC ACID HYDROLYZED	NC	
GOLD SODIUM THIOMALATE	NC		HYALURONIC ACID SODIUM	NC	
GRAMICIDIN D	NC		HYALURONIC ACID SODIUM SALT	NC	
GRAPE SEED OIL	NC	RX/OTC	HYDRALAZINE HCL	NC	
GRAPSEED OIL	NC	RX/OTC	HYDRAZINE SULFATE	NC	
GREEN SOAP	NC		HYDROCODONE BITARTRATE CRYSTALS	NC	
GREEN TEA EXTRACT LIQD	NC		HYDROCODONE BITARTRATE POWD	NC	
GREEN TEA OIL FRAGRANCE	NC		HYDROCORTISONE HEMISUCCINATE MONOHYDRATE	NC	
GRISEOFULVIN	NC		HYDROFLUORIC ACID	NC	
GRISEOFULVIN MICRONIZED	NC		HYDROXOCOBALAMIN	NC	RX/OTC
GUANABENZ ACETATE	NC		HYDROXOCOBALAMIN HYDROCHLORIDE	NC	
GUANETHIDINE HEMISULFATE	NC		HYDROXYAMPHETAMINE HYDROBROMIDE	NC	
GUANIDINEACETIC ACID	NC		HYDROXYCHLOROQUINE SULFATE	NC	
GUAR GUM	NC		HYDROXYETHYL CELLULOSE 100 CPS POWD	NC	
GUARANA SEED EXTRACT	NC		HYDROXYETHYL CELLULOSE 4500-6500 CPS POWD	NC	
GYMNEMA SYLVESTRIS LEAF	NC		HYDROXYETHYL CELLULOSE 5000 CPS POWD	NC	
<b>Bulk Chemicals - H's</b>			HYDROXYETHYL CELLULOSE POWD	NC	
ACTIPHYTE OF IVY	NC		HYDROXYETHYL METHACRYLATE	NC	
HALOPERIDOL	NC				
HALOPERIDOL DECANOATE	NC				
HAWTHORN BERRY	NC				
HEMATOXYLIN	NC				
HEPARIN SODIUM	NC				
HEPES	NC				
HEPTAMINOL	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HYDROXYPROGESTERONE CAPROATE	NC		METHOCEL K100M PREMIUM	NC	RX/OTC
HYDROXYPROPYL CELLULOSE	NC	RX/OTC	SODIUM HYALURONATE	NC	
HYDROXYPROPYL CELLULOSE 1500 CPS	NC	RX/OTC	SODIUM HYALURONATE (INJECTION GRADE)	NC	
HYDROXYPROPYL CELLULOSE 1500-3000 CPS	NC	RX/OTC	SODIUM HYALURONATE EP	NC	
HYDROXYPROPYL CELLULOSE 150-400 CPS	NC	RX/OTC	WITCH HAZEL	NC	
HYDROXYPROPYL CELLULOSE 4000-6500 CPS	NC	RX/OTC	Bulk Chemicals - I's		
HYDROXYPROPYL CELLULOSE 75-100 CPS	NC	RX/OTC	CERAPHYL SLK	NC	
HYDROXYPROPYL METHYLCELLULOSE	NC	RX/OTC	IDEBENONE	NC	
HYDROXYPROPYL-BETA-CYCLODEXTRIN	NC		IDOXURIDINE	NC	
HYDROXYUREA	C		IMIDUREA	NC	
HYDROXYZINE HCL	NC		IMIQUIMOD	NC	
HYPROMELLOSE 100000 MPA-S	NC	RX/OTC	INDOCYANINE GREEN	NC	
HYPROMELLOSE 100000CPS	NC	RX/OTC	INDOLE-3-CARBINOL	NC	RX/OTC
HYPROMELLOSE 4000 MPA-S	NC	RX/OTC	INOSITOL	NC	
HYPROMELLOSE 4000CPS	NC	RX/OTC	INOSITOL HEXANICOTINATE	NC	RX/OTC
HYPROMELLOSE METHOCEL K100M	NC	RX/OTC	IODINE RESUBLIMED CRYSTALS	NC	
HYPROMELLOSE TYPE 2910	NC	RX/OTC	IODINE RESUBLIMED GRAN	NC	
METHOCEL E4M	NC	RX/OTC	IODINE STRONG	NC	RX/OTC
METHOCEL E4M PREMIUM	NC	RX/OTC	IODINE FLAK	NC	
METHOCEL E4M PREMIUM CR	NC	RX/OTC	IOPANOIC ACID	NC	
METHOCEL K100 PREMIUM	NC	RX/OTC	ISOMETHEPTENE MUCATE	NC	
			ISOPROPYL MYRISTATE	NC	
			ISOPROTERENOL HCL	NC	
			ISOSORBIDE	NC	
			ISOTRETINOIN	NC	
			ISOXSUPRINE HCL	NC	
			ITRACONAZOLE	NC	
			IVERMECTIN	NC	
			LIPACTIVE INCA INCHI WO	NC	
			LUGOLS 5 %-10 %	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Bulk Chemicals - J's			LABETALOL HCL	NC	
JASMINE FRAGRANCE	NC		LABETALOL HYDROCHLORIDE	NC	
JOJOBA OIL	NC		LACTASE 5000	NC	
Bulk Chemicals - K's			LAMOTRIGINE	NC	
7-KETO DHEA	NC	RX/OTC	LANSOPRAZOLE	NC	RX/OTC
ACTIPHYTE OF SEA KELP	NC		LATANOPROST OIL	NC	
ACTIPHYTE OF SUGAR KELP	NC		LATANOPROST POWD	NC	
KANAMYCIN SULFATE	NC		LAURETH-9 POLIDOCANOL	NC	
KETAMINE HCL	NC		LAURIC ACID	NC	
KETAMINE HYDROCHLORIDE	NC		L-CARNITINE	NC	RX/OTC
KETOPROFEN MICRONIZED POWD	NC		L-CARNITINE HCL	NC	
KETOPROFEN ULTRA MICRONIZED POWD	NC		LEAD TETROXIDE	NC	
KETOPROFEN POWD	NC		LEFLUNOMIDE	NC	
KETOROLAC TROMETHAMINE	NC		LEMON BIOFLAVANOID	NC	
KETOTIFEN FUMARATE	NC		LETROZOLE	NC	
KETOTIFEN HYDROGEN FUMARATE	NC		LEUCOVORIN CALCIUM	NC	
KINETIN	NC		LEUPROLIDE ACETATE	NC	
KIWI FRAGRANCE	NC		LEVALBUTEROL HCL	NC	
KUDZU ROOT	NC		LEVETIRACETAM	NC	
Bulk Chemicals - L's			LEVOCARNITINE	NC	RX/OTC
5-METHYLTETRAHYDROFOLIC ACID/GLUCOSAMINE SALT	NC		LEVOCETIRIZINE DIHYDROCHLORIDE	NC	
ACIDOPHILUS LACTOBACILLUS	NC		LEVOFLOXACIN HEMIHYDRATE	NC	
CALCIUM FOLINATE	NC		LEVORPHANOL TARTRATE	NC	
CARNITINE (L)	NC	RX/OTC	LEVOTHYROXINE SODIUM	NC	
L-5-METHYLTETRAHYDROFOLICACID CALCIUM	NC		LEVOTHYROXINE SODIUM (T4)	NC	
			LICORICE DEGLYCYRRHIZINATED	NC	
			LIDOCAINE BASE POWD	NC	
			LIDOCAINE HCL	NC	
			LIDOCAINE HCL MONOHYDRATE	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIDOCAINE HYDROCHLORIDE	NC		5-METHYLTETRAHYDROFOLATE	NC	RX/OTC
LIDOCAINE HYDROCHLORIDE MONOHYDRATE	NC		5-METHYLTETRAHYDROFOLATECALCIUM	NC	RX/OTC
LIDOCAINE CRYSTALS	NC		CALCIUM L-5-METHYLTETRAHYDROFOLATE	NC	RX/OTC
LIDOCAINE POWDER	NC		DIMETHYL SULFONE POWDER	NC	
LIMONENE	NC		DL-MALIC ACID	NC	RX/OTC
LINCOMYCIN HCL	NC		L-GLUTAMIC ACID MONOSODIUM	NC	
LINOLEIC ACID	NC		MACA ROOT	NC	
LIOTHYRONINE	NC		MAFENIDE ACETATE	NC	
LIOTHYRONINE SODIUM	NC		MAFENIDE HCL	NC	
LIOTHYRONINE SODIUM (T3)	NC		MAGNESIUM ALUMINUM SILICATE	NC	
LISINOPRIL	NC		MAGNESIUM AMINO ACID CHELLATE 20%	NC	
LITHIUM CITRATE TETRAHYDRATE	NC		MAGNESIUM ASCORBATE	NC	
L-LYSINE HCL POWDER	NC	RX/OTC	MAGNESIUM BISGLYCINATE CHELATE	NC	
L-LYSINE MONOHYDROCHLORIDE POWDER	NC	RX/OTC	MAGNESIUM BISGLYCINATE DIHYDRATE	NC	
L-METHYLFOLATE CALCIUM	NC		MAGNESIUM CITRATE	NC	RX/OTC
LORATADINE	NC	RX/OTC	MAGNESIUM CITRATE TRIBASIC	NC	RX/OTC
LORAZEPAM	NC		MAGNESIUM GLUCONATE	NC	
LOSARTAN POTASSIUM	NC		MAGNESIUM GLYCINATE	NC	
LOVASTATIN	NC		MAGNESIUM HYDROXIDE	NC	
L-SELENOMETHIONINE	NC		MAGNESIUM MALATE	NC	
L-SELENOMETHIONINE BLEND	NC		MAGNESIUM PHOSPHATE DIBASIC TRIHYDRATE	NC	
LUTEIN BEAD	NC				
LUTEIN POWDER	NC				
PCCA T3 SODIUM DILUTION	NC				
PCCA T4 SODIUM DILUTION	NC				
PINENE (L-ALPHA)	NC				
Bulk Chemicals - M's					
2-METHOXYESTRADIOL	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MALEIC ACID	NC		METHACRYLIC ACID COPOLYMER TYPE A	NC	
MALIC ACID	NC	RX/OTC	METHANESULFONIC ACID	NC	
MALTODEXTRIN	NC		METHOCARBAMOL	NC	
MANDELIC ACID	NC		METHOXYAMINE HYDROCHLORIDE	NC	
MANGANESE CHLORIDE TETRAHYDRATE	NC		METHOXYETHANOL	NC	
MANGANESE GLUCONATE	NC		METHSCOPOLAMINE BROMIDE	NC	
MANGANESE SULFATE	NC		METHSCOPOLAMINE NITRATE	NC	
MECAMYLAMINE HCL	NC		METHYL METHACRYLATE CROSSPOLYMER	NC	
MECHLORETHAMINE HCL	NC		METHYL SULFONE CRYS	NC	RX/OTC
MECLOFENOXATE HYDROCHLORIDE	NC		METHYLCOBALAMIN	NC	RX/OTC
MEDIUM CHAIN TRIGLYCERIDES	NC		METHYLENE CHLORIDE	NC	
MEDROXYPROGESTER ONE ACETATE	NC		METHYLMETHACRYLAT E CROSSPOLYMER (310)	NC	
MEDROXYPROGESTER ONE ACETATE MICRONIZED	NC		METHYLPHENIDATE HCL	NC	
MEDROXYPROGESTER ONE ACETATE YAM	NC		METHYLPYRROLIDONE	NC	
MEDROXYPROGESTER ONE MICRONIZED	NC		METHYLSULFONYLMET HANE CRYS	NC	RX/OTC
MEGLUMINE	NC		METHYLSULFONYLMET HANE POWD	NC	
MELOXICAM	NC		METHYLTETRAHYDROF OLATE CALCIUM	NC	RX/OTC
MENADIONE	NC		METHYSERGIDE MALEATE	NC	
MEQUINOL	NC		METRONIDAZOLE	NC	
MERCAPTOPYRINE	NC		METRONIDAZOLE BENZOATE	NC	
MERCAPTOPYRINE MONOHYDRATE	NC		MEXILETINE HYDROCHLORIDE	NC	
METACRESOL ACETATE	NC		MIDAZOLAM	NC	
METFORMIN HCL	NC		MILK THISTLE	NC	
METFORMIN HYDROCHLORIDE	NC		MIRTAZAPINE	NC	
METHACHOLINE CHLORIDE CRYS	NC				
METHACHOLINE CHLORIDE POWD	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MISOPROSTOL	NC		NALTREXONE HYDROCHLORIDE MICRONIZED ANHYDROUS	NC	
MISOPROSTOL-HPMC	NC		NALTREXONE HYDROCHLORIDEANHY DROUS	NC	
MITOMYCIN	NC		NALTREXONE HYDROCHLORIDEDIHYD RATE	NC	
MITOTANE	NC		NANDROLONE DECANOATE	NC	
MODAFINIL	NC		NAPHAZOLINE HCL POWD	NC	
MOLYBDENUM	NC		NEOSTIGMINE METHYLSULFATE	NC	
MOMETASONE FUROATE	NC		NETTLE LEAF	NC	
MONOBENZONE	NC		NICLOSAMIDE	NC	
MONOETHANOLAMINE	NC		NICOTINAMIDE ADENINE DINUCLEOTIDE	NC	RX/OTC
MONTELUKAST SODIUM	NC		NICOTINAMIDE ADENINE DINUCLEOTIDE (NAD)	NC	RX/OTC
MORANTEL TARTRATE	NC		NICOTINAMIDE RIBOSIDE CHLORIDE	NC	
MOXIFLOXACIN HCL	NC		NICOTINE POLACRILEX	NC	RX/OTC
MOXIFLOXACIN HYDROCHLORIDE	NC		NICOTINE TARTRATE	NC	
MOXISYLYTE HCL	NC		NIFEDIPINE	NC	
MUPIROCIN	NC		NIFEDIPINE MICRONIZED	NC	
MYCOPHENOLATE MOFETIL	NC		NIMODIPINE	NC	
VITAMIN K2	NC		NITAZOXANIDE	NC	
Bulk Chemicals - N's			NITROFURANTOIN	NC	
NABUMETONE	NC		NITROFURANTOIN ANHYDROUS	NC	
N-ACETYL-L- CARNOSINE	NC		NITROFURANTOIN MONOHYDRATE	NC	
NADH	NC		NONOXYNOL-9	NC	
NALBUPHINE HCL	NC		NOREPINEPHRINE BITARTRATE	NC	
NALOXONE HCL	NC		NORETHINDRONE	NC	
NALOXONE HCL DIHYDRATE	NC				
NALOXONE HYDROCHLORIDE DIHYDRATE	NC				
NALTREXONE	NC				
NALTREXONE HCL	NC				
NALTREXONE HYDROCHLORIDE	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NYSTATIN	NC		BRIJ S20 WAX	NC	
NYSTATIN FOREIGN	NC		COSMOCIL CQ LIQD	NC	
Bulk Chemicals - O's			DL-PANTHENOL	NC	
HYDROXYQUINOLINE SULFATE	NC		DL-PANTHENOL ALCOHOL	NC	
L-ORNITHINE HYDROCHLORIDE	NC	RX/OTC	PALMAROSA OIL	NC	
OCTINOXATE	NC		PALMITOYL PENTAPEPTIDE-3	NC	
OCTISALATE	NC		PALMITOYL TRIPEPTIDE-3	NC	
OCTYL STEARATE	NC		PANCREATIN	NC	
OLMESARTAN MEDOXOMIL	NC		PANTHENOL	NC	
ONDANSETRON HCL	NC		PANTOPRAZOLE SODIUM	NC	
ONDANSETRON HCL DIHYDRATE	NC		PANTOPRAZOLE SODIUM SESQUIHYDRATE	NC	
ORIGANUM	NC		PAPAIN	NC	
ORLISTAT	NC		PARACHLOROPHENOL	NC	
ORNITHINE HYDROCHLORIDE	NC	RX/OTC	PARAFORMALDEHYDE	NC	
OSELTAMIVIR PHOSPHATE	NC		PAROMOMYCIN SULFATE	NC	
OXANDROLONE	NC		PATCHOULI OIL	NC	
OXYBUTININ CHLORIDE	NC		PEARBERRY FRAGRANCE	NC	
OXYBUTYNIN CHLORIDE	NC		PEG 400 MONOSTEARATE	NC	
OXYMETAZOLINE HCL	NC		PEG-40 CASTOR OIL	NC	
OXYMETAZOLINE HYDROCHLORIDE	NC		PENCICLOVIR	NC	
OXYTETRACYCLINE DIHYDRATE	NC		PENICILLAMINE	NC	
OXYTOCIN	NC		PENNYROYAL OIL	NC	
OXYTOCIN ACETATE	NC		PENTOSAN POLYSULFATE SODIUM	NC	
TRITON X-100	NC		PENTOXIFYLLINE	NC	
Bulk Chemicals - P's			PENTYLENE GLYCOL	NC	
BRIJ 30	NC		PENTYLENETETRAZOLE	NC	
BRIJ 35 WAX	NC		PERFLUORODECALIN	NC	
BRIJ 700 WAX	NC		PERGOLIDE MESYLATE	NC	
BRIJ 93	NC		PERMETHRIN TECHNICAL LIQD	NC	
BRIJ C20 WAX	NC				



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PERPHENAZINE	NC		POLYOXYL 40 HYDROGENATEDCASTOR OIL	NC	
PEUCEDANUM OSTRUTHIUM EXTRACT	NC		POLYVINYL ALCOHOL	NC	
PHENELZINE SULFATE	NC		POLYVINYLPIRROLIDONE K-30	NC	
PHENINDIONE	NC		POLYVINYLPIRROLIDONE K-90	NC	
PHENIRAMINE MALEATE POWD	NC		POMEGRANATE SEED	NC	
PHENOLSULFONIC ACID	NC		PONAZURIL	NC	
PHENOXYBENZAMINE HCL	NC		POTASSIUM ACETATE CRYSTALS	NC	RX/OTC
PHENOXYETHANOL	NC		POTASSIUM ACETATE POWD	NC	
PHENTERMINE HYDROCHLORIDE	NC		POTASSIUM ASPARTATE	NC	
PHEHTOLAMINE MESYLATE	NC		POTASSIUM AZELAOLYDIGLYCINATE	NC	
PHENYL SALICYLATE	NC		POTASSIUM BENZOATE	NC	
PHENYLETHYL ALCOHOL	NC		POTASSIUM IODIDE CRYSTALS	NC	RX/OTC
PHENYLETHYLAMINE HCL	NC		POTASSIUM IODIDE GRANULES	NC	
PHENYLTOLOXAMINE DIHYDROGEN CITRATE	NC		POTASSIUM IODIDE POWD	NC	
PHENYTOIN	NC		POTASSIUM METABISULFITE POWD	NC	
PHOSPHATIDYLCHOLINE	NC	RX/OTC	POTASSIUM PERMANGANATE GRANULES	NC	RX/OTC
PHOSPHATIDYLSERINE	NC		POTASSIUM PHOSPHATE DIBASIC ANHYDROUS GRANULES	NC	
PHYTIC ACID IN WATER	NC		POTASSIUM PHOSPHATE DIBASIC GRANULES	NC	
PHYTONADIONE CRYSTALS	NC		POTASSIUM PHOSPHATE MONOBASIC CRYSTALS	NC	
PHYTONADIONE LIQUID	NC	RX/OTC	POTASSIUM PHOSPHATE MONOBASIC POWD	NC	
PIMOBENDAN	NC		POTASSIUM SODIUM TARTRATE GRANULES	NC	
PINE BARK EXTRACT	NC				
PINE NEEDLE OIL	NC				
PINEAPPLE EXTRACT	NC				
PIPERINE	NC				
PIRACETAM	NC				
PODOFILOX	NC				
POLYACRYLATE CROSSPOLYMER-6	NC				
POLYHEXAMETHYLENE BIGUANIDE SOLN	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POTASSIUM SODIUM TARTRATE POWD	NC		PROGESTERONE WETTABLE POWD	NC	
POTASSIUM SULFATE	NC		PROGESTERONE POWD	NC	
POVIDONE	NC		PROMAZINE HCL	NC	
POVIDONE K-30	NC		PROMETHAZINE HCL POWD	NC	
POVIDONE-IODINE FLAK	NC		PROPANEDIOL	NC	
POVIDONE-IODINE POWD	NC		PROPARACAINE HCL	NC	
POWDER SCENT FRAGRANCE	NC		PROPYL GALLATE	NC	
PRALIDOXIME CHLORIDE	NC		PROPYLENE GLYCOL	NC	RX/OTC
PRAZIQUANTEL POWD	NC		PROPYLENE GLYCOL MONOSTEARATE	NC	
PREGABALIN	NC		PROPYLTHIOURACIL	NC	
PRILOCAINE	NC		PROTAMINE SULFATE	NC	
PRILOCAINE HCL	NC		PROTEASE	NC	
PRILOCAINE HCL USP	NC		PSYLLIUM HUSK	NC	
PRILOCAINE HYDROCHLORIDE	NC		PULLULAN	NC	
PRIMIDONE	NC		PYRANTEL PAMOATE	NC	
PROCARBAZINE HCL	NC		PYRAZINAMIDE	NC	
PROCHLORPERAZINE EDISYLATE	NC		PYRIDOSTIGMINE BROMIDE	NC	
PROFLAVINE HEMISULFATE	NC		PYRIDOXAL-5-PHOSPHATE MONOHYDRATE	NC	RX/OTC
PROGESTERONE MICRONIZED	NC		PYRIMETHAMINE	NC	
PROGESTERONE MICRONIZED (SOY)	NC		VITAMIN K-1 POWD	NC	
PROGESTERONE MICRONIZED (YAM)	NC		ZINC PYRITHIONE	NC	
PROGESTERONE MICRONIZED PREMIUM	NC		Bulk Chemicals - Q's		
PROGESTERONE MILLED POWD	NC		QUATERNIUM-15	NC	
PROGESTERONE ULTRA MICRONIZED	NC		QUERCETIN DIHYDRATE	NC	
PROGESTERONE WETTABLE (SOY) POWD	NC		QUININE HCL	NC	
PROGESTERONE WETTABLE (YAM) POWD	NC		Bulk Chemicals - R's		
			RACEPINEPHRINE HCL	NC	
			RAPESEED OIL	NC	
			RASAGILINE MESYLATE	NC	
			RAUWOLFIA SERPENTINA	NC	
			RED YEAST RICE	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RED YEAST RICE EXTRACT	NC	RX/OTC	DOW CORNING 200 LIQD	NC	RX/OTC
RESVERATROL	NC		L-ASPARTIC ACID SODIUM MONOHYDRATE	NC	RX/OTC
RESVERATROL 98%	NC		L-ASPARTIC ACID SODIUM SALT	NC	
RESVERATROL 98+%	NC		LECITHIN SOYA GRAN	NC	
RETINALDEHYDE	NC		LECITHIN SOYA POWD	NC	
RIBAVIRIN	NC		L-SERINE	NC	RX/OTC
RIBOFLAVIN	NC	RX/OTC	NICE PURE BAKING SODA	NC	RX/OTC
RIBOFLAVIN-5-PHOSPHATE SODIUM	NC	RX/OTC	NOURISIL GEL	NC	
RIBOFLAVIN-5-PHOSPHATE SODIUM ANHYDROUS	NC	RX/OTC	PMX-1184 SILICONE LIQD	NC	RX/OTC
RIFAMPIN	NC		SACCHARIN CALCIUM	NC	
RIFAXIMIN	NC		SAGE LEAF	NC	
ROCURONIUM BROMIDE	NC		SALICYLIC ACID CRYSTALS	NC	
RONIDAZOLE	NC		SALICYLIC ACID POWD	NC	RX/OTC
ROPIVACAINE HYDROCHLORIDE	NC		SALICYLIC ACID SOLN	NC	
ROSE BENGAL B	NC		SALSALATE	NC	
ROSUVASTATIN CALCIUM	NC		SAW PALMETTO BERRY POWD	NC	
RUBIDIUM CHLORIDE	NC		SCARLET RED	NC	
RUTIN	NC		SECRETIN-MANNITOL	NC	
Bulk Chemicals - S's			SELENIUM SULFIDE	NC	
AC DERMAPEPTIDE	NC		SELENIUM YEAST	NC	
CALCIUM SACCHARIN	NC		SENNA EXTR	NC	
CETYL ESTERS WAX	NC		SERMORELIN ACETATE	NC	
COPASIL GEL	NC		SEROTONIN HCL	NC	
DEOXYCHOLIC ACID SODIUM	NC		SERTRALINE HCL	NC	
DIBUTYL SQUARATE LIQD	NC	RX/OTC	SHARK CARTILAGE	NC	
DIMERCAPTOSUCCINIC ACID CRYSTALS	NC		SHOWER FRESH FRAGRANCE	NC	
DIMERCAPTOSUCCINIC ACID POWD	NC		SIBERIAN GINSENG	NC	
DL-3-HYDROXYBUTYRIC ACIDSODIUM	NC		SILDENAFIL CITRATE	NC	
			SILICONE BLEND CUSTOM PSTE	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SILICONE ELASTOMER BLEND GEL	NC		SODIUM IODIDE GRAN	NC	
SILICONE ELASTOMER BLEND LIQD	NC	RX/OTC	SODIUM LACTATE 60 %	NC	
SILICONE FLUID 556 LIQD	NC	RX/OTC	SODIUM L-ASPARTATE	NC	RX/OTC
SILVER SULFADIAZINE	NC		SODIUM LAURETH SULFATE	NC	
SIMVASTATIN	NC		SODIUM METABISULFITE ANHYDROUS GRAN	NC	RX/OTC
SINCALIDE IN MANNITOL	NC		SODIUM METABISULFITE GRAN	NC	RX/OTC
SIROLIMUS	NC		SODIUM METABISULFITE POWD	NC	
SODIUM ACETATE TRIHYDRATE	NC		SODIUM MOLYBDATE	NC	
SODIUM ALGINATE	NC		SODIUM MONOFLUOROPHOSPHATE	NC	
SODIUM BICARBONATE	NC	RX/OTC	SODIUM NITRATE ACS POWD	NC	
SODIUM BISULFITE	NC	RX/OTC	SODIUM NITRATE GRAN	NC	
SODIUM BITARTRATE MONOHYDRATE	NC		SODIUM OLEATE	NC	
SODIUM CAPRATE	NC		SODIUM PHENYLBUTYRATE	NC	
SODIUM CAPRYLATE FOOD GRADE	NC		SODIUM PHOSPHATE DIBASICANHYDROUS POWD	NC	
SODIUM CHLORITE FLAK	NC		SODIUM PHOSPHATE DIBASIC CRYSTALS	NC	
SODIUM CITRATE DIHYDRATE GRAN	NC		SODIUM PHOSPHATE DIBASICDIHYDRATE POWD	NC	
SODIUM CITRATE DIHYDRATE POWD	NC		SODIUM PHOSPHATE DIBASICDRIED GRAN	NC	RX/OTC
SODIUM COCOYL GLUTAMATE	NC		SODIUM PHOSPHATE DIBASICHEPTAHYDRATE CRYSTALS	NC	
SODIUM DEHYDROACETATE	NC		SODIUM PHOSPHATE DIBASICHEPTAHYDRATE POWD	NC	
SODIUM DEOXYCHOLATE	NC		SODIUM PHOSPHATE DIBASIC POWD	NC	
SODIUM DIACETATE	NC		SODIUM PHOSPHATE MONOBASIC ANHYDROUS POWD	NC	RX/OTC
SODIUM DICHOROACETATE	NC				
SODIUM FLUORIDE	NC				
SODIUM FLUOROPHOSPHATE	NC				
SODIUM GLUCONATE	NC				
SODIUM IODIDE CRYSTALS	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SODIUM PHOSPHATE MONOBASIC GRAN	NC		SQUALENE	NC	
SODIUM PHOSPHATE TRIBASIC CRYSTALS	NC		SQUARIC ACID	NC	
SODIUM PHOSPHATE TRIBASIC POWDER	NC		SQUARIC ACID DI-N-BUTYL ESTER POWDER	NC	
SODIUM PROPIONATE	NC	RX/OTC	SQUARIC ACID IN BUTANOL LIQUID	NC	RX/OTC
SODIUM PYRROLIDONE CARBOXYLATE	NC		ST JOHNS WORT	NC	
SODIUM SELENITE	NC		STANNOUS CHLORIDE DIHYDRATE	NC	
SODIUM STARCH GLYCOLATE	NC		STANZOLOL	NC	
SODIUM STEARATE	NC		STEVIA EXTRACT	NC	RX/OTC
SODIUM STEARYL FUMARATE	NC		STEVIA POWDER EXTRACT	NC	RX/OTC
SODIUM SUCCINATE	NC		STEVIOL GLYCOSIDES	NC	
SODIUM TARTRATE DIHYDRATE	NC		STEVIOSIDE EXTRACT	NC	
SODIUM TETRADECYL SULFATE POWDER	NC		STRONTIUM CHLORIDE CRYSTALS	NC	
SODIUM TETRADECYL SULFATE SOLUTION 27 %	NC		SUCCIMER DMSA POWDER	NC	
SODIUM-L-ASCORBATE-2-PHOSPHATE DIHYDRATE	NC		SUCCINIC ACID	NC	
SORAFENIB TOSYLATE	NC		SUCCINYLCHOLINE CHLORIDE	NC	
SORBITAN MONOLAUATE	NC		SUCCINYLCHOLINE CHLORIDE DIHYDRATE	NC	
SORBITAN MONOOLEATE	NC		SUCROSE OCTAACETATE	NC	
SORBITAN MONOPALMITATE	NC		SUFENTANIL CITRATE	NC	
SORBITAN MONOPALMITATE BASE I	NC		SULFACETAMIDE	NC	
SOYABEAN CASEIN DIGEST MEDIUM	NC		SULFADIMETHOXINE	NC	
SPAN 80	NC		SULFAMERAZINE	NC	
SPIRULINA	NC		SULFOSALICYLIC ACID DIHYDRATE	NC	
SQUALANE LIQUID	NC		SULFUR PRECIPITATED POWDER	NC	RX/OTC
SQUALANE OIL	NC		SULFUR SUBLIMED POWDER	NC	RX/OTC
			SULFUR POWDER	NC	RX/OTC
			SULPIRIDE	NC	
			SUMATRIPTAN	NC	
			SUMATRIPTAN SUCCINATE	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUPEROXIDE DISMUTASE POWD	NC		TESTOSTERONE MICRONIZED YAM CRYSTALS	NC	
SUPEROXIDE DISMUTASE SOLN	NC		TESTOSTERONE MICRONIZED POWD	NC	
THIOSALICYLIC ACID SODIUMSALT	NC		TESTOSTERONE NON-MICRONIZED SOY POWD	NC	
TRUCLEAR STEVIA PLUS	NC	RX/OTC	TESTOSTERONE NON-MICRONIZED POWD	NC	
Bulk Chemicals - T's			TESTOSTERONE PROPIONATE	NC	
CURCUMIN	NC		TESTOSTERONE POWD	NC	
CURCUMIN EXTRACT	NC		TETRACAINE	NC	
NATURAL MIXED TOCOPHEROLS30%	NC		TETRACAINE HCL	NC	
RENOVAGE	NC		TETRACAINE HYDROCHLORIDE	NC	
TACROLIMUS	NC		TETRAHYDROBIOPTERIN DIHYDROCHLORIDE	NC	
TACROLIMUS MONOHYDRATE	NC		TETRAHYDROBIOPTERIN HYDROCHLORIDE	NC	
TADALAFIL	NC		TETRAHYDROZOLINE HCL	NC	
TAMOXIFEN CITRATE	NC		THEANINE	NC	
TAMOXIFEN CITRATE MICRONIZED	NC		THEOBROMINE	NC	
TAZAROTENE	NC		THIOGUANINE	NC	
TEA COCOYL GLUTAMINE	NC		THIORIDAZINE HCL	NC	
TEA TREE OIL	NC	RX/OTC	THYMUS	NC	
TERBINAFINE HCL	NC		THYROID 0.23 %	NC	
TERBINAFINE HYDROCHLORIDE	NC		THYROID FULL STRENGTH	NC	
TESTOSTERONE CYPIONATE	NC		TICARCILLIN DISODIUM/CLAVULANATE POTASSIUM	NC	
TESTOSTERONE ENANTHATE	NC		TITANIUM DIOXIDE LIQD	NC	
TESTOSTERONE MICRONIZED (SOY) POWD	NC		TITANIUM DIOXIDE POWD	NC	
TESTOSTERONE MICRONIZED (YAM) POWD	NC		TIZANIDINE HCL	NC	
TESTOSTERONE MICRONIZED SOY POWD	NC		TOBRAMYCIN	NC	
			TOCOTRIENOLS	NC	
			TOFACITINIB CITRATE	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOLAZOLINE HYDROCHLORIDE	NC		TRYPSIN POWD	NC	
TOLTRAZURIL	NC		TURMERIC	NC	
TOLU BALSAM MISC	NC		TURMERIC ROOT	NC	
TOLUIDINE BLUE O POWD	NC		TYLOSIN TARTRATE	NC	
TOPIRAMATE	NC		TYLOXAPOL	NC	
TRAMADOL HCL	NC		XILOGEL	NC	
TRAMADOL HYDROCHLORIDE	NC		Bulk Chemicals - U's		
TRANEXAMIC ACID	NC	RX/OTC	UBIQUINOL	NC	
TRANILAST CRYSTALS	NC		UREA PRILLED BEAD	NC	RX/OTC
TRANILAST POWD	NC		UREA BEAD	NC	RX/OTC
TRIACETIN	NC		UREA POWD	NC	RX/OTC
TRIAMCINOLONE	NC		UREAPRO POWD	NC	RX/OTC
TRIAMCINOLONE HEXACETONIDE	NC		URIDINE	NC	
TRIAMCINOLONE USP, MICRONIZED	NC		URSODIOL	NC	
TRICHLORMETHIAZIDE	NC		Bulk Chemicals - V's		
TRICHLOROACETIC ACID CRYSTALS	NC	RX/OTC	ALPHA-TOCOPHEROL	NC	
TRICHLOROACETIC ACID POWD	NC		D-VITAMIN E SUCCINATE	NC	RX/OTC
TRICHLOROACETIC ACID SOLN	NC		RETINOL MOLECULAR FILM OIL	NC	
TRICLOSAN	NC		SODIUM VALPROATE	NC	
TRIETHANOLAMINE LAURYL SULFATE	NC		TOCOPHERYL ACID SUCCINATED-ALPHA	NC	RX/OTC
TRIETHANOLAMINE SALICYLATE	NC		VALACYCLOVIR HCL	NC	
TRILOSTANE	NC		VALACYCLOVIR HYDROCHLORIDE	NC	
TRIMEPRAZINE TARTRATE	NC		VALERIAN ROOT POWD	NC	
TRIMETHOBENZAMIDE HCL	NC		VALPROATE SODIUM	NC	
TRIOXSALEN	NC		VALPROIC ACID POWD	NC	
TRIPROLIDINE HCL	NC		VANADIUM	NC	
TROMETHAMINE	NC		VANADYL SULFATE HYDRATE	NC	RX/OTC
TROPOLONE	NC		VANCOMYCIN HCL	NC	
			VANCOMYCIN HYDROCHLORIDE	NC	
			VANILLIN CRYSTALS	NC	
			VANILLIN POWD	NC	

Drug Name	Drug Tier	Requirements/Limits
VARDENAFIL HYDROCHLORIDE	NC	
VEEGUM	NC	
VIDARABINE	NC	
VINPOCETINE	NC	
VITAMIN A ACETATE BEAD	NC	
VITAMIN A ACETATE CRYSTALS	NC	
VITAMIN A PALMITATE	NC	RX/OTC
VITAMIN A POWD	NC	
VITAMIN E	NC	
VITAMIN E ACETATE	NC	RX/OTC
VITAMIN E SUCCINATE	NC	RX/OTC
VORICONAZOLE	NC	
Bulk Chemicals - W's		
SEPICALM VG	NC	
WHEY PROTEIN ISOLATE INSTANIZED	NC	
WHITE KIDNEY BEAN EXTRACT	NC	
WHITE WILLOW BARK	NC	
Bulk Chemicals - X		
XYLAZINE HYDROCHLORIDE	NC	
XYLITOL	NC	RX/OTC
XYLITOL NF	NC	RX/OTC
XYLOMETAZOLINE HCL	NC	
XYLOMETAZOLINE HYDROCHLORIDE	NC	
Bulk Chemicals - Y's		
YEAST EXTRACT	NC	
YOHIMBINE HCL	NC	
Bulk Chemicals - Z's		
ZEAXANTHIN	NC	
ZINC ACETATE	NC	RX/OTC
ZINC CHLORIDE GRAN	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ZINC CITRATE DIHYDRATE	NC	
ZINC GLUCONATE POWD	NC	
ZINC MONOMETHIONINE	NC	
ZINC OXIDE	NC	RX/OTC
ZINC PICOLINATE	NC	
ZINC UNDECYLENATE	NC	
ZIRCONIUM OXIDE	NC	
ZONISAMIDE	NC	
Liquids		
ACETONE	NC	RX/OTC
ACTIPHYTE OF LEMONGRASS	NC	
ALCOHOL	NC	RX/OTC
ALCOHOL ANHYDROUS	NC	
<i>alcohol, rubbing XX</i>	NC	
ALMOND OIL	NC	RX/OTC
ALMOND OIL SWEET	NC	RX/OTC
AMMONIUM LACTATE	NC	
ANISE OIL	NC	
BASE G ALMOND OIL SWEET	NC	RX/OTC
BAY OIL	NC	
BENZYL BENZOATE	NC	RX/OTC
BERGAMOT OIL	NC	
CAMPHOR SPIRIT	NC	
CAMPHOR SPIRITS	NC	
CASTOR OIL	NC	RX/OTC
CEDAR LEAF OIL	NC	
CEDARWOOD OIL	NC	
CELERY SEED	NC	
CHLORHEXIDINE GLUCONATE	NC	
CHLOROFORM	NC	RX/OTC
CINNAMON OIL	NC	



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CINNAMON OIL ARTIFICIAL	NC		<i>isopropyl alcohol XX 91 %, 99 %</i>	NC	
CITRONELLA OIL	NC	RX/OTC	ISOPROPYL ALCOHOL XX 70 %, 100 %	NC	RX/OTC
CLOVE OIL	NC	RX/OTC	<i>isopropyl alcohol, rubbing XX</i>	NC	
COCONUT OIL	NC	RX/OTC	ISOPROPYL PALMITATE	NC	RX/OTC
COTTONSEED OIL	NC	RX/OTC	ISOPROPYL RUBBING ALCOHOL XX	NC	
CRYOSERV	NC	RX/OTC	JUNIPER TAR	NC	
DIMETHYL SULFOXIDE	NC	RX/OTC	LAVENDER OIL	NC	RX/OTC
ETHANOL 190 PROOF	NC	RX/OTC	LAVENDER OIL FRAGRANCE	NC	RX/OTC
ETHER	NC		LAVENDER OIL NATURAL	NC	RX/OTC
ETHYL ALCOHOL 190 PROOF	NC	RX/OTC	LEMON OIL	NC	
ETHYL ALCOHOL SDA- 40B 190 PROOF	NC	RX/OTC	LEMONGRASS OIL	NC	
EUCALYPTUS OIL	NC	RX/OTC	LIME OIL	NC	RX/OTC
EUGENOL	NC	RX/OTC	LINSEED OIL RAW	NC	
GERANIUM NATURAL	NC	RX/OTC	MACADAMIA NUT OIL	NC	
GERANIUM OIL	NC	RX/OTC	METHANOL	NC	RX/OTC
GLYCERINE LIQD	NC	RX/OTC	METHYL ALCOHOL	NC	RX/OTC
GLYCERIN LIQD	NC	RX/OTC	MUSTARD OIL	NC	
GLYCERIN SOLN	NC		NIAOULI	NC	
GLYCEROL FORMAL LIQD	NC	RX/OTC	OIL-COCONUT	NC	RX/OTC
GLYCINE SOYA PROTEIN	NC		OLIVE OIL	NC	RX/OTC
GNP CINNAMON OIL	NC		ORANGE OIL	NC	
GNP EUCALYPTUS OIL	NC	RX/OTC	PEANUT OIL	NC	RX/OTC
GNP PEPPERMINT SPIRIT	NC		PEPPERMINT OIL	NC	RX/OTC
GNP SODIUM SILICATE	NC		PEPPERMINT SPIRIT	NC	
GOODSENSE ISOPROPYL ALCOHOL XX	NC	RX/OTC	PINE OIL	NC	
GRAPEFRUIT OIL	NC		PINE TAR LIQD	NC	
GUAIACOL	NC		POLYSORBATE 20	NC	RX/OTC
HM ISOPRPYL RUBBING ALCOHOL XX	NC	RX/OTC	POLYSORBATE 40	NC	
ISOPROPANOL XX	NC	RX/OTC	POLYSORBATE 60	NC	
			POLYSORBATE 80	NC	RX/OTC
			PRETZ SOLN	NC	
			QC CAMPHOR SPIRIT	NC	

Drug Name	Drug Tier	Requirements/ Limits
QC CASTOR OIL	NC	RX/OTC
QC SWEET OIL	NC	RX/OTC
QUASSIA VINEGAR MS	NC	
ROSE OIL	NC	RX/OTC
ROSEMARY OIL	NC	RX/OTC
SAFFLOWER OIL	NC	RX/OTC
SASSAFRAS OIL	NC	
SESAME OIL	NC	RX/OTC
SM CAMPHOR SPIRIT	NC	
SM ISOPROPYL ALCOHOL XX	NC	RX/OTC
SM ISOPROPYL ALCOHOL RUBBING XX	NC	RX/OTC
SM SWEET OIL	NC	RX/OTC
SODIUM SILICATE	NC	
SOYBEAN OIL OIL	NC	RX/OTC
SPEARMINT	NC	RX/OTC
SPEARMINT OIL	NC	RX/OTC
SWEET OIL	NC	RX/OTC
TANGERINE	NC	
TANGERINE OIL	NC	
TURPENTINE PURIFIED	NC	
TURPENTINE SPIRITS	NC	
UNDECYLENIC ACID	NC	RX/OTC
WA-001 EXPERIMENTAL SOILSURFACTANT	NC	
<b>Semi-Solids</b>		
COAL TAR LIQD	NC	
COAL TAR SOLN	NC	RX/OTC
COAL TAR TAR	NC	
PERUVIAN BALSAM LIQD	NC	
PERUVIAN BALSAM MISC	NC	
PERUVIAN BALSAM POWD	NC	
<b>Solids</b>		

Drug Name	Drug Tier	Requirements/ Limits
5-HYDROXY-L-TRYPTOPHAN	NC	
ALLANTOIN	NC	RX/OTC
ALPROSTADIL	NC	
ALUM AMMONIUM	NC	
ALUMINUM AMMONIUM SULFATE	NC	
ALUMINUM HYDROXIDE DRIEDGEL	NC	RX/OTC
ALUMINUM POTASSIUM SULFATE POWD	NC	RX/OTC
ALUMINUM SULFATE HYDRATE GRAN	NC	
ALUMINUM SULFATE CRYSTALS	NC	
AMMONIUM BROMIDE ACS POWD	NC	
AMMONIUM BROMIDE GRAN	NC	
AMMONIUM CARBONATE POWD	NC	
AMMONIUM CHLORIDE	NC	RX/OTC
AMMONIUM PHOSPHATE DIBASIC GRAN	NC	
AMMONIUM SULFATE	NC	
ASPARTIC ACID	NC	RX/OTC
BHT GRAN	NC	
BISMUTH SUBCARBONATE	NC	RX/OTC
BISMUTH SUBNITRATE	NC	RX/OTC
BISMUTH SUBSALICYLATE	NC	RX/OTC
BORIC ACID NF POWD	NC	RX/OTC
BORIC ACID CRYSTALS	NC	
BORIC ACID POWD	NC	RX/OTC
BUTYLATED HYDROXYTOLUENE CRYSTALS	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BUTYLATED HYDROXYTOLUENE GRAN	NC		CO-ENZYME Q 10	NC	RX/OTC
BUTYLATED HYDROXYTOLUENE POWD	NC		COENZYME Q10	NC	RX/OTC
CALCIUM HYDROXIDE	NC	RX/OTC	CORN STARCH	NC	RX/OTC
CALCIUM SULFATE	NC	RX/OTC	CROSCARMELLOSE SODIUM POWD	NC	RX/OTC
CALCIUM SULFATE ANHYDROUS	NC	RX/OTC	DEHYDROEPIANDROST ERONE MICRONIZED	NC	
CALCIUM SULFATE HEMIHYDRATE	NC	RX/OTC	DEHYDROEPIANDROST ERONE POWD	NC	RX/OTC
CAPSICUM OLEORESIN LIQD	NC		DHEA MICRONIZED	NC	
CARBIDOPA	NC		DHEA POWD	NC	RX/OTC
CARBIDOPA ANHYDROUS	NC		DIMENHYDRINATE	NC	
CARBOXYMETHYLCELLULOSE SODIUM HIGH VISCOSITY POWD	NC	RX/OTC	DIMERCAPTO-1-PROPANESULFONIC ACID (DMPS)	NC	
CARBOXYMETHYLCELLULOSE SODIUM LOW VISCOSITY POWD	NC	RX/OTC	DIMERCAPTO-1-PROPANESULFONIC ACID SODIUM SALT	NC	
CARBOXYMETHYLCELLULOSE SODIUM MEDIUM VISCOSITY GRAN	NC		DIMERCAPTOPROPANE-SULFONATE (2,3) SODIUM	NC	
CARBOXYMETHYLCELLULOSE SODIUM MEDIUM VISCOSITY POWD	NC	RX/OTC	DINITROCHLOROBENZENE	NC	
CARBOXYMETHYLCELLULOSE SODIUM POWD	NC	RX/OTC	DOCUSATE SODIUM/SODIUM BENZOATE	NC	
CATNIP	NC		EDETATE ACID	NC	
CITRIC ACID ANHYDROUS GRAN	NC	RX/OTC	EDETATE DISODIUM	NC	RX/OTC
CITRIC ACID ANHYDROUS POWD	NC	RX/OTC	EDETATE DISODIUM DIHYDRATE	NC	RX/OTC
CITRIC ACID MONOHYDRATE GRAN	NC	RX/OTC	EDETATE TETRASODIUM TETRAHYDRATE	NC	
CITRIC ACID MONOHYDRATE POWD	NC		EPINEPHRINE	NC	
CITRIC ACID POWD	NC	RX/OTC	EPINEPHRINE BASE	NC	
			FLUORESCEIN	NC	
			FLUORESCEIN SODIUM	NC	
			FULLERS EARTH	NC	RX/OTC
			GERMANIUM SESQUIOXIDE	NC	
			GINGER ROOT	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GNP BORIC ACID POWD	NC	RX/OTC	POTASSIUM ALUM POWD	NC	RX/OTC
HM BORIC ACID POWD	NC	RX/OTC	POTASSIUM BITARTRATE	NC	RX/OTC
HOMATROPINE METHYLBROMIDE POWD	NC		POTASSIUM BROMIDE CRYSTALS	NC	RX/OTC
HYDROXYTRYPTOPHAN	NC		POTASSIUM BROMIDE GRAN	NC	
HYDROXYTRYPTOPHAN L-5	NC		POTASSIUM BROMIDE POWD	NC	
IODOFORM	NC	RX/OTC	POTASSIUM GLUCONATE ANHYDROUS	NC	RX/OTC
KETOCONAZOLE	NC		POTASSIUM NITRATE GRAN	NC	
KOJIC ACID	NC	RX/OTC	POTASSIUM NITRATE POWD	NC	
L-ASPARTIC ACID	NC	RX/OTC	POTASSIUM PERCHLORATE	NC	
LEAD ACETATE TRIHYDRATE POWD	NC		PREGNENOLONE	NC	
LICORICE ROOT POWD	NC		PREGNENOLONE MICRONIZED	NC	
L-MENTHOL	NC	RX/OTC	PROSTAGLANDIN E1	NC	
MANNITOL	NC	RX/OTC	PUMICE (FLOUR)	NC	
MELATONIN	NC	RX/OTC	PYROGALLOL	NC	
MENADIONE SODIUM BISULFITE CRYSTALS	NC		PYRUVIC ACID LIQD	NC	RX/OTC
MENTHOL	NC	RX/OTC	PYRUVIC ACID POWD	NC	
MENTHOL-L	NC	RX/OTC	QC BORIC ACID POWD	NC	RX/OTC
METHENAMINE MANDELATE	NC		QUINIDINE SULFATE DIHYDRATE CRYSTALS	NC	
METHENAMINE POWD	NC		RESORCINOL CRYSTALS	NC	RX/OTC
METHYLENE BLUE	NC		RESORCINOL POWD	NC	RX/OTC
MINOXIDIL	NC		ROSIIN LUMP MISC	NC	
OXYBENZONE	NC		ROSIIN POWD	NC	
PHENYLMERCURIC ACETATE	NC		SILICA GEL ULTRAMICRONIZED GEL	NC	RX/OTC
PHENYLMERCURIC NITRATE	NC		SILICA GEL GEL	NC	RX/OTC
PILOCARPINE HCL POWD	NC		SILICON DIOXIDE (SYLOID 244 FP) POWD	NC	
PILOCARPINE NITRATE CRYSTALS	NC		SILICON DIOXIDE POWD	NC	
PILOCARPINE NITRATE POWD	NC				
POTASH SULFURATED LUMP MISC	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SM BORIC ACID POWD	NC	RX/OTC	THYMOL IODIDE	NC	
SODIUM BROMIDE	NC	RX/OTC	THYMOL IODIDE PURIFIED	NC	
SODIUM BUTYRATE	NC	RX/OTC	TINIDAZOLE	NC	
SODIUM CACODYLATE	NC		UBIDECARENONE	NC	RX/OTC
SODIUM CARBOXYMETHYLCELLULOSE MEDIUM VISCOSITY POWD	NC	RX/OTC	WAXY MAIZE STARCH N-200	NC	RX/OTC
SODIUM CHLORIDE/SODIUM BICARBONATE	NC		<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
SODIUM NITRITE	NC	RX/OTC	<b>Combination Contraceptives - Oral</b>		
SODIUM PERBORATE MONOHYDRATE POWD	NC	RX/OTC	<i>desogestrel &amp; ethinyl estradiol</i>	C	
SODIUM PERBORATE TETRAHYDRATE POWD	NC	RX/OTC	<i>desogestrel-ethinyl estradiol (biphasic)</i>	C	
SODIUM PERBORATE CRYSTALS	NC		<i>desogestrel-ethinyl estradiol (triphasic)</i>	C	
SODIUM PERBORATE GRANULES	NC		<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	C	QL(1 ea daily)
SODIUM SULFATE POWD	NC		<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	C	
SODIUM SULFITE	NC	RX/OTC	<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	NC	
SODIUM SULFITE ANHYDROUS	NC	RX/OTC	<i>ethynodiol diacet &amp; eth estrad 35 MCG-1 MG</i>	C	
SORBITOL	NC		<i>ethynodiol diacet &amp; eth estrad 50 MCG-1 MG</i>	C	QL(1 ea daily)
STANNOUS FLUORIDE POWD	NC		FEMLYV TBDP	NC	
STARCH	NC	RX/OTC	GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	NC	
STRONTIUM NITRATE	NC		<i>levonorgestrel &amp; eth estradiol TABS</i>	C	
SUCROSE POWDERED CONFECTIONERS POWD	NC		<i>levonorgestrel-eth estradiol (triphasic)</i>	C	
SUCROSE CRYSTALS	NC		<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	C	
SUCROSE POWD	NC		<i>levonorgestrel-ethinyl estradiol (91-day)</i>	NC	
SULFANILAMIDE	NC		<i>levonorgestrel-ethinyl estradiol (continuous)</i>	NC	
TALC	NC	RX/OTC			
THEOPHYLLINE	NC	RX/OTC			
THEOPHYLLINE ANHYDROUS	NC	RX/OTC			
THYMOL	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol-iron</i>	NC		SEASONIQUE ( <i>Use levonorgestrel-ethinyl estradiol (91-day)</i> )	NC	
LO LOESTRIN FE TABS	NC		TYBLUME CHEW	C	
LOSEASONIQUE ( <i>Use levonorgestrel-ethinyl estradiol (91-day)</i> )	NC		YASMIN 28 ( <i>Use drospirenone-ethinyl estradiol</i> )	NC	
MINASTRIN 24 FE CHEW ( <i>Use norethin acet &amp; estrad-fe</i> )	NC		YAZ ( <i>Use drospirenone-ethinyl estradiol</i> )	NC	QL(1 ea daily)
MIRCETTE ( <i>Use desogestrel-ethinyl estradiol (biphasic)</i> )	NC		Combination Contraceptives - Transdermal		
NATAZIA	NC		<i>norelgestromin-ethinyl estradiol</i>	C	
NEXTSTELLIS	NC		TWIRLA	NC	
<i>norethin acet &amp; estrad-fe CAPS</i>	NC		Combination Contraceptives - Vaginal		
<i>norethin acet &amp; estrad-fe CHEW</i>	NC		ANNOVERA	NC	
<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	C		<i>etonogestrel-ethinyl estradiol</i>	C	QL(6 ea per fill retail)
<i>norethindrone &amp; eth estradiol</i>	C		NUVARING ( <i>Use etonogestrel-ethinyl estradiol</i> )	NC	QL(6 ea per fill retail)
<i>norethindrone &amp; ethinyl estradiol-fe</i>	C		Emergency Contraceptives		
<i>norethindrone acet &amp; eth estra TABS</i>	C		ELLA	C	QL(4 ea per 365 day(s) retail)
<i>norethindrone acetate-ethinyl estradiol-fe</i>	C		<i>levonorgestrel (emergency oc) 1.5 MG</i>	C	QL(1 ea per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail
<i>norethindrone-eth estradiol (triphasic)</i>	C		PLAN B ONE-STEP ( <i>Use levonorgestrel (emergency oc)</i> )	NC	QL(1 ea per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail
<i>norgestimate-ethinyl estradiol</i>	C		Progestin Contraceptives - Injectable		
<i>norgestimate-ethinyl estradiol (triphasic)</i>	C		DEPO-PROVERA CONTRACEPTIVE SUSP IM ( <i>Use medroxyprogesterone acetate (contraceptive)</i> )	NC	QL(1 ml per fill retail)
<i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>	C	QL(2 ea daily)			
QUARTETTE ( <i>Use levonorgestrel-ethinyl estradiol (91-day)</i> )	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NC	QL(1 ml per fill retail)	CORTISONE ACETATE POWD	NC	
DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ml per fill retail)	CORTISONE ACETATE TABS	P	
medroxyprogesterone acetate (contraceptive) SUSP IM	C	QL(1 ml per fill retail)	deflazacort TABS 6 MG, 18 MG, 30 MG	NP	
medroxyprogesterone acetate (contraceptive) SUSY IM	C	QL(1 ml per fill retail)	deflazacort TABS 36 MG	NC	
Progestin Contraceptives - Oral			DEPO-MEDROL SUSP	NC	
norethindrone (contraceptive)	C		DEXAMETHASONE INTENSOL CONC	NP	
OPILL	NC		dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	C	QL(150 ml per 31 day(s) retail)
SLYND	NC		dexamethasone sodium phosphate SOLN IJ 10 MG/ML, 100 MG/10ML	NC	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>			DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	C	QL(150 ml per 31 day(s) retail)
Glucocorticosteroids			DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	NC	
ALKINDI SPRINKLE CPSP	NP		dexamethasone sodium phosphate SOSY IJ 10 MG/ML	NC	
BETAMETHASONE COMBO SUSP 3 MG/ML-3 MG/ML	NC		dexamethasone sodium phosphate SOSY IJ 4 MG/ML	C	QL(150 ml per 31 day(s) retail)
betamethasone sod phosphate & acetate SUSP	NC		dexamethasone ELIX	P	
BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASONE ACETATE SUSP 3 MG/ML-3 MG/ML	NC		dexamethasone SOLN	P	
BETAMETHASONE SODIUM PHOSPHATE POWD	NC		dexamethasone TABS	P	
budesonide CPEP	P		dexamethasone TABS 1.5 MG	NC	
budesonide TB24	NP		dexamethasone TBPK	P	
CORTEF TABS (Use hydrocortisone)	NP		dexamethasone TBPK	NP	
			EMFLAZA SUSP (Use deflazacort)	NP	
			EOHILIA SUSP	NP	
			HEMADY TABS	NP	
			hydrocortisone TABS	P	
			KENALOG-10 SUSP	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KENALOG-80 SUSP	NC		<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	P	QL(150 ml per fill retail)
MEDROL DOSEPAK TBPK (Use <i>methylprednisolone</i> )	NP		<i>prednisolone sodium phosphate SOLN 6.7 MG/5ML</i>	NC	
MEDROL TABS (Use <i>methylprednisolone</i> )	NP		<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	P	
MEDROL TABS	NP		<i>prednisolone sodium phosphate TBDP</i>	P	
METHYLPREDNISOLONE ACETATE POWD	NC		PREDNISOLONE POWD	NC	
<i>methylprednisolone acetate SUSP</i>	NC		<i>prednisolone SOLN</i>	NP	
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	NC		<i>prednisolone SOLN</i>	NC	
<i>methylprednisolone succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	NC		<i>prednisolone SOLN</i>	P	
METHYLPREDNISOLONE POWD	NC		<i>prednisolone TABS</i>	NP	
<i>methylprednisolone TABS 4 MG</i>	NC		PREDNISOLONE USP, MICRONIZED ANHYDROUS POWD	NC	
<i>methylprednisolone TABS</i>	P		PREDNISONE INTENSOL CONC	NP	
<i>methylprednisolone TBPK</i>	P		PREDNISONE POWD	NC	
<i>methylprednisolone TBPK</i>	NC		<i>prednisone SOLN</i>	P	
ORAPRED ODT TBDP (Use <i>prednisolone sodium phosphate</i> )	NC		<i>prednisone TABS</i>	NC	
ORTIKOS CP24	NP		<i>prednisone TABS</i>	P	
PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i> )	NC		<i>prednisone TBPK</i>	P	
PREDNISOLONE ACETATE POWD	NC		RAYOS TBEC	NP	
PREDNISOLONE ANHYDROUS POWD	NC		SOLU-CORTEF	NC	
PREDNISOLONE SODIUM PHOSPHATE, USP POWD	NC		SOLU-MEDROL	NC	
PREDNISOLONE SODIUM PHOSPHATE POWD	NC		<i>triamcinolone acetate SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	NC	
			TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML, 80 MG/ML	NC	
			TRIAMCINOLONE DIACETATE	NC	
			TRIAMCINOLONE DIACETATE MICRONIZED	NC	



Drug Name	Drug Tier	Requirements/Limits
UCERIS TB24 ( <i>Use budesonide</i> )	NC	
UCERIS TB24 ( <i>Use budesonide</i> )	NP	
Mineralocorticoids		
FLUDROCORTISONE ACETATE POWD	NC	
<i>fludrocortisone acetate TABS</i>	C	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
Antitussives		
<i>benzonatate 200 MG</i>	C	QL(3 ea daily); 1 max fill(s) per 31 day(s) retail; AL(At least 10 yrs old)
<i>benzonatate 150 MG</i>	NC	
<i>benzonatate 100 MG</i>	C	QL(6 ea daily); AL(At least 10 yrs old)
DELSYM COUGH CHILDRENS SUER ( <i>Use dextromethorphan polistirex</i> )	NC	QL(240 ml per 6 day(s) retail)
DELSYM SUER ( <i>Use dextromethorphan polistirex</i> )	NC	QL(240 ml per 6 day(s) retail)
DEXTROMETHORPHAN HBR MONOHYDRATE CRYST	NC	
DEXTROMETHORPHAN HBR MONOHYDRATE POWD	NC	
DEXTROMETHORPHAN HBR POWD	NC	
<i>dextromethorphan polistirex LQCR</i>	C	QL(240 ml per 6 day(s) retail)
<i>dextromethorphan polistirex SUER</i>	C	QL(240 ml per 6 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
HYCODAN SOLN ( <i>Use hydrocodone bitartrate-homatropine methylbromide</i> )	NC	AL(At least 18 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	C	AL(At least 18 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	NC	
Cough/Cold/Allergy Combinations		
ALAHIST D	NC	
ALAHIST DM LIQD	NC	
ALAHIST PE TABS	NC	
<i>brompheniramine &amp; phenyleph ELIX</i>	C	QL(120 ml per fill retail); 1 max fill(s) per 31 day(s) retail
<i>cetirizine-pseudoephedrine</i>	C	QL(2 ea daily)
CLARINEX-D 12 HOUR TB12	NP	
CLARITIN-D 12 HOUR TB12 ( <i>Use loratadine &amp; pseudoephedrine</i> )	NC	QL(2 ea daily)
COUGH AND CHEST CONGESTION DM COUGH SYRUP SYRUP	NC	
DECONEX DMX TABS 10 MG-400 MG-17.5 MG	NC	
<i>dextromethorphan-acetaminophen-chlorpheniramine TABS 325 MG-2 MG-10 MG</i>	NC	
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	C	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin LIQD 200 MG/20ML-20 MG/20ML</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	C		NINJACOF-D	NC	
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	C	QL(240 ml per fill retail)	<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	C	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	C	QL(2 ea daily)	POLY HIST FORTE 10 MG-10.5 MG	NC	
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	C		POLYTUSSIN DM LIQD	NC	
ED BRON GP LIQD	C	QL(240 ml per 6 day(s) retail)	<i>promethazine &amp; phenylephrine SYRP</i>	C	QL(240 ml per 6 day(s) retail); AL(At least 2 yrs old)
ENDAL	NC		PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE SYRP (Use <i>promethazine-dm</i> )	NC	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>guaifenesin-codeine SOLN</i>	C		<i>promethazine w/codeine SOLN</i>	C	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>guaifenesin-codeine SYRP</i>	C		<i>promethazine w/codeine SYRP</i>	C	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	NC		<i>promethazine-dm SYRP</i>	C	QL(240 ml per fill retail); AL(At least 2 yrs old)
LOHIST-D LIQD	C		<i>promethazine-phenylephrine-codeine</i>	C	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>loratadine &amp; pseudoephedrine TB12</i>	C	QL(2 ea daily)	<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	C	QL(240 ml per fill retail)
MAXI-TUSS PE MAX LIQD	C	QL(240 ml per 6 day(s) retail)	<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	C	
MUCINEX CHILDRENS MIGHTYCHEWS COUGH DAYTIME/NIGHTTIME THPK	NC		<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	C	QL(210 ea per fill retail)
MUCINEX D MAXIMUM STRENGTH TB12 (Use <i>pseudoephedrine-guaifenesin</i> )	NC		TRIPONEL LIQD	NC	
MUCINEX DM TB12 (Use <i>dextromethorphan-guaifenesin</i> )	NC	QL(2 ea daily)	TUSNEL PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML, 50 MG/5ML-5 MG/5ML-15 MG/5ML	NC	
MUCINEX D TB12 (Use <i>pseudoephedrine-guaifenesin</i> )	NC	QL(210 ea per fill retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TUSNEL-DM PEDIATRIC LIQD 1.25 MG/ML-25 MG/ML-2.5 MG/ML	NC		<i>sodium chloride (inhalant) NEBU 0.9 %, 10 %</i>	C	
TUXARIN ER TB12	NC		Mucolytics		
VANACOF 2	NC		ACETYLCYSTEINE POWD	NC	
VANACOF CP LIQD	NC		<i>acetylcysteine SOLN</i>	C	
VANACOF DMX LIQD	NC		N-ACETYL-L-CYSTEINE POWD	NC	
VANACOF XP LIQD	NC		<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
ZYRTEC-D ALLERGY/CONGESTION ( <i>Use cetirizine-pseudoephedrine</i> )	NC	QL(2 ea daily)	Acne Products		
ZYRTEC-D ALLERGY/SINUS ( <i>Use cetirizine-pseudoephedrine</i> )	NC	QL(2 ea daily)	ABSORICA 10 MG, 20 MG, 30 MG, 40 MG ( <i>Use isotretinoin</i> )	NC	QL(2 ea daily); AL(At least 12 yrs old); PA
Expectorants			ABSORICA LD	NC	
BROMHEXINE HCL	NC		ACANYA GEL ( <i>Use clindamycin phosphate-benzoyl peroxide</i> )	NP	
GUAIFENESIN POWD	NC		ACNE MEDICATION 10 LOTN	C	
<i>guaifenesin TB12 600 MG</i>	C	QL(40 ea per fill retail); 1 max fill(s) per 31 day(s) retail	ACNE MEDICATION 5 LOTN	C	
<i>guaifenesin TB12 1200 MG</i>	C		ACZONE 5 % ( <i>Use dapsone (topical)</i> )	NC	
MUCINEX MAXIMUM STRENGTH TB12 ( <i>Use guaifenesin</i> )	NC		<i>adapalene-benzoyl peroxide GEL</i>	NP	
MUCINEX TB12 ( <i>Use guaifenesin</i> )	NC	QL(40 ea per fill retail); 1 max fill(s) per 31 day(s) retail	<i>adapalene CREA</i>	NP	
<i>potassium iodide (expectorant) SOLN</i>	C		<i>adapalene GEL 0.3 %</i>	P	
SSKI SOLN ( <i>Use potassium iodide (expectorant)</i> )	NC		<i>adapalene GEL 0.3 %</i>	NP	
TERPIN HYDRATE	NC		ALTRENO LOTN	NP	
TERPIN HYDRATE MONOHYDRATE	NC		ARAZLO LOTN	NP	
Misc. Respiratory Inhalants			ATRALIN GEL ( <i>Use tretinoin</i> )	NP	
			AVAR LS CLEANSER LIQD ( <i>Use sulfacetamide sodium w/ sulfur</i> )	NP	
			AVAR-E LS CREA ( <i>Use sulfacetamide sodium w/ sulfur</i> )	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)	NC	RX/OTC	clindamycin phosphate (topical) SWAB	NP	
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NP		clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	
BENZOYL PEROXIDE HYDROUS POWD	NC		clindamycin phosphate-benzoyl peroxide (refrigerate)	P	
benzoyl peroxide-erythromycin GEL	NP		clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	NC	
benzoyl peroxide FOAM 10 %	P		clindamycin phosphate-benzoyl peroxide GEL	NP	
benzoyl peroxide GEL 2.5 %, 5 %, 10 %	C		clindamycin phosphate-tretinoin	NP	
benzoyl peroxide LIQD 5 %	NC	RX/OTC	dapsone (topical) 7.5 %	NC	
benzoyl peroxide LIQD 5 %, 10 %	P		dapsone (topical)	NP	
BENZOYL PEROXIDE POWD	NC		DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	NC	RX/OTC
CABTREO	NP		DIFFERIN CREA (Use adapalene)	NC	
CLENIA PLUS SUSP	NC		ERYGEL GEL (Use erythromycin (acne aid))	NP	1 package(s) per fill retail
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NP		erythromycin (acne aid) GEL	NP	1 package(s) per fill retail
CLINDACIN ETZ	NC		erythromycin (acne aid) GEL	NC	1 package(s) per fill retail
CLINDACIN PAC	NC		erythromycin (acne aid) PADS	P	
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NP	QL(60 ml per fill retail)	erythromycin (acne aid) SOLN	P	
clindamycin phosphate (topical) FOAM	NP		EVOCLIN FOAM (Use clindamycin phosphate (topical))	NP	
clindamycin phosphate (topical) GEL	NP	QL(60 gm per fill retail)	FABIOR FOAM	NP	
clindamycin phosphate (topical) GEL	NC	QL(60 gm per fill retail)	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	C	QL(2 ea daily); AL(At least 12 yrs old); PA
clindamycin phosphate (topical) LOTN	NP		isotretinoin 25 MG, 35 MG	NC	
clindamycin phosphate (topical) SOLN	NC		KLARON (Use sulfacetamide sodium (acne))	NP	QL(118 ml per fill retail)
clindamycin phosphate (topical) SOLN	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEUAC KIT	NC		<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	
ONEXTON GEL ( <i>Use clindamycin phosphate-benzoyl peroxide</i> )	NP		<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	
ONEXTON GEL	NP		<i>sulfacetamide sodium w/ sulfur LIQD</i>	NC	
PLEXION CLEANSER LIQD ( <i>Use sulfacetamide sodium w/ sulfur</i> )	NC		<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	NP	1 package(s) per 31 day(s) retail
RETIN-A MICRO	NP		<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NC	
RETIN-A MICRO ( <i>Use tretinoin microsphere</i> )	NP		<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NP	
RETIN-A MICRO PUMP ( <i>Use tretinoin microsphere</i> )	NP		<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
RETIN-A CREA ( <i>Use tretinoin</i> )	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NC	
RETIN-A GEL 0.01 % ( <i>Use tretinoin</i> )	P	QL(45 gm per fill retail); AL(Up to 35 yrs old)	<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	
RETIN-A GEL 0.025 % ( <i>Use tretinoin</i> )	P	AL(Up to 35 yrs old)	<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP	
RETINOIC ACID-ALL TRANS POWD	NC		SUMADAN KIT	NP	
RETINOIC ACID POWD	NC		SUMADAN WASH LIQD ( <i>Use sulfacetamide sodium w/ sulfur</i> )	NP	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NC		SUMADAN XLT KIT	NP	
SODIUM SULFACETAMIDE/SULFUR SUSP 9 %-4.25 %	NC		SUMAXIN CP KIT	NP	
<i>sulfacetamide sodium (acne)</i>	NP	QL(118 ml per fill retail)	SUMAXIN PADS	NP	
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP		TAZAROTENE FOAM	NP	
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP		TRETINOIN (ALL-TRANS RETINOIC ACID) POWD	NC	
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NC		<i>tretinoin microsphere</i>	NP	
			<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)
			<i>tretinoin GEL 0.01 %</i>	NP	QL(45 gm per fill retail); AL(Up to 35 yrs old)
			<i>tretinoin GEL 0.05 %</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin GEL 0.025 %</i>	NP	AL(Up to 35 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	C	1 package(s) per fill retail
<i>tretinoin GEL 0.025 %</i>	NC	AL(Up to 35 yrs old)	NEOSPORIN ORIGINAL OINT ( <i>Use neomycin-bacitracin-polymyxin</i> )	NC	QL(60 ea per 31 day(s) retail)
TRETINOIN POWD	NC		NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH ( <i>Use neomycin-polymyxin w/ pramoxine</i> )	NC	1 package(s) per fill retail
VELTIN ( <i>Use clindamycin phosphate-tretinoin</i> )	NC		NEO-SYNALAR	NC	
WINLEVI	NP		NEO-SYNALAR KIT	NC	
ZIANA ( <i>Use clindamycin phosphate-tretinoin</i> )	NP		TETRACYCLINE HCL	NC	
ZMA CLEAR SUSP	NP		XEPI	NP	
Agents for External Genital and Perianal Warts			Antifungals - Topical		
VEREGEN	NP		BENZOIC ACID CRYSTALS	NC	RX/OTC
Antibiotics - Topical			BENZOIC ACID POWD	NC	
<i>bacitracin (topical) OINT</i>	C	1 package(s) per fill retail	<i>ciclopirox olamine CREA</i>	P	
<i>bacitracin zinc OINT</i>	C	1 package(s) per fill retail	CICLOPIROX OLAMINE POWD	NC	
BACITRACIN ZINC POWD	NC		<i>ciclopirox olamine SUSP</i>	P	
BACITRACIN POWD	NC		<i>ciclopirox GEL</i>	NP	
CENTANY AT KIT	NP		<i>ciclopirox KIT</i>	NP	
CENTANY OINT	NP	QL(30 gm per 31 day(s) retail)	<i>ciclopirox SHAM</i>	NP	
<i>gentamicin sulfate (topical) CREA</i>	C	QL(1 gm daily; 30 gm per fill retail)	<i>ciclopirox SOLN</i>	P	
<i>gentamicin sulfate (topical) OINT</i>	C	QL(1 gm daily; 30 gm per fill retail)	<i>ciclopirox SOLN</i>	NC	
GENTAMICIN SULFATE POWD	NC		<i>ciclopirox SOLN</i>	NP	
<i>mupirocin calcium (topical)</i>	NP	1 package(s) per 31 day(s) retail	CLIOQUINOL POWD	NC	RX/OTC
<i>mupirocin OINT</i>	P	QL(30 gm per 31 day(s) retail)	<i>clotrimazole (topical) CREA</i>	NC	QL(60 gm per 31 day(s) retail); RX/OTC
<i>mupirocin OINT</i>	NC	QL(30 gm per 31 day(s) retail)	<i>clotrimazole (topical) CREA</i>	P	QL(60 gm per 31 day(s) retail); RX/OTC
NEOMYCIN SULFATE	NC		<i>clotrimazole (topical) SOLN</i>	P	1 package(s) per fill retail; RX/OTC
<i>neomycin-bacitracin-polymyxin OINT</i>	C	QL(60 gm per 31 day(s) retail)	<i>clotrimazole (topical) SOLN</i>	NC	1 package(s) per fill retail; RX/OTC
			<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 gm per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ml per 31 day(s) retail)	LUZU ( <i>Use luliconazole</i> )	NP	
<i>clotrimazole w/ betamethasone LOTN</i>	NC	QL(31 ml per 31 day(s) retail)	MICATIN CREA ( <i>Use miconazole nitrate (topical)</i> )	NC	QL(200 gm per 31 day(s) retail)
CLOTRIMAZOLE CRYSTALS	NC		<i>miconazole nitrate (topical) CREA</i>	C	QL(200 gm per 31 day(s) retail)
CLOTRIMAZOLE POWDER	NC		MICONAZOLE NITRATE POWDER XX	NC	
<i>econazole nitrate CREA</i>	NC	QL(30 gm per fill retail)	<i>miconazole-zinc oxide-white petrolatum</i>	NP	
<i>econazole nitrate CREA</i>	P	QL(30 gm per fill retail)	<i>naftifine hcl CREA</i>	NP	
ERTACZO	NP		<i>naftifine hcl GEL 2 %</i>	NP	
EXTINA FOAM ( <i>Use ketoconazole (topical)</i> )	NP		NAFTIN GEL ( <i>Use naftifine hcl</i> )	NP	
GENTIAN VIOLET POWDER	NC		NAFTIN GEL	NP	
JUBLIA	NP		<i>nystatin (topical) CREA</i>	P	1 package(s) per 31 day(s) retail
KERYDIN ( <i>Use tavaborole</i> )	NC		<i>nystatin (topical) OINT</i>	P	1 package(s) per fill retail
<i>ketoconazole (topical) CREA</i>	P	1 package(s) per 31 day(s) retail	<i>nystatin (topical) POWD EX</i>	NC	1 package(s) per 31 day(s) retail
<i>ketoconazole (topical) CREA</i>	NC	1 package(s) per 31 day(s) retail	<i>nystatin (topical) POWD EX</i>	P	1 package(s) per 31 day(s) retail
<i>ketoconazole (topical) FOAM</i>	NP		<i>nystatin-triamcinolone CREA</i>	NC	1 package(s) per fill retail
<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ml per fill retail)	<i>nystatin-triamcinolone CREA</i>	P	1 package(s) per fill retail
KETODAN KIT	NP		<i>nystatin-triamcinolone OINT</i>	P	1 package(s) per fill retail
LAMISIL AT JOCK ITCH CREA ( <i>Use terbinafine hcl (topical)</i> )	NC		<i>oxiconazole nitrate CREA</i>	NP	
LAMISIL AT CREA ( <i>Use terbinafine hcl (topical)</i> )	NC		OXISTAT CREA ( <i>Use oxiconazole nitrate</i> )	NC	
LOPROX	NP		OXISTAT LOTN	NP	
LOPROX KIT	NP		<i>tavaborole</i>	NP	
LOPROX SHAMPOO SHAM ( <i>Use ciclopirox</i> )	NC		<i>terbinafine hcl (topical) CREA</i>	C	
LOPROX CREA ( <i>Use ciclopirox olamine</i> )	NP		TINACTIN CREA ( <i>Use tolnaftate</i> )	NC	QL(30 gm per fill retail)
LOPROX SUSP ( <i>Use ciclopirox olamine</i> )	NP		<i>tolnaftate CREA</i>	C	QL(30 ml per fill retail)
<i>luliconazole</i>	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOLNAFTATE POWD XX	NC		<i>camphor &amp; menthol</i> LOTN	C	1 package(s) per fill retail
TRIPENICOL C CREA	NC		CAMPHOR CRYST	NC	RX/OTC
VOTRIZA-AL LOTN	NC		CAMPHOR GRAN	NC	RX/OTC
VUSION (Use miconazole-zinc oxide-white petrolatum)	NP		<i>doxepin hcl (antipruritic)</i>	NC	
Anti-inflammatory Agents - Topical			SARNA LOTN (Use camphor & menthol)	NC	1 package(s) per fill retail
<i>diclofenac epolamine</i> PTCH EX	NP		Antipsoriatics		
<i>diclofenac sodium (topical)</i> GEL EX	NC	RX/OTC	<i>acitretin</i>	NC	
<i>diclofenac sodium (topical)</i> GEL EX	P	QL(6.68 gm daily); RX/OTC	ANTHRALIN POWD	NC	
<i>diclofenac sodium (topical)</i> SOLN EX	NP		<i>calcipotriene</i> CREA	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
<i>diclofenac sodium (topical)</i> SOLN EX 1.5 %	NC		<i>calcipotriene</i> FOAM	NC	
FLECTOR PTCH EX (Use <i>diclofenac epolamine</i> )	NP		CALCIPOTRIENE FOAM	NP	
LICART PT24	NP		<i>calcipotriene</i> OINT	NC	
LIXOFEN KIT	NC		<i>calcipotriene</i> OINT	P	
PENNSAID SOLN EX 2 % (Use <i>diclofenac sodium (topical)</i> )	NP		<i>calcipotriene</i> SOLN	NC	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
PENNSAID SOLN EX	NP		<i>calcipotriene</i> SOLN	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
Antineoplastic or Premalignant Lesion Agents - Topical			<i>calcitriol (topical)</i>	NP	
AMELUZ GEL	NC		COSENTYX SENSOREADY PEN SOAJ	NP	SP
CARAC CREA	C		COSENTYX SOSY	NP	SP
<i>diclofenac sodium (actinic keratoses)</i> EX	NC		ILUMYA	NC	SP
EFUDEX CREA (Use <i>fluorouracil (topical)</i> )	NC	QL(40 gm per 31 day(s) retail)	<i>methoxsalen rapid</i>	NC	
<i>fluorouracil (topical)</i> CREA 0.5 %	C		SILIQ	NP	
<i>fluorouracil (topical)</i> CREA 5 %	C	QL(40 gm per 31 day(s) retail)	SILIQ	NP	SP
<i>fluorouracil (topical)</i> SOLN	C	QL(10 ml per 31 day(s) retail)	SORILUX FOAM	NP	
Antipruritics - Topical			SPEVIGO SOSY	NP	
			STELARA SOSY	NP	SP
			TALTZ SOAJ	NP	
			TALTZ SOAJ	NP	SP
			TALTZ SOSY	NP	



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TALTZ SOSY 80 MG/ML	NP	SP	<i>selenium sulfide LOTN 1 %</i>	C	1 package(s) per fill retail
<i>tazarotene CREA 0.1 %</i>	NC	1 package(s) per fill retail; AL(Up to 18 yrs old)	<i>selenium sulfide LOTN 2.5 %</i>	C	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
<i>tazarotene CREA 0.1 %</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)	<i>selenium sulfide SHAM 2.25 %</i>	NC	
<i>tazarotene GEL</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)	<i>selenium sulfide SHAM 1 %</i>	C	1 package(s) per fill retail
TAZORAC CREA 0.1 % (Use <i>tazarotene</i> )	NC	1 package(s) per fill retail; AL(Up to 18 yrs old)	SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (Use <i>selenium sulfide</i> )	NC	1 package(s) per fill retail
TAZORAC GEL (Use <i>tazarotene</i> )	NC	1 package(s) per fill retail; AL(Up to 18 yrs old)	SELSUN BLUE DAILY LOTN (Use <i>selenium sulfide</i> )	NC	1 package(s) per fill retail
TREMFYA SOAJ	NC		SELSUN BLUE MEDICATED LOTN (Use <i>selenium sulfide</i> )	NC	1 package(s) per fill retail
TREMFYA SOLN	NC		SELSUN BLUE MOISTURIZING LOTN (Use <i>selenium sulfide</i> )	NC	1 package(s) per fill retail
TREMFYA SOPN	NP	SP	SELSUN BLUE LOTN (Use <i>selenium sulfide</i> )	NC	1 package(s) per fill retail
TREMFYA SOSY 200 MG/2ML	NC		<i>sulfacetamide sodium GEL</i>	NP	
TREMFYA SOSY 100 MG/ML	NP	SP	<i>sulfacetamide sodium GEL</i>	NC	
VTAMA	NP		<i>sulfacetamide sodium LIQD</i>	NC	
Antiseborrheic Products			<i>sulfacetamide sodium LIQD</i>	NP	
OVACE PLUS WASH GEL (Use <i>sulfacetamide sodium</i> )	NP		SULFACETAMIDE SODIUM POWD	NC	
OVACE PLUS WASH LIQD (Use <i>sulfacetamide sodium</i> )	NP		<i>sulfacetamide sodium SHAM 10 %</i>	NP	
OVACE PLUS CREA	NP		<i>sulfacetamide sodium SHAM 10 %</i>	NC	
OVACE PLUS LOTN	NP		ZORYVE	NP	
OVACE PLUS SHAM (Use <i>sulfacetamide sodium</i> )	NP		Antivirals - Topical		
OVACE WASH LIQD (Use <i>sulfacetamide sodium</i> )	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir topical CREA</i>	P	1 package(s) per 31 day(s) retail	<i>betamethasone dipropionate (topical) CREA</i>	P	1 package(s) per 30 day(s) retail
<i>acyclovir topical OINT</i>	NC	1 package(s) per fill retail	<i>betamethasone dipropionate (topical) LOTN</i>	P	
<i>acyclovir topical OINT</i>	NP	1 package(s) per fill retail	<i>betamethasone dipropionate (topical) LOTN</i>	NC	
DENAVIR ( <i>Use penciclovir</i> )	NP		<i>betamethasone dipropionate (topical) OINT</i>	NP	
<i>penciclovir</i>	NP		<i>betamethasone dipropionate augmented CREA</i>	P	1 package(s) per fill retail
XERESE	NP		<i>betamethasone dipropionate augmented CREA</i>	NC	1 package(s) per fill retail
ZOVIRAX CREA ( <i>Use acyclovir topical</i> )	NP	1 package(s) per 31 day(s) retail	<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
ZOVIRAX OINT ( <i>Use acyclovir topical</i> )	NP	1 package(s) per fill retail	<i>betamethasone dipropionate augmented LOTN</i>	NP	
Burn Products			<i>betamethasone dipropionate augmented OINT</i>	NP	
<i>mafenide acetate PACK</i>	NC		<i>betamethasone dipropionate augmented OINT</i>	NC	
NITROFURAZONE	NC		BETAMETHASONE DIPROPIONATE POWD	NC	
SILVADENE ( <i>Use silver sulfadiazine</i> )	NC		<i>betamethasone valerate CREA</i>	P	
<i>silver sulfadiazine</i>	C		<i>betamethasone valerate FOAM</i>	NP	
SULFAMYLON CREA	NC		<i>betamethasone valerate FOAM</i>	NC	
Cauterizing Agents			<i>betamethasone valerate LOTN</i>	P	
CHLOROACETIC ACID POWD	NC		<i>betamethasone valerate OINT</i>	NP	
SILVER NITRATE CRYSTALS	NC	RX/OTC	BETAMETHASONE VALERATE POWD	NC	
SILVER NITRATE SOLN 0.5 %	NC				
Corticosteroids - Topical					
<i>alclometasone dipropionate CREA</i>	P				
<i>alclometasone dipropionate OINT</i>	P				
<i>alclometasone dipropionate OINT</i>	NC				
<i>amcinonide CREA</i>	NP				
APEXICON E CREA	NP				
<i>betamethasone dipropionate (topical) CREA</i>	NC	1 package(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BRYHALI LOTN	NP		<i>clobetasol propionate SHAM</i>	NP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP		<i>clobetasol propionate SOLN 0.05 %</i>	NC	1 package(s) per fill retail
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		<i>clobetasol propionate SOLN 0.05 %</i>	P	1 package(s) per fill retail
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NC		<i>clocortolone pivalate</i>	NC	
CLOBETASOL 17 PROPIONATE POWD	NC		<i>clocortolone pivalate</i>	NP	
<i>clobetasol propionate emollient base 0.05 %</i>	P	1 package(s) per fill retail	CLODAN KIT	NC	
<i>clobetasol propionate emulsion</i>	NP		CLODERM (Use <i>clocortolone pivalate</i> )	NC	
CLOBETASOL PROPIONATE MICRONIZED USP POWD	NC		CORDRAN CREA (Use <i>flurandrenolide</i> )	NC	
CLOBETASOL PROPIONATE MICRONIZED POWD	NC		DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i> )	NP	
<i>clobetasol propionate CREA 0.05 %</i>	P	1 package(s) per fill retail	DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i> )	NC	
<i>clobetasol propionate CREA 0.05 %</i>	NC	1 package(s) per fill retail	DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i> )	NP	
<i>clobetasol propionate FOAM</i>	NC		<i>desonide CREA</i>	P	QL(2 gm daily)
<i>clobetasol propionate FOAM</i>	NP		<i>desonide LOTN</i>	P	
<i>clobetasol propionate GEL 0.05 %</i>	NC	1 package(s) per fill retail	<i>desonide OINT</i>	P	QL(2 gm daily)
<i>clobetasol propionate GEL 0.05 %</i>	P	1 package(s) per fill retail	DESONIDE POWD	NC	
<i>clobetasol propionate LIQD</i>	NP		<i>desoximetasone CREA</i>	NP	1 package(s) per fill retail
<i>clobetasol propionate LOTN</i>	NP		<i>desoximetasone CREA 0.25 %</i>	NC	1 package(s) per fill retail
<i>clobetasol propionate OINT 0.05 %</i>	P	1 package(s) per fill retail	<i>desoximetasone GEL</i>	NP	
CLOBETASOL PROPIONATE POWD	NC		<i>desoximetasone LIQD</i>	NP	
			<i>desoximetasone OINT</i>	NP	
			<i>desoximetasone OINT 0.05 %</i>	NC	
			<i>diflorasone diacetate CREA</i>	NP	
			<i>diflorasone diacetate OINT</i>	NP	
			<i>diflorasone diacetate OINT</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE OINT ( <i>Use betamethasone dipropionate augmented</i> )	NP		<i>fluticasone propionate LOTN</i>	NP	
ENSTILAR FOAM	NP		<i>fluticasone propionate OINT</i>	NP	1 package(s) per fill retail
EPIFOAM FOAM	C		<i>halcinonide CREA</i>	NP	
<i>fluocinolone acetonide CREA</i>	NP		<i>halcinonide CREA</i>	NC	
<i>fluocinolone acetonide OIL</i>	P		<i>halobetasol propionate CREA</i>	NC	
<i>fluocinolone acetonide OINT</i>	NP		<i>halobetasol propionate CREA</i>	P	
FLUOCINOLONE ACETONIDE POWD	NC		<i>halobetasol propionate OINT</i>	NC	
<i>fluocinolone acetonide SOLN</i>	NP		<i>halobetasol propionate OINT</i>	P	
<i>fluocinolone acetonide SOLN</i>	NC		HALOG CREA ( <i>Use halcinonide</i> )	NP	
<i>fluocinonide emulsified base</i>	P	1 package(s) per fill retail	HALOG OINT	NP	
<i>fluocinonide CREA 0.1 %</i>	P		HALOG SOLN	NP	
<i>fluocinonide CREA 0.05 %</i>	NC	1 package(s) per fill retail	HYDROCAINE	NC	
<i>fluocinonide CREA 0.05 %</i>	P	1 package(s) per fill retail	HYDROCORT LOTION COMPLETEKIT THPK	NC	
<i>fluocinonide CREA 0.1 %</i>	NC		<i>hydrocortisone (topical) CREA 0.5 %</i>	C	1 package(s) per fill retail
<i>fluocinonide GEL</i>	P	1 package(s) per fill retail	<i>hydrocortisone (topical) CREA 1 %</i>	NC	RX/OTC
<i>fluocinonide OINT</i>	NP	1 package(s) per fill retail	<i>hydrocortisone (topical) CREA 1 %</i>	NC	1 package(s) per fill retail; RX/OTC
<i>fluocinonide OINT</i>	NC	1 package(s) per fill retail	<i>hydrocortisone (topical) CREA 2.5 %</i>	NC	QL(120 gm per 31 day(s) retail)
FLUOCINONIDE POWD	NC		<i>hydrocortisone (topical) CREA 2.5 %</i>	P	QL(120 gm per 31 day(s) retail)
<i>fluocinonide SOLN</i>	P	1 package(s) per fill retail	<i>hydrocortisone (topical) CREA 1 %</i>	P	1 package(s) per fill retail; RX/OTC
<i>fluocinonide SOLN</i>	NC	1 package(s) per fill retail	<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	1 package(s) per fill retail
<i>flurandrenolide CREA</i>	NP		<i>hydrocortisone (topical) OINT 1 %</i>	NC	QL(2 gm daily); 1 package(s) per 31 day(s) retail; RX/OTC
<i>flurandrenolide LOTN</i>	NP		<i>hydrocortisone (topical) OINT 2.5 %</i>	P	
<i>fluticasone propionate CREA 0.05 %</i>	NC	1 package(s) per 31 day(s) retail			
<i>fluticasone propionate CREA 0.05 %</i>	NP	1 package(s) per 31 day(s) retail			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (topical) OINT 1 %</i>	P	QL(2 gm daily); 1 package(s) per 31 day(s) retail; RX/OTC	LUXIQ FOAM ( <i>Use betamethasone valerate</i> )	NP	
<i>hydrocortisone acetate (topical) OINT</i>	NC		<i>mometasone furoate CREA</i>	P	1 package(s) per fill retail
HYDROCORTISONE ACETATE MICRONIZED POWD	NC		<i>mometasone furoate OINT</i>	P	1 package(s) per fill retail
HYDROCORTISONE ACETATE POWD	NC		<i>mometasone furoate SOLN</i>	P	1 package(s) per fill retail
<i>hydrocortisone butyrate hydrophilic lipo base</i>	NP		OLUX-E ( <i>Use clobetasol propionate emulsion</i> )	NP	
<i>hydrocortisone butyrate CREA</i>	NP		OLUX FOAM ( <i>Use clobetasol propionate</i> )	NP	
<i>hydrocortisone butyrate LOTN</i>	NC		PANDEL	NP	
<i>hydrocortisone butyrate LOTN</i>	NP		<i>prednicarbate OINT</i>	NP	
<i>hydrocortisone butyrate OINT</i>	P		SYNALAR CREAM KIT	NC	
<i>hydrocortisone butyrate SOLN</i>	P		SYNALAR OINTMENT KIT	NC	
HYDROCORTISONE COMPLETE KIT THPK	NC		SYNALAR TS	NC	
HYDROCORTISONE MICRONIZED	NC		SYNALAR CREA ( <i>Use fluocinolone acetonide</i> )	NP	
<i>hydrocortisone valerate CREA</i>	P		SYNALAR OINT ( <i>Use fluocinolone acetonide</i> )	NP	
<i>hydrocortisone valerate OINT</i>	NP		SYNALAR SOLN ( <i>Use fluocinolone acetonide</i> )	NP	
HYDROCORTISONE POWD	NC		TACLONEX OINT ( <i>Use calcipotriene-betamethasone dipropionate</i> )	NP	
HYDROXATE GEL	NC		TACLONEX SUSP ( <i>Use calcipotriene-betamethasone dipropionate</i> )	NP	
HYDROXYM GEL	NP		TEXACORT SOLN 2.5 %	NP	
IMPEKLO LOTN	NC		TOPICORT CREA ( <i>Use desoximetasone</i> )	NP	1 package(s) per fill retail
LIDOTRAL + HYDROCORTISONE LOTN 1 %-5 %	NC		TOPICORT GEL ( <i>Use desoximetasone</i> )	NP	
LOCOID LIPOCREAM	NP		TOPICORT LIQD ( <i>Use desoximetasone</i> )	NP	
LOCOID LOTN ( <i>Use hydrocortisone butyrate</i> )	NP		TOPICORT OINT 0.05 % ( <i>Use desoximetasone</i> )	NC	

Drug Name	Drug Tier	Requirements/Limits
TOPICORT OINT ( <i>Use desoximetasone</i> )	NP	
TOVET KIT	NC	
<i>triamcinolone acetonide (topical)</i> AERS	NC	
<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	P	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	NC	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> CREA 0.025 %	P	QL(30 gm per fill retail)
<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	NC	
<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	P	
<i>triamcinolone acetonide (topical)</i> LOTN	P	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> OINT 0.025 %, 0.5 %	P	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> OINT 0.05 %, 0.1 %	P	
<i>triamcinolone acetonide (topical)</i> OINT 0.05 %	NC	
TRIAMCINOLONE ACETONIDE POWD	NC	
TRIAMCINOLONE ACETONIDEUSP, MICRONIZED POWD	NC	
ULTRAVATE LOTN	NP	
VANOS CREA ( <i>Use fluocinonide</i> )	NP	
<b>Eczema Agents</b>		
CIBINQO	NP	SP
EBGLYSS	NC	
OPZELURA	NP	
<b>Emollient/Keratolytic Agents</b>		
<i>urea in lactic acid vehicle</i>	NC	
<i>urea</i> CREA 40 %	C	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>urea</i> CREA 20 %, 39 %, 41 %	NC	
UREA CREA	NC	
<b>Emollients</b>		
<i>lactic acid (ammonium lactate)</i> CREA	C	QL(385 gm per 31 day(s) retail); RX/OTC
<i>lactic acid (ammonium lactate)</i> LOTN 12 %	C	QL(567 gm per 31 day(s) retail); RX/OTC
<b>Enzymes - Topical</b>		
COLLAGENASE POWD	NC	
<b>Immunomodulating Agents - Systemic</b>		
NEMLUVIO	NC	
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod</i> 5 %	P	QL(48 ea per 180 day(s) retail)
<i>imiquimod</i> 3.75 %	NP	
ZYCLARA ( <i>Use imiquimod</i> )	NP	
ZYCLARA PUMP ( <i>Use imiquimod</i> )	NP	
ZYCLARA PUMP	NP	
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL ( <i>Use pimecrolimus</i> )	P	QL(100 gm per 31 day(s) retail); AL(At least 2 yrs old)
HYFTOR	NP	
<i>pimecrolimus</i>	NP	QL(100 gm per 31 day(s) retail); AL(At least 2 yrs old)
<i>tacrolimus (topical)</i> OINT 0.1 %	NP	QL(100 gm per 31 day(s) retail); AL(At least 16 yrs old)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) OINT 0.03 %</i>	NP	QL(100 gm per 31 day(s) retail); AL(At least 2 yrs old)	BRUSELIX CREA	NC	
<b>Keratolytic/Antimitotic/Vesicant Agents</b>			BURN RELIEF GEL	NC	
CANTHARIDIN POWD	NC		<i>capsaicin CREA 0.025 %, 0.075 %, 0.1 %</i>	C	1 package(s) per fill retail
CANTHARIDIN SOLN	NC		CAPSAICIN POWD 95 %, 98.3 %	NC	RX/OTC
CONDYLOX GEL ( <i>Use podofilox</i> )	NP		<i>capsaicin PTCH</i>	NC	
KERALYT GEL ( <i>Use salicylic acid</i> )	NC		CAPZASIN-HP CREA ( <i>Use capsaicin</i> )	NC	1 package(s) per fill retail
PODOCON-25 SOLN	NC		CIRCATA CREA	NC	
<i>podofilox GEL</i>	NP		COCAINE HCL POWD	NC	
<i>podofilox SOLN</i>	NP		DERMACINRX CIRCATRIX CREA	NC	
<i>podofilox SOLN</i>	NC		<i>dibucaine</i>	C	1 package(s) per fill retail
PODOPHYLLUM RESIN POWD	NC	RX/OTC	GNP CALAMINE PLUS SPRAY AERO	NC	
SALICATE LIQD	NC		LIDAFLEX PTCH	NC	
<i>salicylic acid FOAM</i>	NC		<i>lidocaine hcl CREA 3 %, 4 %</i>	C	1 package(s) per fill retail
<i>salicylic acid GEL 6 %</i>	C		<i>lidocaine hcl GEL 2.8 %</i>	NC	RX/OTC
<i>salicylic acid LIQD 2 %, 17 %, 27.5 %</i>	NC		<i>lidocaine hcl PRSY</i>	NC	
SALIMEZ CREA	NC		<i>lidocaine hcl SOLN</i>	NC	
SALYCIM CREA	NC		<i>lidocaine CREA 4 %</i>	C	1 package(s) per fill retail
YCANTH SOLN	NC		<i>lidocaine OINT</i>	NC	
<b>Liniments</b>			<i>lidocaine-prilocaine CREA</i>	C	1 package(s) per fill retail
<i>camphor-menthol-methyl salicylate GEL</i>	NC		<i>lidocaine-prilocaine KIT</i>	NC	
<i>camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %</i>	NC		<i>lidocaine PTCH 4 %, 5 %</i>	NC	
<i>menthol-methyl salicylate (liniments) PTCH</i>	NC		LIDOPURE PATCH	NC	
MENTICAM CREA	NC		LIDOTRAL CREA	NC	
WINTERGREEN OIL OIL XX	NC		LIDOTRAL GEL 5 %	NC	
<b>Local Anesthetics - Topical</b>			LIDOTRAN CREA	NC	
<i>benzocaine (topical) AERO</i>	NC		LMX 4 CREA ( <i>Use lidocaine</i> )	NC	1 package(s) per fill retail
			PLIAGLIS CREA	NC	
			PRAMOXINE HCL POWD	NC	
			QUTENZA	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RA ARTHRITIS PAIN RELIEF CREA	C	1 package(s) per fill retail	<i>brimonidine tartrate (topical)</i>	NP	
TETRI-AG OINT	NC		<i>doxycycline (rosacea)</i>	NP	
XYLIDERM	NC		FINACEA FOAM	NP	
ZTLIDO PTCH	NC		FINACEA GEL ( <i>Use azelaic acid</i> )	P	
Misc. Dermatological Products			<i>ivermectin (rosacea)</i>	NP	
GENADUR KIT KIT CO	NC		METROCREAM CREA ( <i>Use metronidazole (topical)</i> )	NC	QL(45 gm per 31 day(s) retail)
Misc. Topical			METROGEL GEL 1 % ( <i>Use metronidazole (topical)</i> )	NC	
ALUMINUM CHLORIDE ANHYDROUS POWD	NC	RX/OTC	METROLOTION LOTN ( <i>Use metronidazole (topical)</i> )	NC	
ALUMINUM CHLORIDE HEXAHYDRATE CRYST	NC	RX/OTC	<i>metronidazole (topical) CREA</i>	NP	QL(45 gm per 31 day(s) retail)
ALUMINUM CHLORIDE HEXAHYDRATE POWD	NC	RX/OTC	<i>metronidazole (topical) CREA</i>	NC	QL(45 gm per 31 day(s) retail)
ALUMINUM CHLORIDE CRYST	NC	RX/OTC	<i>metronidazole (topical) CREA</i>	P	QL(45 gm per 31 day(s) retail)
CALAMINE POWD XX	NC	RX/OTC	<i>metronidazole (topical) GEL 0.75 %</i>	NC	QL(45 gm per 31 day(s) retail)
COZIMA CREA	NC		<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 gm per 31 day(s) retail)
ICHTHAMMOL POWD	NC		<i>metronidazole (topical) GEL 1 %</i>	NP	
SCARTRATE	NC		<i>metronidazole (topical) GEL 1 %</i>	P	
TANNIC ACID	NC	RX/OTC	<i>metronidazole (topical) GEL 0.75 %</i>	NP	QL(45 gm per 31 day(s) retail)
XERAC AC	NC		<i>metronidazole (topical) LOTN</i>	P	
<i>zinc oxide (topical) OINT 20 %</i>	C	1 package(s) per fill retail	MIRVASO ( <i>Use brimonidine tartrate (topical)</i> )	NC	
ZINCTRAL PSTE	NC		NORITATE CREA	NP	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			RHOFADE	NP	
EUCRISA	NC		ROSADAN KIT	NC	
EUCRISA	NP		SOOLANTRA ( <i>Use ivermectin (rosacea)</i> )	NC	
ZORYVE	NP				
Pigmenting-Depigmenting Agents					
HYDROQUINONE POWD	NC				
METHOXSALEN POWD	NC				
Protectives Against UV Radiation					
SCENESSE	NC				
Rosacea Agents					
<i>azelaic acid GEL</i>	NP				



Drug Name	Drug Tier	Requirements/Limits
<b>Scabicides &amp; Pediculicides</b>		
<i>crotamiton LOTN</i>	NP	1 package(s) per fill retail
<i>malathion</i>	NP	QL(59 ml per fill retail); 2 max fill(s) per 31 day(s) retail
NATROBA ( <i>Use spinosad</i> )	P	
NIX CREME RINSE LIQD EX ( <i>Use permethrin</i> )	NC	
OVIDE ( <i>Use malathion</i> )	NP	QL(59 ml per fill retail); 2 max fill(s) per 31 day(s) retail
<i>permethrin CREA</i>	P	QL(60 gm per fill retail)
<i>permethrin LIQD EX</i>	P	
<i>permethrin LIQD EX</i>	NC	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	C	
<i>spinosad</i>	NP	Limited to Age 6 months and older
VANALICE GEL	NC	
<b>Tar Products</b>		
<i>coal tar extract SHAM 0.5 %</i>	C	
DHS TAR GEL SHAM ( <i>Use coal tar extract</i> )	NC	
DHS TAR SHAM ( <i>Use coal tar extract</i> )	NC	
NEUTROGENA T/GEL SHAM 0.5 % ( <i>Use coal tar extract</i> )	NC	
<b>Wound Care Products</b>		
ABRAVO EMUL	NC	
ATOPA VO EMUL	NC	
AVO CREAM EMUL	NC	
B & C OINT	NC	

Drug Name	Drug Tier	Requirements/Limits
BALSAM PERU & CASTOR OIL OINT	NC	
BIAFINE EMUL	NC	
BPCO OINT	NC	
FILSUVEZ	NC	
MIROTRACT WOUND MATRIX 3MMX5CM DEVI	NC	
MIROTRACT WOUND MATRIX 3MMX9CM DEVI	NC	
MIROTRACT WOUND MATRIX 5MMX5CM DEVI	NC	
MIROTRACT WOUND MATRIX 5MMX9CM DEVI	NC	
SONAFINE EMUL	NC	
VENELEX OINT	NC	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Biologicals</b>		
APLISOL	NC	
TUBERSOL	NC	
<b>Diagnostic Drugs</b>		
<i>adenosine (diagnostic)</i>	NC	
BLUDIGO IV	NC	
<i>dipyridamole (diagnostic)</i>	NC	
GLEOLAN	NC	
GLUCAGON	NC	
GLUCAGON HCL DIAGNOSTIC	NC	
<i>isosulfan blue</i>	NC	
KINEVAC	NC	
MACRILEN	NC	
METOPIRONE	NC	
<i>regadenoson</i>	NC	
R-GENE 10	NC	
SINCALIDE	NC	
THYROGEN 0.9 MG	NC	SP
<b>Diagnostic Radiopharmaceuticals</b>		
AMYVID	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AXUMIN	NC		CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS STRP	NC	RX/OTC
CARDIOLITE	NC		CVS TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	NC	RX/OTC
ILLUCCIX CONFIGURATION A KIT	NC		DX1 ORAGENOMIC MEDICATEDDNA COLLECTION SCREEN	NC	
ILLUCCIX CONFIGURATION B KIT	NC		DX2 ORAGENOMIC MEDICATEDDNA COLLECTION SCREEN	NC	
KIT FOR THE PREPARATION OF TECHNETIUM 99M SESTAMIBI	NC		EASY MAX BLOOD GLUCOSE TEST STRIP STRP	NC	RX/OTC
LEU TECHNELITE	NC		EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP	NC	RX/OTC
LOCAMETZ KIT	NC		FENTANYL FE	NC	
NETSPOT	NC		FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	P	RX/OTC
POSLUMA	NC		FREESTYLE LITE TEST STRIPS STRP	P	RX/OTC
PYLARIFY	NC		FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	P	RX/OTC
TAUVID	NC		FREESTYLE TEST STRIPS STRP	P	RX/OTC
TECHNELITE	NC		HOME PAP KIT	NC	
XENON XE 133	NC		IHEALTH BLOOD GLUCOSE TEST STRIPS STRP	NC	RX/OTC
Diagnostic Tests			INFLAMMATION TEST	NC	
ACCU-CHEK AVIVA PLUS STRP	P	RX/OTC	KETONE TEST STRIPS STRP	C	
ACCU-CHEK GUIDE TEST STRIPS STRP	P	RX/OTC	KETONE STRP	C	
ACCU-CHEK GUIDE STRP	P	RX/OTC	KETOSTIX STRP	C	
ACCU-CHEK SMARTVIEW STRIPS STRP	P	RX/OTC	MEDICATED BUCCAL DNA COLLECTION KIT	NC	
ALBUSTIX STRP	NC		MEDICATED BUCCAL DNA COLLECTION KIT 2	NC	
CARESENS N BLOOD GLUCOSE TEST STRIPS STRP	NC	RX/OTC			
CHEMSTRIP MICRAL STRP	NC				
CHEMSTRIP-K STRP	C				
CHOLESTEROL & LIPID TEST	NC				
CLINISTIX KIDNEY HEALTH	NC				

Drug Name	Drug Tier	Requirements/Limits
MEDICATED DNA COLLECTIONKIT	NC	
MILKSCREEN FOR BREASTFEEDING	NC	
MM BLULINK GLUCOSE TEST STRIPS STRP	NC	RX/OTC
ONETOUCH ULTRA STRP	NC	Limit 150 per 30 days insulin users; 100 per 90 days non-insulin user; RX/OTC
ONETOUCH ULTRA STRP	P	RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	NC	Limit 150 per 30 days insulin users; 100 per 90 days non-insulin user; RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	P	RX/OTC
PRO DNA COLLECTION KIT	NC	
PTS PANELS CHOL+GLU	NC	
PTS PANELS LIPID PANEL+EGLU TEST STRIPS	NC	
RELION KETONE TEST STRIPS STRP	C	
UDSX MEDICATED SYSTEM	NC	
UDSXMP MEDICATED SYSTEM	NC	
URINX MEDICATED SPECIMENCOLLECTION PACKAGE	NC	
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NC	RX/OTC
Miscellaneous Contrast Media		

Drug Name	Drug Tier	Requirements/Limits
DEFINITY	NC	
DEFINITY RT	NC	
EOVIST	NC	
GADAVIST SOSY	NC	
<i>gadobutrol SOLN</i>	NC	
<i>gadoterate meglumine SOLN</i>	NC	
<i>gadoterate meglumine SOSY</i>	NC	
OMNISCAN INJ IJ	NC	
OMNISCAN SOLN IV	NC	
OPTISON	NC	
Radiographic Contrast Media		
<i>diatrizoate meglumine &amp; sodium OR</i>	NC	
<i>iodixanol</i>	NC	
<i>iopamidol IV</i>	NC	
ISOVUE-250 MULTIPACK IV	NC	
OMNIPAQUE SOLN IJ 180 MG/ML, 240 MG/ML, 300 MG/ML	NC	
ULTRAVIST 62 %, 77 %	NC	
VISIPAQUE ( <i>Use iodixanol</i> )	NC	
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
Dietary Management Products		
CEREFOLIN	NC	
CEREFOLIN NAC 600 MG-2 MG-6 MG-90.314 MG	NC	
ELFOLATE PLUS TABS	NC	
FOLBIC RF TABS	NC	
FOLTANX RF	NC	
FOLTANX TABS	NC	
FOLTX TABS	NC	

Drug Name	Drug Tier	Requirements/Limits
LEVOMEFOLATE CALCIUM/N- ACETYLCYSTEINE/MEC OBALAMIN/ALGAL POWD	NC	
L-METHYL-B6-B12 TABS	NC	
L-METHYLFOLATE CA ME-CBLNAC	NC	
L-METHYLFOLATE CA/P- 5-P/ME-CBL	NC	
L-METHYL-MC	NC	
METAFOBIC	NC	
METAFOBIC PLUS	NC	
METAFOBIC PLUS RF	NC	
METANX	NC	
Nutritional Substitutes		
ASPARTAME	NC	RX/OTC
ASPARTAME (NUTRASWEET)	NC	RX/OTC
SACCHARIN POWD	NC	RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
Digestive Enzymes		
CREON CPEP	NC	
CREON CPEP	P	Smart PA
CREON CPEP 30000 UNIT-19000 UNIT-6000 UNIT, 60000 UNIT-38000 UNIT-12000 UNIT	NC	Smart PA
PEPSIN	NC	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P	
Gastric Acidifiers		
L-GLUTAMIC ACID HCL POWD	NC	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium</i>	NC	
<i>acetazolamide CP12</i>	C	
<i>acetazolamide TABS</i>	C	
<i>dichlorphenamide</i>	NC	SP
METHAZOLAMIDE POWD	NC	
<i>methazolamide TABS</i>	C	
Diuretic Combinations		
ALDACTAZIDE	NC	
ALDACTAZIDE ( <i>Use spironolactone &amp; hydrochlorothiazide</i> )	NC	
<i>amiloride &amp; hydrochlorothiazide</i>	C	QL(1 ea daily)
MAXZIDE-25 TABS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NC	QL(2 ea daily)
MAXZIDE TABS ( <i>Use triamterene &amp; hydrochlorothiazide</i> )	NC	
<i>spironolactone &amp; hydrochlorothiazide</i>	C	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	C		SPIRONOLACTONE POWD	NC	
<i>triamterene &amp; hydrochlorothiazide TABS 25 MG-37.5 MG</i>	C	QL(2 ea daily)	<i>spironolactone SUSP</i>	NC	
<i>triamterene &amp; hydrochlorothiazide TABS 50 MG-75 MG</i>	C		<i>spironolactone TABS</i>	C	
Loop Diuretics			<i>triamterene CAPS</i>	NC	
<i>bumetanide SOLN 0.25 MG/ML</i>	NC		TRIAMTERENE POWD	NC	
<i>bumetanide TABS</i>	C		Thiazides and Thiazide-Like Diuretics		
BUMEX TABS 0.5 MG (Use bumetanide)	NC		<i>chlorothiazide sodium</i>	NC	
<i>ethacrynate sodium</i>	NC		<i>chlorthalidone 25 MG, 50 MG</i>	C	
<i>ethacrynic acid</i>	NC		DIURIL SUSP	NC	
FUROSEMIDE POWD	NC		<i>hydrochlorothiazide CAPS</i>	C	
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	C		HYDROCHLOROTHIAZIDE POWD	NC	
<i>furosemide SOLN IJ 10 MG/ML</i>	NC		<i>hydrochlorothiazide TABS 12.5 MG</i>	NC	
<i>furosemide TABS</i>	C		<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	C	
LASIX TABS (Use furosemide)	NC		<i>indapamide TABS 1.25 MG, 2.5 MG</i>	C	
SOAANZ TABS 20 MG	C		<i>metolazone</i>	C	
SODIUM EDECRIN (Use ethacrynate sodium)	NC		SODIUM DIURIL (Use chlorothiazide sodium)	NC	
<i>torseamide TABS 5 MG, 10 MG, 100 MG</i>	C	QL(1 ea daily)	THALITONE	NC	
<i>torseamide TABS 20 MG</i>	C		ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Osmotic Diuretics			Bone Density Regulators		
<i>mannitol 10 %, 20 %, 25 %</i>	NC		ACTONEL TABS 35 MG (Use risedronate sodium)	NP	QL(4 ea per 28 day(s) retail)
Potassium Sparing Diuretics			ACTONEL TABS 150 MG (Use risedronate sodium)	NP	
ALDACTONE TABS (Use spironolactone)	NC		<i>alendronate sodium SOLN</i>	NP	QL(10.8 ml daily)
AMILORIDE HCL POWD	NC		<i>alendronate sodium TABS 10 MG</i>	NC	QL(1 ea daily)
<i>amiloride hcl TABS</i>	C	QL(4 ea daily)	<i>alendronate sodium TABS 10 MG</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 ea daily)
<i>alendronate sodium TABS 70 MG</i>	NC	QL(0.15 ea daily)
<i>ATELVIA TBEC (Use risedronate sodium)</i>	NP	QL(4 ea per 28 day(s) retail)
<i>BINOSTO TBEF</i>	NP	
<i>calcitonin (salmon) IJ</i>	C	QL(2 ml per fill retail)
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail
<i>FORTEO SOPN (Use teriparatide (recombinant))</i>	NP	SP
<i>FOSAMAX PLUS D</i>	NP	
<i>FOSAMAX TABS 70 MG (Use alendronate sodium)</i>	NP	QL(0.15 ea daily)
<i>ibandronate sodium TABS</i>	P	
<i>MIACALCIN IJ (Use calcitonin (salmon))</i>	NC	QL(2 ml per fill retail)
<i>risedronate sodium TABS 5 MG, 30 MG</i>	NC	QL(1 ea daily)
<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 ea daily)
<i>risedronate sodium TABS 35 MG</i>	NP	QL(4 ea per 28 day(s) retail)
<i>risedronate sodium TABS 150 MG</i>	NP	
<i>risedronate sodium TABS 35 MG</i>	NC	QL(4 ea per 28 day(s) retail)
<i>risedronate sodium TBEC</i>	NC	QL(4 ea per 28 day(s) retail)
<i>risedronate sodium TBEC</i>	NP	QL(4 ea per 28 day(s) retail)
<i>teriparatide (recombinant) SOPN</i>	P	
<i>TYMLOS</i>	NP	
<i>TYMLOS</i>	NP	SP
<b>Fertility Regulators</b>		
<i>CLOMIPHENE CITRATE POWD</i>	NC	
<b>GnRH/LHRH Antagonists</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>ORLISSA</i>	NC	SP
<b>Growth Hormone Releasing Hormones (GHRH)</b>		
<i>EGRIFTA 2 MG</i>	NC	SP
<i>EGRIFTA SV</i>	NC	SP
<b>Growth Hormones</b>		
<i>NGENLA</i>	NP	
<i>NORDITROPIN FLEXPRO SOPN</i>	PA	SP; PA
<i>OMNITROPE SOCT</i>	NC	
<i>OMNITROPE SOLR SC</i>	NC	
<i>SAIZEN IJ 8.8 MG</i>	NC	
<i>SAIZENPREP RECONSTITUTIONKIT IJ</i>	NC	
<i>SKYTROFA</i>	NP	
<i>ZOMACTON SOLR SC</i>	NP	SP
<b>Hormone Receptor Modulators</b>		
<i>EVISTA (Use raloxifene hcl)</i>	NP	QL(1 ea daily)
<i>OSPHENA</i>	NC	
<i>raloxifene hcl</i>	NP	QL(1 ea daily)
<b>LHRH/GnRH Agonist Analog Pituitary Suppressants</b>		
<i>FENSOLVI SC</i>	C	SP; PA
<b>Menopausal Symptoms Suppressants</b>		
<i>VEOZAH</i>	NC	
<b>Metabolic Modifiers</b>		
<i>BRINEURA</i>	NC	SP
<i>calcitriol CAPS</i>	C	
<i>calcitriol SOLN IV</i>	NC	
<i>carglumic acid</i>	NC	SP
<i>CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))</i>	NC	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	NC	QL(30 ml daily)	VASOPRESSIN/SODIUM CHLORIDE SOLN 0.9 %-20 UNIT/100ML, 0.9 %-40 UNIT/100ML	NC	
CARNITOR TABS (Use levocarnitine (metabolic modifiers))	NC	QL(3 ea daily)	<i>vasopressin SOLN IV</i>	NC	
<i>doxercalciferol CAPS</i>	NC		VASOSTRICT SOLN	NC	
<i>doxercalciferol SOLN</i>	NC		Prolactin Inhibitors		
GALAFOLD	C	QL(0.5 ea daily); SP; PA	<i>cabergoline</i>	NC	
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	C	QL(30 ml daily)	Somatostatic Agents		
<i>levocarnitine (metabolic modifiers) SOLN IV 200 MG/ML</i>	NC		<i>octreotide acetate SOSY</i>	NC	SP
<i>levocarnitine (metabolic modifiers) TABS</i>	C	QL(3 ea daily)	SANDOSTATIN LAR DEPOT KIT	C	SP; PA
NEXVIAZYME	NC	SP	Vasopressin Receptor Antagonists		
NULIBRY	NC	SP	VAPRISOL	NC	
<i>paricalcitol CAPS</i>	NC		<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
PHEBURANE PLLT	NC		Estrogen Combinations		
RAYALDEE	NC		ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	NC	QL(1 ea daily)
ROCALTROL CAPS (Use calcitriol)	NC		ANGELIQ	NC	
<i>sod benzoate &amp; sod phenylacetate</i>	NC		BIJUVA	NC	
YORVIPATH	NC		CLIMARA PRO	NC	
Mineralocorticoid Receptor Antagonists			COMBIPATCH PTTW	C	Limit 8 patches per month; QL(0.286 ea daily)
KERENDIA	NC		DUAVEE	NC	
Posterior Pituitary Hormones			<i>estradiol &amp; norethindrone acetate TABS</i>	C	QL(1 ea daily)
DDAVP TABS (Use desmopressin acetate)	NC	QL(6 ea daily)	MYFEMBREE	NC	
<i>desmopressin acetate spray</i>	C	QL(5 ml per fill retail); PA	<i>norethindrone acetate-ethinyl estradiol</i>	C	
<i>desmopressin acetate spray refrigerated</i>	C	QL(5 ml per fill retail); PA	ORIAHNN	NC	
<i>desmopressin acetate TABS</i>	C	QL(6 ea daily)	PREFEST	NC	
NOCDURNA SUBL	NC		PREMPHASE	NC	
			PREMPRO	C	
			Estrogens		

Drug Name	Drug Tier	Requirements/Limits
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	C	Limit 8 patches per month; QL(0.286 ea daily)
CLIMARA PTWK (Use estradiol)	NC	Limit 4 patches per month; QL(0.143 ea daily)
DEPO-ESTRADIOL	NC	
ELESTRIN GEL	NC	
ESTRACE TABS (Use estradiol)	NC	
estradiol valerate	NC	
estradiol GEL	NC	
estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	C	Limit 8 patches per month; QL(0.286 ea daily)
estradiol PTTW 0.0375 MG/24HR	C	QL(0.286 ea daily)
estradiol PTWK	C	Limit 4 patches per month; QL(0.143 ea daily)
estradiol TABS	C	
ETHINYL ESTRADIOL	NC	
EVAMIST SOLN	NC	
MENEST	NC	
MENOSTAR PTWK	NC	
MINIVELLE PTTW 0.0375 MG/24HR (Use estradiol)	NC	QL(0.286 ea daily)
MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	NC	Limit 8 patches per month; QL(0.286 ea daily)
PREMARIN SOLR	NC	
PREMARIN TABS	C	QL(1 ea daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR (Use estradiol)	NC	QL(0.286 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	NC	Limit 8 patches per month; QL(0.286 ea daily)

### FLUOROQUINOLONES - Drugs to Treat Bacterial Infections

Fluoroquinolones		
BAXDELA TABS	NP	
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	P	
ciprofloxacin hcl TABS 100 MG	P	QL(6 ea per fill retail)
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	NC	
ciprofloxacin in d5w	NC	
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	NP	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	NP	
levofloxacin in d5w	NC	
levofloxacin SOLN OR	NP	
levofloxacin SOLN OR	NC	
levofloxacin TABS	P	QL(14 ea per fill retail)
moxifloxacin hcl in sodium chloride	NC	
moxifloxacin hcl TABS	NP	
moxifloxacin hcl TABS	NC	
MOXIFLOXACIN HYDROCHLORIDE SOLN 400 MG/250ML	NC	
ofloxacin 300 MG	NP	
ofloxacin 400 MG	NP	QL(56 ea per fill retail)

### GASTROINTESTINAL AGENTS - MISC. -

#### Miscellaneous Gastrointestinal Drugs



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
5-HT4 Receptor Agonists			GIMOTI SOLN NA	NP	SP
MOTEGRITY	NP		METOCLOPRAMIDE HCL MONOHYDRATE	NC	
MOTEGRITY 2 MG	NC		METOCLOPRAMIDE HCL POWD	NC	
Agents for Chronic Idiopathic Constipation (CIC)			<i>metoclopramide hcl SOLN OR 5 MG/5ML</i>	NC	
TRULANCE	NC		<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	P	
TRULANCE	NP		<i>metoclopramide hcl TABS</i>	P	
Antiflatulents			<i>metoclopramide hcl TABS</i>	NC	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP ( <i>Use simethicone</i> )	NC		METOCLOPRAMIDE HYDROCHLORIDE POWD	NC	
MYLICON INFANTS GAS RELIEF SUSP ( <i>Use simethicone</i> )	NC		REGLAN TABS ( <i>Use metoclopramide hcl</i> )	NP	
PHAZYME ULTIMATE CAPS	NC		Hepatotropics		
<i>simethicone CHEW 80 MG</i>	C		REZDIFFRA	NC	
SIMETHICONE LIQD XX	NC	RX/OTC	Ileal Bile Acid Transporter (IBAT) Inhibitors		
<i>simethicone SUSP</i>	C		BYLVAY (PELLETS) CPSP	NC	SP
Gallstone Solubilizing Agents			BYLVAY CAPS	NC	SP
RELTONE CAPS	NC		LIVMARLI	NC	SP
URSO 250 TABS ( <i>Use ursodiol</i> )	NC	QL(7 ea daily)	Inflammatory Bowel Agents		
<i>ursodiol CAPS</i>	C		5-AMINOSALICYLIC ACID POWD	NC	RX/OTC
URSODIOL CAPS	NC		APRISO CP24 ( <i>Use mesalamine</i> )	P	
<i>ursodiol TABS 250 MG</i>	C	QL(7 ea daily)	ASACOL HD TBEC ( <i>Use mesalamine</i> )	NC	QL(3 ea daily)
<i>ursodiol TABS 500 MG</i>	NC		AVSOLA	C	SP; PA
Gastrointestinal Antiallergy Agents			AZULFIDINE EN-TABS TBEC ( <i>Use sulfasalazine</i> )	NP	
<i>cromolyn sodium (mastocytosis)</i>	NC		AZULFIDINE TABS ( <i>Use sulfasalazine</i> )	NC	
Gastrointestinal Chloride Channel Activators			AZULFIDINE TABS ( <i>Use sulfasalazine</i> )	NP	
AMITIZA ( <i>Use lubiprostone</i> )	P		<i>balsalazide disodium CAPS</i>	P	QL(9 ea daily)
<i>lubiprostone</i>	NP				
<i>lubiprostone</i>	NC				
Gastrointestinal Stimulants					

Drug Name	Drug Tier	Requirements/Limits
CANASA SUPP ( <i>Use mesalamine</i> )	NP	
CIMZIA STARTER KIT PSKT	NP	SP
CIMZIA KIT	NP	SP
CIMZIA PSKT	NP	SP
COLAZAL CAPS ( <i>Use balsalazide disodium</i> )	NP	QL(9 ea daily)
DELZICOL CPDR ( <i>Use mesalamine</i> )	NP	
DIPENTUM	NP	
ENTYVIO SOPN	NP	
INFLECTRA SOLR	C	SP; PA
LIALDA TBEC ( <i>Use mesalamine</i> )	NP	
<i>mesalamine w/ cleanser</i>	NP	
<i>mesalamine CP24</i>	NC	
<i>mesalamine CP24</i>	NP	
<i>mesalamine CPDR</i>	NP	
<i>mesalamine ENEM</i>	P	QL(60 ml daily)
MESALAMINE POWD	NC	RX/OTC
<i>mesalamine SUPP</i>	P	
<i>mesalamine TBEC 800 MG</i>	NP	QL(3 ea daily)
<i>mesalamine TBEC 1.2 GM</i>	NP	
OMVOH SOAJ	NP	
OMVOH SOSY	NP	SP
PENTASA CPCR ( <i>Use mesalamine</i> )	P	
RENFLEXIS	C	SP; PA
ROWASA ( <i>Use mesalamine w/ cleanser</i> )	NP	
SFROWASA ENEM	NP	
SKYRIZI SOCT	NP	
STELARA 130 MG/26ML	NC	SP
SULFASALAZINE POWD	NC	
<i>sulfasalazine TABS</i>	P	
<i>sulfasalazine TABS</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine TBEC</i>	P	
ZYMFENTRA 2-PEN AJKT	NP	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	NC	
<i>lactulose (encephalopathy)</i>	P	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	NC	
<i>alosetron hcl</i>	NP	
IBSRELA	NP	
LINZESS	P	
LOTRONEX ( <i>Use alosetron hcl</i> )	NP	
VIBERZI	NP	
Live Fecal Microbiota		
REBYOTA	NC	
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	NC	
ENTEREG ( <i>Use alvimopan</i> )	NC	
MOVANTIK	NC	
MOVANTIK	P	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
LIVDELZI	NC	
Phosphate Binder Agents		
AURYXIA	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	NC	
<i>calcium acetate (phosphate binder) CAPS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL CHEW (Use lanthanum carbonate)	NP	
FOSRENOL PACK	NP	
lanthanum carbonate CHEW	NP	
PHOSLYRA SOLN	NP	
RENAGEL (Use sevelamer hcl)	NC	
RENVELA PACK (Use sevelamer carbonate)	NP	
RENVELA TABS (Use sevelamer carbonate)	NP	
sevelamer carbonate PACK	NP	
sevelamer carbonate TABS	P	
sevelamer carbonate TABS	NC	
sevelamer hcl	NP	
VELPHORO	NP	
<b>GENERAL ANESTHETICS</b>		
Anesthetics - Misc.		
DIPRIVAN EMUL	NC	
etomidate	NC	
FRESENIUS PROPOVEN 2% EMUL	NC	
ketamine hcl SOLN IJ	NC	
KETAMINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN	NC	
KETAMINE HYDROCHLORIDE SOLN IJ 10 MG/ML	NC	
propofol EMUL	NC	
Barbiturate Anesthetics		
BREVITAL SODIUM SOLR 500 MG	NC	
Volatile Anesthetics		
desflurane	NC	

Drug Name	Drug Tier	Requirements/Limits
isoflurane	NC	
sevoflurane	NC	
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Acidifiers		
K-PHOS NO 2	NC	
Alkalinizers		
ORACIT	NC	
ORAL CITRATE	NC	
pot & sod citrates w/citric ac SOLN	NC	
potassium citrate (alkalinizer) TBCR 15 MEQ, 1620 MG	NC	
potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG	C	
POTASSIUM CITRATE MONOHYDRATE GRAN	NC	RX/OTC
POTASSIUM CITRATE GRAN	NC	RX/OTC
POTASSIUM CITRATE POWD	NC	
sodium citrate & citric acid	C	QL(16.67 ml daily); RX/OTC
SODIUM CITRATE ANHYDROUS GRAN XX	NC	RX/OTC
SODIUM CITRATE ANHYDROUS POWD	NC	
SODIUM CITRATE CRYST	NC	
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	NC	
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	NC	
Genitourinary Irrigants		
acetic acid 0.25 %	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>glycine (gu irrigant) SOLN 1.5 %</i>	NC	
GLYCINE (L) POWD	NC	RX/OTC
GLYCINE POWD	NC	RX/OTC
<i>neomycin/polymyxin b gu</i>	NC	
<i>sodium chloride (gu irrigant) 0.9 %</i>	C	
SORBITOL 3 %	NC	
SORBITOL/MANNITOL IRRIGATION	NC	
Hyperoxaluria Agents		
OXLUMO	NC	SP
Interstitial Cystitis Agents		
ELMIRON CAPS	NC	
RIMSO-50	NC	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	NC	
<i>alfuzosin hcl</i>	P	
AVODART ( <i>Use dutasteride</i> )	NP	
AVODART ( <i>Use dutasteride</i> )	NC	
CARDURA XL	NP	
<i>dutasteride</i>	NC	
<i>dutasteride</i>	P	
<i>dutasteride-tamsulosin hcl</i>	NP	
ENTADFI	NC	
<i>finasteride</i>	NC	QL(1 ea daily)
<i>finasteride</i>	P	QL(1 ea daily)
FLOMAX ( <i>Use tamsulosin hcl</i> )	NP	QL(2 ea daily)
JALYN ( <i>Use dutasteride-tamsulosin hcl</i> )	NP	
PROSCAR ( <i>Use finasteride</i> )	NP	QL(1 ea daily)
RAPAFLO 8 MG ( <i>Use silodosin</i> )	NC	

Drug Name	Drug Tier	Requirements/Limits
RAPAFLO ( <i>Use silodosin</i> )	NP	
<i>silodosin</i>	NP	
<i>silodosin</i>	NC	
<i>tamsulosin hcl</i>	P	QL(2 ea daily)
<i>tamsulosin hcl</i>	NC	QL(2 ea daily)
UROXATRAL ( <i>Use alfuzosin hcl</i> )	NC	
Urinary Analgesics		
PHENAZOPYRIDINE HCL POWD	NC	
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	C	
PHENAZOPYRIDINE HYDROCHLORIDE POWD	NC	
PYRIDIDIUM TABS ( <i>Use phenazopyridine hcl</i> )	NC	
Urinary Stone Agents		
LITHOSTAT	NC	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	P	
<i>allopurinol</i>	NC	
ALLOPURINOL	NP	
<i>allopurinol sodium</i>	NC	
<i>colchicine CAPS</i>	NP	
COLCHICINE POWD	NC	
<i>colchicine TABS</i>	NC	QL(6 ea per fill retail); 1 max fill(s) per 31 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
<i>colchicine TABS</i>	P	QL(6 ea per fill retail); 1 max fill(s) per 31 day(s) retail
COLCRYS TABS ( <i>Use colchicine</i> )	NP	QL(6 ea per fill retail); 1 max fill(s) per 31 day(s) retail
<i>febuxostat</i>	NP	
<i>febuxostat 80 MG</i>	NC	
GLOPERBA SOLN OR	NP	
MITIGARE CAPS ( <i>Use colchicine</i> )	NP	
ULORIC ( <i>Use febuxostat</i> )	NP	
ZYLOPRIM 100 MG ( <i>Use allopurinol</i> )	NP	
ZYLOPRIM 300 MG ( <i>Use allopurinol</i> )	NC	
<b>Uricosurics</b>		
<i>probenecid</i>	P	
<i>probenecid</i>	NC	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Aminolevulinatase Synthase 1-Directed siRNA</b>		
GIVLAARI	C	SP; PA
<b>Antihemophilic Products</b>		
HEMLIBRA 12 MG/0.4ML	NC	
NUWIQ KIT	NC	SP
NUWIQ SOLR	NC	SP
SEVENFACT	NC	SP
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR SOSY ( <i>Use icatibant acetate</i> )	NC	SP; PA
<i>icatibant acetate SOSY</i>	C	SP; PA
<b>Complement Inhibitors</b>		
BERINERT KIT	NC	SP
CINRYZE SOLR IV	NC	SP
HAEGARDA SOLR SC	C	SP; PA

Drug Name	Drug Tier	Requirements/Limits
PIASKY	NC	
RUCONEST	NC	SP
TAVNEOS	NP	
VOYDEYA TABS	NC	
VOYDEYA TBPK	NC	
<b>Hematorheologic Agents</b>		
<i>pentoxifylline</i>	C	
<b>Plasma Expanders</b>		
<i>dextran 40 in d5w</i>	NC	
<i>dextran 40 in saline</i>	NC	
HESPAN ( <i>Use hetastarch (hes /0.7 or /0.75) in sodium chloride</i> )	NC	
<i>hetastarch (hes /0.7 or /0.75) in sodium chloride</i>	NC	
HEXTEND	NC	
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR	NC	SP
TAKHZYRO SOLN	NC	SP
TAKHZYRO SOSY	NC	SP
<b>Plasma Proteins</b>		
ALBUKED 25	NC	
ALBUKED 5	NC	
ALBUMIN HUMAN	NC	
ALBUMINEX	NC	
ALBUMIN-ZLB	NC	
ALBURX	NC	
ALBUTEIN	NC	
FLEXBUMIN	NC	
HUMAN ALBUMIN GRIFOLS	NC	
KEDBUMIN	NC	
OCTAPLAS BLOOD GROUP A	NC	
OCTAPLAS BLOOD GROUP AB	NC	

Drug Name	Drug Tier	Requirements/Limits
OCTAPLAS BLOOD GROUP B	NC	
OCTAPLAS BLOOD GROUP O	NC	
Platelet Aggregation Inhibitors		
AGGRASTAT 3.75 MG/15ML	NC	
<i>anagrelide hcl</i>	NC	
ASPIRIN/OMEPRazole 81 MG-40 MG	NC	
ASPIRIN/OMEPRazole ER	NC	
<i>aspirin-dipyridamole</i>	NC	
<i>aspirin-dipyridamole</i>	NP	
BRILINTA	P	QL(2 ea daily)
<i>cilostazol</i>	C	QL(2 ea daily)
<i>clopidogrel bisulfate 300 MG</i>	P	
<i>clopidogrel bisulfate 300 MG</i>	NC	
<i>clopidogrel bisulfate 75 MG</i>	NC	QL(1 ea daily)
<i>clopidogrel bisulfate 75 MG</i>	P	QL(1 ea daily)
<i>dipyridamole</i>	NC	
<i>dipyridamole</i>	NP	
EFFIENT (Use <i>prasugrel hcl</i> )	NP	QL(1 ea daily)
<i>eptifibatide</i>	NC	
KENGREAL	NC	
PLAVIX 75 MG (Use <i>clopidogrel bisulfate</i> )	NP	QL(1 ea daily)
<i>prasugrel hcl</i>	P	QL(1 ea daily)
<i>prasugrel hcl 10 MG</i>	NC	QL(1 ea daily)
<i>tirofiban hcl in sodium chloride</i>	NC	
YOSPRALA 81 MG-40 MG	NC	
Protamine		

Drug Name	Drug Tier	Requirements/Limits
<i>protamine sulfate</i>	NC	
PROTAMINE SULFATE	NC	
Thrombolytic Enzymes		
ACTIVASE IV	NC	
CATHFLO ACTIVASE IJ	NC	
RETAVASE 10 UNIT	NC	
RETAVASE HALF-KIT 10 UNIT	NC	
TNKASE	NC	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
CERDELGA	C	SP; PA
CEREZYME 400 UNIT	C	SP; PA
Agents for Sickle Cell Disease		
ADAKVEO	C	SP; PA
DROXIA CAPS	C	
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	C	QL(10 ml per 270 day(s) retail)
<i>cyanocobalamin SOLN NA 500 MCG/0.1ML</i>	NC	
<i>hydroxocobalamin acetate SOLN</i>	NC	
Folic Acid/Folates		
FOLIC ACID POWD	NC	RX/OTC
<i>folic acid SOLN</i>	NC	
<i>folic acid TABS 1 MG</i>	C	RX/OTC
<i>folic acid TABS 400 MCG</i>	C	QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML, 100 MCG/0.5ML, 150 MCG/0.3ML	NP		<i>folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG, 25 MG-2.2 MG-1 MG, 25 MG-2.5 MG-1 MG</i>	NC	
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P		FOLITE	NC	
JESDUVROQ	NP		FOLIVANE-F	NC	
PROCRIT	NP		FOLIVANE-PLUS	NC	
PROCRIT	NP		FOLIXAPURE TABS	NC	
PROMACTA PACK	NC	SP	FOLIXATE TABS	NC	
REBLOZYL	C	SP	FOLTREXYL TABS	NC	
RETACRIT	P	SP	HEMOCYTE PLUS CAPS	NC	
VAFSEO	NP		INTEGRA F	NC	
ZARXIO	C	SP; PA	INTEGRA PLUS	NC	
ZIEXTENZO	NC	SP	IRON FOLATE PLUS	NC	
Hematopoietic Mixtures			IRON FOLATE-F	NC	
ACTIVE FE	NC		<i>iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc</i>	NC	
BENTIVITE TABS	NC		IROSPAN 24/6	NC	
BP VIT 3	NC		NEPHRON FA	NC	
CENTRATEX CAPS	NC		NIFEREX TABS	NC	
CORVITE 150 TABS	NC		NUFERA TABS	NC	
CORVITE FE TABS	NC		TALIVA	NC	
DERMACINRX DOTREMIN TABS	NC		TARON FORTE	NC	
DERMACINRX FOLTAMIN TABS	NC		TULIVITE TABS	NC	
<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i>	NC		VITAMEZ	NC	
FERIVA 21/7	NC		Iron		
FERIVAFA	NC		ACCRUFER	NC	
FOLDITAM TABS	NC		FER-IN-SOL SOLN ( <i>Use ferrous sulfate</i> )	NC	QL(3.4 ml daily)
FOLGARD RX TABS	NC		FERRIMIN 150 TABS	NC	
			<i>ferrous fumarate TABS 324 MG</i>	C	QL(2 ea daily)
			FERROUS GLUCONATE TABS 324 MG	C	QL(3.34 ea daily)
			FERROUS SULFATE ANHYDROUS POWD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FERROUS SULFATE HEPTAHYDRATE GRAN	NC	RX/OTC	LYSTEDA TABS ( <i>Use tranexamic acid</i> )	NC	QL(30 ea per 5 day(s) retail); 1 max fill(s) per 31 day(s) retail; AL(At least 12 yrs old)
FERROUS SULFATE GRAN	NC	RX/OTC			
FERROUS SULFATE POWD	NC	RX/OTC			
<i>ferrous sulfate SOLN 15 MG/ML</i>	C	QL(3.4 ml daily)	TRANEXAMIC ACID/SODIUM CHLORIDE	NC	
<i>ferrous sulfate SOLN 300 MG/5ML</i>	NC		<i>tranexamic acid-sodium chloride</i>	NC	
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	C		<i>tranexamic acid SOLN 1000 MG/10ML</i>	NC	
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	C		<i>tranexamic acid TABS</i>	C	QL(30 ea per 5 day(s) retail); 1 max fill(s) per 31 day(s) retail; AL(At least 12 yrs old)
<i>ferrous sulfate TBEC</i>	C		<b>Hemostatics - Topical</b>		
FERROUS SULFATE TBEC ( <i>Use ferrous sulfate</i> )	NC		ARTISS KIT	NC	
<i>ferumoxytol</i>	NC		ARTISS SOLN	NC	
HEMATEX POLYSACCHARIDE IRON COMPLEX TABS	NC		ASTRINGYN	NC	
HEMATEX LIQD	NC		GEL-FLOW	NC	
INFED	NC		GELFOAM DENTAL PACK MISC EX	NC	
INJECTAFER	NC		GELFOAM SPONGE COMPRESSED MISC EX	NC	
IRON CHEWS PEDIATRIC CHEW	C		GELFOAM SPONGE MISC EX	NC	
MONOFERRIC	NC		GELFOAM-JMI POWDER KIT	NC	
<i>polysaccharide iron complex CAPS 150 MG</i>	C	QL(1 ea daily)	GELFOAM POWD MT	NC	
<i>sodium ferric gluconate complex in sucrose</i>	NC		RECOTHROM	NC	
TRIFERIC PACK	NC		RECOTHROM/SPRAY APPLICATOR KIT	NC	
TRIFERIC SOLN HM	NC		TACHOSIL	NC	
VENOFER	NC		THROMBI-GEL 10	NC	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>			THROMBI-GEL 100	NC	
Hemostatics - Systemic			THROMBI-GEL 40	NC	
			THROMBIN-JMI DILUENT SOLR	NC	



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
THROMBIN-JMI EPISTAXIS KIT	NC		<i>doxepin hcl (sleep)</i>	NC	
THROMBIN-JMI SYRINGE SPRAY KIT KIT	NC		<i>doxepin hcl (sleep)</i>	NP	
THROMBIN-JMI W/DIL SPRAYPUMP ACTUATOR KIT	NC		SILENOR ( <i>Use doxepin hcl (sleep)</i> )	NC	
THROMBI-PAD	NC		Non-Barbiturate Hypnotics		
TISSEEL KIT	NC		AMBIEN CR TBCR ( <i>Use zolpidem tartrate</i> )	NP	
TISSEEL SOLN	NC		AMBIEN TABS ( <i>Use zolpidem tartrate</i> )	NP	QL(1 ea daily)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>			BYFAVO	NC	
Antihistamine Hypnotics			CHLORAL HYDRATE CRYS	NC	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	C	QL(1 ea daily)	<i>dexmedetomidine hcl in sodium chloride SOLN</i>	NC	
<i>doxylamine succinate (sleep)</i>	C		<i>dexmedetomidine hcl SOLN</i>	NC	
GNP PAIN RELIEF NIGHTTIME	NC		DEXMEDETOMIDINE HCL SOLN	NC	
UNISOM SLEEPTABS ( <i>Use doxylamine succinate (sleep)</i> )	NC		DEXMEDETOMIDINE HYDROCHLORIDE/DEXT ROSE MONOHYDRATE	NC	
Barbiturate Hypnotics			DORAL ( <i>Use quazepam</i> )	NP	
AMYTAL SODIUM	NC		DORAL ( <i>Use quazepam</i> )	NC	
NEMBUTAL SODIUM SOLN ( <i>Use pentobarbital sodium</i> )	NC		EDLUAR SUBL	NP	
PENTOBARBITAL SODIUM POWD	NC		<i>estazolam</i>	NP	
<i>pentobarbital sodium SOLN</i>	NC		<i>eszopiclone</i>	NP	
PHENOBARBITAL SODIUM POWD	NC		<i>eszopiclone</i>	NC	
<i>phenobarbital sodium SOLN</i>	NC		<i>flurazepam hcl</i>	NP	QL(1 ea daily)
<i>phenobarbital ELIX</i>	C		HALCION 0.25 MG ( <i>Use triazolam</i> )	NP	
PHENOBARBITAL POWD	NC		IGALMI FILM	NP	
<i>phenobarbital TABS</i>	C		IGALMI FILM	NC	
Hypnotics - Tricyclic Agents			LUNESTA ( <i>Use eszopiclone</i> )	NC	
			LUNESTA 1 MG, 3 MG ( <i>Use eszopiclone</i> )	NP	
			<i>midazolam hcl SOLN IJ</i>	C	
			<i>midazolam hcl SYRP</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
MIDAZOLAM HYDROCHLORIDE/SODIUM CHLORIDE SOLN IV 0.8 %-100 MG/100ML	NC	
MIDAZOLAM/SODIUM CHLORIDE	NC	
<i>midazolam-sodium chloride</i>	NC	
PRECEDEX SOLN	NC	
<i>quazepam</i>	NP	
<i>quazepam</i>	NC	
RESTORIL 7.5 MG, 22.5 MG (Use <i>temazepam</i> )	NP	
RESTORIL 15 MG, 30 MG (Use <i>temazepam</i> )	NP	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam 7.5 MG, 22.5 MG</i>	P	
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>triazolam</i>	NP	
<i>zaleplon 10 MG</i>	NP	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	NC	QL(1 ea daily); AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	NP	QL(1 ea daily); AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	NC	QL(2 ea daily); AL(At least 18 yrs old)
ZOLPIDEM TARTRATE CAPS	NP	
<i>zolpidem tartrate SUBL</i>	NP	
<i>zolpidem tartrate TABS</i>	NC	QL(1 ea daily)
<i>zolpidem tartrate TABS</i>	P	QL(1 ea daily)
<i>zolpidem tartrate TBCR</i>	NC	
<i>zolpidem tartrate TBCR</i>	NP	
Orexin Receptor Antagonists		
BELSOMRA	NP	

Drug Name	Drug Tier	Requirements/Limits
DAYVIGO	NP	
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	
HETLIOZ CAPS (Use <i>tasimelteon</i> )	NP	
<i>ramelteon</i>	NP	
<i>ramelteon</i>	NC	
ROZEREM (Use <i>ramelteon</i> )	NP	
<i>tasimelteon CAPS</i>	NP	
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	C	QL(10 ea daily)
Laxative Combinations		
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	NC	
GOLYTELY SOLR (Use <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	NP	1 package(s) per fill retail
MOVIPREP (Use <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )	NP	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	1 package(s) per fill retail
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	NP	1 package(s) per fill retail
PLENVU	NC	
PLENVU	NP	
<i>sennosides-docusate sodium TABS</i>	C	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SEKOKOT LAXATIVE TEA	NC		MURI-LUBE XX	NC	RX/OTC
SEKOKOT S TABS ( <i>Use sennosides-docusate sodium</i> )	NC	QL(4 ea daily)	Saline Laxatives		
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NC		CVS EPSOM SALT GRAN XX	NC	
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP		EPSOM SALT GRAN XX	NC	
SUFLAVE	NP		EPSOM SALT POWD	NC	RX/OTC
SUPREP BOWEL PREP KIT ( <i>Use sodium sulfate-potassium sulfate-magnesium sulfate</i> )	NP		EQL EPSOM SALT GRAN XX	NC	
SUTAB	NP		FLEET ENEMA ENEM ( <i>Use sodium phosphates</i> )	NC	
Laxatives - Miscellaneous			FLEET PEDIATRIC ENEM ( <i>Use sodium phosphates</i> )	NC	
<i>glycerin (laxative) SUPP 2 GM</i>	C		FLEET SALINE ENEMA EXTRAVOLUME ENEM ( <i>Use sodium phosphates</i> )	NC	
GLYCERIN ADULT SUPP ( <i>Use glycerin (laxative)</i> )	NC		<i>magnesium citrate 1.745 GM/30ML</i>	P	
KRISTALOSE PACK	NP		<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	C	QL(32 ml daily)
KRISTALOSE PACK	NP		MAGNESIUM SULFATE HEPTAHYDRATE POWD	NC	RX/OTC
LACTULOSE PACK	NC		MAGNESIUM SULFATE POWD	NC	RX/OTC
<i>lactulose SOLN</i>	NC		OSMOPREP	NC	
<i>lactulose SOLN</i>	P		RA EPSOM SALT GRAN XX	NC	
MIRALAX POWD ( <i>Use polyethylene glycol 3350</i> )	NC	QL(34 gm daily)	<i>sodium phosphates ENEM</i>	C	
<i>polyethylene glycol 3350 PACK</i>	P		Stimulant Laxatives		
<i>polyethylene glycol 3350 PACK</i>	NC		BISACODYL POWD	NC	
<i>polyethylene glycol 3350 POWD</i>	NC	QL(34 gm daily)	<i>bisacodyl SUPP</i>	C	QL(12 ea per fill retail)
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 gm daily)	<i>bisacodyl TBEC</i>	C	QL(1 ea daily)
Lubricant Laxatives			DULCOLAX PINK LAXATIVE TBEC ( <i>Use bisacodyl</i> )	NC	QL(1 ea daily)
MINERAL OIL HEAVY OIL XX	NC	RX/OTC	DULCOLAX SUPP ( <i>Use bisacodyl</i> )	NC	QL(12 ea per fill retail)
MINERAL OIL LIGHT XX	NC	RX/OTC			
MINERAL OIL OIL XX	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
DULCOLAX TBEC ( <i>Use bisacodyl</i> )	NC	QL(1 ea daily)
<i>sennosides TABS 8.6 MG</i>	C	
SEKOT KIDS LAXATIVE GUMMIES CHEW	NC	
SEKOT LAXATIVE GUMMIES CHEW	NC	
SEKOT TABS ( <i>Use sennosides</i> )	NC	
Surfactant Laxatives		
COLACE CLEAR CAPS ( <i>Use docusate sodium</i> )	NC	
COLACE CAPS 100 MG ( <i>Use docusate sodium</i> )	NC	QL(3 ea daily)
<i>docusate sodium CAPS 100 MG, 250 MG</i>	C	QL(3 ea daily)
<i>docusate sodium CAPS 50 MG</i>	C	
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	C	
DOCUSATE SODIUM POWD	NC	
DOCUSATE SODIUM SYRP	C	
<i>docusate sodium TABS</i>	C	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
Local Anesthetic Combinations		
<i>bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 %</i>	NC	
<i>lidocaine w/ epinephrine SOLN 1 :100000-1 %, 1 :100000-2 %, 1 :200000-0.5 %, 1 :200000-1.5 %, 1 :200000-2 %</i>	NC	
LIDOCAINE/EPINEPHRINE SOLN	NC	

Drug Name	Drug Tier	Requirements/Limits
SENSORCAINE-MPF/EPINEPHRINE SOLN	NC	
XYLOCAINE-MPF/EPINEPHRINE SOLN	NC	
Local Anesthetics - Amides		
BUPIVACAINE FISIOPHARMA SOLN IJ	NC	
BUPIVACAINE HCL MONOHYDRATE POWD	NC	
BUPIVACAINE HCL POWD	NC	
<i>bupivacaine hcl SOLN IJ</i>	NC	
BUPIVACAINE HCL SOLN XX	NC	
BUPIVACAINE HYDROCHLORIDEMONO HYDRATE POWD	NC	
BUPIVACAINE HYDROCHLORIDE SOLN IJ 0.25 %, 0.5 %	NC	
<i>bupivacaine in dextrose SOLN</i>	NC	
EXPAREL	NC	
<i>lidocaine hcl (local anesth.) SOLN</i>	NC	
LIDOCAINE HYDROCHLORIDE SOLN	NC	
LIDOCAINE HYDROCHLORIDE SOSY IV 1 %, 100 MG/5ML	NC	
MEPIVACAINE HCL POWD	NC	
<i>mepivacaine hcl SOLN 1 %, 1.5 %, 2 %</i>	NC	
<i>ropivacaine hcl SOLN IJ</i>	NC	
ROPIVACAINE HYDROCHLORIDE SOLN IJ 2 MG/ML	NC	
Local Anesthetics - Esters		
<i>chlorprocaine hcl IJ</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
CLOROTEKAL IT	NC	
NESACAINE IJ	NC	
PROCAINE HCL CRYSTALS	NC	
PROCAINE HYDROCHLORIDE POWD	NC	
tetracaine hcl SOLN	NC	

### MACROLIDES - Drugs to Treat Bacterial Infections

Azithromycin		
<i>azithromycin</i> PACK	P	QL(2 ea per fill retail)
<i>azithromycin</i> SOLR	NC	
<i>azithromycin</i> SUSR 100 MG/5ML	P	1 package(s) per fill retail
<i>azithromycin</i> SUSR 200 MG/5ML	P	QL(60 ml per fill retail)
<i>azithromycin</i> SUSR 100 MG/5ML	NC	1 package(s) per fill retail
<i>azithromycin</i> SUSR 200 MG/5ML	NC	QL(60 ml per fill retail)
<i>azithromycin</i> TABS 250 MG	NC	QL(6 ea per fill retail)
<i>azithromycin</i> TABS 500 MG	P	QL(4 ea daily)
<i>azithromycin</i> TABS 500 MG	NC	QL(4 ea daily)
<i>azithromycin</i> TABS 600 MG	P	QL(8 ea per 28 day(s) retail)
<i>azithromycin</i> TABS 250 MG	P	QL(6 ea per fill retail)
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i> )	NP	QL(4 ea daily)
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i> )	NP	QL(6 ea per fill retail)
ZITHROMAX PACK (Use <i>azithromycin</i> )	NP	QL(2 ea per fill retail)
ZITHROMAX SUSR 100 MG/5ML (Use <i>azithromycin</i> )	NP	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX SUSR 200 MG/5ML (Use <i>azithromycin</i> )	NP	QL(60 ml per fill retail)
ZITHROMAX TABS 500 MG (Use <i>azithromycin</i> )	NP	QL(4 ea daily)
ZITHROMAX TABS 500 MG (Use <i>azithromycin</i> )	NC	QL(4 ea daily)
ZITHROMAX TABS 250 MG (Use <i>azithromycin</i> )	NP	QL(6 ea per fill retail)

Clarithromycin		
<i>clarithromycin</i> SUSR 125 MG/5ML	P	1 package(s) per fill retail
<i>clarithromycin</i> SUSR 250 MG/5ML	P	2 package(s) per fill retail
<i>clarithromycin</i> TABS	P	QL(28 ea per fill retail)
<i>clarithromycin</i> TB24	NP	QL(14 ea per fill retail)

Erythromycins		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i> )	NP	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i> )	NP	
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i> )	NP	
<i>erythromycin base</i> CPEP	NP	
ERYTHROMYCIN BASE POWD	NC	
<i>erythromycin base</i> TABS	NP	
<i>erythromycin base</i> TBEC 500 MG	NC	
<i>erythromycin base</i> TBEC	NP	
ERYTHROMYCIN ETHYLSUCCINATE POWD	NC	
<i>erythromycin ethylsuccinate</i> SUSR	P	
<i>erythromycin ethylsuccinate</i> TABS	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin lactobionate</i> 500 MG	NC		ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NC	
<i>erythromycin stearate</i> TABS 250 MG	P		ADVOCATE REDI-CODE DEVI	NC	
ERYTHROMYCIN POWD	NC		AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NC	
Fidaxomicin			AGAMATRIX JAZZ WIRELESS 2 KIT	NC	RX/OTC
DIFICID SUSR	NP		AGAMATRIX PRESTO PRO METER DEVI	NC	
DIFICID TABS	NP		AGAMATRIX PRESTO KIT	NC	RX/OTC
<b>MEDICAL DEVICES AND SUPPLIES</b>			ASSURE 4 BLOOD GLUCOSE METER DEVI	NC	
Diabetic Supplies			ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NC	
ACCU-CHEK AVIVA PLUS KIT	NC	RX/OTC	ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NC	
ACCU-CHEK GUIDE ME KIT	P	RX/OTC	ASSURE PRO BLOOD GLUCOSE METER DEVI	NC	
ACCU-CHEK GUIDE KIT	P	RX/OTC	BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	NC	RX/OTC
ACCU-CHEK NANO SMARTVIEW KIT	NC	RX/OTC	BD LOGIC BLOOD GLUCOSE MONITOR KIT	NC	RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	P	QL(6.67 ea daily); RX/OTC	BIGFOOT UNITY PROGRAM KIT KIT	NC	RX/OTC
ADVANCE INTUITION BLOOD GLUCOSE METER DEVI	NC		BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT	NC	RX/OTC
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
ADVANCE MICRO-DRAW METER DEVI	NC				
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC				
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC			
ADVOCATE REDI- CODE/TALKING KIT	NC	RX/OTC			
ADVOCATE REDI- CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BLOOD GLUCOSE MONITORINGSYSTEM 333 DEVI	NC		CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT	NC	RX/OTC	CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
BLOOD GLUCOSE MONITORINGSYSTEM KIT	NC	RX/OTC	CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
BLOOD GLUCOSE SYSTEM PAK KIT	NC	RX/OTC	CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
BREEZE 2 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NC	RX/OTC	CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NC	
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NC	RX/OTC	CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	NC	
CARESENS CONTROL SOLUTION A/B SOLN	NC		CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
CARESENS N BLOOD GLUCOSEMONITORING SYSTEM DEVI	NC		CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
CARESENS N FELIZ BT DEVI	NC		CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
CARESENS N FELIZ DEVI	NC		CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
CARESENS N GLUCOSE MONITORING SYSTEM DEVI	NC				
CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC				
CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC			
CHEMSTRIP BG LOG BOOK MISC	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		DEXCOM G6 TRANSMITTER	PA	QL(1 ea per 90 day(s) retail); PA
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	DEXCOM G7 RECEIVER	PA	QL(1 ea per 365 day(s) retail); PA
CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT	NC	RX/OTC	DEXCOM G7 SENSOR	PA	QL(3 ea per 90 day(s) retail); PA
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	DIABETES CARE KIT	NC	RX/OTC
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	NC	RX/OTC	DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT	NC	RX/OTC
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		DIABETES MONITORING DIGITAL SOLUTION KIT	NC	RX/OTC
CONTOUR PLUS BLUE BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	DIATHRIVE BLOOD GLUCOSE METER DEVI	NC	
COOL BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC	DIATHRIVE+ BLOOD GLUCOSE MONITORING SYSTEM/BLUETOOTH DEVI	NC	
COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
CVS ADVANCED GLUCOSE METER KIT	NC	RX/OTC	EASY MAX T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NC	RX/OTC
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	NC	RX/OTC	EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
DEXCOM G6 RECEIVER	PA	QL(1 ea per 365 day(s) retail); PA	EASY STEP BLOOD GLUCOSE MONITOR DEVI	NC	
DEXCOM G6 SENSOR	PA	QL(3 ea per 90 day(s) retail); PA	EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NC	
			EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
			EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NC	
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NC		EMBRACE WAVE BLOOD GLUCOSE METER DEVI	NC	
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NC	RX/OTC	EVERSENSE E3 SMART TRANSMITTER	NC	QL(1 ea per 90 day(s) retail); PA
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NC		EVERSENSE SMART TRANSMITTER	NC	QL(1 ea per 90 day(s) retail); PA
EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	EVOLUTION AUTOCODE DEVI	NC	
EASYPRO PLUS KIT	NC	RX/OTC	FIFTY50 GLUCOSE METER 2.0 KIT	NC	RX/OTC
ELEMENT AUTOCODE SYSTEM KIT	NC	RX/OTC	FORA 6 CONNECT DEVI	NC	
ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
ELEMENT COMPACT V BLOODGLUCOSE MONITORING SYSTEM DEVI	NC		FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NC		FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NC		FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC	FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI	NC	
EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NC		FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
EMBRACE PRO BLOOD GLUCOSE METER DEVI	NC		FORA TEST N GO ADV MOBILE MULTI-FUNCTIONAL MONITORING SYSTEM DEVI	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA TEST N' GO ADVANCE MULTI-FUNCTIONING MONITORING SYSTEM DEVI	NC		FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	NC	
FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NC	
FORA TN'G ADVANCE PRO MULTI-FUNCTIONAL MONITORING SYSTEM DEVI	NC		FREESTYLE FREEDOM LITE KIT	NC	RX/OTC
FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	FREESTYLE FREEDOM LITE KIT	P	RX/OTC
FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NC		FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	PA	QL(1 ea per 365 day(s) retail); PA
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI	NC		FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	PA	QL(3 ea per 90 day(s) retail); PA
FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NC		FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	PA	QL(1 ea per 365 day(s) retail); PA
FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	PA	QL(3 ea per 90 day(s) retail); PA
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	NC	QL(3 ea per 90 day(s) retail); PA
FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	PA	QL(1 ea per 365 day(s) retail); PA
FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	PA	QL(3 ea per 90 day(s) retail); PA
FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	NC	QL(1 ea per 365 day(s) retail); PA
			FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
			FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC	GLUCOCARD SHINE DEVI	NC	
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		GLUCOCARD SHINE KIT	NC	RX/OTC
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NC	RX/OTC
GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	NC	RX/OTC
GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	NC		GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NC	RX/OTC
GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI	NC		GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	NC		GLUCOCARD X-METER KIT	NC	RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	GLUCOCOM AUTOLINK TELEMONITORING SYSTEM MISC	NC	RX/OTC
GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NC	
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT	NC	RX/OTC	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	NC	RX/OTC
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	GLUCONAVII BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
GLUCOCARD SHINE XL DEVI	NC		GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	NC	
			GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	NC	RX/OTC	HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	NC	RX/OTC	IGLUOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	NC	RX/OTC
GOJJI MULTI-FUNCTIONAL MONITORING SYSTEM WELCOME KIT KIT	NC		IHEALTH CONTROL SOLUTION LIQD	NC	
GOJJI MULTI-FUNCTIONAL MONITORING SYSTEM DEVI	NC		IN TOUCH DEVI	NC	
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	NC	QL(3 ea per 90 day(s) retail); PA	INFINITY CONTROL SOLUTION HIGH SOLN	NC	
GUARDIAN 4 TRANSMITTER KIT	NC	QL(1 ea per 90 day(s) retail); PA	INFINITY VOICE KIT	NC	RX/OTC
GUARDIAN CONNECT TRANSMITTER	NC	QL(1 ea per 90 day(s) retail); PA	KROGER BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC
GUARDIAN CONNECT TRANSMITTER KIT	NC	QL(1 ea per 90 day(s) retail); PA	KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC
GUARDIAN LINK 3 TRANSMITTER KIT	NC	QL(1 ea per 90 day(s) retail); PA	LANCETS SUPER THIN 28G	NC	QL(6.67 ea daily); RX/OTC
HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	LIBERTY BLOOD GLUCOSE METER DEVI	NC	
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NC		LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	NC	
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NC		MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC
			MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
			MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC
			MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	OMNIPOD 5 LIBRE2 PLUS G6 KIT	NC	
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC	OMNIPOD 5 LIBRE2 PLUS G6PODS MISC	NC	
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	NC	PA
MINILINK REAL-TIME TRANSMITTER	NC	QL(1 ea per 90 day(s) retail); PA	OMNIPOD CLASSIC PODS (GEN 3) MISC	NC	PA
MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT	NC	QL(1 ea per 90 day(s) retail); PA	OMNIPOD DASH INTRO KIT (GEN 4) KIT	PA	PA
MM BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	OMNIPOD DASH PDM KIT (GEN 4) KIT	NC	PA
MM BLULINK GLUCOSE MONITORING SYSTEM DEVI	NC		OMNIPOD DASH PODS (GEN 4) MISC	PA	PA
MM EASY TOUCH BLOOD GLUCOSE METER KIT	NC	RX/OTC	OMNIPOD GO 10 UNITS/DAY KIT	NC	
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	OMNIPOD GO 15 UNITS/DAY KIT	NC	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		OMNIPOD GO 20 UNITS/DAY KIT	NC	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	OMNIPOD GO 25 UNITS/DAY KIT	NC	
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	PA	PA	OMNIPOD GO 30 UNITS/DAY KIT	NC	
OMNIPOD 5 G6 PODS (GEN 5) MISC	PA	PA	OMNIPOD GO 35 UNITS/DAY KIT	NC	
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	PA	PA	OMNIPOD GO 40 UNITS/DAY KIT	NC	
OMNIPOD 5 G7 PODS (GEN 5) MISC	PA	PA	OMNIPOD POD PALS	NC	
			ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
			ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
			ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	P	QL(6.67 ea daily); RX/OTC
			ONETOUCH DELICA PLUS LANCETS FINE 30G	P	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUCH SOLUTIONS COMPLETE KIT	NC	RX/OTC	PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
ONETOUCH SOLUTIONS REFILL KIT	NC		PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
ONETOUCH ULTRA 2 KIT	P	RX/OTC	POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
ONETOUCH ULTRA 2 KIT	NC	RX/OTC	POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
ONETOUCH ULTRA CONTROL SOLUTION LIQD	C		PRECISION XTRA KIT	NC	RX/OTC
ONETOUCH ULTRA CONTROL LIQD	C		PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
ONETOUCH ULTRASOFT LANCETS	P	QL(6.67 ea daily); RX/OTC	PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NC	RX/OTC
ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD	C		PRODIGY NO CODING BLOOD GLUCOSE KIT	NC	RX/OTC
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	C		PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NC	RX/OTC
ONETOUCH VERIO REFLECT KIT	NC	RX/OTC	PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NC	RX/OTC
PARADIGM REAL-TIME TRANSMITTER	NC	QL(1 ea per 90 day(s) retail); PA	QUICKTEK KIT	NC	RX/OTC
PERFECT POINT SAFETY LANCETS/28G	NC	QL(6.67 ea daily); RX/OTC			
PERFECT POINT SAFETY LANCETS/30G	NC	QL(6.67 ea daily); RX/OTC			
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUINTET AC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
REFUAH PLUS BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	SMART SENSE PREMIUM BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		SMART SENSE VALUE BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	SMARTEST EJECT STARTER KIT KIT	NC	RX/OTC
RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		SMARTEST PERSONA STARTERKIT KIT	NC	RX/OTC
RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		SMARTEST PRONTO STARTERKIT KIT	NC	RX/OTC
RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	NC	RX/OTC	SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	SMARTEST PROTEGE STARTERKIT KIT	NC	RX/OTC
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	SOF-SENSOR	NC	QL(3 ea per 90 day(s) retail); PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NC		TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM/NO CODING KIT	NC	RX/OTC
SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NC	RX/OTC	TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
SUPREME II CONFIDENCE PADDLES MISC	NC	RX/OTC	TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
TEMPO SMART BUTTON MISC	NC	RX/OTC	TRUETRACK SMART SYSTEM KIT	NC	RX/OTC
TEMPO WELCOME KIT	NC	RX/OTC	VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NC	
TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NC	RX/OTC	VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	V-GO 20 KIT	NC	
TRACER II 3 VOLT BATTERY MISC	NC	RX/OTC	V-GO 30 KIT	NC	
TRUE FOCUS BLOOD GLUCOSE SELF MONITORING METER DEVI	NC		V-GO 40 KIT	NC	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NC	RX/OTC	VIVAGUARD INO BLOOD GLUCOSE METER DEVI	NC	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NC		VIVAGUARD INO CONTROL SOLUTION LIQD	NC	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NC	RX/OTC	VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	NC	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NC		WAVESENSE AMP KIT	NC	RX/OTC
TRUE METRIX AIR W/BLUETOOTH SMART KIT	NC	RX/OTC	<b>Parenteral Therapy Supplies</b>		
TRUE METRIX BLOOD GLUCOSE METER KIT	NC	RX/OTC	10-12ML SYRINGE/LUER LOCKTIP	NC	RX/OTC
TRUE METRIX GO BLOOD GLUCOSE METER KIT	NC	RX/OTC	10-12ML SYRINGE/LUER SLIPTIP	NC	RX/OTC
TRUE METRIX DEVI	NC		10ML SYRINGE ECCENTRIC TIP	NC	RX/OTC
			10ML SYRINGE LUER-LOK TIP	NC	RX/OTC
			12ML SYRINGE 20GX1"/LUERLOCK TIP	NC	



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
12ML SYRINGE 22GX1"/LUERLOCK TIP	NC		3ML LUER LOCK SAFETY SYRINGES	NC	RX/OTC
12ML SYRINGE/20G X 1- 1/2"/LUER LOCK TIP	NC	RX/OTC	3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2"	NC	RX/OTC
12ML SYRINGE/21G X 1"/LUER LOCK TIP	NC	RX/OTC	3ML LUER LOCK SAFETY SYRINGES/3ML/21G X 1 1/2"	NC	RX/OTC
12ML SYRINGE/21G X 1- 1/2"/LUER LOCK TIP	NC	RX/OTC	3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1"	NC	RX/OTC
12ML SYRINGE/22G X 1- 1/2"/LUER LOCK TIP	NC	RX/OTC	3ML LUER LOCK SAFETY SYRINGES/3ML/23G X 1"	NC	RX/OTC
1ML TB SYRINGE/25G X 5/8"/LUER SLIP TIP MISC	NC	RX/OTC	3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 1"	NC	RX/OTC
1ML TB SYRINGE/26G X 3/8"/LUER SLIP TIP MISC	NC	RX/OTC	3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 5/8"	NC	RX/OTC
1ML TB SYRINGE/27G X 1/2"/LUER SLIP TIP MISC	NC	RX/OTC	3ML LUER-LOK SYRINGE25G X 5/8"	NC	RX/OTC
1ML TB SYRINGE/LUER SLIPTIP	NC	RX/OTC	3ML SYRINGE/18G X 1- 1/2"/LUER LOCK TIP	NC	RX/OTC
1ML VANISHPOINT TUBERCULIN SYRINGE 25GX1" MISC	NC		3ML SYRINGE/20G X 1"/LUER LOCK TIP	NC	RX/OTC
1ML VANISHPOINT TUBERCULIN SYRINGE 25GX5/8" MISC	NC	RX/OTC	3ML SYRINGE/20G X 1"/LUER SLIP TIP	NC	RX/OTC
1ML VANISHPOINT TUBERCULIN SYRINGE 27GX1/2" MISC	NC	RX/OTC	3ML SYRINGE/20G X 1- 1/2"/LUER LOCK TIP	NC	RX/OTC
20-25ML SYRINGE/LUER LOCKTIP	NC		3ML SYRINGE/21G X 1"/LUER LOCK TIP	NC	RX/OTC
20-25ML SYRINGE/LUER SLIPTIP/ECCENTRIC TIP	NC		3ML SYRINGE/21G X 1"/LUER SLIP TIP	NC	RX/OTC
2-3ML SYRINGE/LUER LOCK TIP	NC	RX/OTC	3ML SYRINGE/21G X 1- 1/2"/LUER LOCK TIP	NC	RX/OTC
2-3ML SYRINGE/LUER SLIP TIP	NC	RX/OTC	3ML SYRINGE/21G X 1- 1/4"/LUER LOCK TIP	NC	
30-35ML SYRINGE/CATHETERTIP	NC	RX/OTC	3ML SYRINGE/22G 1- 1/2"/LUER LOCK TIP	NC	RX/OTC
30-35ML SYRINGE/LUER LOCKTIP	NC	RX/OTC	3ML SYRINGE/22G X 1"/LUER LOCK TIP	NC	RX/OTC
30-35ML SYRINGE/LUER SLIPTIP/ECCENTRIC TIP	NC	RX/OTC			
30ML SYRINGES LUER LOCK	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE/22G X 1-1/4"/LUER LOCK TIP	NC		ALLERGY SYRINGE/1ML/27G X 1/2" MISC	NC	RX/OTC
3ML SYRINGE/22G X 3/4"/LUER LOCK TIP	NC		ALLERGY SYRINGES INTRADERMAL/1ML/27G X 3/8" MISC	NC	
3ML SYRINGE/22G X 3/4"/LUER SLIP TIP	NC		AQINJECT PEN NEEDLE/31G X 3/16"	NC	QL(5 ea daily); RX/OTC
3ML SYRINGE/25G X 1"/LUER LOCK TIP	NC	RX/OTC	AQINJECT PEN NEEDLE/32G X 5/32"	NC	QL(5 ea daily); RX/OTC
3ML SYRINGE/27G X 1-1/4"/LUER LOCK TIP	NC	RX/OTC	ASSURE ID DUO PRO SAFETY PEN NEEDLES 31G X 5MM	NC	QL(5 ea daily); RX/OTC
3ML SYRINGE/LUER LOCK TIP23GX1"	NC	RX/OTC	ASSURE ID PRO SAFETY PENNEEDLES 30G X 5MM	NC	QL(5 ea daily); RX/OTC
3ML SYRINGE/LUER LOCK TIP25G X 1-1/2"	NC		AUTOPEN DEVI	NC	RX/OTC
3ML SYRINGE/LUER SLIP TIP23GX1"	NC	RX/OTC	BARDIA BULB IRRIGATION SYRINGE/60ML	NC	RX/OTC
50-60ML SYRINGE/CATHETER TIP /ECCENTRIC TIP	NC	RX/OTC	BARDIA PISTON IRRIGATIONSYRINGE/60 ML	NC	RX/OTC
50-60ML SYRINGE/LUER LOCK TIP	NC	RX/OTC	BD 10ML CONTROL SYRINGE LUER-LOK TIP	NC	RX/OTC
50-60ML SYRINGE/LUER SLIP TIP/ECCENTRIC TIP	NC	RX/OTC	BD 10ML LUER-LOK SYRINGE20G X 1-1/2"	NC	
5-6ML SYRINGE/LUER LOCK TIP	NC	RX/OTC	BD 10ML LUER-LOK SYRINGE21G X 1"	NC	
5-6ML SYRINGE/LUER SLIP TIP	NC	RX/OTC	BD 10ML LUER-LOK SYRINGE21G X 1-1/2"	NC	
6ML SYRINGE 20GX1"/LUER LOCK TIP	NC		BD 10ML LUER-LOK SYRINGE22GX1"	NC	
6ML SYRINGE 21GX1-1/4"/LUER LOCK TIP	NC		BD 10ML SYRINGE/DUAL CANNULA	NC	RX/OTC
6ML SYRINGE 22GX1"/LUER LOCK TIP	NC		BD 1ML ALLERGY SYRINGE SAFETYGLIDE NEEDLE 27GX1/2" MISC	NC	RX/OTC
6ML SYRINGE 22GX1-1/4"/LUER LOCK TIP	NC		BD 1ML SLIP TIP SYRINGE 25GX5/8" MISC	NC	RX/OTC
6ML SYRINGE/21G X 1"/LUER LOCK TIP	NC	RX/OTC	BD 1ML SLIP TIP SYRINGE 26GX3/8" MISC	NC	RX/OTC
6ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	NC	RX/OTC			
6ML SYRINGE/22G X 1-1/2"/LUER LOCK TIP	NC	RX/OTC			
ADVOCATE INSULIN PEN NEEDLE/32GX4MM	NC	QL(5 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD 1ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25G X 5/8"	NC	RX/OTC	BD 3ML SYRINGE LUER-LOK 25GX1-1/2"	NC	
BD 1ML TUBERCULIN SYRINGE/SAFETYGLIDE TB NEEDLE 26GX3/8" MISC	NC	RX/OTC	BD 3ML SYRINGE LUER-LOK 25GX5/8"	NC	RX/OTC
BD 1ML TUBERCULIN SYRINGE/SAFETYGLIDE TB NEEDLE 27GX1/2" MISC	NC	RX/OTC	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2"	NC	RX/OTC
BD 1ML TUBERCULIN SYRINGE/SAFETYGLIDE TB NEEDLE 27GX1/2" MISC	NC	RX/OTC	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1"	NC	RX/OTC
BD 1ML TUBERCULIN SYRINGE/SAFETYGLIDE TB NEEDLE 27GX1/2" MISC	NC	RX/OTC	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8"	NC	RX/OTC
BD 20ML SYRINGE LUER-LOKTIP	NC	RX/OTC	BD 5ML LUER-LOK SYRINGE/20G X 1"	NC	
BD 30ML SYRINGE LUER-LOKTIP	NC	RX/OTC	BD 5ML LUER-LOK SYRINGE/20G X 1-1/2"	NC	
BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"	NC	RX/OTC	BD 5ML LUER-LOK SYRINGE/21G X 1"	NC	
BD 3ML LUER-LOK SYRINGE/20G X 1"	NC	RX/OTC	BD 5ML LUER-LOK SYRINGE/21G X 1-1/2"	NC	
BD 3ML LUER-LOK SYRINGE/21G X 1"	NC	RX/OTC	BD 5ML LUER-LOK SYRINGE/22G X 1"	NC	
BD 3ML LUER-LOK SYRINGE/21G X 1-1/2"	NC	RX/OTC	BD 5ML LUER-LOK SYRINGE/22G X 1-1/2"	NC	
BD 3ML LUER-LOK SYRINGE/23G X 1"	NC	RX/OTC	BD ALLERGIST TRAY SYRINGE/1ML/27G X 1/2" KIT	NC	RX/OTC
BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"	NC	RX/OTC	BD ALLERGY SYRINGE 0.5ML/27G X 3/8" MISC	NC	
BD 3ML LUER-LOK SYRINGE/25G X 1"	NC	RX/OTC	BD ALLERGY SYRINGE 1ML/27G X 3/8" MISC	NC	
BD 3ML LUER-LOK SYRINGE/26G X 5/8"	NC		BD ALLERGY SYRINGE/NEEDLE/1ML/27G X 3/8" MISC	NC	
BD 3ML SYRINGE LUER-LOK 21GX1-1/2"	NC	RX/OTC	BD ALLERGY SYRINGE/NEEDLE/1ML/28G X 1/2" MISC	NC	RX/OTC
BD 3ML SYRINGE LUER-LOK 22GX1"	NC	RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	C	QL(5 ea daily); RX/OTC
BD 3ML SYRINGE LUER-LOK 22GX1-1/2"	NC	RX/OTC			
BD 3ML SYRINGE LUER-LOK 23GX1"	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	NC	RX/OTC	BD ECLIPSE SYRINGE/NEEDLE/LUER -LOK/3ML/25G X 5/8"	NC	RX/OTC
BD DISPOSABLE NEEDLE REGULAR BEVEL 25GX1"	NC	RX/OTC	BD FILTER NEEDLE/5 MICRON/THIN WALL/19G X 1-1/2"	NC	RX/OTC
BD ECLIPSE 23G X 1" NEEDLE	NC	RX/OTC	BD HYPODERMIC NEEDLES 16GX1"	NC	RX/OTC
BD ECLIPSE NEEDLE 21G X 1"	NC	RX/OTC	BD HYPODERMIC NEEDLES 18GX1"	NC	RX/OTC
BD ECLIPSE NEEDLE 21G X 1-1/2"	NC	RX/OTC	BD HYPODERMIC NEEDLES 19GX1"	NC	RX/OTC
BD ECLIPSE NEEDLE 25G X 1.5"	NC	RX/OTC	BD HYPODERMIC NEEDLES 19GX1.5"	NC	RX/OTC
BD ECLIPSE NEEDLE 25GX1"	NC	RX/OTC	BD HYPODERMIC NEEDLES 21GX1"	NC	RX/OTC
BD ECLIPSE NEEDLE 27G X 1/2"	NC	RX/OTC	BD HYPODERMIC NEEDLES 21GX2"	NC	RX/OTC
BD ECLIPSE NEEDLE/23G X 1"	NC	RX/OTC	BD HYPODERMIC NEEDLES 22GX1"	NC	RX/OTC
BD ECLIPSE NEEDLE/25G X5/8"	NC	RX/OTC	BD HYPODERMIC NEEDLES 22GX1.5"	NC	RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK SYRINGE 3ML/23G X 1-1/2"	NC	RX/OTC	BD HYPODERMIC NEEDLES 23GX1"	NC	RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	NC	RX/OTC	BD HYPODERMIC NEEDLES 23GX3/4"	NC	RX/OTC
BD ECLIPSE SYRINGE 3ML/21G X 1"	NC	RX/OTC	BD HYPODERMIC NEEDLES 25GX1.5"	NC	RX/OTC
BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1"	NC	RX/OTC	BD HYPODERMIC NEEDLES 26GX1/2"	NC	RX/OTC
BD ECLIPSE SYRINGE/1ML/27GX1/2"	NC		BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM	NC	
BD ECLIPSE SYRINGE/1ML/30GX1/2"	NC		BD INTEGRA RETRACTABLE NEEDLE 23G X 1"	NC	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUER -LOK/3ML/22G X 1"	NC	RX/OTC	BD INTEGRA SYRINGE RETRACTING SAFETY/3ML/21G X 1"	NC	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUER -LOK/3ML/23G X 1"	NC	RX/OTC	BD INTEGRA SYRINGE/3ML 25GX1"	NC	RX/OTC
			BD INTEGRA SYRINGE/3ML/21G X 1-1/2"	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INTEGRA SYRINGE/3ML/22G X 1.5"	NC	RX/OTC	BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK	NC	RX/OTC
BD INTEGRA SYRINGE/3ML/23G X 1"	NC	RX/OTC	BD PLASTIPAK SYRINGES ALLERGY 28GX1/2 MISC	NC	RX/OTC
BD INTEGRA SYRINGE/3ML/25G X 5/8	NC	RX/OTC	BD PRECISIONGLIDE 23GX1-1/2"	NC	RX/OTC
BD LUER LOCK SYRINGE/1ML/20G X 1"	NC		BD PRECISIONGLIDE NEEDLE27G X 1-1/2"	NC	RX/OTC
BD LUER-LOK SYRINGE 10ML	NC	RX/OTC	BD PRECISIONGLIDE NEEDLE27GX3/8"	NC	
BD LUER-LOK SYRINGE W/ECLIPSE NEEDLE	NC	RX/OTC	BD SAFETYGLIDE 1ML 27GX5/8"	NC	
BD LUER-LOK SYRINGE/3ML	NC	RX/OTC	BD SAFETYGLIDE 21G X 1"	NC	RX/OTC
BD LUER-LOK SYRINGE/5ML	NC	RX/OTC	BD SAFETYGLIDE 21G X 1-1/2"	NC	RX/OTC
BD NEEDLE 30G X 1"	NC		BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8"	NC	RX/OTC
BD NEEDLE SAFETYGLIDE/27G X 5/8"	NC		BD SAFETYGLIDE NEEDLE 25GX1"	NC	RX/OTC
BD NEEDLE/16G X 1-1/2"	NC	RX/OTC	BD SAFETYGLIDE NEEDLE/SHIELDED/22G X 1-1/2"	NC	RX/OTC
BD NEEDLE/19G X 1"	NC	RX/OTC	BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"	NC	RX/OTC
BD NEEDLE/20G X 1"	NC	RX/OTC	BD SAFETYGLIDE SYRINGE 3ML/25GX1"	NC	RX/OTC
BD NEEDLE/20G X 1-1/2"	NC	RX/OTC	BD SAFETYGLIDE SYRINGE 5ML/22GX1.5"	NC	
BD NEEDLE/21G 1-1/2"	NC	RX/OTC	BD SLIP TIP SYRINGE/1ML	NC	RX/OTC
BD NEEDLE/22G X 1-1/2"	NC	RX/OTC	BD SLIP TIP SYRINGE/3ML	NC	RX/OTC
BD NEEDLE/25G X 5/8"	NC	RX/OTC	BD SLIP TIP SYRINGE/NEEDLE/1ML/26G X 5/8"	NC	
BD NEEDLE/25G X 7/8"	NC		BD SYRINGE 10ML/20G X 1"	NC	
BD NEEDLE/27G X 1/2"	NC	RX/OTC			
BD NEEDLE/30G X 1/2"	NC	RX/OTC			
BD NOKOR NEEDLE 5 MICRONFILTER/18G X 1-1/2"	NC	RX/OTC			
BD NOKOR VENTED NEEDLE 18G X 1" THIN WALL	NC	RX/OTC			
BD PEN MINI MISC	NC	RX/OTC			
BD PEN MISC	NC	RX/OTC			
BD PLASTIPAK 3ML SYRINGE/LUER-LOK	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD SYRINGE 5ML LUER SLIP	NC	RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/22GX1"	NC	RX/OTC
BD SYRINGE BLUNT PLASTICCANNULA 17GX10ML	NC	RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/22GX1-1/2"	NC	RX/OTC
BD SYRINGE LEUR-LOK TIP 10ML	NC	RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/23GX1"	NC	RX/OTC
BD SYRINGE LUER SLIP/20ML	NC	RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/23GX1-1/2"	NC	RX/OTC
BD SYRINGE LUER-LOK 3ML/NEEDLE BLUNT FILL 18G X 1-1/2"	NC	RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/25GX1"	NC	RX/OTC
BD SYRINGE LUER-LOK/10ML	NC	RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/25GX1-1/2"	NC	RX/OTC
BD SYRINGE LUER-LOK/1ML	NC	RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/25GX5/8"	NC	RX/OTC
BD SYRINGE LUER-LOK/20 ML	NC	RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/27GX1/2"	NC	RX/OTC
BD SYRINGE LUER-LOK/5 ML	NC	RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	NC	RX/OTC
BD SYRINGE SLIP TIP 1ML	NC	RX/OTC	CAREPOINT PRECISION SYRINGE/CATHETER TIP/60ML	NC	RX/OTC
BD SYRINGE SLIP TIP/10ML	NC	RX/OTC	CAREPOINT PRECISION SYRINGE/LUER LOCK/10ML	NC	RX/OTC
BD TB SYRINGE/NEEDLE/1ML/2 7G X 3/8" MISC	NC		CAREPOINT PRECISION SYRINGE/LUER LOCK/1ML	NC	RX/OTC
BD TUBERCULIN SYRINGE/NEEDLE/SLIP TIP/1ML/21GX1" MISC	NC		CAREPOINT PRECISION SYRINGE/LUER LOCK/20ML	NC	RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/18GX1"	NC	RX/OTC	CAREPOINT PRECISION SYRINGE/LUER LOCK/30ML	NC	RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/20GX1"	NC	RX/OTC	CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML	NC	RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/21GX1"	NC	RX/OTC			
CAREPOINT PRECISION POLYHUB NEEDLE/21GX1-1/2"	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAREPOINT PRECISION SYRINGE/LUER LOCK/5ML	NC	RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1-1/2"	NC	RX/OTC
CAREPOINT PRECISION SYRINGE/LUER LOCK/60ML	NC	RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1"	NC	RX/OTC
CAREPOINT PRECISION SYRINGE/LUER SLIP/1ML	NC	RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1-1/2"	NC	RX/OTC
CAREPOINT PRECISION SYRINGE/LUER SLIP/1ML 25GX5/8" MISC	NC	RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1"	NC	RX/OTC
CAREPOINT PRECISION SYRINGE/LUER SLIP/60ML	NC	RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1-1/2"	NC	RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 23GX1"	NC	RX/OTC	CAREPOINT SYRINGE/LUER LOCK/3ML/25GX1"	NC	RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 23GX1-1/2"	NC	RX/OTC	CARETOUCH CATHETER TIP 60ML/COVER	NC	RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 25GX1"	NC	RX/OTC	CARETOUCH HYPODERMIC NEEDLE/20GX1"	NC	RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 25GX1-1/2"	NC	RX/OTC	CARETOUCH HYPODERMIC NEEDLE/22GX1"	NC	RX/OTC
CAREPOINT SAFETY 1ST NEEDLE 25GX5/8"	NC	RX/OTC	CARETOUCH HYPODERMIC NEEDLE/23GX1"	NC	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/23G X 1"	NC	RX/OTC	CARETOUCH HYPODERMIC NEEDLE/23GX1-1/2"	NC	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/25G X 1"	NC	RX/OTC	CARETOUCH HYPODERMIC NEEDLE/25GX1"	NC	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/23G X 1"	NC	RX/OTC	CARETOUCH HYPODERMIC NEEDLE/25GX1-1/2"	NC	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1"	NC	RX/OTC	CARETOUCH HYPODERMIC NEEDLE/26GX1"	NC	
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 5/8"	NC	RX/OTC			
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1"	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH HYPODERMIC NEEDLES/27G X 1 1/2	NC	RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	NC	
CARETOUCH LUER LOCK 3ML/22GX1"	NC	RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	NC	
CARETOUCH LUER LOCK 3ML/22GX1-1/2"	NC	RX/OTC	DROPLET MICRON 34G X 9/64"	NC	
CARETOUCH LUER LOCK 3ML/23GX1"	NC	RX/OTC	DROPLET PEN NEEDLE/MICRON/34G X 9/64"	NC	
CARETOUCH LUER LOCK 3ML/23GX1-1/2'	NC	RX/OTC	DROPSAFE SICURA	NC	RX/OTC
CARETOUCH LUER LOCK 3ML/25GX1"	NC	RX/OTC	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	NC	
CARETOUCH LUER LOCK 3ML/25GX1-1/2"	NC		EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	NC	
CARETOUCH LUER LOCK 3ML/25GX5/8"	NC	RX/OTC	EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	NC	
CARETOUCH LUER LOCK SYRINGE/10ML	NC	RX/OTC	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	NC	QL(5 ea daily); RX/OTC
CARETOUCH LUER LOCK SYRINGE/1ML	NC	RX/OTC	EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	NC	QL(5 ea daily); RX/OTC
CARETOUCH LUER LOCK SYRINGE/3ML	NC	RX/OTC	EASY GLIDE SYRINGE/CATHETTER TIP/60ML	NC	RX/OTC
CARETOUCH LUER LOCK SYRINGE/5ML	NC	RX/OTC	EASY GLIDE SYRINGE/LUER LLOC/1ML	NC	RX/OTC
CARETOUCH LUER SLIP SYRINGE/10ML	NC	RX/OTC	EASY GLIDE SYRINGE/LUER LLOCK/10ML	NC	RX/OTC
CARETOUCH LUER SLIP SYRINGE/1ML	NC	RX/OTC	EASY GLIDE SYRINGE/LUER LLOCK/20ML	NC	RX/OTC
CARETOUCH LUER SLIP SYRINGE/5ML	NC	RX/OTC	EASY GLIDE SYRINGE/LUER LLOCK/30ML	NC	RX/OTC
CEQUR SIMPLICITY 2U DEVI	NC	RX/OTC			
CEQUR SIMPLICITY INSERTER MISC	NC				
CEQUR SIMPLICITY STARTERKIT KIT	NC				
CRONO SYRINGE	NC				
DEFLUX METAL NEEDLE/23G X350MM	NC				
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	NC				



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY GLIDE SYRINGE/LUER LLOCK/3ML	NC	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 25GX1"	NC	RX/OTC
EASY GLIDE SYRINGE/LUER LLOCK/60ML	NC	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 25GX1-1/2"	NC	RX/OTC
EASY GLIDE SYRINGE/LUER LOCK/5ML	NC	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 25GX5/8"	NC	RX/OTC
EASY GLIDE SYRINGE/SLIP LLOCK/1ML	NC	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 26GX1/2"	NC	RX/OTC
EASY TOUCH ALLERGY TRAY SAFETY SYRINGE/1ML/26G X 3/8" MISC	NC	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 27GX1"	NC	
EASY TOUCH ALLERGY TRAY SAFETY SYRINGE/1ML/27G X 1/2" MISC	NC	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 27GX1/2"	NC	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 18GX1"	NC	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 28GX1/2"	NC	
EASY TOUCH FLIPLOCK NEEDLES 19GX1"	NC	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 29GX1/2"	NC	
EASY TOUCH FLIPLOCK NEEDLES 20GX1"	NC	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	NC	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 20GX1-1/2"	NC	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 30GX5/16"	NC	
EASY TOUCH FLIPLOCK NEEDLES 21GX1"	NC	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 31GX5/16"	NC	
EASY TOUCH FLIPLOCK NEEDLES 21GX1-1/2"	NC	RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 19GX1-1/2"	NC	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 22GX1"	NC	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1-1/2"	NC	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 22GX1-1/2"	NC	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/22GX1-1/2"	NC	
EASY TOUCH FLIPLOCK NEEDLES 22GX3/4"	NC		EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/18GX1"	NC	
EASY TOUCH FLIPLOCK NEEDLES 23GX1"	NC	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/18GX1-1/2"	NC	
EASY TOUCH FLIPLOCK NEEDLES 23GX1-1/2"	NC	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/21GX1"	NC	
EASY TOUCH FLIPLOCK NEEDLES 23GX5/8"	NC	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/22GX1-1/2"	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/25GX1"	NC		EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/20GX1-1/2"	NC	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	NC	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1"	NC	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/26GX3/8"	NC		EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1-1/2"	NC	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/27GX1/2"	NC		EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/25GX1"	NC	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 21G/10ML1-1/2"	NC		EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/25GX5/8"	NC	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/19GX1"	NC		EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1"	NC	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/19GX1.5"	NC		EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1-1/2"	NC	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/21GX1"	NC	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1"	NC	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1"	NC	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	NC	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	NC	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2"	NC	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1"	NC	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2"	NC	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1-1/2"	NC	RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYRINGES 5ML/20GX1"	NC	
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX1"	NC	RX/OTC	EASY TOUCH FLURINGE FLIPLOCK SAFETY SYRINGE 1ML/25GX1"	NC	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8"	NC	RX/OTC	EASY TOUCH FLURINGE FLU TRAY SYRINGE/1ML/25G X 1"	NC	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/18GX1"	NC		EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX1"	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX5/8"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 23GX1"	NC	RX/OTC
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 1"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 23GX1-1/2"	NC	RX/OTC
EASY TOUCH FLURINGE SYRINGE/1ML/25G X 5/8"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 23GX1-1/4"	NC	
EASY TOUCH HYPODERMIC NEEDLES 16GX1"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 23GX3/4"	NC	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 16GX1-1/2"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 24GX1"	NC	
EASY TOUCH HYPODERMIC NEEDLES 18GX1"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 24GX1.25"	NC	
EASY TOUCH HYPODERMIC NEEDLES 18GX1.25"	NC		EASY TOUCH HYPODERMIC NEEDLES 25GX1"	NC	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 19GX1"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 25GX1-1/2"	NC	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 19GX1-1/2"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 25GX5/8"	NC	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 20GX1"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 26GX1/2"	NC	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 20GX1-1/2"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 26GX3/8"	NC	
EASY TOUCH HYPODERMIC NEEDLES 21GX1"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 26GX5/8"	NC	
EASY TOUCH HYPODERMIC NEEDLES 21GX1-1/2"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 27GX1/2"	NC	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 22GX1"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 27GX1-1/2"	NC	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 22GX1-1/2"	NC	RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 27GX1-1/4"	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH HYPODERMIC NEEDLES 30GX1"	NC		EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/25GX1"	NC	
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	NC	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1"	NC	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 31GX5/16"	NC		EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1-1/2"	NC	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 32GX5/16"	NC		EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1"	NC	RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	NC		EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	NC	RX/OTC
EASY TOUCH SAFETY SYRINGE/1ML/25G X 1"	NC	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1"	NC	RX/OTC
EASY TOUCH SAFETY SYRINGE/1ML/25G X 5/8"	NC	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1"	NC	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	NC	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1"	NC	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/21G X 1"	NC	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8"	NC	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1"	NC	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/21GX1-1/2"	NC	
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2"	NC	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/22GX1-1/2"	NC	
EASY TOUCH SAFETY SYRINGE/3ML/23G X 1"	NC	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/25GX1"	NC	
EASY TOUCH SAFETY SYRINGE/3ML/25G X 1"	NC	RX/OTC	EASY TOUCH SHEATHLOCK SYRINGE BARRELS LUER LOCK 10ML	NC	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8"	NC	RX/OTC	EASY TOUCH SHEATHLOCK SYRINGE BARRELS LUER LOCK 3ML	NC	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/21GX1-1/2"	NC				
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/22GX1-1/2"	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SYRINGE BARRELS LUER LOCK 10ML	NC	RX/OTC	EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/27GX1/2" MISC	NC	RX/OTC
EASY TOUCH SYRINGE BARRELS LUER LOCK 1ML	NC	RX/OTC	EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/28GX1/2" MISC	NC	RX/OTC
EASY TOUCH SYRINGE BARRELS LUER LOCK 3ML	NC	RX/OTC	EASYPOINT NEEDLE 23G X 1"	NC	RX/OTC
EASY TOUCH SYRINGE BARRELS LUER LOCK 5ML	NC	RX/OTC	EASYPOINT NEEDLE 25G X 1"	NC	RX/OTC
EASY TOUCH SYRINGE BARRELS LUER LOCK/20ML	NC	RX/OTC	EASYPOINT NEEDLE 25G X 5/8"	NC	RX/OTC
EASY TOUCH SYRINGE BARRELS LUER LOCK/60ML	NC	RX/OTC	EASYPOINT NEEDLE 25GX1-1/2"	NC	RX/OTC
EASY TOUCH SYRINGE BARRELS UNI-SLIP 10ML	NC	RX/OTC	EASYPOINT NEEDLE/18G X 1"	NC	RX/OTC
EASY TOUCH SYRINGE BARRELS UNI-SLIP 3ML	NC	RX/OTC	EASYPOINT NEEDLE/20G X 1"	NC	RX/OTC
EASY TOUCH SYRINGE BARRELS UNI-SLIP 5ML	NC	RX/OTC	EASYPOINT NEEDLE/20G X 1-1/2"	NC	RX/OTC
EASY TOUCH TUBERCULIN FLIPLOCK SAFETY SYRINGE 1ML/26GX5/8" MISC	NC		EASYPOINT NEEDLE/21G X 1"	NC	RX/OTC
EASY TOUCH TUBERCULIN FLIPLOCK SAFETY SYRINGE 1ML/27GX1/2" MISC	NC	RX/OTC	EASYPOINT NEEDLE/21G X 1-1/2"	NC	RX/OTC
EASY TOUCH TUBERCULIN FLIPLOCK SAFETY SYRINGE 1ML/28GX1/2" MISC	NC	RX/OTC	EASYPOINT NEEDLE/22G X 1"	NC	RX/OTC
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/25GX5/8" MISC	NC	RX/OTC	EASYPOINT NEEDLE/22G X 1-1/2"	NC	RX/OTC
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/26GX5/8"	NC		EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1"	NC	RX/OTC
			EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1-1/2"	NC	RX/OTC
			EASYPOINT NEEDLE/SYRINGE 3ML/23 G X 1"	NC	RX/OTC
			EASYPOINT NEEDLE/SYRINGE 3ML/25G X 1"	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASYPPOINT NEEDLE/SYRINGE 3ML/25G X 5/8"	NC	RX/OTC	HYPODERMIC NEEDLE 19G X 1"	NC	RX/OTC
FLOW-EZE VENTED NEEDLE	NC		HYPODERMIC NEEDLE 19G X 1-1/2"	NC	RX/OTC
HUBER NEEDLE 20GX3/4"/RIGHT ANGLE	NC		HYPODERMIC NEEDLE 20G X 1-1/2"	NC	RX/OTC
HUBER NEEDLE/19GX3/4"/RIGHT ANGLE	NC		HYPODERMIC NEEDLE 20GX3/4"	NC	
HUBER NEEDLE/20G X 1-1/4"/STRAIGHT	NC		HYPODERMIC NEEDLE 21GX1"	NC	RX/OTC
HUBER NEEDLE/22GX1-1/4"/4IGHT ANGLE	NC		HYPODERMIC NEEDLE 21GX1-1/2"	NC	RX/OTC
HUBER NEEDLE/RIGHT ANGLE19G X 1"	NC	RX/OTC	HYPODERMIC NEEDLE 21GX1-1/4"	NC	
HUBER NEEDLE/RIGHT ANGLE20G X 1"	NC	RX/OTC	HYPODERMIC NEEDLE 22GX1"	NC	RX/OTC
HUBER NEEDLE/RIGHT ANGLE20G X 1-1/2"	NC	RX/OTC	HYPODERMIC NEEDLE 22GX1-1/2"	NC	RX/OTC
HUBER NEEDLE/RIGHT ANGLE20G X 1-1/2"	NC	RX/OTC	HYPODERMIC NEEDLE 22GX1-1/4"	NC	
HUBER NEEDLE/RIGHT ANGLE22G X 1"	NC	RX/OTC	HYPODERMIC NEEDLE 22GX3/4"	NC	
HUBER NEEDLE/RIGHT ANGLE22G X 1-1/2"	NC	RX/OTC	HYPODERMIC NEEDLE 23GX1"	NC	RX/OTC
HUBER NEEDLE/RIGHT ANGLE22G X 3/4"	NC		HYPODERMIC NEEDLE 23GX3/4"	NC	RX/OTC
HUBER NEEDLE/STRAIGHT 19GX 1-1/4"	NC		HYPODERMIC NEEDLE 25GX1"	NC	RX/OTC
HUBER NEEDLE/STRAIGHT 20GX 1"	NC	RX/OTC	HYPODERMIC NEEDLE 25GX1-1/2"	NC	RX/OTC
HUBER NEEDLE/STRAIGHT 20GX 1-1/2"	NC	RX/OTC	HYPODERMIC NEEDLE 25GX3/4"	NC	
HUBER NEEDLE/STRAIGHT 22GX1"	NC	RX/OTC	HYPODERMIC NEEDLE 25GX5/8"	NC	RX/OTC
HUBER NEEDLE/STRAIGHT 22GX1-1/2"	NC	RX/OTC	HYPODERMIC NEEDLE 26GX1/2"	NC	RX/OTC
HUBER NEEDLE/STRAIGHT 22GX1-1/2"	NC	RX/OTC	HYPODERMIC NEEDLE 26GX3/8"	NC	
HYPODERMIC NEEDLE 18G X 1"	NC	RX/OTC	HYPODERMIC NEEDLE 26GX5/8"	NC	
			HYPODERMIC NEEDLE 27GX1/2"	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HYPODERMIC NEEDLE 27GX1-1/2"	NC	RX/OTC	INPEN 100/GREY/HUMALOG DEVI	NC	RX/OTC
HYPODERMIC NEEDLE 27GX1-1/4"	NC	RX/OTC	INPEN 100/GREY/LILLY/HUMALOG DEVI	NC	RX/OTC
HYPODERMIC NEEDLE 30GX1/2"	NC	RX/OTC	INPEN 100/GREY/NOVOLOG/FIASP DEVI	NC	RX/OTC
HYPODERMIC NEEDLES 18GX1"	NC	RX/OTC	INPEN 100/PINK/HUMALOG DEVI	NC	RX/OTC
HYPODERMIC NEEDLES 20GX1"	NC	RX/OTC	INPEN 100/PINK/LILLY/HUMALOG DEVI	NC	RX/OTC
HYPODERMIC NEEDLES 20GX1-1/2"	NC	RX/OTC	INPEN 100/PINK/NOVOLOG/FIASP DEVI	NC	RX/OTC
HYPODERMIC NEEDLES 21GX1"	NC	RX/OTC	J-TIP KIT W/VIAL ADAPTERS KIT	NC	
HYPODERMIC NEEDLES 21GX1-1/2"	NC	RX/OTC	MAGELLAN SYRINGE/HYPODERMIC SAFETY NEEDLE/1ML/23G X 1"	NC	
HYPODERMIC NEEDLES 22GX1"	NC	RX/OTC	MAGELLAN TUBERCULIN SAFETY SYRINGE/1ML/27G X 1/2" MISC	NC	RX/OTC
HYPODERMIC NEEDLES 22GX1-1/2"	NC	RX/OTC	MAGELLAN TUBERCULIN SAFETY SYRINGE/1ML/28G X 1/2" MISC	NC	RX/OTC
HYPODERMIC NEEDLES 23GX1"	NC	RX/OTC	MONOJECT 1ML LUER LOCK TUBERCULIN SYRINGE/TIP CAP	NC	RX/OTC
HYPODERMIC NEEDLES 23GX1-1/2"	NC	RX/OTC	MONOJECT 20ML SYRINGE REGULAR TIP	NC	RX/OTC
HYPODERMIC NEEDLES 25GX1-1/2"	NC	RX/OTC	MONOJECT 3ML SYRINGE/STANDARD HYPODERMIC NEEDLE/21GX1-1/2"	NC	RX/OTC
HYPODERMIC NEEDLES 25GX5/8"	NC	RX/OTC	MONOJECT ALLERGIST TRAY/DETACH NEEDLE/1ML/27G X 1/2" KIT	NC	RX/OTC
HYPODERMIC NEEDLES 26GX1/2"	NC	RX/OTC			
HYPODERMIC NEEDLES 27GX1/2"	NC	RX/OTC			
HYPODERMIC NEEDLES 27GX1-1/2"	NC	RX/OTC			
INPEN 100/BLUE/HUMALOG DEVI	NC	RX/OTC			
INPEN 100/BLUE/LILLY/HUMALOG DEVI	NC	RX/OTC			
INPEN 100/BLUE/NOVOLOG/FIASP DEVI	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT ALLERGIST TRAY/PERM NEEDLE/0.5ML/28G X 1/2" KIT	NC		MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/19G TW X 1-1/2"	NC	RX/OTC
MONOJECT ALLERGIST TRAY/PERM NEEDLE/1ML/28G X 1/2" KIT	NC		MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/20G X 1"	NC	RX/OTC
MONOJECT BLUNT CANNULA/20GX1-1/2"	NC	RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/20G X 1-1/2"	NC	RX/OTC
MONOJECT BLUNT CANNULA/21GX1"	NC	RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/22G X 1"	NC	RX/OTC
MONOJECT BLUNTIP SYRINGE/3ML/CANNULA /IV ACCESS	NC	RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/22G X 1-1/2"	NC	RX/OTC
MONOJECT BLUNTIP SYRINGE/6ML/CANNULA /IV ACCESS	NC	RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/23G X 1"	NC	RX/OTC
MONOJECT CONTROL SYRINGE/LUER LOCK/12ML	NC	RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 1-1/4"	NC	
MONOJECT CONTROL SYRINGE/LUER LOCK/20ML	NC	RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 5/8"	NC	RX/OTC
MONOJECT FILTER ASPIRATOR/5UM/18G X 3"	NC	RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/27G X 1-1/4"	NC	RX/OTC
MONOJECT FILTER NEEDLE 18GX1.5"	NC	RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/18G X 1"	NC	RX/OTC
MONOJECT FILTER NEEDLE/20G X 1-1/2"	NC		MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/19G TW X 1-1/2"	NC	RX/OTC
MONOJECT FILTER NEEDLE/5UM/18G X 1-1/2"	NC	RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/20G X 1-1/2"	NC	RX/OTC
MONOJECT HYPO/ALUM HUB/16G X 1"	NC	RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/14G X 1"	NC	
MONOJECT HYPO/ALUM HUB/LUER LOCK/INTM BEVEL/27G X 1/2"	NC	RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/14G X 2"	NC	
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/18G X 1"	NC	RX/OTC	MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/16G X 1-1/2 "	NC	RX/OTC



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/16G X 1-1/2"	NC	RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/21G X 1"	NC	RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/16G X 3/4"	NC		MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/21G X 1-1/2"	NC	RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/16G X 5/8"	NC		MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/22G X 1"	NC	RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/19G TW X 1"	NC	RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/23G X 1"	NC	RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/25G X 2"	NC		MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/23G X 3/4"	NC	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/18G X 1"	NC	RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/25G X 1"	NC	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/BEVEL/25G X 1-1/2"	NC	RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/30G X 3/4"	NC	
MONOJECT HYPO/POLYPROPYLENE HUB/LL/INTM BEVEL/25G X 5/8"	NC	RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/18G X 1"	NC	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/INTM BEVEL/26G X 1/2"	NC	RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/19G TW X 1"	NC	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/19G TW X 1"	NC	RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/19G TW X 1.5"	NC	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/19G TW X 1-1/2"	NC	RX/OTC	MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/20G X 1-1/2"	NC	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/20G X 1"	NC	RX/OTC			
MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/20G X 1-1/2"	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/22G X 1"	NC	RX/OTC	MONOJECT MAGELLAN SAFETYNEEDLE 21GX1-1/2"	NC	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/22G X 1-1/2"	NC	RX/OTC	MONOJECT MAGELLAN SAFETYNEEDLE 21GX5/8"	NC	
MONOJECT HYPO/POLYPROPYLENE HUB/REG BEVEL/27G X 1/2"	NC	RX/OTC	MONOJECT MAGELLAN SAFETYNEEDLE 22GX1"	NC	RX/OTC
MONOJECT HYPODERMIC NEEDL3 18G X 1"	NC	RX/OTC	MONOJECT MAGELLAN SAFETYNEEDLE 22GX1-1/2"	NC	RX/OTC
MONOJECT HYPODERMIC NEEDLE 27G X 1-1/2"	NC	RX/OTC	MONOJECT MAGELLAN SAFETYNEEDLE 23GX1"	NC	RX/OTC
MONOJECT HYPODERMIC NEEDLE 30GX3/4"	NC		MONOJECT MAGELLAN SAFETYNEEDLE 23GX5/8"	NC	RX/OTC
MONOJECT INTRODUCER NEEDLE/18GX1-1/4"	NC		MONOJECT MAGELLAN SAFETYNEEDLE 25GX1"	NC	RX/OTC
MONOJECT LIFESHIELD BLUNTCANNULA/LUER LOCK SYR/3ML/18G X 1"	NC	RX/OTC	MONOJECT MAGELLAN SAFETYNEEDLE 25GX5/8"	NC	RX/OTC
MONOJECT LIFESHIELD SYRINGE/12ML/18GX1"	NC	RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/18G X 1"	NC	RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 18GX1"	NC	RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/20G X 1-1/2"	NC	RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 19GX1"	NC	RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1"	NC	RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 19GX1-1/2"	NC	RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/21G X 1-1/2"	NC	RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 20GX1"	NC	RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/12ML/22G X 1-1/2"	NC	RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 20GX1-1/2"	NC	RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/23G X 1"	NC	
MONOJECT MAGELLAN SAFETYNEEDLE 21GX1"	NC	RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 1"	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/1ML/25G X 5/8"	NC	RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1-1/2"	NC	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1"	NC	RX/OTC	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/22G X 1-1/2"	NC	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1-1/2"	NC	RX/OTC	MONOJECT MEDICATION TRANSFER NEEDLE/20GX1"	NC	
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1"	NC	RX/OTC	MONOJECT PHARMACY TRAY/LUER LOCK/12ML	NC	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1-1/2"	NC	RX/OTC	MONOJECT PHARMACY TRAY/LUER LOCK/20ML	NC	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1"	NC	RX/OTC	MONOJECT PHARMACY TRAY/LUER LOCK/35ML	NC	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1-1/2"	NC	RX/OTC	MONOJECT PHARMACY TRAY/LUER LOCK/3ML	NC	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/23G X 1"	NC	RX/OTC	MONOJECT PHARMACY TRAY/LUER LOCK/60ML	NC	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 1"	NC	RX/OTC	MONOJECT PHARMACY TRAY/LUER LOCK/6ML	NC	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 5/8"	NC	RX/OTC	MONOJECT PHARMACY TRAY/REG LUER/1ML	NC	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/18GX1"	NC		MONOJECT PISTON SYRINGE/CATHETER TIP/140ML	NC	
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/20G X 1-1/2"	NC		MONOJECT PISTON SYRINGE/LUER-LOCK TIP/140ML	NC	
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1"	NC	RX/OTC	MONOJECT PISTON SYRINGE/REGULAR TIP/140ML	NC	
			MONOJECT SOFTPACK 20ML/LLOCK	NC	RX/OTC
			MONOJECT SOFTPACK 20ML/LTIP	NC	RX/OTC
			MONOJECT SOFTPACK 35ML/CATHTIP	NC	RX/OTC
			MONOJECT SOFTPACK 35ML/LLOCK	NC	RX/OTC
			MONOJECT SOFTPACK 35ML/REGULAR LOCK	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT SOFTPACK 60ML/LLOCK	NC	RX/OTC	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/22GX1"	NC	RX/OTC
MONOJECT SOFTPACK 60ML/REGULAR LUER	NC	RX/OTC	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/22GX1-1/2"	NC	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/ALUMINUM HUB/14GX1-1/2"	NC		MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/23GX1"	NC	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/ALUMINUM HUB/21G X 2"	NC	RX/OTC	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/25GX1"	NC	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE N/22G X1-1/2"	NC	RX/OTC	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/25GX1-1/2"	NC	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE HUB/18GX1"	NC	RX/OTC	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/25GX5/8"	NC	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE HUB/19GX1"	NC	RX/OTC	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/26GX1-1/2"	NC	
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE HUB/20GX1"	NC	RX/OTC	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/27GX1/2"	NC	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE HUB/21GX1"	NC	RX/OTC	MONOJECT SYRINGE 6ML	NC	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/19GX1-1/2"	NC	RX/OTC	MONOJECT SYRINGE PHARMACY TRAY/1ML LUER LOCK	NC	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/20GX1-1/2"	NC	RX/OTC	MONOJECT SYRINGE/12ML/18GX1"	NC	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLE NE/21GX1-1/2"	NC	RX/OTC	MONOJECT SYRINGE/12ML/20GX1-1/2"	NC	RX/OTC
			MONOJECT SYRINGE/CATHETERTIP /35ML	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE/CATHETERTIP /60ML	NC	RX/OTC	MONOJECT SYRINGE/LUER LOCK/3ML/27G X 1-1/4"	NC	RX/OTC
MONOJECT SYRINGE/ECCENTRIC LUER/20ML	NC	RX/OTC	MONOJECT SYRINGE/LUER LOCK/60ML	NC	RX/OTC
MONOJECT SYRINGE/ECCENTRIC LUER/35ML	NC	RX/OTC	MONOJECT SYRINGE/LUER LOCK/6ML	NC	RX/OTC
MONOJECT SYRINGE/ECCENTRIC TIP/60ML	NC	RX/OTC	MONOJECT SYRINGE/LUER LOCK/6ML/20G X 1-1/2"	NC	
MONOJECT SYRINGE/LUER LOCK/20ML	NC	RX/OTC	MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1"	NC	RX/OTC
MONOJECT SYRINGE/LUER LOCK/35ML	NC	RX/OTC	MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1-1/2"	NC	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML	NC	RX/OTC	MONOJECT SYRINGE/LUER-LOCK TIP/12ML	NC	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1"	NC	RX/OTC	MONOJECT SYRINGE/LUER-LOCK TIP/140ML	NC	
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	NC	RX/OTC	MONOJECT SYRINGE/LUER-LOCK TIP/3ML	NC	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 3/4"	NC		MONOJECT SYRINGE/LUER-LOCK TIP/60ML	NC	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1"	NC	RX/OTC	MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1"	NC	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	NC	RX/OTC	MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1-1/2"	NC	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1"	NC	RX/OTC	MONOJECT SYRINGE/LUER-LOCK/6ML	NC	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 1"	NC	RX/OTC	MONOJECT SYRINGE/REG LUER/12ML	NC	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8"	NC	RX/OTC	MONOJECT SYRINGE/REG LUER/20ML	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE/REG LUER/35ML	NC	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX1-1/4"	NC	
MONOJECT SYRINGE/REG LUER/3ML	NC	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX5/8"	NC	RX/OTC
MONOJECT SYRINGE/REG LUER/6ML	NC	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/27GX1-1/4"	NC	RX/OTC
MONOJECT SYRINGE/REGULARTIP/ 3ML	NC	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/20GX1-1/2"	NC	
MONOJECT SYRINGE/REGULARTIP/ 60ML	NC	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/20GX1-1/2"	NC	RX/OTC
MONOJECT SYRINGE/REGULARTIP/ 6ML	NC	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/21G X1"	NC	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/20GX1"	NC	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/21GX1-1/2"	NC	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/20GX1-1/2"	NC	RX/OTC	MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/6ML/22GX1-1/2"	NC	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/21GX1"	NC	RX/OTC	MONOJECT SYRINGE/TOOMEY TYPE/60ML	NC	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/22GX1"	NC	RX/OTC	MONOJECT TB SYRINGE-NDL 1ML 26GX3/8" MISC	NC	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/22GX1-1/2"	NC	RX/OTC	MONOJECT TB SYRINGE-NDL 1ML 27GX1/2" MISC	NC	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/23GX1"	NC	RX/OTC	MONOJECT TUBERCULIN SAFETY SYRINGE/1ML/25G X 5/8" MISC	NC	RX/OTC
MONOJECT SYRINGE/STANDARDHY PODERMIC NEEDLE/3ML/25GX1"	NC	RX/OTC	MONOJECT TUBERCULIN SAFETY SYRINGE/1ML/28G X 1/2" MISC	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MONOJECT TUBERCULIN SYRINGE SOFTPACK 1ML REGULAR LUER TIP	NC	RX/OTC	MULTI-DRAW NEEDLE 21GX1-1/2"	NC	RX/OTC
MONOJECT TUBERCULIN SYRINGE/1ML/25GX5/8" MISC	NC	RX/OTC	MULTI-DRAW NEEDLE 22GX1"	NC	
MONOJECT TUBERCULIN SYRINGE/1ML/28G X 1/2" MISC	NC	RX/OTC	MULTI-DRAW NEEDLE 22GX1-1/2"	NC	RX/OTC
MONOJECT TUBERCULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	NC	RX/OTC	MULTI-DRAW NEEDLE/20G X 1"	NC	
MONOJECT TUBERCULIN SYRINGE/DETACH NEEDLE/1ML/26G X 3/8" MISC	NC	RX/OTC	NORM-JECT LUER LOCK SYRINGE	NC	RX/OTC
MONOJECT TUBERCULIN SYRINGE/PERM NEEDLE/0.5ML/28G X 1/2" MISC	NC	RX/OTC	NORM-JECT TUBERKULIN 1MLLUER SLIP	NC	RX/OTC
MONOJECT TUBERCULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	NC	RX/OTC	NOVOPEN ECHO DEVI	NC	RX/OTC
MONOJECT TUBERCULIN SYRINGE/WITHOUT NEEDLE/REG LUER/1ML	NC	RX/OTC	PEN NEEDLES 30GX5MM	NC	QL(5 ea daily); RX/OTC
MULTI-DRAW NEEDLE 20GX1-1/2"	NC	RX/OTC	PEN NEEDLES 31G X 8MM	NC	QL(5 ea daily); RX/OTC
MULTI-DRAW NEEDLE 21GX1"	NC		PEN NEEDLES 31GX5MM	NC	QL(5 ea daily); RX/OTC
			PEN NEEDLES 31GX8MM	NC	QL(5 ea daily); RX/OTC
			PEN NEEDLES 32G X 4MM	NC	QL(5 ea daily); RX/OTC
			PEN NEEDLES 32GX4MM	NC	QL(5 ea daily); RX/OTC
			PERFECT POINT SAFTEY NEEDLES/25GX1"	NC	RX/OTC
			POLY HUB NEEDLE/18G X 1"	NC	RX/OTC
			POLY HUB NEEDLE/21G X 1"	NC	RX/OTC
			POLY HUB NEEDLE/21G X 1-1/2"	NC	RX/OTC
			POLY HUB NEEDLE/22G X 1"	NC	RX/OTC
			POLY HUB NEEDLE/22G X 1-1/2"	NC	RX/OTC
			POLY HUB NEEDLE/23G X 1"	NC	RX/OTC
			POLY HUB NEEDLE/23G X 1-1/2"	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
POLY HUB NEEDLE/25G X 1"	NC	RX/OTC	SECURES SAFE SYRINGE/NEEDLE/3ML/2 0G X 1-1/2"	NC	RX/OTC
POLY HUB NEEDLE/25G X 1-1/2"	NC	RX/OTC	SECURES SAFE SYRINGE/NEEDLE/3ML/2 1G X 1-1/2"	NC	RX/OTC
POLY HUB NEEDLE/25G X 5/8"	NC	RX/OTC	SECURES SAFE SYRINGE/NEEDLE/3ML/2 2G X 1-1/2"	NC	RX/OTC
POLY HUB NEEDLE/27G X 1/2"	NC	RX/OTC	SECURES SAFE SYRINGE/NEEDLE/3ML/2 5G X 5/8"	NC	RX/OTC
POLY HUB NEEDLE/27G X 1-1/4"	NC	RX/OTC	SPINAL NEEDLE 18GX3-1/2"	NC	
POLY HUB NEEDLE/30G X 1/2"	NC	RX/OTC	SPINAL NEEDLE 20GX3-1/2"	NC	
SECURES SAFE SAFETY HYPODERMIC NEEDLE/19G X 1"	NC	RX/OTC	SPINAL NEEDLE 22GX3-1/2"	NC	
SECURES SAFE SAFETY HYPODERMIC NEEDLE/19G X 1-1/2"	NC	RX/OTC	SPINAL NEEDLE 25G X 3-1/2"	NC	
SECURES SAFE SAFETY HYPODERMIC NEEDLE/21G X 1-1/2"	NC	RX/OTC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	NC	QL(5 ea daily); RX/OTC
SECURES SAFE SAFETY HYPODERMIC NEEDLE/22G X 1"	NC	RX/OTC	SYRINGE/HYPODERMIC SAFETY12ML 18GX1"	NC	RX/OTC
SECURES SAFE SAFETY HYPODERMIC NEEDLE/25G X 1-1/2"	NC	RX/OTC	SYRINGE/LUER LOCK/10ML	NC	RX/OTC
SECURES SAFE SAFETY HYPODERMIC NEEDLE/26G X 1/2"	NC	RX/OTC	SYRINGE/LUER LOCK/10ML/21G X 1"	NC	
SECURES SAFE SAFETY HYPODERMIC NEEDLE/27G X 1/2"	NC	RX/OTC	SYRINGE/LUER LOCK/20ML	NC	RX/OTC
SECURES SAFE SYRINGE/NEEDLE/1ML/2 5G X 1-1/2"	NC		SYRINGE/LUER LOCK/3ML	NC	RX/OTC
SECURES SAFE SYRINGE/NEEDLE/1ML/2 7G X 1/2"	NC		SYRINGE/LUER LOCK/3ML/20G X 1"	NC	RX/OTC
SECURES SAFE SYRINGE/NEEDLE/3ML/2 0G X 1"	NC	RX/OTC	SYRINGE/LUER LOCK/3ML/20G X 1-1/2"	NC	RX/OTC
			SYRINGE/LUER LOCK/3ML/20GX1-1/2"	NC	RX/OTC
			SYRINGE/LUER LOCK/3ML/21G X 1"	NC	RX/OTC



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYRINGE/LUER LOCK/3ML/21G X 1-1/2"	NC	RX/OTC	SYRINGE/LUER SLIP/1ML/26G X 3/8"	NC	
SYRINGE/LUER LOCK/3ML/21GX1"	NC	RX/OTC	SYRINGE/LUER SLIP/1ML/27G X 1/2"	NC	
SYRINGE/LUER LOCK/3ML/21GX1-1/2"	NC	RX/OTC	SYRINGE/LUER SLIP/35ML	NC	RX/OTC
SYRINGE/LUER LOCK/3ML/22G X 1"	NC	RX/OTC	SYRINGE/LUER SLIP/3ML	NC	RX/OTC
SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	NC	RX/OTC	SYRINGE/LUER SLIP/5ML	NC	RX/OTC
SYRINGE/LUER LOCK/3ML/22GX1"	NC	RX/OTC	SYRINGE/LUER SLIP/60ML	NC	RX/OTC
SYRINGE/LUER LOCK/3ML/22GX1-1/2"	NC	RX/OTC	SYRINGES/LUER LOCK/10ML/20GX1"	NC	
SYRINGE/LUER LOCK/3ML/23G X 1"	NC	RX/OTC	SYRINGES/LUER LOCK/10ML/20GX1-1/2"	NC	
SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	NC	RX/OTC	SYRINGES/LUER LOCK/10ML/21G X 1"	NC	
SYRINGE/LUER LOCK/3ML/23GX1"	NC	RX/OTC	SYRINGES/LUER LOCK/10ML/22GX1"	NC	
SYRINGE/LUER LOCK/3ML/25G X 1"	NC	RX/OTC	SYRINGES/LUER LOCK/10ML/22GX1-1/2"	NC	
SYRINGE/LUER LOCK/3ML/25G X 1-1/2"	NC		SYRINGES/LUER LOCK/1ML/20GX1"	NC	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 5/8"	NC	RX/OTC	SYRINGES/LUER LOCK/5ML/20GX1"	NC	
SYRINGE/LUER LOCK/3ML/25GX1"	NC	RX/OTC	SYRINGES/LUER LOCK/5ML/20GX1-1/2"	NC	
SYRINGE/LUER LOCK/3ML/25GX5/8"	NC	RX/OTC	SYRINGES/LUER LOCK/5ML/21GX1"	NC	
SYRINGE/LUER LOCK/5ML	NC	RX/OTC	SYRINGES/LUER LOCK/5ML/21GX1-1/2"	NC	
SYRINGE/LUER LOCK/5ML/20G X 1-1/2"	NC		SYRINGES/LUER LOCK/5ML/22GX1-1/2"	NC	
SYRINGE/LUER LOCK/60ML	NC	RX/OTC	SYRINGES/LUER LOCK/WITHOUT NEEDLE/10ML	NC	RX/OTC
SYRINGE/LUER SLIP/10ML	NC	RX/OTC	SYRINGES/LUER LOCK/WITHOUT NEEDLE/20ML	NC	RX/OTC
SYRINGE/LUER SLIP/1ML	NC	RX/OTC	SYRINGES/LUER LOCK/WITHOUT NEEDLE/30ML	NC	RX/OTC
SYRINGE/LUER SLIP/1ML/25G X 5/8"	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYRINGES/LUER LOCK/WITHOUT NEEDLE/3ML	NC	RX/OTC	ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/28G X 1/2"	NC	
SYRINGES/LUER LOCK/WITHOUT NEEDLE/5ML	NC	RX/OTC	ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 1" MISC	NC	
SYRINGES/LUER LOCK/WITHOUT NEEDLE/60ML	NC	RX/OTC	ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 5/8" MISC	NC	RX/OTC
SYRINGES/LUER SLIP/1ML/25GX5/8"	NC	RX/OTC	ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 1/2"	NC	
SYRINGES/LUER SLIP/WITHOUT NEEDLE/1ML	NC	RX/OTC	ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 4MM/SHARPS CONTAINERS	NC	QL(5 ea daily); RX/OTC
TOOMEY SYRINGE	NC		ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 6MM/SHARPS CONTAINERS	NC	QL(5 ea daily)
TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	NC		UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	NC	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULIN SYRINGE/0.5ML/32G X 5/16"	NC		UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	NC	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	NC	QL(5 ea daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 31GX5MM	NC	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/32GX5/16"	NC		UNIFINE SAFECONTROL PEN NEEDLE 31GX8MM	NC	QL(5 ea daily); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	NC	QL(5 ea daily); RX/OTC	VANISHPOINT ALLERGY SYRINGE TRAY/1ML/27G X 1/2" KIT	NC	RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	NC	QL(5 ea daily); RX/OTC	VANISHPOINT SAFETY SYRINGE/10ML/21GX1-1/2"	NC	
ULTICARE SYRINGE/LOW DEADSPACE/1ML/22G X1-1/2"	NC		VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	NC	RX/OTC
ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2"	NC	RX/OTC			
ULTICARE TUBERCULIN SAFETY SYRINGES/1ML/27G X 5/8"	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT SAFETY SYRINGE/3ML/20GX1-1/2"	NC	RX/OTC	VANISHPOINT SYRINGE/3ML/21G X 1"	NC	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1"	NC	RX/OTC	VANISHPOINT SYRINGE/3ML/21G X 1-1/2"	NC	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1-1/2"	NC	RX/OTC	VANISHPOINT SYRINGE/3ML/22G X 1"	NC	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/22GX1"	NC	RX/OTC	VANISHPOINT SYRINGE/3ML/22G X 1-1/2"	NC	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/22GX1-1/2"	NC	RX/OTC	VANISHPOINT SYRINGE/3ML/23G X 1"	NC	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1"	NC	RX/OTC	VANISHPOINT SYRINGE/3ML/23G X 1-1/2"	NC	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1-1/2"	NC	RX/OTC	VANISHPOINT SYRINGE/3ML/25G X 1"	NC	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/25GX1"	NC	RX/OTC	VANISHPOINT SYRINGE/3ML/25G X 1-1/2"	NC	
VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2"	NC		VANISHPOINT SYRINGE/3ML/25G X 5/8"	NC	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/25GX5/8"	NC	RX/OTC	VANISHPOINT SYRINGE/5ML/21G X 1-1/2"	NC	
VANISHPOINT SAFETY SYRINGE/5ML/21GX1"	NC		VANISHPOINT TUBERCULIN SYRINGE 1ML/25G X 5/8" MISC	NC	RX/OTC
VANISHPOINT SAFETY SYRINGE/5ML/21GX1-1/2"	NC		VANISHPOINT TUBERCULIN SYRINGE 1ML/27GX1/2" MISC	NC	RX/OTC
VANISHPOINT SAFETY SYRINGE/5ML/22GX1-1/2"	NC		VERIFINE PLUS PEN NEEDLE/32G X 4MM	NC	QL(5 ea daily); RX/OTC
VANISHPOINT SYRINGE/10ML/21G X 1-1/2"	NC		YALE NEEDLES 21G X 1-1/4"	NC	
VANISHPOINT SYRINGE/1ML/25G X 1"	NC	RX/OTC	<b>Respiratory Therapy Supplies</b>		
VANISHPOINT SYRINGE/3ML/20G X 1"	NC	RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1-1/2"	NC	RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER MV MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER/FLOWSIGNAL MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/LARGE MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/MEDIUM MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/SMALL MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/ADULT LARGE DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	C	QL(2 ea per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	C	QL(2 ea per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	C	QL(2 ea per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	FLEXICHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
EASIVENT/MASK-LARGE MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	INSPIREASE RESERVOIR BAGS	C	QL(3 ea per 180 day(s) retail)
EASIVENT/MASK-SMALL MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	MASK VORTEX/CHILD/FROG	C	QL(2 ea per 360 day(s) retail); RX/OTC
EASIVENT MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	C	QL(2 ea per 360 day(s) retail); RX/OTC
			MICROCHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
			MICROCHAMBER MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
			MICROSPACER MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
			OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	RITEFLO DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
PANDA MASK LARGE	C	QL(2 ea per 360 day(s) retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
PANDA MASK MEDIUM	C	QL(2 ea per 360 day(s) retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
PANDA MASK SMALL	C	QL(2 ea per 360 day(s) retail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	C	QL(2 ea per 360 day(s) retail); RX/OTC	<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
PEDIATRIC PANDA MASK	C	QL(2 ea per 360 day(s) retail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
POCKET CHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	AJOVY SOAJ	NP	
POCKET SPACER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	AJOVY SOAJ	NP	SP
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	EMGALITY SOSY 100 MG/ML	NP	
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	ZAVZPRET	NP	
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	ZAVZPRET	NC	
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	<b>Migraine Combinations</b>		
			<i>ergotamine w/ caffeine SUPP</i>	NC	
			<i>sumatriptan-naproxen sodium</i>	NC	
			<i>sumatriptan-naproxen sodium</i>	NP	
			TREXIMET ( <i>Use sumatriptan-naproxen sodium</i> )	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Migraine Products			IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use <i>sumatriptan succinate</i> )	NP	
DIHYDROERGOTAMINE MESYLATE CRYSTALS	NC		IMITREX TABS (Use <i>sumatriptan succinate</i> )	NP	QL(9 ea per 31 day(s) retail); AL(At least 12 yrs old)
DIHYDROERGOTAMINE MESYLATE POWDER	NC		MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i> )	NP	QL(12 ea per 31 day(s) retail); AL(At least 6 yrs old)
ERGOTAMINE TARTRATE POWDER	NC		MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i> )	NP	QL(12 ea per 31 day(s) retail); AL(At least 6 yrs old)
Migraine Products - NSAIDs			<i>naratriptan hcl</i>	NP	QL(9 ea per 31 day(s) retail); AL(At least 18 yrs old)
<i>diclofenac potassium (migraine)</i>	NC		RELPAK (Use <i>eletriptan hydrobromide</i> )	P	QL(6 ea per 31 day(s) retail)
ELYXYB	NC		REYVOW	NC	
Serotonin Agonists			<i>rizatriptan benzoate TABS</i>	NC	QL(12 ea per 31 day(s) retail); AL(At least 6 yrs old)
<i>almotriptan malate</i>	NP		<i>rizatriptan benzoate TABS</i>	NC	
<i>eletriptan hydrobromide</i>	NP	QL(6 ea per 31 day(s) retail)	<i>rizatriptan benzoate TABS</i>	P	QL(12 ea per 31 day(s) retail); AL(At least 6 yrs old)
FROVA (Use <i>frovatriptan succinate</i> )	NP		<i>rizatriptan benzoate TBDP</i>	P	QL(12 ea per 31 day(s) retail); AL(At least 6 yrs old)
<i>frovatriptan succinate</i>	NP		<i>rizatriptan benzoate TBDP 10 MG</i>	NC	QL(12 ea per 31 day(s) retail); AL(At least 6 yrs old)
IMITREX 5 MG/ACT (Use <i>sumatriptan</i> )	P	5 MG/ACT; QL(6 ea per 31 day(s) retail); AL(At least 12 yrs old)	<i>sumatriptan 20 MG/ACT</i>	NP	20 MG/ACT; QL(6 ea per 31 day(s) retail); AL(At least 12 yrs old)
IMITREX 20 MG/ACT (Use <i>sumatriptan</i> )	P	20 MG/ACT; QL(6 ea per 31 day(s) retail); AL(At least 12 yrs old)			
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use <i>sumatriptan succinate</i> )	NP				
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use <i>sumatriptan succinate</i> )	NP	QL(2 ml per 31 day(s) retail); AL(At least 12 yrs old)			
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i> )	NP	QL(2 ml per 31 day(s) retail); AL(At least 12 yrs old)			

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan 5 MG/ACT</i>	NP	5 MG/ACT; QL(6 ea per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ml per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	P	
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	P	
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ml per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(2.5 ml per 30 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate TABS</i>	P	QL(9 ea per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan succinate TABS 25 MG, 100 MG</i>	NC	QL(9 ea per 31 day(s) retail); AL(At least 12 yrs old)
TOSYMRA	NC	
TOSYMRA	NP	
ZEMBRACE SYMTOUCH SOAJ	NP	
ZEMBRACE SYMTOUCH SOAJ	NC	
<i>zolmitriptan SOLN 5 MG</i>	NC	QL(6 ea per 31 day(s) retail); AL(At least 12 yrs old)
<i>zolmitriptan SOLN 2.5 MG</i>	NC	
<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 ea per 31 day(s) retail); AL(At least 12 yrs old)
<i>zolmitriptan TABS</i>	NP	QL(6 ea per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan TABS</i>	NC	QL(6 ea per 31 day(s) retail)
<i>zolmitriptan TBDP</i>	NP	QL(6 ea per 31 day(s) retail)
ZOMIG SOLN ( <i>Use zolmitriptan</i> )	NP	QL(6 ea per 31 day(s) retail); AL(At least 12 yrs old)
ZOMIG SOLN 2.5 MG	NP	
ZOMIG TABS 2.5 MG, 5 MG ( <i>Use zolmitriptan</i> )	NC	QL(6 ea per 31 day(s) retail)

## MINERALS & ELECTROLYTES

Bicarbonates		
SODIUM ACETATE ANHYDROUS CRYSTALS	NC	
SODIUM ACETATE ANHYDROUS POWDER	NC	RX/OTC
SODIUM ACETATE TRIHYDRATE GRANULES	NC	
<i>sodium acetate SOLN</i>	NC	
<i>sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %</i>	NC	
SODIUM BICARBONATE IV	NC	
THAM	NC	
TROMETHAMINE	NC	
Calcium		
CALCIUM CARBONATE EXTRA LIGHT POWDER XX	NC	RX/OTC
CALCIUM CARBONATE HEAVY POWDER XX	NC	RX/OTC
CALCIUM CARBONATE LIGHT POWDER XX	NC	RX/OTC
<i>calcium carbonate-cholecalciferol TABS 200 UNIT-200 UNIT-500 MG-500 MG, 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	C	



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG</i>	C	QL(2 ea daily)	<i>oyster shell</i>	C	
CALCIUM CARBONATE POWD XX	NC	RX/OTC	Electrolyte Mixtures		
<i>calcium carbonate TABS 500 MG, 600 MG, 1250 MG, 1500 MG</i>	NC		BIOLYTE PACK	NC	
<i>calcium chloride (dihydrate) SOLN</i>	NC		BIOLYTE SOLN	C	
CALCIUM CHLORIDE ANHYDROUS GRAN	NC		CERALYTE 50 POTASSIUM FREE PACK	NC	
CALCIUM CHLORIDE DIHYDRATE GRAN	NC		CERALYTE 50 PACK	NC	
CALCIUM CHLORIDE DIHYDRATE POWD	NC		CERALYTE 70 POTASSIUM FREE PACK	NC	
CALCIUM CHLORIDE SOLN	NC		CERALYTE 70 PACK	NC	
CALCIUM GLUCONATE ANHYDROUS POWD	NC	RX/OTC	CERALYTE 70 SOLN	C	
CALCIUM GLUCONATE MONOHYDRATE POWD	NC	RX/OTC	CERALYTE 90 PACK	NC	
CALCIUM GLUCONATE/SODIUM CHLORIDE SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 %	NC		CERAORS 75 NATURAL PACK	NC	
CALCIUM GLUCONATE POWD	NC	RX/OTC	CERASPORT ENDURANCE PACK	NC	
<i>calcium gluconate-sodium chloride SOLN</i>	NC		CERASPORT EX1 PACK	NC	
<i>calcium gluconate SOLN</i>	NC		CERASPORT EX1 SOLN	C	
CALCIUM LACTATE PENTAHYDRATE	NC		CERASPORT PLUS PACK	NC	
CALCIUM PHOSPHATE DIBASIC	NC		CERASPORT PACK	NC	
CALCIUM PHOSPHATE DIBASIC DIHYDRATE	NC		CERASPORT SOLN	C	
CALCIUM PHOSPHATE TRIBASIC	NC	RX/OTC	DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	NC	
LIQUICAL PLUS	NC		DEXTROSE 10%/SODIUM CHLORIDE 0.2%	NC	
			<i>dextrose in lactated ringers</i>	NC	
			<i>dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 %</i>	NC	
			DRIPDROP HYDRATION POWDER PACK	NC	
			DRIPDROP ORS PACK	NC	
			<i>electrolyte-148</i>	NC	
			<i>electrolyte-a</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMERGEN-C ELECTRO MIX PACK	NC		NORMOSOL-M/D5W	NC	
ENFAMIL ENFALYTE SOLN	C		NORMOSOL-R	NC	
ENSURE RAPID HYDRATION PACK	NC		NORMOSOL-R/5% DEXTROSE	NC	
EQUALYTE SOLN ( <i>Use oral electrolytes</i> )	NC		<i>oral electrolytes SOLN</i>	C	
GNP ELECTROLYTE POWDER PACK	NC		ORALYTE SOLN	C	
GOODSENSE ELECTROLYTE ADVANTAGE CARE SOLN	C		<i>parenteral electrolytes CONC</i>	NC	
GOODSENSE ELECTROLYTE POWDER PACK	NC		PEDIALYTE ADVANCED CARE SOLN ( <i>Use oral electrolytes</i> )	NC	
HYDRALYTE FREEZER POPS SOLN	C		PEDIALYTE FREEZER POPS SOLN ( <i>Use oral electrolytes</i> )	NC	
HYDRALYTE PACK	NC		PEDIALYTE IMMUNE SUPPORT SOLN	C	
HYDRALYTE SOLN	C		PEDIALYTE SINGLES SOLN ( <i>Use oral electrolytes</i> )	NC	
HYDRATING ELECTROLYTE PACK	NC		PEDIALYTE SPARKLING RUSH PACK	NC	
IONOSOL-MB/DEXTROSE 5%	NC		PEDIALYTE PACK	NC	
ISOLYTE-P/DEXTROSE 5%	NC		PEDIALYTE SOLN ( <i>Use oral electrolytes</i> )	NC	
ISOLYTE-S	NC		PEDIA-POP ORAL ELECTROLYTE QUICK MIX PACK	NC	
ISOLYTE-S PH 7.4	NC		PEDIATRIC ELECTROLYTE PACK	NC	
KINDERLYTE IMMUNITY PACK	NC		PLASMA-LYTE-148 ( <i>Use electrolyte-148</i> )	NC	
KINDERLYTE PREMAX PACK	NC		<i>potassium chloride in dextrose 5 %-10 MEQ/L, 5 %-20 MEQ/L</i>	NC	
KINDERLYTE PREMAX SOLN	C				
KINDERLYTE PACK	NC				
KINDERLYTE SOLN	C				
<i>lactated ringer's</i>	NC				
LIQUID I.V. PACK	NC				
NORMALYTE PACK	NC				
NORMOSOL -R	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in dextrose &amp; sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.225 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.225 %, 5 %-20 MEQ/L-0.45 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	NC		<i>magnesium chloride SOLN</i>	NC	
<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	NC		<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG</i>	C	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	NC		<i>magnesium sulfate IJ 50 %</i>	NC	
<i>ringer's</i>	NC		MAGNESIUM SULFATE IJ 50 %	NC	
TPN ELECTROLYTES CONC	NC		<i>magnesium sulfate in dextrose</i>	NC	
TRUELYTE SOLN	C		MAGOX 400 TABS ( <i>Use magnesium oxide (mg supplement)</i> )	NC	
Fluoride			SLOWMAG MG MUSCLE HEALTH/RECOVERY GUMMIES CHEW	NC	
FLORIVA	NC		Manganese		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	C		<i>manganese chloride</i>	NC	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	C	RX/OTC	Phosphate		
SOLUVITA SOLN	C	RX/OTC	K-PHOS NEUTRAL ( <i>Use pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	NC	QL(8 ea daily)
Magnesium			<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	C	QL(8 ea daily)
MAGNESIUM CARBONATE HEAVY POWD XX	NC	RX/OTC	<i>potassium phosphate monobasic TABS</i>	NC	
MAGNESIUM CARBONATE LIGHT POWD XX	NC	RX/OTC	POTASSIUM PHOSPHATE/SODIUM CHLORIDE 0.9 %-1180 MG/250ML-1120 MG/250ML	NC	
MAGNESIUM CHLORIDE HEXAHYDRATE CRYST	NC		<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	NC	
MAGNESIUM CHLORIDE POWD	NC	RX/OTC	POTASSIUM PHOSPHATES	NC	
			<i>sodium phosphates (sodium phosphate dibasic &amp; monobasic) 142 MG/ML-276 MG/ML, 710 MG/5ML-1380 MG/5ML</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Potassium			SODIUM CHLORIDE GRAN	NC	RX/OTC
EFFER-K	NC		SODIUM CHLORIDE POWD	NC	
K-TAB TBCR 10 MEQ, 20 MEQ (Use potassium chloride)	NC		<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	NC	
POKONZA PACK OR	NC		SODIUM CHLORIDE SOLN IV 4 MEQ/ML	NC	
<i>potassium acetate SOLN 2 MEQ/ML</i>	NC		Trace Minerals		
POTASSIUM ACETATE SOLN 2 MEQ/ML	NC		<i>chromic chloride</i>	NC	
POTASSIUM BICARBONATE GRAN	NC		COPPER SULFATE CRY	NC	
POTASSIUM BICARBONATE POWD	NC		<i>cupric chloride</i>	NC	
<i>potassium bicarbonate TBEF</i>	C		CUPRIC SULFATE PENTAHYDRATE GRAN	NC	
POTASSIUM CHLORIDE ER TBCR 15 MEQ	NC		CUPRIC SULFATE POWD	NC	RX/OTC
<i>potassium chloride microencapsulated crystals er</i>	C		MULTRYS	NC	
<i>potassium chloride CPCR 10 MEQ</i>	C		<i>selenious acid</i>	NC	
<i>potassium chloride CPCR 8 MEQ</i>	C	QL(1 ea daily)	SELENIOS ACID	NC	
POTASSIUM CHLORIDE CRY	NC		TRALEMENT	NC	
POTASSIUM CHLORIDE GRAN	NC	RX/OTC	Zinc		
<i>potassium chloride PACK OR 20 MEQ</i>	C		GALZIN	NC	
POTASSIUM CHLORIDE POWD	NC		WILZIN	NC	
<i>potassium chloride SOLN IV</i>	NC		<i>zinc chloride SOLN</i>	NC	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	C		ZINC SULFATE GRANULAR	NC	RX/OTC
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	C		ZINC SULFATE HEPTAHYDRATE	NC	RX/OTC
<i>potassium chloride TBCR 20 MEQ</i>	NC		ZINC SULFATE HEPTAHYDRATE GRAN	NC	
Sodium			ZINC SULFATE MONOHYDRATE	NC	RX/OTC
			<i>zinc sulfate SOLN</i>	NC	
			ZINC W/VITAMINS A & C	NC	
			<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
			Chelating Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPEN TITRATABS TABS (Use penicillamine)	NC		<i>cyclosporine SOLN IV 50 MG/ML</i>	NC	
<i>penicillamine CAPS</i>	NC		ENSPRYNG	NP	SP
<i>penicillamine TABS</i>	C		ENVARBUS XR TB24	NP	
Enzymes			<i>everolimus (immunosuppressant)</i>	NP	
AMPHADASE	NC		IMURAN TABS (Use <i>azathioprine</i> )	NP	
BROMELAIN 1200 GDU POWD	NC	RX/OTC	LUPKYNIS	NC	SP
BROMELAIN POWD	NC	RX/OTC	<i>mycophenolate mofetil hcl</i>	NC	
CHYMOTRYPSIN ALPHA	NC		<i>mycophenolate mofetil CAPS</i>	P	
HYLENEX	NC		<i>mycophenolate mofetil SUSR</i>	P	
VITRASE SOLN	NC		<i>mycophenolate mofetil TABS</i>	P	
Immunomodulators			<i>mycophenolate mofetil TABS</i>	NC	
JOENJA	NC		<i>mycophenolate sodium</i>	NC	
REZUROCK	NP	SP	<i>mycophenolate sodium</i>	P	
Immunosuppressive Agents			MYFORTIC (Use <i>mycophenolate sodium</i> )	NP	
ASTAGRAF XL CP24	NP		MYHIBBIN SUSP	NP	
AZATHIOPRINE	NC		NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i> )	NP	
AZATHIOPRINE POWD	NC		NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i> )	NP	
<i>azathioprine TABS</i>	P		PROGRAF CAPS (Use <i>tacrolimus</i> )	NP	
<i>azathioprine TABS 75 MG, 100 MG</i>	NP		PROGRAF PACK	NP	
<i>azathioprine TABS 50 MG</i>	NC		PROGRAF SOLN	NC	
CELLCEPT CAPS (Use <i>mycophenolate mofetil</i> )	NP		RAPAMUNE SOLN (Use <i>sirolimus</i> )	P	
CELLCEPT SUSR (Use <i>mycophenolate mofetil</i> )	NP		RAPAMUNE TABS (Use <i>sirolimus</i> )	P	
CELLCEPT TABS (Use <i>mycophenolate mofetil</i> )	NP		SANDIMMUNE CAPS (Use <i>cyclosporine</i> )	P	
<i>cyclosporine modified (for microemulsion) CAPS 25 MG, 100 MG</i>	NC		SANDIMMUNE SOLN IV 50 MG/ML	NC	
<i>cyclosporine modified (for microemulsion) CAPS</i>	P				
<i>cyclosporine modified (for microemulsion) SOLN</i>	P				
<i>cyclosporine CAPS</i>	P				

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE SOLN OR 100 MG/ML	P	QL(8 ml daily)
SIMULECT	NC	
<i>sirolimus SOLN</i>	P	
<i>sirolimus TABS</i>	P	
<i>tacrolimus CAPS</i>	NC	
<i>tacrolimus CAPS</i>	P	
UPLIZNA	NC	SP
ZORTRESS ( <i>Use everolimus (immunosuppressant)</i> )	NP	
Irrigation Solutions		
<i>irrigation solutions, physiological</i>	NC	
<i>lactated ringer's (irrigation)</i>	NC	
<i>ringer's irrigation</i>	NC	
<i>water for irrigation, sterile</i>	NC	
Misc Natural Products		
AIRBORNE CHEW	NC	
CVS SLEEP SUPPORT CHEW	NC	
ELDERBERRY IMMUNE COMPLEX/VITAMIN C/VITAMIN D/ZINC CHEW	NC	
ELDERBERRY ZINC LOZENGE/VITAMIN C & IMMUNE BLEND LOZG	NC	
ELDERBERRY/VITAMIN C/ZINC CHEW	NC	
ESBERITOX CHEW	NC	
MIDNITE FOR MENOPAUSE CHEW	NC	
MIDNITE PM CHEW	NC	
MIDNITE CHEW	NC	
MORNINGSICKLESS LOZG	NC	
NEURIVA CHEW	NC	

Drug Name	Drug Tier	Requirements/Limits
SAMBUCUS COUGH RELIEF + IMMUNE GUMMY CHEW	NC	
SAMBUCUS ELDERBERRY IMMUNE SUPPORT KIDS CHEW	NC	
SAMBUCUS ELDERBERRY IMMUNE SUPPORT CHEW	NC	
SAMBUCUS ELDERBERRY VITAMIN C LOZG	NC	
SAMBUCUS ELDERBERRY ZINC LOZG	NC	
SAMBUCUS ELDERBERRY LOZG	NC	
SAMBUCUS KIDS COUGH RELIEF + IMMUNE GUMMY CHEW	NC	
STOMACH SETTLE LOZG	NC	
UPSPRING STOMACH SETTLE LOZG	NC	
YUMVS BEET ROOT/TART CHERRY EXTRACT CHEW	NC	
Miscellaneous Therapeutic Classes		
ADENOSINE-5-MONOPHOSPHATE	NC	
ADENOSINE-5-TRIPHOSPHATE	NC	
Peritoneal Dialysis Solutions		
DELFLEX-LC/1.5% DEXTROSE	NC	
DELFLEX-LC/2.5% DEXTROSE	NC	
DELFLEX-LC/4.25% DEXTROSE	NC	
DELFLEX-SM/1.5% DEXTROSE	NC	

Drug Name	Drug Tier	Requirements/Limits
DELFLEX-SM/2.5% DEXTROSE	NC	
DIANEAL LOW CALCIUM/1.5% DEXTROSE	NC	
DIANEAL LOW CALCIUM/2.5% DEXTROSE	NC	
DIANEAL LOW CALCIUM/4.25% DEXTROSE	NC	
DIANEAL PD-2/1.5% DEXTROSE	NC	
DIANEAL PD-2/2.5% DEXTROSE	NC	
DIANEAL PD-2/4.25% DEXTROSE	NC	
EXTRANEAL	NC	
ULTRABAG/DIANEAL LOW CALCIUM/2.5% DEXTROSE	NC	
ULTRABAG/DIANEAL LOW CALCIUM/4.25% DEXTROSE 4.25 %-448 MG/100ML-538 MG/100ML-5.08 MG/100ML-18.3 MG/100ML	NC	
ULTRABAG/DIANEAL PD-2/1.5% DEXTROSE	NC	
ULTRABAG/DIANEAL PD-2/2.5% DEXTROSE	NC	
ULTRABAG/DIANEAL PD-2/4.25% DEXTROSE	NC	
Potassium Removing Agents		
LOKELMA	NC	
<i>sodium polystyrene sulfonate POWD</i>	C	
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	C	
VELTASSA	NC	
Prostaglandins		

Drug Name	Drug Tier	Requirements/Limits
<i>alprostadil</i>	NC	
PROSTIN VR PEDIATRIC	NC	
Sclerosing Agents		
<i>sodium tetradecyl sulfate</i>	NC	
Systemic Lupus Erythematosus Agents		
SAPHNELO	NC	SP
Uremic Pruritus Agents		
KORSUVA	NC	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	C	QL(100 ml per fill retail)
<i>lidocaine hcl (mouth-throat) 4 %</i>	NC	
Anti-infectives - Throat		
AMPHOTERICIN B	NC	
<i>clotrimazole</i>	NC	
NYSTATIN ( <i>Use nystatin (mouth-throat)</i> )	P	2 package(s) per fill retail
<i>nystatin (mouth-throat)</i>	P	2 package(s) per fill retail
<i>nystatin (mouth-throat)</i>	NC	2 package(s) per fill retail
ORAVIG	NC	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	C	
PERIDEX ( <i>Use chlorhexidine gluconate (mouth-throat)</i> )	NC	
Dental Products		
DENTA 5000 PLUS SENSITIVE PSTE	NC	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE PSTE	NC	

Drug Name	Drug Tier	Requirements/Limits
FLUORIDEX SENSITIVITY RELIEF PSTE	NC	
FLUORIMAX 5000 SENSITIVE PSTE	NC	
FRAICHE 5000 PREVI	NC	
FRAICHE 5000 SENSITIVE GEL	NC	
PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental))	NC	QL(113 ml per 60 day(s) retail)
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	NC	QL(113 ml per 60 day(s) retail)
PREVIDENT 5000 ENAMEL PROTECT GEL 1.1 %-5 %	NC	
PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental))	NC	QL(113 ml per 60 day(s) retail)
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental))	NC	QL(113 ml per 60 day(s) retail)
PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	NC	QL(113 gm per 60 day(s) retail)
PREVIDENT 5000 SENSITIVE GEL 1.1 %-5 %	NC	
PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental))	NC	QL(113 gm per 60 day(s) retail)
sodium fluoride (dental) CREA	C	QL(113 gm per 60 day(s) retail)
sodium fluoride (dental) GEL	C	QL(113 gm per 60 day(s) retail)
sodium fluoride (dental) PSTE DT	C	QL(113 gm per 60 day(s) retail)
sodium fluoride (dental) SOLN 0.2 %	NC	
sodium fluoride-potassium nitrate GEL	NC	

Drug Name	Drug Tier	Requirements/Limits
ZINC ACETATE	NC	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	C	1 package(s) per fill retail
Throat Products - Misc.		
<i>cevimeline hcl</i>	NC	
<i>pilocarpine hcl (oral) 7.5 MG</i>	NC	
<i>pilocarpine hcl (oral) 5 MG</i>	C	QL(6 ea daily)
<i>SALAGEN 5 MG (Use pilocarpine hcl (oral))</i>	NC	QL(6 ea daily)
<b>MULTIVITAMINS</b>		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	C	QL(1 ea daily)
<i>b-complex vitamins TABS</i>	C	QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c &amp; folic acid CAPS</i>	C	QL(1 ea daily); RX/OTC
DIALYVITE 3000	NC	
DIALYVITE 5000	NC	
DIALYVITE 800 PLUS D WAFR	NC	
DIALYVITE/ZINC	NC	
NEPHPLEX RX	NC	
VITAL-D RX	NC	
Multiple Vitamins w/ Calcium		
<i>multiple vitamins w/ calcium TABS</i>	C	QL(1 ea daily)
ONE-A-DAY WOMENS FORMULA TABS (Use multiple vitamins w/ calcium)	NC	QL(1 ea daily)
SM ONE DAILY ESSENTIAL TABS	C	QL(1 ea daily)
Multiple Vitamins w/ Iron		
DAVIMET/IRON CHEW	NC	
Multiple Vitamins w/ Minerals		



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTIVNUTRIENTS PERFORMANCE CAPS	C	QL(1 ea daily); RX/OTC	CVS IMMUNE SUPPORT CAPS	C	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	C	QL(1 ea daily); RX/OTC	CVS VISION HEALTH CAPS	C	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS CAPS	C	QL(1 ea daily); RX/OTC	DECUBI-VITE CAPS	C	QL(1 ea daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	C	QL(1 ea daily); RX/OTC	DEKAS PLUS OCEAN CAPS	C	QL(1 ea daily); RX/OTC
ALIVE HAIR, SKIN & NAILS CAPS	C	QL(1 ea daily); RX/OTC	DEKAS PLUS CAPS	C	QL(1 ea daily); RX/OTC
APETIBEX CAPS	C	QL(1 ea daily); RX/OTC	DEXATRAN CAPS	C	QL(1 ea daily); RX/OTC
APPE-CURB CAPS	C	QL(1 ea daily); RX/OTC	EYE HEALTH CAPS	C	QL(1 ea daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	C	QL(1 ea daily); RX/OTC	EYE MULTIVITAMIN/LUTEIN CAPS	C	QL(1 ea daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	C	QL(1 ea daily); RX/OTC	EYE MULTIVITAMIN CAPS	C	QL(1 ea daily); RX/OTC
BIO-35 IRON FREE CAPS	C	QL(1 ea daily); RX/OTC	FOLAGENT DHA CAPS	C	QL(1 ea daily); RX/OTC
BIOCAL CAPS	C	QL(1 ea daily); RX/OTC	FOLAMED DHA CAPS	C	QL(1 ea daily); RX/OTC
BONEUP 3 PER DAY CAPS	C	QL(1 ea daily); RX/OTC	GENADEK STEP 1 CAPS	C	QL(1 ea daily); RX/OTC
BONEUP CAPS	C	QL(1 ea daily); RX/OTC	GENADEK STEP 2 CAPS	C	QL(1 ea daily); RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	C	QL(1 ea daily); RX/OTC	HAIR/SKIN/NAILS CAPS	C	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete18 CAPS	C	QL(1 ea daily); RX/OTC	HEALTHY EYES SUPERVISION2 CAPS	C	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete36 CAPS	C	QL(1 ea daily); RX/OTC	IMMUNE ESSENTIALS DAILY CAPS	C	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete45 CAPS	C	QL(1 ea daily); RX/OTC	MENATROL CAPS	C	QL(1 ea daily); RX/OTC
CELEBRATE MULTI-COMplete60 CAPS	C	QL(1 ea daily); RX/OTC	MENS 50+ ADVANCED CAPS	C	QL(1 ea daily); RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	C	QL(1 ea daily); RX/OTC	MOOD FOOD ES CAPS	C	QL(1 ea daily); RX/OTC
CVS ADULT 50+ EYE HEALTH CAPS	C	QL(1 ea daily); RX/OTC	MOOD FOOD CAPS	C	QL(1 ea daily); RX/OTC
CVS EYE HEALTH ADULT 50+ CAPS	C	QL(1 ea daily); RX/OTC	MULTIA CAPS	C	QL(1 ea daily); RX/OTC
			<i>multiple vitamins w/ minerals CAPS</i>	C	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MVW COMPLETE FORMULATION CAPS	C	QL(1 ea daily); RX/OTC	PROTEGRA CAPS	C	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS	C	QL(1 ea daily); RX/OTC	QC OCUHEALTH VISION SUPPORT 2 CAPS	C	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS	C	QL(1 ea daily); RX/OTC	REMEDIENT CAPS	C	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS	C	QL(1 ea daily); RX/OTC	SKIN HAIR & NAILS ADVANCED BEAUTY CAPS	C	QL(1 ea daily); RX/OTC
MVW MODULATOR FORMULATION MINIS CAPS	C	QL(1 ea daily); RX/OTC	SUPER ANTIOXIDANT CAPS	C	QL(1 ea daily); RX/OTC
MVW MODULATOR FORMULATION CAPS	C	QL(1 ea daily); RX/OTC	SUPPORT-500 CAPS	C	QL(1 ea daily); RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	C	QL(1 ea daily); RX/OTC	THERAMILL FORTE CAPS	C	QL(1 ea daily); RX/OTC
OCUVITE ADULT 50+ CAPS	C	QL(1 ea daily); RX/OTC	THERANATAL LACTATION ONE CAPS	C	QL(1 ea daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	C	QL(1 ea daily); RX/OTC	VISION HEALTH CAPS	C	QL(1 ea daily); RX/OTC
OCUVITE LUTEIN CAPS	C	QL(1 ea daily); RX/OTC	VISION OPTIMIZER CAPS	C	QL(1 ea daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	C	QL(1 ea daily); RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	C	QL(1 ea daily); RX/OTC
PRESCRIPTION SUPPORT CAPS	C	QL(1 ea daily); RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	C	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	C	QL(1 ea daily); RX/OTC	VITABEX PLUS CAPS	C	QL(1 ea daily); RX/OTC
PRESERVISION AREDS 2 CAPS	C	QL(1 ea daily); RX/OTC	VITABEX CAPS	C	QL(1 ea daily); RX/OTC
PRESERVISION AREDS CAPS	C	QL(1 ea daily); RX/OTC	VITEYES CLASSIC ADVANCED CAPS	C	QL(1 ea daily); RX/OTC
PRESERVISION/LUTEIN CAPS	C	QL(1 ea daily); RX/OTC	VITEYES CLASSIC MACULAR SUPPORT CAPS	C	QL(1 ea daily); RX/OTC
PRORENAL+D/OMEGA-3 CAPS	C	QL(1 ea daily); RX/OTC	VITEYES CLASSIC/OMEGA-3 CAPS	C	QL(1 ea daily); RX/OTC
PROTECT CARDIO AF CAPS	C	QL(1 ea daily); RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	C	QL(1 ea daily); RX/OTC
PROTECT PLUS SO CAPS	C	QL(1 ea daily); RX/OTC	VITEYES CLASSIC CAPS	C	QL(1 ea daily); RX/OTC
			Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUFLORA FE	NC		ONE-A-DAY MENS TABS <i>(Use multiple vitamin)</i>	NC	QL(1 ea daily); RX/OTC
Multivitamins			QUINTABS TABS	C	QL(1 ea daily); RX/OTC
ALTRIXA TABS	C	QL(1 ea daily); RX/OTC	STRESS FORMULA W/ZINC FOREENERGY TABs	C	QL(1 ea daily); RX/OTC
AMLADEX TABS	C	QL(1 ea daily); RX/OTC	THERA TABS	C	QL(1 ea daily); RX/OTC
DAVIMET-M CHEW	C	QL(1 ea daily); RX/OTC	THEREMS MULTIVITAMIN TABS	C	QL(1 ea daily); RX/OTC
DERMACINRX DAVIMET CHEW	C	QL(1 ea daily); RX/OTC	TM-DAILY VITE TABS	C	QL(1 ea daily); RX/OTC
ESTROFACTORS TABS	C	QL(1 ea daily); RX/OTC	TRUE MULTIVITAMIN TABs	C	QL(1 ea daily); RX/OTC
FOLCYTEINE TABS	C	QL(1 ea daily); RX/OTC	VITAZYME TABS	C	QL(1 ea daily); RX/OTC
GENICIN VITA-Q TABS	C	QL(1 ea daily); RX/OTC	Ped Multi Vitamins w/Fl & FE		
HIGH POTENCY MULTIVITAMIN TABS	C	QL(1 ea daily); RX/OTC	<i>ped multivitamins w/fl &amp; iron SOLN</i>	C	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
MULTI VITAMIN/D-3 TABs	C	QL(1 ea daily); RX/OTC	POLY-VI-FLOR/IRON CHEW	NC	
MULTI VITAMIN TABS	C	QL(1 ea daily); RX/OTC	POLY-VI-FLOR/IRON SUSP	NC	RX/OTC
<i>multiple vitamin TABs</i>	C	QL(1 ea daily); RX/OTC	QUFLORA FE PEDIATRIC LIQD	NC	
MULTIVITAMIN ADULT TABs	C	QL(1 ea daily); RX/OTC	Ped MV w/ Fluoride		
MULTIVITAMIN TABS	C	QL(1 ea daily); RX/OTC	DAVIMET/FLUORIDE CHEW	NC	
NEOMULTIVITE TABS	C	QL(1 ea daily); RX/OTC	POLY-VI-FLOR SUSP	NC	
OMNICAP TABS	C	QL(1 ea daily); RX/OTC	QUFLORA GUMMIES CHEW	NC	
ONE DAILY ESSENTIALS TABs	C	QL(1 ea daily); RX/OTC	TRI-VI-FLOR	NC	
ONE DAILY ESSENTIAL TABs	C	QL(1 ea daily); RX/OTC	TRI-VI-FLORO	NC	
ONE VITE DAILY MULTIVITAMIN TABS	C	QL(1 ea daily); RX/OTC	Ped MV w/ Iron		
ONE-A-DAY ADULT VITACRAVES MULTI+OMEGA-3 DHA GUMMIES CHEW	C	QL(1 ea daily); RX/OTC	MULTIVITAMIN W/IRON/INFANT/TODDLE R SOLN	C	QL(60 ml per fill retail)
ONE-A-DAY ESSENTIAL TABs <i>(Use multiple vitamin)</i>	NC	QL(1 ea daily); RX/OTC	POLY-VI-SOL/IRON SOLN	C	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POLY-VITE/IRON SOLN	C	QL(60 ml per fill retail)	OB COMPLETE ONE	NC	
Pediatric Multiple Vitamins			OB COMPLETE PETITE	NC	
BPROTECTED PEDIA POLY-VITE SOLN OR	C	QL(50 ml per fill retail)	OB COMPLETE PREMIER	NC	
INFUVITE PEDIATRIC SOLN IV	NC		OB COMPLETE/DHA	NC	
MULTIVITAMIN INFANT & TODDLER SOLN OR	C	QL(50 ml per fill retail)	OB COMPLETE TABS	NC	
MULTIVITAMIN INFANT/TODDLER SOLN OR	C	QL(50 ml per fill retail)	PNV-OMEGA	NC	
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	C	QL(50 ml per fill retail)	PREMESISRX	NC	
POLY-VI-SOL SOLN OR	C	QL(50 ml per fill retail)	PRENA1 PEARL	NC	
POLY-VITA SOLN OR	C	QL(50 ml per fill retail)	<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	NC	
POLY-VITE PEDIATRIC SOLN OR	C	QL(50 ml per fill retail)	<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG, 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG</i>	NC	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	NC	
FLORIVA	NC		PRENATE	NC	
Prenatal Vitamins			PRENATE AM	NC	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NC		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NC	
CITRANATAL MEDLEY	NC		PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	NC	
C-NATE DHA CAPS	NC		PRENATE ENHANCE	NC	
COMPLETE NATAL DHA	NC				
CONCEPT DHA	NC				
DERMACINRX PRETRATE TABS	NC				
ENBRACE HR	NC				
FOLIVANE-OB	NC				
MULTI-MAC	NC				
NATAL PNV TABS	NC				
NESTABS	NC				
NESTABS DHA	NC				
NESTABS ONE	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NC		WESTGEL DHA	NC	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	NC		ZATEAN-PN DHA	NC	
PRENATE PIXIE	NC		Specialty Vitamins Products		
PRENATE RESTORE	NC		ADRENAL MANAGER CAPS	NC	RX/OTC
PRENATVITE COMPLETE TABS	NC		ADRENALIV CAPS	NC	RX/OTC
PRENATVITE PLUS TABS	NC		ADRENOID CAPS	NC	RX/OTC
PRIMACARE	NC		BILBERRY PLUS CAPS	NC	RX/OTC
RELNATE DHA CAPS	NC		CARDIOPRESS CAPS	NC	RX/OTC
SELECT-OB+DHA MISC	C	QL(1 ea daily)	CHOLASE CONTROL CAPS	NC	RX/OTC
SELECT-OB CHEW	NC		COLLAGEN ULTRA CAPS	NC	RX/OTC
TARON-C DHA	NC		CORTICARE B CAPS	NC	RX/OTC
TRISTART DHA	NC		FEMQUIL CAPS	NC	RX/OTC
VIRT-NATE DHA CAPS	NC		GLYCOTROL COMPLETE CAPS	NC	RX/OTC
VIRT-PN DHA	NC		GLYCOTROL CAPS	NC	RX/OTC
VITAFOL FE+	NC		HEART SAVIOR CAPS	NC	RX/OTC
VITAFOL GUMMIES	NC		IMMUNERX CAPS	NC	RX/OTC
VITAFOL ULTRA	NC		IMMUNICARE CAPS	NC	RX/OTC
VITAFOL-OB+DHA MISC	NC		INFLAMEX CAPS	NC	RX/OTC
VITAFOL-ONE CAPS	C	QL(1 ea daily)	INULOSE BLOOD SUGAR SUPPORT CAPS	NC	RX/OTC
VITAMEDMD ONE RX/QUATREFOLIC	NC		LIPOTRIAD VISION SUPPORT CAPS	NC	RX/OTC
VITAPEARL	NC		LIPOTRIAD VISION SUPPORTPLUS CAPS	NC	RX/OTC
VIVA DHA CAPS	NC		LIPOTRIAD VISIONARY CAPS	NC	RX/OTC
WESCAP-C DHA	NC		MEDCAPS DPO CAPS	NC	RX/OTC
WESCAP-PN DHA	NC		MEDCAPS GI CAPS	NC	RX/OTC
WESNATAL DHA COMPLETE	NC		MEDCAPS IS CAPS	NC	RX/OTC
WESNATE DHA CAPS	NC		MEDCAPS T3 CAPS	NC	RX/OTC
			MEMORALL CAPS	NC	RX/OTC
			METHYL PROTECT CAPS	NC	RX/OTC
			METHYL-GUARD PLUS CAPS	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
METHYL-GUARD CAPS	NC	RX/OTC	<i>chlorzoxazone TABS</i>	P	
MM BIOTIN/KERATIN CAPS	NC	RX/OTC	<i>cyclobenzaprine hcl CP24</i>	NP	
NITRIVIA CAPS	NC	RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 ea daily)
PRO HERS RX CAPS	NC	RX/OTC	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	NC	QL(3 ea daily)
PRO HIS RX CAPS	NC	RX/OTC	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 ea daily)
PRO PCOS RX CAPS	NC	RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 ea daily)
RETAIN VISION CAPS	NC	RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NC	QL(4 ea daily)
SYNERTROPIN CAPS	NC	RX/OTC	<i>FLEQSUVY SUSP (Use baclofen)</i>	NP	
VITAMINS FOR HAIR CAPS	NC	RX/OTC	LYVISPAH PACK	NP	
Vitamin Mixtures			<i>metaxalone</i>	NP	
<i>niacinamide w/ zinc-copper-methylfolate-se-cr</i>	NC		<i>metaxalone 400 MG</i>	NC	
VITAMIN D2/K1 DROPS SOLN	NC		<i>methocarbamol SOLN</i>	NC	
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>			<i>methocarbamol TABS</i>	NC	
Central Muscle Relaxants			<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
AMRIX CP24 ( <i>Use cyclobenzaprine hcl</i> )	NP		<i>methocarbamol TABS 1000 MG</i>	NP	
BACLOFEN POWD	NC		METHOCARBAMOL TABS	NC	
<i>baclofen SOLN OR 5 MG/5ML, 10 MG/5ML</i>	NP		ORPHENADRINE CITRATE POWD	NC	
<i>baclofen SOLN OR 10 MG/5ML</i>	NC		<i>orphenadrine citrate SOLN</i>	NC	
BACLOFEN SOLN XX	NC		<i>orphenadrine citrate TB12</i>	NC	QL(2 ea daily)
<i>baclofen SUSP</i>	NP		<i>orphenadrine citrate TB12</i>	P	QL(2 ea daily)
<i>baclofen TABS</i>	P		OZOBAX DS SOLN OR ( <i>Use baclofen</i> )	NC	
<i>baclofen TABS 5 MG, 15 MG</i>	NC		SOMA TABS ( <i>Use carisoprodol</i> )	NP	
CARISOPRODOL POWD	NC		<i>tizanidine hcl CAPS</i>	NC	
<i>carisoprodol TABS</i>	NP		<i>tizanidine hcl CAPS</i>	NP	
<i>carisoprodol TABS</i>	NC		<i>tizanidine hcl TABS 4 MG</i>	NC	
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	NC		<i>tizanidine hcl TABS</i>	P	
<i>chlorzoxazone TABS 375 MG, 750 MG</i>	NP				

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX CAPS ( <i>Use tizanidine hcl</i> )	NP	
ZANAFLEX TABS 4 MG ( <i>Use tizanidine hcl</i> )	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG ( <i>Use dantrolene sodium</i> )	NP	
<i>dantrolene sodium CAPS</i>	P	
<i>dantrolene sodium SOLR</i>	NC	
RYANODEX SUSR	NC	
Muscle Relaxant Combinations		
NORGESIC FORTE ( <i>Use orphenadrine w/ aspirin &amp; caff</i> )	NP	
<i>orphenadrine w/ aspirin &amp; caff</i>	NP	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
DYMISTA SUSP ( <i>Use azelastine hcl-fluticasone propionate</i> )	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
OCEAN NASAL SPRAY SOLN ( <i>Use saline</i> )	NC	1 package(s) per fill retail
<i>saline SOLN</i>	C	1 package(s) per fill retail
Nasal Anesthetics		
COCAINE HYDROCHLORIDE	NC	
GOPRELTO	NC	
NUMBRINO	NC	
Nasal Antiallergy		

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl 0.15 %</i>	NP	1 package(s) per 31 day(s) retail; RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	1 package(s) per 31 day(s) retail
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	C	QL(26 ml per 31 day(s) retail)
NASALCROM ( <i>Use cromolyn sodium (nasal)</i> )	NC	QL(26 ml per 31 day(s) retail)
<i>olopatadine hcl (nasal)</i>	NC	
<i>olopatadine hcl (nasal)</i>	NP	
PATANASE ( <i>Use olopatadine hcl (nasal)</i> )	NP	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	P	QL(31 ml per 31 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	P	QL(15 ml per 31 day(s) retail)
Nasal Steroids		
BECONASE AQ	NP	
<i>budesonide (nasal)</i>	C	QL(9 ml per 31 day(s) retail)
FLONASE ALLERGY RELIEF CHILDRENS SUSP ( <i>Use fluticasone propionate (nasal)</i> )	NC	1 package(s) per fill retail; RX/OTC
FLONASE ALLERGY RELIEF SUSP ( <i>Use fluticasone propionate (nasal)</i> )	NC	1 package(s) per fill retail; RX/OTC
<i>flunisolide (nasal) 0.025 %</i>	NP	QL(25 ml per 31 day(s) retail)
<i>fluticasone propionate (nasal) SUSP</i>	NC	1 package(s) per fill retail; RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	P	1 package(s) per fill retail; RX/OTC
NASACORT ALLERGY 24HR AERO ( <i>Use triamcinolone acetone (nasal)</i> )	NC	QL(17 ml per 31 day(s) retail); AL(At least 2 yrs old)
OMNARIS SUSP	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QNASL	NP		SUCCINYLCHOLINE CHLORIDE SOSY IJ 100 MG/5ML	NC	
QNASL CHILDRENS	NP		<b>Muscular Dystrophy Agents</b>		
SINUVA IMPL	NC		AMONDYS 45	NC	
<i>triamcinolone acetonide (nasal) AERO</i>	C	QL(17 ml per 31 day(s) retail); AL(At least 2 yrs old)	VILTEPSO	NC	SP
XHANCE EXHU	NP		VYONDYS 53	C	SP; PA
ZETONNA AERS	NP		<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
<b>Sympathomimetic Decongestants</b>			BOTOX IJ	NC	SP
PHENYLEPHRINE HCL CRYSTALS	NC		DYSPOREX	NC	SP
PHENYLEPHRINE HCL POWDER	NC	RX/OTC	XEOMIN	NC	SP
PHENYLEPHRINE HYDROCHLORIDE POWDER	NC	RX/OTC	<b>Nondepolarizing Muscle Relaxants</b>		
PHENYLPROPANOLAMINE HYDROCHLORIDE USP	NC		<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	NC	
PSEUDOEPHEDRINE HCL CRYSTALS	NC		<i>cisatracurium besylate SOLN</i>	NC	
PSEUDOEPHEDRINE HCL POWDER	NC		NIMBEX SOLN (Use <i>cisatracurium besylate</i> )	NC	
<i>pseudoephedrine hcl TABS</i>	C		<i>rocuronium bromide SOLN</i>	NC	
<i>pseudoephedrine hcl TB12</i>	C	QL(2 ea daily)	<i>vecuronium bromide SOLN</i>	NC	
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>			<b>Spinal Muscular Atrophy Agents (SMA)</b>		
<b>ALS Agents</b>			EVRYSDI	NC	SP
RILUTEK TABS (Use <i>riluzole</i> )	NC	PA	SPINRAZA	NC	
<i>riluzole TABS</i>	C	PA	ZOLGENSMA 10.1-10.5 KG	NC	
<b>Depolarizing Muscle Relaxants</b>			ZOLGENSMA 10.6-11.0 KG	NC	
ANECTINE SOLN	NC		ZOLGENSMA 11.1-11.5 KG	NC	
<i>succinylcholine chloride SOLN</i>	NC		ZOLGENSMA 11.6-12.0 KG	NC	
SUCCINYLCHOLINE CHLORIDE SOLN	NC		ZOLGENSMA 12.1-12.5 KG	NC	
			ZOLGENSMA 12.6-13.0 KG	NC	
			ZOLGENSMA 13.1-13.5 KG	NC	



Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 2.6-3.0 KG	NC	
ZOLGENSMA 3.1-3.5 KG	NC	
ZOLGENSMA 3.6-4.0 KG	NC	
ZOLGENSMA 4.1-4.5 KG	NC	
ZOLGENSMA 4.6-5.0 KG	NC	
ZOLGENSMA 5.1-5.5 KG	NC	
ZOLGENSMA 5.6-6.0 KG	NC	
ZOLGENSMA 6.1-6.5 KG	NC	
ZOLGENSMA 6.6-7.0 KG	NC	
ZOLGENSMA 7.1-7.5 KG	NC	
ZOLGENSMA 7.6-8.0 KG	NC	
ZOLGENSMA 8.1-8.5 KG	NC	
ZOLGENSMA 8.6-9.0 KG	NC	
ZOLGENSMA 9.1-9.5 KG	NC	
ZOLGENSMA 9.6-10.0 KG	NC	

## NUTRIENTS

### Carbohydrates

DEXTROSE 30% SOLN	NC	
DEXTROSE ANHYDROUS GRAN	NC	
DEXTROSE ANHYDROUS POWD	NC	RX/OTC
DEXTROSE MONOHYDRATE POWD	NC	RX/OTC
DEXTROSE POWD	NC	RX/OTC
<i>dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML</i>	NC	
DEXTROSE SOLN	NC	
FRUCTOSE GRAN	NC	RX/OTC
FRUCTOSE POWD	NC	

### Lipids

CLINOLIPID	NC	
INTRALIPID	NC	
NUTRILIPID	NC	
OMEGA VEN	NC	
SMOFLIPID	NC	

Drug Name	Drug Tier	Requirements/Limits
Lipotropics		
CHOLINE BITARTRATE CRYST	NC	
CHOLINE BITARTRATE POWD	NC	
LECITHIN GRAN XX	NC	RX/OTC
PREGNITUDE	NC	
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS</i>	C	QL(6 ea daily)
Protein-Carbohydrate-Lipid Combinations		
KABIVEN	NC	
PERIKABIVEN	NC	
Proteins		
ALANINE POWD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amino acid infusion SOLN</i> 1.04 GM/100ML-2.17 GM/100ML-592 MG/100ML-434 MG/100ML-39 MG/100ML-1.04 GM/100ML-749 MG/100ML-1.04 GM/100ML-894 MG/100ML-147.4 MEQ/L- 960 MG/100ML-749 MG/100ML-250 MG/100ML-749 MG/100ML-1.47 GM/100ML-894 MG/100ML-749 MG/100ML-1.18 GM/100ML, 1040 MG/100ML-2170 MG/100ML-592 MG/100ML-434 MG/100ML-1180 MG/100ML-39 MG/100ML-1040 MG/100ML-749 MG/100ML-1040 MG/100ML-894 MG/100ML-151 MEQ/L- 960 MG/100ML-749 MG/100ML-250 MG/100ML-749 MG/100ML-1470 MG/100ML-894 MG/100ML-749 MG/100ML, 750 MG/100ML-1490 MG/100ML-795 MG/100ML-1050 MG/100ML-1500 MG/100ML-258 MG/100ML-447 MG/100ML-450 MG/100ML-107.6 MEQ/L- 750 MG/100ML-600 MG/100ML-300 MG/100ML-990 MG/100ML-1527 MG/100ML-1083 MG/100ML-405 MG/100ML-1107	NC		MG/100ML-50 MEQ/L- 1575 MG/100ML		
			AMINOSYN-PF 7% SOLN	NC	
			CLINIMIX 4.25%/DEXTROSE 10%	NC	
			CLINIMIX 4.25%/DEXTROSE 5%	NC	
			CLINIMIX 5%/DEXTROSE 15%	NC	
			CLINIMIX 5%/DEXTROSE 20%	NC	
			CLINIMIX 6/5	NC	
			CLINIMIX 8/10	NC	
			CLINIMIX 8/14	NC	
			CLINIMIX E 2.75%/DEXTROSE 5%	NC	
			CLINIMIX E 4.25%/DEXTROSE 10%	NC	
			CLINIMIX E 4.25%/DEXTROSE 5%	NC	
			CLINIMIX E 5%/DEXTROSE 15%	NC	
			CLINIMIX E 5%/DEXTROSE 20%	NC	
			CLINIMIX E 8/10	NC	
			CLINIMIX E 8/14	NC	
			DL-ALANINE POWD	NC	RX/OTC
			DL-LEUCINE POWD XX	NC	RX/OTC
			DL-METHIONINE POWD XX	NC	RX/OTC
			DL-PHENYLALANINE POWD	NC	RX/OTC
			ELCYS	NC	
			GLUTATHIONE-L REDUCED POWD	NC	RX/OTC
			GLUTATHIONE-L POWD	NC	RX/OTC
			GLUTATHIONE POWD	NC	RX/OTC
			L-ALANINE POWD	NC	RX/OTC
			L-ARGININE BASE POWD XX	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
L-ARGININE POWD XX	NC	RX/OTC
L-CYSTINE POWD	NC	RX/OTC
LEUCINE POWD XX	NC	RX/OTC
L-GLUTAMIC ACID	NC	RX/OTC
L-GLUTAMINE CRYSTALS	NC	
L-GLUTAMINE POWD XX	NC	RX/OTC
L-GLUTATHIONE CRYSTALS	NC	
L-HISTIDINE	NC	RX/OTC
L-HISTIDINE MONOHYDROCHLORIDE MONOHYDRATE POWD	NC	
L-HISTIDINE MONOHYDROCHLORIDE CRYSTALS	NC	
L-ISOLEUCINE POWD XX	NC	RX/OTC
L-LEUCINE POWD XX	NC	RX/OTC
L-METHIONINE POWD XX	NC	RX/OTC
L-ORNITHINE POWD	NC	
L-PHENYLALANINE POWD	NC	RX/OTC
L-PROLINE POWD	NC	RX/OTC
L-THREONINE CRYSTALS	NC	
L-TRYPTOPHAN POWD	NC	RX/OTC
L-TYROSINE POWD XX	NC	RX/OTC
L-VALINE CRYSTALS	NC	
L-VALINE POWD XX	NC	RX/OTC
METHIONINE POWD XX	NC	RX/OTC
PROSOL SOLN	NC	
TAURINE LIQD	NC	
TAURINE POWD	NC	
THREONINE POWD XX	NC	RX/OTC
TRYPTOPHAN POWD	NC	RX/OTC
VALINE POWD XX	NC	RX/OTC
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
Artificial Tears and Lubricants		
BION TEARS	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	NC	
FRESHKOTE PF	NC	
LACRISERT	NC	
<i>polyvinyl alcohol 1.4 %</i>	C	
REFRESH	NC	
REFRESH DIGITAL PF	NC	
REFRESH OPTIVE ADVANCED SENSITIVE	NC	
REFRESH OPTIVE MEGA-3	NC	
REFRESH RELIEVA PF SOLN	NC	
SYSTANE COMPLETE PF	NC	
VENTIVA	NC	
VENTIVA TEARS PLUS SOLN	NC	
<i>white petrolatum-mineral oil</i>	C	1 package(s) per fill retail
<b>Beta-blockers - Ophthalmic</b>		
<i>betaxolol hcl (ophth) SOLN</i>	P	1 package(s) per 31 day(s) retail
BETIMOL	NP	
BETOPTIC-S SUSP	NC	
BETOPTIC-S SUSP	NP	
<i>brimonidine tartrate-timolol maleate</i>	NP	
<i>carteolol hcl (ophth)</i>	P	1 max fill(s) per 31 day(s) retail
COMBIGAN ( <i>Use brimonidine tartrate-timolol maleate</i> )	P	
COSOPT ( <i>Use dorzolamide hcl-timolol maleate</i> )	NP	QL(10 ml per 31 day(s) retail)
COSOPT PF ( <i>Use dorzolamide hcl-timolol maleate</i> )	NP	
<i>dorzolamide hcl-timolol maleate</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per 31 day(s) retail)	CYCLOGYL 0.5 %	C	
ISTALOL SOLN ( <i>Use timolol maleate (ophth)</i> )	NP		CYCLOMYDRIL	NC	
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ml per 31 day(s) retail)	<i>cyclopentolate hcl 2 %</i>	C	1 package(s) per 31 day(s) retail
<i>timolol maleate (ophth) SOLG</i>	P		<i>cyclopentolate hcl 0.5 %, 1 %</i>	C	
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ml per 31 day(s) retail)	ISOPTO ATROPINE SOLN	C	
<i>timolol maleate (ophth) SOLN</i>	NC	QL(15 ml per 31 day(s) retail)	MYDCOMBI SOCT	NC	
<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP		MYDRIACYL SOLN ( <i>Use tropicamide</i> )	NC	
TIMOPTIC OCUDOSE SOLN 0.5 % ( <i>Use timolol maleate (ophth)</i> )	NC	QL(15 ea per 31 day(s) retail)	<i>phenylephrine hcl (mydriatic) SOLN</i>	NC	
TIMOPTIC OCUDOSE SOLN ( <i>Use timolol maleate (ophth)</i> )	NP	QL(15 ea per 31 day(s) retail)	TROPICAMIDE POWD	NC	
TIMOPTIC SOLN ( <i>Use timolol maleate (ophth)</i> )	NC	QL(15 ml per 31 day(s) retail)	<i>tropicamide SOLN</i>	C	
TIMOPTIC-XE SOLG ( <i>Use timolol maleate (ophth)</i> )	NC		<b>Miotics</b>		
<b>Cholinergic Agonists</b>			MIOCHOL-E SOLR	NC	
TYRVAYA	NP		MIOSTAT IO	NC	
<b>Cycloplegic Mydriatics</b>			PHOSPHOLINE IODIDE	NC	
<i>atropine sulfate (ophthalmic) OINT</i>	C	QL(4 gm per fill retail)	<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	C	
<i>atropine sulfate (ophthalmic) SOLN</i>	C		VUITY SOLN	NC	
ATROPINE SULFATE SOLN 1 % ( <i>Use atropine sulfate (ophthalmic)</i> )	NC		<b>Ophthalmic - Angiogenesis Inhibitors</b>		
ATROPINE SULFATE SOLN 1 %	C		EYLEA SOSY	C	SP; PA
CYCLOGYL 2 %	C	1 package(s) per 31 day(s) retail	VABYSMO SOLN	NC	SP
CYCLOGYL ( <i>Use cyclopentolate hcl</i> )	NC		VABYSMO SOSY	NC	
			<b>Ophthalmic Adrenergic Agents</b>		
			ALPHAGAN P ( <i>Use brimonidine tartrate</i> )	P	
			<i>apraclonidine hcl</i>	NP	
			<i>brimonidine tartrate 0.1 %, 0.15 %</i>	NP	
			<i>brimonidine tartrate 0.2 %</i>	P	1 package(s) per 31 day(s) retail
			IOPIDINE	NP	
			LUMIFY	NC	
			SIMBRINZA	NC	

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA	NP	
Ophthalmic Anti-infectives		
AZASITE	NP	
BACIGUENT	C	QL(4 gm per 31 day(s) retail)
<i>bacitracin (ophthalmic)</i>	C	QL(4 gm per 31 day(s) retail)
<i>bacitracin-polymyxin b (ophth)</i>	C	QL(4 gm per 31 day(s) retail)
BESIVANCE	NP	
BETADINE OPHTHALMIC PREP	NC	
CILOXAN OINT	NP	1 package(s) per fill retail
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	1 package(s) per fill retail
<i>ciprofloxacin hcl (ophth) SOLN</i>	NC	1 package(s) per fill retail
ERYTHROMYCIN	C	
<i>erythromycin (ophth)</i>	C	
<i>gatifloxacin (ophth)</i>	NP	
<i>gentamicin sulfate (ophth) SOLN</i>	C	2 package(s) per fill retail
MITOMYCIN SOSY 0.02 %, 0.04 %	NC	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	QL(3 ml per fill retail)
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NC	QL(3 ml per fill retail)
NATACYN	NC	
<i>neomycin-bacitracin zn-polymyxin</i>	C	QL(4 gm per 31 day(s) retail)
<i>neomycin-polymyxin-gramicidin</i>	C	1 package(s) per fill retail
OCUFLOX (Use <i>ofloxacin (ophth)</i> )	NP	QL(10 ml per 31 day(s) retail)
<i>ofloxacin (ophth)</i>	NP	QL(10 ml per 31 day(s) retail)
<i>ofloxacin (ophth)</i>	NC	QL(10 ml per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim</i>	C	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
POVIDONE IODINE	NC	
<i>sulfacetamide sodium (ophth) OINT</i>	C	QL(4 gm per 31 day(s) retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	C	QL(15 ml per 31 day(s) retail)
<i>tobramycin (ophth) SOLN</i>	NC	QL(5 ml per 31 day(s) retail)
<i>tobramycin (ophth) SOLN</i>	NP	QL(5 ml per 31 day(s) retail)
TOBREX OINT	NP	
<i>trifluridine</i>	C	QL(8 ml per 31 day(s) retail)
VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i> )	P	QL(3 ml per fill retail)
XDEMVY	NC	
ZIRGAN GEL	NC	
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	C	QL(15 ml per 31 day(s) retail)
NAPHCN-A (Use <i>naphazoline w/ pheniramine</i> )	NC	QL(15 ml per 31 day(s) retail)
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	C	1 package(s) per 31 day(s) retail
<i>tetrahydrozoline-polyethylene glycol-zinc sulfate</i>	NC	
VISINE RED EYE COMFORT (Use <i>tetrahydrozoline hcl (ophth)</i> )	NC	1 package(s) per 31 day(s) retail
Ophthalmic Gene Therapy		
LUXTURNA	NC	
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine (ophth) EMUL</i>	NP		INVELTYS SUSP	NC	
<i>cyclosporine (ophth) EMUL</i>	NC		LOTEMAX SM GEL	NC	
KLARITY-C DROPS EMUL	NC		LOTEMAX OINT	NC	
RESTASIS MULTIDOSE EMUL	P		<i>loteprednol etabonate GEL</i>	NC	
RESTASIS EMUL ( <i>Use cyclosporine (ophth)</i> )	P		<i>loteprednol etabonate SUSP 0.5 %</i>	NC	
VERKAZIA EMUL	NP		<i>loteprednol etabonate SUSP 0.2 %</i>	NP	
VEVYE SOLN	NP		MAXIDEX SUSP OP	NC	
Ophthalmic Integrin Antagonists			MAXITROL OINT ( <i>Use neomycin-polymyx-dexameth</i> )	NC	QL(4 gm per 31 day(s) retail)
XIIDRA	P		MAXITROL SUSP ( <i>Use neomycin-polymyx-dexameth</i> )	NC	QL(10 ml per 31 day(s) retail)
Ophthalmic Kinase Inhibitors			<i>neomycin-polymyx-dexameth OINT</i>	C	QL(4 gm per 31 day(s) retail)
RHOPRESSA	NC		<i>neomycin-polymyx-dexameth SUSP</i>	C	QL(10 ml per 31 day(s) retail)
ROCKLATAN	NC		<i>neomycin-polymyxin-hc (ophth)</i>	C	QL(15 ml per 31 day(s) retail)
Ophthalmic Local Anesthetics			PRED FORTE ( <i>Use prednisolone acetate (ophth)</i> )	NC	QL(15 ml per 31 day(s) retail)
AKTEN	NC		PRED MILD	C	1 package(s) per 31 day(s) retail
<i>proparacaine hcl</i>	NC		<i>prednisolone acetate (ophth)</i>	C	QL(15 ml per 31 day(s) retail)
<i>tetracaine hcl (ophth)</i>	C		PREDNISOLONE ACETATE P-F	C	QL(15 ml per 31 day(s) retail)
Ophthalmic Steroids			PREDNISOLONE SODIUM PHOSPHATE	C	1 package(s) per 31 day(s) retail
ALREX SUSP ( <i>Use loteprednol etabonate</i> )	NP		<i>sulfacetamide sod-prednisolone SOLN</i>	C	QL(10 ml per 31 day(s) retail)
<i>bacitracin-poly-neomycin-hc</i>	NC		TOBRADEX ST SUSP	NC	
<i>dexamethasone sodium phosphate (ophth)</i>	C		TOBRADEX OINT	C	QL(4 gm per 31 day(s) retail)
DEXYCU SUSP IO	NC	SP	TOBRADEX SUSP ( <i>Use tobramycin-dexamethasone</i> )	NC	1 package(s) per 31 day(s) retail
<i>difluprednate</i>	NC				
EYSUVIS SUSP	NP				
FLAREX	NC				
<i>fluorometholone (ophth) SUSP</i>	C	1 package(s) per 31 day(s) retail			
FML FORTE SUSP	NC				
FML LIQUIFILM SUSP ( <i>Use fluorometholone (ophth)</i> )	NC	1 package(s) per 31 day(s) retail			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone SUSP</i>	C	1 package(s) per 31 day(s) retail	<i>dorzolamide hcl</i>	P	QL(10 ml per 31 day(s) retail)
ZYLET	NC		<i>epinastine hcl (ophth)</i>	NP	
Ophthalmic Surgical Aids			<i>fluorescein sodium injection IV 10 %</i>	NC	
GELFILM OP	NC		<i>fluorescein sodium topical STRP 1 MG</i>	NC	
HEALON5 PRO SOSY	NC		FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE	NC	
OMIDRIA	NC		FLUOR-I-STRIPS A.T. STRP	NC	
Ophthalmics - Misc.			<i>flurbiprofen sodium</i>	P	QL(5 ml per 31 day(s) retail)
<i>ACULAR (Use ketorolac tromethamine (ophth))</i>	NP	1 package(s) per 31 day(s) retail	GLOSTRIPS STRP 1 MG	NC	
<i>ACULAR LS (Use ketorolac tromethamine (ophth))</i>	NP	1 max fill(s) per 31 day(s) retail	ILEVRO	NP	
ACUVAIL	NP		<i>ketorolac tromethamine (ophth) 0.5 %</i>	NC	1 package(s) per 31 day(s) retail
ALOCRIAL	P	QL(5 ml per 31 day(s) retail)	<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	1 package(s) per 31 day(s) retail
ALOMIDE	P	QL(10 ml per 31 day(s) retail)	<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	1 max fill(s) per 31 day(s) retail
<i>azelastine hcl (ophth)</i>	NP	QL(6 ml per 31 day(s) retail)	<i>ketotifen fumarate (ophth) 0.035 %</i>	NC	QL(10 ml per 31 day(s) retail)
<i>AZOPT (Use brinzolamide)</i>	P	1 package(s) per 31 day(s) retail	<i>ketotifen fumarate (ophth) 0.035 %</i>	P	QL(10 ml per 31 day(s) retail)
<i>bepotastine besilate</i>	NP		MIEBO	NP	
BEPREVE ( <i>Use bepotastine besilate</i> )	NP		NEVANAC	P	
BIO GLO STRP	NC		<i>olopatadine hcl</i>	NC	RX/OTC
<i>brinzolamide</i>	NP	1 package(s) per 31 day(s) retail	PROLENSA ( <i>Use bromfenac sodium (ophth)</i> )	NP	
<i>bromfenac sodium (ophth)</i>	NP		TRUSOPT ( <i>Use dorzolamide hcl</i> )	NC	QL(10 ml per 31 day(s) retail)
BROMSITE ( <i>Use bromfenac sodium (ophth)</i> )	NP		ZADITOR 0.035 % ( <i>Use ketotifen fumarate (ophth)</i> )	P	QL(10 ml per 31 day(s) retail)
BSS PLUS SOLN	NC		ZERVIAE	NP	
BSS SOLN	NC		Prostaglandins - Ophthalmic		
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per 31 day(s) retail)	<i>bimatoprost SOLN</i>	NP	
CYSTADROPS	NC	SP			
<i>diclofenac sodium (ophth)</i>	P	QL(3 ml per 31 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits
DURYSTA IMPL	NC	
IDOSE TR IMPL	NC	
IYUZEH SOLN	NP	
<i>latanoprost SOLN</i>	P	QL(5 ml per 31 day(s) retail)
<i>latanoprost SOLN</i>	NC	QL(5 ml per 31 day(s) retail)
LATANOPROST SOLN	NC	QL(5 ml per 31 day(s) retail)
LUMIGAN SOLN 0.01 %	P	
<i>tafluprost</i>	NP	
TRAVATAN Z SOLN (Use <i>travoprost</i> )	P	
<i>travoprost SOLN</i>	NP	
VYZULTA	NP	
XALATAN SOLN (Use <i>latanoprost</i> )	NP	QL(5 ml per 31 day(s) retail)
XELPROS EMUL	NP	
ZIOPTAN (Use <i>tafluprost</i> )	NP	
ZIOPTAN (Use <i>tafluprost</i> )	NC	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	C	QL(15 ml per 31 day(s) retail)
<i>carbamide peroxide (otic) 6.5 %</i>	C	QL(15 ml per 31 day(s) retail)
DEBROX 6.5 % (Use <i>carbamide peroxide (otic)</i> )	NC	QL(15 ml per 31 day(s) retail)
Otic Anti-infectives		
CETRAXAL (Use <i>ciprofloxacin hcl (otic)</i> )	NC	
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	NC	1 package(s) per fill retail
<i>ofloxacin (otic)</i>	P	1 package(s) per fill retail
Otic Combinations		
CIPRO HC	NP	

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX (Use <i>ciprofloxacin-dexamethasone</i> )	P	QL(7.5 ml per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-dexamethasone</i>	P	QL(7.5 ml per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-fluocinolone acetamide</i>	NP	
CORTISPORIN-TC	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	1 package(s) per fill retail
OTOVEL (Use <i>ciprofloxacin-fluocinolone acetamide</i> )	NC	
Otic Steroids		
DERMOTIC (Use <i>fluocinolone acetamide (otic)</i> )	NC	1 package(s) per 31 day(s) retail
<i>fluocinolone acetamide (otic)</i>	C	1 package(s) per 31 day(s) retail
<i>hydrocortisone w/acetic acid</i>	C	QL(20 ml per 31 day(s) retail)
HYDROCORTISONE/ACETIC ACID (Use <i>hydrocortisone w/acetic acid</i> )	NC	QL(20 ml per 31 day(s) retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
Abortifacients/Agents for Cervical Ripening		
<i>carboprost tromethamine SOLN</i>	NC	
CARBOPROST TROMETHAMINE SOSY	NC	
CERVIDIL INST	NC	
PREPIDIL GEL	NC	
Oxytocics		



Drug Name	Drug Tier	Requirements/Limits
<i>methylergonovine maleate SOLN</i>	NC	
<i>methylergonovine maleate TABS</i>	C	
<i>oxytocin</i>	NC	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Antitoxins-Antivenins</b>		
ANTIVENIN LATRODECTUS MACTANS	NC	
ANTIVENIN NORTH AMERICANCORAL SNAKE	NC	
<b>Immune Serums</b>		
ALYGLO	NC	
ASCENIV	NC	
GAMMAGARD LIQUID	C	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	C	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA
HYPERHEP B SOLN IM	NC	SP
HYPERHEP B SOSY 110 UNIT/0.5ML	NC	SP
HYPERRAB SOLN	NC	
HYPERRHO S/D MINI-DOSE SOSY IM	NC	SP
HYPERRHO S/D SOSY IM 1500 UNIT	C	SP
HYPERTET SOSY	NC	PA
IMOGAM RABIES-HT SOLN 300 UNIT/2ML	NC	

Drug Name	Drug Tier	Requirements/Limits
KEDRAB SOLN	NC	
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	NC	SP
NABI-HB SOLN IM	NC	SP
OCTAGAM SOLN 30 GM/300ML	C	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	C	SP
RHOPHYLAC SOSY IJ	NC	SP
VARIZIG SOLN	NC	
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	NC	SP
XEMBIFY	C	SP; PA
<b>Monoclonal Antibodies</b>		
EVUSHELD	NC	
SYNAGIS SOLN	C	SP; PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
AMOXICILLIN TRIHYDRATE POWD	NC	
<i>amoxicillin CAPS</i>	C	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	C	
<i>amoxicillin SUSR</i>	C	
AMOXICILLIN SUSR (Use <i>amoxicillin</i> )	NC	
<i>amoxicillin TABS 500 MG</i>	NC	
<i>amoxicillin TABS 875 MG</i>	C	
<i>ampicillin sodium IJ 1 GM, 2 GM, 125 MG, 250 MG, 500 MG</i>	NC	
<i>ampicillin CAPS 500 MG</i>	C	
<b>Natural Penicillins</b>		
BICILLIN L-A SUSY	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EXTENCILLINE SUSR	C	QL(1 ea per 28 day(s) retail)	AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	NC	QL(30 ea per fill retail)
LENTOCILIN SUSR	C	QL(1 ea per 28 day(s) retail)	BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	NC	
<i>penicillin g potassium</i>	NC		<i>piperacillin sodium-tazobactam sodium</i>	NC	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	NC		ZOSYN	NC	
<i>penicillin g sodium</i>	NC		Penicillinase-Resistant Penicillins		
<i>penicillin v potassium SOLR</i>	C		<i>dicloxacillin sodium</i>	C	
<i>penicillin v potassium TABS</i>	C		NAFCILLIN	NC	
Penicillin Combinations			<i>nafcillin sodium IJ 1 GM, 2 GM</i>	NC	
<i>amoxicillin &amp; pot clavulanate CHEW</i>	C	QL(20 ea per fill retail)	<i>oxacillin sodium IV 10 GM</i>	NC	
<i>amoxicillin &amp; pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML</i>	C	1 package(s) per fill retail	OXACILLIN SODIUM 2 GM/50ML-300 MG/50ML	NC	
<i>amoxicillin &amp; pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	C	2 package(s) per fill retail	<b>PHARMACEUTICAL ADJUVANTS</b>		
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-875 MG</i>	C	QL(20 ea per fill retail)	Alkalizing Agents		
<i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	C	QL(30 ea per fill retail)	TROLAMINE	NC	RX/OTC
<i>amoxicillin &amp; pot clavulanate TB12</i>	C	QL(40 ea per 31 day(s) retail)	Antimicrobial Agents		
<i>ampicillin &amp; sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>	NC		BENZYL ALCOHOL	NC	RX/OTC
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	NC	2 package(s) per fill retail	BUTYLPARABEN	NC	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	C	1 package(s) per fill retail	CHLOROBUTANOL ANHYDROUS POWD	NC	
			CHLOROBUTANOL CRYST	NC	
			CHLOROBUTANOL POWD	NC	
			METHYLPARABEN	NC	RX/OTC
			POTASSIUM SORBATE CRYST	NC	
			POTASSIUM SORBATE POWD	NC	
			PROPYLPARABEN	NC	RX/OTC
			SORBIC ACID	NC	RX/OTC
			Coloring Agents		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AMARANTH	NC		FOOD COLOR YELLOW	NC	RX/OTC
BRILLIANT BLUE G	NC		LISSAMINE GREEN B	NC	
EVANS BLUE	NC		QUINIZARIN GREEN SS	NC	
FD&C BLUE #2	NC	RX/OTC	SULPHAN BLUE	NC	
FD&C RED #40	NC	RX/OTC	TRYPAN BLUE	NC	
FD&C RED #40 ALUMINUM LAKE	NC		Flavoring Agents		
FD&C YELLOW #5	NC	RX/OTC	ALFALFA FLAVOR POWD	NC	RX/OTC
FD&C YELLOW #6 ALUMINUM LAKE	NC	RX/OTC	ALMOND OIL BITTER FLAVOR LIQD	NC	RX/OTC
FDC BLUE 1 ALUMINUM LAKE	NC	RX/OTC	ANISE EXTRACT LIQD	NC	RX/OTC
FDC BLUE 1 POWD	NC	RX/OTC	ANISE FLAVOR OIL	NC	RX/OTC
FDC BLUE 2	NC	RX/OTC	APPLE FLAVOR WATER MISCIBLE POWD	NC	RX/OTC
FDC GREEN #3	NC	RX/OTC	APPLE FLAVOR LIQD	NC	RX/OTC
FDC RED #3	NC	RX/OTC	APPLE FLAVOR POWD	NC	RX/OTC
FDC RED 40	NC	RX/OTC	APRICOT FLAVOR LIQD	NC	RX/OTC
FDC YELLOW 5 ALUMINUM LAKE	NC	RX/OTC	APRICOT FLAVOR POWD	NC	RX/OTC
FDC YELLOW 6	NC	RX/OTC	BACON FLAVOR NATURAL LIQD	NC	RX/OTC
FOOD COLOR BLACK	NC	RX/OTC	BACON FLAVOR LIQD	NC	RX/OTC
FOOD COLOR BLUE	NC	RX/OTC	BANANA CONCENTRATE LIQD	NC	RX/OTC
FOOD COLOR BLUE ROYAL	NC		BANANA CREAM FLAVOR LIQD	NC	RX/OTC
FOOD COLOR BROWN	NC	RX/OTC	BANANA CREME FLAVOR LIQD	NC	RX/OTC
FOOD COLOR FLESH	NC		BANANA FLAVOR LIQD	NC	RX/OTC
FOOD COLOR GREEN LIQD	NC		BEEF BRAISED NATURAL FLAVOR LIQD	NC	RX/OTC
FOOD COLOR GREEN POWD	NC	RX/OTC	BEEF FLAVOR LIQD	NC	RX/OTC
FOOD COLOR LIME GREEN	NC	RX/OTC	BEEF FLAVOR POWD	NC	RX/OTC
FOOD COLOR ORANGE	NC	RX/OTC	BEEF TYPE FLAVOR NATURALCHLORIDE FREE LIQD	NC	RX/OTC
FOOD COLOR PINK	NC		BEEF TYPE FLAVOR NATURAL LIQD	NC	RX/OTC
FOOD COLOR RED	NC		BEEF TYPE FLAVOR OS LIQD	NC	RX/OTC
FOOD COLOR RED	NC	RX/OTC			
FOOD COLOR VIOLET	NC				
FOOD COLOR WHITE	NC				
FOOD COLOR YELLOW	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BEEF-ADE POWD	NC	RX/OTC	CHEESE-ADE FLAVOR POWD	NC	RX/OTC
BENZALDEHYDE	NC		CHEESECAKE FLAVOR LIQD	NC	RX/OTC
BITTER STOP FLAVOR LIQD	NC	RX/OTC	CHERRY FLAVOR LIQD	NC	RX/OTC
BITTER-BLOC PURE POWD	NC	RX/OTC	CHERRY-ADE FLAVOR POWD	NC	RX/OTC
BITTER-BLOC WS POWDER POWD	NC	RX/OTC	CHICKEN (GRILLED) FLAVOR LIQD	NC	RX/OTC
BITTER-BLOC WS/OS LIQUID CONC	NC	RX/OTC	CHICKEN BROTH FLAVOR SPRAY DRIED POWD	NC	RX/OTC
BITTERNESS MASK FLAVOR LIQD	NC	RX/OTC	CHICKEN CONC FLAVOR LIQD	NC	RX/OTC
BITTERNESS REDUCING AGENT POWD	NC	RX/OTC	CHICKEN FLAVOR OIL SOLUBLE LIQD	NC	RX/OTC
BITTERNESS SUPPRESSOR FLAVOR LIQD	NC	RX/OTC	CHICKEN FLAVOR WATER MISCIBLE LIQD	NC	RX/OTC
BITTERNESS SUPPRESSOR FLAVOR LIQD	NC	RX/OTC	CHICKEN FLAVOR LIQD	NC	RX/OTC
BLACKBERRY FLAVOR LIQD	NC	RX/OTC	CHICKEN FLAVOR POWD	NC	RX/OTC
BLOOD ORANGE OS LIQD	NC	RX/OTC	CHICKEN ROASTED CONCENTRATE LIQD	NC	RX/OTC
BLUEBERRY FLAVOR LIQD	NC	RX/OTC	CHOCOLATE CONCENTRATE CONC	NC	RX/OTC
BUBBLE GUM CONCENTRATE LIQD	NC	RX/OTC	CHOCOLATE FLAVOR LIQD	NC	RX/OTC
BUBBLE GUM FLAVOR LIQD	NC	RX/OTC	CHOCOLATE FLAVOR POWD	NC	RX/OTC
BUBBLE GUM OS LIQD	NC	RX/OTC	CHOCOLATE HAZELNUT FLAVOR LIQD	NC	RX/OTC
BUBBLE GUM WS LIQD	NC	RX/OTC	CHOCOLATE NATURAL & ARTIFICIAL FLAVOR CONC	NC	RX/OTC
BUBBLEGUM FLAVOR LIQD	NC	RX/OTC	CINNAMON FLAVOR OIL	NC	RX/OTC
BUTTER FLAVOR LIQD	NC	RX/OTC	COCONUT FLAVOR LIQD	NC	RX/OTC
BUTTER RUM FLAVOR LIQD	NC	RX/OTC	COFFEE FLAVOR LIQD	NC	RX/OTC
BUTTERSCOTCH FLAVOR LIQD	NC	RX/OTC	COLA FLAVOR LIQD	NC	RX/OTC
CAMEL FLAVOR LIQD	NC	RX/OTC	COTTON CANDY FLAVOR LIQD	NC	RX/OTC
CAMEL OS LIQD	NC	RX/OTC	CRAN-RASPBERRY FLAVOR LIQD	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CREME DE MENTHE FLAVOR LIQD	NC	RX/OTC	LIVER CONCENTRATE LIQD	NC	RX/OTC
CREME DE MENTHE FLAVOR OIL	NC	RX/OTC	LIVER FLAVOR LIQD	NC	RX/OTC
CREME DEMENTHE FLAVOR LIQD	NC	RX/OTC	LIVER FLAVOR POWD	NC	RX/OTC
CREME OS LIQD	NC	RX/OTC	MANGO FLAVOR SWEETENED POWD	NC	RX/OTC
ENGLISH TOFFEE FLAVOR LIQD	NC	RX/OTC	MANGO FLAVOR LIQD	NC	RX/OTC
EUCALYPTUS FLAVOR OIL	NC	RX/OTC	MANGO FLAVOR POWD	NC	RX/OTC
EUGENOL FLAVOR LIQD	NC	RX/OTC	MANGO PASSION FRUIT OS LIQD	NC	RX/OTC
FISH FLAVOR LIQD	NC	RX/OTC	MAPLE FLAVOR LIQD	NC	RX/OTC
FLAVOR CONCENTRATE/CHLOR HEXIDINE CONC	NC	RX/OTC	MARSHMALLOW ARTIFICIAL FLAVOR CONC	NC	RX/OTC
FLAVORX LIQD	NC	RX/OTC	MARSHMALLOW FLAVOR LIQD	NC	RX/OTC
GRAPE CONCORD OS LIQD	NC	RX/OTC	MARSHMALLOW OS LIQD	NC	RX/OTC
GRAPE FLAVOR LIQD	NC	RX/OTC	MARSHMALLOW WS LIQD	NC	RX/OTC
GRAPEFRUIT FLAVOR PINK OIL	NC	RX/OTC	MINT CHOCOLATE CHIP FLAVOR LIQD	NC	RX/OTC
GREEN APPLE OS LIQD	NC	RX/OTC	MOLASSES FLAVOR POWD	NC	RX/OTC
GRILLED BEEF FLAVOR NATURAL OIL SOLUBLE LIQD	NC	RX/OTC	NATURAL CARAMEL LIQD	NC	RX/OTC
GRILLED CHICKEN FLAVOR NATURAL OIL MISCIBLE LIQD	NC	RX/OTC	ORANGE CONCENTRATE LIQD	NC	RX/OTC
GUAVA FLAVOR LIQD	NC	RX/OTC	ORANGE CREAM FLAVOR LIQD	NC	RX/OTC
HAM FLAVOR LIQD	NC	RX/OTC	ORANGE FLAVOR LIQD	NC	RX/OTC
HONEY FLAVOR LIQD	NC	RX/OTC	ORANGE FLAVOR POWD	NC	RX/OTC
KAHLUA FLAVOR LIQD	NC	RX/OTC	ORANGE OIL FLAVOR LIQD	NC	RX/OTC
LEMON EXTRACT LIQD	NC	RX/OTC	PASSION FRUIT FLAVOR SWEETENED POWD	NC	RX/OTC
LEMON FLAVOR LIQD	NC	RX/OTC	PASSION FRUIT FLAVOR POWD	NC	RX/OTC
LEMON FLAVOR OIL	NC	RX/OTC	PCCA SWEETNESS ENHANCER LIQD	NC	RX/OTC
LEMONADE FLAVOR OIL	NC	RX/OTC			
LEMON-LIME SD POWD	NC	RX/OTC			
LICORICE FLAVOR LIQD	NC	RX/OTC			
LIME FLAVOR OIL	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEACH FLAVOR LIQD	NC	RX/OTC	SWEET CORN FLAVOR CONCENTRATE CONC	NC	RX/OTC
PEANUT BUTTER FLAVOR LIQD	NC	RX/OTC	SWEET DROPS LIQD	NC	RX/OTC
PEANUT BUTTER FLAVOR OIL	NC	RX/OTC	SWEETENING ENHANCER/FLAVORX LIQD	NC	RX/OTC
PEANUT BUTTER OS CONC	NC	RX/OTC	SWEETENING ENHANCER LIQD	NC	RX/OTC
PEPPERMINT BURST OS LIQD	NC	RX/OTC	TANGERINE FLAVOR SWEETENED POWD	NC	RX/OTC
PEPPERMINT FLAVOR OIL	NC	RX/OTC	TANGERINE FLAVOR OIL	NC	RX/OTC
PINA COLADA FLAVOR LIQD	NC	RX/OTC	TANGERINE FLAVOR POWD	NC	RX/OTC
PINEAPPLE FLAVOR LIQD	NC	RX/OTC	TEABERRY FLAVOR OIL	NC	RX/OTC
PRALINES AND CREAM FLAVOR LIQD	NC	RX/OTC	TRITTAB PEPPERMINT ICE CONC	NC	RX/OTC
PUMPKIN FLAVOR LIQD	NC	RX/OTC	TROPICAL FUSION OS LIQD	NC	RX/OTC
RASPBERRY CONCENTRATE CONC	NC	RX/OTC	TROPICAL FUSION WS LIQD	NC	RX/OTC
RASPBERRY FLAVOR ARTIFICIAL CONC	NC	RX/OTC	TROPICAL PUNCH FLAVOR LIQD	NC	RX/OTC
RASPBERRY FLAVOR LIQD	NC	RX/OTC	TUNA FLAVOR LIQD	NC	RX/OTC
RASPBERRY FLAVOR POWD	NC	RX/OTC	TUNA FLAVOR POWD	NC	RX/OTC
RASPBERRY OS LIQD	NC	RX/OTC	TUNA TYPE FLAVOR OS LIQD	NC	RX/OTC
ROOT BEER FLAVOR LIQD	NC	RX/OTC	TUTTI FRUTTI CONCENTRATE CONC	NC	RX/OTC
SARDINE FLAVOR LIQD	NC	RX/OTC	TUTTI FRUTTI FLAVOR LIQD	NC	RX/OTC
SHRIMP FLAVOR LIQD	NC	RX/OTC	TUTTI-FRUTTI FLAVOR LIQD	NC	RX/OTC
SPEARMINT FLAVOR OIL	NC	RX/OTC	VANILLA BUTTERNUT FLAVOR LIQD	NC	RX/OTC
SPEARMINT OS LIQD	NC	RX/OTC	VANILLA FLAVOR LIQD	NC	RX/OTC
STEVIA GLYCERITE LIQUID EXTRACT LIQD	NC	RX/OTC	VANILLA OS LIQD	NC	RX/OTC
STRAWBERRY FLAVOR LIQD	NC	RX/OTC	VANILLIN FLAVOR POWD	NC	RX/OTC
STRAWBERRY OS LIQD	NC	RX/OTC	VERY BERRY OS LIQD	NC	RX/OTC
SUPER SYNERSWEET FLAVOR POWD	NC	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
VITAMIN/IRON MASKING AGENT FLAVOR LIQD	NC	RX/OTC
WATERMELON FLAVOR LIQD	NC	RX/OTC
WILD CHERRY FLAVOR LIQD	NC	RX/OTC
WILD CHERRY OS LIQD	NC	RX/OTC
WILD CHERRY SD N&A FLAVOR CONCENTRATE POWD	NC	RX/OTC
Liquid Vehicles		
ALCOHOL DEHYDRATED	NC	RX/OTC
<i>bacteriostatic sodium chloride</i>	NC	
BACTERIOSTATIC WATER FORINJECTION/BENZYL ALCOHOL	NC	
BASE GELATIN GUMMY TROCHE	NC	RX/OTC
COLLODION	NC	RX/OTC
CUSTOM POLYGLYCOL TROCHEBASE WAX	NC	RX/OTC
DEHYDRATED ALCOHOL	NC	RX/OTC
ETHYL ALCOHOL 95 %, 100 %	NC	RX/OTC
ETHYL ALCOHOL 200 PROOF	NC	RX/OTC
FIXED OIL SUSPENSION	NC	RX/OTC
FOS-A	NC	RX/OTC
GUM BASE GELATIN	NC	RX/OTC
KLEAR GUMMY BASE	NC	RX/OTC
PCCA CUSTOM NATATROCHE HMP BASE WAX	NC	RX/OTC
PCCA CUSTOM TROCHE BASE WAX	NC	RX/OTC
PCCA FIXED OIL BASE	NC	RX/OTC
PCCA NATATROCHE BASE WAX	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PCCA PRACAMAC BASE OIL	NC	
REGENT ALCOHOL	NC	RX/OTC
SORBITOL XX 70 %	C	RX/OTC
<i>water for injection, sterile IJ</i>	NC	
Pharmaceutical Adjuvants Miscellaneous		
METER BUFFER PH 10	NC	
METER BUFFER PH 4	NC	
METER BUFFER PH 7	NC	
PH 10 BUFFER	NC	
PH 4 BUFFER	NC	
PH 7 BUFFER	NC	
Pharmaceutical Excipients		
ACACIA	NC	RX/OTC
ACACIA SPRAY-DRIED	NC	RX/OTC
ARLASILK PHOSPHOLIPID PLN	NC	
ASTRAGALUS ROOT POWD	NC	RX/OTC
BACOCALMINE LIQD	NC	
BASE X FLAK	NC	
BASE-PCCA MBK (FATTY ACID)	NC	
BEES WAX	NC	RX/OTC
BEESWAX	NC	RX/OTC
BENTONITE POWD	NC	RX/OTC
BITTER DRUG POWDER	NC	RX/OTC
C10-C30 ALKYL ACRYLATE CROSSPOLYMER POWD	NC	RX/OTC
CAMPHOR GUM BLOCKS	NC	
CAPSORALWITH DYNAMIC STATIC GUARD	NC	RX/OTC
CAPSUBLEND-H	NC	RX/OTC
CAPSUBLEND-P	NC	RX/OTC
CAPSUBLEND-S	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARRAGEENAN	NC		LACTOSE MONOHYDRATE	NC	RX/OTC
CETYL ALCOHOL FLAK	NC	RX/OTC	LACTOSE MONOHYDRATE SPRAYDRIED	NC	RX/OTC
CETYL ALCOHOL POWD	NC		LECITHIN ISOPROPYL PALMITATE SOLN	NC	
COCOA BUTTER DEODORIZED MISC	NC	RX/OTC	LIPMAX SOLN	NC	
COCOA BUTTER CREA	NC		LIPOIL OIL	NC	
COCOA BUTTER MISC	NC	RX/OTC	LIQUIGEL COMPLEX	NC	
COLLASIL OSA POWD	NC	RX/OTC	LOLLIBASE	NC	RX/OTC
DISPERSERX UFP	NC		LOLLIPOP BASE	NC	RX/OTC
ECTOSEAL P2G	NC	RX/OTC	LOVO-ODF CUSTOM LIQD	NC	
EFFERVESCENT	NC		LOXORAL BASE	NC	RX/OTC
EMULGADE CM	NC		MAGNESIUM STEARATE	NC	RX/OTC
EMULSIFYING WAX	NC		MEDI-RDT BASE POWD	NC	RX/OTC
ETHYL ACETATE	NC		MEDI-RDT KIT	NC	
EXCELL-RDT SF BASE POWD	NC	RX/OTC	(MULTIDOSE) KIT	NC	
FAGRON CAPFILL PRO	NC	RX/OTC	MEDI-RDT KIT KIT	NC	
FAGRON DISPERSAPRO	NC	RX/OTC	METHYLCELLULOSE GEL	NC	
FATTYBLEND MISC	NC	RX/OTC	METHYLCELLULOSE POWD	NC	RX/OTC
FIZZMIX BASE	NC		MUCOLOX LIQD	NC	
F-MELT POWD	NC	RX/OTC	NAT BITTERNESS	NC	RX/OTC
FREEDOM LOLLIPOP BASE MISC	NC		NATURAL BITTERNESS	NC	RX/OTC
FREEDOM ODT BASE POWD	NC	RX/OTC	OLEIC ACID LIQD	NC	
FREEDOM SIMPLECAP POWDER	NC	RX/OTC	PARAFFIN	NC	RX/OTC
GALEN IQ 900	NC		PCCA CUSTOM RDT POWDER POWD	NC	RX/OTC
GELATIN	NC		PCCA EMULSIFIX-205 BASE	NC	
GELATIN TYPE A	NC		PCCA LECITHIN ISOPROPYL PALMITATE SOLN	NC	
GUM ARABIC MILLED	NC	RX/OTC	PCCA LOXASPERSE BASE	NC	
GUM ARABIC SPRAY-DRIED	NC	RX/OTC	PCCA RAPID DISSOLVE TABLET POWDER BASE POWD	NC	RX/OTC
KARAYA GUM	NC	RX/OTC			
KRYSTAL SF	NC				
LACTOSE	NC	RX/OTC			
LACTOSE ANHYDROUS	NC	RX/OTC			
LACTOSE HYDROUS	NC	RX/OTC			



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PCCA SORBITOL LOLLIPOP BASE FLAK	NC		STEARYL ALCOHOL POWD	NC	
PCCA XYLIFOS BASE	NC		SUBMAGNA SL HMW	NC	
PLURONIC F127 POWD	NC	RX/OTC	SUPPOSIBLEND PLLT	NC	RX/OTC
PLURONIC L64 LIQD	NC		SUPPOSI-PLEX R36 PLLT	NC	RX/OTC
PLURONIC GEL	NC	RX/OTC	SUPPOSI-PLEX V33 PLLT	NC	RX/OTC
POLOXAMER 188 POWD	NC	RX/OTC	SYNAPSIN POWD	NC	RX/OTC
POLOXAMER 407 POWD	NC	RX/OTC	TRAGACANTH POWD	NC	RX/OTC
POLOX GEL	NC	RX/OTC	TRITTAB	NC	RX/OTC
POLYBLEND RX MISC	NC	RX/OTC	UCARE POLYMER JR-400 POWD	NC	RX/OTC
POLYMATRIX POWDER POWD	NC	RX/OTC	WAX PARAFFIN BEADS	NC	RX/OTC
POLYPEG SUPPOSITORY BASE MISC	NC	RX/OTC	WHITE BEES WAX	NC	RX/OTC
PROCAP 100 HD CAPSULE EXCIPIENT	NC	RX/OTC	WHITE WAX	NC	RX/OTC
PROCAP 90 CAPSULE EXCIPIENT	NC	RX/OTC	WHITE WAX PASTILLES	NC	RX/OTC
RDT BASE POWD	NC	RX/OTC	WITEPSOL H15 BASE F PLLT	NC	RX/OTC
RDT-PLUS POWD	NC	RX/OTC	WITEPSOL H15 PLLT	NC	RX/OTC
SEPINEO P 600	NC		WITEPSOL PLLT	NC	RX/OTC
SHEA BUTTER	NC	RX/OTC	WITEPSOL WAX	NC	
SHEA BUTTER ORGANIC	NC	RX/OTC	XANTHAN GUM	NC	RX/OTC
SODIUM BENZOATE	NC	RX/OTC	YELLOW WAX	NC	RX/OTC
SODIUM LAURYL SULFATE	NC		ZINC STEARATE	NC	
SODIUM THIOSULFATE POWD	NC		<b>Semi Solid Vehicles</b>		
SORBITOL CANDY BASE CRYSTALS	NC		ANHYDROUS GEL BASE	NC	RX/OTC
SPG SUPPOSI-BASE PLLT	NC	RX/OTC	BABY SKIN PROTECTANT	NC	RX/OTC
STEARIC ACID TRIPLE PRESSED POWD	NC	RX/OTC	BASE A POLYETHYLENE GLYCOL 1450 POWD	NC	
STEARIC ACID FLAK	NC		BASE C POLYETHYLENE GLYCOL 300	NC	RX/OTC
STEARIC ACID POWD	NC	RX/OTC	BASE C POLYETHYLENE GLYCOL E 300	NC	RX/OTC
STEARYL ALCOHOL FLAK	NC	RX/OTC	BASE D POLYETHYLENE GLYCOL 4500	NC	
			BASE D POLYETHYLENE GLYCOL 4600	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BHRT BASE	NC	RX/OTC	LIOPEN ANHYDROUS	NC	
CHEMSIL K-12	NC		LIPOSOMAL HAIR	NC	RX/OTC
CHEMSIL K-51	NC	RX/OTC	LIPOVAN BASE CREA	NC	
CHEW-HESIVE	NC		LUBRAJEL NP	NC	RX/OTC
CLOVAGEL	NC	RX/OTC	MEDIBASE C	NC	RX/OTC
DAILY MOISTURIZER	NC	RX/OTC	NOVAFILM	NC	RX/OTC
DERMASHIELD HYDROGEL	NC	RX/OTC	OINTMENT BASE EMULSIFYING	NC	
FAGRON VERSIFIX LIQD	NC		OLEABASE PLASTICIZED	NC	RX/OTC
FREEDOM ADAPTADERM	NC	RX/OTC	ORA-HESIVE BASE	NC	
FREEDOM CEPAPRO	NC	RX/OTC	PCCA GELATIN BASE	NC	
FREEDOM SILOMAC ANHYDROUS	NC	RX/OTC	PCCA LIPODERM HMW	NC	RX/OTC
HORMONE CREAM BASE	NC	RX/OTC	PCCA OCCLUSADERM	NC	RX/OTC
HORMONE CREAM BASE BOTANICAL	NC	RX/OTC	PCCA PERME8 ANHYDROUS	NC	RX/OTC
HRT BASE	NC	RX/OTC	PCCA PLASTICIZED BASE	NC	RX/OTC
HRT BASE FOR MEN	NC		PCCA PLURONIC F127 BASE	NC	
HRT BOTANICAL	NC	RX/OTC	PCCA POLOXAMER 407	NC	
HRT BOTANICAL BASE	NC	RX/OTC	PCCA SPIRA-WASH BASE	NC	RX/OTC
HRT CREAM BASE	NC	RX/OTC	PCCA W06 ANHYDROUS TOPICAL	NC	RX/OTC
HRT CREAM BASE WOMEN	NC	RX/OTC	PEG 300	NC	RX/OTC
HRT ESSENTIAL CREAM	NC	RX/OTC	PETROLATUM	NC	RX/OTC
HRT HEAVY	NC	RX/OTC	PETROLEUM JELLY	NC	RX/OTC
HRT NATURAL LOTION	NC		PETROLEUM JELLYBABY	NC	RX/OTC
JELENE	NC	RX/OTC	PLASTIBASE	NC	RX/OTC
KRIS-ESTER 236	NC		PLASTICIZED BASE	NC	RX/OTC
<i>lanolin XX</i>	C		PLO TRANSDERMAL CREAM CREA	NC	
LANOLIN XX	C		PLURONIC F127	NC	
LANOLIN ALCOHOL WAX	NC		POLYETHYLENE GLYCOL 1000 LIQD	NC	
LANOLIN OIL	NC		POLYETHYLENE GLYCOL 1000 POWD	NC	
LIDOCAINE-PRILOCAINE-CREAM BASE 2.5 %-2.5 %	NC				
LIP BALM BASE NATURAL	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POLYETHYLENE GLYCOL 1450 FLAK	NC		VERSABASE HRT GEL	NC	RX/OTC
POLYETHYLENE GLYCOL 1450 LIQD	NC	RX/OTC	VERSABASE CREA	NC	
POLYETHYLENE GLYCOL 1450 POWD	NC		VERSABASE GEL	NC	RX/OTC
POLYETHYLENE GLYCOL 200	NC		VERSABASE LOTN	NC	
POLYETHYLENE GLYCOL 300	NC	RX/OTC	VERSABASE SHAM	NC	
POLYETHYLENE GLYCOL 3350 GRAN	NC		VERSAPENN (AL) ANHYDROUSLIPID BASE GEL	NC	
POLYETHYLENE GLYCOL 3350 POWD	NC	RX/OTC	VERSAPRO	NC	
POLYETHYLENE GLYCOL 400	NC	RX/OTC	VERSAPRO	NC	RX/OTC
POLYETHYLENE GLYCOL 4500	NC		VERSAPRO ANHYDROUS BASE	NC	RX/OTC
POLYETHYLENE GLYCOL 600	NC		WILEY BASIC ELEMENTS BHRTBASE	NC	RX/OTC
POLYETHYLENE GLYCOL 8000 GRAN	NC		YELLOW PETROLATUM	NC	RX/OTC
POLYETHYLENE GLYCOL 8000 POWD	NC	RX/OTC	ZOSIL	NC	
POLYETHYLENE GLYCOL NF POWD	NC		<b>Surfactants</b>		
POLYMAC PROGEL	NC	RX/OTC	MYRJ 53 POWD	NC	RX/OTC
RA PETROLEUM JELLY	NC	RX/OTC	POLYOXYL 40 STEARATE PLLT	NC	
RENEWCREAM HRT	NC	RX/OTC	POLYOXYL 40 STEARATE POWD	NC	RX/OTC
SCAR CARE BASE ENHANCED	NC	RX/OTC	<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
SIMPLGEL 30	NC	RX/OTC	<b>Progestins</b>		
SKIN PROTECTANT PETROLATUM	NC	RX/OTC	AYGESTIN TABS ( <i>Use norethindrone acetate</i> )	NC	
SUSPENDIT	NC	RX/OTC	<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	C	
TDC MAX CREAM CREA	NC		<i>megestrol acetate (appetite)</i>	NP	
TOMMY GEL	NC	RX/OTC	NORETHINDRONE ACETATE POWD	NC	
TRANSDERMAL PAIN BASE CREA	NC		<i>norethindrone acetate TABS</i>	C	
VERSABASE FOAM FOAM	NC		<i>progesterone CAPS</i>	C	QL(1 ea daily)
			<i>progesterone OIL</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROMETRIUM CAPS (Use progesterone)	NC	QL(1 ea daily)	<i>galantamine hydrobromide CP24</i>	NP	QL(1 ea daily)
PROVERA (Use medroxyprogesterone acetate)	NC		<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ml daily)
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>			<i>galantamine hydrobromide TABS</i>	NC	QL(2 ea daily)
<b>Agents for Chemical Dependency</b>			<i>galantamine hydrobromide TABS</i>	NP	QL(2 ea daily)
<i>acamprosate calcium</i>	NC		<i>memantine hcl CP24</i>	NP	
<i>disulfiram 500 MG</i>	NC		<i>memantine hcl CP24</i>	NC	
<i>disulfiram 250 MG</i>	C		<i>memantine hcl SOLN 2 MG/ML</i>	P	QL(10 ml daily)
<i>lofexidine hcl</i>	NC		<i>memantine hcl TABS</i>	NP	
<b>Anti-Cataplectic Agents</b>			<i>memantine hcl TABS</i>	P	QL(2 ea daily)
XYWAV	NC	SP	NAMENDA TITRATION PAK TABS (Use memantine hcl)	NP	Titration pack
<b>Antidementia Agents</b>			NAMENDA XR CP24 (Use memantine hcl)	NP	
ADLARITY PTWK	NP		NAMENDA TABS 10 MG (Use memantine hcl)	NP	QL(2 ea daily)
ADUHELM	NC	SP	NAMZARIC C4PK	NP	
ARICEPT TABS 23 MG (Use donepezil hydrochloride)	NP		NAMZARIC CP24	NP	
ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	NP	QL(1 ea daily)	RAZADYNE ER CP24 (Use galantamine hydrobromide)	NC	QL(1 ea daily)
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	NC	QL(1 ea daily)	<i>rivastigmine 13.3 MG/24HR</i>	NC	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)	<i>rivastigmine 13.3 MG/24HR</i>	NP	
<i>donepezil hydrochloride TABS 23 MG</i>	NP		<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NC	QL(1 ea daily)
<i>donepezil hydrochloride TBDP</i>	P		<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	QL(1 ea daily)
EXELON 13.3 MG/24HR (Use rivastigmine)	P		<i>rivastigmine tartrate CAPS</i>	P	QL(2 ea daily)
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	P	QL(1 ea daily)	<i>rivastigmine tartrate CAPS</i>	NC	QL(2 ea daily)
<i>galantamine hydrobromide CP24</i>	NC	QL(1 ea daily)	<b>Combination Psychotherapeutics</b>		
			<i>chlordiazepoxide-amitriptyline</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LYBALVI	NC		<i>dimethyl fumarate CPDR 240 MG</i>	PA	PA
LYBALVI	NP		<i>dimethyl fumarate CPDR 240 MG</i>	NC	SP
<i>olanzapine-fluoxetine hcl</i>	NP		<i>dimethyl fumarate CPDR</i>	PA	SP; PA
<i>perphenazine-amitriptyline</i>	C	QL(4 ea daily)	EXTAVIA KIT	NP	SP
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use <i>olanzapine-fluoxetine hcl</i> )	NP		<i> fingolimod hcl</i>	NC	
Fibromyalgia Agents			<i> fingolimod hcl</i>	NP	QL(1 ea daily)
SAVELLA TITRATION PACK MISC	NP	QL(55 ea per 365 day(s) retail)	GILENYA 0.25 MG	NP	SP
SAVELLA TABS	NP	QL(2 ea daily)	GILENYA (Use <i> fingolimod hcl</i> )	NP	QL(1 ea daily); SP
Metachromatic Leukodystrophy (MLD) Agents			GILENYA 0.5 MG	NP	QL(1 ea daily)
LENMELDY	NC		<i> glatiramer acetate SOSY</i>	NP	
Movement Disorder Drug Therapy			KESIMPTA	NP	SP
AUSTEDO XR PATIENT TITRATION KIT TEPK	NP	SP	MAYZENT TABS 2 MG	NP	
AUSTEDO XR TB24	P	SP	PLEGRIDY STARTER PACK SOPN	NP	SP
AUSTEDO TABS	P	SP	PLEGRIDY STARTER PACK SOSY SC	NP	SP
<i>tetrabenazine</i>	P	SP	PLEGRIDY SOPN	NP	
XENAZINE (Use <i>tetrabenazine</i> )	NP	SP	PLEGRIDY SOPN	NP	SP
Multiple Sclerosis Agents			PLEGRIDY SOSY IM	NP	
AUBAGIO (Use <i>teriflunomide</i> )	NP	QL(1 ea daily)	PLEGRIDY SOSY SC	NP	SP
AUBAGIO (Use <i>teriflunomide</i> )	NC	QL(1 ea daily)	REBIF REBIDOSE TITRATIONPACK SOAJ	NP	SP
AVONEX PEN AJKT	P	SP	REBIF REBIDOSE SOAJ	NP	SP
AVONEX PSKT	P	SP	REBIF REBIDOSE SOAJ	NP	
BAFIERTAM	NP	SP	REBIF TITRATION PACK SOSY	NP	SP
BETASERON KIT	P	SP	REBIF SOSY	NP	SP
COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i> )	NP		REBIF SOSY	NP	
COPAXONE SOSY 20 MG/ML (Use <i>glatiramer acetate</i> )	P		TECFIDERA STARTER PACK CDPK (Use <i>dimethyl fumarate</i> )	NP	SP
<i>dimethyl fumarate CDPK</i>	PA	SP; PA	TECFIDERA CPDR (Use <i>dimethyl fumarate</i> )	NP	SP
			<i>teriflunomide</i>	NP	QL(1 ea daily)
			VUMERITY	NP	SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Agents			NICORETTE MINI LOZG 4 MG (Use nicotine polacrilex)	NC	QL(20 ea daily)
<i>gabapentin (once-daily) TABS</i>	NP		NICORETTE MINI LOZG (Use nicotine polacrilex)	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)
GRALISE MISC	NP		NICORETTE STARTER KIT GUM 4 MG (Use nicotine polacrilex)	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)
GRALISE TABS (Use <i>gabapentin (once-daily)</i> )	NP		NICORETTE GUM 4 MG (Use nicotine polacrilex)	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)
GRALISE TABS	NP		NICORETTE LOZG (Use nicotine polacrilex)	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)
LYRICA CR (Use <i>pregabalin (once-daily)</i> )	NP		<i>nicotine polacrilex GUM</i>	NC	QL(24 ea daily)
<i>pregabalin (once-daily)</i>	NP		<i>nicotine polacrilex GUM</i>	NC	
Premenstrual Dysphoric Disorder (PMDD) Agents			<i>nicotine polacrilex GUM</i>	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)
<i>fluoxetine hcl (pmdd) TABS</i>	NC		Restless Leg Syndrome (RLS) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	P		HORIZANT	NP	
Pseudobulbar Affect (PBA) Agents			Smoking Deterrents		
NUEDEXTA	NC		APO-VARENICLINE TABS 1 MG	C	QL(2 ea daily; 56 ea per fill retail)
Psychotherapeutic and Neurological Agents - Misc.			APO-VARENICLINE TABS 0.5 MG	C	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)
<i>ergoloid mesylates TABS</i>	NC		<i>bupropion hcl (smoking deterrent)</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)
<i>pimozide</i>	NC				
			<i>nicotine polacrilex LOZG</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex LOZG</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)	<i>varenicline tartrate TBPK</i>	C	Limit: 2 Smoking Cessation Treatments per Year; QL(53 ea per fill retail); 2 max fill(s) per 365 day(s) retail
<i>nicotine polacrilex LOZG</i>	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)	<b>Transthyretin Amyloidosis Agents</b>		
<i>nicotine polacrilex LOZG</i>	NC	QL(20 ea daily)	TEGSEDI	C	SP; PA
NICOTINE TRANSDERMAL SYSTEM KIT	P	Limit: 2 Smoking Cessation Treatments per Year; QL(56 ea per fill retail); 2 max fill(s) per 365 day(s) retail	<b>Vasomotor Symptom Agents</b>		
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(1 ea daily)	<i>paroxetine mesylate (vasomotor)</i>	NP	
NICOTROL INHALER INHA	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(16.8 ea daily); SL	<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
NICOTROL NS SOLN	P	Limit: 2 Smoking Cessation Treatments per Year; QL(4 ml daily); SL	Alpha-Proteinase Inhibitor (Human)		
<i>varenicline tartrate TABS 1 MG</i>	C	QL(2 ea daily; 56 ea per fill retail)	ZEMAIRA SOLR 4000 MG, 5000 MG	NC	
<i>varenicline tartrate TABS 0.5 MG</i>	C	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)	<b>Cystic Fibrosis Agents</b>		
			BRONCHITOL	NC	SP
			BRONCHITOL TOLERANCE TEST	NC	SP
			ORKAMBI PACK	C	SP; PA
			ORKAMBI TABS	C	SP; PA
			SYMDEKO	C	SP; PA
			TRIKAFTA TBPK	C	QL(3 ea daily); SP; PA
			<b>Pulmonary Fibrosis Agents</b>		
			ESBRIET CAPS ( <i>Use pirfenidone</i> )	NC	SP; PA
			ESBRIET TABS ( <i>Use pirfenidone</i> )	NC	SP; PA
			OFEV	C	SP; PA
			<i>pirfenidone CAPS</i>	C	SP; PA
			<i>pirfenidone TABS</i>	C	SP; PA
			<b>Respiratory Agents - Misc.</b>		
			CUROSURF TR 120 MG/1.5ML, 240 MG/3ML	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURVANTA INTRATRACHEAL	NC		<i>doxycycline (monohydrate) CAPS</i>	NP	
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>			<i>doxycycline (monohydrate) SUSR</i>	NP	
Sulfonamides			<i>doxycycline (monohydrate) TABS 75 MG, 100 MG, 150 MG</i>	NC	
SULFADIAZINE SODIUM	NC		<i>doxycycline (monohydrate) TABS</i>	NP	
SULFADIAZINE POWD	NC		<i>doxycycline hyclate CAPS 100 MG</i>	NC	
<i>sulfadiazine TABS</i>	NC		<i>doxycycline hyclate CAPS</i>	P	
SULFAMETHOXAZOLE	NC		DOXYCYCLINE HYCLATE POWD	NC	
SULFAMETHOXAZOLE MICRO	NC		<i>doxycycline hyclate SOLR</i>	NC	
SULFAPYRIDINE	NC		<i>doxycycline hyclate TABS 20 MG, 50 MG, 100 MG</i>	NC	
SULFATHIAZOLE	NC		<i>doxycycline hyclate TABS</i>	P	
SULFISOXIZOLE CRYSTALS	NC		<i>doxycycline hyclate TBEC</i>	NP	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>			<i>doxycycline hyclate TBEC 150 MG</i>	NC	
Aminomethylcyclines			MINOCIN SOLR	NC	
NUZYRA SOLR	NC		<i>minocycline hcl CAPS</i>	NC	
NUZYRA TABS	NP		<i>minocycline hcl CAPS</i>	P	
Fluorocyclines			MINOCYCLINE HCL POWD	NC	
XERAVA	NC		<i>minocycline hcl TABS</i>	NC	
Glycylcyclines			<i>minocycline hcl TABS</i>	P	
<i>tigecycline</i>	NC		<i>minocycline hcl TB24 105 MG, 135 MG</i>	NC	
TIGECYCLINE	NC		<i>minocycline hcl TB24</i>	NP	
Tetracyclines			MINOLIRA TB24	NC	
ACTICLATE TABS ( <i>Use doxycycline hyclate</i> )	NC		OXYTETRACYCLINE HCL	NC	
<i>demeclocycline hcl TABS</i>	NP		SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG ( <i>Use minocycline hcl</i> )	NP	
DORYX MPC TBEC	NP		<i>tetracycline hcl CAPS</i>	P	
DORYX TBEC 50 MG, 80 MG, 200 MG ( <i>Use doxycycline hyclate</i> )	NP		TETRACYCLINE HYDROCHLORIDE TABS	P	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	NC				



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINE HYDROCHLORID TABS	P		NP THYROID 30 TABS	C	
VIBRAMYCIN CAPS ( <i>Use doxycycline hyclate</i> )	NP		NP THYROID 60 TABS	C	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>			NP THYROID 90 TABS	C	
Antithyroid Agents			SYNTHROID TABS ( <i>Use levothyroxine sodium</i> )	NC	
METHIMAZOLE POWD	NC		THYQUIDITY SOLN OR	NC	
<i>methimazole TABS</i>	C		THYROID PORCINE POWD	NC	
<i>propylthiouracil</i>	C		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
Thyroid Hormones			TIROSINT CAPS	NC	
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	NC		TIROSINT CAPS	NC	
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C		TIROSINT-SOL SOLN OR	NC	
ARMOUR THYROID TABS	C		TRIOSTAT SOLN ( <i>Use liothyronine sodium</i> )	NC	
CYTOMEL TABS ( <i>Use liothyronine sodium</i> )	NC		<b>TOXOIDS</b>		
ERMEZA SOLN OR	NC		Toxoid Combinations		
<i>levothyroxine sodium CAPS</i>	NC		ADACEL SUSP	C	
LEVOTHYROXINE SODIUM SOLN IV	NC		BOOSTRIX SUSP	C	
LEVOTHYROXINE SODIUM SOLN IV	NC		BOOSTRIX SUSY	C	
<i>levothyroxine sodium SOLR IV</i>	NC		DAPTACEL	C	
LEVOTHYROXINE SODIUM SOLR IV ( <i>Use levothyroxine sodium</i> )	NC		DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	C	
<i>levothyroxine sodium TABS</i>	C		INFANRIX	C	
<i>liothyronine sodium SOLN</i>	NC		KINRIX SUSY	C	
<i>liothyronine sodium TABS</i>	C		PEDIARIX SUSY	C	
NIVA THYROID TABS	C		PENTACEL	C	
NP THYROID 120 TABS	C		QUADRACEL SUSP	C	
NP THYROID 15 TABS	C		QUADRACEL SUSY	C	
			TDVAX SUSP	C	
			TENIVAC INJ	C	
			TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	C	
			VAXELIS SUSP	C	
			VAXELIS SUSY	C	
			<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>and Stomach Conditions</b>		
<b>Antispasmodics</b>		
ATROPINE SULFATE	NC	
ATROPINE SULFATE MONOHYDRATE	NC	
<i>atropine sulfate SOLN IV 0.4 MG/ML, 1 MG/ML</i>	NC	
<i>atropine sulfate SOSY IJ</i>	NC	
ATROPINE SULFATE SOSY IV 0.4 MG/ML	NC	
BELLADONNA/OPIUM	NC	
<i>chlordiazepoxide hcl-clidinium bromide</i>	NC	
DARTISLA ODT TBDP	NC	
<i>dicyclomine hcl CAPS</i>	C	
<i>dicyclomine hcl SOLN IM</i>	NC	
<i>dicyclomine hcl SOLN OR</i>	C	QL(496 ml per 31 day(s) retail)
<i>dicyclomine hcl TABS</i>	C	
GLYCATE TABS	NC	
<i>glycopyrrolate SOLN IJ</i>	NC	
<i>glycopyrrolate SOSY IJ</i>	NC	
GLYCOPYRROLATE SOSY IJ 0.6 MG/3ML	NC	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	C	QL(4 ea daily)
GLYCOPYRROLATE TABS	NC	
GLYRX-PF SOLN IJ	NC	
GLYRX-PF SOSY IJ	NC	
<i>hyoscyamine sulfate ELIX</i>	C	
HYOSCYAMINE SULFATE POWD	NC	
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	C	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	C	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	C	

Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate TB12 0.375 MG</i>	C	QL(4 ea daily)
ISOPROPAMIDE IODIDE	NC	
LEVBIID TB12 ( <i>Use hyoscyamine sulfate</i> )	NC	QL(4 ea daily)
LEVSIN/SL SUBL ( <i>Use hyoscyamine sulfate</i> )	NC	
LEVSIN TABS ( <i>Use hyoscyamine sulfate</i> )	NC	
<i>methscopolamine bromide</i>	NC	
PROPANTHELINE BROMIDE POWD	NC	
ROBINUL FORTE TABS ( <i>Use glycopyrrolate</i> )	NC	QL(4 ea daily)
ROBINUL TABS ( <i>Use glycopyrrolate</i> )	NC	QL(4 ea daily)
SCOPOLAMINE HBR POWD	NC	
<b>H-2 Antagonists</b>		
<i>cimetidine hcl OR 300 MG/5ML</i>	NC	
<i>cimetidine hcl OR 300 MG/5ML</i>	NP	
CIMETIDINE POWD	NC	
<i>cimetidine TABS 400 MG</i>	NC	
<i>cimetidine TABS</i>	NP	
<i>famotidine in nacl SOLN</i>	NC	
<i>famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML</i>	NC	
<i>famotidine SUSR</i>	NC	
<i>famotidine SUSR</i>	P	
<i>famotidine TABS 10 MG</i>	C	
<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC
<i>famotidine TABS 20 MG, 40 MG</i>	NC	RX/OTC
<i>nizatidine CAPS</i>	NP	
PEPCID AC MAXIMUM STRENGTH TABS ( <i>Use famotidine</i> )	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEPCID AC TABS ( <i>Use famotidine</i> )	NC		<i>lansoprazole CPDR 30 MG</i>	NP	QL(2 ea daily)
PEPCID AC TABS ( <i>Use famotidine</i> )	NC	RX/OTC	<i>lansoprazole CPDR 15 MG</i>	NC	QL(4 ea daily); RX/OTC
PEPCID TABS ( <i>Use famotidine</i> )	NP	RX/OTC	<i>lansoprazole TBDD 15 MG</i>	NC	RX/OTC
Misc. Anti-Ulcer			<i>lansoprazole TBDD</i>	NP	
CARAFATE SUSP ( <i>Use sucralfate</i> )	NC	QL(420 ml per fill retail)	NEXIUM 24HR CLEAR MINIS CPDR ( <i>Use esomeprazole magnesium</i> )	NC	QL(2 ea daily); RX/OTC
CARAFATE TABS ( <i>Use sucralfate</i> )	NC	QL(4 ea daily)	NEXIUM 24HR CPDR ( <i>Use esomeprazole magnesium</i> )	NC	QL(2 ea daily); RX/OTC
SUCRALFATE POWD	NC		NEXIUM CPDR 40 MG ( <i>Use esomeprazole magnesium</i> )	NP	
<i>sucralfate SUSP</i>	C	QL(420 ml per fill retail)	NEXIUM PACK ( <i>Use esomeprazole magnesium</i> )	P	
<i>sucralfate TABS</i>	C	QL(4 ea daily)	NEXIUM PACK	P	
Proton Pump Inhibitors			<i>omeprazole magnesium TBEC</i>	C	QL(1 ea daily)
ACIPHEX TBEC ( <i>Use rabeprazole sodium</i> )	NP		<i>omeprazole CPDR</i>	P	QL(2 ea daily)
ACIPHEX TBEC ( <i>Use rabeprazole sodium</i> )	NC		<i>omeprazole CPDR</i>	NC	QL(2 ea daily)
DEXILANT ( <i>Use dexlansoprazole</i> )	P		<i>omeprazole TBDD</i>	NC	
<i>dexlansoprazole</i>	NP		<i>omeprazole TBEC</i>	C	QL(1 ea daily)
<i>dexlansoprazole</i>	NC		PANTOPRAZOLE SODIUM/SODIUM CHLORIDE	NC	
<i>esomeprazole magnesium CPDR</i>	NC		<i>pantoprazole sodium PACK</i>	NP	
<i>esomeprazole magnesium CPDR</i>	NP		<i>pantoprazole sodium SOLR</i>	NC	
<i>esomeprazole magnesium CPDR 20 MG</i>	NP	QL(2 ea daily); RX/OTC	<i>pantoprazole sodium TBEC 20 MG</i>	NC	QL(1 ea daily)
<i>esomeprazole magnesium CPDR 20 MG</i>	NC	QL(2 ea daily); RX/OTC	<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 ea daily)
<i>esomeprazole magnesium PACK</i>	NP		<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 ea daily)
<i>esomeprazole sodium 40 MG</i>	NC		<i>pantoprazole sodium TBEC 40 MG</i>	NC	QL(2 ea daily)
<i>lansoprazole CPDR 15 MG</i>	NP	QL(4 ea daily); RX/OTC			
<i>lansoprazole CPDR 30 MG</i>	NC	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
PREVACID SOLUTAB TBDD (Use lansoprazole)	NP	RX/OTC
PREVACID CPDR 30 MG (Use lansoprazole)	NP	QL(2 ea daily)
PRILOSEC OTC TBEC (Use omeprazole magnesium)	NC	QL(1 ea daily)
PRILOSEC PACK	NP	
PROTONIX PACK (Use pantoprazole sodium)	P	
PROTONIX TBEC 20 MG (Use pantoprazole sodium)	NP	QL(1 ea daily)
PROTONIX TBEC 40 MG (Use pantoprazole sodium)	NP	QL(2 ea daily)
rabeprazole sodium TBEC	NC	
rabeprazole sodium TBEC	NP	
VOQUEZNA	NC	
Ulcer Drugs - Prostaglandins		
CYTOTEC (Use misoprostol)	NC	
misoprostol	C	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	C	14 day(s) max supply per 365 day(s) retail
bismuth subcitrate potassium-metronidazole-tetracycline	NC	
KONVOMEPEP SUSR	NP	
OMECLAMOXY-PAK	NC	
omeprazole-sodium bicarbonate CAPS	NP	
omeprazole-sodium bicarbonate CAPS	NC	
omeprazole-sodium bicarbonate PACK	NP	
TALICIA	NC	
VOQUEZNA DUAL PAK	NC	
VOQUEZNA TRIPLE PAK	NC	

Drug Name	Drug Tier	Requirements/Limits
ZEGERID CAPS (Use omeprazole-sodium bicarbonate)	NP	
ZEGERID PACK (Use omeprazole-sodium bicarbonate)	NP	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	NP	
DETROL LA CP24 (Use tolterodine tartrate)	NP	QL(1 ea daily)
DETROL TABS (Use tolterodine tartrate)	NP	QL(2 ea daily)
DITROPAN XL TB24 5 MG (Use oxybutynin chloride)	NC	
fesoterodine fumarate	NP	
GELNIQUE GEL 10 %	NP	
oxybutynin chloride SOLN	P	
oxybutynin chloride TABS 2.5 MG	P	
oxybutynin chloride TABS 5 MG	P	QL(3 ea daily)
oxybutynin chloride TABS 5 MG	NC	QL(3 ea daily)
oxybutynin chloride TB24 5 MG	NC	QL(2 ea daily)
oxybutynin chloride TB24	P	QL(2 ea daily)
OXYTROL FOR WOMEN PTTW	NC	RX/OTC
OXYTROL PTTW	NP	RX/OTC
solifenacin succinate TABS	P	
solifenacin succinate TABS	NC	
tolterodine tartrate CP24	NP	QL(1 ea daily)
tolterodine tartrate TABS	NP	QL(2 ea daily)
tolterodine tartrate TABS	NC	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOVIAZ (Use fesoterodine fumarate)	P		PREVNAR 13	C	
trospium chloride CP24	NP		PREVNAR 20	C	
trospium chloride TABS	NP	QL(2 ea daily)	TRUMENBA	C	
VESICARE LS SUSP	NP		TYPHIM VI SOLN	C	
VESICARE TABS (Use solifenacin succinate)	NP		TYPHIM VI SOSY	C	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			VAXCHORA	C	
GEMTESA	NP		VAXNEUVANCE	C	
mirabegron TB24	NP		VIVOTIF	C	
MYRBETRIQ SRER	NP		Viral Vaccines		
MYRBETRIQ TB24 (Use mirabegron)	NP		ABRYSVO	C	AL(At least 60 yrs old)
MYRBETRIQ TB24	NP		ACAM2000	C	
Urinary Antispasmodics - Cholinergic Agonists			AFLURIA 2024-2025 SUSP	C	1 max fill(s) per 180 day(s) retail
bethanechol chloride	C		AFLURIA 2024-2025 SUSY	C	1 max fill(s) per 180 day(s) retail
Urinary Antispasmodics - Direct Muscle Relaxants			AREXVY	C	AL(At least 60 yrs old)
flavoxate hcl	NP		COMIRNATY 2023-24 SUSP	C	
flavoxate hcl	NC		COMIRNATY 2023-24 SUSY	C	
<b>VACCINES</b>			COMIRNATY 2024-25 SUSY	C	
Bacterial Vaccines			COMIRNATY SUSP	C	
ACTHIB SOLR IM	C		DENGVAIXIA	C	
BCG VACCINE	C		ENGERIX-B SUSP 20 MCG/ML	C	3 max fill(s) per 999 day(s) retail
BEXSERO	C		ENGERIX-B SUSY	C	3 max fill(s) per 999 day(s) retail
BIOTHRAX	C		ERVEBO	NC	
CAPVAXIVE	NC		FLUAD 2024-2025	C	1 max fill(s) per 180 day(s) retail; AL(At least 12 yrs old)
HIBERIX SOLR IJ	C		FLUARIX 2024-2025 SUSY	C	1 max fill(s) per 180 day(s) retail
MENACTRA	C				
MENQUADFI	C				
MENVEO SOLN	C				
MENVEO SOLR	C				
PEDVAX HIB SUSP	C				
PENBRAYA	C				
PNEUMOVAX 23	C				
PNEUMOVAX 23/1 DOSE	C				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUBLOK 2024-2025 SOSY	P		MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	C	
FLUCELVAX 2024-2025 SUSP	P		MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	NC	
FLUCELVAX 2024-2025 SUSY	C	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	C	
FLULAVAL 2024-2025 SUSY	C	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	C	
FLUMIST NASAL VACCINE 2024-2025	PA		MODERNA COVID-19 VACCINE6MO-5Y SUSP	C	
FLUZONE 2024-2025 SUSP	C	1 max fill(s) per 180 day(s) retail	MODERNA COVID-19 VACCINE SUSP	C	
FLUZONE 2024-2025 SUSY	C	1 max fill(s) per 180 day(s) retail	MRESVIA	NC	
FLUZONE HIGH-DOSE 2024-2025 SUSY	C	1 max fill(s) per 180 day(s) retail; AL(At least 65 yrs old)	NOVAVAX COVID-19 VACCINE/2023-24 SUSP	C	
GARDASIL 9 SUSP	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	NOVAVAX COVID-19 VACCINE/2024-25 SUSY	P	
GARDASIL 9 SUSY	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	NOVAVAX COVID-19 VACCINE SUSP	C	
HAVRIX	C		PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	C	
HEPLISAV-B SOSY	C	3 max fill(s) per 999 day(s) retail	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	C	
IMOVAX RABIES (H.D.C.V.) SUSR	C		PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	C	
IPOL INACTIVATED IPV	C		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	C	
IXCHIQ	NC		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	C	
IXIARO	C		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	C	
JANSSEN COVID-19 VACCINE	C				
JYNNEOS	C				
M-M-R II SOLR	C				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	C		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	C	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	C		SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	C	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	C		SPIKEVAX COVID-19 VACCINE SUSP	C	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	C		STAMARIL SUSR	C	
PFIZER-BIONTECH COVID-19VACCINE SUSP	C		TICOVAC	C	
PREHEVBRIO	C	3 max fill(s) per 999 day(s) retail	TWINRIX SUSY	C	
PRIORIX SUSR	C		VAQTA	C	
PROQUAD SUSR	C		VARIVAX INJ	C	2 max fill(s) per 999 day(s) retail
RABAVERT	C		YF-VAX INJ	C	
RECOMBIVAX HB SUSP	C	3 max fill(s) per 999 day(s) retail	<b>VAGINAL AND RELATED PRODUCTS</b>		
RECOMBIVAX HB SUSY	C	3 max fill(s) per 999 day(s) retail	Miscellaneous Vaginal Products		
ROTARIX SUSP	C		TRIMO-SAN	NC	
ROTARIX SUSR	C		Vaginal Anti-infectives		
ROTATEQ SOLN	C		CLEOCIN CREA ( <i>Use clindamycin phosphate vaginal</i> )	NC	
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	NC		CLEOCIN SUPP	NC	
SHINGRIX	C	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	<i>clindamycin phosphate vaginal CREA</i>	C	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	C		CLINDESSE	NC	
			<i>clotrimazole vaginal CREA 2 %</i>	C	QL(21 gm per 31 day(s) retail)
			<i>clotrimazole vaginal CREA 1 %</i>	C	QL(45 gm per 31 day(s) retail)
			GYNAZOLE-1	C	
			<i>metronidazole vaginal</i>	C	
			<i>miconazole nitrate vaginal CREA 2 %</i>	C	QL(45 gm per 31 day(s) retail)
			<i>miconazole nitrate vaginal KIT</i>	C	1 package(s) per fill retail
			<i>miconazole nitrate vaginal SUPP 200 MG</i>	C	QL(3 ea per fill retail; 3 ea per 31 day(s) retail)
			<i>miconazole nitrate vaginal SUPP 100 MG</i>	C	QL(7 ea per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal)	NC	1 package(s) per fill retail	AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(0.067 ea daily; 4 ea per 365 day(s) retail)
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	NC	QL(45 gm per 31 day(s) retail)	AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15 MG/0.15ML	NP	
NUVESSA	NC		epinephrine (anaphylaxis) SOAJ	NP	QL(0.067 ea daily; 4 ea per 365 day(s) retail)
terconazole vaginal CREA	C		epinephrine (anaphylaxis) SOAJ	P	QL(0.067 ea daily; 4 ea per 365 day(s) retail)
terconazole vaginal SUPP	C		epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	NP	
tioconazole vaginal 6.5 %	C		epinephrine (anaphylaxis) SOLN IJ	NC	
VANDAZOLE	C		EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	P	QL(0.067 ea daily; 4 ea per 365 day(s) retail)
XACIATO GEL	NC		NEFFY SOLN NA	NC	
Vaginal Contraceptive - pH Modulators			SYMJEPI SOSY	NP	
PHEXXI	NC		Vasopressors		
Vaginal Estrogens			AKOVAZ SOSY IV	NC	
ESTRACE CREA (Use estradiol vaginal)	NC	QL(43 gm per 31 day(s) retail)	BIORPHEN SOLN IV	NC	
estradiol vaginal CREA	C	QL(43 gm per 31 day(s) retail)	EMERPHED SOLN IV	NC	
estradiol vaginal TABS	C		EMERPHED SOSY IV	NC	
ESTRING RING	NC		ephedrine sulfate (pressors) SOLN IV	NC	
FEMRING	NC		EPHEDRINE SULFATE/SODIUMCHLORIDE 15 MG/3ML-0.9 %	NC	
IMVEXXY MAINTENANCE PACK INST	NC		EPHEDRINE SULFATE SOLN IV	NC	
IMVEXXY STARTER PACK INST	NC		EPHEDRINE SULFATE SOSY IV 25 MG/5ML	NC	
PREMARIN	C		EPINEPHRINE SOSY IV 1 MG/10ML	NC	
VAGIFEM TABS (Use estradiol vaginal)	NC		IMMPHENTIV SOLN IV	NC	
Vaginal Progestins			midodrine hcl	C	
CRINONE GEL	NC		<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>			Anaphylaxis Therapy Agents		



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOREPHINEPHRINE BITARTRATE/SODIUM CHLORIDE SOLN	NC		<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	C	QL(8 ea per 31 day(s) retail)
<i>norepinephrine bitartrate IV</i>	NC		DECARA CAPS	NC	
NOREPINEPHRINE BITARTRATE IV	NC		DRISDOL CAPS ( <i>Use ergocalciferol</i> )	NC	
NOREPINEPHRINE BITARTRATE/DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML	NC		<i>ergocalciferol CAPS</i>	C	
NOREPINEPHRINE BITARTRATE/SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML	NC		ERGOCALCIFEROL POWD	NC	
NOREPINEPHRINE/DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML	NC		<i>ergocalciferol SOLN OR 8000 UNIT/ML</i>	C	QL(60 ml per 90 day(s) retail)
NOREPINEPHRINE/SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML	NC		MEPHYTON TABS ( <i>Use phytonadione</i> )	NC	
			<i>phytonadione SOLN 1 MG/0.5ML, 10 MG/ML</i>	NC	
			<i>phytonadione TABS 5 MG</i>	C	
			VITAMIN E ACETATE POWD	NC	
			<i>vitamin e CAPS 90 MG, 180 MG, 200 UNIT, 400 UNIT</i>	C	QL(2 ea daily)
			<b>Water Soluble Vitamins</b>		
			AMINO BENZOIC ACID POWD	NC	
			<i>ascorbic acid TABS</i>	C	QL(3.34 ea daily)
			CALCIUM ASCORBATE DIHYDRATE POWD	NC	RX/OTC
			CALCIUM ASCORBATE POWD	NC	RX/OTC
			CALCIUM PANTOTHENATE POWD	NC	RX/OTC
			NIACINAMIDE POWD	NC	RX/OTC
			<i>niacin CPCR 250 MG</i>	C	
			NIACIN POWD XX	NC	RX/OTC
			<i>niacin TABS 500 MG</i>	C	
			<i>niacin TBCR</i>	C	
			NICOTINAMIDE POWD	NC	RX/OTC
			PARA-AMINO BENZOIC ACID POWD	NC	
			PYRIDOXINE HCL POWD	NC	RX/OTC
<b>VITAMINS</b>					
<b>Oil Soluble Vitamins</b>					
AQUASOL A PARENTERAL SOLN	NC				
<i>cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	C	QL(100 ea per fill retail)			
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	C	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	C	
PYRIDOXINE HYDROCHLORIDE POWD	NC	RX/OTC
<i>riboflavin TABS</i>	C	QL(3.34 ea daily)
SLO-NIACIN TBCR ( <i>Use niacin</i> )	NC	
SODIUM ASCORBATE GRAN	NC	
SODIUM ASCORBATE POWD	NC	RX/OTC
THIAMINE HCL POWD	NC	RX/OTC
<i>thiamine hcl SOLN</i>	NC	
<i>thiamine hcl TABS 100 MG</i>	C	QL(3.34 ea daily)
THIAMINE MONONITRATE POWD XX	NC	
<i>thiamine mononitrate TABS 100 MG</i>	C	QL(3.34 ea daily)
TRUE VITAMIN B1 TABS	NC	
TRUE VITAMIN B6 TABS	NC	

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amlodipine besylate-atorvastatin calcium 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-40 MG .....	69	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML .....	210	amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG- 3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG .....	1
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amlodipine besylate-olmesartan medoxomil .....	48	amoxicillin & pot clavulanate TABS 125 MG-875 MG .....	210	AMPHOTERICIN B .....	191
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amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG- 160 MG .....	48	amoxicillin CHEW 125 MG, 250 MG . 209		amphotericin b liposome .....	42
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AMMONIUM LACTATE .....	96	AMPHADASE .....	189	ANAFRANIL (Use clomipramine hcl) 34	
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AMMONIUM PHOSPHATE DIBASIC GRAN .....	98	amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG- 12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125		anastrozole .....	55
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ANISE OIL .....	96	APOMORPHINE HCL HEMIHYDRATE .....	73	ARCALYST .....	8
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ARTISS SOLN .....	136	ASPIRIN/OMEPRAZOLE 81 MG-40 MG .....	134	atomoxetine hcl .....	2
ASACOL HD TBEC (Use mesalamine) .....	129	ASPIRIN/OMEPRAZOLE ER ...	134	ATOPAVO EMUL .....	121
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ASCORBIC ACID POWD .....	73	ASSURE ID DUO PRO SAFETY PEN NEEDLES 31G X 5MM .....	154	atovaquone .....	50
ascorbic acid TABS .....	233	ASSURE ID PRO SAFETY PENNEEDLES 30G X 5MM .....	154	atovaquone-proguanil hcl .....	52
ASCORBYL PALMITATE .....	73	ASSURE PLATINUM BLOOD GLUCOSE METER DEVI .....	142	atracurium besylate 50 MG/5ML, 100	
asenapine maleate .....	59				
asenapine maleate 2.5 MG .....	59				
ASMANEX HFA AERO .....	22				

MG/10ML .....	200	AUTOPEN DEVI .....	154	azathioprine TABS 50 MG .....	189
ATRALIN GEL (Use tretinoin) ....	107	AUVELITY .....	31	azathioprine TABS 75 MG, 100 MG	189
atropine sulfate (ophthalmic) OINT	204	AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15		azathioprine TABS .....	189
		MG/0.15ML .....	232	AZELAIC ACID FLAK .....	73
atropine sulfate (ophthalmic) SOLN	204	AUVI-Q SOAJ 0.3 MG/0.3ML ....	232	azelaic acid GEL .....	120
		AVALIDE (Use irbesartan-		AZELAIC ACID POWD .....	73
ATROPINE SULFATE .....	226	hydrochlorothiazide) .....	48	azelastine hcl (ophth) .....	207
ATROPINE SULFATE		AVAPRO (Use irbesartan) .....	47	AZELASTINE HCL .....	73
MONOHYDRATE .....	226	AVAR LS CLEANSER LIQD (Use		azelastine hcl 0.1 %, 137	
ATROPINE SULFATE SOLN 1 %		sulfacetamide sodium w/ sulfur) ..	107	MCG/SPRAY .....	199
(Use atropine sulfate (ophthalmic))	204	AVAR-E LS CREA (Use		azelastine hcl 0.15 % .....	199
		sulfacetamide sodium w/ sulfur) ..	107	azelastine hcl-fluticasone propionate	
ATROPINE SULFATE SOLN 1 %	204	AVICEL PH 101		SUSP .....	199
		MICROCRYSTALLINE CELLULOSE		AZELASTINE HYDROCHLORIDE	73
atropine sulfate SOLN IV 0.4 MG/ML,		POWD .....	75	AZITHROMYCIN .....	73
1 MG/ML .....	226	AVICEL PH 105		AZITHROMYCIN DIHYDRATE ...	73
atropine sulfate SOSY IJ .....	226	MICROCRYSTALLINE CELLULOSE		azithromycin PACK .....	141
		POWD .....	75	azithromycin SOLR .....	141
ATROPINE SULFATE SOSY IV 0.4		AVIPTADIL ACETATE .....	73	azithromycin SUSR 100 MG/5ML	141
MG/ML .....	226	AVO CREAM EMUL .....	121	azithromycin SUSR 200 MG/5ML	141
ATROVENT HFA .....	21	AVOCADO OIL .....	73	azithromycin TABS 250 MG .....	141
ATTAPULGITE ACTIVATED		AVODART (Use dutasteride) ....	132	azithromycin TABS 500 MG .....	141
COLLODIAL .....	73	AVONEX PEN AJKT .....	221	azithromycin TABS 600 MG .....	141
AUBAGIO (Use teriflunomide) ...	221	AVONEX PSKT .....	221	AZOPT (Use brinzolamide) .....	207
AUGMENTIN ES-600 SUSR (Use		AVSOLA .....	129	AZOR (Use amlodipine besylate-	
amoxicillin & pot clavulanate) ....	210	AVYCAZ .....	70	olmesartan medoxomil) .....	48
AUGMENTIN SUSR 31.25 MG/5ML-		AXUMIN .....	122	AZSTARYS .....	3
125 MG/5ML .....	210	AYGESTIN TABS (Use		aztreonam .....	52
AUGMENTIN TABS 125 MG-500 MG		norethindrone acetate) .....	219	AZULFIDINE EN-TABS TBEC (Use	
(Use amoxicillin & pot clavulanate)	210	AYVAKIT .....	55	sulfasalazine) .....	129
		AZASITE .....	205		
AURYXIA .....	130	AZATHIOPRINE .....	189		
AUSTEDO TABS .....	221	AZATHIOPRINE POWD .....	189		
AUSTEDO XR PATIENT TITRATION					
KIT TEPK .....	221				
AUSTEDO XR TB24 .....	221				

AZULFIDINE TABS (Use sulfasalazine) .....	129	sulfamethoxazole-trimethoprim) ...	50	BASE D POLYETHYLENE GLYCOL 4500 .....	217
B & C OINT .....	121	BAFIERTAM .....	221	BASE D POLYETHYLENE GLYCOL 4600 .....	217
BABY SKIN PROTECTANT .....	217	balsalazide disodium CAPS .....	129	BASE G ALMOND OIL SWEET ..	96
BACIGUENT .....	205	BALSAM PERU & CASTOR OIL OINT .....	121	BASE GELATIN GUMMY TROCHE .	215
bacitracin (ophthalmic) .....	205	BANANA CONCENTRATE LIQD	211	BASE X FLAK .....	215
bacitracin (topical) OINT .....	110	BANANA CREAM FLAVOR LIQD	211	BASE-PCCA MBK (FATTY ACID)	215
BACITRACIN MICRONIZED .....	74	BANANA CREME FLAVOR LIQD	211	BASIC FUCHSIN HCL .....	74
BACITRACIN POWD .....	110	BANANA FLAVOR LIQD .....	211	BAXDELA TABS .....	128
bacitracin zinc OINT .....	110	BANZEL SUSP (Use rufinamide) ..	27	BAY OIL .....	96
BACITRACIN ZINC POWD .....	110	BANZEL TABS (Use rufinamide) ..	27	BCG VACCINE .....	229
bacitracin-polymyxin b (ophth) ..	205	BAQSIMI ONE PACK POWD .....	36	b-complex vitamins CAPS .....	192
bacitracin-poly-neomycin-hc .....	206	BAQSIMI TWO PACK POWD .....	36	b-complex vitamins TABS .....	192
BACLOFEN POWD .....	198	BARACLUDE SOLN .....	64	b-complex w/ c & folic acid CAPS	192
baclofen SOLN OR 10 MG/5ML ..	198	BARACLUDE TABS (Use entecavir) .	64	BD 10ML CONTROL SYRINGE LUER-LOK TIP .....	154
baclofen SOLN OR 5 MG/5ML, 10 MG/5ML .....	198	BARDIA BULB IRRIGATION SYRINGE/60ML .....	154	BD 10ML LUER-LOK SYRINGE20G X 1-1/2" .....	154
BACLOFEN SOLN XX .....	198	BARDIA PISTON IRRIGATIONSYRINGE/60ML ..	154	BD 10ML LUER-LOK SYRINGE21G X 1" .....	154
baclofen SUSP .....	198	BARHEMSYS .....	41	BD 10ML LUER-LOK SYRINGE21G X 1-1/2" .....	154
baclofen TABS 5 MG, 15 MG ....	198	BARIATRIC MULTIVITAMINS/IRON CAPS .....	193	BD 10ML LUER-LOK SYRINGE22GX1" .....	154
baclofen TABS .....	198	BASAGLAR KWIKPEN SOPN .....	37	BD 10ML SYRINGE/DUAL CANNULA .....	154
BACOCALMINE LIQD .....	215	BASAGLAR TEMPO PEN SOPN ..	37	BD 1ML ALLERGY SYRINGE SAFETYGLIDE NEEDLE 27GX1/2" MISC .....	154
BACON FLAVOR LIQD .....	211	BASE A POLYETHYLENE GLYCOL 1450 POWD .....	217	BD 1ML SLIP TIP SYRINGE 25GX5/8" MISC .....	154
BACON FLAVOR NATURAL LIQD	211	BASE C POLYETHYLENE GLYCOL 300 .....	217		
bacteriostatic sodium chloride ...	215	BASE C POLYETHYLENE GLYCOL E 300 .....	217		
BACTERIOSTATIC WATER FORINJECTION/BENZYL ALCOHOL .....	215				
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	50				
BACTRIM TABS (Use					

BD 1ML SLIP TIP SYRINGE 26GX3/8" MISC .....154	22GX1" .....155	MISC .....155
BD 1ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25G X 5/8" 155	BD 3ML SYRINGE LUER-LOK 22GX1-1/2" .....155	BD ALLERGY/SYRINGE/NEEDLE/1ML/ 28G X 1/2" MISC ..... 155
BD 1ML TUBERCULIN SYRINGE/SAFETYGLIDE TB NEEDLE 26GX3/8" MISC ..... 155	BD 3ML SYRINGE LUER-LOK 23GX1" .....155	BD AUTOSHIELD DUO 30G X 5MM .....155
BD 1ML TUBERCULIN SYRINGE/SAFETYGLIDE TB NEEDLE 27GX1/2" MISC ..... 155	BD 3ML SYRINGE LUER-LOK 25GX1-1/2" .....155	BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE .....156
BD 1ML TUBERCULIN SYRINGE/SAFETYGLIDE TB NEEDLE 27GX1/2" MISC ..... 155	BD 3ML SYRINGE LUER-LOK 25GX5/8" .....155	BD DISPOSABLE NEEDLE REGULAR BEVEL 25GX1" .....156
BD 1ML TUBERCULIN SYRINGE/DETACHABLE NEEDLE SLIP TIP 27GX1/2" MISC ..... 155	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2" .....155	BD ECLIPSE 23G X 1" NEEDLE 156 BD ECLIPSE NEEDLE 21G X 1" 156
BD 20ML SYRINGE LUER-LOK TIP . 155	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1" 155	BD ECLIPSE NEEDLE 21G X 1-1/2" .....156
BD 30ML SYRINGE LUER-LOK TIP . 155	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8" .155	BD ECLIPSE NEEDLE 25G X 1.5" 156
BD 3ML LUER-LOK SYRINGE 18G X 1 1/2" .....155	BD 5ML LUER-LOK SYRINGE/20G X 1" .....155	BD ECLIPSE NEEDLE 25GX1" . 156
BD 3ML LUER-LOK SYRINGE/20G X 1" .....155	BD 5ML LUER-LOK SYRINGE/20G X 1-1/2" .....155	BD ECLIPSE NEEDLE 27G X 1/2" 156
BD 3ML LUER-LOK SYRINGE/21G X 1" .....155	BD 5ML LUER-LOK SYRINGE/21G X 1" .....155	BD ECLIPSE NEEDLE/23G X 1" 156 BD ECLIPSE NEEDLE/25G X5/8" 156
BD 3ML LUER-LOK SYRINGE/21G X 1-1/2" .....155	BD 5ML LUER-LOK SYRINGE/21G X 1-1/2" .....155	BD ECLIPSE NEEDLE/LUER-LOK SYRINGE 3ML/23G X 1-1/2" .... 156
BD 3ML LUER-LOK SYRINGE/23G X 1" .....155	BD 5ML LUER-LOK SYRINGE/22G X 1" .....155	BD ECLIPSE NEEDLE/LUER- LOK/30G X 1/2" .....156
BD 3ML LUER-LOK SYRINGE/23G X 1-1/2" .....155	BD 5ML LUER-LOK SYRINGE/22G X 1-1/2" .....155	BD ECLIPSE SYRINGE 3ML/21G X 1" .....156
BD 3ML LUER-LOK SYRINGE/25G X 1" .....155	BD ALLERGIST TRAY SYRINGE/1ML/27G X 1/2" KIT ...155	BD ECLIPSE SYRINGE LUER- LOK/3ML/25G X 1" .....156
BD 3ML LUER-LOK SYRINGE/26G X 5/8" .....155	BD ALLERGY SYRINGE 0.5ML/27G X 3/8" MISC .....155	BD ECLIPSE SYRINGE/1ML/27GX1/2" .....156
BD 3ML SYRINGE LUER-LOK 21GX1-1/2" .....155	BD ALLERGY SYRINGE 1ML/27G X 3/8" MISC .....155	BD ECLIPSE SYRINGE/1ML/30GX1/2" .....156
BD 3ML SYRINGE LUER-LOK	BD ALLERGY SYRINGE/NEEDLE/1ML/27G X 3/8"	BD ECLIPSE

SYRINGE/NEEDLE/LUER- LOK/3ML/22G X 1" .....	156	BD INTEGRA RETRACTABLE NEEDLE 23G X 1" .....	156	BD NEEDLE/22G X 1-1/2" .....	157
BD ECLIPSE SYRINGE/NEEDLE/LUER- LOK/3ML/23G X 1" .....	156	BD INTEGRA SYRINGE RETRACTING SAFETY/3ML/21G X 1" .....	156	BD NEEDLE/25G X 5/8" .....	157
BD ECLIPSE SYRINGE/NEEDLE/LUER- LOK/3ML/25G X 5/8" .....	156	BD INTEGRA SYRINGE/3ML 25GX1" .....	156	BD NEEDLE/25G X 7/8" .....	157
BD FILTER NEEDLE/5 MICRON/THIN WALL/19G X 1-1/2" ..	156	BD INTEGRA SYRINGE/3ML/21G X 1-1/2" .....	156	BD NEEDLE/27G X 1/2" .....	157
BD HYPODERMIC NEEDLES 16GX1" .....	156	BD INTEGRA SYRINGE/3ML/22G X 1.5" .....	157	BD NEEDLE/30G X 1/2" .....	157
BD HYPODERMIC NEEDLES 18GX1" .....	156	BD INTEGRA SYRINGE/3ML/23G X 1" .....	157	BD NOKOR NEEDLE 5 MICRONFILTER/18G X 1-1/2" ..	157
BD HYPODERMIC NEEDLES 19GX1" .....	156	BD INTEGRA SYRINGE/3ML/25G X 5/8" .....	157	BD NOKOR VENTED NEEDLE 18G X 1" THIN WALL .....	157
BD HYPODERMIC NEEDLES 19GX1.5" .....	156	BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT ...	142	BD PEN MINI MISC .....	157
BD HYPODERMIC NEEDLES 21GX1" .....	156	BD LOGIC BLOOD GLUCOSE MONITOR KIT .....	142	BD PEN MISC .....	157
BD HYPODERMIC NEEDLES 21GX2" .....	156	BD LUER LOCK SYRINGE/1ML/20G X 1" .....	157	BD PLASTIPAK 3ML SYRINGE/LUER-LOK .....	157
BD HYPODERMIC NEEDLES 22GX1" .....	156	BD LUER-LOK SYRINGE 10ML ..	157	BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK .....	157
BD HYPODERMIC NEEDLES 22GX1.5" .....	156	BD LUER-LOK SYRINGE W/ECLIPSE NEEDLE .....	157	BD PLASTIPAK SYRINGES ALLERGY 28GX1/2 MISC .....	157
BD HYPODERMIC NEEDLES 23GX1" .....	156	BD LUER-LOK SYRINGE/3ML ..	157	BD PRECISIONGLIDE 23GX1-1/2" ..	157
BD HYPODERMIC NEEDLES 23GX3/4" .....	156	BD LUER-LOK SYRINGE/5ML ..	157	BD PRECISIONGLIDE NEEDLE27G X 1-1/2" .....	157
BD HYPODERMIC NEEDLES 25GX1.5" .....	156	BD NEEDLE 30G X 1" .....	157	BD PRECISIONGLIDE NEEDLE27GX3/8" .....	157
BD HYPODERMIC NEEDLES 26GX1/2" .....	156	BD NEEDLE SAFETYGLIDE/27G X 5/8" .....	157	BD SAFETYGLIDE 1ML 27GX5/8" 157	
BD INSULIN SYRINGE/U- 500/0.5ML/31G X 6MM .....	156	BD NEEDLE/16G X 1-1/2" .....	157	BD SAFETYGLIDE 21G X 1" ....	157
		BD NEEDLE/19G X 1" .....	157	BD SAFETYGLIDE 21G X 1-1/2" 157	
		BD NEEDLE/20G X 1" .....	157	BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8" 157	
		BD NEEDLE/20G X 1-1/2" .....	157	BD SAFETYGLIDE NEEDLE 25GX1" .....	157
		BD NEEDLE/21G 1-1/2" .....	157	BD SAFETYGLIDE NEEDLE/SHIELDED/22G X 1-1/2"	



157	BECLOMETHASONE DIPROPIONATE .....	74	benazepril & hydrochlorothiazide 12.5 MG-20 MG .....	48
BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1" .....	157	BECLOMETHASONE DIPROPIONATE ANYDROUS ....	74	BENAZEPRIL HCL .....
BD SAFETYGLIDE SYRINGE 3ML/25GX1" .....	157	BECONASE AQ .....	199	benazepril hcl 40 MG .....
BD SAFETYGLIDE SYRINGE 5ML/22GX1.5" .....	157	BEEF BRAISED NATURAL FLAVOR LIQD .....	211	benazepril hcl 5 MG, 10 MG, 20 MG . 46
BD SLIP TIP SYRINGE/1ML ....	157	BEEF FLAVOR LIQD .....	211	BENAZEPRIL HYDROCHLORIDE 74
BD SLIP TIP SYRINGE/3ML ....	157	BEEF FLAVOR POWD .....	211	BENFOTIAMINE .....
BD SLIP TIP SYRINGE/NEEDLE/1ML/26G X 5/8" 157		BEEF TYPE FLAVOR NATURAL LIQD .....	211	BENICAR (Use olmesartan medoxomil) .....
BD SYRINGE 10ML/20G X 1" ...	157	BEEF TYPE FLAVOR NATURALCHLORIDE FREE LIQD 211		BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...
BD SYRINGE 5ML LUER SLIP ..	158	BEEF TYPE FLAVOR OS LIQD .	211	BENTIVITE TABS .....
BD SYRINGE BLUNT PLASTICCANNULA 17GX10ML	158	BEEF-ADE POWD .....	212	BENTONITE POWD .....
BD SYRINGE LEUR-LOK TIP 10ML 158		BEES WAX .....	215	BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide) .....
BD SYRINGE LUER SLIP/20ML	158	BEESWAX .....	215	BENZALDEHYDE .....
BD SYRINGE LUER-LOK 3ML/NEEDLE BLUNT FILL 18G X 1- 1/2" .....	158	BELBUCA FILM .....	16	BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin) .....
BD SYRINGE LUER-LOK/10ML .	158	belladonna (bulk) TINC .....	74	BENZETHONIUM CHLORIDE ....
BD SYRINGE LUER-LOK/1ML ..	158	BELLADONNA EXTRACT POWD .	74	benzocaine (topical) AERO .....
BD SYRINGE LUER-LOK/20 ML 158		BELLADONNA TINC .....	74	BENZOCAINE .....
BD SYRINGE LUER-LOK/5 ML .	158	BELLADONNA/OPIUM .....	226	BENZOIC ACID CRYSTALS .....
BD SYRINGE SLIP TIP 1ML ....	158	BELSOMRA .....	138	BENZOIC ACID POWD .....
BD SYRINGE SLIP TIP/10ML ...	158	BENACTYZINE HYDROCHLORIDE 74		BENZOIN GUM .....
BD TB SYRINGE/NEEDLE/1ML/27G X 3/8" MISC .....	158	BENADRYL ALLERGY CAPS (Use diphenhydramine hcl) .....	43	benzonatate 100 MG .....
BD TUBERCULIN SYRINGE/NEEDLE/SLIP TIP/1ML/21GX1" MISC .....	158	BENADRYL ALLERGY TABS (Use diphenhydramine hcl) .....	43	benzonatate 150 MG .....
		BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl) .	43	benzonatate 200 MG .....
		benazepril & hydrochlorothiazide .	48	BENZOQUINONE (PARA) .....
				benzoyl peroxide FOAM 10 % ....
				benzoyl peroxide GEL 2.5 %, 5 %, 10 % .....

BENZOYL PEROXIDE HYDROUS POWD .....	108	betamethasone dipropionate (topical) CREA .....	114	BETASERON KIT .....	221
benzoyl peroxide LIQD 5 %, 10 % 108		betamethasone dipropionate (topical) LOTN .....	114	betaxolol hcl (ophth) SOLN .....	203
benzoyl peroxide LIQD 5 % .....	108	betamethasone dipropionate (topical) OINT .....	114	betaxolol hcl .....	65
BENZOYL PEROXIDE POWD ...	108	betamethasone dipropionate augmented CREA .....	114	bethanechol chloride .....	229
benzoyl peroxide-erythromycin GEL . 108		betamethasone dipropionate augmented GEL 0.05 % .....	114	BETHANECHOL CHLORIDE .....	74
benztropine mesylate SOLN .....	56	betamethasone dipropionate augmented LOTN .....	114	BETHKIS NEBU (Use tobramycin) .	4
benztropine mesylate TABS .....	56	betamethasone dipropionate augmented OINT .....	114	BETIMOL .....	203
BENZYL ALCOHOL .....	210	BETAMETHASONE DIPROPIONATE POWD .....	114	BETOPTIC-S SUSP .....	203
BENZYL BENZOATE .....	96	betamethasone sod phosphate & acetate SUSP .....	103	BEVESPI AEROSPHERE .....	23
bepotastine besilate .....	207	BETAMETHASONE SODIUM PHOSPHATE POWD .....	103	BEXSERO .....	229
BEPREVE (Use bepotastine besilate) .....	207	BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASONE ACETATE SUSP 3 MG/ML-3 MG/ML .....	103	BHRT BASE .....	218
BERGAMOT OIL .....	96	betamethasone valerate CREA ..	114	BHT GRAN .....	98
BERINERT KIT .....	133	betamethasone valerate FOAM ..	114	BIAFINE EMUL .....	121
BESIVANCE .....	205	betamethasone valerate LOTN ...	114	bicalutamide .....	55
BETA CAROTENE BEAD .....	74	betamethasone valerate OINT ...	114	BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML .....	210
BETA CYCLODEXTRIN .....	74	BETAMETHASONE VALERATE POWD .....	114	BICILLIN L-A SUSY .....	209
BETA GLUCAN .....	74	BETANAPHTHOL .....	74	BICNU (Use carmustine) .....	53
BETADINE OPHTHALMIC PREP 205		BETAPACE AF (Use sotalol hcl (afib/afll)) .....	66	BIGFOOT UNITY PROGRAM KIT KIT .....	142
BETAHISTINE DIHYDROCHLORIDE .....	74	BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl) .....	66	BIJUVA .....	127
BETAHISTINE HCL .....	74			BIKTARVY .....	61
BETAINE ANHYDROUS .....	74			BILBERRY PLUS CAPS .....	197
BETAINE HCL .....	74			BIMATOPROST .....	74
BETAMETHASONE ACETATE ...	74			bimatoprost SOLN .....	207
BETAMETHASONE ACETATE MICRONIZED .....	74			BINOSTO TBEF .....	126
BETAMETHASONE COMBO SUSP 3 MG/ML-3 MG/ML .....	103			BIO GLO STRP .....	207
				BIO-35 GLUTEN-FREE CAPS ...	193
				BIO-35 IRON FREE CAPS .....	193
				BIOCAL CAPS .....	193

BIOFLAVONOID CITRUS .....	75	bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG .....	48	BLOOD GLUCOSE SYSTEM PAK KIT .....	143
BIOLYTE PACK .....	185	bisoprolol fumarate .....	65	BLOOD ORANGE OS LIQD .....	212
BIOLYTE SOLN .....	185	BISOPROLOL FUMARATE .....	74	BLUDIGO IV .....	121
BION TEARS .....	203	BITTER DRUG POWDER .....	215	BLUE AGAVE ORGANIC .....	73
BIORE HYDRATING MOISTURIZER .....	72	BITTER ORANGE .....	74	BLUEBERRY FLAVOR LIQD .....	212
BIORPHEN SOLN IV .....	232	BITTER STOP FLAVOR LIQD ...	212	BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	143
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT .....	142	BITTER-BLOC PURE POWD ...	212	BONEUP 3 PER DAY CAPS .....	193
BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT .....	142	BITTER-BLOC WS POWDER POWD .....	212	BONEUP CAPS .....	193
BIOTHRAX .....	229	BITTER-BLOC WS/OS LIQUID CONC .....	212	BONJESTA TBCR .....	41
BIOTIN .....	74	BITTERNESS MASK FLAVOR LIQD 212		BOOSTNOW IMMUNE SUPPORT CAPS .....	193
BIOTIN-D .....	74	BITTERNESS REDUCING AGENT POWD .....	212	BOOSTRIX SUSP .....	225
BISABOLOL ALPHA-L .....	74	BITTERNESS SUPPRESSOR FLAVOR LIQD .....	212	BOOSTRIX SUSY .....	225
BISACODYL POWD .....	139	BITTERNESS SUPPRESSOR FLAVOR LIQD .....	212	BORIC ACID CRYSTALS .....	98
bisacodyl SUPP .....	139	BIVALIRUDIN RTU SOLN (Use bivalirudin trifluoroacetate) .....	26	BORIC ACID NF POWD .....	98
bisacodyl TBEC .....	139	bivalirudin trifluoroacetate SOLN ..	26	BORIC ACID POWD .....	98
BISMUTH CITRATE .....	74	bivalirudin trifluoroacetate SOLR ..	26	BORON AMORPHOUS FINE .....	74
BISMUTH SUBCARBONATE .....	98	BLACKBERRY FLAVOR LIQD ...	212	BORON CITRATE .....	74
bismuth subcitrate potassium- metronidazole-tetracycline .....	228	bleomycin sulfate .....	55	BOSWELLIA SERRATA EXTRACT . 74	
BISMUTH SUBGALLATE POWD .	39	BLOOD GLUCOSE MONITORINGSYSTEM 333 DEVI 143		BOSWELLIA SERRATA EXTRACT65% .....	74
BISMUTH SUBNITRATE .....	98	BLOOD GLUCOSE MONITORINGSYSTEM KIT .....	143	BOSWELLIA SERRATA EXTRACT70% .....	74
BISMUTH SUBSALICYLATE .....	98	BLOOD GLUCOSE MONITORINGSYSTEM PREMIUM KIT .....	143	BOTOX IJ .....	200
bismuth subsalicylate CHEW 262 MG .....	39	BRAFTOVI 75 MG .....	56	BP VIT 3 .....	135
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML .....	39			BPCO OINT .....	121
bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG .....	48			BPROTECTED PEDIA POLY-VITE SOLN OR .....	196

BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI .....	180	BRILINTA .....	134	BROMSITE (Use bromfenac sodium (ophth)) .....	207
BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI .....	180	BRILLIANT BLUE G .....	211	BRONCHITOL .....	223
BREATHE EASE/LARGE MASK DEVI .....	180	BRILLIANT GREEN POWD .....	74	BRONCHITOL TOLERANCE TEST .	223
BREATHE EASE/MEDIUM MASK DEVI .....	180	brimonidine tartrate (topical) .....	120	BROVANA (Use arformoterol tartrate) .....	23
BREATHE EASE/SMALL MASK DEVI .....	180	BRIMONIDINE TARTRATE .....	74	BRUKINSA .....	56
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	180	brimonidine tartrate 0.1 %, 0.15 %	204	BRUSELIX CREA .....	119
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI .....	180	brimonidine tartrate 0.2 % .....	204	BRYHALI LOTN .....	115
BREEZE 2 BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	143	brimonidine tartrate-timolol maleate .	203	BSS PLUS SOLN .....	207
BREO ELLIPTA (Use fluticasone furoate-vilanterol) .....	23	BRINEURA .....	126	BSS SOLN .....	207
BREO ELLIPTA .....	23	brinzolamide .....	207	BUBBLE GUM CONCENTRATE LIQD .....	212
BREO ELLIPTA 100 MCG/ACT-25 MCG/ACT .....	23	BRIVIACT SOLN OR 10 MG/ML ..	27	BUBBLE GUM FLAVOR LIQD ...	212
BREVITAL SODIUM SOLR 500 MG .	131	BRIVIACT TABS .....	27	BUBBLE GUM OS LIQD .....	212
BREXAFEMME .....	42	BRIXADI SOSY 32 MG/0.64ML, 64 MG/0.18ML, 96 MG/0.27ML .....	16	BUBBLE GUM WS LIQD .....	212
BREYANZI .....	55	BROMELAIN 1200 GDU POWD .	189	BUBBLEGUM FLAVOR LIQD ....	212
BREZTRI AEROSPHERE .....	23	BROMELAIN POWD .....	189	budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML .....	22
BRIJ 30 .....	88	bromfenac sodium (ophth) .....	207	budesonide (inhalation) SUSP 1 MG/2ML .....	22
BRIJ 35 WAX .....	88	BROMFENAC SODIUM MISC .....	74	budesonide (intrarectal) .....	18
BRIJ 700 WAX .....	88	BROMFENAC SODIUM POWD ...	74	budesonide (nasal) .....	199
BRIJ 93 .....	88	BROMFENAC SODIUM SESQUIHYDRATE POWD .....	74	BUDESONIDE .....	75
BRIJ C20 WAX .....	88	BROMHEXINE HCL .....	107	budesonide CPEP .....	103
BRIJ S20 WAX .....	88	bromocriptine mesylate CAPS .....	57	BUDESONIDE MICRONIZED ....	75
		BROMOCRIPTINE MESYLATE POWD .....	57	budesonide TB24 .....	103
		bromocriptine mesylate TABS 2.5 MG .....	57	budesonide-formoterol fumarate dihydrate .....	23
		brompheniramine & phenyleph ELIX .	105	BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide)) ...	12
		BROMPHENIRAMINE MALEATE POWD .....	43	BUFLOMEDIL HCL .....	75

bumetanide SOLN 0.25 MG/ML ...125	buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG .....17	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG ..... 11
bumetanide TABS ..... 125	buprenorphine PTWK .....17	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG ..... 15
BUMEX TABS 0.5 MG (Use bumetanide) ..... 125	bupropion hcl (smoking deterrent) 222	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG ..... 15
BUPIVACAINE FISIOPHARMA SOLN IJ .....140	BUPROPION HCL ..... 75	butalbital-aspirin-caffeine CAPS ...11
BUPIVACAINE HCL MONOHYDRATE POWD ..... 140	bupropion hcl TABS .....31	butalbital-aspirin-caffeine w/cod ...15
BUPIVACAINE HCL POWD .....140	bupropion hcl TB12 100 MG .....31	BUTORPHANOL TARTRATE ....75
bupivacaine hcl SOLN IJ ..... 140	bupropion hcl TB12 150 MG .....31	butorphanol tartrate IJ 1 MG/ML, 2 MG/ML ..... 17
BUPIVACAINE HCL SOLN XX ...140	bupropion hcl TB12 200 MG .....31	butorphanol tartrate NA 10 MG/ML 17
BUPIVACAINE HYDROCHLORIDE SOLN IJ 0.25 %, 0.5 % .....140	bupropion hcl TB24 150 MG .....31	BUTRANS PTWK (Use buprenorphine) .....17
BUPIVACAINE HYDROCHLORIDEMONOHYDRATE POWD ..... 140	bupropion hcl TB24 300 MG .....31	BUTTER FLAVOR LIQD ..... 212
bupivacaine in dextrose SOLN ...140	bupropion hcl TB24 450 MG .....31	BUTTER RUM FLAVOR LIQD ...212
bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 % 140	BUPROPION HYDROCHLORIDE 75	BUTTERSCOTCH FLAVOR LIQD 212
BUPRENEX SOLN (Use buprenorphine hcl) .....16	BURN RELIEF GEL ..... 119	BUTYL ALCOHOL ..... 75
BUPRENORPHINE HCL .....75	BUSPIRONE HCL .....75	BUTYLATED HYDROXYANISOLE POWD .....75
buprenorphine hcl SOLN ..... 17	buspirone hcl 15 MG .....20	BUTYLATED HYDROXYTOLUENE CRYSTALS .....98
buprenorphine hcl SUBL .....17	buspirone hcl 5 MG, 10 MG ..... 20	BUTYLATED HYDROXYTOLUENE GRAN .....99
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG .....17	buspirone hcl 7.5 MG, 30 MG ..... 20	BUTYLATED HYDROXYTOLUENE POWD .....99
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG ....16	BUSPIRONE HYDROCHLORIDE 75	BUTYLENE GLYCOL .....75
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG, 3 MG-12 MG ..... 17	busulfan SOLN .....54	BUTYLPARABEN .....210
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG .....17	BUTALBITAL .....75	BYDUREON BCISE AUIJ ..... 36
	butalbital-acetaminophen CAPS 50 MG-300 MG .....11	BYETTA SOPN 10 MCG/0.04ML ..36
	butalbital-acetaminophen TABS 50 MG-300 MG .....11	
	butalbital-acetaminophen TABS 50 MG-325 MG .....11	
	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG .....11	
	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG .....11	

BYETTA SOPN 5 MCG/0.02ML ...36	CALCIPOTRIENE FOAM .....112	CALCIUM CARBONATE LIGHT POWD XX ..... 184
BYFAVO ..... 137	CALCIPOTRIENE MONOHYDRATE .....75	CALCIUM CARBONATE POWD XX . 185
BYLVAY (PELLETS) CPSP ..... 129	calcipotriene OINT .....112	calcium carbonate TABS 500 MG, 600 MG, 1250 MG, 1500 MG .....185
BYLVAY CAPS ..... 129	calcipotriene SOLN .....112	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG ..... 185
BYSTOLIC (Use nebivolol hcl) ....65	calcipotriene-betamethasone dipropionate OINT ..... 115	calcium carbonate-cholecalciferol TABS 200 UNIT-200 UNIT-500 MG-500 MG, 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG .....184
BYSTOLIC 2.5 MG, 5 MG, 10 MG (Use nebivolol hcl) ..... 66	calcipotriene-betamethasone dipropionate SUSP ..... 115	calcium chloride (dihydrate) SOLN 185
C10-C30 ALKYL ACRYLATE CROSSPOLYMER POWD .....215	CALCIPOTRIOL .....75	CALCIUM CHLORIDE ANHYDROUS GRAN .....185
CABENUVA ..... 61	calcitonin (salmon) IJ ..... 126	CALCIUM CHLORIDE ANHYDROUS POWD .....75
cabergoline .....127	calcitonin (salmon) NA .....126	CALCIUM CHLORIDE DIHYDRATE GRAN .....185
CABTREO .....108	calcitriol (topical) ..... 112	CALCIUM CHLORIDE DIHYDRATE POWD ..... 185
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium) ..... 69	CALCITRIOL ..... 75	CALCIUM CHLORIDE DIHYDRATE POWD ..... 185
CADUET 5 MG-40 MG (Use amlodipine besylate-atorvastatin calcium) ..... 69	calcitriol CAPS .....126	CALCIUM CHLORIDE SOLN .... 185
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate) .....2	CALCITRIOL IN ALMOND OIL ... 75	CALCIUM CITRATE POWD .....75
caffeine & sodium benzoate .....2	calcitriol SOLN IV .....126	CALCIUM CITRATE TETRAHYDRATE POWD ..... 75
CAFFEINE ANHYDROUS POWD ..2	calcium acetate (phosphate binder) CAPS ..... 130	CALCIUM DISODIUM VERSENATE SOLN 1 GM/5ML ..... 40
caffeine citrate SOLN IV 60 MG/3ML 2	CALCIUM ACETATE CRYST .....75	CALCIUM FOLINATE .....84
caffeine citrate SOLN OR .....2	CALCIUM ACETATE POWD .....75	CALCIUM FRUCTOBORATE .....75
CAFFEINE CITRATED POWD ..... 2	CALCIUM ALGINATE .....75	CALCIUM GLUBIONATE ..... 75
CALAMINE POWD XX ..... 120	CALCIUM AMINO ACID CHELATE 30% GRAN .....75	CALCIUM GLUBIONATE MONOHYDRATE ..... 75
CALAN SR TBCR (Use verapamil hcl) ..... 67	CALCIUM ASCORBATE DIHYDRATE POWD .....233	CALCIUM GLUCONATE ANHYDROUS POWD ..... 185
CALCIPOTRIENE .....75	CALCIUM ASCORBATE POWD .233	
calcipotriene CREA .....112	calcium carbonate (antacid) CHEW 500 MG .....19	
calcipotriene FOAM .....112	CALCIUM CARBONATE EXTRA LIGHT POWD XX .....184	
	CALCIUM CARBONATE HEAVY POWD XX ..... 184	

CALCIUM GLUCONATE MONOHYDRATE POWD .....	185	CALCIUM SILICATE .....	75	CAPRYLIC/CAPRIC TRIGLYCERIDES .....	75
CALCIUM GLUCONATE POWD .....	185	CALCIUM STEARATE .....	75	capsaicin CREA 0.025 %, 0.075 %, 0.1 % .....	119
calcium gluconate SOLN .....	185	CALCIUM SULFATE .....	99	CAPSAICIN PALMITATE .....	75
CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 % .....	185	CALCIUM SULFATE ANHYDROUS .....	99	CAPSAICIN POWD 95 %, 98.3 % .....	119
calcium gluconate-sodium chloride SOLN .....	185	CALCIUM SULFATE HEMIHYDRATE .....	99	capsaicin PTCH .....	119
CALCIUM GLYCEROPHOSPHATE .....	75	CALCIUM THIOGLYCOLATE TRIHYDRATE .....	75	CAPSICUM OLEORESIN LIQD ...	99
CALCIUM HYDROXIDE .....	99	CALDOLOR SOLN .....	8	CAPSORALWITH DYNAMIC STATIC GUARD .....	215
CALCIUM HYDROXYAPATITE ...	78	camphor & menthol LOTN .....	112	CAPSUBLEND-H .....	215
CALCIUM L-5 METHYLTETRAHYDROFOLATE .....	85	CAMPBOR CRYSTALS .....	112	CAPSUBLEND-P .....	215
CALCIUM LACTATE PENTAHYDRATE .....	185	CAMPBOR GRAN .....	112	CAPSUBLEND-S .....	215
CALCIUM LEVULINATE DIHYDRATE .....	75	CAMPBOR GUM BLOCKS .....	215	captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG .....	48
CALCIUM OXIDE .....	75	CAMPBOR SPIRIT .....	96	captopril & hydrochlorothiazide 25 MG-50 MG .....	48
CALCIUM PANTOTHENATE POWD 233		CAMPBOR SPIRITS .....	96	captopril .....	46
CALCIUM PHOSPHATE DIBASIC 185		camphor-menthol-methyl salicylate GEL .....	119	CAPTOPRIL .....	76
CALCIUM PHOSPHATE DIBASICDIHYDRATE .....	185	camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 % .....	119	captopril 25 MG .....	46
CALCIUM PHOSPHATE TRIBASIC .....	185	CANADIAN BALSAM .....	75	CAPVAXIVE .....	229
calcium polycarbophil TABS .....	138	CANASA SUPP (Use mesalamine) 130		CAPZASIN-HP CREA (Use capsaicin) .....	119
CALCIUM PROPIONATE .....	75	candesartan cilexetil .....	47	CARAC CREA .....	112
CALCIUM PYRUVATE .....	75	candesartan cilexetil-hydrochlorothiazide .....	48	CARAFATE SUSP (Use sucralfate) .....	227
CALCIUM SACCHARATE .....	75	CANNABIDIOL .....	75	CARAFATE TABS (Use sucralfate) .....	227
CALCIUM SACCHARIN .....	91	CANTHARIDIN POWD .....	119	CARAMEL FLAVOR LIQD .....	212
		CANTHARIDIN SOLN .....	119	CARAMEL OS LIQD .....	212
		CAPLYTA .....	58	CARBACHOL .....	76
		CAPRYLIC ACID .....	75		
		CAPRYLIC/CAPRIC TRIGLYCERIDE .....	75		

carbamazepine CHEW .....	27	CARBOMER 940 NF .....	76	CARDIOPLEGIA INDUCTION HIGH POTASSIUM/NON-ENRICHED ..	69
carbamazepine CP12 200 MG, 300 MG .....	27	CARBOMER 941 .....	76	CARDIOPLEGIA INDUCTION PLASMALYTE/TROMETHAMINE HIGH POTASSIU .....	69
carbamazepine CP12 .....	27	CARBOMER 980 .....	76	CARDIOPLEGIA MAINTENANCELOW DEXTROSE/LOW POTASSIUM ..	69
CARBAMAZEPINE POWD .....	27	CARBOMER HOMOPOLYMER TYPE C .....	76	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	69
carbamazepine SUSP .....	27	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML .....	54	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	69
carbamazepine TABS .....	27	CARBOPOL 940 .....	76	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	69
carbamazepine TB12 200 MG, 400 MG .....	27	CARBOPOL 940 NF .....	76	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	69
carbamazepine TB12 .....	27	carboprost tromethamine SOLN ..	208	CARDIOPLEGIA MAINTENANCELOW TROMETHAMINE/LOW POTASSIUM .....	69
carbamide peroxide (otic) 6.5 % ..	208	CARBOPROST TROMETHAMINE SOSY .....	208	CARDIOPLEGIA MAINTENANCEPLASMALYTE/TROMETHAMINE LOW POTASSI .....	69
CARBAMIDE PEROXIDE .....	76	CARBOXYMETHYLCELLULOSE SODIUM HIGH VISCOSITY POWD ..	99	CARDIOPLEGIA REPERFUSATE/LOW POTASSIUM ..	69
CARBATROL CP12 (Use carbamazepine) .....	27	CARBOXYMETHYLCELLULOSE SODIUM LOW VISCOSITY POWD ..	99	cardioplegic soln .....	69
CARBAZOCHROME .....	76	CARBOXYMETHYLCELLULOSE SODIUM MEDIUM VISCOSITY GRAN .....	99	CARDIOPRESS CAPS .....	197
carbidopa .....	56	CARBOXYMETHYLCELLULOSE SODIUM MEDIUM VISCOSITY POWD .....	99	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads) .....	67
CARBIDOPA .....	99	CARBOXYMETHYLCELLULOSE SODIUM POWD .....	99	CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads) .....	67
CARBIDOPA ANHYDROUS .....	99	CARDAMOM OIL .....	76	CARDIZEM CD CP24 360 MG (Use diltiazem hcl coated beads) .....	67
carbidopa-levodopa TABS .....	57	CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML ..	67	CARDIZEM LA TB24 (Use diltiazem hcl) .....	67
carbidopa-levodopa TBCR .....	57	CARDIOLITE .....	122	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl) .....	67
carbidopa-levodopa TBDP .....	57	CARDIOPLEGIA INDUCTION HIGH POTASSIUM .....	69	CARDURA (Use doxazosin mesylate) .....	47
carbidopa-levodopa-entacapone ..	57	CARDIOPLEGIA INDUCTION HIGH POTASSIUM/LOW DEXTROSE ..	69	CARDURA 8 MG (Use doxazosin mesylate) .....	47
CARBIMAZOLE .....	76				
carbinoxamine maleate SOLN .....	43				
carbinoxamine maleate SUER .....	43				
carbinoxamine maleate TABS 4 MG ..	43				
CARBINOXAMINE MALEATE TABS ..	43				
CARBOMER 934P .....	76				
CARBOMER 934P RESIN .....	76				
CARBOMER 940 .....	76				



CARDURA XL .....	132	SYRINGE/LUER LOCK/10ML ...	158	SYRINGE/NEEDLE 3ML/23G X 1"	159
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT .....	143	CAREPOINT PRECISION SYRINGE/LUER LOCK/1ML ....	158	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1"	159
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT 143		CAREPOINT PRECISION SYRINGE/LUER LOCK/20ML ...	158	CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 5/8"	159
CAREPOINT PRECISION POLYHUB NEEDLE/18GX1" .....	158	CAREPOINT PRECISION SYRINGE/LUER LOCK/30ML ...	158	CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1" .....	159
CAREPOINT PRECISION POLYHUB NEEDLE/20GX1" .....	158	CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML ....	158	CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1-1/2" .....	159
CAREPOINT PRECISION POLYHUB NEEDLE/21GX1" .....	158	CAREPOINT PRECISION SYRINGE/LUER LOCK/5ML ....	159	CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1" .....	159
CAREPOINT PRECISION POLYHUB NEEDLE/21GX1-1/2" .....	158	CAREPOINT PRECISION SYRINGE/LUER LOCK/60ML ...	159	CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1-1/2" .....	159
CAREPOINT PRECISION POLYHUB NEEDLE/22GX1" .....	158	CAREPOINT PRECISION SYRINGE/LUER SLIP/1ML .....	159	CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1" .....	159
CAREPOINT PRECISION POLYHUB NEEDLE/22GX1-1/2" .....	158	CAREPOINT PRECISION SYRINGE/LUER SLIP/1ML 25GX5/8"		CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1-1/2" .....	159
CAREPOINT PRECISION POLYHUB NEEDLE/23GX1" .....	158	MISC .....	159	CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1-1/2" .....	159
CAREPOINT PRECISION POLYHUB NEEDLE/23GX1-1/2" .....	158	CAREPOINT PRECISION SYRINGE/LUER SLIP/60ML ....	159	CAREPOINT SYRINGE/LUER LOCK/3ML/25GX1" .....	159
CAREPOINT PRECISION POLYHUB NEEDLE/25GX1" .....	158	CAREPOINT SAFETY 1ST NEEDLE 23GX1" .....	159	CARESENS CONTROL SOLUTION A/B SOLN .....	143
CAREPOINT PRECISION POLYHUB NEEDLE/25GX1-1/2" .....	158	CAREPOINT SAFETY 1ST NEEDLE 23GX1-1/2" .....	159	CARESENS N BLOOD GLUCOSEMONITORING SYSTEM DEVI .....	143
CAREPOINT PRECISION POLYHUB NEEDLE/27GX1/2" .....	158	CAREPOINT SAFETY 1ST NEEDLE 25GX1" .....	159	CARESENS N BLOOD GLUCOSETEST STRIPS STRP .	122
CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2" .....	158	CAREPOINT SAFETY 1ST NEEDLE 25GX1-1/2" .....	159	CARESENS N FELIZ BT DEVI ...	143
		CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/23G X 1"	159	CARESENS N FELIZ DEVI .....	143
CAREPOINT PRECISION SYRINGE/CATHETER TIP/60ML 158		CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 1ML/25G X 1"	159	CARESENS N GLUCOSE MONITORING SYSTEM DEVI ...	143
CAREPOINT PRECISION		CAREPOINT SAFETY 1ST		CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	143
				CARETOUCH BLOOD GLUCOSE	

MONITORING SYSTEM KIT .....143	SYRINGE/10ML .....160	carvedilol 3.125 MG, 6.25 MG, 12.5 MG ..... 65
CARETOUCH CATHETER TIP 60ML/COVER .....159	CARETOUCH LUER LOCK SYRINGE/1ML .....160	carvedilol phosphate ..... 65
CARETOUCH HYPODERMIC NEEDLE/20GX1" ..... 159	CARETOUCH LUER LOCK SYRINGE/3ML .....160	CARVYKTI ..... 55
CARETOUCH HYPODERMIC NEEDLE/22GX1" ..... 159	CARETOUCH LUER LOCK SYRINGE/5ML .....160	CASODEX (Use bicalutamide) ....55
CARETOUCH HYPODERMIC NEEDLE/23GX1" ..... 159	CARETOUCH LUER SLIP SYRINGE/10ML .....160	casopfungin acetate .....42
CARETOUCH HYPODERMIC NEEDLE/23GX1-1/2" ..... 159	CARETOUCH LUER SLIP SYRINGE/1ML .....160	CASPOFUNGIN ACETATE .....42
CARETOUCH HYPODERMIC NEEDLE/25GX1" ..... 159	CARETOUCH LUER SLIP SYRINGE/5ML .....160	CASTOR OIL .....96
CARETOUCH HYPODERMIC NEEDLE/25GX1-1/2" ..... 159	carglumic acid .....126	CASTOR OIL SULFATED ..... 76
CARETOUCH HYPODERMIC NEEDLE/25GX5/8" ..... 159	CARISOPRODOL POWD .....198	CATAPRES-TTS-1 (Use clonidine) 47
CARETOUCH HYPODERMIC NEEDLE/26GX1" ..... 159	carisoprodol TABS .....198	CATAPRES-TTS-2 (Use clonidine) 47
CARETOUCH HYPODERMIC NEEDLES/27G X 1 1/2 ..... 160	CARMINE ..... 76	CATAPRES-TTS-3 (Use clonidine) 47
CARETOUCH LUER LOCK 3ML/22GX1" ..... 160	carmustine .....54	CATHFLO ACTIVASE IJ ..... 134
CARETOUCH LUER LOCK 3ML/22GX1-1/2" ..... 160	CARMUSTINE .....54	CATNIP .....99
CARETOUCH LUER LOCK 3ML/23GX1" ..... 160	CARNAUBA WAX .....76	CAVERJECT IMPULSE KIT .....69
CARETOUCH LUER LOCK 3ML/23GX1-1/2' .....160	CARNITINE (L) .....84	CAVERJECT SOLR .....69
CARETOUCH LUER LOCK 3ML/25GX1" ..... 160	CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers)) 126	CEDAR LEAF OIL .....96
CARETOUCH LUER LOCK 3ML/25GX1-1/2" ..... 160	CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers)) ..... 127	CEDARWOOD OIL .....96
CARETOUCH LUER LOCK 3ML/25GX5/8" ..... 160	CARNITOR TABS (Use levocarnitine (metabolic modifiers)) .....127	cefaclor CAPS ..... 71
	CARNOSINE L .....76	CEFACLOR ER TB12 ..... 70
	CARRAGEENAN ..... 216	cefaclor SUSR 125 MG/5ML, 375 MG/5ML .....71
	carteolol hcl (ophth) .....203	cefadroxil CAPS .....70
	carvedilol 25 MG .....65	cefadroxil SUSR ..... 70
	carvedilol 3.125 MG, 12.5 MG .....65	cefadroxil TABS .....70
		CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML .....70
		cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG ..... 70

CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM .....	70	ceftriaxone sodium in dextrose ....	71	DEPOLYMERIZED POWD .....	76
CEFAZOLIN SODIUM/DEXTROSE SOLR .....	70	CEFTRIAZONE/DEXTROSE .....	71	CELLULOSE/CMC NA MICROCRYSTALLINE .....	76
CEFAZOLIN SOLN .....	70	cefuroxime axetil TABS .....	71	CELONTIN (Use methsuximide) ..	30
CEFAZOLIN SOLR IV .....	70	cefuroxime sodium IJ 750 MG .....	71	CENTANY AT KIT .....	110
CEFAZOLIN/DEXTROSE SOLN 4 %-3 GM/150ML .....	70	CELEBRATE MULTI-COMPLETE CAPS .....	18 193	CENTANY OINT .....	110
cefdinir CAPS .....	71	CELEBRATE MULTI-COMPLETE CAPS .....	36 193	CENTRATEX CAPS .....	135
cefdinir SUSR .....	71	CELEBRATE MULTI-COMPLETE CAPS .....	45 193	cephalexin CAPS 250 MG, 500 MG 70	
cefepime hcl SOLR IJ 1 GM .....	71	CELEBRATE MULTI-COMPLETE CAPS .....	60 193	cephalexin CAPS 750 MG .....	70
CEFEPIME SOLN .....	71	CELEBRATE MULTI-COMPLETE CAPS .....	60 193	cephalexin SUSR .....	70
CEFEPIME/DEXTROSE .....	71	CELEBREX (Use celecoxib) .....	8	cephalexin TABS .....	70
cefixime CAPS .....	71	CELECOXIB .....	76	CEQUA SOLN .....	205
cefixime SUSR .....	71	celecoxib .....	8	CEQUR SIMPLICITY 2U DEVI ...	160
cefotetan disodium IJ 1 GM, 2 GM	71	CELERY SEED .....	96	CEQUR SIMPLICITY INSERTER MISC .....	160
CEFOXITIN SODIUM .....	71	CELEXA TABS 10 MG (Use citalopram hydrobromide) .....	32	CEQUR SIMPLICITY STARTERKIT KIT .....	160
cefoxitin sodium IV .....	71	CELEXA TABS 20 MG (Use citalopram hydrobromide) .....	32	CERALYTE 50 PACK .....	185
cefpodoxime proxetil SUSR .....	71	CELEXA TABS 40 MG (Use citalopram hydrobromide) .....	32	CERALYTE 50 POTASSIUM FREE PACK .....	185
cefpodoxime proxetil TABS .....	71	CELLCEPT CAPS (Use mycophenolate mofetil) .....	189	CERALYTE 70 PACK .....	185
cefprozil SUSR 125 MG/5ML .....	71	CELLCEPT SUSR (Use mycophenolate mofetil) .....	189	CERALYTE 70 POTASSIUM FREE PACK .....	185
cefprozil SUSR 250 MG/5ML .....	71	CELLCEPT TABS (Use mycophenolate mofetil) .....	189	CERALYTE 70 SOLN .....	185
cefprozil TABS .....	71	CELLULASE .....	76	CERALYTE 90 PACK .....	185
CEFTAZIDIME .....	76	CELLULOSE MICROCRYSTALLINE CRYS .....	76	CERAORS 75 NATURAL PACK .	185
ceftazidime IV 1 GM, 2 GM, 6 GM	71	CELLULOSE MICROCRYSTALLINE POWD .....	76	CERAPHYL SLK .....	83
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CERDELGA .....134	CHEESE-ADE FLAVOR POWD .212	chlordiazepoxide hcl CAPS .....20
CEREFOLIN ..... 123	CHEESECAKE FLAVOR LIQD ..212	chlordiazepoxide hcl-clidinium bromide ..... 226
CEREFOLIN NAC 600 MG-2 MG-6 MG-90.314 MG ..... 123	CHEMET ..... 40	chlordiazepoxide-amitriptyline ...220
CERESIN WAX .....76	CHEMSIL K-12 .....218	CHLORHEXIDINE DIACETATE HYDRATE .....76
CEREZYME 400 UNIT ..... 134	CHEMSIL K-51 .....218	chlorhexidine gluconate (mouth- throat) ..... 191
CERVIDIL INST ..... 208	CHEMSTRIP BG LOG BOOK MISC . 143	CHLORHEXIDINE GLUCONATE .96
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cetirizine hcl TABS ..... 43	CHICKEN (GRILLED) FLAVOR LIQD .....212	CHLOROFORM .....96
cetirizine-pseudoephedrine ..... 105	CHICKEN BROTH FLAVOR SPRAY DRIED POWD .....212	CHLOROPHYLLIN SODIUM COPPER ..... 76
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CETRAXAL (Use ciprofloxacin hcl (otic)) .....208	CHICKEN FLAVOR LIQD ..... 212	CHLOROQUINE PHOSPHATE POWD .....52
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chlorpromazine hcl CONC .....	60	CHOLESTEROL POWD .....	76	CIBINQO .....	118
chlorpromazine hcl SOLN .....	60	CHOLESTYRAMINE .....	76	CICLOPIROX .....	77
chlorpromazine hcl TABS 10 MG ..	60	cholestyramine light PACK .....	44	ciclopirox GEL .....	110
chlorpromazine hcl TABS 25 MG, 50	60	cholestyramine light POWD .....	44	ciclopirox KIT .....	110
MG, 100 MG, 200 MG .....	60	cholestyramine PACK .....	44	ciclopirox olamine CREA .....	110
chlorthalidone 25 MG, 50 MG ....	125	cholestyramine POWD .....	44	CICLOPIROX OLAMINE POWD ..	110
chlorzoxazone TABS 375 MG, 500	198	CHOLESTYRAMINE RESIN .....	76	ciclopirox olamine SUSP .....	110
MG, 750 MG .....	198	CHOLINE BITARTRATE CRYSTALS ..	201	ciclopirox SHAM .....	110
chlorzoxazone TABS 375 MG, 750	198	CHOLINE BITARTRATE POWD ..	201	ciclopirox SOLN .....	110
MG .....	198	CHOLINE CHLORIDE .....	77	CIDATRINE-TM TABS .....	18
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CHOCOLATE NATURAL & ARTIFICIAL FLAVOR CONC .....	212	CHORIONIC GONADOTROPIN (HUMAN) .....	77	CIMDUO .....	61
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cholecalciferol CAPS 125 MCG, 5000	233	CHROMIUM CHLORIDE POWD ..	77	CIMZIA KIT .....	130
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cholecalciferol CAPS 25 MCG, 50	233	CHROMIUM POLYNICOTINATE ..	77	CIMZIA STARTER KIT PSKT ....	130
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CIPRO SUSR .....	128	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 196		CLENIA PLUS SUSP .....	108
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl) .....	128	CITRANATAL MEDLEY .....	196	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML .....	138
CIPRODEX (Use ciprofloxacin- dexamethasone) .....	208	CITRIC ACID ANHYDROUS GRAN 99		CLEOCIN (Use clindamycin hcl) ..	51
CIPROFLOXACIN .....	77	CITRIC ACID ANHYDROUS POWD . 99		CLEOCIN CREA (Use clindamycin phosphate vaginal) .....	231
ciprofloxacin hcl (ophth) SOLN ...	205	CITRIC ACID MONOHYDRATE GRAN .....	99	CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride) .....	51
ciprofloxacin hcl (otic) .....	208	CITRIC ACID MONOHYDRATE POWD .....	99	CLEOCIN PHOSPHATE SOLN IJ .	51
CIPROFLOXACIN HCL .....	77	CITRIC ACID POWD .....	99	CLEOCIN SUPP .....	231
ciprofloxacin hcl TABS 100 MG ..	128	CITRONELLA OIL .....	97	CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) .....	108
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG .....	128	CITRULLINE(L) .....	77	CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	143
CIPROFLOXACIN HYDROCHLORIDE .....	77	CITRUS BIOFLAVONOIDS 13 % .	77	CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	143
ciprofloxacin in d5w .....	128	CLARINEX TABS (Use desloratadine) .....	43	CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	143
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CISPLATIN .....	77	CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine) ...	105		
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181	clindamycin palmitate hydrochloride .	CLINIMIX 6/5 .....	202
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CLEVIPREX 25 MG/50ML, 50 MG/100ML .....	clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML .....	CLINIMIX E 5%/DEXTROSE 20% 202	67
CLIDINIUM BROMIDE .....	clindamycin phosphate vaginal CREA .....	CLINIMIX E 8/10 .....	77
CLIMARA PRO .....	clindamycin phosphate-benzoyl peroxide (refrigerate) .....	CLINIMIX E 8/14 .....	127
CLIMARA PTWK (Use estradiol) .	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % .....	CLINISTIX KIDNEY HEALTH ....	128
CLINDACIN ETZ .....	clindamycin phosphate-benzoyl peroxide GEL .....	CLINOLIPID .....	108
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clindamycin hcl 150 MG, 300 MG .	CLINIMIX 4.25%/DEXTROSE 5% 202	CLOBETASOL 17 PROPIONATE POWD .....	52
clindamycin hcl 75 MG .....	CLINIMIX 5%/DEXTROSE 15% .	clobetasol propionate CREA 0.05 % . 115	52
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CLINDAMYCIN HYDROCHLORIDE .	77	clobetasol propionate emulsion ..	77
		clobetasol propionate FOAM .....	
		clobetasol propionate GEL 0.05 % 115	
		clobetasol propionate LIQD .....	
		clobetasol propionate LOTN .....	
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MICRONIZED POWD .....	115	CLONIDINE HYDROCHLORIDE XX .	11	coal tar extract SHAM 0.5 % .....	121
CLOBETASOL PROPIONATE				COAL TAR LIQD .....	98
MICRONIZED USP POWD .....	115	CLOPIDOGREL BISULFATE .....	77	COAL TAR SOLN .....	98
clobetazol propionate OINT 0.05 %	115	clopidogrel bisulfate 300 MG .....	134	COAL TAR TAR .....	98
115		clopidogrel bisulfate 75 MG .....	134	COARTEM .....	52
CLOBETASOL PROPIONATE		clorazepate dipotassium TABS ...	20	COBALT GLUCONATE .....	77
POWD .....	115	CLOTROTEKAL IT .....	141	COBAMAMIDE .....	77
clobetazol propionate SHAM .....	115	CLORPACTIN WCS-90 .....	61	COCAINE HCL POWD .....	119
clobetazol propionate SOLN 0.05 % .	115	CLORSULON .....	77	COCAINE HYDROCHLORIDE ..	199
115		clotrimazole (topical) CREA .....	110	COCAMIDE DEA .....	77
clocortolone pivalate .....	115	clotrimazole (topical) SOLN .....	110	COCOA BUTTER CREA .....	216
CLODAN KIT .....	115	clotrimazole .....	191	COCOA BUTTER DEODORIZED	
CLODERM (Use clocortolone		CLOTTRIMAZOLE CRYSTALS .....	111	MISC .....	216
pivalate) .....	115	CLOTTRIMAZOLE POWD .....	111	COCOA BUTTER MISC .....	216
clofarabine .....	54	clotrimazole vaginal CREA 1 % ..	231	COCONUT FLAVOR LIQD .....	212
CLOFAZIMINE .....	77	clotrimazole vaginal CREA 2 % ..	231	COCONUT OIL .....	97
CLOLAR (Use clofarabine) .....	54	clotrimazole w/ betamethasone		CODEINE PHOSPHATE POWD ..	12
CLOMIPHENE CITRATE POWD .	126	CREA .....	110	codeine sulfate TABS 30 MG .....	12
CLOMIPRAMINE HCL .....	77	clotrimazole w/ betamethasone		CODEINE SULFATE TABS .....	12
clomipramine hcl 25 MG, 50 MG ..	34	LOTN .....	111	CO-ENZYME Q 10 .....	99
clomipramine hcl 75 MG .....	34	CLOVAGEL .....	218	COENZYME Q10 .....	99
CLONAZEPAM .....	77	CLOVE OIL .....	97	COFFEE FLAVOR LIQD .....	212
clonazepam TABS .....	26	clozapine TABS 100 MG .....	59	COLA FLAVOR LIQD .....	212
clonazepam TBDP .....	26	clozapine TABS 25 MG, 200 MG ..	59	COLACE CAPS 100 MG (Use	
clonidine .....	47	clozapine TABS 25 MG, 50 MG, 200		docusate sodium) .....	140
clonidine hcl (adhd) TB12 .....	2	MG .....	59	COLACE CLEAR CAPS (Use	
clonidine hcl (analgesia) EP .....	11	clozapine TBDP .....	59	docusate sodium) .....	140
CLONIDINE HCL POWD .....	47	CLOZARIL TABS 100 MG (Use		COLAZAL CAPS (Use balsalazide	
clonidine hcl TABS .....	47	clozapine) .....	59	disodium) .....	130
clonidine hcl TB24 .....	47	CLOZARIL TABS 25 MG, 50 MG,		colchicine CAPS .....	132
CLONIDINE HYDROCHLORIDE		200 MG (Use clozapine) .....	59	COLCHICINE POWD .....	132
POWD .....	47	C-NATE DHA CAPS .....	196		



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colchicine TABS .....	133	COMBIVIR (Use lamivudine- zidovudine) .....	61	CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT .....	143
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colesevelam hcl TABS .....	44	COMIRNATY 2024-25 SUSY ....	229	CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT .....	144
COLESTID FLAVORED GRAN (Use colestipol hcl) .....	45	COMIRNATY SUSP .....	229	CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT .....	144
COLESTID FLAVORED PACK (Use colestipol hcl) .....	45	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ..	181	CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	144
COLESTID GRAN (Use colestipol hcl) .....	45	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI .....	181	CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS STRP ..	122
COLESTID PACK (Use colestipol hcl) .....	45	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI .....	181	CONTOUR PLUS BLUE BLOOD GLUCOSE MONITORING SYSTEM KIT .....	144
COLESTID TABS (Use colestipol hcl) .....	45	COMPLERA .....	61	CONZIP CP24 (Use tramadol hcl) ..	12
colestipol hcl GRAN .....	45	COMPLETE NATAL DHA .....	196	COOL BLOOD GLUCOSE MONITORING KIT KIT .....	144
colestipol hcl PACK .....	45	COMTAN (Use entacapone) .....	57	COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	144
colestipol hcl TABS .....	45	CONCEPT DHA .....	196	COPASIL GEL .....	91
COLHIBIN .....	77	CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl) ..	3	COPAXONE SOSY 20 MG/ML (Use glatiramer acetate) .....	221
colistimethate sodium .....	52	CONCERTA TBCR 36 MG (Use methylphenidate hcl) .....	3	COPAXONE SOSY 40 MG/ML (Use	
COLISTIMETHATE SODIUM .....	77	CONDYLOX GEL (Use podofilox) 119			
COLLAGEN HYDROLYSATE .....	77	CONJUPRI (Use levamlodipine maleate) .....	67		
COLLAGEN ULTRA CAPS .....	197	CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	143		
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CORDRAN CREA (Use flurandrenolide) ..... 115	COSOPT (Use dorzolamide hcl-timolol maleate) .....203	CRESOL .....77
COREG 25 MG (Use carvedilol) ...65	COSOPT PF (Use dorzolamide hcl-timolol maleate) .....203	CRESTOR TABS (Use rosuvastatin calcium) ..... 45
COREG 3.125 MG, 12.5 MG (Use carvedilol) .....65	COTTON CANDY FLAVOR LIQD 212	CREXONT CPCR .....57
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol) .....65	COTTONSEED OIL .....97	CRINONE GEL .....232
COREG CR (Use carvedilol phosphate) .....65	COUGH AND CHEST CONGESTION DM COUGH SYRUP SYRP ..... 105	cromolyn sodium (mastocytosis) 129
CORGARD TABS 20 MG, 40 MG (Use nadolol) .....66	COUMARIN ..... 77	cromolyn sodium (nasal) 5.2 MG/ACT ..... 199
CORGARD TABS 80 MG (Use nadolol) .....66	COZAAR (Use losartan potassium) 47	cromolyn sodium (ophth) ..... 207
CORLANOR SOLN ..... 70	COZIMA CREA .....120	cromolyn sodium NEBU ..... 21
CORN OIL .....77	CRANBERRY ..... 77	CROMOLYN SODIUM POWD .... 21
CORN STARCH .....99	CRAN-RASPBERRY FLAVOR LIQD . 212	CRONO SYRINGE .....160
CORTEF TABS (Use hydrocortisone) .....103	CREATINE .....77	CROSCARMELLOSE SODIUM POWD .....99
CORTENEMA (Use hydrocortisone (intrarectal)) ..... 18	CREATINE ANHYDROUS .....77	CROTAMITON ..... 77
CORTICARE B CAPS ..... 197	CREATINE MONOHYDRATE .... 77	crotamiton LOTN ..... 121
CORTIFOAM EX 10 % .....18	CREATININE .....77	CROTON OIL ..... 77
CORTISONE ACETATE POWD . 103	CREME DE MENTHE FLAVOR LIQD .....213	CRYOSERV .....97
CORTISONE ACETATE TABS ...103	CREME DE MENTHE FLAVOR OIL . 213	CUBICIN RF (Use daptomycin) ...51
CORTISPORIN-TC ..... 208	CREME DEMENTHE FLAVOR LIQD 213	CUCUMBER MELON ..... 72
CORVITE 150 TABS ..... 135	CREME OS LIQD .....213	cupric chloride .....188
CORVITE FE TABS ..... 135	CREON CPEP 30000 UNIT-19000	CUPRIC SULFATE PENTAHYDRATE GRAN ..... 188
COSELA .....56		CUPRIC SULFATE POWD .....188
		CUPUACU BUTTER ..... 78
		CURCUMIN ..... 94
		CURCUMIN EXTRACT ..... 94

CUROSURF TR 120 MG/1.5ML, 240 MG/3ML .....	223	CYCLOGYL 2 % .....	204	CYLTEZO AJKT .....	6
CUSTOM POLYGLYCOL TROCHEBASE WAX .....	215	CYCLOMETHICONE .....	78	CYLTEZO PSKT 40 MG/0.4ML .....	6
CVS ADULT 50+ EYE HEALTH CAPS .....	193	CYCLOMYDRIL .....	204	CYLTEZO PSKT .....	6
CVS ADVANCED GLUCOSE METER KIT .....	144	CYCLOPENTASILOXANE/PEG/PPG -18/18 DIMETHICONE .....	78	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT .....	6
CVS EPSOM SALT GRAN XX ...	139	CYCLOPENTOLATE HCL .....	78	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT .....	6
CVS EYE HEALTH ADULT 50+ CAPS .....	193	cyclopentolate hcl 0.5 %, 1 % ...	204	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...	6
CVS IMMUNE SUPPORT CAPS .	193	cyclopentolate hcl 2 % .....	204	CYMBALTA CPEP (Use duloxetine hcl) .....	33
CVS SLEEP SUPPORT CHEW ..	190	CYCLOPENTOLATE HYDROCHLORIDE .....	78	CYPROHEPTADINE HCL .....	78
CVS TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP .	122	CYCLOPHOSPHAMIDE .....	78	cyproheptadine hcl SYRP .....	44
CVS VISION HEALTH CAPS ....	193	CYCLOPHOSPHAMIDE SOLN ...	54	cyproheptadine hcl TABS .....	44
CYANOCOBALAMIN CRYSTALS .....	78	cyclophosphamide CAPS .....	54	CYSTADROPS .....	207
CYANOCOBALAMIN POWD .....	78	CYCLOPHOSPHAMIDE SOLN IJ .....	54	CYSTEAMINE HCL .....	78
cyanocobalamin SOLN IJ 1000 MCG/ML .....	134	CYCLOPHOSPHAMIDE TABS ...	54	CYSTEAMINE HYDROCHLORIDE	78
cyanocobalamin SOLN NA 500 MCG/0.1ML .....	134	cycloserine .....	53	CYTOMEL TABS (Use liothyronine sodium) .....	225
CYCLANDELATE .....	78	CYCLOSERINE .....	78	CYTOTEC (Use misoprostol) ....	228
CYCLOBENZAPRINE HCL .....	78	CYCLOSET .....	36	dabigatran etexilate mesylate CAPS 75 MG, 150 MG .....	26
cyclobenzaprine hcl CP24 .....	198	cyclosporine (ophth) EMUL .....	206	dabigatran etexilate mesylate CAPS .	26
cyclobenzaprine hcl TABS 5 MG, 10 MG .....	198	CYCLOSPORINE .....	78	dacarbazine SOLR .....	56
cyclobenzaprine hcl TABS 7.5 MG 198		CYCLOSPORINE A .....	78	dactinomycin .....	55
CYCLOBENZAPRINE HYDROCHLORIDE .....	78	cyclosporine CAPS .....	189	DAILY MOISTURIZER .....	218
CYCLOGYL (Use cyclopentolate hcl) .....	204	cyclosporine modified (for microemulsion) CAPS 25 MG, 100 MG .....	189	DALFAMPRIDINE .....	80
CYCLOGYL 0.5 % .....	204	cyclosporine modified (for microemulsion) CAPS .....	189	DALIRESP (Use roflumilast) .....	22
		cyclosporine modified (for microemulsion) SOLN .....	189	DALVANCE .....	51
		cyclosporine SOLN IV 50 MG/ML	189	danazol CAPS .....	17

DANAZOL POWD .....	17	D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT 144	DELFLEX-LC/4.25% DEXTROSE 190
DANTRIUM CAPS 25 MG (Use dantrolene sodium) .....	199	DDAVP TABS (Use desmopressin acetate) .....	127
DANTROLENE SODIUM .....	78	DEBROX 6.5 % (Use carbamide peroxide (otic)) .....	208
dantrolene sodium CAPS .....	199	DECARA CAPS .....	233
dantrolene sodium SOLR .....	199	DECONEX DMX TABS 10 MG-400 MG-17.5 MG .....	105
DANYELZA .....	54	DECUBI-VITE CAPS .....	193
dapagliflozin propanediol .....	39	DEFENCATH .....	26
dapagliflozin propanediol-metformin hcl .....	35	deferasirox PACK .....	40
DAPIPRAZOLE HCL .....	78	deferasirox TABS .....	40
dapsone (topical) .....	108	deferasirox TBSO .....	40
dapsone (topical) 7.5 % .....	108	deferiprone TABS .....	40
dapsone .....	51	DEFINITY .....	123
DAPSONE .....	78	DEFINITY RT .....	123
DAPTACEL .....	225	deflazacort TABS 36 MG .....	103
daptomycin .....	51	deflazacort TABS 6 MG, 18 MG, 30 MG .....	103
DAPTOMYCIN .....	51	DEFLUX METAL NEEDLE/23G X350MM .....	160
DAPTOMYCIN/SODIUM CHLORIDE .....	51	DEHYDRATED ALCOHOL .....	215
darifenacin hydrobromide .....	228	DEHYDROCHOLIC ACID .....	78
DARTISLA ODT TBDP .....	226	DEHYDROEPIANDROSTERONE MICRONIZED .....	99
darunavir TABS 600 MG .....	61	DEHYDROEPIANDROSTERONE POWD .....	99
darunavir TABS 800 MG .....	61	DEKAS PLUS CAPS .....	193
DAVIMET/FLUORIDE CHEW ....	195	DEKAS PLUS OCEAN CAPS ...	193
DAVIMET/IRON CHEW .....	192	DELFLEX-LC/1.5% DEXTROSE	190
DAVIMET-M CHEW .....	195	DELFLEX-LC/2.5% DEXTROSE	190
DAYPRO TABS (Use oxaprozin) ...	8		
DAYTRANA PTCH (Use methylphenidate) .....	3		
DAYVIGO .....	138		

DEPAKOTE TBEC 500 MG (Use divalproex sodium) .....	30	desflurane .....	131	DESVENLAFAXINE ER 100 MG ..	33
DEPEN TITRATABS TABS (Use penicillamine) .....	189	DESICCATED BEEF LIVER .....	79	desvenlafaxine succinate 100 MG	.34
DEPO-ESTRADIOL .....	128	DESIPRAMINE HCL POWD .....	34	desvenlafaxine succinate 25 MG, 50 MG .....	34
DEPO-MEDROL SUSP .....	103	desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG .....	34	DETROL LA CP24 (Use tolterodine tartrate) .....	228
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive)) .....	102	desipramine hcl TABS 25 MG .....	34	DETROL TABS (Use tolterodine tartrate) .....	228
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive)) .....	103	desloratadine TABS .....	43	DEVILS CLAW .....	79
DEPO-SUBQ PROVERA 104 SUSY SC .....	103	desloratadine TBDP .....	43	DEXAMETHASONE .....	79
DERMACINRX CIRCATRIX CREA 119		DESMOPRESSIN ACETATE .....	79	DEXAMETHASONE ACETATE ...	79
DERMACINRX DAVIMET CHEW 195		desmopressin acetate spray .....	127	DEXAMETHASONE ACETATE ANHYDROUS .....	79
DERMACINRX DOTREMIN TABS 135		desmopressin acetate spray refrigerated .....	127	DEXAMETHASONE BASE .....	79
DERMACINRX ETHOXY DIGLYCOL .....	78	desmopressin acetate TABS .....	127	dexamethasone ELIX .....	103
DERMACINRX FOLTAMIN TABS 135		desogestrel & ethinyl estradiol ..	101	DEXAMETHASONE INTENSOL CONC .....	103
DERMACINRX PRETRATE TABS 196		desogestrel-ethinyl estradiol (biphasic) .....	101	DEXAMETHASONE ISONICOTINATE .....	79
DERMASHIELD HYDROGEL ...	218	desogestrel-ethinyl estradiol (triphasic) .....	101	dexamethasone sodium phosphate (ophth) .....	206
DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide) .....	115	desonide CREA .....	115	DEXAMETHASONE SODIUM PHOSPHATE .....	79
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide) .....	115	desonide LOTN .....	115	dexamethasone sodium phosphate SOLN IJ 10 MG/ML, 100 MG/10ML	103
DERMOTIC (Use fluocinolone acetonide (otic)) .....	208	desonide OINT .....	115	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	103
DESCOVY .....	61	DESONIDE POWD .....	115	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML .....	103
		DESOXIMETASONE .....	79	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	103
		desoximetasone CREA 0.25 % ...	115	dexamethasone sodium phosphate	
		desoximetasone CREA .....	115		
		desoximetasone GEL .....	115		
		desoximetasone LIQD .....	115		
		desoximetasone OINT 0.05 % ...	115		
		desoximetasone OINT .....	115		
		DESOXYCORTICOSTERONE ACETATE .....	79		
		DESVENLAFAXINE ER .....	34		

SOSY IJ 10 MG/ML .....	103	dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....	103	dexamethasone SOLN .....	103	dexamethasone TABS 1.5 MG ...	103	dexamethasone TABS .....	103	dexamethasone TBPK .....	103	DEXATRAN CAPS .....	193	DEXCHLORPHENIRAMINE MALEATE .....	79	dexchlorpheniramine maleate SOLN .	43	DEXCOM G6 RECEIVER .....	144	DEXCOM G6 SENSOR .....	144	DEXCOM G6 TRANSMITTER ...	144	DEXCOM G7 RECEIVER .....	144	DEXCOM G7 SENSOR .....	144	DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate) .....	1	DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate) .....	1	DEXILANT (Use dexlansoprazole)	227	dexlansoprazole .....	227	dexmedetomidine hcl in sodium chloride SOLN .....	137	dexmedetomidine hcl SOLN .....	137	DEXMEDETOMIDINE HCL SOLN	137	DEXMEDETOMIDINE HYDROCHLORIDE/DEXTROSE MONOHYDRATE .....	137	dexmethylphenidate hcl CP24 .....	3	dexmethylphenidate hcl TABS .....	3	DEXPANTHENOL LIQD .....	79	DEXPANTHENOL POWD .....	79	dextran 40 in d5w .....	133	dextran 40 in saline .....	133	DEXTRAN 40000 .....	79	dextran 70-hypromellose 0.3 %-0.1 % .....	203	DEXTRAN 75000 .....	79	dextroamphetamine sulfate CP24 10 MG, 15 MG .....	1	dextroamphetamine sulfate CP24 5 MG .....	1	dextroamphetamine sulfate SOLN ..	1	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG .....	1	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG .	1	dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	DEXTROMETHORPHAN .....	79	DEXTROMETHORPHAN HBR MONOHYDRATE CRYST .....	105	DEXTROMETHORPHAN HBR MONOHYDRATE POWD .....	105	DEXTROMETHORPHAN HBR POWD .....	105	dextromethorphan polistirex LQCR	105	dextromethorphan polistirex SUER	105	dextromethorphan-acetaminophen- chlorpheniramine TABS 325 MG-2 MG-10 MG .....	105	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML .....	105	dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 400 MG/20ML-20 MG/20ML .....	106	dextromethorphan-guaifenesin LIQD 200 MG/20ML-20 MG/20ML .....	105	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML- 10 MG/5ML, 200 MG/10ML-20 MG/10ML .....	106	dextromethorphan-guaifenesin TB12 600 MG-30 MG .....	106	dextromethorphan-phenylephrine- acetaminophen CAPS .....	106	DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX .....	185	DEXTROSE 10%/SODIUM CHLORIDE 0.2% .....	185	DEXTROSE 30% SOLN .....	201	DEXTROSE ANHYDROUS GRAN 201		DEXTROSE ANHYDROUS POWD 201		dextrose in lactated ringers .....	185	DEXTROSE MONOHYDRATE POWD .....	201	DEXTROSE POWD .....	201	dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML .....	201	DEXTROSE SOLN .....	201	dextrose w/ sodium chloride 0.45 %- 2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %- 0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-	
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0.33 %, 5 %-0.45 %, 5 %-0.9 %	185	DIANEAL PD-2/4.25% DEXTROSE	191	DICLAZURIL	79
DEXYCU SUSP IO	206	DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	26	DICLEGIS TBEC (Use doxylamine-pyridoxine)	41
DHEA MICRONIZED	99	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	26	diclofenac epolamine PTCH EX	112
DHEA POWD	99	DIATHRIVE BLOOD GLUCOSE METER DEVI	144	diclofenac potassium (migraine)	183
DHIVY TABS	57	DIATHRIVE+ BLOOD GLUCOSE MONITORING SYSTEM/BLUETOOTH DEVI	144	diclofenac potassium CAPS	8
DHS TAR GEL SHAM (Use coal tar extract)	121	diatrizoate meglumine & sodium OR	123	diclofenac potassium TABS	8
DHS TAR SHAM (Use coal tar extract)	121	DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	144	diclofenac sodium (actinic keratoses) EX	112
DIABETES CARE KIT	144	diazepam (anticonvulsant) GEL	26	diclofenac sodium (ophth)	207
DIABETES MONITORING DIGITAL SOLUTION ADD-ON KIT	144	DIAZEPAM	79	diclofenac sodium (topical) GEL EX	112
DIABETES MONITORING DIGITAL SOLUTION KIT	144	diazepam CONC	20	diclofenac sodium (topical) SOLN EX 1.5 %	112
DIACOMIT CAPS 250 MG	27	DIAZEPAM SOAJ	20	diclofenac sodium (topical) SOLN EX	112
DIACOMIT CAPS 500 MG	27	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML	20	DICLOFENAC SODIUM MICRONIZED POWD	79
DIACOMIT PACK 250 MG	27	DIAZEPAM SOLN IJ 5 MG/ML	20	DICLOFENAC SODIUM POWD	79
DIACOMIT PACK 500 MG	27	diazepam SOLN OR 5 MG/5ML	20	diclofenac sodium TB24	8
DIALYVITE 3000	192	diazepam TABS	20	diclofenac sodium TBEC 50 MG, 75 MG	8
DIALYVITE 5000	192	diazoxide	36	diclofenac sodium TBEC	8
DIALYVITE 800 PLUS D WAFR	192	DIAZOXIDE	79	diclofenac w/ misoprostol TBEC	9
DIALYVITE/ZINC	192	dibucaine	119	dicloxacillin sodium	210
DIAMINOPYRIDINE	79	DIBUCAINE	79	dicyclomine hcl CAPS	226
DIANEAL LOW CALCIUM/1.5%DEXTROSE	191	DIBUCAINE HCL	79	dicyclomine hcl SOLN IM	226
DIANEAL LOW CALCIUM/2.5%DEXTROSE	191	DIBUTYL SQUARATE LIQD	91	dicyclomine hcl SOLN OR	226
DIANEAL LOW CALCIUM/4.25%DEXTROSE	191	DICHLORALPHENAZONE	79	dicyclomine hcl TABS	226
DIANEAL PD-2/1.5% DEXTROSE 191		DICHLOROACETIC ACID	79	DICYCLOMINE HYDROCHLORIDE	79
DIANEAL PD-2/2.5% DEXTROSE 191		dichlorphenamide	124	DIETHANOLAMINE	79
				DIETHYL PHTHALATE	79

DIETHYLCARBAMAZINE CITRATE 79	digoxin SOLN OR 0.05 MG/ML ... 68	MG ..... 67
DIETHYLENE GLYCOL MONOETHYL ETHER ..... 78	digoxin TABS 0.0625 MG, 62.5 MCG 68	diltiazem hcl coated beads CP24 360 MG ..... 67
DIETHYLENE GLYCOL MONOETHYL ETHER NF ..... 78	digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG ..... 68	diltiazem hcl CP12 ..... 67
DIETHYL-M-TOLUAMIDE ..... 79	DIHYDROCODEINE BITARTRATE . 79	diltiazem hcl CP24 120 MG, 180 MG 67
diethylpropion hcl TABS ..... 2	DIHYDROERGOTAMINE MESYLATE CRYST ..... 183	diltiazem hcl CP24 240 MG ..... 67
diethylpropion hcl TB24 ..... 2	DIHYDROERGOTAMINE MESYLATE POWD ..... 183	diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG ..... 67
DIETHYLPROPION HYDROCHLORIDE/TARTARIC ACID ..... 79	DIHYDROXYACETONE (1,3) DIMER ..... 79	diltiazem hcl extended release beads 240 MG ..... 67
DIETHYLSTILBESTROL ..... 79	DIINDOLYLMETHANE ..... 79	diltiazem hcl SOLN ..... 67
DIFFERIN CREA (Use adapalene) 108	DIiodo-L-THYRONINE 3,5 ..... 79	DILTIAZEM HCL SOLR ..... 67
DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide) ..... 108	DILANTIN (Use phenytoin sodium extended) ..... 30	diltiazem hcl TABS ..... 67
DIFICID SUSR ..... 142	DILANTIN ..... 30	diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ..... 67
DIFICID TABS ..... 142	DILANTIN INFATABS CHEW (Use phenytoin) ..... 30	diltiazem hcl TB24 ..... 67
diflorasone diacetate CREA ..... 115	DILANTIN-125 SUSP (Use phenytoin) ..... 30	DILTIAZEM HYDROCHLORIDE .. 79
diflorasone diacetate OINT ..... 115	DILAUDID LIQD (Use hydromorphone hcl) ..... 12	DIMENHYDRINATE ..... 99
DIFLUCAN SUSR 10 MG/ML (Use fluconazole) ..... 42	DILAUDID SOLN IJ ..... 12	DIMENHYDRINATE SOLN ..... 41
DIFLUCAN SUSR 40 MG/ML (Use fluconazole) ..... 42	DILAUDID TABS 2 MG (Use hydromorphone hcl) ..... 12	DIMERCAPTO-1- PROPANESULFONIC ACID (DMPS) ..... 99
DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole) ..... 42	DILAUDID TABS 4 MG (Use hydromorphone hcl) ..... 12	DIMERCAPTO-1- PROPANESULFONIC ACID SODIUM SALT ..... 99
DIFLUNISAL POWD ..... 12	DILAUDID TABS 8 MG (Use hydromorphone hcl) ..... 12	DIMERCAPTOPROPANE- SULFONATE (2,3) SODIUM ..... 99
diflunisal TABS ..... 12	DILTIAZEM HCL ..... 79	DIMERCAPTOSUCCINIC ACID CRYST ..... 91
difluprednate ..... 206	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG ..... 67	DIMERCAPTOSUCCINIC ACID POWD ..... 91
DIGOXIN MICRONIZED POWD ... 79	diltiazem hcl coated beads CP24 240	DIMETHYL FUMARATE ..... 79
DIGOXIN POWD ..... 79		
digoxin SOLN IJ 0.25 MG/ML ..... 68		



dimethyl fumarate CDPK .....	221	79	DL-ALPHA LIPOIC ACID .....	73	
dimethyl fumarate CPDR 240 MG 221		diphenoxylate w/ atropine LIQD ...	39	DL-LEUCINE POWD XX .....	202
dimethyl fumarate CPDR .....	221	diphenoxylate w/ atropine TABS ...	39	DL-MALIC ACID .....	85
DIMETHYL SILOXANE HYDROXYALKYL-TERMINATED	79	DIPHENYLCYCLOPROPENONE	79	DL-METHIONINE POWD XX ....	202
DIMETHYL SULFONE POWD .....	85	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP .	225	DL-PANTHENOL .....	88
DIMETHYL SULFOXIDE .....	97	DIPRIVAN EMUL .....	131	DL-PANTHENOL ALCOHOL .....	88
DIMETHYLACETAMIDE .....	79	DIPROLENE OINT (Use betamethasone dipropionate augmented) .....	116	DL-PHENYLALANINE POWD ...	202
DIMETHYLAMINOETHANOL (DEANOL) .....	79	dipyridamole (diagnostic) .....	121	DMAE BITARTRATE .....	80
DIMETHYLGLYCINE HCL .....	79	dipyridamole .....	134	D-MANNOSE .....	80
DINITROCHLORO BENZENE .....	99	DIPYRIDAMOLE .....	79	dobutamine hcl 12.5 MG/ML, 250 MG/20ML .....	68
DIOSGENIN .....	79	DISOPHENOL .....	80	DOBUTAMINE HCL/D5W .....	68
DIOSMIN .....	79	disopyramide phosphate CAPS ...	20	DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5% .....	68
DIOVAN HCT (Use valsartan- hydrochlorothiazide) .....	48	DISPERSERX UFP .....	216	DOCOSANOL .....	80
DIOVAN TABS (Use valsartan) ....	47	DISULFIRAM .....	80	docusate sodium CAPS 100 MG, 250 MG .....	140
DIOXYBENZONE .....	79	disulfiram 250 MG .....	220	docusate sodium CAPS 50 MG ..	140
DIPENTUM .....	130	disulfiram 500 MG .....	220	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML .....	140
diphenhydramine hcl (sleep) TABS 25 MG .....	137	DITROPAN XL TB24 5 MG (Use oxybutynin chloride) .....	228	DOCUSATE SODIUM POWD ....	140
diphenhydramine hcl CAPS .....	43	DIURIL SUSP .....	125	DOCUSATE SODIUM SYRP .....	140
diphenhydramine hcl CHEW .....	43	DIVALPROEX SODIUM .....	80	docusate sodium TABS .....	140
diphenhydramine hcl ELIX 12.5 MG/5ML .....	43	divalproex sodium CSDR .....	30	DOCUSATE SODIUM/SODIUM BENZOATE .....	99
DIPHENHYDRAMINE HCL POWD 43		divalproex sodium TB24 250 MG ..	30	dofetilide .....	21
diphenhydramine hcl SOLN 50 MG/ML .....	43	divalproex sodium TB24 500 MG ..	30	donepezil hydrochloride TABS 23 MG .....	220
diphenhydramine hcl TABS 25 MG 43		divalproex sodium TBEC 125 MG .	30	donepezil hydrochloride TABS 5 MG, 10 MG .....	220
DIPHENIDOL HYDROCHLORIDE		divalproex sodium TBEC 250 MG .	30	donepezil hydrochloride TBDP ...	220
		divalproex sodium TBEC 500 MG .	30	dopamine hcl 40 MG/ML .....	68
		DL-3-HYDROXYBUTYRIC ACIDSODIUM .....	91		
		DL-ALANINE POWD .....	202		

DOPAMINE HYDROCHLORIDE .80	224	DRIZALMA SPRINKLE CSDR . . . . .	34
DOPAMINE	doxycycline (monohydrate) SUSR	dronabinol CAPS . . . . .	41
HYDROCHLORIDE/DEXTROSE .68	224	DROPERIDOL POWD . . . . .	20
DOPAMINE/D5W . . . . .	68	droperidol SOLN 2.5 MG/ML . . . . .	20
DOPRAM . . . . .	2	DROPERIDOL/SODIUM CHLORIDE	SOSY . . . . . 20
DORAL (Use quazepam) . . . . .	137	DROPLET INSULIN SYRINGE U-	100/0.3ML/30G X 15/64" . . . . .
DORYX MPC TBEC . . . . .	224	100/0.5ML/30G X 15/64" . . . . .	160
DORYX TBEC 50 MG, 80 MG, 200	doxycycline (monohydrate) TABS 75	DROPLET INSULIN SYRINGE U-	100/1ML/30G X 15/64" . . . . .
MG (Use doxycycline hyclate) . . .	224	160	
doxycycline (monohydrate) TABS	224	DROPLET INSULIN SYRINGE U-	100/1ML/30G X 15/64" . . . . .
doxycycline (rosacea) . . . . .	120	160	
doxycycline hyclate CAPS 100 MG	224	DROPLET MICRON 34G X 9/64"	160
doxycycline hyclate CAPS . . . . .	224	160	
DOXYCYCLINE HYCLATE POWD	224	DROPLET PEN	
doxycycline hyclate SOLR . . . . .	224	NEEDLE/MICRON/34G X 9/64" .	160
doxycycline hyclate TABS 20 MG, 50	224	DROPSAFE SICURA . . . . .	160
MG, 100 MG . . . . .	224	drosiprenone-ethinyl estradiol 0.02	MG-3 MG . . . . . 101
doxycycline hyclate TABS . . . . .	224	drosiprenone-ethinyl estradiol 0.03	MG-3 MG . . . . . 101
doxycycline hyclate TBEC 150 MG	224	drosiprenone-ethinyl estradiol-	levomefolate calcium . . . . .
doxycycline hyclate TBEC . . . . .	224	101	
DOXYCYCLINE MONOHYDRATE	80	DROXIA CAPS . . . . .	134
doxylamine succinate (sleep) . . . .	137	DSUVIA SUBL . . . . .	12
DOXYLAMINE SUCCINATE POWD .	43	DUAKLIR PRESSAIR . . . . .	23
doxylamine-pyridoxine TBEC . . . .	41	DUAVEE . . . . .	127
DRAKKAR NOIR . . . . .	72	DUETACT (Use pioglitazone hcl-	glimepiride) . . . . .
D-RIBOSE . . . . .	80	35	
D-RIBOSE REAGENT . . . . .	80	DUEXIS (Use ibuprofen-famotidine) .	9
DRIPDROP HYDRATION POWDER	PACK . . . . .	185	
DRIPDROP ORS PACK . . . . .	185	DULCOLAX PINK LAXATIVE TBEC	(Use bisacodyl) . . . . .
DRISDOL CAPS (Use ergocalciferol)	233	139	
doxycycline (monohydrate) CAPS	224	DULCOLAX SUPP (Use bisacodyl)	

139	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) .....	141	EASY MAX BLOOD GLUCOSE TEST STRIP STRP .....	122
DULCOLAX TBEC (Use bisacodyl)				
140	EASIVENT MISC .....	181	EASY MAX T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	144
DULERA .....	EASIVENT/MASK-LARGE MISC .....	181		
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT .....	EASIVENT/MASK-MEDIUM MISC 181		EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	144
DULOXETINE HCL .....	EASIVENT/MASK-SMALL MISC .....	181	EASY STEP BLOOD GLUCOSE MONITOR DEVI .....	144
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" .....	160	EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI .....	144
duloxetine hcl CPEP 40 MG .....	EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16" .....	160		
DULOXETINE HYDROCHLORIDE 80	EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16" ...	160	EASY TOUCH ALLERGY TRAY SAFETY SYRINGE/1ML/26G X 3/8" MISC .....	161
DUOPA SUSP .....	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM .....	160	EASY TOUCH ALLERGY TRAY SAFETY SYRINGE/1ML/27G X 1/2" MISC .....	161
DURYSTA IMPL .....	EASY COMFORT SAFETY PEN NEEDLES 32GX4MM .....	160		
dutasteride .....	EASY GLIDE SYRINGE/CATHETTER TIP/60ML 160		EASY TOUCH FLIPLOCK NEEDLES 18GX1" .....	161
DUTASTERIDE .....	EASY GLIDE SYRINGE/LUER LLOC/1ML .....	160	EASY TOUCH FLIPLOCK NEEDLES 19GX1" .....	161
dutasteride-tamsulosin hcl .....	EASY GLIDE SYRINGE/LUER LLOCK/10ML .....	160	EASY TOUCH FLIPLOCK NEEDLES 20GX1" .....	161
D-VITAMIN E SUCCINATE .....	EASY GLIDE SYRINGE/LUER LLOCK/20ML .....	160	EASY TOUCH FLIPLOCK NEEDLES 21GX1" .....	161
DX1 ORAGENOMIC MEDICATEDDNA COLLECTION SCREEN .....	EASY GLIDE SYRINGE/LUER LLOCK/30ML .....	160	EASY TOUCH FLIPLOCK NEEDLES 21GX1-1/2" .....	161
DX2 ORAGENOMIC MEDICATEDDNA COLLECTION SCREEN .....	EASY GLIDE SYRINGE/LUER LLOCK/3ML .....	161	EASY TOUCH FLIPLOCK NEEDLES 22GX1" .....	161
DYANAVAL XR CHER .....	EASY GLIDE SYRINGE/LUER LLOCK/60ML .....	161	EASY TOUCH FLIPLOCK NEEDLES 22GX1-1/2" .....	161
DYANAVAL XR SUER .....	EASY GLIDE SYRINGE/LUER LOCK/5ML .....	161	EASY TOUCH FLIPLOCK NEEDLES 22GX3/4" .....	161
DYCLONINE HCL POWD .....	EASY GLIDE SYRINGE/SLIP LLOCK/1ML .....	161	EASY TOUCH FLIPLOCK NEEDLES	
DYCLONINE HYDROCHLORIDE CRYSTALS .....				
DYMISTA SUSP (Use azelastine hcl-fluticasone propionate) .....				
DYPHYLLINE .....				
DYSPORT .....				

23GX1" .....161	SYRINGE 10ML/18GX1-1/2" .... 161	SYRINGE 5ML/20GX1-1/2" .....162
EASY TOUCH FLIPLOCK NEEDLES 23GX1-1/2" .....161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/21GX1" ..... 161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/21GX1" .....162
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EASY TOUCH FLIPLOCK NEEDLES 25GX1" .....161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/25GX1" ..... 162	EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/25GX1" .....162
EASY TOUCH FLIPLOCK NEEDLES 25GX1-1/2" .....161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/25GX1" .....162	EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/25GX5/8" .....162
EASY TOUCH FLIPLOCK NEEDLES 25GX5/8" .....161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 1ML/26GX3/8" .....162	EASY TOUCH FLIPLOCK SAFETY SYRINGES 10ML/20GX1" .....162
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EASY TOUCH FLIPLOCK NEEDLES 27GX1" .....161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 21G/10ML1-1/2" .....162	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/18GX1" ..... 162
EASY TOUCH FLIPLOCK NEEDLES 27GX1/2" .....161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/19GX1" .....162	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1" ..... 162
EASY TOUCH FLIPLOCK NEEDLES 28GX1/2" .....161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/19GX1.5" .....162	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1-1/2" ....162
EASY TOUCH FLIPLOCK NEEDLES 29GX1/2" .....161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/21GX1" .....162	EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2" ....162
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" .....161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1" .....162	EASY TOUCH FLIPLOCK SAFETY SYRINGES 5ML/20GX1" ..... 162
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EASY TOUCH FLIPLOCK NEEDLES 31GX5/16" ..... 161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1" .....162	EASY TOUCH FLURINGE FLU TRAY SYRINGE/1ML/25G X 1" . 162
EASY TOUCH FLIPLOCK NEEDLES 19GX1-1/2" ..... 161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1-1/2" .....162	EASY TOUCH FLURINGE SHEATHLOCK SAFETY SYRINGE 1ML/25GX1" ..... 162
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EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/22GX1-1/2" .....161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8" .....162	EASY TOUCH FLURINGE SYRINGE/1ML/25G X 1" ..... 163
EASY TOUCH FLIPLOCK SAFETY SYRINGE 10ML/18GX1" ..... 161	EASY TOUCH FLIPLOCK SAFETY SYRINGE 5ML/18GX1" .....162	EASY TOUCH FLURINGE SYRINGE/1ML/25G X 1" ..... 163
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EASY TOUCH GLUCOSE MONITORING SYSTEM KIT .....144	EASY TOUCH HYPODERMIC NEEDLES 24GX1" .....163	EASY TOUCH SAFETY SYRINGE/3ML/20G X 1" ..... 164
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT .....144	EASY TOUCH HYPODERMIC NEEDLES 24GX1.25" ..... 163	EASY TOUCH SAFETY SYRINGE/3ML/21G X 1" ..... 164
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EASY TOUCH HYPODERMIC NEEDLES 18GX1" .....163	EASY TOUCH HYPODERMIC NEEDLES 25GX5/8" .....163	EASY TOUCH SAFETY SYRINGE/3ML/23G X 1" ..... 164
EASY TOUCH HYPODERMIC NEEDLES 18GX1.25" ..... 163	EASY TOUCH HYPODERMIC NEEDLES 26GX1/2" .....163	EASY TOUCH SAFETY SYRINGE/3ML/25G X 1" ..... 164
EASY TOUCH HYPODERMIC NEEDLES 19GX1" .....163	EASY TOUCH HYPODERMIC NEEDLES 26GX3/8" .....163	EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8" ..... 164
EASY TOUCH HYPODERMIC NEEDLES 19GX1-1/2" .....163	EASY TOUCH HYPODERMIC NEEDLES 26GX5/8" .....163	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/21GX1- 1/2" .....164
EASY TOUCH HYPODERMIC NEEDLES 20GX1" .....163	EASY TOUCH HYPODERMIC NEEDLES 27GX1/2" .....163	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/22GX1- 1/2" .....164
EASY TOUCH HYPODERMIC NEEDLES 20GX1-1/2" .....163	EASY TOUCH HYPODERMIC NEEDLES 27GX1-1/2" .....163	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 10ML/25GX1" 164
EASY TOUCH HYPODERMIC NEEDLES 21GX1" .....163	EASY TOUCH HYPODERMIC NEEDLES 27GX1-1/4" .....163	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1" 164
EASY TOUCH HYPODERMIC NEEDLES 21GX1-1/2" .....163	EASY TOUCH HYPODERMIC NEEDLES 30GX1" .....164	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1-1/2" .....164
EASY TOUCH HYPODERMIC NEEDLES 22GX1" .....163	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" .....164	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1-1/2" .....164
EASY TOUCH HYPODERMIC NEEDLES 22GX1-1/2" .....163	EASY TOUCH HYPODERMIC NEEDLES 31GX5/16" ..... 164	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1" 164
EASY TOUCH HYPODERMIC NEEDLES 23GX1" .....163	EASY TOUCH HYPODERMIC NEEDLES 32GX5/16" ..... 164	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1-1/2" .....164
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EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/21GX1-1/2" .....164	EASY TOUCH TUBERCULIN FLIPLOCK SAFETY SYRINGE 1ML/27GX1/2" MISC ..... 165	EASYPOINT NEEDLE/20G X 1-1/2" 165 EASYPOINT NEEDLE/21G X 1" 165
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/22GX1-1/2" .....164	EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/28GX1/2" MISC ..... 165	EASYPOINT NEEDLE/21G X 1-1/2" 165 EASYPOINT NEEDLE/22G X 1" 165
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 5ML/25GX1" 164	EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/25GX5/8" MISC ..... 165	EASYPOINT NEEDLE/22G X 1-1/2" 165 EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1" ..... 165
EASY TOUCH SHEATHLOCK SYRINGE BARRELS LUER LOCK 10ML ..... 164	EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/26GX5/8" ..... 165	EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1-1/2" ..... 165
EASY TOUCH SHEATHLOCK SYRINGE BARRELS LUER LOCK 3ML .....164	EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/27GX1/2" MISC ..... 165	EASYPOINT NEEDLE/SYRINGE 3ML/23 G X 1" ..... 165
EASY TOUCH SYRINGE BARRELS LUER LOCK 10ML .....165	EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/28GX1/2" MISC ..... 165	EASYPOINT NEEDLE/SYRINGE 3ML/25G X 1" ..... 165
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EASY TOUCH SYRINGE BARRELS LUER LOCK 5ML ..... 165	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI 145	EASYPRO PLUS KIT ..... 145 EBGLYSS ..... 118
EASY TOUCH SYRINGE BARRELS LUER LOCK/20ML .....165	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT 145	EC-NAPROSYN TBEC (Use naproxen) ..... 9
EASY TOUCH SYRINGE BARRELS LUER LOCK/60ML .....165	EASYMAX V BLOOD GLUCOSE SYSTEM DEVI ..... 145	ECONAZOLE NITRATE ..... 80
EASY TOUCH SYRINGE BARRELS UNI-SLIP 10ML ..... 165	EASYPOINT NEEDLE 23G X 1" 165	econazole nitrate CREA ..... 111
EASY TOUCH SYRINGE BARRELS	EASYPOINT NEEDLE 25G X 1" 165	ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin) ..... 12

ECOTRIN REGULAR STRENGTH TBEC (Use aspirin) .....	12	venlafaxine hcl) .....	34	ELFOLATE PLUS TABS .....	123
ECOTRIN TBEC (Use aspirin) .....	12	EFFEXOR XR CP24 75 MG (Use venlafaxine hcl) .....	34	ELIDEL (Use pimecrolimus) .....	118
ECTOSEAL P2G .....	216	EFFIENT (Use prasugrel hcl) .....	134	ELIQUIS STARTER PACK TBPK ..	25
ED BRON GP LIQD .....	106	EFLORNITHINE HYDROCHLORIDE MONOHYDRATE .....	80	ELIQUIS TABS .....	25
EDARBI .....	47	EFUDEX CREA (Use fluorouracil (topical)) .....	112	ELITEK .....	56
EDARBYCLOR .....	48	EGCG POWD .....	81	ELLA .....	102
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EDETATE DISODIUM DIHYDRATE ..	99	ELDERBERRY ZINC LOZENGE/VITAMIN C & IMMUNE BLEND LOZG .....	190	EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT .....	145
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efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	62	ELESTRIN GEL .....	128	EMEND TRIPACK CAPS (Use aprepitant) .....	41
efavirenz-lamivudine-tenofovir disoproxil fumarate .....	62	eletriptan hydrobromide .....	183	EMERGEN-C ELECTRO MIX PACK ..	186
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EFFERVESCENT .....	216				
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl) .....	34				
EFFEXOR XR CP24 37.5 MG (Use					

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EMTRIVA SOLN ..... 62	enoxaparin sodium SOSY 30 MG/0.3ML ..... 25	EPHEDRINE SULFATE/SODIUMCHLORIDE 15 MG/3ML-0.9 % ..... 232
EMU OIL ..... 80	enoxaparin sodium SOSY 40 MG/0.4ML .....25	EPIDIOLEX .....27
EMULGADE CM ..... 216	enoxaparin sodium SOSY 60 MG/0.6ML .....25	EPIFOAM FOAM ..... 116
EMULSIFYING WAX ..... 216	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML ..... 25	epinastine hcl (ophth) .....207
EMVERM CHEW .....19	ENROFLOXACIN ..... 80	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML ..... 232
enalapril maleate & hydrochlorothiazide ..... 48	ENSPRYNG .....189	epinephrine (anaphylaxis) SOAJ .232
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG 48	ENSTILAR FOAM ..... 116	epinephrine (anaphylaxis) SOLN IJ 232
ENALAPRIL MALEATE ..... 80	ENSURE RAPID HYDRATION PACK .....186	EPINEPHRINE .....99
enalapril maleate SOLN ..... 46	entacapone .....57	EPINEPHRINE BASE .....99
enalapril maleate TABS ..... 46	ENTADFI .....132	EPINEPHRINE BITARTRATE .... 80
enalaprilat ..... 46	entecavir TABS ..... 64	EPINEPHRINE SOSY IV 1 MG/10ML ..... 232
ENBRACE HR ..... 196	ENTEREG (Use alvimopan) ..... 130	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) ..... 232
ENBREL MINI SOCT ..... 11	ENTRESTO CPSP .....69	EPIVIR HBV TABS (Use lamivudine (hbv)) .....64
ENBREL SOLN ..... 11	ENTRESTO TABS .....69	EPIVIR SOLN (Use lamivudine) ...62
ENBREL SOSY 25 MG/0.5ML .....11	ENTYVIO SOPN .....130	
ENBREL SOSY 50 MG/ML ..... 11	ENVARUSUS XR TB24 .....189	



EPIVIR TABS 150 MG (Use lamivudine) .....	62	183	ERYTHROMYCIN POWD .....	142
EPIVIR TABS 300 MG (Use lamivudine) .....	62	ergotamine w/ caffeine SUPP ....	erythromycin stearate TABS 250 MG	142
eplerenone .....	50	ERLEADA .....	ESBERITOX CHEW .....	190
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....	135	ERLOTINIB HYDROCHLORIDE ..	ESBRIET CAPS (Use pirfenidone)	223
EPRONTIA SOLN .....	27	ERMEZA SOLN OR .....	ESBRIET TABS (Use pirfenidone)	223
EPSOM SALT GRAN XX .....	139	ERTACZO .....	ESCITALOPRAM OXALATE .....	80
EPSOM SALT POWD .....	139	ERVEBO .....	escitalopram oxalate SOLN .....	32
eptifibatide .....	134	ERYGEL GEL (Use erythromycin (acne aid)) .....	escitalopram oxalate TABS 10 MG	32
EPZICOM (Use abacavir sulfate-lamivudine) .....	62	ERYPED 200 SUSR (Use erythromycin ethylsuccinate) .....	escitalopram oxalate TABS 20 MG	32
EQ SPACE CHAMBER ANTI-STATIC DEVI .....	181	ERYPED 400 SUSR (Use erythromycin ethylsuccinate) .....	escitalopram oxalate TABS 5 MG ..	32
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI .....	181	erythromycin (acne aid) GEL .....	ESGIC TABS (Use butalbital-acetaminophen-caffeine) .....	11
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI ..	181	erythromycin (acne aid) PADS ...	esmolol hcl SOLN 100 MG/10ML ..	66
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI .....	181	erythromycin (acne aid) SOLN ...	esmolol hcl-sodium chloride .....	66
EQL EPSOM SALT GRAN XX ...	139	erythromycin (opth) .....	ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN .....	66
EQUALYTE SOLN (Use oral electrolytes) .....	186	ERYTHROMYCIN .....	ESMOLOL HYDROCHLORIDE INWATER SOLN .....	66
EQUETRO .....	58	erythromycin base CPEP .....	esomeprazole magnesium CPDR 20 MG .....	227
ERAXIS .....	42	ERYTHROMYCIN BASE POWD ..	esomeprazole magnesium CPDR	227
ergocalciferol CAPS .....	233	erythromycin base TABS .....	esomeprazole magnesium PACK	227
ERGOCALCIFEROL POWD .....	233	erythromycin base TBEC 500 MG	esomeprazole sodium 40 MG ....	227
ergocalciferol SOLN OR 8000 UNIT/ML .....	233	141	estazolam .....	137
ERGOLOID MESYLATES .....	80	erythromycin base TBEC .....	ESTRACE CREA (Use estradiol vaginal) .....	232
ergoloid mesylates TABS .....	222	ERYTHROMYCIN ESTOLATE ...	ESTRACE TABS (Use estradiol) ..	128
ERGOTAMINE TARTRATE POWD		ERYTHROMYCIN		
		ETHYLSUCCINATE POWD .....		
		erythromycin ethylsuccinate SUSR		
		141		
		erythromycin ethylsuccinate TABS		
		141		
		erythromycin lactobionate 500 MG		
		142		

estradiol & norethindrone acetate TABS .....	127	ETHANOL 190 PROOF .....	97	etravirine 100 MG .....	62
ESTRADIOL BENZOATE .....	80	ETHER .....	97	etravirine 200 MG .....	62
ESTRADIOL CYPIONATE .....	80	ETHINYL ESTRADIOL .....	128	EUCALYPTOL .....	80
estradiol GEL .....	128	ETHOSUXIMIDE .....	80	EUCALYPTUS FLAVOR OIL ....	213
ESTRADIOL HEMIHYDRATE ....	80	ethosuximide CAPS .....	30	EUCALYPTUS OIL .....	97
ESTRADIOL MICRONIZED .....	80	ethosuximide SOLN .....	30	EUCRISA .....	120
ESTRADIOL POWD .....	80	ETHOXY DIGLYCOL .....	78	EUGENOL .....	97
estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR .....	128	ETHOXY DIGLYCOL NF/EP HIGH PURITY .....	78	EUGENOL FLAVOR LIQD .....	213
estradiol PTTW 0.0375 MG/24HR 128		ETHOXY ETHOXY ETHANOL REAGENT .....	78	EULEXIN .....	55
estradiol PTWK .....	128	ETHYL ACETATE .....	216	EVAMIST SOLN .....	128
estradiol TABS .....	128	ETHYL ALCOHOL 190 PROOF ..	97	EVANS BLUE .....	211
estradiol vaginal CREA .....	232	ETHYL ALCOHOL 200 PROOF .	215	EVEKEO ODT TBDP .....	2
estradiol vaginal TABS .....	232	ETHYL ALCOHOL 95 %, 100 % .	215	EVEKEO TABS (Use amphetamine sulfate) .....	2
estradiol valerate .....	128	ETHYL ALCOHOL SDA-40B 190 PROOF .....	97	everolimus (immunosuppressant) 189	
ESTRADIOL VALERATE CRYSTALS ...	80	ETHYL OLEATE .....	80	EVERSENSE E3 SMART TRANSMITTER .....	145
ESTRADIOL VALERATE POWD ..	80	ETHYL VANILLIN .....	80	EVERSENSE SMART TRANSMITTER .....	145
ESTRING RING .....	232	ETHYLCELLULOSE .....	80	EVISTA (Use raloxifene hcl) ....	126
ESTRIOL .....	80	ETHYLENEDIAMINE .....	80	EVKEEZA .....	44
ESTRIOL MICRONIZED .....	80	ethynodiol diacet & eth estrad 35 MCG-1 MG .....	101	EVOCLIN FOAM (Use clindamycin phosphate (topical)) .....	108
ESTROFACTORS TABS .....	195	ethynodiol diacet & eth estrad 50 MCG-1 MG .....	101	EVOLUTION AUTOCODE DEVI .	145
ESTRONE CRYSTALS .....	80	etodolac CAPS .....	9	EVOTAZ .....	62
ESTRONE POWD .....	80	etodolac TABS .....	9	EVRYSDI .....	200
eszopiclone .....	137	etodolac TB24 .....	9	EVUSHELD .....	209
ethacrynate sodium .....	125	etomidate .....	131	EXCELL-RDT SF BASE POWD .	216
ethacrynic acid .....	125	ETOMIDATE .....	80	EXELON 13.3 MG/24HR (Use rivastigmine) .....	220
ETHAMBUTOL HCL POWD .....	53	etonogestrel-ethinyl estradiol ....	102	EXELON 4.6 MG/24HR, 9.5	
ethambutol hcl TABS .....	53	ETOPOPHOS .....	56		

MG/24HR (Use rivastigmine) . . . . .	220	famotidine TABS 10 MG . . . . .	226	felbamate SUSP . . . . .	29
exemestane . . . . .	55	famotidine TABS 20 MG, 40 MG . . . . .	226	felbamate TABS . . . . .	29
EXFORGE (Use amlodipine besylate-valsartan) . . . . .	48	FANAPT . . . . .	58	FELBATOL SUSP (Use felbamate) . . . . .	29
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide) . . . . .	48	FANAPT TITRATION PACK . . . . .	58	FELBATOL TABS (Use felbamate) . . . . .	29
EXJADE TBSO (Use deferasirox) . . . . .	40	FARESTON (Use toremifene citrate) . . . . .	55	FELDENE CAPS (Use piroxicam) . . . . .	9
EXPAREL . . . . .	140	FARXIGA (Use dapagliflozin propanediol) . . . . .	39	felodipine . . . . .	67
EXTAVIA KIT . . . . .	221	FARXIGA . . . . .	39	FEMARA (Use letrozole) . . . . .	55
EXTENCILLINE SUSR . . . . .	210	FASENRA PEN SOAJ . . . . .	21	FEMLYV TBDP . . . . .	101
EXTINA FOAM (Use ketoconazole (topical)) . . . . .	111	FASENRA SOSY . . . . .	21	FEMQUIL CAPS . . . . .	197
EXTRANEAL . . . . .	191	FATTYBLEND MISC . . . . .	216	FEMRING . . . . .	232
EYE HEALTH CAPS . . . . .	193	FD&C BLUE #2 . . . . .	211	FENBENDAZOLE . . . . .	81
EYE MULTIVITAMIN CAPS . . . . .	193	FD&C RED #40 . . . . .	211	FENOFIBRATE . . . . .	81
EYE MULTIVITAMIN/LUTEIN CAPS . . . . .	193	FD&C RED #40 ALUMINUM LAKE . . . . .	211	fenofibrate CAPS . . . . .	45
EYLEA SOSY . . . . .	204	FD&C YELLOW #5 . . . . .	211	fenofibrate micronized 134 MG, 200 MG . . . . .	45
EYSUVIS SUSP . . . . .	206	FD&C YELLOW #6 ALUMINUM LAKE . . . . .	211	fenofibrate micronized 30 MG . . . . .	45
ezetimibe . . . . .	46	FDC BLUE 1 ALUMINUM LAKE . . . . .	211	fenofibrate micronized 43 MG, 90 MG, 130 MG . . . . .	45
ezetimibe-simvastatin . . . . .	44	FDC BLUE 1 POWD . . . . .	211	fenofibrate micronized 67 MG . . . . .	45
FABIOR FOAM . . . . .	108	FDC BLUE 2 . . . . .	211	fenofibrate TABS 160 MG . . . . .	45
FAGRON CAPFILL PRO . . . . .	216	FDC GREEN #3 . . . . .	211	fenofibrate TABS 40 MG, 120 MG . . . . .	45
FAGRON DISPERSAPRO . . . . .	216	FDC RED #3 . . . . .	211	fenofibrate TABS 48 MG, 145 MG . . . . .	45
FAGRON VERSIFIX LIQD . . . . .	218	FDC RED 40 . . . . .	211	fenofibrate TABS 54 MG . . . . .	45
famciclovir . . . . .	64	FDC YELLOW 5 ALUMINUM LAKE . . . . .	211	FENOFIBRATE TABS . . . . .	45
FAMCICLOVIR . . . . .	81	FDC YELLOW 6 . . . . .	211	fenofibric acid . . . . .	45
FAMOTIDINE . . . . .	81	fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu . . . . .	135	FENOGLIDE TABS (Use fenofibrate) . . . . .	45
famotidine in nacl SOLN . . . . .	226	febuxostat . . . . .	133	fenoprofen calcium CAPS 400 MG . . . . .	9
famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML . . . . .	226	febuxostat 80 MG . . . . .	133	FENOPROFEN CALCIUM POWD . . . . .	9
famotidine SUSR . . . . .	226			fenoprofen calcium TABS . . . . .	9

FENSOLVI SC .....	126	FERRIC SULFATE HYDRATE ...	81	FETZIMA CP24 .....	34
fentanyl citrate LPOP .....	12	FERRIMIN 150 TABS .....	135	FETZIMA TITRATION PACK C4PK 34	
FENTANYL CITRATE POWD .....	12	FERROUS BISGLYCINATE CHELATE .....	81	FEVERALL JUNIOR STRENGTH SUPP .....	11
FENTANYL CITRATE SOLN IJ (Use fentanyl citrate) .....	12	FERROUS FUMARATE .....	81	FEVERFEW .....	81
fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML .....	12	ferrous fumarate TABS 324 MG ..	135	FEXOFENADINE HCL .....	81
FENTANYL CITRATE SOLN XX 500 MG/50ML .....	12	FERROUS GLUCONATE DIHYDRATE GRAN .....	81	fexofenadine hcl TABS 180 MG ...	43
FENTANYL CITRATE SOSY IJ 25 MCG/0.5ML, 50 MCG/ML, 100 MCG/2ML .....	12	FERROUS GLUCONATE DIHYDRATE POWD .....	81	fexofenadine hcl TABS 60 MG ....	43
fentanyl citrate SOSY IJ .....	12	FERROUS GLUCONATE POWD .81		FIASP FLEXTOUCH SOPN .....	37
fentanyl citrate TABS .....	12	FERROUS GLUCONATE TABS 324 MG .....	135	FIASP PENFILL SOCT .....	37
FENTANYL FE .....	122	FERROUS SULFATE ANHYDROUS POWD .....	135	FIASP PUMPCART SOCT .....	37
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	13	FERROUS SULFATE GRAN ....	136	FIASP SOLN .....	37
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....	12	FERROUS SULFATE HEPTAHYDRATE GRAN .....	136	FIBRICOR (Use fenofibric acid) ..	45
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....	13	FERROUS SULFATE POWD ....	136	FIFTY50 GLUCOSE METER 2.0 KIT 145	
FENTORA TABS (Use fentanyl citrate) .....	13	ferrous sulfate SOLN 15 MG/ML .	136	FILSUVEZ .....	121
FER-IN-SOL SOLN (Use ferrous sulfate) .....	135	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML .....	136	FINACEA FOAM .....	120
FERIVA 21/7 .....	135	ferrous sulfate SOLN 300 MG/5ML 136		FINACEA GEL (Use azelaic acid) 120	
FERIVAFA .....	135	ferrous sulfate TABS 65 MG, 325 MG .....	136	finasteride .....	132
FERRIC AMMONIUM CITRATE ..81		FERROUS SULFATE TBEC (Use ferrous sulfate) .....	136	FINASTERIDE CRYST .....	81
FERRIC CHLORIDE HEXAHYDRATE MISC .....	81	ferrous sulfate TBEC .....	136	FINASTERIDE POWD .....	81
FERRIC SUBSULFATE POWD ...81		FERULIC ACID .....	81	finolimod hcl .....	221
FERRIC SUBSULFATE SOLN ....81		ferumoxytol .....	136	FINTEPLA .....	27
		fesoterodine fumarate .....	228	FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (Use butalbital- acetaminophen-caffeine w/ codeine) .	15
		FETROJA .....	71	FIRAZYR SOSY (Use icatibant acetate) .....	133
				FIRVANQ SOLR OR (Use vancomycin hcl) .....	51

FIRVANQ SOLR OR 50 MG/ML (Use vancomycin hcl) .....	51	FLOMAX (Use tamsulosin hcl) ...	132	FLULAVAL 2024-2025 SUSY .....	230
FISH FLAVOR LIQD .....	213	FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal)) .....	199	flumazenil .....	40
FIXED OIL SUSPENSION .....	215	FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	199	FLUMAZENIL .....	81
FIZZMIX BASE .....	216	FLORIVA .....	187	FLUMIST NASAL VACCINE 2024-2025 .....	230
FLAGYL CAPS (Use metronidazole) . 50		FLORIVA .....	196	flunisolide (nasal) 0.025 % .....	199
FLAREX .....	206	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation))	22	FLUNISOLIDE ANHYDROUS POWD .....	22
FLAVOR CONCENTRATE/CHLORHEXIDINE CONC .....	213	FLOW-EZE VENTED NEEDLE ..	166	FLUNIXIN MEGLUMINE .....	81
FLAVORX LIQD .....	213	FLUAD 2024-2025 .....	229	fluocinolone acetonide (otic) .....	208
flavoxate hcl .....	229	FLUARIX 2024-2025 SUSY .....	229	fluocinolone acetonide CREA .....	116
flecainide acetate .....	21	FLUBLOK 2024-2025 SOSY .....	230	fluocinolone acetonide OIL .....	116
FLECTOR PTCH EX (Use diclofenac epolamine) .....	112	FLUCELVAX 2024-2025 SUSP ..	230	fluocinolone acetonide OINT .....	116
FLEET ENEMA ENEM (Use sodium phosphates) .....	139	FLUCELVAX 2024-2025 SUSY ..	230	FLUOCINOLONE ACETONIDE POWD .....	116
FLEET PEDIATRIC ENEM (Use sodium phosphates) .....	139	FLUCONAZOLE .....	81	fluocinolone acetonide SOLN .....	116
FLEET SALINE ENEMA EXTRAVOLUME ENEM (Use sodium phosphates) .....	139	fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	42	fluocinonide CREA 0.05 % .....	116
FLEQSUVY SUSP (Use baclofen) 198		fluconazole SUSR .....	42	fluocinonide CREA 0.1 % .....	116
FLEXBUMIN .....	133	fluconazole TABS 100 MG, 200 MG .	42	fluocinonide emulsified base .....	116
FLEXICHAMBER ADULT MASK/SMALL .....	181	fluconazole TABS 150 MG .....	42	fluocinonide GEL .....	116
FLEXICHAMBER CHILD MASK/LARGE .....	181	fluconazole TABS 50 MG .....	42	fluocinonide OINT .....	116
FLEXICHAMBER CHILD MASK/SMALL .....	181	FLUCONAZOLE/SODIUM CHLORIDE .....	42	FLUOCINONIDE POWD .....	116
FLEXICHAMBER DEVI .....	181	flucytosine .....	42	fluocinonide SOLN .....	116
FLIBANSERIN .....	81	FLUCYTOSINE .....	81	FLUORESCEIN .....	99
		FLUDROCORTISONE ACETATE POWD .....	105	FLUORESCEIN SODIUM .....	99
		fludrocortisone acetate TABS .....	105	fluorescein sodium injection IV 10 % .	207
				fluorescein sodium topical STRP 1 MG .....	207
				FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE .....	207

FLUORIDEX SENSITIVITY RELIEF PSTE .....	192	POWD .....	81	fluvoxamine maleate TABS 100 MG . 32
FLUORIDEX SENSITIVITY RELIEF/SLS FREE PSTE .....	191	fluphenazine hcl CONC .....	60	fluvoxamine maleate TABS 25 MG, 50 MG .....
FLUORIMAX 5000 SENSITIVE PSTE .....	192	fluphenazine hcl ELIX .....	60	FLUZONE 2024-2025 SUSP .....
FLUOR-I-STRIPS A.T. STRP .....	207	fluphenazine hcl SOLN .....	60	FLUZONE 2024-2025 SUSY .....
fluorometholone (ophth) SUSP .....	206	fluphenazine hcl TABS .....	60	FLUZONE HIGH-DOSE 2024-2025 SUSY .....
fluorouracil (topical) CREA 0.5 %	112	flurandrenolide CREA .....	116	F-MELT POWD .....
fluorouracil (topical) CREA 5 % ..	112	flurandrenolide LOTN .....	116	FML FORTE SUSP .....
fluorouracil (topical) SOLN .....	112	flurazepam hcl .....	137	FML LIQUIFILM SUSP (Use fluorometholone (ophth)) .....
fluorouracil .....	54	FLURBIPROFEN POWD .....	9	FOCALIN TABS (Use dexmethylphenidate hcl) .....
FLUOROURACIL .....	81	flurbiprofen sodium .....	207	FOCALIN XR CP24 (Use dexmethylphenidate hcl) .....
fluoxetine hcl (pmdd) TABS .....	222	flurbiprofen TABS 100 MG .....	9	FOCINVEZ SOLN .....
FLUOXETINE HCL .....	81	flutamide .....	55	FOLAGENT DHA CAPS .....
fluoxetine hcl CAPS 10 MG, 20 MG 32		fluticasone furoate-vilanterol .....	24	FOLAMED DHA CAPS .....
fluoxetine hcl CAPS 40 MG .....	32	fluticasone propionate (inhalation) AEPB .....	22	FOLBIC RF TABS .....
fluoxetine hcl CPDR .....	32	fluticasone propionate (nasal) SUSP . 199		FOLCYTEINE TABS .....
fluoxetine hcl SOLN .....	32	FLUTICASONE PROPIONATE .....	81	FOLDITAM TABS .....
fluoxetine hcl TABS 10 MG, 20 MG 32		fluticasone propionate CREA 0.05 % 116		FOLGARD RX TABS .....
fluoxetine hcl TABS 10 MG .....	32	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....	22	FOLIC ACID POWD .....
fluoxetine hcl TABS 20 MG .....	32	fluticasone propionate hfa 44 MCG/ACT .....	22	folic acid SOLN .....
fluoxetine hcl TABS 60 MG .....	32	fluticasone propionate LOTN .....	116	folic acid TABS 1 MG .....
FLUOXETINE HYDROCHLORIDE 81		fluticasone propionate OINT .....	116	folic acid TABS 400 MCG .....
FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl) .....	32	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	24	folic acid-vitamin b6-vitamin b12 TABS 10 MG-800 MCG-115 MCG, 25 MG-2.2 MG-1 MG, 25 MG-2.5 MG-1 MG .....
fluphenazine decanoate .....	60	fluvastatin sodium CAPS .....	45	FOLITE .....
FLUPHENAZINE DECANOATE LIQD .....	81	fluvastatin sodium TB24 .....	45	FOLIVANE-F .....
FLUPHENAZINE DECANOATE		fluvoxamine maleate CP24 .....	32	

FOLIVANE-OB .....	196	MONITORING SYSTEM DEVI ...	145	GLUCOSE MONITORING SYSTEM DEVI .....	146
FOLIVANE-PLUS .....	135	FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI .....	145	FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	146
FOLIXAPURE TABS .....	135	FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	145	FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI .....	146
FOLIXATE TABS .....	135	FORA TEST N GO ADV MOBILE MULTI-FUNCTIONAL MONITORING SYSTEM DEVI .....	145	FORFIVO XL TB24 (Use bupropion hcl) .....	31
FOLTANX RF .....	123	FORA TEST N' GO ADVANCE MULTI-FUNCTIONING MONITORING SYSTEM DEVI ...	146	FORMOTEROL FUMARATE .....	81
FOLTANX TABS .....	123	FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	146	formoterol fumarate NEBU .....	24
FOLTREXYL TABS .....	135	FORA TN'G ADVANCE PRO MULTI-FUNCTIONAL MONITORING SYSTEM DEVI .....	146	FORSKOLIN .....	81
FOLTX TABS .....	123	FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT .....	146	FORTEO SOPN (Use teriparatide (recombinant)) .....	126
fomepizole 1.5 GM/1.5ML .....	40	FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI .....	146	FORTESTA GEL TD (Use testosterone) .....	17
FOOD COLOR BLACK .....	211	FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI .....	146	FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI .....	146
FOOD COLOR BLUE .....	211	FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	146	FOS-A .....	215
FOOD COLOR BLUE ROYAL ...	211	FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	146	FOSAMAX PLUS D .....	126
FOOD COLOR BROWN .....	211	FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	146	FOSAMAX TABS 70 MG (Use alendronate sodium) .....	126
FOOD COLOR FLESH .....	211	FORACARE GD40 BLOOD		fosamprenavir calcium TABS .....	62
FOOD COLOR GREEN LIQD ...	211			fosaprepitant dimeglumine SOLR .	42
FOOD COLOR GREEN POWD ..	211			foscarnet sodium 6000 MG/250ML	63
FOOD COLOR LIME GREEN ...	211			fosfomycin tromethamine .....	52
FOOD COLOR ORANGE .....	211			fosinopril sodium & hydrochlorothiazide .....	48
FOOD COLOR PINK .....	211			fosinopril sodium .....	46
FOOD COLOR RED .....	211			fosinopril sodium 20 MG, 40 MG ..	46
FOOD COLOR VIOLET .....	211			fosphenytoin sodium .....	30
FOOD COLOR WHITE .....	211				
FOOD COLOR YELLOW .....	211				
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FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT .....	145				
FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	145				
FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	145				
FORA GD50 BLOOD GLUCOSE					

FOSRENOL CHEW (Use lanthanum carbonate) .....	131	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM .....	146	FULLERS EARTH .....	99
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FRAGMIN SOLN 10000 UNIT/4ML 25		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM .....	146	FUMARIC ACID .....	71
FRAGMIN SOSY .....	25	FREESTYLE LIBRE 3/READER/FLASH MONITORING SYSTEM .....	146	FURAZOLIDONE .....	81
FRAICHE 5000 PREVI .....	192	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	146	FUROSEMIDE POWD .....	125
FRAICHE 5000 SENSITIVE GEL	192	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT .....	146	furosemide SOLN IJ 10 MG/ML ..	125
FREEDOM ADAPTADERM .....	218	FREESTYLE LITE TEST STRIPS STRP .....	122	furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	125
FREEDOM CEPAPRO .....	218	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT .....	147	furosemide TABS .....	125
FREEDOM ESTERDERM .....	78	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP .....	122	FYCOMPA SUSP .....	26
FREEDOM LOLLIPOP BASE MISC 216		FREESTYLE TEST STRIPS STRP	122	FYCOMPA TABS .....	26
FREEDOM ODT BASE POWD ..	216	FRESENIUS PROPOVEN 2% EMUL .....	131	gabapentin (once-daily) TABS ...	222
FREEDOM SILOMAC ANHYDROUS .....	218	FRESH LINEN FRAGRANCE .....	72	GABAPENTIN .....	81
FREEDOM SIMPLECAP POWDER .	216	FRESHKOTE PF .....	203	gabapentin CAPS .....	27
FREESTYLE FREEDOM LITE KIT	146	FROVA (Use frovatriptan succinate)	183	gabapentin SOLN 250 MG/5ML ...	27
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP .....	122	FRUCTOSE GRAN .....	201	gabapentin SOLN .....	27
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM .....	146	FRUCTOSE POWD .....	201	gabapentin TABS 600 MG .....	27
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM .....	146			gabapentin TABS 800 MG .....	27
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM .....	146			GABITRIL (Use tiagabine hcl) ....	29
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM .....	146			GADAVIST SOSY .....	123
				gadobutrol SOLN .....	123
				gadoterate meglumine SOLN ....	123
				gadoterate meglumine SOSY ....	123
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				galantamine hydrobromide CP24	220
				galantamine hydrobromide SOLN	220
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GAMMAGARD LIQUID ..... 209	GELNIQUE GEL 10 % ..... 228	GHT BLOOD GLUCOSE MONITORING SYSTEM KIT .....147
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR ..... 209	gemcitabine hcl SOLN ..... 54	GILENYA (Use fingolimod hcl) .. 221
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML ..... 209	gemcitabine hcl SOLR ..... 54	GILENYA 0.25 MG ..... 221
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML ..... 209	GEMFIBROZIL POWD ..... 45	GILENYA 0.5 MG ..... 221
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GANCICLOVIR SOLN ..... 64	GEMTESA ..... 229	GINGER ROOT ..... 99
GARDASIL 9 SUSP ..... 230	GENADEK STEP 1 CAPS ..... 193	GINSENG (AMERICAN) ..... 74
GARDASIL 9 SUSY ..... 230	GENADEK STEP 2 CAPS ..... 193	GINSENG ROOT ..... 81
GARDENIA FRAGRANCE ..... 81	GENADUR KIT KIT CO ..... 120	GIVLAARI ..... 133
gatifloxacin (ophth) ..... 205	GENERESS FE (Use norethindrone & ethinyl estradiol-fe) ..... 101	glatiramer acetate SOSY ..... 221
GATIFLOXACIN SESQUIHYDRATE ..... 81	GENICIN VITA-Q TABS ..... 195	GLEOLAN ..... 121
GAVRETO ..... 56	GENISTEIN ..... 81	GLEOSTINE 10 MG, 40 MG, 100 MG ..... 54
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI ... 147	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 % ..... 5	GLIADEL WAFER ..... 54
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT ..... 147	gentamicin sulfate (ophth) SOLN 205	glimepiride 1 MG, 2 MG ..... 39
GELATIN ..... 216	gentamicin sulfate (topical) CREA 110	glimepiride 1 MG ..... 39
GELATIN TYPE A ..... 216	gentamicin sulfate (topical) OINT 110	glimepiride 2 MG ..... 39
GELFILM OP ..... 207	gentamicin sulfate IJ ..... 5	glimepiride 3 MG ..... 39
GEL-FLOW ..... 136	gentamicin sulfate POWD .110	glimepiride 4 MG ..... 39
GELFOAM DENTAL PACK MISC EX ..... 136	GENTIAN VIOLET POWD ..... 111	GLIPIZIDE POWD ..... 39
GELFOAM POWD MT ..... 136	GENVOYA ..... 62	glipizide TABS 5 MG, 10 MG ..... 39
GELFOAM SPONGE COMPRESSED MISC EX ..... 136	GEODON (Use ziprasidone hcl) .. 58	glipizide TABS ..... 39
GELFOAM SPONGE MISC EX .. 136	GEODON (Use ziprasidone mesylate) ..... 58	glipizide TB24 5 MG, 10 MG ..... 39
	GERANIUM NATURAL ..... 97	glipizide TB24 ..... 39
	GERANIUM OIL ..... 97	glipizide-metformin hcl ..... 35
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		GLUCAGEN HYPOKIT ..... 36
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GLUCAGON EMERGENCY KIT (Use glucagon (rdna)) .....	36	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT .....	147	GLUTATHIONE-L POWD .....	202
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR .....	36	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT .....	147	GLUTATHIONE-L REDUCED POWD .....	202
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GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI .....	147	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI .....	147	glyburide TABS .....	39
GLUCOCARD 01 BLOOD GLUCOSE METER DEVI .....	147	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT ....	147	glyburide-metformin .....	35
GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT .....	147	GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT .....	147	GLYCATE TABS .....	226
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GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT ...	147	GLUCONOLACTONE .....	81	GLYCERIN ADULT SUPP (Use glycerin (laxative)) .....	139
GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT .....	147	GLUCOSAMINE HYDROCHLORIDE .....	81	GLYCERIN LIQD .....	97
GLUCOCARD SHINE DEVI .....	147	GLUCOSAMINE SULFATE .....	81	GLYCERIN SOLN .....	97
GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT .....	147	GLUCOSAMINE SULFATE POTASSIUM CHLORIDE .....	81	GLYCERINE LIQD .....	97
GLUCOCARD SHINE KIT .....	147	GLUCOSAMINE SULFATE SODIUM CHLORIDE .....	81	GLYCEROL FORMAL LIQD .....	97
GLUCOCARD SHINE XL DEVI ..	147	GLUCOTROL XL TB24 (Use glipizide) .....	39	GLYCEROL MONOOLEATE .....	81
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT .....	147	GLUMETZA TB24 (Use metformin hcl) .....	35	GLYCERYL MONOSTEARATE FLAK .....	82
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM		GLUTARALDEHYDE IN WATER LIQD .....	81	glycine (gu irrigant) SOLN 1.5 % .	132
		GLUTARALDEHYDE SOLN 24 %	81	GLYCINE (L) POWD .....	132
				GLYCINE POWD .....	132
				GLYCINE SOYA PROTEIN .....	97
				GLYCOFUROL .....	82
				GLYCOLIC ACID CRYST .....	71
				GLYCOLIC ACID GRAN .....	71
				GLYCOPYRROLATE .....	82
				glycopyrrolate SOLN IJ .....	226
				GLYCOPYRROLATE SOSY IJ 0.6 MG/3ML .....	226
				glycopyrrolate SOSY IJ .....	226

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GLYCOTROL CAPS .....197	GOLD SODIUM THIOMALATE ... 82	GREEN APPLE OS LIQD ..... 213
GLYCOTROL COMPLETE CAPS 197	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate) .....138	GREEN SOAP ..... 82
GLYCYRRHIZIC ACID .....82	GONITRO PACK .....19	GREEN TEA ..... 80
GLYNASE 1.5 MG, 6 MG (Use glyburide micronized) ..... 39	GOODSENSE ELECTROLYTE ADVANTAGE CARE SOLN ..... 186	GREEN TEA EXTRACT LIQD .....82
GLYNASE 3 MG (Use glyburide micronized) .....39	GOODSENSE ELECTROLYTE POWDER PACK .....186	GREEN TEA OIL FRAGRANCE .. 82
GLYRX-PF SOLN IJ .....226	GOODSENSE ISOPROPYL ALCOHOL XX .....97	GRILLED BEEF FLAVOR NATURAL OIL SOLUBLE LIQD ..... 213
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GLYXAMBI .....35	GOPRELTO .....199	GRISEOFULVIN ..... 82
GNP BORIC ACID POWD .....100	GRALISE MISC .....222	GRISEOFULVIN MICRONIZED .. 82
GNP CALAMINE PLUS SPRAY AERO ..... 119	GRALISE TABS (Use gabapentin (once-daily)) ..... 222	griseofulvin microsize SUSP ..... 42
GNP CINNAMON OIL .....97	GRALISE TABS ..... 222	griseofulvin microsize TABS ..... 42
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI ... 147	GRAMICIDIN D ..... 82	griseofulvin ultramicrosize ..... 42
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI ..... 147	granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML .....40	GUAIACOL .....97
GNP ELECTROLYTE POWDER PACK ..... 186	granisetron hcl TABS ..... 41	GUAIFENESIN POWD ..... 107
GNP EUCALYPTUS OIL .....97	GRAPE CONCORD OS LIQD ... 213	guaifenesin TB12 1200 MG ..... 107
GNP PAIN RELIEF NIGHTTIME 137	GRAPE FLAVOR LIQD .....213	guaifenesin TB12 600 MG .....107
GNP PEPPERMINT SPIRIT ..... 97	GRAPE SEED OIL .....82	guaifenesin-codeine SOLN .....106
GNP SODIUM SILICATE ..... 97	GRAPEFRUIT FLAVOR PINK OIL 213	guaifenesin-codeine SYRP .....106
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GNP TRUE METRIX SELF 213		GUANETHIDINE HEMISULFATE 82
		guanfacine hcl (adhd) ..... 2
		guanfacine hcl .....47
		GUANIDINEACETIC ACID .....82
		GUAR GUM ..... 82
		GUARANA SEED EXTRACT ..... 82
		GUARDIAN 4 GLUCOSE SENSOR .

148	halobetasol propionate OINT .....116	heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L ..... 25
GUARDIAN 4 TRANSMITTER KIT 148	HALOG CREA (Use halcinonide) 116	heparin sodium (porcine) lock flush 10 UNIT/ML, 100 UNIT/ML ..... 25
GUARDIAN CONNECT TRANSMITTER .....148	HALOG OINT .....116	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML .....25
GUARDIAN CONNECT TRANSMITTER KIT .....148	HALOPERIDOL ..... 82	HEPARIN SODIUM ..... 82
GUARDIAN LINK 3 TRANSMITTER KIT .....148	haloperidol decanoate .....59	HEPARIN SODIUM SOLN IJ 5000 UNIT/ML ..... 25
GUAVA FLAVOR LIQD ..... 213	HALOPERIDOL DECANOATE ... 82	HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML ..... 25
GUM ARABIC MILLED ..... 216	haloperidol lactate CONC .....59	HEPARIN SODIUM/D5W ..... 25
GUM ARABIC SPRAY-DRIED ..216	haloperidol lactate SOLN ..... 59	HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML ..... 25
GUM BASE GELATIN ..... 215	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG ..... 59	HEPARIN SODIUM/NAACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML ..... 25
GVOKE HYOPEN 1-PACK SOAJ 36	haloperidol TABS 20 MG ..... 59	HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML ..... 25
GVOKE HYOPEN 2-PACK SOAJ 36	HAM FLAVOR LIQD .....213	HEPES ..... 82
GVOKE KIT SOLN .....36	HARVONI PACK .....64	HEPLISAV-B SOSY .....230
GVOKE PFS SOSY 1 MG/0.2ML ..36	HARVONI TABS .....64	HEPSERA (Use adefovir dipivoxil) 64
GYMNEMA SYLVESTRIS LEAF ..82	HAVRIX .....230	HEPTAMINOL .....82
GYNAZOLE-1 .....231	HAWTHORN BERRY .....82	HERCEPTIN 150 MG .....54
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HADLIMA SOSY ..... 6	HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT .....148	HERZUMA .....55
HAEGARDA SOLR SC .....133	HEALTHY EYES SUPERVISION2 CAPS ..... 193	HESPAN (Use hetastarch (hes /0.7 or /0.75) in sodium chloride) .....133
HAIR/SKIN/NAILS CAPS .....193	HEART SAVIOR CAPS .....197	hetastarch (hes /0.7 or /0.75) in
halcinonide CREA ..... 116	HEMADY TABS .....103	
HALCION 0.25 MG (Use triazolam) 137	HEMANGEOL SOLN OR .....66	
HALDOL DECANOATE 100 (Use haloperidol decanoate) .....59	HEMATEX LIQD .....136	
HALDOL DECANOATE 50 (Use haloperidol decanoate) .....59	HEMATEX POLYSACCHARIDE IRON COMPLEX TABS ..... 136	
halobetasol propionate CREA ....116	HEMATOXYLIN .....82	
	HEMLIBRA 12 MG/0.4ML .....133	
	HEMOCYTE PLUS CAPS .....135	

sodium chloride .....	133	HUBER NEEDLE/19GX3/4"/RIGHT ANGLE .....	166	HUMALOG MIX 75/25 KWIKPEN SUPN .....	37
HETLIOZ CAPS (Use tasimelteon) 138		HUBER NEEDLE/20G X 1-1/4"/STRAIGHT .....	166	HUMALOG MIX 75/25 SUSP .....	37
HETLIOZ LQ SUSP .....	138	HUBER NEEDLE/22GX1-1/4"/4IGHT ANGLE .....	166	HUMALOG SOLN IJ .....	37
HEXTEND .....	133	HUBER NEEDLE/RIGHT ANGLE19G X 1" .....	166	HUMALOG TEMPO PEN SOPN ..	37
HIBERIX SOLR IJ .....	229	HUBER NEEDLE/RIGHT ANGLE20G X 1" .....	166	HUMAN ALBUMIN GRIFOLS ...	133
HIGH POTENCY MULTIVITAMIN TABS .....	195	HUBER NEEDLE/RIGHT ANGLE20G X 1-1/2" .....	166	HUMAN CHORIONIC GONADOTROPIN .....	78
HISTAMINE PHOSPHATE CRYSTALS .82		HUBER NEEDLE/RIGHT ANGLE22G X 1" .....	166	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML .....	6
HM BORIC ACID POWD .....	100	HUBER NEEDLE/RIGHT ANGLE22G X 1-1/2" .....	166	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..	6
HM ISOPROPYL RUBBING ALCOHOL XX .....	97	HUBER NEEDLE/RIGHT ANGLE22G X 1-1/2" .....	166	HUMIRA PEN PNKT 40 MG/0.4ML .7	
HOMATROPINE METHYLBROMIDE POWD .....	100	HUBER NEEDLE/RIGHT ANGLE22G X 3/4" .....	166	HUMIRA PEN PNKT 40 MG/0.8ML .7	
HOME PAP KIT .....	122	HUBER NEEDLE/STRAIGHT 19GX 1-1/4" .....	166	HUMIRA PEN PNKT 80 MG/0.8ML .7	
HONEY ALMOND FRAGRANCE .82		HUBER NEEDLE/STRAIGHT 20GX 1" .....	166	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML .....	7
HONEY FLAVOR LIQD .....	213	HUBER NEEDLE/STRAIGHT 20GX 1-1/2" .....	166	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML .....	7
HORIZANT .....	222	HUBER NEEDLE/STRAIGHT 20GX 1-1/2" .....	166	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....	7
HORMONE CREAM BASE .....	218	HUBER NEEDLE/STRAIGHT 22GX1" .....	166	HUMIRA PEN-PS/UV STARTER PNKT .....	7
HORMONE CREAM BASE BOTANICAL .....	218	HUBER NEEDLE/STRAIGHT 22GX1-1/2" .....	166	HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML .....	7
HRT BASE .....	218	HULIO AJKT .....	6	HUMIRA PSKT 40 MG/0.4ML .....	7
HRT BASE FOR MEN .....	218	HULIO PSKT .....	6	HUMIRA PSKT 40 MG/0.8ML .....	7
HRT BOTANICAL .....	218	HUMALOG JUNIOR KWIKPEN SOPN .....	37	HUMULIN 70/30 KWIKPEN SUPN	37
HRT BOTANICAL BASE .....	218	HUMALOG MIX 50/50 KWIKPEN SUPN .....	37	HUMULIN 70/30 SUSP .....	37
HRT CREAM BASE .....	218	HUMALOG MIX 50/50 SUSP .....	37	HUMULIN N KWIKPEN SUPN ....	37
HRT CREAM BASE WOMEN ...	218			HUMULIN N SUSP .....	37
HRT ESSENTIAL CREAM .....	218			HUMULIN R SOLN IJ .....	37
HRT HEAVY .....	218				
HRT NATURAL LOTION .....	218				
HUBER NEEDLE 20GX3/4"/RIGHT ANGLE .....	166				

HUMULIN R U-500 (CONCENTRATED) SOLN SC ....37	hydrochlorothiazide CAPS .....125	hydrocortisone (intrarectal) .....18
HUMULIN R U-500 KWIKPEN SOPN SC .....37	HYDROCHLOROTHIAZIDE POWD 125	hydrocortisone (rectal) EX 1 % .... 18
HUPERZINE SERRATE A .....82	hydrochlorothiazide TABS 12.5 MG 125	hydrocortisone (rectal) EX 2.5 % .. 18
HW EMBRACE PRO BLOOD GLUCOSE METER DEVI ..... 148	hydrochlorothiazide TABS 25 MG, 50 MG .....125	hydrocortisone (topical) CREA 0.5 % 116
HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI .....148	hydrocodone bitartrate CP12 ..... 13	hydrocortisone (topical) CREA 1 % 116
HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT ..... 148	HYDROCODONE BITARTRATE CRYS .....82	hydrocortisone (topical) CREA 2.5 % 116
HYALURONATE SODIUM .....82	HYDROCODONE BITARTRATE POWD .....82	hydrocortisone (topical) LOTN 2.5 % . 116
HYALURONIC ACID HYDROLYZED .....82	hydrocodone bitartrate T24A ..... 13	hydrocortisone (topical) OINT 1 % 116
HYALURONIC ACID SODIUM ....82	hydrocodone bitartrate-homatropine methylbromide SOLN .....105	hydrocortisone (topical) OINT 1 % 117
HYALURONIC ACID SODIUM SALT .....82	hydrocodone bitartrate-homatropine methylbromide TABS .....105	hydrocortisone (topical) OINT 2.5 % . 116
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide) ..... 105	hydrocodone polistirex- chlorpheniramine polistirex SUER 106	hydrocortisone acetate (rectal) ....18
HYDRALAZINE HCL .....82	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML ..... 16	hydrocortisone acetate (topical) OINT .....117
hydralazine hcl SOLN .....50	hydrocodone-acetaminophen SOLN 325 MG/15ML-7.5 MG/15ML ..... 15	HYDROCORTISONE ACETATE MICRONIZED POWD ..... 117
hydralazine hcl TABS .....50	hydrocodone-acetaminophen SOLN 325 MG/15ML-7.5 MG/15ML ..... 16	HYDROCORTISONE ACETATE POWD ..... 117
HYDRALYTE FREEZER POPS SOLN ..... 186	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG .....16	hydrocortisone acetate w/ pramoxine CREA EX 1 %-1 % .....18
HYDRALYTE PACK ..... 186	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....16	hydrocortisone butyrate CREA ...117
HYDRALYTE SOLN .....186	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....16	hydrocortisone butyrate hydrophilic lipo base .....117
HYDRATING ELECTROLYTE PACK 186	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 16	hydrocortisone butyrate LOTN ... 117
HYDRAZINE SULFATE .....82	HYDROCORT LOTION COMPLETEKIT THPK .....116	hydrocortisone butyrate OINT ....117
HYDREA (Use hydroxyurea) .....56		hydrocortisone butyrate SOLN ... 117
HYDROCAINE .....116		HYDROCORTISONE COMPLETE KIT THPK .....117
HYDROCHLORIC ACID ..... 71		

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HYDROCORTISONE POWD .... 117	HYDROXYCHLOROQUINE SULFATE .....82	HYDROXYQUINOLINE SULFATE 88
hydrocortisone TABS .....103	hydroxychloroquine sulfate 100 MG, 200 MG .....52	HYDROXYTRYPTOPHAN .....100
hydrocortisone valerate CREA ... 117	hydroxychloroquine sulfate 300 MG, 400 MG .....52	HYDROXYTRYPTOPHAN L-5 .. 100
hydrocortisone valerate OINT .... 117	HYDROXYETHYL CELLULOSE 100 CPS POWD .....82	hydroxyurea ..... 56
hydrocortisone w/acetic acid .... 208	HYDROXYETHYL CELLULOSE 4500-6500 CPS POWD ..... 82	HYDROXYUREA .....83
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HYDROFLUORIC ACID .....82	HYDROXYETHYL CELLULOSE POWD .....82	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML ..... 20
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HYDROMORPHONE HCL POWD 13	HYDROXYM GEL ..... 117	hydroxyzine hcl TABS ..... 20
hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML . 13	HYDROXYPROGESTERONE CAPROATE ..... 83	hydroxyzine pamoate CAPS ..... 20
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hydromorphone hcl TABS 2 MG ...13	HYDROXYPROPYL CELLULOSE 1500 CPS .....83	HYFTOR ..... 118
hydromorphone hcl TABS 4 MG ...13	HYDROXYPROPYL CELLULOSE 1500-3000 CPS ..... 83	HYLENEX .....189
hydromorphone hcl TABS 8 MG ...13	HYDROXYPROPYL CELLULOSE 150-400 CPS .....83	hyoscyamine sulfate ELIX .....226
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HYDROQUINONE POWD .....120	HYDROXYPROPYL CELLULOSE 75-100 CPS .....83	hyoscyamine sulfate TABS 0.125 MG ..... 226
HYDROXATE GEL ..... 117	HYDROXYPROPYL CELLULOSE 75-100 CPS .....83	hyoscyamine sulfate TB12 0.375 MG 226
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HYPERRAB SOLN .....	209	HYPODERMIC NEEDLE 25GX1-1/2" .....	166	HYPODERMIC NEEDLES 23GX1-1/2" .....	167
HYPERRHO S/D MINI-DOSE SOSY IM .....	209	HYPODERMIC NEEDLE 25GX3/4" .....	166	HYPODERMIC NEEDLES 25GX1-1/2" .....	167
HYPERRHO S/D SOSY IM 1500 UNIT .....	209	HYPODERMIC NEEDLE 25GX5/8" .....	166	HYPODERMIC NEEDLES 25GX5/8" .....	167
HYPERTET SOSY .....	209	HYPODERMIC NEEDLE 26GX1/2" .....	166	HYPODERMIC NEEDLES 26GX1/2" .....	167
HYPODERMIC NEEDLE 18G X 1" .....	166	HYPODERMIC NEEDLE 26GX3/8" .....	166	HYPODERMIC NEEDLES 27GX1/2" .....	167
HYPODERMIC NEEDLE 19G X 1" .....	166	HYPODERMIC NEEDLE 26GX5/8" .....	166	HYPODERMIC NEEDLES 27GX1-1/2" .....	167
HYPODERMIC NEEDLE 19G X 1-1/2" .....	166	HYPODERMIC NEEDLE 27GX1/2" .....	166	HYPROMELLOSE 100000 MPA-S .....	83
HYPODERMIC NEEDLE 20G X 1-1/2" .....	166	HYPODERMIC NEEDLE 27GX1-1/2" .....	167	HYPROMELLOSE 100000CPS .....	83
HYPODERMIC NEEDLE 20GX3/4" .....	166	HYPODERMIC NEEDLE 27GX1-1/4" .....	167	HYPROMELLOSE 4000 MPA-S .....	83
HYPODERMIC NEEDLE 21GX1" .....	166	HYPODERMIC NEEDLE 30GX1/2" .....	167	HYPROMELLOSE 4000CPS .....	83
HYPODERMIC NEEDLE 21GX1-1/2" .....	166	HYPODERMIC NEEDLES 18GX1" .....	167	HYPROMELLOSE METHOCEL K100M .....	83
HYPODERMIC NEEDLE 21GX1-1/4" .....	166	HYPODERMIC NEEDLES 20GX1" .....	167	HYPROMELLOSE TYPE 2910 .....	83
HYPODERMIC NEEDLE 22GX1" .....	166	HYPODERMIC NEEDLES 20GX1-1/2" .....	167	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ .....	7
HYPODERMIC NEEDLE 22GX1-1/2" .....	166	HYPODERMIC NEEDLES 21GX1" .....	167	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY .....	7
HYPODERMIC NEEDLE 22GX1-1/4" .....	166	HYPODERMIC NEEDLES 21GX1-1/2" .....	167	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY .....	7
HYPODERMIC NEEDLE 22GX3/4" .....	166	HYPODERMIC NEEDLES 22GX1" .....	167	HYRIMOZ PLAQUE PSORIASIS/UVEITIS STARTER PACK SOAJ .....	7
HYPODERMIC NEEDLE 23GX1" .....	166	HYPODERMIC NEEDLES 22GX1-1/2" .....	167	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ .....	7
HYPODERMIC NEEDLE 23GX3/4" .....	166	HYPODERMIC NEEDLES 23GX1" .....	167	HYRIMOZ SENSOREADY PENS SOAJ .....	8
HYPODERMIC NEEDLE 25GX1" .....	166				



HYRIMOZ SOAJ 40 MG/0.4ML	8	IDOSE TR IMPL	208	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use sumatriptan succinate)	183
HYRIMOZ SOAJ	8	IDOXURIDINE	83	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)	183
HYRIMOZ SOSY	8	IFEX SOLR	54	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use sumatriptan succinate)	183
HYSINGLA ER T24A	13	ifosfamide SOLN	54	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	183
HYZAAR (Use losartan potassium & hydrochlorothiazide)	48	ifosfamide SOLR	54	IMITREX TABS (Use sumatriptan succinate)	183
ibandronate sodium TABS	126	IFOSFAMIDE SOLR	54	IMMPHENTIV SOLN IV	232
IBRANCE CAPS	56	IGALMI FILM	137	IMMUNE ESSENTIALS DAILY CAPS	193
IBRANCE TABS	56	IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	148	IMMUNERX CAPS	197
IBSRELA	130	IHEALTH BLOOD GLUCOSE TEST STRIPS STRP	122	IMMUNICARE CAPS	197
ibuprofen CHEW	9	IHEALTH CONTROL SOLUTION LIQD	148	IMODIUM A-D CAPS (Use loperamide hcl)	39
ibuprofen lysine	9	ILEVRO	207	IMODIUM A-D TABS (Use loperamide hcl)	39
IBUPROFEN POWD	9	ILLUCCIX CONFIGURATION A KIT . 122		IMOGAM RABIES-HT SOLN 300 UNIT/2ML	209
ibuprofen SUSP 100 MG/5ML	9	ILLUCCIX CONFIGURATION B KIT . 122		IMOVAX RABIES (H.D.C.V.) SUSR 230	
ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML	9	ILUMYA	112	IMPEKLO LOTN	117
ibuprofen TABS 200 MG	9	IMCIVREE	2	IMURAN TABS (Use azathioprine)	189
ibuprofen TABS 400 MG, 600 MG, 800 MG	9	IMIDUREA	83	IMVEXXY MAINTENANCE PACK INST	232
ibuprofen-acetaminophen TABS	9	imipenem-cilastatin IV	50	IMVEXXY STARTER PACK INST	232
ibuprofen-famotidine	9	IMIPRAMINE HCL POWD	34	IN TOUCH DEVI	148
ibutilide fumarate	21	imipramine hcl TABS	34	INBRIJA CAPS	57
icatibant acetate SOSY	133	imipramine pamoate	34		
ICHTHAMMOL POWD	120	IMIQUIMOD	83		
ICLUSIG	56	imiquimod 3.75 %	118		
icosapent ethyl	44	imiquimod 5 %	118		
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	8	IMITREX 20 MG/ACT (Use sumatriptan)	183		
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	8	IMITREX 5 MG/ACT (Use sumatriptan)	183		
idarubicin hcl	56				
IDEBENONE	83				

INCRUSE ELLIPTA .....	21	INOSITOL .....	83	PROTAMINE/INSULIN ASPART SUSP .....	37
indapamide TABS 1.25 MG, 2.5 MG . 125		INOSITOL HEXANICOTINATE ...	83	INSULIN ASPART SOLN IJ .....	37
INDERAL LA CP24 (Use propranolol hcl) .....	66	INPEFA .....	69	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML .....	37
INDERAL XL .....	66	INPEN 100/BBLUE/HUMALOG DEVI 167		INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML .....	37
INDOCYANINE GREEN .....	83	INPEN 100/BBLUE/LILLY/HUMALOG DEVI .....	167	INSULIN DEGLUDEC SOLN .....	37
INDOLE-3-CARBINOL .....	83	INPEN 100/BBLUE/NOVOLOG/FIASP DEVI .....	167	INSULIN GLARGINE MAX SOLOSTAR SOPN .....	37
INDOMETHACIN .....	9	INPEN 100/GREY/HUMALOG DEVI . 167		INSULIN GLARGINE SOLN .....	37
indomethacin CAPS 25 MG, 50 MG	9	INPEN 100/GREY/LILLY/HUMALOG DEVI .....	167	INSULIN GLARGINE SOLOSTAR SOPN .....	37
indomethacin CPR	9	INPEN 100/GREY/NOVOLOG/FIASP DEVI .....	167	INSULIN GLARGINE-YFGN SOLN 37	
INDOMETHACIN POWD .....	9	INPEN 100/PINK/HUMALOG DEVI 167		INSULIN GLARGINE-YFGN SOPN 37	
indomethacin sodium .....	9	INPEN 100/PINK/LILLY/HUMALOG DEVI .....	167	INSULIN LISPRO JUNIOR KWIKPEN SOPN .....	37
indomethacin SUPP .....	9	INPEN 100/PINK/NOVOLOG/FIASP DEVI .....	167	INSULIN LISPRO KWIKPEN SOPN . 37	
indomethacin SUSP .....	9	INQOVI .....	56	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN .....	38
INFANRIX .....	225	INREBIC .....	56	INSULIN LISPRO SOLN IJ .....	38
INFANTS ADVIL SUSP (Use ibuprofen) .....	9	INSPIREASE DRUG DELIVERYSYSTEM MISC .....	181	INTEGRA F .....	135
INFED .....	136	INSPIREASE RESERVOIR BAGS 181		INTEGRA PLUS .....	135
INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT .....	148	INSULIN ASPART FLEXPEN SOPN . 37		INTELENCE 100 MG (Use etravirine) .....	62
INFINITY CONTROL SOLUTION HIGH SOLN .....	148	INSULIN ASPART PENFILL SOCT 37		INTELENCE 200 MG (Use etravirine) .....	62
INFINITY VOICE KIT .....	148	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....	37	INTELENCE 25 MG .....	62
INFLAMEX CAPS .....	197	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....	37	INTRALIPID .....	201
INFLAMMATION TEST .....	122	INSULIN ASPART		INTUNIV (Use guanfacine hcl (adhd)) .....	2
INFLECTRA SOLR .....	130				
INFUGEM .....	54				
INFUVITE PEDIATRIC SOLN IV .	196				
INJECTAFER .....	136				
INNOPRAN XL .....	66				
INNOPRAN XL 80 MG .....	66				

INULOSE BLOOD SUGAR SUPPORT CAPS .....	197	ipratropium bromide (nasal) 0.03 % 199	ISOPROPAMIDE IODIDE .....	226
INVEGA (Use paliperidone) .....	58	ipratropium bromide (nasal) 0.06 % 199	ISOPROPANOL XX .....	97
INVEGA HAFYERA .....	58	IPRATROPIUM BROMIDE MONOHYDRATE POWD .....	ISOPROPYL ALCOHOL XX 70 %, 100 % .....	97
INVEGA SUSTENNA 117 MG/0.75ML .....	58	IPRATROPIUM BROMIDE POWD 21	isopropyl alcohol XX 91 %, 99 % ..	97
INVEGA SUSTENNA 156 MG/ML .58		ipratropium bromide SOLN 0.02 % 21	isopropyl alcohol, rubbing XX .....	97
INVEGA SUSTENNA 234 MG/1.5ML 58		ipratropium-albuterol SOLN .....	ISOPROPYL MYRISTATE .....	83
INVEGA SUSTENNA 39 MG/0.25ML 58		irbesartan .....	ISOPROPYL PALMITATE .....	97
INVEGA SUSTENNA 78 MG/0.5ML 58		irbesartan-hydrochlorothiazide ...	ISOPROPYL RUBBING ALCOHOL XX .....	97
INVEGA TRINZA 273 MG/0.88ML 59		IRON CHEWS PEDIATRIC CHEW 136	isoproterenol hcl .....	24
INVEGA TRINZA 410 MG/1.32ML 58		IRON FOLATE PLUS .....	ISOPROTERENOL HCL .....	83
INVEGA TRINZA 546 MG/1.75ML 58		IRON FOLATE-F .....	ISOPTO ATROPINE SOLN .....	204
INVEGA TRINZA 819 MG/2.63ML 58		iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc .....	ISORDIL TITRADOSE TABS (Use isosorbide dinitrate) .....	19
INVELTYS SUSP .....	206	IROSPAN 24/6 .....	ISOSORBIDE .....	83
INVOKAMET TABS .....	35	irrigation solutions, physiological	isosorbide dinitrate TABS 40 MG ..	19
INVOKAMET XR TB24 .....	35	ISENTRESS CHEW 100 MG .....	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG .....	19
IODINE FLAK .....	83	ISENTRESS CHEW 25 MG .....	isosorbide dinitrate-hydralazine hcl 69	
IODINE RESUBLIMED CRYSTALS .....	83	ISENTRESS PACK .....	isosorbide mononitrate TABS .....	19
IODINE RESUBLIMED GRANULES .....	83	ISENTRESS TABS .....	isosorbide mononitrate TB24 .....	19
IODINE STRONG .....	83	isoflurane .....	isosulfan blue .....	121
iodixanol .....	123	ISOLYTE-P/DEXTROSE 5% .....	ISOTRETINOIN .....	83
IODOFORM .....	100	ISOLYTE-S .....	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG .....	108
IDOQUINOL POWD .....	4	ISOLYTE-S PH 7.4 .....	isotretinoin 25 MG, 35 MG .....	108
IONOSOL-MB/DEXTROSE 5% ..	186	ISOMETHEPTENE MUCATE .....	ISOVUE-250 MULTIPACK IV .....	123
iopamidol IV .....	123	ISONIAZID POWD .....	ISOXSUPRINE HCL .....	83
IOPANOIC ACID .....	83	isoniazid SOLN .....	isradipine CAPS .....	67
IOPIDINE .....	204	isoniazid SYRP .....	ISTALOL SOLN (Use timolol maleate	
IPO INACTIVATED IPV .....	230	isoniazid TABS .....		

(ophth))	204	JUBLIA	111	(Use levetiracetam)	27
ITRACONAZOLE	83	JULUCA	62	KEPPRA TABS 500 MG (Use levetiracetam)	27
itraconazole CAPS	42	JUNIPER TAR	97	KEPPRA XR TB24 (Use levetiracetam)	27
itraconazole SOLN	42	JYNNEOS	230	KERALYT GEL (Use salicylic acid)	119
ivabradine hcl TABS	70	KABIVEN	201	KERENDIA	127
ivermectin (rosacea)	120	KAHLUA FLAVOR LIQD	213	KERYDIN (Use tavaborole)	111
ivermectin	19	KALBITOR	133	KESIMPTA	221
IVERMECTIN	83	KALETRA SOLN (Use lopinavir-ritonavir)	62	KETAMINE HCL	84
IXCHIQ	230	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	62	ketamine hcl SOLN IJ	131
IXIARO	230	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	62	KETAMINE HYDROCHLORIDE	84
IYUZEH SOLN	208	KANAMYCIN SULFATE	84	KETAMINE HYDROCHLORIDE SOLN IJ 10 MG/ML	131
JADENU SPRINKLE PACK (Use deferasirox)	40	KANJINTI	55	KETAMINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN	131
JADENU TABS (Use deferasirox)	40	KAOLIN	40	ketamamine	111
JALYN (Use dutasteride-tamsulosin hcl)	132	KAOLIN COLLOIDAL	40	ketamamine (topical) CREAM	111
JANSSEN COVID-19 VACCINE	230	KAPSPARGO SPRINKLE CS24	66	ketamamine (topical) FOAM	111
JANUMET XR TB24	35	KAPVAY TB12 (Use clonidine hcl (adhd))	2	ketamamine (topical) SHAM 2 %	111
JANUVIA	36	KARAYA GUM	216	KETOCONAZOLE	100
JARDIANCE	39	KATERZIA	67	ketamamine	42
JASMINE FRAGRANCE	84	KEDBUMIN	133	KETODAN KIT	111
JATENZO CAPS	17	KEDRAB SOLN	209	KETONE STRP	122
JELENE	218	KENALOG-10 SUSP	103	KETONE TEST STRIPS STRP	122
JELMYTO SOLR UL	56	KENALOG-80 SUSP	104	ketoprofen CAPS 25 MG	9
JENTADUETO XR TB24	35	KENGREAL	134	ketoprofen CP24	9
JESDUVROQ	135	KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	27	KETOPROFEN MICRONIZED POWD	84
JOENJA	189	KEPPRA TABS 1000 MG (Use levetiracetam)	27	KETOPROFEN POWD	84
JOJOBA OIL	84	KEPPRA TABS 250 MG, 750 MG		KETOPROFEN ULTRA	
JORNAY PM CP24	3				
J-TIP KIT W/VIAL ADAPTERS KIT	167				

MICRONIZED POWD .....	84	KIT FOR THE PREPARATION OF TECHNETIUM 99M SESTAMIBI	122	CALCIUM .....	84
ketorolac tromethamine (ophth) 0.4 % .....	207	KIWI FRAGRANCE .....	84	LABETALOL HCL .....	84
ketorolac tromethamine (ophth) 0.5 % .....	207	KLARITY-C DROPS EMUL .....	206	labetalol hcl SOLN .....	65
KETOROLAC TROMETHAMINE	.84	KLARON (Use sulfacetamide sodium (acne)) .....	108	labetalol hcl TABS 100 MG .....	65
KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML .....	9	KLEAR GUMMY BASE .....	215	labetalol hcl TABS 200 MG .....	65
ketorolac tromethamine SOLN IM 30 MG/ML, 60 MG/2ML .....	9	KLONOPIN TABS (Use clonazepam) .....	27	labetalol hcl TABS 300 MG .....	65
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY .....	9	KLOXXADO LIQD .....	40	LABETALOL HYDROCHLORIDE	.84
ketorolac tromethamine TABS .....	9	KOJIC ACID .....	100	LABETALOL HYDROCHLORIDE SOLN .....	65
KETOSTIX STRP .....	122	KOMBIGLYZE XR (Use saxagliptin- metformin hcl) .....	35	LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML .....	65
ketotifen fumarate (ophth) 0.035 % 207		KONVOMEK SUSR .....	228	LABETALOL HYDROCHLORIDE/DEXTROSE 5 %-200 MG/200ML .....	65
KETOTIFEN FUMARATE .....	84	KORSUVA .....	191	LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML .....	65
KETOTIFEN HYDROGEN FUMARATE .....	84	K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	.187	lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML .....	27
KEVZARA SOAJ .....	8	K-PHOS NO 2 .....	131	lacosamide SOLN OR 10 MG/ML	.27
KEVZARA SOSY .....	8	KRINTAFEL .....	52	lacosamide TABS .....	27
KIMMTRAK .....	54	KRIS-ESTER 236 .....	218	LACRISERT .....	203
KIMYRSA .....	51	KRISTALOSE PACK .....	139	LACTASE 5000 .....	84
KINDERLYTE IMMUNITY PACK	.186	KROGER BLOOD GLUCOSE MONITORING KIT KIT .....	148	lactated ringer's (irrigation) .....	190
KINDERLYTE PACK .....	186	KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT 148		lactated ringer's .....	186
KINDERLYTE PREMAX PACK ..	186	KRYSTAL SF .....	216	lactic acid (ammonium lactate) CREA .....	118
KINDERLYTE PREMAX SOLN ..	186	K-TAB TBCR 10 MEQ, 20 MEQ (Use potassium chloride) .....	188	lactic acid (ammonium lactate) LOTN 12 % .....	118
KINDERLYTE SOLN .....	186	KUDZU ROOT .....	84	LACTIC ACID 85 %, 88 % .....	72
KINERET SOSY .....	8	KYMRIAH .....	55	LACTIC ACID RACEMIC .....	72
KINETIN .....	84	L-5- METHYLTETRAHYDROFOLICACID		LACTOSE .....	216
KINEVAC .....	121				
KINRIX SUSY .....	225				

LACTOSE ANHYDROUS	216	terbinafine hcl (topical))	111	L-ARGININE POWD XX	203
LACTOSE HYDROUS	216	lamivudine (hbv) TABS	64	LASIX TABS (Use furosemide)	125
LACTOSE MONOHYDRATE	216	lamivudine SOLN	62	L-ASPARTIC ACID	100
LACTOSE MONOHYDRATE SPRAYDRIED	216	lamivudine TABS 150 MG	62	L-ASPARTIC ACID SODIUM MONOHYDRATE	91
lactulose (encephalopathy)	130	lamivudine TABS 300 MG	62	L-ASPARTIC ACID SODIUM SALT	91
LACTULOSE PACK	139	lamivudine-zidovudine	62	LATANOPROST OIL	84
lactulose SOLN	139	LAMOTRIGINE	84	LATANOPROST POWD	84
LAGEVRIO	65	lamotrigine CHEW	28	latanoprost SOLN	208
L-ALANINE POWD	202	lamotrigine KIT 25 MG	28	LATANOPROST SOLN	208
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine)	27	lamotrigine TABS	28	LATUDA (Use lurasidone hcl)	58
LAMICTAL ODT KIT (Use lamotrigine)	28	lamotrigine TB24	28	LAURETH-9 POLIDOCANOL	84
LAMICTAL ODT TBDD (Use lamotrigine)	28	lamotrigine TBDD	28	LAURIC ACID	84
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine)	28	LAMPIT	50	LAVENDER OIL	97
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine)	28	LANCETS SUPER THIN 28G	148	LAVENDER OIL FRAGRANCE	97
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine)	28	LANOLIN ALCOHOL WAX	218	LAVENDER OIL NATURAL	97
LAMICTAL TABS (Use lamotrigine)	28	LANOLIN OIL	218	LAZCLUZE	55
LAMICTAL XR KIT	28	lanolin XX	218	L-CARNITINE	84
LAMICTAL XR TB24 (Use lamotrigine)	28	LANOLIN XX	218	L-CARNITINE HCL	84
LAMISIL AT CREA (Use terbinafine hcl (topical))	111	LANOXIN PEDIATRIC SOLN IJ	68	L-CARNOSINE	78
LAMISIL AT JOCK ITCH CREA (Use		LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (Use digoxin)	68	L-CITRULLINE	78
		LANSOPRAZOLE	84	L-CYSTEINE CRYSTALS	78
		lansoprazole CPDR 15 MG	227	L-CYSTEINE HCL MONOHYDRATE	78
		lansoprazole CPDR 30 MG	227	L-CYSTEINE HYDROCHLORIDEMONOHYDRATE	78
		lansoprazole TBDD 15 MG	227	L-CYSTEINE POWD	78
		lansoprazole TBDD	227	L-CYSTINE POWD	203
		lanthanum carbonate CHEW	131	LEAD ACETATE TRIHYDRATE POWD	100

LEAD TETROXIDE .....	84	LEUKERAN .....	54	DIHYDROCHLORIDE .....	84
LECITHIN GRAN XX .....	201	LEUPROLIDE ACETATE .....	84	levocetirizine dihydrochloride TABS	43
LECITHIN ISOPROPYL PALMITATE		LEUPROLIDE ACETATE INJ .....	55	levocetirizine dihydrochloride TABS	44
SOLN .....	216	levabuterol hcl .....	24	LEVODOPA POWD .....	57
LECITHIN SOYA GRAN .....	91	LEVALBUTEROL HCL .....	84	LEVOFLOXACIN HEMIHYDRATE	84
LECITHIN SOYA POWD .....	91	levabuterol tartrate .....	24	levofloxacin in d5w .....	128
LEDIPASVIR/SOFOSBUVIR TABS	64	LEVAMISOLE HCL .....	55	levofloxacin SOLN OR .....	128
leflunomide .....	10	levamlodipine maleate .....	67	levofloxacin TABS .....	128
LEFLUNOMIDE .....	84	LEVBID TB12 (Use hyoscyamine		LEVOMEFOLATE CALCIUM/N-	
LEMON BIOFLAVANOID .....	84	sulfate) .....	226	ACETYLCYSTEINE/MECOBALAMIN	
LEMON EXTRACT LIQD .....	213	LEVETIRACETAM .....	84	/ALGAL POWD .....	124
LEMON FLAVOR LIQD .....	213	levetiracetam in sodium chloride ..	28	levonorgestrel & eth estradiol TABS	101
LEMON FLAVOR OIL .....	213	levetiracetam SOLN IV 500 MG/5ML	28	levonorgestrel (emergency oc) 1.5	
LEMON OIL .....	97	levetiracetam SOLN OR 100 MG/ML,	28	MG .....	102
LEMONADE FLAVOR OIL .....	213	500 MG/5ML .....	28	levonorgestrel-eth estradiol	
LEMONGRASS OIL .....	97	levetiracetam TABS 1000 MG .....	28	(triphasic) .....	101
LEMON-LIME SD POWD .....	213	levetiracetam TABS 250 MG, 750		levonorgestrel-ethinyl estradiol (91-	
LENMELDY .....	221	MG .....	28	day) .....	101
LENTOCILIN SUSR .....	210	levetiracetam TABS 500 MG .....	28	levonorgestrel-ethinyl estradiol (91-	
LESCOL XL TB24 (Use fluvastatin		levetiracetam TABS 750 MG .....	28	day) 0.03 MG-0.15 MG .....	101
sodium) .....	45	levetiracetam TB24 .....	28	levonorgestrel-ethinyl estradiol	
letrozole .....	55	LEVETIRACETAM/SODIUM		(continuous) .....	101
LETROZOLE .....	84	CHLORIDE .....	28	levonorgestrel-ethinyl estradiol-iron	102
LEU TECHNELITE .....	122	levobunolol hcl 0.5 % .....	204	LEVORPHANOL TARTRATE .....	84
LEUCINE POWD XX .....	203	levocarnitine (metabolic modifiers)		levorphanol tartrate TABS 3 MG ...	13
LEUCOVORIN CALCIUM .....	84	SOLN IV 200 MG/ML .....	127	levorphanol tartrate TABS .....	13
leucovorin calcium SOLN IJ 100		levocarnitine (metabolic modifiers)		LEVOTHYROXINE SODIUM (T4)	84
MG/10ML, 500 MG/50ML .....	56	SOLN OR 1 GM/10ML .....	127	LEVOTHYROXINE SODIUM .....	84
leucovorin calcium SOLR .....	56	levocarnitine (metabolic modifiers)		levothyroxine sodium CAPS .....	225
leucovorin calcium TABS .....	56	TABS .....	127		
		LEVOCARNITINE .....	84		
		LEVOCETIRIZINE			

LEVOTHYROXINE SODIUM SOLN IV .....225	LIBERTY BLOOD GLUCOSE METER DEVI .....148	MONOHYDRATE .....85
LEVOTHYROXINE SODIUM SOLR IV (Use levothyroxine sodium) ... 225	LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI 148	LIDOCAINE HYDROCHLORIDE SOLN .....140
levothyroxine sodium SOLR IV ...225	LIBERVANT FILM .....27	LIDOCAINE HYDROCHLORIDE SOSY IV 1 %, 100 MG/5ML .....140
levothyroxine sodium TABS .....225	LICART PT24 .....112	lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML .....21
LEVSIN TABS (Use hyoscyamine sulfate) .....226	LICORICE DEGLYCYRRHIZINATED .....84	lidocaine OINT .....119
LEVSIN/SL SUBL (Use hyoscyamine sulfate) .....226	LICORICE FLAVOR LIQD .....213	LIDOCAINE POWD .....85
LEXAPRO TABS 10 MG (Use escitalopram oxalate) .....33	LICORICE ROOT POWD .....100	lidocaine PTCH 4 %, 5 % .....119
LEXAPRO TABS 20 MG (Use escitalopram oxalate) .....33	LIDAFLEX PTCH .....119	lidocaine w/ epinephrine SOLN 1 :100000-1 %, 1 :100000-2 %, 1 :200000-0.5 %, 1 :200000-1.5 %, 1 :200000-2 % .....140
LEXAPRO TABS 5 MG (Use escitalopram oxalate) .....32	LIDOCAINE BASE POWD .....84	LIDOCAINE/EPINEPHRINE SOLN 140
LEXIVA SUSP .....62	lidocaine CREA 4 % .....119	lidocaine-hydrocortisone acetate (rectal) CREA EX .....18
LEXIVA TABS (Use fosamprenavir calcium) .....62	LIDOCAINE CRYST .....85	lidocaine-hydrocortisone acetate (rectal) KIT .....18
L-GLUTAMIC ACID .....203	lidocaine hcl (cardiac) SOSY .....21	lidocaine-prilocaine CREA .....119
L-GLUTAMIC ACID HCL POWD .124	lidocaine hcl (local anesth.) SOLN 140	lidocaine-prilocaine KIT .....119
L-GLUTAMIC ACID MONOSODIUM 85	lidocaine hcl (mouth-throat) 2 % .191	LIDOCAINE-PRILOCAINE-CREAM BASE 2.5 %-2.5 % .....218
L-GLUTAMINE CRYST .....203	lidocaine hcl (mouth-throat) 4 % .191	LIDOPURE PATCH .....119
L-GLUTAMINE POWD XX .....203	LIDOCAINE HCL .....84	LIDOTRAL + HYDROCORTISONE LOTN 1 %-5 % .....117
L-GLUTATHIONE CRYST .....203	lidocaine hcl CREA 3 %, 4 % .....119	LIDOTRAL CREA .....119
L-HISTIDINE .....203	lidocaine hcl GEL 2.8 % .....119	LIDOTRAL GEL 5 % .....119
L-HISTIDINE MONOHYDROCHLORIDE CRYST 203	LIDOCAINE HCL MONOHYDRATE .84	LIDOTRAN CREA .....119
L-HISTIDINE MONOHYDROCHLORIDE MONOHYDRATE POWD .....203	lidocaine hcl PRSY .....119	LIKMEZ SUSP .....50
LIALDA TBEC (Use mesalamine) 130	lidocaine hcl SOLN .....119	LIME FLAVOR OIL .....213
	LIDOCAINE HCL SOLN .....21	LIME OIL .....97
	LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL .....18	LIMONENE .....85



lincomycin hcl .....	52	LIPOTRIAD VISION SUPPORTPLUS CAPS .....	197	LIVER FLAVOR POWD .....	213
LINCOMYCIN HCL .....	85	LIPOTRIAD VISIONARY CAPS ..	197	LIVMARLI .....	129
LINEZOLID .....	52	LIPOVAN BASE CREA .....	218	LIXOFEN KIT .....	112
linezolid SOLN .....	52	LIQUICAL PLUS .....	185	L-LEUCINE POWD XX .....	203
linezolid SUSR .....	52	LIQUID I.V. PACK .....	186	L-LYSINE HCL POWD .....	85
linezolid TABS .....	52	LIQUIGEL COMPLEX .....	216	L-LYSINE MONOHYDROCHLORIDE POWD .....	85
LINOLEIC ACID .....	85	liraglutide .....	36	L-MENTHOL .....	100
LINSEED OIL RAW .....	97	lisdexamfetamine dimesylate CAPS 2		L-METHIONINE POWD XX .....	203
LINZESS .....	130	lisdexamfetamine dimesylate CHEW . 2		L-METHYL-B6-B12 TABS .....	124
LIOETHYRONINE .....	85	lisinopril & hydrochlorothiazide ...	48	L-METHYLFOLATE CA ME-CBLNAC .....	124
LIOETHYRONINE SODIUM (T3) ...	85	LISINOPRIL .....	85	L-METHYLFOLATE CA/P-5-P/ME-CBL .....	124
LIOETHYRONINE SODIUM .....	85	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG .....	46	L-METHYLFOLATE CALCIUM ...	85
lioethyronine sodium SOLN .....	225	L-ISOLEUCINE POWD XX .....	203	L-METHYL-MC .....	124
lioethyronine sodium TABS .....	225	LISSAMINE GREEN B .....	211	LMX 4 CREA (Use lidocaine) ....	119
LIP BALM BASE NATURAL .....	218	lithium .....	58	LO LOESTRIN FE TABS .....	102
LIPACTIVE INCA INCHI WO .....	83	lithium carbonate CAPS .....	58	LOCAMETZ KIT .....	122
LIPITOR TABS (Use atorvastatin calcium) .....	46	LITHIUM CARBONATE POWD ...	58	LOCOID LIPOCREAM .....	117
LIPITOR TABS 20 MG, 40 MG, 80 MG (Use atorvastatin calcium) ....	46	lithium carbonate TABS .....	58	LOCOID LOTN (Use hydrocortisone butyrate) .....	117
LIPMAX SOLN .....	216	lithium carbonate TBCR .....	58	LOCUST BEAN GUM .....	78
LIPOFEN CAPS (Use fenofibrate) .	45	LITHIUM CITRATE TETRAHYDRATE .....	85	LODOSYN (Use carbidopa) .....	56
LIPOFEN CAPS 50 MG (Use fenofibrate) .....	45	LITHOBID TBCR (Use lithium carbonate) .....	58	lofexidine hcl .....	220
LIPOIC ACID .....	74	LITHOSTAT .....	132	LOHIST-D LIQD .....	106
LIPOIC ACID/DL-ALPHA (DL-THIOCTIC ACID) .....	74	LIVALO (Use pitavastatin calcium) 46		LOKELMA .....	191
LIPOIL OIL .....	216	LIVDELZI .....	130	LOLLIBASE .....	216
LIPOPEN ANHYDROUS .....	218	LIVER CONCENTRATE LIQD ...	213	LOLLIPOP BASE .....	216
LIPOSOMAL HAIR .....	218	LIVER FLAVOR LIQD .....	213	LOMOTIL TABS (Use diphenoxylate w/ atropine) .....	39
LIPOTRIAD VISION SUPPORT CAPS .....	197			loperamide hcl CAPS .....	39

LOPERAMIDE HCL POWD .....	39	L-ORNITHINE HYDROCHLORIDE 88	esters) .....	44
loperamide hcl TABS .....	39	L-ORNITHINE POWD .....	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium) .....	25
LOPERAMIDE HYDROCHLORIDE POWD .....	39	losartan potassium & hydrochlorothiazide .....	LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium) ..	26
LOPID TABS (Use gemfibrozil) ....	45	losartan potassium & hydrochlorothiazide .....	LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium) .....	26
lopinavir-ritonavir SOLN .....	62	losartan potassium .....	LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium) .....	26
lopinavir-ritonavir TABS 25 MG-100 MG .....	62	LOSARTAN POTASSIUM .....	LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium) .....	26
lopinavir-ritonavir TABS 50 MG-200 MG .....	62	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91- day)) .....	LOVENOX SOSY 80 MG/0.8ML (Use enoxaparin sodium) .....	26
LOPRESSOR TABS 100 MG (Use metoprolol tartrate) .....	66	LOTEMAX OINT .....	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium) .	25
LOPRESSOR TABS 50 MG (Use metoprolol tartrate) .....	66	LOTEMAX SM GEL .....	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium) .	26
LOPROX .....	111	LOTENSIN 10 MG, 20 MG (Use benazepril hcl) .....	LOVO-ODF CUSTOM LIQD .....	216
LOPROX CREA (Use ciclopirox olamine) .....	111	LOTENSIN 40 MG (Use benazepril hcl) .....	loxapine succinate .....	59
LOPROX KIT .....	111	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .	LOXORAL BASE .....	216
LOPROX SHAMPOO SHAM (Use ciclopirox) .....	111	loteprednol etabonate GEL .....	L-PHENYLALANINE POWD .....	203
LOPROX SUSP (Use ciclopirox olamine) .....	111	loteprednol etabonate SUSP 0.2 % 206	L-PROLINE POWD .....	203
loratadine & pseudoephedrine TB12 . 106		loteprednol etabonate SUSP 0.5 % 206	L-SELENOMETHIONINE .....	85
LORATADINE .....	85	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl) .....	L-SELENOMETHIONINE BLEND	85
loratadine TABS .....	44	LOTRONEX (Use alosetron hcl) .	L-SERINE .....	91
loratadine TBDP 10 MG .....	44	LOVASTATIN .....	L-THREONINE CRYST .....	203
LORAZEPAM .....	85	lovastatin TABS 10 MG, 20 MG ...	L-TRYPTOPHAN POWD .....	203
lorazepam CONC .....	20	lovastatin TABS 40 MG .....	L-TYROSINE POWD XX .....	203
lorazepam SOLN .....	20	LOVAZA (Use omega-3-acid ethyl	lubiprostone .....	129
lorazepam TABS 0.5 MG, 2 MG ...	20		LUBRAJEL NP .....	218
lorazepam TABS 1 MG .....	20		LUGOLS 5 %-10 % .....	83
LOREEV XR CS24 .....	20			

LUGOLS STRONG IODINE SOLN 61	MACRILEN .....121	187
luliconazole .....111	MACROBID (Use nitrofurantoin monohyd macro) .....52	magnesium chloride SOLN .....187
LUMAKRAS .....56	MACRODANTIN (Use nitrofurantoin macrocrystal) .....52	MAGNESIUM CITRATE .....85
LUMIFY .....204	MAFENIDE ACETATE .....85	magnesium citrate 1.745 GM/30ML 139
LUMIGAN SOLN 0.01 % .....208	mafenide acetate PACK .....114	MAGNESIUM CITRATE TRIBASIC . 85
LUNESTA (Use eszopiclone) ....137	MAFENIDE HCL .....85	MAGNESIUM GLUCONATE .....85
LUNESTA 1 MG, 3 MG (Use eszopiclone) .....137	MAGELLAN SYRINGE/HYPODERMIC SAFETY NEEDLE/1ML/23G X 1" .....167	MAGNESIUM GLYCINATE .....85
LUPKYNIS .....189	MAGELLAN TUBERCULIN SAFETY SYRINGE/1ML/27G X 1/2" MISC 167	MAGNESIUM HYDROXIDE .....85
lurasidone hcl .....58	MAGELLAN TUBERCULIN SAFETY SYRINGE/1ML/28G X 1/2" MISC 167	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML .....139
LUTEIN BEAD .....85	MAGNASTWEET 110 LIQD .....74	MAGNESIUM MALATE .....85
LUTEIN POWD .....85	MAGNASTWEET 135 POWD .....74	magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG .....187
LUXIQ FOAM (Use betamethasone valerate) .....117	MAGNESIUM ALUMINUM SILICATE .....85	MAGNESIUM OXIDE HEAVY POWD .....19
LUXTURNA .....205	MAGNESIUM AMINO ACID CHELLATE 20% .....85	MAGNESIUM OXIDE LIGHT POWD . 19
LUZU (Use luliconazole) .....111	MAGNESIUM ASCORBATE .....85	magnesium oxide TABS 400 MG .19
L-VALINE CRYST .....203	MAGNESIUM BISGLYCINATE CHELATE .....85	MAGNESIUM PHOSPHATE DIBASIC TRIHYDRATE .....85
L-VALINE POWD XX .....203	MAGNESIUM BISGLYCINATE DIHYDRATE .....85	MAGNESIUM STEARATE .....216
LYBALVI .....221	MAGNESIUM CARBONATE GRAN 19	MAGNESIUM SULFATE HEPTAHYDRATE POWD .....139
LYRICA CAPS (Use pregabalin) ..28	MAGNESIUM CARBONATE HEAVY POWD XX .....187	magnesium sulfate IJ 50 % .....187
LYRICA CR (Use pregabalin (once- daily)) .....222	MAGNESIUM CARBONATE LIGHT POWD XX .....187	MAGNESIUM SULFATE IJ 50 % .187
LYRICA SOLN (Use pregabalin) ..28	MAGNESIUM CHLORIDE HEXAHYDRATE CRYST .....187	magnesium sulfate in dextrose ..187
LYSTEDA TABS (Use tranexamic acid) .....136	MAGNESIUM CHLORIDE POWD	MAGNESIUM SULFATE POWD .139
LYUMJEV KWIKPEN SOPN .....38		MAGNESIUM TRISILICATE .....19
LYUMJEV SOLN .....38		MAGNESIUM TRISILICATE HYDRATE .....19
LYUMJEV TEMPO PEN SOPN ...38		
LYVISPAH PACK .....198		
MACA ROOT .....85		
MACADAMIA NUT OIL .....97		

MAGOX 400 TABS (Use magnesium oxide (mg supplement))	187	MARSHMALLOW OS LIQD	213	MECLIZINE HYDROCHLORIDE MONOHYDRATE POWD	41
malathion	121	MARSHMALLOW WS LIQD	213	meclofenamate sodium CAPS	9
MALEIC ACID	86	MASK VORTEX/CHILD/FROG	181	MECLOFENAMATE SODIUM POWD	9
MALIC ACID	86	MASK			
MALTODEXTRIN	86	VORTEX/TODDLER/LADYBUG	181	MECLOFENOXATE HYDROCHLORIDE	86
MANDELIC ACID	86	MAVYRET PACK	64	MEDCAPS DPO CAPS	197
manganese chloride	187	MAVYRET TABS	64	MEDCAPS GI CAPS	197
MANGANESE CHLORIDE TETRAHYDRATE	86	MAXALT TABS 10 MG (Use rizatriptan benzoate)	183	MEDCAPS IS CAPS	197
MANGANESE GLUCONATE	86	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	183	MEDCAPS T3 CAPS	197
MANGANESE SULFATE	86	MAXIDEX SUSP OP	206	MEDIBASE C	218
MANGO FLAVOR LIQD	213	MAXITROL OINT (Use neomycin-polymy-dexameth)	206	MEDICATED BUCCAL DNA COLLECTION KIT	122
MANGO FLAVOR POWD	213	MAXITROL SUSP (Use neomycin-polymy-dexameth)	206	MEDICATED BUCCAL DNA COLLECTION KIT 2	122
MANGO FLAVOR SWEETENED POWD	213	MAXI-TUSS PE MAX LIQD	106	MEDICATED DNA COLLECTIONKIT	123
MANGO PASSION FRUIT OS LIQD	213	MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	124	MEDI-RDT BASE POWD	216
MANNITOL	100	MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	124	MEDI-RDT KIT (MULTIDOSE) KIT	216
mannitol 10 %, 20 %, 25 %	125	MAYZENT TABS 2 MG	221	MEDI-RDT KIT KIT	216
MAPLE FLAVOR LIQD	213	MEBENDAZOLE POWD	19	MEDIUM CHAIN TRIGLYCERIDES	86
maraviroc TABS 150 MG	62	MECAMYLAMINE HCL	86	MEDROL DOSEPAK TBPK (Use methylprednisolone)	104
maraviroc TABS 300 MG	62	MECHLORETHAMINE HCL	86	MEDROL TABS (Use methylprednisolone)	104
MARGENZA	55	meclizine hcl CHEW	41	MEDROL TABS	104
MARINOL CAPS 2.5 MG (Use dronabinol)	41	MECLIZINE HCL MONOHYDRATE POWD	41	medroxyprogesterone acetate (contraceptive) SUSP IM	103
MARINOL CAPS 5 MG, 10 MG (Use dronabinol)	41	MECLIZINE HCL POWD	41	medroxyprogesterone acetate (contraceptive) SUSY IM	103
MARPLAN	31	meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	41	MEDROXYPROGESTERONE	
MARSHMALLOW ARTIFICIAL FLAVOR CONC	213	meclizine hcl TABS 12.5 MG, 25 MG	41		
MARSHMALLOW FLAVOR LIQD	213				

ACETATE .....	86	MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT 149	meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML .....	13
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG .....	219	MEKTOVI .....	meperidine hcl SOLN OR 50 MG/5ML .....	13
MEDROXYPROGESTERONE ACETATE MICRONIZED .....	86	MELATONIN .....	meperidine hcl TABS 50 MG .....	13
MEDROXYPROGESTERONE ACETATE YAM .....	86	MELOXICAM .....	MEPHYTON TABS (Use phytonadione) .....	233
MEDROXYPROGESTERONE MICRONIZED .....	86	meloxicam CAPS .....	MEPIVACAINE HCL POWD .....	140
mefenamic acid CAPS .....	9	meloxicam TABS 15 MG .....	mepivacaine hcl SOLN 1 %, 1.5 %, 2 % .....	140
MEFENAMIC ACID POWD .....	9	meloxicam TABS .....	9	
mefloquine hcl .....	52	memantine hcl CP24 .....	220	meprobamate .....
MEGARED ADVANCED TOTAL BODY .....	4	memantine hcl SOLN 2 MG/ML ..	220	MEQUINOL .....
megestrol acetate (appetite) .....	219	memantine hcl TABS .....	220	MERCAPTOPYRINE .....
MEGESTROL ACETATE POWD ..	55	MEMORALL CAPS .....	197	MERCAPTOPYRINE MONOHYDRATE .....
megestrol acetate SUSP 40 MG/ML . 55		MENACTRA .....	229	86
megestrol acetate SUSP .....	55	MENADIONE .....	86	mercaptopyrine TABS .....
megestrol acetate TABS .....	55	MENADIONE SODIUM BISULFITE CRYS .....	100	meropenem .....
MEGLUMINE .....	86	MENATROL CAPS .....	193	MEROPENEM .....
MEIJER BLOOD GLUCOSE MONITORING KIT KIT .....	148	MENEST .....	128	MEROPENEM/SODIUM CHLORIDE .....
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT .....	148	MENOSTAR PTWK .....	128	50
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT 148		MENQUADFI .....	229	MESALAMINE CP24 .....
MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT .....	148	MENS 50+ ADVANCED CAPS ..	193	mesalamine CPDR .....
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT .....	149	MENTHOL .....	100	mesalamine ENEM .....
		MENTHOL-L .....	100	MESALAMINE POWD .....
		menthol-methyl salicylate (liniments) PTCH .....	119	mesalamine SUPP .....
		MENTICAM CREA .....	119	mesalamine TBEC 1.2 GM .....
		MENVEO SOLN .....	229	mesalamine TBEC 800 MG .....
		MENVEO SOLR .....	229	mesalamine w/ cleanser .....
		MEPACRINE DIHYDROCHLORIDE DIHYDRATE .....	52	MESTINON TABS (Use pyridostigmine bromide) .....
		MEPERIDINE HCL POWD .....	13	53
				MESTINON TIMESPAN TBCR (Use pyridostigmine bromide) .....
				53
				METACRESOL ACETATE .....
				86

METADATE CD CPCR (Use methylphenidate hcl) .....	3	TYPE A .....	86	METHIMAZOLE POWD .....	225
METAFOFBIC .....	124	methadone hcl CONC .....	13	methimazole TABS .....	225
METAFOFBIC PLUS .....	124	METHADONE HCL POWD .....	13	METHIONINE POWD XX .....	203
METAFOFBIC PLUS RF .....	124	methadone hcl SOLN IJ 10 MG/ML 13		METHITEST TABS .....	17
METANX .....	124	METHADONE HCL SOLN IJ .....	13	METHOCARBAMOL .....	86
METAPROTERENOL SULFATE POWD .....	24	methadone hcl TABS 10 MG .....	13	methocarbamol SOLN .....	198
metaxalone .....	198	methadone hcl TABS 5 MG .....	13	methocarbamol TABS 1000 MG .	198
metaxalone 400 MG .....	198	methadone hcl TBSO .....	13	methocarbamol TABS 500 MG, 750 MG .....	198
METER BUFFER PH 10 .....	215	methamphetamine hcl .....	2	methocarbamol TABS .....	198
METER BUFFER PH 4 .....	215	METHANESULFONIC ACID .....	86	METHOCARBAMOL TABS .....	198
METER BUFFER PH 7 .....	215	METHANOL .....	97	METHOCEL E4M .....	83
METFORMIN HCL .....	86	METHAZOLAMIDE POWD .....	124	METHOCEL E4M PREMIUM .....	83
metformin hcl SOLN .....	35	methazolamide TABS .....	124	METHOCEL E4M PREMIUM CR .	83
metformin hcl TABS 1000 MG .....	36	methenamine hippurate .....	52	METHOCEL K100 PREMIUM .....	83
metformin hcl TABS 500 MG .....	35	METHENAMINE MANDELATE ..	100	METHOCEL K100M PREMIUM ..	83
metformin hcl TABS 500 MG .....	36	methenamine mandelate 0.5 GM, 1 GM .....	52	METHOTREXATE POWD .....	54
metformin hcl TABS 625 MG .....	35	METHENAMINE POWD .....	100	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	54
metformin hcl TABS 850 MG .....	35	methenamine-hyoscamine-methylene blue-sodium phosphate TABS .....	50	methotrexate sodium SOLR .....	54
metformin hcl TABS 850 MG .....	36	methenamine-hyosc-methylene blue-benzoic acid-phenyl sal .....	50	methotrexate sodium TABS 2.5 MG	54
metformin hcl TB24 500 MG, 1000 MG .....	36	methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS .....	50	METHOXSALEN POWD .....	120
metformin hcl TB24 500 MG .....	36	methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-40.8 MG 50		methoxsalen rapid .....	112
metformin hcl TB24 750 MG .....	36	methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG 50		METHOXYAMINE HYDROCHLORIDE .....	86
METFORMIN HYDROCHLORIDE 86		methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG 50		METHOXYETHANOL .....	86
METHACHOLINE CHLORIDE CRYST .....	86	methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG .....	50	methscopolamine bromide .....	226
METHACHOLINE CHLORIDE POWD .....	86			METHSCOPOLAMINE BROMIDE	86
METHACRYLIC ACID COPOLYMER				METHSCOPOLAMINE NITRATE	86

methsuximide .....	30	methylphenidate hcl TABS 5 MG ...	3	METHYLTETRAHYDROFOLATE CALCIUM .....	86
METHYL ALCOHOL .....	97	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG .....	3	METHYSERGIDE MALEATE .....	86
METHYL METHACRYLATE CROSSPOLYMER .....	86	methylphenidate hcl TB24 36 MG ..	3	METOCLOPRAMIDE HCL MONOHYDRATE .....	129
METHYL PROTECT CAPS .....	197	methylphenidate hcl TBCR 10 MG, 20 MG .....	3	METOCLOPRAMIDE HCL POWD 129	
METHYL SULFONE CRYSTALS .....	86	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG .....	3	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	129
METHYLCELLULOSE GEL .....	216	methylphenidate hcl TBCR 36 MG ..	3	metoclopramide hcl SOLN OR 5 MG/5ML .....	129
METHYLCELLULOSE POWD ...	216	methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG .....	3	metoclopramide hcl TABS .....	129
METHYLCOBALAMIN .....	86	methylphenidate PTCH .....	3	METOCLOPRAMIDE HYDROCHLORIDE POWD .....	129
methyldopa TABS .....	47	METHYLPREDNISOLONE ACETATE POWD .....	104	metolazone .....	125
methylene blue (antidote) SOLN IV 40		METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML .....	104	METOPIRONE .....	121
METHYLENE BLUE .....	100	methylprednisolone acetate SUSP 104		metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG .....	49
METHYLENE CHLORIDE .....	86	METHYLPREDNISOLONE POWD 104		metoprolol & hydrochlorothiazide TABS 50 MG-100 MG .....	49
methylergonovine maleate SOLN	209	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG .....	104	metoprolol succinate TB24 200 MG 66	
methylergonovine maleate TABS	209	methylprednisolone TABS 4 MG .	104	metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....	66
METHYL-GUARD CAPS .....	198	methylprednisolone TABS .....	104	METOPROLOL TARTRATE POWD . 66	
METHYL-GUARD PLUS CAPS ..	197	methylprednisolone TBPK .....	104	metoprolol tartrate SOLN IV 5 MG/5ML .....	66
METHYLIN SOLN (Use methylphenidate hcl) .....	3	METHYLPYRROLIDONE .....	86	metoprolol tartrate TABS 100 MG .	66
METHYLMETHACRYLATE CROSSPOLYMER (310) .....	86	METHYLSULFONYLMETHANE CRYSTALS .....	86	metoprolol tartrate TABS 25 MG, 50 MG, 100 MG .....	66
METHYL PARABEN .....	210	METHYLSULFONYLMETHANE POWD .....	86	metoprolol tartrate TABS 25 MG, 50 MG .....	66
METHYLPHENIDATE HCL .....	86	methyltestosterone CAPS .....	17	metoprolol tartrate TABS 25 MG, 50 MG .....	66
methylphenidate hcl CHEW .....	3	METHYLTESTOSTERONE POWD 17		metoprolol tartrate TABS 37.5 MG,	
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG .....	3				
methylphenidate hcl CP24 .....	3				
methylphenidate hcl CPR .....	3				
methylphenidate hcl SOLN .....	3				
methylphenidate hcl TABS 10 MG, 20 MG .....	3				

75 MG .....	66	miconazole nitrate (topical) CREA 111	138
METROCREAM CREA (Use metronidazole (topical)) .....	120	MICONAZOLE NITRATE POWD XX 111	midazolam-sodium chloride .....138
METROGEL GEL 1 % (Use metronidazole (topical)) .....	120	miconazole nitrate vaginal CREA 2 % .....	MIDNITE CHEW .....
METROLOTION LOTN (Use metronidazole (topical)) .....	120	miconazole nitrate vaginal KIT ...	190
metronidazole (topical) CREA ....	120	miconazole nitrate vaginal SUPP 100 MG .....	MIDNITE FOR MENOPAUSE CHEW .....
metronidazole (topical) GEL 0.75 % 120		miconazole nitrate vaginal SUPP 200 MG .....	190
metronidazole (topical) GEL 1 %	120	miconazole-zinc oxide-white petrolatum .....	MIDNITE PM CHEW .....
metronidazole (topical) LOTN ....	120	111	MIDNITE SLEEP AID .....
METRONIDAZOLE .....	86	MICRHOGAM ULTRA- FILTEREDPLUS SOSY IM .....	4
METRONIDAZOLE BENZOATE ..	86	209	midodrine hcl .....
metronidazole CAPS .....	50	MICROCHAMBER DEVI .....	MIEBO .....
metronidazole SOLN .....	50	181	miglitol .....
metronidazole TABS 500 MG .....	50	MICROCHAMBER MISC .....	35
metronidazole TABS .....	50	181	MILK THISTLE .....
metronidazole vaginal .....	231	MICROCRYSTALLINE CELLULOSE NF 101 POWD .....	MILKSCREEN FOR BREASTFEEDING .....
mexiletine hcl .....	21	78	123
MEXILETINE HYDROCHLORIDE	86	MICROCRYSTALLINE CELLULOSE NF 102 POWD .....	69
MIACALCIN IJ (Use calcitonin (salmon)) .....	126	78	69
MICAFUNGIN .....	42	MICROCRYSTALLINE CELLULOSE NF 105 POWD .....	69
micafungin sodium .....	42	78	MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe) .....
MICAFUNGIN/SODIUM CHLORIDE	42	MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT .....	102
42		149	MINERAL OIL HEAVY OIL XX ...
MICARDIS (Use telmisartan) .....	47	MICROPLEGIA MSA/MSG .....	139
MICARDIS HCT (Use telmisartan- hydrochlorothiazide) .....	49	69	MINERAL OIL LIGHT XX .....
MICATIN CREA (Use miconazole nitrate (topical)) .....	111	MICROSPACER MISC .....	139
MICONAZOLE .....	42	181	MINERAL OIL OIL XX .....
		MIDAZOLAM .....	139
		86	MINILINK REAL-TIME TRANSMITTER .....
		midazolam hcl SOLN IJ .....	149
		137	MINIMED 630G GUARDIAN PRESS STARTER TRANSMITTER KIT .
		midazolam hcl SYRP .....	149
		137	MINIPRESS CAPS (Use prazosin hcl) .....
		MIDAZOLAM HYDROCHLORIDE/SODIUM CHLORIDE SOLN IV 0.8 %-100 MG/100ML .....	47
		138	MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol) .....
		MIDAZOLAM/SODIUM CHLORIDE .	128
			MINIVELLE PTTW 0.0375 MG/24HR (Use estradiol) .....
			128
			MINOCIN SOLR .....
			224
			minocycline hcl CAPS .....
			224



MINOCYCLINE HCL POWD .....	224	mirtazapine TBDP 30 MG .....	31	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ..	230
minocycline hcl TABS .....	224	mirtazapine TBDP 45 MG .....	31	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	230
minocycline hcl TB24 105 MG, 135 MG .....	224	MIRVASO (Use brimonidine tartrate (topical)) .....	120	MODERNA COVID-19 VACCINE6MO-5Y SUSP .....	230
minocycline hcl TB24 .....	224	misoprostol .....	228	moexipril hcl .....	46
MINOLIRA TB24 .....	224	MISOPROSTOL .....	87	MOLASSES FLAVOR POWD ....	213
MINOXIDIL .....	100	MISOPROSTOL-HPMC .....	87	molindone hcl .....	60
minoxidil 10 MG .....	50	MITIGARE CAPS (Use colchicine) 133		MOLYBDENUM .....	87
minoxidil 2.5 MG .....	50	MITOMYCIN .....	87	MOMETASONE FUROATE .....	87
MINT CHOCOLATE CHIP FLAVOR LIQD .....	213	mitomycin SOLR IV .....	56	mometasone furoate CREA .....	117
MIOCHOL-E SOLR .....	204	MITOMYCIN SOSY 0.02 %, 0.04 % 205		mometasone furoate OINT .....	117
MIOSTAT IO .....	204	MITOTANE .....	87	mometasone furoate SOLN .....	117
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MIRALAX POWD (Use polyethylene glycol 3350) .....	139	MM BLOOD GLUCOSE MONITORING SYSTEM KIT .....	149	MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) .	232
MIRAPEX ER TB24 (Use pramipexole dihydrochloride) .....	57	MM BLULINK GLUCOSE MONITORING SYSTEM DEVI ...	149	MONJUVI .....	54
MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) .....	102	MM BLULINK GLUCOSE TEST STRIPS STRP .....	123	MONOBENZONE .....	87
MIROTRACT WOUND MATRIX 3MMX5CM DEVI .....	121	MM EASY TOUCH BLOOD GLUCOSE METER KIT .....	149	MONOETHANOLAMINE .....	87
MIROTRACT WOUND MATRIX 3MMX9CM DEVI .....	121	M-M-R II SOLR .....	230	MONOFERRIC .....	136
MIROTRACT WOUND MATRIX 5MMX5CM DEVI .....	121	modafinil .....	3	MONOJECT 1ML LUER LOCK TUBERCULIN SYRINGE/TIP CAP	167
MIROTRACT WOUND MATRIX 5MMX9CM DEVI .....	121	MODAFINIL .....	87	MONOJECT 20ML SYRINGE REGULAR TIP .....	167
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mirtazapine TABS 15 MG .....	31	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	230	MONOJECT ALLERGIST TRAY/DETACH NEEDLE/1ML/27G X 1/2" KIT .....	167
mirtazapine TABS 30 MG .....	31	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY .	230		
mirtazapine TABS 7.5 MG, 45 MG	31				
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MONOJECT BLUNT CANNULA/20GX1-1/2" ..... 168	MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/20G X 1-1/2" ..... 168	MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/16G X 1-1/2" ..... 169
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HYP0/POLYPROPYLENE		MONOJECT		MONOJECT MAGELLAN	
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MONOJECT		HUB/LL/SHORT BEVEL/22G X 1-1/2" .....	170	MONOJECT MAGELLAN	
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MONOJECT		MONOJECT LIFESHIELD		NEEDLE/12ML/18G X 1" .....	170
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MONOJECT		MONOJECT LIFESHIELD		NEEDLE/12ML/20G X 1-1/2" ....	170
HYP0/POLYPROPYLENE		SYRINGE/12ML/18GX1" .....	170	MONOJECT MAGELLAN	
HUB/LL/SHORT BEVEL/18G X 1" 169		MONOJECT MAGELLAN		SYRINGE/SAFETY	
MONOJECT		SAFETYNEEDLE 18GX1" .....	170	NEEDLE/12ML/21G X 1" .....	170
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				MONOJECT MAGELLAN	
				SYRINGE/SAFETY	

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MORPHINE SULFATE/SODIUM CHLORIDE SOSY IJ 2 MG/2ML-0.9 % .....	13	MUCINEX D TB12 (Use pseudoephedrine-guaifenesin) ...	MULTIVITAMIN INFANT/TODDLER SOLN OR .....
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MOTRIN INFANTS DROPS SUSP (Use ibuprofen) .....	10	MULTI VITAMIN TABS .....	mupirocin OINT .....
MOUNJARO .....	36	MULTI VITAMIN/D-3 TABS .....	MURI-LUBE XX .....
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			MVW COMPLETE

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1MLLUER SLIP .....	175	NOVOLIN 70/30 FLEXPEN RELION SUPN .....	38	NP THYROID 30 TABS .....	225
NORMOSOL -R .....	186	NOVOLIN 70/30 FLEXPEN SUPN .....	38	NP THYROID 60 TABS .....	225
NORMOSOL-M/D5W .....	186	NOVOLIN 70/30 RELION SUSP .....	38	NP THYROID 90 TABS .....	225
NORMOSOL-R .....	186	NOVOLIN 70/30 SUSP .....	38	NUBEQA .....	55
NORMOSOL-R/5% DEXTROSE .....	186	NOVOLIN N FLEXPEN RELION SUPN .....	38	NUCYNTA ER TB12 .....	14
NORPACE CAPS (Use disopyramide phosphate) .....	21	NOVOLIN N FLEXPEN SUPN .....	38	NUCYNTA TABS .....	14
NORPACE CR CP12 100 MG .....	20	NOVOLIN N RELION SUSP .....	38	NUEDEXTA .....	222
NORPACE CR CP12 150 MG .....	20	NOVOLIN N SUSP .....	38	NUFERA TABS .....	135
NORPRAMIN TABS 10 MG (Use desipramine hcl) .....	34	NOVOLIN R FLEXPEN RELION SOPN IJ .....	38	NULIBRY .....	127
NORPRAMIN TABS 25 MG (Use desipramine hcl) .....	34	NOVOLIN R FLEXPEN SOPN IJ .....	38	NUMBRINO .....	199
nortriptyline hcl CAPS .....	34	NOVOLIN R RELION SOLN IJ .....	38	NUPLAZID CAPS .....	58
NORTRIPTYLINE HCL POWD .....	34	NOVOLIN R SOLN IJ .....	38	NUPLAZID TABS 10 MG .....	58
nortriptyline hcl SOLN .....	35	NOVOLOG FLEXPEN RELION SOPN .....	38	NUTRILIPID .....	201
NORVASC TABS (Use amlodipine besylate) .....	68	NOVOLOG FLEXPEN SOPN .....	38	NUVARING (Use etonogestrel-ethinyl estradiol) .....	102
NORVIR PACK .....	62	NOVOLOG FLEXPEN MIX 70/30 PREFILLED FLEXPEN RELION SUPN .....	38	NUVESSA .....	232
NORVIR TABS (Use ritonavir) .....	62	NOVOLOG FLEXPEN MIX 70/30 PREFILLED FLEXPEN SUPN .....	38	NUVIGIL (Use armodafinil) .....	3
NOURIANZ .....	56	NOVOLOG MIX 70/30 RELION SUSP .....	38	NUVIQ KIT .....	133
NOURISIL GEL .....	91	NOVOLOG MIX 70/30 SUSP .....	38	NUVIQ SOLR .....	133
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	149	NOVOLOG PENFILL SOCT .....	38	NUZYRA SOLR .....	224
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT .....	149	NOVOLOG RELION SOLN IJ .....	38	NUZYRA TABS .....	224
NOVAFILM .....	218	NOVOLOG SOLN IJ .....	38	NYLIDRIN HYDROCHLORIDE .....	69
NOVAVAX COVID-19 VACCINE SUSP .....	230	NOVOPEN ECHO DEVI .....	175	NYMALIZE SOLN 6 MG/ML .....	68
NOVAVAX COVID-19 VACCINE/2023-24 SUSP .....	230	NOXAFIL PACK .....	42	NYSTATIN (Use nystatin (mouth-throat)) .....	191
NOVAVAX COVID-19 VACCINE/2024-25 SUSY .....	230	NP THYROID 120 TABS .....	225	nystatin (mouth-throat) .....	191
		NP THYROID 15 TABS .....	225	nystatin (topical) CREA .....	111
				nystatin (topical) OINT .....	111
				nystatin (topical) POWD EX .....	111
				NYSTATIN .....	88
				NYSTATIN FOREIGN .....	88

nystatin TABS .....	42	ofloxacin (ophth) .....	205	olopatadine hcl .....	207
nystatin-triamcinolone CREA .....	111	ofloxacin (otic) .....	208	OLUMIANT .....	5
nystatin-triamcinolone OINT .....	111	ofloxacin 300 MG .....	128	OLUX FOAM (Use clobetasol propionate) .....	117
OB COMPLETE ONE .....	196	ofloxacin 400 MG .....	128	OLUX-E (Use clobetasol propionate emulsion) .....	117
OB COMPLETE PETITE .....	196	OGIVRI .....	55	OMECLAMOX-PAK .....	228
OB COMPLETE PREMIER .....	196	OGSIVEO 100 MG, 150 MG .....	56	omega-3 fatty acids CAPS .....	201
OB COMPLETE TABS .....	196	OHTUVAYRE .....	22	omega-3-acid ethyl esters .....	44
OB COMPLETE/DHA .....	196	OIL-COCONUT .....	97	OMEGAVEN .....	201
OCEAN NASAL SPRAY SOLN (Use saline) .....	199	OINTMENT BASE EMULSIFYING 218		omeprazole CPDR .....	227
OCTAGAM SOLN 30 GM/300ML	209	OJEMDA SUSR .....	56	omeprazole magnesium TBEC ..	227
OCTAPLAS BLOOD GROUP A ..	133	OJEMDA TABS .....	56	omeprazole TBDD .....	227
OCTAPLAS BLOOD GROUP AB	133	olanzapine SOLR .....	59	omeprazole TBEC .....	227
OCTAPLAS BLOOD GROUP B ..	134	olanzapine TABS 15 MG, 20 MG ..	59	omeprazole-sodium bicarbonate CAPS .....	228
OCTAPLAS BLOOD GROUP O ..	134	olanzapine TABS 2.5 MG, 5 MG ..	59	omeprazole-sodium bicarbonate PACK .....	228
OCTINOXATE .....	88	olanzapine TABS 7.5 MG, 10 MG ..	60	OMIDRIA .....	207
OCTISALATE .....	88	olanzapine TABS .....	59	OMISIRGE .....	55
octreotide acetate SOSY .....	127	olanzapine TABS .....	59	OMNARIS SUSP .....	199
OCTYL STEARATE .....	88	olanzapine TBDP 5 MG .....	60	OMNICAP TABS .....	195
OCUFLOX (Use ofloxacin (ophth))	205	olanzapine TBDP .....	60	OMNIPAQUE SOLN IJ 180 MG/ML, 240 MG/ML, 300 MG/ML .....	123
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	194	olanzapine-fluoxetine hcl .....	221	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT .....	149
OCUVITE ADULT 50+ CAPS .....	194	OLEABASE PLASTICIZED .....	218	OMNIPOD 5 G6 PODS (GEN 5) MISC .....	149
OCUVITE ADULT FORMULA CAPS ..	194	OLEIC ACID LIQD .....	216	OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT .....	149
OCUVITE LUTEIN CAPS .....	194	OLINVYK .....	14	OMNIPOD 5 G7 PODS (GEN 5) MISC .....	149
ODACTRA SUBL .....	4	OLIVE OIL .....	97	OMNIPOD 5 LIBRE2 PLUS G6 KIT	
ODEFSEY .....	62	olmesartan medoxomil .....	47		
OFEV .....	223	OLMESARTAN MEDOXOMIL .....	88		
		olmesartan medoxomil-amlodipine-hydrochlorothiazide .....	49		
		olmesartan medoxomil-hydrochlorothiazide .....	49		
		olopatadine hcl (nasal) .....	199		

149	ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT .....149	ONETOUCH SOLUTIONS COMPLETE KIT ..... 150
OMNIPOD 5 LIBRE2 PLUS G6PODS MISC .....149	ONDANSETRON HCL ..... 88	ONETOUCH SOLUTIONS REFILL KIT ..... 150
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT ..... 149	ONDANSETRON HCL DIHYDRATE 88	ONETOUCH ULTRA 2 KIT .....150
OMNIPOD CLASSIC PODS (GEN 3) MISC .....149	ondansetron hcl SOLN IJ ..... 41	ONETOUCH ULTRA CONTROL LIQD ..... 150
OMNIPOD DASH INTRO KIT (GEN 4) KIT ..... 149	ondansetron hcl SOLN OR 4 MG/5ML .....41	ONETOUCH ULTRA CONTROL SOLUTION LIQD ..... 150
OMNIPOD DASH PDM KIT (GEN 4) KIT ..... 149	ondansetron hcl SOSY ..... 41	ONETOUCH ULTRA STRP ..... 123
OMNIPOD DASH PODS (GEN 4) MISC .....149	ondansetron hcl TABS 4 MG, 8 MG 41	ONETOUCH ULTRASOFT LANCETS ..... 150
OMNIPOD GO 10 UNITS/DAY KIT 149	ondansetron TBDP 16 MG ..... 41	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM DEVI ..... 150
OMNIPOD GO 15 UNITS/DAY KIT 149	ondansetron TBDP 4 MG, 8 MG ..41	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT ..... 150
OMNIPOD GO 20 UNITS/DAY KIT 149	ONE DAILY ESSENTIAL TABS ..195	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD .....150
OMNIPOD GO 25 UNITS/DAY KIT 149	ONE DAILY ESSENTIALS TABS 195	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD .....150
OMNIPOD GO 30 UNITS/DAY KIT 149	ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT .....149	ONETOUCH VERIO REFLECT KIT 150
OMNIPOD GO 35 UNITS/DAY KIT 149	ONE VITE DAILY MULTIVITAMIN TABS .....195	ONETOUCH VERIO TEST STRIPS STRP ..... 123
OMNIPOD GO 40 UNITS/DAY KIT 149	ONE-A-DAY ADULT VITACRAVES MULTI+OMEGA-3 DHA GUMMIES CHEW .....195	ONEXTON GEL (Use clindamycin phosphate-benzoyl peroxide) .....109
OMNIPOD POD PALS .....149	ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin) ..... 195	ONEXTON GEL ..... 109
OMNISCAN INJ IJ .....123	ONE-A-DAY MENS TABS (Use multiple vitamin) ..... 195	ONFI SUSP (Use clobazam) ..... 27
OMNISCAN SOLN IV .....123	ONE-A-DAY WOMENS FORMULA TABS (Use multiple vitamins w/ calcium) .....192	ONFI TABS (Use clobazam) ..... 27
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OMVOH SOAJ .....130	ONETOUCH DELICA PLUS LANCETS FINE 30G .....149	ONTRUZANT .....55
OMVOH SOSY ..... 130		ONYDA XR SUER ..... 2

OPDIVO .....	54	ORANGE FLAVOR POWD .....	213	OSMOLEX ER TB24 129 MG, 193 MG .....	57
OPILL .....	103	ORANGE OIL .....	97	OSMOLEX ER TB24 193 MG .....	57
opium tincture .....	39	ORANGE OIL FLAVOR LIQD ...	213	OSMOPREP .....	139
OPSUMIT .....	70	ORAPRED ODT TBDP (Use prednisolone sodium phosphate) .	104	OSPHENA .....	126
OPSYNVI .....	69	ORAVIG .....	191	OTEZLA TABS 30 MG .....	10
OPTICHAMBER DIAMOND DEVI 182		ORBACTIV .....	51	OTEZLA TABS .....	10
OPTICHAMBER DIAMOND MISC 182		ORENCIA CLICKJECT SOAJ .....	10	OTEZLA TBPK .....	10
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI .....	181	ORENCIA SOLR .....	10	OTOVEL (Use ciprofloxacin- fluocinolone acetonide) .....	208
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC .....	182	ORENCIA SOSY .....	10	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML .....	5
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC .....	182	ORENITRAM TBCR .....	70	OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML .....	5
OPTISON .....	123	ORIAHNN .....	127	OVACE PLUS CREA .....	113
OPVEE NA .....	40	ORIGANUM .....	88	OVACE PLUS LOTN .....	113
OPZELURA .....	118	ORILISSA .....	126	OVACE PLUS SHAM (Use sulfacetamide sodium) .....	113
ORACIT .....	131	ORKAMBI PACK .....	223	OVACE PLUS WASH GEL (Use sulfacetamide sodium) .....	113
ORA-HESIVE BASE .....	218	ORKAMBI TABS .....	223	OVACE PLUS WASH LIQD (Use sulfacetamide sodium) .....	113
ORAL CITRATE .....	131	orlistat .....	2	OVACE WASH LIQD (Use sulfacetamide sodium) .....	113
oral electrolytes SOLN .....	186	ORLISTAT .....	88	OVIDE (Use malathion) .....	121
ORALAIR ADULT STARTER PACK SUBL .....	4	ORNITHINE HYDROCHLORIDE .	88	OXACILLIN SODIUM 2 GM/50ML- 300 MG/50ML .....	210
ORALAIR SUBL .....	4	ORPHENADRINE CITRATE POWD .	198	oxacillin sodium IV 10 GM .....	210
ORALYTE SOLN .....	186	ORPHENADRINE CITRATE SOLN .....	198	OXALIC ACID .....	72
ORANGE CONCENTRATE LIQD 213		ORPHENADRINE citrate TB12 .....	198	OXALIC ACID DIHYDRATE .....	72
ORANGE CREAM FLAVOR LIQD 213		ORPHENADRINE w/ aspirin & caff ...	199		
ORANGE FLAVOR LIQD .....	213	ORTIKOS CP24 .....	104		
		OSELTAMIVIR PHOSPHATE ....	88		
		oseltamivir phosphate CAPS 30 MG .	64		
		oseltamivir phosphate CAPS 45 MG, 75 MG .....	64		
		oseltamivir phosphate SUSR .....	64		

oxaliplatin SOLN .....	54	14	OXYCODONE HCL POWD .....	14	OXYTOCIN ACETATE .....	88	
oxaliplatin SOLR .....	54		OXYCODONE HCL SOLN .....	14	OXYTROL FOR WOMEN PTTW .....	228	
oxandrolone .....	17		oxycodone hcl SOLN .....	14	OXYTROL PTTW .....	228	
OXANDROLONE .....	88		oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG .....	14	oyster shell .....	185	
oxaprozin TABS .....	10		oxycodone hcl TABA .....	14	OZEMPIC SOPN .....	36	
OXAYDO TABS 5 MG .....	14		oxycodone hcl TABS 15 MG, 30 MG ..	14	OZOBAX DS SOLN OR (Use baclofen) .....	198	
oxazepam CAPS .....	20		oxycodone hcl TABS 5 MG, 10 MG, 20 MG .....	14	paclitaxel .....	56	
oxcarbazepine SUSP .....	28		oxycodone hcl TABS .....	14	PADCEV .....	54	
oxcarbazepine TABS 300 MG, 600 MG .....	28		OXYCODONE		PALFORZIA INITIAL DOSE ESCALATION CSPK .....	4	
oxcarbazepine TABS .....	28		HYDROCHLORIDE/ACETAMINOPH EN SOLN .....	16	PALFORZIA LEVEL 1 CSPK .....	4	
oxcarbazepine TB24 .....	28		oxycodone w/ acetaminophen SOLN	16	PALFORZIA LEVEL 10 CSPK .....	4	
oxiconazole nitrate CREA .....	111		oxycodone w/ acetaminophen TABS	325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	16	PALFORZIA LEVEL 11 (MAINTENANCE) PACK .....	4
OXISTAT CREA (Use oxiconazole nitrate) .....	111		oxycodone w/ acetaminophen TABS	325 MG-2.5 MG .....	16	PALFORZIA LEVEL 11 (TITRATION) PACK .....	4
OXISTAT LOTN .....	111		OXYCODONE/ACETAMINOPHEN TABS .....	16	PALFORZIA LEVEL 2 CSPK .....	4	
OXLUMO .....	132		OXYCONTIN T12A .....	14	PALFORZIA LEVEL 3 CSPK .....	4	
OXTELLAR XR TB24 (Use oxcarbazepine) .....	28		OXYMETAZOLINE HCL .....	88	PALFORZIA LEVEL 4 CSPK .....	4	
OXYBENZONE .....	100		OXYMETAZOLINE HYDROCHLORIDE .....	88	PALFORZIA LEVEL 5 CSPK .....	4	
OXYBUTININ CHLORIDE .....	88		oxymorphone hcl TABS .....	14	PALFORZIA LEVEL 6 CSPK .....	4	
OXYBUTYNIN CHLORIDE .....	88		oxymorphone hcl TB12 .....	14	PALFORZIA LEVEL 7 CSPK .....	4	
oxybutynin chloride SOLN .....	228		OXYTETRACYCLINE DIHYDRATE ..	88	PALFORZIA LEVEL 8 CSPK .....	4	
oxybutynin chloride TABS 2.5 MG 228			OXYTETRACYCLINE HCL .....	224	PALFORZIA LEVEL 9 CSPK .....	4	
oxybutynin chloride TABS 5 MG ..	228		oxytocin .....	209	paliperidone .....	59	
oxybutynin chloride TB24 5 MG ..	228		OXYTOCIN .....	88	PALMAROSA OIL .....	88	
oxybutynin chloride TB24 .....	228				PALMITOYL PENTAPEPTIDE-3 ..	88	
OXYCODONE AND ACETAMINOPHEN TABS .....	16				PALMITOYL TRIPEPTIDE-3 .....	88	
oxycodone hcl CAPS .....	14				palonosetron hcl SOLN .....	41	
oxycodone hcl CONC 100 MG/5ML					palonosetron hcl SOSY .....	41	



PALONOSETRON HYDROCHLORIDE SOLN ..... 41	parenteral electrolytes CONC .... 186	paroxetine hcl) ..... 33
PAMELOR CAPS (Use nortriptyline hcl) ..... 35	PARI VORTEX ADULT MASK ... 182	PAXLOVID 100 MG-150 MG ..... 63
PANCREATIN ..... 88	paricalcitol CAPS ..... 127	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR ..... 196
PANDA MASK LARGE ..... 182	PARLODEL CAPS (Use bromocriptine mesylate) ..... 57	PCCA CUSTOM NATATROCHE HMP BASE WAX ..... 215
PANDA MASK MEDIUM ..... 182	PARLODEL TABS (Use bromocriptine mesylate) ..... 57	PCCA CUSTOM RDT POWDER POWD ..... 216
PANDA MASK SMALL ..... 182	PARNATE (Use tranylcypromine sulfate) ..... 32	PCCA CUSTOM TROCHE BASE WAX ..... 215
PANDEL ..... 117	PAROMOMYCIN SULFATE ..... 88	PCCA DMAE COMPLEX ..... 80
PANTHENOL ..... 88	paroxetine hcl SUSP ..... 33	PCCA EMULSIFIX-205 BASE ... 216
PANTOPRAZOLE SODIUM ..... 88	paroxetine hcl TABS 10 MG ..... 33	PCCA FIXED OIL BASE ..... 215
pantoprazole sodium PACK ..... 227	paroxetine hcl TABS 20 MG ..... 33	PCCA GELATIN BASE ..... 218
PANTOPRAZOLE SODIUM SESQUIHYDRATE ..... 88	paroxetine hcl TABS 30 MG, 40 MG . 33	PCCA LECITHIN ISOPROPYL PALMITATE SOLN ..... 216
pantoprazole sodium SOLR ..... 227	paroxetine hcl TABS 30 MG ..... 33	PCCA LIPODERM HMW ..... 218
pantoprazole sodium TBEC 20 MG 227	paroxetine hcl TB24 ..... 33	PCCA LOXASPERSE BASE .... 216
pantoprazole sodium TBEC 40 MG 227	paroxetine mesylate (vasomotor) 223	PCCA NATATROCHE BASE WAX 215
PANTOPRAZOLE SODIUM/SODIUM CHLORIDE ..... 227	PASSION FRUIT FLAVOR POWD 213	PCCA OCCLUSADERM ..... 218
PAPAIN ..... 88	PASSION FRUIT FLAVOR SWEETENED POWD ..... 213	PCCA PERME8 ANHYDROUS .. 218
PAPAVERINE HCL POWD ..... 69	PATANASE (Use olopatadine hcl (nasal)) ..... 199	PCCA PLASTICIZED BASE .... 218
papaverine hcl SOLN ..... 70	PATANOSE (Use olopatadine hcl (nasal)) ..... 199	PCCA PLURONIC F127 BASE .. 218
PAPAVERINE HYDROCHLORIDE POWD ..... 70	PATCHOULI OIL ..... 88	PCCA POLOXAMER 407 ..... 218
PARA-AMINO BENZOIC ACID POWD ..... 233	PAXIL CR TB24 (Use paroxetine hcl) ..... 33	PCCA PRACAMAC BASE OIL ... 215
PARACHLOROPHENOL ..... 88	PAXIL SUSP (Use paroxetine hcl) . 33	PCCA RAPID DISSOLVE TABLET POWDER BASE POWD ..... 216
PARADIGM REAL-TIME TRANSMITTER ..... 150	PAXIL TABS 10 MG (Use paroxetine hcl) ..... 33	PCCA SORBITOL LOLLIPOP BASE FLAK ..... 217
PARAFFIN ..... 216	PAXIL TABS 20 MG (Use paroxetine hcl) ..... 33	PCCA SPIRA-WASH BASE ..... 218
PARAFORMALDEHYDE ..... 88	PAXIL TABS 30 MG, 40 MG (Use	PCCA SWEETNESS ENHANCER LIQD ..... 213

PCCA T3 SODIUM DILUTION	85	PEDIARIX SUSY	225	penicillin g sodium	210
PCCA T4 SODIUM DILUTION	85	PEDIATRIC ELECTROLYTE PACK	186	penicillin v potassium SOLR	210
PCCA W06 ANHYDROUS TOPICAL	218	PEDIATRIC PANDA MASK	182	penicillin v potassium TABS	210
PCCA XYLIFOS BASE	217	PEDMARK	56	PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))	112
PEACH FLAVOR LIQD	214	PEDVAX HIB SUSP	229	PENNSAID SOLN EX	112
PEANUT BUTTER FLAVOR LIQD	214	PEG 300	218	PENNYROYAL OIL	88
PEANUT BUTTER FLAVOR OIL	214	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	138	PENTACEL	225
PEANUT BUTTER OS CONC	214	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	138	pentamidine isethionate IJ	50
PEANUT OIL	97	peg 3350-potassium chloride-sod bicarbonate-sod chloride	138	PENTASA CPCR (Use mesalamine)	130
PEARBERRY FRAGRANCE	88	PEG 400 MONOSTEARATE	88	pentazocine w/ naloxone hcl	17
PECTIN	40	PEG-40 CASTOR OIL	88	PENTOBARBITAL SODIUM POWD	137
ped multivitamins w/fl & iron SOLN	195	PEGASYS SOSY	64	pentobarbital sodium SOLN	137
PEDIACLEAR 8 CHILDRENS LIQD	43	PEMRYDI RTU SOLN	54	PENTOSAN POLYSULFATE SODIUM	88
PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)	186	PEN NEEDLES 30GX5MM	175	pentoxifylline	133
PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	186	PEN NEEDLES 31G X 8MM	175	PENTOXIFYLLINE	88
PEDIALYTE IMMUNE SUPPORT SOLN	186	PEN NEEDLES 31GX5MM	175	PENTYLENE GLYCOL	88
PEDIALYTE PACK	186	PEN NEEDLES 31GX8MM	175	PENTYLENETETRAZOLE	88
PEDIALYTE SINGLES SOLN (Use oral electrolytes)	186	PEN NEEDLES 32G X 4MM	175	PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	226
PEDIALYTE SOLN (Use oral electrolytes)	186	PEN NEEDLES 32GX4MM	175	PEPCID AC TABS (Use famotidine)	227
PEDIALYTE SPARKLING RUSH PACK	186	PENBRAYA	229	PEPCID TABS (Use famotidine)	227
PEDIA-POP ORAL ELECTROLYTE QUICK MIX PACK	186	peniclovir	114	PEPPERMINT BURST OS LIQD	214
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	104	PENCICLOVIR	88	PEPPERMINT FLAVOR OIL	214
		PENICILLAMINE	88	PEPPERMINT OIL	97
		penicillamine CAPS	189	PEPPERMINT SPIRIT	97
		penicillamine TABS	189	PEPSIN	124
		penicillin g potassium	210	PEPTO-BISMOL CHEW (Use	
		PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	210		

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PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate) 39	PERUVIAN BALSAM POWD ..... 98	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT ..... 150
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate) ..... 39	PETROLATUM ..... 218	PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI ..... 150
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen) .... 16	PETROLEUM JELLY ..... 218	PHAZYME GAS & ACID MAXIMUM STRENGTH CHEW ..... 19
PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen) . 16	PETROLEUM JELLYBABY ..... 218	PHAZYME ULTIMATE CAPS .... 129
PERFECT POINT SAFETY LANCETS/28G ..... 150	PEUCEDANUM OSTRUTHIUM EXTRACT ..... 89	PHEBURANE PLLT ..... 127
PERFECT POINT SAFETY LANCETS/30G ..... 150	PFIZER-BIONTECH COVID- 19VACCINE SUSP ..... 231	PHENAZOPYRIDINE HCL POWD 132
PERFECT POINT SAFETY NEEDLES/25GX1" ..... 175	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP ..... 230	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG ..... 132
PERFLUORODECALIN ..... 88	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP 230	PHENAZOPYRIDINE HYDROCHLORIDE POWD ..... 132
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				protriptyline hcl .....	35
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PROVERA (Use medroxyprogesterone acetate) ...	220	182	QC CAMPHOR SPIRIT .....	97
PROVIGIL (Use modafinil) .....	3	PURIXAN SUSP .....	QC CASTOR OIL .....	98
PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl) .....	33	PYLARIFY .....	QC OCUHEALTH VISION SUPPORT 2 CAPS .....	194
PROZAC CAPS 40 MG (Use fluoxetine hcl) .....	33	PYRANTEL PAMOATE .....	QC SWEET OIL .....	98
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 106		pyrazinamide .....	QDOLO SOLN (Use tramadol hcl) .	14
PSEUDOEPHEDRINE HCL CRYSTALS 200		PYRAZINAMIDE .....	QELBREE .....	2
PSEUDOEPHEDRINE HCL POWDER 200		pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ..	QNASL .....	200
pseudoephedrine hcl TABS .....	200	PYRIDIDIUM TABS (Use phenazopyridine hcl) .....	QNASL CHILDRENS .....	200
pseudoephedrine hcl TB12 .....	200	PYRIDOSTIGMINE BROMIDE ...	QTERN .....	35
pseudoephedrine-guaifenesin TB12 1200 MG-120 MG .....	106	pyridostigmine bromide SOLN OR	QUADRACEL SUSP .....	225
pseudoephedrine-guaifenesin TB12 600 MG-60 MG .....	106	pyridostigmine bromide TABS 30 MG .....	QUADRACEL SUSY .....	225
PSYLLIUM HUSK .....	90	pyridostigmine bromide TABS 60 MG .....	QUARTETTE (Use levonorgestrel-ethinyl estradiol (91-day)) .....	102
PTS PANELS CHOL+GLU .....	123	pyridostigmine bromide TBCR .....	QUASSIA VINEGAR MS .....	98
PTS PANELS LIPID PANEL+EGLU TEST STRIPS .....	123	PYRIDOXAL-5-PHOSPHATE MONOHYDRATE .....	QUATERNIUM-15 .....	90
PULLULAN .....	90	PYRIDOXINE HCL POWD .....	quazepam .....	138
PULMICORT FLEXHALER AEPB .	22	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG .....	QUDEXY XR CS24 (Use topiramate) 29	
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (Use budesonide (inhalation)) .....	22	PYRIDOXINE HYDROCHLORIDE POWD .....	QUERCETIN DIHYDRATE .....	90
PULMICORT SUSP 1 MG/2ML (Use budesonide (inhalation)) .....	22	PYRILAMINE MALEATE CRYSTALS ...	QUESTRAN LIGHT POWD (Use cholestyramine light) .....	45
PUMICE (FLOUR) .....	100	PYRILAMINE MALEATE POWD ..	QUESTRAN PACK (Use cholestyramine) .....	45
PUMPKIN FLAVOR LIQD .....	214	PYRIMETHAMINE .....	QUESTRAN POWD (Use cholestyramine) .....	45
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI		PYROGALLOL .....	quetiapine fumarate TABS 150 MG 60	
		PYRUVIC ACID LIQD .....	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG .....	60
		PYRUVIC ACID POWD .....	quetiapine fumarate TABS 300 MG, 400 MG .....	60
		QBRELIS SOLN .....	quetiapine fumarate TB24 150 MG,	
		QC BORIC ACID POWD .....		

200 MG, 300 MG, 400 MG .....60	GLUCOSEMONITORING SYSTEM DEVI ..... 151	RASAGILINE MESYLATE ..... 90
quetiapine fumarate TB24 ..... 60	QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI ... 151	RASPBERRY CONCENTRATE CONC .....214
QUFLORA FE .....195	QUTENZA .....119	RASPBERRY FLAVOR ARTIFICIAL CONC .....214
QUFLORA FE PEDIATRIC LIQD 195	QUVIVIQ ..... 138	RASPBERRY FLAVOR LIQD ....214
QUFLORA GUMMIES CHEW ....195	QVAR REDHALER 40 MCG/ACT 23	RASPBERRY FLAVOR POWD .. 214
QUICKTEK KIT .....150	QVAR REDHALER 80 MCG/ACT 23	RASPBERRY OS LIQD ..... 214
QUILLICHEW ER CHER .....3	RA ARTHRITIS PAIN RELIEF CREA 120	RASUVO SOAJ 20 MG/0.4ML .....5
QUILLIVANT XR SRER .....3	RA EPSOM SALT GRAN XX .....139	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML ..... 5
QUINACRINE DIHYDROCHLORIDE .....53	RA PETROLEUM JELLY ..... 219	RAUWOLFIA SERPENTINA .....90
QUINACRINE DIHYDROCHLORIDE DIHYDRATE .....53	RABAVERT ..... 231	RAYALDEE ..... 127
QUINACRINE HYDROCHLORIDE 53	rabeprazole sodium TBEC ..... 228	RAYOS TBEC ..... 104
quinapril hcl .....46	RACEPINEPHRINE HCL ..... 90	RAZADYNE ER CP24 (Use galantamine hydrobromide) ..... 220
quinapril-hydrochlorothiazide 12.5 MG-10 MG .....49	RAGWITEK SUBL ..... 4	RDT BASE POWD ..... 217
quinapril-hydrochlorothiazide 12.5 MG-20 MG .....49	raloxifene hcl .....126	RDT-PLUS POWD ..... 217
quinapril-hydrochlorothiazide 25 MG- 20 MG .....49	ramelteon ..... 138	REBIF REBIDOSE SOAJ ..... 221
quinidine gluconate TBCR .....21	ramipril CAPS .....46	REBIF REBIDOSE TITRATIONPACK SOAJ ..... 221
QUINIDINE SULFATE DIHYDRATE CRYS ..... 100	ramipril CAPS .....47	REBIF SOSY ..... 221
quinidine sulfate TABS .....21	RANEXA TB12 (Use ranolazine) .. 19	REBIF TITRATION PACK SOSY 221
QUININE HCL .....90	ranolazine TB12 500 MG ..... 19	REBLOZYL .....135
quinine sulfate CAPS 324 MG .....53	ranolazine TB12 .....19	REBYOTA .....130
QUININE SULFATE DIHYDRATE POWD .....53	RAPAFLO (Use silodosin) ..... 132	RECARBRIO .....51
QUININE SULFATE POWD ..... 53	RAPAFLO 8 MG (Use silodosin) . 132	RECOMBIVAX HB SUSP ..... 231
QUINIZARIN GREEN SS .....211	RAPAMUNE SOLN (Use sirolimus) 189	RECOMBIVAX HB SUSY ..... 231
QUINTABS TABS ..... 195	RAPAMUNE TABS (Use sirolimus) 189	RECOTHROM ..... 136
QUINTET AC BLOOD	RAPESEED OIL .....90	RECOTHROM/SPRAY
	RAPIVAB .....64	
	rasagiline mesylate .....58	

APPLICATOR KIT .....	136	RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	151	remifentanil hcl .....	14
RED YEAST RICE .....	90	RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	151	RENAGEL (Use sevelamer hcl) .	131
RED YEAST RICE EXTRACT ....	91	RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT .....	151	RENEWCREAM HRT .....	219
REDITREX SOSY .....	5	RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	151	RENFLEXIS .....	130
REFRESH .....	203	RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	151	RENOVAGE .....	94
REFRESH DIGITAL PF .....	203	RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT .....	151	REVELA PACK (Use sevelamer carbonate) .....	131
REFRESH OPTIVE ADVANCED SENSITIVE .....	203	RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT .....	151	REVELA TABS (Use sevelamer carbonate) .....	131
REFRESH OPTIVE MEGA-3 ....	203	RELISTOR SOLN .....	130	repaglinide .....	38
REFRESH RELIEVA PF SOLN ..	203	RELISTOR TABS .....	130	RESERPINE POWD .....	47
REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM KIT .....	151	RELNATE DHA CAPS .....	197	RESORCINOL CRYST .....	100
regadenoson .....	121	RELPAK (Use eletriptan hydrobromide) .....	183	RESORCINOL POWD .....	100
REGENT ALCOHOL .....	215	RELTONE CAPS .....	129	RESTASIS EMUL (Use cyclosporine (ophth)) .....	206
REGLAN TABS (Use metoclopramide hcl) .....	129	REMEDIENT CAPS .....	194	RESTASIS MULTIDOSE EMUL ..	206
REGONOL SOLN IV .....	53	REMERON SOLTAB TBDP 15 MG (Use mirtazapine) .....	31	RESTORIL 15 MG, 30 MG (Use temazepam) .....	138
RELAFEN DS .....	10	REMERON SOLTAB TBDP 30 MG (Use mirtazapine) .....	31	RESTORIL 7.5 MG, 22.5 MG (Use temazepam) .....	138
RELENZA DISKHALER .....	64	REMERON SOLTAB TBDP 45 MG (Use mirtazapine) .....	31	RESVERATROL .....	91
RELEXXII TBCR 18 MG, 27 MG, 54 MG .....	4	REMERON TABS 15 MG (Use mirtazapine) .....	31	RESVERATROL 98% .....	91
RELEXXII TBCR 36 MG .....	4	REMERON TABS 30 MG (Use mirtazapine) .....	31	RESVERATROL 98+% .....	91
RELEXXII TBCR 45 MG, 63 MG (Use methylphenidate hcl) .....	4	RETACRIT .....	135	RETAIN VISION CAPS .....	198
RELEXXII TBCR 72 MG .....	4	RETAVASE 10 UNIT .....	134	RETAVASE HALF-KIT 10 UNIT ..	134
RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT .....	151	RETEVMO TABS .....	56	RETIN-A CREA (Use tretinoin) ...	109
RELION KETONE TEST STRIPS STRP .....	123			RETIN-A GEL 0.01 % (Use tretinoin)	109
RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT .....	151			RETIN-A GEL 0.025 % (Use	

tretinoin) .....	109	RHOGAM ULTRA-FILTERED PLUS SOSY IM .....	209	rimantadine hydrochloride TABS ..	65
RETIN-A MICRO (Use tretinoin microsphere) .....	109	RHOPHYLAC SOSY IJ .....	209	RIMSO-50 .....	132
RETIN-A MICRO .....	109	RHOPRESSA .....	206	ringer's .....	187
RETIN-A MICRO PUMP (Use tretinoin microsphere) .....	109	ribavirin (hepatitis c) CAPS .....	64	ringer's irrigation .....	190
RETINALDEHYDE .....	91	ribavirin .....	65	RINVOQ TB24 15 MG .....	5
RETINOIC ACID POWD .....	109	RIBAVIRIN .....	91	RINVOQ TB24 .....	5
RETINOIC ACID-ALL TRANS POWD .....	109	RIBOFLAVIN .....	91	RIOMET SOLN (Use metformin hcl) . 36	
RETINOL MOLECULAR FILM OIL	95	riboflavin TABS .....	234	risedronate sodium TABS 150 MG 126	
RETROVIR CAPS (Use zidovudine) . 63		RIBOFLAVIN-5-PHOSPHATE SODIUM .....	91	risedronate sodium TABS 35 MG	126
RETROVIR IV INFUSION SOLN ..	63	RIBOFLAVIN-5-PHOSPHATE SODIUM ANHYDROUS .....	91	risedronate sodium TABS 5 MG, 30 MG .....	126
RETROVIR SYRP (Use zidovudine) . 63		RIBOSE (D) .....	80	risedronate sodium TBEC .....	126
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT .....	151	RIDAURA .....	8	RISPERDAL CONSTA (Use risperidone microspheres) .....	59
REXTOVY LIQD .....	40	rifabutin .....	53	RISPERDAL SOLN (Use risperidone) .....	59
REXULTI .....	61	RIFAMPIN .....	91	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 59	
REYATAZ CAPS 200 MG (Use atazanavir sulfate) .....	63	rifampin CAPS .....	53	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 59	
REYATAZ CAPS 300 MG (Use atazanavir sulfate) .....	63	rifampin SOLR .....	53	risperidone microspheres .....	59
REYATAZ PACK .....	63	RIFAXIMIN .....	91	risperidone SOLN .....	59
REYVOW .....	183	RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT .....	151	risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG .....	59
REZDIFFRA .....	129	RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT .....	151	risperidone TABS .....	59
REZIPRES 47 MG/10ML .....	233	RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT .....	151	risperidone TBDP 0.5 MG, 1 MG, 3 MG, 4 MG .....	59
REZUROCK .....	189	RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	151	risperidone TBDP .....	59
REZVOGLAR KWIKPEN .....	38	RILUTEK TABS (Use riluzole) ...	200	RITALIN LA CP24 (Use methylphenidate hcl) .....	4
REZZAYO .....	42	riluzole TABS .....	200	RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl) .....	4
R-GENE 10 .....	121			RITALIN TABS 5 MG (Use	
RHOFADE .....	120				

methylphenidate hcl) .....	4	ROPIVACAINE HYDROCHLORIDE SOLN IJ 2 MG/ML .....	140	RYKINDO SRER .....	59
RITEFLO DEVI .....	182	ROSDAN KIT .....	120	RYLAZE .....	56
ritonavir TABS .....	63	ROSE BENGAL B .....	91	RYTARY CPCR .....	57
RITUXAN .....	54	ROSE OIL .....	98	RYTHMOL SR CP12 (Use propafenone hcl) .....	21
RITUXAN HYCELA .....	56	ROSEMARY OIL .....	98	RYVENT TABS .....	43
rivastigmine 13.3 MG/24HR .....	220	ROSLIN LUMP MISC .....	100	SABRIL PACK (Use vigabatrin) ...	29
rivastigmine 4.6 MG/24HR, 9.5 MG/24HR .....	220	ROSLIN POWD .....	100	SABRIL TABS (Use vigabatrin) ...	29
rivastigmine tartrate CAPS .....	220	ROSUVASTATIN CALCIUM .....	91	SACCHARIN CALCIUM .....	91
rizatriptan benzoate TABS .....	183	rosuvastatin calcium TABS .....	46	SACCHARIN POWD .....	124
rizatriptan benzoate TBDP 10 MG 183		ROTARIX SUSP .....	231	S-ADENOSYL-L-METHIONINE DISULFATE TOSYLATE .....	74
rizatriptan benzoate TBDP .....	183	ROTARIX SUSR .....	231	SAFFLOWER OIL .....	98
ROBINUL FORTE TABS (Use glycopyrrolate) .....	226	ROTATEQ SOLN .....	231	SAGE LEAF .....	91
ROBINUL TABS (Use glycopyrrolate) .....	226	ROWASA (Use mesalamine w/ cleanser) .....	130	SAIZEN IJ 8.8 MG .....	126
ROCALTROL CAPS (Use calcitriol) 127		ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl) .....	14	SAIZENPREP RECONSTITUTIONKIT IJ .....	126
ROCKLATAN .....	206	ROXYBOND TABA .....	14	SALAGEN 5 MG (Use pilocarpine hcl (oral)) .....	192
ROCURONIUM BROMIDE .....	91	ROZEREM (Use ramelteon) .....	138	SALICATE LIQD .....	119
rocuronium bromide SOLN .....	200	ROZLYTREK CAPS .....	56	SALICYLIC ACID CRYST .....	91
roflumilast .....	22	RUBIDIUM CHLORIDE .....	91	salicylic acid FOAM .....	119
RONIDAZOLE .....	91	RUCONEST .....	133	salicylic acid GEL 6 % .....	119
ROOT BEER FLAVOR LIQD ....	214	rufinamide SUSP .....	29	salicylic acid LIQD 2 %, 17 %, 27.5 % .....	119
ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG .....	57	rufinamide TABS .....	29	SALICYLIC ACID POWD .....	91
ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG .....	57	RUKOBIA .....	63	SALICYLIC ACID SOLN .....	91
ropinirole hydrochloride TB24 .....	57	RUTIN .....	91	SALIMEZ CREA .....	119
ropivacaine hcl SOLN IJ .....	140	RUXIENCE .....	54	saline SOLN .....	199
ROPIVACAINE HYDROCHLORIDE . 91		RYALTRIS .....	199	salsalate .....	12
		RYANODEX SUSR .....	199	SALSALATE .....	91
		RYBELSUS TABS .....	36	SALYCIM CREA .....	119
		RYBREVANT .....	54		

SAMBUCUS COUGH RELIEF + IMMUNE GUMMY CHEW .....190	SARNA LOTN (Use camphor & menthol) ..... 112	SECURESAFE SAFETY HYPODERMIC NEEDLE/25G X 1- 1/2" .....176
SAMBUCUS ELDERBERRY IMMUNE SUPPORT CHEW .....190	SASSAFRAS OIL ..... 98	SECURESAFE SAFETY HYPODERMIC NEEDLE/26G X 1/2" .....176
SAMBUCUS ELDERBERRY IMMUNE SUPPORT KIDS CHEW 190	SAVAYSA ..... 25	SECURESAFE SAFETY HYPODERMIC NEEDLE/27G X 1/2" .....176
SAMBUCUS ELDERBERRY LOZG 190	SAVELLA TABS .....221	SECURESAFE SAFETY HYPODERMIC NEEDLE/27G X 1/2" .....176
SAMBUCUS ELDERBERRY VITAMIN C LOZG ..... 190	SAVELLA TITRATION PACK MISC 221	SECURESAFE SYRINGE/NEEDLE/1ML/25G X 1- 1/2" ..... 176
SAMBUCUS ELDERBERRY ZINC LOZG ..... 190	SAW PALMETTO BERRY POWD .91	SECURESAFE SYRINGE/NEEDLE/1ML/27G X 1/2" 176
SAMBUCUS KIDS COUGH RELIEF + IMMUNE GUMMY CHEW .....190	saxagliptin hcl ..... 36	SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1" 176
SANCUSO PTCH .....41	saxagliptin-metformin hcl .....35	SECURESAFE SYRINGE/NEEDLE/3ML/20G X 1- 1/2" .....176
SANDIMMUNE CAPS (Use cyclosporine) .....189	SAXENDA ..... 2	SECURESAFE SYRINGE/NEEDLE/3ML/21G X 1- 1/2" .....176
SANDIMMUNE SOLN IV 50 MG/ML . 189	SCAR CARE BASE ENHANCED 219	SECURESAFE SYRINGE/NEEDLE/3ML/22G X 1- 1/2" .....176
SANDIMMUNE SOLN OR 100 MG/ML .....190	SCARLET RED .....91	SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8" 176
SANDOSTATIN LAR DEPOT KIT 127	SCARTRATE .....120	SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8" 176
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT . 231	SCENESSE .....120	SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8" 176
SAPHNELO .....191	scopolamine .....41	SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8" 176
SAPHRIS (Use asenapine maleate) . 60	SCOPOLAMINE HBR POWD ...226	SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8" 176
SAPHRIS .....60	SEASONIQUE (Use levonorgestrel- ethinyl estradiol (91-day)) ..... 102	SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8" 176
SAPHRIS 5 MG (Use asenapine maleate) .....60	SECRETIN-MANNITOL .....91	SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8" 176
SARCLISA .....54	SECUADO .....60	SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8" 176
SARDINE FLAVOR LIQD ..... 214	SECURESAFE SAFETY HYPODERMIC NEEDLE/19G X 1- 1/2" .....176	SECURESAFE SYRINGE/NEEDLE/3ML/25G X 5/8" 176
	SECURESAFE SAFETY HYPODERMIC NEEDLE/21G X 1- 1/2" .....176	SEGLENTIS .....16
	SECURESAFE SAFETY HYPODERMIC NEEDLE/22G X 1" 176	SEGLUROMET .....35
		SELECT-OB CHEW .....197
		SELECT-OB+DHA MISC .....197
		selegiline hcl CAPS .....58
		SELEGILINE HCL POWD ..... 58
		selegiline hcl TABS ..... 58



selenious acid .....	188	SENOKOT LAXATIVE GUMMIES	SEVENFACT .....	133
SELENIOS ACID .....	188	CHEW .....	sevoflurane .....	131
SELENIUM SULFIDE .....	91	SENOKOT LAXATIVE TEA .....	SFROWASA ENEM .....	130
selenium sulfide LOTN 1 % .....	113	SENOKOT S TABS (Use	SHARK CARTILAGE .....	91
selenium sulfide LOTN 2.5 % .....	113	sennosides-docusate sodium) .....	SHEA BUTTER .....	217
selenium sulfide SHAM 1 % .....	113	140	SHEA BUTTER ORGANIC .....	217
selenium sulfide SHAM 2.25 % .....	113	SENOKOT TABS (Use sennosides)	SHINGRIX .....	231
SELENIUM YEAST .....	91	140	SHOWER FRESH FRAGRANCE .....	91
SELSUN BLUE CARE MENS		SENSORCAINE-	SHRIMP FLAVOR LIQD .....	214
MAXIMUM STRENGTH LOTN (Use		MPF/EPINEPHRINE SOLN .....	SIBERIAN GINSENG .....	91
selenium sulfide) .....	113	140	SIBERIAN PINE OIL .....	81
SELSUN BLUE DAILY LOTN (Use		SENTRIVA-ES CHEW .....	sildenafil citrate (pulmonary	
selenium sulfide) .....	113	19	hypertension) SUSR .....	70
SELSUN BLUE LOTN (Use selenium		SEPICALM VG .....	sildenafil citrate (pulmonary	
sulfide) .....	113	96	hypertension) TABS .....	70
SELSUN BLUE MEDICATED LOTN		SEPINEO P 600 .....	SILDENAFIL CITRATE .....	91
(Use selenium sulfide) .....	113	217	SILENOR (Use doxepin hcl (sleep))	
SELSUN BLUE MOISTURIZING		SEREVENT DISKUS .....	137	
LOTN (Use selenium sulfide) .....	113	24	SILICA GEL GEL .....	100
SELZENTRY SOLN .....	63	SERMORELIN ACETATE .....	SILICA GEL ULTRAMICRONIZED	
SELZENTRY TABS 150 MG (Use		91	GEL .....	100
maraviroc) .....	63	SEROQUEL TABS 25 MG, 50 MG,	SILICON DIOXIDE (SYLOID 244 FP)	
SELZENTRY TABS 25 MG, 75 MG		100 MG, 200 MG (Use quetiapine	POWD .....	100
63		fumarate) .....	SILICON DIOXIDE POWD .....	100
SELZENTRY TABS 300 MG (Use		60	SILICONE BLEND CUSTOM PSTE	
maraviroc) .....	63	SEROQUEL TABS 300 MG, 400 MG	91	
SEMGLEE SOLN .....	38	(Use quetiapine fumarate) .....	91	
SEMGLEE SOPN .....	38	60	SILICONE ELASTOMER BLEND	
SENNA EXTR .....	91	SEROQUEL XR TB24 (Use	GEL .....	92
sennosides TABS 8.6 MG .....	140	quetiapine fumarate) .....	SILICONE ELASTOMER BLEND	
sennosides-docusate sodium TABS		60	LIQD .....	92
138		SEROTONIN HCL .....	SILICONE FLUID 556 LIQD .....	92
SENOKOT KIDS LAXATIVE		91	SILIQ .....	112
GUMMIES CHEW .....	140	SERTRALINE HCL .....	silodosin .....	132
		91		
		sertraline hcl CONC .....		
		33		
		sertraline hcl TABS 100 MG .....		
		33		
		sertraline hcl TABS 25 MG, 50 MG		
		33		
		SERTRALINE HYDROCHLORIDE		
		CAPS .....		
		33		
		SESAME OIL .....		
		98		
		sevelamer carbonate PACK .....		
		131		
		sevelamer carbonate TABS .....		
		131		
		sevelamer hcl .....		
		131		

SILVADENE (Use silver sulfadiazine) .....	114	SINGULAIR TABS (Use montelukast sodium) .....	22	SM SWEET OIL .....	98
SILVER NITRATE CRYSTALS .....	114	SINTRA-ES TABS .....	19	SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT .....	151
SILVER NITRATE SOLN 0.5 % .....	114	SINUVA IMPL .....	200	SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT .....	151
SILVER PROTEIN MILD .....	61	SIROLIMUS .....	92	SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	151
silver sulfadiazine .....	114	sirolimus SOLN .....	190	SMARTEST EJECT STARTER KIT KIT .....	151
SILVER SULFADIAZINE .....	92	sirolimus TABS .....	190	SMARTEST PERSONA STARTERKIT KIT .....	151
SIMBRINZA .....	204	SIRTURO .....	53	SMARTEST PRONTO STARTERKIT KIT .....	151
SIMBRINZA .....	205	SITAGLIPTIN .....	36	SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI .....	151
simethicone CHEW 80 MG .....	129	SITAGLIPTIN/METFORMIN HYDROCHLORIDE .....	35	SMARTEST PROTEGE STARTERKIT KIT .....	151
SIMETHICONE LIQD XX .....	129	SITAVIG TABS BU .....	64	SMOFLIPID .....	201
simethicone SUSP .....	129	SIVEXTRO SOLR .....	52	SOAANZ TABS 20 MG .....	125
SIMLANDI 1-PEN KIT AJKT .....	8	SIVEXTRO TABS .....	52	sod benzoate & sod phenylacetate	127
SIMLANDI 2-PEN KIT AJKT .....	8	SKIN HAIR & NAILS ADVANCED BEAUTY CAPS .....	194	SODIUM 4-AMINOSALICYLATEDIHYDRATE	74
SIMPLGEL 30 .....	219	SKIN PROTECTANT PETROLATUM .....	219	SODIUM ACETATE ANHYDROUS CRYSTALS .....	184
SIMPONI ARIA SOLN .....	8	SKYRIZI SOCT .....	130	SODIUM ACETATE ANHYDROUS POWD .....	184
SIMPONI SOAJ .....	8	SKYTROFA .....	126	sodium acetate SOLN .....	184
SIMPONI SOSY .....	8	SLO-NIACIN TBCR (Use niacin) .....	234	SODIUM ACETATE TRIHYDRATE	92
SIMULECT .....	190	SLOWMAG MG CALM+SLEEP .....	4	SODIUM ACETATE TRIHYDRATE GRAN .....	184
SIMVASTATIN .....	92	SLOWMAG MG MUSCLE HEALTH/RECOVERY GUMMIES CHEW .....	187		
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG .....	46	SLYND .....	103		
simvastatin TABS 80 MG .....	46	SM BORIC ACID POWD .....	101		
SINCALIDE .....	121	SM CAMPHOR SPIRIT .....	98		
SINCALIDE IN MANNITOL .....	92	SM ISOPROPYL ALCOHOL RUBBING XX .....	98		
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa) .....	57	SM ISOPROPYL ALCOHOL XX .....	98		
SINGULAIR CHEW (Use montelukast sodium) .....	22	SM ONE DAILY ESSENTIAL TABS	192		
SINGULAIR PACK (Use montelukast sodium) .....	22				

SODIUM ALGINATE .....	92	SODIUM CHLORIDE POWD .....	188	192	SODIUM FLUORIDE .....	92
SODIUM ASCORBATE GRAN ...	234	sodium chloride SOLN IV 0.45 %, 0.9 % , 3 %, 4 MEQ/ML, 5 % .....	188		sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG .....	187
SODIUM ASCORBATE POWD ..	234	SODIUM CHLORIDE SOLN IV 4 MEQ/ML .....	188		sodium fluoride SOLN 0.5 MG/ML	187
SODIUM BENZOATE .....	217	SODIUM CHLORIDE/SODIUM BICARBONATE .....	101		sodium fluoride-potassium nitrate GEL .....	192
sodium bicarbonate (antacid) TABS 325 MG, 650 MG .....	19	SODIUM CHLORITE FLAK .....	92		SODIUM FLUOROPHOSPHATE ..	92
SODIUM BICARBONATE .....	92	sodium citrate & citric acid .....	131		SODIUM GLUCONATE .....	92
sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 % .....	184	SODIUM CITRATE ANHYDROUS GRAN XX .....	131		SODIUM HYALURONATE (INJECTION GRADE) .....	83
SODIUM BICARBONATE IV .....	184	SODIUM CITRATE ANHYDROUS POWD .....	131		SODIUM HYALURONATE .....	83
SODIUM BISULFITE .....	92	SODIUM CITRATE CRYSTALS .....	131		SODIUM HYALURONATE EP .....	83
SODIUM BITARTRATE MONOHYDRATE .....	92	SODIUM CITRATE DIHYDRATE GRAN .....	92		SODIUM HYDROXIDE PLLT .....	72
SODIUM BORATE DECAHYDRATE POWD .....	72	SODIUM CITRATE DIHYDRATE POWD .....	92		sodium hypochlorite SOLN EX 0.25 %, 0.5 % .....	61
SODIUM BORATE POWD .....	72	SODIUM COCOYL GLUTAMATE ..	92		SODIUM IODIDE CRYSTALS .....	92
SODIUM BROMIDE .....	101	SODIUM DEHYDROACETATE ..	92		SODIUM IODIDE GRAN .....	92
SODIUM BUTYRATE .....	101	SODIUM DEOXYCHOLATE .....	92		SODIUM LACTATE 60 % .....	92
SODIUM CACODYLATE .....	101	SODIUM DIACETATE .....	92		SODIUM L-ASPARTATE .....	92
SODIUM CAPRATE .....	92	SODIUM DICHOROACETATE ..	92		SODIUM LAURETH SULFATE ..	92
SODIUM CAPRYLATE FOOD GRADE .....	92	SODIUM DIURIL (Use chlorothiazide sodium) .....	125		SODIUM LAURYL SULFATE ..	217
SODIUM CARBONATE ANHYDROUS .....	72	SODIUM EDECRIN (Use ethacrynate sodium) .....	125		SODIUM METABISULFITE ANHYDROUS GRAN .....	92
SODIUM CARBONATE MONOHYDRATE .....	72	sodium ferric gluconate complex in sucrose .....	136		SODIUM METABISULFITE GRAN	92
SODIUM CARBOXYMETHYLCELLULOSE MEDIUM VISCOSITY POWD .....	101	sodium fluoride (dental) CREA ...	192		SODIUM METABISULFITE POWD	92
sodium chloride (gu irrigant) 0.9 %	132	sodium fluoride (dental) GEL .....	192		SODIUM MOLYBDATE .....	92
sodium chloride (inhalant) NEBU 0.9 %, 10 % .....	107	sodium fluoride (dental) PSTE DT	192		SODIUM MONOFLUOROPHOSPHATE .....	92
SODIUM CHLORIDE GRAN .....	188	sodium fluoride (dental) SOLN 0.2 %			SODIUM NITRATE ACS POWD ..	92

SODIUM NITRITE .....	101	1380 MG/5ML .....	187	SODIUM TETRADECYL SULFATE SOLN 27 % .....	93
SODIUM OLEATE .....	92	sodium phosphates ENEM .....	139	SODIUM THIOSULFATE POWD	217
SODIUM PERBORATE CRYSTALS .....	101	sodium polystyrene sulfonate POWD 191		SODIUM VALPROATE .....	95
SODIUM PERBORATE GRANULES .....	101	sodium polystyrene sulfonate SUSP OR 15 GM/60ML .....	191	SODIUM-L-ASCORBIC-2- PHOSPHATE DIHYDRATE .....	93
SODIUM PERBORATE MONOHYDRATE POWD .....	101	SODIUM PROPIONATE .....	93	SOFOSBUVIR/VELPATASVIR TABS .....	64
SODIUM PERBORATE TETRAHYDRATE POWD .....	101	SODIUM PYRROLIDONE CARBOXYLATE .....	93	SOF-SENSOR .....	151
SODIUM PHENYL BUTYRATE .....	92	SODIUM SALICYLATE CRYSTALS .....	12	solifenacin succinate TABS .....	228
SODIUM PHOSPHATE DIBASIC CRYSTALS .....	92	SODIUM SALICYLATE POWD .....	12	SOLILUQUA 100/33 .....	35
SODIUM PHOSPHATE DIBASIC POWD .....	92	SODIUM SELENITE .....	93	SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (Use minocycline hcl) .....	224
SODIUM PHOSPHATE DIBASIC ANHYDROUS POWD .....	92	SODIUM SILICATE .....	98	SOLTAMOX SOLN .....	55
SODIUM PHOSPHATE DIBASIC DIHYDRATE POWD .....	92	SODIUM STARCH GLYCOLATE .....	93	SOLU-CORTEF .....	104
SODIUM PHOSPHATE DIBASIC DIHYDRATE POWD .....	92	SODIUM STEARATE .....	93	SOLU-MEDROL .....	104
SODIUM PHOSPHATE DIBASIC DRIED GRANULES .....	92	SODIUM SUCCINATE .....	93	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI .....	152
SODIUM PHOSPHATE DIBASIC SEPTAhydrate CRYSTALS	92	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL .....	109	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT .....	152
SODIUM PHOSPHATE DIBASIC SEPTAhydrate POWD	92	SODIUM SULFACETAMIDE/SULFUR SUSP 9 %-4.25 % .....	109	SOLUVITA SOLN .....	187
SODIUM PHOSPHATE MONOBASIC ANHYDROUS POWD	92	SODIUM SULFATE POWD .....	101	SOMA TABS (Use carisoprodol) .	198
SODIUM PHOSPHATE MONOBASIC GRANULES .....	93	sodium sulfate-potassium sulfate- magnesium sulfate .....	139	SONAFINE EMUL .....	121
SODIUM PHOSPHATE TRIBASIC CRYSTALS .....	93	SODIUM SULFITE .....	101	SOOLANTRA (Use ivermectin (rosacea)) .....	120
SODIUM PHOSPHATE TRIBASIC POWD .....	93	SODIUM SULFITE ANHYDROUS 101		SORAFENIB TOSYLATE .....	93
sodium phosphates (sodium phosphate dibasic & monobasic)	142	SODIUM TARTRATE DIHYDRATE .	93	SORBIC ACID .....	210
MG/ML-276 MG/ML, 710 MG/5ML-		sodium tetradecyl sulfate .....	191	SORBITAN MONOLAUATE .....	93
		SODIUM TETRADECYL SULFATE POWD .....	93	SORBITAN MONOOLEATE .....	93
				SORBITAN MONOPALMITATE ..	93

SORBITAN MONOPALMITATE BASE I .....	93	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY .....	231	SSKI SOLN (Use potassium iodide (expectorant)) .....	107
SORBITOL .....	101	SPIKEVAX COVID-19 VACCINE/2024-25 SUSY .....	231	ST JOHNS WORT .....	93
SORBITOL 3 % .....	132	SPINAL NEEDLE 18GX3-1/2" ...	176	STALEVO 100 (Use carbidopa- levodopa-entacapone) .....	57
SORBITOL CANDY BASE CRYSTALS 217 .....	215	SPINAL NEEDLE 20GX3-1/2" ...	176	STALEVO 125 (Use carbidopa- levodopa-entacapone) .....	57
SORBITOL XX 70 % .....	215	SPINAL NEEDLE 22GX3-1/2" ...	176	STALEVO 150 (Use carbidopa- levodopa-entacapone) .....	57
SORBITOL/MANNITOL IRRIGATION .....	132	spinosad .....	121	STALEVO 200 (Use carbidopa- levodopa-entacapone) .....	57
SORILUX FOAM .....	112	SPINRAZA .....	200	STALEVO 50 (Use carbidopa- levodopa-entacapone) .....	58
sotalol hcl (afib/af) .....	67	SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) .	21	STALEVO 75 (Use carbidopa- levodopa-entacapone) .....	58
sotalol hcl TABS .....	67	SPIRIVA RESPIMAT AERS .....	21	STAMARIL SUSR .....	231
SOTYLIZE SOLN OR .....	67	spironolactone & hydrochlorothiazide .....	124	STANNOUS CHLORIDE DIHYDRATE .....	93
SOVALDI PACK .....	64	SPIRONOLACTONE POWD .....	125	STANNOUS FLUORIDE POWD .	101
SOVALDI TABS .....	64	spironolactone SUSP .....	125	STANNOZOLOL .....	93
SOVUNA 200 MG .....	53	spironolactone TABS .....	125	STARCH .....	101
SOVUNA 300 MG .....	53	SPIRULINA .....	93	STEARIC ACID FLAK .....	217
SOYABEAN CASEIN DIGEST MEDIUM .....	93	SPORANOX CAPS (Use itraconazole) .....	42	STEARIC ACID POWD .....	217
SOYBEAN OIL OIL .....	98	SPORANOX SOLN (Use itraconazole) .....	42	STEARIC ACID TRIPLE PRESSED POWD .....	217
SPAN 80 .....	93	SPRITAM TB3D .....	29	STEARYL ALCOHOL FLAK .....	217
SPEARMINT .....	98	SPRIX SOLN NA .....	10	STEARYL ALCOHOL POWD .....	217
SPEARMINT FLAVOR OIL .....	214	SQUALANE LIQD .....	93	STEGLATRO .....	39
SPEARMINT OIL .....	98	SQUALANE OIL .....	93	STEGLUJAN .....	35
SPEARMINT OS LIQD .....	214	SQUALENE .....	93	STELARA 130 MG/26ML .....	130
SPECPED SOLN .....	78	SQUARIC ACID .....	93	STELARA SOSY .....	112
SPEVIGO SOSY .....	112	SQUARIC ACID DI-N-BUTYL ESTER POWD .....	93	STEVIA EXTRACT .....	93
SPG SUPPOSI-BASE PLLT .....	217	SQUARIC ACID IN BUTANOL LIQD .	93	STEVIA GLYCERITE LIQUID	
SPIKEVAX COVID-19 VACCINE SUSP .....	231				
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP .....	231				

EXTRACT LIQD .....	214	SUCCINYLCHOLINE CHLORIDE SOLN .....	200	sulfacetamide sodium SHAM 10 %	113	
STEVIA POWDER EXTRACT .....	93	SUCCINYLCHOLINE CHLORIDE SOSY IJ 100 MG/5ML .....	200	sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 % .....	109	
STEVIOL GLYCOSIDES .....	93	SUCCINYLCHOLINE CHLORIDEDIHYDRATE .....	93	sulfacetamide sodium w/ sulfur EMUL 10 %-1 % .....	109	
STEVIOSIDE EXTR .....	93	SUCRALFATE POWD .....	227	sulfacetamide sodium w/ sulfur FOAM .....	109	
STIOLTO RESPIMAT .....	24	sucralfate SUSP .....	227	sulfacetamide sodium w/ sulfur LIQD	109	
STOMACH SETTLE LOZG .....	190	sucralfate TABS .....	227	sulfacetamide sodium w/ sulfur LOTN	10 %-5 % .....	109
STRATTERA (Use atomoxetine hcl) .	2	SUCROSE CRYSTALS .....	101	sulfacetamide sodium w/ sulfur PADS	10 %-4 % .....	109
STRAWBERRY FLAVOR LIQD ..	214	SUCROSE OCTAACETATE .....	93	sulfacetamide sodium w/ sulfur SUSP	10 %-5 % .....	109
STRAWBERRY OS LIQD .....	214	SUCROSE POWD .....	101	sulfacetamide sodium w/ sulfur SUSP	8 %-4 % .....	109
STREPTOMYCIN SULFATE POWD .	5	SUCROSE POWDERED CONFECTIONERS POWD .....	101	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 % ...	109	
streptomycin sulfate SOLR .....	5	SUFENTANIL CITRATE .....	93	sulfacetamide sod-prednisolone SOLN .....	206	
STRESS FORMULA W/ZINC FORENERGY TABS .....	195	SUFENTANIL CITRATE SOLN IV 50 MCG/ML (Use sufentanil citrate) ..	14	SULFADIAZINE POWD .....	224	
STRIBILD .....	63	sufentanil citrate SOLN IV 50 MCG/ML .....	14	SULFADIAZINE SODIUM .....	224	
STRIVERDI RESPIMAT .....	24	SUFENTANIL CITRATE SOLN XX 14		sulfadiazine TABS .....	224	
STRONTIUM CHLORIDE CRYSTALS ..	93	SUFLAVE .....	139	SULFADIMETHOXINE .....	93	
STRONTIUM CHLORIDE SR-89 ..	56	SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine) .....	68	SULFAMERAZINE .....	93	
STRONTIUM NITRATE .....	101	SULFACETAMIDE .....	93	SULFAMETHOXAZOLE .....	224	
SUBLOCADE SOSY .....	17	sulfacetamide sodium (acne) ....	109	SULFAMETHOXAZOLE MICRO	224	
SUBMAGNA SL HMW .....	217	sulfacetamide sodium (ophth) OINT	205	sulfamethoxazole-trimethoprim SOLN	.....50	
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	17	sulfacetamide sodium (ophth) SOLN .	205	sulfamethoxazole-trimethoprim SUSP	.....50	
SUBOXONE FILM SL 2 MG-8 MG, 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate) .....	17	sulfacetamide sodium GEL .....	113	sulfamethoxazole-trimethoprim TABS	.....50	
SUCCIMER DMSA POWD .....	93	sulfacetamide sodium LIQD .....	113			
SUCCINIC ACID .....	93	SULFACETAMIDE SODIUM POWD .	113			
SUCCINYLCHOLINE CHLORIDE	93					
succinylcholine chloride SOLN ...	200					

SULFAMYLON CREA .....	114	sumatriptan succinate SOCT 6 MG/0.5ML .....	184	efavirenz) .....	63
SULFANILAMIDE .....	101	sumatriptan succinate SOLN 6 MG/0.5ML .....	184	SUSTIVA CAPS 50 MG (Use efavirenz) .....	63
SULFAPYRIDINE .....	224	sumatriptan succinate TABS 25 MG, 100 MG .....	184	SUSTIVA TABS (Use efavirenz) ..	63
SULFASALAZINE POWD .....	130	sumatriptan succinate TABS .....	184	SUSTOL PRSY .....	41
sulfasalazine TABS .....	130	sumatriptan-naproxen sodium ...	182	SUTAB .....	139
sulfasalazine TBEC .....	130	SUMAXIN CP KIT .....	109	SWEET CORN FLAVOR CONCENTRATE CONC .....	214
SULFATHIAZOLE .....	224	SUMAXIN PADS .....	109	SWEET DROPS LIQD .....	214
SULFISOXIZOLE CRYSTALS .....	224	SUNOSI .....	2	SWEET OIL .....	98
SULFOSALICYLIC ACID DIHYDRATE .....	93	SUNOSI 75 MG .....	2	SWEETENING ENHANCER LIQD 214	
SULFUR POWD .....	93	SUPER ANTIOXIDANT CAPS ...	194	SWEETENING ENHANCER/FLAVORX LIQD ...	214
SULFUR PRECIPITATED POWD ..	93	SUPER SYNERSWEET FLAVOR POWD .....	214	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (Use budesonide- formoterol fumarate dihydrate) ....	24
SULFUR SUBLIMED POWD .....	93	SUPEROXIDE DISMUTASE POWD . 94		SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl) 221	
SULFURIC ACID .....	72	SUPEROXIDE DISMUTASE SOLN 94		SYMDEKO .....	223
SULINDAC POWD .....	10	SUPPORT-500 CAPS .....	194	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate) .....	63
sulindac TABS .....	10	SUPPOSIBLEND PLLT .....	217	SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate) .....	63
SULPHAN BLUE .....	211	SUPPOSI-PLEX R36 PLLT .....	217	SYMJEPI SOSY .....	232
SULPIRIDE .....	93	SUPPOSI-PLEX V33 PLLT .....	217	SYMLINPEN 120 SOPN .....	35
SUMADAN KIT .....	109	SUPREME II CONFIDENCE PADDLES MISC .....	152	SYMLINPEN 60 SOPN .....	35
SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) ..	109	SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate- magnesium sulfate) .....	139	SYMPAZAN FILM .....	27
SUMADAN XLT KIT .....	109	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32" .....	176	SYMTUZA .....	63
SUMATRIPTAN .....	93	SURVANTA INTRATRACHEAL ..	224	SYNAGIS SOLN .....	209
sumatriptan 20 MG/ACT .....	183	SUSPENDIT .....	219	SYN-AKE .....	80
sumatriptan 5 MG/ACT .....	184	SUSTIVA CAPS 200 MG (Use		SYNALAR CREA (Use fluocinolone	
SUMATRIPTAN SUCCINATE .....	93				
sumatriptan succinate SOAJ 4 MG/0.5ML .....	184				
sumatriptan succinate SOAJ 6 MG/0.5ML .....	184				
sumatriptan succinate SOCT 4 MG/0.5ML .....	184				

acetonide) .....117	1/2" .....177	SYRINGE/LUER SLIP/1ML/27G X 1/2" .....177
SYNALAR CREAM KIT .....117	SYRINGE/LUER LOCK/3ML/22G X 1" .....177	SYRINGE/LUER SLIP/35ML ....177
SYNALAR OINT (Use fluocinolone acetonide) .....117	SYRINGE/LUER LOCK/3ML/22G X 1-1/2" .....177	SYRINGE/LUER SLIP/3ML .....177
SYNALAR OINTMENT KIT .....117	SYRINGE/LUER LOCK/3ML/22GX1" .....177	SYRINGE/LUER SLIP/5ML .....177
SYNALAR SOLN (Use fluocinolone acetonide) .....117	SYRINGE/LUER LOCK/3ML/22GX1- 1/2" .....177	SYRINGE/LUER SLIP/60ML ....177
SYNALAR TS .....117	SYRINGE/LUER LOCK/3ML/23G X 1" .....177	SYRINGES/LUER LOCK/10ML/20GX1" .....177
SYNAPSIN POWD .....217	SYRINGE/LUER LOCK/3ML/23G X 1" .....177	SYRINGES/LUER LOCK/10ML/20GX1-1/2" .....177
SYNERTROPIN CAPS .....198	SYRINGE/LUER LOCK/3ML/23G X 1-1/2" .....177	SYRINGES/LUER LOCK/10ML/21G X 1" .....177
SYNJARDY TABS .....35	SYRINGE/LUER LOCK/3ML/23GX1" .....177	SYRINGES/LUER LOCK/10ML/22GX1" .....177
SYNJARDY XR TB24 .....35	SYRINGE/LUER LOCK/3ML/25G X 1" .....177	SYRINGES/LUER LOCK/10ML/22GX1-1/2" .....177
SYNTHROID TABS (Use levothyroxine sodium) .....225	SYRINGE/LUER LOCK/3ML/25G X 1-1/2" .....177	SYRINGES/LUER LOCK/1ML/20GX1" .....177
SYRINGE/HYPODERMIC SAFETY12ML 18GX1" .....176	SYRINGE/LUER LOCK/3ML/25GX1" .....177	SYRINGES/LUER LOCK/5ML/20GX1" .....177
SYRINGE/LUER LOCK/10ML ...176	SYRINGE/LUER LOCK/3ML/25GX1" .....177	SYRINGES/LUER LOCK/5ML/20GX1-1/2" .....177
SYRINGE/LUER LOCK/10ML/21G X 1" .....176	SYRINGE/LUER LOCK/3ML/25GX5/8" .....177	SYRINGES/LUER LOCK/5ML/21GX1" .....177
SYRINGE/LUER LOCK/20ML ...176	SYRINGE/LUER LOCK/5ML ....177	SYRINGES/LUER LOCK/5ML/21GX1-1/2" .....177
SYRINGE/LUER LOCK/3ML ....176	SYRINGE/LUER LOCK/5ML/20G X 1-1/2" .....177	SYRINGES/LUER LOCK/5ML/22GX1-1/2" .....177
SYRINGE/LUER LOCK/3ML/20G X 1" .....176	SYRINGE/LUER LOCK/60ML ...177	SYRINGES/LUER LOCK/WITHOUT NEEDLE/10ML .....177
SYRINGE/LUER LOCK/3ML/20G X 1-1/2" .....176	SYRINGE/LUER SLIP/10ML ....177	SYRINGES/LUER LOCK/WITHOUT NEEDLE/20ML .....177
SYRINGE/LUER LOCK/3ML/20GX1- 1/2" .....176	SYRINGE/LUER SLIP/1ML .....177	SYRINGES/LUER LOCK/WITHOUT NEEDLE/30ML .....177
SYRINGE/LUER LOCK/3ML/21G X 1" .....176	SYRINGE/LUER SLIP/1ML/25G X 5/8" .....177	SYRINGES/LUER LOCK/WITHOUT NEEDLE/30ML .....177
SYRINGE/LUER LOCK/3ML/21G X 1-1/2" .....177	SYRINGE/LUER SLIP/1ML/26G X 3/8" .....177	SYRINGES/LUER LOCK/WITHOUT
SYRINGE/LUER LOCK/3ML/21GX1" .....177		
SYRINGE/LUER LOCK/3ML/21GX1-		



NEEDLE/3ML .....	178	TALZENNA .....	56	tazarotene GEL .....	113
SYRINGES/LUER LOCK/WITHOUT NEEDLE/5ML .....	178	TAMIFLU CAPS 30 MG (Use oseltamivir phosphate) .....	65	TAZORAC CREA 0.1 % (Use tazarotene) .....	113
SYRINGES/LUER LOCK/WITHOUT NEEDLE/60ML .....	178	TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate) .....	65	TAZORAC GEL (Use tazarotene) 113	
SYRINGES/LUER SLIP/1ML/25GX5/8" .....	178	TAMIFLU SUSR (Use oseltamivir phosphate) .....	65	TAZVERIK .....	56
SYRINGES/LUER SLIP/WITHOUT NEEDLE/1ML .....	178	TAMOXIFEN CITRATE .....	94	TDC MAX CREAM CREA .....	219
SYSTANE COMPLETE PF .....	203	TAMOXIFEN CITRATE MICRONIZED .....	94	TDVAX SUSP .....	225
TACHOSIL .....	136	tamoxifen citrate TABS .....	55	TEA COCOYL GLUTAMINE .....	94
TACLONEX OINT (Use calcipotriene- betamethasone dipropionate) ....	117	tamsulosin hcl .....	132	TEA TREE OIL .....	94
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate) .....	117	TANGERINE .....	98	TEABERRY FLAVOR OIL .....	214
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TACROLIMUS .....	94	TANGERINE FLAVOR POWD ...	214	TECENTRIQ HYBREZA .....	56
tacrolimus CAPS .....	190	TANGERINE FLAVOR SWEETENED POWD .....	214	TECFIDERA CPDR (Use dimethyl fumarate) .....	221
TACROLIMUS MONOHYDRATE	94	TANGERINE OIL .....	98	TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate) .....	221
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TAKHZYRO SOLN .....	133	TARTARIC ACID GRAN .....	72	TEGRETOL TABS (Use carbamazepine) .....	29
TAKHZYRO SOSY .....	133	TARTARIC ACID POWD .....	72	TEGRETOL-XR TB12 (Use carbamazepine) .....	29
TALC .....	101	tasimelteon CAPS .....	138	TEGSEDI .....	223
TALICIA .....	228	TAURINE LIQD .....	203	TEKTURNA (Use aliskiren fumarate) .....	49
TALIVA .....	135	TAURINE POWD .....	203	TEKTURNA HCT .....	49
TALTZ SOAJ .....	112	TAUVID .....	122	telmisartan .....	47
TALTZ SOSY 80 MG/ML .....	113	tavaborole .....	111	telmisartan-amlodipine .....	49
TALTZ SOSY .....	112	TAVNEOS .....	133	telmisartan-hydrochlorothiazide ...	49
		TAZAROTENE .....	94		
		tazarotene CREA 0.1 % .....	113		
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XX .....	234	tiagabine hcl .....	29	tinidazole 500 MG .....	50
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THIOGUANINE .....	94	TIAZAC 240 MG (Use diltiazem hcl		CAPS .....	21
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TOBRADEX SUSP (Use tobramycin- dexamethasone) .....	206	TOMMY GEL .....	219	torsemide TABS 20 MG .....	125
tobramycin (ophth) SOLN .....	205	TOOMEY SYRINGE .....	178	torsemide TABS 5 MG, 10 MG, 100 MG .....	125
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tramadol hcl TABS 100 MG .....	14	TRAZIMERA 420 MG .....	55	triamcinolone acetone (mouth) .....	192
tramadol hcl TABS 25 MG .....	14	TRAZODONE HCL POWD .....	33	triamcinolone acetone (nasal) AERO .....	200
tramadol hcl TABS 50 MG .....	14	trazodone hcl TABS 300 MG .....	33	triamcinolone acetone (topical) AERS .....	118
tramadol hcl TABS 50 MG .....	15	trazodone hcl TABS 50 MG, 100 MG, 150 MG .....	33	triamcinolone acetone (topical) CREA 0.025 % .....	118
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TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl) .....	15	TREMFYA SOAJ .....	113	triamcinolone acetone (topical) LOTN .....	118
tramadol-acetaminophen .....	16	TREMFYA SOLN .....	113	triamcinolone acetone (topical) OINT 0.025 %, 0.5 % .....	118
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trandolapril 4 MG .....	47	TREMFYA SOSY 100 MG/ML .....	113	triamcinolone acetone (topical) OINT 0.05 % .....	118
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TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium) .....	20	TRETINOIN POWD .....	110		
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TRUE METRIX BLOOD GLUCOSEMETER KIT .....	152	TRYPTOPHAN POWD .....	203	TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen) .....	11
TRUE METRIX DEVI .....	152	TRYVIO .....	49	TYLENOL CHILDRENS SUSP (Use acetaminophen) .....	11
TRUE METRIX GO BLOOD GLUCOSE METER KIT .....	152	TUBERSOL .....	121	TYLENOL EXTRA STRENGTH TABS (Use acetaminophen) .....	11
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VANISHPOINT SYRINGE/3ML/23G X 1-1/2" .....179	vasopressin SOLN IV .....127	VENTIVA TEARS PLUS SOLN .. 203
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VERELAN PM CP24 (Use verapamil hcl)	68	VIBERZI	130	VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	205
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VERKAZIA EMUL	206	VICTORIAS SECRET		VISION OPTIMIZER CAPS	194
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VERSABASE GEL	219	vigabatrin PACK	29	VISTARIL CAPS (Use hydroxyzine pamoate)	20
VERSABASE HRT GEL	219	vigabatrin TABS	29	VITABEX CAPS	194
VERSABASE LOTN	219	VIGAFYDE SOLN	29	VITABEX PLUS CAPS	194
VERSABASE SHAM	219	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	205	VITAFOL FE+	197
VERSACLOZ SUSP	60	VIIBRYD TABS (Use vilazodone hcl) 33		VITAFOL GUMMIES	197
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VESICARE LS SUSP	229	VIMPAT TABS (Use lacosamide)	29	VITAMEDMD ONE RX/QUATREFOLIC	197
VESICARE TABS (Use solifenacin succinate)	229	vinblastine sulfate SOLN	56	VITAMEZ	135
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VFEND SUSR (Use voriconazole)	42	VINPOCETINE	96	VITAMIN A ACETATE CRYSTALS	96
VFEND TABS (Use voriconazole)	42	VIOKACE TABS	124	VITAMIN A PALMITATE	96
		VIRACEPT TABS 250 MG	63	VITAMIN A POWD	96
		VIRACEPT TABS 625 MG	63		
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VITAMIN D3 POWD .....78	VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol) .....128	VRAYLAR CAPS .....58
VITAMIN E .....96	VIVELLE-DOT PTTW 0.0375 MG/24HR (Use estradiol) .....128	VRAYLAR CPPK .....58
VITAMIN E ACETATE .....96	VIVITROL .....40	VTAMA .....113
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VITAMIN K-1 POWD .....90	VOGELXO PUMP GEL TD (Use testosterone) .....18	VYNDAMAX .....70
VITAMIN K2 .....87	VOQUEZNA .....228	VYONDYS 53 .....200
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VITAMINS FOR HAIR CAPS .....198	VOQUEZNA TRIPLE PAK .....228	VYVANSE CAPS .....2
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VITEYES CLASSIC CAPS .....194	voriconazole SUSR .....42	WAKIX .....2
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		WEGOvy 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML .....2
		WEGOvy 1.7 MG/0.75ML, 2.4 MG/0.75ML .....2

WELCHOL PACK (Use colesevelam hcl) .....	45	WILEY BASIC ELEMENTS		XEMBIFY .....	209
WELCHOL TABS (Use colesevelam hcl) .....	45	BHRTBASE .....	219	XENAZINE (Use tetrabenazine) ..	221
WELIREG .....	55	WILZIN .....	188	XENON XE 133 .....	122
WELLBUTRIN SR TB12 100 MG (Use bupropion hcl) .....	31	WINLEVI .....	110	XEOMIN .....	200
WELLBUTRIN SR TB12 150 MG (Use bupropion hcl) .....	31	WINREVAIR .....	70	XEPI .....	110
WELLBUTRIN SR TB12 200 MG (Use bupropion hcl) .....	31	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ..	209	XERAC AC .....	120
WELLBUTRIN XL TB24 150 MG (Use bupropion hcl) .....	31	WINTERGREEN OIL OIL XX .....	119	XERAVA .....	224
WELLBUTRIN XL TB24 300 MG (Use bupropion hcl) .....	31	WITCH HAZEL .....	83	XERESE .....	114
WESCAP-C DHA .....	197	WITEPSOL H15 BASE F PLLT ..	217	XHANCE EXHU .....	200
WESCAP-PN DHA .....	197	WITEPSOL H15 PLLT .....	217	XIFAXAN .....	50
WESNATAL DHA COMPLETE ..	197	WITEPSOL PLLT .....	217	XIGDUO XR (Use dapagliflozin propanediol-metformin hcl) .....	35
WESNATE DHA CAPS .....	197	WITEPSOL WAX .....	217	XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG .....	35
WESTGEL DHA .....	197	XACIATO GEL .....	232	XIIDRA .....	206
WHEY PROTEIN ISOLATE INSTANIZED .....	96	XALATAN SOLN (Use latanoprost) 208		XILOGEL .....	95
WHITE BEES WAX .....	217	XANAX TABS (Use alprazolam) ..	20	XOFIGO .....	56
WHITE KIDNEY BEAN EXTRACT 96		XANTHAN GUM .....	217	XOFLUZA 40 MG, 80 MG .....	65
white petrolatum-mineral oil .....	203	XARELTO STARTER PACK TBPK 25		XOLAIR SOLR .....	21
WHITE WAX .....	217	XARELTO SUSR .....	25	XOLAIR SOSY .....	21
WHITE WAX PASTILLES .....	217	XARELTO TABS .....	25	XOPENEX (Use levalbuterol hcl) ..	24
WHITE WILLOW BARK .....	96	XATMEP SOLN .....	54	XOPENEX CONCENTRATE (Use levalbuterol hcl) .....	24
WILD CHERRY FLAVOR LIQD ..	215	XCOPRI TABS .....	29	XOPENEX HFA (Use levalbuterol tartrate) .....	24
WILD CHERRY OS LIQD .....	215	XCOPRI TBPK .....	29	XPOVIO 60 MG TWICE WEEKLY 55	
WILD CHERRY SD N&A FLAVOR CONCENTRATE POWD .....	215	XDEMVI .....	205	XPOVIO 80 MG TWICE WEEKLY 55	
		XELJANZ SOLN .....	5	XTAMPZA ER .....	15
		XELJANZ TABS .....	5	XULTOPHY 100/3.6 .....	35
		XELJANZ XR TB24 .....	5	XYLAZINE HYDROCHLORIDE ...	96
		XELPROS EMUL .....	208		
		XELSTRYM .....	2		

XYLIDERM .....	120	YUFLYMA CD/UC/HS STARTER .....	223
XYLITOL .....	96	AJKT .....	8
XYLITOL NF .....	96	YUMVS BEET ROOT/TART .....	190
XYLOCAINE-MPF/EPINEPHRINE SOLN .....	140	CHERRY EXTRACT CHEW .....	190
XYLOMETAZOLINE HCL .....	96	YUPELRI .....	21
XYLOMETAZOLINE HYDROCHLORIDE .....	96	YUSIMRY .....	8
XYOSTED SOAJ .....	18	ZADITOR 0.035 % (Use ketotifen fumarate (ophth)) .....	207
XYWAV .....	220	zafirlukast .....	22
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride) .....	44	zafirlukast 20 MG .....	22
YALE NEEDLES 21G X 1-1/4" ..	179	zaleplon 10 MG .....	138
YASMIN 28 (Use drospirenone-ethinyl estradiol) .....	102	zaleplon 5 MG .....	138
YAZ (Use drospirenone-ethinyl estradiol) .....	102	ZANAFLEX CAPS (Use tizanidine hcl) .....	199
YCANTH SOLN .....	119	ZANAFLEX TABS 4 MG (Use tizanidine hcl) .....	199
YEAST EXTRACT .....	96	ZANOSAR .....	54
YELLOW PETROLATUM .....	219	ZARONTIN CAPS (Use ethosuximide) .....	30
YELLOW WAX .....	217	ZARONTIN SOLN (Use ethosuximide) .....	30
YESCARTA .....	55	ZARXIO .....	135
YF-VAX INJ .....	231	ZATEAN-PN DHA .....	197
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YOHIMBINE HCL .....	96	ZEAXANTHIN .....	96
YORVIPATH .....	127	ZEGALOGUE SOAJ .....	36
YOSPRALA 81 MG-40 MG .....	134	ZEGALOGUE SOSY .....	36
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YUFLYMA 2-PEN KIT AJKT .....	8	ZEGERID PACK (Use omeprazole-sodium bicarbonate) .....	228
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		ZEMAIRA SOLR 4000 MG, 5000 MG .....	223
		ZEMBRACE SYMTOUCH SOAJ ..	184
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		ZEPATIER .....	64
		ZEPBOUND SOAJ .....	2
		ZEPBOUND SOLN .....	2
		ZEPZELCA .....	54
		ZERBAXA .....	70
		ZERVIATE .....	207
		ZESTORETIC (Use lisinopril & hydrochlorothiazide) .....	49
		ZESTRIL TABS (Use lisinopril) .....	47
		ZETIA (Use ezetimibe) .....	46
		ZETONNA AERS .....	200
		ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG (Use bisoprolol & hydrochlorothiazide) .....	49
		ZIAC 6.25 MG-2.5 MG (Use bisoprolol & hydrochlorothiazide) ..	49
		ZIAGEN SOLN (Use abacavir sulfate) .....	63
		ZIAGEN TABS (Use abacavir sulfate) .....	63
		ZIANA (Use clindamycin phosphate-tretinoin) .....	110

zidovudine CAPS .....	63	ziprasidone mesylate .....	58	ZOLGENSMA 3.6-4.0 KG .....	201
zidovudine SYRP .....	63	ZIPSOR CAPS (Use diclofenac potassium) .....	10	ZOLGENSMA 4.1-4.5 KG .....	201
zidovudine TABS .....	63	ZIRABEV .....	54	ZOLGENSMA 4.6-5.0 KG .....	201
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zileuton TB12 .....	22	ZIRGAN GEL .....	205	ZOLGENSMA 5.6-6.0 KG .....	201
ZIMHI SOSY .....	40	ZITHROMAX PACK (Use azithromycin) .....	141	ZOLGENSMA 6.1-6.5 KG .....	201
ZINC ACETATE .....	192	ZITHROMAX SUSR 100 MG/5ML (Use azithromycin) .....	141	ZOLGENSMA 6.6-7.0 KG .....	201
ZINC ACETATE .....	96	ZITHROMAX SUSR 200 MG/5ML (Use azithromycin) .....	141	ZOLGENSMA 7.1-7.5 KG .....	201
ZINC CHLORIDE GRAN .....	96	ZITHROMAX TABS 250 MG (Use azithromycin) .....	141	ZOLGENSMA 7.6-8.0 KG .....	201
zinc chloride SOLN .....	188	ZITHROMAX TABS 500 MG (Use azithromycin) .....	141	ZOLGENSMA 8.1-8.5 KG .....	201
ZINC CITRATE DIHYDRATE .....	96	ZITHROMAX TRI-PAK TABS (Use azithromycin) .....	141	ZOLGENSMA 8.6-9.0 KG .....	201
ZINC GLUCONATE POWD .....	96	ZITHROMAX Z-PAK TABS (Use azithromycin) .....	141	ZOLGENSMA 9.1-9.5 KG .....	201
ZINC MONOMETHIONINE .....	96	ZITUVIO .....	36	ZOLGENSMA 9.6-10.0 KG .....	201
zinc oxide (topical) OINT 20 % ...	120	ZMA CLEAR SUSP .....	110	zolmitriptan SOLN 2.5 MG .....	184
ZINC OXIDE .....	96	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin) .....	46	zolmitriptan SOLN 5 MG .....	184
ZINC PICOLINATE .....	96	ZOLGENSMA 10.1-10.5 KG .....	200	zolmitriptan TABS .....	184
ZINC PYRITHIONE .....	90	ZOLGENSMA 10.6-11.0 KG .....	200	zolmitriptan TBDP .....	184
ZINC STEARATE .....	217	ZOLGENSMA 11.1-11.5 KG .....	200	ZOLOFT CONC (Use sertraline hcl) 33	
ZINC SULFATE GRANULAR ....	188	ZOLGENSMA 11.6-12.0 KG .....	200	ZOLOFT TABS 100 MG (Use sertraline hcl) .....	33
ZINC SULFATE HEPTAHYDRATE 188		ZOLGENSMA 12.1-12.5 KG .....	200	ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl) .....	33
ZINC SULFATE HEPTAHYDRATE GRAN .....	188	ZOLGENSMA 12.6-13.0 KG .....	200	ZOLPIDEM TARTRATE CAPS ...	138
ZINC SULFATE MONOHYDRATE 188		ZOLGENSMA 13.1-13.5 KG .....	200	zolpidem tartrate SUBL .....	138
zinc sulfate SOLN .....	188	ZOLGENSMA 2.6-3.0 KG .....	201	zolpidem tartrate TABS .....	138
ZINC UNDECYLENATE .....	96	ZOLGENSMA 3.1-3.5 KG .....	201	zolpidem tartrate TBCR .....	138
ZINC W/VITAMINS A & C .....	188			ZOMACTON SOLR SC .....	126
ZINCTRAL PSTE .....	120			ZOMIG SOLN (Use zolmitriptan) .	184
ZIOPTAN (Use tafluprost) .....	208			ZOMIG SOLN 2.5 MG .....	184
ziprasidone hcl .....	58			ZOMIG TABS 2.5 MG, 5 MG (Use	

zolmitriptan) .....	184	ZYPREXA TABS 15 MG, 20 MG (Use olanzapine) .....	60
ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide) .....	29	ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine) .....	60
ZONISADE SUSP .....	29	ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine) .....	60
ZONISAMIDE .....	96	ZYPREXA ZYDIS TBDP (Use olanzapine) .....	60
zonisamide CAPS .....	29	ZYRTEC CHEW 10 MG (Use cetirizine hcl) .....	44
ZORTRESS (Use everolimus (immunosuppressant)) .....	190	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl) .	44
ZORYVE .....	113	ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine) .....	107
ZORYVE .....	120	ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine) .....	107
ZOSIL .....	219	ZYTIGA (Use abiraterone acetate)	55
ZOSYN .....	210	ZYVOX SOLN .....	52
ZOVIRAX CREA (Use acyclovir topical) .....	114		
ZOVIRAX OINT (Use acyclovir topical) .....	114		
ZTALMY .....	29		
ZTLIDO PTCH .....	120		
ZYCLARA (Use imiquimod) .....	118		
ZYCLARA PUMP (Use imiquimod)	118		
ZYCLARA PUMP .....	118		
ZYFLO TABS .....	22		
ZYLET .....	207		
ZYLOPRIM 100 MG (Use allopurinol) .....	133		
ZYLOPRIM 300 MG (Use allopurinol) .....	133		
ZYMFENTRA 2-PEN AJKT .....	130		
ZYNRELEF .....	10		
ZYPITAMAG 2 MG, 4 MG .....	46		
ZYPREXA SOLR (Use olanzapine)	60		