

Preferred Drug List

The Oklahoma Complete Health Preferred Drug List (PDL) includes a list of medications covered by your prescription benefit. This list is updated often and may change.

To get the most up-to-date information, you may view the latest PDL on our website: <https://www.oklahomacompletehealth.com/providers/pharmacy.html> or call 1-833-750-3660 (TTY/TDD 711).

Preferred Drug Locator Instructions:

1. Within the PDF, click on the Edit menu, then click Find.
2. In the Find box, type the name of the medication you want to locate.
3. Click the Next button until you find the drug(s).



What is the Oklahoma Complete Health Preferred Drug List (PDL)?

The preferred drug list (which is also called a “formulary”) is a list showing the drugs that can be covered by your Oklahoma Complete Health Plan. The drug listed will be covered as long as you:

- Have a medical need for the drug
- Fill your drugs at an in network pharmacy
- Follow any other rules that may apply to you as a member

For more information on how to fill your drugs, please review your Member Handbook or call Oklahoma Complete Health Plan Member Services at **1-833-752-1664** (TTY/TDD **711**).

Will the Preferred Drug List change?

Yes, it will change weekly, especially if there is a new drug or there is a less expensive generic that becomes available. You will be notified if any changes are made to the drug list that may impact you.

Does the plan cover over-the-counter (OTC) drugs?

Yes, Oklahoma Complete Health covers certain OTC drugs. <https://oklahoma.gov/ohca/providers/types/pharmacy/covered-otc.html> All covered OTC drugs appear in the PDL. All OTC drugs must be written on a valid prescription by a licensed provider in order to be covered. If the OTC drug you need is not on the PDL; please refer to our OTC value add benefit on our website

<https://www.oklahomacompletehealth.com/providers/pharmacy.html>

How will I know what I will pay?

Children will not have a copay but most adults will have a \$4 copay. There are a few exceptions to the \$4 copay for adults.

How do I use the Preferred Drug List?

The best way to find your drug is by going to the back of this book to the index and looking it up by name. If the drug is in all CAPITAL LETTERS (EX: CIPRO TABS) the drug is a BRAND name drug and if the drug is in all lower case letters (ex: ciprofloxacin) the drug is a generic name drug. Next to your drug, you will see the page number where you can find coverage information.

What are brand & generic drugs?

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the BRAND name drug, but often costs less. BRAND named drugs are typically newer and a generic is not available yet. However, there are some BRAND name drugs which are preferred over generic and that list is maintained here:

<https://oklahoma.gov/content/dam/ok/en/okhca/docs/providers/types/pharmacy/drug-lists/2024-lists/02.26.2024%20-%20Brand%20Required%20List.pdf>

Are there any limits on my drug coverage?

AGE LIMIT (AL):

Some medications are limited to patients of a certain age.

PRIOR AUTHORIZATION (PA):

Your provider may need to get approval from us before you fill some of your drug orders. Drugs that require prior authorization are found in the PDL by a PA in the **Additional Information** column. To find out more about this process, please call Member Services at **1-833-752-1664** (TTY/ TDD 711) and a representative will explain the process to you.

STEP THERAPY (ST):

Certain drugs are noted as being in different tiers. This usually means you must try similar medications in the same class in lower tiers before a higher tiered medication is approved. If you would like to request a step therapy exception, please speak to your provider and have your provider's office submit the step therapy exception form found on our website:

<https://www.oklahomacompletehealth.com/providers/pharmacy.html>

QUANTITY LIMITS (QL):

For certain drugs there are limits to the amount of a drug that will be covered for a period of time. You can tell if your drug needs a QL in

Additional Information column.

- You can also contact your provider to decide if you should first try a different drug on our list or different dose of the drug before you request an exception.
- Contact Member Services at **1-833-752-1664** (TTY/TDD 711) and ask how you or your provider can submit a quantity limit exception request.

- There are also quantity limits for controlled substances. These are outlined here:

<https://oklahoma.gov/ohca/providers/types/pharmacy/maintenance-drug-list/analgesics-narcotic.html>

SPECIALTY PHARMACY (SP)

DRUGS: Specialty drugs are certain prescription drugs used to treat special health conditions and often require special attention. These drugs often need a prior authorization before a prescription may be filled. Some pharmacies can not access specialty medications. If you are having difficulty finding a pharmacy to fill your specialty medication or have other questions regarding specialty medications, please contact Member Services at **1-833-752-1664** (TTY/TDD 711).

MAINTENANCE DRUGS (MP):

Certain medications are eligible for 90 day supplies. If you are an adult, please ensure your pharmacy is running these medications for 90 day supplies so your monthly six fill limit is extended. The full list of MP's are kept here:

<https://oklahoma.gov/ohca/providers/types/pharmacy/maintenance-drug-list.html>

What if my drug(s) is not on the Preferred Drug List?

Talk to your provider to decide if you should first try a different drug on the list before you request an exception. Member Services will tell you how you or your provider can ask for an exception if your drug(s) are not covered. Contact OKCH Member Services at **1-833-752-1664** (TTY/TDD 711) for further assistance.

Which drug categories are not covered by the Preferred Drug List?

The following drug categories are not part of the benefit:

- Fertility drugs
- Weight loss or weight gain
- Drug Efficacy Study Implementation (DESI). These are drugs that are not shown to be safe and effective.
- Bulk chemicals/powders
- Experimental and investigational drugs
- Drugs and devices not approved by the FDA

Contacts for Pharmacy Appeals/Grievances

Members: In the event that a member disagrees with the decision regarding coverage of a drug, the member may request an appeal by

calling Member Services at **1-833-752-1664** (TTY/TDD **711**) or emailing OKCompleteHealth_Appeals@Centene.com.

Providers: In the event that a provider disagrees with the decision regarding coverage of a drug, the provider may request an appeal by calling:

Medical Appeals: 833-522-2803
Behavioral Health Appeals: 866-714-7991
Pharmacy Appeals: 888-865-6531

After a decision is made, the provider will receive a response by mail. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously endanger the life or health of a member by calling:

Medical Appeals: 833-522-2803
Behavioral Health Appeals: 866-714-7991
Pharmacy Appeals: 888-865-6531

Abbreviations:

- **PDL:** Preferred Drug List
- **AL:** Age Limit
- **PA:** Prior Authorization
- **ST:** Step Therapy
- **QL:** Quantity Limit
- **SP:** Specialty Medication
- **MP:** Maintenance drug eligible for 90 day supply

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders					
Amphetamines					
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	1	QL(1 ea daily); AL(At least 5 yrs old); PA	amphetamine-dextroamphetamine CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG	1	AL(At least 5 yrs old); PA
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	1	QL(2 ea daily); AL(At least 5 yrs old); PA	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG	1	QL(1 ea daily); AL(At least 5 yrs old)
ADDERALL 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 (Use amphetamine-dextroamphetamine)	1	QL(3 ea daily); AL(At least 5 yrs old); PA	amphetamine-dextroamphetamine CP24 9.375 MG-9.375 MG-9.375 MG-9.375 MG	1	QL(1 ea daily); PA
ADDERALL 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 (Use amphetamine-dextroamphetamine)	1	QL(3 ea daily); AL(At least 5 yrs old); PA	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	1	QL(1 ea daily); AL(At least 5 yrs old); PA
ADDERALL 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 (Use amphetamine-dextroamphetamine)	1	QL(3 ea daily); AL(At least 5 yrs old); PA	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 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	1	QL(1 ea daily); AL(At least 13 yrs old); PA
ADZENYS XR-ODT TBED	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA	amphetamine-dextroamphetamine TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	QL(2 ea daily); AL(At least 5 yrs old); PA
amphetamine sulfate TABS	1	QL(3 ea daily); AL(At least 5 yrs old); PA			
amphetamine sulfate TABS	1	QL(3 ea daily); AL(At least 5 yrs old); PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>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, 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</i>	1	QL(3 ea daily); AL(At least 5 yrs old); PA	DYANAVEL XR CHER	2	QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
<i>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, 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</i>	1	QL(3 ea daily); AL(At least 5 yrs old); PA	DYANAVEL XR SUER	2	QL(240 ml per 30 day(s) retail; 240 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
<i>DESOXYN (Use methamphetamine hcl)</i>	9		EVEKEO ODT TBDP	1	QL(3 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
<i>DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)</i>	2	QL(4 ea daily); AL(At least 5 yrs old)	EVEKEO ODT TBDP	1	QL(3 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
<i>DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)</i>	2	QL(1 ea daily); AL(At least 5 yrs old)	EVEKEO TABS (Use amphetamine sulfate)	1	QL(3 ea daily); AL(At least 5 yrs old); PA
<i>dextroamphetamine sulfate CP24 15 MG</i>	2	QL(4 ea daily); AL(At least 5 yrs old)	EVEKEO TABS (Use amphetamine sulfate)	1	QL(3 ea daily); AL(At least 5 yrs old); PA
<i>dextroamphetamine sulfate CP24 5 MG, 10 MG</i>	2	QL(1 ea daily); AL(At least 5 yrs old)	<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>dextroamphetamine sulfate SOLN</i>	1	AL(At least 5 yrs old - Up to 9 yrs old); PA	<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
<i>dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG</i>	1	QL(3 ea daily); AL(At least 5 yrs old); PA	<i>methamphetamine hcl</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>dextroamphetamine sulfate TABS 30 MG</i>	1	QL(2 ea daily); AL(At least 5 yrs old); PA	MYDAYIS CP24 (Use amphetamine-dextroamphetamine)	1	QL(1 ea daily); AL(At least 13 yrs old); PA
			VYVANSE CAPS	1	QL(1 ea daily); AL(At least 5 yrs old); PA
			VYVANSE CHEW	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old)

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XELSTRYM	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA	INTUNIV (Use guanfacine hcl (adhd))	1	QL(1 ea daily); AL(At least 5 yrs old); MP; PA
Analeptics			KAPVAY TB12 (Use clonidine hcl (adhd))	9	
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	9		QELBREE 200 MG	1	QL(3 ea daily); AL(At least 6 yrs old); PA
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	1		QELBREE 100 MG	1	QL(1 ea daily); AL(At least 6 yrs old); PA
caffeine & sodium benzoate	1		QELBREE 150 MG	1	QL(2 ea daily); AL(At least 6 yrs old); PA
caffeine citrate SOLN IV 60 MG/3ML	1		STRATTERA 80 MG, 100 MG (Use atomoxetine hcl)	1	QL(1 ea daily); AL(At least 5 yrs old); PA
Anti-Obesity Agents			STRATTERA 10 MG, 18 MG, 25 MG, 40 MG, 60 MG (Use atomoxetine hcl)	1	QL(2 ea daily); AL(At least 5 yrs old); PA
IMCIVREE	1	QL(9 ml per 30 day(s) retail; 9 ml per 30 days mail); AL(At least 6 yrs old); PA	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG, 60 MG (Use atomoxetine hcl)	1	QL(2 ea daily); AL(At least 5 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)		
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG, 60 MG	1	QL(2 ea daily); AL(At least 5 yrs old); PA	SUNOSI	1	QL(1 ea daily); PA
atomoxetine hcl 80 MG, 100 MG	1	QL(1 ea daily); AL(At least 5 yrs old); PA	Histamine H3-Receptor Antagonist/Inverse Agonists		
clonidine hcl (adhd) TB12	2	QL(4 ea daily); AL(At least 5 yrs old); PA	WAKIX	1	QL(2 ea daily); PA
guanfacine hcl (adhd)	1	QL(1 ea daily); AL(At least 5 yrs old); MP; PA	Stimulants - Misc.		
INTUNIV (Use guanfacine hcl (adhd))	1	QL(1 ea daily); AL(At least 5 yrs old); MP; PA	APTENSIO XR CP24 (Use methylphenidate hcl)	2	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 5 yrs old); PA
			APTENSIO XR CP24 (Use methylphenidate hcl)	2	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 5 yrs old); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil</i>	1	QL(1 ea daily); AL(At least 18 yrs old); PA	METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	1	QL(600 ml per 30 day(s) retail; 600 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
AZSTARYS	3	QL(1 ea daily); AL(At least 5 yrs old); PA	METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	1	QL(600 ml per 30 day(s) retail; 600 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
CONCERTA TBCR 36 MG (<i>Use methylphenidate hcl</i>)	1	QL(2 ea daily); AL(At least 5 yrs old); PA	<i>methylphenidate hcl CHEW</i>	1	QL(3 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>Use methylphenidate hcl</i>)	1	QL(1 ea daily); AL(At least 5 yrs old); PA	<i>methylphenidate hcl CP24</i>	2	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 5 yrs old); PA
COTEMPLA XR-ODT TBED	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA	<i>methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG</i>	2	QL(1 ea daily); AL(At least 5 yrs old); PA
DAYTRANA PTCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR (<i>Use methylphenidate</i>)	9	AL(At least 5 yrs old - Up to 10 yrs old)	<i>methylphenidate hcl CP24 30 MG</i>	2	QL(2 ea daily); AL(At least 5 yrs old); PA
DAYTRANA PTCH (<i>Use methylphenidate</i>)	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)	<i>methylphenidate hcl CPCR</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA	<i>methylphenidate hcl SOLN</i>	1	QL(600 ml per 30 day(s) retail; 600 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily); AL(At least 5 yrs old); PA	<i>methylphenidate hcl TABS</i>	1	QL(3 ea daily); AL(At least 5 yrs old); PA
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	1	QL(1 ea daily); AL(At least 5 yrs old); PA	<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily); AL(At least 5 yrs old); PA
FOCALIN TABS (<i>Use dexmethylphenidate hcl</i>)	1	QL(2 ea daily); AL(At least 5 yrs old); PA	<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA
JORNAY PM CP24	3	QL(1 ea daily); AL(At least 5 yrs old); PA			
METADATE CD CPCR (<i>Use methylphenidate hcl</i>)	9				

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<i>methylphenidate hcl TBCR</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA	RELEXXII TBCR 27 MG, 45 MG, 54 MG, 63 MG, 72 MG	1	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>methylphenidate hcl TBCR 36 MG</i>	1	QL(2 ea daily); AL(At least 5 yrs old); PA	RELEXXII TBCR (<i>Use methylphenidate hcl</i>)	1	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(3 ea daily); AL(At least 5 yrs old); PA	RITALIN LA CP24 30 MG (<i>Use methylphenidate hcl</i>)	2	QL(2 ea daily); AL(At least 5 yrs old); PA
<i>methylphenidate PTCH</i>	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old)	RITALIN LA CP24 10 MG, 20 MG, 40 MG (<i>Use methylphenidate hcl</i>)	2	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>modafinil 200 MG</i>	1		RITALIN LA CP24 10 MG, 20 MG, 40 MG (<i>Use methylphenidate hcl</i>)	2	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>modafinil</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA	RITALIN TABS (<i>Use methylphenidate hcl</i>)	1	QL(3 ea daily); AL(At least 5 yrs old); PA
NUVIGIL (<i>Use armodafinil</i>)	1	QL(1 ea daily); AL(At least 18 yrs old); PA	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
NUVIGIL (<i>Use armodafinil</i>)	1	QL(1 ea daily); AL(At least 18 yrs old); PA	Allergenic Extracts		
PROVIGIL (<i>Use modafinil</i>)	1	QL(1 ea daily); AL(At least 5 yrs old); PA	GRASTEK SUBL	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old); PA
PROVIGIL (<i>Use modafinil</i>)	1	QL(1 ea daily); AL(At least 5 yrs old); PA	ODACTRA SUBL	1	QL(1 ea daily); AL(At least 12 yrs old - Up to 65 yrs old); PA
QUILLICHEW ER CHER	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA	ORALAIR SUBL	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old); PA
QUILLIVANT XR SRER	2	60 mL bottle; QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA	PALFORZIA INITIAL DOSE ESCALATION CSPK	1	PA
RELEXXII TBCR 18 MG	1	AL(At least 5 yrs old)	PALFORZIA LEVEL 10 CSPK	1	PA
RELEXXII TBCR 36 MG	1	QL(2 ea daily); AL(At least 5 yrs old); PA	PALFORZIA LEVEL 11 (MAINTENANCE) PACK	1	PA
			PALFORZIA LEVEL 11 (TITRATION) PACK	1	PA
			PALFORZIA LEVEL 1 CSPK	1	PA
			PALFORZIA LEVEL 2 CSPK	1	PA

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PALFORZIA LEVEL 3 CSPK	1	PA
PALFORZIA LEVEL 4 CSPK	1	PA
PALFORZIA LEVEL 5 CSPK	1	PA
PALFORZIA LEVEL 6 CSPK	1	PA
PALFORZIA LEVEL 7 CSPK	1	PA
PALFORZIA LEVEL 8 CSPK	1	PA
PALFORZIA LEVEL 9 CSPK	1	PA
RAGWITEK SUBL	1	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old); PA
AMEBICIDES		
Amebicides		
SOLOSEC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	1	
ARIKAYCE	1	QL(235.2 ml per 28 day(s) retail; 235 ml per 28 days mail); PA
BETHKIS NEBU (Use <i>tobramycin</i>)	1	QL(224 ml per 55 day(s) retail; 224 ml per 55 days mail); PA
BETHKIS NEBU (Use <i>tobramycin</i>)	9	

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>	1	
<i>gentamicin sulfate IJ</i>	1	
KITABIS PAK NEBU (Use <i>tobramycin</i>)	1	QL(280 ml per 55 day(s) retail; 280 ml per 55 days mail); PA
<i>neomycin sulfate TABS</i>	1	
<i>streptomycin sulfate SOLR</i>	1	
TOBI PODHALER CAPS	1	QL(224 ea per 55 day(s) retail; 224 ea per 55 days mail); PA
TOBI NEBU (Use <i>tobramycin</i>)	9	
TOBI NEBU (Use <i>tobramycin</i>)	1	QL(280 ml per 55 day(s) retail; 280 ml per 55 days mail); PA
TOBRAMYCIN SULFATE POWD	1	
<i>tobramycin sulfate SOLN IJ</i>	1	
<i>tobramycin sulfate SOLN IJ</i>	1	
<i>tobramycin sulfate SOLR</i>	1	
<i>tobramycin NEBU</i>	1	PA
<i>tobramycin NEBU</i>	1	QL(224 ml per 55 day(s) retail; 224 ml per 55 days mail); PA
ZEMDRI	1	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT 1 MG, 2 MG	1	QL(1 ea daily); PA
RINVOQ 15 MG, 30 MG	1	QL(1 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RINVOQ 45 MG	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA	RASUVO SOAJ 20 MG/0.4ML	1	QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
XELJANZ XR TB24	1	QL(1 ea daily); PA	RASUVO SOAJ 7.5 MG/0.15ML	1	QL(0.6 ml per 28 day(s) retail; 1 ml per 28 days mail); PA
XELJANZ SOLN	1	QL(480 ml per 48 day(s) retail; 480 ml per 48 days mail); AL(At least 2 yrs old - Up to 10 yrs old); PA	RASUVO SOAJ 25 MG/0.5ML	1	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
XELJANZ TABS	1	QL(2 ea daily); PA	RASUVO SOAJ 15 MG/0.3ML	1	QL(1.2 ml per 28 day(s) retail; 1 ml per 28 days mail); PA
Antirheumatic Antimetabolites			RASUVO SOAJ 30 MG/0.6ML	1	QL(2.4 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
METHOTREXATE	1		Anti-TNF-alpha - Monoclonal Antibodies		
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	1	QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA	ABRILADA 1-PEN KIT AJKT	1	PA
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	1	QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA	ABRILADA 2-PEN KIT AJKT	1	PA
RASUVO SOAJ 22.5 MG/0.45ML	1	QL(1.8 ml per 28 day(s) retail; 2 ml per 28 days mail); PA	ABRILADA PSKT	1	PA
RASUVO SOAJ 10 MG/0.2ML	1	QL(0.8 ml per 28 day(s) retail; 1 ml per 28 days mail); PA	ADALIMUMAB-AACF (2 PEN) AJKT	1	PA
RASUVO SOAJ 12.5 MG/0.25ML	1	QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA	ADALIMUMAB-ADAZ SOAJ	1	QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
RASUVO SOAJ 17.5 MG/0.35ML	1	QL(1.4 ml per 28 day(s) retail; 1 ml per 28 days mail); PA	ADALIMUMAB-ADAZ SOSY	1	QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
			ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	1	QL(6 ea per 28 day(s) retail; 6 ea per 28 days mail); PA
			ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER AJKT	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA
			ADALIMUMAB-ADBM AJKT	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA

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ADALIMUMAB-ADBM PSKT 40 MG/0.8ML	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA	CYLTEZO AJKT	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA
ADALIMUMAB-ADBM PSKT 10 MG/0.2ML, 20 MG/0.4ML	1	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA	CYLTEZO PSKT 40 MG/0.8ML	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA
ADALIMUMAB-FKJP AJKT	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA	CYLTEZO PSKT 10 MG/0.2ML, 20 MG/0.4ML	1	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA
ADALIMUMAB-FKJP PSKT 20 MG/0.4ML	1	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA	HADLIMA PUSHTOUCH SOAJ	1	QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA
ADALIMUMAB-FKJP PSKT 40 MG/0.8ML	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA	HADLIMA PUSHTOUCH SOAJ	1	QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
AMJEVITA SOAJ 40 MG/0.8ML	1	QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA	HADLIMA SOSY	1	QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA
AMJEVITA SOAJ	1	PA	HADLIMA SOSY	1	QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
AMJEVITA SOSY 40 MG/0.8ML	1	QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA	HULIO AJKT	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA
AMJEVITA SOSY 10 MG/0.2ML	1	QL(0.4 ml per 28 day(s) retail); PA	HULIO PSKT 40 MG/0.8ML	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA
AMJEVITA SOSY 20 MG/0.4ML	1	QL(0.8 ml per 28 day(s) retail; 1 ml per 28 days mail); PA	HULIO PSKT 20 MG/0.4ML	1	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA
AMJEVITA SOSY 20 MG/0.2ML, 40 MG/0.4ML	1	PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	2	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail)
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	1	QL(6 ea per 28 day(s) retail; 6 ea per 28 days mail); PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2	QL(3 ea per 28 day(s) retail; 3 ea per 28 days mail)
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA			

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HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	2	QL(3 ea per 28 day(s) retail; 3 ea per 28 days mail)	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	1	PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	2	QL(6 ea per 28 day(s) retail; 6 ea per 28 days mail)	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	1	QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)	HYRIMOZ SOAJ 80 MG/0.8ML	1	QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA
HUMIRA PEN PNKT 80 MG/0.8ML	2	QL(3 ea per 28 day(s) retail; 3 ea per 28 days mail)	HYRIMOZ SOAJ 40 MG/0.4ML	1	PA
HUMIRA PEN PNKT 40 MG/0.4ML	2	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)	HYRIMOZ SOSY 40 MG/0.4ML	1	QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
HUMIRA PEN PNKT 40 MG/0.8ML	2	QL(6 ea per 28 day(s) retail; 6 ea per 28 days mail)	HYRIMOZ SOSY 20 MG/0.2ML	1	QL(0.4 ml per 28 day(s) retail); PA
HUMIRA PEN-PS/UV STARTER PNKT	2	QL(3 ea per 28 day(s) retail; 3 ea per 28 days mail)	HYRIMOZ SOSY 10 MG/0.1 ML	1	QL(0.2 ml per 28 day(s) retail); PA
HUMIRA PEN-PS/UV STARTER PNKT	2	QL(6 ea per 28 day(s) retail; 6 ea per 28 days mail)	IDACIO (2 PEN) AJKT	1	PA
HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML	2	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail)	IDACIO (2 SYRINGE) PSKT	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA
HUMIRA PSKT 40 MG/0.4ML, 40 MG/0.8ML	2	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)	IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	1	PA
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	1	QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	1	PA
HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	1	QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA	SIMPONI ARIA SOLN	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA
			SIMPONI SOAJ 100 MG/ML	1	QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA
			SIMPONI SOAJ 50 MG/0.5ML	1	QL(0.5 ml per 28 day(s) retail); PA
			SIMPONI SOSY 50 MG/0.5ML	1	QL(0.5 ml per 28 day(s) retail); PA

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SIMPONI SOSY 100 MG/ML	1	QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA	ACTEMRA SOLN	1	PA
YUFLYMA 1-PEN KIT AJKT 80 MG/0.8ML	1	PA	ACTEMRA SOSY	1	QL(3.6 ml per 28 day(s) retail; 4 ml per 28 days mail); PA
YUFLYMA 1-PEN KIT AJKT 40 MG/0.4ML	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA	KEVZARA SOAJ	1	QL(2.28 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
YUFLYMA 2-PEN KIT AJKT	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA	KEVZARA SOSY	1	QL(2.28 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
YUFLYMA CD/UC/HS STARTER AJKT	1	PA	ANAPROX DS TABS (Use naproxen sodium)	9	ST
YUSIMRY	1	QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA	ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	2	ST
Gold Compounds			ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	2	ST
RIDAURA	1		CALDOLOR SOLN	1	PA
Interleukin-1 Blockers			CELEBREX 50 MG, 100 MG, 200 MG (Use celecoxib)	1	
ARCALYST	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA	CELEBREX 50 MG, 100 MG, 200 MG (Use celecoxib)	1	
Interleukin-1 Receptor Antagonist (IL-1Ra)			CELEBREX 400 MG (Use celecoxib)	1	PA
KINERET SOSY	2	QL(18.76 ml per 28 day(s) retail; 19 ml per 28 days mail)	celecoxib 400 MG	1	PA
Interleukin-1beta Blockers			celecoxib 50 MG, 100 MG, 200 MG	1	
ILARIS SOLN	1	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	9	RX/OTC
Interleukin-6 Receptor Inhibitors			CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	9	RX/OTC
ACTEMRA ACTPEN SOAJ	1	PA	COMBOGESIC SOLN	1	PA
			DAYPRO TABS (Use oxaprozin)	2	ST

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<i>diclofenac potassium CAPS</i>	1	PA	<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
<i>diclofenac potassium CAPS</i>	1	PA	INDOCIN SUSP (Use <i>indomethacin</i>)	9	
<i>diclofenac potassium TABS 50 MG</i>	2		INDOMETHACIN	1	PA
<i>diclofenac potassium TABS 50 MG</i>	2	ST	<i>indomethacin CAPS 25 MG, 50 MG</i>	1	QL(8 ea daily)
<i>diclofenac potassium TABS 25 MG</i>	1	PA	<i>indomethacin CPCR</i>	1	PA
<i>diclofenac sodium TB24</i>	2		<i>indomethacin SUPP</i>	1	PA
<i>diclofenac sodium TBEC 50 MG, 75 MG</i>	1		<i>indomethacin SUSP</i>	1	AL(Up to 10 yrs old); PA
<i>diclofenac sodium TBEC 25 MG</i>	2	QL(2 ea daily); ST	<i>ketoprofen CAPS 25 MG</i>	1	PA
<i>diclofenac w/ misoprostol TBEC</i>	2	ST	<i>ketoprofen CP24</i>	1	PA
DUEXIS (Use <i>ibuprofen-famotidine</i>)	1	PA	<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	1	
EC-NAPROSYN TBEC (Use <i>naproxen</i>)	9		KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	1	QL(5 ea per 5 day(s) retail; 5 ea per 5 days mail); PA
<i>etodolac CAPS</i>	2	ST	<i>ketorolac tromethamine TABS</i>	1	
<i>etodolac TABS</i>	1		LODINE TABS (Use <i>etodolac</i>)	9	
<i>etodolac TB24</i>	2	ST	<i>meclofenamate sodium CAPS</i>	1	PA
<i>etodolac TB24</i>	2	ST	<i>mefenamic acid CAPS</i>	1	PA
FELDENE CAPS (Use <i>piroxicam</i>)	2	ST	<i>meloxicam CAPS</i>	1	QL(1 ea daily); PA
<i>fenoprofen calcium CAPS 400 MG</i>	1	PA	<i>meloxicam TABS</i>	1	
<i>fenoprofen calcium TABS</i>	1	PA	<i>nabumetone</i>	1	
<i>flurbiprofen TABS 100 MG</i>	1		NALFON CAPS (Use <i>fenoprofen calcium</i>)	1	PA
<i>ibuprofen lysine</i>	1		NALFON TABS (Use <i>fenoprofen calcium</i>)	1	PA
<i>ibuprofen-famotidine</i>	1	PA	NAPRELAN TB24 500 MG (Use <i>naproxen sodium</i>)	9	
IBUPROFEN POWD	1		NAPRELAN TB24 (Use <i>naproxen sodium</i>)	1	PA
<i>ibuprofen SUSP 100 MG/5ML</i>	1	QL(120 ml per fill retail); AL(Up to 20 yrs old); PA; RX/OTC	NAPRELAN TB24 (Use <i>naproxen sodium</i>)	1	PA
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1				

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NAPROSYN SUSP (<i>Use naproxen</i>)	1	
NAPROSYN TABS 500 MG (<i>Use naproxen</i>)	9	
<i>naproxen sodium TABS 275 MG, 550 MG</i>	2	ST
<i>naproxen sodium TABS 275 MG, 550 MG</i>	2	ST
<i>naproxen sodium TB24</i>	1	PA
<i>naproxen-esomeprazole magnesium</i>	1	PA
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>naproxen TBEC</i>	1	
NEOPROFEN (<i>Use ibuprofen lysine</i>)	1	
<i>oxaprozin TABS</i>	2	ST
<i>piroxicam CAPS</i>	2	ST
RELAFEN DS	1	QL(1 ea daily); PA
<i>sulindac TABS</i>	1	
<i>tolmetin sodium CAPS</i>	2	ST
<i>tolmetin sodium TABS 600 MG</i>	2	ST
VIMOVO (<i>Use naproxen-esomeprazole magnesium</i>)	1	PA
ZIPSOR CAPS (<i>Use diclofenac potassium</i>)	9	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	2	QL(2 ea daily)
OTEZLA TBPK	2	QL(55 ea per 28 day(s) retail; 55 ea per 28 days mail)
Pyrimidine Synthesis Inhibitors		
ARAVA (<i>Use leflunomide</i>)	1	QL(1 ea daily)
ARAVA (<i>Use leflunomide</i>)	1	QL(1 ea daily)
<i>leflunomide</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA
ORENCIA SOLR	1	PA
ORENCIA SOSY 50 MG/0.4ML	1	QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
ORENCIA SOSY 125 MG/ML	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA
ORENCIA SOSY 87.5 MG/0.7ML	1	QL(2.8 ml per 28 day(s) retail; 3 ml per 28 days mail); PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	QL(8 ml per 28 day(s) retail; 8 ml per 28 days mail)
ENBREL SURECLICK SOAJ	2	QL(8 ml per 28 day(s) retail; 8 ml per 28 days mail)
ENBREL SOLN	2	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail)
ENBREL SOSY 50 MG/ML	2	QL(8 ml per 28 day(s) retail; 8 ml per 28 days mail)
ENBREL SOSY 25 MG/0.5ML	2	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail)
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA

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<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	TYLENOL FOR CHILDREN/ADULTS SUSP (<i>Use acetaminophen</i>)	9	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	AL(At least 10 yrs old)	TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use acetaminophen</i>)	9	
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	Salicylates		
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1		<i>aspirin CHEW</i>	1	QL(1 ea daily); AL(At least 10 yrs old - Up to 50 yrs old)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>aspirin TBEC 81 MG</i>	1	QL(1 ea daily); AL(At least 10 yrs old - Up to 50 yrs old)
<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	<i>aspirin TBEC 81 MG</i>	1	AL(At least 10 yrs old - Up to 50 yrs old)
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>diflunisal TABS</i>	1	
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	1	QL(4 ea daily); AL(At least 10 yrs old)	ECOTRIN ARTHRITIS PAIN TBEC (<i>Use aspirin</i>)	9	
FIORICET CAPS (<i>Use butalbital-acetaminophen-caffeine</i>)	1	QL(4 ea daily); AL(At least 10 yrs old); PA	ECOTRIN REGULAR STRENGTH TBEC (<i>Use aspirin</i>)	9	
Analgesics Other			ECOTRIN TBEC (<i>Use aspirin</i>)	9	
<i>acetaminophen SOLN OR 160 MG/5ML</i>	1		<i>salsalate</i>	1	
<i>acetaminophen SUSP 80 MG/2.5ML</i>	1		<i>salsalate</i>	1	
<i>clonidine hcl (analgesia) EP</i>	1		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
DURACLON EP 100 MCG/ML (<i>Use clonidine hcl (analgesia)</i>)	1		Opioid Agonists		
OFIRMEV SOLN IV (<i>Use acetaminophen</i>)	9		ACTIQ LPOP (<i>Use fentanyl citrate</i>)	9	AL(At least 10 yrs old)
TYLENOL CHILDRENS PAIN +FEVER SUSP (<i>Use acetaminophen</i>)	9		ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (<i>Use fentanyl citrate</i>)	1	QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); AL(At least 10 yrs old); PA
TYLENOL CHILDRENS SUSP (<i>Use acetaminophen</i>)	9		CODEINE PHOSPHATE POWD	1	

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<i>codeine sulfate TABS 30 MG</i>	1	QL(4 ea daily); AL(At least 12 yrs old)	<i>fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML</i>	1	
CODEINE SULFATE TABS	1	QL(4 ea daily); AL(At least 12 yrs old)	FENTANYL CITRATE SOLN IJ 50 MCG/ML (Use fentanyl citrate)	1	
CONZIP CP24 (Use tramadol hcl)	1	QL(1 ea daily); AL(At least 12 yrs old); PA	FENTANYL CITRATE SOLN IJ (Use fentanyl citrate)	9	
DEMEROL SOLN IJ	1		<i>fentanyl citrate SOSY IJ</i>	1	
DEMEROL SOLN IJ (Use meperidine hcl)	1		FENTANYL CITRATE SOSY IJ (Use fentanyl citrate)	1	
DEMEROL SOLN IJ (Use meperidine hcl)	9		FENTANYL CITRATE SOSY IJ (Use fentanyl citrate)	9	
DEMEROL SOLN IJ (Use meperidine hcl)	1		FENTANYL CITRATE SOSY IJ 25 MCG/0.5ML, 50 MCG/ML	1	
DILAUDID LIQD (Use hydromorphone hcl)	1		<i>fentanyl citrate TABS</i>	1	QL(112 ea per 30 day(s) retail; 112 ea per 30 days mail); AL(At least 10 yrs old); PA
DILAUDID SOLN IJ	1		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR</i>	1	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail); AL(At least 10 yrs old); PA
DILAUDID SOLN IJ (Use hydromorphone hcl)	1		<i>fentanyl PT72 25 MCG/HR</i>	1	AL(At least 10 yrs old); PA
DILAUDID SOLN IJ (Use hydromorphone hcl)	9		<i>fentanyl PT72 100 MCG/HR</i>	1	QL(20 ea per 30 day(s) retail; 20 ea per 30 days mail); AL(At least 10 yrs old); PA
DILAUDID TABS (Use hydromorphone hcl)	1	QL(4 ea daily); AL(At least 10 yrs old)			
<i>fentanyl citrate LPOP</i>	1	QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); AL(At least 10 yrs old); PA			
<i>fentanyl citrate LPOP</i>	1	QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); AL(At least 10 yrs old); PA			
<i>fentanyl citrate SOLN IJ 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML</i>	1				

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FENTORA TABS (<i>Use fentanyl citrate</i>)	1	QL(112 ea per 30 day(s) retail; 112 ea per 30 days mail); AL(At least 10 yrs old); PA	HYDROMORPHONE HYDROCHLORIDE SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML	1	
FENTORA TABS (<i>Use fentanyl citrate</i>)	9	AL(At least 10 yrs old)	HYDROMORPHONE HYDROCHLORIDE SOLN IJ (<i>Use hydromorphone hcl</i>)	9	
FENTORA TABS (<i>Use fentanyl citrate</i>)	1	QL(112 ea per 30 day(s) retail; 112 ea per 30 days mail); AL(At least 10 yrs old); PA	HYDROMORPHONE HYDROCHLORIDE SOLN IJ (<i>Use hydromorphone hcl</i>)	1	
<i>hydrocodone bitartrate CP12</i>	1	QL(2 ea daily); AL(At least 10 yrs old); PA	HYSINGLA ER T24A	1	QL(1 ea daily); AL(At least 10 yrs old); PA
<i>hydrocodone bitartrate CP12</i>	1	QL(2 ea daily); AL(At least 10 yrs old); PA	INFUMORPH 200 (<i>Use morphine sulfate for continuous microinfusion</i>)	1	
<i>hydrocodone bitartrate T24A</i>	1	QL(1 ea daily); AL(At least 10 yrs old); PA	INFUMORPH 500 (<i>Use morphine sulfate for continuous microinfusion</i>)	1	
<i>hydromorphone hcl LIQD</i>	1		<i>levorphanol tartrate TABS</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA
HYDROMORPHONE HCL POWD	1		<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	1	
<i>hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1		<i>meperidine hcl TABS 50 MG</i>	1	AL(At least 10 yrs old)
<i>hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	1		<i>methadone hcl CONC</i>	1	QL(4 ml daily); PA
HYDROMORPHONE HCL SUPP	1		<i>methadone hcl SOLN OR 10 MG/5ML</i>	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); AL(Up to 1 yrs old)
<i>hydromorphone hcl TABS</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>methadone hcl SOLN OR 5 MG/5ML</i>	1	QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail); AL(Up to 1 yrs old)
<i>hydromorphone hcl TB24 12 MG</i>	1	QL(3 ea daily); AL(At least 10 yrs old); PA	METHADONE HCL SOLN IJ	1	
<i>hydromorphone hcl TB24 8 MG, 16 MG, 32 MG</i>	1	QL(1 ea daily); AL(At least 10 yrs old); PA			

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<i>methadone hcl TABS 10 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>morphine sulfate TBCR 200 MG</i>	1	AL(At least 10 yrs old); PA
<i>methadone hcl TABS</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	<i>morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG</i>	1	QL(3 ea daily); AL(At least 10 yrs old); PA
METHADOSE SUGAR-FREE CONC (<i>Use methadone hcl</i>)	1	QL(4 ml daily); PA	MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 100 MG (<i>Use morphine sulfate</i>)	1	QL(3 ea daily); AL(At least 10 yrs old); PA
METHADOSE CONC (<i>Use methadone hcl</i>)	1	QL(4 ml daily); PA	MS CONTIN TBCR 200 MG (<i>Use morphine sulfate</i>)	1	AL(At least 10 yrs old); PA
<i>morphine sulfate beads</i>	1	QL(1 ea daily); AL(At least 10 yrs old); PA	MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 100 MG (<i>Use morphine sulfate</i>)	1	QL(3 ea daily); AL(At least 10 yrs old); PA
<i>morphine sulfate beads</i>	1	QL(1 ea daily); AL(At least 10 yrs old); PA	NUCYNTA ER TB12 50 MG	1	QL(2 ea daily); AL(At least 10 yrs old)
<i>morphine sulfate for continuous microinfusion</i>	1		NUCYNTA ER TB12 100 MG, 150 MG, 200 MG, 250 MG	1	QL(2 ea daily); AL(At least 10 yrs old); PA
MORPHINE SULFATE/SODIUM CHLORIDE SOLN IV	1		NUCYNTA TABS	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily); AL(At least 10 yrs old); PA	<i>oxycodone hcl CAPS</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily); AL(At least 10 yrs old); PA	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(4 ml daily)
<i>morphine sulfate SOLN IV 4 MG/ML, 8 MG/ML, 10 MG/ML, 50 MG/ML</i>	1		OXYCODONE HCL POWD	1	
<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1		<i>oxycodone hcl SOLN</i>	1	
MORPHINE SULFATE SOLN IV 2 MG/ML, 4 MG/ML, 8 MG/ML, 10 MG/ML, 50 MG/ML	1		<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>	1	QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); AL(At least 10 yrs old); PA
<i>morphine sulfate SUPP</i>	1		<i>oxycodone hcl T12A 80 MG</i>	1	AL(At least 10 yrs old); PA
<i>morphine sulfate TABS</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>oxycodone hcl TABS</i>	1	QL(4 ea daily); AL(At least 10 yrs old)

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OXYCONTIN T12A 10 MG, 15 MG, 20 MG	1	QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); AL(At least 10 yrs old)	<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily); AL(At least 12 yrs old)
			<i>tramadol hcl TABS 25 MG, 100 MG</i>	1	QL(4 ea daily); AL(At least 12 yrs old); PA
OXYCONTIN T12A 30 MG, 40 MG, 60 MG	1	QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); AL(At least 10 yrs old); PA	<i>tramadol hcl TB24</i>	1	QL(1 ea daily); AL(At least 12 yrs old); PA
			<i>tramadol hcl TB24</i>	1	QL(1 ea daily); AL(At least 12 yrs old); PA
OXYCONTIN T12A 80 MG	1	AL(At least 10 yrs old); PA	TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	1	AL(At least 12 yrs old); PA
<i>oxymorphone hcl TABS</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	9	
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1	QL(2 ea daily); AL(At least 10 yrs old); PA	ULTIVA (Use remifentanil hcl)	1	
<i>oxymorphone hcl TB12 40 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA	ULTIVA (Use remifentanil hcl)	9	
<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i>	1	QL(2 ea daily); AL(At least 10 yrs old); PA	ULTRAM TABS (Use tramadol hcl)	9	
QDOLO SOLN (Use tramadol hcl)	1	AL(At least 12 yrs old); PA	XTAMPZA ER	1	QL(2 ea daily); AL(At least 10 yrs old); PA
<i>remifentanil hcl</i>	1		Opioid Combinations		
ROXICODONE TABS (Use oxycodone hcl)	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>acetaminophen w/ codeine SOLN</i>	1	QL(4050 ml per 30 day(s) retail; 4050 ml per 30 days mail); PA
ROXICODONE TABS (Use oxycodone hcl)	1	QL(4 ea daily); AL(At least 10 yrs old)	<i>acetaminophen w/ codeine SOLN</i>	1	QL(4050 ml per 30 day(s) retail; 4050 ml per 30 days mail); PA
ROXYBOND TABA	1	QL(4 ea daily); AL(At least 10 yrs old); PA	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	AL(At least 12 yrs old)
<i>sufentanil citrate SOLN IV 50 MCG/ML</i>	1		<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	QL(4 ea daily); AL(At least 12 yrs old)
SUFENTANIL CITRATE SOLN IV 50 MCG/ML (Use sufentanil citrate)	9				
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	QL(1 ea daily); AL(At least 12 yrs old); PA			
<i>tramadol hcl SOLN</i>	1	AL(At least 12 yrs old); PA			

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<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	1	QL(4 ea daily); AL(At least 12 yrs old); PA	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 ea daily); AL(At least 12 yrs old)	<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old); PA
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	QL(4 ea daily); AL(At least 12 yrs old); PA	<i>hydrocodone-ibuprofen 5 MG-200 MG, 7.5 MG-200 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>butalbital-aspirin-caffeine w/cod</i>	1	QL(4 ea daily); AL(At least 12 yrs old)	<i>hydrocodone-ibuprofen 5 MG-200 MG, 7.5 MG-200 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	1	QL(4 ea daily); AL(At least 12 yrs old); PA	NALOCET TABS	1	QL(4 ea daily); AL(At least 10 yrs old); PA
<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>	1	QL(4560 ml per 30 day(s) retail; 4560 ml per 30 days mail); PA	<i>oxycodone w/acetaminophen SOLN</i>	1	QL(1500 ml per 30 day(s) retail; 1500 ml per 30 days mail)
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-7.5 MG/15ML</i>	1	QL(4560 ml per 30 day(s) retail; 4560 ml per 30 days mail); AL(Up to 14 yrs old)	<i>oxycodone w/acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>hydrocodone-acetaminophen SOLN 325 MG/15ML-7.5 MG/15ML</i>	1	PA	<i>oxycodone w/acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
<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>	1	QL(4560 ml per 30 day(s) retail; 4560 ml per 30 days mail); PA	PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/acetaminophen</i>)	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily); AL(At least 10 yrs old)	PROLATE SOLN	1	QL(1500 ml per 30 day(s) retail; 1500 ml per 30 days mail); AL(Up to 12 yrs old); PA
			PROLATE TABS	1	QL(4 ea daily); AL(At least 10 yrs old); PA

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SEGLENTIS	1	QL(28 ea per fill retail); AL(At least 12 yrs old); PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG</i>	1	QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail); AL(At least 16 yrs old); PA
<i>tramadol-acetaminophen</i>	1	QL(6 ea daily); AL(At least 12 yrs old)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily); AL(At least 16 yrs old); PA
ULTRACET (Use <i>tramadol-acetaminophen</i>)	9		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 ea daily); AL(At least 16 yrs old)
Opioid Partial Agonists			<i>buprenorphine hcl SOLN</i>	1	
BELBUCA FILM	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA	<i>buprenorphine hcl SUBL</i>	1	QL(3 ea daily); AL(At least 16 yrs old - Up to 50 yrs old)
BRIXADI SOSY 16 MG/0.32ML	1	QL(1.28 ml per 28 day(s) retail; 1 ml per 28 days mail); PA	<i>buprenorphine hcl SUBL 2 MG</i>	1	AL(At least 16 yrs old - Up to 50 yrs old)
BRIXADI SOSY 64 MG/0.18ML	1	QL(0.18 ml per 28 day(s) retail); PA	<i>buprenorphine PTWK</i>	1	PA
BRIXADI SOSY 8 MG/0.16ML	1	QL(0.64 ml per 28 day(s) retail; 1 ml per 28 days mail); PA	<i>butorphanol tartrate NA 10 MG/ML</i>	1	QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)
BRIXADI SOSY 96 MG/0.27ML	1	QL(0.27 ml per 28 day(s) retail); PA	<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	1	
BRIXADI SOSY 128 MG/0.36ML	1	QL(0.36 ml per 28 day(s) retail); PA	BUTRANS PTWK (Use <i>buprenorphine</i>)	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)
BRIXADI SOSY 24 MG/0.48ML	1	QL(1.92 ml per 28 day(s) retail; 2 ml per 28 days mail); PA	<i>nalbuphine hcl</i>	1	
BRIXADI SOSY 32 MG/0.64ML	1	QL(2.56 ml per 28 day(s) retail; 3 ml per 28 days mail); PA	<i>nalbuphine hcl</i>	1	
BUPRENEX SOLN (Use <i>buprenorphine hcl</i>)	9		<i>pentazocine w/ naloxone hcl</i>	1	QL(8 ea daily); AL(At least 10 yrs old)
<i>buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG</i>	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA	SUBLOCADE SOSY 300 MG/1.5ML	1	QL(1.5 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	1	QL(3 ea daily); AL(At least 16 yrs old); PA	SUBLOCADE SOSY 100 MG/0.5ML	1	QL(0.5 ml per 28 day(s) retail); PA
			SUBOXONE FILM SL 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	1	QL(2 ea daily); AL(At least 16 yrs old); PA

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SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	1	QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail); AL(At least 16 yrs old); PA	ANDROGEL PUMP GEL TD 1.62 % (Use testosterone)	1	QL(75 gm per 30 day(s) retail; 75 gm per 30 days mail); PA
SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	1	QL(3 ea daily); AL(At least 16 yrs old); PA	ANDROGEL PUMP GEL TD 1.62 % (Use testosterone)	9	
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	9	AL(At least 16 yrs old)	ANDROGEL GEL TD (Use testosterone)	9	
SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	9	QL(2 ea daily); AL(At least 16 yrs old)	AVEED SOLN	1	PA
SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	9	QL(3 ea daily); AL(At least 16 yrs old)	danazol CAPS	1	
ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	1	QL(3 ea daily); AL(At least 16 yrs old); PA	danazol CAPS	1	
ZUBSOLV SUBL 2.1 MG-8.6 MG	1	QL(2 ea daily); AL(At least 16 yrs old); PA	FORTESTA GEL TD (Use testosterone)	1	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA
ZUBSOLV SUBL 2.9 MG-11.4 MG	1	QL(1 ea daily); AL(At least 16 yrs old); PA	JATENZO CAPS 237 MG	1	QL(2 ea daily); AL(At least 18 yrs old); PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			JATENZO CAPS 158 MG, 198 MG	1	QL(4 ea daily); AL(At least 18 yrs old); PA
Anabolic Steroids			METHITEST TABS	1	PA
oxandrolone 2.5 MG	1	PA	methyltestosterone CAPS	1	PA
Androgens			METHYLTESTOSTERON E POWD	1	PA
ANDRODERM PT24 4 MG/24HR	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA	TESTIM GEL TD (Use testosterone)	1	QL(150 gm per 30 day(s) retail; 150 gm per 30 days mail); PA
ANDRODERM PT24 2 MG/24HR	1	QL(1 ea daily); PA	testosterone cypionate SOLN IM	1	PA
			testosterone enanthate SOLN IM	1	PA
			testosterone GEL TD 20.25 MG/1.25GM	1	QL(37.5 gm per 30 day(s) retail; 38 gm per 30 days mail); PA
			testosterone GEL TD 1.62 %, 25 MG/2.5GM, 40.5 MG/2.5GM	1	QL(75 gm per 30 day(s) retail; 75 gm per 30 days mail); PA
			testosterone GEL TD 1 %, 50 MG/5GM	1	QL(150 gm per 30 day(s) retail; 150 gm per 30 days mail); PA

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<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA	UCERIS (<i>Use budesonide (intrarectal)</i>)	9	
<i>testosterone SOLN</i>	1	QL(180 ml per 30 day(s) retail; 180 ml per 30 days mail); AL(At least 18 yrs old); PA	UCERIS (<i>Use budesonide (intrarectal)</i>)	1	QL(133.6 gm per 42 day(s) retail; 134 gm per 42 days mail); PA
TLANDO CAPS	1	QL(4 ea daily); AL(At least 18 yrs old); PA	Rectal Combinations		
VOGELXO PUMP GEL TD (<i>Use testosterone</i>)	9		<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	1	
VOGELXO PUMP GEL TD (<i>Use testosterone</i>)	1	QL(150 gm per 30 day(s) retail; 150 gm per 30 days mail); PA	<i>lidocaine-hydrocortisone acetate (rectal) KIT 2.5 %-3 %</i>	1	PA
VOGELXO GEL TD (<i>Use testosterone</i>)	1	QL(150 gm per 30 day(s) retail; 150 gm per 30 days mail); PA	PROCTOFOAM HC FOAM EX	1	
VOGELXO GEL TD (<i>Use testosterone</i>)	9		Rectal Steroids		
XYOSTED SOAJ	1	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA	ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	1	4 package(s) per 28 day(s) retail; 4 package(s) per 28 day(s) mail
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			<i>hydrocortisone (rectal) EX 1 %</i>	1	RX/OTC
Intrarectal Steroids			<i>hydrocortisone (rectal) EX 2.5 %</i>	1	4 package(s) per 28 day(s) retail; 4 package(s) per 28 day(s) mail
<i>budesonide (intrarectal)</i>	1	QL(133.6 gm per 42 day(s) retail; 134 gm per 42 days mail); PA	Vasodilating Agents		
CORTENEMA (<i>Use hydrocortisone (intrarectal)</i>)	1		<i>nitroglycerin (intra-anal)</i>	1	
CORTIFOAM EX 10 %	1	QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail); PA	RECTIV (<i>Use nitroglycerin (intra-anal)</i>)	1	
<i>hydrocortisone (intrarectal)</i>	1		ANTACIDS		
			Antacids - Calcium Salts		
			<i>calcium carbonate (antacid) SUSP</i>	1	AL(Up to 20 yrs old); PA
			ANTHELMINTICS - Drugs to Treat Worm Infections		
			Anthelmintics		
			<i>albendazole</i>	1	QL(2 ea daily)

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BENZNIDAZOLE	1	AL(At least 2 yrs old - Up to 12 yrs old); PA	<i>isosorbide dinitrate TABS 40 MG</i>	1	
BILTRICIDE (<i>Use praziquantel</i>)	1	QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail)	<i>isosorbide dinitrate TABS 5 MG, 30 MG</i>	1	QL(3 ea daily); MP
EMVERM CHEW	1	QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail); PA	<i>isosorbide mononitrate TABS</i>	1	
<i>ivermectin</i>	1	PA	<i>isosorbide mononitrate TB24 60 MG</i>	1	QL(3 ea daily); MP
<i>praziquantel</i>	1	QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail)	<i>isosorbide mononitrate TB24 30 MG</i>	1	QL(6 ea daily); MP
STROMEKTOL (<i>Use ivermectin</i>)	1	PA	<i>isosorbide mononitrate TB24 120 MG</i>	1	QL(2 ea daily); MP
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			NITRO-BID OINT	1	
Antianginals-Other			NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	9	MP
ASPRUZYO SPRINKLE PACK	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA	NITRO-DUR PT24	1	
RANEXA TB12 500 MG (<i>Use ranolazine</i>)	1	QL(3 ea daily); MP	NITRO-DUR PT24 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR (<i>Use nitroglycerin</i>)	1	
RANEXA TB12 1000 MG (<i>Use ranolazine</i>)	1	QL(2 ea daily); MP	NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR (<i>Use nitroglycerin</i>)	1	QL(1 ea daily); MP
<i>ranolazine TB12 1000 MG</i>	1	QL(2 ea daily); MP	<i>nitroglycerin in d5w</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(3 ea daily); MP	<i>nitroglycerin PT24 0.6 MG/HR</i>	1	
Nitrates			<i>nitroglycerin PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR</i>	1	QL(1 ea daily); MP
ISORDIL TITRADOSE TABS 40 MG (<i>Use isosorbide dinitrate</i>)	1		<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	1	QL(3 ea daily); MP	NITROGLYCERIN SOLN IV	1	
<i>isosorbide dinitrate TABS 10 MG</i>	1	QL(5 ea daily); MP	<i>nitroglycerin SUBL 0.3 MG, 0.4 MG</i>	1	QL(4.45 ea daily); MP
<i>isosorbide dinitrate TABS 20 MG</i>	1	QL(6 ea daily); MP	<i>nitroglycerin SUBL 0.6 MG</i>	1	
			NITROLINGUAL SOLN TL (<i>Use nitroglycerin</i>)	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail

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NITROSTAT SUBL 0.3 MG, 0.4 MG (Use nitroglycerin)	1	QL(4.45 ea daily); MP	alprazolam TABS 0.25 MG, 0.5 MG, 1 MG	1	QL(3 ea daily); AL(At least 19 yrs old)
NITROSTAT SUBL 0.6 MG (Use nitroglycerin)	1		alprazolam TABS 2 MG	1	QL(2 ea daily); AL(At least 19 yrs old)
NITROSTAT SUBL 0.3 MG, 0.4 MG (Use nitroglycerin)	1	QL(4.45 ea daily); MP	alprazolam TB24 0.5 MG, 1 MG, 3 MG	1	QL(1 ea daily); AL(At least 19 yrs old)
NITROSTAT SUBL 0.4 MG (Use nitroglycerin)	9	MP	alprazolam TB24 2 MG	1	QL(2 ea daily); AL(At least 19 yrs old)
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety					
Antianxiety Agents - Misc.					
buspirone hcl 30 MG	1		alprazolam TBDP 0.25 MG, 0.5 MG, 1 MG	1	QL(3 ea daily); AL(At least 19 yrs old); PA
buspirone hcl 5 MG, 10 MG, 15 MG	1	QL(3 ea daily); MP	alprazolam TBDP 2 MG	1	QL(2 ea daily); AL(At least 19 yrs old); PA
buspirone hcl 7.5 MG, 30 MG	1	QL(2 ea daily); MP	alprazolam TBDP 0.25 MG, 0.5 MG, 1 MG	1	QL(3 ea daily); AL(At least 19 yrs old); PA
droperidol SOLN 2.5 MG/ML	1		ATIVAN SOLN (Use lorazepam)	9	AL(At least 19 yrs old)
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	1		ATIVAN SOLN (Use lorazepam)	1	QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail); AL(At least 19 yrs old)
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	1		ATIVAN TABS (Use lorazepam)	1	QL(3 ea daily); AL(At least 19 yrs old)
hydroxyzine hcl SYRP	1		ATIVAN TABS (Use lorazepam)	1	QL(3 ea daily); AL(At least 19 yrs old)
hydroxyzine hcl TABS	1		chlordiazepoxide hcl CAPS	1	QL(3 ea daily); AL(At least 19 yrs old)
hydroxyzine pamoate CAPS 100 MG	1		clorazepate dipotassium TABS	1	QL(3 ea daily); AL(At least 19 yrs old)
hydroxyzine pamoate CAPS 25 MG, 50 MG	1	QL(4 ea daily); MP	diazepam CONC	1	QL(1 ml daily); AL(At least 19 yrs old)
meprobamate	1		diazepam SOLN OR 5 MG/5ML	1	AL(At least 19 yrs old)
meprobamate	1				
VISTARIL CAPS 50 MG (Use hydroxyzine pamoate)	9	QL(4 ea daily); MP			
VISTARIL CAPS 25 MG (Use hydroxyzine pamoate)	1	QL(4 ea daily); MP			
Benzodiazepines					
ALPRAZOLAM INTENSOL CONC	1	QL(1 ml daily); AL(At least 19 yrs old)			

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<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); AL(At least 19 yrs old)
<i>diazepam TABS</i>	1	QL(3 ea daily); AL(At least 19 yrs old)
<i>lorazepam CONC</i>	1	QL(1 ml daily); AL(At least 19 yrs old)
<i>lorazepam SOLN</i>	1	QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail); AL(At least 19 yrs old)
<i>lorazepam SOLN</i>	1	QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail); AL(At least 19 yrs old)
<i>lorazepam TABS</i>	1	QL(3 ea daily); AL(At least 19 yrs old)
LOREEV XR CS24	1	QL(1 ea daily); AL(At least 19 yrs old); PA
<i>oxazepam CAPS</i>	1	QL(3 ea daily); AL(At least 19 yrs old)
TRANXENE T TABS 7.5 MG (Use <i>clorazepate dipotassium</i>)	9	AL(At least 19 yrs old)
VALIUM TABS (Use <i>diazepam</i>)	9	
XANAX XR TB24 0.5 MG, 1 MG, 3 MG (Use <i>alprazolam</i>)	1	QL(1 ea daily); AL(At least 19 yrs old)
XANAX XR TB24 0.5 MG (Use <i>alprazolam</i>)	9	
XANAX XR TB24 2 MG (Use <i>alprazolam</i>)	1	QL(2 ea daily); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
XANAX XR TB24 0.5 MG, 1 MG, 3 MG (Use <i>alprazolam</i>)	1	QL(1 ea daily); AL(At least 19 yrs old)
XANAX TABS 0.25 MG, 0.5 MG, 1 MG (Use <i>alprazolam</i>)	1	QL(3 ea daily); AL(At least 19 yrs old)
XANAX TABS 2 MG (Use <i>alprazolam</i>)	1	QL(2 ea daily); AL(At least 19 yrs old)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics - Misc.		
<i>adenosine SOLN 6 MG/2ML, 12 MG/4ML</i>	1	
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	1	
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	1	
<i>procainamide hcl SOLN 100 MG/ML</i>	1	
<i>quinidine gluconate TBCR</i>	1	
<i>quinidine sulfate TABS</i>	1	
<i>quinidine sulfate TABS</i>	1	
Antiarrhythmics Type I-B		
<i>lidocaine hcl (cardiac) SOSY</i>	1	
LIDOCAINE HCL SOLN	1	
<i>lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML</i>	1	
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	1	
<i>propafenone hcl TABS</i>	1	
RYTHMOL SR CP12 (Use <i>propafenone hcl</i>)	1	
Antiarrhythmics Type III		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML</i>	1		NUCALA SOSY 40 MG/0.4ML	1	QL(0.4 ml per 28 day(s) retail); AL(At least 6 yrs old - Up to 11 yrs old); PA
<i>amiodarone hcl SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML</i>	1		NUCALA SOSY 100 MG/ML	1	QL(3 ml per 28 day(s) retail; 3 ml per 28 days mail); AL(At least 6 yrs old); PA
<i>amiodarone hcl TABS</i>	1		TEZSPIRE SOAJ	1	QL(1.91 ml per 28 day(s) retail; 2 ml per 28 days mail); AL(At least 12 yrs old); PA
<i>amiodarone hcl TABS</i>	1		TEZSPIRE SOSY	1	QL(1.91 ml per 28 day(s) retail; 2 ml per 28 days mail); AL(At least 12 yrs old); PA
CORVERT (Use <i>ibutilide fumarate</i>)	1		XOLAIR SOAJ	1	AL(At least 6 yrs old); PA
<i>dofetilide</i>	1		XOLAIR SOLR	1	AL(At least 6 yrs old - Up to 75 yrs old); PA
<i>ibutilide fumarate</i>	1		XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	1	AL(At least 6 yrs old - Up to 75 yrs old); PA
MULTAQ	1		XOLAIR SOSY 300 MG/2ML	1	AL(At least 6 yrs old); PA
TIKOSYN (Use <i>dofetilide</i>)	1		Anti-Inflammatory Agents		
TIKOSYN 500 MCG (Use <i>dofetilide</i>)	9		<i>cromolyn sodium NEBU</i>	1	
TIKOSYN (Use <i>dofetilide</i>)	1		Bronchodilators - Anticholinergics		
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			ATROVENT HFA	1	QL(25.8 gm per 30 day(s) retail; 26 gm per 30 days mail)
Antiasthmatic - Monoclonal Antibodies			INCRUSE ELLIPTA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
FASENRA PEN SOAJ	1	QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); AL(At least 12 yrs old); PA			
FASENRA SOSY	1	QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); AL(At least 12 yrs old); PA			
NUCALA SOAJ	1	QL(3 ml per 28 day(s) retail; 3 ml per 28 days mail); AL(At least 6 yrs old); PA			
NUCALA SOLR	1	QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); AL(At least 6 yrs old); PA			

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<i>ipratropium bromide SOLN 0.02 %</i>	1		<i>zileuton TB12</i>	1	AL(At least 12 yrs old); PA
SPIRIVA HANDIHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	1	MP	ZYFLO TABS	1	AL(At least 12 yrs old); PA
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	1	QL(4 gm per 30 day(s) retail; 4 gm per 30 days mail); AL(At least 12 yrs old)	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	1	QL(4 gm per 30 day(s) retail; 4 gm per 30 days mail); AL(At least 6 yrs old)	DALIRESP 500 MCG (<i>Use roflumilast</i>)	1	QL(1 ea daily); PA
<i>tiotropium bromide monohydrate CAPS</i>	1	MP; PA	DALIRESP 250 MCG (<i>Use roflumilast</i>)	1	QL(2 ea daily); PA
TUDORZA PRESSAIR	1	AL(At least 19 yrs old)	<i>roflumilast 250 MCG</i>	1	PA
YUPELRI	1	QL(90 ml per 30 day(s) retail; 90 ml per 30 days mail); AL(At least 18 yrs old); PA	<i>roflumilast 250 MCG</i>	1	QL(2 ea daily); PA
Leukotriene Modulators			<i>roflumilast 500 MCG</i>	1	QL(1 ea daily); PA
ACCOLATE 20 MG (<i>Use zafirlukast</i>)	9	QL(2 ea daily)	Steroid Inhalants		
ACCOLATE (<i>Use zafirlukast</i>)	1	QL(2 ea daily)	ALVESCO	2	QL(6.1 gm per 30 day(s) retail; 6 gm per 30 days mail)
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)	ARMONAIR DIGIHALER	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); AL(At least 12 yrs old); PA
<i>montelukast sodium PACK</i>	1	QL(1 ea daily); AL(Up to 2 yrs old); PA	ARNUITY ELLIPTA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 5 yrs old)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)	ASMANEX HFA AERO 50 MCG/ACT	1	QL(13 gm per 30 day(s) retail; 13 gm per 30 days mail); AL(At least 5 yrs old)
SINGULAIR CHEW (<i>Use montelukast sodium</i>)	1	QL(1 ea daily)	ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP
SINGULAIR PACK (<i>Use montelukast sodium</i>)	1	QL(1 ea daily); AL(Up to 2 yrs old); PA			
SINGULAIR TABS (<i>Use montelukast sodium</i>)	1	QL(1 ea daily)			
<i>zafirlukast</i>	1	QL(2 ea daily)			

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ASMANEX TWISTHALER 120 METERED DOSES AEPB	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP	FLOVENT HFA	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
ASMANEX TWISTHALER 14 METERED DOSES AEPB	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; MP	<i>fluticasone propionate (inhalation) AEPB</i>	1	MP
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP	<i>fluticasone propionate hfa</i>	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 4 yrs old - Up to 11 yrs old); MP	PULMICORT FLEXHALER AEPB	1	MP
ASMANEX TWISTHALER 60 METERED DOSES AEPB	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP	PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (Use <i>budesonide (inhalation)</i>)	1	QL(8 ml daily); AL(Up to 8 yrs old)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(240 ml per 30 day(s) retail; 240 ml per 30 days mail); AL(Up to 8 yrs old)	PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (Use <i>budesonide (inhalation)</i>)	1	QL(8 ml daily); AL(Up to 8 yrs old)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>	1	QL(8 ml daily); AL(Up to 8 yrs old)	PULMICORT SUSP 1 MG/2ML (Use <i>budesonide (inhalation)</i>)	1	QL(240 ml per 30 day(s) retail; 240 ml per 30 days mail); AL(Up to 8 yrs old)
FLOVENT DISKUS AEPB (Use <i>fluticasone propionate (inhalation)</i>)	1	12 package(s) per 90 day(s) retail; 12 package(s) per 90 day(s) mail; MP	QVAR REDHALER 80 MCG/ACT	1	QL(21.2 gm per 30 day(s) retail; 21 gm per 30 days mail); PA
			QVAR REDHALER 40 MCG/ACT	1	QL(21.2 gm per 30 day(s) retail; 21 gm per 30 days mail); AL(At least 4 yrs old); PA
			Sympathomimetics		
			ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i>)	9	MP

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ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 4 yrs old); MP	<i>albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1	
ADVAIR HFA AERO (Use fluticasone-salmeterol)	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 4 yrs old); MP	<i>albuterol sulfate SYRP</i>	1	
AIRDUO DIGIHALER 113/14	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); AL(At least 12 yrs old); PA	<i>albuterol sulfate TABS</i>	1	
AIRDUO DIGIHALER 232/14	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); AL(At least 12 yrs old); PA	ANORO ELLIPTA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
AIRDUO DIGIHALER 55/14	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); AL(At least 12 yrs old); PA	<i>arformoterol tartrate</i>	1	QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail); AL(At least 19 yrs old); PA
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA	BEVESPI AEROSPHERE	1	QL(10.7 gm per 30 day(s) retail; 11 gm per 30 days mail); AL(At least 18 yrs old); PA
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA	BREO ELLIPTA (Use fluticasone furoate-vilanterol)	9	
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA	BREO ELLIPTA (Use fluticasone furoate-vilanterol)	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
AIRSUPRA	1	PA	BREO ELLIPTA 100 MCG/ACT-25 MCG/ACT, 200 MCG/INH-25 MCG/INH	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
<i>albuterol sulfate AERS</i>	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail	BREO ELLIPTA 50 MCG/INH-25 MCG/INH	1	QL(2 ea daily); PA
			BREZTRI AEROSPHERE	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 18 yrs old); PA

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BROVANA (Use arformoterol tartrate)	1	AL(At least 19 yrs old); PA	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 4 yrs old); MP
BROVANA (Use arformoterol tartrate)	9	AL(At least 19 yrs old)	<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA
<i>budesonide-formoterol fumarate dihydrate 80 MCG/ACT-4.5 MCG/ACT</i>	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(At least 6 yrs old); MP; PA	<i>fluticasone-salmeterol AERO</i>	1	3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 4 yrs old); MP
<i>budesonide-formoterol fumarate dihydrate 160 MCG/ACT-4.5 MCG/ACT</i>	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(At least 12 yrs old); MP; PA	<i>formoterol fumarate NEBU</i>	1	AL(At least 19 yrs old); PA
COMBIVENT RESPIMAT AERS	1	QL(12 gm per 30 day(s) retail; 12 gm per 30 days mail)	<i>ipratropium-albuterol SOLN</i>	1	
DUAKLIR PRESSAIR	1	PA	<i>isoproterenol hcl</i>	1	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(At least 4 yrs old); MP	<i>levalbuterol hcl</i>	1	QL(288 ml per 30 day(s) retail; 288 ml per 30 days mail)
DULERA 50 MCG/ACT-5 MCG/ACT	1	QL(26 gm per 30 day(s) retail; 26 gm per 30 days mail); AL(At least 5 yrs old - Up to 11 yrs old); PA	<i>levalbuterol tartrate</i>	1	QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail); PA
<i>fluticasone furoate-vilanterol</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA	PERFOROMIST NEBU (Use formoterol fumarate)	1	QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail); AL(At least 19 yrs old); PA
<i>fluticasone-salmeterol AEPB 500 MCG/ACT-50 MCG/ACT</i>	1	AL(At least 4 yrs old); MP	PROAIR DIGIHALER	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; AL(At least 4 yrs old); PA

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PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(At least 6 yrs old); MP
PROAIR RESPICLICK AEPB	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; AL(At least 4 yrs old)	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	9	AL(At least 6 yrs old); MP
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	9		<i>terbutaline sulfate SOLN</i>	1	
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail	<i>terbutaline sulfate TABS</i>	1	QL(6 ea daily)
S2 (<i>Use racepinephrine hcl</i>)	1	AL(Up to 20 yrs old); PA	TRELEGY ELLIPTA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
SEREVENT DISKUS	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(At least 12 yrs old); MP	VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
STIOLTO RESPIMAT	1	QL(4 gm per 30 day(s) retail; 4 gm per 30 days mail); PA	XOPENEX (<i>Use levalbuterol hcl</i>)	9	
STRIVERDI RESPIMAT	1	QL(4 gm per 30 day(s) retail; 4 gm per 30 days mail); PA	XOPENEX CONCENTRATE (<i>Use levalbuterol hcl</i>)	9	
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(At least 12 yrs old); MP	XOPENEX HFA (<i>Use levalbuterol tartrate</i>)	1	
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	9	AL(At least 12 yrs old); MP	Xanthines		
			<i>aminophylline SOLN</i>	1	
			THEO-24 CP24	1	
			<i>theophylline ELIX</i>	1	
			<i>theophylline SOLN</i>	1	
			<i>theophylline TB12</i>	1	
			<i>theophylline TB24</i>	1	
			ANTICOAGULANTS - Blood Thinners		
			Coumarin Anticoagulants		
			<i>warfarin sodium TABS</i>	1	
			Direct Factor Xa Inhibitors		

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ELIQUIS STARTER PACK TBPK	1	QL(74 ea per 30 day(s) retail; 74 ea per 30 days mail)	ARIXTRA 2.5 MG/0.5ML (Use fondaparinux sodium)	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)
ELIQUIS TABS	1	QL(2 ea daily)	enoxaparin sodium SOLN IJ 300 MG/3ML	1	
ELIQUIS TABS 5 MG	1	QL(74 ea per 30 day(s) retail; 74 ea per 30 days mail)	enoxaparin sodium SOSY	1	
SAVAYSA	1	QL(1 ea daily); PA	fondaparinux sodium 10 MG/0.8ML	1	QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail)
SAVAYSA	1	QL(1 ea daily); PA	fondaparinux sodium 2.5 MG/0.5ML	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)
XARELTO STARTER PACK TBPK	1	QL(51 ea per 30 day(s) retail; 51 ea per 30 days mail)	fondaparinux sodium 5 MG/0.4ML	1	QL(12 ml per 30 day(s) retail; 12 ml per 30 days mail)
XARELTO SUSR	1	QL(465 ml per 30 day(s) retail; 465 ml per 30 days mail); AL(Up to 10 yrs old)	fondaparinux sodium 7.5 MG/0.6ML	1	QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail)
XARELTO TABS 20 MG	1	QL(1 ea daily)	FRAGMIN SOLN 10000 UNIT/4ML	1	QL(240 ml per 30 day(s) retail; 240 ml per 30 days mail)
XARELTO TABS 15 MG	1	QL(42 ea per 20 day(s) retail; 42 ea per 20 days mail)	FRAGMIN SOLN 95000 UNIT/3.8ML	1	QL(22.8 ml per 30 day(s) retail; 23 ml per 30 days mail)
XARELTO TABS 2.5 MG	1	QL(2 ea daily)	FRAGMIN SOSY 12500 UNIT/0.5ML	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)
XARELTO TABS 10 MG	1	QL(39 ea per 39 day(s) retail; 39 ea per 39 days mail)	FRAGMIN SOSY 15000 UNIT/0.6ML	1	QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail)
Heparins And Heparinoid-Like Agents					
ARIXTRA 5 MG/0.4ML (Use fondaparinux sodium)	1	QL(12 ml per 30 day(s) retail; 12 ml per 30 days mail)	FRAGMIN SOSY 10000 UNIT/ML	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail)
ARIXTRA 10 MG/0.8ML (Use fondaparinux sodium)	1	QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail)	FRAGMIN SOSY 18000 UNT/0.72ML	1	QL(21.6 ml per 30 day(s) retail; 22 ml per 30 days mail)
ARIXTRA (Use fondaparinux sodium)	9				
ARIXTRA 7.5 MG/0.6ML (Use fondaparinux sodium)	1	QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail)			

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FRAGMIN SOSY 7500 UNIT/0.3ML	1	QL(9 ml per 30 day(s) retail; 9 ml per 30 days mail)	LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	1	QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail)
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	1	QL(6 ml per 30 day(s) retail; 6 ml per 30 days mail)	LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	1	QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail)
heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	1		LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	1	QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail)
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1		LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	1	QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail)
HEPARIN SODIUM/D5W	1		LOVENOX SOSY (Use enoxaparin sodium)	9	
HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML	1		LOVENOX SOSY 80 MG/0.8ML (Use enoxaparin sodium)	1	QL(48 ml per 30 day(s) retail; 48 ml per 30 days mail)
HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML	1		LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	1	QL(36 ml per 30 day(s) retail; 36 ml per 30 days mail)
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (Use heparin (porcine) in sodium chloride)	1		LOVENOX SOSY 120 MG/0.8ML (Use enoxaparin sodium)	1	QL(1.6 ml daily)
HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	1		Thrombin Inhibitors		
HEPARIN SODIUM SOLN IJ 5000 UNIT/ML	1		ANGIOMAX SOLR (Use bivalirudin trifluoroacetate)	9	
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	1		argatroban	1	
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	1		ARGATROBAN	1	
			ARGATROBAN (Use argatroban)	1	
			ARGATROBAN/SODIUM CHLORIDE	1	
			BIVALIRUDIN RTU SOLN (Use bivalirudin trifluoroacetate)	9	
			BIVALIRUDIN RTU SOLN (Use bivalirudin trifluoroacetate)	1	
			bivalirudin trifluoroacetate SOLN	1	

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<i>bivalirudin trifluoroacetate SOLR</i>	1		DIASTAT ACUDIAL GEL 10 MG (<i>Use diazepam (anticonvulsant)</i>)	1	
<i>dabigatran etexilate mesylate CAPS</i>	1	QL(2 ea daily); PA	DIASTAT ACUDIAL GEL 20 MG (<i>Use diazepam (anticonvulsant)</i>)	9	
PRADAXA CAPS	1	QL(2 ea daily); PA	DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	9	
PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	1	QL(2 ea daily); PA	<i>diazepam (anticonvulsant) GEL</i>	1	
PRADAXA CAPS (<i>Use dabigatran etexilate mesylate</i>)	1	QL(2 ea daily); PA	<i>diazepam (anticonvulsant) GEL</i>	1	
PRADAXA PACK 20 MG, 150 MG	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); AL(Up to 7 yrs old); PA	KLONOPIN TABS 0.5 MG, 1 MG (<i>Use clonazepam</i>)	1	QL(3 ea daily)
PRADAXA PACK 30 MG, 40 MG, 50 MG, 110 MG	1	QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); AL(Up to 7 yrs old); PA	KLONOPIN TABS 2 MG (<i>Use clonazepam</i>)	1	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures			NAYZILAM	1	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)
AMPA Glutamate Receptor Antagonists			ONFI SUSP (<i>Use clobazam</i>)	1	QL(480 ml per 30 day(s) retail; 480 ml per 30 days mail)
FYCOMPA SUSP	1		ONFI TABS (<i>Use clobazam</i>)	1	QL(2 ea daily)
FYCOMPA TABS	1	QL(1 ea daily)	SYMPAZAN FILM	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); AL(At least 2 yrs old - Up to 6 yrs old); PA
Anticonvulsants - Benzodiazepines			VALTOCO 10 MG DOSE LIQD	1	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)
<i>clobazam SUSP</i>	1	QL(480 ml per 30 day(s) retail; 480 ml per 30 days mail)	VALTOCO 15 MG DOSE LQPK	1	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)
<i>clobazam TABS</i>	1	QL(2 ea daily)	VALTOCO 20 MG DOSE LQPK	1	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)
<i>clonazepam TABS 2 MG</i>	1	QL(2 ea daily)			
<i>clonazepam TABS 0.5 MG, 1 MG</i>	1	QL(3 ea daily)			
<i>clonazepam TBDP 2 MG</i>	1	QL(2 ea daily)			
<i>clonazepam TBDP 0.125 MG, 0.25 MG, 0.5 MG, 1 MG</i>	1	QL(3 ea daily)			

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VALTOCO 5 MG DOSE LIQD	1	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)	EPRONTIA SOLN	1	QL(473 ml per 29 day(s) retail; 473 ml per 29 days mail); AL(Up to 11 yrs old); PA
Anticonvulsants - Misc.			FINTEPLA	1	QL(360 ml per 30 day(s) retail; 360 ml per 30 days mail); AL(At least 2 yrs old); PA
APTIOM 600 MG, 800 MG	1	QL(2 ea daily); PA	<i>gabapentin CAPS 300 MG</i>	1	QL(10 ea daily); MP
APTIOM 200 MG, 400 MG	1	QL(1 ea daily); PA	<i>gabapentin CAPS 100 MG</i>	1	QL(5 ea daily); MP
BANZEL SUSP (<i>Use rufinamide</i>)	1	QL(2400 ml per 30 day(s) retail; 2400 ml per 30 days mail); PA	<i>gabapentin CAPS 400 MG</i>	1	QL(3 ea daily); MP
BANZEL TABS (<i>Use rufinamide</i>)	1	QL(8 ea daily); PA	<i>gabapentin SOLN</i>	1	QL(75 ml daily); MP
BRIVIACT SOLN IV 50 MG/5ML	1	PA	<i>gabapentin TABS 600 MG, 800 MG</i>	1	QL(6 ea daily); MP
BRIVIACT SOLN OR 10 MG/ML	1	AL(Up to 12 yrs old); PA	KEPPRA XR TB24 500 MG (<i>Use levetiracetam</i>)	1	QL(2 ea daily); MP
BRIVIACT TABS	1	QL(2 ea daily); PA	KEPPRA XR TB24 750 MG (<i>Use levetiracetam</i>)	1	QL(150 ea per 30 day(s) retail; 150 ea per 30 days mail); MP
<i>carbamazepine CHEW</i>	1	QL(8 ea daily); MP	KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	1	MP
<i>carbamazepine CP12</i>	1	QL(5 ea daily); MP	KEPPRA TABS 250 MG (<i>Use levetiracetam</i>)	1	QL(2 ea daily); MP
<i>carbamazepine SUSP</i>	1	MP	KEPPRA TABS 500 MG, 750 MG (<i>Use levetiracetam</i>)	1	QL(4 ea daily); MP
<i>carbamazepine TABS</i>	1	QL(8 ea daily); MP	KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	1	QL(3 ea daily); MP
<i>carbamazepine TB12 100 MG, 200 MG</i>	1	QL(3 ea daily); MP	<i>lacosamide SOLN OR 10 MG/ML</i>	1	QL(1200 ml per 30 day(s) retail; 1200 ml per 30 days mail)
<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily); MP	<i>lacosamide SOLN OR 10 MG/ML</i>	1	
CARBATROL CP12 (<i>Use carbamazepine</i>)	1	QL(5 ea daily); MP	<i>lacosamide TABS</i>	1	QL(2 ea daily)
CARBATROL CP12 (<i>Use carbamazepine</i>)	1	QL(5 ea daily); MP			
DIACOMIT CAPS	1	PA			
DIACOMIT PACK	1	PA			
ELEPSIA XR TB24	1	QL(2 ea daily); AL(At least 12 yrs old); PA			
EPIDIOLEX	1	AL(At least 2 yrs old); PA			

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LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (Use lamotrigine)	1	QL(8 ea daily); AL(Up to 11 yrs old); MP	LAMICTAL TABS 100 MG (Use lamotrigine)	1	QL(2 ea daily); MP
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (Use lamotrigine)	1	QL(4 ea daily); AL(Up to 11 yrs old); MP	LAMICTAL TABS 25 MG (Use lamotrigine)	1	QL(6 ea daily); MP
LAMICTAL ODT KIT	1	PA	lamotrigine CHEW 25 MG	1	QL(4 ea daily); AL(Up to 11 yrs old); MP
LAMICTAL ODT KIT (Use lamotrigine)	1	PA	lamotrigine CHEW 5 MG	1	QL(8 ea daily); AL(Up to 11 yrs old); MP
LAMICTAL ODT TBDP 25 MG, 100 MG, 200 MG (Use lamotrigine)	1	QL(3 ea daily); AL(Up to 11 yrs old); MP	lamotrigine KIT 25 MG	1	PA
LAMICTAL ODT TBDP 25 MG, 100 MG, 200 MG (Use lamotrigine)	1	QL(3 ea daily); AL(Up to 11 yrs old); MP	lamotrigine TABS 100 MG	1	QL(2 ea daily); MP
LAMICTAL ODT TBDP 50 MG (Use lamotrigine)	1	QL(2 ea daily); AL(Up to 11 yrs old); MP	lamotrigine TABS 150 MG	1	QL(4 ea daily); MP
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine)	1	PA	lamotrigine TABS 25 MG	1	QL(6 ea daily); MP
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine)	1	PA	lamotrigine TABS 200 MG	1	QL(9 ea daily); MP
LAMICTAL STARTER/TAKING VALPROATE KIT (Use lamotrigine)	1	PA	lamotrigine TB24 300 MG	1	QL(3 ea daily); MP; PA
LAMICTAL XR KIT	1	PA	lamotrigine TB24 25 MG, 50 MG, 100 MG	1	QL(1 ea daily); MP; PA
LAMICTAL XR TB24 200 MG, 250 MG (Use lamotrigine)	1	QL(2 ea daily); MP; PA	lamotrigine TB24 200 MG, 250 MG	1	QL(2 ea daily); MP; PA
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG (Use lamotrigine)	1	QL(1 ea daily); MP; PA	lamotrigine TBDP 25 MG, 100 MG, 200 MG	1	QL(3 ea daily); AL(Up to 11 yrs old); MP
LAMICTAL XR TB24 300 MG (Use lamotrigine)	1	QL(3 ea daily); MP; PA	lamotrigine TBDP 50 MG	1	QL(2 ea daily); AL(Up to 11 yrs old); MP
LAMICTAL TABS 150 MG (Use lamotrigine)	1	QL(4 ea daily); MP	LEVETIRACETAM (Use levetiracetam in sodium chloride)	9	
LAMICTAL TABS 200 MG (Use lamotrigine)	1	QL(9 ea daily); MP	LEVETIRACETAM (Use levetiracetam in sodium chloride)	1	
			levetiracetam in sodium chloride	1	
			LEVETIRACETAM/SODIUM CHLORIDE	1	
			levetiracetam SOLN IV 500 MG/5ML	1	
			levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	1	MP

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<i>levetiracetam TABS 500 MG, 750 MG</i>	1	QL(4 ea daily); MP	NEURONTIN SOLN (<i>Use gabapentin</i>)	1	QL(75 ml daily); MP
<i>levetiracetam TABS 250 MG</i>	1	QL(2 ea daily); MP	NEURONTIN SOLN (<i>Use gabapentin</i>)	9	MP
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily); MP	NEURONTIN TABS (<i>Use gabapentin</i>)	1	QL(6 ea daily); MP
<i>levetiracetam TB24 500 MG</i>	1	QL(2 ea daily); MP	NEURONTIN TABS (<i>Use gabapentin</i>)	1	QL(6 ea daily); MP
<i>levetiracetam TB24 750 MG</i>	1	QL(150 ea per 30 day(s) retail; 450 ea per 90 days mail); MP	<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily); MP
LYRICA CAPS 225 MG (<i>Use pregabalin</i>)	1	QL(2 ea daily); MP	<i>oxcarbazepine TABS 150 MG, 300 MG</i>	1	QL(3 ea daily); MP
LYRICA CAPS 50 MG, 75 MG, 100 MG, 150 MG (<i>Use pregabalin</i>)	9	MP	<i>oxcarbazepine TABS 600 MG</i>	1	QL(6 ea daily); MP
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG (<i>Use pregabalin</i>)	1	QL(3 ea daily); MP	OXTELLAR XR TB24 600 MG	1	QL(4 ea daily); PA
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG (<i>Use pregabalin</i>)	1	QL(3 ea daily); MP	OXTELLAR XR TB24 150 MG, 300 MG	1	QL(1 ea daily); PA
LYRICA SOLN (<i>Use pregabalin</i>)	1	QL(240 ml per 30 day(s) retail; 240 ml per 30 days mail); MP	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG</i>	1	QL(3 ea daily); MP
MOTPOLY XR CP24 150 MG, 200 MG	1	QL(2 ea daily); PA	<i>pregabalin CAPS 225 MG</i>	1	QL(2 ea daily); MP
MOTPOLY XR CP24 100 MG	1	QL(1 ea daily); PA	<i>pregabalin SOLN</i>	1	QL(240 ml per 30 day(s) retail; 720 ml per 90 days mail); MP
MYSOLINE 50 MG (<i>Use primidone</i>)	1	QL(4 ea daily)	<i>primidone 125 MG</i>	1	QL(100 ea per 33 day(s) retail; 100 ea per 33 days mail); PA
MYSOLINE 250 MG (<i>Use primidone</i>)	1		<i>primidone 250 MG</i>	1	
NEURONTIN CAPS 100 MG (<i>Use gabapentin</i>)	1	QL(5 ea daily); MP	<i>primidone 50 MG</i>	1	QL(4 ea daily)
NEURONTIN CAPS 300 MG (<i>Use gabapentin</i>)	1	QL(10 ea daily); MP	QUDEXY XR CS24 25 MG, 50 MG, 100 MG (<i>Use topiramate</i>)	1	QL(1 ea daily); PA
NEURONTIN CAPS 400 MG (<i>Use gabapentin</i>)	1	QL(3 ea daily); MP	QUDEXY XR CS24 150 MG, 200 MG (<i>Use topiramate</i>)	1	QL(2 ea daily); PA
			QUDEXY XR CS24 25 MG, 50 MG, 100 MG (<i>Use topiramate</i>)	1	QL(1 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide SUSP</i>	1	QL(2400 ml per 30 day(s) retail; 2400 ml per 30 days mail); PA	TRILEPTAL TABS (<i>Use oxcarbazepine</i>)	9	MP
<i>rufinamide TABS</i>	1	QL(8 ea daily); PA	TRILEPTAL TABS 150 MG, 300 MG (<i>Use oxcarbazepine</i>)	1	QL(3 ea daily); MP
SPRITAM TB3D	1	QL(2 ea daily); PA	TRILEPTAL TABS 150 MG, 300 MG (<i>Use oxcarbazepine</i>)	1	QL(3 ea daily); MP
TEGRETOL SUSP (<i>Use carbamazepine</i>)	1	MP	TRILEPTAL TABS 600 MG (<i>Use oxcarbazepine</i>)	1	QL(6 ea daily); MP
TEGRETOL TABS (<i>Use carbamazepine</i>)	1	QL(8 ea daily); MP	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (<i>Use topiramate</i>)	1	QL(1 ea daily); PA
TEGRETOL-XR TB12 400 MG (<i>Use carbamazepine</i>)	1	QL(4 ea daily); MP	TROKENDI XR CP24 200 MG (<i>Use topiramate</i>)	1	QL(2 ea daily); PA
TEGRETOL-XR TB12 100 MG, 200 MG (<i>Use carbamazepine</i>)	1	QL(3 ea daily); MP	VIMPAT SOLN IV 200 MG/20ML (<i>Use lacosamide</i>)	1	
TOPAMAX SPRINKLE CPSP (<i>Use topiramate</i>)	1	QL(4 ea daily); AL(Up to 11 yrs old); MP	VIMPAT SOLN OR 10 MG/ML (<i>Use lacosamide</i>)	1	QL(1200 ml per 30 day(s) retail; 1200 ml per 30 days mail)
TOPAMAX SPRINKLE CPSP (<i>Use topiramate</i>)	1	QL(4 ea daily); AL(Up to 11 yrs old); MP	VIMPAT TABS (<i>Use lacosamide</i>)	1	QL(2 ea daily)
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	1	QL(9 ea daily); MP	ZONEGRAN CAPS 100 MG (<i>Use zonisamide</i>)	1	QL(8 ea daily); AL(Up to 20 yrs old); MP; PA
TOPAMAX TABS 25 MG, 50 MG, 100 MG (<i>Use topiramate</i>)	1	QL(3 ea daily); MP	ZONEGRAN CAPS 25 MG (<i>Use zonisamide</i>)	9	MP
<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	1	QL(1 ea daily); PA	ZONISADE SUSP	1	QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail); PA
<i>topiramate CP24 200 MG</i>	1	QL(2 ea daily); PA	<i>zonisamide CAPS 100 MG</i>	1	QL(8 ea daily); MP
<i>topiramate CPSP</i>	1	QL(4 ea daily); AL(Up to 11 yrs old); MP	<i>zonisamide CAPS 25 MG, 50 MG</i>	1	QL(3 ea daily); MP
<i>topiramate CS24 150 MG, 200 MG</i>	1	QL(2 ea daily); PA	ZTALMY	1	QL(1100 ml per 30 day(s) retail; 1100 ml per 30 days mail); AL(At least 2 yrs old); PA
<i>topiramate CS24 25 MG, 50 MG, 100 MG</i>	1	QL(1 ea daily); PA			
<i>topiramate TABS 200 MG</i>	1	QL(9 ea daily); MP			
<i>topiramate TABS 25 MG, 50 MG, 100 MG</i>	1	QL(3 ea daily); MP			
TRILEPTAL SUSP (<i>Use oxcarbazepine</i>)	1	QL(40 ml daily); MP			
Carbamates					
<i>felbamate SUSP</i>	1				PA

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<i>felbamate SUSP</i>	1	PA	DILANTIN (<i>Use phenytoin sodium extended</i>)	1	QL(6 ea daily); MP
<i>felbamate TABS 600 MG</i>	1	PA	DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	1	QL(6 ea daily); MP
<i>felbamate TABS 400 MG</i>	1	QL(8 ea daily); PA	DILANTIN-125 SUSP (<i>Use phenytoin</i>)	9	
FELBATOL SUSP (<i>Use felbamate</i>)	1	PA	DILANTIN-125 SUSP (<i>Use phenytoin</i>)	1	QL(12 ml daily); MP
FELBATOL TABS 400 MG (<i>Use felbamate</i>)	1	QL(8 ea daily); PA	<i>fosphenytoin sodium</i>	1	
FELBATOL TABS 600 MG (<i>Use felbamate</i>)	1	PA	<i>phenytoin sodium extended 300 MG</i>	1	QL(2 ea daily); MP
XCOPRI TABS 50 MG, 100 MG	1	QL(1 ea daily); PA	<i>phenytoin sodium extended 200 MG</i>	1	QL(3 ea daily); MP
XCOPRI TABS 150 MG, 200 MG	1	QL(2 ea daily); PA	<i>phenytoin sodium extended 100 MG</i>	1	QL(6 ea daily); MP
XCOPRI TBPK	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA	<i>phenytoin sodium SOLN</i>	1	
XCOPRI TBPK	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA	<i>phenytoin CHEW</i>	1	QL(6 ea daily); MP
			<i>phenytoin SUSP</i>	1	QL(12 ml daily); MP
GABA Modulators			Succinimides		
GABITRIL 2 MG, 4 MG, 12 MG (<i>Use tiagabine hcl</i>)	1		CELONTIN (<i>Use methsuximide</i>)	1	
GABITRIL 2 MG, 4 MG, 12 MG (<i>Use tiagabine hcl</i>)	1		<i>ethosuximide CAPS</i>	1	QL(6 ea daily)
GABITRIL 16 MG (<i>Use tiagabine hcl</i>)	9		<i>ethosuximide SOLN</i>	1	
SABRIL PACK (<i>Use vigabatrin</i>)	1	PA	<i>methsuximide</i>	1	
SABRIL TABS (<i>Use vigabatrin</i>)	1	PA	ZARONTIN CAPS (<i>Use ethosuximide</i>)	1	QL(6 ea daily)
<i>tiagabine hcl</i>	1		ZARONTIN SOLN (<i>Use ethosuximide</i>)	1	
<i>vigabatrin PACK</i>	1	PA	Valproic Acid		
<i>vigabatrin TABS</i>	1	PA	DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	1	QL(5 ea daily); MP
Hydantoins			DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	1	QL(3 ea daily); MP
CEREBYX (<i>Use fosphenytoin sodium</i>)	1		DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	9	QL(5 ea daily); MP
CEREBYX (<i>Use fosphenytoin sodium</i>)	9				
DILANTIN 30 MG	1				

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DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	1	QL(12 ea daily); AL(Up to 11 yrs old); MP
DEPAKOTE TBEC 500 MG (Use divalproex sodium)	1	QL(9 ea daily); MP
DEPAKOTE TBEC 125 MG, 250 MG (Use divalproex sodium)	1	QL(3 ea daily); MP
divalproex sodium CSDR	1	QL(12 ea daily); AL(Up to 11 yrs old); MP
divalproex sodium TB24 250 MG	1	QL(3 ea daily); MP
divalproex sodium TB24 500 MG	1	QL(5 ea daily); MP
divalproex sodium TBEC 125 MG, 250 MG	1	QL(3 ea daily); MP
divalproex sodium TBEC 500 MG	1	QL(9 ea daily); MP
valproate sodium SOLN OR 250 MG/5ML	1	QL(34 ml daily); MP
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	1	QL(1350 ml per 30 day(s) retail; 1350 ml per 30 days mail)
valproate sodium SOLN OR 250 MG/5ML	1	
valproic acid CAPS	1	QL(7 ea daily); MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	QL(1 ea daily)
mirtazapine TBDP	1	QL(1 ea daily)
REMERON SOLTAB TBDP (Use mirtazapine)	9	
REMERON SOLTAB TBDP (Use mirtazapine)	1	QL(1 ea daily)
REMERON TABS 15 MG, 30 MG (Use mirtazapine)	1	QL(1 ea daily)
Antidepressant Combinations		
AUVELITY	1	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
Antidepressants - Misc.		
APLENZIN	1	QL(1 ea daily); PA
bupropion hcl TABS	1	QL(3 ea daily)
bupropion hcl TB12	1	QL(2 ea daily); MP
bupropion hcl TB24 150 MG, 300 MG	1	QL(1 ea daily)
bupropion hcl TB24 450 MG	1	QL(1 ea daily); PA
bupropion hcl TB24 150 MG, 300 MG	1	
FORFIVO XL TB24 (Use bupropion hcl)	1	QL(1 ea daily); PA
WELLBUTRIN SR TB12 (Use bupropion hcl)	1	QL(2 ea daily); MP
WELLBUTRIN SR TB12 (Use bupropion hcl)	1	QL(2 ea daily); MP
WELLBUTRIN XL TB24 (Use bupropion hcl)	1	QL(1 ea daily)
WELLBUTRIN XL TB24 (Use bupropion hcl)	9	
GABA Receptor Modulator - Neuroactive Steroid		
ZURZUVAE 25 MG	1	QL(2 ea daily); AL(At least 18 yrs old); PA
ZURZUVAE 30 MG	1	QL(1 ea daily); AL(At least 18 yrs old); PA
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); ST
MARPLAN	1	PA
NARDIL (Use phenelzine sulfate)	3	ST
PARNATE (Use tranylcypromine sulfate)	9	ST
phenelzine sulfate	3	ST
tranylcypromine sulfate	3	ST
N-Methyl-D-aspartic acid (NMDA) Receptor		

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Antagonists			<i>fluoxetine hcl CAPS 20 MG</i>	1	QL(4 ea daily); MP
SPRAVATO 56MG DOSE	1	QL(8 ea per 28 day(s) retail; 8 ea per 28 days mail); AL(At least 18 yrs old); PA	<i>fluoxetine hcl CPDR</i>	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA
SPRAVATO 84MG DOSE	1	QL(24 ea per 28 day(s) retail; 24 ea per 28 days mail); AL(At least 18 yrs old); PA	<i>fluoxetine hcl SOLN</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>fluoxetine hcl TABS 10 MG, 20 MG</i>	1	QL(45 ea per 30 day(s) retail; 45 ea per 30 days mail); PA
CELEXA TABS 10 MG, 20 MG (Use <i>citalopram hydrobromide</i>)	1	QL(1.5 ea daily); MP	<i>fluoxetine hcl TABS 60 MG</i>	1	QL(1 ea daily); PA
CELEXA TABS 40 MG (Use <i>citalopram hydrobromide</i>)	1	QL(1 ea daily); AL(Up to 59 yrs old); MP	FLUOXETINE HYDROCHLORIDE TABS (Use <i>fluoxetine hcl</i>)	1	QL(1 ea daily); PA
CITALOPRAM HYDROBROMIDE CAPS	1	QL(1 ea daily); AL(Up to 59 yrs old); PA	<i>fluvoxamine maleate CP24</i>	1	QL(2 ea daily); PA
<i>citalopram hydrobromide SOLN</i>	1		<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)
<i>citalopram hydrobromide TABS 10 MG, 20 MG</i>	1	QL(1.5 ea daily); MP	<i>fluvoxamine maleate TABS 50 MG</i>	1	QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail)
<i>citalopram hydrobromide TABS 40 MG</i>	1	QL(1 ea daily); AL(Up to 59 yrs old); MP	<i>fluvoxamine maleate TABS 25 MG</i>	1	QL(1 ea daily)
<i>escitalopram oxalate SOLN</i>	1		LEXAPRO TABS 10 MG (Use <i>escitalopram oxalate</i>)	1	QL(1.5 ea daily); MP
<i>escitalopram oxalate TABS 5 MG, 20 MG</i>	1	QL(2 ea daily); MP	LEXAPRO TABS 5 MG, 20 MG (Use <i>escitalopram oxalate</i>)	1	QL(2 ea daily); MP
<i>escitalopram oxalate TABS 10 MG</i>	1	QL(1.5 ea daily); MP	<i>paroxetine hcl SUSP</i>	1	
<i>escitalopram oxalate TABS</i>	1		<i>paroxetine hcl TABS 20 MG</i>	1	QL(1 ea daily); MP
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(2 ea daily); MP	<i>paroxetine hcl TABS 10 MG, 40 MG</i>	1	QL(1.5 ea daily); MP
<i>fluoxetine hcl CAPS 20 MG</i>	1		<i>paroxetine hcl TABS 30 MG</i>	1	QL(2 ea daily); MP
<i>fluoxetine hcl CAPS 10 MG</i>	1	QL(3 ea daily); MP	<i>paroxetine hcl TB24 12.5 MG, 37.5 MG</i>	1	QL(1 ea daily); PA
			<i>paroxetine hcl TB24 25 MG</i>	1	QL(2 ea daily); PA

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PAXIL CR TB24 12.5 MG, 37.5 MG (Use paroxetine hcl)	1	QL(1 ea daily); PA	VIIBRYD TABS (Use vilazodone hcl)	3	QL(1 ea daily); ST
PAXIL CR TB24 25 MG (Use paroxetine hcl)	1	QL(2 ea daily); PA	<i>vilazodone hcl</i> TABS	3	QL(1 ea daily); ST
PAXIL SUSP (Use paroxetine hcl)	1		Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
PAXIL TABS 20 MG (Use paroxetine hcl)	1	QL(1 ea daily); MP	CYMBALTA CPEP (Use duloxetine hcl)	1	QL(2 ea daily); MP
PAXIL TABS 10 MG, 40 MG (Use paroxetine hcl)	1	QL(1.5 ea daily); MP	DESVENLAFAXINE ER	3	QL(1 ea daily)
PAXIL TABS 30 MG (Use paroxetine hcl)	1	QL(2 ea daily); MP	DESVENLAFAXINE ER	3	QL(1 ea daily)
PEXEVA	1	QL(1 ea daily); PA	<i>desvenlafaxine succinate</i>	2	QL(1 ea daily); ST
PROZAC CAPS 40 MG (Use fluoxetine hcl)	1	QL(2 ea daily); MP	<i>duloxetine hcl</i> CPEP 20 MG, 30 MG, 60 MG	1	QL(2 ea daily); MP
PROZAC CAPS 10 MG (Use fluoxetine hcl)	1	QL(3 ea daily); MP	<i>duloxetine hcl</i> CPEP 40 MG	1	QL(1 ea daily); PA
PROZAC CAPS 20 MG (Use fluoxetine hcl)	1	QL(4 ea daily); MP	EFFEXOR XR CP24 37.5 MG, 75 MG (Use venlafaxine hcl)	1	QL(1 ea daily)
<i>sertraline hcl</i> CONC	1	QL(10 ml daily)	EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	1	QL(2 ea daily); MP
<i>sertraline hcl</i> TABS	1	QL(3 ea daily); MP	FETZIMA TITRATION PACK C4PK	3	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); ST
SERTRALINE HYDROCHLORIDE CAPS	1	QL(1 ea daily); PA	FETZIMA CP24	3	QL(1 ea daily); ST
ZOLOFT CONC (Use sertraline hcl)	1	QL(10 ml daily)	PRISTIQ (Use desvenlafaxine succinate)	2	QL(1 ea daily); ST
ZOLOFT TABS (Use sertraline hcl)	1	QL(3 ea daily); MP	PRISTIQ 50 MG (Use desvenlafaxine succinate)	9	ST
ZOLOFT TABS (Use sertraline hcl)	1	QL(3 ea daily); MP	VENLAFAXINE BESYLATE ER	1	QL(1 ea daily); PA
Serotonin Modulators			<i>venlafaxine hcl</i> CP24 150 MG	1	QL(2 ea daily); MP
<i>nefazodone hcl</i>	3	ST	<i>venlafaxine hcl</i> CP24 37.5 MG, 75 MG	1	QL(1 ea daily)
<i>nefazodone hcl</i>	3	ST	<i>venlafaxine hcl</i> TABS	1	QL(3 ea daily)
<i>trazodone hcl</i> TABS 50 MG, 100 MG, 150 MG	1		<i>venlafaxine hcl</i> TB24 37.5 MG, 75 MG	1	QL(1 ea daily)
<i>trazodone hcl</i> TABS 300 MG	1	PA	<i>venlafaxine hcl</i> TB24 150 MG	1	QL(2 ea daily)
TRINTELLIX	3	QL(1 ea daily); ST			

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<i>venlafaxine hcl TB24 225 MG</i>	1	QL(1 ea daily); PA	SYMLINPEN 120 SOPN	1	QL(10.8 ml per 30 day(s) retail; 11 ml per 30 days mail); AL(At least 15 yrs old); PA
Tricyclic Agents			SYMLINPEN 60 SOPN	1	QL(6 ml per 30 day(s) retail; 6 ml per 30 days mail); AL(At least 15 yrs old); PA
<i>amitriptyline hcl TABS</i>	1		Antidiabetic Combinations		
<i>amoxapine</i>	1		ACTOPLUS MET TABS 850 MG-15 MG (Use <i>pioglitazone hcl-metformin hcl</i>)	3	ST
<i>amoxapine</i>	1		<i>alogliptin-metformin hcl</i>	3	ST
ANAFRANIL (Use <i>clomipramine hcl</i>)	1		<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	3	ST
<i>clomipramine hcl</i>	1		<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	3	ST
<i>desipramine hcl TABS</i>	1		<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 ea daily); ST; MP
<i>desipramine hcl TABS</i>	1		<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 ea daily); ST; MP
<i>doxepin hcl CAPS</i>	1		DUETACT (Use <i>pioglitazone hcl-glimepiride</i>)	3	ST
<i>doxepin hcl CONC</i>	1		<i>glipizide-metformin hcl 500 MG-2.5 MG, 500 MG-5 MG</i>	1	QL(4 ea daily); MP
<i>imipramine hcl TABS</i>	1		<i>glipizide-metformin hcl 250 MG-2.5 MG</i>	1	QL(8 ea daily); MP
<i>imipramine pamoate</i>	1		<i>glyburide-metformin 250 MG-1.25 MG</i>	1	QL(8 ea daily); MP
<i>imipramine pamoate</i>	1		<i>glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG</i>	1	QL(4 ea daily); MP
NORPRAMIN TABS 10 MG, 25 MG (Use <i>desipramine hcl</i>)	1		ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>nortriptyline hcl CAPS</i>	1		Alpha-Glucosidase Inhibitors		
<i>nortriptyline hcl SOLN</i>	1		<i>acarbose 25 MG, 100 MG</i>	1	QL(6 ea daily); MP
PAMELOR CAPS (Use <i>nortriptyline hcl</i>)	1		<i>acarbose 50 MG</i>	1	QL(3 ea daily); MP
<i>protriptyline hcl</i>	1		<i>miglitol</i>	3	ST
<i>protriptyline hcl</i>	1		PRECOSE (Use <i>acarbose</i>)	9	MP
<i>trimipramine maleate CAPS</i>	1		Antidiabetic - Amylin Analogs		

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GLYXAMBI	1	QL(1 ea daily)	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)	3	ST
INVOKAMET XR TB24 500 MG-150 MG, 500 MG-50 MG	1	QL(1 ea daily); PA	pioglitazone hcl-glimepiride	3	ST
INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG	1	QL(2 ea daily); PA	pioglitazone hcl-metformin hcl TABS	3	ST
INVOKAMET TABS 1000 MG-150 MG, 500 MG-50 MG	3	QL(2 ea daily); ST; MP	QTERN	1	QL(1 ea daily); PA
INVOKAMET TABS 1000 MG-150 MG, 500 MG-50 MG	3	QL(2 ea daily); ST; MP	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	2	QL(1 ea daily); ST; MP
INVOKAMET TABS 1000 MG-50 MG, 500 MG-150 MG	3	QL(1 ea daily); ST; MP	saxagliptin-metformin hcl 1000 MG-2.5 MG	2	QL(2 ea daily); ST; MP
JANUMET XR TB24 1000 MG-50 MG	2	QL(2 ea daily); ST; MP	SEGLUROMET	1	QL(2 ea daily); PA
JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG	2	QL(1 ea daily); ST; MP	SOLQUA 100/33	3	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)
JANUMET TABS	2	QL(2 ea daily); ST; MP	STEGLUJAN	1	QL(1 ea daily); PA
JENTADUETO XR TB24	2	QL(1 ea daily); ST; MP	STEGLUJAN	1	QL(1 ea daily); PA
JENTADUETO TABS	2	QL(2 ea daily); ST; MP	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily); ST
KAZANO (Use alogliptin-metformin hcl)	3	ST	SYNJARDY XR TB24 1000 MG-25 MG	2	QL(1 ea daily); ST
KAZANO (Use alogliptin-metformin hcl)	3	ST	SYNJARDY TABS	2	QL(2 ea daily); ST; MP
KOMBIGLYZE XR 1000 MG-5 MG, 500 MG-5 MG (Use saxagliptin-metformin hcl)	2	QL(1 ea daily); ST; MP	TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG	1	QL(2 ea daily)
KOMBIGLYZE XR 1000 MG-2.5 MG (Use saxagliptin-metformin hcl)	2	QL(2 ea daily); ST; MP	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	1	QL(1 ea daily)
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)	3	ST	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily); ST
			XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily); ST; MP

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XULTOPHY 100/3.6	3	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)	GVOKE HYPOPEN 2-PACK SOAJ	1	
Antidiabetic-Antibodies			GVOKE KIT SOLN	1	
TZIELD	1	AL(At least 8 yrs old); PA	GVOKE PFS SOSY 1 MG/0.2ML	1	
Biguanides			KORLYM (Use mifepristone (hyperglycemia))	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA
GLUMETZA TB24 (Use metformin hcl)	1	QL(4 ea daily); PA	mifepristone (hyperglycemia)	1	PA
GLUMETZA TB24 (Use metformin hcl)	1	QL(4 ea daily); PA	PROGLYCEM (Use diazoxide)	1	
metformin hcl SOLN	1	PA	ZEGALOGUE SOAJ	1	
metformin hcl TABS 500 MG	1	QL(5 ea daily); MP	ZEGALOGUE SOSY	1	
metformin hcl TABS 850 MG, 1000 MG	1	QL(3 ea daily); MP	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
metformin hcl TABS 625 MG	1	QL(4 ea daily); PA	alogliptin benzoate	3	ST
metformin hcl TB24 500 MG	1	QL(4 ea daily); MP	JANUVIA 25 MG	2	QL(4 ea daily); ST; MP
metformin hcl TB24 750 MG	1	QL(3 ea daily); MP	JANUVIA 50 MG, 100 MG	2	QL(2 ea daily); ST; MP
metformin hcl TB24 500 MG, 1000 MG	1	QL(4 ea daily); PA	NESINA (Use alogliptin benzoate)	3	ST
RIOMET SOLN (Use metformin hcl)	9		ONGLYZA 2.5 MG (Use saxagliptin hcl)	2	QL(2 ea daily); ST; MP
Diabetic Other			ONGLYZA 5 MG (Use saxagliptin hcl)	2	QL(1 ea daily); ST; MP
BAQSIMI ONE PACK POWD	1		saxagliptin hcl 2.5 MG	2	QL(2 ea daily); ST; MP
BAQSIMI TWO PACK POWD	1		saxagliptin hcl 5 MG	2	QL(1 ea daily); ST; MP
diazoxide	1		SITAGLIPTIN	1	PA
GLUCAGEN HYPOKIT	1		TRADJENTA	2	QL(1 ea daily); ST; MP
glucagon (rdna)	1		ZITUVIO	1	QL(1 ea daily); PA
GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	9		Dopamine Receptor Agonists - Antidiabetic		
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	1		CYCLOSET	3	QL(6 ea daily); ST
			Incretin Mimetic Agents		

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BYDUREON BCISE AUIJ	3	QL(3.4 ml per 28 day(s) retail; 10 ml per 84 days mail); ST; MP	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	1	AL(At least 18 yrs old); PA
BYETTA SOPN 10 MCG/0.04ML	2	QL(7.2 ml per 90 day(s) retail; 7 ml per 90 days mail); ST; MP	APIDRA SOLOSTAR SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP
BYETTA SOPN 5 MCG/0.02ML	2	QL(3.6 ml per 90 day(s) retail; 4 ml per 90 days mail); ST; MP	APIDRA SOLN	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP
MOUNJARO	1	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA	BASAGLAR KWIKPEN SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP; PA
OZEMPIC SOPN 2 MG/1.5ML	1	QL(1.5 ml per 28 day(s) retail; 2 ml per 28 days mail); ST; PA	BASAGLAR TEMPO PEN SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); PA
OZEMPIC SOPN	1	QL(3 ml per 28 day(s) retail; 3 ml per 28 days mail); ST; PA	FIASP FLEXTOUCH SOPN	1	QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail); PA
RYBELSUS TABS	3	QL(1 ea daily); ST; PA	FIASP PENFILL SOCT	1	QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail); PA
TRULICITY	2	QL(6 ml per 84 day(s) retail; 6 ml per 84 days mail); ST; MP	FIASP PUMPCART SOCT	1	QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail); PA
VICTOZA	2	QL(0.2 ml daily); ST; MP	FIASP SOLN	1	QL(40 ml per 30 day(s) retail; 40 ml per 30 days mail); PA
Insulin			HUMALOG JUNIOR KWIKPEN SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP
ADMELOG SOLOSTAR SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP; PA	HUMALOG KWIKPEN SOPN 100 UNIT/ML	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP
ADMELOG SOLN IJ	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP; PA	HUMALOG KWIKPEN SOPN 200 UNIT/ML	1	QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail); PA
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	1	AL(At least 18 yrs old); PA			

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HUMALOG MIX 50/50 KWIKPEN SUPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	HUMULIN R SOLN IJ	1	MP
HUMALOG MIX 50/50 SUSP	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP	INSULIN ASPART FLEXPEN SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP
HUMALOG MIX 75/25 KWIKPEN SUPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	INSULIN ASPART PENFILL SOCT	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP
HUMALOG MIX 75/25 SUSP	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP
HUMALOG TEMPO PEN SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP
HUMALOG SOCT	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	INSULIN ASPART SOLN IJ	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP
HUMALOG SOLN IJ	1	MP	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	1	QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail); PA
HUMULIN 70/30 KWIKPEN SUPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	1	QL(27 ml per 30 day(s) retail; 27 ml per 30 days mail); PA
HUMULIN 70/30 SUSP	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP	INSULIN DEGLUDEC SOLN	1	QL(40 ml per 30 day(s) retail; 40 ml per 30 days mail); PA
HUMULIN N KWIKPEN SUPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	INSULIN GLARGINE MAX SOLOSTAR SOPN	1	QL(13.5 ml per 30 day(s) retail; 14 ml per 30 days mail); PA
HUMULIN N SUSP	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP	INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	1	PA
HUMULIN R U-500 (CONCENTRATED) SOLN SC	1	QL(40 ml per 30 day(s) retail; 40 ml per 30 days mail); PA	INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP
HUMULIN R U-500 KWIKPEN SOPN SC	1	QL(12 ml per 30 day(s) retail; 12 ml per 30 days mail)	INSULIN GLARGINE SOLN	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP; PA

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INSULIN GLARGINE-YFGN SOLN	1	PA	LYUMJEV KWIKPEN SOPN 200 UNIT/ML	1	QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail); PA
INSULIN GLARGINE-YFGN SOPN	1	PA	LYUMJEV TEMPO PEN SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); PA
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	LYUMJEV SOLN	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); PA
INSULIN LISPRO KWIKPEN SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP; PA	NOVOLIN 70/30 FLEXPEN RELION SUPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	NOVOLIN 70/30 FLEXPEN SUPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP
INSULIN LISPRO SOLN IJ	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP; PA	NOVOLIN 70/30 RELION SUSP	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP
LANTUS SOLOSTAR SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	NOVOLIN 70/30 SUSP	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP
LANTUS SOLN	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP	NOVOLIN N FLEXPEN RELION SUPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP
LEVEMIR FLEXPEN SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	NOVOLIN N FLEXPEN SUPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP
LEVEMIR FLEXTOUCH SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	NOVOLIN N RELION SUSP	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP
LEVEMIR SOLN	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP	NOVOLIN N SUSP	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP
LYUMJEV KWIKPEN SOPN 100 UNIT/ML	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); PA	NOVOLIN R FLEXPEN RELION SOPN IJ	1	QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail)

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NOVOLIN R FLEXPEN SOPN IJ	1	QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail)	REZVOGLAR KWIKPEN	1	QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail); PA
NOVOLIN R RELION SOLN IJ	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP	SEMGLEE SOLN	1	PA
NOVOLIN R SOLN IJ	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP	SEMGLEE SOPN	1	PA
NOVOLOG FLEXPEN RELION SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	TOUJEO MAX SOLOSTAR SOPN	1	QL(13.5 ml per 30 day(s) retail; 14 ml per 30 days mail); PA
NOVOLOG FLEXPEN SOPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	TOUJEO SOLOSTAR SOPN	1	QL(13.5 ml per 30 day(s) retail; 14 ml per 30 days mail); PA
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	1	QL(27 ml per 30 day(s) retail; 27 ml per 30 days mail); PA
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	1	QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail); PA
NOVOLOG MIX 70/30 RELION SUSP	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP	TRESIBA SOLN	1	QL(40 ml per 30 day(s) retail; 40 ml per 30 days mail); PA
NOVOLOG MIX 70/30 SUSP	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP	Insulin Sensitizing Agents		
NOVOLOG PENFILL SOCT	1	QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP	ACTOS 30 MG, 45 MG (Use <i>pioglitazone hcl</i>)	1	QL(1 ea daily); MP
NOVOLOG RELION SOLN IJ	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP	ACTOS 15 MG (Use <i>pioglitazone hcl</i>)	1	QL(3 ea daily); MP
NOVOLOG SOLN IJ	1	QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP	<i>pioglitazone hcl 15 MG</i>	1	QL(3 ea daily); MP
			<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily); MP
			Meglitinide Analogues		
			<i>nateglinide</i>	2	QL(3 ea daily); ST; MP
			<i>repaglinide</i>	1	QL(8 ea daily); MP
			Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
			<i>dapagliflozin propanediol</i>	1	QL(1 ea daily)
			FARXIGA	1	QL(1 ea daily)

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INVOKANA 300 MG	3	QL(2 ea daily); ST
INVOKANA 100 MG	3	QL(1 ea daily); ST
JARDIANCE 25 MG	1	QL(1 ea daily)
JARDIANCE 10 MG	1	QL(2 ea daily)
STEGLATRO	1	QL(1 ea daily); PA
Sulfonylureas		
AMARYL (Use glimepiride)	9	MP
glimepiride 4 MG	1	QL(2 ea daily); MP
glimepiride 1 MG	1	QL(8 ea daily); MP
glimepiride 2 MG	1	QL(4 ea daily); MP
glipizide TABS 5 MG	1	QL(8 ea daily); MP
glipizide TABS 2.5 MG	1	QL(1 ea daily); PA
glipizide TABS 10 MG	1	QL(4 ea daily); MP
glipizide TB24 5 MG	1	QL(4 ea daily); MP
glipizide TB24 10 MG	1	QL(2 ea daily); MP
glipizide TB24 2.5 MG	1	QL(8 ea daily); MP
GLUCOTROL XL TB24 5 MG (Use glipizide)	1	QL(4 ea daily); MP
GLUCOTROL XL TB24 10 MG (Use glipizide)	1	QL(2 ea daily); MP
GLUCOTROL XL TB24 2.5 MG (Use glipizide)	1	QL(8 ea daily); MP
glyburide micronized 6 MG	1	QL(2 ea daily); MP
glyburide micronized 1.5 MG	1	QL(8 ea daily); MP
glyburide micronized 3 MG	1	QL(4 ea daily); MP
glyburide TABS 1.25 MG, 2.5 MG	1	QL(8 ea daily); MP
glyburide TABS 5 MG	1	QL(4 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
GLYNASE 3 MG (Use glyburide micronized)	1	QL(4 ea daily); MP
GLYNASE 6 MG (Use glyburide micronized)	1	QL(2 ea daily); MP
GLYNASE 1.5 MG (Use glyburide micronized)	1	QL(8 ea daily); MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
diphenoxylate w/ atropine LIQD	1	QL(400 ml per 12 day(s) retail; 400 ml per 12 days mail)
diphenoxylate w/ atropine TABS	1	QL(80 ea per 12 day(s) retail; 80 ea per 12 days mail)
IMODIUM A-D CAPS (Use loperamide hcl)	9	RX/OTC
LOMOTIL TABS (Use diphenoxylate w/ atropine)	1	QL(80 ea per 12 day(s) retail; 80 ea per 12 days mail)
loperamide hcl CAPS	1	QL(8 ea daily); RX/OTC
MOTOFEN	1	QL(16 ea per fill retail); AL(At least 3 yrs old); PA
opium tincture	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	1	
deferasirox PACK	1	PA
deferasirox TABS	1	AL(At least 3 yrs old); PA
deferasirox TBSO	1	AL(At least 3 yrs old)
deferasirox TBSO	1	AL(At least 3 yrs old)
deferiprone TABS	1	PA
deferiprone TABS	1	PA

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EXJADE TBSO (<i>Use deferasirox</i>)	1	AL(At least 3 yrs old)
EXJADE TBSO (<i>Use deferasirox</i>)	1	AL(At least 3 yrs old)
FERRIPROX TWICE-A-DAY TABS	1	PA
FERRIPROX SOLN	1	PA
FERRIPROX TABS (<i>Use deferiprone</i>)	1	PA
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	9	
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	1	PA
JADENU TABS (<i>Use deferasirox</i>)	1	AL(At least 3 yrs old); PA
Antidotes and Specific Antagonists		
ACETADOTE SOLN (<i>Use acetylcysteine (antidote)</i>)	1	
<i>acetylcysteine (antidote) SOLN</i>	1	
BRIDION	1	
<i>deferoxamine mesylate</i>	1	
DESFERAL 500 MG (<i>Use deferoxamine mesylate</i>)	9	
DESFERAL 500 MG (<i>Use deferoxamine mesylate</i>)	1	
<i>fomepizole 1.5 GM/1.5ML</i>	1	
Benzodiazepine Antagonists		
<i>flumazenil</i>	1	
Opioid Antagonists		
KLOXXADO LIQD	1	QL(2 ea per 30 day(s) retail; 2 ea per 30 days mail)
<i>naloxone hcl LIQD</i>	1	QL(2 ea per 30 day(s) retail; 2 ea per 30 days mail); RX/OTC
<i>naloxone hcl SOCT</i>	1	
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1	

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<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	1	
<i>naloxone hcl SOSY</i>	1	QL(4 ml per 30 day(s) retail; 4 ml per 30 days mail)
<i>naltrexone hcl</i>	1	
NARCAN LIQD (<i>Use naloxone hcl</i>)	1	QL(2 ea per 30 day(s) retail; 2 ea per 30 days mail); RX/OTC
OPVEE NA	1	QL(2 ea per 30 day(s) retail; 2 ea per 30 days mail); AL(At least 12 yrs old)
VIVITROL	1	
ZIMHI SOSY	1	QL(1 ml per 30 day(s) retail; 1 ml per 30 days mail)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	1	QL(10 ea per fill retail); PA
<i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>	1	PA
<i>granisetron hcl SOLN IV 1 MG/ML</i>	1	
<i>granisetron hcl TABS</i>	1	QL(20 ea per 10 day(s) retail; 20 ea per 10 days mail); PA
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	QL(50 ml per 10 day(s) retail; 50 ml per 10 days mail)
<i>ondansetron hcl SOSY</i>	1	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(30 ea per 10 day(s) retail; 30 ea per 10 days mail)

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<i>ondansetron TBDP</i>	1	QL(30 ea per 10 day(s) retail; 30 ea per 10 days mail)	AKYNZEO SOLR	1	QL(1 ea per 7 day(s) retail; 1 ea per 7 days mail); PA
<i>palonosetron hcl SOLN</i>	1		BONJESTA TBCR	1	QL(2 ea daily); AL(At least 10 yrs old - Up to 50 yrs old); PA
<i>palonosetron hcl SOSY</i>	1	PA	DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	1	QL(4 ea daily); AL(At least 10 yrs old - Up to 50 yrs old)
PALONOSETRON HYDROCHLORIDE SOLN	1		<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 ea daily); AL(At least 10 yrs old - Up to 50 yrs old); PA
SANCUSO PTCH	1	QL(1 ea per 20 day(s) retail; 1 ea per 20 days mail); PA	<i>dronabinol CAPS</i>	1	QL(2 ea daily); PA
SUSTOL PRSY	1	PA	MARINOL CAPS 2.5 MG (<i>Use dronabinol</i>)	1	QL(2 ea daily); PA
Antiemetics - Anticholinergic			SYNDROS SOLN	1	AL(Up to 20 yrs old); PA
ANTIVERT TABS 50 MG (<i>Use meclizine hcl</i>)	9		Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
DIMENHYDRINATE SOLN	1		APONVIE EMUL	1	PA
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC	<i>aprepitant CAPS</i>	1	QL(1 ea daily); PA
<i>scopolamine</i>	1	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)	<i>aprepitant MISC</i>	1	QL(1 ea daily); PA
TIGAN SOLN	1		CINVANTI EMUL	1	PA
TRANSDERM-SCOP (<i>Use scopolamine</i>)	9		EMEND (<i>Use fosaprepitant dimeglumine</i>)	1	PA
TRANSDERM-SCOP (<i>Use scopolamine</i>)	1	QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)	EMEND (<i>Use fosaprepitant dimeglumine</i>)	9	
<i>trimethobenzamide hcl CAPS</i>	1		EMEND TRIPACK CAPS (<i>Use aprepitant</i>)	1	QL(1 ea daily); PA
<i>trimethobenzamide hcl CAPS</i>	1		EMEND CAPS 80 MG (<i>Use aprepitant</i>)	1	QL(1 ea daily); PA
Antiemetics - Miscellaneous			EMEND SUSR	1	QL(1 ea daily); AL(Up to 6 yrs old); PA
AKYNZEO	1	QL(1 ea per 7 day(s) retail; 1 ea per 7 days mail); PA	<i>fosaprepitant dimeglumine</i>	1	PA
AKYNZEO SOLN	1	PA	ANTIFUNGALS - Drugs to Treat Fungal Infections		

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Antifungal - Glucan Synthesis Inhibitors			CRESEMBA CAPS 74.5 MG	1	QL(140 ea per 28 day(s) retail; 140 ea per 28 days mail); AL(At least 18 yrs old); PA
BREXAFEMME	1	QL(4 ea per fill retail); AL(At least 10 yrs old); PA	CRESEMBA CAPS 186 MG	1	QL(68 ea per 30 day(s) retail; 68 ea per 30 days mail); AL(At least 18 yrs old); PA
CANCIDAS (Use caspofungin acetate)	1		CRESEMBA SOLR	1	AL(At least 18 yrs old)
caspofungin acetate	1		DIFLUCAN SUSR (Use fluconazole)	1	
CASPOFUNGIN ACETATE	1		DIFLUCAN TABS 50 MG (Use fluconazole)	9	
ERAXIS	1		DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	1	
MICAFUNGIN	1		DIFLUCAN TABS 150 MG (Use fluconazole)	9	QL(7 ea per fill retail)
micafungin sodium	1		fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	1	
MYCAMINE (Use micafungin sodium)	1		FLUCONAZOLE/SODIUM CHLORIDE	1	
REZZAYO	1	AL(At least 18 yrs old); PA	fluconazole SUSR	1	
Antifungals			fluconazole TABS 50 MG, 100 MG, 200 MG	1	
ABELCET	1		fluconazole TABS 150 MG	1	QL(7 ea per fill retail)
AMBISOME (Use amphotericin b liposome)	1		itraconazole CAPS	1	
amphotericin b IV	1		itraconazole SOLN	1	
amphotericin b liposome	1		ketoconazole	1	AL(At least 3 yrs old); PA
ANCOBON (Use flucytosine)	1	PA	MICONAZOLE	1	
flucytosine	1	PA	NOXAFIL PACK	1	PA
griseofulvin microsize SUSP	1		NOXAFIL SOLN (Use posaconazole)	1	
griseofulvin microsize SUSP	1		NOXAFIL SUSP (Use posaconazole)	1	PA
griseofulvin microsize TABS	1				
griseofulvin ultramicrosize	1				
nystatin TABS	1				
terbinafine hcl TABS	1				
Imidazole-Related Antifungals					

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NOXAFIL TBEC (Use posaconazole)	1		cetirizine hcl SOLN OR	1	AL(Up to 20 yrs old); RX/OTC
posaconazole SOLN	1		cetirizine hcl TABS	1	QL(1 ea daily); AL(Up to 20 yrs old)
posaconazole SUSP	1	PA			
posaconazole TBEC	1		cetirizine hcl TABS 10 MG	1	
SPORANOX PULSEPAK CAPS (Use itraconazole)	9		CLARINEX TABS (Use desloratadine)	9	QL(1 ea daily)
SPORANOX CAPS (Use itraconazole)	1		CLARINEX TABS (Use desloratadine)	1	QL(1 ea daily); PA
SPORANOX SOLN (Use itraconazole)	1		CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	9	
TOLSURA CAPS	1	QL(4 ea daily); PA	CLARITIN REDITABS JUNIORS TBDP (Use loratadine)	9	
VFEND SUSR (Use voriconazole)	1		CLARITIN REDITABS TBDP 10 MG (Use loratadine)	9	
VFEND TABS (Use voriconazole)	1		CLARITIN SOLN (Use loratadine)	9	
VIVJOA	1	QL(18 ea per 84 day(s) retail; 18 ea per 84 days mail); AL(At least 18 yrs old); PA	CLARITIN TABS (Use loratadine)	9	
voriconazole SUSR	1		desloratadine TABS	1	QL(1 ea daily); PA
voriconazole TABS	1		desloratadine TBDP	1	QL(1 ea daily); AL(At least 6 yrs old - Up to 11 yrs old); PA
ANTIHISTAMINES - Drugs to Treat Allergies					
Antihistamines - Ethanolamines					
carbinoxamine maleate SOLN	1		levocetirizine dihydrochloride SOLN	2	QL(150 ml per 30 day(s) retail; 150 ml per 30 days mail); AL(Up to 6 yrs old); ST; RX/OTC
carbinoxamine maleate TABS 4 MG	1	AL(Up to 20 yrs old); PA			
clemastine fumarate SYRP	1	PA	levocetirizine dihydrochloride TABS	2	QL(1 ea daily); AL(Up to 20 yrs old); ST; RX/OTC
clemastine fumarate TABS 2.68 MG	1	PA			
diphenhydramine hcl SOLN 50 MG/ML	1		loratadine SOLN	1	AL(Up to 20 yrs old)
diphenhydramine hcl SOLN 50 MG/ML	1		loratadine SOLN	1	AL(Up to 20 yrs old)
Antihistamines - Non-Sedating					
cetirizine hcl SOLN OR	1	AL(Up to 20 yrs old); RX/OTC	loratadine TABS	1	QL(1 ea daily); AL(Up to 20 yrs old)

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<i>loratadine TABS</i>	1	AL(Up to 20 yrs old)
<i>loratadine TABS</i>	1	AL(Up to 20 yrs old)
<i>loratadine TBDP 10 MG</i>	1	QL(1 ea daily); AL(Up to 20 yrs old)
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>Use levocetirizine dihydrochloride</i>)	9	ST; RX/OTC
XYZAL ALLERGY 24HR TABS (<i>Use levocetirizine dihydrochloride</i>)	9	ST; RX/OTC
ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	9	
ZYRTEC CHILDRENS ALLERGY SOLN OR (<i>Use cetirizine hcl</i>)	9	RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN IJ (<i>Use promethazine hcl</i>)	1	
PHENERGAN SOLN IJ (<i>Use promethazine hcl</i>)	9	
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	
<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	1	
<i>promethazine hcl SUPP</i>	1	QL(4 ea daily)
<i>promethazine hcl SUPP</i>	1	QL(4 ea daily)
<i>promethazine hcl TABS</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
NEXLETOL	1	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
Angiotensin-like Protein Inhibitors		
EVKEEZA	1	AL(At least 5 yrs old); PA
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily); PA
NEXLIZET	1	QL(1 ea daily); PA
VYTORIN (<i>Use ezetimibe-simvastatin</i>)	1	QL(1 ea daily); PA
Antihyperlipidemics - Misc.		
<i>icosapent ethyl 0.5 GM</i>	1	PA
<i>icosapent ethyl 1 GM</i>	1	QL(4 ea daily); PA
LOVAZA (<i>Use omega-3-acid ethyl esters</i>)	1	QL(4 ea daily); MP
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily); MP
VASCEPA 0.5 GM (<i>Use icosapent ethyl</i>)	1	QL(8 ea daily); PA
VASCEPA 1 GM (<i>Use icosapent ethyl</i>)	1	QL(4 ea daily); PA
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1	QL(2 ea daily)
<i>cholestyramine light POWD</i>	1	
<i>cholestyramine PACK</i>	1	QL(2 ea daily)
<i>cholestyramine POWD</i>	1	
<i>colesevelam hcl PACK</i>	1	PA
<i>colesevelam hcl TABS</i>	1	
COLESTID FLAVORED GRAN (<i>Use colestipol hcl</i>)	9	
COLESTID FLAVORED PACK (<i>Use colestipol hcl</i>)	1	
COLESTID GRAN (<i>Use colestipol hcl</i>)	1	
COLESTID PACK (<i>Use colestipol hcl</i>)	1	
COLESTID TABS (<i>Use colestipol hcl</i>)	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl GRAN</i>	1		LOPID TABS (<i>Use gemfibrozil</i>)	1	QL(2 ea daily)
<i>colestipol hcl PACK</i>	1		TRICOR TABS (<i>Use fenofibrate</i>)	1	
<i>colestipol hcl TABS</i>	1		TRILIPIX 45 MG (<i>Use choline fenofibrate</i>)	1	QL(2 ea daily)
QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	1		TRILIPIX 135 MG (<i>Use choline fenofibrate</i>)	2	ST
QUESTRAN PACK (<i>Use cholestyramine</i>)	9		HMG CoA Reductase Inhibitors		
QUESTRAN PACK (<i>Use cholestyramine</i>)	1	QL(2 ea daily)	ALTOPREV TB24 20 MG, 40 MG, 60 MG	1	PA
QUESTRAN POWD (<i>Use cholestyramine</i>)	1		ALTOPREV TB24 20 MG, 40 MG, 60 MG	1	PA
WELCHOL PACK (<i>Use colesevelam hcl</i>)	9		ATORVALIQ SUSP	1	QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail); PA
WELCHOL PACK (<i>Use colesevelam hcl</i>)	1	PA	<i>atorvastatin calcium TABS 10 MG, 20 MG, 40 MG</i>	1	QL(2 ea daily)
WELCHOL TABS (<i>Use colesevelam hcl</i>)	1		<i>atorvastatin calcium TABS 80 MG</i>	1	QL(1 ea daily); MP
Fibric Acid Derivatives			CRESTOR TABS 40 MG (<i>Use rosuvastatin calcium</i>)	9	QL(1 ea daily); MP
ANTARA 30 MG	2	ST	CRESTOR TABS 5 MG, 10 MG, 20 MG (<i>Use rosuvastatin calcium</i>)	1	QL(1 ea daily); MP
<i>choline fenofibrate 45 MG</i>	1	QL(2 ea daily)	EZALLOR SPRINKLE CPSP	1	QL(1 ea daily); PA
<i>choline fenofibrate 135 MG</i>	2	ST	<i>fluvastatin sodium CAPS</i>	1	PA
<i>fenofibrate micronized 67 MG, 134 MG</i>	1		<i>fluvastatin sodium TB24</i>	1	PA
<i>fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG, 200 MG</i>	2	ST	LESCOL XL TB24 (<i>Use fluvastatin sodium</i>)	1	PA
<i>fenofibrate CAPS</i>	2	ST	LIPITOR TABS 80 MG (<i>Use atorvastatin calcium</i>)	1	QL(1 ea daily); MP
<i>fenofibrate CAPS</i>	2	ST	LIPITOR TABS 20 MG, 40 MG (<i>Use atorvastatin calcium</i>)	9	QL(2 ea daily); MP
<i>fenofibrate TABS 40 MG, 120 MG</i>	2	ST	LIPITOR TABS 10 MG, 20 MG, 40 MG (<i>Use atorvastatin calcium</i>)	1	QL(2 ea daily); MP
<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1				
FENOGLIDE TABS (<i>Use fenofibrate</i>)	2	ST			
<i>gemfibrozil TABS</i>	1	QL(2 ea daily)			
LIPOFEN CAPS (<i>Use fenofibrate</i>)	2	ST			
LIPOFEN CAPS (<i>Use fenofibrate</i>)	9	ST			

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LIPITOR TABS 10 MG, 80 MG (Use atorvastatin calcium)	9		niacin (antihyperlipidemic) TBCR 500 MG	1	QL(3 ea daily); MP
LIVALO (Use pitavastatin calcium)	1	PA	niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG	1	QL(2 ea daily); MP
lovastatin TABS	1	QL(2 ea daily); MP	NIASPAN TBCR (Use niacin (antihyperlipidemic))	9	MP
pitavastatin calcium	1	PA	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
pravastatin sodium 80 MG	1	QL(1 ea daily); MP	LEQVIO	1	QL(1.5 ml per 180 day(s) retail; 2 ml per 180 days mail); AL(At least 18 yrs old); PA
pravastatin sodium 20 MG, 40 MG	1	QL(2 ea daily); MP	PRALUENT SOAJ	1	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
pravastatin sodium 10 MG	1	QL(3 ea daily); MP	REPATHA PUSHTRONEX SYSTEM SOCT	1	QL(3.5 ml per 28 day(s) retail; 4 ml per 28 days mail); PA
rosuvastatin calcium TABS	1	QL(1 ea daily); MP	REPATHA SURECLICK SOAJ	1	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
rosuvastatin calcium TABS	1	MP	REPATHA SOSY	1	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
simvastatin TABS 40 MG	1	QL(1 ea daily); MP	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
simvastatin TABS 10 MG, 20 MG	1	QL(2 ea daily); MP	ACE Inhibitors		
simvastatin TABS 5 MG, 80 MG	1		ACCUPRIL (Use quinapril hcl)	1	QL(2 ea daily); MP
ZOCOR TABS 10 MG, 20 MG (Use simvastatin)	1	QL(2 ea daily); MP	ACCUPRIL (Use quinapril hcl)	1	QL(2 ea daily); MP
ZOCOR TABS 10 MG, 20 MG (Use simvastatin)	1	QL(2 ea daily); MP	ALTACE CAPS 5 MG, 10 MG (Use ramipril)	1	QL(2 ea daily); MP
ZOCOR TABS 40 MG (Use simvastatin)	1	QL(1 ea daily); MP	ALTACE CAPS 1.25 MG, 2.5 MG (Use ramipril)	1	QL(3 ea daily); MP
ZYPITAMAG 2 MG, 4 MG	1	QL(1 ea daily); PA	ALTACE CAPS 1.25 MG, 2.5 MG (Use ramipril)	1	QL(3 ea daily); MP
Intestinal Cholesterol Absorption Inhibitors					
ezetimibe	1	QL(1 ea daily)			
ZETIA (Use ezetimibe)	1	QL(1 ea daily)			
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors					
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA			
Nicotinic Acid Derivatives					

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<i>benazepril hcl 20 MG, 40 MG</i>	1	QL(2 ea daily); MP	<i>ramipril CAPS 1.25 MG, 2.5 MG</i>	1	QL(3 ea daily); MP
<i>benazepril hcl 10 MG</i>	1	QL(3 ea daily); MP	<i>trandolapril</i>	1	MP
<i>benazepril hcl 5 MG</i>	1	QL(6 ea daily); MP	<i>VASOTEC TABS 10 MG, 20 MG (Use enalapril maleate)</i>	1	QL(2 ea daily); MP
<i>captopril</i>	2	ST	<i>VASOTEC TABS 2.5 MG, 5 MG (Use enalapril maleate)</i>	1	QL(3 ea daily); MP
<i>enalapril maleate SOLN</i>	1	QL(5 ml daily); AL(Up to 6 yrs old)	<i>VASOTEC TABS 2.5 MG, 5 MG (Use enalapril maleate)</i>	1	QL(3 ea daily); MP
<i>enalapril maleate TABS 2.5 MG, 5 MG</i>	1	QL(3 ea daily); MP	<i>ZESTRIL TABS 2.5 MG, 5 MG (Use lisinopril)</i>	1	QL(6 ea daily); MP
<i>enalapril maleate TABS 10 MG, 20 MG</i>	1	QL(2 ea daily); MP	<i>ZESTRIL TABS 10 MG (Use lisinopril)</i>	1	QL(8 ea daily); MP
<i>enalaprilat</i>	1		<i>ZESTRIL TABS 30 MG, 40 MG (Use lisinopril)</i>	1	QL(2 ea daily); MP
<i>EPANED SOLN (Use enalapril maleate)</i>	1	QL(5 ml daily); AL(Up to 6 yrs old)	<i>ZESTRIL TABS 20 MG (Use lisinopril)</i>	1	QL(4 ea daily); MP
<i>fosinopril sodium</i>	1	MP	Agents for Pheochromocytoma		
<i>lisinopril TABS 2.5 MG, 5 MG</i>	1	QL(6 ea daily); MP	<i>DEMSEER (Use metyrosine)</i>	1	
<i>lisinopril TABS 10 MG</i>	1	QL(8 ea daily); MP	<i>DIBENZYLINE (Use phenoxybenzamine hcl)</i>	9	
<i>lisinopril TABS 30 MG, 40 MG</i>	1	QL(2 ea daily); MP	<i>metyrosine</i>	1	
<i>lisinopril TABS 20 MG</i>	1	QL(4 ea daily); MP	<i>phenoxybenzamine hcl</i>	1	
<i>LOTENSIN 20 MG, 40 MG (Use benazepril hcl)</i>	1	QL(2 ea daily); MP	<i>phentolamine mesylate SOLR</i>	1	
<i>LOTENSIN 10 MG (Use benazepril hcl)</i>	1	QL(3 ea daily); MP	Angiotensin II Receptor Antagonists		
<i>moexipril hcl</i>	1	QL(4 ea daily); MP	<i>ATACAND 4 MG, 8 MG, 16 MG (Use candesartan cilexetil)</i>	1	
<i>perindopril erbumine</i>	1	MP	<i>ATACAND 4 MG, 8 MG, 16 MG (Use candesartan cilexetil)</i>	1	
<i>perindopril erbumine</i>	1	MP	<i>ATACAND 32 MG (Use candesartan cilexetil)</i>	2	ST
<i>QBRELIS SOLN</i>	1	QL(5 ml daily); AL(Up to 6 yrs old)	<i>AVAPRO (Use irbesartan)</i>	1	MP
<i>quinapril hcl</i>	1	QL(2 ea daily); MP	<i>AVAPRO (Use irbesartan)</i>	1	MP
<i>quinapril hcl</i>	1	QL(2 ea daily); MP			
<i>ramipril CAPS 5 MG, 10 MG</i>	1	QL(2 ea daily); MP			

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BENICAR 5 MG (<i>Use olmesartan medoxomil</i>)	9	QL(6 ea daily); MP	<i>telmisartan 80 MG</i>	1	QL(2 ea daily); MP
BENICAR 40 MG (<i>Use olmesartan medoxomil</i>)	1	QL(2 ea daily); MP	<i>telmisartan 20 MG</i>	1	QL(5 ea daily); MP
BENICAR 20 MG (<i>Use olmesartan medoxomil</i>)	9	QL(3 ea daily); MP	<i>valsartan SOLN</i>	1	AL(At least 6 yrs old - Up to 10 yrs old); PA
BENICAR 20 MG (<i>Use olmesartan medoxomil</i>)	1	QL(3 ea daily); MP	<i>valsartan TABS</i>	1	MP
BENICAR 5 MG (<i>Use olmesartan medoxomil</i>)	1	QL(6 ea daily); MP	Antiadrenergic Antihypertensives		
<i>candesartan cilexetil 32 MG</i>	2	ST	<i>CARDURA 8 MG (Use doxazosin mesylate)</i>	1	QL(2 ea daily); MP
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1		<i>CARDURA 8 MG (Use doxazosin mesylate)</i>	9	QL(2 ea daily); MP
COZAAR 50 MG, 100 MG (<i>Use losartan potassium</i>)	1	QL(3 ea daily); MP	<i>CARDURA 1 MG, 2 MG (Use doxazosin mesylate)</i>	1	QL(7 ea daily); MP
COZAAR 25 MG (<i>Use losartan potassium</i>)	1	QL(4 ea daily); MP	<i>CARDURA 4 MG (Use doxazosin mesylate)</i>	1	QL(4 ea daily); MP
DIOVAN TABS (<i>Use valsartan</i>)	1	MP	<i>CATAPRES-TTS-1 (Use clonidine)</i>	9	QL(4 ea per 28 day(s) retail; 12 ea per 84 days mail); MP
DIOVAN TABS (<i>Use valsartan</i>)	1	MP	<i>CATAPRES-TTS-2 (Use clonidine)</i>	9	QL(8 ea per 28 day(s) retail; 24 ea per 84 days mail); MP
EDARBI	3	ST	<i>CATAPRES-TTS-3 (Use clonidine)</i>	9	QL(8 ea per 28 day(s) retail; 24 ea per 84 days mail); MP
<i>irbesartan</i>	1	MP	<i>clonidine 0.2 MG/24HR, 0.3 MG/24HR</i>	1	QL(8 ea per 28 day(s) retail; 24 ea per 84 days mail); MP
<i>losartan potassium 25 MG</i>	1	QL(4 ea daily); MP	<i>clonidine 0.1 MG/24HR</i>	1	QL(4 ea per 28 day(s) retail; 12 ea per 84 days mail); MP
<i>losartan potassium 50 MG, 100 MG</i>	1	QL(3 ea daily); MP	<i>clonidine hcl TABS</i>	1	QL(8 ea daily); MP
MICARDIS 40 MG (<i>Use telmisartan</i>)	1	QL(3 ea daily); MP	<i>clonidine hcl TB24</i>	1	PA
MICARDIS 20 MG (<i>Use telmisartan</i>)	1	QL(5 ea daily); MP	<i>doxazosin mesylate 4 MG</i>	1	QL(4 ea daily); MP
MICARDIS 80 MG (<i>Use telmisartan</i>)	1	QL(2 ea daily); MP	<i>doxazosin mesylate 8 MG</i>	1	QL(2 ea daily); MP
<i>olmesartan medoxomil 20 MG</i>	1	QL(3 ea daily); MP	<i>doxazosin mesylate 1 MG, 2 MG</i>	1	QL(7 ea daily); MP
<i>olmesartan medoxomil 40 MG</i>	1	QL(2 ea daily); MP			
<i>olmesartan medoxomil 5 MG</i>	1	QL(6 ea daily); MP			
<i>telmisartan 40 MG</i>	1	QL(3 ea daily); MP			

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<i>guanfacine hcl</i>	1	QL(4 ea daily)	<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	QL(1 ea daily)
<i>methyldopa TABS</i>	1		ATACAND HCT (Use <i>candesartan cilexetil-hydrochlorothiazide</i>)	3	ST
MINIPRESS CAPS 1 MG (Use <i>prazosin hcl</i>)	1	QL(6 ea daily); MP	<i>atenolol & chlorthalidone</i>	1	QL(1 ea daily); MP
MINIPRESS CAPS 5 MG (Use <i>prazosin hcl</i>)	1	QL(8 ea daily); MP	AVALIDE (Use <i>irbesartan-hydrochlorothiazide</i>)	1	MP
MINIPRESS CAPS 2 MG (Use <i>prazosin hcl</i>)	1	QL(5 ea daily); MP	AVALIDE (Use <i>irbesartan-hydrochlorothiazide</i>)	1	MP
NEXICLON XR TB24 (Use <i>clonidine hcl</i>)	1	PA	AZOR 5 MG-40 MG (Use <i>amlodipine besylate-olmesartan medoxomil</i>)	9	
<i>prazosin hcl CAPS 5 MG</i>	1	QL(8 ea daily); MP	AZOR (Use <i>amlodipine besylate-olmesartan medoxomil</i>)	1	
<i>prazosin hcl CAPS 1 MG</i>	1	QL(6 ea daily); MP	<i>benazepril & hydrochlorothiazide</i>	1	QL(2 ea daily); MP
<i>prazosin hcl CAPS 2 MG</i>	1	QL(5 ea daily); MP	BENICAR HCT 25 MG-40 MG (Use <i>olmesartan medoxomil-hydrochlorothiazide</i>)	9	QL(2 ea daily); MP
<i>terazosin hcl 1 MG</i>	1	QL(19 ea daily); MP	BENICAR HCT (Use <i>olmesartan medoxomil-hydrochlorothiazide</i>)	1	QL(2 ea daily); MP
<i>terazosin hcl 2 MG</i>	1	QL(4 ea daily); MP	<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>terazosin hcl 5 MG</i>	1	QL(3 ea daily); MP	<i>candesartan cilexetil-hydrochlorothiazide</i>	3	ST
<i>terazosin hcl 10 MG</i>	1	QL(18 ea daily); MP	<i>candesartan cilexetil-hydrochlorothiazide</i>	3	ST
<i>terazosin hcl 5 MG</i>	1	QL(3 ea daily); AL(At least 1 yrs old); MP	<i>captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	2	
Antihypertensive Combinations			<i>captopril & hydrochlorothiazide 25 MG-50 MG</i>	1	
ACCURETIC (Use <i>quinapril-hydrochlorothiazide</i>)	1	QL(2 ea daily); MP	DIOVAN HCT (Use <i>valsartan-hydrochlorothiazide</i>)	1	MP
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG</i>	1	QL(2 ea daily); MP			
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1	QL(4 ea daily); MP			
<i>amlodipine besylate-benazepril hcl 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily); MP			
<i>amlodipine besylate-olmesartan medoxomil</i>	1				
<i>amlodipine besylate-valsartan</i>	1	QL(1 ea daily); MP			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EDARBYCLOR	3	ST	<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG, 50 MG-100 MG</i>	1	QL(2 ea daily); MP
<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 ea daily); MP	<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG</i>	1	QL(1 ea daily); MP
EXFORGE (Use <i>amlodipine besylate-valsartan</i>)	1	QL(1 ea daily); MP	MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i>)	2	ST
EXFORGE HCT 25 MG-5 MG-160 MG (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	9	MP	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	2	ST
EXFORGE HCT 12.5 MG-10 MG-160 MG, 12.5 MG-5 MG-160 MG, 25 MG-10 MG-160 MG, 25 MG-10 MG-320 MG (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	1	QL(1 ea daily); MP	<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	MP
<i>fosinopril sodium & hydrochlorothiazide</i>	1	MP; PA	<i>quinapril-hydrochlorothiazide</i>	1	QL(2 ea daily); MP
HYZAAR (Use <i>losartan potassium & hydrochlorothiazide</i>)	1	QL(2 ea daily); MP	TEKTURNA HCT 12.5 MG-300 MG, 25 MG-300 MG	3	
<i>irbesartan-hydrochlorothiazide</i>	1	MP	<i>telmisartan-amlodipine</i>	3	ST
<i>lisinopril & hydrochlorothiazide</i>	1	QL(4 ea daily); MP	<i>telmisartan-hydrochlorothiazide</i>	2	ST
<i>losartan potassium & hydrochlorothiazide</i>	1	QL(2 ea daily); MP	TENORETIC 100 (Use <i>atenolol & chlorthalidone</i>)	1	QL(1 ea daily); MP
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use <i>benazepril & hydrochlorothiazide</i>)	1	QL(2 ea daily); MP	TENORETIC 50 (Use <i>atenolol & chlorthalidone</i>)	1	QL(1 ea daily); MP
LOTREL 40 MG-10 MG (Use <i>amlodipine besylate-benazepril hcl</i>)	1	QL(1 ea daily); MP	<i>trandolapril-verapamil hcl</i>	2	ST
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG (Use <i>amlodipine besylate-benazepril hcl</i>)	1	QL(2 ea daily); MP	<i>trandolapril-verapamil hcl</i>	2	ST
<i>metoprolol & hydrochlorothiazide TABS 25 MG-50 MG, 50 MG-100 MG</i>	1	QL(2 ea daily); MP	TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	2	ST
			TRIBENZOR 25 MG-10 MG-40 MG (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	9	ST
			<i>valsartan-hydrochlorothiazide</i>	1	MP
			VASERETIC 25 MG-10 MG (Use <i>enalapril maleate & hydrochlorothiazide</i>)	1	QL(2 ea daily); MP

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ZESTORETIC (Use lisinopril & hydrochlorothiazide)	1	QL(4 ea daily); MP	FLAGYL CAPS (Use metronidazole)	1	
ZIAC (Use bisoprolol & hydrochlorothiazide)	1	QL(2 ea daily); MP	LIKMEZ SUSP	1	QL(20 ml daily); AL(Up to 10 yrs old)
Direct Renin Inhibitors			metronidazole CAPS	1	
aliskiren fumarate	3		metronidazole SOLN	1	
TEKTURNA (Use aliskiren fumarate)	3		METRONIDAZOLE SOLN (Use metronidazole)	1	
Selective Aldosterone Receptor Antagonists (SARAs)			metronidazole TABS	1	
eplerenone	1		NEBUPENT IN (Use pentamidine isethionate)	1	
INSPRA (Use eplerenone)	1		PENTAM 300 IJ (Use pentamidine isethionate)	1	
INSPRA (Use eplerenone)	9		pentamidine isethionate IJ	1	
Vasodilators			tinidazole	1	
CORLOPAM	1		tinidazole	1	
hydralazine hcl SOLN	1		trimethoprim TABS	1	
hydralazine hcl TABS 50 MG	1	QL(5 ea daily); MP	TRIMETHOPRIM TABS 100 MG (Use trimethoprim)	9	
hydralazine hcl TABS 10 MG	1	QL(30 ea daily); MP	XIFAXAN 550 MG	1	QL(2 ea daily); AL(At least 18 yrs old); PA
hydralazine hcl TABS 100 MG	1	QL(3 ea daily); MP	XIFAXAN 200 MG	1	QL(3 ea daily); AL(At least 12 yrs old); PA
hydralazine hcl TABS 25 MG	1	QL(11 ea daily); MP	Anti-infective Misc. - Combinations		
minoxidil 10 MG	1	QL(10 ea daily); MP	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	1	
minoxidil 2.5 MG	1	QL(4 ea daily); MP	BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	1	
nitroprusside sodium	1		sulfamethoxazole-trimethoprim SOLN	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			sulfamethoxazole-trimethoprim SUSP	1	
Anti-infective Agents - Misc.			sulfamethoxazole-trimethoprim TABS	1	
AEMCOLO	1	QL(4 ea daily); PA	Antiprotozoal Agents		
bacitracin	1				

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Drug Name	Drug Tier	Requirements/Limits
ALINIA TABS (Use nitazoxanide)	9	
atovaquone	1	
LAMPIT 120 MG	1	QL(225 ea per 30 day(s) retail; 225 ea per 30 days mail); AL(Up to 17 yrs old); PA
LAMPIT 30 MG	1	QL(9 ea daily); AL(Up to 17 yrs old); PA
MEPRON (Use atovaquone)	1	
nitazoxanide TABS	1	QL(2 ea daily)
Carbapenems		
ertapenem sodium IJ	1	
imipenem-cilastatin IV	1	
INVANZ IJ (Use ertapenem sodium)	9	
meropenem	1	
MEROPENEM	1	PA
MEROPENEM/SODIUM CHLORIDE	1	
PRIMAXIN IV IV 500 MG-500 MG (Use imipenem-cilastatin)	9	
RECARBRIO	1	QL(56 ea per 14 day(s) retail; 56 ea per 14 days mail); PA
VABOMERE	1	QL(84 ea per 14 day(s) retail; 84 ea per 14 days mail); AL(At least 18 yrs old); PA
Chloramphenicols		
chloramphenicol sodium succinate	1	
Cyclic Lipopeptides		
CUBICIN (Use daptomycin)	9	

Drug Name	Drug Tier	Requirements/Limits
CUBICIN RF (Use daptomycin)	1	
CUBICIN RF (Use daptomycin)	9	
daptomycin	1	
DAPTOMYCIN	1	
DAPTOMYCIN (Use daptomycin)	9	
DAPTOMYCIN/SODIUM CHLORIDE	1	
Glycopeptides		
DALVANCE	1	QL(3 ea per 7 day(s) retail; 3 ea per 7 days mail); PA
FIRVANQ SOLR OR (Use vancomycin hcl)	1	
FIRVANQ SOLR OR (Use vancomycin hcl)	1	
KIMYRSA	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA
ORBACTIV	1	QL(3 ea per 30 day(s) retail; 3 ea per 30 days mail)
VANCOGIN CAPS (Use vancomycin hcl)	1	
vancomycin hcl CAPS	1	
VANCOMYCIN HCL SOLN	1	
vancomycin hcl SOLR IV 1 GM, 1.25 GM, 1.5 GM, 5 GM, 10 GM, 500 MG, 750 MG, 1000 MG	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE 1 GM/200ML-5 %, 500 MG/100ML-5 %, 750 MG/150ML-5 %	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE SOLN IV 500 MG/100ML, 750 MG/150ML, 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML	1		<i>clindamycin palmitate hydrochloride</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR IV (Use vancomycin hcl)	9		<i>clindamycin phosphate in d5w</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR IV	1		<i>clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR IV (Use vancomycin hcl)	1		CLINDAMYCIN/SODIUM CHLORIDE	1	
VANCOMYCIN SOLN IV	1		LINCOCIN (Use lincomycin hcl)	1	
VIBATIV 750 MG	1		LINCOCIN (Use lincomycin hcl)	9	
Leprostatics			<i>lincomycin hcl</i>	1	
<i>dapsone</i>	1		Monobactams		
Lincosamides			AZACTAM (Use aztreonam)	1	
CLEOCIN (Use clindamycin hcl)	1		AZACTAM (Use aztreonam)	1	
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	1		<i>aztreonam</i>	1	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use clindamycin phosphate)	9		CAYSTON	1	QL(84 ml per 55 day(s) retail; 84 ml per 55 days mail); PA
CLEOCIN PHOSPHATE SOLN IJ	1		Oxazolidinones		
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use clindamycin phosphate)	1		LINEZOLID	1	
<i>clindamycin hcl</i>	1		<i>linezolid SOLN</i>	1	QL(8400 ml per 14 day(s) retail; 8400 ml per 14 days mail)
<i>clindamycin hcl</i>	1		<i>linezolid SUSR</i>	1	
			<i>linezolid TABS</i>	1	
			SIVEXTRO SOLR	1	PA
			SIVEXTRO TABS	1	PA
			ZYVOX SOLN (Use linezolid)	9	
			ZYVOX SOLN (Use linezolid)	1	QL(8400 ml per 14 day(s) retail; 8400 ml per 14 days mail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZYVOX SOLN	1	QL(2800 ml per 14 day(s) retail; 2800 ml per 14 days mail)	<i>nitrofurantoin macrocrystal</i>	1	
ZYVOX SUSR (Use <i>linezolid</i>)	1	QL(150 ml per 10 day(s) retail; 150 ml per 10 days mail)	<i>nitrofurantoin monohyd macro</i>	1	
ZYVOX TABS (Use <i>linezolid</i>)	1	QL(28 ea per 14 day(s) retail; 28 ea per 14 days mail)	ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Polymyxins			Antimalarial Combinations		
<i>colistimethate sodium</i>	1		<i>atovaquone-proguanil hcl</i>	1	
COLY-MYCIN M (Use <i>colistimethate sodium</i>)	1		COARTEM	1	
<i>polymyxin b sulfate SOLR</i>	1		MALARONE (Use <i>atovaquone-proguanil hcl</i>)	1	
Urinary Anti-infectives			MALARONE (Use <i>atovaquone-proguanil hcl</i>)	1	
<i>fosfomycin tromethamine</i>	1		Antimalarials		
HIPREX (Use <i>methenamine hippurate</i>)	1		<i>chloroquine phosphate TABS</i>	1	
MACROBID (Use <i>nitrofurantoin monohyd macro</i>)	1		DARAPRIM (Use <i>pyrimethamine</i>)	1	QL(63 ea per 20 day(s) retail; 63 ea per 20 days mail); PA
MACRODANTIN (Use <i>nitrofurantoin macrocrystal</i>)	1		DARAPRIM (Use <i>pyrimethamine</i>)	9	
MACRODANTIN (Use <i>nitrofurantoin macrocrystal</i>)	1		<i>hydroxychloroquine sulfate</i>	1	
<i>methenamine hippurate</i>	1		KRINTAFEL	1	QL(2 ea per fill retail); AL(At least 16 yrs old)
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1		<i>mefloquine hcl</i>	1	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1		PLAQUENIL (Use <i>hydroxychloroquine sulfate</i>)	9	
MONUROL (Use <i>fosfomycin tromethamine</i>)	9		<i>primaquine phosphate TABS</i>	1	
<i>nitrofurantoin</i>	1		PRIMAQUINE PHOSPHATE TABS (Use <i>primaquine phosphate</i>)	1	
NITROFURANTOIN	1	QL(300 ml per 7 day(s) retail; 300 ml per 7 days mail); AL(Up to 10 yrs old); PA	<i>pyrimethamine</i>	1	QL(63 ea per 20 day(s) retail; 63 ea per 20 days mail); PA

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Drug Name	Drug Tier	Requirements/Limits
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	9	
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	1	PA
<i>quinine sulfate CAPS 324 MG</i>	1	PA
SOVUNA	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
BLOXIVERZ SOLN IV (<i>Use neostigmine methylsulfate</i>)	1	
BLOXIVERZ SOLN IV (<i>Use neostigmine methylsulfate</i>)	9	
FIRDAPSE	1	QL(8 ea daily); PA
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	1	
MESTINON SOLN OR (<i>Use pyridostigmine bromide</i>)	1	
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	1	
<i>neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML</i>	1	
<i>neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML</i>	1	
NEOSTIGMINE METHYLSULFATE SOLN IV 5 MG/10ML, 10 MG/10ML	1	
<i>neostigmine methylsulfate SOSY</i>	1	
NEOSTIGMINE METHYLSULFATE SOSY (<i>Use neostigmine methylsulfate</i>)	1	

Drug Name	Drug Tier	Requirements/Limits
NEOSTIGMINE METHYLSULFATE SOSY (<i>Use neostigmine methylsulfate</i>)	9	
<i>pyridostigmine bromide SOLN OR</i>	1	
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TABS 30 MG</i>	1	PA
<i>pyridostigmine bromide TBCR</i>	1	
REGONOL SOLN IV	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SOLN</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	1	
MYCOBUTIN (<i>Use rifabutin</i>)	1	
PRIFTIN	1	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
RIFADIN SOLR (<i>Use rifampin</i>)	1	
<i>rifampin CAPS</i>	1	
<i>rifampin SOLR</i>	1	
SIRTURO 20 MG	1	AL(At least 5 yrs old)
SIRTURO 100 MG	1	QL(188 ea per 168 day(s) retail; 188 ea per 168 days mail); AL(At least 5 yrs old)
TRECTOR	1	

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer					
Alkylating Agents					
ALKERAN (Use melphalan)	9		CYCLOPHOSPHAMIDE TABS	1	
ALKERAN (Use melphalan hcl)	9		EVOMELA	1	
BELRAPZO SOLN	1		GLEOSTINE 10 MG, 40 MG, 100 MG	1	AL(Up to 20 yrs old); PA
bendamustine hcl SOLR	1		GLIADEL WAFER	1	
BENDAMUSTINE HYDROCHLORIDE SOLN	1		ifosfamide SOLN	1	
BENDEKA SOLN	1		KEMOPLAT SOLN	1	
BICNU (Use carmustine)	1		LEUKERAN	1	
BICNU (Use carmustine)	9		melphalan	1	
busulfan SOLN	1		melphalan hcl	1	
BUSULFEX SOLN (Use busulfan)	9		MYLERAN TABS	1	
BUSULFEX SOLN (Use busulfan)	1		oxaliplatin SOLN	1	
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML	1		oxaliplatin SOLR	1	
carmustine	1		TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (Use temozolomide)	9	
CARMUSTINE	1		temozolomide CAPS	1	
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML	1		temozolomide CAPS	1	
CISPLATIN SOLR	1		TEPADINA (Use thiotepa)	1	
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	1		thiotepa	1	
cyclophosphamide CAPS	1		TREANDA SOLR (Use bendamustine hcl)	1	
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML, 500 MG/ML	1		TREANDA SOLR (Use bendamustine hcl)	1	
cyclophosphamide SOLR IJ	1		VIVIMUSTA SOLN	1	
			ZEPZELCA	1	PA
			Antimetabolites		
			ALIMTA SOLR (Use pemetrexed disodium)	1	
			ARRANON (Use nelarabine)	1	
			azacitidine SUSR	1	
			capecitabine	1	
			cladribine 10 MG/10ML	1	
			clofarabine	1	

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CLOLAR (Use clofarabine)	1		ONUREG TABS	1	QL(14 ea per 28 day(s) retail; 14 ea per 28 days mail); AL(At least 18 yrs old); PA
cytarabine SOLN	1				
DACOGEN (Use decitabine)	1		PEMETREXED	1	
decitabine	1		pemetrexed disodium SOLR	1	
fludarabine phosphate SOLN	1		PEMETREXED SOLN	1	
FLUDARABINE PHOSPHATE SOLN	1		PEMFEXY	1	PA
fludarabine phosphate SOLR	1		PEMRYDI RTU SOLN	1	PA
fluorouracil	1		pralatrexate	1	PA
FOLOTYN	1	PA	PURIXAN SUSP	1	AL(Up to 10 yrs old)
gemcitabine hcl SOLN	1		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	1	
gemcitabine hcl SOLR	1		VIDAZA SUSR (Use azacitidine)	1	
GEMCITABINE HYDROCHLORIDE SOLN (Use gemcitabine hcl)	1		XATMEP SOLN	1	AL(Up to 10 yrs old)
GEMCITABINE HYDROCHLORIDE SOLN	1		XELODA (Use capecitabine)	1	
GEMCITABINE HYDROCHLORIDE SOLN	1		Antineoplastic - Angiogenesis Inhibitors		
JYLAMVO SOLN	1	AL(At least 18 yrs old); PA	ALYMSYS	1	
mercaptopurine TABS	1		FRUZAQLA 5 MG	1	PA
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1		FRUZAQLA 1 MG	1	QL(3 ea daily); PA
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1		INLYTA	1	
methotrexate sodium SOLR	1		LENVIMA 10 MG DAILY DOSE	1	QL(1 ea daily); PA
methotrexate sodium TABS 2.5 MG	1		LENVIMA 12MG DAILY DOSE	1	QL(3 ea daily); PA
nelarabine	1		LENVIMA 14 MG DAILY DOSE	1	QL(2 ea daily); PA
			LENVIMA 18 MG DAILY DOSE	1	QL(3 ea daily); PA
			LENVIMA 20 MG DAILY DOSE	1	QL(2 ea daily); PA
			LENVIMA 24 MG DAILY DOSE	1	QL(3 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 4 MG DAILY DOSE	1	QL(1 ea daily); PA
LENVIMA 8 MG DAILY DOSE	1	QL(3 ea daily); PA
MVASI	1	
VEGZELMA	1	
ZALTRAP 100 MG/4ML	1	
ZIRABEV	1	
Antineoplastic - Antibodies		
BLINCYTO	1	PA
ELAHERE	1	PA
ENHERTU	1	PA
JEMPERLI	1	PA
LIBTAYO	1	PA
LOQTORZI	1	PA
PADCEV	1	PA
SARCLISA	1	PA
TIVDAK	1	PA
UNITUXIN	1	QL(5 ml daily)
ZYNLONTA	1	PA
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN 150 MG	1	PA
HERZUMA	1	PA
KANJINTI	1	PA
MARGENZA	1	PA
OGIVRI	1	PA
ONTRUZANT	1	PA
TRAZIMERA	1	PA
TUKYSA 150 MG	1	QL(4 ea daily); PA
TUKYSA 50 MG	1	QL(2 ea daily); PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPB	1	QL(42 ea per 28 day(s) retail; 42 ea per 28 days mail); PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 10 MG	1	QL(14 ea per fill retail); PA
VENCLEXTA TABS 100 MG	1	QL(4 ea daily); PA
VENCLEXTA TABS 50 MG	1	QL(7 ea per fill retail); PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	1	QL(1 ea daily); PA
EXKIVITY	1	QL(4 ea daily); PA
<i>gefitinib</i>	1	QL(1 ea daily)
GILOTRIF	1	QL(1 ea daily); PA
IRESSA (<i>Use gefitinib</i>)	1	QL(1 ea daily)
PORTRAZZA	1	
TAGRISSO	1	QL(1 ea daily); PA
TARCEVA (<i>Use erlotinib hcl</i>)	1	QL(1 ea daily); PA
VIZIMPRO	1	QL(1 ea daily); PA
Antineoplastic - Gene Therapy Agents		
ADSTILADRIN	1	AL(At least 18 yrs old); PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA
ERIVEDGE	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA
ODOMZO	1	QL(1 ea daily); PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate 250 MG</i>	1	QL(4 ea daily); PA
<i>abiraterone acetate 500 MG</i>	1	QL(2 ea daily); PA
AKEEGA	1	QL(2 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole</i>	1		LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG	1	
ARIMIDEX (<i>Use anastrozole</i>)	1		LUPRON DEPOT (4-MONTH) IM	1	
AROMASIN (<i>Use exemestane</i>)	1		LUPRON DEPOT (6-MONTH) IM	1	
<i>bicalutamide</i>	1		LYSODREN	1	
CAMCEVI	1	PA	<i>megestrol acetate SUSP</i>	1	
CASODEX (<i>Use bicalutamide</i>)	1		<i>megestrol acetate TABS</i>	1	
ELIGARD SC	1		NILANDRON (<i>Use nilutamide</i>)	9	
EMCYT	1		<i>nilutamide</i>	1	
ERLEADA 240 MG	1	QL(1 ea daily); PA	NUBEQA	1	QL(4 ea daily); PA
ERLEADA 60 MG	1	QL(4 ea daily); PA	ORGOVYX	1	QL(1 ea daily); PA
<i>exemestane</i>	1		ORSERDU 86 MG	1	QL(3 ea daily); PA
FARESTON (<i>Use toremifene citrate</i>)	1		ORSERDU 345 MG	1	QL(1 ea daily); PA
FASLODEX SOSY (<i>Use fulvestrant</i>)	1		SOLTAMOX SOLN	1	QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail)
FEMARA (<i>Use letrozole</i>)	1		<i>tamoxifen citrate TABS</i>	1	
FIRMAGON	1		<i>toremifene citrate</i>	1	
<i>fulvestrant SOSY</i>	1		TRELSTAR MIXJECT	1	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	AL(At least 10 yrs old - Up to 50 yrs old); PA	XTANDI CAPS	1	QL(4 ea daily); PA
<i>letrozole</i>	1		XTANDI TABS 80 MG	1	QL(2 ea daily); PA
LEUPROLIDE ACETATE INJ	1		XTANDI TABS 40 MG	1	QL(4 ea daily); PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1		YONSA	1	QL(4 ea daily); PA
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	1	QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail)	ZYTIGA 500 MG (<i>Use abiraterone acetate</i>)	1	QL(2 ea daily); PA
LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA	ZYTIGA 250 MG (<i>Use abiraterone acetate</i>)	1	QL(4 ea daily); PA
LUPRON DEPOT (3-MONTH) KIT IM 11.25 MG	1	QL(1 ea per 84 day(s) retail; 1 ea per 84 days mail); PA	Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
			WELIREG	1	QL(3 ea daily); PA

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Antineoplastic - Immunomodulators			<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	1	
POMALYST	1	QL(21 ea per 28 day(s) retail; 21 ea per 28 days mail)	IDAMYCIN PFS (<i>Use idarubicin hcl</i>)	1	
Antineoplastic - PDGFR-alpha Inhibitors			<i>idarubicin hcl</i>	1	
AYVAKIT	1	QL(1 ea daily); PA	<i>mitomycin SOLR IV</i>	1	
Antineoplastic - XPO1 Inhibitors			<i>mitoxantrone hcl 2 MG/ML</i>	1	
XPOVIO 40 MG, 60 MG	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA	<i>valrubicin</i>	1	
XPOVIO 40 MG, 50 MG	1	QL(8 ea per 28 day(s) retail; 8 ea per 28 days mail); PA	VALSTAR (<i>Use valrubicin</i>)	1	
XPOVIO 60 MG TWICE WEEKLY	1	QL(24 ea per 28 day(s) retail; 24 ea per 28 days mail); PA	Antineoplastic Combinations		
XPOVIO 80 MG TWICE WEEKLY	1	QL(32 ea per 28 day(s) retail; 32 ea per 28 days mail); PA	HERCEPTIN HYLECTA	1	PA
Antineoplastic Antibiotics			INQOVI	1	QL(5 ea per 28 day(s) retail; 5 ea per 28 days mail); AL(At least 18 yrs old); PA
<i>bleomycin sulfate</i>	1		KISQALI FEMARA 200 DOSE	1	QL(49 ea per 28 day(s) retail; 49 ea per 28 days mail); PA
COSMEGEN (<i>Use dactinomycin</i>)	1		KISQALI FEMARA 400 DOSE	1	QL(70 ea per 28 day(s) retail; 70 ea per 28 days mail); PA
<i>dactinomycin</i>	1		KISQALI FEMARA 600 DOSE	1	QL(91 ea per 28 day(s) retail; 91 ea per 28 days mail); PA
<i>daunorubicin hcl SOLN</i>	1		LONSURF	1	PA
DAUNORUBICIN HYDROCHLORIDE SOLN (<i>Use daunorubicin hcl</i>)	9		PHEGO	1	PA
DAUNORUBICIN HYDROCHLORIDE SOLN (<i>Use daunorubicin hcl</i>)	1		Antineoplastic Enzyme Inhibitors		
DAUNORUBICIN HYDROCHLORIDE SOLN	1		AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	9	
DOXIL (<i>Use doxorubicin hcl liposomal</i>)	1		AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA
<i>doxorubicin hcl liposomal</i>	1		AFINITOR TABS (<i>Use everolimus</i>)	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA
<i>doxorubicin hcl SOLN</i>	1				

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AFINITOR TABS (<i>Use everolimus</i>)	9		CALQUENCE	1	QL(2 ea daily); PA
AFINITOR TABS (<i>Use everolimus</i>)	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA	CALQUENCE	1	QL(2 ea daily); PA
ALECENSA	1	QL(8 ea daily); PA	CAPRELSA	1	
ALIQOPA	1		COMETRIQ KIT	1	QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail)
ALUNBRIG TABS 180 MG	1	QL(1 ea daily); PA	COMETRIQ KIT	1	QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail)
ALUNBRIG TABS 30 MG, 90 MG	1	QL(2 ea daily); PA	COMETRIQ KIT	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail)
ALUNBRIG TBPk	1	QL(1 ea daily); PA	COMETRIQ KIT	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail)
AUGTYRO	1	QL(8 ea daily); PA	COPIKTRA	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA
BALVERSA 5 MG	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA	COTELLIC	1	QL(63 ea per 20 day(s) retail; 63 ea per 20 days mail); PA
BALVERSA 3 MG	1	QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail); PA	<i>everolimus TABS</i>	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA
BALVERSA 4 MG	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA	<i>everolimus TABS 5 MG, 10 MG</i>	1	PA
BELEODAQ	1	PA	<i>everolimus TBSO</i>	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA
BORTEZOMIB SOLN	1		FOTIVDA	1	QL(21 ea per 28 day(s) retail; 21 ea per 28 days mail); PA
<i>bortezomib SOLR IJ</i>	1		FYARRO	1	AL(At least 18 yrs old); PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	1		GAVRETO	1	QL(4 ea daily); AL(At least 18 yrs old); PA
BOSULIF CAPS 100 MG	1	QL(5 ea daily); PA	GLEEVEC 100 MG (<i>Use imatinib mesylate</i>)	1	QL(3 ea daily)
BOSULIF CAPS 50 MG	1	QL(1 ea daily); PA	GLEEVEC 400 MG (<i>Use imatinib mesylate</i>)	1	QL(2 ea daily)
BOSULIF TABS	1	QL(1 ea daily); PA			
BRAFTOVI 75 MG	1	QL(6 ea daily); PA			
BRUKINSA	1	QL(4 ea daily); PA			
CABOMETYX TABS	1	QL(1 ea daily); PA			

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IBRANCE CAPS	1	QL(21 ea per 20 day(s) retail; 21 ea per 20 days mail); PA	KISQALI	1	QL(42 ea per 20 day(s) retail; 42 ea per 20 days mail); PA
IBRANCE TABS	1	QL(21 ea per 20 day(s) retail; 21 ea per 20 days mail); PA	KISQALI	1	QL(21 ea per 20 day(s) retail; 21 ea per 20 days mail); PA
ICLUSIG 10 MG, 30 MG, 45 MG	1	QL(1 ea daily); PA	KOSELUGO 10 MG	1	QL(10 ea daily); AL(At least 2 yrs old); PA
ICLUSIG 15 MG	1	QL(2 ea daily); PA	KOSELUGO 25 MG	1	QL(4 ea daily); AL(At least 2 yrs old); PA
IDHIFA	1	QL(1 ea daily); PA	KRAZATI	1	QL(6 ea daily); PA
<i>imatinib mesylate</i>	1		KYPROLIS 10 MG, 30 MG	1	
<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily)	<i>lapatinib ditosylate</i>	1	QL(150 ea per 30 day(s) retail; 150 ea per 30 days mail); PA
IMBRUVICA CAPS 140 MG	1	QL(4 ea daily); PA	LORBRENA 100 MG	1	QL(1 ea daily); PA
IMBRUVICA CAPS 70 MG	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA	LORBRENA 25 MG	1	QL(3 ea daily); PA
IMBRUVICA SUSP	1	QL(216 ml per 35 day(s) retail; 216 ml per 35 days mail); AL(Up to 10 yrs old); PA	LUMAKRAS 120 MG	1	QL(8 ea daily); PA
IMBRUVICA TABS	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA	LUMAKRAS 320 MG	1	QL(3 ea daily); PA
INREBIC	1	QL(4 ea daily); PA	LYNPARZA TABS	1	QL(4 ea daily); PA
ISTODAX SOLR (<i>Use romidepsin</i>)	1	PA	LYTGOBI	1	QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail); AL(At least 18 yrs old); PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG	1	QL(2 ea daily); PA	LYTGOBI	1	QL(140 ea per 28 day(s) retail; 140 ea per 28 days mail); AL(At least 18 yrs old); PA
JAKAFI 5 MG	1	QL(2 ea daily)			
JAYPIRCA 50 MG	1	QL(1 ea daily); PA			
JAYPIRCA 100 MG	1	QL(2 ea daily); PA			
KISQALI	1	QL(63 ea per 20 day(s) retail; 63 ea per 20 days mail); PA			

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LYTGOBI	1	QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); AL(At least 18 yrs old); PA	RETEVMO 40 MG	1	QL(2 ea daily); AL(At least 12 yrs old); PA
			RETEVMO 80 MG	1	QL(4 ea daily); AL(At least 12 yrs old); PA
MEKINIST SOLR	1	QL(1170 ml per 29 day(s) retail; 1170 ml per 29 days mail); AL(At least 1 yrs old - Up to 10 yrs old); PA	REZLIDHIA	1	QL(2 ea daily); PA
			<i>romidepsin SOLR</i>	1	PA
			ROZLYTREK CAPS 200 MG	1	QL(3 ea daily); PA
MEKINIST TABS	1	QL(1 ea daily); PA	ROZLYTREK CAPS 100 MG	1	QL(1 ea daily); PA
MEKTOVI	1	QL(6 ea daily); PA	ROZLYTREK PACK	1	QL(12 ea daily); AL(Up to 10 yrs old); PA
NERLYNX	1	QL(6 ea daily); PA	RUBRACA	1	QL(4 ea daily); PA
NEXAVAR (<i>Use sorafenib tosylate</i>)	1	QL(4 ea daily)	RYDAPT	1	QL(112 ea per 14 day(s) retail; 112 ea per 14 days mail)
NINLARO	1	QL(3 ea per 28 day(s) retail; 3 ea per 28 days mail); PA	SCEMBLIX 40 MG	1	QL(10 ea daily); PA
OGSIVEO 50 MG	1	QL(6 ea daily); PA	SCEMBLIX 20 MG	1	QL(2 ea daily); PA
OJJAARA	1	QL(1 ea daily); PA	<i>sorafenib tosylate</i>	1	QL(4 ea daily)
<i>pazopanib hcl</i>	1		SPRYCEL 70 MG, 80 MG, 100 MG, 140 MG	1	QL(1 ea daily); PA
PEMAZYRE	1	QL(14 ea per 20 day(s) retail; 14 ea per 20 days mail); PA	SPRYCEL 20 MG, 50 MG	1	QL(2 ea daily); PA
			SPRYCEL 20 MG, 50 MG	1	QL(2 ea daily); PA
PIQRAY 200MG DAILY DOSE	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA	STIVARGA	1	QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); PA
PIQRAY 250MG DAILY DOSE	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA	<i>sunitinib malate</i>	1	
PIQRAY 300MG DAILY DOSE	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA	SUTENT (<i>Use sunitinib malate</i>)	1	
			TABRECTA	1	QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); PA
QINLOCK	1	QL(3 ea daily); PA	TAFINLAR CAPS	1	QL(4 ea daily); PA

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TAFINLAR TBSO	1	QL(840 ea per 28 day(s) retail; 840 ea per 28 days mail); AL(At least 1 yrs old - Up to 10 yrs old); PA	VONJO	1	QL(4 ea daily); PA
TALZENNA 0.25 MG	1	QL(3 ea daily); PA	VOTRIENT (Use pazopanib hcl)	1	
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	QL(1 ea daily); PA	XALKORI CAPS	1	QL(2 ea daily); PA
TASIGNA	1	QL(4 ea daily); PA	XALKORI CPSP 150 MG	1	QL(6 ea daily); PA
TASIGNA	1	QL(4 ea daily); PA	XALKORI CPSP 20 MG, 50 MG	1	QL(4 ea daily); PA
TAZVERIK	1	QL(8 ea daily); PA	XOSPATA	1	QL(3 ea daily); PA
<i>temsirolimus</i>	1		ZEJULA CAPS	1	QL(3 ea daily); PA
TEPMETKO	1	QL(2 ea daily); AL(At least 18 yrs old); PA	ZEJULA TABS	1	QL(1 ea daily); PA
TIBSOVO	1	QL(2 ea daily); PA	ZELBORAF	1	QL(8 ea daily); PA
TORISEL (Use <i>temsirolimus</i>)	1		ZOLINZA	1	QL(4 ea daily); PA
TRUQAP	1	PA	ZYDELIG	1	QL(2 ea daily); PA
TURALIO 125 MG	1	QL(4 ea daily); PA	ZYKADIA TABS	1	QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail); PA
TYKERB (Use <i>lapatinib ditosylate</i>)	1	QL(150 ea per 30 day(s) retail; 150 ea per 30 days mail); PA	Antineoplastic Enzymes		
VANFLYTA	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA	ASPARLAS	1	AL(Up to 21 yrs old); PA
VELCADE SOLR IJ (Use <i>bortezomib</i>)	1		ONCASPAR	1	PA
VELCADE SOLR IJ (Use <i>bortezomib</i>)	9		RYLAZE	1	PA
VERZENIO 50 MG, 150 MG, 200 MG	1	QL(2 ea daily); PA	Antineoplastics Misc.		
VERZENIO 100 MG	1	QL(4 ea daily); PA	ACTIMMUNE	1	
VITRAKVI CAPS	1	PA	<i>arsenic trioxide</i>	1	
VITRAKVI SOLN	1	PA	BESREMI	1	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); AL(At least 18 yrs old); PA
			<i>bexarotene</i>	1	
			<i>dacarbazine SOLR 200 MG</i>	1	
			HYDREA (Use <i>hydroxyurea</i>)	1	

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<i>hydroxyurea</i>	1		DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	1	
MATULANE	1		<i>docetaxel SOLN</i>	1	
NIPENT	1		DOCETAXEL SOLN (<i>Use docetaxel</i>)	1	
SYNRIBO	1	PA	ETOPOPHOS	1	
TARGRETIN (<i>Use bexarotene</i>)	1		<i>etoposide CAPS</i>	1	
<i>tretinoin (chemotherapy)</i>	1	QL(3 ea daily)	<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	
TRISENOX (<i>Use arsenic trioxide</i>)	1		<i>paclitaxel</i>	1	
TRISENOX (<i>Use arsenic trioxide</i>)	9		<i>paclitaxel</i>	1	
Chemotherapy Adjuncts			<i>paclitaxel protein-bound particles</i>	1	
ELITEK	1		PACLITAXEL PROTEIN-BOUND PARTICLES	1	
KEPIVANCE 5.16 MG	1	PA	<i>vinblastine sulfate SOLN</i>	1	
Chemotherapy Rescue/Antidote/Protective Agents			<i>vincristine sulfate</i>	1	
<i>dexrazoxane hcl</i>	1		<i>vinorelbine tartrate</i>	1	
IWILFIN	1	QL(8 ea daily); PA	Topoisomerase I Inhibitors		
KHAPZORY 175 MG	1	PA	CAMPTOSAR (<i>Use irinotecan hcl</i>)	1	
<i>leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML</i>	1		HYCANTIN CAPS	1	
<i>leucovorin calcium SOLR</i>	1		HYCANTIN SOLR (<i>Use topotecan hcl</i>)	9	
<i>leucovorin calcium TABS</i>	1		<i>irinotecan hcl 40 MG/2ML, 100 MG/5ML, 300 MG/15ML</i>	1	
<i>levoleucovorin calcium SOLN</i>	1		<i>topotecan hcl SOLN</i>	1	
<i>levoleucovorin calcium SOLR</i>	1		TOPOTECAN HCL SOLN (<i>Use topotecan hcl</i>)	1	
<i>mesna SOLN</i>	1		<i>topotecan hcl SOLR</i>	1	
MESNEX SOLN (<i>Use mesna</i>)	1		TRODELVY	1	PA
MESNEX TABS	1		ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
PEDMARK	1	AL(Up to 18 yrs old); PA	Antiparkinson Adjunctive Therapy		
Mitotic Inhibitors			<i>carbidopa</i>	1	
ABRAXANE	1				
<i>docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	1				

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LODOSYN (<i>Use carbidopa</i>)	1		<i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG</i>	1	QL(4 ea daily)
NOURIANZ	1	QL(1 ea daily); PA	<i>carbidopa-levodopa-entacapone 200 MG-50 MG-200 MG</i>	1	QL(2 ea daily); MP
Antiparkinson Anticholinergics			<i>carbidopa-levodopa TABS</i>	1	QL(11 ea daily); MP
<i>benztropine mesylate SOLN</i>	1		<i>carbidopa-levodopa TBCR</i>	1	QL(4 ea daily); MP
<i>benztropine mesylate TABS</i>	1		<i>carbidopa-levodopa TBDP</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1		<i>carbidopa-levodopa TBCR</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1		DHIVY TABS	1	QL(11 ea daily); MP
Antiparkinson COMT Inhibitors			DUOPA SUSP	1	QL(2800 ml per 28 day(s) retail; 2800 ml per 28 days mail); PA
COMTAN (<i>Use entacapone</i>)	1		GOCOVRI CP24	1	QL(2 ea daily); PA
<i>entacapone</i>	1		INBRIJA CAPS	1	5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail; PA
ONGENTYS	1	QL(1 ea daily); AL(At least 18 yrs old); PA	MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>Use pramipexole dihydrochloride</i>)	1	QL(1 ea daily); PA
TASMAR (<i>Use tolcapone</i>)	1		MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>Use pramipexole dihydrochloride</i>)	1	QL(1 ea daily); PA
<i>tolcapone</i>	1		MIRAPEX ER TB24 1.5 MG (<i>Use pramipexole dihydrochloride</i>)	9	QL(1 ea daily)
Antiparkinson Dopaminergics			NEUPRO	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 18 yrs old); PA
<i>amantadine hcl CAPS</i>	1	QL(4 ea daily)	OSMOLEX ER TB24 129 MG, 193 MG	1	QL(1 ea daily); PA
<i>amantadine hcl SOLN</i>	1	MP			
<i>amantadine hcl SOLN</i>	1	QL(33.34 ml daily); MP			
<i>amantadine hcl TABS</i>	1	QL(4 ea daily)			
APOKYN SOCT	1				
<i>apomorphine hydrochloride SOCT</i>	1				
<i>bromocriptine mesylate CAPS</i>	1				
<i>bromocriptine mesylate TABS 2.5 MG</i>	1				
<i>carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	1				

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PARLODEL CAPS (Use bromocriptine mesylate)	1		STALEVO 100 (Use carbidopa-levodopa-entacapone)	1	QL(4 ea daily)
PARLODEL TABS (Use bromocriptine mesylate)	1		STALEVO 125 (Use carbidopa-levodopa-entacapone)	1	
pramipexole dihydrochloride TABS 1 MG	1	QL(4.67 ea daily); MP	STALEVO 150 (Use carbidopa-levodopa-entacapone)	1	
pramipexole dihydrochloride TABS 0.5 MG	1	QL(9 ea daily); MP	STALEVO 200 (Use carbidopa-levodopa-entacapone)	1	QL(2 ea daily); MP
pramipexole dihydrochloride TABS 0.125 MG	1	QL(20 ea daily); MP	STALEVO 50 (Use carbidopa-levodopa-entacapone)	1	
pramipexole dihydrochloride TABS 1.5 MG	1		STALEVO 75 (Use carbidopa-levodopa-entacapone)	1	
pramipexole dihydrochloride TABS 0.25 MG	1	QL(10 ea daily); MP	Antiparkinson Monoamine Oxidase Inhibitors		
pramipexole dihydrochloride TABS 0.75 MG	1	QL(8 ea daily); MP	AZILECT (Use rasagiline mesylate)	1	QL(1 ea daily)
pramipexole dihydrochloride TB24	1	QL(1 ea daily); PA	rasagiline mesylate	1	QL(1 ea daily)
pramipexole dihydrochloride TB24	1	QL(1 ea daily); PA	selegiline hcl CAPS	1	
ropinirole hydrochloride TABS 4 MG, 5 MG	1	QL(3 ea daily); MP	selegiline hcl TABS	1	
ropinirole hydrochloride TABS 0.25 MG, 1 MG, 2 MG	1		XADAGO	1	QL(1 ea daily); PA
ropinirole hydrochloride TABS 0.5 MG	1	QL(7 ea daily); MP	ZELAPAR TBDP	1	QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail)
ropinirole hydrochloride TABS 3 MG	1	QL(6 ea daily); MP	ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
ropinirole hydrochloride TB24	1	PA	Antimanic Agents		
RYTARY CPCR	1	QL(3 ea daily); PA	lithium	1	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	1	QL(11 ea daily); MP	lithium carbonate CAPS	1	
			lithium carbonate TABS	1	
			lithium carbonate TBCR	1	
			LITHOBID TBCR (Use lithium carbonate)	1	
			Antipsychotics - Misc.		

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CAPLYTA	3	QL(1 ea daily); ST	FANAPT	2	QL(2 ea daily); AL(At least 5 yrs old); ST
EQUETRO 200 MG, 300 MG	1	QL(4 ea daily)	FANAPT TITRATION PACK	2	QL(2 ea daily); AL(At least 5 yrs old)
EQUETRO 100 MG	1	QL(3 ea daily)	INVEGA 6 MG (Use paliperidone)	2	QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); AL(At least 5 yrs old); ST
GEODON (Use ziprasidone hcl)	1	QL(2 ea daily); AL(At least 5 yrs old); MP	INVEGA 3 MG, 9 MG (Use paliperidone)	2	QL(1 ea daily); AL(At least 5 yrs old); ST
GEODON (Use ziprasidone mesylate)	9		INVEGA 1.5 MG (Use paliperidone)	9	QL(1 ea daily); ST
GEODON 60 MG, 80 MG (Use ziprasidone hcl)	9	AL(At least 5 yrs old); MP	INVEGA HAFYERA 1092 MG/3.5ML	1	QL(3.5 ml per 180 day(s) retail; 4 ml per 180 days mail)
GEODON (Use ziprasidone mesylate)	1		INVEGA HAFYERA 1560 MG/5ML	1	QL(5 ml per 180 day(s) retail; 5 ml per 180 days mail)
LATUDA 20 MG, 40 MG, 60 MG, 120 MG (Use lurasidone hcl)	2	QL(1 ea daily); AL(At least 5 yrs old); ST	INVEGA SUSTENNA 78 MG/0.5ML	1	QL(0.5 ml per 28 day(s) retail)
LATUDA 80 MG (Use lurasidone hcl)	2	QL(2 ea daily); AL(At least 5 yrs old); ST	INVEGA SUSTENNA 39 MG/0.25ML	1	QL(0.25 ml per 28 day(s) retail)
<i>lurasidone hcl 80 MG</i>	2	QL(2 ea daily); AL(At least 5 yrs old); ST	INVEGA SUSTENNA 117 MG/0.75ML	1	QL(0.75 ml per 28 day(s) retail; 1 ml per 28 days mail)
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>	2	QL(1 ea daily); AL(At least 5 yrs old); ST	INVEGA SUSTENNA 156 MG/ML	1	QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail)
<i>lurasidone hcl</i>	2	AL(At least 5 yrs old)	INVEGA SUSTENNA 234 MG/1.5ML	1	QL(1.5 ml per 28 day(s) retail; 2 ml per 28 days mail)
NUPLAZID CAPS	1	QL(1 ea daily); PA	INVEGA TRINZA 819 MG/2.63ML	1	QL(2.63 ml per 84 day(s) retail; 3 ml per 84 days mail)
NUPLAZID TABS 10 MG	1	QL(1 ea daily); PA	INVEGA TRINZA 273 MG/0.88ML, 410 MG/1.32ML	1	
VRAYLAR CAPS	3	QL(1 ea daily); AL(At least 5 yrs old); ST			
VRAYLAR CPPK	3	QL(1 ea daily); AL(At least 5 yrs old); ST			
<i>ziprasidone hcl</i>	1	QL(2 ea daily); AL(At least 5 yrs old); MP			
<i>ziprasidone mesylate</i>	1				
Benzisoxazoles					
FANAPT	2	QL(2 ea daily); AL(At least 5 yrs old); ST			

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INVEGA TRINZA 273 MG/0.88ML, 410 MG/1.32ML	1		<i>risperidone TBDP 3 MG</i>	1	QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); AL(At least 5 yrs old)
INVEGA TRINZA 546 MG/1.75ML	1	QL(1.75 ml per 84 day(s) retail; 2 ml per 84 days mail)	<i>risperidone TBDP 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	QL(2 ea daily); AL(At least 5 yrs old); MP
<i>paliperidone 6 MG</i>	2	AL(At least 5 yrs old); ST	RYKINDO SRER	3	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); AL(At least 5 yrs old)
<i>paliperidone 1.5 MG, 3 MG, 9 MG</i>	2	QL(1 ea daily); AL(At least 5 yrs old); ST	UZEDY SUSY 250 MG/0.7ML	1	QL(0.7 ml per 55 day(s) retail; 1 ml per 55 days mail); AL(At least 5 yrs old)
<i>paliperidone 6 MG</i>	2	QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); AL(At least 5 yrs old); ST	UZEDY SUSY 125 MG/0.35ML	1	QL(0.35 ml per 28 day(s) retail); AL(At least 5 yrs old)
PERSERIS PRSY	1	QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); AL(At least 5 yrs old)	UZEDY SUSY 50 MG/0.14ML	1	QL(0.14 ml per 28 day(s) retail); AL(At least 5 yrs old)
RISPERDAL CONSTA (Use <i>risperidone microspheres</i>)	9	AL(At least 5 yrs old)	UZEDY SUSY 75 MG/0.21ML	1	QL(0.21 ml per 28 day(s) retail); AL(At least 5 yrs old)
RISPERDAL CONSTA (Use <i>risperidone microspheres</i>)	3	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); AL(At least 5 yrs old)	UZEDY SUSY 200 MG/0.56ML	1	QL(0.56 ml per 55 day(s) retail; 1 ml per 55 days mail); AL(At least 5 yrs old)
RISPERDAL SOLN (Use <i>risperidone</i>)	1	QL(8 ml daily); AL(At least 5 yrs old); MP	UZEDY SUSY 150 MG/0.42ML	1	QL(0.42 ml per 55 day(s) retail); AL(At least 5 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use <i>risperidone</i>)	1	QL(2 ea daily); AL(At least 5 yrs old); MP	UZEDY SUSY 100 MG/0.28ML	1	QL(0.28 ml per 28 day(s) retail); AL(At least 5 yrs old)
<i>risperidone microspheres</i>	3	AL(At least 5 yrs old)	Butyrophenones		
<i>risperidone SOLN</i>	1	QL(8 ml daily); AL(At least 5 yrs old); MP			
<i>risperidone TABS</i>	1	QL(2 ea daily); AL(At least 5 yrs old); MP			

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HALDOL DECANOATE 100 (Use haloperidol decanoate)	1		quetiapine fumarate TB24 150 MG, 200 MG	1	QL(1 ea daily); AL(At least 5 yrs old); MP
HALDOL DECANOATE 50 (Use haloperidol decanoate)	1		quetiapine fumarate TB24 50 MG, 300 MG, 400 MG	1	QL(2 ea daily); AL(At least 5 yrs old); MP
haloperidol decanoate	1		SAPHRIS (Use asenapine maleate)	9	ST
haloperidol lactate CONC	1		SAPHRIS (Use asenapine maleate)	2	QL(2 ea daily); AL(At least 5 yrs old); ST
haloperidol lactate SOLN	1		SAPHRIS (Use asenapine maleate)	2	QL(2 ea daily); AL(At least 5 yrs old); ST
haloperidol TABS	1		SECUADO	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA
Dibenzapines			SEROQUEL XR TB24 150 MG, 200 MG (Use quetiapine fumarate)	1	QL(1 ea daily); AL(At least 5 yrs old); MP
asenapine maleate	2	QL(2 ea daily); AL(At least 5 yrs old); ST	SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (Use quetiapine fumarate)	1	QL(2 ea daily); AL(At least 5 yrs old); MP
clozapine TABS	1	AL(At least 5 yrs old)	SEROQUEL TABS (Use quetiapine fumarate)	1	QL(3 ea daily); AL(At least 5 yrs old); MP
clozapine TBDP	1	AL(At least 5 yrs old); PA	SEROQUEL TABS (Use quetiapine fumarate)	1	QL(3 ea daily); AL(At least 5 yrs old); MP
clozapine TBDP	1	AL(At least 5 yrs old); PA	VERSACLOZ SUSP	1	QL(600 ml per 30 day(s) retail; 600 ml per 30 days mail); AL(At least 5 yrs old); PA
CLOZARIL TABS 50 MG, 200 MG (Use clozapine)	9	AL(At least 5 yrs old)	ZYPREXA RELPREVV	1	
CLOZARIL TABS 25 MG, 100 MG (Use clozapine)	1	AL(At least 5 yrs old)	ZYPREXA ZYDIS TBDP (Use olanzapine)	1	QL(1 ea daily); AL(At least 5 yrs old); MP
loxapine succinate	1		ZYPREXA ZYDIS TBDP (Use olanzapine)	9	MP
olanzapine SOLR	1		ZYPREXA SOLR (Use olanzapine)	1	
olanzapine TABS	1	QL(1 ea daily); AL(At least 5 yrs old); MP	ZYPREXA TABS (Use olanzapine)	1	QL(1 ea daily); AL(At least 5 yrs old); MP
olanzapine TABS 10 MG, 15 MG, 20 MG	1				
olanzapine TBDP	1	QL(1 ea daily); AL(At least 5 yrs old); MP			
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG	1	QL(3 ea daily); AL(At least 5 yrs old); MP			
quetiapine fumarate TABS 150 MG	3	QL(2 ea daily); AL(At least 5 yrs old)			
quetiapine fumarate TABS 200 MG	1	QL(3 ea daily); MP			

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ZYPREXA TABS (<i>Use olanzapine</i>)	1	QL(1 ea daily); AL(At least 5 yrs old); MP	ABILIFY MAINTENA PRSY	1	QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); AL(At least 5 yrs old)
Dihydroindolones			ABILIFY MAINTENA SRER	1	QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); AL(At least 5 yrs old)
<i>molindone hcl 5 MG, 25 MG</i>	1		ABILIFY MYCITE MAINTENANCE KIT	1	QL(1 ea daily); AL(At least 5 yrs old); PA
Phenothiazines			ABILIFY MYCITE STARTER KIT	1	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>chlorpromazine hcl CONC</i>	1	AL(Up to 10 yrs old)	ABILIFY TABS (<i>Use aripiprazole</i>)	1	QL(1 ea daily); AL(At least 5 yrs old); MP
<i>chlorpromazine hcl SOLN</i>	1		<i>aripiprazole SOLN OR</i>	1	AL(At least 5 yrs old - Up to 10 yrs old)
<i>chlorpromazine hcl SOLN</i>	1		<i>aripiprazole TABS</i>	1	QL(1 ea daily); AL(At least 5 yrs old); MP
<i>chlorpromazine hcl TABS</i>	1		<i>aripiprazole TABS 2 MG, 5 MG</i>	1	QL(1 ea daily); MP
<i>fluphenazine decanoate</i>	1		<i>aripiprazole TBDP</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA
<i>fluphenazine hcl CONC</i>	1		ARISTADA 1064 MG/3.9ML	1	QL(3.9 ml per 55 day(s) retail; 4 ml per 55 days mail); AL(At least 5 yrs old)
<i>fluphenazine hcl ELIX</i>	1		ARISTADA 882 MG/3.2ML	1	QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); AL(At least 5 yrs old)
<i>fluphenazine hcl SOLN</i>	1		ARISTADA 441 MG/1.6ML	1	QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); AL(At least 5 yrs old)
<i>fluphenazine hcl TABS</i>	1				
<i>perphenazine TABS</i>	1				
<i>prochlorperazine</i>	1				
<i>prochlorperazine edisylate 10 MG/2ML</i>	1				
PROCHLORPERAZINE MALEATE POWD	1				
<i>prochlorperazine maleate TABS</i>	1				
<i>thioridazine hcl</i>	1				
<i>thioridazine hcl</i>	1				
<i>trifluoperazine hcl TABS</i>	1				
<i>trifluoperazine hcl TABS</i>	1				
Quinolinone Derivatives					
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	1	AL(At least 5 yrs old)			
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	1	QL(2.4 ml per 55 day(s) retail; 2 ml per 55 days mail); AL(At least 5 yrs old)			

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ARISTADA 662 MG/2.4ML	1	QL(2.4 ml per 28 day(s) retail; 2 ml per 28 days mail); AL(At least 5 yrs old)	COMPLERA	1	
ARISTADA INITIO	1	QL(2.4 ml per fill retail)	<i>darunavir TABS</i>	1	
REXULTI	3	QL(1 ea daily); AL(At least 5 yrs old); ST	<i>darunavir TABS</i>	1	
Thioxanthenes			DELSTRIGO	1	QL(1 ea daily)
<i>thiothixene</i>	1		DESCOVY	1	QL(1 ea daily)
ANTIVIRALS - Drugs to Treat Viral Infections			DOVATO	1	QL(1 ea daily)
Antiretrovirals			EDURANT	1	
<i>abacavir sulfate-lamivudine</i>	1		<i>efavirenz CAPS</i>	1	
<i>abacavir sulfate SOLN</i>	1		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	
<i>abacavir sulfate TABS</i>	1		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
APRETUDE	1	QL(3 ml per 28 day(s) retail; 3 ml per 28 days mail); AL(At least 12 yrs old)	<i>efavirenz TABS</i>	1	
APTIVUS CAPS	1		<i>emtricitabine CAPS</i>	1	
<i>atazanavir sulfate CAPS</i>	1		<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
<i>atazanavir sulfate CAPS</i>	1		EMTRIVA CAPS (Use <i>emtricitabine</i>)	1	
BIKTARVY	1	QL(1 ea daily)	EMTRIVA SOLN	1	
CABENUVA 900 MG/3ML-600 MG/3ML	1	QL(6 ml per 30 day(s) retail; 6 ml per 30 days mail); AL(At least 12 yrs old)	EPIVIR SOLN (Use <i>lamivudine</i>)	1	
CABENUVA 600 MG/2ML-400 MG/2ML	1	QL(4 ml per 30 day(s) retail; 4 ml per 30 days mail); AL(At least 12 yrs old)	EPIVIR TABS (Use <i>lamivudine</i>)	1	
CIMDUO	1	QL(1 ea daily)	EPZICOM (Use <i>abacavir sulfate-lamivudine</i>)	1	
COMBIVIR (Use <i>lamivudine-zidovudine</i>)	1		<i>etravirine</i>	1	
			EVOTAZ	1	QL(1 ea daily)
			<i>fosamprenavir calcium TABS</i>	1	QL(2.95 ea daily)
			FUZEON SOLR	1	QL(300 ea per 102 day(s) retail; 300 ea per 102 days mail)
			GENVOYA	1	QL(1 ea daily)
			INTELENCE (Use <i>etravirine</i>)	1	
			INTELENCE 25 MG	1	QL(2.95 ea daily)

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INTELENCE (<i>Use etravirine</i>)	1		PREZISTA TABS 800 MG (<i>Use darunavir</i>)	1	QL(1 ea daily)
ISENTRESS HD TABS	1	QL(2 ea daily)	PREZISTA TABS 600 MG (<i>Use darunavir</i>)	1	QL(2 ea daily)
ISENTRESS CHEW	1	AL(At least 2 yrs old - Up to 11 yrs old)	PREZISTA TABS 75 MG, 150 MG	1	QL(2.95 ea daily)
ISENTRESS PACK	1	AL(At least 2 yrs old - Up to 11 yrs old)	RETROVIR IV INFUSION SOLN	1	
ISENTRESS TABS	1		RETROVIR CAPS (<i>Use zidovudine</i>)	1	
JULUCA	1	QL(1 ea daily)	RETROVIR SYRP (<i>Use zidovudine</i>)	1	
KALETRA SOLN (<i>Use lopinavir-ritonavir</i>)	1		REYATAZ CAPS 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	1	
KALETRA TABS (<i>Use lopinavir-ritonavir</i>)	1		REYATAZ PACK	1	AL(Up to 10 yrs old)
KALETRA TABS (<i>Use lopinavir-ritonavir</i>)	9		<i>ritonavir</i> TABS	1	
<i>lamivudine</i> SOLN	1		RUKOBIA	1	QL(2 ea daily)
<i>lamivudine</i> TABS	1		SELZENTRY SOLN	1	QL(60 ml daily)
<i>lamivudine-zidovudine</i>	1		SELZENTRY TABS (<i>Use maraviroc</i>)	1	QL(4 ea daily)
LEXIVA SUSP	1		SELZENTRY TABS 150 MG (<i>Use maraviroc</i>)	1	QL(2 ea daily)
LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	1	QL(2.95 ea daily)	SELZENTRY TABS 25 MG, 75 MG, 300 MG	1	QL(4 ea daily)
<i>lopinavir-ritonavir</i> SOLN	1		STRIBILD	1	QL(1 ea daily)
<i>lopinavir-ritonavir</i> TABS	1		SUNLENCA SOLN	1	QL(3 ml per 180 day(s) retail; 3 ml per 180 days mail)
<i>maraviroc</i> TABS 300 MG	1	QL(4 ea daily)	SUNLENCA TBPK	1	QL(4 ea per fill retail)
<i>maraviroc</i> TABS 150 MG	1	QL(2 ea daily)	SUNLENCA TBPK	1	QL(5 ea per 8 day(s) retail; 5 ea per 8 days mail)
<i>nevirapine</i> SUSP	1		SUSTIVA CAPS (<i>Use efavirenz</i>)	9	
<i>nevirapine</i> TABS	1		SUSTIVA TABS (<i>Use efavirenz</i>)	9	
<i>nevirapine</i> TB24	1		SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	1	QL(1 ea daily)
<i>nevirapine</i> TB24	1				
NORVIR PACK	1	QL(12 ea daily); AL(Up to 6 yrs old)			
NORVIR TABS (<i>Use ritonavir</i>)	1				
ODEFSEY	1	QL(1 ea daily)			
PIFELTRO	1	QL(1 ea daily)			
PREZCOBIX	1	QL(1 ea daily)			
PREZISTA SUSP	1				

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SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	1	QL(1 ea daily)	FOSCAVIR 6000 MG/250ML (Use foscarnet sodium)	9	
SYMTUZA	1	QL(1 ea daily)	<i>ganciclovir sodium SOLR</i>	1	
<i>tenofovir disoproxil fumarate TABS</i>	1	QL(1 ea daily)	GANCICLOVIR SOLN	1	
TIVICAY PD TBSO	1	QL(6 ea daily)	LIVTENCITY	1	QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); AL(At least 12 yrs old); PA
TIVICAY TABS	1				
TRIUMEQ PD TBSO	1	QL(6 ea daily)	PREVYMIS SOLN 480 MG/24ML	1	QL(672 ml per 28 day(s) retail; 672 ml per 28 days mail); PA
TRIUMEQ TABS	1	QL(1 ea daily)			
TRIZIVIR	1		PREVYMIS SOLN 240 MG/12ML	1	QL(336 ml per 28 day(s) retail; 336 ml per 28 days mail); PA
TROGARZO	1		PREVYMIS TABS	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA
TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)	1	QL(1 ea daily)			
TYBOST	1	QL(1 ea daily)	VALCYTE SOLR (Use valganciclovir hcl)	1	
VIRACEPT TABS	1		VALCYTE TABS (Use valganciclovir hcl)	1	
VIRACEPT TABS	1		<i>valganciclovir hcl SOLR</i>	1	
VIREAD POWD	1		<i>valganciclovir hcl TABS</i>	1	
VIREAD TABS	1	QL(1 ea daily)			
VIREAD TABS (Use tenofovir disoproxil fumarate)	1	QL(1 ea daily)			
ZIAGEN SOLN (Use abacavir sulfate)	1		Hepatitis Agents		
ZIAGEN TABS (Use abacavir sulfate)	1		<i>adefovir dipivoxil</i>	1	
<i>zidovudine CAPS</i>	1		BARACLUDE SOLN	1	
<i>zidovudine SYRP</i>	1		BARACLUDE TABS (Use entecavir)	1	
<i>zidovudine TABS</i>	1		<i>entecavir TABS</i>	1	
Antiviral Combinations			EPCLUSA PACK 37.5 MG-150 MG	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 3 yrs old - Up to 10 yrs old); PA
PAXLOVID 100 MG-150 MG	1	AL(At least 12 yrs old)			
CMV Agents					
<i>cidofovir</i>	1				
<i>foscarnet sodium 6000 MG/250ML</i>	1				

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EPCLUSA PACK 50 MG-200 MG	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 3 yrs old - Up to 10 yrs old); PA	LEDIPASVIR/SOFOSBUVIR TABS	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 7 yrs old); PA
EPCLUSA TABS 50 MG-200 MG	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA	MAVYRET PACK	1	QL(168 ea per 28 day(s) retail; 168 ea per 28 days mail)
EPCLUSA TABS 100 MG-400 MG	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 18 yrs old); PA	MAVYRET TABS	1	QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail); PA
EPIVIR HBV SOLN	1		PEGASYS SOLN	1	
EPIVIR HBV TABS (Use lamivudine (hbv))	1		PEGASYS SOSY	1	
HARVONI PACK 45 MG-200 MG	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA	ribavirin (hepatitis c) CAPS	1	
HARVONI PACK 33.75 MG-150 MG	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA	ribavirin (hepatitis c) TABS 200 MG	1	
HARVONI TABS	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 7 yrs old); PA	SOFOSBUVIR/VELPATA SVIR TABS	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 18 yrs old); PA
HARVONI TABS	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 7 yrs old); PA	SOVALDI PACK 200 MG	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA
HEPSERA (Use adefovir dipivoxil)	9		SOVALDI PACK 150 MG	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA
lamivudine (hbv) TABS	1		SOVALDI TABS	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 7 yrs old); PA

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SOVALDI TABS	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 7 yrs old); PA	TAMIFLU CAPS 75 MG (Use oseltamivir phosphate)	1	QL(20 ea per 10 day(s) retail; 20 ea per 10 days mail)
VEMLIDY	1	QL(1 ea daily)	TAMIFLU CAPS 30 MG, 45 MG (Use oseltamivir phosphate)	1	
VOSEVI	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA	TAMIFLU SUSR (Use oseltamivir phosphate)	1	
ZEPATIER	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 18 yrs old); PA	XOFLUZA 40 MG	1	QL(2 ea per fill retail); AL(At least 5 yrs old)
Herpes Agents			XOFLUZA 80 MG	1	QL(1 ea per fill retail); AL(At least 5 yrs old)
<i>acyclovir sodium SOLN</i>	1		Respiratory Syncytial Virus (RSV) Agents		
<i>acyclovir CAPS</i>	1		<i>ribavirin</i>	1	
<i>acyclovir SUSP</i>	1	AL(Up to 7 yrs old)	VIRAZOLE (Use ribavirin)	1	
<i>acyclovir TABS OR</i>	1		BETA BLOCKERS - Drugs to Treat High Blood Pressure		
<i>famciclovir</i>	1		Alpha-Beta Blockers		
SITAVIG TABS BU	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA	<i>carvedilol 3.125 MG, 6.25 MG</i>	1	QL(8 ea daily); MP
<i>valacyclovir hcl</i>	1		<i>carvedilol 12.5 MG, 25 MG</i>	1	QL(4 ea daily); MP
VALTREX (Use <i>valacyclovir hcl</i>)	1		<i>carvedilol phosphate</i>	1	
ZOVIRAX SUSP (Use <i>acyclovir</i>)	9	AL(Up to 7 yrs old)	COREG (Use <i>carvedilol</i>)	9	MP
Influenza Agents			COREG 3.125 MG, 6.25 MG (Use <i>carvedilol</i>)	1	QL(8 ea daily); MP
<i>oseltamivir phosphate CAPS</i>	1		COREG 12.5 MG, 25 MG (Use <i>carvedilol</i>)	1	QL(4 ea daily); MP
<i>oseltamivir phosphate SUSR</i>	1		COREG CR (Use <i>carvedilol phosphate</i>)	1	
RELENZA DISKHALER	1	QL(20 ea per fill retail)	COREG CR (Use <i>carvedilol phosphate</i>)	9	
<i>rimantadine hydrochloride TABS</i>	1		<i>labetalol hcl SOLN</i>	1	
			<i>labetalol hcl TABS 100 MG</i>	1	QL(24 ea daily); MP
			<i>labetalol hcl TABS 200 MG</i>	1	QL(12 ea daily); MP

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<i>labetalol hcl TABS 300 MG</i>	1	QL(8 ea daily); MP	BYSTOLIC 2.5 MG, 5 MG (Use <i>nebivolol hcl</i>)	9	
LABETALOL HYDROCHLORIDE/DEXTROSE 5 %-200 MG/200ML	1		<i>esmolol hcl-sodium chloride</i>	1	
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML	1		<i>esmolol hcl SOLN 100 MG/10ML</i>	1	
LABETALOL HYDROCHLORIDE SOLN 10 MG/2ML	1		ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	1	
Beta Blockers Cardio-Selective			ESMOLOL HYDROCHLORIDE INWATER SOLN	1	
<i>acebutolol hcl CAPS 200 MG</i>	1	QL(6 ea daily); MP	KAPSPARGO SPRINKLE CS24	1	QL(1 ea daily); PA
<i>acebutolol hcl CAPS 400 MG</i>	1	QL(4 ea daily); MP	LOPRESSOR TABS 50 MG (Use <i>metoprolol tartrate</i>)	1	QL(6 ea daily); MP
<i>atenolol TABS 100 MG</i>	1	QL(2 ea daily); MP	LOPRESSOR TABS 100 MG (Use <i>metoprolol tartrate</i>)	1	QL(5 ea daily); MP
<i>atenolol TABS 25 MG</i>	1	QL(8 ea daily); MP	<i>metoprolol succinate TB24 25 MG, 50 MG</i>	1	QL(3 ea daily); MP
<i>atenolol TABS 50 MG</i>	1	QL(4 ea daily); MP	<i>metoprolol succinate TB24 100 MG, 200 MG</i>	1	QL(2 ea daily); MP
<i>betaxolol hcl</i>	1		<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	1	
<i>bisoprolol fumarate</i>	1		<i>metoprolol tartrate TABS 37.5 MG, 75 MG, 100 MG</i>	1	QL(5 ea daily); MP
BREVIBLOC (Use <i>esmolol hcl-sodium chloride</i>)	1		<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(6 ea daily); MP
BREVIBLOC PREMIXED (Use <i>esmolol hcl-sodium chloride</i>)	1		<i>nebivolol hcl</i>	1	
BREVIBLOC PREMIXED DOUBLESTRENGTH (Use <i>esmolol hcl-sodium chloride</i>)	1		TENORMIN TABS 100 MG (Use <i>atenolol</i>)	1	QL(2 ea daily); MP
BREVIBLOC SOLN 100 MG/10ML (Use <i>esmolol hcl</i>)	9		TENORMIN TABS 25 MG (Use <i>atenolol</i>)	1	QL(8 ea daily); MP
BYSTOLIC (Use <i>nebivolol hcl</i>)	1		TENORMIN TABS 50 MG (Use <i>atenolol</i>)	1	QL(4 ea daily); MP
			TOPROL XL TB24 25 MG, 50 MG (Use <i>metoprolol succinate</i>)	1	QL(3 ea daily); MP

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TOPROL XL TB24 100 MG, 200 MG (Use metoprolol succinate)	1	QL(2 ea daily); MP
Beta Blockers Non-Selective		
BETAPACE AF 160 MG (Use sotalol hcl (afib/af))	1	QL(4 ea daily); MP
BETAPACE AF 120 MG (Use sotalol hcl (afib/af))	1	QL(6.67 ea daily); MP
BETAPACE AF 80 MG (Use sotalol hcl (afib/af))	1	QL(8 ea daily); MP
BETAPACE TABS 160 MG (Use sotalol hcl)	1	QL(4 ea daily); MP
BETAPACE TABS 120 MG (Use sotalol hcl)	1	QL(6.67 ea daily); MP
BETAPACE TABS 80 MG (Use sotalol hcl)	1	QL(8 ea daily); MP
CORGARD TABS 40 MG (Use nadolol)	1	QL(4 ea daily); MP
CORGARD TABS 80 MG (Use nadolol)	9	MP
CORGARD TABS 20 MG (Use nadolol)	1	
HEMANGEOL SOLN OR	1	QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail); PA
INDERAL LA CP24 120 MG (Use propranolol hcl)	1	QL(3 ea daily); MP
INDERAL LA CP24 60 MG, 80 MG, 160 MG (Use propranolol hcl)	1	QL(2 ea daily); MP
INDERAL XL	1	
INNOPRAN XL	1	
nadolol TABS 40 MG, 80 MG	1	QL(4 ea daily); MP
nadolol TABS 20 MG	1	
pindolol TABS	1	
propranolol hcl CP24 60 MG, 80 MG, 160 MG	1	QL(2 ea daily); MP
propranolol hcl CP24 120 MG	1	QL(3 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	1	
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	1	
propranolol hcl TABS 40 MG	1	QL(6 ea daily); MP
propranolol hcl TABS 60 MG, 80 MG	1	QL(4 ea daily); MP
propranolol hcl TABS 10 MG, 20 MG	1	QL(8 ea daily); MP
sotalol hcl (afib/af) 80 MG	1	QL(8 ea daily); MP
sotalol hcl (afib/af) 160 MG	1	QL(4 ea daily); MP
sotalol hcl (afib/af) 120 MG	1	QL(6.67 ea daily); MP
sotalol hcl TABS 80 MG	1	QL(8 ea daily); MP
sotalol hcl TABS 160 MG	1	QL(4 ea daily); MP
sotalol hcl TABS 240 MG	1	QL(2 ea daily); MP
sotalol hcl TABS 120 MG	1	QL(6.67 ea daily); MP
SOTYLIZE SOLN OR	1	QL(1920 ml per 30 day(s) retail; 1920 ml per 30 days mail); PA
timolol maleate TABS	1	
timolol maleate TABS	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
amlodipine besylate TABS 2.5 MG, 5 MG	1	
amlodipine besylate TABS 2.5 MG	1	QL(6 ea daily); MP
amlodipine besylate TABS 5 MG	1	QL(4 ea daily); MP
amlodipine besylate TABS 10 MG	1	QL(2 ea daily); MP

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CALAN SR TBCR 120 MG, 180 MG (Use verapamil hcl)	9	QL(2 ea daily); MP	diltiazem hcl coated beads CP24 120 MG	1	QL(4 ea daily); MP
CALAN SR TBCR 240 MG (Use verapamil hcl)	9		diltiazem hcl extended release beads 300 MG, 360 MG, 420 MG	1	QL(1 ea daily); MP
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML	1		diltiazem hcl extended release beads 180 MG	1	QL(3 ea daily); MP
CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)	1	QL(2 ea daily); MP	diltiazem hcl extended release beads 120 MG	1	QL(4 ea daily); MP
CARDIZEM CD CP24 180 MG (Use diltiazem hcl coated beads)	1	QL(3 ea daily); MP	diltiazem hcl extended release beads 240 MG	1	QL(2 ea daily); MP
CARDIZEM CD CP24 120 MG (Use diltiazem hcl coated beads)	1	QL(4 ea daily); MP	diltiazem hcl CP12	2	ST
CARDIZEM CD CP24 300 MG (Use diltiazem hcl coated beads)	1	QL(1 ea daily); MP	diltiazem hcl CP24 240 MG	1	QL(2 ea daily); MP
CARDIZEM CD CP24 360 MG (Use diltiazem hcl coated beads)	1	PA	diltiazem hcl CP24 120 MG	1	QL(4 ea daily); MP
CARDIZEM LA TB24 (Use diltiazem hcl)	2	ST	diltiazem hcl CP24 180 MG	1	QL(3 ea daily); MP
CARDIZEM LA TB24 (Use diltiazem hcl)	2	ST	diltiazem hcl SOLN	1	
CARDIZEM TABS 120 MG (Use diltiazem hcl)	1	QL(8 ea daily); MP	DILTIAZEM HCL SOLR	1	
CARDIZEM TABS 30 MG, 60 MG (Use diltiazem hcl)	1	QL(6 ea daily); MP	diltiazem hcl TABS 30 MG, 60 MG	1	QL(6 ea daily); MP
CLEVIPREX 25 MG/50ML, 50 MG/100ML	1		diltiazem hcl TABS 90 MG	1	QL(3 ea daily); MP
CONJUPRI (Use levamlodipine maleate)	9		diltiazem hcl TABS 120 MG	1	QL(8 ea daily); MP
diltiazem hcl coated beads CP24 360 MG	1	PA	diltiazem hcl TB24	2	ST
diltiazem hcl coated beads CP24 180 MG	1	QL(3 ea daily); MP	felodipine	1	QL(1 ea daily); MP
diltiazem hcl coated beads CP24 300 MG	1	QL(1 ea daily); MP	isradipine CAPS	2	ST
diltiazem hcl coated beads CP24 240 MG	1	QL(2 ea daily); MP	KATERZIA	1	QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA
			levamlodipine maleate	1	QL(1 ea daily); PA
			nicardipine hcl CAPS	2	ST; MP
			nicardipine hcl SOLN	1	
			NICARDIPINE HYDROCHLORIDE SOLN	1	

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<i>nifedipine CAPS</i>	1	MP	TIAZAC 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl extended release beads</i>)	1	QL(1 ea daily); MP
<i>nifedipine TB24</i>	1	MP	<i>verapamil hcl CP24</i>	2	ST
<i>nimodipine CAPS</i>	1	QL(252 ea per 20 day(s) retail; 252 ea per 20 days mail)	<i>verapamil hcl SOLN 2.5 MG/ML</i>	1	
<i>nisoldipine</i>	2	ST	<i>verapamil hcl TABS 40 MG</i>	1	QL(3 ea daily); MP
NORLIQVA SOLN	1	QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA	<i>verapamil hcl TABS 80 MG, 120 MG</i>	1	QL(4 ea daily); MP
NORVASC TABS 2.5 MG (<i>Use amlodipine besylate</i>)	1	QL(6 ea daily); MP	<i>verapamil hcl TBCR 240 MG</i>	1	
NORVASC TABS 10 MG (<i>Use amlodipine besylate</i>)	9	MP	<i>verapamil hcl TBCR 120 MG, 180 MG</i>	1	QL(2 ea daily); MP
NORVASC TABS 10 MG (<i>Use amlodipine besylate</i>)	1	QL(2 ea daily); MP	VERAPAMIL HYDROCHLORIDE ER CP24 (<i>Use verapamil hcl</i>)	2	ST
NORVASC TABS 5 MG (<i>Use amlodipine besylate</i>)	1	QL(4 ea daily); MP	VERELAN PM CP24 (<i>Use verapamil hcl</i>)	2	ST
NYMALIZE SOLN 6 MG/ML	1		VERELAN CP24 (<i>Use verapamil hcl</i>)	2	ST
PROCARDIA XL TB24 (<i>Use nifedipine</i>)	1	MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
PROCARDIA XL TB24 (<i>Use nifedipine</i>)	1	MP	Cardiac Glycosides		
SULAR 8.5 MG, 17 MG, 34 MG (<i>Use nisoldipine</i>)	2	ST	<i>digoxin SOLN OR 0.05 MG/ML</i>	1	QL(900 ml per 90 day(s) retail; 900 ml per 90 days mail); MP
TIAZAC 240 MG (<i>Use diltiazem hcl extended release beads</i>)	1	QL(2 ea daily); MP	<i>digoxin SOLN IJ 0.25 MG/ML</i>	1	
TIAZAC 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl extended release beads</i>)	1	QL(1 ea daily); MP	<i>digoxin TABS 0.125 MG, 125 MCG</i>	1	QL(3.34 ea daily); MP
TIAZAC 180 MG (<i>Use diltiazem hcl extended release beads</i>)	1	QL(3 ea daily); MP	<i>digoxin TABS 0.0625 MG, 62.5 MCG</i>	1	
TIAZAC 120 MG (<i>Use diltiazem hcl extended release beads</i>)	1	QL(4 ea daily); MP	<i>digoxin TABS 250 MCG</i>	1	QL(2.22 ea daily); MP
			LANOXIN PEDIATRIC SOLN IJ	1	
			LANOXIN SOLN IJ (<i>Use digoxin</i>)	1	

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LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (Use digoxin)	9	MP
Inotropes		
<i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>	1	
DOBUTAMINE HCL/D5W	1	
DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	1	
<i>dopamine hcl 40 MG/ML</i>	1	
DOPAMINE HYDROCHLORIDE (Use dopamine hcl)	1	
DOPAMINE HYDROCHLORIDE (Use dopamine hcl)	9	
DOPAMINE HYDROCHLORIDE/DEXTROSE	1	
DOPAMINE/D5W	1	
<i>milrinone lactate</i>	1	
<i>milrinone lactate in dextrose</i>	1	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
CAMZYOS	1	QL(1 ea daily); AL(At least 18 yrs old); PA
Cardioplegic Solutions		
<i>cardioplegic soln</i>	1	
PLEGISOL (Use cardioplegic soln)	1	
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	2	ST
BIDIL (Use isosorbide dinitrate-hydralazine hcl)	1	

Drug Name	Drug Tier	Requirements/Limits
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)	2	ST
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)	9	ST
ENTRESTO	1	QL(2 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	1	QL(1 ea daily); AL(At least 18 yrs old); PA
INPEFA	1	QL(1 ea daily); AL(At least 18 yrs old); PA
Impotence Agents		
CIALIS 5 MG (Use tadalafil)	1	QL(1 ea daily); PA
CIALIS 2.5 MG, 10 MG, 20 MG (Use tadalafil)	9	
<i>tadalafil 5 MG</i>	1	QL(1 ea daily); PA
Peripheral Vasodilators		
<i>papaverine hcl SOLN</i>	1	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	1	
FLOLAN (Use epoprostenol sodium)	1	
ORENITRAM TITRATION KIT MONTH 1 TEPK	1	QL(168 ea per 28 day(s) retail; 168 ea per 28 days mail); PA

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ORENITRAM TITRATION KIT MONTH 2 TEPK	1	QL(336 ea per 28 day(s) retail; 336 ea per 28 days mail); PA	Pulmonary Hypertension - Endothelin Receptor Antagonists		
ORENITRAM TITRATION KIT MONTH 3 TEPK	1	QL(252 ea per 28 day(s) retail; 252 ea per 28 days mail); PA	<i>ambrisentan</i>	1	
ORENITRAM TBCR	1	QL(6 ea daily); PA	<i>bosentan TABS</i>	1	
REMODULIN SOLN IJ	1		LETAIRIS (<i>Use ambrisentan</i>)	1	
<i>treprostinil SOLN IJ</i>	1		OPSUMIT	1	QL(1 ea daily); PA
TYVASO DPI INSTITUTIONALKIT POWD	1	PA	TRACLEER TABS (<i>Use bosentan</i>)	1	
TYVASO DPI MAINTENANCE KIT POWD	1	QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); PA	TRACLEER TBSO	1	
TYVASO DPI MAINTENANCE KIT POWD	1	QL(224 ea per 35 day(s) retail; 224 ea per 35 days mail); PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO DPI TITRATION KIT POWD	1	QL(252 ea per 35 day(s) retail; 252 ea per 35 days mail); PA	ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	1	QL(2 ea daily); PA
TYVASO DPI TITRATION KIT POWD	1	QL(196 ea per 35 day(s) retail; 196 ea per 35 days mail); PA	LIQREV SUSP	1	AL(At least 18 yrs old); PA
TYVASO REFILL SOLN IN	1	QL(324.8 ml per 28 day(s) retail; 325 ml per 28 days mail)	REVATIO SOLN (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	1	
TYVASO STARTER SOLN IN	1	QL(324.8 ml per 28 day(s) retail; 325 ml per 28 days mail)	REVATIO SUSR (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	1	QL(224 ml per 30 day(s) retail; 224 ml per 30 days mail); AL(Up to 6 yrs old); PA
TYVASO SOLN IN	1	QL(11.6 ml per 7 day(s) retail; 12 ml per 7 days mail)	REVATIO TABS (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	1	QL(3 ea daily); PA
VELETRI (<i>Use epoprostenol sodium</i>)	1		<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	
VENTAVIS	1		<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	AL(Up to 6 yrs old); PA
			<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 ea daily); PA
			<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 ea daily); PA
TADLIQ SUSP	1	QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail); AL(Up to 10 yrs old); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	1	QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); AL(At least 18 yrs old); PA
UPTRAVI SOLR	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); AL(At least 18 yrs old); PA
UPTRAVI TABS	1	QL(2 ea daily); AL(At least 18 yrs old); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	1	QL(3 ea daily); PA
Septal Agents		
ABLYSINOL	1	AL(Up to 20 yrs old); PA
Sinus Node Inhibitors		
CORLANOR SOLN	1	QL(560 ml per 28 day(s) retail; 560 ml per 28 days mail); PA
CORLANOR TABS	1	QL(2 ea daily); PA
Transthyretin Stabilizers		
VYNDAMAX	1	QL(1 ea daily); PA
VYNDAQEL	1	QL(4 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
VERQUVO	1	QL(1 ea daily); AL(At least 18 yrs old); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporin Combinations		
AVYCAZ	1	QL(42 ea per 14 day(s) retail; 42 ea per 14 days mail); AL(At least 18 yrs old); PA
ZERBAXA	1	QL(84 ea per 14 day(s) retail; 84 ea per 14 days mail); AL(At least 18 yrs old); PA
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
CEFAZOLIN SODIUM/DEXTROSE SOLR	1	
CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML	1	
<i>cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG</i>	1	
<i>cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG</i>	1	
CEFAZOLIN SODIUM SOLR IV 2 GM	1	
CEFAZOLIN SOLN	1	
CEFAZOLIN SOLR IV	1	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin CAPS 750 MG</i>	1	PA

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<i>cephalexin SUSR</i>	1		CEFTAZIDIME/DEXTROSE	1	
<i>cephalexin TABS</i>	1	PA	<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	1	
Cephalosporins - 2nd Generation			<i>ceftriaxone sodium in dextrose</i>	1	
CEFACTOR ER TB12	1		<i>ceftriaxone sodium in dextrose</i>	1	
<i>cefaclor CAPS</i>	1		CEFTRIAZONE/DEXTROSE	1	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1		CEFEPIME SOLN	1	
CEFOTAN IJ (<i>Use cefotetan disodium</i>)	1		Cephalosporins - 5th Generation		
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	1		TEFLARO	1	
<i>cefoxitin sodium IV</i>	1		Cephalosporins - Siderophores		
CEFOXITIN SODIUM	1		FETROJA	1	AL(At least 18 yrs old); PA
<i>cefprozil SUSR</i>	1		CHEMICALS		
<i>cefprozil SUSR</i>	1		Bulk Chemicals - A's		
<i>cefprozil TABS</i>	1		ACYCLOVIR	1	
<i>cefuroxime axetil TABS</i>	1		ALBENDAZOLE	1	
<i>cefuroxime sodium IJ 750 MG</i>	1		AMLODIPINE BESYLATE	1	
Cephalosporins - 3rd Generation			Bulk Chemicals - B's		
<i>cefdinir CAPS</i>	1		BENZOCAINE	1	RX/OTC
<i>cefdinir SUSR</i>	1		BETHANECHOL CHLORIDE	1	
<i>cefixime CAPS</i>	1	QL(10 ea per 10 day(s) retail; 10 ea per 10 days mail); PA	Bulk Chemicals - C's		
<i>cefixime SUSR</i>	1	QL(100 ml per 10 day(s) retail; 100 ml per 10 days mail); AL(Up to 12 yrs old); PA	CHLORPROMAZINE HCL	1	
<i>cefixime SUSR 200 MG/5ML</i>	1	AL(Up to 12 yrs old); PA	CHOLESTYRAMINE	1	
<i>cefpodoxime proxetil SUSR</i>	1		CHOLESTYRAMINE RESIN	1	
<i>cefpodoxime proxetil TABS</i>	1		CLINDAMYCIN PHOSPHATE POWD	1	
<i>ceftazidime IJ 1 GM, 6 GM</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
Bulk Chemicals - D's		
DEXAMETHASONE	1	
DEXAMETHASONE SODIUM PHOSPHATE	1	
DIAZEPAM	1	
Bulk Chemicals - E's		
ENALAPRIL MALEATE	1	
ESTRADIOL	1	
ESTRADIOL MICRONIZED	1	
ESTRIOL	1	
ESTRIOL MICRONIZED	1	
Bulk Chemicals - G's		
GLYCOPYRROLATE	1	
Bulk Chemicals - H's		
HYDROCODONE BITARTRATE CRYSTALS	1	
HYDROCODONE BITARTRATE POWDER	1	
HYDROXYUREA	1	
HYDROXYZINE HCL	1	
Bulk Chemicals - L's		
LANSOPRAZOLE	1	RX/OTC
LIDOCAINE BASE POWDER	1	
LIDOCAINE HCL	1	
LIDOCAINE HCL MONOHYDRATE	1	
LIDOCAINE CRYSTALS	1	
LIDOCAINE POWDER	1	
LORAZEPAM	1	
Bulk Chemicals - M's		
METFORMIN HCL	1	
METRONIDAZOLE	1	
METRONIDAZOLE BENZOATE	1	
MUPIROCIN	1	

Drug Name	Drug Tier	Requirements/Limits
Bulk Chemicals - N's		
NALTREXONE HCL	1	
NALTREXONE HYDROCHLORIDE	1	
NIFEDIPINE	1	
Bulk Chemicals - O's		
OMEPRAZOLE	1	
Bulk Chemicals - P's		
PHYTONADIONE LIQUID	1	RX/OTC
PROGESTERONE MICRONIZED	1	
PROGESTERONE MICRONIZED (SOY)	1	
PROGESTERONE MICRONIZED (YAM)	1	
PROGESTERONE MILLED POWDER	1	
PROGESTERONE ULTRA MICRONIZED	1	
PROGESTERONE WETTABLE (SOY) POWDER	1	
PROGESTERONE WETTABLE (YAM) POWDER	1	
PROGESTERONE WETTABLE POWDER	1	
PROGESTERONE POWDER	1	
PROMETHAZINE HCL POWDER	1	
Bulk Chemicals - T's		
TESTOSTERONE MICRONIZED (SOY) POWDER	1	PA
TESTOSTERONE MICRONIZED SOY POWDER	1	PA
TESTOSTERONE MICRONIZED YAM CRYSTALS	1	PA
TESTOSTERONE MICRONIZED POWDER	1	PA

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TESTOSTERONE PROPIONATE	1	PA	<i>drospirenone-ethinyl estradiol</i>	1	
TESTOSTERONE POWD	1	PA	<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	1	
TOPIRAMATE	1		<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	1	
TRIAMCINOLONE	1		<i>ethynodiol diacet & eth estrad</i>	1	
TRIAMCINOLONEUSP, MICRONIZED	1		GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	9	
TRICHLOROACETIC ACID CRY	1	RX/OTC	<i>levonorgestrel & eth estradiol TABS</i>	1	
Bulk Chemicals - U's			<i>levonorgestrel-eth estradiol (triphasic)</i>	1	
URSODIOL	1		<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	1	
Solids			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	1	
KETOCONAZOLE	1		<i>levonorgestrel-ethinyl estradiol-iron</i>	1	QL(1 ea daily)
PILOCARPINE HCL POWD	1		LO LOESTRIN FE TABS	1	
PREGNENOLONE	1		LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	1	
PREGNENOLONE MICRONIZED	1		MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	1	
CONTRACEPTIVES - Drugs to Prevent Pregnancy			MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	9	
Combination Contraceptives - Oral			MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	1	
BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron)	9		NATAZIA	1	
BALCOLTRA (Use levonorgestrel-ethinyl estradiol-iron)	1	QL(1 ea daily)	NEXTSTELLIS	1	QL(1 ea daily); PA
BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium)	1		<i>norethin acet & estrad-fe CAPS</i>	1	QL(1 ea daily); PA
BEYAZ (Use drospirenone-ethinyl estradiol-levomefolate calcium)	9		<i>norethin acet & estrad-fe CHEW</i>	1	
<i>desogestrel & ethinyl estradiol</i>	1				
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1				
<i>desogestrel-ethinyl estradiol (triphasic)</i>	1				

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<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	1		YASMIN 28 (<i>Use drospirenone-ethinyl estradiol</i>)	1	
<i>norethindrone & eth estradiol</i>	1		YASMIN 28 (<i>Use drospirenone-ethinyl estradiol</i>)	9	
<i>norethindrone & ethinyl estradiol-fe</i>	1		YAZ (<i>Use drospirenone-ethinyl estradiol</i>)	9	
<i>norethindrone acet & eth estra</i>	1		YAZ (<i>Use drospirenone-ethinyl estradiol</i>)	1	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	1		Combination Contraceptives - Transdermal		
<i>norethindrone-eth estradiol (triphasic)</i>	1		<i>norelgestromin-ethinyl estradiol</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1		TWIRLA	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1		Combination Contraceptives - Vaginal		
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	1		ANNOVERA	1	1 package(s) per 365 day(s) retail; 1 package(s) per 365 day(s) mail
QUARTETTE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	1	QL(1 ea daily)	<i>etonogestrel-ethinyl estradiol</i>	1	
QUARTETTE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	9		NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	9	
SAFYRAL (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	1		NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	1	
SAFYRAL (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	9		Copper Contraceptives - IUD		
SEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	1		PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	1	PA
TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	9		Emergency Contraceptives		
TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	1	QL(1 ea daily); PA	ELLA	1	
TYBLUME CHEW	1		<i>levonorgestrel (emergency oc) 1.5 MG</i>	1	
			<i>levonorgestrel (emergency oc) 1.5 MG</i>	1	
			PLAN B ONE-STEP (<i>Use levonorgestrel (emergency oc)</i>)	9	

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Progestin Contraceptives - Implants			ALKINDI SPRINKLE CPSP	1	AL(Up to 6 yrs old); PA
NEXPLANON	1	AL(At least 10 yrs old - Up to 50 yrs old); PA	<i>betamethasone sod phosphate & acetate SUSP</i>	1	
Progestin Contraceptives - Injectable			<i>budesonide CPEP</i>	1	
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	1		<i>budesonide TB24</i>	1	QL(1 ea daily); PA
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	1		CELESTONE SOLUSPAN SUSP (Use <i>betamethasone sod phosphate & acetate</i>)	1	
DEPO-SUBQ PROVERA 104 SUSY SC	1		CORTEF TABS (Use <i>hydrocortisone</i>)	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	1		CORTEF TABS (Use <i>hydrocortisone</i>)	1	
<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	1		CORTISONE ACETATE TABS	1	
Progestin Contraceptives - IUD			<i>deflazacort TABS</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA
KYLEENA	1	PA	DEPO-MEDROL SUSP	1	
LILETTA 20.1 MCG/DAY	1	PA	DEPO-MEDROL SUSP 80 MG/ML (Use <i>methylprednisolone acetate</i>)	9	
MIRENA	1	PA	DEPO-MEDROL SUSP (Use <i>methylprednisolone acetate</i>)	1	
SKYLA	1	PA	DEXAMETHASONE INTENSOL CONC	1	
Progestin Contraceptives - Oral			<i>dexamethasone sodium phosphate SOLN IJ</i>	1	
<i>norethindrone (contraceptive)</i>	1		<i>dexamethasone sodium phosphate SOSY IJ</i>	1	
OPILL	1		<i>dexamethasone ELIX</i>	1	
SLYND	1	QL(1 ea daily); PA	<i>dexamethasone SOLN</i>	1	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>dexamethasone TABS</i>	1	
Glucocorticosteroids			<i>dexamethasone TBPB</i>	1	
AGAMREE	1	AL(At least 2 yrs old); PA	<i>dexamethasone TBPB</i>	1	PA

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<i>dexamethasone TBPK</i>	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; PA	PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	1	
EMFLAZA SUSP	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); AL(At least 5 yrs old); PA	PREDNISOLONE SODIUM PHOSPHATE POWD	1	
EMFLAZA TABS (<i>Use deflazacort</i>)	1	QL(1 ea daily); AL(At least 5 yrs old); PA	<i>prednisolone sodium phosphate SOLN 10 MG/5ML, 20 MG/5ML</i>	1	PA
EOHILIA SUSP	1	AL(At least 11 yrs old); PA	<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 25 MG/5ML</i>	1	
HEMADY TABS	1	AL(At least 18 yrs old); PA	<i>prednisolone sodium phosphate TBDP</i>	1	QL(10 ea per fill retail); AL(Up to 10 yrs old)
<i>hydrocortisone TABS</i>	1		<i>prednisolone SOLN</i>	1	
KENALOG-10 SUSP	1	QL(10 ml per 7 day(s) retail; 10 ml per 7 days mail)	<i>prednisolone TABS</i>	1	PA
KENALOG-40 SUSP (<i>Use triamcinolone acetonide</i>)	1	QL(10 ml per 7 day(s) retail; 10 ml per 7 days mail)	PREDNISONE INTENSOL CONC	1	
KENALOG-80 SUSP	1		PREDNISONE POWD	1	
MEDROL DOSEPAK TBPK (<i>Use methylprednisolone</i>)	1		<i>prednisone SOLN</i>	1	
MEDROL TABS	1		<i>prednisone TABS</i>	1	
MEDROL TABS (<i>Use methylprednisolone</i>)	1		<i>prednisone TBPK</i>	1	
<i>methylprednisolone acetate SUSP</i>	1		RAYOS TBEC	1	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	1		RAYOS TBEC	1	
<i>methylprednisolone TABS</i>	1		SOLU-CORTEF	1	
<i>methylprednisolone TBPK</i>	1		SOLU-MEDROL (<i>Use methylprednisolone sod succ</i>)	1	
ORAPRED ODT TBDP (<i>Use prednisolone sodium phosphate</i>)	9		SOLU-MEDROL (<i>Use methylprednisolone sod succ</i>)	1	
			SOLU-MEDROL	1	
			TARPEYO CPDR	1	QL(4 ea daily); AL(At least 18 yrs old); PA
			<i>triamcinolone acetonide SUSP 40 MG/ML, 400 MG/10ML</i>	1	QL(10 ml per 7 day(s) retail; 10 ml per 7 days mail)
			UCERIS TB24 (<i>Use budesonide</i>)	1	QL(1 ea daily); PA

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UCERIS TB24 (Use budesonide)	9		adapalene GEL 0.3 %	1	
Mineralocorticoids			AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)	9	
fludrocortisone acetate TABS	1		CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	1	AL(Up to 20 yrs old)
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			CLINDAGEL GEL (Use clindamycin phosphate (topical))	1	AL(Up to 20 yrs old); PA
Expectorants			clindamycin phosphate (topical) FOAM	1	AL(Up to 20 yrs old); PA
SSKI SOLN (Use potassium iodide (expectorant))	1	AL(Up to 20 yrs old); PA	clindamycin phosphate (topical) FOAM	1	AL(Up to 20 yrs old); PA
Misc. Respiratory Inhalants			clindamycin phosphate (topical) GEL	1	AL(Up to 20 yrs old); PA
HYPERSAL NEBU (Use sodium chloride (inhalant))	9		clindamycin phosphate (topical) GEL	1	AL(Up to 20 yrs old)
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	1		clindamycin phosphate (topical) LOTN	1	AL(Up to 20 yrs old)
sodium chloride (inhalant) NEBU 7 %	1	AL(Up to 21 yrs old)	clindamycin phosphate (topical) SOLN	1	AL(Up to 20 yrs old)
Mucolytics			clindamycin phosphate (topical) SWAB	1	AL(Up to 20 yrs old)
ACETYLCYSTEINE POWD	1		clindamycin phosphate (topical) SWAB	1	AL(Up to 20 yrs old)
acetylcysteine SOLN	1		dapsone (topical) 7.5 %	1	AL(At least 9 yrs old - Up to 20 yrs old); PA
acetylcysteine SOLN	1		dapsone (topical) 5 %	1	AL(Up to 20 yrs old); PA
DERMATOLOGICALS - Drugs to Treat Skin Conditions			dapsone (topical) 5 %	1	AL(Up to 20 yrs old); PA
Acne Products			DIFFERIN GEL 0.3 % (Use adapalene)	9	
ABSORICA (Use isotretinoin)	1	QL(2 ea daily); AL(Up to 20 yrs old)	ERYGEL GEL (Use erythromycin (acne aid))	1	AL(Up to 20 yrs old); PA
ABSORICA (Use isotretinoin)	9	AL(Up to 20 yrs old)	erythromycin (acne aid) GEL	1	AL(Up to 20 yrs old); PA
ABSORICA (Use isotretinoin)	1	QL(2 ea daily); AL(Up to 20 yrs old)	erythromycin (acne aid) SOLN	1	AL(Up to 20 yrs old)
ABSORICA LD	1	AL(At least 12 yrs old - Up to 20 yrs old); PA	EVOCLIN FOAM (Use clindamycin phosphate (topical))	9	
ACZONE (Use dapsone (topical))	9				

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<i>isotretinoin</i>	1	QL(2 ea daily); AL(Up to 20 yrs old)	NEO-SYNALAR	1	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA
KLARON (<i>Use sulfacetamide sodium (acne)</i>)	1	AL(Up to 20 yrs old)	TETRACYCLINE HCL	1	
RETIN-A CREA 0.025 %, 0.05 % (<i>Use tretinoin</i>)	9		XEPI	2	
<i>sulfacetamide sodium (acne)</i>	1	AL(Up to 20 yrs old)	Antifungals - Topical		
<i>sulfacetamide sodium w/ sulfur CREA 10 %-5 %</i>	1	AL(Up to 20 yrs old)	<i>ciclopirox olamine CREA</i>	1	
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 %</i>	1	AL(Up to 20 yrs old)	<i>ciclopirox olamine SUSP</i>	1	
<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	1	AL(Up to 20 yrs old)	<i>ciclopirox GEL</i>	2	
SUMADAN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	1	AL(Up to 20 yrs old)	<i>ciclopirox SHAM</i>	2	
<i>tretinoin CREA 0.025 %, 0.05 %</i>	1	AL(Up to 20 yrs old); PA	<i>ciclopirox SOLN</i>	1	PA
WINLEVI	1	AL(At least 12 yrs old - Up to 20 yrs old); PA	<i>clotrimazole (topical) CREA</i>	1	AL(Up to 20 yrs old); RX/OTC
Agents for External Genital and Perianal Warts			<i>clotrimazole (topical) SOLN</i>	2	RX/OTC
VEREGEN	1	QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail)	<i>clotrimazole w/ betamethasone CREA</i>	1	
Antibiotics - Topical			<i>clotrimazole w/ betamethasone LOTN</i>	2	
CENTANY AT KIT	2		<i>econazole nitrate CREA</i>	1	
CENTANY OINT	1		ERTACZO	2	
<i>gentamicin sulfate (topical) CREA</i>	1		EXTINA FOAM (<i>Use ketoconazole (topical)</i>)	9	
<i>gentamicin sulfate (topical) OINT</i>	1		JUBLIA	1	PA
<i>mupirocin calcium (topical)</i>	2		KERYDIN (<i>Use tavaborole</i>)	9	
<i>mupirocin OINT</i>	1		<i>ketoconazole (topical) CREA</i>	1	
			<i>ketoconazole (topical) FOAM</i>	2	
			<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail)
			LAMISIL AT JOCK ITCH CREA (<i>Use terbinafine hcl (topical)</i>)	9	AL(Up to 20 yrs old)
			LAMISIL AT CREA (<i>Use terbinafine hcl (topical)</i>)	9	AL(Up to 20 yrs old)
			LOPROX SHAMPOO SHAM (<i>Use ciclopirox</i>)	9	

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LOPROX CREA (Use <i>ciclopirox olamine</i>)	1		<i>terbinafine hcl (topical) CREA</i>	1	AL(Up to 20 yrs old)
LOPROX SUSP (Use <i>ciclopirox olamine</i>)	1		TINACTIN CREA (Use <i>tolnaftate</i>)	9	
LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole (topical)</i>)	9	RX/OTC	<i>tolnaftate CREA</i>	1	AL(Up to 20 yrs old)
LOTRIMIN AF CREA (Use <i>clotrimazole (topical)</i>)	9	RX/OTC	<i>tolnaftate CREA</i>	1	AL(Up to 20 yrs old)
<i>luliconazole</i>	2	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)	VUSION (Use <i>miconazole-zinc oxide-white petrolatum</i>)	2	
LUZU (Use <i>luliconazole</i>)	2	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)	Anti-inflammatory Agents - Topical		
<i>miconazole-zinc oxide-white petrolatum</i>	2		<i>diclofenac epolamine PTCH EX</i>	1	QL(30 ea per 15 day(s) retail; 30 ea per 15 days mail); PA
<i>naftifine hcl CREA</i>	2		<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
<i>naftifine hcl CREA</i>	2		<i>diclofenac sodium (topical) SOLN EX</i>	1	PA
<i>naftifine hcl GEL 2 %</i>	2		FLECTOR PTCH EX (Use <i>diclofenac epolamine</i>)	1	QL(30 ea per 15 day(s) retail; 30 ea per 15 days mail)
NAFTIN GEL	2		LICART PT24	1	PA
NAFTIN GEL (Use <i>naftifine hcl</i>)	2		PENNSAID SOLN EX 2 % (Use <i>diclofenac sodium (topical)</i>)	1	QL(112 gm per 30 day(s) retail; 112 gm per 30 days mail); PA
<i>nystatin (topical) CREA</i>	1		VOLTAREN ARTHRITIS PAIN GEL EX (Use <i>diclofenac sodium (topical)</i>)	9	RX/OTC
<i>nystatin (topical) OINT</i>	1		Antineoplastic or Premalignant Lesion Agents - Topical		
<i>nystatin (topical) POWD EX</i>	1		<i>bexarotene (topical)</i>	1	
<i>nystatin-triamcinolone CREA</i>	2		CARAC CREA (Use <i>fluorouracil (topical)</i>)	1	PA
<i>nystatin-triamcinolone OINT</i>	2		<i>diclofenac sodium (actinic keratoses) EX</i>	1	PA
<i>oxiconazole nitrate CREA</i>	2		EFUDEX CREA (Use <i>fluorouracil (topical)</i>)	1	
OXISTAT CREA (Use <i>oxiconazole nitrate</i>)	9				
OXISTAT LOTN	2				
<i>tavaborole</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA			

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<i>fluorouracil (topical) CREA 5 %</i>	1		<i>calcipotriene SOLN</i>	1	QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail)
<i>fluorouracil (topical) CREA 0.5 %</i>	1	PA	<i>calcitriol (topical)</i>	1	
<i>fluorouracil (topical) SOLN</i>	1		COSENTYX SENSOREADY PEN SOAJ	1	QL(10 ml per 28 day(s) retail; 10 ml per 28 days mail); PA
<i>fluorouracil (topical) SOLN</i>	1		COSENTYX UNOREADY SOAJ	1	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
TARGRETIN (Use <i>bexarotene (topical)</i>)	1		COSENTYX SOLN	1	PA
VALCHLOR	1	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)	COSENTYX SOSY 75 MG/0.5ML	1	QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); AL(At least 6 yrs old - Up to 18 yrs old); PA
Antipruritics - Topical			COSENTYX SOSY 150 MG/ML	1	QL(10 ml per 28 day(s) retail; 10 ml per 28 days mail); PA
<i>doxepin hcl (antipruritic)</i>	1	1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA	DOVONEX CREA (Use <i>calcipotriene</i>)	9	
PRUDOXIN (Use <i>doxepin hcl (antipruritic)</i>)	1	1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA	ILUMYA	1	QL(1 ml per 84 day(s) retail; 1 ml per 84 days mail); PA
ZONALON (Use <i>doxepin hcl (antipruritic)</i>)	1	1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA	<i>methoxsalen rapid</i>	1	
Antipsoriatics			SILIQ	1	QL(4.5 ml per 28 day(s) retail; 4 ml per 28 days mail); AL(At least 18 yrs old); PA
<i>acitretin</i>	1	QL(2 ea daily)	SKYRIZI PEN SOAJ	1	QL(1 ml per 84 day(s) retail; 1 ml per 84 days mail); PA
BIMZELX SOAJ	1	PA	SKYRIZI SOSY	1	QL(1 ml per 84 day(s) retail; 1 ml per 84 days mail); PA
BIMZELX SOSY	1	PA			
<i>calcipotriene CREA</i>	1				
CALCIPOTRIENE FOAM	1	QL(120 gm per 30 day(s) retail; 120 gm per 30 days mail); AL(At least 12 yrs old); PA			
<i>calcipotriene OINT</i>	1				

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SORILUX FOAM	1	QL(120 gm per 30 day(s) retail; 120 gm per 30 days mail); AL(At least 12 yrs old); PA	TREMFYA SOSY	1	QL(1 ml per 55 day(s) retail; 1 ml per 55 days mail); AL(At least 18 yrs old); PA
SOTYKTU	1	QL(1 ea daily); AL(At least 18 yrs old); PA	VECTICAL (Use calcitriol (topical))	9	
SPEVIGO SOLN	1	AL(At least 18 yrs old); PA	VTAMA	1	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); AL(At least 18 yrs old); PA
STELARA SOLN 45 MG/0.5ML	1	QL(0.5 ml per 84 day(s) retail); PA	ZORYVE	1	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); AL(At least 12 yrs old); PA
STELARA SOSY 45 MG/0.5ML	1	QL(0.5 ml per 84 day(s) retail); PA	Antiseborrheic Products		
STELARA SOSY 90 MG/ML	1	QL(1 ml per 55 day(s) retail; 1 ml per 55 days mail); PA	<i>selenium sulfide LOTN 2.5 %</i>	1	
TALTZ SOAJ	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA	ZORYVE	1	QL(2 gm daily); AL(At least 9 yrs old); PA
TALTZ SOSY	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA	Antivirals - Topical		
<i>tazarotene CREA</i>	1	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)	<i>acyclovir topical CREA</i>	1	PA
<i>tazarotene GEL</i>	1	AL(Up to 20 yrs old); PA	<i>acyclovir topical OINT</i>	1	QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail); PA
TAZORAC CREA (Use <i>tazarotene</i>)	9		<i>acyclovir topical OINT</i>	1	QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail); PA
TAZORAC GEL (Use <i>tazarotene</i>)	9		DENAVIR (Use <i>penciclovir</i>)	1	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail); PA
TREMFYA SOPN	1	QL(1 ml per 55 day(s) retail; 1 ml per 55 days mail); AL(At least 18 yrs old); PA	<i>penciclovir</i>	1	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail); PA

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XERESE	1	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail); PA	<i>betamethasone dipropionate (topical) OINT</i>	1	
ZOVIRAX CREA (Use acyclovir topical)	1	QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)	<i>betamethasone dipropionate augmented CREA</i>	1	
ZOVIRAX OINT (Use acyclovir topical)	1	QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail); PA	<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	PA
Burn Products			<i>betamethasone dipropionate augmented LOTN</i>	1	PA
<i>mafenide acetate PACK</i>	1		<i>betamethasone dipropionate augmented OINT</i>	1	
SILVADENE (Use silver sulfadiazine)	1		<i>betamethasone valerate CREA</i>	1	
<i>silver sulfadiazine</i>	1		<i>betamethasone valerate FOAM</i>	1	PA
SULFAMYLON CREA	1	QL(113.4 gm per 14 day(s) retail; 113 gm per 14 days mail)	<i>betamethasone valerate LOTN</i>	1	PA
SULFAMYLON PACK 5 % (Use mafenide acetate)	9		<i>betamethasone valerate OINT</i>	1	
Cauterizing Agents			BRYHALI LOTN	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
SILVER NITRATE SOLN 0.5 %	1		<i>calcipotriene-betamethasone dipropionate OINT</i>	1	PA
Corticosteroids - Topical			<i>calcipotriene-betamethasone dipropionate OINT</i>	1	PA
<i>alclometasone dipropionate CREA</i>	1	PA	<i>calcipotriene-betamethasone dipropionate OINT</i>	1	PA
<i>alclometasone dipropionate OINT</i>	1	PA	<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	PA
<i>alclometasone dipropionate OINT</i>	1	PA	<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	PA
<i>amcinonide CREA</i>	1	PA	<i>clobetasol propionate emollient base 0.05 %</i>	1	
<i>amcinonide CREA</i>	1	PA	<i>clobetasol propionate emulsion</i>	1	PA
APEXICON E CREA	1	PA			
<i>betamethasone dipropionate (topical) CREA</i>	1				
<i>betamethasone dipropionate (topical) LOTN</i>	1				

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<i>clobetasol propionate emulsion</i>	1	PA	DERMA-SMOOTHIE/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	1	QL(118.28 ml per 15 day(s) retail; 118 ml per 15 days mail); PA
<i>clobetasol propionate CREA 0.05 %</i>	1		DERMA-SMOOTHIE/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	9	
<i>clobetasol propionate FOAM</i>	1		DERMA-SMOOTHIE/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	1	QL(118.28 ml per 15 day(s) retail; 118 ml per 15 days mail); PA
<i>clobetasol propionate GEL 0.05 %</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA	<i>desonide CREA</i>	1	
<i>clobetasol propionate LIQD</i>	1	PA	<i>desonide LOTN</i>	1	PA
<i>clobetasol propionate LOTN</i>	1	PA	<i>desonide OINT</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1		DESOWEN CREA (Use <i>desonide</i>)	9	
<i>clobetasol propionate SHAM</i>	1	PA	<i>desoximetasone CREA 0.25 %</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail	<i>desoximetasone CREA 0.05 %</i>	1	PA
CLOBEX LIQD (Use <i>clobetasol propionate</i>)	9		<i>desoximetasone CREA 0.25 %</i>	1	
CLOBEX LOTN 0.05 % (Use <i>clobetasol propionate</i>)	9		<i>desoximetasone GEL</i>	1	PA
CLOBEX SHAM (Use <i>clobetasol propionate</i>)	9		<i>desoximetasone LIQD</i>	1	QL(100 ml per 30 day(s) retail; 100 ml per 30 days mail); PA
<i>clocortolone pivalate</i>	1	PA	<i>desoximetasone OINT 0.05 %</i>	1	PA
<i>clocortolone pivalate</i>	1	PA	<i>desoximetasone OINT 0.05 %</i>	1	PA
CLODAN KIT	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA	<i>desoximetasone OINT 0.25 %</i>	1	
CLODERM (Use <i>clocortolone pivalate</i>)	1	PA	<i>diflorasone diacetate CREA</i>	1	PA
CORDRAN CREA (Use <i>flurandrenolide</i>)	9		<i>diflorasone diacetate CREA</i>	1	PA
CORDRAN LOTN (Use <i>flurandrenolide</i>)	9		<i>diflorasone diacetate OINT</i>	1	PA
			DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	1	

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DUOBRII	1	QL(100 gm per 30 day(s) retail; 100 gm per 30 days mail); PA	<i>fluticasone propionate</i> LOTN	1	QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail); PA
ENSTILAR FOAM	1	QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); AL(At least 18 yrs old); PA	<i>fluticasone propionate</i> OINT	1	
EPIFOAM FOAM	1		<i>halcinonide</i> CREA	1	PA
<i>fluocinolone acetonide</i> CREA	1	PA	<i>halobetasol propionate</i> CREA	1	
<i>fluocinolone acetonide</i> OIL	1	PA	<i>halobetasol propionate</i> FOAM	1	AL(At least 18 yrs old); PA
<i>fluocinolone acetonide</i> OINT	1	PA	<i>halobetasol propionate</i> OINT	1	
<i>fluocinolone acetonide</i> SOLN	1		HALOG CREA (Use <i>halcinonide</i>)	1	PA
<i>fluocinonide emulsified base</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA	HALOG OINT	1	PA
<i>fluocinonide emulsified base</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA	HALOG SOLN	1	PA
<i>fluocinonide CREA</i>	1		<i>hydrocortisone (topical)</i> CREA 1 %, 2.5 %	1	RX/OTC
<i>fluocinonide CREA</i>	1		<i>hydrocortisone (topical)</i> LOTN 2.5 %	1	
<i>fluocinonide GEL</i>	1	PA	<i>hydrocortisone (topical)</i> OINT 1 %, 2.5 %	1	RX/OTC
<i>fluocinonide OINT</i>	1		HYDROCORTISONE ACETATE MICRONIZED POWD	1	
<i>fluocinonide SOLN</i>	1		HYDROCORTISONE ACETATE POWD	1	
<i>flurandrenolide CREA</i>	1	QL(120 gm per 30 day(s) retail; 120 gm per 30 days mail); PA	<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	PA
<i>flurandrenolide LOTN</i>	1	QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail); PA	<i>hydrocortisone butyrate CREA</i>	1	PA
<i>fluticasone propionate CREA 0.05 %</i>	1		<i>hydrocortisone butyrate CREA</i>	1	PA
			<i>hydrocortisone butyrate LOTN</i>	1	PA
			<i>hydrocortisone butyrate OINT</i>	1	PA
			<i>hydrocortisone butyrate SOLN</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA

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<i>hydrocortisone butyrate SOLN</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA	SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	1	PA
HYDROCORTISONE MICRONIZED	1		SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	1	PA
<i>hydrocortisone valerate CREA</i>	1	PA	SYNALAR SOLN (<i>Use fluocinolone acetonide</i>)	1	
<i>hydrocortisone valerate OINT</i>	1	PA	TACLONEX OINT (<i>Use calcipotriene-betamethasone dipropionate</i>)	1	PA
HYDROCORTISONE POWD	1		TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	1	PA
KENALOG AERS (<i>Use triamcinolone acetonide (topical)</i>)	9		TEMOVATE CREA (<i>Use clobetasol propionate</i>)	9	
LEXETTE FOAM	1	QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 18 yrs old); PA	TEMOVATE OINT (<i>Use clobetasol propionate</i>)	9	
LOCOID LIPOCREAM	1	PA	TEXACORT SOLN 2.5 %	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); PA
LOCOID LOTN (<i>Use hydrocortisone butyrate</i>)	1	PA	TOPICORT CREA 0.25 % (<i>Use desoximetasone</i>)	1	
LUXIQ FOAM (<i>Use betamethasone valerate</i>)	9		TOPICORT CREA 0.05 % (<i>Use desoximetasone</i>)	9	
<i>mometasone furoate CREA</i>	1		TOPICORT GEL (<i>Use desoximetasone</i>)	1	PA
<i>mometasone furoate OINT</i>	1		TOPICORT LIQD (<i>Use desoximetasone</i>)	9	QL(100 ml per 30 day(s) retail; 100 ml per 30 days mail)
<i>mometasone furoate SOLN</i>	1		TOPICORT OINT (<i>Use desoximetasone</i>)	9	
OLUX-E (<i>Use clobetasol propionate emulsion</i>)	9		<i>triamcinolone acetonide (topical) AERS</i>	1	PA
OLUX FOAM (<i>Use clobetasol propionate</i>)	9		<i>triamcinolone acetonide (topical) AERS</i>	1	PA
PANDEL	1	PA	<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>prednicarbate OINT</i>	1	PA	<i>triamcinolone acetonide (topical) LOTN</i>	1	
SYNALAR CREAM KIT	1	PA			
SYNALAR OINTMENT KIT	1	PA			
SYNALAR TS	1	PA			

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<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	1	PA
TRIAMCINOLONE ACETONIDE POWD	1	
TRIAMCINOLONE ACETONIDE USP, MICRONIZED POWD	1	
TRIDESILON CREA 0.05 % (Use desonide)	9	
ULTRAVATE LOTN	1	QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail); AL(At least 18 yrs old); PA
VANOS CREA (Use fluocinonide)	1	
Eczema Agents		
ADBRY	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); AL(At least 18 yrs old); PA
CIBINQO	1	QL(1 ea daily); AL(At least 12 yrs old); PA
DUPIXENT SOPN 200 MG/1.14ML	1	QL(2.28 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
DUPIXENT SOPN 300 MG/2ML	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA
DUPIXENT SOSY 200 MG/1.14ML	1	QL(2.28 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
DUPIXENT SOSY 300 MG/2ML	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY 100 MG/0.67ML	1	QL(1.34 ml per 28 day(s) retail; 1 ml per 28 days mail); PA
OPZELURA	1	AL(At least 12 yrs old); PA
Emollient/Keratolytic Agents		
<i>urea CREA 39 %, 40 %</i>	1	RX/OTC
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	RX/OTC
Hair Growth Agents		
LITFULO	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 12 yrs old - Up to 20 yrs old); PA
Immunomodulating Agents - Topical		
<i>imiquimod 3.75 %</i>	1	AL(At least 13 yrs old); PA
<i>imiquimod 5 %</i>	1	QL(0.4 ea daily)
<i>imiquimod 5 %</i>	1	QL(0.4 ea daily)
ZYCLARA (Use imiquimod)	1	AL(At least 13 yrs old); PA
ZYCLARA PUMP (Use imiquimod)	1	AL(At least 13 yrs old); PA
ZYCLARA PUMP	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 13 yrs old); PA
Immunosuppressive Agents - Topical		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELIDEL (<i>Use pimecrolimus</i>)	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old)	<i>lidocaine hcl CREA 3 %</i>	1	
			<i>lidocaine hcl PRSY</i>	1	
			<i>lidocaine hcl SOLN</i>	1	
			<i>lidocaine OINT</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
HYFTOR	1	QL(30 gm per 35 day(s) retail; 30 gm per 35 days mail); AL(At least 6 yrs old - Up to 20 yrs old); PA	<i>lidocaine-prilocaine CREA</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
<i>pimecrolimus</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old)	<i>lidocaine PTCH 5 %</i>	1	
			LIDODERM PTCH (<i>Use lidocaine</i>)	9	
			LIDODERM PTCH (<i>Use lidocaine</i>)	1	QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail	ZTLIDO PTCH	1	QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail); PA
<i>tacrolimus (topical) OINT 0.03 %</i>	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old)	Misc. Topical		
			XERAC AC	1	AL(Up to 20 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	AL(At least 15 yrs old)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
Keratolytic/Antimitotic/Vesicant Agents			EUCRISA	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA
BENSAL HP OINT	1	PA; RX/OTC	Rosacea Agents		
CONDYLOX GEL (<i>Use podofilox</i>)	1	QL(3.5 gm per fill retail)	<i>brimonidine tartrate (topical)</i>	1	QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail); AL(At least 18 yrs old - Up to 20 yrs old); PA
<i>podofilox GEL</i>	1		<i>doxycycline (rosacea)</i>	1	PA
<i>podofilox SOLN</i>	1	QL(3.5 ml per fill retail)	Local Anesthetics - Topical		
SALICYLIC ACID OINT	1	PA; RX/OTC			
SALYCIM CREA	1	AL(Up to 20 yrs old)			

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Drug Name	Drug Tier	Requirements/Limits
METROCREAM CREA (Use metronidazole topical)	9	AL(Up to 20 yrs old)
METROGEL GEL 1 % (Use metronidazole topical)	9	
METROLOTION LOTN (Use metronidazole topical)	9	AL(Up to 20 yrs old)
metronidazole (topical) CREA	1	AL(Up to 20 yrs old)
metronidazole (topical) GEL 0.75 %	1	AL(Up to 20 yrs old)
metronidazole (topical) GEL 1 %	1	AL(Up to 20 yrs old); PA
metronidazole (topical) LOTN	1	AL(Up to 20 yrs old)
MIRVASO (Use brimonidine tartrate topical)	9	
NORITATE CREA	1	AL(Up to 20 yrs old); PA
ORACEA (Use doxycycline (rosacea))	9	
Scabicides & Pediculicides		
crotamiton LOTN	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old); PA
ivermectin (pediculicide)	1	PA; RX/OTC
malathion	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 6 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
NATROBA (Use spinosad)	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 1 yrs old)
NIX CREME RINSE LIQD EX (Use permethrin)	9	
OVIDE (Use malathion)	9	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail
permethrin CREA	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail
permethrin LIQD EX	1	2 package(s) per 7 day(s) retail; 2 package(s) per 7 day(s) mail; AL(Up to 20 yrs old)
SKLICE (Use ivermectin (pediculicide))	1	PA; RX/OTC
spinosad	1	1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 1 yrs old); PA
VANALICE GEL	1	AL(Up to 18 yrs old)
Wound Care Products		
FILSUVEZ	1	PA
VASHE WOUND THERAPY SOLN	1	AL(Up to 20 yrs old); PA; RX/OTC
VYJUVEK	1	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Biologicals		
APLISOL	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Diagnostic Drugs			CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)
<i>adenosine (diagnostic)</i>	1		CONTOUR NEXT BLOOD GLUCOSE TEST STRP	1	PA; RX/OTC
CORTROSYN SOLR (Use cosyntropin)	1		COVID-19 AG TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)
<i>cosyntropin SOLR</i>	1		COVID-19 AT-HOME TEST KIT KIT	1	QL(2 ea daily); AL(At least 2 yrs old)
<i>dipyridamole (diagnostic)</i>	1		EASYMAX TEST STRIPS STRP	1	PA; RX/OTC
GLUCAGON	1		ELLUME COVID-19 HOME TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old); PA
GLUCAGON HCL DIAGNOSTIC	1		EVERLYWELL COVID-19 TESTHOME COLLECTION KIT DTC	1	AL(At least 2 yrs old); PA
LEXISCAN (Use regadenoson)	1		FASTEP COVID-19 ANTIGEN HOME TEST KIT	1	QL(2 ea daily); AL(At least 2 yrs old)
METOPIRONE	1		FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	1	QL(2 ea per fill retail); AL(At least 2 yrs old)
<i>regadenoson</i>	1		GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)
R-GENE 10	1		GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)
Diagnostic Tests			GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	1	QL(2 ea daily); AL(At least 2 yrs old)
ACCU-CHEK GUIDE TEST STRIPS STRP	1	PA; RX/OTC	ID NOW COVID-19	1	PA
ACCU-CHEK GUIDE STRP	1	PA; RX/OTC	IHEALTH COVID-19 ANTIGENRAPID TEST KIT	1	QL(2 ea per fill retail); AL(At least 2 yrs old)
ADVIN COVID-19 ANTIGEN HOME TEST KIT	1	QL(2 ea daily); AL(At least 2 yrs old)			
BD VERITOR AT-HOME COVID-19 TEST KIT	1	QL(2 ea per fill retail); AL(At least 2 yrs old); PA			
BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2&FLU A+B	1	PA			
BINAXNOW COVID-19 AG CARD HOME TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)			
CARESTART COVID-19 ANTIGEN HOME TEST KIT	1	QL(2 ea per fill retail); AL(At least 2 yrs old)			
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 14 yrs old)			

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INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)	SOFIA2 FLU/SARS ANTIGEN FIA	1	PA
INTELISWAB COVID-19 RAPID TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)	SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	1	QL(2 ea daily); AL(At least 2 yrs old)
KETONE TEST STRIPS STRP	1		TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	RX/OTC
KETONE STRP	1		DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
KETOSTIX STRP	1		Dietary Management Products		
LUCIRA CHECK IT COVID-19TEST KIT KIT	1	QL(2 ea daily); AL(At least 2 yrs old); PA; RX/OTC	DEPLIN 7.5	1	QL(1 ea daily); AL(Up to 20 yrs old); PA
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	1	QL(2 ea per fill retail); AL(At least 2 yrs old); PA	NEOPHE POWD	1	RX/OTC
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); PA	NEOPHE TABS	1	RX/OTC
ONETOUCH ULTRA STRP	1	RX/OTC	URE-NA	1	AL(Up to 20 yrs old); PA
ONETOUCH VERIO TEST STRIPS STRP	1	RX/OTC	Infant Foods		
PILOT COVID-19 AT-HOME TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)	PERIFLEX INFANT POWD	1	
PIXEL COVID-19 PCR TEST HOME COLLECTION KIT	1	AL(At least 2 yrs old); PA	PHENYL-FREE 1 POWD	1	
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP	1	PA; RX/OTC	Nutritional Supplements		
QUICKVUE AT-HOME COVID-19 TEST KIT	1	QL(2 ea daily; 2 ea per fill retail); AL(At least 2 yrs old)	CAMINO PRO COMPLETE/GLYTACTIN BAR	1	RX/OTC
RELION KETONE TEST STRIPS STRP	1		EAA SUPPLEMENT PACK	1	RX/OTC
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1	RX/OTC	FLAVOR PACKETS PACK	1	AL(Up to 20 yrs old)
			GLYTACTIN BETTERMILK 15 PACK	1	RX/OTC
			GLYTACTIN BETTERMILK DE-LITE PACK	1	RX/OTC
			GLYTACTIN BETTERMILK POWD	1	RX/OTC
			GLYTACTIN BUILD 10PE PACK	1	RX/OTC
			GLYTACTIN BUILD 20/20 PKU PACK	1	RX/OTC

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GLYTACTIN BUILD 20/20 PACK	1	RX/OTC	PHENYLADE ESSENTIAL DRINK MIX PACK	1	RX/OTC
GLYTACTIN BURST PACK	1	RX/OTC	PHENYLADE ESSENTIAL DRINK MIX POWD	1	RX/OTC
GLYTACTIN COMPLETE 10PE BAR	1	RX/OTC	PHENYLADE GMP DRINK MIX/DHA/FIBER POWD	1	RX/OTC
GLYTACTIN RESTORE 10 LIQD OR	1	RX/OTC	PHENYLADE GMP MIX-IN PACK	1	RX/OTC
GLYTACTIN RESTORE 5 PACK	1	RX/OTC	PHENYLADE GMP MIX-IN POWD	1	RX/OTC
GLYTACTIN RESTORE LITE 10 LIQD OR	1	RX/OTC	PHENYLADE GMP READY LIQD OR	1	RX/OTC
GLYTACTIN RESTORE LITE 10PE PACK	1	RX/OTC	PHENYLADE GMP ULTRA PACK	1	RX/OTC
GLYTACTIN RTD 10 LIQD OR	1	RX/OTC	PHENYLADE GMP PACK	1	RX/OTC
GLYTACTIN RTD 15 LIQD OR	1	RX/OTC	PHENYLADE GMP POWD	1	RX/OTC
GLYTACTIN RTD LITE 15 LIQD OR	1	RX/OTC	PHENYLADE RTD PKU 10 LIQD OR	1	RX/OTC
GLYTACTIN SWIRL 15 PACK	1	RX/OTC	PHENYLADE60 DRINK MIX PACK	1	RX/OTC
GLYTACTIN SWIRL 15PE PACK	1	RX/OTC	PHENYLADE60 DRINK MIX POWD	1	RX/OTC
LANAFLEX PACK	1	RX/OTC	PHENYL-FREE 2HP POWD	1	RX/OTC
LOPHLEX LQ 20 LIQD OR	1	RX/OTC	PHENYL-FREE 2 POWD	1	RX/OTC
LOPHLEX PACK	1	RX/OTC	PHLEXY-10 PACK	1	RX/OTC
PERIFLEX ADVANCE POWD	1	RX/OTC	PKU 2 POWD	1	RX/OTC
PERIFLEX JUNIOR POWD	1	RX/OTC	PKU 3 POWD	1	RX/OTC
PHENEX-1 POWD	1	RX/OTC	PKU AIR20 GOLD LIQD OR	1	RX/OTC
PHENEX-2 POWD	1	RX/OTC	PKU AIR20 GREEN LIQD OR	1	RX/OTC
PHENYLADE DRINK MIX POWD	1	RX/OTC	PKU AIR20 YELLOW LIQD OR	1	RX/OTC
PHENYLADE ESSENTIAL DRINK MIX/FLAX/FIBER PACK	1	RX/OTC	PKU COOLER 10 LIQD OR	1	RX/OTC
PHENYLADE ESSENTIAL DRINK MIX/FLAX/FIBER POWD	1	RX/OTC	PKU COOLER 15 LIQD OR	1	RX/OTC
			PKU COOLER 20 LIQD OR	1	RX/OTC

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PKU EASY MICROTABS TBEC	1		PKU EXPRESS 20 PLUS+ PACK	1	RX/OTC
PKU EASY SHAKE & GO POWD	1	RX/OTC	PKU GEL PACK	1	RX/OTC
PKU EASY TABS	1	RX/OTC	PKU GO PACK	1	RX/OTC
PKU EXPLORE10 PACK 1.09 GM/25GM-0.43 GM/25GM-0.49 GM/25GM-1.1 GM/25GM- 0.78 GM/25GM-0.28 GM/25GM-0.25 MG/25GM-5.2 MCG/25GM-50 MCG/25GM-1.1 GM/25GM-1.17 GM/25GM-0.21 GM/25GM-0.22 MG/25GM-6 MCG/25GM- 0.82 MCG/25GM-0.43 GM/25GM-0.86 GM/25GM-0.76 GM/25GM-0.24 GM/25GM-0.75 GM/25GM-0.69 GM/25GM-0.35 MG/25GM-101 MG/25GM- 1.5 MG/25GM-22 MG/25GM-117 MCG/25GM-1.6 MG/25GM-20 MG/25GM- 0.78 GM/25GM-70 MG/25GM-0.18 MG/25GM-11 MG/25GM- 2.5 MG/25GM-35 MG/25GM-0.06 MG/25GM-0.86 GM/25GM-112 MG/25GM- 50 MG/25GM-275 MG/25GM-9 MCG/25GM- 33 MCG/25GM-2.2 MG/25GM-3.5 MG/25GM- 162 MG/25GM-30 MG/25GM-7 MCG/25GM- 6 MCG/25GM-112 MG/25GM-6.7 MCG/25GM	1	RX/OTC	PKU LOPHLEX LQ 20 LIQD OR	1	RX/OTC
PKU EXPLORE5 PACK	1	RX/OTC	PKU PERIFLEX JUNIOR PLUS POWD	1	RX/OTC
PKU EXPRESS 15 PLUS+ PACK	1	RX/OTC	PKU SPHERE 15 PACK	1	RX/OTC
			PKU SPHERE 20 LIQD OR	1	RX/OTC
			PKU SPHERE 20 PACK	1	RX/OTC
			PKU START POWD	1	RX/OTC
			PKU TRIO POWD	1	RX/OTC
			TYR EASY TABS	1	RX/OTC
			XPHE MAXAMAID POWD	1	RX/OTC
			XPHE-XTYR MAXAMAID POWD	1	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes					
Digestive Enzymes					
			CREON CPEP	1	
			PERTZYE CPEP	1	PA
			SUCRAID	1	AL(Up to 20 yrs old); PA
			VIOKACE TABS	1	PA
			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	1	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure					

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Carbonic Anhydrase Inhibitors			FUROSCIX CTKT	1	AL(At least 18 yrs old); PA
<i>acetazolamide sodium</i>	1		<i>furosemide SOLN IJ 10 MG/ML</i>	1	
<i>acetazolamide CP12</i>	1		<i>furosemide TABS 40 MG</i>	1	QL(15 ea daily); MP
<i>acetazolamide TABS</i>	1		<i>furosemide TABS 20 MG</i>	1	QL(30 ea daily); MP
<i>dichlorphenamide</i>	1	QL(4 ea daily); PA	<i>furosemide TABS 80 MG</i>	1	QL(8 ea daily); MP
KEVEYIS (Use <i>dichlorphenamide</i>)	1	QL(4 ea daily); PA	LASIX TABS 80 MG (Use <i>furosemide</i>)	1	QL(8 ea daily); MP
<i>methazolamide TABS 50 MG</i>	1	QL(6 ea daily); PA	LASIX TABS 20 MG (Use <i>furosemide</i>)	1	QL(30 ea daily); MP
<i>methazolamide TABS 25 MG</i>	1	QL(12 ea daily); PA	LASIX TABS 40 MG (Use <i>furosemide</i>)	1	QL(15 ea daily); MP
Diuretic Combinations			SODIUM EDECRIN (Use <i>ethacrynate sodium</i>)	1	
ALDACTAZIDE (Use <i>spironolactone & hydrochlorothiazide</i>)	9	MP	<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1	QL(10 ea daily); MP
<i>amiloride & hydrochlorothiazide</i>	1		<i>torseamide TABS 100 MG</i>	1	QL(2 ea daily); MP
MAXZIDE-25 TABS (Use <i>triamterene & hydrochlorothiazide</i>)	9		Osmotic Diuretics		
MAXZIDE TABS (Use <i>triamterene & hydrochlorothiazide</i>)	1		<i>mannitol 10 %, 20 %, 25 %</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	MP	Potassium Sparing Diuretics		
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		ALDACTONE TABS (Use <i>spironolactone</i>)	1	MP
<i>triamterene & hydrochlorothiazide TABS</i>	1		ALDACTONE TABS (Use <i>spironolactone</i>)	1	MP
Loop Diuretics			<i>amiloride hcl TABS</i>	1	
<i>bumetanide SOLN 0.25 MG/ML</i>	1		CAROSPIR SUSP (Use <i>spironolactone</i>)	1	QL(473 ml per 30 day(s) retail; 473 ml per 30 days mail); PA
<i>bumetanide TABS</i>	1		DYRENIUM CAPS (Use <i>triamterene</i>)	9	
BUMEX TABS 0.5 MG (Use <i>bumetanide</i>)	9		SPIRONOLACTONE POWD	1	
EDECRIN (Use <i>ethacrynic acid</i>)	1		<i>spironolactone SUSP</i>	1	
<i>ethacrynate sodium</i>	1		<i>spironolactone TABS</i>	1	MP
<i>ethacrynic acid</i>	1		<i>triamterene CAPS</i>	1	

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<i>triamterene CAPS</i>	1		ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>)	2	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)
Thiazides and Thiazide-Like Diuretics			<i>alendronate sodium SOLN</i>	1	QL(300 ml per 28 day(s) retail; 300 ml per 28 days mail); PA
<i>chlorothiazide sodium</i>	1		<i>alendronate sodium TABS 70 MG</i>	1	QL(0.15 ea daily)
<i>chlorthalidone 25 MG, 50 MG</i>	1		<i>alendronate sodium TABS 10 MG</i>	1	QL(1 ea daily)
DIURIL SUSP	1		<i>alendronate sodium TABS 35 MG</i>	1	QL(12 ea per 84 day(s) retail; 12 ea per 84 days mail)
<i>hydrochlorothiazide CAPS</i>	1	QL(3 ea daily); MP	ATELVIA TBEC (Use <i>risedronate sodium</i>)	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	QL(3 ea daily); MP	BINOSTO TBEF	1	PA
<i>hydrochlorothiazide TABS 12.5 MG</i>	1		BONIVA TABS (Use <i>ibandronate sodium</i>)	9	1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	QL(2 ea daily); MP	<i>calcitonin (salmon) NA</i>	1	QL(3.7 ml per 30 day(s) retail; 4 ml per 30 days mail)
<i>metolazone</i>	1		<i>calcitonin (salmon) IJ</i>	1	
SODIUM DIURIL (Use <i>chlorothiazide sodium</i>)	9		EVENITY	1	QL(2.34 ml per 30 day(s) retail; 2 ml per 30 days mail); PA
THALITONE	1		FORTEO SOPN (Use <i>teriparatide (recombinant)</i>)	1	QL(2.4 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones			FOSAMAX PLUS D	1	PA
Adrenal Steroid Inhibitors			FOSAMAX TABS 70 MG (Use <i>alendronate sodium</i>)	1	QL(0.15 ea daily)
ISTURISA 1 MG	1	QL(8 ea daily); PA	<i>ibandronate sodium SOLN</i>	1	QL(3 ml per 90 day(s) retail; 3 ml per 90 days mail); PA
ISTURISA 5 MG	1	QL(2 ea daily); PA			
ISTURISA 10 MG	1	QL(6 ea daily); PA			
RECORLEV	1	QL(250 ea per 30 day(s) retail; 250 ea per 30 days mail); AL(At least 18 yrs old); PA			
Bone Density Regulators					
ACTONEL TABS 150 MG (Use <i>risedronate sodium</i>)	2	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail)			

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<i>ibandronate sodium TABS</i>	1	1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail	<i>zoledronic acid SOLN</i>	1	
MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	1		ZOLEDRONIC ACID SOLN	1	
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1		Corticotropin		
PAMIDRONATE DISODIUM SOLN	1		ACTHAR	1	PA
PROLIA SOSY	1	QL(1 ml per 180 day(s) retail; 1 ml per 180 days mail); PA	CORTROPHIN	1	PA
RECLAST SOLN (<i>Use zoledronic acid</i>)	1		Fertility Regulators		
<i>risedronate sodium TABS 30 MG</i>	1	QL(1 ea daily); PA	CHORIONIC GONADOTROPIN IM	1	AL(At least 4 yrs old - Up to 10 yrs old); PA
<i>risedronate sodium TABS 5 MG</i>	3	QL(1 ea daily)	NOVAREL IM 5000 UNIT	1	AL(At least 4 yrs old - Up to 10 yrs old); PA
<i>risedronate sodium TABS 35 MG</i>	2	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)	PREGNYL IM	1	AL(At least 4 yrs old - Up to 10 yrs old); PA
<i>risedronate sodium TABS 150 MG</i>	2	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail)	PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	1	AL(At least 4 yrs old - Up to 10 yrs old); PA
<i>risedronate sodium TBEC</i>	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA	GnRH/LHRH Antagonists		
<i>teriparatide (recombinant) SOPN</i>	1	PA	ORILISSA 150 MG	1	QL(1 ea daily); AL(At least 18 yrs old); PA
TERIPARATIDE SOPN	1	QL(2.48 ml per 28 day(s) retail; 2 ml per 28 days mail); PA	ORILISSA 200 MG	1	QL(2 ea daily); AL(At least 18 yrs old); PA
TYMLOS	1	QL(1.56 ml per 30 day(s) retail; 2 ml per 30 days mail); PA	Growth Hormone Receptor Antagonists		
<i>zoledronic acid CONC</i>	1		SOMAVERT	1	
<i>zoledronic acid SOLN</i>	1		Growth Hormones		
			GENOTROPIN MINIQUICK PRSY	1	PA
			GENOTROPIN CART SC	1	PA
			HUMATROPE CART IJ	1	PA
			NGENLA	1	PA
			NORDITROPIN FLEXPRO SOPN	1	PA
			NORDITROPIN FLEXPRO SOPN	1	PA
			NUTROPIN AQ NUSPIN 10 SOPN	1	PA

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NUTROPIN AQ NUSPIN 20 SOPN	1	PA	LUPRON DEPOT-PED (6-MONTH) IM	1	QL(1 ea per 180 day(s) retail; 1 ea per 180 days mail); PA
NUTROPIN AQ NUSPIN 5 SOPN	1	PA	SYNAREL	1	QL(40 ml per 28 day(s) retail; 40 ml per 28 days mail); AL(Up to 16 yrs old); PA
OMNITROPE SOCT	1	PA	TRIPTODUR	1	QL(1 ea per 168 day(s) retail; 1 ea per 168 days mail); AL(At least 2 yrs old - Up to 14 yrs old); PA
OMNITROPE SOLR SC	1	PA	Menopausal Symptoms Suppressants		
SAIZEN IJ 5 MG	1	PA	VEOZAH	1	QL(1 ea daily); AL(At least 18 yrs old); PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	1	PA	Metabolic Modifiers		
SKYTROFA	1	PA	<i>betaine</i>	1	
SOGROYA	1	PA	BRINEURA	1	PA
ZOMACTON SOLR SC	1	PA	BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	1	
Hormone Receptor Modulators			BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	1	
EVISTA (<i>Use raloxifene hcl</i>)	9		<i>calcitriol CAPS</i>	1	
EVISTA (<i>Use raloxifene hcl</i>)	1		<i>calcitriol SOLN OR</i>	1	
<i>raloxifene hcl</i>	1		CARBAGLU (<i>Use carglumic acid</i>)	1	PA
Insulin-Like Growth Factor Receptor Inhibitors			<i>carglumic acid</i>	1	PA
TEPEZZA	1	PA	CARNITOR SF SOLN OR (<i>Use levocarnitine (metabolic modifiers)</i>)	1	
Insulin-Like Growth Factors (Somatomedins)			CARNITOR SOLN OR 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	1	
INCRELEX	1	PA	CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	1	
LHRH/GnRH Agonist Analog Pituitary Suppressants					
FENSOLVI SC	1	QL(1 ea per 180 day(s) retail; 1 ea per 180 days mail); AL(At least 2 yrs old); PA			
LUPRON DEPOT-PED (1-MONTH)	1	PA			
LUPRON DEPOT-PED (1-MONTH)	1	PA			
LUPRON DEPOT-PED (3-MONTH)	1	PA			

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<i>cinacalcet hcl</i>	1		OLPRUVA THPK 3 GM, 4 GM, 5 GM, 6 GM, 6.67 GM	1	QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail); PA
CRYSVITA	1	AL(At least 1 yrs old); PA	OPFOLDA	1	AL(At least 18 yrs old); PA
CYSTADANE (<i>Use betaine</i>)	1		ORFADIN CAPS (<i>Use nitisinone</i>)	1	
<i>doxercalciferol CAPS</i>	1	PA	ORFADIN SUSP	1	
<i>doxercalciferol SOLN</i>	1		PALYNZIQ 10 MG/0.5ML	1	QL(7 ml per 28 day(s) retail; 7 ml per 28 days mail); PA
ELFABRIO	1	AL(At least 18 yrs old); PA	PALYNZIQ 20 MG/ML	1	QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail); PA
GALAFOLD	1	QL(14 ea per 28 day(s) retail; 14 ea per 28 days mail); PA	PALYNZIQ 2.5 MG/0.5ML	1	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
HECTOROL SOLN (<i>Use doxercalciferol</i>)	1		<i>paricalcitol CAPS</i>	1	QL(1 ea daily); AL(At least 10 yrs old); PA
HECTOROL SOLN (<i>Use doxercalciferol</i>)	9		<i>paricalcitol SOLN 5 MCG/ML</i>	1	AL(At least 10 yrs old); PA
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	9		<i>paricalcitol SOLN</i>	1	
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	1	PA	PARSABIV	1	PA
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	1	PA	PHEBURANE PLLT	1	PA
LAMZEDE	1	PA	POMBILITI	1	AL(At least 18 yrs old); PA
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1		RAVICTI	1	QL(525 ml per 30 day(s) retail; 525 ml per 30 days mail); PA
<i>levocarnitine (metabolic modifiers) TABS</i>	1		RAYALDEE	1	QL(1 ea daily); PA
LUMIZYME	1	PA	REVCOVI	1	PA
MEPSEVII	1	PA	ROCALTROL CAPS (<i>Use calcitriol</i>)	1	
MYALEPT	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA	ROCALTROL SOLN OR (<i>Use calcitriol</i>)	1	
NEXVIAZYME	1	PA	<i>sapropterin dihydrochloride PACK</i>	1	PA
<i>nitisinone CAPS</i>	1		<i>sapropterin dihydrochloride TABS</i>	1	PA
NITYR TABS	1				
NULIBRY	1	PA			

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SENSIPAR 60 MG (Use cinacalcet hcl)	9		desmopressin acetate spray	1	QL(5 ml per 25 day(s) retail; 5 ml per 25 days mail)
SENSIPAR 30 MG, 90 MG (Use cinacalcet hcl)	1		desmopressin acetate spray refrigerated 0.1 MG/ML	1	
sodium phenylbutyrate POWD	1		desmopressin acetate spray refrigerated 0.01 %	1	QL(5 ml per 25 day(s) retail; 5 ml per 25 days mail)
sodium phenylbutyrate TABS	1		desmopressin acetate SOLN IJ	1	
STRENSIQ	1	PA	desmopressin acetate TABS	1	
XENPOZYME	1	PA	NOCDURNA SUBL	1	QL(1 ea daily); PA
XPHOZAH	1	QL(2 ea daily); AL(At least 18 yrs old); PA	VASOPRESSIN/SODIUM CHLORIDE SOLN 0.9 %-20 UNIT/100ML, 0.9 %-40 UNIT/100ML	1	
ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol)	1	QL(1 ea daily); AL(At least 10 yrs old); PA	VASOSTRICT SOLN IV	1	
ZEMPLAR SOLN 5 MCG/ML (Use paricalcitol)	1	AL(At least 10 yrs old); PA	VASOSTRICT SOLN IV (Use vasopressin)	9	
ZEMPLAR SOLN 2 MCG/ML (Use paricalcitol)	9		Prolactin Inhibitors		
Mineralocorticoid Receptor Antagonists			cabergoline	1	
KERENDIA	1	QL(1 ea daily); AL(At least 18 yrs old); PA	Somatostatic Agents		
Natriuretic Peptides			LANREOTIDE ACETATE	1	QL(0.5 ml per 28 day(s) retail)
VOXZOGO	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 5 yrs old); PA	MYCAPSSA CPDR	1	QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); PA
Posterior Pituitary Hormones			octreotide acetate SOLN	1	
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	1		octreotide acetate SOLN	1	
DDAVP TABS 0.2 MG (Use desmopressin acetate)	1	QL(6 ea daily)	octreotide acetate SOSY	1	
DDAVP TABS 0.1 MG (Use desmopressin acetate)	1		SANDOSTATIN LAR DEPOT KIT 10 MG, 30 MG	1	QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail)
			SANDOSTATIN LAR DEPOT KIT 20 MG	1	QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail)

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SANDOSTATIN LAR DEPOT KIT 10 MG, 30 MG	1	QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail)	ANGELIQ	1	
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	1		BIJUVA	1	QL(1 ea daily); PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	9		CLIMARA PRO	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)
SIGNIFOR	1	QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail)	COMBIPATCH PTTW	1	QL(8 ea per 28 day(s) retail; 8 ea per 28 days mail)
SIGNIFOR LAR	1	PA	DUAVEE	1	QL(1 ea daily); PA
SOMATULINE DEPOT 90 MG/0.3ML	1	QL(0.3 ml per 28 day(s) retail)	<i>estradiol & norethindrone acetate TABS</i>	1	
SOMATULINE DEPOT 60 MG/0.2ML	1	QL(0.2 ml per 28 day(s) retail)	MYFEMBREE	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA
SOMATULINE DEPOT 120 MG/0.5ML	1	QL(0.5 ml per 28 day(s) retail)	<i>norethindrone acetate-ethinyl estradiol</i>	1	
Vasopressin Receptor Antagonists			ORIAHNN	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA
JYNARQUE TABS	1	QL(2 ea daily)	PREFEST	1	
JYNARQUE TBPK	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA	PREMPHASE	1	
SAMSCA TABS (<i>Use tolvaptan</i>)	1	QL(2 ea daily)	PREMPRO	1	
SAMSCA TABS (<i>Use tolvaptan</i>)	1	QL(2 ea daily)	Estrogens		
<i>tolvaptan TABS</i>	1	QL(2 ea daily)	CLIMARA PTWK (<i>Use estradiol</i>)	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)
VAPRISOL	1		CLIMARA PTWK (<i>Use estradiol</i>)	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)
ESTROGENS - Hormone Replacement/Modifying Drugs			CLIMARA PTWK (<i>Use estradiol</i>)	9	
Estrogen Combinations			DELESTROGEN (<i>Use estradiol valerate</i>)	1	
ACTIVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	1		DELESTROGEN (<i>Use estradiol valerate</i>)	1	
ANGELIQ	1		DEPO-ESTRADIOL	1	

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DIVIGEL GEL 1.25 MG/1.25GM (Use estradiol)	1	QL(37.5 gm per 30 day(s) retail; 38 gm per 30 days mail)	MENOSTAR PTWK	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)
DIVIGEL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM (Use estradiol)	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)	MINIVELLE PTTW (Use estradiol)	9	
DIVIGEL GEL 0.5 MG/0.5GM (Use estradiol)	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 1 yrs old)	MINIVELLE PTTW (Use estradiol)	1	QL(8 ea per 28 day(s) retail; 8 ea per 28 days mail)
DIVIGEL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM (Use estradiol)	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)	MINIVELLE PTTW (Use estradiol)	1	QL(8 ea per 28 day(s) retail; 8 ea per 28 days mail)
ELESTRIN GEL	1	QL(52 gm per 30 day(s) retail; 52 gm per 30 days mail); AL(Up to 65 yrs old)	PREMARIN SOLR	1	
ESTRACE TABS (Use estradiol)	1		PREMARIN TABS	1	
estradiol valerate	1		VIVELLE-DOT PTTW 0.1 MG/24HR (Use estradiol)	1	QL(8 ea per 28 day(s) retail; 8 ea per 28 days mail)
estradiol GEL 0.5 MG/0.5GM	1	AL(At least 1 yrs old)	VIVELLE-DOT PTTW (Use estradiol)	9	
estradiol GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	1		FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
estradiol PTTW	1		Fluoroquinolones		
estradiol PTWK	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)	BAXDELA SOLR	1	QL(2 ea daily); PA
estradiol TABS	1		BAXDELA TABS	1	QL(28 ea per 14 day(s) retail; 28 ea per 14 days mail); PA
EVAMIST SOLN	1	QL(8.1 ml per 55 day(s) retail; 8 ml per 55 days mail)	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG	1	
MENEST	1		ciprofloxacin hcl TABS 100 MG	1	PA
MENEST	1		ciprofloxacin in d5w	1	
			ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	1	AL(Up to 6 yrs old)
			CIPRO SUSR	1	AL(Up to 6 yrs old)
			CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	1	

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<i>levofloxacin in d5w</i>	1	
<i>levofloxacin SOLN OR</i>	1	AL(Up to 6 yrs old)
<i>levofloxacin TABS 250 MG, 500 MG</i>	1	
<i>levofloxacin TABS 750 MG</i>	1	QL(1 ea daily)
<i>moxifloxacin hcl in sodium chloride</i>	1	
<i>moxifloxacin hcl TABS</i>	1	QL(21 ea per 20 day(s) retail; 21 ea per 20 days mail)
MOXIFLOXACIN HYDROCHLORIDE SOLN 400 MG/250ML	1	
<i>ofloxacin 300 MG, 400 MG</i>	1	QL(2 ea daily); PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY	1	QL(1 ea daily); PA
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	1	QL(1 ea daily); AL(At least 18 yrs old); PA
Bile Acid Synthesis Disorder Agents		
CHOLBAM	1	QL(4 ea daily); PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	1	QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	1	
RELTONE CAPS	1	PA
URSO 250 TABS (<i>Use ursodiol</i>)	1	
URSO FORTE TABS (<i>Use ursodiol</i>)	1	
<i>ursodiol CAPS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol TABS</i>	1	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis)</i>	1	
GASTROCROM (<i>Use cromolyn sodium (mastocytosis)</i>)	1	
GASTROCROM (<i>Use cromolyn sodium (mastocytosis)</i>)	9	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>Use lubiprostone</i>)	9	
AMITIZA (<i>Use lubiprostone</i>)	1	QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); PA
<i>lubiprostone</i>	1	PA
<i>lubiprostone</i>	1	QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); PA
Gastrointestinal Stimulants		
GIMOTI SOLN NA	1	QL(9.8 ml per 28 day(s) retail; 10 ml per 28 days mail); AL(At least 18 yrs old - Up to 65 yrs old); PA
METOCLOPRAMIDE HCL MONOHYDRATE	1	
METOCLOPRAMIDE HCL POWD	1	
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	1	
<i>metoclopramide hcl TABS</i>	1	
METOCLOPRAMIDE HYDROCHLORIDE POWD	1	
REGLAN TABS (<i>Use metoclopramide hcl</i>)	1	
Ileal Bile Acid Transporter (IBAT) Inhibitors		

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BYLVAY (PELLETS) CPSP	1	PA	INFLECTRA SOLR	2	
BYLVAY CAPS	1	PA	INFLIXIMAB	1	PA
LIVMARLI	1	QL(90 ml per 30 day(s) retail; 90 ml per 30 days mail); PA	LIALDA TBEC (Use mesalamine)	1	QL(4 ea daily)
Inflammatory Bowel Agents			LIALDA TBEC (Use mesalamine)	9	
APRISO CP24 (Use mesalamine)	1	QL(4 ea daily)	mesalamine w/ cleanser	1	PA
ASACOL HD TBEC (Use mesalamine)	9		mesalamine CP24	1	QL(4 ea daily)
AVSOLA	1	PA	mesalamine CPCR	1	QL(8 ea daily); PA
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	1		mesalamine CPDR	1	QL(6 ea daily)
AZULFIDINE TABS (Use sulfasalazine)	1		mesalamine ENEM	1	
AZULFIDINE TABS (Use sulfasalazine)	9		mesalamine SUPP	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)
balsalazide disodium CAPS	1	QL(9 ea daily); AL(At least 5 yrs old)	mesalamine TBEC 1.2 GM	1	
CANASA SUPP (Use mesalamine)	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)	mesalamine TBEC 1.2 GM	1	QL(4 ea daily)
CIMZIA STARTER KIT PSKT	1	QL(3 ea per 42 day(s) retail; 3 ea per 42 days mail); PA	mesalamine TBEC 800 MG	1	QL(6 ea daily); PA
CIMZIA KIT	1	QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); PA	OMVOH SOAJ	1	PA
CIMZIA PSKT	1	QL(3 ea per 42 day(s) retail; 3 ea per 42 days mail); PA	OMVOH SOLN	1	PA
COLAZAL CAPS (Use balsalazide disodium)	1	QL(9 ea daily); AL(At least 5 yrs old)	PENTASA CPCR 250 MG	1	QL(16 ea daily)
DELZICOL CPDR (Use mesalamine)	1	QL(6 ea daily)	PENTASA CPCR (Use mesalamine)	1	QL(8 ea daily)
DIPENTUM	1	QL(4 ea daily)	REMICADE	1	PA
ENTYVIO SOPN	1	PA	RENFLEXIS	1	PA
			ROWASA (Use mesalamine w/ cleanser)	1	PA
			SFROWASA ENEM	1	QL(1800 ml per 30 day(s) retail; 1800 ml per 30 days mail)
			SKYRIZI SOCT 180 MG/1.2ML	1	QL(1.2 ml per 55 day(s) retail; 1 ml per 55 days mail); PA
			SKYRIZI SOCT 360 MG/2.4ML	1	QL(2.4 ml per 55 day(s) retail; 2 ml per 55 days mail); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOLN	1	PA	RELISTOR SOLN 12 MG/0.6ML	1	QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail); AL(At least 18 yrs old); PA
STELARA 130 MG/26ML	1	PA			
SULFASALAZINE POWD	1		RELISTOR SOLN 8 MG/0.4ML	1	QL(12 ml per 30 day(s) retail; 12 ml per 30 days mail); AL(At least 18 yrs old); PA
<i>sulfasalazine TABS</i>	1				
<i>sulfasalazine TBEC</i>	1		RELISTOR TABS	1	QL(3 ea daily); AL(At least 18 yrs old); PA
VELSIPTY	1	QL(1 ea daily); PA	SYMPROIC	1	QL(1 ea daily); AL(At least 18 yrs old); PA
ZYMFENTRA 1-PEN AJKT	1	PA	Phosphate Binder Agents		
ZYMFENTRA 2-PEN AJKT	1	PA	AURYXIA	1	QL(360 ea per 30 day(s) retail; 360 ea per 30 days mail); AL(At least 19 yrs old); PA
ZYMFENTRA 2-SYRINGE PSKT	1	PA			
Intestinal Acidifiers			<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>lactulose (encephalopathy)</i>	1		<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>lactulose (encephalopathy)</i>	1		FOSRENOL CHEW (Use lanthanum carbonate)	1	
Irritable Bowel Syndrome (IBS) Agents			FOSRENOL CHEW (Use lanthanum carbonate)	1	
<i>alose tron hcl</i>	1	QL(2 ea daily)	FOSRENOL CHEW (Use lanthanum carbonate)	9	
IBSRELA	1	QL(2 ea daily); AL(At least 18 yrs old); PA	FOSRENOL PACK	1	
LINZESS	1	QL(1 ea daily); AL(At least 6 yrs old); PA	<i>lanthanum carbonate CHEW</i>	1	PA
LOTRONEX (Use alosetron hcl)	1	QL(2 ea daily)	RENAGEL (Use sevelamer hcl)	9	
VIBERZI	1	QL(2 ea daily); AL(At least 18 yrs old); PA	RENVELA PACK (Use sevelamer carbonate)	1	
Live Fecal Microbiota			RENVELA PACK (Use sevelamer carbonate)	9	
VOWST	1	QL(4 ea daily); AL(At least 18 yrs old); PA	Peripheral Opioid Receptor Antagonists		
Peripheral Opioid Receptor Antagonists			MOVANTIK	1	QL(1 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits
RENVELA TABS (Use sevelamer carbonate)	1	
sevelamer carbonate PACK	1	
sevelamer carbonate TABS	1	
sevelamer hcl	1	PA
VELPHORO	2	
Short Bowel Syndrome (SBS) Agents		
GATTEX	1	QL(1 ea per fill retail); PA
GENERAL ANESTHETICS		
Anesthetics - Misc.		
AMIDATE (Use etomidate)	9	
AMIDATE (Use etomidate)	1	
DIPRIVAN EMUL (Use propofol)	9	
DIPRIVAN EMUL	1	
DIPRIVAN EMUL (Use propofol)	1	
etomidate	1	
propofol EMUL 200 MG/20ML, 500 MG/50ML, 1000 MG/100ML	1	
Barbiturate Anesthetics		
BREVITAL SODIUM SOLR 500 MG	1	
Volatile Anesthetics		
desflurane	1	
FORANE (Use isoflurane)	1	
isoflurane	1	
sevoflurane	1	
SUPRANE (Use desflurane)	1	
SUPRANE (Use desflurane)	9	

Drug Name	Drug Tier	Requirements/Limits
ULTANE (Use sevoflurane)	1	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	1	
Alkalinizers		
ORACIT	1	
ORAL CITRATE	1	
potassium citrate (alkalinizer) TBCR 15 MEQ, 540 MG, 1080 MG, 1620 MG	1	
potassium citrate-citric acid SOLN	1	PA; RX/OTC
potassium citrate-citric acid SOLN	1	PA; RX/OTC
sodium citrate & citric acid	1	RX/OTC
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	1	
UROCIT-K 15 TBCR (Use potassium citrate (alkalinizer))	1	
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	1	
Cystinosis Agents		
CYSTAGON CAPS	1	
PROCYSBI CPDR	1	PA
PROCYSBI PACK	1	PA
Genitourinary Irrigants		
acetic acid 0.25 %	1	
glycine (gu irrigant) SOLN 1.5 %	1	
sodium chloride (gu irrigant) 0.9 %	1	
SORBITOL 3 %	1	

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Drug Name	Drug Tier	Requirements/Limits
SORBITOL/MANNITOL IRRIGATION	1	
Hyperoxaluria Agents		
OXLUMO	1	PA
RIVFLOZA SOLN	1	AL(At least 9 yrs old - Up to 11 yrs old); PA
RIVFLOZA SOSY	1	AL(At least 9 yrs old); PA
IgA Nephropathy (IgAN) Agents		
FILSPARI	1	QL(1 ea daily); AL(At least 18 yrs old); PA
Interstitial Cystitis Agents		
ELMIRON CAPS	1	
RIMSO-50	1	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily); MP
AVODART (Use <i>dutasteride</i>)	1	QL(1 ea daily); MP
AVODART (Use <i>dutasteride</i>)	9	MP
CARDURA XL	2	ST
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	2	ST
ENTADFI	1	QL(1 ea daily); PA
<i>finasteride</i>	1	QL(1 ea daily); MP
FLOMAX (Use <i>tamsulosin hcl</i>)	1	QL(2 ea daily); MP
JALYN (Use <i>dutasteride-tamsulosin hcl</i>)	9	ST
PROSCAR (Use <i>finasteride</i>)	1	QL(1 ea daily); MP
RAPAFLO (Use <i>silodosin</i>)	2	ST
RAPAFLO 8 MG (Use <i>silodosin</i>)	9	ST

Drug Name	Drug Tier	Requirements/Limits
RAPAFLO (Use <i>silodosin</i>)	2	ST
<i>silodosin</i>	2	ST
<i>tamsulosin hcl</i>	1	QL(2 ea daily); MP
UROXATRAL (Use <i>alfuzosin hcl</i>)	9	MP
Urinary Stone Agents		
LITHOSTAT	1	
THIOLA EC TBEC (Use <i>tiopronin</i>)	1	
THIOLA TABS (Use <i>tiopronin</i>)	1	QL(3 ea daily)
<i>tiopronin TABS</i>	1	QL(3 ea daily); PA
<i>tiopronin TBEC</i>	1	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol</i>	1	
ALLOPURINOL	1	PA
<i>colchicine CAPS</i>	1	QL(2 ea daily)
<i>colchicine TABS</i>	1	QL(2 ea daily)
COLCRYS TABS (Use <i>colchicine</i>)	1	QL(2 ea daily)
<i>febuxostat</i>	1	QL(1 ea daily); PA
GLOPERBA SOLN OR	1	QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail)
MITIGARE CAPS (Use <i>colchicine</i>)	1	QL(2 ea daily)
ULORIC (Use <i>febuxostat</i>)	1	QL(1 ea daily); PA
ULORIC (Use <i>febuxostat</i>)	1	QL(1 ea daily); PA
ZYLOPRIM (Use <i>allopurinol</i>)	9	
Uricosurics		

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Drug Name	Drug Tier	Requirements/Limits
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Aminolevulinic Synthase 1-Directed siRNA		
GIVLAARI	1	PA
Antihemophilic Products		
ADVATE	1	
ADYNOVATE	1	PA
AFSTYLA	1	PA
AFSTYLA	1	PA
ALPHANATE SOLR	1	
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	1	
ALPROLIX	1	PA
ALTUVIIIIO	1	PA
BENEFIX KIT	1	
COAGADEX	1	PA
CORIFACT	1	PA
ELOCTATE	1	PA
ELOCTATE	1	PA
ESPEROCT	1	PA
FEIBA	1	PA
FEIBA	1	PA
FIBRYGA	1	
HEMGENIX	1	AL(At least 19 yrs old); PA
HEMLIBRA	1	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	1	
HUMATE-P SOLR	1	
IDELVION	1	PA
IXINITY SOLR	1	
JIVI	1	PA
KCENTRA	1	
KOATE SOLR	1	

Drug Name	Drug Tier	Requirements/Limits
KOGENATE FS KIT	1	
KOVALTRY	1	
NOVOEIGHT	1	
NOVOEIGHT	1	
NOVOSEVEN RT	1	PA
NUWIQ KIT	1	
NUWIQ KIT	1	
OBIZUR	1	PA
PROFILNINE	1	
REBINYN	1	PA
RECOMBINATE SOLR	1	
RIASTAP	1	
RIXUBIS SOLR	1	
ROCTAVIAN	1	AL(At least 18 yrs old); PA
SEVENFACT	1	PA
TRETTEN	1	PA
VONVENDI	1	
WILATE KIT	1	
XYNTHA	1	
XYNTHA SOLOFUSE	1	
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (<i>Use icatibant acetate</i>)	1	PA
<i>icatibant acetate SOLN</i>	1	PA
<i>icatibant acetate SOSY</i>	1	PA
Complement Inhibitors		
BERINERT KIT	1	PA
CINRYZE SOLR IV	1	QL(16 ea per 28 day(s) retail; 16 ea per 28 days mail); PA
EMPAVELI	1	QL(160 ml per 28 day(s) retail; 160 ml per 28 days mail); AL(At least 18 yrs old); PA
ENJAYMO	1	AL(At least 18 yrs old); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FABHALTA	1	QL(2 ea daily); AL(At least 18 yrs old); PA	TAKHZYRO SOLN	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); AL(At least 12 yrs old); PA
HAEGARDA SOLR SC	1	PA	TAKHZYRO SOSY 300 MG/2ML	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); AL(At least 12 yrs old); PA
RUCONEST	1	QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); PA	TAKHZYRO SOSY 150 MG/ML	1	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); AL(At least 2 yrs old - Up to 11 yrs old); PA
TAVNEOS	1	QL(6 ea daily); AL(At least 18 yrs old); PA	Plasma Proteins		
ULTOMIRIS	1	PA	ALBUKED 25	1	
VEOPOZ	1	AL(At least 1 yrs old); PA	ALBUKED 5	1	
ZILBRYSQ	1	AL(At least 18 yrs old); PA	ALBUMIN HUMAN	1	
Hemataologic - Tyrosine Kinase Inhibitors			ALBUMINEX	1	
TAVALISSE	1	QL(2 ea daily); PA	ALBURX	1	
Hematological Enzymes - Misc			ALBUTEIN	1	
ADZYNMA	1	PA	FLEXBUMIN	1	
Hematorheologic Agents			KEDBUMIN	1	
<i>pentoxifylline</i>	1		OCTAPLAS BLOOD GROUP A	1	
Human Protein C			OCTAPLAS BLOOD GROUP B	1	
CEPROTIN	1		RYPLAZIM	1	PA
Plasma Expanders			THROMBATE III	1	
<i>dextran 40 in d5w</i>	1		Platelet Aggregation Inhibitors		
<i>dextran 40 in saline</i>	1		AGGRASTAT 3.75 MG/15ML	1	
HESPAN (<i>Use hetastarch (hes /0.7 or /0.75) in sodium chloride</i>)	1		AGGRASTAT (<i>Use tirofiban hcl in sodium chloride</i>)	1	
<i>hetastarch (hes /0.7 or /0.75) in sodium chloride</i>	1		AGRYLIN 0.5 MG (<i>Use anagrelide hcl</i>)	1	
HEXTEND	1		<i>anagrelide hcl</i>	1	
Plasma Kallikrein Inhibitors					
ORLADEYO	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 12 yrs old); PA			

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Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	QL(2 ea daily); AL(At least 18 yrs old); PA
BRILINTA 60 MG	1	QL(2 ea daily)
BRILINTA 90 MG	1	QL(61 ea per 30 day(s) retail; 61 ea per 30 days mail)
CABLIVI	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	QL(1 ea daily); MP
<i>dipyridamole</i>	1	QL(4 ea daily); MP
<i>dipyridamole</i>	1	QL(4 ea daily); MP
EFFIENT (<i>Use prasugrel hcl</i>)	9	QL(35 ea per 30 day(s) retail; 35 ea per 30 days mail)
EFFIENT (<i>Use prasugrel hcl</i>)	1	QL(35 ea per 30 day(s) retail; 35 ea per 30 days mail)
<i>eptifibatide</i>	1	
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	9	MP
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	1	QL(1 ea daily); MP
<i>prasugrel hcl</i>	1	QL(35 ea per 30 day(s) retail; 35 ea per 30 days mail)
<i>tirofiban hcl in sodium chloride</i>	1	
Protamine		
<i>protamine sulfate</i>	1	
Pyruvate Kinase Activators		

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TAPER PACK TBPK	1	QL(7 ea per fill retail); AL(At least 18 yrs old); PA
PYRUKYND TAPER PACK TBPK	1	QL(14 ea per 14 day(s) retail; 14 ea per 14 days mail); AL(At least 18 yrs old); PA
PYRUKYND TABS	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 18 yrs old); PA
Thrombolytic Enzymes		
ACTIVASE IV	1	
CATHFLO ACTIVASE IJ	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA
ELELYSO	1	PA
<i>miglustat</i>	1	QL(3 ea daily); PA
VPRIV	1	PA
ZAVESCA (<i>Use miglustat</i>)	9	
ZAVESCA (<i>Use miglustat</i>)	1	QL(3 ea daily); PA
Agents for Sickle Cell Disease		
ADAKVEO	1	PA
DROXIA CAPS	1	
ENDARI	1	AL(At least 5 yrs old); PA
OXBRYTA TABS 500 MG	1	QL(3 ea daily); PA

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OXBRYTA TABS 300 MG	1	QL(3 ea daily); AL(At least 4 yrs old - Up to 11 yrs old); PA	ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 200 MCG/0.4ML	1	QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
OXBRYTA TBSO	1	QL(150 ea per 30 day(s) retail; 150 ea per 30 days mail); AL(At least 4 yrs old - Up to 11 yrs old); PA	ARANESP ALBUMIN FREE SOSY 25 MCG/0.42ML	1	QL(1.68 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
SIKLOS TABS	1	AL(At least 2 yrs old); PA	ARANESP ALBUMIN FREE SOSY 60 MCG/0.3ML, 150 MCG/0.3ML	1	QL(1.2 ml per 28 day(s) retail; 1 ml per 28 days mail); PA
Cobalamins			ARANESP ALBUMIN FREE SOSY 100 MCG/0.5ML	1	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	AL(Up to 20 yrs old)	DOPTELET	1	PA
<i>hydroxocobalamin acetate SOLN</i>	1	AL(Up to 20 yrs old)	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	PA
Folic Acid/Folates			EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	PA
<i>folic acid SOLN</i>	1		FULPHILA	1	
<i>folic acid TABS 1 MG</i>	1	RX/OTC	FYLNETRA	1	QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail)
Hematopoietic Growth Factors			GRANIX SOLN 300 MCG/ML	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail)
ALVAIZ	1	AL(At least 6 yrs old); PA	GRANIX SOLN 480 MCG/1.6ML	1	QL(48 ml per 30 day(s) retail; 48 ml per 30 days mail)
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA	GRANIX SOSY 480 MCG/0.8ML	1	QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail)
ARANESP ALBUMIN FREE SOSY 500 MCG/ML	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA	GRANIX SOSY 300 MCG/0.5ML	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)
ARANESP ALBUMIN FREE SOSY 300 MCG/0.6ML	1	QL(2.4 ml per 28 day(s) retail; 2 ml per 28 days mail); PA			
ARANESP ALBUMIN FREE SOSY 60 MCG/0.3ML, 150 MCG/0.3ML	1	QL(1.2 ml per 28 day(s) retail; 1 ml per 28 days mail); PA			

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JESDUVROQ 8 MG	1	QL(3 ea daily); AL(At least 18 yrs old); PA	NPLATE 125 MCG, 500 MCG	1	
JESDUVROQ 6 MG	1	QL(2 ea daily); AL(At least 18 yrs old); PA	NYVEPRIA	1	QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail); PA
JESDUVROQ 1 MG, 2 MG, 4 MG	1	QL(1 ea daily); AL(At least 18 yrs old); PA	PROCRIT	1	PA
LEUKINE SOLR IJ	1		PROCRIT	1	PA
MULPLETA	1	QL(7 ea per fill retail); PA	PROCRIT	1	PA
NEULASTA SOSY	1	QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail); PA	PROMACTA PACK	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)
NEUPOGEN SOLN 300 MCG/ML	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail)	PROMACTA TABS	1	QL(1 ea daily)
NEUPOGEN SOLN 480 MCG/1.6ML	1	QL(48 ml per 30 day(s) retail; 48 ml per 30 days mail)	REBLOZYL	1	PA
NEUPOGEN SOSY 480 MCG/0.8ML	1	QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail)	RELEUKO SOLN 300 MCG/ML	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); PA
NEUPOGEN SOSY 300 MCG/0.5ML	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)	RELEUKO SOLN 480 MCG/1.6ML	1	QL(48 ml per 30 day(s) retail; 48 ml per 30 days mail); PA
NIVESTYM SOLN 480 MCG/1.6ML	1	QL(48 ml per 30 day(s) retail; 48 ml per 30 days mail); PA	RELEUKO SOSY 300 MCG/0.5ML	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail); PA
NIVESTYM SOLN 300 MCG/ML	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); PA	RELEUKO SOSY 480 MCG/0.8ML	1	QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail); PA
NIVESTYM SOSY 300 MCG/0.5ML	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail); PA	RETACRIT	1	PA
NIVESTYM SOSY 480 MCG/0.8ML	1	QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail); PA	ROLVEDON	1	QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail); PA
			STIMUFEND	1	QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail); PA
			UDENYCA SOAJ	1	QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail); PA

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UDENYCA SOSY	1	QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail); PA	LYSTEDA TABS (<i>Use tranexamic acid</i>)	9	
ZARXIO 300 MCG/0.5ML	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)	TRANEXAMIC ACID/SODIUM CHLORIDE (<i>Use tranexamic acid-sodium chloride</i>)	1	
ZARXIO 480 MCG/0.8ML	1	QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail)	<i>tranexamic acid-sodium chloride</i>	1	
ZIEXTENZO	1	QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail)	<i>tranexamic acid SOLN 1000 MG/10ML</i>	1	
Iron			<i>tranexamic acid TABS</i>	1	
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	9		Hemostatics - Topical		
<i>ferrous sulfate SOLN 15 MG/ML</i>	1	AL(Up to 2 yrs old); PA	ARTISS KIT	1	
Stem Cell Mobilizers			ARTISS SOLN	1	
APHEXDA	1	PA	THROMBIN-JMI DILUENT SOLR	1	
MOZOBIL (<i>Use plerixafor</i>)	1	QL(1.2 ml daily); PA	THROMBIN-JMI EPISTAXIS KIT	1	
<i>plerixafor</i>	1	QL(1.2 ml daily); PA	THROMBIN-JMI SYRINGE SPRAY KIT KIT	1	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			THROMBIN-JMI W/DIL SPRAYPUMP ACTUATOR KIT	1	
Hemostatics - Systemic			HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
AMICAR SOLN OR (<i>Use aminocaproic acid</i>)	9		Barbiturate Hypnotics		
AMICAR TABS (<i>Use aminocaproic acid</i>)	9		AMYTAL SODIUM	1	AL(At least 19 yrs old)
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1		NEMBUTAL SODIUM SOLN (<i>Use pentobarbital sodium</i>)	9	
<i>aminocaproic acid TABS</i>	1		<i>pentobarbital sodium SOLN</i>	1	AL(At least 19 yrs old)
CYKLOKAPRON SOLN (<i>Use tranexamic acid</i>)	9		<i>phenobarbital sodium SOLN</i>	1	
CYKLOKAPRON SOLN (<i>Use tranexamic acid</i>)	1		<i>phenobarbital ELIX</i>	1	
			<i>phenobarbital TABS</i>	1	
			Hypnotics - Tricyclic Agents		

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<i>doxepin hcl (sleep)</i>	1	QL(1 ea daily); AL(At least 19 yrs old); PA	LUNESTA (<i>Use eszopiclone</i>)	1	QL(1 ea daily); AL(At least 19 yrs old)
SILENOR (<i>Use doxepin hcl (sleep)</i>)	9	QL(1 ea daily)	<i>midazolam hcl SOLN IJ</i>	1	
Non-Barbiturate Hypnotics			<i>midazolam hcl SOLN IJ</i>	1	
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	2	QL(1 ea daily); AL(At least 19 yrs old)	<i>midazolam hcl SYRP</i>	1	
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	1	QL(1 ea daily); AL(At least 19 yrs old)	<i>midazolam hcl SYRP</i>	1	
<i>dexmedetomidine hcl in sodium chloride SOLN 0.9 %-80 MCG/20ML</i>	1		MIDAZOLAM/SODIUM CHLORIDE (<i>Use midazolam-sodium chloride</i>)	9	
<i>dexmedetomidine hcl SOLN</i>	1		MIDAZOLAM/SODIUM CHLORIDE	1	
DEXMEDETOMIDINE HCL SOLN	1		MIDAZOLAM/SODIUM CHLORIDE (<i>Use midazolam-sodium chloride</i>)	1	
DEXMEDETOMIDINE HYDROCHLORIDE/DEXTROSE MONOHYDRATE	1		<i>midazolam-sodium chloride</i>	1	
DORAL (<i>Use quazepam</i>)	1	QL(1 ea daily); AL(At least 19 yrs old); PA	PRECEDEX SOLN (<i>Use dexmedetomidine hcl in sodium chloride</i>)	1	
DORAL (<i>Use quazepam</i>)	9		PRECEDEX SOLN	1	
EDLUAR SUBL	1	QL(1 ea daily); AL(At least 19 yrs old); PA	PRECEDEX SOLN (<i>Use dexmedetomidine hcl in sodium chloride</i>)	9	
<i>estazolam</i>	1	QL(1 ea daily); AL(At least 19 yrs old)	<i>quazepam</i>	1	QL(1 ea daily); AL(At least 19 yrs old); PA
<i>eszopiclone</i>	1	QL(1 ea daily); AL(At least 19 yrs old)	RESTORIL 15 MG, 30 MG (<i>Use temazepam</i>)	1	QL(1 ea daily); AL(At least 19 yrs old)
<i>flurazepam hcl</i>	1	QL(1 ea daily); AL(At least 19 yrs old)	RESTORIL 15 MG, 30 MG (<i>Use temazepam</i>)	1	QL(1 ea daily); AL(At least 19 yrs old)
HALCION 0.25 MG (<i>Use triazolam</i>)	9		RESTORIL 7.5 MG, 22.5 MG (<i>Use temazepam</i>)	1	QL(1 ea daily); AL(At least 19 yrs old); PA
HALCION 0.25 MG (<i>Use triazolam</i>)	1	QL(1 ea daily); AL(At least 19 yrs old)	<i>temazepam 15 MG, 30 MG</i>	1	QL(1 ea daily); AL(At least 19 yrs old)
LUNESTA (<i>Use eszopiclone</i>)	9		<i>temazepam 7.5 MG, 22.5 MG</i>	1	QL(1 ea daily); AL(At least 19 yrs old); PA

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<i>triazolam</i>	1	QL(1 ea daily); AL(At least 19 yrs old)	CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	1	QL(350 ml per fill retail); PA
<i>zaleplon</i>	1	QL(2 ea daily); AL(At least 19 yrs old)	GOLYTELY SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfite</i>)	1	QL(4000 ml per fill retail)
ZOLPIDEM TARTRATE CAPS	1	QL(1 ea daily); AL(At least 19 yrs old); PA	MOVIPREP (<i>Use peg 3350-kcl-nacl-na sulfite-na ascorbate-ascorbic acid</i>)	9	
<i>zolpidem tartrate SUBL</i>	1	QL(1 ea daily); AL(At least 19 yrs old); PA	MOVIPREP (<i>Use peg 3350-kcl-nacl-na sulfite-na ascorbate-ascorbic acid</i>)	1	QL(1 ea per fill retail)
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily); AL(At least 19 yrs old)	NULYTELY (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	1	QL(4000 ml per fill retail)
<i>zolpidem tartrate TBCR</i>	2	AL(At least 19 yrs old)	<i>peg 3350-kcl-nacl-na sulfite-na ascorbate-ascorbic acid</i>	1	QL(1 ea per fill retail)
Orexin Receptor Antagonists			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfite SOLR 6.72 GM-2.98 GM-5.84 GM-22.72 GM-240 GM</i>		
BELSOMRA	3	QL(1 ea daily); AL(At least 19 yrs old)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfite SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	1	QL(4000 ml per fill retail)
DAYVIGO	3	QL(1 ea daily); AL(At least 19 yrs old)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ml per fill retail)
QUVIVIQ	1	QL(1 ea daily); AL(At least 19 yrs old); PA	PLENVU	1	QL(3 ea per fill retail); PA
Selective Melatonin Receptor Agonists			<i>sodium sulfite-potassium sulfite-magnesium sulfite</i>	1	PA
HETLIOZ LQ SUSP	1	AL(At least 3 yrs old - Up to 15 yrs old); PA	SUFLAVE	1	QL(2 ea per fill retail); PA
HETLIOZ CAPS (<i>Use tasimelteon</i>)	1	QL(1 ea daily); AL(At least 19 yrs old); PA	SUPREP BOWEL PREP KIT (<i>Use sodium sulfite-potassium sulfite-magnesium sulfite</i>)	1	QL(354 ml per fill retail); PA
<i>ramelteon</i>	1	QL(1 ea daily); AL(At least 19 yrs old); PA			
ROZEREM (<i>Use ramelteon</i>)	1	QL(1 ea daily); AL(At least 19 yrs old)			
<i>tasimelteon CAPS</i>	1	QL(1 ea daily); AL(At least 19 yrs old); PA			
LAXATIVES - Bowel Treatment Drugs					
Laxative Combinations					

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SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate-magnesium sulfate)	9	
SUTAB	1	QL(24 ea per fill retail); PA
Laxatives - Miscellaneous		
KRISTALOSE PACK	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA
KRISTALOSE PACK	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA
<i>lactulose SOLN</i>	1	
<i>lactulose SOLN</i>	1	
MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350)	9	
MIRALAX PACK (Use polyethylene glycol 3350)	9	
MIRALAX POWD (Use polyethylene glycol 3350)	9	
<i>polyethylene glycol 3350 PACK</i>	1	AL(Up to 20 yrs old)
<i>polyethylene glycol 3350 POWD</i>	1	QL(1581 gm per 30 day(s) retail; 1581 gm per 30 days mail); AL(Up to 20 yrs old)
<i>polyethylene glycol 3350 POWD</i>	1	AL(Up to 20 yrs old)
Stimulant Laxatives		
FLEET BISACODYL ENEM	1	AL(Up to 20 yrs old); PA
Surfactant Laxatives		
<i>benzocaine-docusate sodium ENEM</i>	1	AL(Up to 20 yrs old); PA
<i>docusate sodium ENEM 283 MG/5ML</i>	1	QL(150 ml per 30 day(s) retail); AL(Up to 20 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetic Combinations		
<i>bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 %</i>	1	
<i>lidocaine w/ epinephrine SOLN 1 :100000-1 %, 1 :100000-2 %, 1 :200000-0.5 %, 1 :200000-1.5 %, 1 :200000-2 %</i>	1	
<i>lidocaine w/ epinephrine SOLN 1 :100000-1 %, 1 :100000-2 %, 1 :200000-0.5 %, 1 :200000-1.5 %, 1 :200000-2 %</i>	1	
MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % (Use <i>bupivacaine w/ epinephrine</i>)	9	
MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % (Use <i>bupivacaine w/ epinephrine</i>)	1	
SENSORCAINE-MPF/EPINEPHRINE SOLN	1	
XYLOCAINE/EPINEPHRINE SOLN (Use <i>lidocaine w/ epinephrine</i>)	1	
XYLOCAINE/EPINEPHRINE SOLN (Use <i>lidocaine w/ epinephrine</i>)	9	
XYLOCAINE-MPF/EPINEPHRINE SOLN	1	
XYLOCAINE-MPF/EPINEPHRINE SOLN (Use <i>lidocaine w/ epinephrine</i>)	1	

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XYLOCAINE-MPF/EPINEPHRINE SOLN (Use lidocaine w/ epinephrine)	9		XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % (Use lidocaine hcl (local anesth.))	9	
Local Anesthetics - Amides			XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % (Use lidocaine hcl (local anesth.))	1	
BUPIVACAINE FISIOPHARMA SOLN IJ	1		XYLOCAINE SOLN 0.5 %, 1 %, 2 % (Use lidocaine hcl (local anesth.))	9	
bupivacaine hcl SOLN IJ	1		XYLOCAINE SOLN 1 %, 2 % (Use lidocaine hcl (local anesth.))	1	
bupivacaine hcl SOLN IJ	1		Local Anesthetics - Esters		
bupivacaine in dextrose SOLN	1		chloroprocaine hcl IJ	1	
lidocaine hcl (local anesth.) SOLN	1		CLOROTEKAL IT	1	
MARCAINE SPINAL SOLN (Use bupivacaine in dextrose)	1		NESACAINE IJ	1	
MARCAINE SPINAL SOLN (Use bupivacaine in dextrose)	9		NESACAINE-MPF IJ (Use chloroprocaine hcl)	9	
MARCAINE SOLN IJ (Use bupivacaine hcl)	1		NESACAINE-MPF IJ (Use chloroprocaine hcl)	1	
MARCAINE SOLN IJ (Use bupivacaine hcl)	1		MACROLIDES - Drugs to Treat Bacterial Infections		
MARCAINE SOLN IJ (Use bupivacaine hcl)	9		Azithromycin		
mepivacaine hcl SOLN 1 %, 1.5 %, 2 %	1		azithromycin PACK	1	
NAROPIN SOLN IJ (Use ropivacaine hcl)	1		azithromycin SOLR	1	
NAROPIN SOLN IJ 2 MG/ML, 5 MG/ML, 10 MG/ML (Use ropivacaine hcl)	9		azithromycin SUSR 100 MG/5ML	1	QL(45 ml per fill retail)
NAROPIN SOLN IJ 2 MG/ML, 5 MG/ML, 10 MG/ML (Use ropivacaine hcl)	9		azithromycin SUSR 200 MG/5ML	1	QL(12 ml daily)
ropivacaine hcl SOLN IJ	1		azithromycin TABS	1	
ropivacaine hcl SOLN IJ	1		ZITHROMAX TRI-PAK TABS (Use azithromycin)	1	
ropivacaine hcl SOLN IJ	1		ZITHROMAX Z-PAK TABS (Use azithromycin)	1	
			ZITHROMAX PACK (Use azithromycin)	1	
			ZITHROMAX SOLR (Use azithromycin)	9	
			ZITHROMAX SOLR (Use azithromycin)	1	

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ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	1	QL(12 ml daily)	<i>erythromycin ethylsuccinate SUSR</i>	1	
ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	1	QL(45 ml per fill retail)	<i>erythromycin ethylsuccinate SUSR</i>	1	
ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)	1		<i>erythromycin ethylsuccinate TABS</i>	1	
ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)	1		<i>erythromycin lactobionate 500 MG</i>	1	
ZITHROMAX TABS 500 MG (Use azithromycin)	9		<i>erythromycin stearate TABS 250 MG</i>	1	
Clarithromycin			Fidaxomicin		
<i>clarithromycin SUSR</i>	1		DIFICID SUSR	1	QL(136 ml per 12 day(s) retail; 136 ml per 12 days mail)
<i>clarithromycin TABS</i>	1		DIFICID TABS	1	QL(20 ea per 10 day(s) retail; 20 ea per 10 days mail)
<i>clarithromycin TB24</i>	1	QL(28 ea per 14 day(s) retail; 28 ea per 14 days mail)	MEDICAL DEVICES AND SUPPLIES		
Erythromycins			Contraceptives		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	1		CAYA DPRH	1	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	1		FANTASY LUBRICATED/SPERMICI DE MISC	1	
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i>)	1		FANTASY LUBRICATED MISC	1	
ERYTHROCIN LACTOBIONATE (Use <i>erythromycin lactobionate</i>)	9		FC2 FEMALE CONDOM	1	
ERYTHROCIN LACTOBIONATE (Use <i>erythromycin lactobionate</i>)	1		KIMONO COLORS DEVI	1	
<i>erythromycin base CPEP</i>	1		KIMONO LUBRICATED MISC	1	
<i>erythromycin base TABS</i>	1		KIMONO MAXX/LARGE FLARE MISC	1	
<i>erythromycin base TBEC</i>	1		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	1	
<i>erythromycin base TBEC</i>	1		KIMONO MICRO THIN MISC	1	
			KIMONO PLUS SPERMICIDE LUBRICATED MISC	1	

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KIMONO SENSATION LUBRICATED MISC	1		1ST TIER UNILET COMFORTOUCH LANCETS 28G	1	PA; RX/OTC
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	1		1ST TIER UNILET COMFORTOUCH LANCETS 30G	1	PA; RX/OTC
KIMONO SPECIAL DEVI	1		ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT	1	
MAXX LUBRICATED MISC	1		ACCU-CHEK FASTCLIX LANCETS	1	PA; RX/OTC
TRUSTEX LUBRICATED EXTRALARGE MISC	1		ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT	1	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	1		ACCU-CHEK SAFE-T-PRO LANCETS	1	PA; RX/OTC
TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	1		ACCU-CHEK SAFE-T-PRO PLUSLANCETS	1	PA; RX/OTC
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	1		ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT	1	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	1		ACCU-CHEK SOFTCLIX LANCETS	1	PA; RX/OTC
TRUSTEX LUBRICATED/SPERMICIDE MISC	1		ACTI-LANCE LANCETS 28G	1	PA; RX/OTC
TRUSTEX LUBRICATED MISC	1		ACTI-LANCE LITE SAFETY LANCETS 28G	1	PA; RX/OTC
TRUSTEX NON-LUBRICATED MISC	1		ACTI-LANCE SPECIAL SAFETY LANCETS 17G	1	PA; RX/OTC
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	1		ACTI-LANCE SPECIAL SAFETYLANCETS 17G	1	PA; RX/OTC
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	1		ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	1	PA; RX/OTC
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	1		ADVANCED MOBILE LANCET 30G	1	PA; RX/OTC
TRUSTEX/RIA LUBRICATED MISC	1		ADVOCATE LANCETS	1	PA; RX/OTC
TRUSTEX/RIA NON-LUBRICATED MISC	1		ADVOCATE LANCETS 30G	1	PA; RX/OTC
Diabetic Supplies			ADVOCATE LANCING DEVICE MISC	1	
			ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	
			ADVOCATE SAFETY LANCETS	1	PA; RX/OTC
			ADVOCATE SAFETY LANCETS 26G	1	PA; RX/OTC

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AGAMATRIX ULTRA-THIN LANCETS 33G	1	PA; RX/OTC	CLEVER CHEK LANCETS ULTRATHIN	1	PA; RX/OTC
AQUALANCE LANCETS ULTRA THIN 30G	1	PA; RX/OTC	CLEVER CHEK LANCETS ULTRATHIN 30G	1	PA; RX/OTC
ASSURE COMFORT LANCETS ULTRA THIN 28G	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 23G	1	PA; RX/OTC
ASSURE LANCE LANCETS	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 28G	1	PA; RX/OTC
ASSURE LANCE SAFETY LANCET 28G	1	PA; RX/OTC	COAGUCHEK LANCETS	1	PA; RX/OTC
AUTO-LANCET MINI MISC	1		COMFORT ASSURED LANCETS MICRO THIN 33G	1	PA; RX/OTC
AUTOLET IMPRESSION LANCING DEVICE MISC	1		COMFORT ASSURED LANCETS SUPER THIN 28G	1	PA; RX/OTC
AUTOLET LANCING DEVICE MISC	1		COMFORT LANCETS	1	PA; RX/OTC
AUTOLET PLUS MISC	1		COMFORT TOUCH LANCETS ULTRA THIN 31G	1	PA; RX/OTC
BD MICROTAINER LANCETS	1	PA; RX/OTC	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	1	PA; RX/OTC
CAREONE ADVANCED LANCINGDEVICE MISC	1		CVS LANCETS 21G	1	PA; RX/OTC
CAREONE LANCET SUPER THIN/30G	1	PA; RX/OTC	CVS LANCETS MICRO THIN 33G	1	PA; RX/OTC
CAREONE LANCET THIN	1	PA; RX/OTC	CVS LANCETS THIN 26G	1	PA; RX/OTC
CARESENS LANCETS	1	PA; RX/OTC	CVS LANCETS ULTRA THIN 30G	1	PA; RX/OTC
CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD	1		CVS LANCING DEVICE MISC	1	
CARETOUCH SAFETY LANCETS/26G	1	PA; RX/OTC	CVS ULTRA THIN LANCETS	1	PA; RX/OTC
CARETOUCH SAFETY LANCETS/28G	1	PA; RX/OTC	DEXCOM G6 RECEIVER	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA
CARETOUCH TWIST LANCETS 28G	1	PA; RX/OTC	DEXCOM G6 SENSOR	1	QL(3 ea per 30 day(s) retail); PA
CARETOUCH TWIST LANCETS 30G	1	PA; RX/OTC			
CARETOUCH TWIST LANCETS 33G	1	PA; RX/OTC			
CARETOUCH TWIST LANCETS MULTI COLOR/30G	1	PA; RX/OTC			

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DEXCOM G6 TRANSMITTER	1	QL(1 ea per 90 day(s) retail; 1 ea per 90 days mail); PA	EASY MINI LANCING DEVICE MISC	1	
DEXCOM G7 RECEIVER	1	PA	EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC	1	PA; RX/OTC
DEXCOM G7 SENSOR	1	QL(3 ea per 30 day(s) retail); PA	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	1	PA; RX/OTC
DIASCREEN 1K STRP	1		EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	1	PA; RX/OTC
DROPLET GENTEEL LANCING DEVICE MISC	1	PA	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	1	PA; RX/OTC
DROPLET LANCETS ULTRA THIN 30G	1	PA; RX/OTC	EASY TOUCH LANCETS 26G/PULL-TOP	1	PA; RX/OTC
DROPLET LANCING DEVICE MISC	1		EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	1	PA; RX/OTC
DROPLET PERSONAL LANCETS30G	1	PA; RX/OTC	EASY TOUCH LANCETS 28G/PULL-TOP	1	PA; RX/OTC
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1		EASY TOUCH LANCETS 28G/TWIST	1	PA; RX/OTC
DRUG MART LANCETS THIN	1	PA; RX/OTC	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	1	PA; RX/OTC
DRUG MART ON-THE-GO LANCETS GENTLE 30G	1	PA; RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	1	PA; RX/OTC
DRUG MART UNILET LANCETSSUPER THIN 30G	1	PA; RX/OTC	EASY TOUCH LANCETS 30G/TWIST	1	PA; RX/OTC
DRUG MART UNILET LANCETSULTRA THIN 28G	1	PA; RX/OTC	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	1	PA; RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G	1	PA; RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	1	PA; RX/OTC
EASY COMFORT LANCETS	1	PA; RX/OTC	EASY TOUCH LANCETS 32G/TWIST	1	PA; RX/OTC
EASY COMFORT LANCETS 30G/PULL TOP	1	PA; RX/OTC	EASY TOUCH LANCETS 33G/TWIST	1	PA; RX/OTC
EASY COMFORT LANCETS 30G/THIN TOP	1	PA; RX/OTC	EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	
EASY COMFORT LANCETS TWIST TOP	1	PA; RX/OTC	EASY TOUCH SAFETY LANCETS21G/PRESSUR E ACTIVATED	1	PA; RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	1				

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EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	1	PA; RX/OTC	FIFTY50 SAFETY SEAL LANCETS 30G	1	PA; RX/OTC
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	1	PA; RX/OTC	FIFTY50 SAFETY SEAL LANCETS 32G	1	PA; RX/OTC
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	1	PA; RX/OTC	FIFTY50 UNILET LANCETS 33G	1	PA; RX/OTC
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	1	PA; RX/OTC	FINE 30	1	PA; RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	1	PA; RX/OTC	FINGERSTIX LANCETS	1	PA; RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	1	PA; RX/OTC	FORA LANCETS	1	PA; RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	1	PA; RX/OTC	FORA LANCING DEVICE/CLEARCAP MISC	1	
EMBRACE LANCETS ULTRA THIN 30G	1	PA; RX/OTC	FORA LANCING DEVICE MISC	1	
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1		FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	1	PA; RX/OTC	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	1	PA; RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	1	PA; RX/OTC	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	1	PA; RX/OTC
EQL COLOR LANCETS 21G	1	PA; RX/OTC	FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD	1	
EQL SUPER THIN LANCETS 30G	1	PA; RX/OTC	FREESTYLE LANCETS	1	PA; RX/OTC
EQL THIN LANCETS 26G	1	PA; RX/OTC	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	1	PA
E-Z JECT LANCETS	1	PA; RX/OTC	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	1	QL(2 ea per 28 day(s) retail); PA
E-Z JECT LANCETS 21G	1	PA; RX/OTC	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	1	PA
E-Z JECT LANCETS COLOR	1	PA; RX/OTC	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	1	QL(2 ea per 28 day(s) retail); PA
E-Z JECT LANCETS SUPER THIN 30G	1	PA; RX/OTC	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	1	PA
E-Z JECT LANCETS THIN 26G	1	PA; RX/OTC			
E-ZJECT LANCETS MICRO-THIN 33G	1	PA; RX/OTC			
EZ-LETS LANCETS 26G SUPER-SOFT	1	PA; RX/OTC			

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FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	1	QL(2 ea per 28 day(s) retail); PA	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	1	PA; RX/OTC
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	1	PA	GOODSENSE LANCETS ULTRA-THIN 30G	1	PA; RX/OTC
FREESTYLE UNISTICK II LANCETS	1	PA; RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	1	PA; RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	1	PA; RX/OTC	GOODSENSE LANCING DEVICE MISC	1	
GLOBAL INJECT EASE LANCETS 28G	1	PA; RX/OTC	HEALTH CARE LANCING DEVICE MISC	1	
GLOBAL INJECT EASE LANCETS 30G	1	PA; RX/OTC	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	
GLOBAL LANCING DEVICE MISC	1		HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	1	PA; RX/OTC
GLUCOCOM LANCETS 28G	1	PA; RX/OTC	H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	1	
GLUCOCOM LANCETS 30G	1	PA; RX/OTC	H-E-B INCONTROL LANCETS MICRO THIN 33G	1	PA; RX/OTC
GLUCOCOM LANCETS 33G	1	PA; RX/OTC	H-E-B INCONTROL LANCETS SUPER THIN 30G	1	PA; RX/OTC
GNP LANCETS 21G	1	PA; RX/OTC	H-E-B INCONTROL LANCETS ULTRA THIN 28G	1	PA; RX/OTC
GNP LANCETS THIN 26G	1	PA; RX/OTC	HYPOLANCE AST LANCING KIT KIT	1	
GNP LANCING SYSTEM DEVICE MISC	1		KINNEY LANCETS	1	PA; RX/OTC
GNP STERILE LANCETS 33G	1	PA; RX/OTC	KINNEY THIN LANCETS	1	PA; RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	1		KROGER AUTOLET LANCING DEVICE MISC	1	
GOJJI STERILE LANCETS 30G	1	PA; RX/OTC	KROGER HEALTHPRO TWIST LANCETS/26G	1	PA; RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	1	PA; RX/OTC	KROGER LANCETS 21G	1	PA; RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G	1	PA; RX/OTC	KROGER LANCETS MICRO THIN33G	1	PA; RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	1	PA; RX/OTC	KROGER LANCETS THIN 26G	1	PA; RX/OTC

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KROGER LANCETS ULTRATHIN30G	1	PA; RX/OTC	LONGS LANCETS STANDARD	1	PA; RX/OTC
KROGER LANCING DEVICE MISC	1		LONGS LANCETS THIN	1	PA; RX/OTC
LANCET DEVICE WITH EJECTOR MISC	1		LONGS LANCETS ULTRA THIN	1	PA; RX/OTC
LANCETS	1	PA; RX/OTC	MEDLANCE PLUS EXTRA LANCETS 21G	1	PA; RX/OTC
LANCETS 30G	1	PA; RX/OTC	MEDLANCE PLUS LANCETS	1	PA; RX/OTC
LANCETS 30G TWIST TOP	1	PA; RX/OTC	MEDLANCE PLUS LANCETS LITE 25G	1	PA; RX/OTC
LANCETS 30G/TWIST TOP	1	PA; RX/OTC	MEDLANCE PLUS LITE LANCETS 25G	1	PA; RX/OTC
LANCETS 33G EXTRA FINE	1	PA; RX/OTC	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	1	PA; RX/OTC
LANCETS 33G UNIVERSAL DESIGN	1	PA; RX/OTC	MEDLANCE PLUS SUPERLITE 30G	1	PA; RX/OTC
LANCETS MICRO THIN 33G	1	PA; RX/OTC	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	1	PA; RX/OTC
LANCETS SUPER THIN 28G	1	PA; RX/OTC	MEDLANCE PLUS UNIVERSAL LANCETS 21G	1	PA; RX/OTC
LANCETS THIN	1	PA; RX/OTC	MEDLANCE PLUS/LITE 25G	1	PA; RX/OTC
LANCETS ULTRA THIN	1	PA; RX/OTC	MEDLANCE/LITE	1	PA; RX/OTC
LANCETS ULTRA THIN 30G	1	PA; RX/OTC	MEDLANCE/UNIVERSAL	1	PA; RX/OTC
LANCING DEVICE MISC	1		MEIJER LANCETS	1	PA; RX/OTC
LANZO MISC	1		MEIJER LANCETS THIN	1	PA; RX/OTC
LEADER ADVANCED LANCING DEVICE MISC	1		MEIJER LANCETS UNIVERSAL33G	1	PA; RX/OTC
LITE TOUCH LANCETS	1	PA; RX/OTC	MEIJER SUPER THIN LANCETS	1	PA; RX/OTC
LITE TOUCH LANCING PEN MISC	1		MICROLET LANCETS	1	PA; RX/OTC
LITETOUCH LANCETS MICRO THIN 33G	1	PA; RX/OTC	MICROLET NEXT MISC	1	
LIVE BETTER ADVANCED LANCING DEVICE MISC	1		MINI LANCING DEVICE MISC	1	
LIVE BETTER LANCET SUPERTHIN 30G	1	PA; RX/OTC	MM LANCING DEVICE MISC	1	
LIVE BETTER LANCET ULTRATHIN 28G	1	PA; RX/OTC	MM TWIST LANCETS	1	PA; RX/OTC

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MONOLET LANCETS	1	PA; RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	1	PA; RX/OTC
MULTI-LANCET DEVICE 2 KIT	1		ONETOUCH ULTRASOFT LANCETS	1	PA; RX/OTC
MULTI-LANCET DEVICE MISC	1		ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail)
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	1	PA; RX/OTC	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
NOVA SAFETY LANCETS 23G	1	PA; RX/OTC	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD	1	
NOVA SAFETY LANCETS 28G	1	PA; RX/OTC	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	1	
NOVA SUREFLEX LANCETS	1	PA; RX/OTC	PC LANCETS SUPER THIN 30G	1	PA; RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	1		PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	1	PA; RX/OTC
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	1	PA; RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS	1	PA; RX/OTC
ONETOUCH DELICA PLUS LANCETS FINE 30G	1	PA; RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	1	PA; RX/OTC
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1		PHARMACIST CHOICE ULTRA THIN LANCETS 30G	1	PA; RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE	1	PA; RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	1	PA; RX/OTC
ONETOUCH DELICA SAFETY LANCING DEVICE 30G	1	PA; RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	1	PA; RX/OTC
ONETOUCH SURESOFT LANCING DEVICE/28G MISC	1	PA	PIP LANCETS/30G	1	PA; RX/OTC
ONETOUCH ULTRA 2 KIT	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	PREFERRED PLUS LANCETS COLORED 21G	1	PA; RX/OTC
ONETOUCH ULTRA CONTROL SOLUTION LIQD	1		PREFERRED PLUS LANCETS SUPER THIN 30G	1	PA; RX/OTC
ONETOUCH ULTRA CONTROL LIQD	1				

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PREFERRED PLUS LANCETS THIN 26G	1	PA; RX/OTC	RA E-ZJECT LANCETS THIN 28G	1	PA; RX/OTC
PRO COMFORT LANCETS 30G	1	PA; RX/OTC	RA E-ZJECT LANCETS ULTRATHIN 30G	1	PA; RX/OTC
PRO COMFORT LANCETS 31G	1	PA; RX/OTC	READYLANCE SAFETY LANCETS/23G/1.8MM	1	PA; RX/OTC
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	1	PA; RX/OTC	READYLANCE SAFETY LANCETS/26G/1.8MM	1	PA; RX/OTC
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA; RX/OTC	READYLANCE SAFETY LANCETS/28G/1.8MM	1	PA; RX/OTC
PRODIGY LANCING DEVICE MISC	1		READYLANCE SAFETY LANCETS/30G/1.6MM	1	PA; RX/OTC
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	1	PA; RX/OTC	RELION 2-IN-1 LANCET DEVICES 30G	1	PA; RX/OTC
PRODIGY TWIST TOP LANCETS	1	PA; RX/OTC	RELION LANCETS MICRO-THIN33G	1	PA; RX/OTC
PURE COMFORT LANCETS 30G	1	PA; RX/OTC	RELION LANCETS THIN 26G	1	PA; RX/OTC
PX ADVANCED LANCING DEVICE MISC	1		RELION LANCETS ULTRA-THIN30G	1	PA; RX/OTC
PX LANCETS MICROTHIN 33G	1	PA; RX/OTC	RELION LANCING DEVICE KIT	1	
PX LANCETS ULTRA THIN	1	PA; RX/OTC	RELION LANCING DEVICE MISC	1	
PX LANCETS ULTRA THIN 28G	1	PA; RX/OTC	RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
QC ADVANCED LANCING DEVICE MISC	1		RELION ULTRA THIN LANCETS/30G	1	PA; RX/OTC
QC LANCETS SUPER THIN	1	PA; RX/OTC	RELION ULTRA THIN LANCETS30G	1	PA; RX/OTC
QC UNILET LANCETS 28G/ULTRA THIN	1	PA; RX/OTC	RELION ULTRA THIN PLUS LANCETS 32G	1	PA; RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	1	PA; RX/OTC	RELION ULTRA THIN PLUS LANCETS 33G	1	PA; RX/OTC
RA E-ZJECT LANCETS 28G	1	PA; RX/OTC	RIGHTEST GD500 LANCING DEVICE MISC	1	
RA E-ZJECT LANCETS THIN 26G	1	PA; RX/OTC	RIGHTEST GL300 LANCETS	1	PA; RX/OTC
			SAFE-T-LANCE LOW FLOW 25G	1	PA; RX/OTC

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SAFE-T-LANCE NORMAL FLOW21G	1	PA; RX/OTC	SMART DIABETES VANTAGE LANCING DEVICE MISC	1	
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	1	PA; RX/OTC	SMARTEST LANCETS 28G	1	PA; RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	1	PA; RX/OTC	SOLUS V2 LANCING DEVICE MISC	1	
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	1	PA; RX/OTC	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	1	PA; RX/OTC
SAFETY LANCET 30G/PRESSURE ACTIVATED	1	PA; RX/OTC	SOLUS V2 TWIST LANCETS 30G	1	PA; RX/OTC
SAFETY LANCETS	1	PA; RX/OTC	STERILANCE PA MISC	1	PA
SAFETY LANCETS 21G	1	PA; RX/OTC	STERILANCE TL	1	PA; RX/OTC
SAFETY LANCETS 23G	1	PA; RX/OTC	SURE COMFORT LANCETS 18G	1	PA; RX/OTC
SAFETY LANCETS 28G	1	PA; RX/OTC	SURE COMFORT LANCETS 21G	1	PA; RX/OTC
SAPS HEALTH CARE TWIST TOP LANCETS	1	PA; RX/OTC	SURE COMFORT LANCETS 23G	1	PA; RX/OTC
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	1	PA; RX/OTC	SURE COMFORT LANCETS 28G	1	PA; RX/OTC
SAPS HEALTH TWIST TOP LANCETS 30G	1	PA; RX/OTC	SURE COMFORT LANCETS 30G	1	PA; RX/OTC
SAPSCARE TWIST TOP LANCETS 30G	1	PA; RX/OTC	SURE COMFORT LANCING PEN MISC	1	
SELECT-LITE LANCING DEVICE MISC	1		TECHLITE LANCETS	1	PA; RX/OTC
SHOPKO AUTOLET LANCING DEVICE MISC	1		TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	
SHOPKO ON-THE-GO COMFORTLANCETS 30G	1	PA; RX/OTC	TODAYS HEALTH SUPER THINLANCETS 30G	1	PA; RX/OTC
SHOPKO UNILET LANCETS SUPER THIN 30G	1	PA; RX/OTC	TODAYS HEALTH ULTRA THINLANCETS 28G	1	PA; RX/OTC
SHOPKO UNILET LANCETS ULTRA THIN 28G	1	PA; RX/OTC	TOPCARE LANCETS MICRO-THIN 33G	1	PA; RX/OTC
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1		TRAVEL LANCETS 30G	1	PA; RX/OTC
SM MICRO THIN LANCETS 33G	1	PA; RX/OTC	TRUE COMFORT SAFETY LANCETS/30G	1	PA; RX/OTC
			TRUE COMFORT TWIST TOP LANCETS 30G	1	PA; RX/OTC

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TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	ULTRA THIN LANCETS 31G	1	PA; RX/OTC
TRUE METRIX BLOOD GLUCOSE METER KIT	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	ULTRA-CARE LANCETS 30G	1	PA; RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	1		ULTRA-THIN II LANCETS 28G	1	PA; RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	1		ULTRA-THIN II LANCETS 30G	1	PA; RX/OTC
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1		UNILET COMFORTOUCH LANCET	1	PA; RX/OTC
TRUEPLUS LANCETS 26G	1	PA; RX/OTC	UNILET EXCELITE	1	PA; RX/OTC
TRUEPLUS LANCETS 28G	1	PA; RX/OTC	UNILET EXCELITE II	1	PA; RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	1	PA; RX/OTC	UNILET G.P. SUPERLITE LANCET	1	PA; RX/OTC
TRUEPLUS LANCETS 30G	1	PA; RX/OTC	UNILET GP 28 ULTRA THIN	1	PA; RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	1	PA; RX/OTC	UNILET LANCETS MICRO-THIN33G	1	PA; RX/OTC
TRUEPLUS LANCETS 33G	1	PA; RX/OTC	UNILET LANCETS SUPER-THIN30G	1	PA; RX/OTC
TRUEPLUS LANCETS 33G MICRO THIN	1	PA; RX/OTC	UNILET LANCETS ULTRA-THIN 28G	1	PA; RX/OTC
TRUEPLUS SAFETY LANCETS 28G	1	PA; RX/OTC	UNISTIK 2 NORMAL MISC	1	PA
TWIST TOP LANCETS 30G	1	PA; RX/OTC	UNISTIK 3 COMFORT MISC	1	PA
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	1		UNISTIK 3 EXTRA MISC	1	PA
ULTILET CLASSIC LANCETS	1	PA; RX/OTC	UNISTIK 3 GENTLE	1	PA; RX/OTC
ULTILET LANCETS	1	PA; RX/OTC	UNISTIK 3 NORMAL MISC	1	PA
ULTILET LANCETS 33G	1	PA; RX/OTC	UNISTIK CZT COMFORT MISC	1	PA
ULTILET SAFETY LANCETS 23G	1	PA; RX/OTC	UNISTIK CZT NORMAL MISC	1	PA
			UNISTIK NORMAL MISC	1	PA
			UNISTIK PRO SAFETY LANCET 21G	1	PA; RX/OTC
			UNISTIK PRO SAFETY LANCET 25G	1	PA; RX/OTC
			UNISTIK PRO SAFETY LANCET 28G	1	PA; RX/OTC

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UNISTIK SAFETY LANCETS 28G	1	PA; RX/OTC	VIDA MIA AUTOLET LANCINGDEVICE MISC	1	
UNISTIK SAFETY LANCETS 30G	1	PA; RX/OTC	VIDA MIA UNILET LANCETS SUPER THIN 30G	1	PA; RX/OTC
UNISTIK TOUCH SAFETY LANCETS 21G	1	PA; RX/OTC	VIDA MIA UNILET LANCETS ULTRA THIN 28G	1	PA; RX/OTC
UNISTIK TOUCH SAFETY LANCETS 23G	1	PA; RX/OTC	VIVAGUARD LANCETS	1	PA; RX/OTC
UNISTIK TOUCH SAFETY LANCETS 28G	1	PA; RX/OTC	VIVAGUARD LANCING DEVICE MISC	1	
UNISTIK TOUCH SAFETY LANCETS 30G	1	PA; RX/OTC	WALGREENS ADVANCED TRAVELLANCETS 28G	1	PA; RX/OTC
UNIVERSAL 1 LANCETS THIN26G	1	PA; RX/OTC	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	1	PA; RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	1	PA; RX/OTC	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	1	PA; RX/OTC
VALUE PLUS LANCETS STANDARD 21G	1	PA; RX/OTC	WALGREENS LANCETS	1	PA; RX/OTC
VALUE PLUS LANCING DEVICE MISC	1		WALGREENS THIN LANCETS	1	PA; RX/OTC
VALUMARK LANCET SUPER THIN 30G	1	PA; RX/OTC	WALGREENS ULTRA THIN LANCETS	1	PA; RX/OTC
VALUMARK LANCET ULTRA THIN 28G	1	PA; RX/OTC	ZEVRX TWIST TOP LANCETS 30G	1	PA; RX/OTC
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	1	PA; RX/OTC	Parenteral Therapy Supplies		
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	1	PA; RX/OTC
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPS29GX12MM	1	PA; RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPS31GX6MM	1	PA; RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPS31GX8MM	1	PA; RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPS32GX4MM	1	PA; RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	1	PA; RX/OTC	1ST TIER UNIFINE PENTIPS32GX6MM	1	PA
			1ST TIER UNIFINE PENTIPS33GX4MM	1	PA

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1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	1	PA; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	1	PA; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM	1	PA; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	1	PA; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	1	PA	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	1	PA; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31G X5MM	1	PA; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	1	PA; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL /29GX12MM	1	PA; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	1	PA; RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	1	PA; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	1	PA; RX/OTC
ABOUTTIME PEN NEEDLE 32GX 5/32"	1	PA; RX/OTC	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	1	PA; RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16"	1	PA	AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16"	1	PA; RX/OTC	AQ INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16"	1	PA; RX/OTC	AQ INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
ADVOCATE INSULIN PEN NEEDLE/32GX4MM	1	PA; RX/OTC	AQINJECT PEN NEEDLE/31G X 3/16"	1	PA; RX/OTC
ADVOCATE INSULIN PEN NEEDLES	1	PA	AQINJECT PEN NEEDLE/32G X 5/32"	1	PA; RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	1	PA	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	1	PA
ADVOCATE INSULIN PEN NEEDLES 31GX5MM	1	PA; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX4MM	1	PA; RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM	1	PA; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX5MM	1	PA; RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	1	PA; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX6MM	1	PA
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	1	PA; RX/OTC	AUM MINI INSULIN PEN NEEDLE/32GX8MM	1	PA

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AUM MINI INSULIN PEN NEEDLE/33GX4MM	1	PA	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	PA; RX/OTC
AUM MINI INSULIN PEN NEEDLE/33GX5MM	1	PA	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	1	PA; RX/OTC
AUM MINI INSULIN PEN NEEDLE/33GX6MM	1	PA	BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	1	PA
AUM SAFETY PEN NEEDLE/31G X 4MM	1	PA	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	1	PA
AUM SAFETY PEN NEEDLE/31G X 5MM	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	1	PA; RX/OTC
AURORA PEN NEEDLES 29GX12MM	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	1	PA; RX/OTC
AURORA PEN NEEDLES 31G X6MM	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	1	PA; RX/OTC
AURORA PEN NEEDLES 31G X8MM	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	PA; RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32"	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	1	PA; RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16"	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	1	PA; RX/OTC
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 1/2"	1	PA; RX/OTC
BD 1/2ML TUBERCULIN SYRINGE/PERM NEEDLE/REG BEV/27G X 1/2" MISC	1	AL(Up to 20 yrs old)	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	1	PA; RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	PA; RX/OTC
BD ECLIPSE SYRINGE/1ML/30GX1/2"	1	PA	BD INSULIN SYRINGE ULTRA-FINE/U-100/1ML	1	PA; RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	1	PA; RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	1	PA; RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	1	PA; RX/OTC	BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	PA; RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	1	PA	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC

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BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	1	PA; RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	1	PA; RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	1	PA; RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM	1	PA; RX/OTC	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	1	PA; RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	1	PA; RX/OTC
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM	1	PA	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	1	PA; RX/OTC
BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	1	PA	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	1	PA; RX/OTC	BD VEO INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 6MM	1	PA; RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	1	PA; RX/OTC	BD VEO INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 6MM	1	PA; RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	1	PA; RX/OTC	BD VEO INSULIN SYRINGE ULTRAFINE/1/2 UNIT/0.3ML/31G X 6MM	1	PA; RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	1	PA; RX/OTC	BD VEO INSULIN SYRINGE ULTRAFINE/1ML/31G X 6MM	1	PA; RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	PA	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 15/64"	1	PA; RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	1	PA; RX/OTC			
BD SAFETYGLIDE 1ML 27GX5/8"	1	PA			
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC			

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CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	1	PA	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32"	1	PA
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	1	PA; RX/OTC	CARETOUCH HYPODERMIC NEEDLES/27G X 1 1/2	1	PA; RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	1	PA; RX/OTC	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	1	PA; RX/OTC
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	1	PA; RX/OTC	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	1	PA; RX/OTC
CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	1	PA; RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	1	PA; RX/OTC
CAREONE INSULIN SYRINGES/1ML/31GX5/16"	1	PA; RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS 29GX12MM	1	PA; RX/OTC	CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	1	PA
CAREONE UNIFINE PENTIPS 31GX5MM	1	PA; RX/OTC	CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	1	PA
CAREONE UNIFINE PENTIPS 31GX6MM	1	PA; RX/OTC	CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM	1	PA; RX/OTC	CARETOUCH PEN NEEDLE 29GX1/2"	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	1	PA; RX/OTC	CARETOUCH PEN NEEDLES 31G X 6 MM	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	1	PA; RX/OTC	CARETOUCH PEN NEEDLES 31GX 5MM	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	1	PA; RX/OTC	CARETOUCH PEN NEEDLES 31GX 8MM	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	1	PA; RX/OTC	CARETOUCH PEN NEEDLES 32GX 4MM	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	1	PA; RX/OTC	CARETOUCH PEN NEEDLES 32GX 5MM	1	PA; RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	1	PA; RX/OTC

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CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	1	PA	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	1	PA	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	1	PA
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	1	PA; RX/OTC	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	1	PA
			CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	1	PA
			CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM	1	PA

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CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM	1	PA	COMFORT EZ/31G X 5MM	1	PA; RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM	1	PA	COMFORT EZ/31G X 6MM	1	PA; RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 4MM	1	PA
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 5MM	1	PA; RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 6 MM	1	PA; RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/31G X 8 MM	1	PA; RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 4MM	1	PA; RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 5MM	1	PA; RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 6MM	1	PA
CLICKFINE PEN NEEDLES/31GX1/4"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/32G X 8MM	1	PA
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/33G X 5/32"	1	PA
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/33GX 3/16"	1	PA
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	COMFORT TOUCH PEN NEEDLES/33GX1/4"	1	PA
COMFORT EZ MICRO/32G X 4MM	1	PA; RX/OTC	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	1	PA; RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM	1	PA	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	1	PA; RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM	1	PA	DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	1	PA; RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	1	PA; RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	1	PA; RX/OTC
COMFORT EZ SHORT/31G X 8MM	1	PA; RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	1	
			DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64"	1	PA

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DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	1	PA; RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	1	PA; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64"	1	PA	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	DROPLET MICRON 34G X 9/64"	1	PA
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	DROPLET PEN NEEDLES 29G X1/2"	1	PA; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	1	PA; RX/OTC	DROPLET PEN NEEDLES 29GX10MM	1	PA
DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"	1	PA	DROPLET PEN NEEDLES 29GX12MM	1	PA; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	1	PA; RX/OTC	DROPLET PEN NEEDLES 30G X 5/16"	1	PA
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	1	PA; RX/OTC	DROPLET PEN NEEDLES 31G X3/16"	1	PA; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	1	PA; RX/OTC	DROPLET PEN NEEDLES 31G X5/16"	1	PA; RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	1	PA; RX/OTC	DROPLET PEN NEEDLES 31GX5MM	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	1	PA; RX/OTC	DROPLET PEN NEEDLES 31GX6MM	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	DROPLET PEN NEEDLES 31GX8MM	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	DROPLET PEN NEEDLES 32G X 5/32"	1	PA; RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	1	PA; RX/OTC	DROPLET PEN NEEDLES 32GX4MM	1	PA; RX/OTC
			DROPLET PEN NEEDLES 32GX5MM	1	PA; RX/OTC
			DROPLET PEN NEEDLES 32GX6MM	1	PA
			DROPLET PEN NEEDLES 32GX8MM	1	PA

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DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	1	PA; RX/OTC	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	1	PA; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	1	PA
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	1	PA
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	1	PA; RX/OTC	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM	1	PA; RX/OTC	EASY COMFORT PEN NEEDLES31GX1/4"	1	PA; RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM	1	PA; RX/OTC	EASY COMFORT PEN NEEDLES31GX3/16"	1	PA; RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM	1	PA; RX/OTC	EASY COMFORT PEN NEEDLES31GX5/16"	1	PA; RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM	1	PA; RX/OTC	EASY COMFORT PEN NEEDLES32GX5/32"	1	PA; RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM	1	PA; RX/OTC	EASY COMFORT PEN NEEDLES33G X 4MM	1	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT PEN NEEDLES33G X 5MM	1	PA	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC
EASY COMFORT PEN NEEDLES33G X 6MM	1	PA	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	1	PA; RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	1	PA; RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 31GX6MM	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	PA
EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	1	PA; RX/OTC
EASY GLIDE PEN NEEDLES 33G X 5/32"	1	PA	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC
EASY TOUCH 32GX5MM	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC
EASY TOUCH 32GX6MM	1	PA	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	1	PA
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC			
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC			
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC			

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EASY TOUCH PEN NEEDLE 30G X 5/16"	1	PA	EMBRACE PEN NEEDLES/31G X 5MM	1	PA; RX/OTC
EASY TOUCH PEN NEEDLE/30G X 3/16"	1	PA; RX/OTC	EMBRACE PEN NEEDLES/31G X 6MM	1	PA; RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2"	1	PA; RX/OTC	EMBRACE PEN NEEDLES/32G X 4MM	1	PA; RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4"	1	PA; RX/OTC	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16"	1	PA; RX/OTC	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4"	1	PA	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
EASY TOUCH PEN NEEDLES 32GX3/16"	1	PA; RX/OTC	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32"	1	PA; RX/OTC	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16"	1	PA; RX/OTC	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM	1	PA	EQL INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM	1	PA	EQL INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"	1	PA	EQL INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	1	PA; RX/OTC	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	1	PA; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	1	PA; RX/OTC	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	1	PA; RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	1	PA; RX/OTC	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	1	PA; RX/OTC
EMBRACE PEN NEEDLES/29G X 12MM	1	PA; RX/OTC			
EMBRACE PEN NEEDLES/30G X 5MM	1	PA; RX/OTC			
EMBRACE PEN NEEDLES/30G X 8MM	1	PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	1	PA; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	1	PA; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	1	PA; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	1	PA; RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	1	PA; RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	1	PA; RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	1	PA; RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM)	1	PA; RX/OTC	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	1	PA; RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM	1	PA; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	1	PA; RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM	1	PA; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	1	PA; RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM	1	PA; RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	1	PA; RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM	1	PA			

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GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM	1	PA; RX/OTC	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	PA
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	PA	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC	GNP INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC	GNP INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC	GNP INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC

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GNP INSULIN SYRINGES/1ML/28GX1/2"	1	PA; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC
GNP ULTICARE PEN NEEDLES/31GX5/16"	1	PA; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32"	1	PA; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4"	1	PA	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC
GNP ULTICARE PEN NEEDLES31G X 5MM	1	PA; RX/OTC	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC
GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM	1	PA; RX/OTC	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	1	PA; RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM	1	PA; RX/OTC	HEALTHWISE MINI PEN NEEDLES 31GX6MM	1	PA; RX/OTC
GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM	1	PA	HEALTHWISE PEN NEEDLES 29GX12MM	1	PA; RX/OTC
GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM	1	PA; RX/OTC	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	1	PA; RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	1	PA; RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16"	1	PA; RX/OTC	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	1	PA; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"	1	PA; RX/OTC	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	1	PA; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"	1	PA; RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	1	PA; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"	1	PA	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	1	PA; RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"	1	PA; RX/OTC	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	1	PA; RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC			

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HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	1	PA; RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM	1	PA; RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	1	PA; RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM	1	PA; RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	1	PA; RX/OTC	INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM	1	PA; RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	1	PA; RX/OTC	INSULIN SYRINGE 1ML/31G X1/4"	1	PA; RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	1	PA; RX/OTC	INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	1	PA; RX/OTC	INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM	1	PA; RX/OTC	INSULIN SYRINGE/0.5ML/27G X 1/2"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"	1	PA; RX/OTC	INSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	1	PA; RX/OTC	INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16"	1	PA; RX/OTC	INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	1	PA; RX/OTC	INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	1	PA; RX/OTC	INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32"	1	PA; RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	1	PA; RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32"	1	PA	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	1	PA; RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM	1	PA; RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	1	PA; RX/OTC
HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16")	1	PA; RX/OTC			

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INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	1	PA; RX/OTC	INSULIN SYRINGES/U-100/1ML/30GX1/2"	1	PA; RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	1	PA; RX/OTC	INSULIN SYRINGES/U-100/1ML/31GX5/16"	1	PA; RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	1	PA; RX/OTC	INSUPEN 29G X 12MM	1	PA; RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	1	PA; RX/OTC	INSUPEN 31G X 5MM	1	PA; RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	1	PA; RX/OTC	INSUPEN 31G X 8MM	1	PA; RX/OTC
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC	INSUPEN 32G X 4MM	1	PA; RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	INSUPEN 33GX4MM	1	PA
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC	INSUPEN PEN NEEDLES 32G X4MM	1	PA; RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	INSUPEN SENSITIVE 32GX6MM	1	PA
INSULIN SYRINGES 0.3ML/31G X 1/4"	1	PA; RX/OTC	INSUPEN SENSITIVE 32GX8MM	1	PA
INSULIN SYRINGES 0.5ML/31G X 1/4"	1	PA; RX/OTC	INSUPEN ULTRAFIN 30GX8MM	1	PA
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	1	PA; RX/OTC	INSUPEN ULTRAFIN 31GX6MM	1	PA; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	1	PA; RX/OTC	INSUPEN ULTRAFIN 31GX8MM	1	PA; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	1	PA; RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	1	PA; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	1	PA; RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	1	PA; RX/OTC
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	1	PA; RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	1	PA; RX/OTC
INSULIN SYRINGES/U-100/1ML/27GX1/2"	1	PA; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	1	PA
INSULIN SYRINGES/U-100/1ML/28GX1/2"	1	PA; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	1	PA
INSULIN SYRINGES/U-100/1ML/29GX1/2"	1	PA; RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	1	PA; RX/OTC
			KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
KROGER PEN NEEDLES 29G X12MM	1	PA; RX/OTC	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
KROGER PEN NEEDLES 31G X8MM	1	PA; RX/OTC	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
KROGER PEN NEEDLES 31GX1/4"	1	PA; RX/OTC	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	1	PA; RX/OTC
KROGER PEN NEEDLES/31G X1/4"	1	PA; RX/OTC	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	1	PA; RX/OTC
KROGER PEN NEEDLES/31G X3/16"	1	PA; RX/OTC	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	1	PA; RX/OTC
KROGER PEN NEEDLES/31G X5/16"	1	PA; RX/OTC	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	1	PA; RX/OTC
KROGER PEN NEEDLES/32G X5/32"	1	PA; RX/OTC	LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	1	PA; RX/OTC
KROGER PEN NEEDLES/33G X5/32"	1	PA			
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC			

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LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	MARATHON MEDICAL PENTIPS29GX12MM	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC	MARATHON MEDICAL PENTIPS31GX5MM	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC	MARATHON MEDICAL PENTIPS31GX8MM	1	PA; RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	MARATHON MEDICAL PENTIPS32GX4MM	1	PA; RX/OTC
LITETOUCH PEN NEEDLES 29GX12.7MM	1	PA	MAXICOMFORT II PEN NEEDLES/31G X 1/4"	1	PA; RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM	1	PA; RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	1	PA; RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT	1	PA; RX/OTC	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	1	PA; RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16"	1	PA; RX/OTC	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	1	PA; RX/OTC
			MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	1	PA

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MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	1	PA	MM PEN NEEDLES 31G X 5/16"	1	PA; RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	1	PA; RX/OTC	MM PEN NEEDLES 32G X 5/32"	1	PA; RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	1	PA; RX/OTC	MONOJECT INSULIN SYRINGE/1ML	1	PA; RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	1	PA; RX/OTC	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
MEIJER PEN NEEDLES 29G X12MM	1	PA; RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	1	PA
MEIJER PEN NEEDLES 31G X6MM	1	PA; RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	1	PA; RX/OTC
MEIJER PEN NEEDLES 31G X8MM	1	PA; RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	1	PA; RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM	1	PA; RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC
MICRODOT PEN NEEDLE/32G X 4 MM	1	PA; RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	1	PA; RX/OTC
MICRODOT PEN NEEDLE/33G X 4 MM	1	PA	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	1	PA; RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	1	PA; RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	1	PA; RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	1	PA; RX/OTC	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	1	PA; RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	1	PA; RX/OTC	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC	MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC			
MM PEN NEEDLES 31G X 1/4"	1	PA; RX/OTC			
MM PEN NEEDLES 31G X 3/16"	1	PA; RX/OTC			

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MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
MONOJECT INSULIN SYRINGE REGULAR LUER TIP/SOFTPACK/1ML	1	PA; RX/OTC	MS INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	1	PA
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC	NOVOFINE PEN NEEDLE 32G X 6MM	1	PA
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC	NOVOFINE PLUS PEN NEEDLE 32G X 4MM	1	PA; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC	PC UNIFINE PENTIPS 29G X 1/2"	1	PA; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC	PC UNIFINE PENTIPS 31G X 5MM MINI	1	PA; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC	PC UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	1	PA; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	PC UNIFINE PENTIPS 31G X 8MM SHORT	1	PA; RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC	PEN NEEDLES	1	PA
			PEN NEEDLES 29GX12MM	1	PA; RX/OTC
			PEN NEEDLES 30GX5MM	1	PA; RX/OTC
			PEN NEEDLES 30GX8MM	1	PA
			PEN NEEDLES 31G X 3/16"	1	PA; RX/OTC
			PEN NEEDLES 31G X 5MM	1	PA; RX/OTC
			PEN NEEDLES 31G X 6MM	1	PA; RX/OTC
			PEN NEEDLES 31G X 8MM	1	PA; RX/OTC

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PEN NEEDLES 31GX5/16"	1	PA; RX/OTC	PIP PEN NEEDLES 31G X 5MM	1	PA; RX/OTC
PEN NEEDLES 31GX6MM (1/4")	1	PA; RX/OTC	PIP PEN NEEDLES 32G X 4MM	1	PA; RX/OTC
PEN NEEDLES 31GX8MM	1	PA; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC
PEN NEEDLES 31GX8MM (5/16")	1	PA; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC
PEN NEEDLES 32G X 4MM	1	PA; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC
PEN NEEDLES 32G X 5MM	1	PA; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC
PEN NEEDLES 32G X 6MM	1	PA	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC
PEN NEEDLES 32GX4MM	1	PA; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC
PEN NEEDLES 33G X 5/32"	1	PA	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC
PEN NEEDLES/29G X 1/2"	1	PA; RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC
PEN NEEDLES/31G X 1/4"	1	PA; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	1	PA; RX/OTC
PEN NEEDLES/31G X 3/16"	1	PA; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	1	PA; RX/OTC
PEN NEEDLES/31G X 5/16"	1	PA; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	1	PA; RX/OTC
PEN NEEDLES/31G X 6MM	1	PA; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM	1	PA; RX/OTC
PEN NEEDLES/32G X 5/32"	1	PA; RX/OTC	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	1	PA; RX/OTC
PENTIPS 29G X 12MM	1	PA; RX/OTC			
PENTIPS 29GX12MM	1	PA; RX/OTC			
PENTIPS 31G X 5MM	1	PA; RX/OTC			
PENTIPS 31G X 8MM	1	PA; RX/OTC			
PENTIPS 31GX5MM	1	PA; RX/OTC			
PENTIPS 31GX6MM	1	PA; RX/OTC			
PENTIPS 31GX8MM	1	PA; RX/OTC			
PENTIPS 32G X 4MM	1	PA; RX/OTC			
PENTIPS 32GX4MM	1	PA; RX/OTC			
PENTIPS 32GX6MM	1	PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"	1	PA; RX/OTC	PURE COMFORT PEN NEEDLE/32G X 5MM	1	PA; RX/OTC
PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"	1	PA; RX/OTC	PURE COMFORT PEN NEEDLE/32G X4MM	1	PA; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	1	PA; RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	1	PA; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	1	PA; RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM	1	PA; RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	1	PA; RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	1	PA; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	1	PA; RX/OTC	PX EXTRA SHORT PEN NEEDLES 31GX6MM	1	PA; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	1	PA; RX/OTC	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	1	PA; RX/OTC	PX MINI PEN NEEDLES 31GX5MM	1	PA; RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM	1	PA; RX/OTC	PX PEN NEEDLE 29GX12MM	1	PA; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM	1	PA; RX/OTC	PX PEN NEEDLE 31GX8MM	1	PA; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM	1	PA; RX/OTC	QC UNIFINE PENTIPS 32GX4MM	1	PA; RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM	1	PA	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	RA INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	1	PA; RX/OTC	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	1	PA; RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM	1	PA	RA PEN NEEDLES 31G X 5MM3/16"	1	PA; RX/OTC
PURE COMFORT PEN NEEDLE 32G X8MM	1	PA	RA PEN NEEDLES 31G X 8MM5/16"	1	PA; RX/OTC
			RAYA SURE PEN NEEDLE 29GX 12MM	1	PA; RX/OTC
			RAYA SURE PEN NEEDLE 31GX 4MM	1	PA

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RAYA SURE PEN NEEDLE 31GX 5MM	1	PA; RX/OTC	RELION PEN NEEDLES 32G X5/32"	1	PA; RX/OTC
RAYA SURE PEN NEEDLE 31GX 6MM	1	PA; RX/OTC	RELION PEN NEEDLES 32GX4MM	1	PA; RX/OTC
RAYA SURE PEN NEEDLE 31GX 8MM	1	PA; RX/OTC	RELION PEN NEEDLES/31G X1/4"	1	PA; RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	1	PA; RX/OTC	RELION SHORT PEN NEEDLES31GX8MM	1	PA; RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	1	PA; RX/OTC	SAFETY PEN NEEDLES/30G X3/16"	1	PA; RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	1	PA; RX/OTC	SAFETY PEN NEEDLES/30G X5/16"	1	PA
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	1	PA; RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	1	PA; RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	1	PA
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM	1	PA; RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5M M	1	PA; RX/OTC
RELION MINI PEN NEEDLES 31GX6MM	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM	1	PA; RX/OTC
RELION PEN NEEDLES 29GX12MM	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM	1	PA; RX/OTC
RELION PEN NEEDLES 31G X6MM	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMO VR/32GX4MM	1	PA; RX/OTC
RELION PEN NEEDLES 31G X8MM	1	PA; RX/OTC	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM	1	PA; RX/OTC
RELION PEN NEEDLES 31GX6MM	1	PA; RX/OTC			
RELION PEN NEEDLES 31GX8MM	1	PA; RX/OTC			
RELION PEN NEEDLES 32G X4MM	1	PA; RX/OTC			

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SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM	1	PA; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	1	PA; RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVER/31GX8MM	1	PA; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"	1	PA; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	1	PA; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	PA	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC	SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	1	PA; RX/OTC	SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	1	PA
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES30GX5/16" SHORT	1	PA
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32"	1	PA; RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	1	PA; RX/OTC
			SURE COMFORT PEN NEEDLES32GX6MM	1	PA

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TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	1	PA; RX/OTC	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	1	PA; RX/OTC	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM	1	PA; RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM	1	PA	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC
TECHLITE PLUS PEN NEEDLES32G X 4MM	1	PA; RX/OTC			
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"	1	PA; RX/OTC			

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TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 6MM	1	PA; RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 31G X 8MM	1	PA; RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	1	PA; RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 5MM	1	PA; RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 6MM	1	PA
TRUE COMFORT PEN NEEDLES32G X 4MM	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 33G X 4MM	1	PA
TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	1	PA	TRUE COMFORT PRO PEN NEEDLES 33G X 5MM	1	PA
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC	TRUE COMFORT PRO PEN NEEDLES 33G X 6MM	1	PA
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	1	PA; RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	1	PA; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16"	1	PA	TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM	1	PA; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	1	PA; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	1	PA; RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	1	PA
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	1	PA; RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	1	PA; RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM	1	PA; RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	1	PA; RX/OTC

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TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	1	PA; RX/OTC	TRUEPLUS PEN NEEDLES 32GX4MM	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	1	PA; RX/OTC	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	1	PA
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	1	PA; RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
TRUEPLUS PEN NEEDLES 29GX12MM	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	1	PA; RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM	1	PA; RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	1	PA; RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM	1	PA; RX/OTC			

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ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE MICRO PEN NEEDLES 32G X 4MM	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	1	PA; RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 1/4"	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE MICRO PEN NEEDLES/31G X 5/16"	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	1	PA; RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 4MM	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE MICRO PEN NEEDLES/32G X 5/32"	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	PA	ULTICARE MINI PEN NEEDLES 31GX6MM	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE MINI PEN NEEDLES ULTI-FINE IV	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	ULTICARE MINI PEN NEEDLES/31G X 6MM	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE MINI PEN NEEDLES/32G X 1/4"	1	PA
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC	ULTICARE MINI PEN NEEDLES31GX6MM	1	PA; RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16"	1	PA; RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	1	PA
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE PEN NEEDLES 31GX 5MM/MINI	1	PA; RX/OTC
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	1	PA; RX/OTC	ULTICARE PEN NEEDLES/29GX 12.7MM	1	PA
ULTICARE MICRO PEN NEEDLES 31G X 8MM	1	PA; RX/OTC	ULTICARE SAFETY SYRINGE/LOW DEAD SPACE/1.5ML/22GX1-1/2"	1	PA
			ULTICARE SHORT PEN NEEDLES 31GX8MM	1	PA; RX/OTC
			ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	1	PA; RX/OTC
			ULTICARE SHORT PEN NEEDLES/31G X 8MM	1	PA; RX/OTC
			ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	1	PA

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ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 1" MISC	1	PA	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM	1	PA; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	1	PA; RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	1	PA; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"	1	PA; RX/OTC	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"	1	PA; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"	1	PA; RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	1	PA; RX/OTC
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	1	PA; RX/OTC	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	1	PA
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	1	PA	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	1	PA; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	1	PA; RX/OTC	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	1	PA; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	1	PA; RX/OTC	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	1	PA; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	1	PA; RX/OTC	ULTILET PEN NEEDLE 32GX4MM/SHORT	1	PA; RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	1	PA; RX/OTC	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC
ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	1	PA; RX/OTC	ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	1	PA; RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	1	PA	ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	1	PA; RX/OTC
			ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	1	PA
			ULTRA FLO INSULIN PEN NEEDLES	1	PA; RX/OTC
			ULTRA FLO INSULIN PEN NEELE 31GX8MM	1	PA; RX/OTC
			ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	1	PA; RX/OTC

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ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	1	PA; RX/OTC	ULTRACARE PEN NEEDLES/31G X 1/4"	1	PA; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	1	PA; RX/OTC	ULTRACARE PEN NEEDLES/31G X 3/16"	1	PA; RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	1	PA; RX/OTC	ULTRACARE PEN NEEDLES/31G X 5/16"	1	PA; RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	1	PA	ULTRACARE PEN NEEDLES/32G X 1/14"	1	PA
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	1	PA; RX/OTC	ULTRACARE PEN NEEDLES/32G X 3/16"	1	PA; RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	1	PA; RX/OTC	ULTRACARE PEN NEEDLES/32G X 5/32"	1	PA; RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM	1	PA; RX/OTC	ULTRACARE PEN NEEDLES/33G X 5/32"	1	PA
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	1	PA; RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	1	PA; RX/OTC	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	1	PA; RX/OTC
			ULTRA-THIN II PEN NEEDLES 29GX1/2"	1	PA

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ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	1	PA; RX/OTC	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 8MM	1	PA
UNIFINE PEN NEEDLE/32G X4MM	1	PA; RX/OTC	UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	1	PA; RX/OTC
UNIFINE PENTIPS 29GX12MM	1	PA; RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	1	PA; RX/OTC
UNIFINE PENTIPS 31G X 3/16"	1	PA; RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"	1	PA; RX/OTC
UNIFINE PENTIPS 31GX5MM	1	PA; RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	1	PA
UNIFINE PENTIPS 31GX6MM	1	PA; RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX5MM	1	PA; RX/OTC
UNIFINE PENTIPS 31GX8MM	1	PA; RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX6MM	1	PA; RX/OTC
UNIFINE PENTIPS 32GX4MM	1	PA; RX/OTC	UNIFINE ULTRA PEN NEEDLE/31GX8MM	1	PA; RX/OTC
UNIFINE PENTIPS 32GX6MM	1	PA	UNIFINE ULTRA PEN NEEDLE/32GX4MM	1	PA; RX/OTC
UNIFINE PENTIPS 33GX4MM	1	PA	VALUMARK PEN NEEDLES 29GX12MM	1	PA; RX/OTC
UNIFINE PENTIPS PLUS 29GX12MM	1	PA; RX/OTC	VALUMARK PEN NEEDLES 31GX 6MM	1	PA; RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM	1	PA; RX/OTC	VALUMARK PEN NEEDLES 31GX 8MM	1	PA; RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM	1	PA; RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	1	PA; RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM	1	PA; RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16"	1	PA
UNIFINE PENTIPS PLUS 32GX4MM	1	PA; RX/OTC	VERIFINE INSULIN PEN NEEDLE 29G X 12MM	1	PA; RX/OTC
UNIFINE PENTIPS PLUS 33GX 5/32"	1	PA	VERIFINE INSULIN PEN NEEDLE 31G X 5MM	1	PA; RX/OTC
UNIFINE PENTIPS PLUS 33GX4MM	1	PA	VERIFINE INSULIN PEN NEEDLE 31G X 8MM	1	PA; RX/OTC
UNIFINE PENTIPS PLUS/30GX 3/16"	1	PA; RX/OTC	VERIFINE INSULIN PEN NEEDLE 32G X 4MM	1	PA; RX/OTC
UNIFINE PENTIPS/30G X 3/16"	1	PA; RX/OTC	VERIFINE INSULIN PEN NEEDLE 32G X 6MM	1	PA
UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	1	PA; RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	1	PA; RX/OTC	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	1	PA; RX/OTC	VIDA MIA UNIFINE PENTIPSSHORT 31GX8MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	1	PA; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	1	PA; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	1	PA; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	1	PA; RX/OTC	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	1	PA; RX/OTC	ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	1	PA; RX/OTC	ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE1ML/29G X 12MM	1	PA; RX/OTC	ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	1	PA; RX/OTC
VERIFINE INSULIN SYRINGE1ML/31G X 8MM	1	PA; RX/OTC	ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	1	PA; RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	1	PA; RX/OTC	ZEV RX PEN NEEDLES 31G X 5MM	1	PA; RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	1	PA; RX/OTC	ZEV RX PEN NEEDLES 31G X 6MM	1	PA; RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	1	PA; RX/OTC	ZEV RX PEN NEEDLES 31G X 8MM	1	PA; RX/OTC
VERIFINE PLUS PEN NEEDLE/32G X 4MM	1	PA; RX/OTC	ZEV RX PEN NEEDLES 32G X 4MM	1	PA; RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM	1	PA; RX/OTC	Respiratory Therapy Supplies		
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	1	PA; RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC

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AEROCHAMBER MINI AEROSOLCHAMBER DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER MV MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	1	RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	1	RX/OTC	AEROCHAMBER/FLOWSIGNAL MISC	1	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	AEROTRACH PLUS MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	1	RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	1	RX/OTC	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC			
AEROCHAMBER PLUS FLOW-VU MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC			

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CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	FLEXICHAMBER DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
EASIVENT/MASK-LARGE MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	MICROCHAMBER DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
EASIVENT/MASK-MEDIUM MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	MICROCHAMBER MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
EASIVENT/MASK-SMALL MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	MICROSPACER MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
EASIVENT MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	OPTICHAMBER DIAMOND MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC

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POCKET CHAMBER DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	VORTEX VALVED HOLDING CHAMBER DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	AIMOVIG 70 MG/ML	1	QL(1 ml per 30 day(s) retail; 1 ml per 30 days mail); AL(At least 18 yrs old); PA
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	AIMOVIG 140 MG/ML	1	AL(At least 18 yrs old); PA
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC	AJOVY SOAJ	1	QL(1.5 ml per 30 day(s) retail; 2 ml per 30 days mail); AL(At least 18 yrs old); PA
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	1	RX/OTC	AJOVY SOSY	1	QL(1.5 ml per 30 day(s) retail; 2 ml per 30 days mail); AL(At least 18 yrs old); PA
REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	1	RX/OTC	EMGALITY SOAJ	1	QL(1 ml per 30 day(s) retail; 1 ml per 30 days mail); AL(At least 18 yrs old); PA
REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	1	RX/OTC	EMGALITY SOSY 100 MG/ML	1	QL(3 ml per 30 day(s) retail; 3 ml per 30 days mail); AL(At least 18 yrs old); PA
RITEFLO DEVI	1	QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC			

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EMGALITY SOSY 120 MG/ML	1	QL(1 ml per 30 day(s) retail; 1 ml per 30 days mail); AL(At least 18 yrs old); PA	D.H.E. 45 SOLN IJ (Use <i>dihydroergotamine mesylate</i>)	9	
			<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	PA
NURTEC	1	QL(8 ea per 30 day(s) retail; 8 ea per 30 days mail); AL(At least 18 yrs old); PA	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	1	QL(24 ml per 28 day(s) retail; 24 ml per 28 days mail); PA
QULIPTA	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 18 yrs old); PA	MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i>)	1	QL(8 ml per 30 day(s) retail; 8 ml per 30 days mail); PA
UBRELVY	1	QL(16 ea per 30 day(s) retail; 16 ea per 30 days mail); AL(At least 18 yrs old); PA	Migraine Products - NSAIDs		
VYEPTI	1	AL(At least 18 yrs old); PA	CAMBIA (Use <i>diclofenac potassium (migraine)</i>)	9	
ZAVZPRET	1	QL(8 ea per 30 day(s) retail; 8 ea per 30 days mail); AL(At least 18 yrs old); PA	<i>diclofenac potassium (migraine)</i>	1	PA
Migraine Combinations			ELYXYB	1	AL(At least 18 yrs old); PA
<i>ergotamine w/ caffeine SUPP</i>	1	QL(25 ea per 30 day(s) retail; 25 ea per 30 days mail)	Serotonin Agonists		
<i>sumatriptan-naproxen sodium</i>	1	QL(9 ea per 30 day(s) retail; 9 ea per 30 days mail)	<i>almotriptan malate 12.5 MG</i>	3	QL(2 ea daily); ST
TREXIMET (Use <i>sumatriptan-naproxen sodium</i>)	9	QL(9 ea per 30 day(s) retail; 9 ea per 30 days mail)	<i>almotriptan malate 6.25 MG</i>	3	QL(2 ea daily)
Migraine Products			AMERGE (Use <i>naratriptan hcl</i>)	9	ST
			<i>eletriptan hydrobromide</i>	1	QL(2 ea daily)
			FROVA (Use <i>frovatriptan succinate</i>)	2	QL(3 ea daily); ST
			<i>frovatriptan succinate</i>	2	QL(3 ea daily); ST
			IMITREX 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i>)	1	2 package(s) per 12 day(s) retail; 2 package(s) per 12 day(s) mail; PA
			IMITREX STATDOSE REFILL SOCT (Use <i>sumatriptan succinate</i>)	1	QL(2 ml daily); PA

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IMITREX STATDOSE SYSTEM SOAJ (Use <i>sumatriptan succinate</i>)	1	QL(2 ml daily); PA	<i>sumatriptan succinate</i> SOAJ	1	QL(2 ml daily); PA
IMITREX STATDOSE SYSTEM SOAJ (Use <i>sumatriptan succinate</i>)	1	QL(2 ml daily); PA	<i>sumatriptan succinate</i> SOCT	1	QL(2 ml daily); PA
IMITREX TABS (Use <i>sumatriptan succinate</i>)	1	QL(2 ea daily)	<i>sumatriptan succinate</i> SOLN 6 MG/0.5ML	1	QL(4 ml per 30 day(s) retail; 4 ml per 30 days mail); PA
MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	1	QL(18 ea per 30 day(s) retail; 18 ea per 30 days mail)	<i>sumatriptan succinate</i> TABS	1	QL(2 ea daily)
MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	1	QL(18 ea per 30 day(s) retail; 18 ea per 30 days mail)	TOSYMRA	1	QL(3 ea daily); PA
<i>naratriptan hcl</i> 1 MG	1	QL(54 ea per 30 day(s) retail; 54 ea per 30 days mail); ST	ZEMBRACE SYMTOUCH SOAJ	1	QL(4 ml per 30 day(s) retail; 4 ml per 30 days mail); PA
<i>naratriptan hcl</i> 2.5 MG	1	ST	<i>zolmitriptan</i> SOLN	1	QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail); PA
RELPAK (Use <i>eletriptan hydrobromide</i>)	1	QL(2 ea daily)	<i>zolmitriptan</i> TABS	1	QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail); ST
RELPAK (Use <i>eletriptan hydrobromide</i>)	9		<i>zolmitriptan</i> TBDP	1	
RELPAK (Use <i>eletriptan hydrobromide</i>)	1	QL(2 ea daily)	ZOMIG SOLN	1	QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail)
REYVOW	1	QL(8 ea per 30 day(s) retail; 8 ea per 30 days mail); AL(At least 18 yrs old); PA	ZOMIG SOLN (Use <i>zolmitriptan</i>)	1	QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail)
<i>rizatriptan benzoate</i> TABS	1	QL(18 ea per 30 day(s) retail; 18 ea per 30 days mail)	ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	9	ST
<i>rizatriptan benzoate</i> TBDP	1	QL(18 ea per 30 day(s) retail; 18 ea per 30 days mail)	ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	1	QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail); ST
<i>sumatriptan</i>	1	2 package(s) per 12 day(s) retail; 2 package(s) per 12 day(s) mail; PA	MINERALS & ELECTROLYTES		
			Bicarbonates		
			<i>sodium acetate</i> SOLN	1	
			SODIUM ACETATE SOLN (Use <i>sodium acetate</i>)	9	
			SODIUM ACETATE SOLN (Use <i>sodium acetate</i>)	1	

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sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %	1		CITRACAL + D3 MAXIMUM TABS (Use calcium citrate-vitamin d)	9	
sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %	1		CITRACAL PETITES/VITAMIND TABS (Use calcium citrate-vitamin d)	9	
THAM	1		OYSTER SHELL CALCIUM/D TABS	2	
Calcium			Electrolyte Mixtures		
calcium carbonate-cholecalciferol TABS	2		DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	1	
calcium carbonate-cholecalciferol TABS	2		DEXTROSE 10%/SODIUM CHLORIDE 0.2%	1	
calcium carbonate-vitamin d TABS 250 MG-125 UNIT	2		DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% (Use dextrose w/ sodium chloride)	1	
calcium chloride (dihydrate) SOLN	1		DEXTROSE 5%/SODIUM CHLORIDE 0.3% (Use dextrose w/ sodium chloride)	1	
calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-200 MG, 250 UNIT-315 MG	2		dextrose in lactated ringers	1	
CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 %	1		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 %	1	
CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN (Use calcium gluconate-sodium chloride)	1		DEXTROSE/SODIUM CHLORIDE (Use dextrose w/ sodium chloride)	1	
CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN (Use calcium gluconate-sodium chloride)	9		electrolyte-148	1	
calcium gluconate-sodium chloride SOLN	1		electrolyte-a	1	
calcium gluconate SOLN	1		IONOSOL-MB/DEXTROSE 5%	1	
CALCIUM GLUCONATE SOLN (Use calcium gluconate)	1		ISOLYTE-P/DEXTROSE 5%	1	
CALCIUM GLUCONATE SOLN (Use calcium gluconate)	9		ISOLYTE-S	1	

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ISOLYTE-S PH 7.4	1	
KCL 0.15%/D5W/NACL 0.225%	1	
KCL 0.3%/D5W/NACL 0.9% (Use potassium chloride in dextrose & sodium chloride)	1	
<i>lactated ringer's</i>	1	
NORMOSOL -R	1	
NORMOSOL-M/D5W	1	
NORMOSOL-R	1	
PLASMA-LYTE A (Use electrolyte-a)	1	
PLASMA-LYTE-148 (Use electrolyte-148)	9	
<i>potassium chloride in dextrose 5 %-10 MEQ/L, 5 %-20 MEQ/L</i>	1	
<i>potassium chloride in dextrose & 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 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	1	
<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1	
POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use potassium chloride in nacl)	1	
<i>ringer's</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
TPN ELECTROLYTES CONC	1	
Fluoride		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG</i>	1	QL(1 ea daily)
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	AL(Up to 6 yrs old); RX/OTC
Magnesium		
<i>magnesium chloride SOLN</i>	1	
<i>magnesium sulfate IV</i>	1	
MAGNESIUM SULFATE IV (Use magnesium sulfate)	9	
MAGNESIUM SULFATE IV (Use magnesium sulfate)	1	
MAGNESIUM SULFATE IN D5W (Use magnesium sulfate in dextrose)	1	
MAGNESIUM SULFATE IN D5W (Use magnesium sulfate in dextrose)	9	
<i>magnesium sulfate in dextrose</i>	1	
Phosphate		
<i>K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)</i>	1	
<i>K-PHOS TABS (Use potassium phosphate monobasic)</i>	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
<i>potassium phosphate monobasic TABS</i>	1	
<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML (<i>Use potassium phosphates</i>)	9	
<i>sodium phosphates (sodium phosphate dibasic & monobasic) 142 MG/ML-276 MG/ML</i>	1	AL(Up to 20 yrs old); PA
<i>sodium phosphates (sodium phosphate dibasic & monobasic) 142 MG/ML-276 MG/ML</i>	1	AL(Up to 20 yrs old); PA
Potassium		
K-TAB TBCR 20 MEQ (<i>Use potassium chloride</i>)	1	
K-TAB TBCR 8 MEQ, 10 MEQ (<i>Use potassium chloride</i>)	9	
POKONZA PACK OR	1	PA
<i>potassium acetate SOLN 2 MEQ/ML</i>	1	
POTASSIUM ACETATE SOLN 2 MEQ/ML	1	
<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK OR 20 MEQ</i>	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA
<i>potassium chloride PACK OR 20 MEQ</i>	1	PA
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
POTASSIUM CHLORIDE SOLN IV (<i>Use potassium chloride</i>)	1	
<i>potassium chloride TBCR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Sodium		
SODIUM CHLORIDE GRAN	1	RX/OTC
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	1	
Zinc		
GALZIN	1	
WILZIN	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (<i>Use penicillamine</i>)	1	
CUVRIOR	1	AL(At least 18 yrs old); PA
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	1	
<i>penicillamine CAPS</i>	1	
<i>penicillamine TABS</i>	1	
SYPRINE (<i>Use trientine hcl</i>)	1	
<i>trientine hcl 250 MG</i>	1	
<i>trientine hcl 500 MG</i>	1	QL(4 ea daily); PA
Enzymes		
VITRASE SOLN	1	
Immunomodulators		
JOENJA	1	QL(2 ea daily); AL(At least 12 yrs old); PA
<i>lenalidomide</i>	1	
REVLIMID	1	
REZUROCK	1	QL(1 ea daily); AL(At least 12 yrs old); PA
RYSTIGGO	1	AL(At least 18 yrs old); PA
THALOMID	1	
VYVGART	1	AL(At least 18 yrs old); PA

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VYVGART HYTRULO	1	AL(At least 18 yrs old); PA	<i>cyclosporine CAPS 100 MG</i>	1	QL(3 ea daily)
Immunosuppressive Agents			<i>cyclosporine SOLN IV 50 MG/ML</i>	1	
ASTAGRAF XL CP24 0.5 MG	1	QL(2.95 ea daily)	ENSPRYNG	1	QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); AL(At least 18 yrs old); PA
ASTAGRAF XL CP24 1 MG, 5 MG	1		ENVARBUS XR TB24 4 MG	1	QL(2 ea daily)
ATGAM	1		ENVARBUS XR TB24 0.75 MG	1	QL(3 ea daily)
AZATHIOPRINE	1		ENVARBUS XR TB24 1 MG	1	QL(6 ea daily)
AZATHIOPRINE POWD	1		<i>everolimus (immunosuppressant)</i>	1	QL(2 ea daily)
<i>azathioprine TABS 50 MG</i>	1	QL(8.4 ea daily)	GAMIFANT	1	PA
<i>azathioprine TABS 100 MG</i>	1	QL(3 ea daily)	IMURAN TABS (Use <i>azathioprine</i>)	1	QL(8.4 ea daily)
<i>azathioprine TABS 75 MG</i>	1	QL(1 ea daily)	LUPKYNIS	1	QL(6 ea daily); AL(At least 18 yrs old); PA
CELLCEPT INTRAVENOUS (Use <i>mycophenolate mofetil hcl</i>)	1		<i>mycophenolate mofetil hcl</i>	1	
CELLCEPT CAPS (Use <i>mycophenolate mofetil</i>)	1	QL(10 ea daily)	<i>mycophenolate mofetil CAPS</i>	1	QL(10 ea daily)
CELLCEPT SUSR (Use <i>mycophenolate mofetil</i>)	1	QL(16 ml daily); 3 package(s) per 30 day(s) retail; 3 package(s) per 30 day(s) mail	<i>mycophenolate mofetil CAPS</i>	1	
CELLCEPT TABS (Use <i>mycophenolate mofetil</i>)	1	QL(6 ea daily)	<i>mycophenolate mofetil SUSR</i>	1	QL(16 ml daily)
<i>cyclosporine modified (for microemulsion) CAPS 100 MG</i>	1	QL(5 ea daily)	<i>mycophenolate mofetil SUSR</i>	1	QL(16 ml daily); 9 package(s) per 90 day(s) retail; 9 package(s) per 90 day(s) mail
<i>cyclosporine modified (for microemulsion) CAPS 25 MG</i>	1	QL(6 ea daily)	<i>mycophenolate mofetil TABS</i>	1	QL(6 ea daily)
<i>cyclosporine modified (for microemulsion) CAPS 50 MG</i>	1	QL(8 ea daily)	<i>mycophenolate sodium</i>	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	QL(6 ml daily)	MYFORTIC (Use <i>mycophenolate sodium</i>)	1	
<i>cyclosporine CAPS 25 MG</i>	1	QL(5 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEORAL CAPS 100 MG (Use cyclosporine modified (for microemulsion))	1	QL(5 ea daily)	SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	9	
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	9		SANDIMMUNE SOLN OR	1	QL(2 ml daily)
NEORAL CAPS 25 MG (Use cyclosporine modified (for microemulsion))	1	QL(6 ea daily)	SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	1	
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	1	QL(6 ml daily)	sirolimus SOLN	1	QL(6 ml daily)
PROGRAF CAPS 5 MG (Use tacrolimus)	1	QL(12 ea daily)	sirolimus TABS 1 MG	1	QL(3 ea daily)
PROGRAF CAPS 1 MG (Use tacrolimus)	1	QL(24 ea daily)	sirolimus TABS 0.5 MG	1	QL(1 ea daily)
PROGRAF CAPS 0.5 MG (Use tacrolimus)	1	QL(38 ea daily)	sirolimus TABS 2 MG	1	QL(2 ea daily)
PROGRAF PACK 1 MG	1	QL(6 ea daily); AL(Up to 6 yrs old)	tacrolimus CAPS 1 MG	1	QL(24 ea daily)
PROGRAF PACK 0.2 MG	1	AL(Up to 6 yrs old)	tacrolimus CAPS 5 MG	1	QL(12 ea daily)
PROGRAF SOLN	1		tacrolimus CAPS 0.5 MG	1	QL(38 ea daily)
RAPAMUNE SOLN (Use sirolimus)	9		THYMOGLOBULIN	1	
RAPAMUNE SOLN (Use sirolimus)	1	QL(6 ml daily)	UPLIZNA	1	PA
RAPAMUNE TABS 0.5 MG (Use sirolimus)	1	QL(1 ea daily)	ZORTRESS (Use everolimus (immunosuppressant))	1	QL(2 ea daily)
RAPAMUNE TABS 2 MG (Use sirolimus)	1	QL(2 ea daily)	ZORTRESS (Use everolimus (immunosuppressant))	9	
RAPAMUNE TABS 1 MG (Use sirolimus)	1	QL(3 ea daily)	ZORTRESS (Use everolimus (immunosuppressant))	1	QL(2 ea daily)
SANDIMMUNE CAPS 25 MG (Use cyclosporine)	1	QL(5 ea daily)	Irrigation Solutions		
SANDIMMUNE CAPS 100 MG (Use cyclosporine)	1	QL(3 ea daily)	irrigation solutions, physiological	1	
SANDIMMUNE CAPS (Use cyclosporine)	9		lactated ringer's (irrigation)	1	
			ringer's irrigation	1	
			water for irrigation, sterile	1	
			PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
			VIJOICE	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA

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VIJOICE	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA
Potassium Removing Agents		
LOKELMA	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA
<i>sodium polystyrene sulfonate POWD</i>	1	
<i>sodium polystyrene sulfonate POWD</i>	1	
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1	
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1	
VELTASSA 16.8 GM, 25.2 GM	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA
VELTASSA 8.4 GM	1	QL(1 ea daily); PA
Progeria Treatment Agents		
ZOKINVY	1	QL(4 ea daily); AL(At least 1 yrs old); PA
Prostaglandins		
PROSTIN VR PEDIATRIC	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA
BENLYSTA SOSY	1	QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA
SAPHNELO	1	AL(At least 18 yrs old); PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (mouth-throat)</i>	1	
Anti-infectives - Throat		
AMPHOTERICIN B	1	
<i>clotrimazole</i>	1	
NYSTATIN 100000 UNIT/ML (<i>Use nystatin (mouth-throat)</i>)	9	
<i>nystatin (mouth-throat)</i>	1	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	QL(500 ml per 14 day(s) retail; 500 ml per 14 days mail)
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	9	
Dental Products		
PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>Use sodium fluoride (dental)</i>)	9	
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	9	
PREVIDENT 5000 ENAMEL PROTECT GEL (<i>Use sodium fluoride-potassium nitrate</i>)	9	
PREVIDENT 5000 KIDS PSTE DT (<i>Use sodium fluoride (dental)</i>)	9	
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>Use sodium fluoride (dental)</i>)	9	
PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	9	

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Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 SENSITIVE GEL (Use sodium fluoride-potassium nitrate)	9	
PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental))	9	
sodium fluoride (dental) CREA	1	QL(51 gm per 30 day(s) retail; 51 gm per 30 days mail)
sodium fluoride (dental) GEL	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
sodium fluoride (dental) GEL	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 6 yrs old)
sodium fluoride (dental) PSTE DT	1	AL(At least 6 yrs old)
sodium fluoride (dental) SOLN 0.2 %	1	
sodium fluoride-potassium nitrate GEL	1	AL(At least 6 yrs old)
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	1	
Throat Products - Misc.		
cevimeline hcl	1	QL(4 ea daily)
EVOXAC (Use cevimeline hcl)	1	QL(4 ea daily)
pilocarpine hcl (oral)	1	
SALAGEN (Use pilocarpine hcl (oral))	9	
MULTIVITAMINS		
Iron w/ Vitamins		

Drug Name	Drug Tier	Requirements/Limits
iron w/ vitamins TABS	2	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
Multiple Vitamins w/ Minerals		
DEKAS PLUS CAPS	1	QL(2 ea daily); AL(Up to 20 yrs old); PA; RX/OTC
DEKAS PLUS CHEW	1	AL(Up to 20 yrs old); PA
MVW COMPLETE FORMULATION CAPS	1	QL(2 ea daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATIOND3000 CAPS	1	QL(2 ea daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATIOND500 CAPS	1	QL(2 ea daily); AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS	1	QL(2 ea daily); AL(Up to 20 yrs old); PA; RX/OTC
PHLEXY-VITS POWD	1	
Multivitamins		
DEKAS ESSENTIAL CAPS	1	QL(2 ea daily); AL(Up to 20 yrs old); PA; RX/OTC
DEKAS ESSENTIAL LIQD	1	AL(Up to 20 yrs old); PA
ZE-PLUS CAPS (Use multiple vitamin)	9	RX/OTC
Ped Multiple Vitamins w/ Minerals		
DEKAS PLUS LIQD	1	AL(Up to 20 yrs old); PA; RX/OTC
MVW COMPLETE FORMULATION CHEW	1	QL(2 ea daily); AL(Up to 20 yrs old); PA

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MVW COMPLETE FORMULATIOND3000 CHEW	1	QL(2 ea daily); AL(Up to 20 yrs old); PA	M-NATAL PLUS TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
MVW COMPLETE FORMULATIOND5000 CHEW	1	QL(2 ea daily); AL(Up to 20 yrs old); PA	NESTABS	2	AL(At least 10 yrs old - Up to 50 yrs old)
ONE-A-DAY SCOOPY-DOO GUMMIES CHEW <i>(Use pediatric multiple vitamin w/ minerals)</i>	9		NESTABS DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)
Prenatal Vitamins			NESTABS ONE	2	AL(At least 10 yrs old - Up to 50 yrs old)
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)	NIVA-PLUS TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
CITRANATAL ASSURE	2	AL(At least 10 yrs old - Up to 50 yrs old)	OB COMPLETE ONE	2	AL(At least 10 yrs old - Up to 50 yrs old)
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)	OB COMPLETE PETITE	2	AL(At least 10 yrs old - Up to 50 yrs old)
CITRANATAL BLOOM	2	AL(At least 10 yrs old - Up to 50 yrs old)	OB COMPLETE PREMIER	2	AL(At least 10 yrs old - Up to 50 yrs old)
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)	OB COMPLETE/DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)
C-NATE DHA CAPS	2	AL(At least 10 yrs old - Up to 50 yrs old)	OB COMPLETE TABS	1	AL(At least 10 yrs old - Up to 50 yrs old)
COMPLETE NATAL DHA	1	AL(At least 10 yrs old - Up to 50 yrs old)	PNV-DHA+DOCUSATE	2	AL(At least 10 yrs old - Up to 50 yrs old)
COMPLETENATE CHEW	1	AL(At least 10 yrs old - Up to 50 yrs old)	PNV-OMEGA	2	AL(At least 10 yrs old - Up to 50 yrs old)
ENBRACE HR	2	AL(At least 10 yrs old - Up to 50 yrs old)	PRENAISSANCE	2	AL(At least 10 yrs old - Up to 50 yrs old)
FOLIVANE-OB	1	AL(At least 10 yrs old - Up to 50 yrs old)	PRENAISSANCE PLUS CAPS	2	AL(At least 10 yrs old - Up to 50 yrs old)
			PRENATAL PLUS VITAMIN ANDMINERAL TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC

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<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</i>	1	AL(At least 10 yrs old - Up to 50 yrs old)	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	2	AL(At least 10 yrs old - Up to 50 yrs old)
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	2	AL(At least 10 yrs old - Up to 50 yrs old)	PRENATE PIXIE	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC	PRENATE RESTORE	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE	2	AL(At least 10 yrs old - Up to 50 yrs old)	PRIMACARE	2	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE AM	2	AL(At least 10 yrs old - Up to 50 yrs old)	SELECT-OB+DHA MISC	1	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	2	AL(At least 10 yrs old - Up to 50 yrs old)	SELECT-OB CHEW	2	AL(At least 10 yrs old - Up to 50 yrs old)
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	2	AL(At least 10 yrs old - Up to 50 yrs old)	SE-NATAL 19 CHEW	1	AL(At least 10 yrs old - Up to 50 yrs old)
PRENATE ENHANCE	2	AL(At least 10 yrs old - Up to 50 yrs old)	SE-NATAL 19 TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
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	2	AL(At least 10 yrs old - Up to 50 yrs old)	TARON-C DHA	1	AL(At least 10 yrs old - Up to 50 yrs old)
			TRICARE TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC
			TRINATAL RX 1 TABS	1	AL(At least 10 yrs old - Up to 50 yrs old)
			TRISTART DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)
			VIRT-NATE DHA CAPS	2	AL(At least 10 yrs old - Up to 50 yrs old)
			VIRT-PN DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)

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VITAFOL FE+	1	AL(At least 10 yrs old - Up to 50 yrs old)	<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	
VITAFOL GUMMIES	1	AL(At least 10 yrs old - Up to 50 yrs old)	<i>baclofen SOLN OR 5 MG/5ML, 10 MG/5ML</i>	1	AL(Up to 10 yrs old); PA
VITAFOL ULTRA	1	AL(At least 10 yrs old - Up to 50 yrs old)	BACLOFEN SOSY	1	
VITAFOL-OB+DHA MISC	1	AL(At least 10 yrs old - Up to 50 yrs old)	<i>baclofen SUSP</i>	1	PA
VITAFOL-OB TABS	1	AL(At least 10 yrs old - Up to 50 yrs old)	<i>baclofen SUSP</i>	1	AL(Up to 10 yrs old); PA
VITAFOL-ONE CAPS	1	AL(At least 10 yrs old - Up to 50 yrs old)	<i>baclofen TABS 10 MG, 20 MG</i>	1	
WESCAP-C DHA	1	AL(At least 10 yrs old - Up to 50 yrs old)	<i>baclofen TABS 5 MG</i>	1	PA
WESCAP-PN DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)	<i>carisoprodol TABS 350 MG</i>	1	QL(4 ea daily)
WESNATAL DHA COMPLETE	1	AL(At least 10 yrs old - Up to 50 yrs old)	<i>carisoprodol TABS 250 MG</i>	1	QL(4 ea daily); PA
WESNATE DHA CAPS	2	AL(At least 10 yrs old - Up to 50 yrs old)	<i>chlorzoxazone TABS 500 MG</i>	1	
WESTAB PLUS TABS	1	AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC	<i>chlorzoxazone TABS 375 MG, 750 MG</i>	1	QL(4 ea daily); PA
WESTGEL DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)	<i>chlorzoxazone TABS 250 MG</i>	1	PA
ZATEAN-PN DHA	2	AL(At least 10 yrs old - Up to 50 yrs old)	<i>cyclobenzaprine hcl CP24</i>	1	QL(1 ea daily); PA
MUSCULOSKELETAL THERAPY AGENTS -			<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
Drugs to Treat Spasms			<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
Central Muscle Relaxants			<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1	QL(3 ea daily); PA
AMRIX CP24 (<i>Use cyclobenzaprine hcl</i>)	1	QL(1 ea daily); PA	FLEQSUVY SUSP (<i>Use baclofen</i>)	1	AL(Up to 10 yrs old); PA
BACLOFEN POWD	1		GABLOFEN SOLN IT	1	
			GABLOFEN SOLN IT (<i>Use baclofen</i>)	1	
			GABLOFEN SOSY	1	
			LIORESAL INTRATHECAL SOLN IT	1	
			LIORESAL INTRATHECAL SOLN IT (<i>Use baclofen</i>)	9	

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LIORESAL INTRATHECAL SOLN IT (Use baclofen)	1		Fibrodysplasia Ossificans Progressiva (FOP) Agents		
LYVISPAH PACK	1	AL(Up to 10 yrs old); PA	SOHONOS 1 MG, 1.5 MG, 5 MG	1	QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); AL(At least 8 yrs old); PA
<i>metaxalone</i>	2	ST			
<i>metaxalone</i>	2	ST			
<i>methocarbamol SOLN</i>	1		SOHONOS 10 MG	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 8 yrs old); PA
<i>methocarbamol TABS 500 MG, 750 MG</i>	1				
<i>orphenadrine citrate SOLN</i>	1		SOHONOS 2.5 MG	1	QL(140 ea per 28 day(s) retail; 140 ea per 28 days mail); AL(At least 8 yrs old); PA
<i>orphenadrine citrate TB12</i>	1				
OZOBAX DS SOLN OR (Use baclofen)	9		Muscle Relaxant Combinations		
OZOBAX SOLN OR (Use baclofen)	9	AL(Up to 10 yrs old)	NORGESIC FORTE (Use orphenadrine w/ aspirin & caff)	1	PA
ROBAXIN SOLN (Use methocarbamol)	9		<i>orphenadrine w/ aspirin & caff</i>	1	AL(At least 12 yrs old); PA
ROBAXIN SOLN (Use methocarbamol)	1		NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
SOMA TABS 250 MG (Use carisoprodol)	1	QL(4 ea daily); PA	Nasal Agent Combinations		
SOMA TABS 350 MG (Use carisoprodol)	1	QL(4 ea daily)	<i>azelastine hcl-fluticasone propionate SUSP</i>	3	QL(23 gm per 30 day(s) retail; 23 gm per 30 days mail)
<i>tizanidine hcl CAPS</i>	1	PA	DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)	3	QL(23 gm per 30 day(s) retail; 23 gm per 30 days mail)
<i>tizanidine hcl TABS</i>	1		RYALTRIS	3	QL(29 gm per 30 day(s) retail; 29 gm per 30 days mail); AL(At least 12 yrs old)
ZANAFLEX CAPS (Use tizanidine hcl)	1	PA	Nasal Antiallergy		
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	1				
Direct Muscle Relaxants					
DANTRIUM IV SOLR (Use dantrolene sodium)	9				
DANTRIUM CAPS 25 MG (Use dantrolene sodium)	1				
<i>dantrolene sodium CAPS</i>	1				
<i>dantrolene sodium CAPS</i>	1				
<i>dantrolene sodium SOLR</i>	1				
RYANODEX SUSR	1				

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<i>azelastine hcl 0.15 %</i>	2	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); RX/OTC	NASONEX 24HR SUSP (Use <i>mometasone furoate (nasal)</i>)	9	RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail)	OMNARIS SUSP	3	QL(12.5 gm per 30 day(s) retail; 12 gm per 30 days mail)
<i>olopatadine hcl (nasal)</i>	3	QL(30.5 gm per 30 day(s) retail; 30 gm per 30 days mail)	QNASL	3	QL(10.6 gm per 30 day(s) retail; 11 gm per 30 days mail)
PATANASE (Use <i>olopatadine hcl (nasal)</i>)	9	QL(30.5 gm per 30 day(s) retail; 30 gm per 30 days mail)	QNASL CHILDRENS	3	QL(6.8 gm per 30 day(s) retail; 7 gm per 30 days mail); AL(At least 4 yrs old - Up to 11 yrs old)
Nasal Anticholinergics			XHANCE EXHU	1	PA
<i>ipratropium bromide (nasal)</i>	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail)	ZETONNA AERS	3	QL(6.1 gm per 30 day(s) retail; 6 gm per 30 days mail)
Nasal Steroids			Sympathomimetic Decongestants		
BECONASE AQ	1	QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail)	<i>pseudoephedrine hcl TB12</i>	1	AL(Up to 20 yrs old); PA
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>fluticasone propionate (nasal)</i>)	9	RX/OTC	NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
FLONASE ALLERGY RELIEF SUSP (Use <i>fluticasone propionate (nasal)</i>)	9	RX/OTC	ALS Agents		
<i>flunisolide (nasal) 0.025 %</i>	3	QL(75 ml per 30 day(s) retail; 75 ml per 30 days mail)	EXSERVAN FILM	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA
<i>fluticasone propionate (nasal) SUSP</i>	1	RX/OTC	QALSODY	1	AL(At least 18 yrs old); PA
<i>mometasone furoate (nasal) SUSP</i>	2	QL(17 gm per 30 day(s) retail; 17 gm per 30 days mail); RX/OTC	RADICAVA ORS STARTER KIT SUSP	1	PA
			RADICAVA ORS SUSP	1	PA
			RADICAVA SOLN	1	PA
			RELYVRIO	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA
			RILUTEK TABS (Use <i>riluzole</i>)	1	

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<i>riluzole TABS</i>	1		ELEVIDYS 21.5-22.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
TIGLUTIK SUSP	1	QL(600 ml per 30 day(s) retail; 600 ml per 30 days mail); PA	ELEVIDYS 22.5-23.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
Friedrich's Ataxia Agents			ELEVIDYS 23.5-24.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
SKYCLARYS	1	QL(3 ea daily); AL(At least 18 yrs old); PA	ELEVIDYS 24.5-25.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
Muscular Dystrophy Agents			ELEVIDYS 25.5-26.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
AMONDYS 45	1	PA	ELEVIDYS 26.5-27.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 10.0-10.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 27.5-28.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 10.5-11.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 28.5-29.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 11.5-12.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 29.5-30.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 12.5-13.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 30.5-31.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 13.5-14.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 31.5-32.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 14.5-15.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 32.5-33.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 15.5-16.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 33.5-34.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 16.5-17.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 34.5-35.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 17.5-18.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 35.5-36.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 18.5-19.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 36.5-37.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 19.5-20.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA			
ELEVIDYS 20.5-21.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA			

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ELEVIDYS 37.5-38.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 53.5-54.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 38.5-39.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 54.5-55.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 39.5-40.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 55.5-56.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 40.5-41.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 56.5-57.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 41.5-42.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 57.5-58.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 42.5-43.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 58.5-59.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 43.5-44.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 59.5-60.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 44.5-45.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 60.5-61.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 45.5-46.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 61.5-62.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 46.5-47.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 62.5-63.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 47.5-48.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 63.5-64.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 48.5-49.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 64.5-65.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 49.5-50.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 65.5-66.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 50.5-51.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 66.5-67.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 51.5-52.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 67.5-68.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA
ELEVIDYS 52.5-53.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ELEVIDYS 68.5-69.4 KG	1	AL(At least 4 yrs old - Up to 5 yrs old); PA

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ELEVIDYS 69.5 KG PLUS	1	AL(At least 4 yrs old - Up to 5 yrs old); PA	ZOLGENSMA 13.1-13.5 KG	1	AL(Up to 1 yrs old); PA
EXONDYS 51	1	PA	ZOLGENSMA 13.6-14.0 KG	1	AL(Up to 1 yrs old); PA
VILTEPSO	1	PA	ZOLGENSMA 14.1-14.5 KG	1	AL(Up to 1 yrs old); PA
VYONDYS 53	1	PA	ZOLGENSMA 14.6-15.0 KG	1	AL(Up to 1 yrs old); PA
Nondepolarizing Muscle Relaxants			ZOLGENSMA 15.1-15.5 KG	1	AL(Up to 1 yrs old); PA
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	1		ZOLGENSMA 15.6-16.0 KG	1	AL(Up to 1 yrs old); PA
<i>cisatracurium besylate SOLN</i>	1		ZOLGENSMA 16.1-16.5 KG	1	AL(Up to 1 yrs old); PA
NIMBEX SOLN (<i>Use cisatracurium besylate</i>)	1		ZOLGENSMA 16.6-17.0 KG	1	AL(Up to 1 yrs old); PA
<i>rocuronium bromide SOLN</i>	1		ZOLGENSMA 17.1-17.5 KG	1	AL(Up to 1 yrs old); PA
<i>vecuronium bromide SOLR</i>	1		ZOLGENSMA 17.6-18.0 KG	1	AL(Up to 1 yrs old); PA
Rett Syndrome Agents			ZOLGENSMA 18.1-18.5 KG	1	AL(Up to 1 yrs old); PA
DAYBUE	1	QL(3600 ml per 30 day(s) retail; 3600 ml per 30 days mail); AL(At least 2 yrs old); PA	ZOLGENSMA 18.6-19.0 KG	1	AL(Up to 1 yrs old); PA
Spinal Muscular Atrophy Agents (SMA)			ZOLGENSMA 19.1-19.5 KG	1	AL(Up to 1 yrs old); PA
EVRYSDI	1	QL(240 ml per 35 day(s) retail; 240 ml per 35 days mail); PA	ZOLGENSMA 19.6-20.0 KG	1	AL(Up to 1 yrs old); PA
SPINRAZA	1	PA	ZOLGENSMA 2.6-3.0 KG	1	AL(Up to 1 yrs old); PA
ZOLGENSMA 10.1-10.5 KG	1	AL(Up to 1 yrs old); PA	ZOLGENSMA 20.1-20.5 KG	1	AL(Up to 1 yrs old); PA
ZOLGENSMA 10.6-11.0 KG	1	AL(Up to 1 yrs old); PA	ZOLGENSMA 20.6-21.0 KG	1	AL(Up to 1 yrs old); PA
ZOLGENSMA 11.1-11.5 KG	1	AL(Up to 1 yrs old); PA	ZOLGENSMA 3.1-3.5 KG	1	AL(Up to 1 yrs old); PA
ZOLGENSMA 11.6-12.0 KG	1	AL(Up to 1 yrs old); PA	ZOLGENSMA 3.6-4.0 KG	1	AL(Up to 1 yrs old); PA
ZOLGENSMA 12.1-12.5 KG	1	AL(Up to 1 yrs old); PA	ZOLGENSMA 4.1-4.5 KG	1	AL(Up to 1 yrs old); PA
ZOLGENSMA 12.6-13.0 KG	1	AL(Up to 1 yrs old); PA	ZOLGENSMA 4.6-5.0 KG	1	AL(Up to 1 yrs old); PA
			ZOLGENSMA 5.1-5.5 KG	1	AL(Up to 1 yrs old); PA

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ZOLGENSMA 5.6-6.0 KG	1	AL(Up to 1 yrs old); PA	PHENYLADE PHEBLOC POWD OR	1	
ZOLGENSMA 6.1-6.5 KG	1	AL(Up to 1 yrs old); PA	PHENYLADE PHEBLOC TABS	1	
ZOLGENSMA 6.6-7.0 KG	1	AL(Up to 1 yrs old); PA	PHENYLADE40 DRINK MIX PACK	1	
ZOLGENSMA 7.1-7.5 KG	1	AL(Up to 1 yrs old); PA	PHENYLADE POWD OR	1	
ZOLGENSMA 7.6-8.0 KG	1	AL(Up to 1 yrs old); PA	PKU MAXAMUM POWD OR	1	
ZOLGENSMA 8.1-8.5 KG	1	AL(Up to 1 yrs old); PA	PROSOL SOLN	1	
ZOLGENSMA 8.6-9.0 KG	1	AL(Up to 1 yrs old); PA	XPHE MAXAMUM PACK	1	
ZOLGENSMA 9.1-9.5 KG	1	AL(Up to 1 yrs old); PA	OPHTHALMIC AGENTS - Drugs to Treat the Eye		
ZOLGENSMA 9.6-10.0 KG	1	AL(Up to 1 yrs old); PA	Artificial Tears and Lubricants		
NUTRIENTS			LACRISERT	1	
Carbohydrates			Beta-blockers - Ophthalmic		
DEXTROSE 30% SOLN	1		<i>betaxolol hcl (ophth) SOLN</i>	2	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)
<i>dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML</i>	1		<i>betaxolol hcl (ophth) SOLN</i>	2	
DEXTROSE SOLN	1		BETIMOL	1	MP; PA
Lipids			BETOPTIC-S SUSP	1	
DOJOLVI	1	AL(Up to 21 yrs old); PA	<i>brimonidine tartrate-timolol maleate</i>	1	AL(At least 3 yrs old); MP; PA
MCT OIL OIL	1	AL(Up to 20 yrs old); PA	<i>carteolol hcl (ophth)</i>	1	QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP
Proteins			<i>carteolol hcl (ophth)</i>	1	QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP
<i>amino acids TABS</i>	1		COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	1	QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); AL(At least 3 yrs old); MP
ELCYS	1		COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	1	MP
PERIFLEX LQ PKU LIQD	1				
PHENYLADE AMINO ACID BLEND PACK	1				
PHENYLADE AMINO ACID BAR	1				
PHENYLADE MTE AMINO ACIDBLEND PACK	1				
PHENYLADE MTE POWD OR	1				

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COSOPT (Use dorzolamide hcl-timolol maleate)	9	MP	TIMOPTIC-XE SOLG (Use timolol maleate ophth))	2	QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)
COSOPT PF (Use dorzolamide hcl-timolol maleate)	9		TIMOPTIC-XE SOLG (Use timolol maleate ophth))	2	QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)
COSOPT PF (Use dorzolamide hcl-timolol maleate)	2	QL(180 ea per 90 day(s) retail; 180 ea per 90 days mail)	Cholinergic Agonists		
dorzolamide hcl-timolol maleate	2	QL(180 ea per 90 day(s) retail; 180 ea per 90 days mail)	TYRVAYA	1	QL(8.4 ml per 30 day(s) retail; 8 ml per 30 days mail); PA
dorzolamide hcl-timolol maleate	1	MP	Cycloplegic Mydriatics		
ISTALOL SOLN (Use timolol maleate ophth))	1	PA	atropine sulfate (ophthalmic) OINT	1	QL(3.5 gm per fill retail)
levobunolol hcl 0.5 %	1	QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP	atropine sulfate (ophthalmic) SOLN	1	
timolol maleate ophth) SOLG	2		ATROPINE SULFATE SOLN 1 %	1	
timolol maleate ophth) SOLN 0.5 %	1	PA	CYCLOGYL	1	
timolol maleate ophth) SOLN	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA	CYCLOGYL (Use cyclopentolate hcl)	1	
timolol maleate ophth) SOLN 0.5 %	1	MP	CYCLOMYDRIL	1	
timolol maleate ophth) SOLN	1	QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP	cyclopentolate hcl 1 %	1	
TIMOPTIC OCUDOSE SOLN (Use timolol maleate ophth))	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA	MYDRIACYL SOLN (Use tropicamide)	1	
TIMOPTIC SOLN (Use timolol maleate ophth))	1	QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP	phenylephrine hcl (mydriatic) SOLN	1	
			tropicamide SOLN	1	
			tropicamide SOLN	1	
			Miotics		
			ISOPTO CARPINE SOLN 1 % (Use pilocarpine hcl)	9	
			MIOCHOL-E SOLR	1	
			MIOSTAT IO	1	
			PHOSPHOLINE IODIDE	1	QL(15 ml per 90 day(s) retail; 15 ml per 90 days mail); MP

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<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail)	<i>bacitracin (ophthalmic)</i>	1	QL(3.5 gm per fill retail); PA
VUITY SOLN	1	PA	<i>bacitracin-polymyxin b (ophth)</i>	1	QL(3.5 gm per fill retail)
Ophthalmic Adrenergic Agents			BESIVANCE	1	PA
ALPHAGAN P 0.1 % (<i>Use brimonidine tartrate</i>)	1	QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); AL(At least 3 yrs old); MP	BLEPH-10 SOLN (<i>Use sulfacetamide sodium (ophth)</i>)	9	
ALPHAGAN P 0.15 % (<i>Use brimonidine tartrate</i>)	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail); AL(At least 3 yrs old); PA	CILOXAN OINT	1	QL(3.5 gm per fill retail); PA
<i>apraclonidine hcl</i>	2	QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail)	<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(10 ml per fill retail)
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1	AL(At least 3 yrs old); PA	<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(2.5 ml per fill retail)
<i>brimonidine tartrate 0.15 %</i>	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail); AL(At least 3 yrs old); PA	<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ml per fill retail)
<i>brimonidine tartrate 0.2 %</i>	1	1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 3 yrs old); MP	ERYTHROMYCIN	1	
IOPIDINE	2		<i>erythromycin (ophth)</i>	1	
SIMBRINZA	1	QL(24 ml per 90 day(s) retail; 24 ml per 90 days mail)	<i>gatifloxacin (ophth)</i>	1	QL(2.5 ml per fill retail); PA
Ophthalmic Anti-infectives			<i>gentamicin sulfate (ophth) SOLN</i>	1	
AZASITE	1	QL(2.5 ml per fill retail); PA	<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	PA
BACIGUENT	1	PA	NATACYN	1	
			<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(3.5 gm per fill retail)
			<i>neomycin-polymyxin-gramicidin</i>	1	
			OCUFLOX (<i>Use ofloxacin (ophth)</i>)	1	
			<i>ofloxacin (ophth)</i>	1	
			<i>polymyxin b-trimethoprim</i>	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
			<i>sulfacetamide sodium (ophth) OINT</i>	1	QL(3.5 gm per fill retail); PA
			<i>sulfacetamide sodium (ophth) SOLN</i>	1	
			<i>tobramycin (ophth) SOLN</i>	1	

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TOBREX OINT	1	QL(3.5 gm per fill retail)	RHOPRESSA	1	QL(7.5 ml per 90 day(s) retail; 8 ml per 90 days mail); MP
<i>trifluridine</i>	1	QL(7.5 ml per fill retail)	ROCKLATAN	1	QL(10 ml per 90 day(s) retail; 10 ml per 90 days mail); MP
VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>)	1	PA	Ophthalmic Local Anesthetics		
XDEMVY	1	AL(At least 18 yrs old); PA	AKTEN	1	
ZIRGAN GEL	1		ALCAINE (Use <i>proparacaine hcl</i>)	1	
ZYMAXID (Use <i>gatifloxacin (ophth)</i>)	1	QL(2.5 ml per fill retail); PA	<i>proparacaine hcl</i>	1	
Ophthalmic Gene Therapy			<i>tetracaine hcl (ophth)</i>	1	
LUXTURNA	1	AL(At least 4 yrs old); PA	<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Immunomodulators			Ophthalmic Nerve Growth Factors		
CEQUA SOLN	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA	OXERVATE	1	QL(14 ml per 12 day(s) retail; 14 ml per 12 days mail); PA
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)	Ophthalmic Steroids		
RESTASIS MULTIDOSE EMUL	1	QL(5.5 ml per 30 day(s) retail; 6 ml per 30 days mail); PA	ALREX SUSP (Use <i>loteprednol etabonate</i>)	3	QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)
RESTASIS EMUL (Use <i>cyclosporine (ophth)</i>)	1	QL(2 ea daily)	<i>bacitracin-poly-neomycin-hc</i>	1	QL(3.5 gm per fill retail); PA
VERKAZIA EMUL	1	QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); PA	<i>dexamethasone sodium phosphate (ophth)</i>	1	
VEVYE SOLN	1	AL(At least 18 yrs old); PA	<i>difluprednate</i>	1	PA
Ophthalmic Integrin Antagonists			DUREZOL (Use <i>difluprednate</i>)	9	
XIIDRA	1	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); AL(At least 17 yrs old); PA	DUREZOL (Use <i>difluprednate</i>)	1	
Ophthalmic Kinase Inhibitors			EYSUVIS SUSP	1	QL(8.3 ml per 15 day(s) retail; 8 ml per 15 days mail); PA
			FLAREX	1	
			<i>fluorometholone (ophth) SUSP</i>	1	

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FML FORTE SUSP	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail); PA	MAXITROL OINT (<i>Use neomycin-polymy-dexameth</i>)	1	QL(3.5 gm per fill retail)
FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	1		MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	1	QL(5 ml per fill retail)
INVELTYS SUSP	1	QL(2.8 ml per 12 day(s) retail; 3 ml per 12 days mail); PA	MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	9	
LOTEMAX SM GEL	1	QL(5 gm per 12 day(s) retail; 5 gm per 12 days mail); PA	<i>neomycin-polymy-dexameth OINT</i>	1	QL(3.5 gm per fill retail)
LOTEMAX GEL (<i>Use loteprednol etabonate</i>)	1	QL(5 gm per 15 day(s) retail; 5 gm per 15 days mail)	<i>neomycin-polymy-dexameth SUSP</i>	1	QL(5 ml per fill retail)
LOTEMAX OINT	1	QL(3.5 gm per 15 day(s) retail; 4 gm per 15 days mail)	<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(7.5 ml per fill retail); PA
LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail	PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail); PA
<i>loteprednol etabonate GEL</i>	1	PA	PRED MILD	1	
<i>loteprednol etabonate SUSP 0.2 %</i>	3		<i>prednisolone acetate (ophth)</i>	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)
<i>loteprednol etabonate SUSP 0.5 %</i>	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA	<i>prednisolone acetate (ophth)</i>	1	
<i>loteprednol etabonate SUSP 0.5 %</i>	1	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA	PREDNISOLONE SODIUM PHOSPHATE	1	
<i>loteprednol etabonate SUSP 0.5 %</i>	1	PA	<i>sulfacetamide sod-prednisolone SOLN</i>	1	
MAXIDEX SUSP OP	1		TOBRADEX ST SUSP	1	QL(20 ml per 30 day(s) retail; 20 ml per 30 days mail)
			TOBRADEX OINT	1	QL(3.5 gm per fill retail); PA
			TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	9	1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail
			TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	1	1 package(s) per 15 day(s) retail; 1 package(s) per 15 day(s) mail

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<i>tobramycin-dexamethasone SUSP</i>	1	1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail; PA	BEPREVE (Use <i>bepotastine besilate</i>)	3	QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)
<i>tobramycin-dexamethasone SUSP</i>	1	1 package(s) per 15 day(s) retail; 1 package(s) per 15 day(s) mail; PA	<i>brinzolamide</i>	1	QL(30 ml per fill retail); MP; PA
<i>tobramycin-dexamethasone SUSP</i>	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail; PA	<i>bromfenac sodium (ophth)</i>	1	ST; PA
ZYLET	1	PA	BROMSITE (Use <i>bromfenac sodium (ophth)</i>)	1	QL(5 ml per fill retail); ST; PA
Ophthalmics - Misc.			BSS PLUS SOLN	1	
ACULAR (Use <i>ketorolac tromethamine (ophth)</i>)	1		BSS SOLN	1	
ACULAR LS (Use <i>ketorolac tromethamine (ophth)</i>)	1	QL(5 ml per 30 day(s) retail; 5 ml per 30 days mail); ST; PA	<i>cromolyn sodium (ophth)</i>	1	QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)
ACUVAIL	1	QL(30 ea per 12 day(s) retail; 30 ea per 12 days mail); ST; PA	CYSTADROPS	1	QL(20 ml per 28 day(s) retail; 20 ml per 28 days mail); PA
ALOMIDE	3	QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)	CYSTARAN	1	QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail); PA
<i>azelastine hcl (ophth)</i>	2	QL(6 ml per 30 day(s) retail; 6 ml per 30 days mail)	<i>diclofenac sodium (ophth)</i>	1	1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail
AZOPT (Use <i>brinzolamide</i>)	1	QL(30 ml per fill retail); MP	<i>diclofenac sodium (ophth)</i>	1	1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail
AZOPT (Use <i>brinzolamide</i>)	9	QL(30 ml per fill retail); MP	<i>dorzolamide hcl</i>	1	QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP
<i>bepotastine besilate</i>	3	QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)	<i>epinastine hcl (ophth)</i>	2	QL(5 ml per 30 day(s) retail; 5 ml per 30 days mail)
			<i>fluorescein sodium injection IV 10 %</i>	1	
			FLUORESCITE IV 10 % (Use <i>fluorescein sodium injection</i>)	1	

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FLUOR-I-STRIPS A.T. STRP	1		PATADAY 0.1 % (Use olopatadine hcl)	2	1 package(s) per 25 day(s) retail; 1 package(s) per 25 day(s) mail; RX/OTC
flurbiprofen sodium	1	QL(2.5 ml per fill retail)			
GLOSTRIPS STRP 1 MG	1		PATADAY EXTRA STRENGTH	2	2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail
ILEVRO	1	QL(3 ml per 12 day(s) retail; 3 ml per 12 days mail); ST; PA			
ketorolac tromethamine (ophth) 0.5 %	1		PROLENSA (Use bromfenac sodium (ophth))	1	QL(3 ml per fill retail); ST; PA
ketorolac tromethamine (ophth) 0.4 %	1	QL(5 ml per 30 day(s) retail; 5 ml per 30 days mail); ST; PA	TRUSOPT (Use dorzolamide hcl)	9	MP
ketotifen fumarate (ophth) 0.035 %	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 20 yrs old)	ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	1	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 20 yrs old)
ketotifen fumarate (ophth) 0.035 %	1	AL(Up to 20 yrs old)	ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	9	
MIEBO	1	QL(12 ml per 30 day(s) retail; 12 ml per 30 days mail); AL(At least 18 yrs old); PA	ZERVIATE	3	QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail)
MURO 128 SOLN (Use sodium chloride hypertonic)	1	AL(Up to 20 yrs old); PA	Prostaglandins - Ophthalmic		
NEVANAC	1	QL(3 ml per 12 day(s) retail; 3 ml per 12 days mail); ST; PA	bimatoprost SOLN	2	
olopatadine hcl 0.1 %	2	RX/OTC	bimatoprost SOLN	2	1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail
olopatadine hcl 0.2 %	3	RX/OTC	IYUZEH SOLN	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA
PATADAY 0.2 % (Use olopatadine hcl)	3	1 package(s) per 25 day(s) retail; 1 package(s) per 25 day(s) mail; RX/OTC	latanoprost SOLN	1	QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP
			LUMIGAN SOLN 0.01 %	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tafluprost</i>	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA
TRAVATAN Z SOLN (<i>Use travoprost</i>)	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP
<i>travoprost SOLN</i>	1	6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP; PA
VYZULTA	1	QL(5 ml per 30 day(s) retail; 5 ml per 30 days mail); PA
XALATAN SOLN (<i>Use latanoprost</i>)	1	QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP
XELPROS EMUL	2	QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)
ZIOPTAN (<i>Use tafluprost</i>)	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)
ZIOPTAN (<i>Use tafluprost</i>)	9	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)
Otic Anti-infectives		
CETRAXAL (<i>Use ciprofloxacin hcl (otic)</i>)	9	
<i>ciprofloxacin hcl (otic)</i>	2	QL(14 ea per 14 day(s) retail; 14 ea per 14 days mail)
<i>ofloxacin (otic)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Otic Combinations		
CIPRO HC	1	
CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)	2	QL(7.5 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	2	
<i>ciprofloxacin-fluocinolone acetamide</i>	2	QL(14 ea per 7 day(s) retail; 14 ea per 7 days mail)
CORTISPORIN-TC	1	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) SOLN</i>	2	QL(10 ml per fill retail); ST
<i>neomycin-polymyxin-hc (otic) SUSP</i>	2	ST
Otic Steroids		
DERMOTIC (<i>Use fluocinolone acetamide (otic)</i>)	1	QL(20 ml per fill retail)
<i>fluocinolone acetamide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	PA
HYDROCORTISONE/ACETIC ACID (<i>Use hydrocortisone w/acetic acid</i>)	1	PA
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	1	
PREPIDIL GEL	1	
Oxytocics		
<i>methylergonovine maleate SOLN</i>	1	
<i>methylergonovine maleate TABS</i>	1	
<i>oxytocin</i>	1	

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PITOCIN (Use oxytocin)	1		KEDRAB SOLN	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			NABI-HB SOLN IM	1	AL(At least 19 yrs old)
Immune Serums			OCTAGAM SOLN	1	
ASCENIV	1		PANZYGA	1	
BIVIGAM SOLN	1		PRIVIGEN SOLN	1	
CUTAQUIG	1		RHO GAM ULTRA-FILTERED PLUS SOSY IM	1	
CUVITRU SOLN	1		RHOPHYLAC SOSY IJ	1	
CUVITRU SOLN	1		VARIZIG SOLN	1	
CYTOGAM	1		WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 15000 UNIT/13ML	1	
FLEBOGAMMA DIF SOLN	1		WINRHO SDF SOLN 5000 UNIT/4.4ML	1	QL(4.4 ml per fill retail)
GAMASTAN	1		XEMBIFY	1	
GAMMAGARD LIQUID	1		Monoclonal Antibodies		
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	1		BEYFORTUS	1	AL(Up to 1 yrs old)
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	1		EVUSHELD	1	AL(At least 12 yrs old)
GAMMAPLEX SOLN	1		SYNAGIS SOLN 50 MG/0.5ML	1	QL(0.5 ml per 30 day(s) retail); AL(Up to 2 yrs old); PA
GAMMAPLEX SOLN	1		SYNAGIS SOLN 100 MG/ML	1	QL(1 ml per 30 day(s) retail; 1 ml per 30 days mail); AL(Up to 2 yrs old); PA
GAMUNEX-C	1		Passive Immunizing Agents - Combinations		
HEPAGAM B SOLN IJ	1	AL(At least 19 yrs old)	HYQVIA	1	
HIZENTRA SOLN	1		PENICILLINS - Drugs to Treat Bacterial Infections		
HIZENTRA SOLN	1		Aminopenicillins		
HIZENTRA SOSY	1		<i>amoxicillin CAPS</i>	1	
HYPERHEP B SOLN IM	1	AL(At least 19 yrs old)	<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
HYPERHEP B SOSY 110 UNIT/0.5ML	1	AL(At least 19 yrs old)	<i>amoxicillin SUSR</i>	1	
HYPERRAB SOLN	1		<i>amoxicillin SUSR</i>	1	
HYPERRHO S/D MINI-DOSE SOSY IM	1				
HYPERRHO S/D SOSY IM 1500 UNIT	1				
HYPERTET SOSY	1	AL(At least 19 yrs old)			

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AMOXICILLIN SUSR (Use amoxicillin)	9		AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	9	
amoxicillin TABS	1		BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	1	
ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG	1		piperacillin sodium- tazobactam sodium	1	
ampicillin CAPS 500 MG	1		UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (Use ampicillin & sulbactam sodium)	1	
Natural Penicillins			UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (Use ampicillin & sulbactam sodium)	9	
BICILLIN L-A SUSY	1		UNASYN BULK PACK IV (Use ampicillin & sulbactam sodium)	1	
BICILLIN L-A SUSY	1		ZOSYN	1	
penicillin g potassium	1		Penicillinase-Resistant Penicillins		
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	1		dicloxacillin sodium	1	
penicillin g sodium	1		NAFCILLIN	1	
penicillin v potassium SOLR	1		nafcillin sodium IJ 1 GM, 2 GM	1	
penicillin v potassium TABs	1		oxacillin sodium IJ 1 GM, 2 GM	1	
Penicillin Combinations			OXACILLIN SODIUM 2 GM/50ML-300 MG/50ML	1	
amoxicillin & pot clavulanate CHEW	1		PHARMACEUTICAL ADJUVANTS		
amoxicillin & pot clavulanate SUSR	1		Flavoring Agents		
amoxicillin & pot clavulanate TABS	1		CHERRY FLAVOR LIQD	1	AL(Up to 20 yrs old); RX/OTC
amoxicillin & pot clavulanate TABS	1		Internal Vehicle Ingredients/Agents		
amoxicillin & pot clavulanate TB12	1	QL(40 ea per 10 day(s) retail; 40 ea per 10 days mail); PA	THICK-IT #2 POWD	1	AL(Up to 20 yrs old); PA
ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM	1		Liquid Vehicles		
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	1		bacteriostatic sodium chloride	1	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	1				

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<i>bacteriostatic sodium chloride</i>	1		<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	
BACTERIOSTATIC WATER FOR INJECTION/BENZYL ALCOHOL	1		<i>megestrol acetate (appetite)</i>	1	
CHERRY SYRUP	1	AL(Up to 20 yrs old); RX/OTC	<i>norethindrone acetate TABS</i>	1	
<i>glycine diluent</i>	1		<i>progesterone CAPS</i>	1	
ORA-BLEND SF SUSP	1	AL(Up to 20 yrs old); RX/OTC	<i>progesterone OIL</i>	1	
ORA-BLEND SUSP	1	AL(Up to 20 yrs old); RX/OTC	PROMETRIUM CAPS (Use progesterone)	1	
ORAL SUSPEND LIQD	1	AL(Up to 20 yrs old); RX/OTC	PROMETRIUM CAPS (Use progesterone)	9	
ORAL SYRUP SF SYRP	1	AL(Up to 20 yrs old); RX/OTC	PROVERA (Use medroxyprogesterone acetate)	1	
ORA-PLUS LIQD	1	AL(Up to 20 yrs old); RX/OTC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
ORA-SWEET SF SYRP 10 %-9 %	1	AL(Up to 20 yrs old); RX/OTC	Agents for Chemical Dependency		
SIMPLE SYRUP	1	AL(Up to 20 yrs old); RX/OTC	<i>acamprosate calcium</i>	1	
STERILE DILUENT FOR REMODULIN (Use glycine diluent)	1		<i>acamprosate calcium</i>	1	
SYRPALTA SYRP	1	AL(Up to 20 yrs old); RX/OTC	<i>disulfiram</i>	1	
SYRUP VEHICLE SYRP	1	AL(Up to 20 yrs old); RX/OTC	<i>disulfiram</i>	1	
<i>water for injection, sterile IJ</i>	1		LUCEMYRA	1	QL(168 ea per 14 day(s) retail; 168 ea per 14 days mail); PA
<i>water for injection, sterile IJ</i>	1		Anti-Cataplectic Agents		
Pharmaceutical Excipients			SODIUM OXYBATE SOLN	1	PA
SODIUM BENZOATE	1	RX/OTC	XYREM SOLN	1	PA
PROGESTINS - Hormone Replacement/Modifying Drugs			XYWAV	1	QL(540 ml per 30 day(s) retail; 540 ml per 30 days mail); AL(At least 7 yrs old); PA
Progestins			Antidementia Agents		
AYGESTIN TABS (Use norethindrone acetate)	1				

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ADLARITY PTWK	1	QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); AL(At least 51 yrs old); PA	<i>galantamine hydrobromide SOLN</i>	1	AL(At least 51 yrs old); PA
ADUHELM	1	PA	<i>galantamine hydrobromide TABS</i>	1	AL(At least 51 yrs old)
ARICEPT TABS 23 MG (Use <i>donepezil hydrochloride</i>)	1	AL(At least 51 yrs old); PA	<i>galantamine hydrobromide TABS 4 MG</i>	1	QL(2 ea daily); AL(At least 51 yrs old); MP
ARICEPT TABS 5 MG (Use <i>donepezil hydrochloride</i>)	1	QL(2 ea daily); AL(At least 51 yrs old); MP	LEQEMBI	1	PA
ARICEPT TABS 10 MG (Use <i>donepezil hydrochloride</i>)	1	QL(3 ea daily); AL(At least 51 yrs old); MP	<i>memantine hcl CP24</i>	1	QL(1 ea daily); AL(At least 51 yrs old); PA
<i>donepezil hydrochloride TABS 5 MG</i>	1	QL(2 ea daily); AL(At least 51 yrs old); MP	<i>memantine hcl CP24 14 MG, 21 MG, 28 MG</i>	1	AL(At least 51 yrs old); PA
<i>donepezil hydrochloride TABS 10 MG</i>	1	QL(3 ea daily); AL(At least 51 yrs old); MP	<i>memantine hcl CP24 7 MG</i>	1	PA
<i>donepezil hydrochloride TABS 23 MG</i>	1	AL(At least 51 yrs old); PA	<i>memantine hcl SOLN 2 MG/ML</i>	1	AL(At least 51 yrs old); PA
<i>donepezil hydrochloride TBDP</i>	1	AL(At least 51 yrs old); PA	<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily); AL(At least 51 yrs old); MP
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i>)	9		<i>memantine hcl TABS 10 MG</i>	1	QL(3 ea daily); AL(At least 51 yrs old); MP
EXELON (Use <i>rivastigmine</i>)	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 51 yrs old); PA	<i>memantine hcl TABS</i>	1	AL(At least 51 yrs old); PA
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i>)	9	AL(At least 51 yrs old)	NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	1	AL(At least 51 yrs old); PA
EXELON (Use <i>rivastigmine</i>)	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 51 yrs old); PA	NAMENDA XR CP24 7 MG, 14 MG, 28 MG (Use <i>memantine hcl</i>)	9	QL(1 ea daily)
<i>galantamine hydrobromide CP24</i>	1	AL(At least 51 yrs old); PA	NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use <i>memantine hcl</i>)	1	QL(1 ea daily); AL(At least 51 yrs old); PA
			NAMENDA TABS (Use <i>memantine hcl</i>)	9	MP
			NAMZARIC C4PK	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 51 yrs old); PA
			NAMZARIC CP24	1	QL(1 ea daily); AL(At least 51 yrs old); PA

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RAZADYNE ER CP24 (Use galantamine hydrobromide)	9	AL(At least 51 yrs old)	AUSTEDO XR TB24 6 MG, 12 MG	1	QL(1 ea daily); PA
<i>rivastigmine</i>	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 51 yrs old); PA	AUSTEDO XR TB24 24 MG	1	QL(2 ea daily); PA
<i>rivastigmine tartrate CAPS 1.5 MG, 4.5 MG, 6 MG</i>	1	AL(At least 51 yrs old)	AUSTEDO TABS	1	QL(4 ea daily); PA
<i>rivastigmine tartrate CAPS 3 MG</i>	1	QL(2 ea daily); AL(At least 51 yrs old); MP	INGREZZA CAPS	1	QL(1 ea daily); PA
Combination Psychotherapeutics			INGREZZA CPPK	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA
<i>chlordiazepoxide-amitriptyline</i>	1		<i>tetrabenazine</i>	1	PA
LYBALVI	1	QL(1 ea daily); AL(At least 18 yrs old); PA	XENAZINE (Use tetrabenazine)	1	PA
<i>olanzapine-fluoxetine hcl</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA	Multiple Sclerosis Agents		
<i>olanzapine-fluoxetine hcl</i>	1	QL(1 ea daily); AL(At least 5 yrs old); PA	AMPYRA (Use dalfampridine)	1	QL(2 ea daily); PA
<i>perphenazine-amitriptyline</i>	1		AUBAGIO (Use teriflunomide)	1	QL(1 ea daily); PA
<i>perphenazine-amitriptyline</i>	1		AUBAGIO (Use teriflunomide)	9	
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl)	1	QL(1 ea daily); AL(At least 5 yrs old); PA	AVONEX PEN AJKT	1	QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); PA
Fibromyalgia Agents			AVONEX PSKT	1	QL(3 ea per 84 day(s) retail; 3 ea per 84 days mail); PA
SAVELLA TITRATION PACK MISC	1	QL(55 ea per 28 day(s) retail; 55 ea per 28 days mail); ST; PA	BAFIERTAM	1	QL(4 ea daily); AL(At least 18 yrs old); PA
SAVELLA TABS	1	QL(2 ea daily); ST; PA	BETASERON KIT	1	QL(0.5 ea daily)
Movement Disorder Drug Therapy			BRIUMVI	1	PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	1	QL(42 ea per 28 day(s) retail; 42 ea per 28 days mail); PA	COPAXONE SOSY 40 MG/ML (Use glatiramer acetate)	9	
			COPAXONE SOSY 20 MG/ML (Use glatiramer acetate)	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); PA

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COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i>)	1	QL(12 ml per 28 day(s) retail; 12 ml per 28 days mail); PA	PLEGRIDY STARTER PACK SOPN	1	QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA
<i>dalfampridine</i>	1	QL(2 ea daily); PA	PLEGRIDY STARTER PACK SOSY SC	1	QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA
<i>dimethyl fumarate CDPK</i>	1	QL(2 ea daily); PA	PLEGRIDY SOPN	1	QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA
<i>dimethyl fumarate CPDR 120 MG</i>	1	QL(14 ea per fill retail); PA	PLEGRIDY SOSY IM	1	QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA
<i>dimethyl fumarate CPDR 240 MG</i>	1	QL(2 ea daily); PA	PONVORY 14-DAY STARTER PACK TBPK	1	QL(14 ea per 14 day(s) retail; 14 ea per 14 days mail); AL(At least 18 yrs old); PA
EXTAVIA KIT	1	QL(0.5 ea daily); PA	PONVORY TABS	1	QL(1 ea daily); AL(At least 18 yrs old); PA
<i> fingolimod hcl</i>	1		REBIF REBIDOSE TITRATIONPACK SOAJ	1	QL(4.2 ml per 30 day(s) retail; 4 ml per 30 days mail); PA
GILENYA (Use <i> fingolimod hcl</i>)	1	QL(1 ea daily); PA	REBIF REBIDOSE SOAJ	1	QL(6 ml per 28 day(s) retail; 6 ml per 28 days mail); PA
<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); PA	REBIF TITRATION PACK SOSY	1	QL(4.2 ml per 30 day(s) retail; 4 ml per 30 days mail); PA
<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ml per 28 day(s) retail; 12 ml per 28 days mail); PA	REBIF SOSY	1	QL(6 ml per 28 day(s) retail; 6 ml per 28 days mail); PA
KESIMPTA	1	QL(0.4 ml per 28 day(s) retail); AL(At least 18 yrs old); PA	TASCENSO ODT	1	QL(1 ea daily); AL(At least 10 yrs old); PA
MAVENCLAD	1	PA	TECFIDERA STARTER PACK CDPK (Use <i>dimethyl fumarate</i>)	1	QL(2 ea daily); PA
MAYZENT STARTER PACK TBPK	1	QL(12 ea per fill retail); PA			
MAYZENT STARTER PACK TBPK	1	QL(49 ea per 28 day(s) retail; 49 ea per 28 days mail); PA			
MAYZENT TABS 1 MG, 2 MG	1	QL(1 ea daily); PA			
MAYZENT TABS 0.25 MG	1	QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); PA			
OCREVUS	1	PA			

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TECFIDERA CPDR 120 MG (Use dimethyl fumarate)	1	QL(14 ea per fill retail); PA
TECFIDERA CPDR 240 MG (Use dimethyl fumarate)	1	QL(2 ea daily); PA
teriflunomide	1	QL(1 ea daily); PA
VUMERITY	1	QL(4 ea daily); PA
ZEPOSIA 7-DAY STARTER PACK CPPK	1	QL(7 ea per fill retail); PA
ZEPOSIA STARTER KIT CPPK	1	QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA
ZEPOSIA STARTER KIT CPPK	1	QL(37 ea per 37 day(s) retail; 37 ea per 37 days mail); PA
ZEPOSIA CAPS	1	QL(1 ea daily); PA
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
<i>gabapentin (once-daily) TABS</i>	1	PA
GRALISE TABS 300 MG, 450 MG	1	QL(1 ea daily); PA
GRALISE TABS 600 MG, 750 MG, 900 MG	1	QL(2 ea daily); PA
GRALISE TABS (Use <i>gabapentin (once-daily)</i>)	1	QL(2 ea daily); PA
GRALISE TABS (Use <i>gabapentin (once-daily)</i>)	1	QL(1 ea daily); PA
LYRICA CR (Use <i>pregabalin (once-daily)</i>)	1	QL(1 ea daily); PA
LYRICA CR (Use <i>pregabalin (once-daily)</i>)	1	QL(1 ea daily); PA
<i>pregabalin (once-daily)</i>	1	QL(1 ea daily); PA
Premenstrual Dysphoric Disorder (PMDD) Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl (pmdd) TABS</i>	1	QL(45 ea per 30 day(s) retail; 45 ea per 30 days mail); PA
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	1	QL(2 ea daily); AL(At least 18 yrs old); PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
<i>pimozide</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT	1	QL(1 ea daily); PA
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent)</i>	1	QL(100 ea per 50 day(s) retail; 200 ea per 100 days mail); MP
NICODERM CQ PT24 TD (Use <i>nicotine</i>)	9	
NICORETTE MINI LOZG (Use <i>nicotine polacrilex</i>)	9	
NICORETTE STARTER KIT GUM (Use <i>nicotine polacrilex</i>)	9	
NICORETTE GUM (Use <i>nicotine polacrilex</i>)	9	
NICORETTE LOZG (Use <i>nicotine polacrilex</i>)	9	
<i>nicotine polacrilex GUM</i>	1	
<i>nicotine polacrilex LOZG</i>	1	
NICOTINE TRANSDERMAL SYSTEM KIT	1	QL(1 ea daily)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)
NICOTROL INHALER INHA	1	

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NICOTROL NS SOLN	1		KALYDECO PACK 5.8 MG, 13.4 MG	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(Up to 1 yrs old); PA
<i>varenicline tartrate</i> TABS	1	QL(2 ea daily); AL(At least 17 yrs old)			
<i>varenicline tartrate</i> TBPB	1	AL(At least 17 yrs old)			
Transthyretin Amyloidosis Agents			KALYDECO PACK 25 MG, 50 MG, 75 MG	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(Up to 5 yrs old); PA
AMVUTTRA	1	QL(0.5 ml per 90 day(s) retail); PA	KALYDECO TABS	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 2 yrs old); PA
TEGSEDI	1	QL(6 ml per 28 day(s) retail; 6 ml per 28 days mail); PA			
WAINUA	1	PA	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 1 yrs old - Up to 6 yrs old); PA
Vasomotor Symptom Agents			ORKAMBI PACK 94 MG-75 MG	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 1 yrs old - Up to 2 yrs old); PA
BRISDELLE (<i>Use paroxetine mesylate (vasomotor)</i>)	9				
<i>paroxetine mesylate (vasomotor)</i>	1	QL(1 ea daily); PA	ORKAMBI TABS	1	QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); AL(At least 6 yrs old); PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			PULMOZYME	1	QL(150 ml per 30 day(s) retail; 150 ml per 30 days mail); PA
Alpha-Proteinase Inhibitor (Human)			SYMDEKO 150 MG-100 MG	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 6 yrs old); PA
ARALAST NP SOLR 500 MG, 1000 MG	1	AL(At least 18 yrs old); PA			
GLASSIA SOLN	1	AL(At least 18 yrs old); PA			
PROLASTIN-C SOLN	1	PA			
ZEMAIRA SOLR	1	AL(At least 18 yrs old); PA			
ZEMAIRA SOLR	1	AL(At least 18 yrs old); PA			
Cystic Fibrosis Agents					
BRONCHITOL	1	AL(At least 18 yrs old); PA			
BRONCHITOL TOLERANCE TEST	1	AL(At least 18 yrs old); PA			

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SYMDEKO 75 MG-50 MG	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 6 yrs old - Up to 11 yrs old); PA	<i>pirfenidone</i> TABS 534 MG, 801 MG	1	QL(3 ea daily); AL(At least 18 yrs old); PA
TRIKAFTA TBPK 50 MG-25 MG	1	QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail); AL(At least 2 yrs old - Up to 11 yrs old); PA	<i>pirfenidone</i> TABS 267 MG	1	QL(9 ea daily); AL(At least 18 yrs old); PA
TRIKAFTA TBPK 100 MG-50 MG	1	QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail); AL(At least 6 yrs old); PA	Respiratory Agents - Misc.		
TRIKAFTA THPK	1	QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 2 yrs old - Up to 5 yrs old); PA	CUROSURF TR 120 MG/1.5ML, 240 MG/3ML	1	
Pulmonary Fibrosis Agents			SULFONAMIDES - Drugs to Treat Bacterial Infections		
ESBRIET CAPS (<i>Use pirfenidone</i>)	1	QL(270 ea per 30 day(s) retail; 270 ea per 30 days mail); AL(At least 18 yrs old); PA	Sulfonamides		
ESBRIET TABS 801 MG (<i>Use pirfenidone</i>)	1	QL(3 ea daily); AL(At least 18 yrs old); PA	<i>sulfadiazine</i> TABS	1	
ESBRIET TABS 267 MG (<i>Use pirfenidone</i>)	1	QL(9 ea daily); AL(At least 18 yrs old); PA	TETRACYCLINES - Drugs to Treat Bacterial Infections		
OFEV	1	QL(2 ea daily); AL(At least 18 yrs old); PA	Aminomethylcyclines		
<i>pirfenidone</i> CAPS	1	QL(270 ea per 30 day(s) retail; 270 ea per 30 days mail); AL(At least 18 yrs old); PA	NUZYRA SOLR	1	AL(At least 18 yrs old); PA
			NUZYRA TABS	1	AL(At least 18 yrs old); PA
			Glycylcyclines		
			<i>tigecycline</i>	1	
			TIGECYCLINE	1	
			TYGACIL (<i>Use tigecycline</i>)	1	
			TYGACIL (<i>Use tigecycline</i>)	9	
			Tetracyclines		
			ACTICLATE TABS (<i>Use doxycycline hyclate</i>)	9	
			<i>demeclocycline hcl</i> TABS	1	
			DORYX MPC TBEC 120 MG	1	PA
			DORYX TBEC 50 MG, 80 MG, 200 MG (<i>Use doxycycline hyclate</i>)	1	PA
			<i>doxycycline (monohydrate)</i> CAPS 75 MG, 150 MG	1	PA

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<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1		VIBRAMYCIN SUSR (<i>Use doxycycline (monohydrate)</i>)	9	
<i>doxycycline (monohydrate) SUSR</i>	1		THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG</i>	1		Antithyroid Agents		
<i>doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG</i>	1		METHIMAZOLE POWD	1	
<i>doxycycline (monohydrate) TABS 150 MG</i>	1	PA	<i>methimazole TABS</i>	1	
<i>doxycycline hyclate CAPS</i>	1		<i>propylthiouracil</i>	1	
<i>doxycycline hyclate SOLR</i>	1		Thyroid Hormones		
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1		ADTHYZA TABS	1	MP
<i>doxycycline hyclate TABS 50 MG, 75 MG, 150 MG</i>	1	PA	ARMOUR THYROID TABS	1	MP
<i>doxycycline hyclate TBEC</i>	1	PA	ARMOUR THYROID TABS	1	MP
<i>doxycycline hyclate TBEC</i>	1	PA	CYTOMEL TABS (<i>Use liothyronine sodium</i>)	1	MP
MINOCIN SOLR	1		CYTOMEL TABS (<i>Use liothyronine sodium</i>)	1	MP
<i>minocycline hcl CAPS</i>	1		ERMEZA SOLN OR	1	PA
<i>minocycline hcl TABS</i>	1	QL(2 ea daily); PA	<i>levothyroxine sodium CAPS</i>	1	PA
<i>minocycline hcl TB24 45 MG, 55 MG, 65 MG, 90 MG, 105 MG, 115 MG, 135 MG</i>	1	PA	<i>levothyroxine sodium CAPS</i>	1	PA
MINOLIRA TB24	1	AL(At least 12 yrs old); PA	LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML	1	
SOLODYN TB24 55 MG, 65 MG, 105 MG, 115 MG (<i>Use minocycline hcl</i>)	1	PA	LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML	1	
<i>tetracycline hcl CAPS</i>	1	PA	<i>levothyroxine sodium SOLR IV</i>	1	
TETRACYCLINE HYDROCHLORIDE TABS	1	PA	LEVOTHYROXINE SODIUM SOLR IV (<i>Use levothyroxine sodium</i>)	1	
TETRACYCLINE HYDROCHLORID TABS	1	PA	<i>levothyroxine sodium TABS</i>	1	MP
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	1		<i>levothyroxine sodium TABS</i>	1	MP
			<i>liothyronine sodium SOLN</i>	1	

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<i>liothyronine sodium TABS</i>	1	MP
NIVA THYROID TABS	1	MP
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	1	MP
THYQUIDITY SOLN OR	1	QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail); PA
TIROSINT CAPS (<i>Use levothyroxine sodium</i>)	1	PA
TIROSINT CAPS	1	PA
TIROSINT CAPS (<i>Use levothyroxine sodium</i>)	1	PA
TIROSINT-SOL SOLN OR	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); PA
TIROSINT-SOL SOLN OR	1	QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); PA
TRIOSTAT SOLN (<i>Use liothyronine sodium</i>)	9	

TOXOIDS

Toxoid Combinations

ADACEL SUSP	1	AL(At least 19 yrs old)
BOOSTRIX SUSP	1	AL(At least 19 yrs old)
BOOSTRIX SUSY	1	AL(At least 19 yrs old)
DAPTACEL	1	AL(At least 19 yrs old)
INFANRIX	1	AL(At least 19 yrs old)
KINRIX SUSY	1	AL(At least 19 yrs old)
PEDIARIX SUSY	1	AL(At least 19 yrs old)
QUADRACEL SUSP	1	AL(At least 19 yrs old)
QUADRACEL SUSY	1	AL(At least 19 yrs old)
TDVAX SUSP	1	AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
TENIVAC INJ	1	AL(At least 19 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	1	AL(At least 19 yrs old)

ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions

Antispasmodics

ANASPAZ TBDP (<i>Use hyoscyamine sulfate</i>)	9	
<i>atropine sulfate SOLN IV 0.4 MG/ML, 1 MG/ML</i>	1	
ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML (<i>Use atropine sulfate</i>)	9	
ATROPINE SULFATE SOLN IV 0.4 MG/ML, 1 MG/ML (<i>Use atropine sulfate</i>)	1	
<i>atropine sulfate SOSY IJ</i>	1	
ATROPINE SULFATE SOSY IJ (<i>Use atropine sulfate</i>)	1	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML	1	
ATROPINE SULFATE SOSY IJ (<i>Use atropine sulfate</i>)	9	
BELLADONNA/OPIUM	1	
BELLADONNA/OPIUM	1	
BENTYL SOLN IM (<i>Use dicyclomine hcl</i>)	1	
CUVPOSA SOLN OR (<i>Use glycopyrrolate</i>)	1	
DARTISLA ODT TBDP	1	QL(3 ea daily); AL(At least 18 yrs old); PA
<i>dicyclomine hcl CAPS</i>	1	
<i>dicyclomine hcl SOLN IM</i>	1	
<i>dicyclomine hcl TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLYCATE TABS	1	AL(At least 12 yrs old); PA	<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily); MP
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1		<i>famotidine TABS 20 MG</i>	1	QL(4 ea daily); MP; RX/OTC
<i>glycopyrrolate SOSY IJ</i>	1		<i>nizatidine CAPS 150 MG</i>	1	QL(3 ea daily); MP; PA
GLYCOPYRROLATE SOSY IJ 0.6 MG/3ML	1		<i>nizatidine CAPS 300 MG</i>	1	QL(1 ea daily); PA
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1		PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i>)	9	MP; RX/OTC
GLYRX-PF SOLN IJ	1		PEPCID AC TABS (Use <i>famotidine</i>)	9	
GLYRX-PF SOSY IJ 1 MG/5ML	1		PEPCID TABS 40 MG (Use <i>famotidine</i>)	1	QL(2 ea daily); MP
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1		PEPCID TABS 20 MG (Use <i>famotidine</i>)	1	QL(4 ea daily); MP; RX/OTC
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1		TAGAMET HB 200 TABS (Use <i>cimetidine</i>)	9	RX/OTC
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1		TAGAMET HB TABS (Use <i>cimetidine</i>)	9	RX/OTC
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1		Misc. Anti-Ulcer		
LEVBID TB12 (Use <i>hyoscyamine sulfate</i>)	9		CARAFATE SUSP (Use <i>sucralfate</i>)	1	
LEVSIN/SL SUBL (Use <i>hyoscyamine sulfate</i>)	1		CARAFATE TABS (Use <i>sucralfate</i>)	1	
LEVSIN TABS (Use <i>hyoscyamine sulfate</i>)	1		SUCRALFATE POWD	1	
<i>methscopolamine bromide</i>	1		<i>sucralfate SUSP</i>	1	
ROBINUL FORTE TABS (Use <i>glycopyrrolate</i>)	1		<i>sucralfate TABS</i>	1	
ROBINUL TABS (Use <i>glycopyrrolate</i>)	1		Proton Pump Inhibitors		
H-2 Antagonists			ACIPHEX TBEC (Use <i>rabeprazole sodium</i>)	9	MP
<i>cimetidine TABS 800 MG</i>	1	QL(1 ea daily); PA	ACIPHEX TBEC (Use <i>rabeprazole sodium</i>)	1	QL(2 ea daily); MP
<i>cimetidine TABS 200 MG, 300 MG, 400 MG</i>	1	QL(2 ea daily); PA; RX/OTC	DEXILANT (Use <i>dexlansoprazole</i>)	1	QL(1 ea daily)
<i>famotidine in nacl SOLN</i>	1		<i>dexlansoprazole</i>	1	QL(1 ea daily)
<i>famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML</i>	1		<i>esomeprazole magnesium CPDR</i>	1	QL(2 ea daily); MP; RX/OTC
<i>famotidine SUSR</i>	1	AL(Up to 6 yrs old); MP	<i>esomeprazole magnesium PACK 20 MG, 40 MG</i>	1	PA

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<i>esomeprazole magnesium PACK</i>	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA	PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	9	MP; RX/OTC
<i>esomeprazole sodium 40 MG</i>	1	ST; PA	PREVACID SOLUTAB TBDD (<i>Use lansoprazole</i>)	1	QL(1 ea daily); RX/OTC
<i>lansoprazole CPDR</i>	1	QL(2 ea daily); MP	PREVACID SOLUTAB TBDD 15 MG (<i>Use lansoprazole</i>)	9	RX/OTC
<i>lansoprazole TBDD</i>	1	QL(1 ea daily); PA; RX/OTC	PREVACID CPDR 30 MG (<i>Use lansoprazole</i>)	1	QL(2 ea daily); MP
NEXIUM 24HR CLEAR MINIS CPDR (<i>Use esomeprazole magnesium</i>)	9	MP; RX/OTC	PRILOSEC PACK	3	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); ST; PA
NEXIUM 24HR CPDR (<i>Use esomeprazole magnesium</i>)	9	MP; RX/OTC	PRILOSEC PACK	3	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); ST; PA
NEXIUM I.V. 40 MG (<i>Use esomeprazole sodium</i>)	1	ST; PA	PROTONIX PACK (<i>Use pantoprazole sodium</i>)	9	ST
NEXIUM CPDR (<i>Use esomeprazole magnesium</i>)	1	QL(2 ea daily); MP	PROTONIX PACK (<i>Use pantoprazole sodium</i>)	3	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); ST
NEXIUM CPDR (<i>Use esomeprazole magnesium</i>)	1	QL(2 ea daily); MP; RX/OTC	PROTONIX SOLR (<i>Use pantoprazole sodium</i>)	2	QL(10 ea per 10 day(s) retail; 10 ea per 10 days mail); ST; PA
NEXIUM PACK (<i>Use esomeprazole magnesium</i>)	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)	PROTONIX SOLR (<i>Use pantoprazole sodium</i>)	9	ST
NEXIUM PACK	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)	PROTONIX TBEC (<i>Use pantoprazole sodium</i>)	1	QL(4 ea daily); MP
<i>omeprazole CPDR 40 MG</i>	1	QL(2 ea daily); MP	PROTONIX TBEC (<i>Use pantoprazole sodium</i>)	1	QL(4 ea daily); MP
<i>omeprazole CPDR 20 MG</i>	1	QL(4 ea daily); MP	<i>rabeprazole sodium TBEC</i>	1	QL(2 ea daily); MP
<i>omeprazole CPDR 10 MG</i>	1	QL(3 ea daily); MP	VOQUEZNA	1	AL(At least 18 yrs old); PA
<i>pantoprazole sodium PACK</i>	3	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); ST	Ulcer Drugs - Prostaglandins		
<i>pantoprazole sodium SOLR</i>	2	ST; PA	CYTOTEC (<i>Use misoprostol</i>)	1	
<i>pantoprazole sodium TBEC</i>	1	QL(4 ea daily); MP	<i>misoprostol</i>	1	
			Ulcer Therapy Combinations		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	QL(112 ea per 14 day(s) retail; 112 ea per 14 days mail); PA	<i>darifenacin hydrobromide</i>	1	QL(1 ea daily); PA
<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	1	PA	DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	1	QL(1 ea daily); ST; PA
KONVOMEK SUSR	1	AL(At least 18 yrs old); PA	DETROL LA CP24 4 MG (<i>Use tolterodine tartrate</i>)	1	PA
<i>omeprazole-sodium bicarbonate CAPS</i>	1	QL(1 ea daily); PA; RX/OTC	DETROL TABS (<i>Use tolterodine tartrate</i>)	1	ST; PA
<i>omeprazole-sodium bicarbonate PACK</i>	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA	DETROL TABS 1 MG (<i>Use tolterodine tartrate</i>)	9	
PYLERA (<i>Use bismuth subcitrate potassium-metronidazole-tetracycline</i>)	1	PA	DITROPAN XL TB24 10 MG (<i>Use oxybutynin chloride</i>)	9	MP
TALICIA	1	QL(168 ea per 14 day(s) retail; 168 ea per 14 days mail); PA	DITROPAN XL TB24 5 MG (<i>Use oxybutynin chloride</i>)	9	QL(6 ea daily); MP
VOQUEZNA DUAL PAK	1	AL(At least 18 yrs old); PA	<i>fesoterodine fumarate</i>	1	MP; PA
VOQUEZNA TRIPLE PAK	1	AL(At least 18 yrs old); PA	GELNIQUE GEL 10 %	1	ST
ZEGERID CAPS (<i>Use omeprazole-sodium bicarbonate</i>)	1	QL(1 ea daily); PA	<i>oxybutynin chloride SOLN</i>	1	
ZEGERID CAPS (<i>Use omeprazole-sodium bicarbonate</i>)	1	QL(1 ea daily); PA; RX/OTC	<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily); MP
ZEGERID PACK (<i>Use omeprazole-sodium bicarbonate</i>)	1	QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA	<i>oxybutynin chloride TABS 2.5 MG</i>	1	QL(4 ea daily); PA
ZEGERID PACK 1680 MG-40 MG (<i>Use omeprazole-sodium bicarbonate</i>)	9		<i>oxybutynin chloride TB24 10 MG</i>	1	QL(3 ea daily); MP
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			<i>oxybutynin chloride TB24 5 MG</i>	1	QL(6 ea daily); MP
			<i>oxybutynin chloride TB24 15 MG</i>	1	QL(2 ea daily); MP
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			OXYTROL PTTW	1	QL(8 ea per 30 day(s) retail; 8 ea per 30 days mail); PA; RX/OTC
			<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 ea daily); MP
			<i>solifenacin succinate TABS 5 MG</i>	1	QL(2 ea daily); MP
			<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily); ST; PA
			<i>tolterodine tartrate TABS</i>	1	ST; PA
			TOVIAZ 4 MG (<i>Use fesoterodine fumarate</i>)	1	QL(2 ea daily); MP

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Drug Name	Drug Tier	Requirements/Limits
TOVIAZ 8 MG (<i>Use fesoterodine fumarate</i>)	1	QL(1 ea daily); MP
<i>tropium chloride CP24</i>	1	ST; PA
<i>tropium chloride TABS</i>	1	QL(2 ea daily); MP
VESICARE LS SUSP	1	QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail); AL(At least 2 yrs old - Up to 10 yrs old)
VESICARE TABS 5 MG (<i>Use solifenacin succinate</i>)	1	QL(2 ea daily); MP
VESICARE TABS 10 MG (<i>Use solifenacin succinate</i>)	9	MP
VESICARE TABS 10 MG (<i>Use solifenacin succinate</i>)	1	QL(1 ea daily); MP
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
GEMTESA	1	QL(1 ea daily); PA
MYRBETRIQ SRER	1	QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail); AL(At least 3 yrs old - Up to 10 yrs old); ST; PA
MYRBETRIQ TB24	1	QL(1 ea daily); ST; PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride 5 MG</i>	1	
<i>bethanechol chloride 10 MG, 50 MG</i>	1	QL(4 ea daily)
<i>bethanechol chloride 25 MG</i>	1	QL(8 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flvoxate hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	1	AL(At least 19 yrs old)
BCG VACCINE	1	AL(At least 19 yrs old)
BEXSERO	1	AL(At least 19 yrs old)
BIOTHRAX	1	AL(At least 19 yrs old)
HIBERIX SOLR IJ	1	AL(At least 19 yrs old)
MENACTRA	1	AL(At least 19 yrs old)
MENQUADFI	1	AL(At least 19 yrs old)
MENVEO SOLN	1	AL(At least 19 yrs old)
MENVEO SOLR	1	AL(At least 19 yrs old)
PEDVAX HIB SUSP	1	AL(At least 19 yrs old)
PENBRAYA	1	AL(At least 19 yrs old)
PNEUMOVAX 23	1	AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE	1	AL(At least 19 yrs old)
PREVNAR 13	1	AL(At least 19 yrs old)
PREVNAR 20	1	AL(At least 19 yrs old)
TRUMENBA	1	AL(At least 19 yrs old)
TYPHIM VI SOLN	1	AL(At least 19 yrs old)
TYPHIM VI SOSY	1	AL(At least 19 yrs old)
VAXCHORA	1	AL(At least 19 yrs old)
VAXNEUVANCE	1	AL(At least 19 yrs old)
VIVOTIF	1	AL(At least 19 yrs old)
Viral Vaccines		
ABRYSVO	1	AL(At least 19 yrs old)

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AFLURIA QUADRIVALENT 2021-2022 SUSP	1	AL(At least 19 yrs old)	FLUARIX QUADRIVALENT 2021-2022 SUSY	1	AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY	1	AL(At least 19 yrs old)	FLUARIX QUADRIVALENT 2022-2023 SUSY	1	AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSP	1	AL(At least 19 yrs old)	FLUARIX QUADRIVALENT 2023-2024 SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSY	1	AL(At least 19 yrs old)	FLUBLOK QUADRIVALENT 2021-2022	1	AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2023-2024 SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUBLOK QUADRIVALENT 2022-2023	1	AL(At least 19 yrs old)
AFLURIA QUADRIVALENT 2023-2024 SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	FLUBLOK QUADRIVALENT 2023-2024	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
AREXVY	1	AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	1	AL(At least 19 yrs old)
COMIRNATY 2023-24 SUSP	1	AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2021-2022 SUSY	1	AL(At least 19 yrs old)
COMIRNATY 2023-24 SUSY	1	AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	1	AL(At least 19 yrs old)
COMIRNATY SUSP	1	AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	1	AL(At least 19 yrs old)
DENGVAXIA	1	AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSP 20 MCG/ML	1	AL(At least 19 yrs old)	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)
ENGERIX-B SUSY	1	AL(At least 19 yrs old)	FLULAVAL QUADRIVALENT 2021-2022 SUSY	1	AL(At least 19 yrs old)
FLUAD QUADRIVALENT 2021-2022	1	AL(At least 19 yrs old)			
FLUAD QUADRIVALENT 2022-2023	1	AL(At least 19 yrs old)			
FLUAD QUADRIVALENT 2023-2024	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)			

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FLULAVAL QUADRIVALENT 2022-2023 SUSY	1	AL(At least 19 yrs old)	GARDASIL 9 SUSP	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
FLULAVAL QUADRIVALENT 2023-2024 SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	GARDASIL 9 SUSY	1	3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old)
FLUMIST QUADRIVALENT	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	HAVRIX	1	AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2021-2022	1	AL(At least 19 yrs old)	HEPLISAV-B SOSY	1	AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2022-2023	1	AL(At least 19 yrs old)	IMOVAX RABIES (H.D.C.V.) SUSR	1	AL(At least 19 yrs old)
FLUZONE HIGH-DOSE PF 2023-2024	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	IPOL INACTIVATED IPV	1	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSP	1	AL(At least 19 yrs old)	IXCHIQ	1	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSY	1	AL(At least 19 yrs old)	IXIARO	1	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSP	1	AL(At least 19 yrs old)	JANSSEN COVID-19 VACCINE	1	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSY	1	AL(At least 19 yrs old)	JYNNEOS	1	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2023-2024 SUSP	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	M-M-R II SOLR	1	AL(At least 19 yrs old)
FLUZONE QUADRIVALENT 2023-2024 SUSY	1	1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)	MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	1	AL(At least 19 yrs old)
			MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	1	AL(At least 19 yrs old)
			MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	1	AL(At least 19 yrs old)
			MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	1	AL(At least 19 yrs old)
			MODERNA COVID-19 VACCINE6-11Y SUSP	1	AL(At least 19 yrs old)
			MODERNA COVID-19 VACCINE6MO-5Y SUSP	1	AL(At least 19 yrs old)

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MODERNA COVID-19 VACCINE SUSP	1	AL(At least 19 yrs old)	RECOMBIVAX HB SUSP	1	AL(At least 19 yrs old)
NOVAVAX COVID-19 VACCINE	1	AL(At least 19 yrs old)	RECOMBIVAX HB SUSY	1	AL(At least 19 yrs old)
NOVAVAX COVID-19 VACCINE/2023-24	1	AL(At least 19 yrs old)	ROTARIX SUSP	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	1	AL(At least 19 yrs old)	ROTARIX SUSR	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	1	AL(At least 19 yrs old)	ROTATEQ SOLN	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	1	AL(At least 19 yrs old)	SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	1	AL(At least 19 yrs old)	SHINGRIX	1	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	1	AL(At least 19 yrs old)	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	1	AL(At least 19 yrs old)	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	1	AL(At least 19 yrs old)	SPIKEVAX COVID-19 VACCINE SUSP	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	1	AL(At least 19 yrs old)	STAMARIL SUSR	1	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE SUSP	1	AL(At least 19 yrs old)	TICOVAC	1	AL(At least 19 yrs old)
PREHEVBRIO	1	AL(At least 19 yrs old)	TWINRIX SUSY	1	AL(At least 19 yrs old)
PRIORIX SUSR	1	AL(At least 19 yrs old)	VAQTA	1	AL(At least 19 yrs old)
PROQUAD SUSR	1	AL(At least 19 yrs old)	VARIVAX INJ	1	2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)
RABAVERT	1	AL(At least 19 yrs old)	YF-VAX INJ	1	AL(At least 19 yrs old)
VAGINAL AND RELATED PRODUCTS					
Spermicides					
VCF VAGINAL CONTRACEPTIVE FILM FILM				1	
Vaginal Anti-infectives					

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Drug Name	Drug Tier	Requirements/Limits
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	1	
CLEOCIN SUPP	1	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	1	
GYNAZOLE-1	1	
<i>metronidazole vaginal</i>	1	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	
NUVESSA	1	QL(5 gm per fill retail); PA
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	1	QL(70 gm per fill retail)
XACIATO GEL	1	QL(8 gm per fill retail); PA
Vaginal Contraceptive - pH Modulators		
PHEXXI	1	PA
Vaginal Estrogens		
ESTRACE CREA (<i>Use estradiol vaginal</i>)	1	QL(42.5 gm per 28 day(s) retail; 42 gm per 28 days mail)
<i>estradiol vaginal CREA</i>	1	QL(42.5 gm per 28 day(s) retail; 42 gm per 28 days mail)
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	1	
FEMRING	1	
PREMARIN	1	QL(30 gm per 28 day(s) retail; 30 gm per 28 days mail)
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	1	
Vaginal Progestins		

Drug Name	Drug Tier	Requirements/Limits
CRINONE GEL 8 %	1	AL(At least 12 yrs old - Up to 55 yrs old); PA
ENDOMETRIN INST	1	AL(At least 12 yrs old - Up to 55 yrs old); PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENALIN SOLN 1 MG/ML (<i>Use epinephrine (anaphylaxis)</i>)	9	
ADRENALIN SOLN 1 MG/ML, 30 MG/30ML (<i>Use epinephrine (anaphylaxis)</i>)	1	
AUVI-Q SOAJ	1	
<i>epinephrine (anaphylaxis) SOAJ</i>	1	
<i>epinephrine (anaphylaxis) SOLN</i>	1	
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	9	
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	1	
EPIPEN-JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	1	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa 100 MG, 200 MG</i>	1	QL(3 ea daily); AL(At least 18 yrs old); PA
<i>droxidopa 300 MG</i>	1	QL(6 ea daily); AL(At least 18 yrs old); PA
NORTHERA 100 MG, 200 MG (<i>Use droxidopa</i>)	1	QL(3 ea daily); AL(At least 18 yrs old); PA
NORTHERA 300 MG (<i>Use droxidopa</i>)	1	QL(6 ea daily); AL(At least 18 yrs old); PA

1 = Preferred, 2 = Nonpreferred, must step through Tier 1 or PA override, 3 = Nonpreferred, must step through Tier 2 or PA override, 9 = Non-Formulary, X- Excluded
PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Vasopressors			D-VI-SOL LIQD OR (<i>Use cholecalciferol</i>)	9	
AKOVAZ SOLN IV (<i>Use ephedrine sulfate (pressors)</i>)	1		<i>ergocalciferol CAPS</i>	1	PA
AKOVAZ SOLN IV (<i>Use ephedrine sulfate (pressors)</i>)	9		<i>ergocalciferol SOLN OR 8000 UNIT/ML</i>	1	AL(Up to 20 yrs old); PA
<i>ephedrine sulfate (pressors) SOLN IV</i>	1		MEPHYTON TABS (<i>Use phytonadione</i>)	9	
EPHEDRINE SULFATE SOLN IV 50 MG/ML	1		<i>phytonadione SOLN 1 MG/0.5ML</i>	1	QL(0.5 ml per fill retail)
<i>epinephrine SOSY IJ</i>	1		<i>phytonadione SOLN 10 MG/ML</i>	1	
EPINEPHRINE SOSY IV 1 MG/10ML	1		<i>phytonadione TABS 5 MG</i>	1	
LEVOPHED IV (<i>Use norepinephrine bitartrate</i>)	1		<i>phytonadione TABS 5 MG</i>	1	
LEVOPHED IV (<i>Use norepinephrine bitartrate</i>)	9		VITAMIN D3 LIQD OR 5000 UNIT/ML	1	AL(Up to 20 yrs old); PA
<i>midodrine hcl</i>	1		<i>vitamin e SOLN 15 MG/0.67ML</i>	1	AL(Up to 20 yrs old); PA
<i>norepinephrine bitartrate IV</i>	1		Water Soluble Vitamins		
NOREPINEPHRINE BITARTRATE/DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML	1		THIAMINE HCL POWD	1	AL(Up to 2 yrs old); PA; RX/OTC
NOREPINEPHRINE BITARTRATE/SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML	1				
VITAMINS					
Oil Soluble Vitamins					
<i>cholecalciferol CHEW 1000 UNIT</i>	1	AL(Up to 20 yrs old); PA			
<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	1	AL(Up to 20 yrs old); PA			
DRISDOL CAPS (<i>Use ergocalciferol</i>)	1	PA			

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

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211	1.25 MG, 1.875 MG-1.875 MG-1.875	testosterone)	20
amoxicillin & pot clavulanate TB12	MG-1.875 MG, 2.5 MG-2.5 MG-2.5	ANDROGEL PUMP GEL TD 1.62 %	
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AQUALANCE LANCETS ULTRA THIN 30G	141	ARICEPT TABS 23 MG (Use donepezil hydrochloride)	213
ARALAST NP SOLR 500 MG, 1000 MG	217	ARICEPT TABS 5 MG (Use donepezil hydrochloride)	213
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	132	ARIKAYCE	6
ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 200 MCG/0.4ML	132	ARIMIDEX (Use anastrozole)	69
ARANESP ALBUMIN FREE SOSY 100 MCG/0.5ML	132	aripiprazole SOLN OR	81
ARANESP ALBUMIN FREE SOSY 25 MCG/0.42ML	132	aripiprazole TABS 2 MG, 5 MG ...	81
ARANESP ALBUMIN FREE SOSY 300 MCG/0.6ML	132	aripiprazole TABS	81
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ARANESP ALBUMIN FREE SOSY		ARISTADA 1064 MG/3.9ML	81
		ARISTADA 441 MG/1.6ML	81
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		ARISTADA 882 MG/3.2ML	81
		ARISTADA INITIO	82
		ARIXTRA (Use fondaparinux sodium)	31
		ARIXTRA 10 MG/0.8ML (Use fondaparinux sodium)	31
		ARIXTRA 2.5 MG/0.5ML (Use	
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		ARIXTRA 5 MG/0.4ML (Use fondaparinux sodium)	31
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		armodafinil	4
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		AROMASIN (Use exemestane) ...	69
		ARRANON (Use nelarabine)	66
		arsenic trioxide	74
		ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	10
		ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	10
		ARTISS KIT	134
		ARTISS SOLN	134
		ASACOL HD TBEC (Use mesalamine)	125
		ASCENIV	210
		asenapine maleate	80
		ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	26
		ASMANEX HFA AERO 50 MCG/ACT	26
		ASMANEX TWISTHALER 120 METERED DOSES AEPB	27
		ASMANEX TWISTHALER 14 METERED DOSES AEPB	27
		ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH	27
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METERED DOSES AEPB 220 MCG/INH	27	ATIVAN SOLN (Use lorazepam) ..	23	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	211
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aspirin TBEC 81 MG	13	ATORVALIQ SUSP	55	AUM MINI INSULIN PEN NEEDLE/32GX5MM	151
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ASSURE COMFORT LANCETS ULTRA THIN 28G	141	atovaquone	62	AUM MINI INSULIN PEN NEEDLE/33GX4MM	152
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ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide)	59	ATROPINE SULFATE SOSY IJ (Use atropine sulfate)	220	AURORA UNIFINE PENTIPS/32GX5/32"	152
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AUSTEDO XR TB24 24 MG	214	azathioprine TABS 50 MG	190	baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML	196
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AVONEX PSKT	214	AZOR 5 MG-40 MG (Use amlodipine besylate-olmesartan medoxomil) ..	59	BALVERSA 3 MG	71
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BEXSERO	224	BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	204	BREVIBLOC SOLN 100 MG/10ML (Use esmolol hcl)	87
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BICNU (Use carmustine)	66	BOOSTRIX SUSY	220	BRILINTA 90 MG	131
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CORLANOR SOLN	93	cosyntropin SOLR	112	CUVPOSA SOLN OR (Use glycopyrrolate)	220
CORLANOR TABS	93	COTELLIC	71	CUVRIOR	189
CORLOPAM	61	COTEMPLA XR-ODT TBED	4	CVS LANCETS 21G	141
CORTEF TABS (Use hydrocortisone)	98	COVID-19 AG TEST KIT	112	CVS LANCETS MICRO THIN 33G	141
CORTENEMA (Use hydrocortisone (intrarectal))	21	COVID-19 AT-HOME TEST KIT KIT .	112	CVS LANCETS THIN 26G	141
CORTIFOAM EX 10 %	21	COZAAR 25 MG (Use losartan potassium)	58	CVS LANCETS ULTRA THIN 30G	141
CORTISONE ACETATE TABS	98	COZAAR 50 MG, 100 MG (Use losartan potassium)	58	CVS LANCING DEVICE MISC ...	141
CORTISPORIN-TC	209	CREON CPEP	115	CVS ULTRA THIN LANCETS ...	141
CORTROPHIN	118	CRESEMBA CAPS 186 MG	52	cyanocobalamin SOLN IJ 1000 MCG/ML	132
CORTROSYN SOLR (Use cosyntropin)	112	CRESEMBA CAPS 74.5 MG	52	cyclobenzaprine hcl CP24	196
CORVERT (Use ibutilide fumarate) 25		CRESEMBA SOLR	52	cyclobenzaprine hcl TABS 5 MG, 10 MG	196
COSENTYX SENSOREADY PEN		CRESTOR TABS 40 MG (Use rosuvastatin calcium)	55	cyclobenzaprine hcl TABS 7.5 MG	196
		CRESTOR TABS 5 MG, 10 MG, 20 MG (Use rosuvastatin calcium) ...	55	CYCLOGYL (Use cyclopentolate hcl)	203
		CRINONE GEL 8 %	228	203
		cromolyn sodium (mastocytosis)	124	CYCLOGYL	203

CYCLOMYDRIL	203	FOR PSORIASIS AJKT	8	dantrolene sodium SOLR	197
cyclopentolate hcl 1 %	203	CYMBALTA CPEP (Use duloxetine hcl)	41	dapagliflozin propanediol	48
cyclophosphamide CAPS	66	cyproheptadine hcl SYRP	54	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	42
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN	66	cyproheptadine hcl TABS	54	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	42
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML, 500 MG/ML	66	CYSTADANE (Use betaine)	120	dapsone (topical) 5 %	100
cyclophosphamide SOLR IJ	66	CYSTADROPS	207	dapsone (topical) 7.5 %	100
CYCLOPHOSPHAMIDE TABS	66	CYSTAGON CAPS	127	dapsone	63
cycloserine	65	CYSTARAN	207	DAPTACEL	220
CYCLOSET	44	cytarabine SOLN	67	DAPTOMYCIN (Use daptomycin)	62
cyclosporine (ophth) EMUL	205	CYTOGAM	210	daptomycin	62
cyclosporine CAPS 100 MG	190	CYTOMEL TABS (Use liothyronine sodium)	219	DAPTOMYCIN	62
cyclosporine CAPS 25 MG	190	CYTOTEC (Use misoprostol)	222	DAPTOMYCIN/SODIUM CHLORIDE	62
cyclosporine modified (for microemulsion) CAPS 100 MG	190	D.H.E. 45 SOLN IJ (Use dihydroergotamine mesylate)	185	DARAPRIM (Use pyrimethamine)	64
cyclosporine modified (for microemulsion) CAPS 25 MG	190	dabigatran etexilate mesylate CAPS . 33		darifenacin hydrobromide	223
cyclosporine modified (for microemulsion) CAPS 50 MG	190	dacarbazine SOLR 200 MG	74	DARTISLA ODT TBDP	220
cyclosporine modified (for microemulsion) SOLN	190	DACOGEN (Use decitabine)	67	darunavir TABS	82
cyclosporine SOLN IV 50 MG/ML	190	dactinomycin	70	daunorubicin hcl SOLN	70
CYKLOKAPRON SOLN (Use tranexamic acid)	134	dalfampridine	215	DAUNORUBICIN HYDROCHLORIDE SOLN (Use daunorubicin hcl)	70
CYLTEZO AJKT	8	DALIRESP 250 MCG (Use roflumilast)	26	DAUNORUBICIN HYDROCHLORIDE SOLN	70
CYLTEZO PSKT 10 MG/0.2ML, 20 MG/0.4ML	8	DALIRESP 500 MCG (Use roflumilast)	26	DAURISMO	68
CYLTEZO PSKT 40 MG/0.8ML	8	DALVANCE	62	DAYBUE	201
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	8	danazol CAPS	20	DAYPRO TABS (Use oxaprozin) ..	10
CYLTEZO STARTER PACKAGE		DANTRIUM CAPS 25 MG (Use dantrolene sodium)	197	DAYTRANA PTCH (Use methylphenidate)	4
		DANTRIUM IV SOLR (Use dantrolene sodium)	197	DAYTRANA PTCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR (Use methylphenidate)	4
		dantrolene sodium CAPS	197		

DAYVIGO	136	divalproex sodium)	38	deferoxamine mesylate)	50
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	121	DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	38	desflurane	127
DDAVP TABS 0.1 MG (Use desmopressin acetate)	121	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	39	desipramine hcl TABS	42
DDAVP TABS 0.2 MG (Use desmopressin acetate)	121	DEPAKOTE TBEC 125 MG, 250 MG (Use divalproex sodium)	39	desloratadine TABS	53
decitabine	67	DEPAKOTE TBEC 500 MG (Use divalproex sodium)	39	desloratadine TBDP	53
deferasirox PACK	49	DEPEN TITRATABS TABS (Use penicillamine)	189	desmopressin acetate SOLN IJ ..	121
deferasirox TABS	49	DEPLIN 7.5	113	desmopressin acetate spray	121
deferasirox TBSO	49	DEPO-ESTRADIOL	122	desmopressin acetate spray refrigerated 0.01 %	121
deferiprone TABS	49	DEPO-MEDROL SUSP (Use methylprednisolone acetate)	98	desmopressin acetate spray refrigerated 0.1 MG/ML	121
deferoxamine mesylate	50	DEPO-MEDROL SUSP 80 MG/ML (Use methylprednisolone acetate) ..	98	desmopressin acetate TABS	121
deflazacort TABS	98	DEPO-MEDROL SUSP	98	desogestrel & ethinyl estradiol	96
DEKAS ESSENTIAL CAPS	193	DEPO-MEDROL SUSP 80 MG/ML (Use methylprednisolone acetate) ..	98	desogestrel-ethinyl estradiol (biphasic)	96
DEKAS ESSENTIAL LIQD	193	DEPO-MEDROL SUSP	98	desogestrel-ethinyl estradiol (triphasic)	96
DEKAS PLUS CAPS	193	DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	98	desonide CREA	106
DEKAS PLUS CHEW	193	DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	98	desonide LOTN	106
DEKAS PLUS LIQD	193	DEPO-SUBQ PROVERA 104 SUSY SC	98	desonide OINT	106
DELESTROGEN (Use estradiol valerate)	122	DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide)	106	DESOWEN CREA (Use desonide) 106	
DELSTRIGO	82	DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	106	desoximetasone CREA 0.05 % ...	106
DELZICOL CPDR (Use mesalamine) 125		DERMOTIC (Use fluocinolone acetonide (otic))	209	desoximetasone CREA 0.25 % ...	106
demeclocycline hcl TABS	218	DESCOVY	82	desoximetasone GEL	106
DEMEROL SOLN IJ (Use meperidine hcl)	14	DESFERAL 500 MG (Use		desoximetasone LIQD	106
DEMEROL SOLN IJ	14			desoximetasone OINT 0.05 % ...	106
DEMSEER (Use metyrosine)	57			desoximetasone OINT 0.25 % ...	106
DENAVIR (Use penciclovir)	104			DESOXYN (Use methamphetamine hcl)	2
DENGVAXIA	225			DESVENLAFAXINE ER	41
DEPAKOTE ER TB24 250 MG (Use				desvenlafaxine succinate	41

DETROL LA CP24 (Use tolterodine tartrate)	223	dexlansoprazole	221	CHLORIDE 0.3% (Use dextrose w/ sodium chloride)	187
DETROL LA CP24 4 MG (Use tolterodine tartrate)	223	dexmedetomidine hcl in sodium chloride SOLN 0.9 %-80 MCG/20ML .	135	dextrose in lactated ringers	187
DETROL TABS (Use tolterodine tartrate)	223	dexmedetomidine hcl SOLN	135	dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML	202
DETROL TABS 1 MG (Use tolterodine tartrate)	223	DEXMEDETOMIDINE HCL SOLN	135	DEXTROSE SOLN	202
DEXAMETHASONE	95	DEXMEDETOMIDINE		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 % ..	187
dexamethasone ELIX	98	HYDROCHLORIDE/DEXTROSE MONOHYDRATE	135	DEXTROSE/SODIUM CHLORIDE (Use dextrose w/ sodium chloride)	187
DEXAMETHASONE INTENSOL CONC	98	dexamethylphenidate hcl CP24	4	DHIVY TABS	76
dexamethasone sodium phosphate (ophth)	205	dexamethylphenidate hcl TABS	4	DIACOMIT CAPS	34
DEXAMETHASONE SODIUM PHOSPHATE	95	dexrazoxane hcl	75	DIACOMIT PACK	34
dexamethasone sodium phosphate SOLN IJ	98	dextran 40 in d5w	130	DIASCREEN 1K STRP	142
dexamethasone sodium phosphate SOLN IJ	98	dextran 40 in saline	130	DIASTAT ACUDIAL GEL 10 MG (Use diazepam (anticonvulsant)) ..	33
dexamethasone SOLN	98	dextroamphetamine sulfate CP24 15 MG	2	DIASTAT ACUDIAL GEL 20 MG (Use diazepam (anticonvulsant)) ..	33
dexamethasone TABS	98	dextroamphetamine sulfate CP24 5 MG, 10 MG	2	DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	33
dexamethasone TBPK	98	dextroamphetamine sulfate SOLN ..	2	diazepam (anticonvulsant) GEL ...	33
dexamethasone TBPK	99	dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG	2	DIAZEPAM	95
DEXCOM G6 RECEIVER	141	dextroamphetamine sulfate TABS 30 MG	2	diazepam CONC	23
DEXCOM G6 SENSOR	141	DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	187	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML	24
DEXCOM G6 TRANSMITTER ...	142	DEXTROSE 10%/SODIUM CHLORIDE 0.2%	187	diazepam SOLN OR 5 MG/5ML ...	23
DEXCOM G7 RECEIVER	142	DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% (Use dextrose w/ sodium chloride)	187	diazepam TABS	24
DEXCOM G7 SENSOR	142	DEXTROSE 30% SOLN	202	diazoxide	44
DEXEDRINE CP24 10 MG (Use dextroamphetamine sulfate)	2	DEXTROSE 5%/SODIUM		DIBENZYLINE (Use phenoxybenzamine hcl)	57
DEXEDRINE CP24 15 MG (Use dextroamphetamine sulfate)	2			dichlorphenamide	116
DEXILANT (Use dexlansoprazole)					

DICLEGIS TBEC (Use doxylamine-pyridoxine)	51	DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	52	diltiazem hcl coated beads CP24 180 MG	89
diclofenac epolamine PTCH EX ..	102	DIFLUCAN TABS 150 MG (Use fluconazole)	52	diltiazem hcl coated beads CP24 240 MG	89
diclofenac potassium (migraine) .	185	DIFLUCAN TABS 50 MG (Use fluconazole)	52	diltiazem hcl coated beads CP24 300 MG	89
diclofenac potassium CAPS	11	diflunisal TABS	13	diltiazem hcl coated beads CP24 360 MG	89
diclofenac potassium TABS 25 MG	11	difluprednate	205	diltiazem hcl CP12	89
diclofenac potassium TABS 50 MG	11	digoxin SOLN IJ 0.25 MG/ML	90	diltiazem hcl CP24 120 MG	89
diclofenac sodium (actinic keratoses) EX	102	digoxin SOLN OR 0.05 MG/ML ...	90	diltiazem hcl CP24 180 MG	89
diclofenac sodium (ophth)	207	digoxin TABS 0.0625 MG, 62.5 MCG	90	diltiazem hcl CP24 240 MG	89
diclofenac sodium (topical) GEL EX	102	digoxin TABS 0.125 MG, 125 MCG	90	diltiazem hcl extended release beads 120 MG	89
diclofenac sodium (topical) SOLN EX	102	digoxin TABS 250 MCG	90	diltiazem hcl extended release beads 180 MG	89
diclofenac sodium TB24	11	dihydroergotamine mesylate SOLN IJ	185	diltiazem hcl extended release beads 240 MG	89
diclofenac sodium TBEC 25 MG ...	11	dihydroergotamine mesylate SOLN	185	diltiazem hcl extended release beads 300 MG, 360 MG, 420 MG	89
diclofenac sodium TBEC 50 MG, 75 MG	11	DILANTIN (Use phenytoin sodium extended)	38	diltiazem hcl SOLN	89
diclofenac w/ misoprostol TBEC ...	11	DILANTIN 30 MG	38	DILTIAZEM HCL SOLR	89
dicloxacillin sodium	211	DILANTIN INFATABS CHEW (Use phenytoin)	38	diltiazem hcl TABS 120 MG	89
dicyclomine hcl CAPS	220	DILANTIN-125 SUSP (Use phenytoin)	38	diltiazem hcl TABS 30 MG, 60 MG	89
dicyclomine hcl SOLN IM	220	DILAUDID LIQD (Use hydromorphone hcl)	14	diltiazem hcl TABS 90 MG	89
dicyclomine hcl TABS	220	DILAUDID SOLN IJ (Use hydromorphone hcl)	14	diltiazem hcl TB24	89
DIFFERIN GEL 0.3 % (Use adapalene)	100	DILAUDID SOLN IJ	14	DIMENHYDRINATE SOLN	51
DIFICID SUSR	139	DILAUDID TABS (Use hydromorphone hcl)	14	dimethyl fumarate CDPK	215
DIFICID TABS	139	diltiazem hcl coated beads CP24 120 MG	89	dimethyl fumarate CPDR 120 MG	215
diflorasone diacetate CREA	106	DIOVAN HCT (Use valsartan-hydrochlorothiazide)	59	dimethyl fumarate CPDR 240 MG	215
diflorasone diacetate OINT	106				
DIFLUCAN SUSR (Use fluconazole) .	52				

DIOVAN TABS (Use valsartan)	58	dobutamine hcl 12.5 MG/ML, 250 MG/20ML	91	MG (Use doxycycline hyclate)	218
DIPENTUM	125	DOBUTAMINE HCL/D5W	91	dorzolamide hcl	207
diphenhydramine hcl SOLN 50 MG/ML	53	DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	91	dorzolamide hcl-timolol maleate	203
diphenoxylate w/ atropine LIQD	49	docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	75	DOVATO	82
diphenoxylate w/ atropine TABS	49	DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	75	DOVONEX CREA (Use calcipotriene)	103
DIPRIVAN EMUL (Use propofol)	127	DOCETAXEL SOLN (Use docetaxel) 75	75	doxazosin mesylate 1 MG, 2 MG	58
DIPRIVAN EMUL	127	docetaxel SOLN	75	doxazosin mesylate 4 MG	58
DIPROLENE OINT (Use betamethasone dipropionate augmented)	106	docusate sodium ENEM 283 MG/5ML	137	doxazosin mesylate 8 MG	58
dipyridamole (diagnostic)	112	dofetilide	25	doxepin hcl (antipruritic)	103
dipyridamole	131	DOJOLVI	202	doxepin hcl (sleep)	135
disopyramide phosphate CAPS	24	donepezil hydrochloride TABS 10 MG	213	doxepin hcl CAPS	42
disulfiram	212	donepezil hydrochloride TABS 23 MG	213	doxepin hcl CONC	42
DITROPAN XL TB24 10 MG (Use oxybutynin chloride)	223	donepezil hydrochloride TABS 5 MG . 213	213	doxercalciferol CAPS	120
DITROPAN XL TB24 5 MG (Use oxybutynin chloride)	223	donepezil hydrochloride TABS 5 MG . 213	213	doxercalciferol SOLN	120
DIURIL SUSP	117	donepezil hydrochloride TBDP	213	DOXIL (Use doxorubicin hcl liposomal)	70
divalproex sodium CSDR	39	dopamine hcl 40 MG/ML	91	doxorubicin hcl liposomal	70
divalproex sodium TB24 250 MG	39	DOPAMINE HYDROCHLORIDE (Use dopamine hcl)	91	doxorubicin hcl SOLN	70
divalproex sodium TB24 500 MG	39	DOPAMINE HYDROCHLORIDE/DEXTROSE	91	doxorubicin hcl SOLR 10 MG, 50 MG	70
divalproex sodium TBEC 125 MG, 250 MG	39	DOPAMINE/D5W	91	doxycycline (monohydrate) CAPS 50 MG, 100 MG	219
divalproex sodium TBEC 500 MG	39	DOPTelet	132	doxycycline (monohydrate) CAPS 75 MG, 150 MG	218
DIVIGEL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM (Use estradiol)	123	DORAL (Use quazepam)	135	doxycycline (monohydrate) SUSR 219	219
DIVIGEL GEL 0.5 MG/0.5GM (Use estradiol)	123	DORYX MPC TBEC 120 MG	218	doxycycline (monohydrate) TABS 150 MG	219
DIVIGEL GEL 1.25 MG/1.25GM (Use estradiol)	123	DORYX TBEC 50 MG, 80 MG, 200 MG	218	doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG	219
				doxycycline (rosacea)	110
				doxycycline hyclate CAPS	219

doxycycline hyclate SOLR .....219	DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 5/16" .....157	DROPLET PEN NEEDLES 29GX10MM 157
doxycycline hyclate TABS 20 MG, 100 MG .....219	DROPLET INSULIN SYRINGE U- 100/1ML/30G X 1/2" 157	DROPLET PEN NEEDLES 29GX12MM 157
doxycycline hyclate TABS 50 MG, 75 MG, 150 MG .....219	DROPLET INSULIN SYRINGE U- 100/1ML/30G X 15/64" .....157	DROPLET PEN NEEDLES 30G X 5/16" .....157
doxycycline hyclate TBEC .....219	DROPLET INSULIN SYRINGE U- 100/1ML/30G X 5/16" .....157	DROPLET PEN NEEDLES 31G X3/16" .....157
doxylamine-pyridoxine TBEC .....51	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64" .....157	DROPLET PEN NEEDLES 31G X5/16" .....157
DRISDOL CAPS (Use ergocalciferol) 229	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 5/16" .....157	DROPLET PEN NEEDLES 31GX5MM .....157
dronabinol CAPS .....51	DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 15/64" .....157	DROPLET PEN NEEDLES 31GX6MM .....157
droperidol SOLN 2.5 MG/ML 23	DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 5/16" .....157	DROPLET PEN NEEDLES 31GX8MM .....157
DROPLET GENTEEL LANCING DEVICE MISC 142	DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2" 157	DROPLET PEN NEEDLES 32G X 5/32" .....157
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" 156	DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 15/64" .....157	DROPLET PEN NEEDLES 32GX4MM .....157
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" 156	DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 5/16" .....157	DROPLET PEN NEEDLES 32GX5MM .....157
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" 156	DROPLET INSULIN SYRINGE U- 100/1ML/30G X 1/2" 157	DROPLET PEN NEEDLES 32GX6MM .....157
DROPLET INSULIN SYRINGE U- 100/0.3/31G X 5/16" 156	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64" .....157	DROPLET PEN NEEDLES 32GX8MM .....157
DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 1/2" 156	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 5/16" .....157	DROPLET PERSONAL LANCETS30G 142
DROPLET INSULIN SYRINGE U- 100/0.3ML/30G X 15/64" .....156	DROPLET INSULIN SYRINGE U- 100/0.5ML/31G X 15/64" .....157	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML .....158
DROPLET INSULIN SYRINGE U- 100/0.3ML/31G X 5/16" .....157	DROPLET LANCETS ULTRA THIN 30G .....142	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML 158
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 1/2" 157	DROPLET LANCING DEVICE MISC . 142	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML 158
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 15/64" .....157	DROPLET MICRON 34G X 9/64" 157	
DROPLET INSULIN SYRINGE U- 100/0.5ML/30G X 5/16" 157	DROPLET PEN NEEDLES 29G X1/2" 157	

DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	158	PENTIPS31GX8MM	158	DURACLON EP 100 MCG/ML (Use clonidine hcl (analgesia))	13
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	158	DRUG MART UNIFINE PENTIPS32GX4MM	158	DUREZOL (Use difluprednate) ..	205
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	158	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	158	dutasteride	128
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	158	DRUG MART UNILET LANCETSSUPER THIN 30G	142	dutasteride-tamsulosin hcl	128
DROPSAFE SAFETY PEN NEEDLE/31GX5MM	158	DRUG MART UNILET LANCETSULTRA THIN 28G	142	D-VI-SOL LIQD OR (Use cholecalciferol)	229
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"	158	DRUG MART UNILET LANCETS 33G	142	DYANAVAL XR CHER	2
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"	158	DUAKLIR PRESSAIR	29	DYANAVAL XR SUER	2
drospirenone-ethinyl estradiol	96	DUAVEE	122	DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)	197
drospirenone-ethinyl estradiol-levomefolate calcium	96	DUETACT (Use pioglitazone hcl-glimepiride)	42	DYRENIUM CAPS (Use triamterene) 116	
DROXIA CAPS	131	DUEXIS (Use ibuprofen-famotidine) . 11		E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	139
droxidopa 100 MG, 200 MG	228	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	29	EAA SUPPLEMENT PACK	113
droxidopa 300 MG	228	DULERA 50 MCG/ACT-5 MCG/ACT . 29		EASIVENT MISC	183
DRUG MART ADJUSTABLE LANCING DEVICE MISC	142	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	41	EASIVENT/MASK-LARGE MISC .183	
DRUG MART LANCETS THIN ..	142	duloxetine hcl CPEP 40 MG	41	EASIVENT/MASK-MEDIUM MISC 183	
DRUG MART ON-THE-GO LANCETS GENTLE 30G	142	DUOBRII	107	EASIVENT/MASK-SMALL MISC .183	
DRUG MART UNIFINE PENTIPS 31GX5MM	158	DUOPA SUSP	76	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	158
DRUG MART UNIFINE PENTIPS29G X 12MM	158	DUPIXENT SOPN 200 MG/1.14ML 109		EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" ...	158
DRUG MART UNIFINE PENTIPS31GX6MM	158	DUPIXENT SOPN 300 MG/2ML . 109		EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" ...	158
DRUG MART UNIFINE PENTIPS29G X 12MM	158	DUPIXENT SOSY 100 MG/0.67ML 109		EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" ...	158
DRUG MART UNIFINE PENTIPS31GX6MM	158	DUPIXENT SOSY 200 MG/1.14ML 109		EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	158
DRUG MART UNIFINE PENTIPS31GX8MM	158	DUPIXENT SOSY 300 MG/2ML . 109		EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	158

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HUMULIN 70/30 KWIKPEN SUPN	46	hydrocodone-acetaminophen SOLN 325 MG/15ML-7.5 MG/15ML	18	HYDROCORTISONE MICRONIZED	108
HUMULIN 70/30 SUSP	46	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	18	HYDROCORTISONE POWD	108
HUMULIN N KWIKPEN SUPN	46	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	18	hydrocortisone TABS	99
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HUMULIN R U-500 KWIKPEN SOPN SC	46	hydrocortisone (rectal) EX 1 %	21	HYDROCORTISONE/ACETIC ACID (Use hydrocortisone w/acetic acid)	209
HYCAMTIN CAPS	75	hydrocortisone (rectal) EX 2.5 % ..	21	hydromorphone hcl LIQD	15
HYCAMTIN SOLR (Use topotecan hcl)	75	hydrocortisone (topical) CREA 1 %, 2.5 %	107	HYDROMORPHONE HCL POWD	15
hydralazine hcl SOLN	61	hydrocortisone (topical) LOTN 2.5 % .	107	hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML .	15
hydralazine hcl TABS 10 MG	61	hydrocortisone (topical) OINT 1 %, 2.5 %	107	HYDROMORPHONE HCL SUPP .	15
hydralazine hcl TABS 100 MG	61	HYDROCORTISONE ACETATE MICRONIZED POWD	107	hydromorphone hcl TABS	15
hydralazine hcl TABS 25 MG	61	HYDROCORTISONE ACETATE POWD	107	hydromorphone hcl TB24 12 MG ..	15
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hydrochlorothiazide TABS 12.5 MG	117			HYDROMORPHONE	
hydrochlorothiazide TABS 25 MG, 50 MG	117			HYDROCHLORIDE SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML	15
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hydroxyzine pamoate CAPS 25 MG, 50 MG	23	HYRIMOZ SOSY 10 MG/0.1 ML	9	IDACIO (2 PEN) AJKT	9
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hyoscyamine sulfate TABS 0.125 MG	221	HYSINGLA ER T24A	15	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	9
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HYPERSAL NEBU (Use sodium chloride (inhalant))	100	IBUPROFEN POWD	11	ILEVRO	208
HYPERTET SOSY	210	ibuprofen SUSP 100 MG/5ML	11	ILUMYA	103
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				IMBRUVICA CAPS 70 MG	72
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imipramine pamoate	42	INDOCIN SUSP (Use indomethacin) .	11		46
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imiquimod 5 %	109	indomethacin CAPS 25 MG, 50 MG	11		PROTAMINE/INSULIN ASPART
IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	185	indomethacin CPCR	11		SUSP
IMITREX STATDOSE REFILL SOCT (Use sumatriptan succinate)	185	indomethacin SUPP	11		46
IMITREX STATDOSE SYSTEM SOAJ (Use sumatriptan succinate)	186	indomethacin SUSP	11		INSULIN ASPART SOLN IJ
IMITREX TABS (Use sumatriptan succinate)	186	INFANRIX	220		46
IMODIUM A-D CAPS (Use loperamide hcl)	49	INFLECTRA SOLR	125		INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML
IMOVAX RABIES (H.D.C.V.) SUSR	226	INFLIXIMAB	125		46
IMURAN TABS (Use azathioprine)	190	INFUMORPH 200 (Use morphine sulfate for continuous microinfusion) .	15		INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML
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IONOSOL-MB/DEXTROSE 5% .	187	ISORDIL TITRADOSE TABS 40 MG (Use isosorbide dinitrate)	22	IXIARO	226
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IPOSOL-MB/DEXTROSE 5% .	187	isosorbide dinitrate TABS 10 MG .	22	IYUZEH SOLN	208
IOPIDINE	204	isosorbide dinitrate TABS 20 MG .	22	JADENU SPRINKLE PACK (Use deferasirox)	50
IPOSOL-MB/DEXTROSE 5% .	187	isosorbide dinitrate TABS 40 MG .	22	JADENU TABS (Use deferasirox) .	50
IOPIDINE	204	isosorbide dinitrate TABS 5 MG, 30 MG	22	JAKAFI 10 MG, 15 MG, 20 MG, 25 MG	72
IPOSOL-MB/DEXTROSE 5% .	187	isosorbide dinitrate-hydralazine hcl 91		JAKAFI 5 MG	72
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KIMONO SENSATION LUBRICATED MISC	140	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	165	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	166
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KROGER PEN NEEDLES/31G X3/16"	166	LACRISERT	202	LAMICTAL TABS 200 MG (Use lamotrigine)	35
KROGER PEN NEEDLES/31G X5/16"	166	lactated ringer's (irrigation)	191	LAMICTAL TABS 25 MG (Use lamotrigine)	35
KROGER PEN NEEDLES/32G X5/32"	166	lactated ringer's	188	LAMICTAL XR KIT	35
KROGER PEN NEEDLES/33G X5/32"	166	lactic acid (ammonium lactate) CREA	109	LAMICTAL XR TB24 200 MG, 250 MG (Use lamotrigine)	35
K-TAB TBCR 20 MEQ (Use potassium chloride)	189	lactic acid (ammonium lactate) LOTN 12 %	109	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG (Use lamotrigine)	35
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KUVAN PACK (Use sapropterin dihydrochloride)	120	lactulose SOLN	137	LAMISIL AT CREA (Use terbinafine hcl (topical))	101
KUVAN TABS (Use sapropterin dihydrochloride)	120	LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (Use lamotrigine)	35	LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))	101
KYLEENA	98	LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (Use lamotrigine)	35	lamivudine (hbv) TABS	85
KYPROLIS 10 MG, 30 MG	72	LAMICTAL ODT KIT (Use lamotrigine)	35	lamivudine SOLN	83
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LABELALOL HYDROCHLORIDE SOSY 10 MG/2ML	87	LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine)	35	lamotrigine KIT 25 MG	35
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LABELALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML	87	LAMICTAL STARTER/TAKING VALPROATE KIT (Use lamotrigine)	35	lamotrigine TABS 150 MG	35
lacosamide SOLN OR 10 MG/ML .	34	LAMICTAL TABS 100 MG (Use lamotrigine)	35	lamotrigine TABS 200 MG	35
		LAMICTAL TABS 150 MG (Use		lamotrigine TABS 25 MG	35
				lamotrigine TB24 200 MG, 250 MG	
				35	
				lamotrigine TB24 25 MG, 50 MG, 100 MG	35
				lamotrigine TB24 300 MG	35
				lamotrigine TBDP 25 MG, 100 MG,	

200 MG	35	LANTUS SOLOSTAR SOPN	47	SYRINGE/1ML/30G X 5/16"	166
lamotrigine TBDP 50 MG	35	LANZO MISC	145	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	166
LAMPIT 120 MG	62	lapatinib ditosylate	72	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	166
LAMPIT 30 MG	62	LASIX TABS 20 MG (Use furosemide)	116	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	166
LAMZEDE	120	LASIX TABS 40 MG (Use furosemide)	116	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	166
LANAFLEX PACK	114	LASIX TABS 80 MG (Use furosemide)	116	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	166
LANCET DEVICE WITH EJECTOR MISC	145	latanoprost SOLN	208	LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	166
LANCETS	145	LATUDA 20 MG, 40 MG, 60 MG, 120 MG (Use lurasidone hcl)	78	LEDIPASVIR/SOFOSBUVIR TABS 85	
LANCETS 30G	145	LATUDA 80 MG (Use lurasidone hcl) 78		leflunomide	12
LANCETS 30G TWIST TOP	145	LEADER ADVANCED LANCING DEVICE MISC	145	lenalidomide	189
LANCETS 30G/TWIST TOP	145	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	166	LENVIMA 10 MG DAILY DOSE	67
LANCETS 33G EXTRA FINE	145	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	166	LENVIMA 12MG DAILY DOSE	67
LANCETS 33G UNIVERSAL DESIGN	145	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	166	LENVIMA 14 MG DAILY DOSE	67
LANCETS MICRO THIN 33G	145	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	166	LENVIMA 18 MG DAILY DOSE	67
LANCETS SUPER THIN 28G	145	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	166	LENVIMA 20 MG DAILY DOSE	67
LANCETS THIN	145	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	166	LENVIMA 24 MG DAILY DOSE	67
LANCETS ULTRA THIN	145	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	166	LENVIMA 4 MG DAILY DOSE	68
LANCETS ULTRA THIN 30G	145	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	166	LENVIMA 8 MG DAILY DOSE	68
LANCING DEVICE MISC	145	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	166	LEQEMBI	213
LANOXIN PEDIATRIC SOLN IJ	90	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	166	LEQVIO	56
LANOXIN SOLN IJ (Use digoxin)	90	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	166	LESCOL XL TB24 (Use fluvastatin sodium)	55
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (Use digoxin)	91	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	166	LETAIRIS (Use ambrisentan)	92
LANREOTIDE ACETATE	121	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	166	letrozole	69
LANSOPRAZOLE	95	LEADER INSULIN		leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML	75
lansoprazole CPDR	222	LEADER INSULIN			
lansoprazole TBDD	222				
lanthanum carbonate CHEW	126				
LANTUS SOLN	47				

leucovorin calcium SOLR	75	levocarnitine (metabolic modifiers) TABS	120	levothyroxine sodium TABS	219
leucovorin calcium TABS	75	levocetirizine dihydrochloride SOLN 53		LEVSIN TABS (Use hyoscyamine sulfate)	221
LEUKERAN	66	levocetirizine dihydrochloride TABS 53		LEVSIN/SL SUBL (Use hyoscyamine sulfate)	221
LEUKINE SOLR IJ	133	levofloxacin in d5w	124	LEXAPRO TABS 10 MG (Use escitalopram oxalate)	40
LEUPROLIDE ACETATE INJ	69	levofloxacin SOLN OR	124	LEXAPRO TABS 5 MG, 20 MG (Use escitalopram oxalate)	40
leuprolide acetate KIT IJ 1 MG/0.2ML	69	levofloxacin TABS 250 MG, 500 MG . 124		LEXETTE FOAM	108
levalbuterol hcl	29	levofloxacin TABS 750 MG	124	LEXISCAN (Use regadenoson) ..	112
levalbuterol tartrate	29	levoleucovorin calcium SOLN	75	LEXIVA SUSP	83
levamlodipine maleate	89	levoleucovorin calcium SOLR	75	LEXIVA TABS (Use fosamprenavir calcium)	83
LEVBID TB12 (Use hyoscyamine sulfate)	221	levonorgestrel & eth estradiol TABS 96		LIALDA TBEC (Use mesalamine) 125	
LEVEMIR FLEXPEN SOPN	47	levonorgestrel (emergency oc) 1.5 MG	97	LIBTAYO	68
LEVEMIR FLEXTOUCH SOPN ...	47	levonorgestrel-eth estradiol (triphasic)	96	LICART PT24	102
LEVEMIR SOLN	47	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	96	LIDOCAINE BASE POWD	95
LEVETIRACETAM (Use levetiracetam in sodium chloride) ..	35	levonorgestrel-ethinyl estradiol (continuous)	96	LIDOCAINE CRYST	95
levetiracetam in sodium chloride ..	35	levonorgestrel-ethinyl estradiol-iron 96		lidocaine hcl (cardiac) SOSY	24
levetiracetam SOLN IV 500 MG/5ML 35		LEVOPHED IV (Use norepinephrine bitartrate)	229	lidocaine hcl (local anesth.) SOLN 138	
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	35	levorphanol tartrate TABS	15	lidocaine hcl (mouth-throat)	192
levetiracetam TABS 1000 MG	36	levothyroxine sodium CAPS	219	LIDOCAINE HCL	95
levetiracetam TABS 250 MG	36	LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML 219		lidocaine hcl CREA 3 %	110
levetiracetam TABS 500 MG, 750 MG	36	LEVOTHYROXINE SODIUM SOLR IV (Use levothyroxine sodium) ...	219	LIDOCAINE HCL MONOHYDRATE . 95	
levetiracetam TB24 500 MG	36	levothyroxine sodium SOLR IV ...	219	lidocaine hcl PRSY	110
levetiracetam TB24 750 MG	36			lidocaine hcl SOLN	110
LEVETIRACETAM/SODIUM CHLORIDE	35			LIDOCAINE HCL SOLN	24
levobunolol hcl 0.5 %	203			lidocaine in d5w 5 %-4 MG/ML, 5 %- 8 MG/ML	24

lidocaine OINT	110	LIPITOR TABS 10 MG, 80 MG (Use atorvastatin calcium)	56	100/0.5ML/29G X 1/2"	167
LIDOCAINE POWD	95	LIPITOR TABS 20 MG, 40 MG (Use atorvastatin calcium)	55	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	167
lidocaine PTCH 5 %	110	LIPITOR TABS 80 MG (Use atorvastatin calcium)	55	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	167
lidocaine w/ epinephrine SOLN 1 :100000-1 %, 1 :100000-2 %, 1 :200000-0.5 %, 1 :200000-1.5 %, 1 :200000-2 %	137	LIPOFEN CAPS (Use fenofibrate)	55	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	167
lidocaine-hydrocortisone acetate (rectal) CREA EX	21	LIQREV SUSP	92	LITETOUCH LANCETS MICRO THIN 33G	145
lidocaine-hydrocortisone acetate (rectal) KIT 2.5 %-3 %	21	lisdexamfetamine dimesylate CAPS 2		LITETOUCH PEN NEEDLES 29GX12.7MM	167
lidocaine-prilocaine CREA	110	lisdexamfetamine dimesylate CHEW 2		LITETOUCH PEN NEEDLES 31G X 6MM	167
LIDODERM PTCH (Use lidocaine) 110		lisinopril & hydrochlorothiazide	60	LITETOUCH PEN NEEDLES 31GX8MM SHORT	167
LIKMEZ SUSP	61	lisinopril TABS 10 MG	57	LITETOUCH PEN NEEDLES 31GX8MM SHORT	167
LILETTA 20.1 MCG/DAY	98	lisinopril TABS 2.5 MG, 5 MG	57	LITETOUCH PEN NEEDLES/31G X 3/16"	167
LINCOCIN (Use lincomycin hcl) ..	63	lisinopril TABS 20 MG	57	LITFULO	109
lincomycin hcl	63	lisinopril TABS 30 MG, 40 MG	57	lithium	77
LINEZOLID	63	LITE TOUCH LANCETS	145	lithium carbonate CAPS	77
linezolid SOLN	63	LITE TOUCH LANCING PEN MISC 145		lithium carbonate TABS	77
linezolid SUSR	63	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	167	lithium carbonate TBCR	77
linezolid TABS	63	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	167	LITHOBID TBCR (Use lithium carbonate)	77
LINZESS	126	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	167	LITHOSTAT	128
LIORESAL INTRATHECAL SOLN IT (Use baclofen)	196	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	167	LIVALO (Use pitavastatin calcium) 56	
LIORESAL INTRATHECAL SOLN IT (Use baclofen)	197	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	167	LIVE BETTER ADVANCED LANCING DEVICE MISC	145
LIORESAL INTRATHECAL SOLN IT 196		LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	167	LIVE BETTER LANCET SUPERTHIN 30G	145
liothyronine sodium SOLN	219	LITETOUCH INSULIN SYRINGE/100/0.5ML/28G X 1/2"	167	LIVE BETTER LANCET ULTRATHIN 28G	145
liothyronine sodium TABS	220	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	167	LIVMARLI	125
LIPITOR TABS 10 MG, 20 MG, 40 MG (Use atorvastatin calcium)	55				

LIVTENCITY	84	LOQTORZI	68	Ioteprednol etabonate GEL	206
LO LOESTRIN FE TABS	96	loratadine SOLN	53	Ioteprednol etabonate SUSP 0.2 %	206
LOCOID LIPOCREAM	108	loratadine TABS	53	Ioteprednol etabonate SUSP 0.5 %	206
LOCOID LOTN (Use hydrocortisone butyrate)	108	loratadine TABS	54	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG (Use amlodipine besylate-benazepril hcl)	60
LODINE TABS (Use etodolac)	11	loratadine TBDP 10 MG	54	LOTREL 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	60
LODOSYN (Use carbidopa)	76	LORAZEPAM	95	LOTREMIN AF CREA (Use clotrimazole (topical))	102
LOKELMA	192	lorazepam CONC	24	LOTREMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	102
LOMOTIL TABS (Use diphenoxylate w/ atropine)	49	lorazepam SOLN	24	LOTRONEX (Use alosetron hcl) .	126
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" ...	167	lorazepam TABS	24	lovastatin TABS	56
LONGS LANCETS STANDARD .	145	LORBRENA 100 MG	72	LOVAZA (Use omega-3-acid ethyl esters)	54
LONGS LANCETS THIN	145	LORBRENA 25 MG	72	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	32
LONGS LANCETS ULTRA THIN 145		LOREEV XR CS24	24	LOVENOX SOSY (Use enoxaparin sodium)	32
LONSURF	70	losartan potassium & hydrochlorothiazide	60	LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium) .	32
loperamide hcl CAPS	49	losartan potassium 25 MG	58	LOVENOX SOSY 120 MG/0.8ML (Use enoxaparin sodium)	32
LOPHLEX LQ 20 LIQD OR	114	losartan potassium 50 MG, 100 MG 58		LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	32
LOPHLEX PACK	114	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	96	LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	32
LOPID TABS (Use gemfibrozil) ...	55	LOTEMAX GEL (Use loteprednol etabonate)	206	LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	32
lopinavir-ritonavir SOLN	83	LOTEMAX OINT	206	LOVENOX SOSY 80 MG/0.8ML (Use enoxaparin sodium)	32
lopinavir-ritonavir TABS	83	LOTEMAX SM GEL	206	loxapine succinate	80
LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	87	LOTEMAX SUSP (Use loteprednol etabonate)	206		
LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	87	LOTENSIN 10 MG (Use benazepril hcl)	57		
LOPROX CREA (Use ciclopirox olamine)	102	LOTENSIN 20 MG, 40 MG (Use benazepril hcl)	57		
LOPROX SHAMPOO SHAM (Use ciclopirox)	101	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .	60		
LOPROX SUSP (Use ciclopirox olamine)	102				

lubiprostone	124	LUXTURNA	205	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	167
LUCEMYRA	212	LUZU (Use luliconazole)	102	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" .	167
LUCIRA CHECK IT COVID-19TEST KIT KIT	113	LYBALVI	214	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	167
luliconazole	102	LYNPARZA TABS	72	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" 167	
LUMAKRAS 120 MG	72	LYRICA CAPS 225 MG (Use pregabalin)	36	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	167
LUMAKRAS 320 MG	72	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG (Use pregabalin)	36	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" 167	
LUMIGAN SOLN 0.01 %	208	LYRICA CAPS 50 MG, 75 MG, 100 MG, 150 MG (Use pregabalin)	36	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 167	
LUMIZYME	120	LYRICA CR (Use pregabalin (once- daily))	216	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" 167	
LUNESTA (Use eszopiclone)	135	LYRICA SOLN (Use pregabalin) ..	36	magnesium chloride SOLN	188
LUPKYNIS	190	LYSODREN	69	MAGNESIUM SULFATE IN D5W (Use magnesium sulfate in dextrose)	188
LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	69	LYSTEDA TABS (Use tranexamic acid)	134	magnesium sulfate in dextrose ..	188
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	69	LYTGOBI	72	MAGNESIUM SULFATE IV (Use magnesium sulfate)	188
LUPRON DEPOT (3-MONTH) KIT IM 11.25 MG	69	LYTGOBI	73	magnesium sulfate IV	188
LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG	69	LYUMJEV KWIKPEN SOPN 100 UNIT/ML	47	MALARONE (Use atovaquone- proguanil hcl)	64
LUPRON DEPOT (4-MONTH) IM .	69	LYUMJEV KWIKPEN SOPN 200 UNIT/ML	47	malathion	111
LUPRON DEPOT (6-MONTH) IM .	69	LYUMJEV SOLN	47	mannitol 10 %, 20 %, 25 %	116
LUPRON DEPOT-PED (1-MONTH) .	119	LYUMJEV TEMPO PEN SOPN ...	47	MARATHON MEDICAL PENTIPS29GX12MM	167
LUPRON DEPOT-PED (3-MONTH) .	119	LYVISPAH PACK	197	MARATHON MEDICAL PENTIPS31GX5MM	167
LUPRON DEPOT-PED (6-MONTH) IM	119	MACROBID (Use nitrofurantoin monohyd macro)	64	MARATHON MEDICAL PENTIPS31GX8MM	167
lurasidone hcl	78	MACRODANTIN (Use nitrofurantoin macrocrystal)	64	MARATHON MEDICAL PENTIPS32GX4MM	167
lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG	78	mafenide acetate PACK	105	maraviroc TABS 150 MG	83
lurasidone hcl 80 MG	78	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" .	167		
LUXIQ FOAM (Use betamethasone valerate)	108				

maraviroc TABS 300 MG	83	MAXITROL OINT (Use neomycin-polymy-dexameth)	206	30G/COMFORT MAX	145
MARCAINE SOLN IJ (Use bupivacaine hcl)	138	MAXITROL SUSP (Use neomycin-polymy-dexameth)	206	MEDLANCE PLUS UNIVERSAL LANCETS 21G	145
MARCAINE SPINAL SOLN (Use bupivacaine in dextrose)	138	MAXX LUBRICATED MISC	140	MEDLANCE PLUS/LITE 25G	145
MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % (Use bupivacaine w/ epinephrine) 137		MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	116	MEDLANCE/LITE	145
MARGENZA	68	MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	116	MEDLANCE/UNIVERSAL	145
MARINOL CAPS 2.5 MG (Use dronabinol)	51	MAYZENT STARTER PACK TBPK 215		MEDROL DOSEPAK TBPK (Use methylprednisolone)	99
MARPLAN	39	MAYZENT TABS 0.25 MG	215	MEDROL TABS (Use methylprednisolone)	99
MATULANE	75	MAYZENT TABS 1 MG, 2 MG ...	215	MEDROL TABS	99
MAVENCLAD	215	MCT OIL OIL	202	medroxyprogesterone acetate (contraceptive) SUSP IM	98
MAVYRET PACK	85	meclizine hcl TABS 12.5 MG, 25 MG 51		medroxyprogesterone acetate (contraceptive) SUSY IM	98
MAVYRET TABS	85	meclofenamate sodium CAPS	11	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	212
MAXALT TABS 10 MG (Use rizatriptan benzoate)	186	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	168	mefenamic acid CAPS	11
MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	186	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	168	mefloquine hcl	64
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	167	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	168	megestrol acetate (appetite)	212
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" 167		MEDLANCE PLUS EXTRA LANCETS 21G	145	megestrol acetate SUSP	69
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" 167		MEDLANCE PLUS LANCETS ...	145	megestrol acetate TABS	69
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	167	MEDLANCE PLUS LANCETS LITE 25G	145	MEIJER LANCETS	145
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"	167	MEDLANCE PLUS LITE LANCETS 25G	145	MEIJER LANCETS THIN	145
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	168	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	145	MEIJER LANCETS UNIVERSAL33G	145
MAXIDEX SUSP OP	206	MEDLANCE PLUS SUPERLITE 30G	145	MEIJER PEN NEEDLES 29G X12MM	168
		MEDLANCE PLUS SUPERLITE		MEIJER PEN NEEDLES 31G X6MM	168
				MEIJER PEN NEEDLES 31G X8MM	168
				MEIJER SUPER THIN LANCETS	145

MEKINIST SOLR	73	mercaptapurine TABS	67	MG	44
MEKINIST TABS	73	meropenem	62	metformin hcl TB24 500 MG	44
MEKTOVI	73	MEROPENEM	62	metformin hcl TB24 750 MG	44
meloxicam CAPS	11	MEROPENEM/SODIUM CHLORIDE	62	methadone hcl CONC	15
meloxicam TABS	11	mesalamine CP24	125	METHADONE HCL SOLN IJ	15
melphalan	66	mesalamine CPCR	125	methadone hcl SOLN OR 10 MG/5ML	15
melphalan hcl	66	mesalamine CPDR	125	methadone hcl SOLN OR 5 MG/5ML 15	
memantine hcl CP24 14 MG, 21 MG, 28 MG	213	mesalamine ENEM	125	methadone hcl TABS 10 MG	16
memantine hcl CP24 7 MG	213	mesalamine SUPP	125	methadone hcl TABS	16
memantine hcl CP24	213	mesalamine TBEC 1.2 GM	125	METHADOSE CONC (Use methadone hcl)	16
memantine hcl SOLN 2 MG/ML ..	213	mesalamine TBEC 800 MG	125	METHADOSE SUGAR-FREE CONC (Use methadone hcl)	16
memantine hcl TABS 10 MG	213	mesalamine w/ cleanser	125	methamphetamine hcl	2
memantine hcl TABS 5 MG	213	mesna SOLN	75	methazolamide TABS 25 MG	116
memantine hcl TABS	213	MESNEX SOLN (Use mesna)	75	methazolamide TABS 50 MG	116
MENACTRA	224	MESNEX TABS	75	methenamine hippurate	64
MENEST	123	MESTINON SOLN OR (Use pyridostigmine bromide)	65	methenamine mandelate 0.5 GM, 1 GM	64
MENOSTAR PTWK	123	MESTINON TABS (Use pyridostigmine bromide)	65	METHIMAZOLE POWD	219
MENQUADFI	224	MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	65	methimazole TABS	219
MENVEO SOLN	224	METADATE CD CPCR (Use methylphenidate hcl)	4	METHITEST TABS	20
MENVEO SOLR	224	metaxalone	197	methocarbamol SOLN	197
meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	15	METFORMIN HCL	95	methocarbamol TABS 500 MG, 750 MG	197
meperidine hcl TABS 50 MG	15	metformin hcl SOLN	44	METHOTREXATE	7
MEPHYTON TABS (Use phytonadione)	229	metformin hcl TABS 500 MG	44	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	67
mepivacaine hcl SOLN 1 %, 1.5 %, 2 %	138	metformin hcl TABS 625 MG	44	methotrexate sodium SOLR	67
meprobamate	23	metformin hcl TABS 850 MG, 1000 MG	44	methotrexate sodium TABS 2.5 MG	
MEPRON (Use atovaquone)	62	metformin hcl TB24 500 MG, 1000			
MEPSEVII	120				

67	20	111
methoxsalen rapid 103	METOCLOPRAMIDE HCL MONOHYDRATE 124	metronidazole (topical) GEL 1 % .111
methscopolamine bromide221	METOCLOPRAMIDE HCL POWD 124	metronidazole (topical) LOTN 111
methsuximide38	metoclopramide hcl SOLN IJ 5 MG/ML 124	METRONIDAZOLE 95
methylidopa TABS59	metoclopramide hcl TABS124	METRONIDAZOLE BENZOATE ..95
methylergonovine maleate SOLN 209	METOCLOPRAMIDE HYDROCHLORIDE POWD 124	metronidazole CAPS61
methylergonovine maleate TABS 209	metolazone117	METRONIDAZOLE SOLN (Use metronidazole) 61
METHYLIN SOLN (Use methylphenidate hcl) 4	METOPIRONE112	metronidazole SOLN 61
methylphenidate hcl CHEW 4	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG 60	metronidazole TABS61
methylphenidate hcl CP24 10 MG, 20 MG, 40 MG, 60 MG 4	metoprolol & hydrochlorothiazide TABS 25 MG-50 MG, 50 MG-100 MG60	metronidazole vaginal 228
methylphenidate hcl CP24 30 MG .. 4	metoprolol succinate TB24 100 MG, 200 MG87	metyrosine57
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NEURONTIN SOLN (Use gabapentin)	36	NIASPAN TBCR (Use niacin (antihyperlipidemic))	56	NINLARO	73
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OCTAPLAS BLOOD GROUP B ..	130	olopatadine hcl 0.2 %	208	ONE-A-DAY SCOOPY-DOO GUMMIES CHEW (Use pediatric multiple vitamin w/ minerals)	194
octreotide acetate SOLN	121	OLPRUVA THPK 3 GM, 4 GM, 5 GM, 6 GM, 6.67 GM	120	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	146
octreotide acetate SOSY	121	OLUMIANT 1 MG, 2 MG	6	ONETOUCH DELICA PLUS LANCETS FINE 30G	146
OCUFLOX (Use ofloxacin (ophth)) 204		OLUX FOAM (Use clobetasol propionate)	108	ONETOUCH DELICA PLUS LANCING DEVICE MISC	146
ODACTRA SUBL	5	OLUX-E (Use clobetasol propionate emulsion)	108	ONETOUCH DELICA SAFETY LANCING DEVICE	146
ODEFSEY	83	omega-3-acid ethyl esters	54	ONETOUCH DELICA SAFETY LANCING DEVICE	146
ODOMZO	68	OMEPRAZOLE	95	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	146
OFEV	218	omeprazole CPDR 10 MG	222	ONETOUCH SURESOFT LANCING DEVICE/28G MISC	146
OFIRMEV SOLN IV (Use acetaminophen)	13	omeprazole CPDR 20 MG	222	ONETOUCH ULTRA 2 KIT	146
ofloxacin (ophth)	204	omeprazole CPDR 40 MG	222	ONETOUCH ULTRA CONTROL LIQD	146
ofloxacin (otic)	209	omeprazole-sodium bicarbonate CAPS	223	ONETOUCH ULTRA CONTROL SOLUTION LIQD	146
ofloxacin 300 MG, 400 MG	124	omeprazole-sodium bicarbonate PACK	223	ONETOUCH ULTRA STRP	113
OGIVRI	68	OMNARIS SUSP	198	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	146
OGSIVEO 50 MG	73	OMNITROPE SOCT	119	ONETOUCH ULTRASOFT LANCETS	146
OJJAARA	73	OMNITROPE SOLR SC	119	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM DEVI	146
olanzapine SOLR	80	OMVOH SOAJ	125	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	146
olanzapine TABS 10 MG, 15 MG, 20 MG	80	OMVOH SOLN	125	ONETOUCH VERIO LEVEL 3	
olanzapine TABS	80	ON/GO COVID-19 ANTIGEN SELF- TEST KIT	113		
olanzapine TBDP	80	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	113		
olanzapine-fluoxetine hcl	214	ONCASPAR	74		
olmesartan medoxomil 20 MG	58	ondansetron hcl SOLN OR 4 MG/5ML	50		
olmesartan medoxomil 40 MG	58				
olmesartan medoxomil 5 MG	58				
olmesartan medoxomil-amlodipine- hydrochlorothiazide	60				

CONTROL SOLUTION LIQD .....146	ORACIT .....127	ORKAMBI TABS .....217
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD .....146	ORAL CITRATE .....127	ORLADEYO .....130
ONETOUCH VERIO TEST STRIPS STRP .....113	ORAL SUSPEND LIQD .....212	orphenadrine citrate SOLN .....197
ONFI SUSP (Use clobazam) .....33	ORAL SYRUP SF SYRP .....212	orphenadrine citrate TB12 .....197
ONFI TABS (Use clobazam) .....33	ORALAIR SUBL .....5	orphenadrine w/ aspirin & caff ...197
ONGENTYS .....76	ORA-PLUS LIQD .....212	ORSERDU 345 MG .....69
ONGLYZA 2.5 MG (Use saxagliptin hcl) .....44	ORAPRED ODT TBDP (Use prednisolone sodium phosphate) ..99	ORSERDU 86 MG .....69
ONGLYZA 5 MG (Use saxagliptin hcl) .....44	ORA-SWEET SF SYRP 10 %-9 % 212	oseltamivir phosphate CAPS .....86
ONTRUZANT .....68	ORBACTIV .....62	oseltamivir phosphate SUSR .....86
ONUREG TABS .....67	ORENCIA CLICKJECT SOAJ .....12	OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone) .....43
OPFOLDA .....120	ORENCIA SOLR .....12	OSMOLEX ER TB24 129 MG, 193 MG .....76
OPILL .....98	ORENCIA SOSY 125 MG/ML .....12	OTEZLA TABS .....12
opium tincture .....49	ORENCIA SOSY 50 MG/0.4ML ...12	OTEZLA TBPK .....12
OPSUMIT .....92	ORENCIA SOSY 87.5 MG/0.7ML .12	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 .....7
OPTICHAMBER DIAMOND MISC 183	ORENITRAM TBCR .....92	OVIDE (Use malathion) .....111
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI .....183	ORENITRAM TITRATION KIT MONTH 1 TEPK .....91	OXACILLIN SODIUM 2 GM/50ML- 300 MG/50ML .....211
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC .....183	ORENITRAM TITRATION KIT MONTH 2 TEPK .....92	oxacillin sodium IJ 1 GM, 2 GM ..211
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC .....183	ORENITRAM TITRATION KIT MONTH 3 TEPK .....92	oxaliplatin SOLN .....66
OPVEE NA .....50	ORFADIN CAPS (Use nitisinone) 120	oxaliplatin SOLR .....66
OPZELURA .....109	ORFADIN SUSP .....120	oxandrolone 2.5 MG .....20
ORA-BLEND SF SUSP .....212	ORGOVYX .....69	oxaprozin TABS .....12
ORA-BLEND SUSP .....212	ORIAHNN .....122	oxazepam CAPS .....24
ORACEA (Use doxycycline (rosacea)) .....111	ORILISSA 150 MG .....118	OXBRYTA TABS 300 MG .....132
	ORILISSA 200 MG .....118	OXBRYTA TABS 500 MG .....131
	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG .....217	OXBRYTA TBSO .....132
	ORKAMBI PACK 94 MG-75 MG .217	

oxcarbazepine SUSP	36	325 MG-5 MG, 325 MG-7.5 MG ...	18	PALFORZIA LEVEL 2 CSPK	5
oxcarbazepine TABS 150 MG, 300 MG	36	OXYCONTIN T12A 10 MG, 15 MG, 20 MG	17	PALFORZIA LEVEL 3 CSPK	6
oxcarbazepine TABS 600 MG	36	OXYCONTIN T12A 30 MG, 40 MG, 60 MG	17	PALFORZIA LEVEL 4 CSPK	6
OXERVATE	205	OXYCONTIN T12A 80 MG	17	PALFORZIA LEVEL 5 CSPK	6
oxiconazole nitrate CREA	102	oxymorphone hcl TABS	17	PALFORZIA LEVEL 6 CSPK	6
OXISTAT CREA (Use oxiconazole nitrate)	102	oxymorphone hcl TB12 40 MG	17	PALFORZIA LEVEL 7 CSPK	6
OXISTAT LOTN	102	oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG	17	PALFORZIA LEVEL 8 CSPK	6
OXLUMO	128	oxytocin	209	PALFORZIA LEVEL 9 CSPK	6
OXTELLAR XR TB24 150 MG, 300 MG	36	OXYTROL PTTW	223	paliperidone 1.5 MG, 3 MG, 9 MG	.79
OXTELLAR XR TB24 600 MG	36	OYSTER SHELL CALCIUM/D TABS .	187	paliperidone 6 MG	79
oxybutynin chloride SOLN	223	OZEMPIC SOPN 2 MG/1.5ML	45	palonosetron hcl SOLN	51
oxybutynin chloride TABS 2.5 MG	223	OZEMPIC SOPN	45	palonosetron hcl SOSY	51
oxybutynin chloride TABS 5 MG .	223	OZOBAX DS SOLN OR (Use baclofen)	197	PALONOSETRON HYDROCHLORIDE SOLN	51
oxybutynin chloride TB24 10 MG	223	OZOBAX SOLN OR (Use baclofen)	197	PALYNZIQ 10 MG/0.5ML	120
oxybutynin chloride TB24 15 MG	223	paclitaxel	75	PALYNZIQ 2.5 MG/0.5ML	120
oxybutynin chloride TB24 5 MG .	223	paclitaxel protein-bound particles	75	PALYNZIQ 20 MG/ML	120
oxycodone hcl CAPS	16	PACLITAXEL PROTEIN-BOUNDPARTICLES	75	PAMELOR CAPS (Use nortriptyline hcl)	42
oxycodone hcl CONC 100 MG/5ML	16	PADCEV	68	pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	118
OXYCODONE HCL POWD	16	PALFORZIA INITIAL DOSE ESCALATION CSPK	5	PAMIDRONATE DISODIUM SOLN	118
oxycodone hcl SOLN	16	PALFORZIA LEVEL 1 CSPK	5	PANDEL	108
oxycodone hcl T12A 10 MG, 20 MG, 40 MG	16	PALFORZIA LEVEL 10 CSPK	5	pantoprazole sodium PACK	222
oxycodone hcl T12A 80 MG	16	PALFORZIA LEVEL 11 (MAINTENANCE) PACK	5	pantoprazole sodium SOLR	222
oxycodone hcl TABS	16	PALFORZIA LEVEL 11 (TITRATION) PACK	5	pantoprazole sodium TBEC	222
oxycodone w/ acetaminophen SOLN	18			PANZYGA	210
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG,				papaverine hcl SOLN	91
				PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	97

paricalcitol CAPS	120	PAXIL TABS 20 MG (Use paroxetine hcl)	41	PEMAZYRE	73
paricalcitol SOLN 5 MCG/ML	120	PAXIL TABS 30 MG (Use paroxetine hcl)	41	PEMETREXED	67
paricalcitol SOLN	120	PAXLOVID 100 MG-150 MG	84	pemetrexed disodium SOLR	67
PARLODEL CAPS (Use bromocriptine mesylate)	77	pazopanib hcl	73	PEMETREXED SOLN	67
PARLODEL TABS (Use bromocriptine mesylate)	77	PC LANCETS SUPER THIN 30G 146		PEMFEXY	67
PARNATE (Use tranlycypromine sulfate)	39	PC UNIFINE PENTIPS 29G X1/2" 169		PEMRYDI RTU SOLN	67
paroxetine hcl SUSP	40	PC UNIFINE PENTIPS 31G X5MM MINI	169	PEN NEEDLES	169
paroxetine hcl TABS 10 MG, 40 MG . 40		PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	169	PEN NEEDLES 29GX12MM	169
paroxetine hcl TABS 20 MG	40	PC UNIFINE PENTIPS 31G X8MM SHORT	169	PEN NEEDLES 30GX5MM	169
paroxetine hcl TABS 30 MG	40	PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..	99	PEN NEEDLES 30GX8MM	169
paroxetine hcl TB24 12.5 MG, 37.5 MG	40	PEDIARIX SUSY	220	PEN NEEDLES 31G X 3/16"	169
paroxetine hcl TB24 25 MG	40	PEDMARK	75	PEN NEEDLES 31G X 5MM	169
paroxetine mesylate (vasomotor) 217		PEDVAX HIB SUSP	224	PEN NEEDLES 31G X 6MM	169
PARSABIV	120	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	136	PEN NEEDLES 31G X 8MM	169
PATADAY 0.1 % (Use olopatadine hcl)	208	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.72 GM-2.98 GM-5.84 GM-22.72 GM-240 GM	136	PEN NEEDLES 31G X 8MM (1/4") 170	
PATADAY 0.2 % (Use olopatadine hcl)	208	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	136	PEN NEEDLES 31GX5/16"	170
PATADAY EXTRA STRENGTH .208		peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	136	PEN NEEDLES 31GX6MM (5/16") 170	
PATANASE (Use olopatadine hcl (nasal))	198	PEGASYS SOLN	85	PEN NEEDLES 31GX8MM (5/16") 170	
PAXIL CR TB24 12.5 MG, 37.5 MG (Use paroxetine hcl)	41	PEGASYS SOSY	85	PEN NEEDLES 31GX8MM	170
PAXIL CR TB24 25 MG (Use paroxetine hcl)	41			PEN NEEDLES 32G X 4MM	170
PAXIL SUSP (Use paroxetine hcl) .41				PEN NEEDLES 32G X 5MM	170
PAXIL TABS 10 MG, 40 MG (Use paroxetine hcl)	41			PEN NEEDLES 32G X 6MM	170
				PEN NEEDLES 32GX4MM	170
				PEN NEEDLES 33G X 5/32"	170
				PEN NEEDLES/29G X 1/2"	170
				PEN NEEDLES/31G X 1/4"	170
				PEN NEEDLES/31G X 3/16"	170
				PEN NEEDLES/31G X 5/16"	170
				PEN NEEDLES/31G X 6MM	170
				PEN NEEDLES/32G X 5/32"	170

PENBRAYA	224	PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	221	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP	227
penciclovir	104	PEPCID AC TABS (Use famotidine) .	221	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP	227
penicillamine CAPS	189	PEPCID TABS 20 MG (Use famotidine)	221	PFIZER-BIONTECH COVID- 19VACCINE/ADULT RTU SUSP	227
penicillamine TABS	189	PEPCID TABS 40 MG (Use famotidine)	221	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/5-11Y ..	227
penicillin g potassium	211	PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	18	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/6M-4Y .	227
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	211	PERFOROMIST NEBU (Use formoterol fumarate)	29	PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/BA.4/BA.5	227
penicillin g sodium	211	PERIDEX (Use chlorhexidine gluconate (mouth-throat))	192	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	146
penicillin v potassium SOLR	211	PERIFLEX ADVANCE POWD ...	114	PHARMACIST CHOICE ULTRA THIN LANCETS	146
penicillin v potassium TABS	211	PERIFLEX INFANT POWD	113	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	146
PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))	102	PERIFLEX JUNIOR POWD	114	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	146
PENTAM 300 IJ (Use pentamidine isethionate)	61	PERIFLEX LQ PKU LIQD	202	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	146
pentamidine isethionate IJ	61	perindopril erbumine	57	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	146
PENTASA CPCR (Use mesalamine) .	125	permethrin CREA	111	PHEBURANE PLLT	120
PENTASA CPCR 250 MG	125	permethrin LIQD EX	111	phenelzine sulfate	39
pentazocine w/ naloxone hcl	19	perphenazine TABS	81	PHENERGAN SOLN IJ (Use promethazine hcl)	54
PENTIPS 29G X 12MM	170	perphenazine-amitriptyline	214	PHENEX-1 POWD	114
PENTIPS 29GX12MM	170	PERSERIS PRSY	79	PHENEX-2 POWD	114
PENTIPS 31G X 5MM	170	PERTZYE CPEP	115	phenobarbital ELIX	134
PENTIPS 31G X 8MM	170	PEXEVA	41		
PENTIPS 31GX5MM	170	PFIZER-BIONTECH COVID- 19VACCINE SUSP	227		
PENTIPS 31GX6MM	170	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP	227		
PENTIPS 31GX8MM	170	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP			
PENTIPS 32G X 4MM	170				
PENTIPS 32GX4MM	170				
PENTIPS 32GX6MM	170				
pentobarbital sodium SOLN	134				
pentoxifylline	130				

phenobarbital sodium SOLN 134	PHENYLADE PHEBLOC TABS ..202	phytonadione TABS 5 MG 229
phenobarbital TABS 134	PHENYLADE POWD OR 202	PIFELTRO 83
phenoxybenzamine hcl 57	PHENYLADE RTD PKU 10 LIQD OR.....114	pilocarpine hcl (oral) 193
phentolamine mesylate SOLR 57	PHENYLADE40 DRINK MIX PACK 202	PILOCARPINE HCL POWD 96
PHENYLADE AMINO ACID BAR 202	PHENYLADE60 DRINK MIX PACK 114	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 204
PHENYLADE AMINO ACID BLEND PACK 202	PHENYLADE60 DRINK MIX POWD . 114	PILOT COVID-19 AT-HOME TEST KIT 113
PHENYLADE DRINK MIX POWD 114	phenylephrine hcl (mydriatic) SOLN 203	pimecrolimus 110
PHENYLADE ESSENTIAL DRINK MIX PACK 114	PHENYL-FREE 1 POWD 113	pimozide 216
PHENYLADE ESSENTIAL DRINK MIX POWD 114	PHENYL-FREE 2 POWD 114	pindolol TABS 88
PHENYLADE ESSENTIAL DRINK MIX/FLAX/FIBER PACK 114	PHENYL-FREE 2HP POWD 114	pioglitazone hcl 15 MG 48
PHENYLADE ESSENTIAL DRINK MIX/FLAX/FIBER POWD 114	phenytoin CHEW 38	pioglitazone hcl 30 MG, 45 MG 48
PHENYLADE GMP DRINK MIX/DHA/FIBER POWD 114	phenytoin sodium extended 100 MG . 38	pioglitazone hcl-glimepiride 43
PHENYLADE GMP MIX-IN PACK 114	phenytoin sodium extended 200 MG . 38	pioglitazone hcl-metformin hcl TABS . 43
PHENYLADE GMP MIX-IN POWD 114	phenytoin sodium extended 300 MG . 38	PIP LANCETS/30G 146
PHENYLADE GMP PACK 114	phenytoin sodium SOLN 38	PIP PEN NEEDLES 31G X 5MM 170
PHENYLADE GMP POWD 114	phenytoin SUSP 38	PIP PEN NEEDLES 32G X 4MM 170
PHENYLADE GMP READY LIQD OR 114	PHESGO 70	piperacillin sodium-tazobactam sodium 211
PHENYLADE GMP ULTRA PACK 114	PHEXXI 228	PIQRAY 200MG DAILY DOSE ... 73
PHENYLADE MTE AMINO ACIDBLEND PACK 202	PHLEXY-10 PACK 114	PIQRAY 250MG DAILY DOSE ... 73
PHENYLADE MTE POWD OR ... 202	PHLEXY-VITS POWD 193	PIQRAY 300MG DAILY DOSE ... 73
PHENYLADE PHEBLOC POWD OR 202	PHOSPHOLINE IODIDE 203	pirfenidone CAPS 218
	PHYTONADIONE LIQD 95	pirfenidone TABS 267 MG 218
	phytonadione SOLN 1 MG/0.5ML 229	pirfenidone TABS 534 MG, 801 MG 218
	phytonadione SOLN 10 MG/ML .. 229	piroxicam CAPS 12
		pitavastatin calcium 56

PITOCIN (Use oxytocin)	210	MCG/25GM-112 MG/25GM-6.7	PLEGRIDY STARTER PACK SOSY
PIXEL COVID-19 PCR TEST HOME		MCG/25GM	SC
COLLECTION KIT	113	PKU EXPLORE5 PACK	115
PKU 2 POWD	114	PKU EXPRESS 15 PLUS+ PACK	PLENVU
PKU 3 POWD	114	115	plerixafor
PKU AIR20 GOLD LIQD OR	114	PKU EXPRESS 20 PLUS+ PACK	PNEUMOVAX 23
PKU AIR20 GREEN LIQD OR ...	114	115	PNEUMOVAX 23/1 DOSE
PKU AIR20 YELLOW LIQD OR ..	114	PKU GEL PACK	115
PKU COOLER 10 LIQD OR	114	PKU GO PACK	115
PKU COOLER 15 LIQD OR	114	PKU LOPHLEX LQ 20 LIQD OR ..	115
PKU COOLER 20 LIQD OR	114	PKU MAXAMUM POWD OR	202
PKU EASY MICROTABS TBEC ..	115	PKU PERIFLEX JUNIOR PLUS	podofilox GEL
PKU EASY SHAKE & GO POWD		POWD	115
115		PKU SPHERE 15 PACK	115
PKU EASY TABS	115	PKU SPHERE 20 LIQD OR	115
PKU EXPLORE10 PACK 1.09		PKU SPHERE 20 PACK	115
GM/25GM-0.43 GM/25GM-0.49		PKU START POWD	115
GM/25GM-1.1 GM/25GM-0.78		PKU TRIO POWD	115
GM/25GM-0.28 GM/25GM-0.25		PLAN B ONE-STEP (Use	
MG/25GM-5.2 MCG/25GM-50		levonorgestrel (emergency oc)) ...	97
MCG/25GM-1.1 GM/25GM-1.17		PLAQUENIL (Use	
GM/25GM-0.21 GM/25GM-0.22		hydroxychloroquine sulfate)	64
MG/25GM-6 MCG/25GM-0.82		PLASMA-LYTE A (Use electrolyte-a)	
MCG/25GM-0.43 GM/25GM-0.86		.....	188
GM/25GM-0.76 GM/25GM-0.24		PLASMA-LYTE-148 (Use	
GM/25GM-0.75 GM/25GM-0.69		electrolyte-148)	188
GM/25GM-0.35 MG/25GM-101		PLAVIX 75 MG (Use clopidogrel	
MG/25GM-1.5 MG/25GM-22		bisulfate)	131
MG/25GM-117 MCG/25GM-1.6		PLEGISOL (Use cardioplegic soln)	
MG/25GM-20 MG/25GM-0.78		91	
GM/25GM-70 MG/25GM-0.18		PLEGRIDY SOPN	215
MG/25GM-11 MG/25GM-2.5		PLEGRIDY SOSY IM	215
MG/25GM-35 MG/25GM-0.06		PLEGRIDY STARTER PACK SOPN ..	
MG/25GM-0.86 GM/25GM-112		215	
MG/25GM-50 MG/25GM-275			
MG/25GM-9 MCG/25GM-33			
MCG/25GM-2.2 MG/25GM-3.5			
MG/25GM-162 MG/25GM-30			
MG/25GM-7 MCG/25GM-6			

potassium chloride CPR	189	MG/ML-224 MG/ML (Use potassium phosphates)	189	PRECEDEX SOLN (Use dexmedetomidine hcl in sodium chloride)	135
potassium chloride in dextrose & 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 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %	188	potassium phosphates 236 MG/ML-224 MG/ML	188	PRECEDEX SOLN	135
potassium chloride in dextrose 5 %-10 MEQ/L, 5 %-20 MEQ/L	188	PRADAXA CAPS (Use dabigatran etexilate mesylate)	33	PRECOSE (Use acarbose)	42
potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	188	PRADAXA CAPS	33	PRED FORTE (Use prednisolone acetate (ophth))	206
potassium chloride microencapsulated crystals er	189	PRADAXA PACK 20 MG, 150 MG	33	PRED MILD	206
potassium chloride PACK OR 20 MEQ	189	PRADAXA PACK 30 MG, 40 MG, 50 MG, 110 MG	33	prednicarbate OINT	108
POTASSIUM CHLORIDE SOLN IV (Use potassium chloride)	189	pralatrexate	67	prednisolone acetate (ophth)	206
potassium chloride SOLN OR 10 %, 20 %	189	PRALUENT SOAJ	56	PREDNISOLONE SODIUM PHOSPHATE	206
potassium chloride TBCR	189	pramipexole dihydrochloride TABS 0.125 MG	77	PREDNISOLONE SODIUM PHOSPHATE POWD	99
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	188	pramipexole dihydrochloride TABS 0.25 MG	77	prednisolone sodium phosphate SOLN 10 MG/5ML, 20 MG/5ML	99
POTASSIUM CHLORIDE/SODIUM CHLORIDE (Use potassium chloride in nacl)	188	pramipexole dihydrochloride TABS 0.5 MG	77	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 25 MG/5ML	99
potassium citrate (alkalinizer) TBCR 15 MEQ, 540 MG, 1080 MG, 1620 MG	127	pramipexole dihydrochloride TABS 0.75 MG	77	prednisolone sodium phosphate TBDP	99
potassium citrate-citric acid SOLN	127	pramipexole dihydrochloride TABS 1 MG	77	prednisolone SOLN	99
potassium phosphate monobasic TABS	188	pramipexole dihydrochloride TABS 1.5 MG	77	prednisolone TABS	99
POTASSIUM PHOSPHATES 236		pramipexole dihydrochloride TB24	77	PREDNISONE INTENSOL CONC	99
		prasugrel hcl	131	PREDNISONE POWD	99
		pravastatin sodium 10 MG	56	prednisone SOLN	99
		pravastatin sodium 20 MG, 40 MG	56	prednisone TABS	99
		pravastatin sodium 80 MG	56	prednisone TBPK	99
		praziquantel	22	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	170
		prazosin hcl CAPS 1 MG	59	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	170
		prazosin hcl CAPS 2 MG	59		
		prazosin hcl CAPS 5 MG	59		

GEL (Use sodium fluoride (dental)) 192	primaquine phosphate TABS 64	NEEDLES/31G X 8MM 171
PREVIDENT 5000 ENAMEL	PRIMAXIN IV IV 500 MG-500 MG (Use imipenem-cilastatin) 62	PRO COMFORT PEN NEEDLES/32G X 4MM 171
PROTECT GEL (Use sodium fluoride-potassium nitrate) 192	primidone 125 MG 36	PRO COMFORT PEN NEEDLES/32G X 5MM 171
PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental)) 192	primidone 250 MG 36	PRO COMFORT PEN NEEDLES/32G X 6MM 171
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental)) 192	primidone 50 MG 36	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED .. 147
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PREVIDENT 5000 SENSITIVE GEL (Use sodium fluoride-potassium nitrate) 193	PRISTIQ (Use desvenlafaxine succinate) 41	PROAIR HFA AERS (Use albuterol sulfate) 30
PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental)) 193	PRISTIQ 50 MG (Use desvenlafaxine succinate) 41	PROAIR RESPICLICK AEPB 30
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PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" 171	PROGRAF CAPS 1 MG (Use tacrolimus)191	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML 88
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	propafenone hcl CP1224	PROZAC CAPS 20 MG (Use fluoxetine hcl) 41
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200 MG	80	RA PEN NEEDLES 31G X 8MM5/16"	171	RASUVO SOAJ 17.5 MG/0.35ML ...	7
quetiapine fumarate TB24 50 MG, 300 MG, 400 MG	80	RABAVERT	227	RASUVO SOAJ 20 MG/0.4ML	7
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QUILLIVANT XR SRER	5	RADICAVA ORS SUSP	198	RASUVO SOAJ 30 MG/0.6ML	7
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quinapril-hydrochlorothiazide	60	RAGWITEK SUBL	6	RAVICTI	120
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QUVIVIQ	136	RANEXA TB12 1000 MG (Use ranolazine)	22	RAYA SURE PEN NEEDLE 31GX 8MM	172
QVAR REDIHALER 40 MCG/ACT	27	RANEXA TB12 500 MG (Use ranolazine)	22	RAYALDEE	120
QVAR REDIHALER 80 MCG/ACT	27	ranolazine TB12 1000 MG	22	RAYOS TBEC	99
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RA E-ZJECT LANCETS THIN 28G 147		RAPAFLO 8 MG (Use silodosin) .	128	READYLANCE SAFETY LANCETS/26G/1.8MM	147
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RA INSULIN SYRINGE/1ML/29G X 1/2"	171	RAPAMUNE TABS 1 MG (Use sirolimus)	191	REBIF REBIDOSE SOAJ	215
RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	171	RAPAMUNE TABS 2 MG (Use sirolimus)	191	REBIF REBIDOSE TITRATIONPACK SOAJ	215
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	171	rasagiline mesylate	77	REBIF SOSY	215
RA PEN NEEDLES 31G X 5MM3/16"	171	RASUVO SOAJ 10 MG/0.2ML	7	REBIF TITRATION PACK SOSY	215
		RASUVO SOAJ 12.5 MG/0.25ML ...	7		
		RASUVO SOAJ 15 MG/0.3ML	7		

REBINYN	129	0.5ML/31G X 15/64"	172	RELION PEN NEEDLES 31GX8MM 172
REBLOZYL	133	RELION INSULIN SYRINGE 1ML/31GX15/64"	172	RELION PEN NEEDLES 32G X4MM172
RECARBRIO	62	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 15/64"	172	RELION PEN NEEDLES 32G X5/32"172
RECLAST SOLN (Use zoledronic acid)	118	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	172	RELION PEN NEEDLES 32GX4MM 172
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RECORLEV	117	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	172	RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP
RECTIV (Use nitroglycerin (intra- anal))	21	RELION KETONE TEST STRIPS STRP	113	RELION ULTRA THIN LANCETS/30G
regadenoson	112	RELION LANCETS MICRO- THIN33G	147	RELION ULTRA THIN LANCETS30G147
REGLAN TABS (Use metoclopramide hcl)	124	RELION LANCETS THIN 26G ...	147	RELION ULTRA THIN PLUS LANCETS 32G
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RELEUKO SOLN 480 MCG/1.6ML 133		RELION PEN NEEDLES 31G X6MM172	172	REL PAX (Use eletriptan hydrobromide)
RELEUKO SOSY 300 MCG/0.5ML 133		RELION PEN NEEDLES 31G X8MM172	172	RELTONE CAPS
RELEUKO SOSY 480 MCG/0.8ML 133		RELION PEN NEEDLES 31GX6MM 172	172	RELYVRIO
RELEXXII TBCR (Use methylphenidate hcl)	5	RELION 2-IN-1 LANCET DEVICES 30G	147	REMERON SOLTAB TBDP (Use mirtazapine)
RELEXXII TBCR 18 MG	5	RELION INSULIN SYRINGE		
RELEXXII TBCR 27 MG, 45 MG, 54 MG, 63 MG, 72 MG	5			
RELEXXII TBCR 36 MG	5			

REMERON TABS 15 MG, 30 MG (Use mirtazapine)	39	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	184	ribavirin	86
REMICADE	125	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	184	RIDAURA	10
remifentanil hcl	17	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	184	rifabutin	65
REMODULIN SOLN IJ	92	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .	92	RIFADIN SOLR (Use rifampin)	65
RENAGEL (Use sevelamer hcl) .	126	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .	92	rifampin CAPS	65
RENFLEXIS	125	REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) .	92	rifampin SOLR	65
RENVELA PACK (Use sevelamer carbonate)	126	REVCIVI	120	RIGHTEST GD500 LANCING DEVICE MISC	147
RENVELA TABS (Use sevelamer carbonate)	127	REVLIMID	189	RIGHTEST GL300 LANCETS ...	147
repaglinide	48	REXULTI	82	RILUTEK TABS (Use riluzole)	198
REPATHA PUSHTRONEX SYSTEM SOCT	56	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	83	riluzole TABS	199
REPATHA SOSY	56	REYATAZ PACK	83	rimantadine hydrochloride TABS ..	86
REPATHA SURECLICK SOAJ	56	REYVOW	186	RIMSO-50	128
RESTASIS EMUL (Use cyclosporine (ophth))	205	REZLIDHIA	73	ringer's	188
RESTASIS MULTIDOSE EMUL .	205	REZUROCK	189	ringer's irrigation	191
RESTORIL 15 MG, 30 MG (Use temazepam)	135	REZVOGLAR KWIKPEN	48	RINVOQ 15 MG, 30 MG	6
RESTORIL 7.5 MG, 22.5 MG (Use temazepam)	135	REZZAYO	52	RINVOQ 45 MG	7
RETACRIT	133	R-GENE 10	112	RIOMET SOLN (Use metformin hcl) .	44
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RETEVMO 80 MG	73	RHOPHYLAC SOSY IJ	210	risedronate sodium TABS 30 MG	118
RETIN-A CREA 0.025 %, 0.05 % (Use tretinoin)	101	RHOPRESSA	205	risedronate sodium TABS 35 MG	118
RETROVIR CAPS (Use zidovudine) .	83	RIASTAP	129	risedronate sodium TABS 5 MG ..	118
RETROVIR IV INFUSION SOLN ..	83	ribavirin (hepatitis c) CAPS	85	risedronate sodium TBEC	118
RETROVIR SYRP (Use zidovudine) .	83	ribavirin (hepatitis c) TABS 200 MG		RISPERDAL CONSTA (Use risperidone microspheres)	79
				RISPERDAL SOLN (Use risperidone)	79
				RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	

79	calcitriol)	120	RUCONEST	130	
risperidone microspheres	79	ROCKLATAN	205	rufinamide SUSP	37
risperidone SOLN	79	ROCTAVIAN	129	rufinamide TABS	37
risperidone TABS	79	rocuronium bromide SOLN	201	RUKOBIA	83
risperidone TBDP 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	79	roflumilast 250 MCG	26	RYALTRIS	197
risperidone TBDP 3 MG	79	roflumilast 500 MCG	26	RYANODEX SUSR	197
RITALIN LA CP24 10 MG, 20 MG, 40 MG (Use methylphenidate hcl)	5	ROLVEDON	133	RYBELSUS TABS	45
RITALIN LA CP24 30 MG (Use methylphenidate hcl)	5	romidepsin SOLR	73	RYDAPT	73
RITALIN TABS (Use methylphenidate hcl)	5	ropinirole hydrochloride TABS 0.25 MG, 1 MG, 2 MG	77	RYKINDO SRER	79
RITEFLO DEVI	184	ropinirole hydrochloride TABS 0.5 MG	77	RYLAZE	74
ritonavir TABS	83	ropinirole hydrochloride TABS 3 MG . 77		RYPLAZIM	130
rivastigmine	214	ropinirole hydrochloride TABS 4 MG, 5 MG	77	RYSTIGGO	189
rivastigmine tartrate CAPS 1.5 MG, 4.5 MG, 6 MG	214	ropinirole hydrochloride TB24	77	RYTARY CPCR	77
rivastigmine tartrate CAPS 3 MG	214	ropivacaine hcl SOLN IJ	138	RYTHMOL SR CP12 (Use propafenone hcl)	24
RIVFLOZA SOLN	128	rosuvastatin calcium TABS	56	S2 (Use racepinephrine hcl)	30
RIVFLOZA SOSY	128	ROTARIX SUSP	227	SABRIL PACK (Use vigabatrin) ...	38
RIXUBIS SOLR	129	ROTARIX SUSR	227	SABRIL TABS (Use vigabatrin) ...	38
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rizatriptan benzoate TBDP	186	ROWASA (Use mesalamine w/ cleanser)	125	SAFE-T-LANCE NORMAL FLOW21G	148
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ROBINUL FORTE TABS (Use glycopyrrolate)	221	ROXYBOND TABA	17	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ..	148
ROBINUL TABS (Use glycopyrrolate)	221	ROZEREM (Use ramelteon)	136	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	148
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ROCALTROL SOLN OR (Use		ROZLYTREK CAPS 200 MG	73	SAFETY LANCET 30G/PRESSURE ACTIVATED	148
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SAFETY PEN NEEDLES/30G X3/16"	172	SAPHRIS (Use asenapine maleate) . 80	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" 172	
SAFETY PEN NEEDLES/30G X5/16"	172	sapropterin dihydrochloride PACK 120	SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"	172
SAFYRAL (Use drospirenone-ethinyl estradiol-levomefolate calcium) ...	97	sapropterin dihydrochloride TABS 120	SEGLENTIS	19
SAIZEN IJ 5 MG	119	SAPS HEALTH CARE TWIST TOP LANCETS	SEGLUROMET	43
SALAGEN (Use pilocarpine hcl (oral))	193	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	SELECT-LITE LANCING DEVICE MISC	148
SALICYLIC ACID OINT	110	SAPS HEALTH TWIST TOP LANCETS 30G	SELECT-OB CHEW	195
salsalate	13	SAPSCARE TWIST TOP LANCETS 30G	SELECT-OB+DHA MISC	195
SALYCIM CREA	110	SARCLISA	selegiline hcl CAPS	77
SAMSCA TABS (Use tolvaptan) .	122	SAVAYSA	selegiline hcl TABS	77
SANCUSO PTCH	51	SAVELLA TABS	selenium sulfide LOTN 2.5 %	104
SANDIMMUNE CAPS (Use cyclosporine)	191	SAVELLA TITRATION PACK MISC 214	SELZENTRY SOLN	83
SANDIMMUNE CAPS 100 MG (Use cyclosporine)	191	saxagliptin hcl 2.5 MG	SELZENTRY TABS (Use maraviroc) . 83	
SANDIMMUNE CAPS 25 MG (Use cyclosporine)	191	saxagliptin hcl 5 MG	SELZENTRY TABS 150 MG (Use maraviroc)	83
SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	191	saxagliptin-metformin hcl 1000 MG- 2.5 MG	SELZENTRY TABS 25 MG, 75 MG, 300 MG	83
SANDIMMUNE SOLN OR	191	saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG	SEMGLEE SOLN	48
SANDOSTATIN LAR DEPOT KIT 10 MG, 30 MG	121	SCEMBLIX 20 MG	SEMGLEE SOPN	48
SANDOSTATIN LAR DEPOT KIT 10 MG, 30 MG	122	SCEMBLIX 40 MG	SE-NATAL 19 CHEW	195
SANDOSTATIN LAR DEPOT KIT 20 MG	121	scopolamine	SE-NATAL 19 TABS	195
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate)	122	SEASONIQUE (Use levonorgestrel- ethinyl estradiol (91-day))	SENSIPAR 30 MG, 90 MG (Use cinacalcet hcl)	121
			SENSIPAR 60 MG (Use cinacalcet hcl)	121
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MPF/EPINEPHRINE SOLN	137	NEEDLES/SHORT/31GX8MM ..	172	silver sulfadiazine	105
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SEROQUEL TABS (Use quetiapine fumarate)	80	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5M M	172	SIMPLE DIAGNOSTICS LANCING DEVICE MISC	148
SEROQUEL XR TB24 150 MG, 200 MG (Use quetiapine fumarate)	80	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM . 173		SIMPLE SYRUP	212
SEROQUEL XR TB24 50 MG, 300 MG, 400 MG (Use quetiapine fumarate)	80	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8 MM	173	SIMPONI ARIA SOLN	9
SEROSTIM SC 4 MG, 5 MG, 6 MG 119		SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM . 173		SIMPONI SOAJ 100 MG/ML	9
sertraline hcl CONC	41	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8 MM	173	SIMPONI SOAJ 50 MG/0.5ML	9
sertraline hcl TABS	41	SHOPKO UNILET LANCETS SUPER THIN 30G	148	SIMPONI SOSY 100 MG/ML	10
SERTRALINE HYDROCHLORIDE CAPS	41	SHOPKO UNILET LANCETS ULTRA THIN 28G	148	SIMPONI SOSY 50 MG/0.5ML	9
sevelamer carbonate PACK	127	SIGNIFOR	122	simvastatin TABS 10 MG, 20 MG .	56
sevelamer carbonate TABS	127	SIGNIFOR LAR	122	simvastatin TABS 40 MG	56
sevelamer hcl	127	SIKLOS TABS	132	simvastatin TABS 5 MG, 80 MG ...	56
SEVENFACT	129	sildenafil citrate (pulmonary hypertension) SOLN	92	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa- levodopa)	77
sevoflurane	127	sildenafil citrate (pulmonary hypertension) SUSR	92	SINGULAIR CHEW (Use montelukast sodium)	26
SFROWASA ENEM	125	sildenafil citrate (pulmonary hypertension) TABS	92	SINGULAIR PACK (Use montelukast sodium)	26
SHINGRIX	227	SILENOR (Use doxepin hcl (sleep)) . 135		SINGULAIR TABS (Use montelukast sodium)	26
SHOPKO AUTOLET LANCING DEVICE MISC	148	SILIQ	103	sirolimus SOLN	191
SHOPKO ON-THE-GO COMFORTLANCETS 30G	148	silodosin	128	sirolimus TABS 0.5 MG	191
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM ...	172	SILVADENE (Use silver sulfadiazine)	105	sirolimus TABS 1 MG	191
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	172	SILVER NITRATE SOLN 0.5 % ..	105	sirolimus TABS 2 MG	191
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				SITAVIG TABS BU	86
				SIVEXTRO SOLR	63
				SIVEXTRO TABS	63

SKLICE (Use ivermectin (pediculicide))	111	sodium)	117	SOHONOS 2.5 MG	197
SKYCLARYS	199	SODIUM EDECRIN (Use ethacrynate sodium)	116	solifenacin succinate TABS 10 MG	223
SKYLA	98	sodium fluoride (dental) CREA	193	solifenacin succinate TABS 5 MG	223
SKYRIZI PEN SOAJ	103	sodium fluoride (dental) GEL	193	SOLILQUA 100/33	43
SKYRIZI SOCT 180 MG/1.2ML	125	sodium fluoride (dental) PSTE DT	193	SOLODYN TB24 55 MG, 65 MG, 105 MG, 115 MG (Use minocycline hcl)	219
SKYRIZI SOCT 360 MG/2.4ML	125	sodium fluoride (dental) SOLN 0.2 %	193	SOLOSEC	6
SKYRIZI SOLN	126	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG	188	SOLTAMOX SOLN	69
SKYRIZI SOSY	103	sodium fluoride SOLN 0.5 MG/ML	188	SOLU-CORTEF	99
SKYTROFA	119	sodium fluoride-potassium nitrate GEL	193	SOLU-MEDROL (Use methylprednisolone sod succ)	99
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SMARTEST LANCETS 28G	148	sodium phosphates (sodium phosphate dibasic & monobasic) MG/ML-276 MG/ML	189	SOLUS V2 TWIST LANCETS 30G	148
SODIUM ACETATE SOLN (Use sodium acetate)	186	sodium polystyrene sulfonate POWD	192	SOMA TABS 250 MG (Use carisoprodol)	197
sodium acetate SOLN	186	sodium polystyrene sulfonate SUSP OR 15 GM/60ML	192	SOMA TABS 350 MG (Use carisoprodol)	197
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sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %	187	SOFIA2 FLU/SARS ANTIGEN FIA	113	SOMATULINE DEPOT 60 MG/0.2ML	122
sodium chloride (gu irrigant) 0.9 %	127	SOFOSBUVIR/VELPATASVIR TABS	85	SOMATULINE DEPOT 90 MG/0.3ML	122
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	100	SOGROYA	119	SOMAVERT	118
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sotalol hcl (afib/af) 160 MG88	spironolactone SUSP116	STELARA SOLN 45 MG/0.5ML ..104
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SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	19	sulfamethoxazole-trimethoprim TABS	61	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	173
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SUCRAID	115	SULFAMYLON PACK 5 % (Use mafenide acetate)	105	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	173
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SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)	90	sumatriptan succinate SOAJ	186	173
sulfacetamide sodium (acne)	101	sumatriptan succinate SOCT	186	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"	173
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sulfamethoxazole-trimethoprim SOLN	61	SUPRANE (Use desflurane)	127	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	173
sulfamethoxazole-trimethoprim SUSP	61	SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate- magnesium sulfate)	136	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" .	173
		SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate- magnesium sulfate)	137	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	173
		SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4" .	173	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	173
		SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32" ..	173	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	173

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173	SUTENT (Use sunitinib malate) ..	73	SYNDROS SOLN	51
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173	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl)	214	SYNJARDY XR TB24 1000 MG-25 MG	43
SURE COMFORT LANCETS 18G	SYMDEKO 150 MG-100 MG	217	SYNRIBO	75
148	SYMDEKO 75 MG-50 MG	218	SYNTHROID TABS (Use levothyroxine sodium)	220
SURE COMFORT LANCETS 21G	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)	83	SYPRINE (Use trientine hcl)	189
148	SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate)	84	SYRPALTA SYRP	212
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148	SYMPROIC	126	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	108
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148	SYNAGIS SOLN 100 MG/ML	210	tacrolimus (topical) OINT 0.1 % ..	110
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173			tacrolimus CAPS 5 MG	191
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173				
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173				

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TAFINLAR TBSO	74	tasimelteon CAPS	136	TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2"	174
tafluprost	209	TASMAR (Use tolcapone)	76	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64"	174
TAGAMET HB 200 TABS (Use cimetidine)	221	tavaborole	102	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16"	174
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TAKHZYRO SOLN	130	TAYTULLA CAPS (Use norethin acet & estrad-fe)	97	TECHLITE PEN NEEDLES/32GX 6MM	174
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TAKHZYRO SOSY 300 MG/2ML	130	tazarotene GEL	104	TEFLARO	94
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TALTZ SOAJ	104	TAZORAC GEL (Use tazarotene) 104		TEGRETOL TABS (Use carbamazepine)	37
TALTZ SOSY	104	TAZVERIK	74	TEGRETOL-XR TB12 100 MG, 200 MG (Use carbamazepine)	37
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TALZENNA 0.25 MG	74	TECFIDERA CPDR 120 MG (Use dimethyl fumarate)	216	TEGSEDI	217
TAMIFLU CAPS 30 MG, 45 MG (Use oseltamivir phosphate)	86	TECFIDERA CPDR 240 MG (Use dimethyl fumarate)	216	TEKTURNA (Use aliskiren fumarate)	61
TAMIFLU CAPS 75 MG (Use oseltamivir phosphate)	86	TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	215	TEKTRNA HCT 12.5 MG-300 MG, 25 MG-300 MG	60
TAMIFLU SUSR (Use oseltamivir phosphate)	86	TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16"	174		
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tamsulosin hcl	128	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2"	174		
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TENORMIN TABS 100 MG (Use atenolol)	87	testosterone GEL TD 1.62 %, 25 MG/2.5GM, 40.5 MG/2.5GM	20	theophylline SOLN	30
TENORMIN TABS 25 MG (Use atenolol)	87	testosterone GEL TD 10 MG/ACT	21	theophylline TB12	30
TENORMIN TABS 50 MG (Use atenolol)	87	testosterone GEL TD 20.25 MG/1.25GM	20	theophylline TB24	30
TEPADINA (Use thiotepa)	66	TESTOSTERONE MICRONIZED (SOY) POWD	95	THIAMINE HCL POWD	229
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		TESTOSTERONE MICRONIZED YAM CRYST	95	thioridazine hcl	81
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TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	174	topiramate CP24 25 MG, 50 MG, 100 MG	37	TRADJENTA	44
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	174	topiramate CPSP	37	tramadol hcl CP24 100 MG, 200 MG, 300 MG	17
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	174	topiramate CS24 150 MG, 200 MG 37		tramadol hcl SOLN	17
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	174	topiramate CS24 25 MG, 50 MG, 100 MG	37	tramadol hcl TABS 25 MG, 100 MG 17	
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	174	topiramate TABS 200 MG	37	tramadol hcl TABS 50 MG	17
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	174	topiramate TABS 25 MG, 50 MG, 100 MG	37	tramadol hcl TB24	17
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	174	TOPOTECAN HCL SOLN (Use topotecan hcl)	75	TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	17
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	174	topotecan hcl SOLN	75	tramadol-acetaminophen	19
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	175	topotecan hcl SOLR	75	trandolapril	57
TOPICORT CREA 0.05 % (Use desoximetasone)	108	TOPROL XL TB24 100 MG, 200 MG (Use metoprolol succinate)	88	trandolapril-verapamil hcl	60
TOPICORT CREA 0.25 % (Use desoximetasone)	108	TOPROL XL TB24 25 MG, 50 MG (Use metoprolol succinate)	87	tranexamic acid SOLN 1000 MG/10ML	134
TOPICORT GEL (Use desoximetasone)	108	toremifene citrate	69	tranexamic acid TABS	134
TOPICORT LIQD (Use desoximetasone)	108	TORISEL (Use temsirolimus)	74	TRANEXAMIC ACID/SODIUM CHLORIDE (Use tranexamic acid-sodium chloride)	134
		torsemide TABS 100 MG	116	tranexamic acid-sodium chloride 134	
		torsemide TABS 5 MG, 10 MG, 20 MG	116	TRANSDERM-SCOP (Use scopolamine)	51
		TOSYMRA	186	TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium)	24
		TOUJEO MAX SOLOSTAR SOPN 48		tranylcypromine sulfate	39
		TOUJEO SOLOSTAR SOPN	48	TRAVATAN Z SOLN (Use travoprost)	209
		TOVIAZ 4 MG (Use fesoterodine fumarate)	223	TRAVEL LANCETS 30G	148

travoprost SOLN	209	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	109	trihexyphenidyl hcl SOLN	76
TRAZIMERA	68	triamcinolone acetonide (topical) OINT 0.05 %	109	trihexyphenidyl hcl TABS	76
trazodone hcl TABS 300 MG	41	TRIAMCINOLONE ACETONIDE POWD	109	TRIJARDY XR 1000 MG-2.5 MG- 12.5 MG, 1000 MG-2.5 MG-5 MG .	43
trazodone hcl TABS 50 MG, 100 MG, 150 MG	41	triamcinolone acetonide SUSP 40 MG/ML, 400 MG/10ML	99	TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG	43
TREANDA SOLR (Use bendamustine hcl)	66	TRIAMCINOLONE ACETONIDEUSP, MICRONIZED POWD	109	TRIKAFTA TBPK 100 MG-50 MG 218	
TRECTOR	65	TRIAMCINOLONEUSP, MICRONIZED	96	TRIKAFTA TBPK 50 MG-25 MG .	218
TRELEGY ELLIPTA	30	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	116	TRIKAFTA THPK	218
TRELSTAR MIXJECT	69	triamterene & hydrochlorothiazide CAPS	116	TRILEPTAL SUSP (Use oxcarbazepine)	37
TREMFYA SOPN	104	triazolam	136	TRILEPTAL TABS (Use oxcarbazepine)	37
TREMFYA SOSY	104	TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)	60	TRILEPTAL TABS 150 MG, 300 MG (Use oxcarbazepine)	37
treprostinil SOLN IJ	92	TRIBENZOR 25 MG-10 MG-40 MG (Use olmesartan medoxomil- amlodipine-hydrochlorothiazide) ..	60	TRILEPTAL TABS 600 MG (Use oxcarbazepine)	37
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	48	TRICARE TABS	195	TRILIPIX 135 MG (Use choline fenofibrate)	55
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	48	TRICHLOROACETIC ACID CRYSTALS 96		TRILIPIX 45 MG (Use choline fenofibrate)	55
TRESIBA SOLN	48	TRICOR TABS (Use fenofibrate) ..	55	trimethobenzamide hcl CAPS	51
tretinoin (chemotherapy)	75	TRIDESILON CREA 0.05 % (Use desonide)	109	TRIMETHOPRIM TABS 100 MG (Use trimethoprim)	61
tretinoin CREA 0.025 %, 0.05 % .	101	trientine hcl 250 MG	189	trimethoprim TABS	61
TRETTEN	129	trientine hcl 500 MG	189	trimipramine maleate CAPS	42
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	67	trifluoperazine hcl TABS	81	TRINATAL RX 1 TABS	195
TREXIMET (Use sumatriptan- naproxen sodium)	185	trifluridine	205	TRINTELLIX	41
TRIAMCINOLONE	96			TRIOSTAT SOLN (Use liothyronine sodium)	220
triamcinolone acetonide (mouth) .	193			TRIPTODUR	119
triamcinolone acetonide (topical) AERS	108			TRISENOX (Use arsenic trioxide) .	75
triamcinolone acetonide (topical) CREA	108			TRISTART DHA	195
triamcinolone acetonide (topical) LOTN	108				

TRIUMEQ PD TBSO	84	.....175	LANCETS 30G	148
TRIUMEQ TABS	84	TRUE COMFORT PRO	TRUE METRIX AIR BLOOD	
TRIZIVIR	84	INSULINSYRINGE/1ML/31G X 5/16"	GLUCOSE METER/BLUETOOTH	
TRODELVY	75	.....175	SMART KIT	149
TROGARZO	84	TRUE COMFORT PRO	TRUE METRIX BLOOD	
TROKENDI XR CP24 200 MG (Use		INSULINSYRINGE/U-100/0.5ML/30G	GLUCOSEMETER KIT	149
topiramate)	37	X 1/2"	TRUE METRIX BLOOD	
TROKENDI XR CP24 25 MG, 50		TRUE COMFORT PRO	GLUCOSETEST STRIPS STRP .	113
MG, 100 MG (Use topiramate)	37	INSULINSYRINGE/U-100/1ML/30G	TRUE METRIX CONTROL	
tropicamide SOLN	203	X 1/2"	SOLUTION LEVEL 1 SOLN	149
tropium chloride CP24	224	TRUE COMFORT PRO PEN	TRUE METRIX CONTROL	
tropium chloride TABS	224	NEEDLES 31G X 5MM	SOLUTION LEVEL 2 SOLN	149
TRUE COMFORT INSULIN		TRUE COMFORT PRO PEN	TRUE METRIX CONTROL	
SYRINGE/0.5ML/31G X 5/16"	175	NEEDLES 31G X 8MM	SOLUTION LEVEL 3 SOLN	149
TRUE COMFORT INSULIN		TRUE COMFORT PRO PEN	TRUEPLUS 5-BEVEL PEN	
SYRINGE/1ML/31G X 5/16"	175	NEEDLES 32G X 4MM	NEEDLES 29GX12.7MM	175
TRUE COMFORT PEN		TRUE COMFORT PRO PEN	TRUEPLUS 5-BEVEL PEN	
NEEDLES31G X 5MM	175	NEEDLES 32G X 5MM	NEEDLES 31GX5MM	175
TRUE COMFORT PEN		TRUE COMFORT PRO PEN	TRUEPLUS 5-BEVEL PEN	
NEEDLES31G X 6MM	175	NEEDLES 32G X 6MM	NEEDLES 31GX6MM	175
TRUE COMFORT PEN		TRUE COMFORT PRO PEN	TRUEPLUS 5-BEVEL PEN	
NEEDLES31G X 6MM	175	NEEDLES 32G X 6MM	NEEDLES 31GX8MM	175
TRUE COMFORT PEN		TRUE COMFORT PRO PEN	TRUEPLUS 5-BEVEL PEN	
NEEDLES32G X 4MM	175	NEEDLES 33G X 4MM	NEEDLES 32GX4MM	176
TRUE COMFORT PRO INSULIN		TRUE COMFORT PRO PEN	TRUEPLUS INSULIN SYRINGE/U-	
SYRINGE/1ML/32GX5/16"	175	NEEDLES 33G X 5MM	100/0.3ML/29G X 1/2"	176
TRUE COMFORT PRO		TRUE COMFORT PRO PEN	TRUEPLUS INSULIN SYRINGE/U-	
INSULINSYRINGE/0.5ML/30G X		NEEDLES 33G X 6MM	100/0.3ML/30G X 5/16"	176
5/16"	175	TRUE COMFORT SAFETY	TRUEPLUS INSULIN SYRINGE/U-	
TRUE COMFORT PRO		LANCETS/30G	100/0.3ML/31G X 5/16"	176
INSULINSYRINGE/0.5ML/31G X		TRUE COMFORT SAFETY PEN	TRUEPLUS INSULIN SYRINGE/U-	
5/16"	175	NEEDLES 31G X 5MM	100/0.5ML/28G X 1/2"	176
TRUE COMFORT PRO		TRUE COMFORT SAFETY PEN	TRUEPLUS INSULIN SYRINGE/U-	
INSULINSYRINGE/0.5ML/32G X		NEEDLES 31G X 6MM	100/0.5ML/29G X 1/2"	176
5/16"	175	TRUE COMFORT SAFETY PEN	TRUEPLUS INSULIN SYRINGE/U-	
TRUE COMFORT PRO		NEEDLES 32G X 4MM	100/0.5ML/30G X 5/16"	176
INSULINSYRINGE/1ML/30G X 5/16"		TRUE COMFORT TWIST TOP		

TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	176	TRUQAP	74	TUKYSA 50 MG	68
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	176	TRUSOPT (Use dorzolamide hcl) 208		TURALIO 125 MG	74
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	176	TRUSTEX LUBRICATED EXTRALARGE MISC	140	TWINRIX SUSY	227
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	176	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	140	TWIRLA	97
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	176	TRUSTEX LUBRICATED MISC	140	TWIST TOP LANCETS 30G	149
TRUEPLUS LANCETS 26G	149	TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	140	TYBLUME CHEW	97
TRUEPLUS LANCETS 28G	149	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	140	TYBOST	84
TRUEPLUS LANCETS 28G SUPER THIN	149	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	140	TYGACIL (Use tigecycline)	218
TRUEPLUS LANCETS 30G	149	TRUSTEX LUBRICATED/SPERMICIDE MISC	140	TYKERB (Use lapatinib ditosylate) 74	
TRUEPLUS LANCETS 30G ULTRA THIN	149	TRUSTEX NON-LUBRICATED MISC	140	TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	13
TRUEPLUS LANCETS 33G	149	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	140	TYLENOL CHILDRENS SUSP (Use acetaminophen)	13
TRUEPLUS LANCETS 33G MICRO THIN	149	TRUSTEX/RIA LUBRICATED MISC	140	TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	13
TRUEPLUS PEN NEEDLES 29GX12MM	176	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	140	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	13
TRUEPLUS PEN NEEDLES 31GX5MM	176	TRUSTEX/RIA LUBRICATED MISC	140	TYMLOS	118
TRUEPLUS PEN NEEDLES 31GX6MM	176	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	140	TYPHIM VI SOLN	224
TRUEPLUS PEN NEEDLES 31GX8MM	176	TRUSTEX/RIA NON-LUBRICATED MISC	140	TYPHIM VI SOSY	224
TRUEPLUS PEN NEEDLES 32GX4MM	176	TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)	84	TYR EASY TABS	115
TRUEPLUS SAFETY LANCETS 28G	149	TUDORZA PRESSAIR	26	TYRVAYA	203
TRULANCE	124	TUKYSA 150 MG	68	TYVASO DPI INSTITUTIONALKIT POWD	92
TRULICITY	45			TYVASO DPI MAINTENANCE KIT POWD	92
TRUMENBA	224			TYVASO DPI TITRATION KIT POWD	92
				TYVASO REFILL SOLN IN	92
				TYVASO SOLN IN	92
				TYVASO STARTER SOLN IN	92

TZIELD	44	ULTICARE INSULIN	ULTICARE INSULIN
UBRELVY	185	SYRINGE/1ML/30G X 5/16"	176 SYRINGEULTRAFINE U- 100/1ML/31G X 5/16"
UCERIS (Use budesonide (intrarectal))	21	ULTICARE INSULIN	ULTICARE MICRO PEN NEEDLES
UCERIS TB24 (Use budesonide)	100	SYRINGE/SHORT/0.3ML/30G X 5/16"	31G X 8MM
UCERIS TB24 (Use budesonide)	99	ULTICARE INSULIN	ULTICARE MICRO PEN NEEDLES
UDENYCA SOAJ	133	SYRINGE/SHORT/0.3ML/31G X 5/16"	32G X 4MM
UDENYCA SOSY	134	ULTICARE INSULIN	ULTICARE MICRO PEN
ULORIC (Use febuxostat)	128	SYRINGE/SHORT/0.5ML/30G X 5/16"	NEEDLES/31G X 1/4"
ULTANE (Use sevoflurane)	127	ULTICARE INSULIN	ULTICARE MICRO PEN
ULTICARE INSULIN SAFETY		SYRINGE/SHORT/0.5ML/31G X 5/16"	NEEDLES/32G X 4MM
SYRINGE/0.5ML/29G X 1/2"	176	ULTICARE INSULIN	ULTICARE MICRO PEN
ULTICARE INSULIN SAFETY		SYRINGE/SHORT/1ML/30G X 5/16"	NEEDLES/32G X 5/32"
SYRINGE/1ML/29G X 1/2"	176	.....	ULTICARE MINI PEN NEEDLES
ULTICARE INSULIN		ULTICARE INSULIN	31GX6MM
SYRINGE/0.3ML/29G X 1/2"	176	SYRINGE/SHORT/1ML/31G X 5/16"	ULTICARE MINI PEN NEEDLES
ULTICARE INSULIN		.....	ULTI-FINE IV
SYRINGE/0.3ML/30G X 1/2"	176	ULTICARE INSULIN SYRINGE/U-	ULTICARE MINI PEN
ULTICARE INSULIN		100/0.3ML/30G X 1/2"	NEEDLES/31G X 6MM
SYRINGE/0.3ML/30G X 5/16"	176	ULTICARE INSULIN SYRINGE/U-	ULTICARE MINI PEN
ULTICARE INSULIN		100/0.3ML/31G X 5/16"	NEEDLES/32G X 1/4"
SYRINGE/0.5ML/28G X 1/2"	176	ULTICARE INSULIN SYRINGE/U-	ULTICARE MINI PEN
ULTICARE INSULIN		100/0.5ML/30G X 1/2"	NEEDLES31GX6MM
SYRINGE/0.5ML/29G X 1/2"	176	ULTICARE INSULIN SYRINGE/U-	ULTICARE MINI SAFETY
ULTICARE INSULIN		100/0.5ML/31G X 5/16"	PENNEEDLES 30G X 3/16"
SYRINGE/0.5ML/30G X 1/2"	176	ULTICARE INSULIN SYRINGE/U-	ULTICARE ORIGINAL PEN
ULTICARE INSULIN		100/1ML/30G X 1/2"	NEEDLES ULTI-FINE
SYRINGE/0.5ML/30G X 5/16"	176	ULTICARE INSULIN SYRINGE/U-	ULTICARE PEN NEEDLES 31GX
ULTICARE INSULIN		100/1ML/31G X 5/16"	5MM/MINI
SYRINGE/1ML/28G X 1/2"	176	ULTICARE INSULIN	ULTICARE PEN NEEDLES/29GX
ULTICARE INSULIN		SYRINGEULTRAFINE U-	12.7MM
SYRINGE/1ML/29G X 1/2"	176	100/0.3ML/31G X 5/16"	ULTICARE SAFETY SYRINGE/LOW
ULTICARE INSULIN		ULTICARE INSULIN	DEAD SPACE/1.5ML/22GX1-1/2"
SYRINGE/1ML/30G X 1/2"	176	SYRINGEULTRAFINE U-	177
		100/0.5ML/31G X 5/16"	ULTICARE SHORT PEN NEEDLES

31GX8MM	177	ULTIGUARD SAFEPAK/MICROPEN NEEDLE/32G X 4 MM	178	ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	178
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	177	ULTIGUARD SAFEPAK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN	178	ULTRA FLO INSULIN PEN NEEDLE 32GX4MM	178
ULTICARE SHORT PEN NEEDLES/31G X 8MM	177	ULTIGUARD SAFEPAK/MICROPEN NEEDLE/32G X 5/32"	178	ULTRA FLO INSULIN PEN NEEDLE 33GX4MM	178
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"	177	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN	178	ULTRA FLO INSULIN PEN NEEDLES	178
ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 1" MISC ..	178	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	178	ULTRA FLO INSULIN PEN NEELE 31GX8MM	178
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4" ...	178	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 5/16"/SHARPS CONTAIN	178	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	178
ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X1/4" ...	178	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN	178	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	179
ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4" ...	178	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA	178	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	179
ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	178	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 1/2"/SHARPS C	178	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	179
ULTIGUARD SAFEPAK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	178	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 3/16"/SHARPS CONTAIN	178	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	179
ULTIGUARD SAFEPAK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	178	ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	149	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	179
ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	178	ULTILET CLASSIC LANCETS ...	149	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	179
ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	178	ULTILET LANCETS	149	ULTRA THIN LANCETS 31G	149
ULTIGUARD SAFEPAK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	178	ULTILET LANCETS 33G	149	ULTRA THIN PEN NEEDLES 32G X 4MM	179
ULTIGUARD SAFEPAK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	178	ULTILET PEN NEEDLE 32GX4MM/SHORT	178	ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	179
ULTIGUARD SAFEPAK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER	178	ULTILET SAFETY LANCETS 23G 149		ULTRACARE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	179
		ULTIVA (Use remifentanil hcl)	17	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	179
		ULTOMIRIS	130	ULTRACARE INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	179
		ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	178	ULTRACARE INSULIN SYRINGE/U-	

100/0.5ML/31G X 5/16"	179	179	UNIFINE PENTIPS PLUS 29GX12MM	180	
ULTRACARE INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	179	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" ..	179	UNIFINE PENTIPS PLUS 31GX5MM	180
ULTRACARE INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	179	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" ..	179	UNIFINE PENTIPS PLUS 31GX6MM	180
ULTRACARE INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	179	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	179	UNIFINE PENTIPS PLUS 31GX8MM	180
ULTRA-CARE LANCETS 30G ...	149	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	179	UNIFINE PENTIPS PLUS 32GX4MM	180
ULTRACARE PEN NEEDLES/31G X 1/4"	179	ULTRA-THIN II LANCETS 28G ..	149	UNIFINE PENTIPS PLUS 33GX 5/32"	180
ULTRACARE PEN NEEDLES/31G X 3/16"	179	ULTRA-THIN II LANCETS 30G ..	149	UNIFINE PENTIPS PLUS 33GX4MM	180
ULTRACARE PEN NEEDLES/31G X 5/16"	179	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"	179	UNIFINE PENTIPS PLUS/30GX 3/16"	180
ULTRACARE PEN NEEDLES/32G X 1/14"	179	ULTRA-THIN II PEN NEEDLES 29GX1/2"	179	UNIFINE PENTIPS/30G X 3/16" ..	180
ULTRACARE PEN NEEDLES/32G X 3/16"	179	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" ..	180	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	180
ULTRACARE PEN NEEDLES/32G X 5/32"	179	ULTRAVATE LOTN	109	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 8MM	180
ULTRACARE PEN NEEDLES/33G X 5/32"	179	UNASYN BULK PACK IV (Use ampicillin & sulbactam sodium) ..	211	UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	180
ULTRACET (Use tramadol- acetaminophen)	19	UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM (Use ampicillin & sulbactam sodium)	211	UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM	180
ULTRAM TABS (Use tramadol hcl) 17		UNIFINE PEN NEEDLE/32G X4MM ..	180	UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"	180
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	179	UNIFINE PENTIPS 29GX12MM ..	180	UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"	180
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	179	UNIFINE PENTIPS 31GX5MM ..	180	UNIFINE ULTRA PEN NEEDLE/31GX5MM	180
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	179	UNIFINE PENTIPS 31GX6MM ..	180	UNIFINE ULTRA PEN NEEDLE/31GX6MM	180
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	179	UNIFINE PENTIPS 31GX8MM ..	180	UNIFINE ULTRA PEN NEEDLE/31GX8MM	180
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	179	UNIFINE PENTIPS 32GX4MM ..	180	UNIFINE ULTRA PEN	
		UNIFINE PENTIPS 32GX6MM ..	180		
		UNIFINE PENTIPS 33GX4MM ..	180		

NEEDLE/32GX4MM	180	UNISTIK TOUCH SAFETY LANCETS 23G	150	UZEDY SUSY 150 MG/0.42ML	79
UNILET COMFORTOUCH LANCET 149		UNISTIK TOUCH SAFETY LANCETS 28G	150	UZEDY SUSY 200 MG/0.56ML	79
UNILET EXCELITE	149	UNISTIK TOUCH SAFETY LANCETS 30G	150	UZEDY SUSY 250 MG/0.7ML	79
UNILET EXCELITE II	149	UNITUXIN	68	UZEDY SUSY 50 MG/0.14ML	79
UNILET G.P. SUPERLITE LANCET 149		UNIVERSAL 1 LANCETS THIN26G 150		UZEDY SUSY 75 MG/0.21ML	79
UNILET GP 28 ULTRA THIN	149	UNIVERSAL 1 LANCETS ULTRA THIN 30G	150	VABOMERE	62
UNILET LANCETS MICRO-THIN33G	149	UPLIZNA	191	VAGIFEM TABS (Use estradiol vaginal)	228
UNILET LANCETS SUPER-THIN30G	149	UPTRAVI SOLR	93	valacyclovir hcl	86
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UNISTIK 3 COMFORT MISC	149	urea CREA 39 %, 40 %	109	VALCYTE TABS (Use valganciclovir hcl)	84
UNISTIK 3 EXTRA MISC	149	URE-NA	113	valganciclovir hcl SOLR	84
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UNISTIK CZT COMFORT MISC .	149	UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	127	valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	39
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UNISTIK PRO SAFETY LANCET 21G	149	URSO FORTE TABS (Use ursodiol) .	124	valrubicin	70
UNISTIK PRO SAFETY LANCET 25G	149	URSODIOL	96	valsartan SOLN	58
UNISTIK PRO SAFETY LANCET 28G	149	ursodiol CAPS	124	valsartan TABS	58
UNISTIK SAFETY LANCETS 28G 150		ursodiol TABS	124	valsartan-hydrochlorothiazide	60
UNISTIK SAFETY LANCETS 30G 150		UZEDY SUSY 100 MG/0.28ML	79	VALSTAR (Use valrubicin)	70
UNISTIK TOUCH SAFETY LANCETS 21G	150	UZEDY SUSY 125 MG/0.35ML	79	VALTOCO 10 MG DOSE LIQD	33

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VALUMARK LANCET ULTRA THIN 28G150	VANOS CREA (Use fluocinonide) 109	VEGZELMA 68
VALUMARK PEN NEEDLES 29GX12MM 180	VAPRISOL 122	VELCADE SOLR IJ (Use bortezomib)74
VALUMARK PEN NEEDLES 31GX 6MM180	VAQTA227	VELETRI (Use epoprostenol sodium)92
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VANCOMYCIN HYDROCHLORIDE SOLR IV (Use vancomycin hcl) ...63	VASHE WOUND THERAPY SOLN 111	VENCLEXTA TABS 100 MG 68
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verapamil hcl TABS 40 MG	90	VERIFINE INSULIN		74
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90		VERIFINE INSULIN		VESICARE TABS 10 MG (Use	
verapamil hcl TBCR 120 MG, 180		SYRINGE0.5ML/31G X 8MM	181	solifenacin succinate)	224
MG	90	VERIFINE INSULIN		VESICARE TABS 5 MG (Use	
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CP24 (Use verapamil hcl)	90	SYRINGE1ML/31G X 8MM	181	VFEND SUSR (Use voriconazole) .	53
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VERELAN CP24 (Use verapamil hcl)		NEEDLE 31G X 5MM	181	VIBATIV 750 MG	63
90		VERIFINE PLUS INSULIN PEN		VIBERZI	126
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hcl)	90	VERIFINE PLUS INSULIN PEN		doxycycline hyclate)	219
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29G X 12MM	180	VERIFINE PLUS PEN NEEDLE/32G		doxycycline (monohydrate))	219
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31G X 5MM	180	VERIFINE SAFETY LANCET MINI		VIDA MIA AUTOLET	
VERIFINE INSULIN PEN NEEDLE		21G X 2.4MM	150	LANCINGDEVICE MISC	150
31G X 8MM	180	VERIFINE SAFETY LANCET MINI		VIDA MIA UNIFINE	
VERIFINE INSULIN PEN NEEDLE		23G X 1.8MM	150	PENTIPS32GX4MM	181
32G X 4MM	180	VERIFINE SAFETY LANCET MINI		VIDA MIA UNIFINE PENTIPSMINI	
VERIFINE INSULIN PEN NEEDLE		28G X 1.8MM	150	31GX6MM	181
32G X 6MM	180	VERIFINE SAFETY LANCET MINI		VIDA MIA UNIFINE	
VERIFINE INSULIN		30G X 1.8MM	150	PENTIPSORIGINAL 29GX12MM	
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VERIFINE INSULIN		30G	150	VIDA MIA UNILET LANCETS ULTRA	
SYRINGE/0.5ML/31G X 8MM ...	181	VERIFINE UNIVERSAL LANCETS		THIN 28G	150
VERIFINE INSULIN		33G	150	VIDA MIA UNIPFINE	
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vigabatrin TABS 38	VITAFOL GUMMIES 196	VOQUEZNA 222
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth)) 205	VITAFOL ULTRA 196	VOQUEZNA DUAL PAK 223
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VIRAZOLE (Use ribavirin) 86	VIVJOA 53	VUITY SOLN 204
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VYTORIN (Use ezetimibe-simvastatin)	54	hcl)	55	XANAX XR TB24 0.5 MG (Use alprazolam)	24
VYVANSE CAPS	2	WELCHOL TABS (Use colesevelam hcl)	55	XANAX XR TB24 0.5 MG, 1 MG, 3 MG (Use alprazolam)	24
VYVANSE CHEW	2	WELIREG	69	XANAX XR TB24 2 MG (Use alprazolam)	24
VYVGART	189	WELLBUTRIN SR TB12 (Use bupropion hcl)	39	XARELTO STARTER PACK TBPk 31	
VYVGART HYTRULO	190	WELLBUTRIN XL TB24 (Use bupropion hcl)	39	XARELTO SUSR	31
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WAINUA	217	WESCAP-PN DHA	196	XARELTO TABS 15 MG	31
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WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	150	WESTAB PLUS TABS	196	XATMEP SOLN	67
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	150	WESTGEL DHA	196	XCOPRI TABS 150 MG, 200 MG ..	38
WALGREENS LANCETS	150	WILATE KIT	129	XCOPRI TABS 50 MG, 100 MG ...	38
WALGREENS THIN LANCETS ..	150	WILZIN	189	XCOPRI TBPk	38
WALGREENS ULTRA THIN LANCETS	150	WINLEVI	101	XDEMVY	205
warfarin sodium TABS	30	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 15000 UNIT/13ML	210	XELJANZ SOLN	7
water for injection, sterile IJ	212	WINRHO SDF SOLN 5000 UNIT/4.4ML	210	XELJANZ TABS	7
water for irrigation, sterile	191	XACIATO GEL	228	XELJANZ XR TB24	7
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	181	XADAGO	77	XELODA (Use capecitabine)	67
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	181	XALATAN SOLN (Use latanoprost) 209		XELPROS EMUL	209
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	181	XALKORI CAPS	74	XELSTRYM	3
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM 181		XALKORI CPSP 150 MG	74	XEMBIFY	210
WELCHOL PACK (Use colesevelam		XALKORI CPSP 20 MG, 50 MG ...	74	XENAZINE (Use tetrabenazine) .	214
		XANAX TABS 0.25 MG, 0.5 MG, 1 MG (Use alprazolam)	24	XENPOZYME	121
		XANAX TABS 2 MG (Use alprazolam)	24	XEPI	101

XIFAXAN 200 MG	61	XTANDI TABS 40 MG	69	YF-VAX INJ	227
XIFAXAN 550 MG	61	XTANDI TABS 80 MG	69	YONSA	69
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	43	XULTOPHY 100/3.6	44	YUFLYMA 1-PEN KIT AJKT 40 MG/0.4ML	10
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	43	XYLOCAINE SOLN 0.5 %, 1 %, 2 % (Use lidocaine hcl (local anesth.)) 138		YUFLYMA 1-PEN KIT AJKT 80 MG/0.8ML	10
XIIDRA	205	XYLOCAINE SOLN 1 %, 2 % (Use lidocaine hcl (local anesth.))	138	YUFLYMA 2-PEN KIT AJKT	10
XOFLUZA 40 MG	86	XYLOCAINE/EPINEPHRINE SOLN (Use lidocaine w/ epinephrine) ...	137	YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML	10
XOFLUZA 80 MG	86	XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % (Use lidocaine hcl (local anesth.))	138	YUFLYMA CD/UC/HS STARTER AJKT	10
XOLAIR SOAJ	25	XYLOCAINE-MPF/EPINEPHRINE SOLN (Use lidocaine w/ epinephrine)	137	YUSIMRY	10
XOLAIR SOLR	25	XYLOCAINE-MPF/EPINEPHRINE SOLN (Use lidocaine w/ epinephrine)	137	ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	208
XOLAIR SOSY 300 MG/2ML	25	XYLOCAINE-MPF/EPINEPHRINE SOLN (Use lidocaine w/ epinephrine)	138	zafirlukast	26
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	25	XYLOCAINE-MPF/EPINEPHRINE SOLN	137	zaleplon	136
XOPENEX (Use levalbuterol hcl) .	30	XYLOCAINE-MPF/EPINEPHRINE SOLN	137	ZALTRAP 100 MG/4ML	68
XOPENEX CONCENTRATE (Use levalbuterol hcl)	30	XYNTHA	129	ZANAFLEX CAPS (Use tizanidine hcl)	197
XOPENEX HFA (Use levalbuterol tartrate)	30	XYNTHA SOLOFUSE	129	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	197
XOSPATA	74	XYOSTED SOAJ	21	ZARONTIN CAPS (Use ethosuximide)	38
XPHE MAXAMAID POWD	115	XYREM SOLN	212	ZARONTIN SOLN (Use ethosuximide)	38
XPHE MAXAMUM PACK	202	XYWAV	212	ZARXIO 300 MCG/0.5ML	134
XPHE-XTYR MAXAMAID POWD	115	XYZAL ALLERGY 24HR CHILDRENS SOLN (Use levocetirizine dihydrochloride)	54	ZARXIO 480 MCG/0.8ML	134
XPHOZAH	121	XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	54	ZATEAN-PN DHA	196
XPOVIO 40 MG, 50 MG	70	YASMIN 28 (Use drospirenone- ethinyl estradiol)	97	ZAVESCA (Use miglustat)	131
XPOVIO 40 MG, 60 MG	70	YAZ (Use drospirenone-ethinyl estradiol)	97	ZAVZPRET	185
XPOVIO 60 MG TWICE WEEKLY 70				ZEGALOGUE SOAJ	44
XPOVIO 80 MG TWICE WEEKLY 70				ZEGALOGUE SOSY	44
XTAMPZA ER	17				
XTANDI CAPS	69				

ZEGERID CAPS (Use omeprazole-sodium bicarbonate)	223	ZEPOSIA STARTER KIT CPPK	216	hydrochlorothiazide)	61
ZEGERID PACK (Use omeprazole-sodium bicarbonate)	223	ZEPZELCA	66	ZIAGEN SOLN (Use abacavir sulfate)	84
ZEGERID PACK 1680 MG-40 MG (Use omeprazole-sodium bicarbonate)	223	ZERBAXA	93	ZIAGEN TABS (Use abacavir sulfate)	84
ZEJULA CAPS	74	ZERVIAE	208	zidovudine CAPS	84
ZEJULA TABS	74	ZESTORETIC (Use lisinopril & hydrochlorothiazide)	61	zidovudine SYRP	84
ZELAPAR TBDP	77	ZESTRIL TABS 10 MG (Use lisinopril)	57	zidovudine TABS	84
ZELBORAF	74	ZESTRIL TABS 2.5 MG, 5 MG (Use lisinopril)	57	ZIEXTENZO	134
ZEMAIRA SOLR	217	ZESTRIL TABS 20 MG (Use lisinopril)	57	ZILBRYSQ	130
ZEMBRACE SYMTOUCH SOAJ	186	ZESTRIL TABS 30 MG, 40 MG (Use lisinopril)	57	zileuton TB12	26
ZEMDRI	6	ZETIA (Use ezetimibe)	56	ZIMHI SOSY	50
ZEMPLAR CAPS 1 MCG, 2 MCG (Use paricalcitol)	121	ZETONNA AERS	198	ZIOPTAN (Use tafluprost)	209
ZEMPLAR SOLN 2 MCG/ML (Use paricalcitol)	121	ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	181	ziprasidone hcl	78
ZEMPLAR SOLN 5 MCG/ML (Use paricalcitol)	121	ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	181	ziprasidone mesylate	78
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	115	ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	181	ZIPSOR CAPS (Use diclofenac potassium)	12
ZEPATIER	86	ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	181	ZIRABEV	68
ZE-PLUS CAPS (Use multiple vitamin)	193	ZEV RX PEN NEEDLES 31G X 5MM	181	ZIRGAN GEL	205
ZEPOSIA 7-DAY STARTER PACK CPPK	216	ZEV RX PEN NEEDLES 31G X 6MM	181	ZITHROMAX PACK (Use azithromycin)	138
ZEPOSIA CAPS	216	ZEV RX PEN NEEDLES 31G X 8MM	181	ZITHROMAX SOLR (Use azithromycin)	138
		ZEV RX PEN NEEDLES 31G X 8MM	181	ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	139
		ZEV RX PEN NEEDLES 32G X 4MM	181	ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	139
		ZEV RX TWIST TOP LANCETS 30G 150		ZITHROMAX TABS 250 MG, 500 MG (Use azithromycin)	139
		ZIAC (Use bisoprolol &		ZITHROMAX TABS 500 MG (Use azithromycin)	139
				ZITHROMAX TRI-PAK TABS (Use azithromycin)	138

ZITHROMAX Z-PAK TABS (Use azithromycin)	138	ZOLGENSMA 2.6-3.0 KG	201	ZOMIG SOLN	186
ZITUVIO	44	ZOLGENSMA 20.1-20.5 KG	201	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	186
ZOCOR TABS 10 MG, 20 MG (Use simvastatin)	56	ZOLGENSMA 20.6-21.0 KG	201	ZONALON (Use doxepin hcl (antipruritic))	103
ZOCOR TABS 40 MG (Use simvastatin)	56	ZOLGENSMA 3.1-3.5 KG	201	ZONEGRAN CAPS 100 MG (Use zonisamide)	37
ZOKINVY	192	ZOLGENSMA 3.6-4.0 KG	201	ZONEGRAN CAPS 25 MG (Use zonisamide)	37
zoledronic acid CONC	118	ZOLGENSMA 4.1-4.5 KG	201	ZONISADE SUSP	37
zoledronic acid SOLN	118	ZOLGENSMA 4.6-5.0 KG	201	zonisamide CAPS 100 MG	37
ZOLEDRONIC ACID SOLN	118	ZOLGENSMA 5.1-5.5 KG	201	zonisamide CAPS 25 MG, 50 MG	37
ZOLGENSMA 10.1-10.5 KG	201	ZOLGENSMA 5.6-6.0 KG	202	ZORTRESS (Use everolimus (immunosuppressant))	191
ZOLGENSMA 10.6-11.0 KG	201	ZOLGENSMA 6.1-6.5 KG	202	ZORYVE	104
ZOLGENSMA 11.1-11.5 KG	201	ZOLGENSMA 6.6-7.0 KG	202	ZOSYN	211
ZOLGENSMA 11.6-12.0 KG	201	ZOLGENSMA 7.1-7.5 KG	202	ZOVIRAX CREA (Use acyclovir topical)	105
ZOLGENSMA 12.1-12.5 KG	201	ZOLGENSMA 7.6-8.0 KG	202	ZOVIRAX OINT (Use acyclovir topical)	105
ZOLGENSMA 12.6-13.0 KG	201	ZOLGENSMA 8.1-8.5 KG	202	ZOVIRAX SUSP (Use acyclovir) ..	86
ZOLGENSMA 13.1-13.5 KG	201	ZOLGENSMA 8.6-9.0 KG	202	ZTALMY	37
ZOLGENSMA 13.6-14.0 KG	201	ZOLGENSMA 9.1-9.5 KG	202	ZTLIDO PTCH	110
ZOLGENSMA 14.1-14.5 KG	201	ZOLGENSMA 9.6-10.0 KG	202	ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG	20
ZOLGENSMA 14.6-15.0 KG	201	ZOLINZA	74	ZUBSOLV SUBL 2.1 MG-8.6 MG ..	20
ZOLGENSMA 15.1-15.5 KG	201	zolmitriptan SOLN	186	ZUBSOLV SUBL 2.9 MG-11.4 MG ..	20
ZOLGENSMA 15.6-16.0 KG	201	zolmitriptan TABS	186	ZURZUVAE 25 MG	39
ZOLGENSMA 16.1-16.5 KG	201	zolmitriptan TBDP	186	ZURZUVAE 30 MG	39
ZOLGENSMA 16.6-17.0 KG	201	ZOLOFT CONC (Use sertraline hcl) 41		ZYCLARA (Use imiquimod)	109
ZOLGENSMA 17.1-17.5 KG	201	ZOLOFT TABS (Use sertraline hcl) 41		ZYCLARA PUMP (Use imiquimod) 109	
ZOLGENSMA 17.6-18.0 KG	201	ZOLPIDEM TARTRATE CAPS ...	136		
ZOLGENSMA 18.1-18.5 KG	201	zolpidem tartrate SUBL	136		
ZOLGENSMA 18.6-19.0 KG	201	zolpidem tartrate TABS	136		
ZOLGENSMA 19.1-19.5 KG	201	zolpidem tartrate TBCR	136		
ZOLGENSMA 19.6-20.0 KG	201	ZOMACTON SOLR SC	119		
		ZOMIG SOLN (Use zolmitriptan) ..	186		

ZYCLARA PUMP	109	ZYVOX TABS (Use linezolid)	64
ZYDELIG	74		
ZYFLO TABS	26		
ZYKADIA TABS	74		
ZYLET	207		
ZYLOPRIM (Use allopurinol)	128		
ZYMAXID (Use gatifloxacin (ophth)) .	205		
ZYMFENTRA 1-PEN AJKT	126		
ZYMFENTRA 2-PEN AJKT	126		
ZYMFENTRA 2-SYRINGE PSKT	126		
ZYNLONTA	68		
ZYPITAMAG 2 MG, 4 MG	56		
ZYPREXA RELPREVV	80		
ZYPREXA SOLR (Use olanzapine)	80		
ZYPREXA TABS (Use olanzapine)	80		
ZYPREXA TABS (Use olanzapine)	81		
ZYPREXA ZYDIS TBDP (Use olanzapine)	80		
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	54		
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	54		
ZYTIGA 250 MG (Use abiraterone acetate)	69		
ZYTIGA 500 MG (Use abiraterone acetate)	69		
ZYVOX SOLN (Use linezolid)	63		
ZYVOX SOLN	64		
ZYVOX SUSR (Use linezolid)	64		