



October 2022

**Molina Healthcare of Nevada
&
Nevada Check-Up**

**Preferred Drug List
(Formulary)/
Lista de Medicamentos Preferidos
(Formulario)**



**Non-Discrimination Notification
Molina Healthcare of Nevada
Medicaid**

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

If you need these services, contact Molina Member Services at (833) 685-2102, TTY: 711, Monday - Friday, 8 a.m. to 6 p.m. PST.

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Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also e-mail your complaint to civil.rights@molinahealthcare.com

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

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

You can also send it to a website through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or call (800) 368-1019, TTY (800) 537-7697.



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- Thai **เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-472-4585 (TTY: 711).**

Table of Contents

CONTENTS/CONTENIDO	15
FORMULARY GUIDE (ENGLISH)	15
INTRODUCTION	15
PREFACE	15
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	15
DRUG LIST PRODUCT DESCRIPTIONS	16
GENERIC SUBSTITUTION	16
PLAN DESIGN	17
PRIOR AUTHORIZATION REQUEST PROCEDURE	17
PRIOR AUTHORIZATION HELPFUL HINTS	17
REQUESTING FORMULARY CHANGES	17
CATEGORIES OF CONSIDERATION	17
EXCLUDED SERVICES	18
NOTICE	18
FORMULARY UPDATES	18
LEGEND	21
GUÍA DE FORMULARIO (ESPAÑOL)	22
INTRODUCCIÓN	22
PREFACIO	22
COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)	22
DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS	23
SUSTITUCIÓN GENÉRICA.....	23
DISEÑO DE PLANES	24
PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA	24
CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA	24
SOLICITUD DE CAMBIOS EN EL FORMULARIO	25
CATEGORÍAS DE CONSIDERACIÓN	25
SERVICIOS EXCLUIDOS.....	25
AVISO	26
ACTUALIZACIONES DEL FORMULARIO.....	26
LEYENDA	29
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	30
AMPHETAMINES	30
ANALEPTICS	30
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS.....	30
STIMULANTS - MISC.	31
ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES	31
ALTERNATIVE MEDICINE - M'S	31
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	31
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	31
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS	31
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	31
ANTIRHEUMATIC - ENZYME INHIBITORS	32

INTERLEUKIN-6 RECEPTOR INHIBITORS	32
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	32
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	33
PYRIMIDINE SYNTHESIS INHIBITORS	33
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	33
ANALGESICS - NONNARCOTIC	33
ANALGESIC COMBINATIONS	33
ANALGESICS OTHER	33
SALICYLATES	34
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN	34
OPIOID AGONISTS	34
OPIOID COMBINATIONS	35
OPIOID PARTIAL AGONISTS	36
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES ..	36
ANDROGENS	36
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS.....	36
INTRARECTAL STEROIDS	36
RECTAL COMBINATIONS	36
RECTAL LOCAL ANESTHETICS	36
RECTAL STEROIDS	36
ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID	37
ANTACID COMBINATIONS	37
ANTACIDS - BICARBONATE	37
ANTACIDS - CALCIUM SALTS	37
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES....	37
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	37
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS..	37
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS.....	37
ANTI-INFECTIVE MISC. - COMBINATIONS	37
ANTIPROTOZOAL AGENTS	37
GLYCOPEPTIDES	37
LEPROSTATICS	38
LINCOSAMIDES	38
OXAZOLIDINONES	38
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT	
INFECTIONS	38
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS.....	38
ANTIANGINALS-OTHER	38
NITRATES	38
ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY	38
ANTIANSXIETY AGENTS - MISC.	38
BENZODIAZEPINES	39
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS	39
ANTIARRHYTHMICS TYPE I-A	39
ANTIARRHYTHMICS TYPE I-B	39
ANTIARRHYTHMICS TYPE I-C	39
ANTIARRHYTHMICS TYPE III	40

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE.....	40
ANTI-INFLAMMATORY AGENTS	40
ANTIASTHMATIC - MONOCLONAL ANTIBODIES.....	40
BRONCHODILATORS - ANTICHOLINERGICS	40
LEUKOTRIENE MODULATORS	40
STEROID INHALANTS.....	40
SYMPATHOMIMETICS	41
XANTHINES	42
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS	42
COUMARIN ANTICOAGULANTS	42
DIRECT FACTOR XA INHIBITORS	43
HEPARINS AND HEPARINOID-LIKE AGENTS	43
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES.....	43
ANTICONVULSANTS - BENZODIAZEPINES.....	43
ANTICONVULSANTS - MISC.	43
GABA MODULATORS	44
HYDANTOINS.....	45
SUCCINIMIDES	45
VALPROIC ACID	45
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	45
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	45
ANTIDEPRESSANTS - MISC.	45
MONOAMINE OXIDASE INHIBITORS (MAOIS)	45
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS).....	46
SEROTONIN MODULATORS	46
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS).....	46
TRICYCLIC AGENTS	46
ANTIDIABETICS - DRUGS TO TREAT DIABETES	47
ALPHA-GLUCOSIDASE INHIBITORS.....	47
ANTIDIABETIC COMBINATIONS	47
BIGUANIDES	48
DIABETIC OTHER	48
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....	48
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	48
INSULIN.....	49
INSULIN SENSITIZING AGENTS.....	49
MEGLITINIDE ANALOGUES	49
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	49
SULFONYLUREAS.....	49
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA	50
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....	50
ANTIPERISTALTIC AGENTS	50
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING.....	50
OPIOID ANTAGONISTS.....	50

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING.....	50
5-HT3 RECEPTOR ANTAGONISTS	50
ANTIEMETICS - ANTICHOLINERGIC.....	50
ANTIEMETICS - MISCELLANEOUS	51
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....	51
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	51
IMIDAZOLE-RELATED ANTIFUNGALS.....	51
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES	51
ANTIHIISTAMINES - ALKYLAMINES	51
ANTIHIISTAMINES - ETHANOLAMINES.....	51
ANTIHIISTAMINES - NON-SEDATING.....	51
ANTIHIISTAMINES - PHENOTHIAZINES.....	52
ANTIHIISTAMINES - PIPERIDINES	52
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL	52
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS.....	52
ANTIHYPERLIPIDEMICS - COMBINATIONS.....	52
BILE ACID SEQUESTRANTS.....	52
FIBRIC ACID DERIVATIVES	52
HMG COA REDUCTASE INHIBITORS	53
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	53
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS.....	53
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE ..	53
ACE INHIBITORS	53
ANGIOTENSIN II RECEPTOR ANTAGONISTS	53
ANTIADRENERGIC ANTIHYPERTENSIVES	53
ANTIHYPERTENSIVE COMBINATIONS	54
VASODILATORS	55
ANTIMALARIALS - DRUGS TO TREAT MALARIA.....	56
ANTIMALARIALS - DRUGS TO TREAT MALARIA	56
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS	56
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS.....	56
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....	56
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....	56
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER	56
ALKYLATING AGENTS.....	56
ANTIMETABOLITES	56
ANTINEOPLASTIC - EGFR INHIBITORS	56
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....	57
ANTINEOPLASTIC ENZYME INHIBITORS.....	57
ANTINEOPLASTICS MISC.....	57
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS.....	57
MITOTIC INHIBITORS	57
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE	57

ANTIPARKINSON ANTICHOLINERGICS.....	57
ANTIPARKINSON COMT INHIBITORS.....	58
ANTIPARKINSON DOPAMINERGICS.....	58
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS.....	59
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT	
PSYCHOSES.....	59
ANTIMANIC AGENTS.....	59
ANTIPSYCHOTICS - MISC.....	59
BENZISOXAZOLES.....	59
BUTYROPHENONES.....	60
DIBENZAPINES.....	60
PHENOTHIAZINES.....	60
QUINOLINONE DERIVATIVES.....	61
THIOXANTHENES.....	61
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT.....	61
CHLORINE ANTISEPTICS.....	61
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....	61
ANTIRETROVIRALS.....	61
CMV AGENTS.....	64
HEPATITIS AGENTS.....	64
HERPES AGENTS.....	64
INFLUENZA AGENTS.....	64
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND	
HEART CONDITIONS.....	64
ALPHA-BETA BLOCKERS.....	64
BETA BLOCKERS CARDIO-SELECTIVE.....	64
BETA BLOCKERS NON-SELECTIVE.....	65
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD	
PRESSURE AND HEART CONDITIONS.....	65
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
AND HEART CONDITIONS.....	65
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS.....	66
CARDIAC GLYCOSIDES.....	66
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND	
CIRCULATION CONDITIONS.....	66
PROSTAGLANDIN VASODILATORS.....	66
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS...	66
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS.....	66
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST.....	66
SINUS NODE INHIBITORS.....	67
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS.....	67
CEPHALOSPORINS - 1ST GENERATION.....	67
CEPHALOSPORINS - 2ND GENERATION.....	67
CEPHALOSPORINS - 3RD GENERATION.....	67
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING.....	67
BULK CHEMICALS - B'S.....	67
BULK CHEMICALS - E'S.....	67

BULK CHEMICALS - H'S	67
BULK CHEMICALS - P'S	67
LIQUIDS	67
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	67
COMBINATION CONTRACEPTIVES - ORAL	67
COMBINATION CONTRACEPTIVES - TRANSDERMAL.....	71
COMBINATION CONTRACEPTIVES - VAGINAL	71
EMERGENCY CONTRACEPTIVES	71
PROGESTIN CONTRACEPTIVES - INJECTABLE	71
PROGESTIN CONTRACEPTIVES - IUD	71
PROGESTIN CONTRACEPTIVES - ORAL	71
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	71
GLUCOCORTICOSTEROIDS	71
MINERALOCORTICIDS.....	72
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND	
ALLERGY SYMPTOMS	72
ANTITUSSIVES	72
COUGH/COLD/ALLERGY COMBINATIONS	72
EXPECTORANTS	74
MISC. RESPIRATORY INHALANTS	74
MUCOLYTICS	74
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS.....	74
ACNE PRODUCTS.....	74
ANTI-INFLAMMATORY AGENTS - TOPICAL.....	75
ANTIBIOTICS - TOPICAL.....	75
ANTIFUNGALS - TOPICAL	76
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	76
ANTIPSORIATICS	76
ANTISEBORRHEIC PRODUCTS	76
ANTIVIRALS - TOPICAL	76
BURN PRODUCTS	76
CORTICOSTEROIDS - TOPICAL.....	76
EMOLLIENTS.....	78
ENZYMES - TOPICAL.....	78
IMMUNOMODULATING AGENTS - TOPICAL.....	78
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	78
KERATOLYTIC/ANTIMITOTIC AGENTS.....	78
LOCAL ANESTHETICS - TOPICAL.....	78
MISC. TOPICAL	78
ROSACEA AGENTS.....	78
SCABICIDES & PEDICULICIDES	78
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS.....	79
DIAGNOSTIC DRUGS	79
DIAGNOSTIC TESTS	79
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL	
DISORDERS	79
DIGESTIVE ENZYMES.....	79

DIURETICS - DRUGS TO TREAT HEART CONDITIONS	79
CARBONIC ANHYDRASE INHIBITORS	79
DIURETIC COMBINATIONS	79
LOOP DIURETICS	80
POTASSIUM SPARING DIURETICS.....	80
THIAZIDES AND THIAZIDE-LIKE DIURETICS	80
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES.....	80
BONE DENSITY REGULATORS.....	80
GROWTH HORMONES	80
HORMONE RECEPTOR MODULATORS.....	80
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS).....	81
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	81
METABOLIC MODIFIERS	81
POSTERIOR PITUITARY HORMONES	81
PROLACTIN INHIBITORS	81
SOMATOSTATIC AGENTS.....	81
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	81
ESTROGEN COMBINATIONS	81
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....	81
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	81
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	81
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS	82
ANTIFLATULENTS	82
GALLSTONE SOLUBILIZING AGENTS	82
GASTROINTESTINAL STIMULANTS	82
INFLAMMATORY BOWEL AGENTS	82
INTESTINAL ACIDIFIERS	82
PHOSPHATE BINDER AGENTS	82
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS	82
ALKALINIZERS.....	82
GENITOURINARY IRRIGANTS	82
PROSTATIC HYPERTROPHY AGENTS	83
URINARY ANALGESICS.....	83
GOUT AGENTS - DRUGS TO TREAT GOUT.....	83
GOUT AGENT COMBINATIONS.....	83
GOUT AGENTS - DRUGS TO TREAT GOUT	83
URICOSURICS	83
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS	83
ANTIHEMOPHILIC PRODUCTS.....	83
HEMATORHEOLOGIC AGENTS	83
PLATELET AGGREGATION INHIBITORS	83
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS ...	83
COBALAMINS.....	83

FOLIC ACID/FOLATES	84
HEMATOPOIETIC GROWTH FACTORS.....	84
HEMATOPOIETIC MIXTURES.....	84
IRON	84
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS.....	85
ANTI-HISTAMINE HYPNOTICS	85
BARBITURATE HYPNOTICS.....	85
NON-BARBITURATE HYPNOTICS	85
LAXATIVES - DRUGS TO TREAT CONSTIPATION	85
BULK LAXATIVES.....	85
LAXATIVE COMBINATIONS.....	85
LAXATIVES - MISCELLANEOUS	86
LUBRICANT LAXATIVES.....	86
SALINE LAXATIVES.....	86
STIMULANT LAXATIVES.....	86
SURFACTANT LAXATIVES	86
MACROLIDES - DRUGS TO TREAT INFECTIONS	86
AZITHROMYCIN.....	86
CLARITHROMYCIN	87
ERYTHROMYCINS	87
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING.....	87
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	87
DIABETIC SUPPLIES	87
MISC. DEVICES.....	88
PARENTERAL THERAPY SUPPLIES	88
RESPIRATORY THERAPY SUPPLIES.....	89
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES	91
SEROTONIN AGONISTS.....	91
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION.....	91
CALCIUM.....	91
ELECTROLYTE MIXTURES.....	92
FLUORIDE	92
MAGNESIUM.....	92
PHOSPHATE.....	92
POTASSIUM.....	92
SODIUM.....	92
ZINC	92
MISCELLANEOUS THERAPEUTIC CLASSES.....	92
CHELATING AGENTS.....	92
IMMUNOMODULATORS.....	92
IMMUNOSUPPRESSIVE AGENTS.....	93
IRRIGATION SOLUTIONS.....	93
POTASSIUM REMOVING AGENTS	93
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	93

ANESTHETICS TOPICAL ORAL	93
ANTI-INFECTIVES - THROAT	93
ANTISEPTICS - MOUTH/THROAT.....	93
DENTAL PRODUCTS	94
STERIODS - MOUTH/THROAT/DENTAL.....	94
THROAT PRODUCTS - MISC.	94
MULTIVITAMINS - DRUGS FOR NUTRITION	94
B-COMPLEX W/ FOLIC ACID	94
MULTIPLE VITAMINS W/ IRON.....	94
MULTIPLE VITAMINS W/ MINERALS.....	94
MULTIVITAMINS - DRUGS FOR NUTRITION	94
PED MULTI VITAMINS W/FL & FE	94
PED MV W/ FLUORIDE.....	94
PED MV W/ IRON.....	95
PEDIATRIC MULTIPLE VITAMINS.....	95
PRENATAL VITAMINS	95
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE	
SPASMS	95
CENTRAL MUSCLE RELAXANTS	95
VISCOSUPPLEMENTS	96
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE .	96
NASAL AGENTS - MISC.	96
NASAL ANTIALLERGY	96
NASAL ANTICHOLINERGICS	96
NASAL STEROIDS.....	96
SYMPATHOMIMETIC DECONGESTANTS	96
NUTRIENTS - DRUGS FOR NUTRITION	96
MISC. NUTRITIONAL SUBSTANCES	96
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS.....	96
ARTIFICIAL TEARS AND LUBRICANTS.....	96
BETA-BLOCKERS - OPHTHALMIC	97
CYCLOPLEGIC MYDRIATICS	97
MIOTICS	97
OPHTHALMIC ADRENERGIC AGENTS	97
OPHTHALMIC ANTI-INFECTIVES	97
OPHTHALMIC INTEGRIN ANTAGONISTS.....	98
OPHTHALMIC LOCAL ANESTHETICS	98
OPHTHALMIC STEROIDS	98
OPHTHALMICS - MISC.....	98
PROSTAGLANDINS - OPHTHALMIC.....	99
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR	99
OTIC AGENTS - MISCELLANEOUS	99
OTIC ANTI-INFECTIVES.....	99
OTIC COMBINATIONS	99
OTIC STEROIDS	99
OXYTOCICS - DRUGS FOR PREGNANCY	99
OXYTOCICS - DRUGS FOR PREGNANCY	99

PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS.....	99
IMMUNE SERUMS	99
MONOCLONAL ANTIBODIES	99
PENICILLINS - DRUGS TO TREAT INFECTIONS	99
AMINOPENICILLINS	99
NATURAL PENICILLINS.....	99
PENICILLIN COMBINATIONS	100
PENICILLINASE-RESISTANT PENICILLINS	100
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING	100
ANTIMICROBIAL AGENTS	100
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES.....	100
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES.....	100
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	100
AGENTS FOR CHEMICAL DEPENDENCY	100
ANTI-CATAPLECTIC AGENTS	100
ANTIDEMENTIA AGENTS.....	100
MOVEMENT DISORDER DRUG THERAPY	101
MULTIPLE SCLEROSIS AGENTS	101
SMOKING DETERRENTS	101
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS	102
ALPHA-PROTEINASE INHIBITOR (HUMAN)	102
CYSTIC FIBROSIS AGENTS	102
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	102
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	102
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	102
ANTITHYROID AGENTS.....	102
THYROID HORMONES	102
TOXOIDS - DRUGS TO PREVENT INFECTIONS	103
TOXOID COMBINATIONS	103
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID	103
ANTISPASMODICS.....	103
H-2 ANTAGONISTS	104
MISC. ANTI-ULCER	104
PROTON PUMP INHIBITORS	104
ULCER DRUGS - PROSTAGLANDINS	104
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	105
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) ..	105
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS.....	105
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	105
VACCINES - DRUGS TO PREVENT INFECTIONS	105
BACTERIAL VACCINES	105
VIRAL VACCINES.....	105

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL	
CONDITIONS	106
SPERMICIDES	106
VAGINAL ANTI-INFECTIVES	106
VAGINAL ESTROGENS.....	106
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION	
CONDITIONS	106
ANAPHYLAXIS THERAPY AGENTS	106
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION	
CONDITIONS	106
VITAMINS - DRUGS FOR NUTRITION	106
OIL SOLUBLE VITAMINS	106
WATER SOLUBLE VITAMINS	107
Index.....	108

CONTENTS/CONTENIDO

(10/01/2022)

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

We are pleased to provide the *2022 Molina Healthcare of Nevada Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically appropriate and cost-effective products for their patients.

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

GENERIC SUBSTITUTION

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

Prescription generic drugs are:

- Usually priced lower than their brand-name equivalents
- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug
- Manufactured in the same strength and dosage form as the brand-name drugs

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

PLAN DESIGN

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

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (844) 259-1689. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from MHU Pharmacy Department, please provide relevant information with the Prior Authorization request.

The following are examples:

Class of Medication/Diagnosis	Requested Clinical Information
Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Non-Formulary/Non-Preferred Medication	Medication Log and/or Progress Notes documenting previous use of Formulary medications

REQUESTING FORMULARY CHANGES

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

Fax: (844) 259-1689

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 60 mg per day. Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

EXCLUDED SERVICES

Please note that certain medications are excluded. These include, but are not limited to:

- Drugs not eligible for Federal Medicaid funds
- Drugs for anorexia, weight loss or weight gain
- Drugs to promote fertility
- Drugs for cosmetic purposes or hair growth
- Nonprescription drugs (Over-the-Counter or OTC), except for the medications listed on the preferred drug list
- Drugs for which the manufacturer requires, as a condition of sale, that associated tests and monitoring services are purchased exclusively from the manufacturer or its designee
- Drugs for the treatment of sexual or erectile dysfunction
- Experimental or Investigational Medications
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as “DESI 5 and 6” drugs)
- Drug product not in Medicaid Drug Rebate Program

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2021. All rights reserved.

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

FORMULARY UPDATES

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

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

Date Effective	Product Name	Change	Notes
10/1/2022	ELIQUIS TAB 2.5MG	Remove PA, add QL	2 per day
10/1/2022	ELIQUIS TAB 5MG	Remove PA, add QL	2 per day
10/1/2022	ELIQUIS ST P TAB 5MG	Remove PA, add QL	74 tabs per year
10/1/2022	CELECOXIB CAP 400MG	Update QL	2 per day
10/1/2022	CELECOXIB CAP 50MG	Add QL	4 per day
10/1/2022	SCOPOLAMINE DIS 1MG/3DAY	Remove PA, add QL	0.33 per day
10/1/2022	ARMODAFINIL TAB 50MG	Remove PA, add age limit	Min age 17
10/1/2022	ARMODAFINIL TAB 150MG	Remove PA, add age limit	Min age 17
10/1/2022	ARMODAFINIL TAB 200MG	Remove PA, add age limit	Min age 17
10/1/2022	ARMODAFINIL TAB 250MG	Remove PA, add age limit	Min age 17
10/1/2022	MODAFINIL TAB 100MG	Remove PA, add age limit	Min age 17
10/1/2022	MODAFINIL TAB 200MG	Remove PA, update QL, add age limit	1 per day, min age 17
10/1/2022	NAYZILAM SPR 5MG	Add to formulary, QL, age limit	10 per 25 days, min age 12
10/1/2022	MUCOSAL ATOM MIS DEVICE	Remove from formulary	
10/1/2022	INVEGA TRINZ INJ 273MG	Update age limit	Min age 18
10/1/2022	INVEGA TRINZ INJ 410MG	Update age limit	Min age 18
10/1/2022	INVEGA TRINZ INJ 546MG	Update age limit	Min age 18
10/1/2022	INVEGA TRINZ INJ 819MG	Update age limit	Min age 18
10/1/2022	RISPERDAL INJ 12.5MG	Update age limit	Min age 18
10/1/2022	RISPERDAL INJ 25MG	Update age limit	Min age 18
10/1/2022	RISPERDAL INJ 37.5MG	Update age limit	Min age 18
10/1/2022	RISPERDAL INJ 50MG	Update age limit	Min age 18
10/1/2022	ZYPREXA RELP INJ 210MG	Update age limit	Min age 18
10/1/2022	ZYPREXA RELP INJ 300MG	Update age limit	Min age 18
10/1/2022	ZYPREXA RELP INJ 405MG	Update age limit	Min age 18
10/1/2022	ABILIFY MAIN INJ 300MG	Update age limit	Min age 18
10/1/2022	ABILIFY MAIN INJ 400MG	Update age limit	Min age 18
10/1/2022	Abilify Maintena SRER 300MG	Update age limit	Min age 18
10/1/2022	Abilify Maintena SRER 400MG	Update age limit	Min age 18
10/1/2022	ARISTADA INJ 441MG/1.	Update age limit	Min age 18
10/1/2022	ARISTADA INJ 662MG/2	Update age limit	Min age 18
10/1/2022	ARISTADA INJ 882MG/3	Update age limit	Min age 18
10/1/2022	ARISTADA INJ 1064MG	Update age limit	Min age 18
10/1/2022	INVEGA SUST INJ 39/0.25	Add age limit	Min age 18
10/1/2022	INVEGA SUST INJ 78/0.5ML	Add age limit	Min age 18

Date Effective	Product Name	Change	Notes
10/1/2022	INVEGA SUST INJ 117/0.75	Add age limit	Min age 18
10/1/2022	INVEGA SUST INJ 156MG/ML	Add age limit	Min age 18
10/1/2022	INVEGA SUST INJ 234/1.5	Add age limit	Min age 18
10/1/2022	CODEINE SULF TAB 30MG	Add age limit	Min age 12
10/1/2022	CODEINE SULF TAB 60MG	Add age limit	Min age 12
10/1/2022	APAP/CODEINE TAB 300- 15MG	Add age limit	Min age 12
10/1/2022	APAP/CODEINE TAB 300- 30MG	Add age limit	Min age 12
10/1/2022	APAP/CODEINE TAB 300- 60MG	Add age limit	Min age 12
10/1/2022	APAP/CODEINE SOL 120- 12/5	Add age limit	Min age 12
10/1/2022	TRAMADOL HCL 50MG TABS	Add age limit	Min age 12

LEGEND

AGE	Age Limit
MED	Max 60 mg Morphine Equivalent Dose per day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

GUÍA DE FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

Nos complace proporcionar la *Lista de Medicamentos Preferidos de Molina Healthcare of Nevada 2022 (Formulario)* como una herramienta de referencia e información útil. Este documento puede ayudar a los proveedores médicos a seleccionar productos clínicamente apropiados y rentables para sus pacientes.

Los medicamentos representados fueron revisados por un Comité de Farmacia y Terapéutica (P&T, *Pharmacy and Therapeutics*) y están aprobados para su inclusión. En el documento se refleja la práctica médica actual a la fecha de revisión.

La información contenida en este documento y sus apéndices se proporciona únicamente para la conveniencia de los proveedores médicos. No garantizamos ni aseguramos la exactitud de dicha información. Tampoco fue hecha con un propósito integral. Toda la información del documento se proporciona como referencia para la selección de la terapia con medicamentos.

El documento está sujeto a normas y reglamentos específicos del estado, incluidos, entre otros, aquellos relacionados con la sustitución genérica, los programas de sustancias de administración controlada, la preferencia de marcas y los genéricos obligatorios cuando corresponda.

No asumimos responsabilidad alguna por las acciones u omisiones de cualquier proveedor médico en función de la confianza, total o parcial, en la información contenida en el presente documento. El proveedor médico debe consultar la documentación del producto provista por el fabricante del medicamento o las referencias estándar para obtener información más detallada.

PREFACIO

El documento está organizado en secciones. Cada sección se divide según la clase terapéutica del fármaco, la cual está definida principalmente por el mecanismo de acción.

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

Los servicios de un Comité de Farmacia y Terapéutica (P&T) se utilizan para aprobar tratamientos con medicamentos seguros y clínicamente eficaces. El Comité de P&T es un organismo asesor de profesionales clínicos. Entre los miembros votantes del Comité de P&T, se encuentran médicos y farmacéuticos, los cuales tienen una amplia experiencia clínica y académica respecto de los medicamentos recetados. Los

miembros votantes del Comité de P&T deben divulgar cualquier relación financiera o conflicto de intereses con cualquier fabricante farmacéutico.

DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

Para ayudar a entender cuáles son las fortalezas específicas y las formas de dosificación que se incluyen en el documento, los principios generales se describen a continuación.

- En la primera columna del cuadro se indica el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (p. ej., LIPITOR). Los medicamentos genéricos se indican en letra minúscula en cursiva (p. ej., atorvastatin).
- En la segunda columna (categoría de medicamento etiquetado) se indica en qué categoría se ubica el medicamento en el formulario.
- La tercera columna (Requisitos/límites) contiene cualquier requisito especial para la cobertura de su medicamento.
- Si las versiones de productos de venta libre (OTC, *Over The Counter*) y las versiones de productos con receta médica están cubiertas, se indican ambas.
- Los productos de liberación prolongada y de liberación retardada requieren su propia entrada.
- Las formas de dosificación en el documento serán coherentes con la categoría y el uso en que se clasificaron.

SUSTITUCIÓN GENÉRICA

La sustitución genérica es una acción de farmacia en la que se administra una versión genérica en lugar de un producto de marca recetado. En este documento, la letra minúscula en cursiva indica la disponibilidad genérica. En la mayoría de los casos, un medicamento de marca registrada para el cual haya un producto genérico disponible no tendrá formulario y presentará el producto genérico cubierto en su lugar en el momento de lanzar el producto genérico al mercado. Sin embargo, el documento está sujeto a regulaciones y normas específicas del estado relacionadas con la sustitución genérica y se aplican normas genéricas obligatorias si corresponde.

Los medicamentos genéricos con receta médica cuentan con las siguientes características:

- Normalmente, tienen un precio menor que sus equivalentes de marca.
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en términos de seguridad y eficacia. Además, se fabrican bajo las mismas normas estrictas que se aplican a medicamentos de marca.
- Se probaron en humanos para garantizar que el genérico sea absorbido en el torrente sanguíneo en una tasa y extensión similares en comparación con el

medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los de la marca en cuanto a tamaño, color e ingredientes inactivos, pero esto no altera su eficacia o capacidad para ser absorbidos, tal como el medicamento de marca.

- Se fabrican con la misma concentración y dosificación que los medicamentos de marca.

Cuando un medicamento genérico es sustituido por un medicamento de marca, se puede esperar que el medicamento genérico tenga el mismo efecto clínico y perfil de seguridad que el medicamento de marca (equivalencia terapéutica).

DISEÑO DE PLANES

Los medicamentos que aparecen en el documento están cubiertos por el plan según lo que se representa. Algunos medicamentos de la lista están cubiertos si se cumplen los criterios de administración de utilización (es decir, terapia progresiva, autorización previa, límites de cantidad, etc.). Las solicitudes de uso de dichos medicamentos que estén fuera de los criterios enumerados se revisarán según la necesidad médica. Si un medicamento no aparece en el documento, es posible que se solicite una excepción de formulario para la cobertura. Las solicitudes de necesidad médica o de excepción de formulario se revisarán en función de los criterios de autorización previos específicos para el medicamento o los criterios estándar de solicitud de receta médica no convencional. Inicie sesión en www.molinahealthcare.com para revisar la cobertura.

PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

Las recetas de medicamentos que requieren aprobación previa o para medicamentos que no están incluidos en el Formulario de Medicamentos de Molina pueden ser aprobadas cuando son médicamente necesarias y cuando se haya demostrado que las alternativas del formulario son ineficaces. Cuando estas situaciones excepcionales ocurren, su proveedor puede enviar por fax un formulario completado de autorización previa de medicamentos a Molina al (844) 259-1689. Inicie sesión en el sitio web de www.molinahealthcare.com para obtener los formularios. Los ensayos de muestras farmacéuticas no se considerarán como justificativos para la aprobación de una solicitud de autorización previa.

CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

Para garantizar la respuesta más rápida posible del Departamento de Farmacia de MHU, proporcione la información pertinente con la solicitud de autorización previa.

Observe los siguientes ejemplos:

Clase de medicamento o diagnóstico	Información clínica solicitada
Reducción de colesterol	Perfil lipídico, factores de riesgo cardiovasculares
Diabetes	Resultados de prueba de A1c
Medicamento no preferido/fuera del formulario	Los Registros de Medicamentos o Notas de Progreso en los cuales se documente que el medicamento del formulario se utilizó con anterioridad

SOLICITUD DE CAMBIOS EN EL FORMULARIO

Si usted es un recetador y desea solicitar un cambio en el formulario, envíe su solicitud y fundamento al Departamento de Farmacia de Molina con su información de contacto.

Fax: (844) 259-1689

CATEGORÍAS DE CONSIDERACIÓN

ANALGÉSICOS OPIOIDES

Todos los Analgésicos Opioides están sujetos a una dosis equivalente de morfina de 60 mg por día. Se excluye el uso concomitante de opioides con benzodiazepinas o relajantes musculares.

SERVICIOS EXCLUIDOS

Tenga en cuenta que algunos medicamentos están excluidos. Estos incluyen, entre otros:

- Medicamentos no aptos para fondos Federales de Medicaid
- Medicamentos contra la anorexia, pérdida de peso o aumento de peso
- Medicamentos para promover la fertilidad
- Medicamentos para fines cosméticos o el crecimiento del cabello
- Medicamentos sin receta (de venta libre u OTC), excepto aquellos medicamentos que aparecen en la lista de medicamentos preferidos
- Medicamentos para los que el fabricante requiere, como condición de venta, que las pruebas y los servicios de monitoreo asociados se compren exclusivamente al fabricante o a su representante
- Medicamentos para el tratamiento de la disfunción sexual o eréctil
- Medicamentos experimentales o en fase de investigación

- Productos farmacéuticos que la Administración de Alimentos y Medicamentos de los EE. UU. (FDA) determina que son menos eficaces y medicamentos idénticos, relacionados o similares (denominados, con frecuencia, medicamentos “DESI 5 y 6”)
- Producto farmacéutico no perteneciente al Programa de Devolución de Medicamentos de Medicaid

AVISO

La información contenida en este documento es patentada. La información no se puede copiar en su totalidad o en parte sin el permiso por escrito. ©2021. Todos los derechos reservados.

Este documento contiene referencias a medicamentos con receta que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos.

ACTUALIZACIONES DEL FORMULARIO

Revise los cambios de formulario que pertenecen al Beneficio de Farmacia, a menos que se denoten de otra manera. Si tiene preguntas, comuníquese con el soporte técnico de la farmacia del plan de salud de Molina.

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

Date Effective	Product Name	Change	Notes
10/1/2022	ELIQUIS TAB 2.5MG	Remove PA, add QL	2 per day
10/1/2022	ELIQUIS TAB 5MG	Remove PA, add QL	2 per day
10/1/2022	ELIQUIS ST P TAB 5MG	Remove PA, add QL	74 tabs per year
10/1/2022	CELECOXIB CAP 400MG	Update QL	2 per day
10/1/2022	CELECOXIB CAP 50MG	Add QL	4 per day
10/1/2022	SCOPOLAMINE DIS 1MG/3DAY	Remove PA, add QL	0.33 per day
10/1/2022	ARMODAFINIL TAB 50MG	Remove PA, add age limit	Min age 17
10/1/2022	ARMODAFINIL TAB 150MG	Remove PA, add age limit	Min age 17
10/1/2022	ARMODAFINIL TAB 200MG	Remove PA, add age limit	Min age 17
10/1/2022	ARMODAFINIL TAB	Remove PA, add age limit	Min age 17

Date Effective	Product Name	Change	Notes
	250MG		
10/1/2022	MODAFINIL TAB 100MG	Remove PA, add age limit	Min age 17
10/1/2022	MODAFINIL TAB 200MG	Remove PA, update QL, add age limit	1 per day, min age 17
10/1/2022	NAYZILAM SPR 5MG	Add to formulary, QL, age limit	10 per 25 days, min age 12
10/1/2022	MUCOSAL ATOM MIS DEVICE	Remove from formulary	
10/1/2022	INVEGA TRINZ INJ 273MG	Update age limit	Min age 18
10/1/2022	INVEGA TRINZ INJ 410MG	Update age limit	Min age 18
10/1/2022	INVEGA TRINZ INJ 546MG	Update age limit	Min age 18
10/1/2022	INVEGA TRINZ INJ 819MG	Update age limit	Min age 18
10/1/2022	RISPERDAL INJ 12.5MG	Update age limit	Min age 18
10/1/2022	RISPERDAL INJ 25MG	Update age limit	Min age 18
10/1/2022	RISPERDAL INJ 37.5MG	Update age limit	Min age 18
10/1/2022	RISPERDAL INJ 50MG	Update age limit	Min age 18
10/1/2022	ZYPREXA RELP INJ 210MG	Update age limit	Min age 18
10/1/2022	ZYPREXA RELP INJ 300MG	Update age limit	Min age 18
10/1/2022	ZYPREXA RELP INJ 405MG	Update age limit	Min age 18
10/1/2022	ABILIFY MAIN INJ 300MG	Update age limit	Min age 18
10/1/2022	ABILIFY MAIN INJ 400MG	Update age limit	Min age 18
10/1/2022	Abilify Maintena SRER 300MG	Update age limit	Min age 18
10/1/2022	Abilify Maintena SRER 400MG	Update age limit	Min age 18
10/1/2022	ARISTADA INJ 441MG/1.	Update age limit	Min age 18
10/1/2022	ARISTADA INJ 662MG/2	Update age limit	Min age 18
10/1/2022	ARISTADA INJ 882MG/3	Update age limit	Min age 18
10/1/2022	ARISTADA INJ 1064MG	Update age limit	Min age 18
10/1/2022	INVEGA SUST INJ 39/0.25	Add age limit	Min age 18
10/1/2022	INVEGA SUST INJ 78/0.5ML	Add age limit	Min age 18
10/1/2022	INVEGA SUST INJ 117/0.75	Add age limit	Min age 18
10/1/2022	INVEGA SUST INJ 156MG/ML	Add age limit	Min age 18
10/1/2022	INVEGA SUST INJ 234/1.5	Add age limit	Min age 18
10/1/2022	CODEINE SULF TAB 30MG	Add age limit	Min age 12
10/1/2022	CODEINE SULF TAB 60MG	Add age limit	Min age 12
10/1/2022	APAP/CODEINE TAB 300-15MG	Add age limit	Min age 12
10/1/2022	APAP/CODEINE TAB 300-30MG	Add age limit	Min age 12

Date Effective	Product Name	Change	Notes
10/1/2022	APAP/CODEINE TAB 300-60MG	Add age limit	Min age 12
10/1/2022	APAP/CODEINE SOL 120-12/5	Add age limit	Min age 12
10/1/2022	TRAMADOL HCL 50MG TABS	Add age limit	Min age 12

LEYENDA

AGE	Límite de edad
MED	Dosis equivalente de morfina de 60 mg como máximo por día
OTC	Medicamento de venta libre, beneficio cubierto con una receta médica
PA	Autorización previa
PA, QL	Límite de cantidad que se aplica después de la aprobación de la Autorización Previa
QL	Límite de Cantidad
SP	Medicamento de especialidad; estos medicamentos se deben obtener a través de una farmacia de especialidad
ST	Terapia progresiva
<i>minúscula</i>	Indica disponibilidad genérica
MAYÚSCULA	Indica disponibilidad de la marca

Molina Healthcare Nevada Effective 10/01/2022

DRUG NAME REQUIREMENTS/LIMITS ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i>	QL (1 cap / 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	QL (1 cap / 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	QL (1 cap / 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	QL (1 cap / 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	QL (1 cap / 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	QL (1 cap / 1 day); AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	QL (3 tabs / 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	QL (5 tabs / 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	QL (3 tabs / 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	QL (3 tabs / 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	QL (3 tabs / 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	QL (3 tabs / 1 day); AGE (Min 3, Max 18)
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	QL (2 tabs / 1 day); AGE (Min 3, Max 18)
<i>dextroamphetamine sulfate cp24 5mg</i>	QL (4 caps / 1 day); AGE (Min 6, Max 18)
<i>dextroamphetamine sulfate (generic of DEXEDRINE) CP24 10mg</i>	QL (4 caps / 1 day); AGE (Min 6, Max 18)
<i>dextroamphetamine sulfate (generic of DEXEDRINE) CP24 15mg</i>	QL (2 caps / 1 day); AGE (Min 6, Max 18)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	QL (6 tabs / 1 day); AGE (Min 3, Max 18)
<i>zenzedi tabs 5mg, 10mg</i>	QL (6 tabs / 1 day); AGE (Min 3, Max 18)

ANALEPTICS

<i>caffeine citrate soln 20mg/ml, 60mg/3ml</i>	QL (40 vials in lifetime); AGE (Max 1)
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	QL (1 cap / 1 day); AGE (Min 6, Max 18)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg	QL (1 tab / 1 day)

STIMULANTS - MISC.

<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg, 150mg, 200mg, 250mg	QL (1 tab / 1 day); AGE (Min 17)
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg, 10mg	QL (2 tabs / 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl cpcr</i> 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	QL (1 cap / 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml	QL (15 mL / 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml	QL (30 mL / 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg, 20mg	QL (3 tabs / 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tb24</i> 18mg, 27mg, 54mg; <i>tbc</i> 10mg	QL (1 tab / 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl tb24</i> 36mg	QL (2 tabs / 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 54mg	QL (1 tab / 1 day); AGE (Min 6, Max 18)
<i>methylphenidate hcl tbc</i> 20mg	QL (3 tabs / 1 day); AGE (Min 6, Max 18); Generic Metadate CD
<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 36mg	QL (2 tabs / 1 day); AGE (Min 6, Max 18)
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg, 200mg	QL (1 tab / 1 day); AGE (Min 17)

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin tab 3 mg tabs 3mg</i>	QL (1 tab / 1 day), OTC
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AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

<i>neomycin sulfate tabs 500mg</i>	
<i>paramomycin sulfate</i> (generic of HUMATIN) CAPS 250mg	

ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml	SP, PA, QL (0.072 injections / 1 day)
HUMIRA PSKT 40mg/0.8ml	SP, PA, QL (2 injections / 24 days)

DRUG NAME	REQUIREMENTS/LIMITS
HUMIRA PEDIA INJ CROHNS	SP, PA, QL (0.072 injections / 1 day)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	SP, PA, QL (0.072 injections / 1 day)
HUMIRA PEN PNKT 40mg/0.4ml	SP, PA, QL (0.072 pens / 1 day)
HUMIRA PEN PNKT 40mg/0.8ml	SP, PA, QL (2 pens / 24 days)
HUMIRA PEN PNKT 80mg/0.8ml	SP, PA, QL (3 pens / 180 days)
HUMIRA PEN KIT PS/UV	SP, PA, QL (3 pens / 180 days)
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	SP, PA, QL (2 pens / 24 days)
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	SP, PA, QL (3 pens / 180 days)
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	SP, PA, QL (3 pens / 180 days)
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	SP, PA, QL (2 pens / 24 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	SP, PA
XELJANZ XR TB24 11mg, 22mg	SP, PA

INTERLEUKIN-6 RECEPTOR INHIBITORS

KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	SP, PA
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NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg	QL (4 caps / 1 day)
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg, 400mg	QL (2 caps / 1 day)
<i>childrens ibuprofen susp 100mg/5ml</i>	QL (160 mL / 1 day), OTC
<i>childrens ibuprofen susp 100mg/5ml</i>	QL (32 injections / 1 day), OTC
<i>diclofenac potassium tabs 50mg</i>	QL (4 tabs / 1 day)
<i>diclofenac sodium tb24 100mg; tbec 75mg</i>	QL (2 tabs / 1 day)
<i>diclofenac sodium tbec 25mg, 50mg</i>	QL (3 tabs / 1 day)
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg	QL (3 tabs / 1 day)
<i>etodolac</i> (generic of LODINE) TABS 400mg	QL (3 tabs / 1 day)
<i>etodolac tabs 500mg</i>	QL (2 tabs / 1 day)
<i>flurbiprofen tabs 50mg, 100mg</i>	QL (4 tabs / 1 day)
<i>gnp naproxen sodium caps 220mg</i>	OTC
<i>ibuprofen susp 100mg/5ml</i>	QL (160 mL / 1 day)
<i>ibuprofen cap 200 mg caps 200mg</i>	QL (4 caps / 1 day), OTC
<i>ibuprofen chew tab 100 mg chew 100mg</i>	QL (6 tabs / 1 day), OTC
<i>ibuprofen childrens susp 100mg/5ml</i>	QL (160 mL / 1 day), OTC
<i>ibuprofen susp 40 mg/ml susp 50mg/1.25ml</i>	QL (160 mL / 1 day), OTC
<i>ibuprofen tab 100 mg tabs 100mg</i>	QL (4 tabs / 1 day), OTC
<i>ibuprofen tab 200 mg tabs 200mg</i>	QL (4 tabs / 1 day), OTC
<i>ibuprofen tab 400 mg tabs 400mg</i>	QL (4 tabs / 1 day)
<i>ibuprofen tab 600 mg tabs 600mg</i>	QL (4 tabs / 1 day)
<i>ibuprofen tab 800 mg tabs 800mg</i>	QL (4 tabs / 1 day)
<i>indomethacin caps 25mg, 50mg</i>	QL (4 caps / 1 day); AGE (Max 64)
<i>ketorolac tromethamine tabs 10mg</i>	QL (4 tabs / 1 day); AGE (Max 64)

DRUG NAME	REQUIREMENTS/LIMITS
<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	QL (1 tab / 1 day)
<i>nabumetone tabs 500mg, 750mg</i>	QL (4 tabs / 1 day)
<i>naproxen</i> (generic of NAPROSYN) SUSP 125mg/5ml	QL (100 mL / 1 day)
<i>naproxen tabs 250mg, 375mg</i>	QL (3 tabs / 1 day)
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	QL (3 tabs / 1 day)
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg	QL (3 tabs / 1 day)
<i>naproxen sodium caps 220mg</i>	OTC
<i>naproxen sodium tab 220 mg tabs 220mg</i>	QL (3 tabs / 1 day), OTC
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	PA, QL (3 tabs / 1 day)
<i>piroxicam</i> (generic of FELDENE) CAPS 10mg	PA, QL (4 caps / 1 day)
<i>piroxicam</i> (generic of FELDENE) CAPS 20mg	PA, QL (2 caps / 1 day)
<i>sulindac tabs 150mg, 200mg</i>	QL (3 tabs / 1 day)

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TABS 30mg	SP, PA
OTEZLA TAB 10/20/30	SP, PA

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg	QL (1 tab / 1 day)
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SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL SOLN 25mg/0.5ml	SP, PA, QL (8 vials / 24 days)
ENBREL SOSY 25mg/0.5ml	SP, PA, QL (8 syringes / 24 days)
ENBREL SOSY 50mg/ml	SP, PA, QL (4 syringes / 24 days)
ENBREL MINI SOCT 50mg/ml	SP, PA, QL (4 injections / 24 days)
ENBREL SURECLICK SOAJ 50mg/ml	SP, PA, QL (4 pens / 24 days)

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

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

ANALGESICS OTHER

<i>acetaminophen soln 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml</i>	OTC
<i>acetaminophen chew tab 80 mg chew 80mg</i>	QL (6 tabs / 1 day), OTC
<i>acetaminophen chew tab 160 mg chew 160mg</i>	QL (6 tabs / 1 day), OTC
<i>acetaminophen disintegrating tab 160 mg tbdp 160mg</i>	QL (25 tabs / 1 day), OTC
<i>acetaminophen liquid 160 mg/5ml liqd 160mg/5ml</i>	OTC
<i>acetaminophen liquid 167 mg/5ml liqd 500mg/15ml</i>	OTC
<i>acetaminophen suppos 120 mg supp 120mg</i>	QL (34 supp / 1 day), OTC
<i>acetaminophen suppos 650 mg supp 650mg</i>	QL (6 supp / 1 day), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>acetaminophen susp 160 mg/5ml susp 160mg/5ml</i>	OTC
<i>acetaminophen tab 325 mg tabs 325mg</i>	QL (12 tabs / 1 day), OTC
<i>acetaminophen tab 500 mg tabs 500mg</i>	QL (8 tabs / 1 day), OTC
<i>acetaminophen tab er 650 mg tbc 650mg</i>	QL (6 tabs / 1 day), OTC
FEVERALL INFANTS SUPP 80mg	QL (50 supp / 1 day), OTC

SALICYLATES

ASPIRIN SUPP 300mg	OTC
<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	OTC
<i>aspirin chew tab 81 mg chew 81mg</i>	QL (1 tab / 1 day), OTC
<i>aspirin tab 325 mg tabs 325mg</i>	QL (12 tabs / 1 day), OTC
<i>aspirin tab delayed release 81 mg tbc 81mg</i>	QL (1 tab / 1 day), OTC
<i>aspirin tab delayed release 325 mg tbc 325mg</i>	QL (12 tabs / 1 day), OTC
<i>salsalate tabs 500mg, 750mg</i>	QL (4 tabs / 1 day)

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

<i>codeine sulfate tabs 30mg</i>	QL (12 tabs / 1 day); MED; Max 7 day supply for initial fill or PA required; AGE (Min 12)
CODEINE SULFATE TABS 60mg	QL (8 tabs / 1 day); MED; Max 7 day supply for initial fill or PA required; AGE (Min 12)
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	PA, QL (0.334 patches / 1 day); MED
<i>hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg</i>	QL (12 tabs / 1 day); MED; Max 7 day supply for initial fill or PA required
<i>methadone hcl tabs 5mg, 10mg</i>	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 20mg/ml</i>	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tabs 15mg, 30mg</i>	QL (3 tabs / 1 day); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg</i>	QL (3 tabs / 1 day); Requires prior use of IR opioids; MED
OXAYDO TABS 5mg	PA; QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl soln 5mg/5ml</i>	QL (Max quantity 240 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tabs 5mg, 10mg</i>	PA; QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required

DRUG NAME	REQUIREMENTS/LIMITS
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tabs 20mg</i>	PA; QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 30mg	PA; QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl</i> (generic of ULTRAM) TABS 50mg	QL (8 tabs / 1 day); MED; Max 7 day supply for initial fill or PA required; AGE (Min 12)

OPIOID COMBINATIONS

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOET)</i>	QL (8 tabs / 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOET)</i>	QL (6 tabs / 1 day); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOET)</i>	QL (6 tabs / 1 day); MED; Max 7 day supply for initial fill or PA required

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl subl 2mg</i>	QL (12 tabs / 1 day)
<i>buprenorphine hcl subl 8mg</i>	QL (3 tabs / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i>	PA, QL (12 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i>	PA, QL (6 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i>	PA, QL (3 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i>	PA, QL (2 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (12 tabs / 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (3 tabs / 1 day)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

<i>testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

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

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

<i>dibucaine (rectal) oint 1%</i>	OTC
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RECTAL STEROIDS

<i>hydrocortisone acetate (rectal) supp 25mg</i>	QL (7 supp / 1 day)
<i>hydrocortisone rectal cream 2.5% (generic of HYDROCORTISONE RECTAL CREAM 2.5%) CREA 2.5%</i>	

DRUG NAME	REQUIREMENTS/LIMITS
ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID	
ANTACID COMBINATIONS	
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	OTC
ANTACIDS - BICARBONATE	
<i>sodium bicarbonate (antacid) tabs 325mg, 650mg</i>	OTC
ANTACIDS - CALCIUM SALTS	
<i>CALCIUM CARBONATE TABS 648mg</i>	OTC
<i>calcium carbonate (antacid) susp 1250mg/5ml</i>	OTC
<i>calcium carbonate (antacid) chew tab 500 mg chew 500mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 750 mg chew 750mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg chew 1000mg</i>	OTC
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
<i>albendazole tabs 200mg</i>	PA
<i>ivermectin (generic of STROMECTOL) TABS 3mg</i>	QL (16 tabs / 2 days); max 1 fill per month
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	
<i>metronidazole tabs 250mg</i>	QL (8 tabs / 1 day)
<i>metronidazole tabs 500mg</i>	QL (4 tabs / 1 day)
<i>TRIMETHOPRIM TABS 100mg</i>	QL (6 tabs / 1 day)
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	QL (40 mL / 1 day)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	QL (4 tabs / 1 day)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	QL (4 tabs / 1 day)
<i>sulfatrim pediatric</i>	QL (40 mL / 1 day)
ANTIPROTOZOAL AGENTS	
<i>atovaquone (generic of MEPRON) SUSP 750mg/5ml</i>	PA
GLYCOPEPTIDES	
<i>FIRVANQ SOLR 25mg/ml, 50mg/ml</i>	QL (40 mL / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
LEPROSTATICS	
<i>dapsone tabs 25mg</i>	QL (4 tabs / 1 day)
<i>dapsone tabs 100mg</i>	QL (3 tabs / 1 day)
LINCOSAMIDES	
<i>clindamycin hcl (generic of CLEOCIN) CAPS 150mg</i>	QL (8 caps / 1 day)
<i>clindamycin hcl (generic of CLEOCIN) CAPS 300mg</i>	QL (6 caps / 1 day)
<i>clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml</i>	AGE (Max 18)
OXAZOLIDINONES	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml; TABS 600mg</i>	PA
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS	
<i>nitrofurantoin susp 25mg/5ml</i>	QL (40 mL / 1 day); AGE (Max 12)
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg</i>	QL (2 caps / 1 day); AGE (Max 64)
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 100mg</i>	QL (4 caps / 1 day); AGE (Max 64)
<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	QL (2 caps / 1 day); AGE (Max 64)
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS	
ANTIANGINALS-OTHER	
<i>ranolazine (generic of RANEXA) TB12 500mg, 1000mg</i>	ST, QL (2 tabs / 1 day); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate
NITRATES	
<i>isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg</i>	QL (4 tabs / 1 day)
<i>isosorbide dinitrate tabs 10mg, 30mg</i>	QL (4 tabs / 1 day)
<i>isosorbide dinitrate tabs 20mg</i>	QL (6 tabs / 1 day)
<i>isosorbide mononitrate tabs 10mg</i>	QL (3 tabs / 1 day)
<i>isosorbide mononitrate tabs 20mg; tb24 30mg, 60mg, 120mg</i>	QL (2 tabs / 1 day)
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	QL (1 patch / 1 day)
<i>nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg</i>	QL (10 tabs / 1 day)
ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY	
ANTIANSXIETY AGENTS - MISC.	
<i>bupirone hcl tabs 5mg</i>	QL (8 tabs / 1 day); AGE (Min 6)
<i>bupirone hcl tabs 10mg</i>	QL (6 tabs / 1 day); AGE (Min 6)
<i>bupirone hcl tabs 15mg</i>	QL (4 tabs / 1 day); AGE (Min 6)

DRUG NAME	REQUIREMENTS/LIMITS
<i>hydroxyzine hcl syrp 10mg/5ml</i>	QL (60 mL / 1 day); AGE (Max 64)
<i>hydroxyzine hcl tabs 10mg, 25mg, 50mg</i>	QL (8 tabs / 1 day); AGE (Max 64)
<i>hydroxyzine pamoate caps 25mg</i>	QL (8 caps / 1 day); AGE (Max 64)
<i>hydroxyzine pamoate (generic of VISTARIL) CAPS 50mg</i>	QL (8 caps / 1 day); AGE (Max 64)
<i>hydroxyzine pamoate caps 100mg</i>	QL (4 caps / 1 day); AGE (Max 64)

BENZODIAZEPINES

<i>alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg</i>	QL (3 tabs / 1 day); AGE (Min 18)
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	QL (3 caps / 1 day); AGE (Min 6, Max 64)
<i>clorazepate dipotassium tabs 3.75mg, 15mg</i>	QL (3 tabs / 1 day); AGE (Min 6, Max 64)
<i>clorazepate dipotassium tabs 7.5mg</i>	QL (4 tabs / 1 day); AGE (Min 6, Max 64)
<i>diazepam conc 5mg/ml</i>	PA, QL (3 mL / 1 day); AGE (Max 64)
<i>diazepam soln 5mg/5ml</i>	QL (4 mL / 1 day); AGE (Max 64)
<i>diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg</i>	QL (3 tabs / 1 day); AGE (Max 64)
<i>lorazepam conc 2mg/ml</i>	QL (3 mL / 1 day); AGE (Min 12)
<i>lorazepam (generic of ATIVAN) TABS .5mg, 1mg, 2mg</i>	QL (3 tabs / 1 day); AGE (Min 12)
<i>oxazepam caps 10mg, 15mg</i>	QL (3 caps / 1 day); AGE (Min 6)
<i>oxazepam caps 30mg</i>	QL (4 caps / 1 day); AGE (Min 6)

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

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

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	QL (6 caps / 1 day)
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ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tabs 50mg</i>	QL (7 tabs / 1 day)
<i>flecainide acetate tabs 100mg</i>	QL (6 tabs / 1 day)
<i>flecainide acetate tabs 150mg</i>	QL (3 tabs / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>propafenone hcl tabs 150mg</i>	QL (6 tabs / 1 day)
<i>propafenone hcl tabs 225mg, 300mg</i>	QL (3 tabs / 1 day)
ANTIARRHYTHMICS TYPE III	
<i>amiodarone hcl tabs 200mg</i>	QL (4 tabs / 1 day)
<i>pacerone tabs 200mg</i>	QL (4 tabs / 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
ANTI-INFLAMMATORY AGENTS	
<i>cromolyn sodium nebu 20mg/2ml</i>	QL (26 each / 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	
FASENRA SOSY 30mg/ml	SP, PA
FASENRA PEN SOAJ 30mg/ml	SP, PA
XOLAIR SOLR 150mg	SP, PA, QL (5 vials / 24 days)
XOLAIR SOSY 75mg/0.5ml, 150mg/ml	SP, PA, QL (5 syringes / 24 days)
BRONCHODILATORS - ANTICHOLINERGICS	
ATROVENT HFA AERS 17mcg/act	QL (1 inhaler / 25 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	QL (1 blister / 1 day)
<i>ipratropium bromide soln .02%</i>	QL (10 mL / 1 day)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	QL (1 inhaler / 25 days); AGE (Min 6)
LEUKOTRIENE MODULATORS	
<i>montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg</i>	QL (1 tab / 1 day)
<i>zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg</i>	QL (2 tabs / 1 day); AGE (Min 5)
<i>zileuton tb12 600mg</i>	QL (4 tabs / 1 day); AGE (Min 12)
STEROID INHALANTS	
ALVESCO AERS 80mcg/act, 160mcg/act	QL (1 inhaler / 25 days)
ASMANEX HFA AERO 50mcg/act	QL (1 inhaler / 25 days); AGE (Min 5)
ASMANEX HFA AERO 100mcg/act, 200mcg/act	QL (1 inhaler / 25 days); AGE (Min 12)
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	QL (2 inhalers / 24 days); AGE (Min 12)
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh	QL (1 inhaler / 25 days); AGE (Min 4)
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh	QL (1 inhaler / 25 days); AGE (Min 12)
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	QL (1 inhaler / 25 days); AGE (Min 12)
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	QL (1 inhaler / 25 days); AGE (Min 12)

DRUG NAME	REQUIREMENTS/LIMITS
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	QL (4 mL / 1 day); AGE (Max 9)
FLOVENT HFA AERO 44mcg/act, 110mcg/act	QL (0.033 inhalers / 1 day); AGE (Max 11)
FLUTICASONE PROPIONATE HF AERO 44mcg/act, 110mcg/act	QL (0.033 inhalers / 1 day); AGE (Max 11)
QVAR REDHALER AERB 40mcg/act, 80mcg/act	QL (0.354 gm / 1 day)

SYMPATHOMIMETICS

<i>albuterol sulfate aers 108mcg/act</i>	QL (Age 0-17: 36 gm/25 days; Age 18+: 18 gm/25 days); Generic Ventolin
<i>albuterol sulfate</i> (generic of PROAIR HFA) AERS 108mcg/act	QL (Age 0-17: 17 gm/25 days; Age 18+: 8.5 gm/25 days)
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act	QL (Age 0-17: 17 gm/25 days; Age 18+: 8.5 gm/25 days)
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act	QL (Age 0-17: 13.4 gm/25 days; Age 18+: 6.7 gm/25 days)
<i>albuterol sulfate nebu 1.25mg/3ml, 2.5mg/0.5ml</i>	QL (150 each / 25 days)
<i>albuterol sulfate nebu .63mg/3ml</i>	QL (300 each / 25 days)
<i>albuterol sulfate nebu .083%</i>	QL (225 each / 25 days)
<i>albuterol sulfate syrp 2mg/5ml</i>	QL (150 mL / 1 day)
<i>albuterol sulfate tabs 4mg</i>	QL (8 tabs / 1 day)
ANORO ELLIPT AER 62.5-25	QL (2 blisters / 1 day)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT)	QL (1 inhaler / 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> (generic of SYMBICORT)	QL (1 inhaler / 25 days)
DULERA AER 50-5MCG	QL (1 inhaler / 25 days); AGE (Min 5)
DULERA AER 100-5MCG	QL (1 inhaler / 25 days); AGE (Min 5)
DULERA AER 100-5MCG	QL (1.477 inhalers / 25 days); AGE (Min 5)
DULERA AER 200-5MCG	QL (1 inhaler / 25 days); AGE (Min 5)
DULERA AER 200-5MCG	QL (1.477 inhalers / 25 days); AGE (Min 5)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (0.04 inhalers / 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS)	QL (2 inhalations / 1 day)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (0.04 inhalers / 1 day); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (0.04 inhalers / 1 day); Generic Airduo

DRUG NAME	REQUIREMENTS/LIMITS
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS)	QL (2 inhalations / 1 day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS)	QL (2 inhalations / 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	QL (360 mL / 25 days)
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	ST, QL (90 each / 25 days); AGE (Min 6)
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	ST, QL (90 each / 25 days); AGE (Min 6); Requires prior use of Albuterol Nebulizer
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	ST, QL (270 each / 25 days); AGE (Min 6)
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	ST, QL (270 each / 25 days); AGE (Min 6); Requires prior use of Albuterol Nebulizer
<i>levalbuterol tartrate aero 45mcg/act</i>	ST; AGE (Min 4, Max 18); Requires prior use of Albuterol Inhaler
SEREVENT DISKUS AEPB 50mcg/dose	QL (60 inhalations / 25 days); AGE (Min 4)
STRIVERDI RESPIMAT AERS 2.5mcg/act	QL (0.5 inhalers / 1 day)
<i>terbutaline sulfate tabs 2.5mg</i>	QL (8 tabs / 1 day)
<i>terbutaline sulfate tabs 5mg</i>	QL (6 tabs / 1 day)
TRELEGY AER 100MCG	QL (0.033 inhalers / 1 day)
TRELEGY AER 100MCG	QL (0.071 inhalers / 1 day)
TRELEGY AER 200MCG	QL (0.033 inhalers / 1 day)
TRELEGY AER 200MCG	QL (0.071 inhalers / 1 day)
<i>wixela inhub</i> (generic of ADVAIR DISKUS)	QL (2 inhalations / 1 day)

XANTHINES

<i>theophylline soln 80mg/15ml</i>	
<i>theophylline tb12 300mg</i>	QL (4 tabs / 1 day)
<i>theophylline tb12 450mg</i>	QL (2 tabs / 1 day)
<i>theophylline tb24 400mg, 600mg</i>	QL (3 tabs / 1 day)

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

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

DRUG NAME	REQUIREMENTS/LIMITS
DIRECT FACTOR XA INHIBITORS	
ELIQUIS TABS 2.5mg, 5mg	QL (2 tabs / 1 day)
ELIQUIS STARTER PACK TBPK 5mg	Max qty #74 tablets, max 1 fill per year
HEPARINS AND HEPARINOID-LIKE AGENTS	
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml	
<i>enoxaparin sodium</i> (generic of LOVENOX) SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	QL (2 syringes / 1 day)
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	PA
FRAGMIN SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	PA
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES	
ANTICONVULSANTS - BENZODIAZEPINES	
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg	QL (2 tabs / 1 day)
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg, 2mg	QL (10 tabs / 1 day)
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	QL (2 ea / 25 days)
NAYZILAM SOLN 5mg/0.1ml	QL (10 bottles / 25 days); AGE (Min 12)
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml	QL (10 sprays / 25 days); AGE (Min 6)
VALTOCO LQPK 7.5mg/0.1ml, 10mg/0.1ml	QL (10 ea / 25 days); AGE (Min 6)
ANTICONVULSANTS - MISC.	
<i>carbamazepine chew 100mg</i>	QL (8 tabs / 1 day)
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 300mg	QL (8 caps / 1 day)
<i>carbamazepine</i> (generic of CARBATROL) CP12 200mg	QL (8 ea / 1 day)
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 200mg/10ml	QL (60 mL / 1 day)
<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	QL (8 tabs / 1 day)
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	QL (8 tabs / 1 day)
CARBATROL CP12 100mg, 200mg, 300mg	QL (8 caps / 1 day)
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	QL (8 tabs / 1 day)
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg	QL (10 caps / 1 day)
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg	QL (9 caps / 1 day)
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml	
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg	QL (6 tabs / 1 day)
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg	QL (4 tabs / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>lacosamide</i> (generic of LACOSAMIDE) SOLN 10mg/ml	QL (20 mL / 1 day)
<i>lacosamide</i> (generic of LACOSAMIDE) SOLN 10mg/ml	QL (20 mL / 1 day)
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg, 100mg, 150mg, 200mg	QL (2 tabs / 1 day)
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	QL (8 tabs / 1 day)
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg	QL (10 tabs / 1 day)
<i>lamotrigine</i> (generic of LAMICTAL) TABS 100mg	QL (8 tabs / 1 day)
<i>lamotrigine</i> (generic of LAMICTAL) TABS 150mg, 200mg	QL (4 tabs / 1 day)
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml	QL (30 mL / 1 day)
<i>levetiracetam</i> (generic of KEPPRA) TABS 250mg, 500mg	QL (6 tabs / 1 day)
<i>levetiracetam</i> (generic of KEPPRA) TABS 750mg	QL (4 tabs / 1 day)
<i>levetiracetam</i> (generic of KEPPRA) TABS 1000mg	QL (3 tabs / 1 day)
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg	QL (6 tabs / 1 day)
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 750mg	QL (4 tabs / 1 day)
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	QL (16.667 mL / 1 day)
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg	QL (16 tabs / 1 day)
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 300mg	QL (8 tabs / 1 day)
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 600mg	QL (4 tabs / 1 day)
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 100mg, 150mg, 200mg	PA, QL (3 caps / 1 day)
<i>pregabalin</i> (generic of LYRICA) CAPS 50mg	PA, QL (6 caps / 1 day)
<i>pregabalin</i> (generic of LYRICA) CAPS 75mg	PA, QL (8 caps / 1 day)
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg	PA, QL (2 caps / 1 day)
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	QL (4 tabs / 1 day)
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	QL (6 tabs / 1 day)
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml	QL (80 mL / 1 day)
<i>rufinamide</i> (generic of BANZEL) TABS 200mg	QL (16 tabs / 1 day)
<i>rufinamide</i> (generic of BANZEL) TABS 400mg	QL (8 tabs / 1 day)
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg	QL (10 tabs / 1 day)
<i>subvenite</i> (generic of LAMICTAL) TABS 100mg	QL (8 tabs / 1 day)
<i>subvenite</i> (generic of LAMICTAL) TABS 150mg, 200mg	QL (4 tabs / 1 day)
TEGRETOL SUSP 100mg/5ml	QL (60 mL / 1 day)
TEGRETOL TABS 200mg	QL (8 tabs / 1 day)
TEGRETOL-XR TB12 100mg, 200mg, 400mg	QL (8 tabs / 1 day)
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	QL (8 caps / 1 day)
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg	QL (4 tabs / 1 day)
<i>topiramate</i> (generic of TOPAMAX) TABS 50mg, 100mg, 200mg	QL (2 tabs / 1 day)
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg	QL (2 caps / 1 day)
<i>zonisamide caps 50mg</i>	QL (2 caps / 1 day)
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 100mg	QL (6 caps / 1 day)

GABA MODULATORS

<i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg	QL (28 tabs / 1 day)
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DRUG NAME	REQUIREMENTS/LIMITS
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<i>tiagabine hcl</i> (generic of GABITRIL) TABS 4mg	QL (14 tabs / 1 day)
<i>tiagabine hcl</i> (generic of GABITRIL) TABS 12mg	QL (4.67 tabs / 1 day)
<i>tiagabine hcl</i> (generic of GABITRIL) TABS 16mg	QL (3.5 tabs / 1 day)
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg	QL (6 packets / 1 day)
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg	QL (6 tabs / 1 day)
<i>vigadrone</i> (generic of SABRIL) PACK 500mg	QL (6 packets / 1 day)

HYDANTOINS

DILANTIN CAPS 30mg, 100mg	QL (6 caps / 1 day)
DILANTIN INFATABS CHEW 50mg	QL (5 tabs / 1 day)
DILANTIN-125 SUSP 125mg/5ml	QL (20 mL / 1 day)
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 100mg/4ml, 125mg/5ml	QL (20 mL / 1 day)
<i>phenytoin infatabs</i> (generic of DILANTIN INFATABS) CHEW 50mg	QL (5 tabs / 1 day)
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	QL (6 caps / 1 day)
<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	QL (6 caps / 1 day)

SUCCINIMIDES

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

VALPROIC ACID

<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	QL (10 caps / 1 day)
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	QL (10 tabs / 1 day)
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg	QL (15 tabs / 1 day)
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 250mg, 500mg	QL (10 tabs / 1 day)
<i>valproate sodium soln 250mg/5ml</i>	QL (100 mL / 1 day)
<i>valproic acid caps 250mg</i>	QL (20 caps / 1 day)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

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

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tabs 75mg, 100mg</i>	QL (4 tabs / 1 day)
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 200mg	QL (2 tabs / 1 day)
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 150mg	QL (3 tabs / 1 day)
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	QL (1 tab / 1 day)

MONOAMINE OXIDASE INHIBITORS (MAOIS)

<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	QL (6 tabs / 1 day)
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DRUG NAME	REQUIREMENTS/LIMITS
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<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	QL (8 tabs / 1 day)
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SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide soln 10mg/5ml</i>	QL (20 mL / 1 day)
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg	QL (1.5 tabs / 1 day)
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 20mg, 40mg	QL (2 tabs / 1 day)
<i>escitalopram oxalate soln 5mg/5ml</i>	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg	QL (1.5 tabs / 1 day)
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 20mg	QL (1 tab / 1 day)
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg	QL (3 caps / 1 day)
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 20mg	QL (4 caps / 1 day)
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 40mg	QL (2 caps / 1 day)
<i>fluoxetine hcl soln 20mg/5ml</i>	
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	QL (2 tabs / 1 day)
<i>fluvoxamine maleate tabs 100mg</i>	QL (3 tabs / 1 day)
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	QL (2 tabs / 1 day)
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg	QL (1.5 tabs / 1 day)
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 50mg, 100mg	QL (2 tabs / 1 day)

SEROTONIN MODULATORS

<i>trazodone hcl tabs 50mg, 100mg, 150mg</i>	
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SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	QL (2 caps / 1 day)
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 150mg	QL (1 cap / 1 day)
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 75mg	QL (3 caps / 1 day)
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	QL (3 tabs / 1 day)

TRICYCLIC AGENTS

<i>amitriptyline hcl tabs 10mg, 25mg</i>	QL (6 tabs / 1 day); AGE (Max 64)
<i>amitriptyline hcl tabs 50mg, 75mg</i>	QL (4 tabs / 1 day); AGE (Max 64)
<i>amitriptyline hcl tabs 100mg, 150mg</i>	QL (3 tabs / 1 day); AGE (Max 64)
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg	QL (6 caps / 1 day)
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 50mg, 75mg	QL (4 caps / 1 day)
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg	QL (6 tabs / 1 day)
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 25mg	QL (4 tabs / 1 day)
<i>desipramine hcl tabs 50mg</i>	QL (6 tabs / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>desipramine hcl tabs 75mg</i>	QL (4 tabs / 1 day)
<i>desipramine hcl tabs 100mg</i>	QL (3 tabs / 1 day)
<i>desipramine hcl tabs 150mg</i>	QL (2 tabs / 1 day)
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg</i>	QL (3 caps / 1 day); AGE (Max 64)
<i>doxepin hcl caps 150mg</i>	QL (2 caps / 1 day); AGE (Max 64)
<i>doxepin hcl conc 10mg/ml</i>	QL (30 mL / 1 day); AGE (Max 64)
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	QL (6 tabs / 1 day)
<i>nortriptyline hcl (generic of PAMELOR) CAPS 10mg, 25mg</i>	QL (6 caps / 1 day)
<i>nortriptyline hcl (generic of PAMELOR) CAPS 50mg</i>	QL (4 caps / 1 day)
<i>nortriptyline hcl (generic of PAMELOR) CAPS 75mg</i>	QL (2 caps / 1 day)
<i>protriptyline hcl tabs 5mg, 10mg</i>	QL (8 tabs / 1 day)

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose (generic of PRECOSE) TABS 25mg, 50mg</i>	QL (3 tabs / 1 day)
<i>acarbose (generic of PRECOSE) TABS 100mg</i>	QL (4 tabs / 1 day)

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	ST, QL (2 tabs / 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	ST, QL (2 tabs / 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	ST, QL (1 tab / 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	ST, QL (1 tab / 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-15 mg</i>	ST, QL (1 tab / 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni

DRUG NAME	REQUIREMENTS/LIMITS
<i>alogliptin-pioglitazone tab 25-30 mg</i>	ST, QL (1 tab / 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-45 mg</i>	ST, QL (1 tab / 1 day); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>glyburide-metformin tab 1.25-250 mg</i>	QL (2 tabs / 1 day); Generic Glucovance
<i>glyburide-metformin tab 2.5-500 mg</i>	QL (2 tabs / 1 day); Generic Glucovance
<i>glyburide-metformin tab 5-500 mg</i>	QL (4 tabs / 1 day); Generic Glucovance
SEGLUROMET TAB 2.5-500	ST; Requires trial of metformin
SEGLUROMET TAB 2.5-1000	ST; Requires trial of metformin
SEGLUROMET TAB 7.5-500	ST; Requires trial of metformin
SEGLUROMET TAB 7.5-1000	ST; Requires trial of metformin

BIGUANIDES

<i>metformin hcl tabs 500mg</i>	QL (5 tabs / 1 day)
<i>metformin hcl tabs 850mg</i>	QL (3 tabs / 1 day)
<i>metformin hcl tabs 1000mg</i>	QL (2 tabs / 1 day)
<i>metformin hcl tb24 500mg, 750mg</i>	QL (4 tabs / 1 day)

DIABETIC OTHER

BAQSIMI ONE PACK POWD 3mg/dose	QL (6 ea / 82 days)
BAQSIMI TWO PACK POWD 3mg/dose	QL (6 ea / 82 days)
GLUCAGEN HYPOKIT SOLR 1mg	QL (6 syringes / 82 days)
<i>glucagon (rdna) (generic of GLUCAGON EMERGENCY KIT)</i>	QL (6 kits / 82 days)
KIT 1mg	
GLUCOSE CHEW TABS	OTC

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	ST, QL (1 tab / 1 day); Requires trial of metformin or metformin-containing product; Generic Nesina
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INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

OZEMPIC SOPN 2mg/1.5ml	ST, QL (3 pens / 82 days); Requires trial of metformin, 0.25 OR 0.5 MG/DOSE
OZEMPIC SOPN 4mg/3ml	ST, QL (3 pens / 82 days); Requires trial of metformin
OZEMPIC INJ 8MG/3ML	ST, QL (3 pens / 82 days); Requires trial of metformin

DRUG NAME	REQUIREMENTS/LIMITS
RYBELSUS TABS 3mg, 7mg, 14mg	ST, QL (1 tab / 1 day); Requires trial of metformin
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	ST, QL (12 pens / 82 days); Requires trial of metformin

INSULIN

ADMELOG SOLN 100unit/ml	QL (10 vials / 25 days)
ADMELOG SOLOSTAR SOPN 100unit/ml	QL (10 pens / 25 days)
BASAGLAR KWIKPEN SOPN 100unit/ml	QL (10 pens / 25 days)
BASAGLAR KWIKPEN SOPN 100unit/ml	QL (30 pens / 82 days)
HUMALOG SOCT 100unit/ml	QL (10 cartridges / 25 days)
HUMALOG MIX INJ 50/50	QL (90 mL / 82 days)
HUMALOG MIX INJ 50/50KWP	QL (10 pens / 25 days)
HUMALOG MIX INJ 50/50KWP	QL (30 pens / 82 days)
HUMULIN INJ 70/30	QL (30 mL / 25 days), OTC
HUMULIN N SUSP 100unit/ml	QL (30 mL / 25 days), OTC
HUMULIN N KWIKPEN SUPN 100unit/ml	QL (10 pens / 25 days), OTC
HUMULIN R SOLN 100unit/ml	QL (10 vials / 25 days), OTC
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	QL (3 vials / 82 days)
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	QL (18 pens / 82 days)
INS ASP PROT INJ FLEXPEN	QL (10 pens / 25 days)
INS ASP PROT INJ FLEXPEN	QL (30 pens / 82 days)
INSULIN ASPA INJ 70/30	QL (30 mL / 25 days)
INSULIN GLARGINE SOLN 100unit/ml	QL (3 vials / 25 days)
INSULIN GLARGINE SOPN 100unit/ml	QL (10 pens / 25 days)
INSULIN LISP INJ PROTAMIN	QL (30 pens / 82 days)
NOVOLIN INJ 70/30	QL (90 mL / 82 days), OTC
NOVOLIN INJ 70/30 FP	QL (30 pens / 82 days), OTC
NOVOLIN N SUSP 100unit/ml	QL (90 mL / 82 days), OTC
NOVOLIN N FLEXPEN SUPN 100unit/ml	QL (30 pens / 82 days), OTC
NOVOLIN R SOLN 100unit/ml	QL (9 vials / 82 days), OTC
NOVOLOG MIX INJ 70/30	QL (90 mL / 82 days)
NOVOLOG MIX INJ FLEX REL	QL (30 pens / 82 days)
NOVOLOG MIX INJ FLEXPEN	QL (10 pens / 25 days)
NOVOLOG RELI INJ 70/30	QL (90 mL / 82 days)

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg	QL (1 tab / 1 day)
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MEGLITINIDE ANALOGUES

<i>nateglinide tabs 60mg, 120mg</i>	QL (3 tabs / 1 day)
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	QL (6 tabs / 1 day)

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

STEGLATRO TABS 5mg, 15mg	ST; Requires trial of metformin
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SULFONYLUREAS

<i>glimepiride</i> (generic of AMARYL) TABS 1mg, 4mg	QL (3 tabs / 1 day)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>glimepiride</i> (generic of AMARYL) TABS 2mg	QL (4 tabs / 1 day)
<i>glipizide tabs 5mg</i>	QL (8 tabs / 1 day)
<i>glipizide tabs 10mg</i>	QL (4 tabs / 1 day)
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	QL (2 tabs / 1 day)
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	QL (2 tabs / 1 day)
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	QL (4 tabs / 1 day)
<i>glyburide micronized</i> (generic of GLYNASE) TABS 1.5mg, 3mg, 6mg	QL (4 tabs / 1 day)

ANTI-DIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTI-DIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew tab 262 mg chew 262mg</i>	OTC
<i>bismuth subsalicylate susp 262 mg/15ml susp 262mg/15ml, 525mg/30ml</i>	OTC
<i>bismuth subsalicylate susp 525 mg/15ml susp 525mg/15ml</i>	OTC
<i>bismuth subsalicylate tab 262 mg tabs 262mg</i>	OTC

ANTI-PERISTALTIC AGENTS

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

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

OPIOID ANTAGONISTS

<i>naloxone hcl</i> (generic of NARCAN) LIQD 4mg/0.1ml	
<i>naloxone hcl sosy 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	QL (2 tabs / 1 day)
VIVITROL SUSR 380mg	QL (1 injection / 28 days)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT₃ RECEPTOR ANTAGONISTS

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

ANTIEMETICS - ANTICHOLINERGIC

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>meclizine hcl chew tab 25 mg chew 25mg</i>	QL (4 tabs / 1 day), OTC
<i>meclizine hcl tab 25 mg tabs 25mg</i>	QL (4 tabs / 1 day), OTC
<i>scopolamine (generic of TRANSDERM-SCOP) PT72 1.5mg</i>	QL (0.33 patches / 1 day)

ANTIEMETICS - MISCELLANEOUS

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

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

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

IMIDAZOLE-RELATED ANTIFUNGALS

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

ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHIISTAMINES - ALKYLAMINES

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

ANTIHIISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	
<i>clemastine fumarate tabs 2.68mg</i>	QL (3 tabs / 1 day)
<i>clemastine fumarate tab 1.34 mg tabs 1.34mg</i>	QL (2 tabs / 1 day), OTC
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	QL (80 mL / 1 day); AGE (Max 12)
<i>diphenhydramine hcl soln 50mg/ml</i>	AGE (Max 64)
<i>diphenhydramine hcl cap 25 mg caps 25mg</i>	QL (6 caps / 1 day), OTC; AGE (Max 64)
<i>diphenhydramine hcl cap 50 mg caps 50mg</i>	QL (6 caps / 1 day), OTC; AGE (Max 64)
<i>diphenhydramine hcl chew tab 12.5 mg chew 12.5mg</i>	QL (6 ea / 1 day), OTC; AGE (Max 12)
<i>diphenhydramine hcl liquid 12.5 mg/5ml liqd 12.5mg/5ml, 25mg/10ml</i>	QL (80 mL / 1 day), OTC; AGE (Max 12)
<i>diphenhydramine hcl tab 25 mg tabs 25mg</i>	QL (6 tabs / 1 day), OTC; AGE (Max 64)

ANTIHIISTAMINES - NON-SEDATING

<i>allergy relief tabs 5mg</i>	QL (1 tab / 1 day), OTC
<i>cetirizine hcl soln 1mg/ml</i>	QL (10 mL / 1 day); AGE (Max 12)
<i>cetirizine hcl tabs 5mg</i>	QL (1 tab / 1 day), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) soln 1mg/ml, 5mg/5ml; syrp 1mg/ml</i>	QL (10 mL / 1 day), OTC; AGE (Max 12)
<i>cetirizine hcl tab 10 mg tabs 10mg</i>	QL (1 tab / 1 day), OTC
<i>loratadine rapidly-disintegrating tab 10 mg tbdp 10mg</i>	QL (1 tab / 1 day), OTC; AGE (Max 12)
<i>loratadine syrup 5 mg/5ml soln 5mg/5ml; syrp 5mg/5ml</i>	QL (10 mL / 1 day), OTC; AGE (Max 12)
<i>loratadine tab 10 mg tabs 10mg</i>	QL (1 tab / 1 day), OTC

ANTI-HISTAMINES - PHENOTHIAZINES

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

ANTI-HISTAMINES - PIPERIDINES

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

ANTI-HYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TABS 180mg	PA
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ANTI-HYPERLIPIDEMICS - COMBINATIONS

NEXLIZET TAB 180/10MG	PA
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BILE ACID SEQUESTRANTS

<i>cholestyramine (generic of QUESTRAN) POWD 4gm/dose</i>	QL (48 gm / 1 day)
<i>cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose</i>	QL (8 gm / 1 day)
<i>colestipol hcl (generic of COLESTID) TABS 1gm</i>	QL (16 tabs / 1 day)
<i>prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose</i>	QL (8 gm / 1 day)

FIBRIC ACID DERIVATIVES

<i>fenofibrate (generic of TRICOR) TABS 48mg, 145mg</i>	QL (1 tab / 1 day)
<i>fenofibrate tabs 54mg, 160mg</i>	QL (1 tab / 1 day)
<i>gemfibrozil (generic of LOPID) TABS 600mg</i>	QL (4 tabs / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	QL (1 tab / 1 day)
<i>lovastatin tabs</i> 10mg, 20mg, 40mg	QL (1 tab / 1 day)
<i>pravastatin sodium tabs</i> 10mg, 20mg, 40mg, 80mg	QL (1 tab / 1 day)
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	QL (1 tab / 1 day)
<i>simvastatin tabs</i> 5mg	QL (1 tab / 1 day)
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg	QL (1 tab / 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	QL (1 tab / 1 day)
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
REPATHA SOSY 140mg/ml	PA, QL (2 syringes / 24 days)
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	PA, QL (1 cartridge / 24 days)
REPATHA SURECLICK SOAJ 140mg/ml	PA, QL (2 pens / 24 days)
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE	
ACE INHIBITORS	
<i>benazepril hcl tabs</i> 5mg	QL (1.5 tabs / 1 day)
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg	QL (1.5 tabs / 1 day)
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 40mg	QL (2 tabs / 1 day)
<i>captopril tabs</i> 12.5mg, 25mg, 50mg, 100mg	QL (3 tabs / 1 day)
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg	QL (1 tab / 1 day)
<i>enalapril maleate</i> (generic of VASOTEC) TABS 20mg	QL (2 tabs / 1 day)
<i>fosinopril sodium tabs</i> 10mg, 20mg, 40mg	QL (1 tab / 1 day)
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg	QL (1 tab / 1 day)
<i>lisinopril</i> (generic of ZESTRIL) TABS 30mg, 40mg	QL (2 tabs / 1 day)
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg	QL (1 tab / 1 day)
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 40mg	QL (2 tabs / 1 day)
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	QL (1 cap / 1 day)
<i>trandolapril tabs</i> 1mg, 2mg	QL (1 tab / 1 day)
<i>trandolapril</i> (generic of MAVIK) TABS 4mg	QL (1 tab / 1 day)
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg	QL (1 tab / 1 day)
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	QL (1 tab / 1 day)
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	QL (2 tabs / 1 day)
ANTIADRENERGIC ANTIHYPERTENSIVES	
<i>clonidine hcl tabs</i> .1mg, .2mg	QL (6 tabs / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>clonidine hcl tabs .3mg</i>	QL (4 tabs / 1 day)
<i>doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg</i>	QL (1 tab / 1 day)
<i>doxazosin mesylate tabs 4mg</i>	QL (1 tab / 1 day)
<i>doxazosin mesylate (generic of CARDURA) TABS 8mg</i>	QL (2 tabs / 1 day)
<i>guanfacine hcl tabs 1mg</i>	QL (4 tabs / 1 day); Generic Tenex
<i>guanfacine hcl tabs 2mg</i>	QL (2 tabs / 1 day); Generic Tenex
<i>methyldopa tabs 250mg</i>	QL (4 tabs / 1 day); AGE (Max 64)
<i>methyldopa tabs 500mg</i>	QL (6 tabs / 1 day); AGE (Max 64)
<i>prazosin hcl (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg</i>	QL (6 caps / 1 day)
<i>terazosin hcl caps 1mg, 5mg</i>	QL (1 cap / 1 day)
<i>terazosin hcl caps 2mg, 10mg</i>	QL (2 caps / 1 day)

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	QL (1 cap / 1 day)
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	QL (1 tab / 1 day)
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	QL (1 tab / 1 day)
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	QL (1 tab / 1 day)
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	QL (1 tab / 1 day)
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	QL (2 tabs / 1 day)
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	QL (1 tab / 1 day)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	QL (1 tab / 1 day)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	QL (1 tab / 1 day)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	QL (1 tab / 1 day)
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	QL (1 tab / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	QL (3 tabs / 1 day)
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	QL (3 tabs / 1 day)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	QL (4 tabs / 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg (generic of VASERETIC)</i>	QL (2 tabs / 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	QL (2 tabs / 1 day)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	QL (1 tab / 1 day)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	QL (1 tab / 1 day)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	QL (1 tab / 1 day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	QL (1 tab / 1 day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	QL (2 tabs / 1 day)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	QL (2 tabs / 1 day)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	QL (2 tabs / 1 day)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	QL (1 tab / 1 day)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	QL (1 tab / 1 day)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	QL (1 tab / 1 day)
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	QL (1 tab / 1 day)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	QL (1 tab / 1 day)
<i>quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)</i>	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	QL (1 tab / 1 day)

VASODILATORS

<i>hydralazine hcl tabs 10mg</i>	QL (10 tabs / 1 day)
<i>hydralazine hcl tabs 25mg</i>	QL (4 tabs / 1 day)
<i>hydralazine hcl tabs 50mg</i>	QL (8 tabs / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>hydralazine hcl tabs 100mg</i>	QL (3 tabs / 1 day)
<i>minoxidil tabs 2.5mg, 10mg</i>	QL (5 tabs / 1 day)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

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

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

<i>pyridostigmine bromide (generic of MESTINON) 60mg</i>	TABS QL (6 tabs / 1 day)
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ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>ethambutol hcl tabs 100mg</i>	QL (5 tabs / 1 day)
<i>ethambutol hcl (generic of MYAMBUTOL) 400mg</i>	TABS QL (5 tabs / 1 day)
<i>isoniazid syrp 50mg/5ml</i>	QL (30 mL / 1 day)
<i>isoniazid tabs 100mg</i>	QL (6 tabs / 1 day)
<i>isoniazid tabs 300mg</i>	QL (3 tabs / 1 day)
<i>PRIFTIN 150mg</i>	TABS QL (1.143 tabs / 1 day)
<i>pyrazinamide tabs 500mg</i>	QL (6 tabs / 1 day)
<i>rifampin caps 150mg</i>	QL (8 caps / 1 day)
<i>rifampin caps 300mg</i>	QL (4 caps / 1 day)

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>cyclophosphamide caps 25mg, 50mg</i>	SP, QL (16 caps / 1 day)
<i>LEUKERAN 2mg</i>	TABS QL (8 tabs / 1 day)
<i>melfalan tabs 2mg</i>	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg</i>	SP, PA
<i>temozolomide (generic of TEMODAR) 250mg</i>	CAPS SP, PA

ANTIMETABOLITES

<i>capecitabine (generic of XELODA) 150mg, 500mg</i>	TABS SP, PA
<i>mercaptopurine tabs 50mg</i>	QL (4 tabs / 1 day)
<i>methotrexate sodium soln 1gm/40ml</i>	QL (0.25 vials / 25 days)
<i>methotrexate sodium soln 50mg/2ml</i>	QL (5 vials / 25 days)
<i>methotrexate sodium soln 250mg/10ml</i>	QL (1 vial / 25 days)
<i>methotrexate sodium tabs 2.5mg</i>	QL (24 tabs / 1 day)

ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl (generic of TARCEVA) 150mg</i>	TABS SP, PA
<i>TAGRISSO 40mg, 80mg</i>	TABS SP, PA

DRUG NAME**REQUIREMENTS/LIMITS****ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg	SP, PA, QL (120 tabs / 30 days)
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	QL (1 tab / 1 day)
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	QL (3 tabs / 1 day)
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	PA
<i>flutamide caps 125mg</i>	QL (6 caps / 1 day)
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	QL (1 tab / 1 day)
<i>leuprolide acetate kit 1mg/0.2ml</i>	PA
LYSODREN TABS 500mg	SP
<i>megestrol acetate susp 40mg/ml, 400mg/10ml</i>	QL (40 mL / 1 day)
<i>megestrol acetate tabs 20mg</i>	QL (40 tabs / 1 day)
<i>megestrol acetate tabs 40mg</i>	QL (20 tabs / 1 day)
<i>tamoxifen citrate tabs 10mg, 20mg</i>	QL (2 tabs / 1 day)

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAPS 150mg	SP, PA, QL (240 caps / 30 days)
BRUKINSA CAPS 80mg	SP, PA, QL (4 caps / 1 day)
IBRANCE CAPS 75mg, 100mg, 125mg	SP, PA, QL (21 caps / 28 days)
IBRANCE TABS 75mg, 100mg, 125mg	SP, PA, QL (21 tabs / 28 days)
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg	SP, PA, QL (3 tabs / 1 day)
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg	SP, PA, QL (2 tabs / 1 day)
IMBRUVICA CAPS 140mg	SP, PA, QL (3 caps / 1 day)
IMBRUVICA TABS 420mg, 560mg	SP, PA, QL (1 tab / 1 day)
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	SP, PA, QL (6 tabs / 1 day)
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg	SP, PA
SPRYCEL TABS 20mg	SP, PA, QL (3 tabs / 1 day)
SPRYCEL TABS 50mg, 70mg, 100mg, 140mg	SP, PA, QL (1 tab / 1 day)
SPRYCEL TABS 80mg	SP, PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg	SP, PA, QL (1 cap / 1 day)

ANTINEOPLASTICS MISC.

<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	
INTRON A SOLR 10000000unit	SP, PA
MATULANE CAPS 50mg	SP, PA
<i>tretinoin (chemotherapy) caps 10mg</i>	PA

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	
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MITOTIC INHIBITORS

<i>etoposide caps 50mg</i>	PA
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ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT**PARKINSONS DISEASE****ANTIPARKINSON ANTICHOLINERGICS**

<i>benztropine mesylate tabs 1mg</i>	QL (6 tabs / 1 day); AGE (Max 64)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>benztropine mesylate tabs 2mg</i>	QL (3 tabs / 1 day); AGE (Max 64)
<i>benztropine mesylate tabs .5mg</i>	QL (5 tabs / 1 day); AGE (Max 64)
<i>trihexyphenidyl hcl soln .4mg/ml</i>	PA
<i>trihexyphenidyl hcl tabs 2mg</i>	QL (12 tabs / 1 day); AGE (Max 64)
<i>trihexyphenidyl hcl tabs 5mg</i>	QL (3 tabs / 1 day); AGE (Max 64)

ANTIPARKINSON COMT INHIBITORS

<i>entacapone (generic of COMTAN) TABS 200mg</i>	ST, QL (8 tabs / 1 day)
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ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl caps 100mg</i>	QL (4 caps / 1 day)
<i>amantadine hcl soln 50mg/5ml</i>	QL (40 mL / 1 day)
<i>bromocriptine mesylate (generic of PARLODEL) CAPS 5mg</i>	QL (6 caps / 1 day)
<i>bromocriptine mesylate (generic of PARLODEL) TABS 2.5mg</i>	QL (6 tabs / 1 day)
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	QL (8 tabs / 1 day)
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	QL (12 tabs / 1 day)
<i>carbidopa & levodopa tab 25-250 mg</i>	QL (8 tabs / 1 day)
<i>carbidopa & levodopa tab er 25-100 mg</i>	QL (4 tabs / 1 day)
<i>carbidopa & levodopa tab er 50-200 mg</i>	QL (8 tabs / 1 day)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (generic of STALEVO 50)</i>	ST, QL (8 tabs / 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)</i>	ST, QL (8 tabs / 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	ST, QL (8 tabs / 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)</i>	ST, QL (8 tabs / 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (generic of STALEVO 150)</i>	ST, QL (8 tabs / 1 day); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg (generic of STALEVO 200)</i>	ST, QL (6 tabs / 1 day); Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tabs .75mg</i>	QL (6 tabs / 1 day)
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, 1mg, 1.5mg</i>	QL (3 tabs / 1 day)
<i>ropinirole hydrochloride tabs .5mg</i>	QL (6 tabs / 1 day)

DRUG NAME**REQUIREMENTS/LIMITS**

ropinirole hydrochloride tabs .25mg, 1mg, 2mg, 3mg, 4mg, 5mg

QL (12 tabs / 1 day)

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

selegiline hcl caps 5mg

QL (2 caps / 1 day)

selegiline hcl tabs 5mg

QL (2 tabs / 1 day)

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES**ANTIMANIC AGENTS**

lithium carbonate caps 150mg

QL (12 caps / 1 day); AGE (Min 6)

lithium carbonate caps 300mg

QL (6 caps / 1 day); AGE (Min 6)

lithium carbonate caps 600mg

QL (3 caps / 1 day)

lithium carbonate tabs 300mg

QL (6 tabs / 1 day)

lithium carbonate (generic of LITHOBID) TBCR 300mg

QL (6 tabs / 1 day); AGE (Min 6)

lithium carbonate tbcr 450mg

QL (4 tabs / 1 day); AGE (Min 6)

ANTIPSYCHOTICS - MISC.

LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg

PA

VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg

PA

VRAYLAR CAP 1.5-3MG

PA

ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg

QL (2 caps / 1 day); AGE (Min 6)

BENZISOXAZOLES

FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg

PA

FANAPT PAK

PA

INVEGA SUSTENNA SUSY 39mg/0.25ml

QL (0.25 injections / 25 days); AGE (Min 18)

INVEGA SUSTENNA SUSY 78mg/0.5ml

QL (0.5 injections / 25 days); AGE (Min 18)

INVEGA SUSTENNA SUSY 117mg/0.75ml

QL (0.75 injections / 25 days); AGE (Min 18)

INVEGA SUSTENNA SUSY 156mg/ml

QL (1 injection / 25 days); AGE (Min 18)

INVEGA SUSTENNA SUSY 234mg/1.5ml

QL (1.5 injections / 25 days); AGE (Min 18)

INVEGA TRINZA SUSY 273mg/0.88ml

QL (0.88 injections / 71 days); AGE (Min 18)

INVEGA TRINZA SUSY 410mg/1.32ml

QL (1.32 injections / 71 days); AGE (Min 18)

INVEGA TRINZA SUSY 546mg/1.75ml

QL (1.75 injections / 71 days); AGE (Min 18)

INVEGA TRINZA SUSY 819mg/2.63ml

QL (2.65 injections / 71 days); AGE (Min 18)

paliperidone (generic of INVEGA) TB24 1.5mg, 3mg, 6mg, 9mg

PA

DRUG NAME	REQUIREMENTS/LIMITS
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	QL (2 vials / 25 days); AGE (Min 18)
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml	QL (16 mL / 1 day); AGE (Min 5)
<i>risperidone</i> (generic of RISPERDAL) TABS 4mg	QL (4 tabs / 1 day); AGE (Min 5)
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg	QL (2 tabs / 1 day); AGE (Min 5)
<i>risperidone tabs .25mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg</i>	QL (2 tabs / 1 day); AGE (Min 5)
<i>risperidone tbdp 4mg</i>	QL (4 tabs / 1 day); AGE (Min 5)

BUTYROPHENONES

<i>haloperidol tabs 1mg, 2mg, 5mg, 10mg, 20mg</i>	QL (5 tabs / 1 day); AGE (Min 6)
<i>haloperidol tabs .5mg</i>	QL (6 tabs / 1 day); AGE (Min 6)
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	AGE (Min 6)
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	AGE (Min 6)
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	AGE (Min 6)

DIBENZAPINES

<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 5mg, 10mg	PA
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 100mg, 200mg	AGE (Min 6)
<i>clozapine</i> (generic of CLOZARIL) TABS 50mg	QL (2 tabs / 1 day); AGE (Min 6)
<i>loxapine succinate caps 5mg, 10mg, 50mg</i>	QL (15 caps / 1 day); AGE (Min 6)
<i>loxapine succinate caps 25mg</i>	QL (6 caps / 1 day); AGE (Min 6)
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	ST, QL (1 tab / 1 day); AGE (Min 6)
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	QL (2 tabs / 1 day); AGE (Min 6)
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 150mg, 200mg, 300mg, 400mg	PA, QL (1 tab / 1 day)
ZYPREXA RELPREVV SUSR 210mg, 300mg	QL (2 injections / 25 days); AGE (Min 18)
ZYPREXA RELPREVV SUSR 405mg	QL (1 injection / 25 days); AGE (Min 18)

PHENOTHIAZINES

<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	QL (12 tabs / 1 day); AGE (Min 6)
<i>compro supp 25mg</i>	QL (12 supp / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>fluphenazine decanoate soln 25mg/ml</i>	
<i>fluphenazine hcl soln 2.5mg/ml</i>	
<i>fluphenazine hcl tabs 1mg, 2.5mg, 5mg, 10mg</i>	QL (4 tabs / 1 day); AGE (Min 6)
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	QL (3 tabs / 1 day); AGE (Min 6, Max 64)
<i>prochlorperazine supp 25mg</i>	QL (12 supp / 1 day)
<i>prochlorperazine maleate tabs 5mg</i>	QL (10 tabs / 1 day); AGE (Min 6)
<i>prochlorperazine maleate tabs 10mg</i>	QL (8 tabs / 1 day); AGE (Min 6)
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	QL (3 tabs / 1 day); AGE (Max 64)
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg</i>	QL (6 tabs / 1 day); AGE (Min 6)
<i>trifluoperazine hcl tabs 10mg</i>	QL (4 tabs / 1 day); AGE (Min 6)

QUINOLINONE DERIVATIVES

ABILIFY MAINTENA PRSY 300mg, 400mg	QL (1 injection / 25 days); AGE (Min 18)
ABILIFY MAINTENA SRER 300mg, 400mg	QL (1 vial / 25 days); AGE (Min 18)
<i>aripiprazole soln 1mg/ml</i>	PA; AGE (Min 6)
<i>aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL (1 tab / 1 day); AGE (Min 6)
<i>aripiprazole tbdp 10mg, 15mg</i>	PA, QL (1 tab / 1 day); AGE (Min 6)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	QL (1 injection / 25 days); AGE (Min 18)
ARISTADA PRSY 1064mg/3.9ml	QL (1 injection / 50 days); AGE (Min 18)

THIOXANTHENES

<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	QL (6 caps / 1 day); AGE (Min 6)
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ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

CHLORINE ANTISEPTICS

<i>betasept surgical scrub liqd 4%</i>	OTC
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ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml</i>	QL (30 mL / 1 day)
<i>abacavir sulfate (generic of ZIAGEN) TABS 300mg</i>	QL (2 tabs / 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)</i>	QL (1 tab / 1 day)
APTIVUS CAPS 250mg	QL (4 caps / 1 day)
<i>atazanavir sulfate caps 150mg</i>	QL (2 caps / 1 day)
<i>atazanavir sulfate (generic of REYATAZ) CAPS 200mg</i>	QL (2 caps / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 300mg	QL (1 cap / 1 day)
BIKTARVY TAB 30-120-15 MG	QL (1 tab / 1 day); AGE (Max 12)
BIKTARVY TAB 50-200-25 MG	QL (1 tab / 1 day)
CIMDUO TAB 300-300	QL (1 tab / 1 day)
COMPLERA TAB	QL (1 tab / 1 day)
DELSTRIGO TAB	QL (1 tab / 1 day)
DESCOVY TAB 120-15MG	ST, QL (1 tab / 1 day); Requires prior use of Truvada
DESCOVY TAB 200/25MG	ST, QL (1 tab / 1 day); Requires prior use of Truvada
DOVATO TAB 50-300MG	QL (1 tab / 1 day)
EDURANT TABS 25mg	QL (1 tab / 1 day)
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg	QL (12 caps / 1 day)
<i>efavirenz</i> (generic of SUSTIVA) CAPS 200mg	QL (3 caps / 1 day)
<i>efavirenz</i> (generic of SUSTIVA) TABS 600mg	QL (1 tab / 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	QL (1 tab / 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	QL (1 tab / 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	QL (1 tab / 1 day)
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	QL (1 cap / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	QL (1 tab / 1 day)
EMTRIVA SOLN 10mg/ml	QL (20 mL / 1 day)
<i>etravirine</i> (generic of INTELENCE) TABS 100mg	QL (4 tabs / 1 day)
<i>etravirine</i> (generic of INTELENCE) TABS 200mg	QL (2 tabs / 1 day)
EVOTAZ TAB 300-150	QL (1 tab / 1 day)
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	QL (4 tabs / 1 day)
FUZEON SOLR 90mg	PA
GENVOYA TAB	QL (1 tab / 1 day)
INTELENCE TABS 25mg	QL (4 tabs / 1 day)
ISENTRESS CHEW 25mg; TABS 400mg	QL (2 tabs / 1 day)
ISENTRESS CHEW 100mg	QL (12 tabs / 1 day)
ISENTRESS PACK 100mg	QL (12 packets / 1 day)
ISENTRESS HD TABS 600mg	QL (2 tabs / 1 day)
JULUCA TAB 50-25MG	QL (1 tab / 1 day)
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml	QL (30 mL / 1 day)
<i>lamivudine</i> (generic of EPIVIR) TABS 150mg	QL (2 tabs / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>lamivudine</i> (generic of EPIVIR) TABS 300mg	QL (1 tab / 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	QL (2 tabs / 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	QL (16 mL / 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	QL (8 tabs / 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	QL (4 tabs / 1 day)
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	QL (2 tabs / 1 day)
<i>nevirapine susp 50mg/5ml</i>	QL (40 mL / 1 day)
<i>nevirapine tabs 200mg</i>	QL (2 tabs / 1 day)
<i>nevirapine tb24 100mg</i>	QL (3 tabs / 1 day)
<i>nevirapine tb24 400mg</i>	QL (1 tab / 1 day)
NORVIR SOLN 80mg/ml	QL (15 mL / 1 day)
ODEFSEY TAB	QL (1 tab / 1 day)
PIFELTRO TABS 100mg	QL (1 tab / 1 day)
PREZCOBIX TAB 800-150	QL (1 tab / 1 day)
PREZISTA SUSP 100mg/ml	QL (8 mL / 1 day)
PREZISTA TABS 75mg	QL (16 tabs / 1 day)
PREZISTA TABS 150mg	QL (8 tabs / 1 day)
PREZISTA TABS 600mg	QL (2 tabs / 1 day)
PREZISTA TABS 800mg	QL (1 tab / 1 day)
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	QL (12 tabs / 1 day)
RUKOBIA TB12 600mg	QL (2 tabs / 1 day)
SELZENTRY SOLN 20mg/ml	QL (30 mL / 1 day)
SELZENTRY TABS 25mg	QL (4 tabs / 1 day)
SELZENTRY TABS 75mg	QL (2 tabs / 1 day)
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	QL (2 caps / 1 day)
STRIBILD TAB	QL (1 tab / 1 day)
SYMTUZA TAB	QL (1 tab / 1 day)
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	QL (1 tab / 1 day)
TIVICAY TABS 10mg, 25mg	QL (1 tab / 1 day)
TIVICAY TABS 50mg	QL (2 tabs / 1 day)
TIVICAY PD TBSO 5mg	QL (6 tabs / 1 day)
TRIUMEQ PD TAB	QL (6 tabs / 1 day)
TRIUMEQ TAB	QL (1 tab / 1 day)
TRIZIVIR TAB	QL (2 tabs / 1 day)
TYBOST TABS 150mg	QL (1 tab / 1 day)
VIRACEPT TABS 250mg	QL (10 tabs / 1 day)
VIRACEPT TABS 625mg	QL (4 tabs / 1 day)
VIREAD POWD 40mg/gm	QL (7.5 gm / 1 day)
VIREAD TABS 150mg, 200mg, 250mg	QL (1 tab / 1 day)
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg	QL (6 caps / 1 day)
<i>zidovudine</i> (generic of RETROVIR) SYRP 50mg/5ml	QL (60 mL / 1 day)
<i>zidovudine tabs 300mg</i>	QL (2 tabs / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
CMV AGENTS	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml; TABS 450mg	PA
HEPATITIS AGENTS	
<i>adefovir dipivoxil</i> (generic of HEPSERA) TABS 10mg	QL (1 tab / 1 day)
BARACLUDE SOLN .05mg/ml	QL (30 mL / 1 day)
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	QL (1 tab / 1 day)
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV) TABS 100mg	QL (3 tabs / 1 day)
LEDIP-SOFOSB TAB 90-400MG	SP, PA, QL (1 tab / 1 day); Preferred
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	SP, PA
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	SP, PA
SOFOS/VELPAT TAB 400-100	SP, PA, QL (1 tab / 1 day); Preferred
SOVALDI TABS 400mg	SP, PA
VEMLIDY TABS 25mg	PA
VOSEVI TAB	SP, PA, QL (1 tab / 1 day)
ZEPATIER TAB 50-100MG	SP, PA
HERPES AGENTS	
<i>acyclovir caps 200mg</i>	QL (5 caps / 1 day)
<i>acyclovir</i> (generic of ZOVIRAX) SUSP 200mg/5ml	QL (25 mL / 1 day)
<i>acyclovir tabs 400mg, 800mg</i>	QL (5 tabs / 1 day)
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	QL (3 tabs / 1 day)
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 500mg, 1000mg	QL (8 tabs / 1 day)
INFLUENZA AGENTS	
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg, 45mg, 75mg	QL (max quantity 10 per fill)
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml	AGE (Max 12); QL (max quantity 180 per fill)
RELENZA DISKHALER AEPB 5mg/blister	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tabs 100mg</i>	QL (2 tabs / 1 day)
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	
ALPHA-BETA BLOCKERS	
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	QL (2 tabs / 1 day)
<i>labetalol hcl tabs 100mg, 200mg</i>	QL (4 tabs / 1 day)
<i>labetalol hcl tabs 300mg</i>	QL (6 tabs / 1 day)
BETA BLOCKERS CARDIO-SELECTIVE	
<i>acebutolol hcl caps 200mg, 400mg</i>	QL (16 caps / 1 day)
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	QL (2 tabs / 1 day)
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	QL (2 tabs / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 100mg	QL (3 tabs / 1 day)
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 50mg	QL (4 tabs / 1 day)
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 200mg	QL (2 tabs / 1 day)
<i>metoprolol tartrate tabs 25mg</i>	QL (3 tabs / 1 day)
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	QL (3 tabs / 1 day)

BETA BLOCKERS NON-SELECTIVE

<i>nadolol</i> (generic of CORGARD) TABS 20mg, 40mg	QL (3 tabs / 1 day)
<i>nadolol</i> (generic of CORGARD) TABS 80mg	QL (2 tabs / 1 day)
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 120mg	QL (3 caps / 1 day)
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 80mg	QL (4 caps / 1 day)
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 160mg	QL (2 caps / 1 day)
<i>propranolol hcl soln 20mg/5ml</i>	QL (20 mL / 1 day)
<i>propranolol hcl soln 40mg/5ml</i>	
<i>propranolol hcl tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	QL (6 tabs / 1 day)
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	QL (2 tabs / 1 day)
<i>sorine tabs 240mg</i>	QL (2 tabs / 1 day)
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	QL (2 tabs / 1 day)
<i>sotalol hcl tabs 240mg</i>	QL (2 tabs / 1 day)
<i>sotalol hcl (afib/afl)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	QL (2 tabs / 1 day)

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

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

<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	QL (1 tab / 1 day)
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 240mg, 300mg	QL (1 cap / 1 day)
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 180mg	QL (2 caps / 1 day)
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	QL (2 caps / 1 day)
<i>diltiazem hcl cp24 120mg, 180mg, 240mg</i>	QL (2 caps / 1 day)
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg	QL (2 tabs / 1 day)
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 60mg, 120mg	QL (4 tabs / 1 day)
<i>diltiazem hcl tabs 90mg</i>	QL (4 tabs / 1 day)
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 240mg, 300mg	QL (1 cap / 1 day)
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 180mg	QL (2 caps / 1 day)
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	QL (2 caps / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 420mg	QL (1 cap / 1 day)
<i>felodipine tb24 2.5mg, 5mg</i>	QL (1 tab / 1 day)
<i>felodipine tb24 10mg</i>	QL (2 tabs / 1 day)
<i>nifedipine caps 10mg, 20mg</i>	QL (4 caps / 1 day); AGE (Max 64)
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg	QL (1 tab / 1 day)
<i>nifedipine tb24 30mg, 60mg</i>	QL (1 tab / 1 day)
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 60mg, 90mg	QL (2 tabs / 1 day)
<i>nifedipine tb24 90mg</i>	QL (2 tabs / 1 day)
<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	QL (2 caps / 1 day)
<i>tiadyt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	QL (2 caps / 1 day)
<i>tiadyt er</i> (generic of TIAZAC) CP24 420mg	QL (1 cap / 1 day)
<i>verapamil hcl tabs 40mg, 80mg</i>	QL (4 tabs / 1 day)
<i>verapamil hcl tabs 120mg</i>	QL (3 tabs / 1 day)
<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	QL (3 tabs / 1 day)
<i>verapamil hcl tbcr 180mg</i>	QL (2 tabs / 1 day)

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin soln .05mg/ml</i>	AGE (Max 12)
<i>digoxin tab 125 mcg (0.125 mg)</i> (generic of DIGOXIN TAB 125 MCG (0.125 MG)) TABS 125mcg	QL (1 tab / 1 day)
<i>digoxin tab 250 mcg (0.25 mg)</i> (generic of DIGOXIN TAB 250 MCG (0.25 MG)) TABS 250mcg	QL (1 tab / 1 day)

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

PROSTAGLANDIN VASODILATORS

REMODYLIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	SP, PA
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	SP, PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

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

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

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

UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	SP, PA, QL (2 tabs / 1 day)
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DRUG NAME	REQUIREMENTS/LIMITS
SINUS NODE INHIBITORS	
CORLANOR TABS 5mg, 7.5mg	PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS	
CEPHALOSPORINS - 1ST GENERATION	
<i>cefadroxil susr 250mg/5ml, 500mg/5ml</i>	AGE (Max 12)
<i>cephalexin caps 250mg, 500mg</i>	QL (6 caps / 1 day)
<i>cephalexin susr 125mg/5ml, 250mg/5ml</i>	AGE (Max 12)
CEPHALOSPORINS - 2ND GENERATION	
<i>cefprozil susr 125mg/5ml, 250mg/5ml</i>	AGE (Max 12)
<i>cefuroxime axetil tabs 250mg, 500mg</i>	QL (2 tabs / 1 day)
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir caps 300mg</i>	QL (2 caps / 1 day)
<i>cefdinir susr 125mg/5ml, 250mg/5ml</i>	AGE (Max 12)
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING	
BULK CHEMICALS - B'S	
BUDESONIDE POW	
BUDESONIDE POW MICRONIZ	
BULK CHEMICALS - E'S	
ETHYL OLEATE LIQ	OTC
BULK CHEMICALS - H'S	
HYDROXYPROG POW CAPROATE	AGE (Min 16, Max 60)
BULK CHEMICALS - P'S	
PROGESTERONE POW MICRONIZ	
LIQUIDS	
BENZYL BENZO LIQ	AGE (Min 16, Max 60)
BENZYL BENZO LIQ	OTC; AGE (Min 16, Max 60)
SESAME OIL	
SESAME OIL	OTC
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	
COMBINATION CONTRACEPTIVES - ORAL	
<i>afirmelle</i>	QL (1.34 tabs / 1 day)
<i>altavera</i>	QL (1.34 tabs / 1 day)
<i>alyacen 1/35</i>	QL (1.34 tabs / 1 day)
<i>alyacen 7/7/7</i>	QL (1.34 tabs / 1 day)
<i>amethia</i> (generic of SEASONIQUE)	QL (1.08 tabs / 1 day)
<i>apri</i>	QL (1.34 tabs / 1 day)
<i>ashlyna</i> (generic of SEASONIQUE)	QL (1.08 tabs / 1 day)
<i>aubra</i>	QL (1.34 tabs / 1 day)
<i>aubra eq</i>	QL (1.34 tabs / 1 day)
<i>aurovela 1.5/30</i>	QL (1.34 tabs / 1 day)
<i>aurovela 1/20</i>	QL (1.34 tabs / 1 day)
<i>aurovela fe 1.5/30</i>	QL (1.34 tabs / 1 day)
<i>aurovela fe 1/20</i>	QL (1.34 tabs / 1 day)

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

DRUG NAME	REQUIREMENTS/LIMITS
<i>junel 1.5/30</i>	QL (1.34 tabs / 1 day)
<i>junel 1/20</i>	QL (1.34 tabs / 1 day)
<i>junel fe 1.5/30</i>	QL (1.34 tabs / 1 day)
<i>junel fe 1/20</i>	QL (1.34 tabs / 1 day)
<i>kalliga</i>	QL (1.34 tabs / 1 day)
<i>kariva</i> (generic of MIRCETTE)	QL (1.34 tabs / 1 day)
<i>kelnor 1/35</i>	QL (1.34 tabs / 1 day)
<i>kelnor 1/50</i>	QL (1.34 tabs / 1 day)
<i>kurvelo</i>	QL (1.34 tabs / 1 day)
<i>larin 1.5/30</i>	QL (1.34 tabs / 1 day)
<i>larin 1/20</i>	QL (1.34 tabs / 1 day)
<i>larin fe 1.5/30</i>	QL (1.34 tabs / 1 day)
<i>larin fe 1/20</i>	QL (1.34 tabs / 1 day)
<i>larissia</i>	QL (1.34 tabs / 1 day)
<i>lessina</i>	QL (1.34 tabs / 1 day)
<i>levonest</i>	QL (1.34 tabs / 1 day)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (generic of LOSEASONIQUE)	QL (1.08 tabs / 1 day)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (generic of SEASONIQUE)	QL (1.08 tabs / 1 day)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	QL (1.08 tabs / 1 day)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	QL (1.34 tabs / 1 day)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	QL (1.34 tabs / 1 day)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	QL (1.34 tabs / 1 day)
<i>levora 0.15/30-28</i>	QL (1.34 tabs / 1 day)
<i>lo-zumandimine</i> (generic of YAZ)	QL (1.34 tabs / 1 day)
<i>loestrin 1.5/30-21</i>	QL (1.34 tabs / 1 day)
<i>loestrin 1/20-21</i>	QL (1.34 tabs / 1 day)
<i>loestrin fe 1.5/30</i>	QL (1.34 tabs / 1 day)
<i>loestrin fe 1/20</i>	QL (1.34 tabs / 1 day)
<i>lojaimiess</i> (generic of LOSEASONIQUE)	QL (1.08 tabs / 1 day)
<i>loryna</i> (generic of YAZ)	QL (1.34 tabs / 1 day)
<i>low-ogestrel</i>	QL (1.34 tabs / 1 day)
<i>lutra</i>	QL (1.34 tabs / 1 day)
<i>marlissa</i>	QL (1.34 tabs / 1 day)
<i>microgestin 1.5/30</i>	QL (1.34 tabs / 1 day)
<i>microgestin 1/20</i>	QL (1.34 tabs / 1 day)
<i>microgestin fe 1.5/30</i>	QL (1.34 tabs / 1 day)
<i>microgestin fe 1/20</i>	QL (1.34 tabs / 1 day)
<i>mili</i>	QL (1.34 tabs / 1 day)
<i>mono-lynyah</i>	QL (1.34 tabs / 1 day)
<i>necon 0.5/35-28</i>	QL (1.34 tabs / 1 day)
<i>nikki</i> (generic of YAZ)	QL (1.34 tabs / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	QL (1.34 tabs / 1 day)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	QL (1.34 tabs / 1 day)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	QL (1.34 tabs / 1 day)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	QL (1.34 tabs / 1 day)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	QL (1.34 tabs / 1 day)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs / 1 day)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	QL (1.34 tabs / 1 day)
<i>nortrel 0.5/35 (28)</i>	QL (1.34 tabs / 1 day)
<i>nortrel 1/35</i>	QL (1.34 tabs / 1 day)
<i>nortrel 7/7/7</i>	QL (1.34 tabs / 1 day)
<i>nylia 1/35</i>	QL (1.34 tabs / 1 day)
<i>nylia 7/7/7</i>	QL (1.34 tabs / 1 day)
<i>nymyo</i>	QL (1.34 tabs / 1 day)
<i>ocella (generic of YASMIN 28)</i>	QL (1.34 tabs / 1 day)
<i>philith</i>	QL (1.34 tabs / 1 day)
<i>pimtree (generic of MIRCETTE)</i>	QL (1.34 tabs / 1 day)
<i>pirmella 1/35</i>	QL (1.34 tabs / 1 day)
<i>pirmella 7/7/7</i>	QL (1.34 tabs / 1 day)
<i>portia-28</i>	QL (1.34 tabs / 1 day)
<i>reclipsen</i>	QL (1.34 tabs / 1 day)
<i>setlakin</i>	QL (1.08 tabs / 1 day)
<i>simliya (generic of MIRCETTE)</i>	QL (1.34 tabs / 1 day)
<i>simpesse (generic of SEASONIQUE)</i>	QL (1.08 tabs / 1 day)
<i>sprintec 28</i>	QL (1.34 tabs / 1 day)
<i>sronyx</i>	QL (1.34 tabs / 1 day)
<i>syeda (generic of YASMIN 28)</i>	QL (1.34 tabs / 1 day)
<i>tarina fe 1/20</i>	QL (1.34 tabs / 1 day)
<i>tarina fe 1/20 eq</i>	QL (1.34 tabs / 1 day)
<i>tri femynor</i>	QL (1.34 tabs / 1 day)
<i>tri-estarylla</i>	QL (1.34 tabs / 1 day)
<i>tri-linyah</i>	QL (1.34 tabs / 1 day)
<i>tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs / 1 day)
<i>tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs / 1 day)
<i>tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs / 1 day)
<i>tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs / 1 day)
<i>tri-mili</i>	QL (1.34 tabs / 1 day)
<i>tri-nymyo</i>	QL (1.34 tabs / 1 day)
<i>tri-sprintec</i>	QL (1.34 tabs / 1 day)
<i>tri-vylibra</i>	QL (1.34 tabs / 1 day)
<i>tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)</i>	QL (1.34 tabs / 1 day)
<i>trivora-28</i>	QL (1.34 tabs / 1 day)
<i>velivet</i>	QL (1.34 tabs / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>vestura</i> (generic of YAZ)	QL (1.34 tabs / 1 day)
<i>vienva</i>	QL (1.34 tabs / 1 day)
<i>viorele</i> (generic of MIRCETTE)	QL (1.34 tabs / 1 day)
<i>volnea</i> (generic of MIRCETTE)	QL (1.34 tabs / 1 day)
<i>vyfemla</i>	QL (1.34 tabs / 1 day)
<i>vylibra</i>	QL (1.34 tabs / 1 day)
<i>wera</i>	QL (1.34 tabs / 1 day)
<i>zovia 1/35</i>	QL (1.34 tabs / 1 day)
<i>zumandimine</i> (generic of YASMIN 28)	QL (1.34 tabs / 1 day)

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>xulane</i>	QL (0.143 patches / 1 day)
<i>zafemy</i>	QL (0.143 patches / 1 day)

COMBINATION CONTRACEPTIVES - VAGINAL

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

EMERGENCY CONTRACEPTIVES

ELLA TABS 30mg	QL (12 tabs / 292 days)
<i>levonorgestrel tab 1.5 mg tabs 1.5mg</i>	QL (12 tabs / 292 days), OTC

PROGESTIN CONTRACEPTIVES - INJECTABLE

<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	QL (4 injections / 269 days)
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PROGESTIN CONTRACEPTIVES - IUD

KYLEENA IUD 19.5mg	QL (1 IUD in lifetime)
LILETTA IUD 20.1mcg/day	QL (1 IUD in lifetime)
MIRENA IUD 20mcg/day	QL (1 IUD in lifetime)
SKYLA IUD 13.5mg	QL (1 IUD in lifetime)

PROGESTIN CONTRACEPTIVES - ORAL

<i>camila tabs .35mg</i>	QL (1.34 tabs / 1 day)
<i>deblitane tabs .35mg</i>	QL (1.34 tabs / 1 day)
<i>errin tabs .35mg</i>	QL (1.34 tabs / 1 day)
<i>heather tabs .35mg</i>	QL (1.34 tabs / 1 day)
<i>incassia tabs .35mg</i>	QL (1.34 tabs / 1 day)
<i>jencycla tabs .35mg</i>	QL (1.34 tabs / 1 day)
<i>lyleq tabs .35mg</i>	QL (1.34 tabs / 1 day)
<i>lyza tabs .35mg</i>	QL (1.34 tabs / 1 day)
<i>nora-be tabs .35mg</i>	QL (1.34 tabs / 1 day)
<i>norethindrone (contraceptive) tabs .35mg</i>	QL (1.34 tabs / 1 day)
<i>norlyroc tabs .35mg</i>	QL (1.34 tabs / 1 day)
<i>sharobel tabs .35mg</i>	QL (1.34 tabs / 1 day)

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

<i>budesonide cpep 3mg</i>	
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DRUG NAME	REQUIREMENTS/LIMITS
<i>dexamethasone elix .5mg/5ml</i>	QL (60 mL / 1 day)
<i>dexamethasone soln .5mg/5ml</i>	
<i>dexamethasone tabs .5mg</i>	QL (12 tabs / 1 day)
<i>dexamethasone tabs .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	QL (10 tabs / 1 day)
<i>hydrocortisone (generic of CORTEF) TABS 5mg</i>	QL (24 tabs / 1 day)
<i>hydrocortisone (generic of CORTEF) TABS 10mg</i>	QL (12 tabs / 1 day)
<i>hydrocortisone (generic of CORTEF) TABS 20mg</i>	QL (6 tabs / 1 day)
<i>methylprednisolone (generic of MEDROL) TABS 4mg</i>	QL (12 tabs / 1 day)
<i>methylprednisolone (generic of MEDROL) TABS 8mg</i>	QL (6 tabs / 1 day)
<i>methylprednisolone (generic of MEDROL) TABS 16mg</i>	QL (4 tabs / 1 day)
<i>methylprednisolone (generic of MEDROL) TABS 32mg</i>	QL (2 tabs / 1 day)
<i>methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg</i>	QL (12 tabs / 1 day)
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 6.7mg/5ml</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	
<i>prednisone soln 5mg/5ml</i>	QL (60 mL / 1 day)
<i>prednisone tabs 1mg</i>	QL (10 tabs / 1 day)
<i>prednisone tabs 2.5mg</i>	QL (8 tabs / 1 day)
<i>prednisone tabs 5mg</i>	QL (16 tabs / 1 day)
<i>prednisone tabs 10mg</i>	QL (9 tabs / 1 day)
<i>prednisone tabs 20mg</i>	QL (6 tabs / 1 day)
<i>prednisone tabs 50mg</i>	QL (3 tabs / 1 day)
<i>prednisone tbpk 5mg, 10mg</i>	

MINERALOCORTICIDS

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

ANTITUSSIVES

<i>benzonatate (generic of TESSALON PERLES) CAPS 100mg</i>	QL (6 caps / 1 day)
<i>benzonatate caps 200mg</i>	QL (5 caps / 1 day)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)</i>	QL (60 mL / 1 day); AGE (Min 18)
<i>hydromet (generic of HYCODAN)</i>	QL (60 mL / 1 day); AGE (Min 18)
<i>qc cough relief liqd 15mg/5ml</i>	OTC

COUGH/COLD/ALLERGY COMBINATIONS

<i>antihistamine/nasal decon</i>	OTC
<i>aprodine</i>	OTC
<i>brompheniramine & phenylephrine elixir 1-2.5 mg/5ml</i>	OTC
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	QL (480 mL / 25 days), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	QL (2 tabs / 1 day), OTC; AGE (Min 4)
<i>chest congestion relief d</i>	OTC
<i>chlorpheniramine & phenylephrine tab 4-10 mg</i>	OTC
<i>daytime cold & flu relief</i>	OTC
<i>delsym cough + chest cong</i>	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	QL (240 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	QL (180 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	QL (2 tabs / 1 day), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	OTC
<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i>	OTC
<i>dextromethorphan-phenylephrine-apap powd pack 20-10-650 mg</i>	OTC
<i>dextromethorphan-phenylephrine-apap tab 10-5-325 mg</i>	OTC
DRIXORAL CLD TAB /ALLERGY	OTC
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	OTC
<i>gnp allergy-d 12 hour all</i>	OTC
<i>gnp fexofenadine/pseudoep</i>	OTC
<i>gnp mucus dm maximum stre</i>	OTC
<i>gnp mucus relief dm max</i>	OTC
<i>gnp tab tussin dm</i>	OTC
<i>gnp tussin dm max</i>	OTC
<i>goodsense daytime cold &</i>	OTC
<i>goodsense mucus dm</i>	OTC
<i>goodsense tussin dm max</i>	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	QL (60 mL / 1 day), OTC; AGE (Min 18)
<i>hm adult tussin cough & c</i>	OTC
<i>hm chest congestion relie</i>	OTC
<i>hm childrens mucus relief</i>	OTC
<i>hm mucus relief dm</i>	OTC
<i>12hr allergy/congestion r</i>	OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	QL (2 tabs / 1 day), OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	QL (1 tab / 1 day), OTC
MUCINEX CGH GRA 5-100MG	OTC
<i>mucinex childrens freefor</i>	OTC
<i>mucinex cough childrens</i>	OTC
<i>mucinex fast-max dm max</i>	OTC
<i>mucinex fast-max dm max m</i>	OTC
<i>mucus & cough relief chil</i>	OTC
<i>mucus relief cough childr</i>	OTC
<i>mucus relief dm</i>	OTC
<i>mucus relief dm cough</i>	OTC
<i>mucus relief dm maximum s</i>	OTC
<i>nohist-lq</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	QL (60 mL / 1 day); AGE (Max 64)
<i>promethazine vc</i>	QL (60 mL / 1 day); AGE (Max 64)
<i>promethazine vc/codeine</i>	QL (60 mL / 1 day); AGE (Min 18, Max 64)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL (240 mL / 25 days); AGE (Min 18, Max 64)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	QL (180 mL / 25 days); AGE (Min 4, Max 64)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL (60 mL / 1 day); AGE (Min 18, Max 64)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	QL (60 mL / 1 day)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	QL (4 tabs / 1 day), OTC; AGE (Min 4)
<i>pseudoephedrine-ibuprofen tab 30-200 mg</i>	OTC
<i>qc daytime cold & flu</i>	OTC
<i>qc medifin dm</i>	OTC
<i>qc mucus & cough relief c</i>	OTC
<i>qc mucus relief dm max</i>	OTC
<i>sm day time cold & flu re</i>	OTC
<i>sm tussin dm max/cough +</i>	OTC

EXPECTORANTS

<i>guaifenesin liquid 100 mg/5ml liqd 100mg/5ml, 200mg/10ml, 400mg/20ml; soln 100mg/5ml</i>	OTC; AGE (Min 4)
<i>guaifenesin syrup 100 mg/5ml syrps 100mg/5ml</i>	OTC; AGE (Min 4)
<i>guaifenesin tab 200 mg tabs 200mg</i>	OTC; AGE (Min 4)
<i>guaifenesin tab 400 mg tabs 400mg</i>	OTC; AGE (Min 4)
<i>guaifenesin tab er 12hr 600 mg tb12 600mg</i>	QL (2 tabs / 1 day), OTC

MISC. RESPIRATORY INHALANTS

<i>sodium chloride (inhalant) nebu .9%, 3%, 7%</i>	
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MUCOLYTICS

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

ACNE PRODUCTS

<i>acne medication 2.5 gel 2.5%</i>	QL (60 gm / 25 days), OTC
<i>adapalene gel .1%</i>	QL (45 gm / 25 days), OTC
<i>avita (generic of RETIN-A) CREA .025%</i>	ST, QL (45 gm / 25 days); Requires trial of clindamycin soln, DIFFERIN OTC or erythromycin topical, DIFFERIN OTC; AGE (Max 35)

DRUG NAME	REQUIREMENTS/LIMITS
<i>avita gel .025%</i>	ST, QL (45 gm / 25 days); Requires trial of clindamycin soln, DIFFERIN OTC or erythromycin topical, DIFFERIN OTC; AGE (Max 35)
<i>benzoyl peroxide gel 2.5%</i>	QL (60 gm / 25 days), OTC
<i>benzoyl peroxide gel 5% gel 5%</i>	OTC
<i>benzoyl peroxide gel 10% gel 10%</i>	OTC
<i>benzoyl peroxide liq 5% liq 5%</i>	QL (240 gm / 25 days), OTC
<i>benzoyl peroxide liq 10% liq 10%</i>	QL (240 gm / 25 days), OTC
BENZOYL PEROXIDE LOTION 5% LOTN 5%	OTC
BENZOYL PEROXIDE LOTION 10% LOTN 10%	OTC
<i>clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1%</i>	ST, QL (60 mL / 25 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1%</i>	ST, QL (10 mL / 1 day); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate (topical) soln 1%</i>	QL (60 mL / 25 days)
DIFFERIN GEL .1%	QL (45 gm / 25 days), OTC
<i>erythromycin (acne aid) soln 2%</i>	QL (15 mL / 1 day)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	PA
<i>sulfacetamide sodium (acne) (generic of KLARON) LOTN 10%</i>	PA, QL (118 mL / 25 days)
<i>tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%</i>	ST, QL (45 gm / 25 days); Requires trial of clindamycin soln, DIFFERIN OTC or erythromycin topical, DIFFERIN OTC; AGE (Max 35)

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>arthritis pain reliever gel 1%</i>	QL (200 gm / 25 days), OTC
<i>diclofenac sodium (topical) gel 1%</i>	QL (200 gm / 25 days), OTC
<i>goodsense arthritis pain gel 1%</i>	QL (200 gm / 25 days), OTC
<i>qc diclofenac sodiium gel 1%</i>	QL (200 gm / 25 days), OTC
VOLTAREN GEL 1%	QL (200 gm / 25 days), OTC

ANTIBIOTICS - TOPICAL

<i>bacitracin oint 500 unit/gm oint 500unit/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm oint 500unit/gm</i>	OTC
<i>bacitracin-polymyxin b oint</i>	OTC
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	QL (30 gm / 25 days)
<i>mupirocin oint 2%</i>	QL (44 gm / 25 days)
<i>neomycin-bacitracin-polymyxin oint</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	OTC
ANTIFUNGALS - TOPICAL	
<i>ciclodan soln 8%</i>	QL (6.6 mL / 25 days)
<i>ciclopirox soln 8%</i>	QL (6.6 mL / 25 days)
<i>ciclopirox olamine (generic of LOPROX) CREA .77%</i>	QL (180 gm / 30 days)
<i>ciclopirox olamine (generic of LOPROX) SUSP .77%</i>	QL (60 mL / 25 days)
<i>clotrimazole (topical) crea 1%</i>	QL (60 gm / 30 days)
<i>clotrimazole (topical) soln 1%</i>	QL (60 mL / 30 days)
<i>clotrimazole (topical) soln 1%</i>	QL (60 mL / 30 days), OTC
<i>clotrimazole cream 1% crea 1%</i>	QL (60 gm / 30 days), OTC
<i>ketoconazole (topical) crea 2%</i>	QL (60 gm / 25 days)
<i>ketoconazole (topical) sham 2%</i>	QL (120 mL / 25 days)
<i>miconazole nitrate aerosol pow 2% aerp 2%</i>	QL (133 gm / 30 days), OTC
<i>miconazole nitrate cream 2% crea 2%</i>	QL (150 gm / 25 days), OTC
<i>miconazole nitrate powder 2% powd 2%</i>	QL (90 gm / 30 days), OTC
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm</i>	QL (90 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm powd 100000unit/gm</i>	QL (30 gm / 25 days)
<i>terbinafine hcl cream 1% crea 1%</i>	QL (30 gm / 25 days), OTC
<i>tolnaftate aerosol pow 1% aerp 1%</i>	QL (133 gm / 30 days), OTC
<i>tolnaftate cream 1% crea 1%</i>	QL (60 gm / 30 days), OTC
<i>tolnaftate powder 1% powd 1%</i>	QL (67.5 gm / 30 days), OTC
<i>tolnaftate soln 1% soln 1%</i>	QL (151 mL / 30 days), OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
<i>fluorouracil (topical) (generic of EFUDEX) CREA 5%</i>	
ANTIPSORIATICS	
<i>calcipotriene (generic of DOVONEX) CREA .005%</i>	PA
<i>calcipotriene oint .005%; soln .005%</i>	PA
<i>calcitrene oint .005%</i>	PA
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	SP, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	SP, PA
ANTISEBORRHEIC PRODUCTS	
<i>selenium sulfide lotn 2.5%</i>	
<i>selenium sulfide lotion 1% lotn 1%; sham 1%</i>	OTC
ANTIVIRALS - TOPICAL	
<i>acyclovir topical (generic of ZOVIRAX) OINT 5%</i>	PA
<i>docosanol crea 10%</i>	QL (2 gm / 15 days), OTC
<i>hm docosanol crea 10%</i>	QL (2 gm / 15 days), OTC
BURN PRODUCTS	
<i>silver sulfadiazine (generic of SILVADENE) CREA 1%</i>	
<i>ssd (generic of SILVADENE) CREA 1%</i>	
CORTICOSTEROIDS - TOPICAL	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	QL (60 gm / 25 days)

DRUG NAME	REQUIREMENTS/LIMITS
<i>betamethasone dipropionate (topical) crea .05%</i>	QL (60 gm / 25 days)
<i>betamethasone dipropionate (topical) lotn .05%</i>	QL (60 mL / 25 days)
<i>betamethasone dipropionate (topical) oint .05%</i>	QL (45 gm / 25 days)
<i>betamethasone dipropionate augmented crea .05%; gel .05%</i>	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented lotn .05%</i>	QL (60 mL / 25 days)
<i>betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%</i>	QL (50 gm / 25 days)
<i>betamethasone valerate crea .1%; oint .1%</i>	QL (45 gm / 25 days)
<i>betamethasone valerate lotn .1%</i>	QL (60 mL / 25 days)
<i>clobetasol propionate soln .05%</i>	QL (50 mL / 25 days)
<i>desonide (generic of DESOWEN) CREA .05%</i>	ST, QL (60 gm / 25 days); Requires trial of 3 preferred low potency steroids
<i>desonide oint .05%</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide (generic of SYNALAR) CREA .025%; OINT .025%</i>	QL (60 gm / 25 days)
<i>fluocinolone acetonide (generic of DERMA-SMOOTH/FS BODY) OIL .01%</i>	QL (120 mL / 25 days)
<i>fluocinolone acetonide (generic of DERMA-SMOOTH/FS SCALP) OIL .01%</i>	QL (120 mL / 25 days)
<i>fluocinonide crea .05%; gel .05%</i>	QL (60 gm / 25 days)
<i>fluocinonide oint .05%</i>	ST, QL (60 gm / 25 days); Requires prior use of Mometasone and Fluocinolone Cream
<i>fluocinonide soln .05%</i>	QL (60 mL / 25 days)
<i>fluocinonide emulsified base crea .05%</i>	QL (60 gm / 25 days)
<i>fluticasone propionate crea .05%; oint .005%</i>	QL (60 gm / 25 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	QL (50 gm / 25 days)
<i>HC/ALOE CRE 0.5%</i>	OTC
<i>hydrocortisone (topical) crea 2.5%; oint 2.5%</i>	QL (60 gm / 25 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	QL (60 mL / 25 days)
<i>hydrocortisone (topical) oint .5%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone acetate (topical) oint 1%</i>	OTC
<i>hydrocortisone acetate cream 1% crea 1%</i>	OTC
<i>hydrocortisone cream 0.5% crea .5%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone cream 1% crea 1%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone cream 1%- rx crea 1%</i>	QL (60 gm / 25 days)
<i>hydrocortisone lotion 1% lotn 1%</i>	OTC
<i>hydrocortisone oint 1% oint 1%</i>	QL (60 gm / 25 days), OTC
<i>hydrocortisone oint 1%- rx oint 1%</i>	QL (60 gm / 25 days)
<i>hydrocortisone-aloe vera cream 1%</i>	OTC
<i>mometasone furoate crea .1%; oint .1%</i>	QL (45 gm / 25 days)
<i>mometasone furoate soln .1%</i>	QL (60 mL / 25 days)
TRIAMCINOLON POW ACETONID	

DRUG NAME	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%;</i> <i>lotn .025%, .1%; oint .025%, .1%, .5%</i>	
EMOLLIENTS	
<i>lactic acid (ammonium lactate) crea 12%</i>	QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) crea 12%</i>	QL (280 gm / 25 days), OTC
<i>lactic acid (ammonium lactate) lotn 12%</i>	QL (225 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12% lotn 12%</i>	QL (225 gm / 25 days), OTC
ENZYMES - TOPICAL	
SANTYL OINT 250unit/gm	PA, QL (2 gm / 1 day)
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod crea 5%</i>	PA, QL (24 packets / 25 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus (generic of ELIDEL) CREA 1%</i>	PA, QL (2 gm / 1 day)
<i>tacrolimus (topical) (generic of PROTOPIC) OINT .03%, .1%</i>	PA, QL (30 gm / 25 days)
KERATOLYTIC/ANTIMITOTIC AGENTS	
<i>podofilox soln .5%</i>	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL	
<i>arthritis pain relieving crea .075%</i>	OTC
<i>capsaicin crea .025%, .1%</i>	OTC
CIRCATA CREA .05%	OTC
DERMACINRX CIRCATRIX CREA .05%	OTC
<i>dermacinrx penetral crea .025%</i>	OTC
<i>dibucaine oint 1%</i>	OTC
<i>glydo prsy 2%</i>	
<i>lidocaine (generic of LIDODERM) PTCH 5%</i>	PA
<i>lidocaine cream 4% crea 4%</i>	OTC
<i>lidocaine hcl gel 2%; prsy 2%; soln 4%</i>	
<i>lidocaine patch 4% ptch 4%</i>	QL (4 patches / 1 day), OTC
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (60 gm / 25 days)
MISC. TOPICAL	
DRYSOL SOLN 20%	
<i>minerin creme</i>	OTC
ROSACEA AGENTS	
<i>metronidazole (topical) (generic of METROCREAM) CREA .75%</i>	
<i>metronidazole (topical) gel .75%</i>	Generic Metrogel
<i>metronidazole (topical) (generic of METROLOTION) LOTN .75%</i>	
<i>rosadan (generic of METROCREAM) CREA .75%</i>	
<i>rosadan gel .75%</i>	Generic Metrogel
SCABICIDES & PEDICULICIDES	
<i>crotan lotn 10%</i>	PA
<i>gnp lice treatment liqd 1%</i>	OTC; Generic NIX

DRUG NAME	REQUIREMENTS/LIMITS
<i>goodsense lice killing cr liqd 1%</i>	OTC; Generic NIX
<i>lice treatment creme rins liqd 1%</i>	OTC; Generic NIX
<i>malathion lotn .5%</i>	QL (59 mL / 25 days)
<i>permethrin crea 5%</i>	
<i>permethrin aerosol 0.5% aero .5%</i>	OTC; Generic RID
<i>permethrin lotion 1% lotn 1%</i>	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	OTC; Generic RID
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	OTC; Generic RID
<i>spinosad susp .9%</i>	QL (120 mL / 25 days)

DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC DRUGS

THYROGEN SOLR .9mg	PA, QL (2 vials / 180 days)
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DIAGNOSTIC TESTS

ACETONE (URINE) TEST STRIP	OTC
RELION TRUE TES METRIX	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins
TRUE METRIX TES GLUCOSE	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	QL (6 caps / 1 day)
CREON CAP 6000UNIT	QL (6 caps / 1 day)
CREON CAP 12000UNT	QL (6 caps / 1 day)
CREON CAP 24000UNT	QL (6 caps / 1 day)
CREON CAP 36000UNT	QL (6 caps / 1 day)
VIOKACE TAB 10440	
VIOKACE TAB 20880	
ZENPEP CAP 3000UNIT	QL (6 caps / 1 day)
ZENPEP CAP 5000UNIT	QL (6 caps / 1 day)
ZENPEP CAP 15000UNT	QL (6 caps / 1 day)
ZENPEP CAP 20000UNT	QL (6 caps / 1 day)
ZENPEP CAP 25000	QL (6 caps / 1 day)
ZENPEP CAP 40000	QL (6 caps / 1 day)

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cp12 500mg</i>	QL (4 caps / 1 day)
<i>acetazolamide tabs 125mg, 250mg</i>	QL (4 tabs / 1 day)

DIURETIC COMBINATIONS

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

LOOP DIURETICS

<i>bumetanide tabs 1mg</i>	QL (2 tabs / 1 day)
<i>bumetanide tabs 2mg</i>	QL (5 tabs / 1 day)
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	QL (2 tabs / 1 day)
<i>furosemide soln 8mg/ml, 10mg/ml</i>	AGE (Max 12)
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	QL (6 tabs / 1 day)
<i>toremide tabs 5mg, 100mg</i>	QL (2 tabs / 1 day)
<i>toremide tabs 10mg, 20mg</i>	QL (4 tabs / 1 day)

POTASSIUM SPARING DIURETICS

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

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tabs 25mg, 50mg</i>	QL (4 tabs / 1 day)
<i>hydrochlorothiazide caps 12.5mg</i>	QL (2 caps / 1 day)
<i>hydrochlorothiazide tabs 25mg</i>	QL (8 tabs / 1 day)
<i>hydrochlorothiazide tabs 50mg</i>	QL (4 tabs / 1 day)
<i>indapamide tabs 1.25mg, 2.5mg</i>	QL (2 tabs / 1 day)
<i>metolazone tabs 2.5mg, 5mg</i>	QL (4 tabs / 1 day)
<i>metolazone tabs 10mg</i>	QL (2 tabs / 1 day)

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

BONE DENSITY REGULATORS

<i>alendronate sodium tabs 5mg, 10mg</i>	QL (1 tab / 1 day)
<i>alendronate sodium tabs 35mg</i>	QL (0.143 tabs / 1 day)
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	QL (0.143 tabs / 1 day)
<i>calcitonin (salmon) soln 200unit/act</i>	QL (1 mL / 1 day); AGE (Min 50)
<i>ibandronate sodium tabs 150mg</i>	QL (0.036 tabs / 1 day)
PROLIA SOSY 60mg/ml	SP, PA
TYMLOS SOPN 3120mcg/1.56ml	SP, PA

GROWTH HORMONES

OMNITROPE SOLR 5.8mg	SP, PA
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HORMONE RECEPTOR MODULATORS

<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	QL (1 tab / 1 day); AGE (Min 50)
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DRUG NAME	REQUIREMENTS/LIMITS
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)	
INCRELEX SOLN 40mg/4ml	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	PA
SYNAREL SOLN 2mg/ml	SP, PA
METABOLIC MODIFIERS	
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	QL (4 caps / 1 day)
ELAPRASE SOLN 6mg/3ml	SP, PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml	QL (60 mL / 1 day)
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) TABS 330mg	QL (18 tabs / 1 day)
POSTERIOR PITUITARY HORMONES	
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg	QL (4 tabs / 1 day)
<i>desmopressin acetate</i> (generic of DDAVP) TABS .2mg	QL (5 tabs / 1 day)
<i>desmopressin acetate spray soln .01%</i>	PA
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	PA
STIMATE SOLN 1.5mg/ml	SP, PA
PROLACTIN INHIBITORS	
<i>cabergoline tabs .5mg</i>	
SOMATOSTATIC AGENTS	
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 100mcg/ml	SP, PA
<i>octreotide acetate sosy 100mcg/ml</i>	SP, PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	SP, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	
ESTROGEN COMBINATIONS	
<i>fyavolv</i>	QL (1 tab / 1 day)
<i>jinteli</i>	QL (1 each / 1 day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	QL (1 tab / 1 day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	QL (1 tab / 1 day)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	AGE (Max 64)
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tabs 750mg</i>	QL (2 tabs / 1 day)
<i>levofloxacin soln 25mg/ml</i>	PA
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	QL (1 tab / 1 day)
<i>levofloxacin tabs 500mg</i>	QL (1 tab / 1 day)
<i>moxifloxacin hcl tabs 400mg</i>	

DRUG NAME	REQUIREMENTS/LIMITS
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**GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND
INTESTINAL DISORDERS**

ANTIFLATULENTS

<i>simethicone cap 125 mg caps 125mg</i>	OTC
<i>simethicone cap 180 mg caps 180mg</i>	OTC
<i>simethicone chew tab 80 mg chew 80mg</i>	OTC
<i>simethicone chew tab 125 mg chew 125mg</i>	OTC
<i>simethicone susp 40 mg/0.6ml susp 20mg/0.3ml, 40mg/0.6ml</i>	OTC

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol caps 300mg</i>	QL (2 caps / 1 day)
<i>ursodiol (generic of URSO 250) TABS 250mg</i>	QL (4 tabs / 1 day)
<i>ursodiol (generic of URSO FORTE) TABS 500mg</i>	QL (2 tabs / 1 day)

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml</i>	
<i>metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg</i>	QL (6 tabs / 1 day)

INFLAMMATORY BOWEL AGENTS

<i>balsalazide disodium (generic of COLAZAL) CAPS 750mg</i>	
<i>mesalamine (generic of APRISO) CP24 .375gm</i>	QL (4 caps / 1 day)
<i>sulfasalazine (generic of AZULFIDINE) TABS 500mg</i>	QL (10 tabs / 1 day)
<i>sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg</i>	QL (8 tabs / 1 day)

INTESTINAL ACIDIFIERS

<i>lactulose (encephalopathy) solution 10 gm/15ml soln 10gm/15ml</i>	QL (180 mL / 1 day)
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PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) caps 667mg</i>	
<i>sevelamer carbonate (generic of RENVELA) TABS 800mg</i>	ST; Requires trial of calcium acetate

**GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND
URINARY TRACT CONDITIONS**

ALKALINIZERS

<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 5) TBCR 540mg</i>	QL (3 tabs / 1 day)
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg</i>	QL (3 tabs / 1 day)
<i>potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 1620mg</i>	QL (4 tabs / 1 day)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	

GENITOURINARY IRRIGANTS

<i>acetic acid soln .25%</i>	
<i>sodium chloride irrigation soln 0.9% soln .9%</i>	QL (10000 mL / 25 days)

DRUG NAME	REQUIREMENTS/LIMITS
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	QL (1 tab / 1 day)
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	QL (1 tab / 1 day)
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	QL (2 caps / 1 day)
URINARY ANALGESICS	
<i>phenazopyridine hcl tabs</i> 100mg, 200mg	QL (3 tabs / 1 day)
GOUT AGENTS - DRUGS TO TREAT GOUT	
GOUT AGENT COMBINATIONS	
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	QL (3 tabs / 1 day)
GOUT AGENTS - DRUGS TO TREAT GOUT	
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg	QL (6 tabs / 1 day)
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 300mg	QL (4 tabs / 1 day)
<i>colchicine</i> (generic of COLCRYS) TABS .6mg	QL (30 tabs / 90 days); max 1 fill per 90 days
URICOSURICS	
<i>probenecid tabs</i> 500mg	QL (3 tabs / 1 day)
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS	
ANTIHEMOPHILIC PRODUCTS	
ADVATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit	SP, PA
BENEFIX KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	SP, PA
HUMATE-P SOL 500-1200	SP, PA
HUMATE-P SOL 2400UNIT	SP, PA
IXINITY SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	SP, PA
KOGENATE FS KIT 250unit, 500unit, 1000unit	SP, PA
KOVALTRY SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	SP, PA
NUWIQ KIT 250unit, 500unit, 1000unit	SP, PA
RIXUBIS SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	SP, PA
HEMATORHEOLOGIC AGENTS	
<i>pentoxifylline tbc</i> r 400mg	QL (4 ea / 1 day)
PLATELET AGGREGATION INHIBITORS	
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	PA
<i>cilostazol tabs</i> 50mg, 100mg	QL (2 tabs / 1 day)
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	QL (1 tab / 1 day)
<i>dipyridamole tabs</i> 25mg	QL (10 tabs / 1 day)
<i>dipyridamole tabs</i> 50mg	QL (8 tabs / 1 day)
<i>dipyridamole tabs</i> 75mg	QL (4 tabs / 1 day)
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS	
COBALAMINS	
<i>cyanocobalamin tab</i> 100 mcg tabs 100mcg	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>cyanocobalamin tab 500 mcg tabs 500mcg</i>	OTC
<i>cyanocobalamin tab 1000 mcg tabs 1000mcg</i>	OTC
FOLIC ACID/FOLATES	
<i>folic acid tabs 1mg</i>	QL (5 tabs / 1 day)
<i>folic acid tab 400 mcg tabs 400mcg</i>	QL (5 tabs / 1 day), OTC
<i>folic acid tab 800 mcg tabs 800mcg</i>	QL (5 tabs / 1 day), OTC
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 60mcg/ml, 100mcg/ml; SOSY 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, PA 20000unit/2ml, 20000unit/ml, 40000unit/ml	PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	PA
ZIEXTENZO SOSY 6mg/0.6ml	PA, QL (1 syringe / 11 days)
HEMATOPOIETIC MIXTURES	
<i>chromagen</i>	QL (2 caps / 1 day)
<i>ferocon</i>	QL (2 caps / 1 day)
<i>foltrin</i>	QL (2 caps / 1 day)
<i>iferex 150 forte</i>	QL (2 caps / 1 day)
<i>poly-iron 150 forte</i>	QL (2 caps / 1 day)
<i>tricon</i>	QL (2 caps / 1 day)
IRON	
<i>ferrex 150 caps 150mg</i>	QL (2 caps / 1 day), OTC
<i>ferrocite tabs 324mg</i>	OTC
<i>ferrous fumarate tabs 324mg</i>	OTC
FERROUS GLUCONATE TABS 324mg	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe) tabs 27mg</i>	OTC
FERROUS SULFATE LIQD 220mg/5ml; TBEC 324mg	OTC
<i>ferrous sulfate tbec 325mg</i>	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe) tabs 200mg</i>	OTC
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) tbc 160mg</i>	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe) elix 220mg/5ml</i>	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe) soln 15mg/ml</i>	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe) tabs 325mg</i>	QL (3 tabs / 1 day), OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent) tbc 45mg</i>	OTC
<i>iferex 150 caps 150mg</i>	QL (2 caps / 1 day), OTC
<i>nu-iron 150 caps 150mg</i>	QL (2 caps / 1 day), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>poly-iron 150 caps 150mg</i>	QL (2 caps / 1 day), OTC
<i>polysaccharide iron complex caps 150mg</i>	QL (2 caps / 1 day), OTC

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

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg tabs 25mg</i>	QL (1 tab / 1 day), OTC
<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	OTC
<i>diphenhydramine-acetaminophen tab 38-500 mg (sleep)</i>	OTC
<i>doxylamine succinate (sleep) tab 25 mg tabs 25mg</i>	QL (1 tab / 1 day), OTC

BARBITURATE HYPNOTICS

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

NON-BARBITURATE HYPNOTICS

<i>estazolam tabs 1mg, 2mg</i>	QL (1 tab / 1 day); AGE (Min 18)
<i>flurazepam hcl caps 15mg, 30mg</i>	QL (1 cap / 1 day); AGE (Min 15, Max 64)
<i>temazepam (generic of RESTORIL) CAPS 15mg, 30mg</i>	QL (1 cap / 1 day); AGE (Min 18)
<i>triazolam (generic of HALCION) TABS .25mg</i>	QL (2 tabs / 1 day); AGE (Min 18)
<i>triazolam tabs .125mg</i>	QL (1 tab / 1 day); AGE (Min 18)
<i>zolpidem tartrate (generic of AMBIEN) TABS 5mg</i>	QL (2 tabs / 1 day); AGE (Min 18)
<i>zolpidem tartrate (generic of AMBIEN) TABS 10mg</i>	QL (1 tab / 1 day); AGE (Min 18)

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg tabs 625mg</i>	OTC
<i>KONSYL DAILY FIBER PACK 28.3%, 100%</i>	OTC
<i>KONSYL-D POWD 52.3%</i>	OTC
<i>methylcellulose tab 500 mg tabs 500mg</i>	OTC
<i>psyllium cap 0.52 gm caps .52gm</i>	OTC
<i>psyllium powder 28.3% powd 28.3%</i>	OTC
<i>psyllium powder 48.57% powd 48.57%</i>	OTC
<i>psyllium powder 58.6% powd 58.6%</i>	OTC
<i>qc natural vegetable powd 95%</i>	OTC
<i>UNIFIBER POW</i>	OTC
<i>wheat dextrin oral powder</i>	OTC

LAXATIVE COMBINATIONS

<i>gavilyte-g (generic of GOLYTELY)</i>	QL (4000 mL / 1 day)
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DRUG NAME	REQUIREMENTS/LIMITS
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	QL (4000 mL / 1 day)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	QL (4000 mL / 1 day)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	QL (6 tabs / 1 day), OTC
LAXATIVES - MISCELLANEOUS	
<i>constulose soln 10gm/15ml</i>	QL (180 mL / 1 day)
<i>glycerin (laxative) supp 2gm</i>	OTC
<i>glycerin suppos 1.2 gm supp 1.2gm</i>	OTC
<i>glycerin suppos 2.1 gm supp 2.1gm</i>	OTC
<i>glycerin suppos 80.7% supp 80.7%</i>	OTC
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	QL (180 mL / 1 day)
<i>polyethylene glycol 3350 oral powder powd 17gm/scoop</i>	QL (34 gm / 1 day), OTC
LUBRICANT LAXATIVES	
<i>mineral oil oil 100%</i>	OTC
<i>mineral oil enema enem 100%</i>	OTC
SALINE LAXATIVES	
<i>magnesium citrate soln soln 1.745gm/30ml</i>	OTC
<i>magnesium hydroxide susp 400 mg/5ml susp 1200mg/15ml, 2400mg/30ml</i>	OTC
<i>MILK OF MAGNESIA CONCENTR SUSP 2400mg/10ml</i>	OTC
<i>sodium phosphates - enema</i>	OTC
STIMULANT LAXATIVES	
<i>bisacodyl suppos 10 mg supp 10mg</i>	QL (1 supp / 1 day), OTC
<i>bisacodyl tab delayed release 5 mg tbec 5mg</i>	QL (3 tabs / 1 day), OTC
<i>sennosides chew tab 15 mg chew 15mg</i>	OTC
<i>sennosides syrup 8.8 mg/5ml liqd 8.8mg/5ml; syrps 8.8mg/5ml</i>	OTC
<i>sennosides tab 8.6 mg tabs 8.6mg</i>	QL (2 tabs / 1 day), OTC
<i>sennosides tab 25 mg tabs 25mg</i>	OTC
<i>senokot extra strength tabs 17.2mg</i>	OTC
SURFACTANT LAXATIVES	
<i>docusate calcium cap 240 mg caps 240mg</i>	QL (2 caps / 1 day), OTC
<i>docusate mini enem 283mg/5ml</i>	OTC
<i>docusate sodium cap 100 mg caps 100mg</i>	QL (6 caps / 1 day), OTC
<i>docusate sodium cap 250 mg caps 250mg</i>	QL (6 caps / 1 day), OTC
<i>docusate sodium liquid 150 mg/15ml liqd 50mg/5ml, 100mg/10ml, 150mg/15ml</i>	QL (30 mL / 1 day), OTC
<i>docusate sodium tab 100 mg tabs 100mg</i>	QL (6 tabs / 1 day), OTC
<i>docusol mini enem 283mg/5ml</i>	OTC
<i>enemeez mini enem 283mg/5ml</i>	OTC
<i>PEDIA-LAX LIQD 50mg/15ml</i>	QL (30 mL / 1 day), OTC
MACROLIDES - DRUGS TO TREAT INFECTIONS	
AZITHROMYCIN	
<i>azithromycin pack 1gm</i>	QL (1 packet / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>azithromycin</i> (generic of ZITHROMAX) SUSR 100mg/5ml	QL (20 mL / 1 day); AGE (Max 12)
<i>azithromycin</i> (generic of ZITHROMAX) SUSR 200mg/5ml	QL (30 mL / 1 day); AGE (Max 12)
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg	QL (12 tabs / 25 days)
<i>azithromycin</i> (generic of ZITHROMAX) TABS 500mg	QL (6 tabs / 25 days)
<i>azithromycin tabs 600mg</i>	QL (1 tab / 1 day)

CLARITHROMYCIN

<i>clarithromycin susr 125mg/5ml, 250mg/5ml</i>	AGE (Max 12)
<i>clarithromycin tabs 250mg, 500mg</i>	

ERYTHROMYCINS

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

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CONDOMS - MALE	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX LUBRICATED	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX NON-LUBRICATED	OTC; QL (max quantity 12 per fill)

DIABETIC SUPPLIES

DEXCOM G6 MIS RECEIVER	QL (1 each / 310 days); PA (excepts 2-18 with history of insulin)
DEXCOM G6 MIS SENSOR	QL (3 boxes / 25 days); PA (excepts 2-18 with history of insulin)
DEXCOM G6 MIS TRANSMIT	QL (1 box / 76 days); PA (excepts 2-18 with history of insulin)
FREESTY LIBR KIT 2 SENSOR	QL (2 boxes / 23 days); PA (excepts 2-18 with history of insulin)
FREESTY LIBR MIS 2 READER	QL (1 each / 310 days); PA (excepts 2-18 with history of insulin)
FREESTYLE KIT SENSOR	QL (2 boxes / 23 days); PA (excepts 2-18 with history of insulin); 14 Day
FREESTYLE MIS READER	QL (1 each / 310 days); PA (excepts 2-18 with history of insulin)
LANCETS	OTC

DRUG NAME	REQUIREMENTS/LIMITS
RELION TRUE KIT MET AIR	OTC; Covered through Manufacturer
TRUE METRIX KIT AIR	OTC; Covered through Manufacturer
TRUE METRIX KIT METER	OTC; Covered through Manufacturer
TRUE METRIX MIS AIR	OTC; Covered through Manufacturer

MISC. DEVICES

ALCOHOL SWABS PADS 70%	QL (200 pads / 25 days), OTC
ESSENTRA WIPES 9X9" CLEAN SHEE 70%	QL (200 sheets / 25 days)

PARENTERAL THERAPY SUPPLIES

BD U-500 MIS 31GX6MM	QL (5 syringes / 1 day)
INSULIN SYRG MIS 0.3/29G	QL (5 syringes / 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.3/29G	QL (5 syringes / 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G	QL (5 syringes / 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G	QL (5 syringes / 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G	QL (5 syringes / 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G	QL (5 syringes / 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G	QL (5 syringes / 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G	QL (5 syringes / 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.5/29G	QL (5 syringes / 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G	QL (5 syringes / 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G	QL (5 syringes / 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G	QL (5 syringes / 1 day), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G	QL (5 syringes / 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G	QL (5 syringes / 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G	QL (5 syringes / 1 day), OTC; TECHLITE
INSULIN SYRG MIS 1ML/29G	QL (5 syringes / 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G	QL (5 syringes / 1 day), OTC; TECHLITE

DRUG NAME	REQUIREMENTS/LIMITS
INSULIN SYRG MIS 1ML/30G	QL (5 syringes / 1 day), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G	QL (5 syringes / 1 day), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G	QL (5 syringes / 1 day), OTC; TRUEPLUS
NEEDLE (DISP) 18 X 1-1/2"	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	
PEN NEEDLES MIS 29GX10MM	QL (200 needles / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	QL (200 needles / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	QL (200 needles / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	QL (200 needles / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	QL (200 needles / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	QL (200 pen needles / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	QL (200 needles / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	QL (200 needles / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	QL (200 needles / 25 days), OTC; TECHLITE
SYRINGE (DISPOSABLE) 3 ML	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	

RESPIRATORY THERAPY SUPPLIES

ACE AERO CLD MIS ENHANCER	QL (1 box / year)
ACTIVITY PCH MIS	QL (1 pack / year)
ADULT MASK MIS LARGE	QL (1 box / year)
AEROSOL MASK MIS ADULT	QL (1 box / year)
AEROSOL MASK MIS ADULT	QL (1 box / year), OTC
AEROTRC PLUS MIS	QL (1 box / year)
AIR TUBE MIS /PLUGS	QL (1 each / year)
AIRS PEDIATR MIS MASK	QL (1 each / year)
ALTERA NEB MIS HANDSET	QL (1 box / year)
BUBBLES PEDI MIS MASK	QL (1 box / year), OTC
CARETOUCH MIS CPAP	QL (1 each / year)
CO MONITOR MIS T PIECES	QL (1 box / year)
CONVERSION MIS BABY SZ1	QL (1 box / year)
CONVERSION MIS BABY SZ2	QL (1 box / year)

DRUG NAME	REQUIREMENTS/LIMITS
CONVERSION MIS BABY SZ3	QL (1 box / year)
CPAP & BIPAP MIS HOSE	QL (1 box / year)
2 CPAP HOSE MIS HANGER	QL (1 box / year)
CPAP MASK MIS WIPES	QL (1 box / year)
CPAP NEURAL MIS PRE-WASH	QL (1 each / year)
EASY FLOW MIS 300MM	QL (1 each / year), OTC
EASY FLOW MIS 400MM	QL (1 each / year), OTC
EASY FLOW MIS AIR NOZZ	QL (1 each / year), OTC
EASY FLOW MIS HEPA FIL	QL (1 each / year), OTC
ERAPID NEB MIS HANDSET	QL (1 box / year)
FILTER AIR MIS PP	QL (1 box / year)
FLYP HYPERSO MIS CARTRIDG	QL (1 each / year), OTC
FULL KIT NEB MIS SET	QL (1 box / year)
LITETOUCH MIS MASK LG	QL (1 box / year)
LITETOUCH MIS MASK MD	QL (1 box / year)
LITETOUCH MIS MASK SM	QL (1 box / year)
MINIELITE MIS FILTERS	QL (1 box / year), OTC
NEBULIZER	OTC
NEBULIZER MIS MASK AD	QL (1 box / year)
NEBULIZER MIS MASK CH	QL (1 box / year)
NEBULIZER MIS MASK CHD	QL (1 box / year)
NEBULIZER MIS MASK INF	QL (1 box / year)
NEBULIZER- RX	
NOSE CLIP MIS	QL (1 box / year), OTC
PARI EXPIRAT MIS FILTER	QL (1 each / year)
PARI MASK MIS SIZE 3	QL (1 box / year)
PARI PLASTIC MIS MASK	QL (1 box / year)
PARI PLASTIC MIS MASK PED	QL (1 box / year)
PARI SMRTMSK MIS BABY	QL (1 box / year), OTC
PARI VORTEX MIS ADL MASK	QL (1 box / year), OTC
PEAK FLOW METER	QL (1 each / year), OTC
PEAK FLOW METER- RX	QL (1 each / year)
PEDIATRIC MIS MOUTHPIE	QL (1 box / year), OTC
PFLEX MIS	QL (1 pack / year)
PFT FILTER MIS 1000	QL (1 box / year)
PHARM CHOICE MIS WIPES	QL (1 each / year), OTC
PILLOW MASK MIS ADULT	QL (1 box / year)
PILLOW MASK MIS CHILD	QL (1 box / year)
PILLOW MASK MIS PEDIATRI	QL (1 box / year)
PRONEB ULTRA MIS FILTER	QL (1 box / year), OTC
REPLACEMENT MIS FILTER	QL (1 box / year)
REPLACEMENT MIS FILTERS	QL (1 each / year), OTC
SIDESTREAM MIS MASK	QL (1 box / year)
SIDESTREAM MIS MASK	QL (1 box / year), OTC
SIDESTREAM MIS PED MASK	QL (1 box / year)

DRUG NAME	REQUIREMENTS/LIMITS
SIDESTREAM MIS PED MASK	QL (1 box / year), OTC
SIDESTRM PLS MIS FACE MSK	QL (1 box / year), OTC
SILICONE MSK MIS ADULT	QL (1 box / year)
SILICONE MSK MIS INFANT	QL (1 box / year)
SILICONE MSK MIS PED	QL (1 box / year)
SOOTHENEBS MIS MED CUP	QL (1 box / year), OTC
SOOTHENEBS MIS MESH CAP	QL (1 box / year), OTC
SOOTHENEBS MIS NBL 100	QL (1 box / year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	QL (1 spacer / year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	QL (1 spacer / year)
THRESHOLD MIS IMT	QL (1 pack / year)
TUBE CLEANIN MIS BRUSH	QL (1 box / year)
WINDMILL MIS TRAINER	QL (1 ea / year)
WING TIP MIS TUBING	QL (1 box / year), OTC

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

SEROTONIN AGONISTS

<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL (9 tabs / 25 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	QL (12 tabs / 25 days)
<i>rizatriptan benzoate (generic of MAXALT) TABS 10mg</i>	QL (12 tabs / 25 days)
<i>rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg</i>	QL (12 tabs / 25 days)
<i>sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg</i>	QL (9 tabs / 25 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

<i>calcium carbonate tab 1500 mg (600 mg elemental ca) tabs 600mg</i>	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i>	OTC
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	OTC
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	OTC
<i>oyster shell calcium 250+</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>oyster shell calcium tab 500 mg tabs 500mg</i>	OTC
RISACAL-D TAB	OTC
ELECTROLYTE MIXTURES	
<i>oral electrolyte solution</i>	OTC
FLUORIDE	
<i>sodium fluoride soln .5mg/ml</i>	QL (1.67 mL / 1 day)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) chew .5mg</i>	QL (1 tab / 1 day)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) chew .25mg</i>	QL (1 tab / 1 day)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) chew 1mg</i>	QL (1 tab / 1 day)
MAGNESIUM	
<i>magnesium oxide (mg supplement) tabs 400mg, 500mg</i>	OTC
<i>magnesium tab 250 mg tabs 250mg</i>	OTC
<i>magnesium-oxide tabs 400mg</i>	OTC
PHOSPHATE	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	QL (4 tabs / 1 day)
POTASSIUM	
<i>klor-con 8 tbc 8meq</i>	QL (4 tabs / 1 day)
<i>klor-con 10 tbc 10meq</i>	QL (4 tabs / 1 day)
<i>klor-con m20 tbc 20meq</i>	QL (5 tabs / 1 day)
<i>potassium bicarbonate effer tab 25 meq tbc 25meq</i>	QL (2 tabs / 1 day)
<i>potassium chloride cpcr 8meq, 10meq</i>	QL (4 caps / 1 day)
<i>potassium chloride soln 10%, 20%</i>	
<i>potassium chloride tbc 8meq, 10meq</i>	QL (4 tabs / 1 day)
<i>potassium chloride (generic of K-TAB) TBCR 20meq</i>	QL (5 tabs / 1 day)
<i>potassium chloride microencapsulated crys er tab 10 meq tbc 10meq</i>	QL (4 tabs / 1 day)
<i>potassium chloride microencapsulated crystals er tbc 20meq</i>	QL (5 ea / 1 day)
<i>potassium chloride microencapsulated crystals er tbc 20meq</i>	QL (5 tabs / 1 day)
SODIUM	
<i>sodium chloride tabs 1gm</i>	OTC
ZINC	
<i>zinc sulfate caps 220mg</i>	OTC
MISCELLANEOUS THERAPEUTIC CLASSES	
CHELATING AGENTS	
<i>penicillamine (generic of DEPEN TITRATABS) TABS 250mg</i>	PA
IMMUNOMODULATORS	
<i>lenalidomide caps 5mg, 10mg, 15mg, 25mg</i>	SP, PA, QL (1 cap / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
REVLIMID CAPS 5mg, 10mg, 15mg, 25mg	SP, PA, QL (1 cap / 1 day)
THALOMID CAPS 100mg	SP, PA, QL (1 cap / 1 day)

IMMUNOSUPPRESSIVE AGENTS

<i>azathioprine</i> (generic of IMURAN) TABS 50mg	QL (8 tabs / 1 day)
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg	QL (15 caps / 1 day)
<i>cyclosporine modified (for microemulsion) caps 50mg</i>	QL (15 caps / 1 day)
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 100mg	QL (10 caps / 1 day)
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN 100mg/ml	QL (10 mL / 1 day)
ENVARUSUS XR TB24 .75mg, 1mg, 4mg	
<i>gengraf</i> (generic of NEORAL) CAPS 25mg	QL (15 caps / 1 day)
<i>gengraf</i> (generic of NEORAL) CAPS 100mg	QL (10 caps / 1 day)
<i>gengraf</i> (generic of NEORAL) SOLN 100mg/ml	QL (10 mL / 1 day)
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg	QL (12 caps / 1 day)
<i>mycophenolate mofetil</i> (generic of CELLCEPT) TABS 500mg	QL (8 tabs / 1 day)
NEORAL CAPS 25mg	QL (15 caps / 1 day)
NEORAL CAPS 100mg	QL (10 caps / 1 day)
NEORAL SOLN 100mg/ml	QL (10 mL / 1 day)
<i>tacrolimus</i> (generic of PROGRAF) CAPS 1mg	QL (14 caps / 1 day)
<i>tacrolimus</i> (generic of PROGRAF) CAPS 5mg	
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg	QL (2 caps / 1 day)

IRRIGATION SOLUTIONS

water for irrigation, sterile irrigation soln

POTASSIUM REMOVING AGENTS

LOKELMA PACK 5gm, 10gm QL (3 packets / 1 day)

sodium polystyrene sulfonate powder*

sps susp 15gm/60ml

VELTASSA PACK 8.4gm, 16.8gm, 25.2gm QL (1 packet / 1 day)

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

ANESTHETICS TOPICAL ORAL

lidocaine hcl (mouth-throat) soln 2%

ANTI-INFECTIVES - THROAT

clotrimazole troc 10mg QL (5 ea / 1 day)

nystatin (mouth-throat) susp 100000unit/ml QL (120 mL / 1 day)

ANTISEPTICS - MOUTH/THROAT

chlorhexidine gluconate soln 0.12% (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%) SOLN .12%

DRUG NAME	REQUIREMENTS/LIMITS
DENTAL PRODUCTS	
<i>denta 5000 plus crea 1.1%</i>	
<i>dentagel gel 1.1%</i>	
<i>sf gel 1.1%</i>	
<i>sf 5000 plus crea 1.1%</i>	
<i>sodium fluoride 5000 plus crea 1.1%</i>	
<i>sodium fluoride 5000 ppm crea 1.1%; gel 1.1%</i>	
<i>sodium fluoride (dental) gel 1.1%</i>	
STEROIDS - MOUTH/THROAT/DENTAL	
<i>oralone dental paste pste .1%</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
THROAT PRODUCTS - MISC.	
<i>pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg</i>	
MULTIVITAMINS - DRUGS FOR NUTRITION	
B-COMPLEX W/ FOLIC ACID	
<i>b-complex w/ c & folic acid cap 1 mg- rx</i>	QL (2 caps / 1 day)
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	OTC
<i>b-complex w/ c & folic acid tab 1 mg- rx</i>	
<i>b-complex w/ c & folic acid tab 5 mg- rx</i>	
MULTIPLE VITAMINS W/ IRON	
<i>multiple vitamins w/ iron tab</i>	QL (1 tab / 1 day), OTC
MULTIPLE VITAMINS W/ MINERALS	
<i>multiple vitamins w/ minerals cap</i>	QL (1 cap / 1 day), OTC
<i>multiple vitamins w/ minerals cap- rx</i>	QL (1 cap / 1 day)
<i>multiple vitamins w/ minerals tab</i>	QL (1 tab / 1 day), OTC
<i>multiple vitamins w/ minerals tab- rx</i>	QL (1 tab / 1 day)
MULTIVITAMINS - DRUGS FOR NUTRITION	
<i>multiple vitamin tab</i>	QL (1 tab / 1 day), OTC; AGE (Max 5)
PED MULTI VITAMINS W/FL & FE	
<i>multi-vit/iron/fluoride</i>	QL (1.67 mL / 1 day), OTC; AGE (Max 5)
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	QL (1.67 mL / 1 day); AGE (Max 5)
PED MV W/ FLUORIDE	
<i>multivitamin with fluorid</i>	QL (1.67 mL / 1 day), OTC; AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	QL (1 tab / 1 day); AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	QL (1 tab / 1 day); AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	QL (2 tabs / 1 day); AGE (Max 5)

DRUG NAME	REQUIREMENTS/LIMITS
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	QL (1.67 mL / 1 day); AGE (Max 5)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	QL (1.67 mL / 1 day); AGE (Max 5)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	QL (1.67 mL / 1 day); AGE (Max 5)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	QL (1.67 mL / 1 day); AGE (Max 5)

PED MV W/ IRON

<i>cerovite jr</i>	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	QL (1 tab / 1 day), OTC
<i>qc childrens chewable com</i>	OTC
<i>sm animal shapes complete</i>	OTC

PEDIATRIC MULTIPLE VITAMINS

<i>pediatric multiple vitamin w/ c & fa chew tab</i>	QL (1 tab / 1 day), OTC
<i>pediatric multiple vitamin w/ extra c & fa chew tab</i>	QL (1 tab / 1 day), OTC

PRENATAL VITAMINS

COMPLETENATE CHW	QL (1 tab / 1 day)
NATALVIT TAB 75-1MG	QL (1 tab / 1 day)
PRENATAL 19 TAB	QL (1 tab / 1 day), OTC
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i>	QL (1 tab / 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	QL (1 tab / 1 day), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	QL (1 tab / 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	QL (1 tab / 1 day), OTC
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	QL (1 tab / 1 day)
SE-NATAL 19 CHW	QL (1 tab / 1 day)
SE-NATAL 19 TAB	QL (1 tab / 1 day)
TRINATAL RX TAB 1	QL (1 tab / 1 day)
VINATE II TAB	QL (1 tab / 1 day)
VINATE ONE TAB	QL (1 tab / 1 day)
VITAFOL-OB TAB 65-1MG	QL (1 tab / 1 day)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tabs 10mg</i>	QL (3 tabs / 1 day)
<i>baclofen tabs 20mg</i>	QL (4 tabs / 1 day)
<i>chlorzoxazone tabs 500mg</i>	QL (6 tabs / 1 day)
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	QL (3 tabs / 1 day)
<i>methocarbamol tabs 500mg</i>	QL (6 tabs / 1 day); AGE (Max 64)
<i>methocarbamol tabs 750mg</i>	QL (10 tabs / 1 day); AGE (Max 64)
<i>orphenadrine citrate tb12 100mg</i>	QL (2 tabs / 1 day)
<i>tizanidine hcl tabs 2mg</i>	QL (3 tabs / 1 day); AGE (Max 64)

DRUG NAME	REQUIREMENTS/LIMITS
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	QL (9 tabs / 1 day); AGE (Max 64)
VISCOSUPPLEMENTS	
<i>EUFLEXXA SOSY</i> 20mg/2ml	PA, QL (3 syringes / 180 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	
NASAL AGENTS - MISC.	
<i>saline nasal spray</i> 0.65% soln .65%	OTC
NASAL ANTIALLERGY	
<i>azelastine hcl soln</i> 137mcg/spray	QL (1 bottle / 25 days)
<i>cromolyn sodium (nasal) aers</i> 5.2mg/act	QL (52 mL / 25 days), OTC
NASAL ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln</i> .03%, .06%	
NASAL STEROIDS	
<i>fluticasone propionate (nasal) susp</i> 50mcg/act	QL (1 bottle / 25 days); AGE (Min 4)
<i>fluticasone propionate (nasal) susp</i> 50mcg/act	QL (1.013 bottles / 25 days), OTC; AGE (Min 4)
<i>gnp budesonide nasal spra susp</i> 32mcg/act	QL (1 bottle / 25 days), OTC; AGE (Min 6)
<i>gnp fluticasone propionat susp</i> 50mcg/act	QL (1.441 bottles / 25 days), OTC; AGE (Min 4)
NASACORT ALLERGY 24HR AERO 55mcg/act	QL (1.006 bottles / 25 days), OTC; AGE (Min 2)
<i>qc allergy relief susp</i> 50mcg/act	QL (1.013 bottles / 25 days), OTC; AGE (Min 4)
<i>sm allergy relief nasal s susp</i> 50mcg/act	QL (1.441 bottles / 25 days), OTC; AGE (Min 4)
<i>triamcinolone acetonide nasal aerosol suspension</i> 55 mcg/act <i>aero</i> 55mcg/act	QL (1.006 bottles / 25 days), OTC; AGE (Min 2)
SYMPATHOMIMETIC DECONGESTANTS	
<i>oxymetazoline hcl nasal soln</i> 0.05% <i>soln</i> .05%	OTC
<i>phenylephrine hcl tab</i> 10 mg <i>tabs</i> 10mg	OTC
<i>pseudoephedrine hcl tab</i> 30 mg <i>tabs</i> 30mg	QL (6 tabs / 1 day), OTC
<i>pseudoephedrine hcl tab</i> 60 mg <i>tabs</i> 60mg	QL (6 tabs / 1 day), OTC
<i>pseudoephedrine hcl tab er</i> 12hr 120 mg <i>tb12</i> 120mg	QL (2 tabs / 1 day), OTC
NUTRIENTS - DRUGS FOR NUTRITION	
MISC. NUTRITIONAL SUBSTANCES	
<i>omega-3 fatty acids cap</i> 500 mg <i>caps</i> 500mg	OTC
<i>omega-3 fatty acids cap</i> 1000 mg	OTC
<i>omega-3 fatty acids cap</i> 1200 mg	OTC
<i>omega-3 fatty acids cap delayed release</i> 1000 mg	OTC
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS	
ARTIFICIAL TEARS AND LUBRICANTS	
<i>artificial tear ophth solution</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5% soln</i>	OTC
<i>.5%</i>	
<i>carboxymethylcellulose sodium ophth soln 0.5% soln</i>	OTC
<i>.5%</i>	
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	OTC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	OTC
<i>polyvinyl alcohol ophth soln 1.4% soln 1.4%</i>	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	OTC
BETA-BLOCKERS - OPHTHALMIC	
<i>carteolol hcl (ophth) soln 1%</i>	QL (15 mL / 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>	QL (10 mL / 25 days)
<i>levobunolol hcl soln .5%</i>	QL (15 mL / 25 days)
<i>timolol maleate (ophth) (generic of TIMOPTIC) SOLN .25%, .5%</i>	
CYCLOPLEGIC MYDRIATICS	
<i>atropine sulfate (ophthalmic) (generic of ATROPINE SULFATE) SOLN 1%</i>	QL (15 mL / 25 days)
<i>cyclopentolate hcl (generic of CYCLOGYL) SOLN 1%</i>	QL (15 mL / 25 days)
<i>ISOPTO ATROPINE SOLN 1%</i>	QL (15 mL / 25 days)
MIOTICS	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate soln .2%</i>	
OPHTHALMIC ANTI-INFECTIVES	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentak oint .3%</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	QL (10 mL / 30 days)
<i>levofloxacin (ophth) soln .5%</i>	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	QL (3 mL / 25 days)
<i>neo-polycin</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	

DRUG NAME	REQUIREMENTS/LIMITS
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	
<i>sulfacetamide sodium (ophth) soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
<i>trifluridine soln 1%</i>	QL (7.5 mL / 25 days)
OPHTHALMIC INTEGRIN ANTAGONISTS	
XIIDRA SOLN 5%	ST; Requires trial of OTC lubricant and ointment
OPHTHALMIC LOCAL ANESTHETICS	
<i>proparacaine hcl (generic of ALCAINE) SOLN .5%</i>	
OPHTHALMIC STEROIDS	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>fluorometholone (ophth) susp .1%</i>	QL (15 mL / 25 days)
<i>neo-polycin hc</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	
OPHTHALMICS - MISC.	
<i>azelastine hcl (ophth) soln .05%</i>	PA, QL (6 mL / 25 days)
<i>cromolyn sodium (ophth) soln 4%</i>	
<i>diclofenac sodium (ophth) soln .1%</i>	
<i>dorzolamide hcl (generic of TRUSOPT) SOLN 2%</i>	
<i>eye allergy itch relief soln .2%</i>	QL (2.5 mL / 30 days), OTC
<i>eye allergy itch/redness soln .1%</i>	QL (5 mL / 30 days), OTC
<i>flurbiprofen sodium soln .03%</i>	
<i>gnp olopatadine hydrochlo soln .1%</i>	QL (5 mL / 30 days), OTC
<i>gnp olopatadine hydrochlo soln .2%</i>	QL (2.5 mL / 30 days), OTC
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv) soln .025%</i>	QL (10 mL / 25 days), OTC
<i>olopatadine hcl soln .1%</i>	QL (5 mL / 30 days), OTC
<i>olopatadine hcl soln .2%</i>	QL (2.5 mL / 30 days), OTC
<i>PATADAY SOLN .1%</i>	QL (5 mL / 30 days), OTC
<i>PATADAY SOLN .2%</i>	QL (2.5 mL / 30 days), OTC
<i>sm olopatadine hcl soln .2%</i>	QL (2.5 mL / 30 days), OTC
<i>sodium chloride hypertonic oint 5%</i>	OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>sodium chloride hypertonic ophth soln 5% soln 5%</i>	OTC
PROSTAGLANDINS - OPHTHALMIC	
<i>bimatoprost soln .03%</i>	ST; Requires trial of latanoprost
<i>latanoprost (generic of XALATAN) SOLN .005%</i>	QL (5 mL / 25 days)
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR	
OTIC AGENTS - MISCELLANEOUS	
<i>acetic acid (otic) soln 2%</i>	QL (20 mL / 25 days)
<i>carbamide peroxide 6.5% otic soln soln 6.5%</i>	OTC
OTIC ANTI-INFECTIVES	
<i>ciprofloxacin hcl (otic) soln .2%</i>	QL (14 ea / 25 days)
<i>ofloxacin (otic) soln .3%</i>	QL (5 mL / 25 days)
OTIC COMBINATIONS	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
OTIC STEROIDS	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
OXYTOCICS - DRUGS FOR PREGNANCY	
OXYTOCICS - DRUGS FOR PREGNANCY	
<i>methergine tabs .2mg</i>	QL (7 tabs / 1 day)
<i>methylergonovine maleate tabs .2mg</i>	QL (7 tabs / 1 day)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS	
IMMUNE SERUMS	
<i>HYPERRHO S/D SOSY 1500unit</i>	SP
<i>HYPERRHO S/D MINI-DOSE SOSY 250unit</i>	SP
<i>MICRHOGAM ULTRA-FILTERED SOSY 250unit</i>	SP
<i>RHOGAM ULTRA-FILTERED PLU SOSY 1500unit</i>	SP
<i>RHOPHYLAC SOSY 1500unit/2ml</i>	SP
MONOCLONAL ANTIBODIES	
<i>SYNAGIS SOLN 50mg/0.5ml, 100mg/ml</i>	SP, PA
PENICILLINS - DRUGS TO TREAT INFECTIONS	
AMINOPENICILLINS	
<i>amoxicillin caps 250mg, 500mg</i>	QL (8 caps / 1 day)
<i>amoxicillin chew 125mg</i>	QL (6 tabs / 1 day)
<i>amoxicillin chew 250mg</i>	QL (8 tabs / 1 day)
<i>amoxicillin susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	
<i>amoxicillin tabs 500mg</i>	QL (5 tabs / 1 day)
<i>amoxicillin tabs 875mg</i>	QL (4 tabs / 1 day)
<i>ampicillin caps 500mg</i>	QL (8 caps / 1 day)
NATURAL PENICILLINS	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml</i>	QL (40 mL / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>penicillin v potassium tabs 250mg, 500mg</i>	QL (8 tabs / 1 day)
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	QL (3 tabs / 1 day); AGE (Max 12)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	QL (4 tabs / 1 day); AGE (Max 12)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	AGE (Max 12)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	AGE (Max 12)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	AGE (Max 12)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	QL (2 tabs / 1 day)
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	QL (2 tabs / 1 day)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	QL (2 tabs / 1 day)
PENICILLINASE-RESISTANT PENICILLINS	
<i>dicloxacillin sodium caps 250mg</i>	QL (8 caps / 1 day)
<i>dicloxacillin sodium caps 500mg</i>	QL (6 caps / 1 day)
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING	
ANTIMICROBIAL AGENTS	
BENZYL ALC LIQ	AGE (Min 16, Max 60)
BENZYL ALC LIQ	OTC; AGE (Min 16, Max 60)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
<i>hydroxyprogesterone caproate (generic of MAKENA) 250mg/ml</i>	OIL SP, PA
<i>medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg</i>	QL (2 tabs / 1 day)
<i>norethindrone acetate (generic of AYGESTIN) TABS 5mg</i>	QL (1 tab / 1 day)
<i>progesterone (generic of PROMETRIUM) CAPS 100mg</i>	QL (1 cap / 1 day)
<i>progesterone (generic of PROMETRIUM) CAPS 200mg</i>	QL (2 caps / 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	
AGENTS FOR CHEMICAL DEPENDENCY	
<i>acamprosate calcium tbec 333mg</i>	
<i>disulfiram tabs 250mg, 500mg</i>	QL (1 tab / 1 day)
ANTI-CATAPLECTIC AGENTS	
XYREM SOLN 500mg/ml	SP, PA
ANTIDEMENTIA AGENTS	
<i>donepezil hydrochloride (generic of ARICEPT) 10mg</i>	TABS 5mg, QL (1 tab / 1 day)
<i>donepezil hydrochloride tbdp 5mg</i>	QL (2 each / 1 day)
<i>donepezil hydrochloride tbdp 5mg</i>	QL (2 tabs / 1 day)
<i>donepezil hydrochloride tbdp 10mg</i>	QL (1 each / 1 day)
<i>donepezil hydrochloride tbdp 10mg</i>	QL (1 tab / 1 day)

DRUG NAME	REQUIREMENTS/LIMITS
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg	
<i>galantamine hydrobromide tabs</i> 4mg, 8mg, 12mg	
<i>memantine hcl soln</i> 2mg/ml, 10mg/5ml	
<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg	
<i>memantine hcl tab</i> 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	PA
<i>rivastigmine tartrate caps</i> 1.5mg, 3mg, 4.5mg, 6mg	

MOVEMENT DISORDER DRUG THERAPY

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

AUBAGIO TABS 7mg, 14mg	SP, PA
AVONEX PSKT 30mcg/0.5ml	SP, PA
AVONEX PEN AJKT 30mcg/0.5ml	SP, PA
BETASERON KIT .3mg	SP, PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	SP, PA
<i>dimethyl fumarate</i> (generic of TECFIDERA) CPDR 120mg, 240mg	SP, PA, QL (2 caps / 1 day)
EXTAVIA KIT .3mg	SP, PA
GILENYA CAPS .5mg	SP, PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	SP, PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	SP, PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	SP, PA
REBIF REBIDO INJ TITRATN	SP, PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	SP, PA
REBIF TITRTN INJ PACK	SP, PA

SMOKING DETERRENTS

APO-VARENICLINE TABS .5mg, 1mg	PA
<i>bupropion hcl</i> (smoking deterrent) tb12 150mg	QL (2 tabs / 1 day)
<i>nicotine polacrilex gum</i> 2 mg gum 2mg	QL (8 pieces / 1 day), OTC; max 3 fills per 365 days
<i>nicotine polacrilex gum</i> 4 mg gum 4mg	QL (8 pieces / 1 day), OTC; max 3 fills per 365 days
<i>nicotine polacrilex lozenge</i> 2 mg lozg 2mg	QL (8 lozgs / 1 day), OTC
<i>nicotine polacrilex lozenge</i> 4 mg lozg 4mg	QL (8 lozgs / 1 day), OTC; max 3 fills per 365 days
<i>nicotine td patch</i> 24hr 7 mg/24hr pt24 7mg/24hr	QL (1 patch / 1 day), OTC; max 90 days per year
<i>nicotine td patch</i> 24hr 14 mg/24hr pt24 14mg/24hr	QL (1 patch / 1 day), OTC; max 90 days per year

DRUG NAME	REQUIREMENTS/LIMITS
<i>nicotine td patch 24hr 21 mg/24hr pt24 21mg/24hr</i>	QL (1 patch / 1 day), OTC; max 90 days per year
<i>varenicline tartrate tabs .5mg, 1mg</i>	PA
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	PA

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

ALPHA-PROTEINASE INHIBITOR (HUMAN)

ARALAST NP SOLR 1000mg	SP, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	SP, PA
ZEMAIRA SOLR 1000mg	SP, PA

CYSTIC FIBROSIS AGENTS

KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg	SP, PA
ORKAMBI GRA 150-188	SP, PA
ORKAMBI TAB 100-125	SP, PA; AGE (Min 6, Max 11)
ORKAMBI TAB 200-125	SP, PA; AGE (Min 11)
PULMOZYME SOLN 2.5mg/2.5ml	SP, PA, QL (2.5 mL / 1 day)
SYMDEKO TAB 50-75MG	SP, PA
SYMDEKO TAB 100-150	SP, PA
TRIKAFTA TAB	SP, PA

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

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

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

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

THYROID HORMONES

ARMOUR THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg	QL (1 tab / 1 day); AGE (Max 64)
<i>levothyroxine sodium tab 25 mcg (generic of LEVOTHYROXINE SODIUM TAB 25 MCG) TABS 25mcg</i>	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 50 mcg (generic of LEVOTHYROXINE SODIUM TAB 50 MCG) TABS 50mcg</i>	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 75 mcg (generic of LEVOTHYROXINE SODIUM TAB 75 MCG) TABS 75mcg</i>	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 88 mcg (generic of LEVOTHYROXINE SODIUM TAB 88 MCG) TABS 88mcg</i>	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 100 mcg (generic of LEVOTHYROXINE SODIUM TAB 100 MCG) TABS 100mcg</i>	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 112 mcg (generic of LEVOTHYROXINE SODIUM TAB 112 MCG) TABS 112mcg</i>	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 125 mcg (generic of LEVOTHYROXINE SODIUM TAB 125 MCG) TABS 125mcg</i>	QL (2 tabs / 1 day)

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

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	AGE (Min 19)
BOOSTRIX INJ	AGE (Min 19)
TDVAX INJ 2-2 LF	AGE (Min 19)
TENIVAC INJ 5-2LF	AGE (Min 19)
TET/DIP TOX INJ 2-2 LF	AGE (Min 19)

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

ANTISPASMODICS

<i>dicyclomine hcl caps 10mg</i>	QL (4 caps / 1 day); AGE (Max 64)
<i>dicyclomine hcl soln 10mg/5ml</i>	QL (80 mL / 1 day); AGE (Max 64)
<i>dicyclomine hcl tabs 20mg</i>	QL (8 tabs / 1 day); AGE (Max 64)
<i>glycopyrrolate</i> (generic of CUVPOSA) SOLN 1mg/5ml	PA
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml</i>	QL (60 mL / 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tabs .125mg</i>	QL (12 tabs / 1 day); AGE (Max 64)

DRUG NAME	REQUIREMENTS/LIMITS
<i>hyoscyamine sulfate sl tab 0.125 mg subl .125mg</i>	QL (12 tabs / 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab disint 0.125 mg tbdp .125mg</i>	QL (12 tabs / 1 day); AGE (Max 64)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg tb12 .375mg</i>	QL (4 tabs / 1 day); AGE (Max 64)
<i>oscimin tabs .125mg</i>	QL (12 tabs / 1 day); AGE (Max 64)

H-2 ANTAGONISTS

<i>cimetidine tabs 200mg</i>	QL (4 tabs / 1 day)
<i>cimetidine tabs 300mg, 400mg, 800mg</i>	QL (2 tabs / 1 day)
<i>cimetidine hcl soln 300mg/5ml</i>	QL (60 mL / 1 day)
<i>cimetidine tab 200 mg tabs 200mg</i>	QL (4 tabs / 1 day), OTC
<i>famotidine susr 40mg/5ml</i>	QL (5 mL / 1 day); AGE (Max 6)
<i>famotidine (generic of PEPCID) TABS 20mg, 40mg</i>	QL (2 tabs / 1 day)
<i>famotidine tab 10 mg tabs 10mg</i>	QL (2 tabs / 1 day), OTC
<i>famotidine tab 20 mg tabs 20mg</i>	QL (2 tabs / 1 day), OTC
<i>nizatidine caps 150mg</i>	ST, QL (4 caps / 1 day); Requires trial of famotidine
<i>nizatidine soln 15mg/ml</i>	ST; Requires trial of famotidine

MISC. ANTI-ULCER

<i>sucralfate (generic of CARAFATE) SUSP 1gm/10ml</i>	QL (40 mL / 1 day); AGE (Max 18)
<i>sucralfate (generic of CARAFATE) TABS 1gm</i>	QL (4 tabs / 1 day)

PROTON PUMP INHIBITORS

<i>acid reducer cpdr 20.6mg</i>	QL (1 cap / 1 day), OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq) cpdr 20mg</i>	QL (2 caps / 1 day), OTC
FIRST-OMEPRAZOLE SUSP 2mg/ml	QL (5 mL / 1 day); AGE (Max 12)
<i>gnp omeprazole cpdr 20.6mg</i>	QL (1 cap / 1 day), OTC
<i>gnp omeprazole tbec 20mg</i>	QL (3 tabs / 1 day), OTC
<i>lansoprazole cpdr 15mg</i>	QL (2 caps / 1 day)
<i>lansoprazole cpdr 15mg</i>	QL (2 caps / 1 day), OTC
<i>omeprazole cpdr 10mg, 20mg</i>	QL (3 caps / 1 day)
<i>omeprazole cpdr 40mg</i>	QL (1 cap / 1 day)
<i>omeprazole tbec 20mg</i>	QL (3 tabs / 1 day), OTC
<i>omeprazole magnesium cpdr 20.6mg</i>	QL (1 cap / 1 day), OTC
<i>omeprazole magnesium tbec 20mg</i>	QL (3 tabs / 1 day), OTC
<i>pantoprazole sodium (generic of PROTONIX) TBEC 20mg</i>	QL (1 tab / 1 day)
<i>pantoprazole sodium (generic of PROTONIX) TBEC 40mg</i>	QL (3 each / 1 day)
<i>pantoprazole sodium (generic of PROTONIX) TBEC 40mg</i>	QL (3 tabs / 1 day)

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg</i>	QL (4 tabs / 1 day)
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DRUG NAME	REQUIREMENTS/LIMITS
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	
<i>oxybutynin chloride syrp 5mg/5ml</i>	QL (20 mL / 1 day)
<i>oxybutynin chloride tabs 5mg</i>	QL (3 tabs / 1 day)
<i>oxybutynin chloride (generic of DITROPAN XL) TB24 5mg, 10mg</i>	ST, QL (1 tab / 1 day); Requires trial of oxybutynin IR
<i>oxybutynin chloride tb24 15mg</i>	ST, QL (1 tab / 1 day); Requires trial of oxybutynin IR
<i>tolterodine tartrate (generic of DETROL) TABS 1mg, 2mg</i>	ST, QL (2 tabs / 1 day); Requires trial of oxybutynin
<i>tropium chloride tabs 20mg</i>	ST, QL (2 tabs / 1 day); Requires trial of oxybutynin
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	QL (4 tabs / 1 day)
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	
<i>flavoxate hcl tabs 100mg</i>	QL (4 tabs / 1 day)
VACCINES - DRUGS TO PREVENT INFECTIONS	
BACTERIAL VACCINES	
PNEUMOVAX 23 INJ 25mcg/0.5ml	AGE (Min 19); QL (max 2 fill per lifetime)
PREVNAR 13 INJ	AGE (Min 19); QL (max 1 fill per lifetime)
PREVNAR 20 INJ	AGE (Min 19); QL (max 1 fill per lifetime)
VAXNEUVANCE INJ	AGE (Min 19); QL (max 1 fill per lifetime)
VIRAL VACCINES	
AFLURIA QUAD INJ 2022-23	AGE (Min 19)
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	AGE (Min 19)
FLUARIX QUAD INJ 2022-23	AGE (Min 19)
FLUBLOK QUAD INJ 2022-23	AGE (Min 19)
FLUCLVX QUAD INJ 2022-23	AGE (Min 19)
FLULAVAL QUA INJ 2022-23	AGE (Min 19)
FLUMIST QUAD SUS 2022-23	AGE (Min 19, Max 49)
FLUZONE QUAD INJ 2022-23	AGE (Min 19)
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	AGE (Min 19)
HEPLISAV-B SOSY 20mcg/0.5ml	AGE (Min 19)
JANSSEN COVID-19 VACCINE SUSP .5ml	
MODERNA COVID-19 VACCINE SUSP 100mcg/0.5ml	
PFIZER-BIONTECH COVID-19 SUSP 30mcg/0.3ml	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml	AGE (Min 19)
SHINGRIX SUSR 50mcg/0.5ml	AGE (Min 19); QL (max 2 fill per lifetime)
TWINRIX INJ	AGE (Min 19)
VAQTA SUSP 25unit/0.5ml, 50unit/ml	AGE (Min 19)

DRUG NAME	REQUIREMENTS/LIMITS
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VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

SPERMICIDES

TODAY SPONGE MISC 1000mg	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%	OTC

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2%	
<i>clotrimazole vaginal crea</i> 1%	OTC
<i>clotrimazole vaginal cream</i> 2% crea 2%	OTC
<i>metronidazole vaginal gel</i> .75%	QL (70 gm / 5 days)
<i>miconazole nitrate vaginal app</i> 200 mg & 2% cream 9 gm kit	OTC
<i>miconazole nitrate vaginal cream</i> 2% crea 2%	OTC
<i>miconazole nitrate vaginal cream</i> 4% (200 mg/5gm) crea 4%	OTC
<i>miconazole nitrate vaginal supp</i> 200 mg & 2% cream 9 gm kit	OTC
<i>miconazole nitrate vaginal suppos</i> 100 mg supp 100mg	OTC
<i>qc clotrimazole crea</i> 1%	OTC
<i>terconazole vaginal crea</i> .4%, .8%	
<i>terconazole vaginal supp</i> 80mg	QL (1 supp / 1 day)
<i>tioconazole vaginal oint</i> 6.5% oint 6.5%	OTC

VAGINAL ESTROGENS

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

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml	QL (2 pens / 25 days)
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml	QL (2 pens / 25 days)
<i>epinephrine (anaphylaxis) soaj</i> .15mg/0.15ml	QL (1 pen / 25 days)
SYMJEPI SOSY .3mg/0.3ml	QL (2 syringes / 25 days)
SYMJEPI SOSY .15mg/0.3ml	QL (1 syringe / 25 days)

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

<i>midodrine hcl tabs</i> 2.5mg, 5mg, 10mg	QL (3 tabs / 1 day)
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VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

<i>cholecalciferol cap</i> 2000 unit caps 50mcg	QL (1 cap / 1 day), OTC
<i>cholecalciferol cap</i> 5000 unit caps 5000unit	QL (1 cap / 1 day), OTC
<i>cholecalciferol cap</i> 10000 unit caps 10000unit	QL (1 cap / 1 day), OTC
<i>cholecalciferol cap</i> 50000 unit caps 1.25mg, 50000unit	QL (1 cap / 1 day), OTC
<i>cholecalciferol oral liquid</i> 400 unit/ml liqd 10mcg/ml, 400unit/ml	QL (6 mL / 1 day), OTC

DRUG NAME	REQUIREMENTS/LIMITS
<i>cholecalciferol tab 400 unit tabs 400unit</i>	QL (6 tabs / 1 day), OTC
<i>cholecalciferol tab 1000 unit tabs 1000unit</i>	QL (6 tabs / 1 day), OTC
<i>cholecalciferol tab 2000 unit tabs 2000unit</i>	QL (6 tabs / 1 day), OTC
<i>ergocalciferol (generic of DRISDOL) CAPS 1.25mg, 50000unit</i>	QL (6 caps / 1 day)
<i>phytonadione (generic of MEPHYTON) TABS 5mg</i>	QL (5 tabs / 1 day)

WATER SOLUBLE VITAMINS

<i>ascorbic acid tab 500 mg tabs 500mg</i>	OTC
<i>niacin cpcr 250mg; tbc 750mg</i>	OTC
<i>niacin tab 500 mg tabs 500mg</i>	OTC
<i>pyridoxine hcl tabs 25mg</i>	QL (2 tabs / 1 day), OTC
<i>pyridoxine hcl tab 50 mg tabs 50mg</i>	QL (4 tabs / 1 day), OTC
<i>pyridoxine hcl tab 100 mg tabs 100mg</i>	QL (4 tabs / 1 day), OTC
<i>riboflavin tabs 100mg</i>	OTC
<i>thiamine hcl tab 100 mg tabs 100mg</i>	QL (1 tab / 1 day), OTC
<i>thiamine mononitrate tabs 100mg</i>	QL (1 tab / 1 day), OTC

Index

- ***
*sodium polystyrene sulfonate powder**93
- 1**
12hr allergy/congestion r73
- 2**
2 CPAP HOSE MIS HANGER90
- A**
abacavir sulfate61
abacavir sulfate-lamivudine tab 600-300 mg61
ABILIFY
see aripiprazole61
ABILIFY MAINTENA61
abiraterone acetate57
acamprosate calcium100
acarbose47
ACCOLATE
see zafirlukast40
ACCUPRIL
see quinapril hcl53
ACCURETIC
see quinapril-hydrochlorothiazide tab 10-12.5 mg55
see quinapril-hydrochlorothiazide tab 20-12.5 mg55
see quinapril-hydrochlorothiazide tab 20-25 mg55
ACE AERO CLD MIS ENHANCER89
acebutolol hcl64
acetaminophen33
acetaminophen chew tab 160 mg33
acetaminophen chew tab 80 mg33
acetaminophen disintegrating tab 160 mg33
acetaminophen liquid 160 mg/5ml ...33
acetaminophen liquid 167 mg/5ml ...33
acetaminophen suppos 120 mg33
acetaminophen suppos 650 mg33
acetaminophen susp 160 mg/5ml34
acetaminophen tab 325 mg34
acetaminophen tab 500 mg34
acetaminophen tab er 650 mg34
acetaminophen w/ codeine soln 120-12 mg/5ml35
acetaminophen w/ codeine tab 300-15 mg35
acetaminophen w/ codeine tab 300-30 mg35
acetaminophen w/ codeine tab 300-60 mg35
acetazolamide79
acetic acid82
acetic acid (otic)99
ACETONE (URINE) TEST STRIP79
acetylcysteine74
acid reducer104
acne medication 2.574
ACTIVITY PCH MIS89
ACTOS
see pioglitazone hcl49
ACULAR
see ketorolac tromethamine (ophth)98
acyclovir64
acyclovir topical76
ADACEL INJ103
adapalene74
ADDERALL
see amphetamine-dextroamphetamine tab 10 mg ..30
see amphetamine-dextroamphetamine tab 12.5 mg 30
see amphetamine-dextroamphetamine tab 15 mg ..30
see amphetamine-dextroamphetamine tab 20 mg ..30
see amphetamine-dextroamphetamine tab 30 mg ..30
see amphetamine-dextroamphetamine tab 5 mg30
see amphetamine-dextroamphetamine tab 7.5 mg .30
ADDERALL XR
see amphetamine-dextroamphetamine cap er 24hr 10 mg30
see amphetamine-dextroamphetamine cap er 24hr 15 mg30

see <i>amphetamine-</i>	
<i>dextroamphetamine cap er 24hr 20</i>	
<i>mg</i>	30
see <i>amphetamine-</i>	
<i>dextroamphetamine cap er 24hr 25</i>	
<i>mg</i>	30
see <i>amphetamine-</i>	
<i>dextroamphetamine cap er 24hr 30</i>	
<i>mg</i>	30
see <i>amphetamine-</i>	
<i>dextroamphetamine cap er 24hr 5</i>	
<i>mg</i>	30
<i>adefovir dipivoxil</i>	64
ADMELOG	49
ADMELOG SOLOSTAR	49
ADULT MASK MIS LARGE	89
ADVAIR DISKUS	
see <i>fluticasone-salmeterol aer</i>	
<i>powder ba 100-50 mcg/act</i>	41
see <i>fluticasone-salmeterol aer</i>	
<i>powder ba 250-50 mcg/act</i>	42
see <i>fluticasone-salmeterol aer</i>	
<i>powder ba 500-50 mcg/act</i>	42
see <i>wixela inhub</i>	42
ADVATE.....	83
AEROSOL MASK MIS ADULT	89
AEROTRC PLUS MIS	89
<i>afirmelle</i>	67
AFLURIA QUAD INJ 2022-23.....	105
AIR TUBE MIS /PLUGS	89
AIRS PEDIATR MIS MASK.....	89
<i>albendazole</i>	37
<i>albuterol sulfate</i>	41
ALCAINE	
see <i>proparacaine hcl</i>	98
<i>alclometasone dipropionate</i>	76
ALCOHOL SWABS	88
ALDACTAZIDE	
see <i>spironolactone &</i>	
<i>hydrochlorothiazide tab 25-25 mg</i>	
.....	80
ALDACTONE	
see <i>spironolactone</i>	80
ALECENSA	57
<i>alendronate sodium</i>	80
<i>alfuzosin hcl</i>	83
<i>allergy relief</i>	51
<i>allopurinol</i>	83
<i>alogliptin benzoate</i>	48
<i>alogliptin-metformin hcl tab 12.5-1000</i>	
<i>mg</i>	47
<i>alogliptin-metformin hcl tab 12.5-500</i>	
<i>mg</i>	47
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	
.....	47
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	
.....	47
<i>alogliptin-pioglitazone tab 25-15 mg</i>	
.....	47
<i>alogliptin-pioglitazone tab 25-30 mg</i>	
.....	48
<i>alogliptin-pioglitazone tab 25-45 mg</i>	
.....	48
<i>alprazolam</i>	39
ALTACE	
see <i>ramipril</i>	53
<i>altavera</i>	67
ALTERA NEB MIS HANDSET	89
<i>alum & mag hydroxide-simethicone</i>	
<i>chew tab 200-200-25 mg</i>	37
<i>alum & mag hydroxide-simethicone</i>	
<i>susp 200-200-20 mg/5ml</i>	37
<i>alum & mag hydroxide-simethicone</i>	
<i>susp 400-400-40 mg/5ml</i>	37
<i>aluminum hydroxide-magnesium</i>	
<i>carbonate chew tab 160-105 mg...</i>	37
<i>aluminum hydroxide-magnesium</i>	
<i>carbonate susp 95-358 mg/15ml ..</i>	37
ALVESCO.....	40
<i>alyacen 1/35</i>	67
<i>alyacen 7/7/7</i>	67
<i>amantadine hcl</i>	58
AMARYL	
see <i>glimepiride</i>	49, 50
AMBIEN	
see <i>zolpidem tartrate</i>	85
<i>ambrisentan</i>	66
<i>amethia</i>	67
<i>amiloride & hydrochlorothiazide tab 5-</i>	
<i>50 mg</i>	79
<i>amiloride hcl</i>	80
<i>amiodarone hcl</i>	40
<i>amitriptyline hcl</i>	46
<i>amlodipine besylate</i>	65
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-20 mg</i>	54

<i>amlodipine besylate-benazepril hcl cap</i> 10-40 mg	54	<i>amphetamine-dextroamphetamine tab</i> 12.5 mg	30
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg	54	<i>amphetamine-dextroamphetamine tab</i> 15 mg	30
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg	54	<i>amphetamine-dextroamphetamine tab</i> 20 mg	30
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg	54	<i>amphetamine-dextroamphetamine tab</i> 30 mg	30
<i>amlodipine besylate-valsartan tab</i> 10- 160 mg	54	<i>amphetamine-dextroamphetamine tab</i> 5 mg.....	30
<i>amlodipine besylate-valsartan tab</i> 10- 320 mg	54	<i>amphetamine-dextroamphetamine tab</i> 7.5 mg	30
<i>amlodipine besylate-valsartan tab</i> 5- 160 mg	54	<i>ampicillin</i>	99
<i>amlodipine besylate-valsartan tab</i> 5- 320 mg	54	AMPYRA see <i>dalfampridine</i>	101
<i>amoxicillin</i>	99	ANAFRANIL see <i>clomipramine hcl</i>	46
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	100	<i>anastrozole</i>	57
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	100	ANORO ELLIPT AER 62.5-25.....	41
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml.....	100	<i>antihistamine/nasal decon</i>	72
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	100	APO-VARENICLINE.....	101
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml.....	100	<i>apri</i>	67
<i>amoxicillin & k clavulanate tab</i> 250-125 mg.....	100	APRISO see <i>mesalamine</i>	82
<i>amoxicillin & k clavulanate tab</i> 500-125 mg.....	100	<i>aprodine</i>	72
<i>amoxicillin & k clavulanate tab</i> 875-125 mg.....	100	APTIVUS	61
<i>amphetamine-dextroamphetamine cap</i> er 24hr 10 mg	30	ARALAST NP	102
<i>amphetamine-dextroamphetamine cap</i> er 24hr 15 mg	30	ARANESP ALBUMIN FREE	84
<i>amphetamine-dextroamphetamine cap</i> er 24hr 20 mg	30	ARAVA see <i>leflunomide</i>	33
<i>amphetamine-dextroamphetamine cap</i> er 24hr 25 mg	30	ARICEPT see <i>donepezil hydrochloride</i>	100
<i>amphetamine-dextroamphetamine cap</i> er 24hr 30 mg	30	ARIMIDEX see <i>anastrozole</i>	57
<i>amphetamine-dextroamphetamine cap</i> er 24hr 5 mg	30	<i>aripiprazole</i>	61
<i>amphetamine-dextroamphetamine tab</i> 10 mg	30	ARISTADA	61
		ARIXTRA see <i>fondaparinux sodium</i>	43
		<i>armodafinil</i>	31
		ARMOUR THYROID.....	102
		<i>arthritis pain reliever</i>	75
		<i>arthritis pain relieving</i>	78
		<i>artificial tear ophth solution</i>	96
		<i>ascorbic acid tab</i> 500 mg	107
		<i>asenapine maleate</i>	60
		<i>ashlyna</i>	67
		ASMANEX HFA	40

ASMANEX TWISTHALER 120 ME.....	40
ASMANEX TWISTHALER 14 MET.....	40
ASMANEX TWISTHALER 30 MET.....	40
ASMANEX TWISTHALER 60 MET.....	40
ASPIRIN	34
<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg.....</i>	<i>34</i>
<i>aspirin chew tab 81 mg</i>	<i>34</i>
<i>aspirin tab 325 mg.....</i>	<i>34</i>
<i>aspirin tab delayed release 325 mg ..</i>	<i>34</i>
<i>aspirin tab delayed release 81 mg</i>	<i>34</i>
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	<i>83</i>
<i>atazanavir sulfate</i>	<i>61, 62</i>
<i>atenolol.....</i>	<i>64</i>
<i>atenolol & chlorthalidone tab 100-25 mg.....</i>	<i>54</i>
<i>atenolol & chlorthalidone tab 50-25 mg</i>	<i>54</i>
ATIVAN	
<i>see lorazepam</i>	<i>39</i>
<i>atomoxetine hcl.....</i>	<i>30</i>
<i>atorvastatin calcium</i>	<i>53</i>
<i>atovaquone.....</i>	<i>37</i>
ATRIPLA	
<i>see efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	<i>62</i>
ATROPINE SULFATE	
<i>see atropine sulfate (ophthalmic) ..</i>	<i>97</i>
<i>atropine sulfate (ophthalmic).....</i>	<i>97</i>
ATROVENT HFA	40
AUBAGIO.....	101
<i>aubra</i>	<i>67</i>
<i>aubra eq.....</i>	<i>67</i>
AUGMENTIN	
<i>see amoxicillin & k clavulanate tab 500-125 mg</i>	<i>100</i>
AUGMENTIN ES-600	
<i>see amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....</i>	<i>100</i>
<i>aurovela 1.5/30.....</i>	<i>67</i>
<i>aurovela 1/20</i>	<i>67</i>
<i>aurovela fe 1.5/30</i>	<i>67</i>
<i>aurovela fe 1/20</i>	<i>67</i>
AVALIDE	
<i>see irbesartan-hydrochlorothiazide tab 150-12.5 mg.....</i>	<i>55</i>
<i>see irbesartan-hydrochlorothiazide tab 300-12.5 mg.....</i>	<i>55</i>
AVAPRO	
<i>see irbesartan</i>	<i>53</i>
<i>aviane</i>	<i>68</i>
<i>avita.....</i>	<i>74, 75</i>
AVONEX	101
AVONEX PEN.....	101
AYGESTIN	
<i>see norethindrone acetate.....</i>	<i>100</i>
<i>ayuna</i>	<i>68</i>
<i>azathioprine.....</i>	<i>93</i>
<i>azelastine hcl</i>	<i>96</i>
<i>azelastine hcl (ophth).....</i>	<i>98</i>
<i>azithromycin</i>	<i>86, 87</i>
AZULFIDINE	
<i>see sulfasalazine.....</i>	<i>82</i>
AZULFIDINE EN-TABS	
<i>see sulfasalazine.....</i>	<i>82</i>
<i>azurette</i>	<i>68</i>
B	
<i>bac.....</i>	<i>33</i>
<i>bacitracin (ophthalmic).....</i>	<i>97</i>
<i>bacitracin oint 500 unit/gm</i>	<i>75</i>
<i>bacitracin zinc oint 500 unit/gm.....</i>	<i>75</i>
<i>bacitracin-polymyxin b oint</i>	<i>75</i>
<i>bacitracin-polymyxin b ophth oint</i>	<i>97</i>
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	<i>98</i>
<i>baclofen</i>	<i>95</i>
BACTRIM	
<i>see sulfamethoxazole-trimethoprim tab 400-80 mg</i>	<i>37</i>
BACTRIM DS	
<i>see sulfamethoxazole-trimethoprim tab 800-160 mg.....</i>	<i>37</i>
<i>balsalazide disodium</i>	<i>82</i>
<i>balziva</i>	<i>68</i>
BANZEL	
<i>see rufinamide</i>	<i>44</i>
BAQSIMI ONE PACK.....	48
BAQSIMI TWO PACK	48
BARACLUDE.....	64
<i>see entecavir</i>	<i>64</i>
BASAGLAR KWIKPEN.....	49
<i>b-complex w/ c & folic acid cap 1 mg-rx</i>	<i>94</i>

<i>b-complex w/ c & folic acid tab 0.8 mg</i>	
.....	94
<i>b-complex w/ c & folic acid tab 1 mg</i>	94
<i>b-complex w/ c & folic acid tab 1 mg-</i>	
<i>rx</i>	94
<i>b-complex w/ c & folic acid tab 5 mg-</i>	
<i>rx</i>	94
BD U-500 MIS 31GX6MM	88
<i>benazepril & hydrochlorothiazide tab</i>	
<i>10-12.5 mg</i>	54
<i>benazepril & hydrochlorothiazide tab</i>	
<i>20-12.5 mg</i>	54
<i>benazepril & hydrochlorothiazide tab</i>	
<i>20-25 mg</i>	54
<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>6.25 mg</i>	54
<i>benazepril hcl</i>	53
BENEFIX	83
<i>benzonatate</i>	72
<i>benzoyl peroxide</i>	75
<i>benzoyl peroxide gel 10%</i>	75
<i>benzoyl peroxide gel 5%</i>	75
<i>benzoyl peroxide liq 10%</i>	75
<i>benzoyl peroxide liq 5%</i>	75
BENZOYL PEROXIDE LOTION 10%	75
BENZOYL PEROXIDE LOTION 5%	75
<i>benztropine mesylate</i>	57, 58
BENZYL ALC LIQ	100
BENZYL BENZO LIQ	67
<i>betamethasone dipropionate (topical)</i>	
.....	77
<i>betamethasone dipropionate</i>	
<i>augmented</i>	77
<i>betamethasone valerate</i>	77
BETAPACE	
see <i>sorine</i>	65
see <i>sotalol hcl</i>	65
BETAPACE AF	
see <i>sotalol hcl (afib/af)</i>	65
<i>betasept surgical scrub</i>	61
BETASERON	101
<i>bethanechol chloride</i>	105
<i>bicalutamide</i>	57
BIKTARVY TAB 30-120-15 MG	62
BIKTARVY TAB 50-200-25 MG	62
<i>bimatoprost</i>	99
<i>bisacodyl suppos 10 mg</i>	86
<i>bisacodyl tab delayed release 5 mg</i> ..	86
<i>bismuth subsalicylate chew tab 262 mg</i>	
.....	50
<i>bismuth subsalicylate susp 262</i>	
<i>mg/15ml</i>	50
<i>bismuth subsalicylate susp 525</i>	
<i>mg/15ml</i>	50
<i>bismuth subsalicylate tab 262 mg</i> ...	50
<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>10-6.25 mg</i>	55
<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>2.5-6.25 mg</i>	55
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
<i>6.25 mg</i>	55
<i>bisoprolol fumarate</i>	64
<i>blisovi fe 1.5/30</i>	68
<i>blisovi fe 1/20</i>	68
BOOSTRIX INJ	103
<i>bosentan</i>	66
<i>briellyn</i>	68
<i>brimonidine tartrate</i>	97
<i>bromocriptine mesylate</i>	58
<i>brompheniramine & phenylephrine</i>	
<i>elixir 1-2.5 mg/5ml</i>	72
<i>brompheniramine & pseudoephedrine</i>	
<i>elixir 1-15 mg/5ml</i>	72
BRUKINSA	57
BUBBLES PEDI MIS MASK	89
<i>budesonide</i>	71
<i>budesonide (inhalation)</i>	41
BUDESONIDE POW	67
BUDESONIDE POW MICRONIZ	67
<i>budesonide-formoterol fumarate dihyd</i>	
<i>aerosol 160-4.5 mcg/act</i>	41
<i>budesonide-formoterol fumarate dihyd</i>	
<i>aerosol 80-4.5 mcg/act</i>	41
<i>bumetanide</i>	80
BUMEX	
see <i>bumetanide</i>	80
<i>buprenorphine hcl</i>	36
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>12-3 mg (base equiv)</i>	36
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>2-0.5 mg (base equiv)</i>	36
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>4-1 mg (base equiv)</i>	36

buprenorphine hcl-naloxone hcl sl film
 8-2 mg (base equiv).....36
buprenorphine hcl-naloxone hcl sl tab
 2-0.5 mg (base equiv)36
buprenorphine hcl-naloxone hcl sl tab
 8-2 mg (base equiv).....36
bupropion hcl45
bupropion hcl (smoking deterrent) .101
bupirone hcl38
butalbital-acetaminophen tab 50-325
mg.....33
butalbital-acetaminophen-caff w/ cod
cap 50-325-40-30 mg.....35
butalbital-acetaminophen-caffeine tab
50-325-40 mg33
C
cabergoline81
caffeine citrate30
 CALAN SR
 see *verapamil hcl*66
calcipotriene76
calcitonin (salmon)80
calcitrene.....76
calcitriol81
calcium acetate (phosphate binder) ..82
 CALCIUM CARBONATE37
calcium carbonate (antacid)37
calcium carbonate (antacid) chew tab
1000 mg.....37
calcium carbonate (antacid) chew tab
500 mg37
calcium carbonate (antacid) chew tab
750 mg37
calcium carbonate tab 1500 mg (600
mg elemental ca).....91
calcium carbonate-cholecalciferol chew
tab 500 mg-400 unit91
calcium carbonate-cholecalciferol chew
tab 500 mg-600 unit91
calcium carbonate-cholecalciferol tab
250 mg-125 unit.....91
calcium carbonate-cholecalciferol tab
500 mg-200 unit.....91
calcium carbonate-cholecalciferol tab
500 mg-400 unit.....91
calcium carbonate-cholecalciferol tab
600 mg-200 unit.....91

calcium carbonate-cholecalciferol tab
600 mg-400 unit91
calcium carbonate-cholecalciferol tab
600 mg-800 unit91
calcium citrate-vitamin d tab 200 mg-
250 unit (elemental ca)91
calcium citrate-vitamin d tab 315 mg-
200 unit (elemental ca)91
calcium citrate-vitamin d tab 315 mg-
250 unit (elemental ca)91
calcium polycarbophil tab 625 mg85
calcium-magnesium-zinc tab 333-133-
5 mg.....91
camila.....71
camrese68
camrese lo.....68
capecitabine56
capsaicin78
captopril.....53
 CARAFATE
 see *sucralfate*.....104
carbamazepine.....43
carbamide peroxide 6.5% otic soln...99
 CARBATROL.....43
 see *carbamazepine*43
*carbidopa & levodopa tab 10-100 mg*58
*carbidopa & levodopa tab 25-100 mg*58
*carbidopa & levodopa tab 25-250 mg*58
carbidopa & levodopa tab er 25-100
mg58
carbidopa & levodopa tab er 50-200
mg58
carbidopa-levodopa-entacapone tabs
12.5-50-200 mg58
carbidopa-levodopa-entacapone tabs
18.75-75-200 mg58
carbidopa-levodopa-entacapone tabs
25-100-200 mg58
carbidopa-levodopa-entacapone tabs
31.25-125-200 mg.....58
carbidopa-levodopa-entacapone tabs
37.5-150-200 mg58
carbidopa-levodopa-entacapone tabs
50-200-200 mg58
carbinoxamine maleate51
carboxymethylcellulose sodium (pf)
ophth soln 0.5%.....97

<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	97	<i>see chlorhexidine gluconate soln 0.12%</i>	93
CARDIZEM		<i>chloroquine phosphate</i>	56
<i>see diltiazem hcl</i>	65	<i>chlorpheniramine & phenylephrine tab 4-10 mg</i>	73
CARDIZEM CD		<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	51
<i>see cartia xt</i>	65	<i>chlorpheniramine tab 4 mg</i>	51
<i>see diltiazem hcl coated beads</i>	65	<i>chlorpheniramine tab er 12 mg</i>	51
CARDURA		<i>chlorpromazine hcl</i>	60
<i>see doxazosin mesylate</i>	54	<i>chlorthalidone</i>	80
CARETOUCH MIS CPAP	89	<i>chlorzoxazone</i>	95
CARNITOR		<i>cholecalciferol cap 10000 unit</i>	106
<i>see levocarnitine (metabolic modifiers)</i>	81	<i>cholecalciferol cap 2000 unit</i>	106
<i>carteolol hcl (ophth)</i>	97	<i>cholecalciferol cap 5000 unit</i>	106
<i>cartia xt</i>	65	<i>cholecalciferol cap 50000 unit</i>	106
<i>carvedilol</i>	64	<i>cholecalciferol oral liquid 400 unit/ml</i>	106
CASODEX		.....	107
<i>see bicalutamide</i>	57	<i>cholecalciferol tab 1000 unit</i>	107
<i>caziant</i>	68	<i>cholecalciferol tab 2000 unit</i>	107
<i>cefadroxil</i>	67	<i>cholecalciferol tab 400 unit</i>	107
<i>cefdinir</i>	67	<i>cholestyramine</i>	52
<i>cefprozil</i>	67	<i>cholestyramine light</i>	52
<i>cefuroxime axetil</i>	67	<i>chromagen</i>	84
CELEBREX		<i>ciclodan</i>	76
<i>see celecoxib</i>	32	<i>ciclopirox</i>	76
<i>celecoxib</i>	32	<i>ciclopirox olamine</i>	76
CELEXA		<i>cilostazol</i>	83
<i>see citalopram hydrobromide</i>	46	CIMDUO TAB 300-300	62
CELLCEPT		<i>cimetidine</i>	104
<i>see mycophenolate mofetil</i>	93	<i>cimetidine hcl</i>	104
<i>cephalexin</i>	67	<i>cimetidine tab 200 mg</i>	104
<i>cerovite jr</i>	95	CIPRO	
<i>cetirizine hcl</i>	51	<i>see ciprofloxacin hcl</i>	81
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	52	<i>ciprofloxacin hcl</i>	81
<i>cetirizine hcl tab 10 mg</i>	52	<i>ciprofloxacin hcl (ophth)</i>	97
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	73	<i>ciprofloxacin hcl (otic)</i>	99
<i>chateal</i>	68	CIRCATA	78
<i>chateal eq</i>	68	<i>citalopram hydrobromide</i>	46
<i>chest congestion relief d</i>	73	<i>clarithromycin</i>	87
<i>childrens ibuprofen</i>	32	<i>clemastine fumarate</i>	51
<i>chlordiazepoxide hcl</i>	39	<i>clemastine fumarate tab 1.34 mg</i>	51
<i>chlorhexidine gluconate soln 0.12%</i>	93	CLEOCIN	
CHLORHEXIDINE GLUCONATE SOLN 0.12%		<i>see clindamycin hcl</i>	38
		<i>see clindamycin phosphate vaginal</i>	106
		.....	106
		CLEOCIN PEDIATRIC GRANULE	

see <i>clindamycin palmitate hydrochloride</i>	38	see <i>entacapone</i>	58
CLEOCIN-T		CONCERTA	
see <i>clindamycin phosphate (topical)</i>		see <i>methylphenidate hcl</i>	31
.....	75	CONDOMS - MALE	87
CLINDAGEL		CONDOMS LATEX LUBRICATED.....	87
see <i>clindamycin phosphate (topical)</i>		CONDOMS LATEX NON-LUBRICATED	87
.....	75	<i>constulose</i>	86
<i>clindamycin hcl</i>	38	CONVERSION MIS BABY SZ1.....	89
<i>clindamycin palmitate hydrochloride</i> .	38	CONVERSION MIS BABY SZ2.....	89
<i>clindamycin phosphate (topical)</i>	75	CONVERSION MIS BABY SZ3.....	90
<i>clindamycin phosphate vaginal</i>	106	COPAXONE	
<i>clobazam</i>	43	see <i>glatiramer acetate</i>	101
<i>clobetasol propionate</i>	77	see <i>glatopa</i>	101
<i>clomipramine hcl</i>	46	COREG	
<i>clonazepam</i>	43	see <i>carvedilol</i>	64
<i>clonidine hcl</i>	53, 54	CORGARD	
<i>clopidogrel bisulfate</i>	83	see <i>nadolol</i>	65
<i>clorazepate dipotassium</i>	39	CORLANOR	67
<i>clotrimazole</i>	93	CORTEF	
<i>clotrimazole (topical)</i>	76	see <i>hydrocortisone</i>	72
<i>clotrimazole cream 1%</i>	76	CORTENEMA	
<i>clotrimazole vaginal</i>	106	see <i>hydrocortisone (intrarectal)</i>	36
<i>clotrimazole vaginal cream 2%</i>	106	COSENTYX.....	76
<i>clozapine</i>	60	COSENTYX SENSOREADY PEN	76
CLOZARIL		COSOPT	
see <i>clozapine</i>	60	see <i>dorzolamide hcl-timolol maleate</i>	
CO MONITOR MIS T PIECES	89	<i>ophth soln 22.3-6.8 mg/ml</i>	97
<i>codeine sulfate</i>	34	COZAAR	
CODEINE SULFATE.....	34	see <i>losartan potassium</i>	53
COLAZAL		CPAP & BIPAP MIS HOSE	90
see <i>balsalazide disodium</i>	82	CPAP MASK MIS WIPES	90
<i>colchicine</i>	83	CPAP NEURAL MIS PRE-WASH	90
<i>colchicine w/ probenecid tab 0.5-500</i>		CREON CAP 12000UNT	79
<i>mg</i>	83	CREON CAP 24000UNT	79
COLCRYS		CREON CAP 3000UNIT.....	79
see <i>colchicine</i>	83	CREON CAP 36000UNT	79
COLESTID		CREON CAP 6000UNIT.....	79
see <i>colestipol hcl</i>	52	CRESTOR	
<i>colestipol hcl</i>	52	see <i>rosuvastatin calcium</i>	53
COMBIVIR		<i>cromolyn sodium</i>	40
see <i>lamivudine-zidovudine tab 150-</i>		<i>cromolyn sodium (nasal)</i>	96
<i>300 mg</i>	63	<i>cromolyn sodium (ophth)</i>	98
COMPLERA TAB	62	<i>crotan</i>	78
COMPLETENATE CHW	95	<i>cryselle-28</i>	68
<i>compro</i>	60	CUVPOSA	
COMTAN		see <i>glycopyrrolate</i>	103
		<i>cyanocobalamin tab 100 mcg</i>	83

<i>cyanocobalamin tab 1000 mcg</i>	84	DERMACINRX CIRCATRIX	78
<i>cyanocobalamin tab 500 mcg</i>	84	<i>dermacinrx penetral</i>	78
<i>cyclobenzaprine hcl</i>	95	DERMA-SMOOTH/FS BODY	
CYCLOGYL		<i>see fluocinolone acetonide</i>	77
<i>see cyclopentolate hcl</i>	97	DERMA-SMOOTH/FS SCALP	
<i>cyclopentolate hcl</i>	97	<i>see fluocinolone acetonide</i>	77
<i>cyclophosphamide</i>	56	DESCOVY TAB 120-15MG	62
<i>cyclosporine</i>	93	DESCOVY TAB 200/25MG	62
<i>cyclosporine modified (for</i>		<i>desipramine hcl</i>	46, 47
<i>microemulsion)</i>	93	<i>desmopressin acetate</i>	81
CYMBALTA		<i>desmopressin acetate spray</i>	81
<i>see duloxetine hcl</i>	46	<i>desmopressin acetate spray</i>	
<i>cyproheptadine hcl</i>	52	<i>refrigerated</i>	81
<i>cyred</i>	68	<i>desogest-eth estrad & eth estrad tab</i>	
<i>cyred eq</i>	68	<i>0.15-0.02/0.01 mg(21/5)</i>	68
CYTOTEC		<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>see misoprostol</i>	104	<i>mg-30 mcg</i>	68
D		<i>desonide</i>	77
<i>dalfampridine</i>	101	DESOWEN	
<i>dapsone</i>	38	<i>see desonide</i>	77
<i>dasetta 1/35</i>	68	DETROL	
<i>dasetta 7/7/7</i>	68	<i>see tolterodine tartrate</i>	105
DAYPRO		<i>dexamethasone</i>	72
<i>see oxaprozin</i>	33	<i>dexamethasone sodium phosphate</i>	
<i>daysee</i>	68	(<i>ophth</i>)	98
<i>daytime cold & flu relief</i>	73	DEXCOM G6 MIS RECEIVER	87
DDAVP		DEXCOM G6 MIS SENSOR.....	87
<i>see desmopressin acetate</i>	81	DEXCOM G6 MIS TRANSMIT.....	87
<i>deblitane</i>	71	DEXEDRINE	
DELSTRIGO TAB	62	<i>see dextroamphetamine sulfate</i>	30
<i>delsym cough + chest cong</i>	73	<i>dexmethylphenidate hcl</i>	31
<i>delyla</i>	68	<i>dextran 70-hypromellose ophth soln</i>	
<i>denta 5000 plus</i>	94	<i>0.1-0.3%</i>	97
<i>dentagel</i>	94	<i>dextroamphetamine sulfate</i>	30
DEPAKOTE		<i>dextromethorphan-guaifenesin liquid</i>	
<i>see divalproex sodium</i>	45	<i>10-100 mg/5ml</i>	73
DEPAKOTE ER		<i>dextromethorphan-guaifenesin syrup</i>	
<i>see divalproex sodium</i>	45	<i>10-100 mg/5ml</i>	73
DEPAKOTE SPRINKLES		<i>dextromethorphan-guaifenesin tab er</i>	
<i>see divalproex sodium</i>	45	<i>12hr 30-600 mg</i>	73
DEPEN TITRATABS		<i>dextromethorphan-guaifenesin tab er</i>	
<i>see penicillamine</i>	92	<i>12hr 60-1200 mg</i>	73
DEPO-PROVERA CONTRACEPTIV		<i>dextromethorphan-phenylephrine-apap</i>	
<i>see medroxyprogesterone acetate</i>		<i>cap 10-5-325 mg</i>	73
(<i>contraceptive</i>)	71	<i>dextromethorphan-phenylephrine-apap</i>	
DEPO-TESTOSTERONE		<i>powd pack 20-10-650 mg</i>	73
<i>see testosterone cypionate</i>	36		

<i>dextromethorphan-phenylephrine-apap tab 10-5-325 mg</i>	73	<i>see valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	55
<i>diazepam</i>	39	<i>see valsartan-hydrochlorothiazide tab 320-25 mg</i>	55
<i>diazepam (anticonvulsant)</i>	43	<i>see valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	55
<i>dibucaine</i>	78	<i>diphenhydramine hcl</i>	51
<i>dibucaine (rectal)</i>	36	<i>diphenhydramine hcl (sleep) tab 25 mg</i>	85
<i>diclofenac potassium</i>	32	<i>diphenhydramine hcl cap 25 mg</i>	51
<i>diclofenac sodium</i>	32	<i>diphenhydramine hcl cap 50 mg</i>	51
<i>diclofenac sodium (ophth)</i>	98	<i>diphenhydramine hcl chew tab 12.5 mg</i>	51
<i>diclofenac sodium (topical)</i>	75	<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	51
<i>dicloxacillin sodium</i>	100	<i>diphenhydramine hcl tab 25 mg</i>	51
<i>dicyclomine hcl</i>	103	<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	85
DIFFERIN.....	75	<i>diphenhydramine-acetaminophen tab 38-500 mg (sleep)</i>	85
DIFLUCAN		<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	50
<i>see fluconazole</i>	51	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	50
<i>digoxin</i>	66	DIPROLENE	
<i>digoxin tab 125 mcg (0.125 mg)</i>	66	<i>see betamethasone dipropionate augmented</i>	77
DIGOXIN TAB 125 MCG (0.125 MG)		<i>dipyridamole</i>	83
<i>see digoxin tab 125 mcg (0.125 mg)</i>	66	<i>disopyramide phosphate</i>	39
<i>digoxin tab 250 mcg (0.25 mg)</i>	66	<i>disulfiram</i>	100
DIGOXIN TAB 250 MCG (0.25 MG)		DITROPAN XL	
<i>see digoxin tab 250 mcg (0.25 mg)</i>	66	<i>see oxybutynin chloride</i>	105
DILANTIN	45	<i>divalproex sodium</i>	45
<i>see phenytoin sodium extended</i> ...	45	<i>docosanol</i>	76
DILANTIN INFATABS	45	<i>docusate calcium cap 240 mg</i>	86
<i>see phenytoin infatabs</i>	45	<i>docusate mini</i>	86
DILANTIN-125.....	45	<i>docusate sodium cap 100 mg</i>	86
<i>see phenytoin</i>	45	<i>docusate sodium cap 250 mg</i>	86
DILAUDID		<i>docusate sodium liquid 150 mg/15ml</i>	86
<i>see hydromorphone hcl</i>	34	<i>docusate sodium tab 100 mg</i>	86
<i>diltiazem hcl</i>	65	<i>docusol mini</i>	86
<i>diltiazem hcl coated beads</i>	65	<i>donepezil hydrochloride</i>	100
<i>diltiazem hcl extended release beads</i>	65, 66	<i>dorzolamide hcl</i>	98
<i>dilt-xr</i>	65	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	97
<i>dimenhydrinate tab 50 mg</i>	50	DOVATO TAB 50-300MG	62
<i>dimethyl fumarate</i>	101	DOVONEX	
DIOVAN			
<i>see valsartan</i>	53		
DIOVAN HCT			
<i>see valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	55		
<i>see valsartan-hydrochlorothiazide tab 160-25 mg</i>	55		

<i>see calcipotriene</i>	76	ELIQUIS STARTER PACK	43
<i>doxazosin mesylate</i>	54	ELLA	71
<i>doxepin hcl</i>	47	<i>eluryng</i>	71
<i>doxycycline (monohydrate)</i>	102	<i>emoquette</i>	68
<i>doxylamine succinate (sleep) tab 25</i>		<i>emtricitabine</i>	62
<i>mg</i>	85	<i>emtricitabine-tenofovir disoproxil</i>	
DRISDOL		<i>fumarate tab 100-150 mg</i>	62
<i>see ergocalciferol</i>	107	<i>emtricitabine-tenofovir disoproxil</i>	
DRIXORAL CLD TAB /ALLERGY	73	<i>fumarate tab 133-200 mg</i>	62
<i>drospirenone-ethinyl estradiol tab 3-</i>		<i>emtricitabine-tenofovir disoproxil</i>	
<i>0.02 mg</i>	68	<i>fumarate tab 167-250 mg</i>	62
<i>drospirenone-ethinyl estradiol tab 3-</i>		<i>emtricitabine-tenofovir disoproxil</i>	
<i>0.03 mg</i>	68	<i>fumarate tab 200-300 mg</i>	62
DRYSOL	78	EMTRIVA	62
DULERA AER 100-5MCG	41	<i>see emtricitabine</i>	62
DULERA AER 200-5MCG	41	<i>enalapril maleate</i>	53
DULERA AER 50-5MCG	41	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>duloxetine hcl</i>	46	<i>tab 10-25 mg</i>	55
E		<i>enalapril maleate & hydrochlorothiazide</i>	
E.E.S. GRANULES		<i>tab 5-12.5 mg</i>	55
<i>see erythromycin ethylsuccinate</i> ...	87	ENBREL	33
EASY FLOW MIS 300MM	90	ENBREL MINI	33
EASY FLOW MIS 400MM	90	ENBREL SURECLICK	33
EASY FLOW MIS AIR NOZZ	90	<i>endocet</i>	35
EASY FLOW MIS HEPA FIL	90	<i>enemeez mini</i>	86
EC-NAPROSYN		ENGERIX-B	105
<i>see ec-naproxen</i>	32	<i>enoxaparin sodium</i>	43
<i>see naproxen</i>	33	<i>enpresse-28</i>	68
<i>ec-naproxen</i>	32	<i>enskyce</i>	68
EDURANT	62	<i>entacapone</i>	58
<i>efavirenz</i>	62	<i>entecavir</i>	64
<i>efavirenz-emtricitabine-tenofovir df tab</i>		ENVARUSUS XR	93
<i>600-200-300 mg</i>	62	<i>epinephrine (anaphylaxis)</i>	106
<i>efavirenz-lamivudine-tenofovir df tab</i>		EPIPEN 2-PAK	
<i>400-300-300 mg</i>	62	<i>see epinephrine (anaphylaxis)</i>	106
<i>efavirenz-lamivudine-tenofovir df tab</i>		EPIPEN-JR 2-PAK	
<i>600-300-300 mg</i>	62	<i>see epinephrine (anaphylaxis)</i>	106
EFFEXOR XR		<i>epitol</i>	43
<i>see venlafaxine hcl</i>	46	EPIVIR	
EFUDEX		<i>see lamivudine</i>	62, 63
<i>see fluorouracil (topical)</i>	76	EPIVIR HBV	
ELAPRASE	81	<i>see lamivudine (hbv)</i>	64
ELIDEL		EPZICOM	
<i>see pimecrolimus</i>	78	<i>see abacavir sulfate-lamivudine tab</i>	
ELIGARD	57	<i>600-300 mg</i>	61
<i>elinest</i>	68	ERAPID NEB MIS HANDSET	90
ELIQUIS	43	<i>ergocalciferol</i>	107

<i>erlotinib hcl</i>	56	<i>see amlodipine besylate-valsartan</i>	
<i>errin</i>	71	<i>tab 5-160 mg</i>	54
<i>erythromycin (acne aid)</i>	75	<i>see amlodipine besylate-valsartan</i>	
<i>erythromycin (ophth)</i>	97	<i>tab 5-320 mg</i>	54
<i>erythromycin ethylsuccinate</i>	87	EXTAVIA	101
<i>escitalopram oxalate</i>	46	<i>eye allergy itch relief</i>	98
ESGIC		<i>eye allergy itch/redness</i>	98
<i>see bac</i>	33	<i>ezetimibe</i>	53
<i>see butalbital-acetaminophen-</i>		F	
<i>caffeine tab 50-325-40 mg</i>	33	<i>falmina</i>	68
<i>esomeprazole magnesium cap delayed</i>		<i>famciclovir</i>	64
<i>release 20 mg (base eq)</i>	104	<i>famotidine</i>	104
ESSENTRA WIPES 9X9.....	88	<i>famotidine tab 10 mg</i>	104
<i>estarylla</i>	68	<i>famotidine tab 20 mg</i>	104
<i>estazolam</i>	85	FANAPT	59
ESTRACE		FANAPT PAK	59
<i>see estradiol</i>	81	FASENRA.....	40
<i>see estradiol vaginal</i>	106	FASENRA PEN	40
<i>estradiol</i>	81	FELDENE	
<i>estradiol vaginal</i>	106	<i>see piroxicam</i>	33
<i>estradiol vaginal tab 10 mcg</i>	106	<i>felodipine</i>	66
ESTRADIOL VAGINAL TAB 10 MCG		FEMARA	
<i>see estradiol vaginal tab 10 mcg</i> .	106	<i>see letrozole</i>	57
<i>ethambutol hcl</i>	56	<i>femynor</i>	68
<i>ethosuximide</i>	45	<i>fenofibrate</i>	52
ETHYL OLEATE LIQ.....	67	<i>fentanyl</i>	34
<i>ethynodiol diacetate & ethinyl estradiol</i>		<i>ferocon</i>	84
<i>tab 1 mg-35 mcg</i>	68	<i>ferrex 150</i>	84
<i>ethynodiol diacetate & ethinyl estradiol</i>		<i>ferrocite</i>	84
<i>tab 1 mg-50 mcg</i>	68	<i>ferrous fumarate</i>	84
<i>etodolac</i>	32	FERROUS GLUCONATE	84
<i>etonogestrel-ethinyl estradiol va ring</i>		<i>ferrous gluconate tab 240 mg (27 mg</i>	
<i>0.120-0.015 mg/24hr</i>	71	<i>elemental fe)</i>	84
<i>etoposide</i>	57	<i>ferrous sulfate</i>	84
<i>etravirine</i>	62	FERROUS SULFATE	84
EUFLEXXA.....	96	<i>ferrous sulfate dried tab 200 mg (65</i>	
EVISTA		<i>mg elemental fe)</i>	84
<i>see raloxifene hcl</i>	80	<i>ferrous sulfate dried tab er 160 mg (50</i>	
EVOTAZ TAB 300-150.....	62	<i>mg fe equivalent)</i>	84
EXELON		<i>ferrous sulfate elixir 220 mg/5ml (44</i>	
<i>see rivastigmine</i>	101	<i>mg/5ml elemental fe)</i>	84
EXFORGE		<i>ferrous sulfate soln 75 mg/ml (15</i>	
<i>see amlodipine besylate-valsartan</i>		<i>mg/ml elemental fe)</i>	84
<i>tab 10-160 mg</i>	54	<i>ferrous sulfate tab 325 mg (65 mg</i>	
<i>see amlodipine besylate-valsartan</i>		<i>elemental fe)</i>	84
<i>tab 10-320 mg</i>	54	<i>ferrous sulfate tab er 142 mg (45 mg</i>	
		<i>fe equivalent)</i>	84

FEVERALL INFANTS	34	FLUZONE QUAD INJ 2022-23	105
<i>fexofenadine-pseudoephedrine tab er</i>		FLYP HYPERSO MIS CARTRIDG	90
<i>24hr 180-240 mg</i>	73	FOCALIN	
FILTER AIR MIS PP	90	<i>see dexmethylphenidate hcl</i>	31
<i>finasteride</i>	83	<i>folic acid</i>	84
FIRST-OMEPRAZOLE	104	<i>folic acid tab 400 mcg</i>	84
FIRVANQ	37	<i>folic acid tab 800 mcg</i>	84
<i>flavoxate hcl</i>	105	<i>foltrin</i>	84
<i>flecainide acetate</i>	39	<i>fondaparinux sodium</i>	43
FLOMAX		FOSAMAX	
<i>see tamsulosin hcl</i>	83	<i>see alendronate sodium</i>	80
FLOVENT HFA	41	<i>fosamprenavir calcium</i>	62
FLUARIX QUAD INJ 2022-23	105	<i>fosinopril sodium</i>	53
FLUBLOK QUAD INJ 2022-23	105	<i>fosinopril sodium & hydrochlorothiazide</i>	
FLUCLVX QUAD INJ 2022-23	105	<i>tab 10-12.5 mg</i>	55
<i>fluconazole</i>	51	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fludrocortisone acetate</i>	72	<i>tab 20-12.5 mg</i>	55
FLULAVAL QUA INJ 2022-23	105	FRAGMIN	43
FLUMIST QUAD SUS 2022-23	105	FREESTY LIBR KIT 2 SENSOR	87
<i>fluocinolone acetonide</i>	77	FREESTY LIBR MIS 2 READER	87
<i>fluocinonide</i>	77	FREESTYLE KIT SENSOR	87
<i>fluocinonide emulsified base</i>	77	FREESTYLE MIS READER	87
<i>fluorometholone (ophth)</i>	98	<i>fructose-dextrose-phosphoric acid oral</i>	
<i>fluorouracil (topical)</i>	76	<i>soln</i>	51
<i>fluoxetine hcl</i>	46	FULL KIT NEB MIS SET	90
<i>fluphenazine decanoate</i>	61	<i>furosemide</i>	80
<i>fluphenazine hcl</i>	61	FUZEON	62
<i>flurazepam hcl</i>	85	<i>fyavolv</i>	81
<i>flurbiprofen</i>	32	G	
<i>flurbiprofen sodium</i>	98	<i>gabapentin</i>	43
<i>flutamide</i>	57	GABITRIL	
<i>fluticasone propionate</i>	77	<i>see tiagabine hcl</i>	44, 45
<i>fluticasone propionate (nasal)</i>	96	<i>galantamine hydrobromide</i>	101
FLUTICASONE PROPIONATE HF	41	<i>gavilyte-g</i>	85
<i>fluticasone-salmeterol aer powder ba</i>		<i>gemfibrozil</i>	52
<i>100-50 mcg/act</i>	41	<i>gengraf</i>	93
<i>fluticasone-salmeterol aer powder ba</i>		<i>gentak</i>	97
<i>113-14 mcg/act</i>	41	<i>gentamicin sulfate (ophth)</i>	97
<i>fluticasone-salmeterol aer powder ba</i>		<i>gentamicin sulfate (topical)</i>	75
<i>232-14 mcg/act</i>	41	GENVOYA TAB	62
<i>fluticasone-salmeterol aer powder ba</i>		GEODON	
<i>250-50 mcg/act</i>	42	<i>see ziprasidone hcl</i>	59
<i>fluticasone-salmeterol aer powder ba</i>		GILENYA	101
<i>500-50 mcg/act</i>	42	<i>glatiramer acetate</i>	101
<i>fluticasone-salmeterol aer powder ba</i>		<i>glatopa</i>	101
<i>55-14 mcg/act</i>	41	GLEEVEC	
<i>fluvoxamine maleate</i>	46	<i>see imatinib mesylate</i>	57

<i>glimepiride</i>	49, 50	<i>goodsense tussin dm max</i>	73
<i>glipizide</i>	50	<i>granisetron hcl</i>	50
<i>glipizide xl</i>	50	<i>griseofulvin microsize</i>	51
GLUCAGEN HYPOKIT	48	<i>guaifenesin liquid 100 mg/5ml</i>	74
<i>glucagon (rdna)</i>	48	<i>guaifenesin syrup 100 mg/5ml</i>	74
GLUCAGON EMERGENCY KIT		<i>guaifenesin tab 200 mg</i>	74
<i>see glucagon (rdna)</i>	48	<i>guaifenesin tab 400 mg</i>	74
GLUCOSE CHEW TABS	48	<i>guaifenesin tab er 12hr 600 mg</i>	74
GLUCOTROL XL		<i>guaifenesin-codeine soln 100-10</i>	
<i>see glipizide</i>	50	<i>mg/5ml</i>	73
<i>see glipizide xl</i>	50	<i>guanfacine hcl</i>	54
<i>glyburide</i>	50	<i>guanfacine hcl (adhd)</i>	31
<i>glyburide micronized</i>	50	H	
<i>glyburide-metformin tab 1.25-250 mg</i>		<i>hailey 1.5/30</i>	68
.....	48	<i>hailey fe 1.5/30</i>	68
<i>glyburide-metformin tab 2.5-500 mg</i>	48	<i>hailey fe 1/20</i>	68
<i>glyburide-metformin tab 5-500 mg</i> ...	48	HALCION	
<i>glycerin (laxative)</i>	86	<i>see triazolam</i>	85
<i>glycerin suppos 1.2 gm</i>	86	HALDOL DECANOATE 100	
<i>glycerin suppos 2.1 gm</i>	86	<i>see haloperidol decanoate</i>	60
<i>glycerin suppos 80.7%</i>	86	HALDOL DECANOATE 50	
<i>glycerin-hypromellose-peg 400 ophth</i>		<i>see haloperidol decanoate</i>	60
<i>soln 0.2-0.2-1%</i>	97	<i>halobetasol propionate</i>	77
<i>glycopyrrolate</i>	103	<i>haloperidol</i>	60
<i>glydo</i>	78	<i>haloperidol decanoate</i>	60
GLYNASE		<i>haloperidol lactate</i>	60
<i>see glyburide micronized</i>	50	HAVRIX.....	105
<i>gnp allergy-d 12 hour all</i>	73	HC/ALOE CRE 0.5%	77
<i>gnp budesonide nasal spra</i>	96	<i>heather</i>	71
<i>gnp fexofenadine/pseudoep</i>	73	HEPLISAV-B.....	105
<i>gnp fluticasone propionat</i>	96	HEPSERA	
<i>gnp lice treatment</i>	78	<i>see adefovir dipivoxil</i>	64
<i>gnp mucus dm maximum stre</i>	73	<i>hm adult tussin cough & c</i>	73
<i>gnp mucus relief dm max</i>	73	<i>hm chest congestion relie</i>	73
<i>gnp naproxen sodium</i>	32	<i>hm childrens mucus relief</i>	73
<i>gnp olopatadine hydrochlo</i>	98	<i>hm docosanol</i>	76
<i>gnp omeprazole</i>	104	<i>hm mucus relief dm</i>	73
<i>gnp tab tussin dm</i>	73	HUMALOG	49
<i>gnp tussin dm max</i>	73	HUMALOG MIX INJ 50/50.....	49
GOLYTELY		HUMALOG MIX INJ 50/50KWP	49
<i>see gavilyte-g</i>	85	HUMATE-P SOL 2400UNIT.....	83
<i>see peg 3350-kcl-na bicarb-nacl-na</i>		HUMATE-P SOL 500-1200	83
<i>sulfate for soln 236 gm</i>	86	HUMATIN	
<i>goodsense arthritis pain</i>	75	<i>see paromomycin sulfata</i>	31
<i>goodsense daytime cold &</i>	73	HUMIRA	31
<i>goodsense lice killing cr</i>	79	HUMIRA PEDIA INJ CROHNS	32
<i>goodsense mucus dm</i>	73	HUMIRA PEDIATRIC CROHNS D	32

HUMIRA PEN	32
HUMIRA PEN KIT PS/UV	32
HUMIRA PEN-CD/UC/HS START	32
HUMIRA PEN-PEDIATRIC UC S	32
HUMIRA PEN-PS/UV STARTER.....	32
HUMULIN INJ 70/30	49
HUMULIN N.....	49
HUMULIN N KWIKPEN.....	49
HUMULIN R.....	49
HUMULIN R U-500 (CONCENTR.....	49
HUMULIN R U-500 KWIKPEN	49
HYCODAN	
see <i>hydrocodone bitart-homatropine</i>	
<i>methylbrom soln 5-1.5 mg/5ml ..</i>	72
see <i>hydromet</i>	72
<i>hydralazine hcl</i>	55, 56
HYDREA	
see <i>hydroxyurea</i>	57
<i>hydrochlorothiazide</i>	80
<i>hydrocodone bitart-homatropine</i>	
<i>methylbrom soln 5-1.5 mg/5ml.....</i>	72
<i>hydrocodone-acetaminophen soln 7.5-</i>	
<i>325 mg/15ml</i>	35
<i>hydrocodone-acetaminophen tab 10-</i>	
<i>325 mg</i>	35
<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>mg.....</i>	35
<i>hydrocodone-acetaminophen tab 7.5-</i>	
<i>325 mg</i>	35
<i>hydrocortisone</i>	72
<i>hydrocortisone (intrarectal)</i>	36
<i>hydrocortisone (topical)</i>	77
<i>hydrocortisone acetate (rectal)</i>	36
<i>hydrocortisone acetate (topical)</i>	77
<i>hydrocortisone acetate cream 1%</i>	77
<i>hydrocortisone cream 0.5%</i>	77
<i>hydrocortisone cream 1%</i>	77
<i>hydrocortisone cream 1%- rx</i>	77
<i>hydrocortisone lotion 1%</i>	77
<i>hydrocortisone oint 1%</i>	77
<i>hydrocortisone oint 1%- rx</i>	77
<i>hydrocortisone rectal cream 2.5%</i>	36
HYDROCORTISONE RECTAL CREAM	
2.5%	
see <i>hydrocortisone rectal cream</i>	
2.5%	36

<i>hydrocortisone w/ acetic acid otic soln</i>	
1-2%	99
<i>hydrocortisone-aloe vera cream 1%</i> .	77
<i>hydromet</i>	72
<i>hydromorphone hcl</i>	34
<i>hydroxychloroquine sulfate</i>	56
HYDROXYPROG POW CAPROATE	67
<i>hydroxyprogesterone caproate</i>	100
<i>hydroxyurea</i>	57
<i>hydroxyzine hcl</i>	39
<i>hydroxyzine pamoate</i>	39
<i>hyoscyamine sulfate</i>	103
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	
.....	104
<i>hyoscyamine sulfate tab disint 0.125</i>	
<i>mg</i>	104
<i>hyoscyamine sulfate tab er 12hr 0.375</i>	
<i>mg</i>	104
HYPERRHO S/D	99
HYPERRHO S/D MINI-DOSE	99
HYZAAR	
see <i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-12.5</i>	
<i>mg.....</i>	55
see <i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-25 mg</i>	
.....	55
see <i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 50-12.5</i>	
<i>mg.....</i>	55

I	
<i>ibandronate sodium</i>	80
IBRANCE	57
<i>ibuprofen</i>	32
<i>ibuprofen cap 200 mg</i>	32
<i>ibuprofen chew tab 100 mg</i>	32
<i>ibuprofen childrens</i>	32
<i>ibuprofen susp 40 mg/ml</i>	32
<i>ibuprofen tab 100 mg</i>	32
<i>ibuprofen tab 200 mg</i>	32
<i>ibuprofen tab 400 mg</i>	32
<i>ibuprofen tab 600 mg</i>	32
<i>ibuprofen tab 800 mg</i>	32
<i>iclevia</i>	68
<i>iferex 150</i>	84
<i>iferex 150 forte</i>	84
<i>imatinib mesylate</i>	57

IMBRUVICA.....	57	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>imipramine hcl</i>	47	300-12.5 mg	55
<i>imiquimod</i>	78	ISENTRESS.....	62
IMITREX		ISENTRESS HD.....	62
see <i>sumatriptan succinate</i>	91	<i>isibloom</i>	68
IMURAN		<i>isoniazid</i>	56
see <i>azathioprine</i>	93	ISOPTO ATROPINE.....	97
<i>incassia</i>	71	ISORDIL TITRADOSE	
INCRELEX.....	81	see <i>isosorbide dinitrate</i>	38
INCRUSE ELLIPTA	40	<i>isosorbide dinitrate</i>	38
<i>indapamide</i>	80	<i>isosorbide mononitrate</i>	38
INDERAL LA		<i>isotretinoin</i>	75
see <i>propranolol hcl</i>	65	<i>ivermectin</i>	37
<i>indomethacin</i>	32	IXINITY.....	83
INS ASP PROT INJ FLEXPEN	49	J	
INSULIN ASPA INJ 70/30	49	<i>jaimiess</i>	68
INSULIN GLARGINE.....	49	JANSSEN COVID-19 VACCINE	105
INSULIN LISP INJ PROTAMIN.....	49	<i>jasmiel</i>	68
INSULIN SYRG MIS 0.3/29G.....	88	<i>jencycla</i>	71
INSULIN SYRG MIS 0.3/30G.....	88	<i>jinteli</i>	81
INSULIN SYRG MIS 0.3/31G.....	88	<i>jolessa</i>	68
INSULIN SYRG MIS 0.5/28G.....	88	<i>juleber</i>	68
INSULIN SYRG MIS 0.5/29G.....	88	JULUCA TAB 50-25MG	62
INSULIN SYRG MIS 0.5/30G.....	88	<i>junel 1.5/30</i>	69
INSULIN SYRG MIS 0.5/31G.....	88	<i>junel 1/20</i>	69
INSULIN SYRG MIS 1ML/28G.....	88	<i>junel fe 1.5/30</i>	69
INSULIN SYRG MIS 1ML/29G.....	88	<i>junel fe 1/20</i>	69
INSULIN SYRG MIS 1ML/30G.....	88, 89	K	
INSULIN SYRG MIS 1ML/31G.....	89	KALETRA	
INTELENCE	62	see <i>lopinavir-ritonavir soln 400-100</i>	
see <i>etravirine</i>	62	mg/5ml (80-20 mg/ml).....	63
INTRON A.....	57	see <i>lopinavir-ritonavir tab 100-25 mg</i>	
<i>introvale</i>	68	.....	63
INTUNIV		see <i>lopinavir-ritonavir tab 200-50 mg</i>	
see <i>guanfacine hcl (adhd)</i>	31	.....	63
INVEGA		<i>kalliga</i>	69
see <i>paliperidone</i>	59	KALYDECO.....	102
INVEGA SUSTENNA	59	<i>kariva</i>	69
INVEGA TRINZA	59	<i>kelnor 1/35</i>	69
<i>ipratropium bromide</i>	40	<i>kelnor 1/50</i>	69
<i>ipratropium bromide (nasal)</i>	96	KEPPRA	
<i>ipratropium-albuterol nebu soln 0.5-</i>		see <i>levetiracetam</i>	44
<i>2.5(3) mg/3ml</i>	42	see <i>roweepra</i>	44
<i>irbesartan</i>	53	KEPPRA XR	
<i>irbesartan-hydrochlorothiazide tab</i>		see <i>levetiracetam</i>	44
150-12.5 mg	55	<i>ketoconazole</i>	51
		<i>ketoconazole (topical)</i>	76

<i>ketorolac tromethamine</i>	32	<i>larin fe 1/20</i>	69
<i>ketorolac tromethamine (ophth)</i>	98	<i>larissia</i>	69
<i>ketotifen fumarate ophth soln 0.025%</i> (base equiv).....	98	LASIX	
KEVZARA.....	32	see <i>furosemide</i>	80
KLARON		<i>latanoprost</i>	99
see <i>sulfacetamide sodium (acne)</i> ...75		LATUDA	59
KLONOPIN		LEDIP-SOFOSB TAB 90-400MG.....	64
see <i>clonazepam</i>	43	<i>leflunomide</i>	33
<i>klor-con 10</i>	92	<i>lenalidomide</i>	92
<i>klor-con 8</i>	92	<i>lessina</i>	69
<i>klor-con m20</i>	92	LETAIRIS	
KOGENATE FS	83	see <i>ambrisentan</i>	66
KONSYL DAILY FIBER	85	<i>letrozole</i>	57
KONSYL-D	85	<i>leucovorin calcium</i>	57
KOVALTRY	83	LEUKERAN.....	56
K-TAB		<i>leuprolide acetate</i>	57
see <i>potassium chloride</i>	92	<i>levabuterol hcl</i>	42
<i>kurvelo</i>	69	<i>levabuterol tartrate</i>	42
KYLEENA	71	LEVAQUIN	
L		see <i>levofloxacin</i>	81
<i>labetalol hcl</i>	64	<i>levetiracetam</i>	44
<i>lacosamide</i>	44	<i>levobunolol hcl</i>	97
LACOSAMIDE		<i>levocarnitine (metabolic modifiers)</i> ..	81
see <i>lacosamide</i>	44	<i>levofloxacin</i>	81
<i>lactic acid (ammonium lactate)</i>	78	<i>levofloxacin (ophth)</i>	97
<i>lactic acid (ammonium lactate) lotion</i> 12%.....	78	<i>levonest</i>	69
<i>lactulose</i>	86	<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	69
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	82	<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	69
LAMICTAL		<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i>	69
see <i>lamotrigine</i>	44	<i>levonorgestrel tab 1.5 mg</i>	71
see <i>subvenite</i>	44	<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	69
LAMICTAL CHEWABLE DISPERS		<i>levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	69
see <i>lamotrigine</i>	44	<i>levonorg-eth est tab 0.15-0.03mg(84)</i> <i>& eth est tab 0.01mg(7)</i>	69
<i>lamivudine</i>	62, 63	<i>levora 0.15/30-28</i>	69
<i>lamivudine (hbv)</i>	64	<i>levothyroxine sodium tab 100 mcg.</i>	102
<i>lamivudine-zidovudine tab 150-300 mg</i>	63	LEVOTHYROXINE SODIUM TAB 100 MCG	
<i>lamotrigine</i>	44	see <i>levothyroxine sodium tab 100</i> <i>mcg</i>	102
LANCETS	87	<i>levothyroxine sodium tab 112 mcg.</i>	102
<i>lansoprazole</i>	104		
<i>lapatinib ditosylate</i>	57		
<i>larin 1.5/30</i>	69		
<i>larin 1/20</i>	69		
<i>larin fe 1.5/30</i>	69		

LEVOTHYROXINE SODIUM TAB 112 MCG see <i>levothyroxine sodium tab 112</i> <i>mcg</i> 102 <i>levothyroxine sodium tab 125 mcg</i> . 102	LEVOTHYROXINE SODIUM TAB 88 MCG see <i>levothyroxine sodium tab 88 mcg</i> 102
LEVOTHYROXINE SODIUM TAB 125 MCG see <i>levothyroxine sodium tab 125</i> <i>mcg</i> 102 <i>levothyroxine sodium tab 137 mcg</i> . 103	LEXAPRO see <i>escitalopram oxalate</i> 46
LEVOTHYROXINE SODIUM TAB 137 MCG see <i>levothyroxine sodium tab 137</i> <i>mcg</i> 103 <i>levothyroxine sodium tab 150 mcg</i> . 103	LEXIVA see <i>fosamprenavir calcium</i> 62 <i>lice treatment creme rins</i> 79 <i>lidocaine</i> 78 <i>lidocaine cream 4%</i> 78 <i>lidocaine hcl</i> 78 <i>lidocaine hcl (mouth-throat)</i> 93 <i>lidocaine patch 4%</i> 78 <i>lidocaine-prilocaine cream 2.5-2.5%</i> 78
LEVOTHYROXINE SODIUM TAB 150 MCG see <i>levothyroxine sodium tab 150</i> <i>mcg</i> 103 <i>levothyroxine sodium tab 175 mcg</i> . 103	LIDODERM see <i>lidocaine</i> 78
LEVOTHYROXINE SODIUM TAB 175 MCG see <i>levothyroxine sodium tab 175</i> <i>mcg</i> 103 <i>levothyroxine sodium tab 200 mcg</i> . 103	LILETTA 71 <i>linezolid</i> 38
LEVOTHYROXINE SODIUM TAB 200 MCG see <i>levothyroxine sodium tab 200</i> <i>mcg</i> 103 <i>levothyroxine sodium tab 25 mcg</i> ... 102	LIPITOR see <i>atorvastatin calcium</i> 53 <i>lisinopril</i> 53 <i>lisinopril & hydrochlorothiazide tab 10- 12.5 mg</i> 55 <i>lisinopril & hydrochlorothiazide tab 20- 12.5 mg</i> 55 <i>lisinopril & hydrochlorothiazide tab 20- 25 mg</i> 55
LEVOTHYROXINE SODIUM TAB 25 MCG see <i>levothyroxine sodium tab 25 mcg</i> 102 <i>levothyroxine sodium tab 300 mcg</i> . 103	LITETOUCH MIS MASK LG..... 90 LITETOUCH MIS MASK MD 90 LITETOUCH MIS MASK SM 90 <i>lithium carbonate</i> 59
LEVOTHYROXINE SODIUM TAB 300 MCG see <i>levothyroxine sodium tab 300</i> <i>mcg</i> 103 <i>levothyroxine sodium tab 50 mcg</i> ... 102	LITHOBID see <i>lithium carbonate</i> 59
LEVOTHYROXINE SODIUM TAB 50 MCG see <i>levothyroxine sodium tab 50 mcg</i> 102 <i>levothyroxine sodium tab 75 mcg</i> ... 102	LODINE see <i>etodolac</i> 32 <i>loestrin 1.5/30-21</i> 69 <i>loestrin 1/20-21</i> 69 <i>loestrin fe 1.5/30</i> 69 <i>loestrin fe 1/20</i> 69 <i>lojaimiess</i> 69
LEVOTHYROXINE SODIUM TAB 75 MCG see <i>levothyroxine sodium tab 75 mcg</i> 102 <i>levothyroxine sodium tab 88 mcg</i> ... 102	LOKELMA..... 93 LOMOTIL see <i>diphenoxylate w/ atropine tab</i> <i>2.5-0.025 mg</i> 50 <i>loperamide hcl</i> 50 <i>loperamide hcl cap 2 mg</i> 50 <i>loperamide hcl tab 2 mg</i> 50

<i>loperamide sus 1mg/7.5</i>	50	<i>see amlodipine besylate-benazepril</i>	
LOPID		<i>hcl cap 10-20 mg</i>	54
<i>see gemfibrozil</i>	52	<i>see amlodipine besylate-benazepril</i>	
<i>lopinavir-ritonavir soln 400-100</i>		<i>hcl cap 10-40 mg</i>	54
<i>mg/5ml (80-20 mg/ml)</i>	63	<i>see amlodipine besylate-benazepril</i>	
<i>lopinavir-ritonavir tab 100-25 mg</i>	63	<i>hcl cap 5-10 mg</i>	54
<i>lopinavir-ritonavir tab 200-50 mg</i>	63	<i>see amlodipine besylate-benazepril</i>	
LOPRESSOR		<i>hcl cap 5-20 mg</i>	54
<i>see metoprolol tartrate</i>	65	<i>lovastatin</i>	53
LOPROX		LOVENOX	
<i>see ciclopirox olamine</i>	76	<i>see enoxaparin sodium</i>	43
<i>loratadine & pseudoephedrine tab er</i>		<i>low-ogestrel</i>	69
<i>12hr 5-120 mg</i>	73	<i>loxapine succinate</i>	60
<i>loratadine & pseudoephedrine tab er</i>		<i>lo-zumandimine</i>	69
<i>24hr 10-240 mg</i>	73	LUPRON DEPOT-PED (1-MONTH.....	81
<i>loratadine rapidly-disintegrating tab 10</i>		LUPRON DEPOT-PED (3-MONTH.....	81
<i>mg</i>	52	<i>lutera</i>	69
<i>loratadine syrup 5 mg/5ml</i>	52	<i>lyleq</i>	71
<i>loratadine tab 10 mg</i>	52	LYRICA	
<i>lorazepam</i>	39	<i>see pregabalin</i>	44
<i>loryna</i>	69	LYSODREN	57
<i>losartan potassium</i>	53	<i>lyza</i>	71
<i>losartan potassium &</i>		M	
<i>hydrochlorothiazide tab 100-12.5 mg</i>		MACROBID	
.....	55	<i>see nitrofurantoin monohyd macro</i> 38	
<i>losartan potassium &</i>		MACRODANTIN	
<i>hydrochlorothiazide tab 100-25 mg</i> 55		<i>see nitrofurantoin macrocrystal</i>	38
<i>losartan potassium &</i>		<i>magnesium citrate soln</i>	86
<i>hydrochlorothiazide tab 50-12.5 mg</i>		<i>magnesium hydroxide susp 400</i>	
.....	55	<i>mg/5ml</i>	86
LOSEASONIQUE		<i>magnesium oxide (mg supplement)</i> .92	
<i>see camrese lo</i>	68	<i>magnesium tab 250 mg</i>	92
<i>see levonorg-eth est tab 0.1-</i>		<i>magnesium-oxide</i>	92
<i>0.02mg(84) & eth est tab</i>		MAKENA	
<i>0.01mg(7)</i>	69	<i>see hydroxyprogesterone caproate</i>	
<i>see lojaimiess</i>	69	.....	100
LOTENSIN		<i>malathion</i>	79
<i>see benazepril hcl</i>	53	<i>maraviroc</i>	63
LOTENSIN HCT		<i>marlissa</i>	69
<i>see benazepril & hydrochlorothiazide</i>		MATULANE	57
<i>tab 10-12.5 mg</i>	54	MAVIK	
<i>see benazepril & hydrochlorothiazide</i>		<i>see trandolapril</i>	53
<i>tab 20-12.5 mg</i>	54	MAXALT	
<i>see benazepril & hydrochlorothiazide</i>		<i>see rizatriptan benzoate</i>	91
<i>tab 20-25 mg</i>	54	MAXALT-MLT	
LOTREL		<i>see rizatriptan benzoate</i>	91
		MAXITROL	

see neomycin-polymyxin-dexamethasone ophth oint 0.1%	98	<i>methylergonovine maleate</i>	99
see neomycin-polymyxin-dexamethasone ophth susp 0.1%	98	METHYLIN	
.....	98	see methylphenidate hcl	31
MAXZIDE		<i>methylphenidate hcl</i>	31
see triamterene & hydrochlorothiazide tab 75-50 mg	80	<i>methylprednisolone</i>	72
.....	80	<i>metoclopramide hcl</i>	82
MAXZIDE-25		<i>metolazone</i>	80
see triamterene & hydrochlorothiazide tab 37.5-25 mg	80	<i>metoprolol succinate</i>	65
.....	80	<i>metoprolol tartrate</i>	65
<i>meclizine hcl</i>	50	METROCREAM	
<i>meclizine hcl chew tab 25 mg</i>	51	see metronidazole (topical)	78
<i>meclizine hcl tab 25 mg</i>	51	see rosadan	78
MEDROL		METROLOTION	
see methylprednisolone	72	see metronidazole (topical)	78
MEDROL DOSEPAK		<i>metronidazole</i>	37
see methylprednisolone	72	<i>metronidazole (topical)</i>	78
<i>medroxyprogesterone acetate</i>	100	<i>metronidazole vaginal</i>	106
<i>medroxyprogesterone acetate (contraceptive)</i>	71	<i>mexiletine hcl</i>	39
<i>mefloquine hcl</i>	56	<i>miconazole nitrate aerosol pow 2%</i> ..	76
<i>megestrol acetate</i>	57	<i>miconazole nitrate cream 2%</i>	76
<i>melatonin tab 3 mg</i>	31	<i>miconazole nitrate powder 2%</i>	76
<i>meloxicam</i>	33	<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	106
<i>melphalan</i>	56	<i>miconazole nitrate vaginal cream 2%</i>	106
<i>memantine hcl</i>	101	.....	106
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	101	<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	106
MEPHYTON		<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	106
see phytonadione	107	<i>miconazole nitrate vaginal suppos 100 mg</i>	106
MEPRON		MICRHOGAM ULTRA-FILTERED	99
see atovaquone	37	<i>microgestin 1.5/30</i>	69
<i>mercaptapurine</i>	56	<i>microgestin 1/20</i>	69
<i>mesalamine</i>	82	<i>microgestin fe 1.5/30</i>	69
MESTINON		<i>microgestin fe 1/20</i>	69
see pyridostigmine bromide	56	<i>midodrine hcl</i>	106
<i>metformin hcl</i>	48	<i>mili</i>	69
<i>methadone hcl</i>	34	MILK OF MAGNESIA CONCENTR.....	86
<i>methergine</i>	99	<i>mineral oil</i>	86
<i>methimazole</i>	102	<i>mineral oil enema</i>	86
<i>methocarbamol</i>	95	<i>minerin creme</i>	78
<i>methotrexate sodium</i>	56	MINIELITE MIS FILTERS	90
<i>methylcellulose tab 500 mg</i>	85	MINIPRESS	
<i>methyldopa</i>	54	see prazosin hcl	54
		MINOCIN	
		see minocycline hcl	102

<i>minocycline hcl</i>	102	<i>see ethambutol hcl</i>	56
<i>minoxidil</i>	56	<i>mycophenolate mofetil</i>	93
MIRCETTE		MYSOLINE	
<i>see azurette</i>	68	<i>see primidone</i>	44
<i>see desogest-eth estrad & eth estrad</i>		N	
<i>tab 0.15-0.02/0.01 mg(21/5)</i>	68	<i>nabumetone</i>	33
<i>see kariva</i>	69	<i>nadolol</i>	65
<i>see pimtreea</i>	70	<i>naloxone hcl</i>	50
<i>see simliya</i>	70	<i>naltrexone hcl</i>	50
<i>see viorele</i>	71	NAMENDA	
<i>see volnea</i>	71	<i>see memantine hcl</i>	101
MIRENA.....	71	NAMENDA TITRATION PAK	
<i>mirtazapine</i>	45	<i>see memantine hcl tab 28 x 5 mg &</i>	
<i>misoprostol</i>	104	<i>21 x 10 mg titration pack</i>	101
MOBIC		NAPROSYN	
<i>see meloxicam</i>	33	<i>see naproxen</i>	33
<i>modafinil</i>	31	<i>naproxen</i>	33
MODERNA COVID-19 VACCINE	105	<i>naproxen sodium</i>	33
<i>mometasone furoate</i>	77	<i>naproxen sodium tab 220 mg</i>	33
<i>mono-linyah</i>	69	<i>naratriptan hcl</i>	91
<i>montelukast sodium</i>	40	NARCAN	
<i>morphine sulfate</i>	34	<i>see naloxone hcl</i>	50
<i>moxifloxacin hcl</i>	81	NARDIL	
<i>moxifloxacin hcl (ophth)</i>	97	<i>see phenelzine sulfate</i>	45
MS CONTIN		NASACORT ALLERGY 24HR	96
<i>see morphine sulfate</i>	34	NATALVIT TAB 75-1MG.....	95
MUCINEX CGH GRA 5-100MG	73	<i>nateglinide</i>	49
<i>mucinex childrens freefor</i>	73	NAYZILAM	43
<i>mucinex cough childrens</i>	73	NEBULIZER.....	90
<i>mucinex fast-max dm max</i>	73	NEBULIZER MIS MASK AD.....	90
<i>mucinex fast-max dm max m</i>	73	NEBULIZER MIS MASK CH.....	90
<i>mucus & cough relief chil</i>	73	NEBULIZER MIS MASK CHD	90
<i>mucus relief cough childr</i>	73	NEBULIZER MIS MASK INF.....	90
<i>mucus relief dm</i>	73	NEBULIZER- RX.....	90
<i>mucus relief dm cough</i>	73	<i>necon 0.5/35-28</i>	69
<i>mucus relief dm maximum s</i>	73	NEEDLE (DISP) 18 X 1-1/2	89
<i>multiple vitamin tab</i>	94	<i>neomycin sulfate</i>	31
<i>multiple vitamins w/ iron tab</i>	94	<i>neomycin-bacitrac zn-polymyx</i>	
<i>multiple vitamins w/ minerals cap</i>	94	<i>5(3.5)mg-400unt-10000unt op oin</i> 97	
<i>multiple vitamins w/ minerals cap- rx</i>		<i>neomycin-bacitracin-polymyxin oint</i> .	75
.....	94	<i>neomycin-bacitracin-polymyxin-</i>	
<i>multiple vitamins w/ minerals tab</i>	94	<i>pramoxine oint 1%</i>	76
<i>multiple vitamins w/ minerals tab- rx</i>	94	<i>neomycin-polymy-gramicid op sol</i>	
<i>multi-vit/iron/fluoride</i>	94	<i>1.75-10000-0.025mg-unt-mg/ml</i> ..	97
<i>multivitamin with fluorid</i>	94	<i>neomycin-polymyxin-dexamethasone</i>	
<i>mupirocin</i>	75	<i>ophth oint 0.1%</i>	98
MYAMBUTOL			

<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	98	<i>norethindrone acetate</i>	100
<i>neomycin-polymyxin-hc otic soln 1%</i>	99	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	81
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	99	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	81
<i>neo-polycin</i>	97	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	70
<i>neo-polycin hc</i>	98	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	70
NEORAL.....	93	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	70
<i>see cyclosporine modified (for microemulsion)</i>	93	<i>norlyroc</i>	71
<i>see gengraf</i>	93	NORPACE	
NEURONTIN		<i>see disopyramide phosphate</i>	39
<i>see gabapentin</i>	43	NORPRAMIN	
<i>nevirapine</i>	63	<i>see desipramine hcl</i>	46
NEXAVAR		<i>nortrel 0.5/35 (28)</i>	70
<i>see sorafenib tosylate</i>	57	<i>nortrel 1/35</i>	70
NEXLETOL	52	<i>nortrel 7/7/7</i>	70
NEXLIZET TAB 180/10MG	52	<i>nortriptyline hcl</i>	47
<i>niacin</i>	107	NORVASC	
<i>niacin tab 500 mg</i>	107	<i>see amlodipine besylate</i>	65
<i>nicotine polacrilex gum 2 mg</i>	101	NORVIR	63
<i>nicotine polacrilex gum 4 mg</i>	101	<i>see ritonavir</i>	63
<i>nicotine polacrilex lozenge 2 mg</i>	101	NOSE CLIP MIS	90
<i>nicotine polacrilex lozenge 4 mg</i>	101	NOVOLIN INJ 70/30	49
<i>nicotine td patch 24hr 14 mg/24hr</i> .	101	NOVOLIN INJ 70/30 FP	49
<i>nicotine td patch 24hr 21 mg/24hr</i> .	102	NOVOLIN N.....	49
<i>nicotine td patch 24hr 7 mg/24hr</i> ...	101	NOVOLIN N FLEXPEN	49
<i>nifedipine</i>	66	NOVOLIN R.....	49
<i>nikki</i>	69	NOVOLOG MIX INJ 70/30.....	49
<i>nitrofurantoin</i>	38	NOVOLOG MIX INJ FLEX REL	49
<i>nitrofurantoin macrocrystal</i>	38	NOVOLOG MIX INJ FLEXPEN.....	49
<i>nitrofurantoin monohyd macro</i>	38	NOVOLOG RELI INJ 70/30.....	49
<i>nitroglycerin</i>	38	<i>np thyroid 120</i>	103
NITROSTAT		<i>np thyroid 15</i>	103
<i>see nitroglycerin</i>	38	<i>np thyroid 30</i>	103
<i>nizatidine</i>	104	<i>np thyroid 60</i>	103
<i>nohist-lq</i>	73	<i>np thyroid 90</i>	103
<i>nora-be</i>	71	<i>nu-iron 150</i>	84
<i>norethindrone (contraceptive)</i>	71	NUVARING	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	70	<i>see eluryng</i>	71
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	70	<i>see etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	71
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	70	NUVIGIL	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	70	<i>see armodafinil</i>	31
		NUWIQ	83

<i>nylia 1/35</i>	70	<i>oseltamivir phosphate</i>	64
<i>nylia 7/7/7</i>	70	OTEZLA.....	33
<i>nymyo</i>	70	OTEZLA TAB 10/20/30	33
<i>nystatin</i>	51	<i>oxaprozin</i>	33
<i>nystatin (mouth-throat)</i>	93	OXAYDO.....	34
<i>nystatin (topical)</i>	76	<i>oxazepam</i>	39
<i>nystatin topical powder 100000</i> <i>unit/gm</i>	76	<i>oxcarbazepine</i>	44
O		<i>oxybutynin chloride</i>	105
<i>ocella</i>	70	<i>oxycodone hcl</i>	34, 35
<i>octreotide acetate</i>	81	<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	36
OCUFLOX		<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	36
<i>see ofloxacin (ophth)</i>	97	<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	36
ODEFSEY TAB.....	63	<i>oxymetazoline hcl nasal soln 0.05%</i> .	96
<i>ofloxacin (ophth)</i>	97	<i>oyster shell calcium 250+</i>	91
<i>ofloxacin (otic)</i>	99	<i>oyster shell calcium tab 500 mg</i>	92
<i>olanzapine</i>	60	OZEMPIC.....	48
<i>olopatadine hcl</i>	98	OZEMPIC INJ 8MG/3ML	48
<i>omega-3 fatty acids cap 1000 mg</i>	96	P	
<i>omega-3 fatty acids cap 1200 mg</i>	96	<i>pacerone</i>	40
<i>omega-3 fatty acids cap 500 mg</i>	96	<i>paliperidone</i>	59
<i>omega-3 fatty acids cap delayed</i> <i>release 1000 mg</i>	96	PAMELOR	
<i>omeprazole</i>	104	<i>see nortriptyline hcl</i>	47
<i>omeprazole magnesium</i>	104	<i>pantoprazole sodium</i>	104
OMNITROPE	80	PARI EXPIRAT MIS FILTER	90
<i>ondansetron</i>	50	PARI MASK MIS SIZE 3	90
<i>ondansetron hcl</i>	50	PARI PLASTIC MIS MASK	90
ONFI		PARI PLASTIC MIS MASK PED.....	90
<i>see clobazam</i>	43	PARI SMRTMSK MIS BABY.....	90
OPSUMIT	66	PARI VORTEX MIS ADL MASK	90
<i>oral electrolyte solution</i>	92	PARLODEL	
<i>oralone dental paste</i>	94	<i>see bromocriptine mesylate</i>	58
ORKAMBI GRA 150-188	102	PARNATE	
ORKAMBI TAB 100-125.....	102	<i>see tranlycypromine sulfate</i>	46
ORKAMBI TAB 200-125.....	102	<i>paromomycin sulfate</i>	31
<i>orphenadrine citrate</i>	95	<i>paroxetine hcl</i>	46
ORTHO TRI-CYCLEN LO		PATADAY	98
<i>see norgestimate-eth estrad tab</i> <i>0.18-25/0.215-25/0.25-25 mg-mcg</i>	70	PAXIL	
<i>see tri-lo-estarylla</i>	70	<i>see paroxetine hcl</i>	46
<i>see tri-lo-marzia</i>	70	PEAK FLOW METER	90
<i>see tri-lo-mili</i>	70	PEAK FLOW METER- RX	90
<i>see tri-lo-sprintec</i>	70	PEDIA-LAX	86
<i>see tri-vylibra lo</i>	70	PEDIAPRED	
<i>oscimin</i>	104	<i>see prednisolone sodium phosphate</i>	72

PEDIATRIC MIS MOUTHPIE.....	90	see <i>oxycodone w/ acetaminophen tab</i>	
<i>pediatric multiple vitamin w/ c & fa</i>		<i>5-325 mg</i>	36
<i>chew tab</i>	95	see <i>oxycodone w/ acetaminophen tab</i>	
<i>pediatric multiple vitamin w/ extra c & fa</i>		<i>7.5-325 mg</i>	36
<i>chew tab</i>	95	<i>permethrin</i>	79
<i>pediatric multiple vitamins w/ fl-fe</i>		<i>permethrin aerosol 0.5%</i>	79
<i>drops 0.25-10 mg/ml</i>	94	<i>permethrin lotion 1%</i>	79
<i>pediatric multiple vitamins w/ fluoride</i>		<i>perphenazine</i>	61
<i>chew tab 0.25 mg</i>	94	PFIZER-BIONTECH COVID-19.....	105
<i>pediatric multiple vitamins w/ fluoride</i>		PFLEX MIS.....	90
<i>chew tab 0.5 mg</i>	94	PFT FILTER MIS 1000.....	90
<i>pediatric multiple vitamins w/ fluoride</i>		PHARM CHOICE MIS WIPES	90
<i>chew tab 1 mg</i>	94	<i>phenazopyridine hcl</i>	83
<i>pediatric multiple vitamins w/ fluoride</i>		<i>phenelzine sulfate</i>	45
<i>soln 0.25 mg/ml</i>	95	PHENERGAN	
<i>pediatric multiple vitamins w/ fluoride</i>		see <i>promethazine hcl</i>	52
<i>soln 0.5 mg/ml</i>	95	<i>phenobarbital</i>	85
<i>pediatric multiple vitamins w/ iron</i>		<i>phenylephrine hcl tab 10 mg</i>	96
<i>chew tab 15 mg</i>	95	PHENYTEK	
<i>pediatric vitamins acd w/ fluoride soln</i>		see <i>phenytoin sodium extended</i>	45
<i>0.25 mg/ml</i>	95	<i>phenytoin</i>	45
<i>pediatric vitamins acd w/ fluoride soln</i>		<i>phenytoin infatabs</i>	45
<i>0.5 mg/ml</i>	95	<i>phenytoin sodium extended</i>	45
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>philith</i>	70
<i>for soln 236 gm</i>	86	<i>phytonadione</i>	107
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		PIFELTRO	63
<i>420 gm</i>	86	PILLOW MASK MIS ADULT	90
PEGASYS	64	PILLOW MASK MIS CHILD.....	90
PEN NEEDLES MIS 29GX10MM.....	89	PILLOW MASK MIS PEDIATRI	90
PEN NEEDLES MIS 29GX12.7.....	89	<i>pilocarpine hcl</i>	97
PEN NEEDLES MIS 29GX12MM.....	89	<i>pilocarpine hcl (oral)</i>	94
PEN NEEDLES MIS 31GX5MM.....	89	<i>pimecrolimus</i>	78
PEN NEEDLES MIS 31GX6MM.....	89	<i>pimtreea</i>	70
PEN NEEDLES MIS 31GX8MM.....	89	<i>pioglitazone hcl</i>	49
PEN NEEDLES MIS 32GX4MM.....	89	<i>pirmella 1/35</i>	70
PEN NEEDLES MIS 32GX6MM.....	89	<i>pirmella 7/7/7</i>	70
PEN NEEDLES MIS 32GX8MM.....	89	<i>piroxicam</i>	33
<i>penicillamine</i>	92	PLAQUENIL	
<i>penicillin v potassium</i>	99, 100	see <i>hydroxychloroquine sulfate</i>	56
<i>pentoxifylline</i>	83	PLAVIX	
PEPCID		see <i>clopidogrel bisulfate</i>	83
see <i>famotidine</i>	104	PNEUMOVAX 23.....	105
PERCOCET		<i>podofilox</i>	78
see <i>endocet</i>	35	<i>polyethylene glycol 3350 oral powder</i>	
see <i>oxycodone w/ acetaminophen tab</i>		.....	86
<i>10-325 mg</i>	36	<i>polyethylene glycol-propylene glycol</i>	
		<i>ophth soln 0.4-0.3%</i>	97

<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	97	PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG.....	95
<i>poly-iron 150</i>	85	<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	95
<i>poly-iron 150 forte</i>	84	<i>prevalite</i>	52
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	98	PREVNAR 13 INJ.....	105
<i>polysaccharide iron complex</i>	85	PREVNAR 20 INJ.....	105
POLYTRIM		PREZCOBIX TAB 800-150	63
see <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	98	PREZISTA.....	63
<i>polyvinyl alcohol ophth soln 1.4%</i>	97	PRIFTIN	56
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	97	<i>primidone</i>	44
<i>portia-28</i>	70	PROAIR HFA	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	92	see <i>albuterol sulfate</i>	41
<i>potassium bicarbonate effer tab 25 meq</i>	92	<i>probenecid</i>	83
<i>potassium chloride</i>	92	PROCARDIA XL	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	92	see <i>nifedipine</i>	66
<i>potassium chloride microencapsulated crystals er</i>	92	<i>prochlorperazine</i>	61
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	82	<i>prochlorperazine maleate</i>	61
<i>potassium citrate (alkalinizer)</i>	82	<i>progesterone</i>	100
<i>pramipexole dihydrochloride</i>	58	PROGESTERONE POW MICRONIZ.....	67
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	36	PROGRAF	
<i>pravastatin sodium</i>	53	see <i>tacrolimus</i>	93
<i>prazosin hcl</i>	54	PROLASTIN-C	102
PRECOSE		PROLIA	80
see <i>acarbose</i>	47	<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	74
PRED FORTE		<i>promethazine hcl</i>	52
see <i>prednisolone acetate (ophth)</i> ..	98	<i>promethazine hcl suppos 12.5 mg</i>	52
<i>prednisolone</i>	72	<i>promethazine hcl suppos 25 mg</i>	52
<i>prednisolone acetate (ophth)</i>	98	<i>promethazine vc</i>	74
<i>prednisolone sodium phosphate</i>	72	<i>promethazine vc/codeine</i>	74
<i>prednisone</i>	72	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	74
<i>pregabalin</i>	44	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	74
PRENATAL 19 TAB.....	95	<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	74
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i>	95	PROMETRIUM	
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	95	see <i>progesterone</i>	100
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX.....	95	PRONEB ULTRA MIS FILTER	90
		<i>propafenone hcl</i>	40
		<i>proparacaine hcl</i>	98
		<i>propranolol hcl</i>	65
		<i>propylthiouracil</i>	102
		PROSCAR	
		see <i>finasteride</i>	83
		PROTONIX	

see *pantoprazole sodium*..... 104
 PROTOPIC
 see *tacrolimus (topical)*.....78
protriptyline hcl47
 PROVENTIL HFA
 see *albuterol sulfate*41
 PROVERA
 see *medroxyprogesterone acetate*100
 PROVIGIL
 see *modafinil*.....31
 PROZAC
 see *fluoxetine hcl*46
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml74
pseudoephedrine hcl tab 30 mg96
pseudoephedrine hcl tab 60 mg96
pseudoephedrine hcl tab er 12hr 120 mg.....96
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg74
pseudoephedrine-ibuprofen tab 30-200 mg.....74
psyllium cap 0.52 gm85
psyllium powder 28.3%85
psyllium powder 48.57%85
psyllium powder 58.6%85
 PULMICORT
 see *budesonide (inhalation)*.....41
 PULMOZYME..... 102
pyrazinamide56
pyrethrins-piperonyl butoxide liq 0.33-4%79
pyrethrins-piperonyl butoxide shampoo 0.33-4%79
pyridostigmine bromide56
pyridoxine hcl..... 107
pyridoxine hcl tab 100 mg..... 107
pyridoxine hcl tab 50 mg 107
Q
qc allergy relief.....96
qc childrens chewable com95
qc clotrimazole 106
qc cough relief.....72
qc daytime cold & flu.....74
qc diclofenac sodiium75
qc medifin dm74
qc mucus & cough relief c74

qc mucus relief dm max 74
qc natural vegetable 85
 QUESTRAN
 see *cholestyramine* 52
 QUESTRAN LIGHT
 see *cholestyramine light* 52
 see *prevalite* 52
quetiapine fumarate..... 60
quinapril hcl..... 53
quinapril-hydrochlorothiazide tab 10-12.5 mg 55
quinapril-hydrochlorothiazide tab 20-12.5 mg 55
quinapril-hydrochlorothiazide tab 20-25 mg 55
quinidine sulfate 39
 QVAR REDIHALER..... 41
R
raloxifene hcl 80
ramipril 53
 RANEXA
 see *ranolazine* 38
ranolazine 38
 RAZADYNE ER
 see *galantamine hydrobromide* ... 101
 REBIF 101
 REBIF REBIDO INJ TITRATN 101
 REBIF REBIDOSE..... 101
 REBIF TITRTN INJ PACK 101
reclipsen 70
 RECOMBIVAX HB 105
 REGLAN
 see *metoclopramide hcl* 82
 RELENZA DISKHALER..... 64
 RELION TRUE KIT MET AIR 88
 RELION TRUE TES METRIX..... 79
 REMERON
 see *mirtazapine* 45
 REMODULIN..... 66
 RENVELA
 see *sevelamer carbonate* 82
repaglinide 49
 REPATHA..... 53
 REPATHA PUSHTRONEX SYSTEM..... 53
 REPATHA SURECLICK..... 53
 REPLACEMENT MIS FILTER..... 90
 REPLACEMENT MIS FILTERS..... 90

RESTORIL	
<i>see temazepam</i>	85
RETACRIT	84
RETIN-A	
<i>see avita</i>	74
<i>see tretinoin</i>	75
RETROVIR	
<i>see zidovudine</i>	63
REVATIO	
<i>see sildenafil citrate (pulmonary hypertension)</i>	66
REVLIMID	93
REYATAZ	
<i>see atazanavir sulfate</i>	61, 62
RHOGAM ULTRA-FILTERED PLU.....	99
RHOPHYLAC	99
<i>ribavirin (hepatitis c)</i>	64
<i>riboflavin</i>	107
<i>rifampin</i>	56
<i>rimantadine hydrochloride</i>	64
RISACAL-D TAB.....	92
RISPERDAL	
<i>see risperidone</i>	60
RISPERDAL CONSTA.....	60
<i>risperidone</i>	60
RITALIN	
<i>see methylphenidate hcl</i>	31
<i>ritonavir</i>	63
<i>rivastigmine</i>	101
<i>rivastigmine tartrate</i>	101
RIXUBIS	83
<i>rizatriptan benzoate</i>	91
ROBINUL	
<i>see glycopyrrolate</i>	103
ROBINUL FORTE	
<i>see glycopyrrolate</i>	103
ROCALTROL	
<i>see calcitriol</i>	81
<i>ropinirole hydrochloride</i>	58, 59
<i>rosadan</i>	78
<i>rosuvastatin calcium</i>	53
<i>roweepra</i>	44
ROXICODONE	
<i>see oxycodone hcl</i>	35
<i>rufinamide</i>	44
RUKOBIA	63
RYBELSUS	49

S	
SABRIL	
<i>see vigabatrin</i>	45
<i>see vigadrone</i>	45
SALAGEN	
<i>see pilocarpine hcl (oral)</i>	94
<i>saline nasal spray 0.65%</i>	96
<i>salsalate</i>	34
SANDIMMUNE	
<i>see cyclosporine</i>	93
SANDOSTATIN	
<i>see octreotide acetate</i>	81
SANDOSTATIN LAR DEPOT.....	81
SANTYL.....	78
SAPHRIS	
<i>see asenapine maleate</i>	60
<i>scopolamine</i>	51
SEASONIQUE	
<i>see amethia</i>	67
<i>see ashlyna</i>	67
<i>see camrese</i>	68
<i>see daysee</i>	68
<i>see jaimiess</i>	68
<i>see levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	69
<i>see simpesse</i>	70
SEGLUROMET TAB 2.5-1000	48
SEGLUROMET TAB 2.5-500	48
SEGLUROMET TAB 7.5-1000	48
SEGLUROMET TAB 7.5-500	48
<i>selegiline hcl</i>	59
<i>selenium sulfide</i>	76
<i>selenium sulfide lotion 1%</i>	76
SELZENTRY	63
<i>see maraviroc</i>	63
SE-NATAL 19 CHW.....	95
SE-NATAL 19 TAB.....	95
<i>sennosides chew tab 15 mg</i>	86
<i>sennosides syrup 8.8 mg/5ml</i>	86
<i>sennosides tab 25 mg</i>	86
<i>sennosides tab 8.6 mg</i>	86
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	86
<i>senokot extra strength</i>	86
SEREVENT DISKUS	42
SEROQUEL	

see <i>quetiapine fumarate</i>	60	<i>sodium chloride hypertonic</i>	98
SEROQUEL XR		<i>sodium chloride hypertonic ophth soln</i>	
see <i>quetiapine fumarate</i>	60	5%	99
<i>sertraline hcl</i>	46	<i>sodium chloride irrigation soln 0.9%</i>	82
SESAME OIL.....	67	<i>sodium citrate & citric acid soln 500-</i>	
<i>setlakin</i>	70	334 mg/5ml	82
<i>sevelamer carbonate</i>	82	<i>sodium fluoride</i>	92
<i>sf94</i>		<i>sodium fluoride (dental)</i>	94
<i>sf 5000 plus</i>	94	<i>sodium fluoride 5000 plus</i>	94
<i>sharobel</i>	71	<i>sodium fluoride 5000 ppm</i>	94
SHINGRIX.....	105	<i>sodium fluoride chew tab 0.25 mg f</i>	
SIDESTREAM MIS MASK	90	(from 0.55 mg naf)	92
SIDESTREAM MIS PED MASK.....	90, 91	<i>sodium fluoride chew tab 0.5 mg f</i>	
SIDESTRM PLS MIS FACE MSK.....	91	(from 1.1 mg naf).....	92
<i>sildenafil citrate (pulmonary</i>		<i>sodium fluoride chew tab 1 mg f (from</i>	
<i>hypertension)</i>	66	2.2 mg naf)	92
SILICONE MSK MIS ADULT.....	91	<i>sodium phosphates - enema</i>	86
SILICONE MSK MIS INFANT.....	91	SOFOS/VELPAT TAB 400-100	64
SILICONE MSK MIS PED	91	SOOTHENEB MIS MED CUP	91
SILVADENE		SOOTHENEB MIS MESH CAP.....	91
see <i>silver sulfadiazine</i>	76	SOOTHENEB MIS NBL 100	91
see <i>ssd</i>	76	<i>sorafenib tosylate</i>	57
<i>silver sulfadiazine</i>	76	<i>sorine</i>	65
<i>simethicone cap 125 mg</i>	82	<i>sotalol hcl</i>	65
<i>simethicone cap 180 mg</i>	82	<i>sotalol hcl (afib/af)</i>	65
<i>simethicone chew tab 125 mg</i>	82	SOVALDI	64
<i>simethicone chew tab 80 mg</i>	82	SPACER/AEROSOL-HOLDING	
<i>simethicone susp 40 mg/0.6ml</i>	82	CHAMBERS - DEVICE.....	91
<i>simliya</i>	70	SPACER/AEROSOL-HOLDING	
<i>simpesse</i>	70	CHAMBERS - DEVICE- RX.....	91
<i>simvastatin</i>	53	<i>spinosad</i>	79
SINEMET		SPIRIVA RESPIMAT	40
see <i>carbidopa & levodopa tab 10-100</i>		<i>spironolactone</i>	80
<i>mg</i>	58	<i>spironolactone & hydrochlorothiazide</i>	
see <i>carbidopa & levodopa tab 25-100</i>		<i>tab 25-25 mg</i>	80
<i>mg</i>	58	<i>sprintec 28</i>	70
SINGULAIR		SPRYCEL	57
see <i>montelukast sodium</i>	40	<i>sps</i>	93
SKYLA	71	<i>sronyx</i>	70
<i>sm allergy relief nasal s</i>	96	<i>ssd</i>	76
<i>sm animal shapes complete</i>	95	STALEVO 100	
<i>sm day time cold & flu re</i>	74	see <i>carbidopa-levodopa-entacapone</i>	
<i>sm olopatadine hcl</i>	98	<i>tabs 25-100-200 mg</i>	58
<i>sm tussin dm max/cough +</i>	74	STALEVO 125	
<i>sodium bicarbonate (antacid)</i>	37	see <i>carbidopa-levodopa-entacapone</i>	
<i>sodium chloride</i>	92	<i>tabs 31.25-125-200 mg</i>	58
<i>sodium chloride (inhalant)</i>	74	STALEVO 150	

see <i>carbidopa-levodopa-entacapone</i>	see <i>efavirenz</i>	62
<i>tabs 37.5-150-200 mg</i>	SUTENT	
STALEVO 200	see <i>sunitinib malate</i>	57
see <i>carbidopa-levodopa-entacapone</i>	<i>syeda</i>	70
<i>tabs 50-200-200 mg</i>	SYMBICORT	
STALEVO 50	see <i>budesonide-formoterol fumarate</i>	
see <i>carbidopa-levodopa-entacapone</i>	<i>dihyd aerosol 160-4.5 mcg/act...</i>	41
<i>tabs 12.5-50-200 mg</i>	see <i>budesonide-formoterol fumarate</i>	
STALEVO 75	<i>dihyd aerosol 80-4.5 mcg/act</i>	41
see <i>carbidopa-levodopa-entacapone</i>	SYMDEKO TAB 100-150.....	102
<i>tabs 18.75-75-200 mg</i>	SYMDEKO TAB 50-75MG.....	102
<i>stavudine</i>	SYMFI	
STEGLATRO	see <i>efavirenz-lamivudine-tenofovir df</i>	
STIMATE	<i>tab 600-300-300 mg</i>	62
STRATTERA	SYMFI LO	
see <i>atomoxetine hcl</i>	see <i>efavirenz-lamivudine-tenofovir df</i>	
STRIBILD TAB	<i>tab 400-300-300 mg</i>	62
STRIVERDI RESPIMAT	SYMJEPI	106
STROMECTOL	SYMTUZA TAB	63
see <i>ivermectin</i>	SYNAGIS	99
SUBOXONE	SYNALAR	
see <i>buprenorphine hcl-naloxone hcl</i>	see <i>fluocinolone acetonide</i>	77
<i>sl film 12-3 mg (base equiv)</i>	SYNAREL	81
see <i>buprenorphine hcl-naloxone hcl</i>	SYNTHROID	103
<i>sl film 2-0.5 mg (base equiv)</i>	SYRINGE (DISPOSABLE) 3 ML	89
see <i>buprenorphine hcl-naloxone hcl</i>	SYRINGE (DISPOSABLE) 3 ML - RX ..	89
<i>sl film 4-1 mg (base equiv)</i>	SYRINGE/NEEDLE (DISP) 3 ML 22 X 1	
see <i>buprenorphine hcl-naloxone hcl</i>	.....	89
<i>sl film 8-2 mg (base equiv)</i>	SYRINGE/NEEDLE (DISP) 3 ML 25 X 1	
<i>subvenite</i> .....	.....	89
<i>sucralfate</i>	T	
<i>sulfacetamide sodium (acne)</i>	<i>tacrolimus</i>	93
<i>sulfacetamide sodium (ophth)</i>	<i>tacrolimus (topical)</i>	78
<i>sulfacetamide sodium-prednisolone</i>	TAGRISSO	56
<i>ophth soln 10-0.23(0.25)%</i>	TAMIFLU	
<i>sulfamethoxazole-trimethoprim susp</i>	see <i>oseltamivir phosphate</i>	64
<i>200-40 mg/5ml</i>	<i>tamoxifen citrate</i>	57
<i>sulfamethoxazole-trimethoprim tab</i>	<i>tamsulosin hcl</i>	83
<i>400-80 mg</i>	TARCEVA	
<i>sulfamethoxazole-trimethoprim tab</i>	see <i>erlotinib hcl</i>	56
<i>800-160 mg</i>	<i>tarina fe 1/20</i>	70
<i>sulfasalazine</i>	<i>tarina fe 1/20 eq</i>	70
<i>sulfatrim pediatric</i>	<i>taztia xt</i>	66
<i>sulindac</i>	TDVAX INJ 2-2 LF	103
<i>sumatriptan succinate</i>	TECFIDERA	
<i>sunitinib malate</i>	see <i>dimethyl fumarate</i>	101
SUSTIVA	TEGRETOL	44

see <i>carbamazepine</i>	43	<i>tioconazole vaginal oint 6.5%</i>	106
see <i>epitol</i>	43	TIVICAY	63
TEGRETOL-XR	44	TIVICAY PD	63
see <i>carbamazepine</i>	43	<i>tizanidine hcl</i>	95, 96
<i>temazepam</i>	85	TOBRADEX	
TEMODAR		see <i>tobramycin-dexamethasone</i>	
see <i>temozolomide</i>	56	<i>ophth susp 0.3-0.1%</i>	98
<i>temozolomide</i>	56	<i>tobramycin (ophth)</i>	98
TENIVAC INJ 5-2LF	103	<i>tobramycin-dexamethasone ophth susp</i>	
<i>tenofovir disoproxil fumarate</i>	63	<i>0.3-0.1%</i>	98
TENORETIC 100		TODAY SPONGE	106
see <i>atenolol & chlorthalidone tab</i>		<i>tolnaftate aerosol pow 1%</i>	76
<i>100-25 mg</i>	54	<i>tolnaftate cream 1%</i>	76
TENORETIC 50		<i>tolnaftate powder 1%</i>	76
see <i>atenolol & chlorthalidone tab 50-</i>		<i>tolnaftate soln 1%</i>	76
<i>25 mg</i>	54	<i>tolterodine tartrate</i>	105
TENORMIN		TOPAMAX	
see <i>atenolol</i>	64	see <i>topiramate</i>	44
<i>terazosin hcl</i>	54	TOPAMAX SPRINKLE	
<i>terbinafine hcl</i>	51	see <i>topiramate</i>	44
<i>terbinafine hcl cream 1%</i>	76	<i>topiramate</i>	44
<i>terbutaline sulfate</i>	42	TOPROL XL	
<i>terconazole vaginal</i>	106	see <i>metoprolol succinate</i>	65
TESSALON PERLES		<i>torseamide</i>	80
see <i>benzonatate</i>	72	TRACLEER	66
<i>testosterone cypionate</i>	36	see <i>bosentan</i>	66
<i>testosterone enanthate</i>	36	<i>tramadol hcl</i>	35
TET/DIP TOX INJ 2-2 LF.....	103	<i>trandolapril</i>	53
<i>tetrabenazine</i>	101	TRANSDERM-SCOP	
THALOMID	93	see <i>scopolamine</i>	51
<i>theophylline</i>	42	<i>tranylcypromine sulfate</i>	46
<i>thiamine hcl tab 100 mg</i>	107	<i>trazodone hcl</i>	46
<i>thiamine mononitrate</i>	107	TRELEGY AER 100MCG	42
<i>thioridazine hcl</i>	61	TRELEGY AER 200MCG	42
<i>thiothixene</i>	61	<i>treprostinil</i>	66
THRESHOLD MIS IMT	91	<i>tretinoin</i>	75
THYROGEN	79	<i>tretinoin (chemotherapy)</i>	57
<i>tiadylt er</i>	66	<i>tri femynor</i>	70
<i>tiagabine hcl</i>	44, 45	TRIAMCINOLON POW ACETONID	77
TIAZAC		<i>triamcinolone acetonide (mouth)</i>	94
see <i>diltiazem hcl extended release</i>		<i>triamcinolone acetonide (topical)</i>	78
<i>beads</i>	65, 66	<i>triamcinolone acetonide nasal aerosol</i>	
see <i>taztia xt</i>	66	<i>suspension 55 mcg/act</i>	96
see <i>tiadylt er</i>	66	<i>triamterene & hydrochlorothiazide cap</i>	
<i>timolol maleate (ophth)</i>	97	<i>37.5-25 mg</i>	80
TIMOPTIC		<i>triamterene & hydrochlorothiazide tab</i>	
see <i>timolol maleate (ophth)</i>	97	<i>37.5-25 mg</i>	80

<i>triamterene & hydrochlorothiazide tab</i>	
75-50 mg	80
<i>triazolam</i>	85
<i>tricon</i>	84
TRICOR	
see <i>fenofibrate</i>	52
<i>tri-estarylla</i>	70
<i>trifluoperazine hcl</i>	61
<i>trifluridine</i>	98
<i>trihexyphenidyl hcl</i>	58
TRIKAFTA TAB.....	102
TRILEPTAL	
see <i>oxcarbazepine</i>	44
<i>tri-linyah</i>	70
<i>tri-lo-estarylla</i>	70
<i>tri-lo-marzia</i>	70
<i>tri-lo-mili</i>	70
<i>tri-lo-sprintec</i>	70
TRIMETHOPRIM	37
<i>tri-mili</i>	70
TRINATAL RX TAB 1	95
<i>tri-nymyo</i>	70
<i>tri-sprintec</i>	70
TRIUMEQ PD TAB.....	63
TRIUMEQ TAB	63
<i>trivora-28</i>	70
<i>tri-vylibra</i>	70
<i>tri-vylibra lo</i>	70
TRIZIVIR TAB.....	63
<i>tropium chloride</i>	105
TRUE METRIX KIT AIR	88
TRUE METRIX KIT METER.....	88
TRUE METRIX MIS AIR.....	88
TRUE METRIX TES GLUCOSE	79
TRULICITY	49
TRUSOPT	
see <i>dorzolamide hcl</i>	98
TRUVADA	
see <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	62
see <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	62
see <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	62
see <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	62
TUBE CLEANIN MIS BRUSH	91
TWINRIX INJ.....	105
TYBOST.....	63
TYKERB	
see <i>lapatinib ditosylate</i>	57
TYMLOS	80
U	
ULTRAM	
see <i>tramadol hcl</i>	35
UNIFIBER POW.....	85
UPTRAVI	66
UROCIT-K 10	
see <i>potassium citrate (alkalinizer)</i> .	82
UROCIT-K 15	
see <i>potassium citrate (alkalinizer)</i> .	82
UROCIT-K 5	
see <i>potassium citrate (alkalinizer)</i> .	82
UROXATRAL	
see <i>alfuzosin hcl</i>	83
URSO 250	
see <i>ursodiol</i>	82
URSO FORTE	
see <i>ursodiol</i>	82
<i>ursodiol</i>	82
V	
<i>valacyclovir hcl</i>	64
VALCYTE	
see <i>valganciclovir hcl</i>	64
<i>valganciclovir hcl</i>	64
VALIUM	
see <i>diazepam</i>	39
<i>valproate sodium</i>	45
<i>valproic acid</i>	45
<i>valsartan</i>	53
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	55
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	55
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	55
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	55
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	55
VALTOCO	43
VALTRESX	
see <i>valacyclovir hcl</i>	64
VAQTA	105

<i>varenicline tartrate</i>	102	<i>warfarin sodium tab 2.5 mg</i>	42
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	102	<i>warfarin sodium tab 3 mg</i>	42
VASERETIC		<i>warfarin sodium tab 4 mg</i>	42
<i>see enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	55	<i>warfarin sodium tab 5 mg</i>	42
VASOTEC		<i>warfarin sodium tab 6 mg</i>	42
<i>see enalapril maleate</i>	53	<i>warfarin sodium tab 7.5 mg</i>	42
VAXNEUVANCE INJ.....	105	<i>water for irrigation, sterile irrigation soln</i>	93
VCF VAGINAL CONTRACEPTIVE.....	106	WELLBUTRIN SR	
<i>velivet</i>	70	<i>see bupropion hcl</i>	45
VELTASSA	93	WELLBUTRIN XL	
VEMLIDY	64	<i>see bupropion hcl</i>	45
<i>venlafaxine hcl</i>	46	<i>wera</i>	71
<i>verapamil hcl</i>	66	<i>wheat dextrin oral powder</i>	85
<i>vestura</i>	71	<i>white petrolatum-mineral oil ophth ointment</i>	97
<i>vienva</i>	71	WINDMILL MIS TRAINER	91
<i>vigabatrin</i>	45	WING TIP MIS TUBING.....	91
<i>vigadrone</i>	45	<i>wixela inhub</i>	42
VIGAMOX		X	
<i>see moxifloxacin hcl (ophth)</i>	97	XALATAN	
VIMPAT		<i>see latanoprost</i>	99
<i>see lacosamide</i>	44	XANAX	
VINATE II TAB.....	95	<i>see alprazolam</i>	39
VINATE ONE TAB	95	XELJANZ	32
VIOKACE TAB 10440	79	XELJANZ XR.....	32
VIOKACE TAB 20880	79	XELODA	
<i>viorele</i>	71	<i>see capecitabine</i>	56
VIRACEPT	63	XENAZINE	
VIREAD	63	<i>see tetrabenazine</i>	101
<i>see tenofovir disoproxil fumarate</i> ..	63	XIIDRA	98
VISTARIL		XOLAIR	40
<i>see hydroxyzine pamoate</i>	39	XOPENEX	
VITAFOL-OB TAB 65-1MG	95	<i>see levalbuterol hcl</i>	42
VIVITROL	50	XOPENEX CONCENTRATE	
<i>volnea</i>	71	<i>see levalbuterol hcl</i>	42
VOLTAREN	75	<i>xulane</i>	71
VOSEVI TAB.....	64	XYREM	100
VRAYLAR	59	Y	
VRAYLAR CAP 1.5-3MG	59	YASMIN 28	
<i>vyfemla</i>	71	<i>see drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	68
<i>vylibra</i>	71	<i>see ocella</i>	70
W		<i>see syeda</i>	70
<i>warfarin sodium tab 1 mg</i>	42	<i>see zumandimine</i>	71
<i>warfarin sodium tab 10 mg</i>	42	YAZ	
<i>warfarin sodium tab 2 mg</i>	42		

see <i>drospirenone-ethinyl estradiol</i> tab 3-0.02 mg	68	see <i>bisoprolol & hydrochlorothiazide</i> tab 10-6.25 mg	55
see <i>jasmiel</i>	68	see <i>bisoprolol & hydrochlorothiazide</i> tab 2.5-6.25 mg	55
see <i>loryna</i>	69	see <i>bisoprolol & hydrochlorothiazide</i> tab 5-6.25 mg	55
see <i>lo-zumandimine</i>	69	ZIAGEN	
see <i>nikki</i>	69	see <i>abacavir sulfate</i>	61
see <i>vestura</i>	71	<i>zidovudine</i>	63
Z		ZIEXTENZO	84
<i>zafemy</i>	71	<i>zileuton</i>	40
<i>zafirlukast</i>	40	<i>zinc sulfate</i>	92
ZANAFLEX		<i>ziprasidone hcl</i>	59
see <i>tizanidine hcl</i>	96	ZITHROMAX	
ZARONTIN		see <i>azithromycin</i>	87
see <i>ethosuximide</i>	45	ZOCOR	
ZARXIO	84	see <i>simvastatin</i>	53
ZEMAIRA	102	ZOLOFT	
ZENPEP CAP 15000UNT	79	see <i>sertraline hcl</i>	46
ZENPEP CAP 20000UNT	79	<i>zolpidem tartrate</i>	85
ZENPEP CAP 25000	79	ZONEGRAN	
ZENPEP CAP 3000UNIT	79	see <i>zonisamide</i>	44
ZENPEP CAP 40000	79	<i>zonisamide</i>	44
ZENPEP CAP 5000UNIT	79	<i>zovia 1/35</i>	71
<i>zenzedi</i>	30	ZOVIRAX	
ZEPATIER TAB 50-100MG	64	see <i>acyclovir</i>	64
ZESTORETIC		see <i>acyclovir topical</i>	76
see <i>lisinopril & hydrochlorothiazide</i> tab 10-12.5 mg	55	<i>zumandimine</i>	71
see <i>lisinopril & hydrochlorothiazide</i> tab 20-12.5 mg	55	ZYLOPRIM	
see <i>lisinopril & hydrochlorothiazide</i> tab 20-25 mg	55	see <i>allopurinol</i>	83
ZESTRIL		ZYPREXA	
see <i>lisinopril</i>	53	see <i>olanzapine</i>	60
ZETIA		ZYPREXA RELPREVV	60
see <i>ezetimibe</i>	53	ZYTIGA	
ZIAC		see <i>abiraterone acetate</i>	57
		ZYVOX	
		see <i>linezolid</i>	38