

Umpqua Health Alliance Formulary (Preferred Drug List)

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TABLE OF CONTENTS

INTRODUCTION	5
WHAT IS A FORMULARY?	5
HOW DO I USE THE FORMULARY?	5
WHAT IS A BRAND, GENERIC and OTC DRUG?	5
ARE THERE RESTRICTIONS ON MY COVERAGE?	6
CAN I USE ANY PHARMACY?	6
DO I HAVE A COPAY?	6
FOR MORE INFORMATION	6
FORMULARY RESTRICTION LEGEND	7
FORMULARY	8
ALLERGY	8
ANTIEMESIS/ANTIVERTIGO	10
ASTHMA AND COPD	11
AUTONOMIC NERVOUS SYSTEM DISORDERS	17
BEHAVIORAL HEALTH - OTHER	17
CARDIOVASCULAR DISEASE - ARRHYTHMIA	21
CARDIOVASCULAR DISEASE - CARDIAC STIMULANT	21
CARDIOVASCULAR DISEASE - HYPERTENSION	21
CARDIOVASCULAR DISEASE - LIPID IRREGULARITY	29
CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS	31
CARDIOVASCULAR DISEASE - VASODILATION	31
CONTRACEPTION/OXYTOCICS	32
COUGH AND COLD	38
DERMATOLOGY - ACNE	41
DERMATOLOGY - ANTIINFECTIVE	41
DERMATOLOGY - ANTIINFLAMMATORY	43
DERMATOLOGY - MISCELLANEOUS	44
DERMATOLOGY - PSORIASIS/ECZEMA	45
DIABETES	46
EAR - GENERAL DISORDERS	51
ELECTROLYTE REGULATION	52
ENDOCRINE DISORDER - OTHER	52
ENDOCRINE DISORDER - THYROID	53
EYE - GENERAL DISORDERS	54

EYE - GLAUCOMA	55
GOUT AND RELATED DISEASES	56
HEMATOLOGICAL DISORDERS	56
HORMONAL DEFICIENCY	59
IMMUNIZATION	61
IMMUNOSUPPRESSION/MODULATION	63
INFECTIOUS DISEASE - BACTERIAL	63
INFECTIOUS DISEASE - FUNGAL	67
INFECTIOUS DISEASE - MISCELLANEOUS	67
INFECTIOUS DISEASE - PARASITIC	68
INFECTIOUS DISEASE - VIRAL	68
INFLAMMATORY DISEASE	72
LOCAL ANESTHESIA	75
LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT	75
LOWER GASTROINTESTINAL DISORDERS - OTHER	76
MEDICAL SUPPLIES	80
MISCELLANEOUS AGENTS	114
NEOPLASTIC DISEASE	114
NEUROLOGICAL DISEASE - MISCELLANEOUS	117
ORAL/PHARYNGEAL DISORDERS	117
OTHER DRUGS	117
OTHER RESPIRATORY DISORDERS	131
PAIN MANAGEMENT - ANALGESICS	131
PARKINSONS DISEASE	140
SEIZURE DISORDER	141
SKELETAL MUSCLE DISORDER	143
SMOKING CESSATION	143
UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE	144
UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE	145
UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE	145
URINARY TRACT - FUNCTIONAL DISORDERS	147
VAGINAL DISORDERS	148
VITAMIN AND/OR MINERAL DEFICIENCY	149
APPENDIX A: DOSE FORM REFERENCE GUIDE	162
APPENDIX B: ALTERNATIVES FOR COMMONLY REQUESTED NON-FORMULARY DRUGS	163
ALPHABETICAL DRUG INDEX	165

INTRODUCTION

Prescription drugs are a very important part of your healthcare benefits. The following information will help you get the most out of your prescription drug benefit.

WHAT IS A FORMULARY?

As a member of the Umpqua Health Alliance (UHA) CCO, you have Medicaid prescription drug coverage under the Oregon Health Plan (OHP). This booklet is your list of the drugs that we cover. We call it a drug “formulary.” A group of pharmacists and doctors decide which drugs should be in the formulary. Their goal is to create a formulary with drugs that are safe and effective and that offer the best value.

We usually update our formulary at least four times per year. The current version of our formulary is available on our website: www.umpquahealth.com.

HOW DO I USE THE FORMULARY?

There are two ways to find a drug in the formulary:

- 1. By medical condition**

The drugs are organized into categories that match the type of medical conditions each drug treats. For example, drugs to allergies are listed under the category “Allergy.” If you know what a drug is used for, start by looking for its category in the table of contents. Then check the category for the name of your drug.

- 2. Alphabetically**

If you’re not sure which category a drug is in, look for the drug in the index at the end of this booklet. The index provides an alphabetical listing of all the drugs included in the formulary and the page where they can be found in the formulary.

WHAT IS A BRAND, GENERIC AND OTC DRUG?

A generic drug is a copy of a brand-name drug. It has the same active ingredients as the brand-name drug. Generic drugs are approved by the U.S. Food and Drug Administration (FDA) after being tested for effectiveness and safety. They usually cost less than brand-name drugs and become available after the patent for a brand-name drug expires.

We cover both brand name and generic drugs. However, if a generic drug is available, we usually will not cover a brand name drug. The middle column of the formulary lists the drug type: brand, generic, or non drug (e.g. durable medical equipment). If the formulary lists only generic versions of a drug, this means that we do not cover the brand-name drug. In this column we also noted if a drug is over-the-counter (OTC).

ARE THERE RESTRICTIONS ON MY COVERAGE?

Yes. Some covered drugs may have special rules or restrictions related to their use. If there is a restriction on a drug, it is listed in the formulary under the “Restrictions” column next to the drug. This may include information on quantity limits, if the drug requires preapproval or step therapy, or if the drug has any other important restrictions (like an age restriction). The following section, “Formulary Restriction Legend”, describes each type of restriction in detail. Certain restrictions require additional approval or “prior authorization”. This means that we will not pay for the drug without first receiving the important information we need from your provider. Your provider can submit a Prior Authorization Form to us to request coverage.

Drugs usually are not covered unless they are in the formulary. However, if your provider believes a drug outside of our formulary is the best drug for you, the provider can ask us to cover it by submitting a Prior Authorization Form to us. Usually, we’ll approve formulary exception requests only if other formulary drugs would be less effective in treating your condition, or would cause side effects that could hurt you.

Drugs used to treat some conditions are not covered by OHP, such as drugs used to treat fibromyalgia, allergic rhinitis, fungal infections of the skin and nails, acne and chronic back pain. Drugs used for cosmetic purposes are also not covered by OHP. Drugs not approved by the FDA or used for non-medically accepted indications are also excluded from OHP coverage. However, we cover some over-the-counter (OTC) drugs that are listed in the formulary. These drugs have “OTC” noted in the middle column. These drugs are covered if you have a prescription for the drug from your provider.

Mental health drugs, such as antidepressants, anxiolytics and antipsychotics, are covered through the state’s Medical Assistance Programs (MAP). These drugs are not listed in this formulary. Your pharmacy sends the bill directly to MAP.

CAN I USE ANY PHARMACY?

No. You must use a participating network pharmacy when filling your drugs. An in-network pharmacy is a pharmacy that has agreed to work with our members. To check if your pharmacy is in our network, you can use the “Find A Pharmacy” tool on our website, www.umpquahealth.com.

DO I HAVE A COPAY?

No. You do not have copays or tiers for your covered drugs. A copay is a set amount that you would pay for each drug. If a pharmacy asks you to pay for a prescription, call Customer Service before you pay.

FOR MORE INFORMATION

If you should have additional questions about the UHA Formulary, please contact Customer Service at 541-229-4842 Monday through Friday from 8:00 a.m. to 5:00 p.m. Pacific Time. TTY: (541)-440-6304 | Toll Free TTY: (888)-877-6304.

FORMULARY RESTRICTION LEGEND

The following restriction and coverage notes may be found in the right column in the formulary:

Abbreviations	Definition	Explanation
PA	Prior Authorization Required	Prior authorization (e.g. prior approval) is required before filling a prescription for this drug. This means you will need to get approval from us to pay for your drug. Without prior authorization, we may not cover this drug. Your provider must submit a request for prior authorization with the appropriate documentation (including recent chart notes) before the drug is covered.
ST	Step Therapy Restriction	We require you to first try another lower-cost drug (“Step 1 drug”) before using the more expensive drug (“Step 2 drug”). If it is medically necessary for you to use a Step 2 drug first, your doctor will need to submit a request for prior authorization.
AR	Age Restriction	Coverage of this drug is limited to a specific age range. Covered ages are listed. A prior authorization is required for members outside of the listed age range.
QL	Quantity Limit	We will cover this drug only up to a certain quantity or limit per time or per fill. The specific quantity limit is listed. If you need quantities greater than the limit shown, your doctor can submit a request for prior authorization.
SPEC	Specialty Drug	Coverage for specialty drugs will only be provided if the drug is obtained through our contracted specialty pharmacy, MedImpact Direct Specialty Hub. <i>MedImpact Direct Specialty Hub</i> <i>Telephone: (877) 391-1103</i> <i>Fax: (888) 807-5716</i> <i>Website: www.medimpactdirect.com</i>

FORMULARY

ALLERGY

ANTIHISTAMINES - 1ST GENERATION

DRUG NAME	TYPE	RESTRICTIONS
ALLER-CHLOR (CHLORPHENIRAMINE MALEATE) 4 MG ORAL TABLET	GENERIC, OTC	
ALLERGY (CHLORPHENIRAMINE MALEATE) 4 MG ORAL TABLET	GENERIC, OTC	
ALLERGY RELIEF (CHLORPHENIRAMINE MALEATE) 4 MG ORAL TABLET	GENERIC, OTC	
ALLERGY-TIME (CHLORPHENIRAMINE MALEATE) 4 MG ORAL TABLET	GENERIC, OTC	
CHLORHIST (CHLORPHENIRAMINE MALEATE) 4 MG ORAL TABLET	GENERIC, OTC	
CHLORPHENIRAMINE MALEATE 4 MG ORAL TABLET	GENERIC, OTC	
CHLORTABS (CHLORPHENIRAMINE MALEATE) 4 MG ORAL TABLET	GENERIC, OTC	
PHARBECHLOR (CHLORPHENIRAMINE MALEATE) 4 MG ORAL TABLET	GENERIC, OTC	
WAL-FINATE (CHLORPHENIRAMINE MALEATE) 4 MG ORAL TABLET	GENERIC, OTC	
CYPROHEPTADINE HCL 2 MG/5 ML ORAL SYRUP	GENERIC	AR (age 6 and younger)
CYPROHEPTADINE HCL 4 MG ORAL TABLET	GENERIC	AR (age 20 and younger)
ALER-CAPS (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
ALLER-G-TIME (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
ALLERGY (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
ALLERGY (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL LIQUID	GENERIC, OTC	
ALLERGY (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
ALLERGY MEDICATION (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
ALLERGY MEDICATION (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
ALLERGY MEDICINE (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
ALLERGY RELIEF (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
ALLERGY RELIEF (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL LIQUID	GENERIC, OTC	
ALLERGY RELIEF (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
BANOPHEN (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
BANOPHEN (DIPHENHYDRAMINE HCL) 50 MG ORAL CAPSULE	GENERIC, OTC	
BANOPHEN (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
BENADRYL ALLERGY (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
CHILDREN'S ALLERGY (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL LIQUID	GENERIC, OTC	
CHILDREN'S ALLERGY RELIEF (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL LIQUID	GENERIC, OTC	
CHILDREN'S WAL-DRYL ALLERGY (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL LIQUID	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
COMPLETE ALLERGY (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
COMPLETE ALLERGY (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
DIPHEDRYL (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL LIQUID	GENERIC, OTC	
DIPHEDRYL ALLERGY (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL LIQUID	GENERIC, OTC	
DIPHEN (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL ELIXIR	GENERIC	
DIPHEN (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
DIPHENHYDRAMINE HCL 25 MG ORAL CAPSULE	GENERIC, OTC	
DIPHENHYDRAMINE HCL 50 MG ORAL CAPSULE	GENERIC, OTC	
DIPHENHYDRAMINE HCL 12.5MG/5ML ORAL ELIXIR	GENERIC, OTC	
DIPHENHYDRAMINE HCL 12.5MG/5ML ORAL LIQUID	GENERIC, OTC	
DIPHENHYDRAMINE HCL 25 MG ORAL TABLET	GENERIC, OTC	
GERI-DRYL (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL LIQUID	GENERIC, OTC	
GERI-DRYL (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
MAXALLERGY KIDS (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL LIQUID	GENERIC, OTC	
M-DRYL (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL LIQUID	GENERIC, OTC	
NIGHTTIME ALLERGY RELIEF (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
PHARBEDRYL (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
PHARBEDRYL (DIPHENHYDRAMINE HCL) 50 MG ORAL CAPSULE	GENERIC, OTC	
TOTAL ALLERGY (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
WAL-DRYL (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
WAL-DRYL ALLERGY (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL LIQUID	GENERIC, OTC	
WAL-DRYL ALLERGY (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
HYDROXYZINE HCL 10 MG/5 ML ORAL SOLUTION	GENERIC	AR (age 2 to 6)
HYDROXYZINE HCL 10 MG ORAL TABLET	GENERIC	
HYDROXYZINE HCL 25 MG ORAL TABLET	GENERIC	
HYDROXYZINE HCL 50 MG ORAL TABLET	GENERIC	
HYDROXYZINE PAMOATE 100 MG ORAL CAPSULE	GENERIC	
HYDROXYZINE PAMOATE 25 MG ORAL CAPSULE	GENERIC	
HYDROXYZINE PAMOATE 50 MG ORAL CAPSULE	GENERIC	
PROMETHAZINE HCL 6.25MG/5ML ORAL SYRUP	GENERIC	AR (age 2 to 6)
PROMETHAZINE HCL 12.5 MG ORAL TABLET	GENERIC	
PROMETHAZINE HCL 25 MG ORAL TABLET	GENERIC	
PROMETHAZINE HCL 50 MG ORAL TABLET	GENERIC	

ANTIHISTAMINES - 2ND GENERATION

24HOUR ALLERGY (CETIRIZINE HCL) 10 MG ORAL TABLET	GENERIC, OTC	
ALL DAY ALLERGY (CETIRIZINE HCL) 10 MG ORAL TABLET	GENERIC, OTC	
ALLERGY (CETIRIZINE HCL) 10 MG ORAL TABLET	GENERIC, OTC	
ALLERGY RELIEF (CETIRIZINE HCL) 1 MG/ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
ALLERGY RELIEF (CETIRIZINE HCL) 10 MG ORAL TABLET	GENERIC, OTC	
ALLERGY RELIEF (CETIRIZINE HCL) 5 MG ORAL TABLET	GENERIC, OTC	
ALLER-TEC (CETIRIZINE HCL) 10 MG ORAL TABLET	GENERIC, OTC	
CETIRIZINE HCL 1 MG/ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)

DRUG NAME	TYPE	RESTRICTIONS
CETIRIZINE HCL 5 MG/5 ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
CETIRIZINE HCL 10 MG ORAL TABLET	GENERIC, OTC	
CETIRIZINE HCL 5 MG ORAL TABLET	GENERIC, OTC	
CHILDREN'S ALL DAY ALLERGY (CETIRIZINE HCL) 1 MG/ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
CHILDREN'S ALLERGY (CETIRIZINE HCL) 1 MG/ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
CHILDREN'S ALLERGY RELIEF (CETIRIZINE HCL) 1 MG/ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
CHILDREN'S ALLER-TEC (CETIRIZINE HCL) 1 MG/ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
CHILDREN'S CETIRIZINE HCL (CETIRIZINE HCL) 1 MG/ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
CHILDREN'S WAL-ZYR (CETIRIZINE HCL) 1 MG/ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
WAL-ZYR (CETIRIZINE HCL) 1 MG/ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
WAL-ZYR (CETIRIZINE HCL) 10 MG ORAL TABLET	GENERIC, OTC	
ALLER-EASE (FEXOFENADINE HCL) 180 MG ORAL TABLET	GENERIC, OTC	QL (1 tablet per day)
ALLER-FEX (FEXOFENADINE HCL) 180 MG ORAL TABLET	GENERIC, OTC	QL (1 tablet per day)
ALLERGY RELIEF (FEXOFENADINE HCL) 180 MG ORAL TABLET	GENERIC, OTC	QL (1 tablet per day)
ALLERGY RELIEF (FEXOFENADINE HCL) 60 MG ORAL TABLET	GENERIC, OTC	QL (1 tablet per day)
FEXOFENADINE HCL 180 MG ORAL TABLET	GENERIC, OTC	QL (1 tablet per day)
FEXOFENADINE HCL 60 MG ORAL TABLET	GENERIC, OTC	QL (1 tablet per day)
WAL-FEX ALLERGY (FEXOFENADINE HCL) 180 MG ORAL TABLET	GENERIC, OTC	QL (1 tablet per day)
WAL-FEX ALLERGY (FEXOFENADINE HCL) 60 MG ORAL TABLET	GENERIC, OTC	QL (1 tablet per day)
24HR ALLERGY RELIEF (LEVOCETIRIZINE DIHYDROCHLORIDE) 5 MG ORAL TABLET	GENERIC, OTC	QL (1 tablet per day)
ALLERGY RELIEF (LEVOCETIRIZINE DIHYDROCHLORIDE) 5 MG ORAL TABLET	GENERIC, OTC	QL (1 tablet per day)
LEVOCETIRIZINE DIHYDROCHLORIDE 5 MG ORAL TABLET	GENERIC, OTC	QL (1 tablet per day)
ALLERCLEAR (LORATADINE) 10 MG ORAL TABLET	GENERIC, OTC	
ALLERGY RELIEF (LORATADINE) 5 MG/5 ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
ALLERGY RELIEF (LORATADINE) 10 MG ORAL TABLET	GENERIC, OTC	
CHILDREN'S ALLERGY (LORATADINE) 5 MG/5 ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
CHILDREN'S ALLERGY RELIEF (LORATADINE) 5 MG/5 ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
CHILDREN'S LORATADINE (LORATADINE) 5 MG/5 ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
LORADAMED (LORATADINE) 10 MG ORAL TABLET	GENERIC, OTC	
LORATADINE 5 MG/5 ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
LORATADINE 10 MG ORAL TABLET	GENERIC, OTC	
LORATADINE ALLERGY (LORATADINE) 5 MG/5 ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
WAL-ITIN (LORATADINE) 5 MG/5 ML ORAL SOLUTION	GENERIC, OTC	AR (age 2 to 6)
WAL-ITIN (LORATADINE) 10 MG ORAL TABLET	GENERIC, OTC	

NASAL ANTI-INFLAMMATORY STEROIDS

FLUTICASONE PROPIONATE 50 MCG NASAL SPRAY SUSP	GENERIC	
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ANTIEMESIS/ANTIVERTIGO**ANTIEMETIC/ANTIVERTIGO AGENTS**

APREPITANT 125MG-80MG ORAL CAP DS PK	GENERIC	PA (Rx032)
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DRUG NAME	TYPE	RESTRICTIONS
APREPITANT 125 MG ORAL CAPSULE	GENERIC	PA (Rx032)
APREPITANT 40 MG ORAL CAPSULE	GENERIC	PA (Rx032)
APREPITANT 80 MG ORAL CAPSULE	GENERIC	PA (Rx032)
DRAMAMINE (MECLIZINE HCL) 25 MG ORAL TAB CHEW	GENERIC, OTC	
DRAMAMINE (MECLIZINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
DRAMAMINE LESS DROWSY (MECLIZINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
MECLIZINE HCL 25 MG ORAL TAB CHEW	GENERIC, OTC	
MECLIZINE HCL 12.5 MG ORAL TABLET	GENERIC, OTC	
MECLIZINE HCL 25 MG ORAL TABLET	GENERIC, OTC	
MECLIZINE HCL 50 MG ORAL TABLET	GENERIC	
MEDI-MECLIZINE (MECLIZINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
MOTION SICKNESS (MECLIZINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
MOTION SICKNESS RELIEF (MECLIZINE HCL) 25 MG ORAL TAB CHEW	GENERIC, OTC	
MOTION SICKNESS RELIEF (MECLIZINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
MOTION-TIME (MECLIZINE HCL) 25 MG ORAL TAB CHEW	GENERIC, OTC	
TRAVEL EASE (MECLIZINE HCL) 25 MG ORAL TAB CHEW	GENERIC, OTC	
TRAVEL-EASE (MECLIZINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
VERTICALM (MECLIZINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
WAL-DRAM 2 (MECLIZINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
ONDANSETRON ODT (ONDANSETRON) 4 MG ORAL TAB RAPDIS	GENERIC	QL (4 tablets per day)
ONDANSETRON ODT (ONDANSETRON) 8 MG ORAL TAB RAPDIS	GENERIC	QL (4 tablets per day)
ONDANSETRON HCL 4 MG ORAL TABLET	GENERIC	QL (4 tablets per day)
ONDANSETRON HCL 8 MG ORAL TABLET	GENERIC	QL (4 tablets per day)
COMPRO (PROCHLORPERAZINE MALEATE) 25 MG RECTAL SUPP.RECT	GENERIC	QL (2 suppositories per 30 days)
PROCHLORPERAZINE (PROCHLORPERAZINE MALEATE) 25 MG RECTAL SUPP.RECT	GENERIC	QL (2 suppositories per 30 days)
PROCHLORPERAZINE MALEATE 10 MG ORAL TABLET	GENERIC	
PROCHLORPERAZINE MALEATE 5 MG ORAL TABLET	GENERIC	
PROMETHAZINE HCL 12.5 MG RECTAL SUPP.RECT	GENERIC	QL (2 suppositories per 30 days)
PROMETHAZINE HCL 25 MG RECTAL SUPP.RECT	GENERIC	QL (2 suppositories per 24 days)
PROMETHAZINE HCL 50 MG RECTAL SUPP.RECT	GENERIC	QL (2 suppositories per 30 days)
PROMETHEGAN (PROMETHAZINE HCL) 12.5 MG RECTAL SUPP.RECT	GENERIC	QL (2 suppositories per 30 days)
PROMETHEGAN (PROMETHAZINE HCL) 25 MG RECTAL SUPP.RECT	GENERIC	QL (2 suppositories per 24 days)
PROMETHEGAN (PROMETHAZINE HCL) 50 MG RECTAL SUPP.RECT	GENERIC	QL (2 suppositories per 30 days)

ASTHMA AND COPD

ANTICHOLINERGIC, ORALLY INHALED SHORT ACTING

ATROVENT HFA (IPRATROPIUM BROMIDE) 17MCG INHALATION HFA AER AD	BRAND	
IPRATROPIUM BROMIDE 0.2 MG/ML INHALATION SOLUTION	GENERIC	

ANTICHOLINERGICS, ORALLY INHALED LONG ACTING

SPIRIVA RESPIMAT (TIOTROPIUM BROMIDE) 1.25 MCG INHALATION MIST INHAL	BRAND	ST (Incruse Ellipta)
SPIRIVA RESPIMAT (TIOTROPIUM BROMIDE) 2.5 MCG INHALATION MIST INHAL	BRAND	ST (Incruse Ellipta)
TIOTROPIUM BROMIDE 18 MCG INHALATION CAP W/DEV	GENERIC	ST (Incruse Ellipta)

DRUG NAME	TYPE	RESTRICTIONS
INCRUSE ELLIPTA (UMECLIDINIUM BROMIDE) 62.5 MCG INHALATION BLST W/DEV	BRAND	
BETA-ADRENERGIC AGENTS		
ALBUTEROL SULFATE 2 MG/5 ML ORAL SYRUP	GENERIC	
ALBUTEROL SULFATE 2 MG ORAL TABLET	GENERIC	
ALBUTEROL SULFATE 4 MG ORAL TABLET	GENERIC	
TERBUTALINE SULFATE 2.5 MG ORAL TABLET	GENERIC	
TERBUTALINE SULFATE 5 MG ORAL TABLET	GENERIC	
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING		
ALBUTEROL SULFATE 5 MG/ML INHALATION SOLUTION	GENERIC	
ALBUTEROL SULFATE 0.63MG/3ML INHALATION VIAL-NEB	GENERIC	
ALBUTEROL SULFATE 1.25MG/3ML INHALATION VIAL-NEB	GENERIC	
ALBUTEROL SULFATE 2.5 MG/0.5 INHALATION VIAL-NEB	GENERIC	
ALBUTEROL SULFATE 2.5 MG/3ML INHALATION VIAL-NEB	GENERIC	
ALBUTEROL SULFATE HFA (ALBUTEROL SULFATE) 90 MCG INHALATION HFA AER AD	GENERIC	
LEVALBUTEROL CONCENTRATE (LEVALBUTEROL HCL) 1.25MG/0.5 INHALATION VIAL-NEB	GENERIC	
LEVALBUTEROL HCL 0.31MG/3ML INHALATION VIAL-NEB	GENERIC	
LEVALBUTEROL HCL 0.63MG/3ML INHALATION VIAL-NEB	GENERIC	
LEVALBUTEROL HCL 1.25MG/3ML INHALATION VIAL-NEB	GENERIC	
LEVALBUTEROL TARTRATE HFA (LEVALBUTEROL TARTRATE) 45 MCG INHALATION HFA AER AD	GENERIC	
BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING		
STRIVERDI RESPIMAT (OLODATEROL HCL) 2.5 MCG INHALATION MIST INHAL	BRAND	
BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING		
SEREVENT DISKUS (SALMETEROL XINAFOATE) 50 MCG INHALATION BLST W/DEV	BRAND	ST (Striverdi)
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS		
BEVESPI AEROSPHERE (GLYCOPYRROLATE/FORMOTEROL FUM) 9-4.8 MCG INHALATION HFA AER AD	BRAND	
COMBIVENT RESPIMAT (IPRATROPIUM/ALBUTEROL SULFATE) 20-100 MCG INHALATION MIST INHAL	BRAND	
IPRATROPIUM-ALBUTEROL (IPRATROPIUM/ALBUTEROL SULFATE) 0.5-3MG/3 INHALATION AMPUL-NEB	GENERIC	
STIOLTO RESPIMAT (TIOTROPIUM BR/OLODATEROL HCL) 2.5-2.5MCG INHALATION MIST INHAL	BRAND	
ANORO ELLIPTA (UMECLIDINIUM BRM/VILANTEROL TR) 62.5-25MCG INHALATION BLST W/DEV	BRAND	
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS		
BREYNA (BUDESONIDE/FORMOTEROL FUMARATE) 160-4.5MCG INHALATION HFA AER AD	GENERIC	
BREYNA (BUDESONIDE/FORMOTEROL FUMARATE) 80-4.5 MCG INHALATION HFA AER AD	GENERIC	
BUDESONIDE-FORMOTEROL FUMARATE (BUDESONIDE/FORMOTEROL FUMARATE) 160-4.5MCG INHALATION HFA AER AD	GENERIC	
BUDESONIDE-FORMOTEROL FUMARATE (BUDESONIDE/FORMOTEROL FUMARATE) 80-4.5 MCG INHALATION HFA AER AD	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
FLUTICASONE-SALMETEROL (FLUTICASONE/SALMETEROL) 113-14 MCG INHALATION AER POW BA	GENERIC	
FLUTICASONE-SALMETEROL (FLUTICASONE/SALMETEROL) 232-14 MCG INHALATION AER POW BA	GENERIC	
FLUTICASONE-SALMETEROL (FLUTICASONE/SALMETEROL) 55-14 MCG INHALATION AER POW BA	GENERIC	
FLUTICASONE-SALMETEROL (FLUTICASONE/SALMETEROL) 100-50 MCG INHALATION BLST W/DEV	GENERIC	
FLUTICASONE-SALMETEROL (FLUTICASONE/SALMETEROL) 250-50 MCG INHALATION BLST W/DEV	GENERIC	
FLUTICASONE-SALMETEROL (FLUTICASONE/SALMETEROL) 500-50 MCG INHALATION BLST W/DEV	GENERIC	
WIXELA INHUB (FLUTICASONE/SALMETEROL) 100-50 MCG INHALATION BLST W/DEV	GENERIC	
WIXELA INHUB (FLUTICASONE/SALMETEROL) 250-50 MCG INHALATION BLST W/DEV	GENERIC	
WIXELA INHUB (FLUTICASONE/SALMETEROL) 500-50 MCG INHALATION BLST W/DEV	GENERIC	
FLUTICASONE-VILANTEROL (FLUTICASONE/VILANTEROL) 100-25MCG INHALATION BLST W/DEV	GENERIC	ST (Fluticasone/salmeterol [generic Advair or AirDuo])
FLUTICASONE-VILANTEROL (FLUTICASONE/VILANTEROL) 200-25 MCG INHALATION BLST W/DEV	GENERIC	ST (Fluticasone/salmeterol [generic Advair or AirDuo])
DULERA (MOMETASONE/FORMOTEROL) 100-5 MCG INHALATION HFA AER AD	BRAND	ST (Fluticasone/salmeterol [generic Advair or AirDuo])
DULERA (MOMETASONE/FORMOTEROL) 200-5 MCG INHALATION HFA AER AD	BRAND	ST (Fluticasone/salmeterol [generic Advair or AirDuo])
DULERA (MOMETASONE/FORMOTEROL) 50MCG-5MCG INHALATION HFA AER AD	BRAND	ST (Fluticasone/salmeterol [generic Advair or AirDuo])

BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED

BREZTRI AEROSPHERE (BUDESONIDE/GLYCOPYR/FORMOTEROL) 160-9-4.8 INHALATION HFA AER AD	BRAND	PA (Rx041)
TRELEGY ELLIPTA (FLUTICASONE/UMECLIDIN/VILANTER) 100-62.5 INHALATION BLST W/DEV	BRAND	PA (Rx041)
TRELEGY ELLIPTA (FLUTICASONE/UMECLIDIN/VILANTER) 200-62.5 INHALATION BLST W/DEV	BRAND	PA (Rx041)

GLUCOCORTICIDS, ORALLY INHALED

QVAR REDHALER (BECLOMETHASONE DIPROPIONATE) 40 MCG INHALATION HFA AEROBA	BRAND	
QVAR REDHALER (BECLOMETHASONE DIPROPIONATE) 80 MCG INHALATION HFA AEROBA	BRAND	
BUDESONIDE 0.25MG/2ML INHALATION AMPUL-NEB	GENERIC	
BUDESONIDE 0.5 MG/2ML INHALATION AMPUL-NEB	GENERIC	
BUDESONIDE 1 MG/2 ML INHALATION AMPUL-NEB	GENERIC	
PULMICORT FLEXHALER (BUDESONIDE) 180 MCG INHALATION AER POW BA	BRAND	
PULMICORT FLEXHALER (BUDESONIDE) 90 MCG INHALATION AER POW BA	BRAND	
ARNUITY ELLIPTA (FLUTICASONE FUROATE) 100 MCG INHALATION BLST W/DEV	BRAND	
ARNUITY ELLIPTA (FLUTICASONE FUROATE) 200 MCG INHALATION BLST W/DEV	BRAND	
ARNUITY ELLIPTA (FLUTICASONE FUROATE) 50 MCG INHALATION BLST W/DEV	BRAND	

DRUG NAME	TYPE	RESTRICTIONS
FLUTICASONE PROPIONATE 100 MCG INHALATION BLST W/DEV	GENERIC	
FLUTICASONE PROPIONATE 250 MCG INHALATION BLST W/DEV	GENERIC	
FLUTICASONE PROPIONATE 50 MCG INHALATION BLST W/DEV	GENERIC	
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE) 110 MCG INHALATION AER W/ADAP	GENERIC	
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE) 220 MCG INHALATION AER W/ADAP	GENERIC	
FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE) 44 MCG INHALATION AER W/ADAP	GENERIC	
ASMANEX (MOMETASONE FUROATE) 110MCG(30) INHALATION AER POW BA	BRAND	
ASMANEX (MOMETASONE FUROATE) 220MCG 120 INHALATION AER POW BA	BRAND	
ASMANEX (MOMETASONE FUROATE) 220MCG(60) INHALATION AER POW BA	BRAND	
ASMANEX (MOMETASONE FUROATE) 220MCG(30) INHALATION AER POW BA	BRAND	
ASMANEX HFA (MOMETASONE FUROATE) 100 MCG INHALATION HFA AER AD	BRAND	
ASMANEX HFA (MOMETASONE FUROATE) 200 MCG INHALATION HFA AER AD	BRAND	
ASMANEX HFA (MOMETASONE FUROATE) 50 MCG INHALATION HFA AER AD	BRAND	

LEUKOTRIENE RECEPTOR ANTAGONISTS

MONTELUKAST SODIUM 4 MG ORAL TAB CHEW	GENERIC	AR (age 5 and younger)
MONTELUKAST SODIUM 5 MG ORAL TAB CHEW	GENERIC	AR (age 6 to 14)
MONTELUKAST SODIUM 10 MG ORAL TABLET	GENERIC	AR (age 6 and older)
ZAFIRLUKAST 10 MG ORAL TABLET	GENERIC	ST (Montelukast)
ZAFIRLUKAST 20 MG ORAL TABLET	GENERIC	ST (Montelukast)

MAST CELL STABILIZERS, ORALLY INHALED

CROMOLYN SODIUM 20 MG/2 ML INHALATION AMPUL-NEB	GENERIC	
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RESPIRATORY AIDS,DEVICES,EQUIPMENT

ACE AEROSOL CLOUD ENHANCER (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
AEROCHAMBER MECHANICAL VENT (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
AEROCHAMBER MINI (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
AEROCHAMBER MV (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
AEROCHAMBER PLUS FLOW-VU (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
AEROCHAMBER Z-STAT PLUS (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
AEROTRACH PLUS (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
AEROVENT PLUS (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
BREATHERITE (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
BREATHERITE SPACER-ADULT MASK (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
BREATHERITE SPACER-INFANT MASK (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)

DRUG NAME	TYPE	RESTRICTIONS
BREATHERITE SPACER-LG CHLD MSK (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
BREATHERITE SPACER-NEONATE MSK (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
BREATHERITE SPACER-SM CHLD MSK (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
BREATHRITE (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
CLEVER CHOICE HOLDING CHAMBER (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
COMPACT SPACE CHAMBER (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
EASIVENT (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG	QL (1 spacer per 180 days)
EASIVENT (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
FLEXICHAMBER (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
IN-CHECK DIAL (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG, OTC	QL (1 spacer per 180 days)
INSPIRACHAMBER (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
LITEAIRE (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
MICROCHAMBER (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
MICROSPACER (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
MOUTHPIECE (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG, OTC	QL (1 spacer per 180 days)
ONE WAY MOUTHPIECE (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG, OTC	QL (1 spacer per 180 days)
OPTICHAMBER (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG	QL (1 spacer per 180 days)
OPTICHAMBER DIAMOND (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
PANDA MASK (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG, OTC	QL (1 spacer per 180 days)
PEDIATRIC MASK (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG, OTC	QL (1 spacer per 180 days)
PEDIATRIC PANDA MASK (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG, OTC	QL (1 spacer per 180 days)
PFLEX TRAINER (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG	QL (1 spacer per 180 days)
POCKET CHAMBER (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
PRIMEAIRE (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
PROCARE SPACER WITH ADULT MASK (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
PROCARE SPACER WITH CHILD MASK (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
PROCHAMBER (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
PURE COMFORT SPACER WITH MASK (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG, OTC	QL (1 spacer per 180 days)
RITEFLO (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
SIDESTREAM PEDIATRIC (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG, OTC	QL (1 spacer per 180 days)
SILICONE MASK (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG, OTC	QL (1 spacer per 180 days)
SPACE CHAMBER (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
THRESHOLD IMT (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG	QL (1 spacer per 180 days)

DRUG NAME	TYPE	RESTRICTIONS
THRESHOLD PEP (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG	QL (1 spacer per 180 days)
VORTEX (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG, OTC	QL (1 spacer per 180 days)
VORTEX (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
VORTEX VHC FROG MASK (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
VORTEX VHC LADYBUG MASK (INHALER, ASSIST DEVICES) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
WINDMILL TRAINER (INHALER, ASSIST DEVICES) MISCELL. EACH	NON DRUG, OTC	QL (1 spacer per 180 days)
AEROCHAMBER PLUS FLOW-VU (inhaler,assist dev,small mask) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
CLEVER CHOICE HOLDING CHAMBER (inhaler,assist dev,small mask) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
COMPACT SPACE CHAMBER (inhaler,assist dev,small mask) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
PRO COMFORT SPACER WITH MASK (inhaler,assist dev,small mask) MISCELL. SPACER	NON DRUG, OTC	QL (1 spacer per 180 days)
SPACE CHAMBER-SMALL MASK (inhaler,assist dev,small mask) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
COMFORTSEAL (INHALER,ASSIST DEVICE,ACCESORY) MISCELL. EACH	NON DRUG	QL (1 spacer per 180 days)
FLEXICHAMBER MASK (INHALER,ASSIST DEVICE,ACCESORY) MISCELL. EACH	NON DRUG	QL (1 spacer per 180 days)
LITETOUCH (INHALER,ASSIST DEVICE,ACCESORY) MISCELL. EACH	NON DRUG	QL (1 spacer per 180 days)
SIDESTREAM PEDIATRIC (INHALER,ASSIST DEVICE,ACCESORY) MISCELL. EACH	NON DRUG, OTC	QL (1 spacer per 180 days)
AEROCHAMBER PLUS FLOW-VU (inhaler,assist device,lg mask) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
CLEVER CHOICE HOLDING CHAMBER (inhaler,assist device,lg mask) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
COMPACT SPACE CHAMBER (inhaler,assist device,lg mask) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
PRO COMFORT SPACER WITH MASK (inhaler,assist device,lg mask) MISCELL. SPACER	NON DRUG, OTC	QL (1 spacer per 180 days)
SPACE CHAMBER-LARGE MASK (inhaler,assist device,lg mask) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
AEROCHAMBER PLUS FLOW-VU (inhaler,assist device,med mask) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
COMPACT SPACE CHAMBER (inhaler,assist device,med mask) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
SPACE CHAMBER-MEDIUM MASK (inhaler,assist device,med mask) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
VORTEX VHC PEDIATRIC MASK (inhaler,assist device,med mask) MISCELL. SPACER	NON DRUG	QL (1 spacer per 180 days)
EASIVENT (NEBULIZER ACCESSORIES) MISCELL. EACH	NON DRUG	QL (1 spacer per 180 days)

XANTHINES

THEOPHYLLINE ER (THEOPHYLLINE ANHYDROUS) 100 MG ORAL TAB ER 12H	GENERIC	
THEOPHYLLINE ER (THEOPHYLLINE ANHYDROUS) 200 MG ORAL TAB ER 12H	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
THEOPHYLLINE ER (THEOPHYLLINE ANHYDROUS) 300 MG ORAL TAB ER 12H	GENERIC	
THEOPHYLLINE ER (THEOPHYLLINE ANHYDROUS) 450 MG ORAL TAB ER 12H	GENERIC	
THEOPHYLLINE ER (THEOPHYLLINE ANHYDROUS) 400 MG ORAL TAB ER 24H	GENERIC	

AUTONOMIC NERVOUS SYSTEM DISORDERS

CHOLINESTERASE INHIBITORS

DONEPEZIL HCL 10 MG ORAL TABLET	GENERIC	QL (1 tablet per day)
DONEPEZIL HCL 5 MG ORAL TABLET	GENERIC	QL (2 tablets per day)
DONEPEZIL HCL ODT (DONEPEZIL HCL) 10 MG ORAL TAB RAPDIS	GENERIC	QL (1 tablet per day)
DONEPEZIL HCL ODT (DONEPEZIL HCL) 5 MG ORAL TAB RAPDIS	GENERIC	QL (2 tablets per day)

BEHAVIORAL HEALTH - OTHER

ADRENERGICS, AROMATIC, NON-CATECHOLAMINE

DEXTROAMPHETAMINE-AMPHET ER (AMPHET ASP/AMPHET/D-AMPHET) 10 MG ORAL CAP ER 24H	GENERIC	QL (1 capsule per day)
DEXTROAMPHETAMINE-AMPHET ER (AMPHET ASP/AMPHET/D-AMPHET) 15 MG ORAL CAP ER 24H	GENERIC	QL (1 capsule per day)
DEXTROAMPHETAMINE-AMPHET ER (AMPHET ASP/AMPHET/D-AMPHET) 20 MG ORAL CAP ER 24H	GENERIC	QL (1 capsule per day)
DEXTROAMPHETAMINE-AMPHET ER (AMPHET ASP/AMPHET/D-AMPHET) 25 MG ORAL CAP ER 24H	GENERIC	QL (1 capsule per day)
DEXTROAMPHETAMINE-AMPHET ER (AMPHET ASP/AMPHET/D-AMPHET) 30 MG ORAL CAP ER 24H	GENERIC	QL (1 capsule per day)
DEXTROAMPHETAMINE-AMPHET ER (AMPHET ASP/AMPHET/D-AMPHET) 5 MG ORAL CAP ER 24H	GENERIC	QL (1 capsule per day)
DEXTROAMPHETAMINE-AMPHETAMINE (AMPHET ASP/AMPHET/D-AMPHET) 10 MG ORAL TABLET	GENERIC	
DEXTROAMPHETAMINE-AMPHETAMINE (AMPHET ASP/AMPHET/D-AMPHET) 12.5 MG ORAL TABLET	GENERIC	
DEXTROAMPHETAMINE-AMPHETAMINE (AMPHET ASP/AMPHET/D-AMPHET) 15 MG ORAL TABLET	GENERIC	
DEXTROAMPHETAMINE-AMPHETAMINE (AMPHET ASP/AMPHET/D-AMPHET) 20 MG ORAL TABLET	GENERIC	
DEXTROAMPHETAMINE-AMPHETAMINE (AMPHET ASP/AMPHET/D-AMPHET) 30 MG ORAL TABLET	GENERIC	
DEXTROAMPHETAMINE-AMPHETAMINE (AMPHET ASP/AMPHET/D-AMPHET) 5 MG ORAL TABLET	GENERIC	
DEXTROAMPHETAMINE-AMPHETAMINE (AMPHET ASP/AMPHET/D-AMPHET) 7.5 MG ORAL TABLET	GENERIC	
DEXTROAMPHETAMINE SULFATE (D-AMPHETAMINE SULFATE) 10 MG ORAL TABLET	GENERIC	
DEXTROAMPHETAMINE SULFATE (D-AMPHETAMINE SULFATE) 5 MG ORAL TABLET	GENERIC	
DEXTROAMPHETAMINE SULFATE ER (D-AMPHETAMINE SULFATE) 10 MG ORAL CAPSULE ER	GENERIC	QL (1 capsule per day)
DEXTROAMPHETAMINE SULFATE ER (D-AMPHETAMINE SULFATE) 15 MG ORAL CAPSULE ER	GENERIC	QL (1 capsule per day)
DEXTROAMPHETAMINE SULFATE ER (D-AMPHETAMINE SULFATE) 5 MG ORAL CAPSULE ER	GENERIC	QL (1 capsule per day)

ANTI-ALCOHOLIC PREPARATIONS

ACAMPROSATE CALCIUM 333 MG ORAL TABLET DR	GENERIC	
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DRUG NAME	TYPE	RESTRICTIONS
DISULFIRAM 250 MG ORAL TABLET	GENERIC	
DISULFIRAM 500 MG ORAL TABLET	GENERIC	

BARBITURATES

PHENOBARBITAL 20 MG/5 ML ORAL ELIXIR	GENERIC	
PHENOBARBITAL 100 MG ORAL TABLET	GENERIC	
PHENOBARBITAL 15 MG ORAL TABLET	GENERIC	
PHENOBARBITAL 30 MG ORAL TABLET	GENERIC	
PHENOBARBITAL 32.4 MG ORAL TABLET	GENERIC	
PHENOBARBITAL 60 MG ORAL TABLET	GENERIC	
PHENOBARBITAL 64.8 MG ORAL TABLET	GENERIC	
PHENOBARBITAL 97.2MG ORAL TABLET	GENERIC	

NARCOTIC ANTAGONISTS

NALTREXONE HCL 50 MG ORAL TABLET	GENERIC	
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PINEAL HORMONE AGENTS

MELATONIN 10 MG ORAL CAPSULE	BRAND, OTC	
MELATONIN 5 MG ORAL CAPSULE	BRAND, OTC	
MELATONIN 3 MG ORAL TAB RAPDIS	GENERIC, OTC	
MELATONIN 5 MG ORAL TAB RAPDIS	BRAND, OTC	
MELATONIN 1 MG ORAL TABLET	GENERIC, OTC	
MELATONIN 10 MG ORAL TABLET	GENERIC, OTC	
MELATONIN 3 MG ORAL TABLET	GENERIC, OTC	
MELATONIN 5 MG ORAL TABLET	GENERIC, OTC	
MELATONIN 1 MG ORAL TABLET ER	GENERIC, OTC	
MELATONIN-VITAMIN B6 (MELATONIN) 3 MG-10 MG ORAL TABLET	GENERIC, OTC	

SEDATIVE-HYPNOTICS - BENZODIAZEPINES

TEMAZEPAM 15 MG ORAL CAPSULE	GENERIC	PA (Rx033)
TEMAZEPAM 22.5 MG ORAL CAPSULE	GENERIC	PA (Rx033)
TEMAZEPAM 30 MG ORAL CAPSULE	GENERIC	PA (Rx033)

SEDATIVE-HYPNOTICS, NON-BARBITURATE

ALKA-SELTZER PLUS ALLERGY (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
BENADRYL ALLERGY (DIPHENHYDRAMINE HCL) 50 MG ORAL TABLET	GENERIC, OTC	
NIGHTTIME SLEEP AID (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
NIGHTTIME SLEEP AID (DIPHENHYDRAMINE HCL) 50 MG ORAL CAPSULE	GENERIC, OTC	
NIGHTTIME SLEEP AID (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
NIGHTTIME SLEEP GEL (DIPHENHYDRAMINE HCL) 50 MG ORAL CAPSULE	GENERIC, OTC	
NYTOL QUICKCAPS (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
REST SIMPLY (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
SIMPLY SLEEP (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
SLEEP AID (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
SLEEP AID (DIPHENHYDRAMINE HCL) 50 MG ORAL CAPSULE	GENERIC, OTC	
SLEEP AID (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
SLEEP II (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
SLEEP TABLET (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
SLEEP TABS (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
SLEEP TIME (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
SLEEP-AID (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
SLEEP-AID (DIPHENHYDRAMINE HCL) 50 MG ORAL CAPSULE	GENERIC, OTC	
SLEEPING (DIPHENHYDRAMINE HCL) 50 MG ORAL CAPSULE	GENERIC, OTC	
SOMINEX (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
SOMINEX MAX STRENGTH (DIPHENHYDRAMINE HCL) 50 MG ORAL TABLET	GENERIC, OTC	
UNISOM (DIPHENHYDRAMINE HCL) 50 MG ORAL CAPSULE	GENERIC, OTC	
UNISOM SLEEPMINIS (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
WAL-SLEEP Z (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE	GENERIC, OTC	
WAL-SLEEP Z (DIPHENHYDRAMINE HCL) 25 MG ORAL TAB RAPDIS	GENERIC, OTC	
WAL-SOM (DIPHENHYDRAMINE HCL) 50 MG ORAL CAPSULE	GENERIC, OTC	
NIGHTTIME SLEEP AID (DOXYLAMINE SUCCINATE) 25 MG ORAL TABLET	GENERIC, OTC	
NIGHTTIME SLEEP-AID (DOXYLAMINE SUCCINATE) 25 MG ORAL TABLET	GENERIC, OTC	
SLEEP AID (DOXYLAMINE SUCCINATE) 25 MG ORAL TABLET	GENERIC, OTC	
UNISOM SLEEP AID (DOXYLAMINE SUCCINATE) 25 MG ORAL TABLET	GENERIC, OTC	
WAL-SOM (DOXYLAMINE SUCCINATE) 25 MG ORAL TABLET	GENERIC, OTC	
ESZOPICLONE 1 MG ORAL TABLET	GENERIC	QL (1 tablet per day, 168 tablets per lifetime)
ESZOPICLONE 2 MG ORAL TABLET	GENERIC	QL (1 tablet per day, 168 tablets per lifetime)
ESZOPICLONE 3 MG ORAL TABLET	GENERIC	QL (1 tablet per day, 168 tablets per lifetime)
ZOLPIDEM TARTRATE 10 MG ORAL TABLET	GENERIC	QL (1 tablet per day)
ZOLPIDEM TARTRATE 10MG ORAL TABLET	GENERIC	QL (1 tablet per day)
ZOLPIDEM TARTRATE 5 MG ORAL TABLET	GENERIC	QL (2 tablets per day)
ZOLPIDEM TARTRATE 5MG ORAL TABLET	GENERIC	QL (2 tablets per day)

TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY

DESMETHYLPHENIDATE HCL 10 MG ORAL TABLET	GENERIC	
DESMETHYLPHENIDATE HCL 2.5 MG ORAL TABLET	GENERIC	
DESMETHYLPHENIDATE HCL 5 MG ORAL TABLET	GENERIC	
DESMETHYLPHENIDATE HCL ER (DESMETHYLPHENIDATE HCL) 10 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
DESMETHYLPHENIDATE HCL ER (DESMETHYLPHENIDATE HCL) 15 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
DESMETHYLPHENIDATE HCL ER (DESMETHYLPHENIDATE HCL) 20 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
DESMETHYLPHENIDATE HCL ER (DESMETHYLPHENIDATE HCL) 25 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
DESMETHYLPHENIDATE HCL ER (DESMETHYLPHENIDATE HCL) 30 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
DESMETHYLPHENIDATE HCL ER (DESMETHYLPHENIDATE HCL) 35 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
DESMETHYLPHENIDATE HCL ER (DESMETHYLPHENIDATE HCL) 40 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)

DRUG NAME	TYPE	RESTRICTIONS
DEXMETHYLPHENIDATE HCL ER (DEXMETHYLPHENIDATE HCL) 5 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
METADATE ER (METHYLPHENIDATE HCL) 20 MG ORAL TABLET ER	GENERIC	QL (3 tablets per day)
METHYLPHENIDATE ER (METHYLPHENIDATE HCL) 18 MG ORAL TAB ER 24	GENERIC	PA (Rx002)
METHYLPHENIDATE ER (METHYLPHENIDATE HCL) 27 MG ORAL TAB ER 24	GENERIC	PA (Rx002)
METHYLPHENIDATE ER (METHYLPHENIDATE HCL) 36 MG ORAL TAB ER 24	GENERIC	PA (Rx002)
METHYLPHENIDATE ER (METHYLPHENIDATE HCL) 54 MG ORAL TAB ER 24	GENERIC	PA (Rx002)
METHYLPHENIDATE ER (METHYLPHENIDATE HCL) 10 MG ORAL TABLET ER	GENERIC	QL (3 tablets per day)
METHYLPHENIDATE ER (METHYLPHENIDATE HCL) 20 MG ORAL TABLET ER	GENERIC	QL (3 tablets per day)
METHYLPHENIDATE ER (LA) (METHYLPHENIDATE HCL) 10 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
METHYLPHENIDATE ER (LA) (METHYLPHENIDATE HCL) 20 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
METHYLPHENIDATE ER (LA) (METHYLPHENIDATE HCL) 30 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
METHYLPHENIDATE ER (LA) (METHYLPHENIDATE HCL) 40 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL 10 MG ORAL TAB CHEW	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL 2.5 MG ORAL TAB CHEW	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL 5 MG ORAL TAB CHEW	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL 10 MG ORAL TABLET	GENERIC	QL (4 tablets per day)
METHYLPHENIDATE HCL 20 MG ORAL TABLET	GENERIC	QL (4 tablets per day)
METHYLPHENIDATE HCL 5 MG ORAL TABLET	GENERIC	QL (4 tablets per day)
METHYLPHENIDATE HCL CD (METHYLPHENIDATE HCL) 10 MG ORAL CPBP 30-70	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL CD (METHYLPHENIDATE HCL) 20 MG ORAL CPBP 30-70	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL CD (METHYLPHENIDATE HCL) 30 MG ORAL CPBP 30-70	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL CD (METHYLPHENIDATE HCL) 40 MG ORAL CPBP 30-70	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL CD (METHYLPHENIDATE HCL) 50 MG ORAL CPBP 30-70	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL CD (METHYLPHENIDATE HCL) 60 MG ORAL CPBP 30-70	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL ER (CD) (METHYLPHENIDATE HCL) 10 MG ORAL CPBP 30-70	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL ER (CD) (METHYLPHENIDATE HCL) 20 MG ORAL CPBP 30-70	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL ER (CD) (METHYLPHENIDATE HCL) 30 MG ORAL CPBP 30-70	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL ER (CD) (METHYLPHENIDATE HCL) 40 MG ORAL CPBP 30-70	GENERIC	PA (Rx002)
METHYLPHENIDATE HCL ER (CD) (METHYLPHENIDATE HCL) 50 MG ORAL CPBP 30-70	GENERIC	PA (Rx002)

DRUG NAME	TYPE	RESTRICTIONS
METHYLPHENIDATE HCL ER (CD) (METHYLPHENIDATE HCL) 60 MG ORAL CPBP 30-70	GENERIC	PA (Rx002)
METHYLPHENIDATE LA (METHYLPHENIDATE HCL) 10 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
METHYLPHENIDATE LA (METHYLPHENIDATE HCL) 20 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
METHYLPHENIDATE LA (METHYLPHENIDATE HCL) 30 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
METHYLPHENIDATE LA (METHYLPHENIDATE HCL) 40 MG ORAL CPBP 50-50	GENERIC	PA (Rx002)
RELEXXII (METHYLPHENIDATE HCL) 18 MG ORAL TAB ER 24	BRAND	PA (Rx002)
RELEXXII (METHYLPHENIDATE HCL) 27 MG ORAL TAB ER 24	BRAND	PA (Rx002)
RELEXXII (METHYLPHENIDATE HCL) 36 MG ORAL TAB ER 24	BRAND	PA (Rx002)
RELEXXII (METHYLPHENIDATE HCL) 54 MG ORAL TAB ER 24	BRAND	PA (Rx002)

CARDIOVASCULAR DISEASE - ARRHYTHMIA

ANTIARRHYTHMICS

AMIODARONE HCL 200 MG ORAL TABLET	GENERIC	
PACERONE (AMIODARONE HCL) 200 MG ORAL TABLET	GENERIC	
DISOPYRAMIDE PHOSPHATE 100 MG ORAL CAPSULE	GENERIC	
DISOPYRAMIDE PHOSPHATE 150 MG ORAL CAPSULE	GENERIC	
FLECAINIDE ACETATE 100 MG ORAL TABLET	GENERIC	
FLECAINIDE ACETATE 150 MG ORAL TABLET	GENERIC	
FLECAINIDE ACETATE 50 MG ORAL TABLET	GENERIC	
PROPAFENONE HCL 150 MG ORAL TABLET	GENERIC	
PROPAFENONE HCL 225 MG ORAL TABLET	GENERIC	
PROPAFENONE HCL 300 MG ORAL TABLET	GENERIC	
QUINIDINE SULFATE 200 MG ORAL TABLET	GENERIC	
QUINIDINE SULFATE 300 MG ORAL TABLET	GENERIC	

CARDIOVASCULAR DISEASE - CARDIAC STIMULANT

DIGITALIS GLYCOSIDES

DIGITEK (DIGOXIN) 125 MCG ORAL TABLET	GENERIC	
DIGITEK (DIGOXIN) 250 MCG ORAL TABLET	GENERIC	
DIGOXIN 125 MCG ORAL TABLET	GENERIC	
DIGOXIN 250 MCG ORAL TABLET	GENERIC	
LANOXIN (DIGOXIN) 125 MCG ORAL TABLET	BRAND	
LANOXIN (DIGOXIN) 250 MCG ORAL TABLET	BRAND	

CARDIOVASCULAR DISEASE - HYPERTENSION

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION

AMLODIPINE BESYLATE-BENAZEPRIL (AMLODIPINE BESYLATE/BENAZEPRIL) 10 MG-20MG ORAL CAPSULE	GENERIC	
AMLODIPINE BESYLATE-BENAZEPRIL (AMLODIPINE BESYLATE/BENAZEPRIL) 10 MG-40MG ORAL CAPSULE	GENERIC	
AMLODIPINE BESYLATE-BENAZEPRIL (AMLODIPINE BESYLATE/BENAZEPRIL) 2.5MG-10MG ORAL CAPSULE	GENERIC	
AMLODIPINE BESYLATE-BENAZEPRIL (AMLODIPINE BESYLATE/BENAZEPRIL) 5 MG-10 MG ORAL CAPSULE	GENERIC	
AMLODIPINE BESYLATE-BENAZEPRIL (AMLODIPINE BESYLATE/BENAZEPRIL) 5 MG-20 MG ORAL CAPSULE	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
AMLODIPINE BESYLATE-BENAZEPRIL (AMLODIPINE BESYLATE/BENAZEPRIL) 5 MG-40 MG ORAL CAPSULE	GENERIC	

ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC

CAPTOPRIL-HYDROCHLOROTHIAZIDE (CAPTOPRIL/HYDROCHLOROTHIAZIDE) 25 MG-15MG ORAL TABLET	GENERIC	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (CAPTOPRIL/HYDROCHLOROTHIAZIDE) 25 MG-25MG ORAL TABLET	GENERIC	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (CAPTOPRIL/HYDROCHLOROTHIAZIDE) 50 MG-15MG ORAL TABLET	GENERIC	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (CAPTOPRIL/HYDROCHLOROTHIAZIDE) 50 MG-25MG ORAL TABLET	GENERIC	
ENALAPRIL-HYDROCHLOROTHIAZIDE (ENALAPRIL/HYDROCHLOROTHIAZIDE) 10 MG-25MG ORAL TABLET	GENERIC	
ENALAPRIL-HYDROCHLOROTHIAZIDE (ENALAPRIL/HYDROCHLOROTHIAZIDE) 5MG-12.5MG ORAL TABLET	GENERIC	
FOSINOPRIL-HYDROCHLOROTHIAZIDE (FOSINOPRIL/HYDROCHLOROTHIAZIDE) 10-12.5 MG ORAL TABLET	GENERIC	
FOSINOPRIL-HYDROCHLOROTHIAZIDE (FOSINOPRIL/HYDROCHLOROTHIAZIDE) 20-12.5 MG ORAL TABLET	GENERIC	
LISINOPRIL-HYDROCHLOROTHIAZIDE (LISINOPRIL/HYDROCHLOROTHIAZIDE) 10-12.5 MG ORAL TABLET	GENERIC	
LISINOPRIL-HYDROCHLOROTHIAZIDE (LISINOPRIL/HYDROCHLOROTHIAZIDE) 20-12.5 MG ORAL TABLET	GENERIC	
LISINOPRIL-HYDROCHLOROTHIAZIDE (LISINOPRIL/HYDROCHLOROTHIAZIDE) 20 MG-25MG ORAL TABLET	GENERIC	
QUINAPRIL-HYDROCHLOROTHIAZIDE (QUINAPRIL/HYDROCHLOROTHIAZIDE) 10-12.5 MG ORAL TABLET	GENERIC	
QUINAPRIL-HYDROCHLOROTHIAZIDE (QUINAPRIL/HYDROCHLOROTHIAZIDE) 20-12.5 MG ORAL TABLET	GENERIC	
QUINAPRIL-HYDROCHLOROTHIAZIDE (QUINAPRIL/HYDROCHLOROTHIAZIDE) 20 MG-25MG ORAL TABLET	GENERIC	

ALPHA/BETA-ADRENERGIC BLOCKING AGENTS

CARVEDILOL 12.5 MG ORAL TABLET	GENERIC	
CARVEDILOL 25 MG ORAL TABLET	GENERIC	
CARVEDILOL 3.125 MG ORAL TABLET	GENERIC	
CARVEDILOL 6.25 MG ORAL TABLET	GENERIC	
LABETALOL HCL 100 MG ORAL TABLET	GENERIC	
LABETALOL HCL 200 MG ORAL TABLET	GENERIC	
LABETALOL HCL 300 MG ORAL TABLET	GENERIC	

ALPHA-ADRENERGIC BLOCKING AGENTS

DOXAZOSIN MESYLATE 1 MG ORAL TABLET	GENERIC	
DOXAZOSIN MESYLATE 2 MG ORAL TABLET	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
DOXAZOSIN MESYLATE 4 MG ORAL TABLET	GENERIC	
DOXAZOSIN MESYLATE 8 MG ORAL TABLET	GENERIC	
PRAZOSIN HCL 1 MG ORAL CAPSULE	GENERIC	
PRAZOSIN HCL 2 MG ORAL CAPSULE	GENERIC	
PRAZOSIN HCL 5 MG ORAL CAPSULE	GENERIC	
TERAZOSIN HCL 1 MG ORAL CAPSULE	GENERIC	
TERAZOSIN HCL 10 MG ORAL CAPSULE	GENERIC	
TERAZOSIN HCL 2 MG ORAL CAPSULE	GENERIC	
TERAZOSIN HCL 5 MG ORAL CAPSULE	GENERIC	

ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB

IRBESARTAN-HYDROCHLOROTHIAZIDE (IRBESARTAN/HYDROCHLOROTHIAZIDE) 150-12.5MG ORAL TABLET	GENERIC	
IRBESARTAN-HYDROCHLOROTHIAZIDE (IRBESARTAN/HYDROCHLOROTHIAZIDE) 300-12.5MG ORAL TABLET	GENERIC	
LOSARTAN-HYDROCHLOROTHIAZIDE (LOSARTAN/HYDROCHLOROTHIAZIDE) 100-12.5MG ORAL TABLET	GENERIC	
LOSARTAN-HYDROCHLOROTHIAZIDE (LOSARTAN/HYDROCHLOROTHIAZIDE) 100MG-25MG ORAL TABLET	GENERIC	
LOSARTAN-HYDROCHLOROTHIAZIDE (LOSARTAN/HYDROCHLOROTHIAZIDE) 50-12.5 MG ORAL TABLET	GENERIC	
TELMISARTAN-HYDROCHLOROTHIAZID (TELMISARTAN/HYDROCHLOROTHIAZID) 40-12.5 MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan)
TELMISARTAN-HYDROCHLOROTHIAZID (TELMISARTAN/HYDROCHLOROTHIAZID) 80-12.5MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan)
TELMISARTAN-HYDROCHLOROTHIAZID (TELMISARTAN/HYDROCHLOROTHIAZID) 80 MG-25MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan)
VALSARTAN-HYDROCHLOROTHIAZIDE (VALSARTAN/HYDROCHLOROTHIAZIDE) 160-12.5MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan)
VALSARTAN-HYDROCHLOROTHIAZIDE (VALSARTAN/HYDROCHLOROTHIAZIDE) 160MG-25MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan)
VALSARTAN-HYDROCHLOROTHIAZIDE (VALSARTAN/HYDROCHLOROTHIAZIDE) 320-12.5MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan)
VALSARTAN-HYDROCHLOROTHIAZIDE (VALSARTAN/HYDROCHLOROTHIAZIDE) 320MG-25MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan)
VALSARTAN-HYDROCHLOROTHIAZIDE (VALSARTAN/HYDROCHLOROTHIAZIDE) 80-12.5MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan)

ANTIHYPERTENSIVES, ACE INHIBITORS

BENAZEPRIL HCL 10 MG ORAL TABLET	GENERIC	
BENAZEPRIL HCL 20 MG ORAL TABLET	GENERIC	
BENAZEPRIL HCL 40 MG ORAL TABLET	GENERIC	
BENAZEPRIL HCL 5 MG ORAL TABLET	GENERIC	
CAPTOPRIL 100 MG ORAL TABLET	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
CAPTOPRIL 12.5 MG ORAL TABLET	GENERIC	
CAPTOPRIL 25 MG ORAL TABLET	GENERIC	
CAPTOPRIL 50 MG ORAL TABLET	GENERIC	
ENALAPRIL MALEATE 10 MG ORAL TABLET	GENERIC	
ENALAPRIL MALEATE 2.5 MG ORAL TABLET	GENERIC	
ENALAPRIL MALEATE 20 MG ORAL TABLET	GENERIC	
ENALAPRIL MALEATE 5 MG ORAL TABLET	GENERIC	
FOSINOPRIL SODIUM 10 MG ORAL TABLET	GENERIC	
FOSINOPRIL SODIUM 20 MG ORAL TABLET	GENERIC	
FOSINOPRIL SODIUM 40 MG ORAL TABLET	GENERIC	
LISINOPRIL 10 MG ORAL TABLET	GENERIC	
LISINOPRIL 2.5 MG ORAL TABLET	GENERIC	
LISINOPRIL 20 MG ORAL TABLET	GENERIC	
LISINOPRIL 30 MG ORAL TABLET	GENERIC	
LISINOPRIL 40 MG ORAL TABLET	GENERIC	
LISINOPRIL 5 MG ORAL TABLET	GENERIC	
QUINAPRIL HCL 10 MG ORAL TABLET	GENERIC	
QUINAPRIL HCL 20 MG ORAL TABLET	GENERIC	
QUINAPRIL HCL 40 MG ORAL TABLET	GENERIC	
QUINAPRIL HCL 5 MG ORAL TABLET	GENERIC	
RAMIPRIL 1.25 MG ORAL CAPSULE	GENERIC	
RAMIPRIL 10 MG ORAL CAPSULE	GENERIC	
RAMIPRIL 2.5 MG ORAL CAPSULE	GENERIC	
RAMIPRIL 5 MG ORAL CAPSULE	GENERIC	

ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST

IRBESARTAN 150 MG ORAL TABLET	GENERIC	
IRBESARTAN 300 MG ORAL TABLET	GENERIC	
IRBESARTAN 75 MG ORAL TABLET	GENERIC	
LOSARTAN POTASSIUM 100 MG ORAL TABLET	GENERIC	
LOSARTAN POTASSIUM 25 MG ORAL TABLET	GENERIC	
LOSARTAN POTASSIUM 50 MG ORAL TABLET	GENERIC	
OLMESARTAN MEDOXOMIL 20 MG ORAL TABLET	GENERIC	
OLMESARTAN MEDOXOMIL 40 MG ORAL TABLET	GENERIC	
OLMESARTAN MEDOXOMIL 5 MG ORAL TABLET	GENERIC	
TELMISARTAN 20 MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan or Olmesartan)
TELMISARTAN 40 MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan or Olmesartan)
TELMISARTAN 80 MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan or Olmesartan)
VALSARTAN 160 MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan or Olmesartan)
VALSARTAN 320 MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan or Olmesartan)
VALSARTAN 40 MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan or Olmesartan)
VALSARTAN 80 MG ORAL TABLET	GENERIC	ST (Irbesartan or Losartan or Olmesartan)

ANTIHYPERTENSIVES, SYMPATHOLYTIC

DRUG NAME	TYPE	RESTRICTIONS
CLONIDINE HCL 0.1 MG ORAL TABLET	GENERIC	
CLONIDINE HCL 0.2 MG ORAL TABLET	GENERIC	
CLONIDINE HCL 0.3 MG ORAL TABLET	GENERIC	
GUANFACINE HCL 1 MG ORAL TABLET	GENERIC	
GUANFACINE HCL 2 MG ORAL TABLET	GENERIC	
METHYLDOPA 250 MG ORAL TABLET	GENERIC	
METHYLDOPA 500 MG ORAL TABLET	GENERIC	

ANTIHYPERTENSIVES, VASODILATORS

HYDRALAZINE HCL 10 MG ORAL TABLET	GENERIC	
HYDRALAZINE HCL 100 MG ORAL TABLET	GENERIC	
HYDRALAZINE HCL 25 MG ORAL TABLET	GENERIC	
HYDRALAZINE HCL 50 MG ORAL TABLET	GENERIC	
MINOXIDIL 10 MG ORAL TABLET	GENERIC	
MINOXIDIL 2.5 MG ORAL TABLET	GENERIC	

ANTIHYPERTENSIVES, ENDOTHELIN RECEPTOR ANTAGONISTS

TRYVIO (APROCITENTAN) 12.5 MG ORAL TABLET	BRAND	PA (Rx020); SPEC
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BETA-ADRENERGIC BLOCKING AGENTS

ACEBUTOLOL HCL 200 MG ORAL CAPSULE	GENERIC	
ACEBUTOLOL HCL 400 MG ORAL CAPSULE	GENERIC	
ATENOLOL 100 MG ORAL TABLET	GENERIC	
ATENOLOL 25 MG ORAL TABLET	GENERIC	
ATENOLOL 50 MG ORAL TABLET	GENERIC	
BISOPROLOL FUMARATE 10 MG ORAL TABLET	GENERIC	
BISOPROLOL FUMARATE 5 MG ORAL TABLET	GENERIC	
METOPROLOL SUCCINATE 100 MG ORAL TAB ER 24H	GENERIC	QL (2 tablets per day)
METOPROLOL SUCCINATE 200 MG ORAL TAB ER 24H	GENERIC	QL (2 tablets per day)
METOPROLOL SUCCINATE 25 MG ORAL TAB ER 24H	GENERIC	QL (2 tablets per day)
METOPROLOL SUCCINATE 50 MG ORAL TAB ER 24H	GENERIC	QL (2 tablets per day)
METOPROLOL TARTRATE 100 MG ORAL TABLET	GENERIC	
METOPROLOL TARTRATE 25 MG ORAL TABLET	GENERIC	
METOPROLOL TARTRATE 50 MG ORAL TABLET	GENERIC	
NADOLOL 20 MG ORAL TABLET	GENERIC	
NADOLOL 40 MG ORAL TABLET	GENERIC	
NADOLOL 80 MG ORAL TABLET	GENERIC	
NEBIVOLOL HCL 10 MG ORAL TABLET	GENERIC	QL (1 tablet per day)
NEBIVOLOL HCL 2.5 MG ORAL TABLET	GENERIC	QL (1 tablet per day)
NEBIVOLOL HCL 20 MG ORAL TABLET	GENERIC	QL (2 tablets per day)
NEBIVOLOL HCL 5 MG ORAL TABLET	GENERIC	QL (1 tablet per day)
PROPRANOLOL HCL 20 MG/5 ML ORAL SOLUTION	GENERIC	
PROPRANOLOL HCL 40MG/5ML ORAL SOLUTION	GENERIC	
PROPRANOLOL HCL 10 MG ORAL TABLET	GENERIC	
PROPRANOLOL HCL 20 MG ORAL TABLET	GENERIC	
PROPRANOLOL HCL 40 MG ORAL TABLET	GENERIC	
PROPRANOLOL HCL 60 MG ORAL TABLET	GENERIC	
PROPRANOLOL HCL 80 MG ORAL TABLET	GENERIC	
PROPRANOLOL HCL ER (PROPRANOLOL HCL) 120 MG ORAL CAP SA 24H	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
PROPRANOLOL HCL ER (PROPRANOLOL HCL) 160 MG ORAL CAP SA 24H	GENERIC	
PROPRANOLOL HCL ER (PROPRANOLOL HCL) 60 MG ORAL CAP SA 24H	GENERIC	
PROPRANOLOL HCL ER (PROPRANOLOL HCL) 80 MG ORAL CAP SA 24H	GENERIC	
SOTALOL (SOTALOL HCL) 120 MG ORAL TABLET	GENERIC	
SOTALOL (SOTALOL HCL) 160 MG ORAL TABLET	GENERIC	
SOTALOL (SOTALOL HCL) 240 MG ORAL TABLET	GENERIC	
SOTALOL (SOTALOL HCL) 80 MG ORAL TABLET	GENERIC	
SOTALOL AF (SOTALOL HCL) 120 MG ORAL TABLET	GENERIC	
SOTALOL AF (SOTALOL HCL) 160 MG ORAL TABLET	GENERIC	
SOTALOL AF (SOTALOL HCL) 80 MG ORAL TABLET	GENERIC	

BETA-ADRENERGIC BLOCKING AGENTS/THIAZIDE & RELATED

ATENOLOL-CHLORTHALIDONE (ATENOLOL/CHLORTHALIDONE) 100MG-25MG ORAL TABLET	GENERIC	
ATENOLOL-CHLORTHALIDONE (ATENOLOL/CHLORTHALIDONE) 50 MG-25MG ORAL TABLET	GENERIC	
BISOPROLOL-HYDROCHLOROTHIAZIDE (BISOPROLOL/HYDROCHLOROTHIAZIDE) 10-6.25 MG ORAL TABLET	GENERIC	
BISOPROLOL-HYDROCHLOROTHIAZIDE (BISOPROLOL/HYDROCHLOROTHIAZIDE) 2.5-6.25MG ORAL TABLET	GENERIC	
BISOPROLOL-HYDROCHLOROTHIAZIDE (BISOPROLOL/HYDROCHLOROTHIAZIDE) 5-6.25MG ORAL TABLET	GENERIC	
PROPRANOLOL-HYDROCHLOROTHIAZIDE (PROPRANOLOL/HYDROCHLOROTHIAZIDE) 40 MG-25MG ORAL TABLET	GENERIC	
PROPRANOLOL-HYDROCHLOROTHIAZIDE (PROPRANOLOL/HYDROCHLOROTHIAZIDE) 80 MG-25MG ORAL TABLET	GENERIC	

CALCIUM CHANNEL BLOCKING AGENTS

AMLODIPINE BESYLATE 10 MG ORAL TABLET	GENERIC	
AMLODIPINE BESYLATE 2.5 MG ORAL TABLET	GENERIC	
AMLODIPINE BESYLATE 5 MG ORAL TABLET	GENERIC	
CARTIA XT (DILTIAZEM HCL) 120 MG ORAL CAP ER 24H	GENERIC	
CARTIA XT (DILTIAZEM HCL) 180 MG ORAL CAP ER 24H	GENERIC	
CARTIA XT (DILTIAZEM HCL) 240 MG ORAL CAP ER 24H	GENERIC	
CARTIA XT (DILTIAZEM HCL) 300 MG ORAL CAP ER 24H	GENERIC	
DILTIAZEM 12HR ER (DILTIAZEM HCL) 120 MG ORAL CAP ER 12H	GENERIC	
DILTIAZEM 12HR ER (DILTIAZEM HCL) 60 MG ORAL CAP ER 12H	GENERIC	
DILTIAZEM 12HR ER (DILTIAZEM HCL) 90 MG ORAL CAP ER 12H	GENERIC	
DILTIAZEM 24HR ER (DILTIAZEM HCL) 120 MG ORAL CAP SA 24H	GENERIC	
DILTIAZEM 24HR ER (DILTIAZEM HCL) 180 MG ORAL CAP SA 24H	GENERIC	
DILTIAZEM 24HR ER (DILTIAZEM HCL) 240 MG ORAL CAP SA 24H	GENERIC	
DILTIAZEM 24HR ER (DILTIAZEM HCL) 300 MG ORAL CAP SA 24H	GENERIC	
DILTIAZEM 24HR ER (DILTIAZEM HCL) 360 MG ORAL CAP SA 24H	GENERIC	
DILTIAZEM 24HR ER (DILTIAZEM HCL) 420 MG ORAL CAP SA 24H	GENERIC	
DILTIAZEM 24HR ER (CD) (DILTIAZEM HCL) 120 MG ORAL CAP ER 24H	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
DILTIAZEM 24HR ER (CD) (DILTIAZEM HCL) 180 MG ORAL CAP ER 24H	GENERIC	
DILTIAZEM 24HR ER (CD) (DILTIAZEM HCL) 240 MG ORAL CAP ER 24H	GENERIC	
DILTIAZEM 24HR ER (CD) (DILTIAZEM HCL) 300 MG ORAL CAP ER 24H	GENERIC	
DILTIAZEM 24HR ER (CD) (DILTIAZEM HCL) 360 MG ORAL CAP ER 24H	GENERIC	
DILTIAZEM 24HR ER (LA) (DILTIAZEM HCL) 180 MG ORAL TAB ER 24H	GENERIC	
DILTIAZEM 24HR ER (LA) (DILTIAZEM HCL) 240 MG ORAL TAB ER 24H	GENERIC	
DILTIAZEM 24HR ER (LA) (DILTIAZEM HCL) 300 MG ORAL TAB ER 24H	GENERIC	
DILTIAZEM 24HR ER (LA) (DILTIAZEM HCL) 360 MG ORAL TAB ER 24H	GENERIC	
DILTIAZEM 24HR ER (LA) (DILTIAZEM HCL) 420 MG ORAL TAB ER 24H	GENERIC	
DILTIAZEM 24HR ER (XR) (DILTIAZEM HCL) 120 MG ORAL CAP ER DEG	GENERIC	
DILTIAZEM 24HR ER (XR) (DILTIAZEM HCL) 180 MG ORAL CAP ER DEG	GENERIC	
DILTIAZEM 24HR ER (XR) (DILTIAZEM HCL) 240 MG ORAL CAP ER DEG	GENERIC	
DILTIAZEM HCL 120 MG ORAL TABLET	GENERIC	
DILTIAZEM HCL 30 MG ORAL TABLET	GENERIC	
DILTIAZEM HCL 60 MG ORAL TABLET	GENERIC	
DILTIAZEM HCL 90 MG ORAL TABLET	GENERIC	
DILT-XR (DILTIAZEM HCL) 120 MG ORAL CAP ER DEG	GENERIC	
DILT-XR (DILTIAZEM HCL) 180 MG ORAL CAP ER DEG	GENERIC	
DILT-XR (DILTIAZEM HCL) 240 MG ORAL CAP ER DEG	GENERIC	
MATZIM LA (DILTIAZEM HCL) 180 MG ORAL TAB ER 24H	GENERIC	
MATZIM LA (DILTIAZEM HCL) 240 MG ORAL TAB ER 24H	GENERIC	
MATZIM LA (DILTIAZEM HCL) 300 MG ORAL TAB ER 24H	GENERIC	
MATZIM LA (DILTIAZEM HCL) 360 MG ORAL TAB ER 24H	GENERIC	
MATZIM LA (DILTIAZEM HCL) 420 MG ORAL TAB ER 24H	GENERIC	
TIADYLT ER (DILTIAZEM HCL) 120 MG ORAL CAP SA 24H	GENERIC	
TIADYLT ER (DILTIAZEM HCL) 180 MG ORAL CAP SA 24H	GENERIC	
TIADYLT ER (DILTIAZEM HCL) 240 MG ORAL CAP SA 24H	GENERIC	
TIADYLT ER (DILTIAZEM HCL) 300 MG ORAL CAP SA 24H	GENERIC	
TIADYLT ER (DILTIAZEM HCL) 360 MG ORAL CAP SA 24H	GENERIC	
TIADYLT ER (DILTIAZEM HCL) 420 MG ORAL CAP SA 24H	GENERIC	
FELODIPINE ER (FELODIPINE) 10 MG ORAL TAB ER 24H	GENERIC	
FELODIPINE ER (FELODIPINE) 2.5 MG ORAL TAB ER 24H	GENERIC	
FELODIPINE ER (FELODIPINE) 5 MG ORAL TAB ER 24H	GENERIC	
NIFEDIPINE ER (NIFEDIPINE) 30 MG ORAL TAB ER 24	GENERIC	
NIFEDIPINE ER (NIFEDIPINE) 60 MG ORAL TAB ER 24	GENERIC	
NIFEDIPINE ER (NIFEDIPINE) 90 MG ORAL TAB ER 24	GENERIC	
NIFEDIPINE ER (NIFEDIPINE) 30 MG ORAL TABLET ER	GENERIC	
NIFEDIPINE ER (NIFEDIPINE) 60 MG ORAL TABLET ER	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
NIFEDIPINE ER (NIFEDIPINE) 90 MG ORAL TABLET ER	GENERIC	
VERAPAMIL ER (VERAPAMIL HCL) 120 MG ORAL TABLET ER	GENERIC	
VERAPAMIL ER (VERAPAMIL HCL) 180 MG ORAL TABLET ER	GENERIC	
VERAPAMIL ER (VERAPAMIL HCL) 240 MG ORAL TABLET ER	GENERIC	
VERAPAMIL HCL 120 MG ORAL TABLET	GENERIC	
VERAPAMIL HCL 40 MG ORAL TABLET	GENERIC	
VERAPAMIL HCL 80 MG ORAL TABLET	GENERIC	

LOOP DIURETICS

BUMETANIDE 0.5 MG ORAL TABLET	GENERIC	
BUMETANIDE 1 MG ORAL TABLET	GENERIC	
BUMETANIDE 2 MG ORAL TABLET	GENERIC	
FUROSEMIDE 10 MG/ML ORAL SOLUTION	GENERIC	
FUROSEMIDE 40MG/5ML ORAL SOLUTION	GENERIC	
FUROSEMIDE 20 MG ORAL TABLET	GENERIC	
FUROSEMIDE 40 MG ORAL TABLET	GENERIC	
FUROSEMIDE 80 MG ORAL TABLET	GENERIC	
TORSEMIDE 10 MG ORAL TABLET	GENERIC	
TORSEMIDE 100 MG ORAL TABLET	GENERIC	
TORSEMIDE 20 MG ORAL TABLET	GENERIC	
TORSEMIDE 5 MG ORAL TABLET	GENERIC	

POTASSIUM SPARING DIURETICS

AMILORIDE HCL 5 MG ORAL TABLET	GENERIC	
SPIRONOLACTONE 100 MG ORAL TABLET	GENERIC	
SPIRONOLACTONE 25 MG ORAL TABLET	GENERIC	
SPIRONOLACTONE 50 MG ORAL TABLET	GENERIC	

POTASSIUM SPARING DIURETICS IN COMBINATION

TRIAMTERENE-HYDROCHLOROTHIAZID (TRIAMTERENE/HYDROCHLOROTHIAZID) 37.5-25 MG ORAL CAPSULE	GENERIC	
TRIAMTERENE-HYDROCHLOROTHIAZID (TRIAMTERENE/HYDROCHLOROTHIAZID) 37.5-25 MG ORAL TABLET	GENERIC	
TRIAMTERENE-HYDROCHLOROTHIAZID (TRIAMTERENE/HYDROCHLOROTHIAZID) 75 MG-50MG ORAL TABLET	GENERIC	

PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB

SILDENAFIL CITRATE 20 MG ORAL TABLET	GENERIC	PA (Rx034)
ALYQ (TADALAFIL) 20 MG ORAL TABLET	GENERIC	PA (Rx034); SPEC
TADALAFIL 20 MG ORAL TABLET	GENERIC	PA (Rx034); SPEC

THIAZIDE AND RELATED DIURETICS

CHLORTHALIDONE 25 MG ORAL TABLET	GENERIC	
CHLORTHALIDONE 50 MG ORAL TABLET	GENERIC	
THALITONE (CHLORTHALIDONE) 15 MG ORAL TABLET	BRAND	
HYDROCHLOROTHIAZIDE 12.5 MG ORAL CAPSULE	GENERIC	
HYDROCHLOROTHIAZIDE 12.5 MG ORAL TABLET	GENERIC	
HYDROCHLOROTHIAZIDE 25 MG ORAL TABLET	GENERIC	
HYDROCHLOROTHIAZIDE 50 MG ORAL TABLET	GENERIC	
INDAPAMIDE 1.25 MG ORAL TABLET	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
INDAPAMIDE 2.5 MG ORAL TABLET	GENERIC	
METOLAZONE 10 MG ORAL TABLET	GENERIC	
METOLAZONE 2.5 MG ORAL TABLET	GENERIC	
METOLAZONE 5 MG ORAL TABLET	GENERIC	

CARDIOVASCULAR DISEASE - LIPID IRREGULARITY

ANTHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS

ATORVASTATIN CALCIUM 10 MG ORAL TABLET	GENERIC	
ATORVASTATIN CALCIUM 20 MG ORAL TABLET	GENERIC	
ATORVASTATIN CALCIUM 40 MG ORAL TABLET	GENERIC	
ATORVASTATIN CALCIUM 80 MG ORAL TABLET	GENERIC	
LOVASTATIN 10 MG ORAL TABLET	GENERIC	
LOVASTATIN 20 MG ORAL TABLET	GENERIC	
LOVASTATIN 40 MG ORAL TABLET	GENERIC	
PRAVASTATIN SODIUM 10 MG ORAL TABLET	GENERIC	
PRAVASTATIN SODIUM 20 MG ORAL TABLET	GENERIC	
PRAVASTATIN SODIUM 40 MG ORAL TABLET	GENERIC	
PRAVASTATIN SODIUM 80 MG ORAL TABLET	GENERIC	
ROSUVASTATIN CALCIUM 10 MG ORAL TABLET	GENERIC	
ROSUVASTATIN CALCIUM 20 MG ORAL TABLET	GENERIC	
ROSUVASTATIN CALCIUM 40 MG ORAL TABLET	GENERIC	
ROSUVASTATIN CALCIUM 5 MG ORAL TABLET	GENERIC	
SIMVASTATIN 10 MG ORAL TABLET	GENERIC	
SIMVASTATIN 20 MG ORAL TABLET	GENERIC	
SIMVASTATIN 40 MG ORAL TABLET	GENERIC	
SIMVASTATIN 5 MG ORAL TABLET	GENERIC	
SIMVASTATIN 80 MG ORAL TABLET	GENERIC	

BILE SALT SEQUESTRANTS

CHOLESTYRAMINE LIGHT (CHOLESTYRAMINE/ASPARTAME) 4 G ORAL POWDER	GENERIC	
PREVALITE (CHOLESTYRAMINE/ASPARTAME) 4 G ORAL POWDER	GENERIC	
CHOLESTYRAMINE (CHOLESTYRAMINE/SUCROSE) 4 G ORAL POWD PACK	GENERIC	
CHOLESTYRAMINE (CHOLESTYRAMINE/SUCROSE) 4 G ORAL POWDER	GENERIC	
COLESTIPOL HCL 1 G ORAL TABLET	GENERIC	

DIETARY SUPPLEMENT, MISCELLANEOUS

FISH OIL (OMEGA-3S/DHA/EPA/FISH OIL) 600-1000MG ORAL CAPSULE	GENERIC, OTC	
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LIPOTROPICS

FISH OIL (DOCOSAHEXANOIC ACID/EPA) 100-160 MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (DOCOSAHEXANOIC ACID/EPA) 120-180 MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (DOCOSAHEXANOIC ACID/EPA) 300-500 MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (DOCOSAHEXANOIC ACID/EPA) 300-1000MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (DOCOSAHEXANOIC ACID/EPA) 435-880MG ORAL CAPSULE	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
FISH OIL (DOCOSAHEXANOIC ACID/EPA) 300-1000MG ORAL CAPSULE DR	GENERIC, OTC	
FISH OIL CONCENTRATE (DOCOSAHEXANOIC ACID/EPA) 300-1000MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL OMEGA-3 (DOCOSAHEXANOIC ACID/EPA) 300-1000MG ORAL CAPSULE	GENERIC, OTC	
OMEGA-3 FISH OIL (DOCOSAHEXANOIC ACID/EPA) 300-1000MG ORAL CAPSULE	GENERIC, OTC	
ULTRA OMEGA-3 (DOCOSAHEXANOIC ACID/EPA) 200-300 MG ORAL CAPSULE	GENERIC, OTC	
EZETIMIBE 10 MG ORAL TABLET	GENERIC	
FENOFIBRATE 160 MG ORAL TABLET	GENERIC	
FENOFIBRATE 54 MG ORAL TABLET	GENERIC	
FENOFIBRATE (FENOFIBRATE NANOCRYSTALLIZED) 145 MG ORAL TABLET	GENERIC	
FENOFIBRATE (FENOFIBRATE NANOCRYSTALLIZED) 48 MG ORAL TABLET	GENERIC	
FENOFIBRATE (FENOFIBRATE,MICRONIZED) 134 MG ORAL CAPSULE	GENERIC	
FENOFIBRATE (FENOFIBRATE,MICRONIZED) 67 MG ORAL CAPSULE	GENERIC	
FISH OIL (FISH OIL/DHA/EPA) 360-1200MG ORAL CAPSULE DR	GENERIC, OTC	
FISH OIL (FISH OIL/OMEGA-3 FATTY ACIDS) 300-1000MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (FISH OIL/OMEGA-3 FATTY ACIDS) 360-1200MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (FISH OIL/OMEGA-3 FATTY ACIDS) 120-180-60 ORAL CAPSULE DR	GENERIC, OTC	
FISH OIL (FISH OIL/OMEGA-3 FATTY ACIDS) 360-1200MG ORAL CAPSULE DR	GENERIC, OTC	
FISH OIL OMEGA-3 (FISH OIL/OMEGA-3 FATTY ACIDS) 360-1200MG ORAL CAPSULE	GENERIC, OTC	
OMEGA-3 FISH OIL (FISH OIL/OMEGA-3 FATTY ACIDS) 300-1000MG ORAL CAPSULE	GENERIC, OTC	
GEMFIBROZIL 600 MG ORAL TABLET	GENERIC	
NIACIN ER (NIACIN) 1000 MG ORAL TAB ER 24H	GENERIC	
NIACIN ER (NIACIN) 500 MG ORAL TAB ER 24H	GENERIC	
NIACIN ER (NIACIN) 750 MG ORAL TAB ER 24H	GENERIC	
FISH OIL-VIT D3 (OM-3/DHA/EPA/FISH OIL/VIT D3) 300-1000MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (OMEGA-3 FATTY ACIDS) 1000 MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (OMEGA-3 FATTY ACIDS) 60 MG-90MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (OMEGA-3 FATTY ACIDS) 60 MG-90MG ORAL CAPSULE DR	GENERIC, OTC	
MAXEPA (OMEGA-3 FATTY ACIDS) 500 MG ORAL CAPSULE	GENERIC, OTC	
OMEGA-3 (OMEGA-3 FATTY ACIDS) 1000 MG ORAL CAPSULE	GENERIC, OTC	
OMEGA-3 FISH OIL (OMEGA-3 FATTY ACIDS) 1000 MG ORAL CAPSULE	GENERIC, OTC	
SUPER OMEGA-3 (OMEGA-3 FATTY ACIDS) 1000 MG ORAL CAPSULE	GENERIC, OTC	
OMEGA-3 FISH OIL (OMEGA-3 FATTY ACIDS/VITAMIN E) 300-1000MG ORAL CAPSULE	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
EXTREME OMEGA-3 MICROGEL (OMEGA-3/DHA/EPA/FISH OIL) 120-180 MG ORAL CAPSULE	BRAND, OTC	
FISH OIL (OMEGA-3/DHA/EPA/FISH OIL) 100-160 MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (OMEGA-3/DHA/EPA/FISH OIL) 1000 MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (OMEGA-3/DHA/EPA/FISH OIL) 120-180 MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (OMEGA-3/DHA/EPA/FISH OIL) 300-1000MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (OMEGA-3/DHA/EPA/FISH OIL) 60 MG-90MG ORAL CAPSULE	GENERIC, OTC	
FISH OIL (OMEGA-3/DHA/EPA/FISH OIL) 300-600 MG ORAL CAPSULE DR	GENERIC, OTC	
FISH OIL (OMEGA-3/DHA/EPA/FISH OIL) 28.5-113.5 ORAL TAB CHEW	BRAND, OTC	
OMEGA-3 FISH OIL (OMEGA-3/DHA/EPA/FISH OIL) 1000 MG ORAL CAPSULE	GENERIC, OTC	
OMEGA-3 FISH OIL (OMEGA-3/DHA/EPA/FISH OIL) 300-1000MG ORAL CAPSULE DR	GENERIC, BRAND, OTC	
FISH OIL (OMEGA-3S/DHA/EPA/FISH OIL) 300-1000MG ORAL CAPSULE	BRAND, OTC	
FISH OIL (OMEGA-3S/DHA/EPA/FISH OIL) 120-180-60 ORAL CAPSULE DR	GENERIC, OTC	
FISH OIL (OMEGA-3S/DHA/EPA/FISH OIL) 300-1000MG ORAL CAPSULE DR	BRAND, OTC	
OMEGA-3 FISH OIL (OMEGA-3S/DHA/EPA/FISH OIL) 300-1000MG ORAL CAPSULE	BRAND, OTC	
EXTREME OMEGA-3 MICROGEL (UNKNOWN) 120-180 MG ORAL CAPSULE	BRAND, OTC	

CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS

ADRENERGIC VASOPRESSOR AGENTS

MIDODRINE HCL 10 MG ORAL TABLET	GENERIC	
MIDODRINE HCL 2.5 MG ORAL TABLET	GENERIC	
MIDODRINE HCL 5 MG ORAL TABLET	GENERIC	

ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)

ENTRESTO (SACUBITRIL/VALSARTAN) 24 MG-26MG ORAL TABLET	BRAND	PA (Rx052); QL (60 tablets per 30 days)
ENTRESTO (SACUBITRIL/VALSARTAN) 49 MG-51MG ORAL TABLET	BRAND	PA (Rx052); QL (60 tablets per 30 days)
ENTRESTO (SACUBITRIL/VALSARTAN) 97MG-103MG ORAL TABLET	BRAND	PA (Rx052); QL (60 tablets per 30 days)
SACUBITRIL-VALSARTAN (SACUBITRIL/VALSARTAN) 24 MG-26MG ORAL TABLET	GENERIC	PA (Rx052); QL (60 tablets per 30 days)
SACUBITRIL-VALSARTAN (SACUBITRIL/VALSARTAN) 49 MG-51MG ORAL TABLET	GENERIC	PA (Rx052); QL (60 tablets per 30 days)
SACUBITRIL-VALSARTAN (SACUBITRIL/VALSARTAN) 97MG-103MG ORAL TABLET	GENERIC	PA (Rx052); QL (60 tablets per 30 days)

CARDIOVASCULAR DISEASE - VASODILATION

VASODILATORS,CORONARY

ISOSORBIDE DINITRATE 10 MG ORAL TABLET	GENERIC	
ISOSORBIDE DINITRATE 20 MG ORAL TABLET	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
ISOSORBIDE DINITRATE 30 MG ORAL TABLET	GENERIC	
ISOSORBIDE DINITRATE 5 MG ORAL TABLET	GENERIC	
ISOSORBIDE MONONITRATE 10 MG ORAL TABLET	GENERIC	
ISOSORBIDE MONONITRATE 20 MG ORAL TABLET	GENERIC	
ISOSORBIDE MONONITRATE ER (ISOSORBIDE MONONITRATE) 120 MG ORAL TAB ER 24H	GENERIC	
ISOSORBIDE MONONITRATE ER (ISOSORBIDE MONONITRATE) 30 MG ORAL TAB ER 24H	GENERIC	
ISOSORBIDE MONONITRATE ER (ISOSORBIDE MONONITRATE) 60 MG ORAL TAB ER 24H	GENERIC	
NITRO-BID (NITROGLYCERIN) 2% TRANSDERM. OINT. (G)	BRAND	
NITRO-DUR (NITROGLYCERIN) 0.3 MG/HR TRANSDERM. PATCH TD24	BRAND	
NITRO-DUR (NITROGLYCERIN) 0.8MG/HR TRANSDERM. PATCH TD24	BRAND	
NITROGLYCERIN 0.3 MG SUBLINGUAL TAB SUBL	GENERIC	
NITROGLYCERIN 0.4 MG SUBLINGUAL TAB SUBL	GENERIC	
NITROGLYCERIN 0.6 MG SUBLINGUAL TAB SUBL	GENERIC	
NITROGLYCERIN PATCH (NITROGLYCERIN) 0.6MG/HR TRANSDERM. PATCH TD24	GENERIC	
NITROGLYCERIN PATCH (NITROGLYCERIN) 0.4MG/HR TRANSDERM. PATCH TD24	GENERIC	
NITROGLYCERIN PATCH (NITROGLYCERIN) 0.2MG/HR TRANSDERM. PATCH TD24	GENERIC	
NITROGLYCERIN PATCH (NITROGLYCERIN) 0.1MG/HR TRANSDERM. PATCH TD24	GENERIC	

CONTRACEPTION/OXYTOCICS

CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC

ELURYNG (ETONOGESTREL/ETHINYL ESTRADIOL) .12-.015MG VAGINAL VAG RING	GENERIC	QL (1 device [1 ring] per 21 days)
ENILLORING (ETONOGESTREL/ETHINYL ESTRADIOL) .12-.015MG VAGINAL VAG RING	GENERIC	QL (1 device [1 ring] per 21 days)
ETONOGESTREL-ETHINYL ESTRADIOL (ETONOGESTREL/ETHINYL ESTRADIOL) .12-.015MG VAGINAL VAG RING	GENERIC	QL (1 device [1 ring] per 21 days)
HALOETTE (ETONOGESTREL/ETHINYL ESTRADIOL) .12-.015MG VAGINAL VAG RING	GENERIC	QL (1 device [1 ring] per 21 days)

CONTRACEPTIVES, INJECTABLE

DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACET) 104MG/0.65 SUBCUTANE. SYRINGE	BRAND	QL (1 syringe per 90 days)
MEDROXYPROGESTERONE ACETATE (MEDROXYPROGESTERONE ACET) 150 MG/ML INTRAMUSC. SYRINGE	GENERIC	QL (1 syringe per 90 days)
MEDROXYPROGESTERONE ACETATE (MEDROXYPROGESTERONE ACET) 150 MG/ML INTRAMUSC. VIAL	GENERIC	QL (1 vial per 90 days)

CONTRACEPTIVES, ORAL

APRI (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
CAZIAN (DESOGESTREL-ETHINYL ESTRADIOL) 7 DAYS X 3 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
CYRED (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
CYRED EQ (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)

DRUG NAME	TYPE	RESTRICTIONS
ENSKYCE (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ISIBLOOM (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
JULEBER (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
KALLIGA (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
RECLIPSEN (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
VELIVET (DESOGESTREL-ETHINYL ESTRADIOL) 7 DAYS X 3 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
AZURETTE (DESOG-ET ESTRA/ETHIN ESTRA) 21-5 (28) ORAL TABLET	GENERIC	QL (1 tablet per day)
DESOGESTR-ETH ESTRAD ETH ESTRA (DESOG-ET ESTRA/ETHIN ESTRA) 21-5 (28) ORAL TABLET	GENERIC	QL (1 tablet per day)
KARIVA (DESOG-ET ESTRA/ETHIN ESTRA) 21-5 (28) ORAL TABLET	GENERIC	QL (1 tablet per day)
PIMTREA (DESOG-ET ESTRA/ETHIN ESTRA) 21-5 (28) ORAL TABLET	GENERIC	QL (1 tablet per day)
SIMLIYA (DESOG-ET ESTRA/ETHIN ESTRA) 21-5 (28) ORAL TABLET	GENERIC	QL (1 tablet per day)
VIORELE (DESOG-ET ESTRA/ETHIN ESTRA) 21-5 (28) ORAL TABLET	GENERIC	QL (1 tablet per day)
VOLNEA (DESOG-ET ESTRA/ETHIN ESTRA) 21-5 (28) ORAL TABLET	GENERIC	QL (1 tablet per day)
DROSPIRENONE-ETHINYL ESTRADIOL (ETHINYL ESTRADIOL/DROSPIRENONE) 0.02-3(28) ORAL TABLET	GENERIC	QL (1 tablet per day)
DROSPIRENONE-ETHINYL ESTRADIOL (ETHINYL ESTRADIOL/DROSPIRENONE) 0.03MG-3MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
JASMIEL (ETHINYL ESTRADIOL/DROSPIRENONE) 0.02-3(28) ORAL TABLET	GENERIC	QL (1 tablet per day)
LORYNA (ETHINYL ESTRADIOL/DROSPIRENONE) 0.02-3(28) ORAL TABLET	GENERIC	QL (1 tablet per day)
LO-ZUMANDIMINE (ETHINYL ESTRADIOL/DROSPIRENONE) 0.02-3(28) ORAL TABLET	GENERIC	QL (1 tablet per day)
NIKKI (ETHINYL ESTRADIOL/DROSPIRENONE) 0.02-3(28) ORAL TABLET	GENERIC	QL (1 tablet per day)
OCELLA (ETHINYL ESTRADIOL/DROSPIRENONE) 0.03MG-3MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
SYEDA (ETHINYL ESTRADIOL/DROSPIRENONE) 0.03MG-3MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
VESTURA (ETHINYL ESTRADIOL/DROSPIRENONE) 0.02-3(28) ORAL TABLET	GENERIC	QL (1 tablet per day)
ZARAH (ETHINYL ESTRADIOL/DROSPIRENONE) 0.03MG-3MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ZUMANDIMINE (ETHINYL ESTRADIOL/DROSPIRENONE) 0.03MG-3MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ETHYNODIOL-ETHINYL ESTRADIOL (ETHYNODIOL D-ETHINYL ESTRADIOL) 1 MG-50MCG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ETHYNODIOL-ETHINYL ESTRADIOL (ETHYNODIOL D-ETHINYL ESTRADIOL) 1 MG-35MCG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
KELNOR 1-35 (ETHYNODIOL D-ETHINYL ESTRADIOL) 1 MG-35MCG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
KELNOR 1-50 (ETHYNODIOL D-ETHINYL ESTRADIOL) 1 MG-50MCG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ZOVIA 1-35 (ETHYNODIOL D-ETHINYL ESTRADIOL) 1 MG-35MCG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)

DRUG NAME	TYPE	RESTRICTIONS
AFTER PILL (LEVONORGESTREL) 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
AFTERA (LEVONORGESTREL) 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
ECONTRA EZ (LEVONORGESTREL) 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
ECONTRA ONE-STEP (LEVONORGESTREL) 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
HER STYLE (LEVONORGESTREL) 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
JULIE (LEVONORGESTREL) 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
LEVONORGESTREL 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
MY CHOICE (LEVONORGESTREL) 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
MY WAY (LEVONORGESTREL) 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
NEW DAY (LEVONORGESTREL) 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
OPCICON ONE-STEP (LEVONORGESTREL) 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
OPTION 2 (LEVONORGESTREL) 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
TAKE ACTION (LEVONORGESTREL) 1.5 MG ORAL TABLET	GENERIC, OTC	QL (24 tablet per year)
AFIRMELLE (LEVONORGESTREL-ETH ESTRA) 0.1-0.02MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ALTAVERA (LEVONORGESTREL-ETH ESTRA) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
AUBRA (LEVONORGESTREL-ETH ESTRA) 0.1-0.02MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
AUBRA EQ (LEVONORGESTREL-ETH ESTRA) 0.1-0.02MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
AVIANE (LEVONORGESTREL-ETH ESTRA) 0.1-0.02MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
AYUNA (LEVONORGESTREL-ETH ESTRA) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
CHATEAL EQ (LEVONORGESTREL-ETH ESTRA) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ENPRESSE (LEVONORGESTREL-ETH ESTRA) 6/5/2010 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
FALMINA (LEVONORGESTREL-ETH ESTRA) 0.1-0.02MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ICLEVIA (LEVONORGESTREL-ETH ESTRA) 0.15-0.03 ORAL TBDSPK 3MO	GENERIC	QL (1 tablet per day)
JOLESSA (LEVONORGESTREL-ETH ESTRA) 0.15-0.03 ORAL TBDSPK 3MO	GENERIC	QL (1 tablet per day)
KURVELO (LEVONORGESTREL-ETH ESTRA) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
LESSINA (LEVONORGESTREL-ETH ESTRA) 0.1-0.02MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
LEVONEST (LEVONORGESTREL-ETH ESTRA) 6/5/2010 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
LEVONORGESTREL-ETH ESTRADIOL (LEVONORGESTREL-ETH ESTRA) 0.1-0.02MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
LEVONORGESTREL-ETH ESTRADIOL (LEVONORGESTREL-ETH ESTRA) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
LEVONORGESTREL-ETH ESTRADIOL (LEVONORGESTREL-ETH ESTRA) 6/5/2010 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
LEVONORGESTREL-ETH ESTRADIOL (LEVONORGESTREL-ETH ESTRA) 0.15-0.03 ORAL TBDSPK 3MO	GENERIC	QL (1 tablet per day)
LEVORA-28 (LEVONORGESTREL-ETH ESTRA) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
LUTERA (LEVONORGESTREL-ETH ESTRA) 0.1-0.02MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
MARLISSA (LEVONORGESTREL-ETH ESTRA) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)

DRUG NAME	TYPE	RESTRICTIONS
PORTIA (LEVONORGESTREL-ETH ESTRA) 0.15-0.03 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
SETLAKIN (LEVONORGESTREL-ETH ESTRA) 0.15-0.03 ORAL TBDSK 3MO	GENERIC	QL (1 tablet per day)
SRONYX (LEVONORGESTREL-ETH ESTRA) 0.1-0.02MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TRIVORA-28 (LEVONORGESTREL-ETH ESTRA) 6/5/2010 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TYBLUME (LEVONORGESTREL-ETH ESTRA) 0.1-0.02MG ORAL TAB CHEW	GENERIC	QL (28 tablets per 21 days)
VIENVA (LEVONORGESTREL-ETH ESTRA) 0.1-0.02MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
AUROVELA FE (NORETH A-ET ESTRA/FE FUMARATE) 1MG-20(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
AUROVELA FE (NORETH A-ET ESTRA/FE FUMARATE) 1.5-30(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
BLISOVI FE (NORETH A-ET ESTRA/FE FUMARATE) 1MG-20(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
BLISOVI FE (NORETH A-ET ESTRA/FE FUMARATE) 1.5-30(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
HAILEY FE (NORETH A-ET ESTRA/FE FUMARATE) 1MG-20(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
HAILEY FE (NORETH A-ET ESTRA/FE FUMARATE) 1.5-30(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
JUNEL FE (NORETH A-ET ESTRA/FE FUMARATE) 1MG-20(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
JUNEL FE (NORETH A-ET ESTRA/FE FUMARATE) 1.5-30(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
LARIN FE (NORETH A-ET ESTRA/FE FUMARATE) 1.5-30(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
LARIN FE (NORETH A-ET ESTRA/FE FUMARATE) 1MG-20(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
MICROGESTIN FE (NORETH A-ET ESTRA/FE FUMARATE) 1.5-30(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
MICROGESTIN FE (NORETH A-ET ESTRA/FE FUMARATE) 1MG-20(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
NORETHINDRONE-E. ESTRADIOL-IRON (NORETH A-ET ESTRA/FE FUMARATE) 1MG-20(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
NORETHINDRONE-E. ESTRADIOL-IRON (NORETH A-ET ESTRA/FE FUMARATE) 1.5-30(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
TARINA FE (NORETH A-ET ESTRA/FE FUMARATE) 1MG-20(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
TARINA FE 1-20 EQ (NORETH A-ET ESTRA/FE FUMARATE) 1MG-20(21) ORAL TABLET	GENERIC	QL (1 tablet per day)
CAMILA (NORETHINDRONE) 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
DEBLITANE (NORETHINDRONE) 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
EMZAHH (NORETHINDRONE) 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ERRIN (NORETHINDRONE) 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
HEATHER (NORETHINDRONE) 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
INCASSIA (NORETHINDRONE) 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
JENCYCLA (NORETHINDRONE) 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
LYLEQ (NORETHINDRONE) 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
LYZA (NORETHINDRONE) 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
NORA-BE (NORETHINDRONE) 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)

DRUG NAME	TYPE	RESTRICTIONS
NORETHINDRONE 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
SHAROBEL (NORETHINDRONE) 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TULANA (NORETHINDRONE) 0.35 MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
AUROVELA (NORETHINDRONE A-E ESTRADIOL) 1.5-0.03MG ORAL TABLET	GENERIC	QL (1 tablet per day)
AUROVELA (NORETHINDRONE A-E ESTRADIOL) 1MG-20MCG ORAL TABLET	GENERIC	QL (1 tablet per day)
HAILEY (NORETHINDRONE A-E ESTRADIOL) 1.5-0.03MG ORAL TABLET	GENERIC	QL (1 tablet per day)
JUNEL (NORETHINDRONE A-E ESTRADIOL) 1.5-0.03MG ORAL TABLET	GENERIC	QL (1 tablet per day)
JUNEL (NORETHINDRONE A-E ESTRADIOL) 1MG-20MCG ORAL TABLET	GENERIC	QL (1 tablet per day)
LARIN (NORETHINDRONE A-E ESTRADIOL) 1.5-0.03MG ORAL TABLET	GENERIC	QL (1 tablet per day)
LARIN (NORETHINDRONE A-E ESTRADIOL) 1MG-20MCG ORAL TABLET	GENERIC	QL (1 tablet per day)
MICROGESTIN (NORETHINDRONE A-E ESTRADIOL) 1.5-0.03MG ORAL TABLET	GENERIC	QL (1 tablet per day)
MICROGESTIN (NORETHINDRONE A-E ESTRADIOL) 1MG-20MCG ORAL TABLET	GENERIC	QL (1 tablet per day)
NORETHINDRON-ETHINYL ESTRADIOL (NORETHINDRONE A-E ESTRADIOL) 1MG-20MCG ORAL TABLET	GENERIC	QL (1 tablet per day)
NORETHINDRON-ETHINYL ESTRADIOL (NORETHINDRONE A-E ESTRADIOL) 1.5-0.03MG ORAL TABLET	GENERIC	QL (1 tablet per day)
ALYACEN (NORETHINDRONE-ETHINYL ESTRAD) 1 MG-35MCG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ALYACEN (NORETHINDRONE-ETHINYL ESTRAD) 7 DAYS X 3 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ARANELLE (NORETHINDRONE-ETHINYL ESTRAD) 7/9/2005 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
BALZIVA (NORETHINDRONE-ETHINYL ESTRAD) 0.4-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
BRIELLYN (NORETHINDRONE-ETHINYL ESTRAD) 0.4-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
DASETTA (NORETHINDRONE-ETHINYL ESTRAD) 1 MG-35MCG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
DASETTA (NORETHINDRONE-ETHINYL ESTRAD) 7 DAYS X 3 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
LEENA (NORETHINDRONE-ETHINYL ESTRAD) 7/9/2005 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
NECON (NORETHINDRONE-ETHINYL ESTRAD) 0.5-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
NORTREL (NORETHINDRONE-ETHINYL ESTRAD) 0.5-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
NORTREL (NORETHINDRONE-ETHINYL ESTRAD) 1 MG-35MCG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
NORTREL (NORETHINDRONE-ETHINYL ESTRAD) 7 DAYS X 3 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
NYLIA (NORETHINDRONE-ETHINYL ESTRAD) 1 MG-35MCG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
NYLIA (NORETHINDRONE-ETHINYL ESTRAD) 7 DAYS X 3 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)

DRUG NAME	TYPE	RESTRICTIONS
PHILITH (NORETHINDRONE-ETHINYL ESTRAD) 0.4-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
VYFEMLA (NORETHINDRONE-ETHINYL ESTRAD) 0.4-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
WERA (NORETHINDRONE-ETHINYL ESTRAD) 0.5-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ESTARYLLA (NORGESTIMATE-ETHINYL ESTRADIOL) 0.25-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
MILI (NORGESTIMATE-ETHINYL ESTRADIOL) 0.25-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
MONO-LINYAH (NORGESTIMATE-ETHINYL ESTRADIOL) 0.25-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 LO ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
NORGESTIMATE-ETHINYL ESTRADIOL 7DAYSX3 28 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
SPRINTEC (NORGESTIMATE-ETHINYL ESTRADIOL) 0.25-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TRI-ESTARYLLA (NORGESTIMATE-ETHINYL ESTRADIOL) 7DAYSX3 28 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TRI-LINYAH (NORGESTIMATE-ETHINYL ESTRADIOL) 7DAYSX3 28 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TRI-LO-ESTARYLLA (NORGESTIMATE-ETHINYL ESTRADIOL) 7DAYSX3 LO ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TRI-LO-MARZIA (NORGESTIMATE-ETHINYL ESTRADIOL) 7DAYSX3 LO ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TRI-LO-MILI (NORGESTIMATE-ETHINYL ESTRADIOL) 7DAYSX3 LO ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TRI-LO-SPRINTEC (NORGESTIMATE-ETHINYL ESTRADIOL) 7DAYSX3 LO ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TRI-MILI (NORGESTIMATE-ETHINYL ESTRADIOL) 7DAYSX3 28 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TRI-SPRINTEC (NORGESTIMATE-ETHINYL ESTRADIOL) 7DAYSX3 28 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TRI-VYLIBRA (NORGESTIMATE-ETHINYL ESTRADIOL) 7DAYSX3 28 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TRI-VYLIBRA LO (NORGESTIMATE-ETHINYL ESTRADIOL) 7DAYSX3 LO ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
VYLIBRA (NORGESTIMATE-ETHINYL ESTRADIOL) 0.25-0.035 ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
CRYSSELLE (NORGESTREL-ETHINYL ESTRADIOL) 0.3-0.03MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ELINEST (NORGESTREL-ETHINYL ESTRADIOL) 0.3-0.03MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
LOW-OGESTREL (NORGESTREL-ETHINYL ESTRADIOL) 0.3-0.03MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
TURQOZ (NORGESTREL-ETHINYL ESTRADIOL) 0.3-0.03MG ORAL TABLET	GENERIC	QL (28 tablets per 21 days)
ELLA (ULIPRISTAL ACETATE) 30 MG ORAL TABLET	BRAND	QL (1 tablet per 22 days)

CONTRACEPTIVES,TRANSDERMAL

NORELGESTROMIN-ETH ESTRADIOL (NORELGESTROMIN/ETHIN. ESTRADIOL) 150-35/24H TRANSDERM. PATCH TDWK	GENERIC	QL (1 patch per 7 days)
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DRUG NAME	TYPE	RESTRICTIONS
XULANE (NORELGESTROMIN/ETHIN. ESTRADIOL) 150-35/24H TRANSDERM. PATCH TDWK	GENERIC	QL (1 patch per 7 days)
ZAFEMY (NORELGESTROMIN/ETHIN. ESTRADIOL) 150-35/24H TRANSDERM. PATCH TDWK	GENERIC	QL (1 patch per 7 days)

OXYTOCICS

METHYLERGONOVINE MALEATE 0.2 MG ORAL TABLET	GENERIC	
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COUGH AND COLD**1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS**

APRODINE (P-EPHED HCL/TRIPROLIDINE HCL) 2.5MG-60MG ORAL TABLET	GENERIC, OTC	QL (3 tablets per day)
WAL-ACT D COLD & ALLERGY (P-EPHED HCL/TRIPROLIDINE HCL) 2.5MG-60MG ORAL TABLET	GENERIC, OTC	QL (3 tablets per day)
PROMETHAZINE-PHENYLEPHRINE HCL (PHENYLEPHRINE HCL/PROMETH HCL) 5-6.25MG/5 ORAL SYRUP	GENERIC	
SUDOGEST COLD AND ALLERGY (PSEUDOEPHEDRINE HCL/CHLOR-MAL) 4 MG-60 MG ORAL TABLET	GENERIC, OTC	QL (3 tablets per day)

ANTITUSSIVES, NON-NARCOTIC

BENZONATATE 100 MG ORAL CAPSULE	GENERIC	QL (3 capsules per day)
BENZONATATE 200 MG ORAL CAPSULE	GENERIC	QL (3 capsules per day)

DECONGESTANTS, ORAL

NASAL DECONGESTANT (PSEUDOEPHEDRINE HCL) 30 MG ORAL TABLET	GENERIC, OTC	QL (3 tablets per day)
NEXAFED (PSEUDOEPHEDRINE HCL) 30 MG ORAL TABLET	BRAND, OTC	QL (3 tablets per day)
PSEUDOEPHEDRINE HCL 60 MG ORAL TABLET	GENERIC, OTC	QL (2 tablets per day)
ZEPHREX-D (PSEUDOEPHEDRINE HCL) 30 MG ORAL TABLET	GENERIC, OTC	QL (3 tablets per day)

EXPECTORANTS

ADULT TUSSIN (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
ADULT WAL-TUSSIN (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
CHEST CONGESTION RELIEF (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
CHEST CONGESTION RELIEF (GUAIFENESIN) 400 MG ORAL TABLET	GENERIC, OTC	
CHILDREN GILTUSS EX (GUAIFENESIN) 200 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (120 mL per 30 days)
CHILDREN'S CHEST CONGESTION (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
CHILDREN'S MUCUS RELIEF (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
COUGH SYRUP (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
EXPECTORANT (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
EXPECTORANT (GUAIFENESIN) 200 MG ORAL TABLET	GENERIC, OTC	
EXPECTORANT COUGH SYRUP (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
FENESIN IR (GUAIFENESIN) 400 MG ORAL TABLET	GENERIC, OTC	
GERI-TUSSIN (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
G-FENESIN (GUAIFENESIN) 400 MG ORAL TABLET	GENERIC, OTC	
GILTUSS EX (GUAIFENESIN) 200 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (120 mL per 30 days)
GUAIFENESIN 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
GUAIFENESIN 200 MG ORAL TABLET	GENERIC, OTC	
GUAIFENESIN 400 MG ORAL TABLET	GENERIC, OTC	
GUAIFENESIN ER (GUAIFENESIN) 1200 MG ORAL TAB ER 12H	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
GUAIFENESIN ER (GUAIFENESIN) 600 MG ORAL TAB ER 12H	GENERIC, OTC	QL (2 tablets per day)
LIQUITUSS GG (GUAIFENESIN) 200 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (120 mL per 30 days)
MAXTUSSIN (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
MUCOSA (GUAIFENESIN) 400 MG ORAL TABLET	GENERIC, OTC	
MUCUS ER (GUAIFENESIN) 1200 MG ORAL TAB ER 12H	GENERIC, OTC	
MUCUS ER (GUAIFENESIN) 600 MG ORAL TAB ER 12H	GENERIC, OTC	QL (2 tablets per day)
MUCUS RELIEF (GUAIFENESIN) 400 MG ORAL TABLET	GENERIC, OTC	
MUCUS RELIEF ER (GUAIFENESIN) 1200 MG ORAL TAB ER 12H	GENERIC, OTC	
MUCUS RELIEF ER (GUAIFENESIN) 600 MG ORAL TAB ER 12H	GENERIC, OTC	QL (2 tablets per day)
MUCUS-ER MAX (GUAIFENESIN) 1200 MG ORAL TAB ER 12H	GENERIC, OTC	
REFENESIN (GUAIFENESIN) 400 MG ORAL TABLET	GENERIC, OTC	
SCOT-TUSSIN (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
SCOT-TUSSIN EXPECTORANT (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
TUSNEL-EX (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	BRAND, OTC	QL (240 mL per 30 days)
TUSSIN (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
TUSSIN (GUAIFENESIN) 400 MG ORAL TABLET	GENERIC, OTC	
TUSSIN CHEST CONGESTION (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
TUSSIN MUCUS-CHEST CONGESTION (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)
WAL-TUSSIN (GUAIFENESIN) 100 MG/5ML ORAL LIQUID	GENERIC, OTC	QL (240 mL per 30 days)

NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE

PROMETHAZINE-CODEINE (CODEINE/PROMETHAZINE HCL) 6.25-10/5 ORAL SYRUP	GENERIC	AR (age 6 and older); QL (120 mL per 30 days)
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NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.

HYDROCODONE-HOMATROPINE MBR (HYDROCODONE BIT/HOMATROP ME-BR) 5-1.5 MG/5 ORAL SYRUP	GENERIC	AR (age 6 and older); QL (240 mL per 30 days)
HYDROMET (HYDROCODONE BIT/HOMATROP ME-BR) 5-1.5 MG/5 ORAL SYRUP	GENERIC	AR (age 6 and older); QL (240 mL per 30 days)

NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION

CODEINE-GUAIFENESIN (GUAIFENESIN/CODEINE PHOS) 10-100MG/5 ORAL LIQUID	GENERIC, OTC	AR (age 6 and older); QL (240 mL per 27 days)
G TUSSIN AC (GUAIFENESIN/CODEINE PHOS) 10-100MG/5 ORAL LIQUID	GENERIC, OTC	AR (age 6 and older); QL (240 mL per 27 days)
GUAIFENESIN AC (GUAIFENESIN/CODEINE PHOS) 10-100MG/5 ORAL LIQUID	GENERIC, OTC	AR (age 6 and older); QL (240 mL per 27 days)
GUAIFENESIN-CODEINE (GUAIFENESIN/CODEINE PHOS) 10-100MG/5 ORAL LIQUID	GENERIC, OTC	AR (age 6 and older); QL (240 mL per 27 days)
MAXI-TUSS AC (GUAIFENESIN/CODEINE PHOS) 10-100MG/5 ORAL LIQUID	GENERIC, OTC	AR (age 6 and older); QL (240 mL per 27 days)

NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.

ADULT WAL-TUSSIN DM (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL SYRUP	GENERIC, OTC	
ANTITUSSIVE DM (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL SYRUP	GENERIC, OTC	
BIOCOTRON (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
CHEST CONGESTION RELIEF DM (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL SYRUP	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
CHILDREN'S GILTUSS COUGH-CHEST (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
DIABETIC TUSSIN DM (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
EXPECTORANT DM (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL SYRUP	GENERIC, OTC	
GERI-TUSSIN DM (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
GILTUSS COUGH-CONGESTION (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
GILTUSS DIABETIC (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
GILTUSS HBP (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
GUAIASORB DM (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
GUAIFENESIN-DEXTROMETHORPHAN (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
GUAIFENESIN-DEXTROMETHORPHAN (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL SYRUP	GENERIC, OTC	
MAXI-TUSS G (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
MAXTUSSIN DM (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
NEO-TUSS (GUAIFENESIN/D-METHORPHAN HB) 200-30MG/5 ORAL LIQUID	GENERIC, OTC	
SAFETUSSIN DM (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
SILTUSSIN DM DAS (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
SORBUGEN NR (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
TUSNEL DIABETIC (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
TUSSIN COUGH (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
TUSSIN DM (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
TUSSIN DM (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL SYRUP	GENERIC, OTC	
TUSSIN DM CLEAR (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL LIQUID	GENERIC, OTC	
TUSSIN DM COUGH-CHEST CONGEST (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL SYRUP	GENERIC, OTC	
ULTRA TUSS (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL SYRUP	GENERIC, OTC	
WAL-TUSSIN DM (GUAIFENESIN/D-METHORPHAN HB) 100-10MG/5 ORAL SYRUP	GENERIC, OTC	

SYMPATHOMIMETIC AGENTS

PSEUDOEPHEDRINE HCL 30 MG ORAL TABLET	GENERIC, OTC	QL (3 tablets per day)
SUDOGEST (PSEUDOEPHEDRINE HCL) 30 MG ORAL TABLET	GENERIC, OTC	QL (3 tablets per day)
SUDOGEST (PSEUDOEPHEDRINE HCL) 60 MG ORAL TABLET	GENERIC, OTC	QL (2 tablets per day)
SUPHEDRIN (PSEUDOEPHEDRINE HCL) 15 MG/5 ML ORAL LIQUID	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
SUPHEDRIN (PSEUDOEPHEDRINE HCL) 30 MG ORAL TABLET	GENERIC, OTC	QL (3 tablets per day)
SUPHEDRINE (PSEUDOEPHEDRINE HCL) 30 MG ORAL TABLET	GENERIC, OTC	QL (3 tablets per day)
WAL-PHED (PSEUDOEPHEDRINE HCL) 30 MG ORAL TABLET	GENERIC, OTC	QL (3 tablets per day)

DERMATOLOGY - ACNE

ACNE AGENTS,SYSTEMIC

ACCUTANE (ISOTRETINOIN) 10 MG ORAL CAPSULE	GENERIC	PA (Rx053)
ACCUTANE (ISOTRETINOIN) 20 MG ORAL CAPSULE	GENERIC	PA (Rx053)
ACCUTANE (ISOTRETINOIN) 30 MG ORAL CAPSULE	GENERIC	PA (Rx053)
ACCUTANE (ISOTRETINOIN) 40 MG ORAL CAPSULE	GENERIC	PA (Rx053)
AMNESTEEM (ISOTRETINOIN) 10 MG ORAL CAPSULE	GENERIC	PA (Rx053)
AMNESTEEM (ISOTRETINOIN) 20 MG ORAL CAPSULE	GENERIC	PA (Rx053)
AMNESTEEM (ISOTRETINOIN) 40 MG ORAL CAPSULE	GENERIC	PA (Rx053)
CLARAVIS (ISOTRETINOIN) 10 MG ORAL CAPSULE	GENERIC	PA (Rx053)
CLARAVIS (ISOTRETINOIN) 20 MG ORAL CAPSULE	GENERIC	PA (Rx053)
CLARAVIS (ISOTRETINOIN) 30 MG ORAL CAPSULE	GENERIC	PA (Rx053)
CLARAVIS (ISOTRETINOIN) 40 MG ORAL CAPSULE	GENERIC	PA (Rx053)
ISOTRETINOIN 10 MG ORAL CAPSULE	GENERIC	PA (Rx053)
ISOTRETINOIN 20 MG ORAL CAPSULE	GENERIC	PA (Rx053)
ISOTRETINOIN 30 MG ORAL CAPSULE	GENERIC	PA (Rx053)
ISOTRETINOIN 40 MG ORAL CAPSULE	GENERIC	PA (Rx053)
ZENATANE (ISOTRETINOIN) 10 MG ORAL CAPSULE	GENERIC	PA (Rx053)
ZENATANE (ISOTRETINOIN) 20 MG ORAL CAPSULE	GENERIC	PA (Rx053)
ZENATANE (ISOTRETINOIN) 30 MG ORAL CAPSULE	GENERIC	PA (Rx053)
ZENATANE (ISOTRETINOIN) 40 MG ORAL CAPSULE	GENERIC	PA (Rx053)

VITAMIN A DERIVATIVES

ADAPALENE 0.10% TOPICAL GEL (GRAM)	GENERIC, OTC	PA (Rx053)
ADAPALENE 0.30% TOPICAL GEL (GRAM)	GENERIC	PA (Rx053)
EFFACLAR ADAPALENE (ADAPALENE) 0.10% TOPICAL GEL (GRAM)	GENERIC, OTC	PA (Rx053)
AVITA (TRETINOIN) 0.03% TOPICAL CREAM (G)	GENERIC	PA (Rx053)
TRETINOIN 0.03% TOPICAL CREAM (G)	GENERIC	PA (Rx053)
TRETINOIN 0.05% TOPICAL CREAM (G)	GENERIC	PA (Rx053)

DERMATOLOGY - ANTIINFECTIVE

TOPICAL ANTIBIOTICS

ANTIBIOTIC (BACITRACIN) 500 UNIT/G TOPICAL OINT. (G)	GENERIC, OTC	
BACITRACIN 500 UNIT/G TOPICAL OINT. (G)	GENERIC, OTC	
BACITRACIN ZINC (BACITRACIN) 500 UNIT/G TOPICAL OINT. (G)	GENERIC, OTC	
BACITRAYCIN PLUS (BACITRACIN) 500 UNIT/G TOPICAL OINT. (G)	GENERIC, OTC	
BACITRACIN ZINC 500 UNIT/G TOPICAL OINT. (G)	GENERIC, OTC	
CLINDAMYCIN PHOSPHATE 1% TOPICAL SOLUTION	GENERIC	.
BENZAMYCIN (ERYTHROMYCIN BASE/BENZ PER) 3%-5% TOPICAL GEL (GRAM)	BRAND	
ERYTHROMYCIN-BENZOYL PEROXIDE (ERYTHROMYCIN BASE/BENZ PER) 3%-5% TOPICAL GEL (GRAM)	GENERIC	
ERY (ERYTHROMYCIN BASE/ETHANOL) 2% TOPICAL MED. SWAB	GENERIC	
ERYGEL (ERYTHROMYCIN BASE/ETHANOL) 2% TOPICAL GEL (GRAM)	BRAND	
ERYTHROMYCIN (ERYTHROMYCIN BASE/ETHANOL) 2% TOPICAL GEL (GRAM)	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
ERYTHROMYCIN (ERYTHROMYCIN BASE/ETHANOL) 2% TOPICAL SOLUTION	GENERIC	
MUPIROCIN 2% TOPICAL OINT. (G)	GENERIC	
FIRST AID ANTIBIOTIC (NEOMY SULF/BACITRAC ZN/POLY) 3.5-500/G TOPICAL OINT. (G)	GENERIC, OTC	

TOPICAL ANTIFUNGALS

CICLOPIROX 0.77% TOPICAL CREAM (G)	GENERIC	PA (Rx010)
CICLOPIROX 0.77% TOPICAL GEL (GRAM)	GENERIC	PA (Rx010)
CICLOPIROX 1% TOPICAL SHAMPOO	GENERIC	PA (Rx010)
CICLOPIROX 8% TOPICAL SOLUTION	GENERIC	PA (Rx010)
CICLOPIROX 0.77% TOPICAL SUSPENSION	GENERIC	PA (Rx010)
CICLOPIROX (CICLOPIROX OLAMINE) 0.77% TOPICAL CREAM (G)	GENERIC	PA (Rx010)
CICLOPIROX (CICLOPIROX OLAMINE) 0.77% TOPICAL SUSPENSION	GENERIC	PA (Rx010)
ANTIFUNGAL (CLOTRIMAZOLE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
ANTIFUNGAL RINGWORM (CLOTRIMAZOLE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
ATHLETE'S FOOT (CLOTRIMAZOLE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
ATHLETIC FOOT CREAM (CLOTRIMAZOLE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
CLOTRIMAZOLE 1% TOPICAL CREAM (G)	GENERIC, OTC	
CLOTRIMAZOLE AF (CLOTRIMAZOLE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
ITCH RELIEF (CLOTRIMAZOLE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
JOCK ITCH (CLOTRIMAZOLE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
JOCK ITCH RELIEF (CLOTRIMAZOLE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
MICOTRIN AC (CLOTRIMAZOLE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
MYCOZYL AC (CLOTRIMAZOLE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
RINGWORM (CLOTRIMAZOLE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
TRIMAZOLE (CLOTRIMAZOLE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
KETOCONAZOLE 2% TOPICAL CREAM (G)	GENERIC	.
KETOCONAZOLE 2% TOPICAL SHAMPOO	GENERIC	.
ANTIFUNGAL CREAM (MICONAZOLE NITRATE) 2% TOPICAL CREAM (G)	GENERIC, OTC	
ANTIFUNGAL EXTRA THICK (MICONAZOLE NITRATE) 2% TOPICAL CREAM (G)	GENERIC, OTC	
BAZA ANTIFUNGAL (MICONAZOLE NITRATE) 2% TOPICAL CREAM (G)	GENERIC, OTC	
DERMAFUNGAL (MICONAZOLE NITRATE) 2% TOPICAL CREAM (G)	GENERIC, OTC	
INZO ANTIFUNGAL (MICONAZOLE NITRATE) 2% TOPICAL CREAM (G)	GENERIC, OTC	
MICATIN (MICONAZOLE NITRATE) 2% TOPICAL CREAM (G)	GENERIC, OTC	
MICONAZOLE NITRATE 2% TOPICAL CREAM (G)	GENERIC, OTC	
REMEDY ANTIFUNGAL (MICONAZOLE NITRATE) 2% TOPICAL CREAM (ML)	GENERIC, OTC	
SECURA ANTIFUNGAL (MICONAZOLE NITRATE) 2% TOPICAL CREAM (G)	GENERIC, OTC	
THERA ANTIFUNGAL (MICONAZOLE NITRATE) 2% TOPICAL CREAM (ML)	GENERIC, OTC	
NAFTIFINE HCL 1% TOPICAL CREAM (G)	GENERIC	PA (Rx010)
KLAYESTA (NYSTATIN) 100000/G TOPICAL POWDER	GENERIC	
NYAMYC (NYSTATIN) 100000/G TOPICAL POWDER	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
NYSTATIN 100000/G TOPICAL CREAM (G)	GENERIC	
NYSTATIN 100000/G TOPICAL OINT. (G)	GENERIC	
NYSTATIN 100000/G TOPICAL POWDER	GENERIC	
NYSTOP (NYSTATIN) 100000/G TOPICAL POWDER	GENERIC	
ANTIFUNGAL (TERBINAFINE HCL) 1% TOPICAL CREAM (G)	GENERIC, OTC	
ATHLETE'S FOOT (TERBINAFINE HCL) 1% TOPICAL CREAM (G)	GENERIC, OTC	
JOCK ITCH (TERBINAFINE HCL) 1% TOPICAL CREAM (G)	GENERIC, OTC	
LAMISIL (TERBINAFINE HCL) 1% TOPICAL SPRAY	BRAND, OTC	PA (Rx010)
TERBINAFINE (TERBINAFINE HCL) 1% TOPICAL CREAM (G)	GENERIC, OTC	

TOPICAL ANTIPARASITICS

LICE KILLING (PERMETHRIN) 1% TOPICAL LIQUID	GENERIC, OTC	
LICE TREATMENT (PERMETHRIN) 1% TOPICAL LIQUID	GENERIC, OTC	
PERMETHRIN 5% TOPICAL CREAM (G)	GENERIC	
LICE KILLING (PIPERONYL BUTOXIDE/PYRETHRINS) 4%-0.33% TOPICAL SHAMPOO	GENERIC, OTC	
LICE PYRINYL SHAMPOO (PIPERONYL BUTOXIDE/PYRETHRINS) 4%-0.33% TOPICAL SHAMPOO	GENERIC, OTC	
RID (PIPERONYL BUTOXIDE/PYRETHRINS) 4%-0.33% TOPICAL SHAMPOO	GENERIC, OTC	

TOPICAL SULFONAMIDES

SILVER SULFADIAZINE 1% TOPICAL CREAM (G)	GENERIC	
SSD (SILVER SULFADIAZINE) 1% TOPICAL CREAM (G)	GENERIC	

DERMATOLOGY - ANTIINFLAMMATORY**TOPICAL ANTI-INFLAMMATORY STEROIDAL**

BETAMETHASONE DIPROP AUGMENTED (BETAMET DIPROP/PROP GLY) 0.05% TOPICAL CREAM (G)	GENERIC	
BETAMETHASONE DIPROP AUGMENTED (BETAMET DIPROP/PROP GLY) 0.05% TOPICAL OINT. (G)	GENERIC	
BETAMETHASONE DIPROPIONATE 0.05% TOPICAL CREAM (G)	GENERIC	
BETAMETHASONE DIPROPIONATE 0.05% TOPICAL OINT. (G)	GENERIC	
BETAMETHASONE VALERATE 0.10% TOPICAL CREAM (G)	GENERIC	
BETAMETHASONE VALERATE 0.10% TOPICAL OINT. (G)	GENERIC	
CLOBETASOL PROPIONATE 0.05% TOPICAL CREAM (G)	GENERIC	.
CLOBETASOL PROPIONATE 0.05% TOPICAL OINT. (G)	GENERIC	.
CLOBETASOL EMOLLIENT (CLOBETASOL PROPIONATE/EMOLL) 0.05% TOPICAL CREAM (G)	GENERIC	PA (Rx 015)
FLUOCINOLONE ACETONIDE 0.03% TOPICAL CREAM (G)	GENERIC	PA (Rx015)
FLUOCINOLONE ACETONIDE 0.03% TOPICAL OINT. (G)	GENERIC	PA (Rx015)
FLUOCINOLONE ACETONIDE 0.01% TOPICAL SOLUTION	GENERIC	PA (Rx015)
FLUOCINONIDE 0.10% TOPICAL CREAM (G)	GENERIC	PA (Rx015)
ALA-CORT (HYDROCORTISONE) 1% TOPICAL CREAM (G)	GENERIC	
ANTI-ITCH (HYDROCORTISONE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
ANTI-ITCH (HYDROCORTISONE) 1% TOPICAL OINT. (G)	GENERIC, OTC	
AQUAPHOR ITCH RELIEF (HYDROCORTISONE) 1% TOPICAL OINT. (G)	GENERIC, OTC	
CORTISONE (HYDROCORTISONE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
CORTISONE WITH ALOE (HYDROCORTISONE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
CORTIZONE-10 (HYDROCORTISONE) 1% TOPICAL CREAM (G)	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
CORTIZONE-10 (HYDROCORTISONE) 1% TOPICAL OINT. (G)	GENERIC, OTC	
HYDROCORTISONE 1% TOPICAL CREAM (G)	GENERIC, OTC	
HYDROCORTISONE 2.50% TOPICAL CREAM (G)	GENERIC	
HYDROCORTISONE 1% TOPICAL CRM/PE APP	GENERIC	QL (60 g per 292 days, 1 fill per month)
HYDROCORTISONE 2.50% TOPICAL CRM/PE APP	GENERIC	
HYDROCORTISONE 1% TOPICAL OINT. (G)	GENERIC, OTC	
HYDROCORTISONE 2.50% TOPICAL OINT. (G)	GENERIC	
HYDROCORTISONE-ALOE (HYDROCORTISONE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
HYDROCREAM (HYDROCORTISONE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
MONISTAT CARE (HYDROCORTISONE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
NOBLE FORMULA HC (HYDROCORTISONE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
PREPARATION H (HYDROCORTISONE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
HYDROCORTISONE (HYDROCORTISONE ACETATE) 1% TOPICAL OINT. (G)	GENERIC, OTC	
HYDROCORTISONE ACETATE 1% TOPICAL CREAM (G)	GENERIC, OTC	
VANICREAM HC (HYDROCORTISONE ACETATE) 1% TOPICAL CREAM (G)	GENERIC, OTC	
MOMETASONE FUROATE 0.10% TOPICAL OINT. (G)	GENERIC	QL (15 g per 292 days)
TRIAMCINOLONE ACETONIDE 0.03% TOPICAL CREAM (G)	GENERIC	
TRIAMCINOLONE ACETONIDE 0.50% TOPICAL CREAM (G)	GENERIC	
TRIAMCINOLONE ACETONIDE 0.10% TOPICAL CREAM (G)	GENERIC	
TRIAMCINOLONE ACETONIDE 0.10% TOPICAL LOTION	GENERIC	PA (Rx015)
TRIAMCINOLONE ACETONIDE 0.03% TOPICAL OINT. (G)	GENERIC	
TRIAMCINOLONE ACETONIDE 0.50% TOPICAL OINT. (G)	GENERIC	
TRIAMCINOLONE ACETONIDE 0.10% TOPICAL OINT. (G)	GENERIC	
TRIDERM (TRIAMCINOLONE ACETONIDE) 0.10% TOPICAL CREAM (G)	GENERIC	
TRIDERM (TRIAMCINOLONE ACETONIDE) 0.50% TOPICAL CREAM (G)	GENERIC	

TOPICAL ANTI-INFLAMMATORY, NSAIDS

ARTHRITIS PAIN (DICLOFENAC SODIUM) 1% TOPICAL GEL (GRAM)	GENERIC, OTC	QL (200 gm per 30 days)
ARTHRITIS PAIN RELIEF (DICLOFENAC SODIUM) 1% TOPICAL GEL (GRAM)	GENERIC, OTC	QL (200 gm per 30 days)
ARTHRITIS PAIN RELIEVER (DICLOFENAC SODIUM) 1% TOPICAL GEL (GRAM)	GENERIC, OTC	QL (200 gm per 30 days)
DICLOFENAC SODIUM 1% TOPICAL GEL (GRAM)	GENERIC, OTC	QL (200 gm per 30 days)

DERMATOLOGY - MISCELLANEOUS**ANTIPERSPIRANTS**

DRYSOL (ALUMINUM CHLORIDE) 20% TOPICAL SOLUTION	BRAND	
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ANTISEBORRHEIC AGENTS

SELENIUM SULFIDE 2.50% TOPICAL LOTION	GENERIC	
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IRRITANTS/COUNTER-IRRITANTS

ARTHRITIS AND MUSCLE (CAPSAICIN) 0.03% TOPICAL CREAM (G)	GENERIC, OTC	QL (Max of 1 tube per 30 days)
ARTHRITIS PAIN RELIEF (CAPSAICIN) 0.10% TOPICAL CREAM (G)	GENERIC, OTC	QL (Max of 1 tube per 30 days)
ARTHRITIS PAIN RELIEVING (CAPSAICIN) 0.08% TOPICAL CREAM (G)	GENERIC, OTC	QL (Max of 1 tube per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
CAPSAICIN 0.03% TOPICAL ADH. PATCH	GENERIC, OTC	QL (40 patches per 30 days)
CAPSAICIN 0.03% TOPICAL CREAM (G)	GENERIC, OTC	QL (Max of 1 tube per 30 days)
CAPSAICIN 0.10% TOPICAL CREAM (G)	GENERIC, OTC	QL (Max of 1 tube per 30 days)
CAPSAICIN 0.08% TOPICAL CREAM (G)	GENERIC, OTC	QL (Max of 1 tube per 30 days)
CAPSAICIN HEAT PATCH (CAPSAICIN) 0.03% TOPICAL ADH. PATCH	GENERIC, OTC	QL (40 patches per 30 days)
CAPSAICIN HOT PATCH (CAPSAICIN) 0.03% TOPICAL ADH. PATCH	GENERIC, OTC	QL (40 patches per 30 days)
CAPSAICIN HP (CAPSAICIN) 0.10% TOPICAL CREAM (G)	GENERIC, OTC	QL (Max of 1 tube per 30 days)
CAPSAID ES (CAPSAICIN) 0.10% TOPICAL CREAM (G)	GENERIC, OTC	QL (Max of 1 tube per 30 days)
CAPSICUM HOT PATCH (CAPSAICIN) 0.03% TOPICAL ADH. PATCH	GENERIC, OTC	QL (40 patches per 30 days)
CAPSIMIDE (CAPSAICIN) 0.03% TOPICAL ADH. PATCH	GENERIC, OTC	QL (40 patches per 30 days)
CAPZIX (CAPSAICIN) 0.10% TOPICAL CREAM (G)	GENERIC, OTC	AR (age 19 and older); QL (Max of 1 tube per 30 days)
MEDICATED HEAT PATCH (CAPSAICIN) 0.03% TOPICAL ADH. PATCH	GENERIC, OTC	QL (40 patches per 30 days)
ZOSTRIX (CAPSAICIN) 0.03% TOPICAL CREAM (G)	GENERIC, OTC	QL (Max of 1 tube per 30 days)
ZOSTRIX HP (CAPSAICIN) 0.10% TOPICAL CREAM (G)	GENERIC, OTC	QL (Max of 1 tube per 30 days)
ASPERFLEX HOT (CAPSAICIN/MENTHOL) 0.025-1.25 TOPICAL ADH. PATCH	GENERIC, OTC	QL (40 patches per 30 days)
SALONPAS (CAPSAICIN/MENTHOL) 0.025-1.25 TOPICAL ADH. PATCH	BRAND, OTC	QL (40 patches per 30 days)
PAIN RELIEVING (METHYL SALICYLATE/MENTH/CAMPH) TOPICAL ADH. PATCH	GENERIC, OTC	QL (40 patches per 30 days)
PAIN-RELIEVING (METHYL SALICYLATE/MENTH/CAMPH) TOPICAL ADH. PATCH	GENERIC, OTC	QL (40 patches per 30 days)
ARTHRITIS PAIN RELIEF (METHYL SALICYLATE/MENTHOL) 10%-3% TOPICAL ADH. PATCH	GENERIC, OTC	QL (40 patches per 30 days)

TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC

ANALPRAM HC (HC ACETATE/PRAMOXINE HCL) 2.5%-1% TOPICAL LOTION	BRAND	
HYDROCORTISONE-PRAMOXINE (HC ACETATE/PRAMOXINE HCL) 2.5%-1% TOPICAL CREAM (G)	GENERIC	

TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGENTS

FLUOROURACIL 2% TOPICAL SOLUTION	GENERIC	
FLUOROURACIL 5% TOPICAL SOLUTION	GENERIC	

DERMATOLOGY - PSORIASIS/ECZEMA**ANTIPSORIATIC AGENTS, SYSTEMIC**

ACITRETIN 10 MG ORAL CAPSULE	GENERIC	PA (Rx038); SPEC
ACITRETIN 25 MG ORAL CAPSULE	GENERIC	PA (Rx038); SPEC
COSENTYX (2 SYRINGES) (SECUKINUMAB) 150 MG/ML SUBCUTANE. SYRINGE	BRAND	PA (Rx040); SPEC
COSENTYX SENSOREADY (2 PENS) (SECUKINUMAB) 150 MG/ML SUBCUTANE. PEN INJECT	BRAND	PA (Rx040); SPEC
COSENTYX SENSOREADY PEN (SECUKINUMAB) 150 MG/ML SUBCUTANE. PEN INJECT	BRAND	PA (Rx040); SPEC
COSENTYX SYRINGE (SECUKINUMAB) 150 MG/ML SUBCUTANE. SYRINGE	BRAND	PA (Rx040); SPEC

ANTIPSORIATIC AGENTS

CALCIPOTRIENE 0.01% TOPICAL CREAM (G)	GENERIC	PA (Rx037)
CALCIPOTRIENE 0.01% TOPICAL OINT. (G)	GENERIC	PA (Rx037)

DRUG NAME	TYPE	RESTRICTIONS
CALCIPOTRIENE 0.01% TOPICAL SOLUTION	GENERIC	PA (Rx037)
TAZAROTENE 0.10% TOPICAL CREAM (G)	GENERIC	PA (Rx037)
TAZAROTENE 0.05% TOPICAL GEL (GRAM)	GENERIC	PA (Rx037)
TAZAROTENE 0.10% TOPICAL GEL (GRAM)	GENERIC	PA (Rx037)

TOPICAL IMMUNOSUPPRESSIVE AGENTS

TACROLIMUS 0.03% TOPICAL OINT. (G)	GENERIC	PA (Rx036)
TACROLIMUS 0.10% TOPICAL OINT. (G)	GENERIC	PA (Rx036)

DIABETES**ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.**

ALOGLIPTIN-METFORMIN (ALOGLIPTIN BENZ/METFORMIN HCL) 12.5-1000 ORAL TABLET	GENERIC	
ALOGLIPTIN-METFORMIN (ALOGLIPTIN BENZ/METFORMIN HCL) 12.5-500MG ORAL TABLET	GENERIC	

ANTIHYPERGLY,DPP-4 ENZYME INHIB & THIAZOLIDINEDIONE

ALOGLIPTIN-PIOGLITAZONE (ALOGLIPTIN BENZ/PIOGLITAZONE) 12.5-30 MG ORAL TABLET	GENERIC	
ALOGLIPTIN-PIOGLITAZONE (ALOGLIPTIN BENZ/PIOGLITAZONE) 25 MG-15MG ORAL TABLET	GENERIC	
ALOGLIPTIN-PIOGLITAZONE (ALOGLIPTIN BENZ/PIOGLITAZONE) 25 MG-30MG ORAL TABLET	GENERIC	
ALOGLIPTIN-PIOGLITAZONE (ALOGLIPTIN BENZ/PIOGLITAZONE) 25 MG-45MG ORAL TABLET	GENERIC	

ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEPTORAGONIST)

TRULICITY (DULAGLUTIDE) 0.75MG/0.5 SUBCUTANE. PEN INJECT	BRAND	PA (Rx007)
TRULICITY (DULAGLUTIDE) 1.5 MG/0.5 SUBCUTANE. PEN INJECT	BRAND	PA (Rx007)
TRULICITY (DULAGLUTIDE) 3 MG/0.5ML SUBCUTANE. PEN INJECT	BRAND	PA (Rx007)
TRULICITY (DULAGLUTIDE) 4.5 MG/0.5 SUBCUTANE. PEN INJECT	BRAND	PA (Rx007)
BYETTA (EXENATIDE) 10MCG/0.04 SUBCUTANE. PEN INJECT	BRAND	PA (Rx007)
BYETTA (EXENATIDE) 5MCG/0.02 SUBCUTANE. PEN INJECT	BRAND	PA (Rx007)
EXENATIDE 10MCG/0.04 SUBCUTANE. PEN INJECT	GENERIC	PA (Rx007)
EXENATIDE 5MCG/0.02 SUBCUTANE. PEN INJECT	GENERIC	PA (Rx007)
BYDUREON BCISE (EXENATIDE MICROSPHERES) 2MG/0.85ML SUBCUTANE. AUTO INJECT	BRAND	PA (Rx007)
LIRAGLUTIDE 0.6 MG/0.1 SUBCUTANE. PEN INJECT	GENERIC	PA (Rx007)
OZEMPIC (SEMAGLUTIDE) 1/0.75 (3) SUBCUTANE. PEN INJECT	BRAND	PA (Rx007)
OZEMPIC (SEMAGLUTIDE) 2MG/0.75ML SUBCUTANE. PEN INJECT	BRAND	PA (Rx007)
OZEMPIC (SEMAGLUTIDE) .25 OR 0.5 SUBCUTANE. PEN INJECT	BRAND	PA (Rx007)
RYBELSUS (SEMAGLUTIDE) 14 MG ORAL TABLET	BRAND	PA (Rx007)
RYBELSUS (SEMAGLUTIDE) 3 MG ORAL TABLET	BRAND	PA (Rx007)
RYBELSUS (SEMAGLUTIDE) 7 MG ORAL TABLET	BRAND	PA (Rx007)

ANTIHYPERGLYCEMIC-SODIUM/GLUCOCOTRANSPORT2(SGLT2)INHIB

BEXAGLIFLOZIN 20 MG ORAL TABLET	GENERIC	
BRENZAVVY (BEXAGLIFLOZIN) 20 MG ORAL TABLET	BRAND	
STEGLATRO (ERTUGLIFLOZIN PIDOLATE) 15 MG ORAL TABLET	BRAND	
STEGLATRO (ERTUGLIFLOZIN PIDOLATE) 5 MG ORAL TABLET	BRAND	

ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIB (N-S)

ACARBOSE 100 MG ORAL TABLET	GENERIC	
ACARBOSE 25 MG ORAL TABLET	GENERIC	
ACARBOSE 50 MG ORAL TABLET	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS		
ALOGLIPTIN (ALOGLIPTIN BENZOATE) 12.5 MG ORAL TABLET	GENERIC	
ALOGLIPTIN (ALOGLIPTIN BENZOATE) 25 MG ORAL TABLET	GENERIC	
ALOGLIPTIN (ALOGLIPTIN BENZOATE) 6.25 MG ORAL TABLET	GENERIC	
ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE		
GLIMEPIRIDE 1 MG ORAL TABLET	GENERIC	
GLIMEPIRIDE 2 MG ORAL TABLET	GENERIC	
GLIMEPIRIDE 4 MG ORAL TABLET	GENERIC	
GLIPIZIDE 10 MG ORAL TABLET	GENERIC	
GLIPIZIDE 5 MG ORAL TABLET	GENERIC	
GLIPIZIDE ER (GLIPIZIDE) 10 MG ORAL TAB ER 24	GENERIC	
GLIPIZIDE ER (GLIPIZIDE) 2.5 MG ORAL TAB ER 24	GENERIC	
GLIPIZIDE ER (GLIPIZIDE) 5 MG ORAL TAB ER 24	GENERIC	
GLIPIZIDE XL (GLIPIZIDE) 10 MG ORAL TAB ER 24	GENERIC	
GLIPIZIDE XL (GLIPIZIDE) 2.5 MG ORAL TAB ER 24	GENERIC	
GLIPIZIDE XL (GLIPIZIDE) 5 MG ORAL TAB ER 24	GENERIC	
GLYBURIDE 1.25 MG ORAL TABLET	GENERIC	
GLYBURIDE 2.5 MG ORAL TABLET	GENERIC	
GLYBURIDE 5 MG ORAL TABLET	GENERIC	
NATEGLINIDE 120 MG ORAL TABLET	GENERIC	
NATEGLINIDE 60 MG ORAL TABLET	GENERIC	
REPAGLINIDE 0.5 MG ORAL TABLET	GENERIC	
REPAGLINIDE 1 MG ORAL TABLET	GENERIC	
REPAGLINIDE 2 MG ORAL TABLET	GENERIC	
ANTIHYPERGLYCEMIC, INSULIN-RESPONSE ENHANCER (N-S)		
PIOGLITAZONE HCL 15 MG ORAL TABLET	GENERIC	
PIOGLITAZONE HCL 30 MG ORAL TABLET	GENERIC	
PIOGLITAZONE HCL 45 MG ORAL TABLET	GENERIC	
ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)		
METFORMIN HCL 500 MG/5ML ORAL SOLUTION	GENERIC	
METFORMIN HCL 1000 MG ORAL TABLET	GENERIC	
METFORMIN HCL 500 MG ORAL TABLET	GENERIC	
METFORMIN HCL 850 MG ORAL TABLET	GENERIC	
METFORMIN HCL ER (METFORMIN HCL) 500 MG ORAL TAB ER 24H	GENERIC	
METFORMIN HCL ER (METFORMIN HCL) 750 MG ORAL TAB ER 24H	GENERIC	
ANTIHYPERGLYCEMIC,INSULIN-REL STIM.& BIGUANIDE CMB		
GLIPIZIDE-METFORMIN (GLIPIZIDE/METFORMIN HCL) 2.5-250 MG ORAL TABLET	GENERIC	
GLIPIZIDE-METFORMIN (GLIPIZIDE/METFORMIN HCL) 2.5-500 MG ORAL TABLET	GENERIC	
GLIPIZIDE-METFORMIN (GLIPIZIDE/METFORMIN HCL) 5 MG-500MG ORAL TABLET	GENERIC	
GLYBURIDE-METFORMIN HCL (GLYBURIDE/METFORMIN HCL) 1.25-250MG ORAL TABLET	GENERIC	
GLYBURIDE-METFORMIN HCL (GLYBURIDE/METFORMIN HCL) 2.5-500 MG ORAL TABLET	GENERIC	
GLYBURIDE-METFORMIN HCL (GLYBURIDE/METFORMIN HCL) 5 MG-500MG ORAL TABLET	GENERIC	

BLOOD SUGAR DIAGNOSTICS

DRUG NAME	TYPE	RESTRICTIONS
ACCU-CHEK GUIDE TEST STRIP (BLOOD SUGAR DIAGNOSTIC) MISCELL. STRIP	NON DRUG, OTC	QL (100 test strips per 90 days without insulin use; 400 test strips per 90 days with insulin use)
RELION PRIME TEST STRIPS (BLOOD SUGAR DIAGNOSTIC) MISCELL. STRIP	NON DRUG, OTC	QL (100 test strips per 90 days without insulin use; 400 test strips per 90 days with insulin use)
TRUE METRIX GLUCOSE TEST STRIP (BLOOD SUGAR DIAGNOSTIC) MISCELL. STRIP	NON DRUG, OTC	QL (100 test strips per 90 days without insulin use; 400 test strips per 90 days with insulin use)

DIABETIC SUPPLIES

ACCU-CHEK GUIDE CONTROL SOLN (BLOOD GLUCOSE CONTROL HIGH&LOW) MISCELL. EACH	NON DRUG, OTC	QL (1 every 90 days)
TRUE METRIX (BLOOD-GLUCOSE CONTROL, HIGH) MISCELL. EACH	NON DRUG, OTC	QL (1 every 90 days)
TRUE METRIX (BLOOD-GLUCOSE CONTROL, LOW) MISCELL. EACH	NON DRUG, OTC	QL (1 every 90 days)
TRUE METRIX (BLOOD-GLUCOSE CONTROL, NORMAL) MISCELL. EACH	NON DRUG, OTC	QL (1 every 90 days)
ACCU-CHEK GUIDE ME GLUCOSE MTR (BLOOD-GLUCOSE METER) MISCELL. EACH	NON DRUG, OTC	QL (1 meter per 2 years)
ACCU-CHEK GUIDE MONITOR SYSTEM (BLOOD-GLUCOSE METER) MISCELL. EACH	NON DRUG, OTC	QL (1 meter per 2 years)
RELION PRIME (BLOOD-GLUCOSE METER) MISCELL. EACH	NON DRUG, OTC	QL (1 meter per 2 years)
TRUE METRIX BLOOD GLUCOSE MTR (BLOOD-GLUCOSE METER) MISCELL. EACH	NON DRUG, OTC	QL (1 meter per 2 years)
TRUE METRIX GO (BLOOD-GLUCOSE METER) MISCELL. EACH	NON DRUG, OTC	QL (1 meter per 2 years)
ULTI-LANCE (BLOOD-GLUCOSE METER) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)
FREESTYLE LIBRE 14 DAY READER (FLASH GLUCOSE SCANNING READER) MISCELL. EACH	NON DRUG	PA (Rx062); QL (1 every 2 years)
FREESTYLE LIBRE 2 READER (FLASH GLUCOSE SCANNING READER) MISCELL. EACH	NON DRUG	PA (Rx062); QL (1 every 2 years)
FREESTYLE LIBRE 14 DAY SENSOR (FLASH GLUCOSE SENSOR) MISCELL. KIT	NON DRUG	PA (Rx062); QL (1 kit every 14 days)
FREESTYLE LIBRE 2 SENSOR (FLASH GLUCOSE SENSOR) MISCELL. KIT	NON DRUG	PA (Rx062); QL (1 kit every 14 days)
FREESTYLE LIBRE 3 SENSOR (FLASH GLUCOSE SENSOR) MISCELL. EACH	NON DRUG	PA (Rx062); QL (1 every 14 days)
ADJUSTABLE LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
ADVOCATE LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
ALTERNATE SITE LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
AQUA LANCE LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
AUTO-LANCET MINI (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
AUTOLET LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
CAREONE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
CARETOUCH LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
DROPLET LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
EASY MINI EJECT LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
EASY TOUCH LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
FORA LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
HEALTHY ACCENTS AUTOLET (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
INCONTROL LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
LANCING DEVICE MISCELL. EACH	NON DRUG, OTC	QL (1 device per 30 days)
LANCING SYSTEM (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
MINI LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
ON CALL LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
ON CALL PLUS LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
PRODIGY LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
RELIAMED MINI LANCING DEVICE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
RIGHTTEST GD500 (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
SMARTDIABETES VANTAGE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
SURE COMFORT LANCING PEN (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
SUREFLEX (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
SURE-PEN (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
TRUEDRAW (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
ULTI-LANCE (LANCING DEVICE) MISCELL. EACH	NON DRUG, OTC	QL (1 kit per 30 days)
ACCU-CHEK FASTCLIX LANCING DEV (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)
ACCU-CHEK SOFTCLIX (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 device per 30 days)
ADVANCED LANCING DEVICE (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
AUTOLET IMPRESSION (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)
HYPOLANCE (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)
LANCING DEVICE (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)
LANZO (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)
MICROLET 2 (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)
MICROLET NEXT LANCING DEVICE (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)
MULTI-LANCET (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)
ONETOUCH DELICA PLUS LANC DEV (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)
SOLUS V2 LANCING DEVICE (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)
SUREFLEX (LANCING DEVICE/LANCETS) MISCELL. KIT	NON DRUG, OTC	QL (1 kit per 30 days)

DIABETIC ULCER PREPARATIONS, TOPICAL

REGANEX (BECAPLERMIN) 0.01% TOPICAL GEL (GRAM)	BRAND	
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HYPERGLYCEMICS

BAQSIMI (GLUCAGON) 3 MG NASAL SPRAY	BRAND	
GVOKE HYOPEN 1-PACK (GLUCAGON) 0.5 MG/0.1 SUBCUTANE. AUTO INJECT	BRAND	
GVOKE HYOPEN 1-PACK (GLUCAGON) 1 MG/0.2ML SUBCUTANE. AUTO INJECT	BRAND	
GVOKE HYOPEN 2-PACK (GLUCAGON) 0.5 MG/0.1 SUBCUTANE. AUTO INJECT	BRAND	
GVOKE HYOPEN 2-PACK (GLUCAGON) 1 MG/0.2ML SUBCUTANE. AUTO INJECT	BRAND	
GVOKE PFS 1-PACK SYRINGE (GLUCAGON) 1 MG/0.2ML SUBCUTANE. SYRINGE	BRAND	
GVOKE PFS 2-PACK SYRINGE (GLUCAGON) 1 MG/0.2ML SUBCUTANE. SYRINGE	BRAND	
GLUCAGON EMERGENCY KIT (GLUCAGON, HUMAN RECOMBINANT) 1 MG INJECTION VIAL	GENERIC, BRAND	

INSULINS

HUMULIN 70/30 KWIKPEN (HUM INSULIN NPH/REG INSULIN HM) 70-30/ML SUBCUTANE. INSULN PEN	BRAND, OTC	PA (Rx009)
HUMULIN 70-30 (HUM INSULIN NPH/REG INSULIN HM) 70-30/ML SUBCUTANE. VIAL	BRAND, OTC	
NOVOLIN 70-30 (HUM INSULIN NPH/REG INSULIN HM) 70-30/ML SUBCUTANE. VIAL	BRAND, OTC	
NOVOLIN 70-30 FLEXPEN (HUM INSULIN NPH/REG INSULIN HM) 70-30/ML SUBCUTANE. INSULN PEN	BRAND, OTC	PA (Rx009)
INSULIN ASPART 100/ML SUBCUTANE. VIAL	GENERIC	
INSULIN ASPART FLEXPEN (INSULIN ASPART) 100/ML (3) SUBCUTANE. INSULN PEN	GENERIC	QL (140 days per fill)
INSULIN ASPART PENFILL (INSULIN ASPART) 100/ML SUBCUTANE. CARTRIDGE	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
LEVEMIR (INSULIN DETEMIR) 100/ML SUBCUTANE. VIAL	BRAND	PA (Rx009)
INSULIN GLARGINE SOLOSTAR (INSULIN GLARGINE,HUM.REC.ANLOG) 300/ML SUBCUTANE. INSULN PEN	GENERIC	PA (Rx009); QL (140 days per fill)
INSULIN GLARGINE-YFGN 100/ML (3) SUBCUTANE. INSULN PEN	GENERIC	
INSULIN GLARGINE-YFGN 100/ML SUBCUTANE. VIAL	GENERIC	
ADMELOG (INSULIN LISPRO) 100/ML SUBCUTANE. VIAL	BRAND	
ADMELOG SOLOSTAR (INSULIN LISPRO) 100/ML SUBCUTANE. INSULN PEN	BRAND	PA (Rx009)
HUMALOG (INSULIN LISPRO) 100/ML SUBCUTANE. CARTRIDGE	BRAND	PA (Rx009)
INSULIN LISPRO 100/ML SUBCUTANE. VIAL	GENERIC	
INSULIN LISPRO JUNIOR KWIKPEN (INSULIN LISPRO) 100/ML SUBCUTANE. INS PEN HF	GENERIC	QL (140 days per fill)
INSULIN LISPRO KWIKPEN U-100 (INSULIN LISPRO) 100/ML SUBCUTANE. INSULN PEN	GENERIC	QL (140 days per fill)
HUMALOG MIX 50-50 (INSULIN NPL/INSULIN LISPRO) 50-50/ML SUBCUTANE. VIAL	BRAND	
HUMALOG MIX 50-50 KWIKPEN (INSULIN NPL/INSULIN LISPRO) 50-50/ML SUBCUTANE. INSULN PEN	BRAND	PA (Rx009)
HUMALOG MIX 75-25 (INSULIN NPL/INSULIN LISPRO) 75-25/ML SUBCUTANE. VIAL	BRAND	
INSULIN LISPRO PROTAMINE MIX (INSULIN NPL/INSULIN LISPRO) 75-25/ML SUBCUTANE. INSULN PEN	GENERIC	PA (Rx009)
HUMULIN R (INSULIN REGULAR, HUMAN) 100/ML INJECTION VIAL	BRAND, OTC	
HUMULIN R U-500 (INSULIN REGULAR, HUMAN) 500/ML SUBCUTANE. VIAL	BRAND	PA (Rx009)
HUMULIN R U-500 KWIKPEN (INSULIN REGULAR, HUMAN) 500/ML (3) SUBCUTANE. INSULN PEN	BRAND	PA (Rx009)
NOVOLIN R (INSULIN REGULAR, HUMAN) 100/ML INJECTION VIAL	BRAND, OTC	
NOVOLIN R FLEXPEN (INSULIN REGULAR, HUMAN) 100/ML (3) SUBCUTANE. INSULN PEN	BRAND, OTC	PA (Rx009)
INSULIN ASPART PROT MIX 70-30 (INSULN ASP PRT/INSULIN ASPART) 70-30/ML SUBCUTANE. INSULN PEN	GENERIC	
INSULIN ASPART PROT MIX 70-30 (INSULN ASP PRT/INSULIN ASPART) 70-30/ML SUBCUTANE. VIAL	GENERIC	
HUMULIN N (NPH, HUMAN INSULIN ISOPHANE) 100/ML SUBCUTANE. VIAL	BRAND, OTC	
HUMULIN N KWIKPEN (NPH, HUMAN INSULIN ISOPHANE) 100/ML (3) SUBCUTANE. INSULN PEN	BRAND, OTC	PA (Rx009)
NOVOLIN N (NPH, HUMAN INSULIN ISOPHANE) 100/ML SUBCUTANE. VIAL	BRAND, OTC	
NOVOLIN N FLEXPEN (NPH, HUMAN INSULIN ISOPHANE) 100/ML (3) SUBCUTANE. INSULN PEN	BRAND, OTC	PA (Rx009)

EAR - GENERAL DISORDERS

EAR PREPARATIONS, MISC. ANTI-INFECTIVES

ACETIC ACID 2% OTIC SOLUTION	GENERIC	
HYDROCORTISONE-ACETIC ACID (ACETIC ACID/HYDROCORTISONE) 1%-2% OTIC DROPS	GENERIC	

EAR PREPARATIONS,ANTIBIOTICS

NEOMYCIN-POLYMYXIN-HC (NEOMY SULF/POLYMYX B SULF/HC) 3.5-10K-1 OTIC DROPS SUSP	GENERIC	
NEOMYCIN-POLYMYXIN-HYDROCORT (NEOMY SULF/POLYMYX B SULF/HC) 3.5-10K-1 OTIC SOLUTION	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
OFLOXACIN 0.30% OTIC DROPS	GENERIC	

EAR PREPARATIONS, EAR WAX REMOVERS

CLEARCANAL EARWAX SOFTENER (CARBAMIDE PEROXIDE) 6.50% OTIC DROPS	GENERIC, OTC	
CLINERE EAR WAX REMOVAL (CARBAMIDE PEROXIDE) 6.50% OTIC DROPS	GENERIC, OTC	
DEBROX (CARBAMIDE PEROXIDE) 6.50% OTIC DROPS	GENERIC, OTC	
EAR DROPS (CARBAMIDE PEROXIDE) 6.50% OTIC DROPS	GENERIC, OTC	
EAR WAX REMOVAL (CARBAMIDE PEROXIDE) 6.50% OTIC DROPS	GENERIC, OTC	
MURINE EAR DROPS (CARBAMIDE PEROXIDE) 6.50% OTIC DROPS	GENERIC, OTC	
MURINE EAR WAX REMOVAL SYSTEM (CARBAMIDE PEROXIDE) 6.50% OTIC DROPS	GENERIC, OTC	

OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS

CIPROFLOXACIN-DEXAMETHASONE (CIPROFLOXACIN HCL/DEXAMETH) 0.3%-0.1% OTIC DROPS SUSP	GENERIC	
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ELECTROLYTE REGULATION**ELECTROLYTE DEPLETERS**

CALCIUM ACETATE 667 MG ORAL CAPSULE	GENERIC	
KIONEX (SODIUM POLYSTYRENE SULFONATE) 15 G/60 ML ORAL SUSP	GENERIC	
SODIUM POLYSTYRENE SULFONATE ORAL POWDER	GENERIC	
SPS (SODIUM POLYSTYRENE SULFONATE) 15 G/60 ML ORAL SUSP	GENERIC	

POTASSIUM REPLACEMENT

EFFER-K (POTASSIUM BICARBONATE/CIT AC) 25 MEQ ORAL TABLET EFF	GENERIC	
KLOR-CON M10 (POTASSIUM CHLORIDE) 10 MEQ ORAL TAB ER PRT	GENERIC	
KLOR-CON M15 (POTASSIUM CHLORIDE) 15 MEQ ORAL TAB ER PRT	GENERIC	
KLOR-CON M20 (POTASSIUM CHLORIDE) 20 MEQ ORAL TAB ER PRT	GENERIC	
POTASSIUM CHLORIDE 10 MEQ ORAL CAPSULE ER	GENERIC	
POTASSIUM CHLORIDE 8 MEQ ORAL CAPSULE ER	GENERIC	
POTASSIUM CHLORIDE 10 MEQ ORAL TAB ER PRT	GENERIC	
POTASSIUM CHLORIDE 15 MEQ ORAL TAB ER PRT	GENERIC	
POTASSIUM CHLORIDE 20 MEQ ORAL TAB ER PRT	GENERIC	
POTASSIUM CHLORIDE 10 MEQ ORAL TABLET ER	GENERIC	
POTASSIUM CHLORIDE 20 MEQ ORAL TABLET ER	GENERIC	
POTASSIUM CHLORIDE 8 MEQ ORAL TABLET ER	GENERIC	

SODIUM/SALINE PREPARATIONS

SODIUM CHLORIDE 1000 MG MISCELL. TABLET SOL	GENERIC, OTC	
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ENDOCRINE DISORDER - OTHER**ANTIDIURETIC AND VASOPRESSOR HORMONES**

DESMOPRESSIN ACETATE (DESMOPRESSIN (NONREFRIGERATED)) 10/SPRAY NASAL SPRAY/PUMP	GENERIC	PA (Rx029)
DESMOPRESSIN ACETATE 10/SPRAY NASAL SPRAY/PUMP	GENERIC	PA (Rx029)
DESMOPRESSIN ACETATE 0.1 MG ORAL TABLET	GENERIC	
DESMOPRESSIN ACETATE 0.2 MG ORAL TABLET	GENERIC	

ANTINEOPLASTIC LHRH(GNRH) AGONIST, PITUITARY SUPPR.

DRUG NAME	TYPE	RESTRICTIONS
ELIGARD (LEUPROLIDE ACETATE) 22.5 MG SUBCUTANE. SYRINGE	BRAND	PA (Rx028); SPEC
ELIGARD (LEUPROLIDE ACETATE) 30 MG SUBCUTANE. SYRINGE	BRAND	PA (Rx028); SPEC
ELIGARD (LEUPROLIDE ACETATE) 45 MG SUBCUTANE. SYRINGE	BRAND	PA (Rx028); SPEC
ELIGARD (LEUPROLIDE ACETATE) 7.5 MG SUBCUTANE. SYRINGE	BRAND	PA (Rx028); SPEC

BONE RESORPTION INHIBITORS

ALENDRONATE SODIUM 70 MG/75ML ORAL SOLUTION	GENERIC	
ALENDRONATE SODIUM 10 MG ORAL TABLET	GENERIC	
ALENDRONATE SODIUM 35 MG ORAL TABLET	GENERIC	
ALENDRONATE SODIUM 5 MG ORAL TABLET	GENERIC	
ALENDRONATE SODIUM 70 MG ORAL TABLET	GENERIC	
CALCITONIN-SALMON (CALCITONIN,SALMON,SYNTHETIC) 200/SPRAY NASAL SPRAY/PUMP	GENERIC	
IBANDRONATE SODIUM 150 MG ORAL TABLET	GENERIC	
RALOXIFENE HCL 60 MG ORAL TABLET	GENERIC	
RISEDRONATE SODIUM 150 MG ORAL TABLET	GENERIC	ST (Alendronate)
RISEDRONATE SODIUM 30 MG ORAL TABLET	GENERIC	ST (Alendronate)
RISEDRONATE SODIUM 35 MG ORAL TABLET	GENERIC	ST (Alendronate)
RISEDRONATE SODIUM 5 MG ORAL TABLET	GENERIC	ST (Alendronate)

GROWTH HORMONES

GENOTROPIN (SOMATROPIN) 12 MG/ML SUBCUTANE. CARTRIDGE	BRAND	PA (Rx030); SPEC
GENOTROPIN (SOMATROPIN) 5 MG/ML SUBCUTANE. CARTRIDGE	BRAND	PA (Rx030); SPEC
GENOTROPIN (SOMATROPIN) 0.2MG/0.25 SUBCUTANE. SYRINGE	BRAND	PA (Rx030); SPEC
GENOTROPIN (SOMATROPIN) 0.4MG/0.25 SUBCUTANE. SYRINGE	BRAND	PA (Rx030); SPEC
GENOTROPIN (SOMATROPIN) 0.6MG/0.25 SUBCUTANE. SYRINGE	BRAND	PA (Rx030); SPEC
GENOTROPIN (SOMATROPIN) 0.8MG/0.25 SUBCUTANE. SYRINGE	BRAND	PA (Rx030); SPEC
GENOTROPIN (SOMATROPIN) 1MG/0.25ML SUBCUTANE. SYRINGE	BRAND	PA (Rx030); SPEC
GENOTROPIN (SOMATROPIN) 1.2MG/0.25 SUBCUTANE. SYRINGE	BRAND	PA (Rx030); SPEC
GENOTROPIN (SOMATROPIN) 1.4MG/0.25 SUBCUTANE. SYRINGE	BRAND	PA (Rx030); SPEC
GENOTROPIN (SOMATROPIN) 1.6MG/0.25 SUBCUTANE. SYRINGE	BRAND	PA (Rx030); SPEC
GENOTROPIN (SOMATROPIN) 1.8MG/0.25 SUBCUTANE. SYRINGE	BRAND	PA (Rx030); SPEC
GENOTROPIN (SOMATROPIN) 2MG/0.25ML SUBCUTANE. SYRINGE	BRAND	PA (Rx030); SPEC
HUMATROPE (SOMATROPIN) 12 MG INJECTION CARTRIDGE	BRAND	PA (Rx030); SPEC
HUMATROPE (SOMATROPIN) 24 MG INJECTION CARTRIDGE	BRAND	PA (Rx030); SPEC
HUMATROPE (SOMATROPIN) 6 MG INJECTION CARTRIDGE	BRAND	PA (Rx030); SPEC
NORDITROPIN FLEXPRO (SOMATROPIN) 10MG/1.5ML SUBCUTANE. PEN INJCTR	BRAND	PA (Rx030); SPEC
NORDITROPIN FLEXPRO (SOMATROPIN) 15MG/1.5ML SUBCUTANE. PEN INJCTR	BRAND	PA (Rx030); SPEC
NORDITROPIN FLEXPRO (SOMATROPIN) 30 MG/3 ML SUBCUTANE. PEN INJCTR	BRAND	PA (Rx030); SPEC
NORDITROPIN FLEXPRO (SOMATROPIN) 5 MG/1.5ML SUBCUTANE. PEN INJCTR	BRAND	PA (Rx030); SPEC

PITUITARY SUPPRESSIVE AGENTS

CABERGOLINE 0.5 MG ORAL TABLET	GENERIC	
DANAZOL 100 MG ORAL CAPSULE	GENERIC	
DANAZOL 200 MG ORAL CAPSULE	GENERIC	
DANAZOL 50 MG ORAL CAPSULE	GENERIC	

ENDOCRINE DISORDER - THYROID

DRUG NAME	TYPE	RESTRICTIONS
ANTITHYROID PREPARATIONS		
METHIMAZOLE 10 MG ORAL TABLET	GENERIC	
METHIMAZOLE 5 MG ORAL TABLET	GENERIC	
PROPYLTHIOURACIL 50 MG ORAL TABLET	GENERIC	
IODINE CONTAINING AGENTS		
POTASSIUM IODIDE 1 G/ML ORAL SOLUTION	GENERIC	
SSKI (POTASSIUM IODIDE) 1 G/ML ORAL SOLUTION	GENERIC	
THYROID HORMONES		
EUTHYROX (LEVOTHYROXINE SODIUM) 100 MCG ORAL TABLET	GENERIC	
EUTHYROX (LEVOTHYROXINE SODIUM) 112 MCG ORAL TABLET	GENERIC	
EUTHYROX (LEVOTHYROXINE SODIUM) 125 MCG ORAL TABLET	GENERIC	
EUTHYROX (LEVOTHYROXINE SODIUM) 137 MCG ORAL TABLET	GENERIC	
EUTHYROX (LEVOTHYROXINE SODIUM) 150 MCG ORAL TABLET	GENERIC	
EUTHYROX (LEVOTHYROXINE SODIUM) 175 MCG ORAL TABLET	GENERIC	
EUTHYROX (LEVOTHYROXINE SODIUM) 200 MCG ORAL TABLET	GENERIC	
EUTHYROX (LEVOTHYROXINE SODIUM) 25 MCG ORAL TABLET	GENERIC	
EUTHYROX (LEVOTHYROXINE SODIUM) 50 MCG ORAL TABLET	GENERIC	
EUTHYROX (LEVOTHYROXINE SODIUM) 75 MCG ORAL TABLET	GENERIC	
EUTHYROX (LEVOTHYROXINE SODIUM) 88 MCG ORAL TABLET	GENERIC	
LEVOTHYROXINE SODIUM 100 MCG ORAL TABLET	GENERIC	
LEVOTHYROXINE SODIUM 112 MCG ORAL TABLET	GENERIC	
LEVOTHYROXINE SODIUM 125 MCG ORAL TABLET	GENERIC	
LEVOTHYROXINE SODIUM 137 MCG ORAL TABLET	GENERIC	
LEVOTHYROXINE SODIUM 150 MCG ORAL TABLET	GENERIC	
LEVOTHYROXINE SODIUM 175 MCG ORAL TABLET	GENERIC	
LEVOTHYROXINE SODIUM 200 MCG ORAL TABLET	GENERIC	
LEVOTHYROXINE SODIUM 25 MCG ORAL TABLET	GENERIC	
LEVOTHYROXINE SODIUM 300 MCG ORAL TABLET	GENERIC	
LEVOTHYROXINE SODIUM 50 MCG ORAL TABLET	GENERIC	
LEVOTHYROXINE SODIUM 75 MCG ORAL TABLET	GENERIC	
LEVOTHYROXINE SODIUM 88 MCG ORAL TABLET	GENERIC	
LIOTHYRONINE SODIUM 25 MCG ORAL TABLET	GENERIC	
LIOTHYRONINE SODIUM 5 MCG ORAL TABLET	GENERIC	
LIOTHYRONINE SODIUM 50 MCG ORAL TABLET	GENERIC	
ARMOUR THYROID (THYROID) 120 MG ORAL TABLET	BRAND	
ARMOUR THYROID (THYROID) 240 MG ORAL TABLET	BRAND	
ARMOUR THYROID (THYROID) 30 MG ORAL TABLET	BRAND	
ARMOUR THYROID (THYROID) 300 MG ORAL TABLET	BRAND	
ARMOUR THYROID (THYROID) 60 MG ORAL TABLET	BRAND	
ARMOUR THYROID (THYROID) 90 MG ORAL TABLET	BRAND	
NP THYROID (THYROID) 120 MG ORAL TABLET	GENERIC	
NP THYROID (THYROID) 15 MG ORAL TABLET	GENERIC	
NP THYROID (THYROID) 30 MG ORAL TABLET	GENERIC	
NP THYROID (THYROID) 60 MG ORAL TABLET	GENERIC	

EYE - GENERAL DISORDERS**EYE ANTIBIOTIC-CORTICOID COMBINATIONS**

DRUG NAME	TYPE	RESTRICTIONS
NEOMYCIN-POLYMYXIN-DEXAMETH (NEO/POLYMYX B SULF/DEXAMETH) 0.10% OPHTHALMIC DROPS SUSP	GENERIC	
NEOMYCIN-POLYMYXIN-DEXAMETH (NEO/POLYMYX B SULF/DEXAMETH) 3.5-10K-.1 OPHTHALMIC OINT. (G)	GENERIC	
NEOMYCIN-BACITRACIN-POLY-HC (NEOMY SULF/BACITRAC ZN/POLY/HC) 3.5-10K-1 OPHTHALMIC OINT. (G)	GENERIC	
NEO-POLYCIN HC (NEOMY SULF/BACITRAC ZN/POLY/HC) 3.5-10K-1 OPHTHALMIC OINT. (G)	GENERIC	
TOBRAMYCIN-DEXAMETHASONE (TOBRAMYCIN SULFATE/DEXAMETH) 0.3%-0.1% OPHTHALMIC DROPS SUSP	GENERIC	

EYE ANTIINFLAMMATORY AGENTS

DEXAMETHASONE SODIUM PHOSPHATE (DEXAMETHASONE SOD PHOSPHATE) 0.10% OPHTHALMIC DROPS	GENERIC	
DICLOFENAC SODIUM 0.10% OPHTHALMIC DROPS	GENERIC	
FLUROMETHOLONE 0.10% OPHTHALMIC DROPS SUSP	GENERIC	
KETOROLAC TROMETHAMINE 0.50% OPHTHALMIC DROPS	GENERIC	
PREDNISOLONE ACETATE 1% OPHTHALMIC DROPS SUSP	GENERIC	
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SOD PHOSPHATE) 1% OPHTHALMIC DROPS	GENERIC	

EYE ANTIVIRALS

TRIFLURIDINE 1% OPHTHALMIC DROPS	GENERIC	
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EYE SULFONAMIDES

SULFACETAMIDE-PREDNISOLONE (NA SULFACETM/PREDNIS SP) 10%-0.23% OPHTHALMIC DROPS	GENERIC	
SULFACETAMIDE SODIUM 10% OPHTHALMIC DROPS	GENERIC	
SULFACETAMIDE SODIUM 10% OPHTHALMIC OINT. (G)	GENERIC	

OPHTHALMIC ANTIBIOTICS

BACITRACIN 500 UNIT/G OPHTHALMIC OINT. (G)	GENERIC	
BACITRACIN-POLYMYXIN (BACITRACIN/POLYMYXIN B SULFATE) 500-10K/G OPHTHALMIC OINT. (G)	GENERIC	
POLYCIN (BACITRACIN/POLYMYXIN B SULFATE) 500-10K/G OPHTHALMIC OINT. (G)	GENERIC	
CIPROFLOXACIN HCL 0.30% OPHTHALMIC DROPS	GENERIC	
GENTAMICIN SULFATE 0.30% OPHTHALMIC DROPS	GENERIC	
MOXIFLOXACIN (MOXIFLOXACIN HCL) 0.50% OPHTHALMIC DROPS	GENERIC	
NEOMYCIN-BACITRACIN-POLYMYXIN (NEOMY SULF/BACITRA/POLYMYXIN B) 3.5MG-400 OPHTHALMIC OINT. (G)	GENERIC	
NEO-POLYCIN (NEOMY SULF/BACITRA/POLYMYXIN B) 3.5MG-400 OPHTHALMIC OINT. (G)	GENERIC	
NEOMYCIN-POLYMYXIN-GRAMICIDIN (NEOMYCIN/POLYMYXIN B/GRAMICIDIN) 1.75MG-10K OPHTHALMIC DROPS	GENERIC	
OFLOXACIN 0.30% OPHTHALMIC DROPS	GENERIC	
POLYMYXIN B SUL-TRIMETHOPRIM (POLYMYXIN B SULFATE/TMP) 10000-1/ML OPHTHALMIC DROPS	GENERIC	
TOBRAMYCIN 0.30% OPHTHALMIC DROPS	GENERIC	
TOBRAMYCIN (TOBRAMYCIN SULFATE) 0.30% OPHTHALMIC DROPS	GENERIC	

EYE - GLAUCOMA**CARBONIC ANHYDRASE INHIBITORS**

ACETAZOLAMIDE 125 MG ORAL TABLET	GENERIC	
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DRUG NAME	TYPE	RESTRICTIONS
ACETAZOLAMIDE 250 MG ORAL TABLET	GENERIC	
METHAZOLAMIDE 25 MG ORAL TABLET	GENERIC	
METHAZOLAMIDE 50 MG ORAL TABLET	GENERIC	

MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS

BIMATOPROST 0.03% OPHTHALMIC DROPS	GENERIC	
LUMIGAN (BIMATOPROST) 0.01% OPHTHALMIC DROPS	BRAND	
BRIMONIDINE TARTRATE 0.15% OPHTHALMIC DROPS	GENERIC	
BRIMONIDINE TARTRATE 0.20% OPHTHALMIC DROPS	GENERIC	
CARTEOLOL HCL 1% OPHTHALMIC DROPS	GENERIC	
DORZOLAMIDE HCL 2% OPHTHALMIC DROPS	GENERIC	
LATANOPROST 0.01% OPHTHALMIC DROPS	GENERIC	
LEVOBUNOLOL HCL 0.50% OPHTHALMIC DROPS	GENERIC	
PILOCARPINE HCL 1% OPHTHALMIC DROPS	GENERIC	
PILOCARPINE HCL 2% OPHTHALMIC DROPS	GENERIC	
PILOCARPINE HCL 4% OPHTHALMIC DROPS	GENERIC	
TIMOLOL MALEATE 0.25% OPHTHALMIC DROPS	GENERIC	
TIMOLOL MALEATE 0.50% OPHTHALMIC DROPS	GENERIC	
TIMOLOL MALEATE 0.25% OPHTHALMIC SOL-GEL	GENERIC	
TIMOLOL MALEATE 0.50% OPHTHALMIC SOL-GEL	GENERIC	
DORZOLAMIDE-TIMOLOL (TIMOLOL MALEATE/DORZOLAM HCL) 22.3-6.8/1 OPHTHALMIC DROPS	GENERIC	
TRAVOPROST 0.00% OPHTHALMIC DROPS	GENERIC	

MYDRIATICS

ATROPINE SULFATE 1% OPHTHALMIC DROPS	GENERIC	
ATROPINE SULFATE 1% OPHTHALMIC OINT. (G)	GENERIC	
CYCLOPENTOLATE HCL 1% OPHTHALMIC DROPS	GENERIC	

GOUT AND RELATED DISEASES**COLCHICINE**

COLCHICINE 0.6 MG ORAL TABLET	GENERIC	
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HYPERURICEMIA TX - PURINE INHIBITORS

ALLOPURINOL 100 MG ORAL TABLET	GENERIC	
ALLOPURINOL 300 MG ORAL TABLET	GENERIC	

URICOSURIC AGENTS

PROBENECID-COLCHICINE (COLCHICINE/PROBENECID) 500-0.5 MG ORAL TABLET	GENERIC	
PROBENECID 500 MG ORAL TABLET	GENERIC	

HEMATOLOGICAL DISORDERS**ANTICOAGULANTS, COUMARIN TYPE**

JANTOVEN (WARFARIN SODIUM) 1 MG ORAL TABLET	GENERIC	
JANTOVEN (WARFARIN SODIUM) 10 MG ORAL TABLET	GENERIC	
JANTOVEN (WARFARIN SODIUM) 2 MG ORAL TABLET	GENERIC	
JANTOVEN (WARFARIN SODIUM) 2.5 MG ORAL TABLET	GENERIC	
JANTOVEN (WARFARIN SODIUM) 3 MG ORAL TABLET	GENERIC	
JANTOVEN (WARFARIN SODIUM) 4 MG ORAL TABLET	GENERIC	
JANTOVEN (WARFARIN SODIUM) 5 MG ORAL TABLET	GENERIC	
JANTOVEN (WARFARIN SODIUM) 6 MG ORAL TABLET	GENERIC	
JANTOVEN (WARFARIN SODIUM) 7.5 MG ORAL TABLET	GENERIC	
WARFARIN SODIUM 1 MG ORAL TABLET	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
WARFARIN SODIUM 10 MG ORAL TABLET	GENERIC	
WARFARIN SODIUM 2 MG ORAL TABLET	GENERIC	
WARFARIN SODIUM 2.5 MG ORAL TABLET	GENERIC	
WARFARIN SODIUM 3 MG ORAL TABLET	GENERIC	
WARFARIN SODIUM 4 MG ORAL TABLET	GENERIC	
WARFARIN SODIUM 5 MG ORAL TABLET	GENERIC	
WARFARIN SODIUM 6 MG ORAL TABLET	GENERIC	
WARFARIN SODIUM 7.5 MG ORAL TABLET	GENERIC	

DIRECT FACTOR XA INHIBITORS

ELIQUIS (APIXABAN) 5 MG (74) ORAL TAB DS PK	BRAND	
ELIQUIS (APIXABAN) 2.5 MG ORAL TABLET	BRAND	
ELIQUIS (APIXABAN) 5 MG ORAL TABLET	BRAND	
SAVAYSA (EDOXABAN TOSYLATE) 15 MG ORAL TABLET	BRAND	
SAVAYSA (EDOXABAN TOSYLATE) 30 MG ORAL TABLET	BRAND	
SAVAYSA (EDOXABAN TOSYLATE) 60 MG ORAL TABLET	BRAND	
XARELTO (RIVAROXABAN) 15 MG-20MG ORAL TAB DS PK	BRAND	
XARELTO (RIVAROXABAN) 10 MG ORAL TABLET	BRAND	
XARELTO (RIVAROXABAN) 15 MG ORAL TABLET	BRAND	
XARELTO (RIVAROXABAN) 2.5 MG ORAL TABLET	BRAND	
XARELTO (RIVAROXABAN) 20 MG ORAL TABLET	BRAND	

HEMATINICS, OTHER

EPOGEN (EPOETIN ALFA) 10000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
EPOGEN (EPOETIN ALFA) 2000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
EPOGEN (EPOETIN ALFA) 20000/2ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
EPOGEN (EPOETIN ALFA) 20000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
EPOGEN (EPOETIN ALFA) 3000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
EPOGEN (EPOETIN ALFA) 4000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
PROCRIT (EPOETIN ALFA) 10000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
PROCRIT (EPOETIN ALFA) 2000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
PROCRIT (EPOETIN ALFA) 20000/2ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
PROCRIT (EPOETIN ALFA) 20000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
PROCRIT (EPOETIN ALFA) 3000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
PROCRIT (EPOETIN ALFA) 4000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
PROCRIT (EPOETIN ALFA) 40000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
RETACRIT (epoetin alfa-epbx) 10000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
RETACRIT (epoetin alfa-epbx) 2000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
RETACRIT (epoetin alfa-epbx) 20000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
RETACRIT (epoetin alfa-epbx) 20000/2ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
RETACRIT (epoetin alfa-epbx) 3000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
RETACRIT (epoetin alfa-epbx) 4000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC
RETACRIT (epoetin alfa-epbx) 40000/ML INJECTION VIAL	BRAND	PA (Rx042); SPEC

HEMORRHEOLOGIC AGENTS

PENTOXIFYLLINE 400 MG ORAL TABLET ER	GENERIC	
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HEPARIN AND RELATED PREPARATIONS

ENOXAPARIN SODIUM 100 MG/ML SUBCUTANE. SYRINGE	GENERIC	QL (2 syringes [1.6 mL] per day, 12 days per 180 days through retail pharmacy [greater than 12
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DRUG NAME	TYPE	RESTRICTIONS
		days supply must be obtained through specialty pharmacy))
ENOXAPARIN SODIUM 120MG/.8ML SUBCUTANE. SYRINGE	GENERIC	QL (2 syringes [1.6 mL] per day, 12 days per 180 days through retail pharmacy [greater than 12 days supply must be obtained through specialty pharmacy])
ENOXAPARIN SODIUM 150 MG/ML SUBCUTANE. SYRINGE	GENERIC	QL (2 syringes [1.6 mL] per day, 12 days per 180 days through retail pharmacy [greater than 12 days supply must be obtained through specialty pharmacy])
ENOXAPARIN SODIUM 30MG/0.3ML SUBCUTANE. SYRINGE	GENERIC	QL (2 syringes [0.6 mL] per day, 12 days per 180 days through retail pharmacy [greater than 12 days supply must be obtained through specialty pharmacy])
ENOXAPARIN SODIUM 40MG/0.4ML SUBCUTANE. SYRINGE	GENERIC	QL (2 syringes [0.8 mL] per day, 12 days per 180 days through retail pharmacy [greater than 12 days supply must be obtained through specialty pharmacy])
ENOXAPARIN SODIUM 60MG/0.6ML SUBCUTANE. SYRINGE	GENERIC	QL (2 syringes [1.2 mL] per day, 12 days per 180 days through retail pharmacy [greater than 12 days supply must be obtained through specialty pharmacy])
ENOXAPARIN SODIUM 80MG/0.8ML SUBCUTANE. SYRINGE	GENERIC	QL (2 syringes [1.6 mL] per day, 12 days per 180 days through retail pharmacy [greater than 12 days supply must be obtained through specialty pharmacy])
ENOXAPARIN SODIUM 300 MG/3ML SUBCUTANE. VIAL	GENERIC	QL (2 vials [6 mL] per day, 12 days per 180 days through retail pharmacy [greater than 12 days supply must be obtained through specialty pharmacy])

LEUKOCYTE (WBC) STIMULANTS

NIVESTYM (filgrastim-aafi) 300 MCG/ML INJECTION VIAL	BRAND	PA (Rx043); SPEC
NIVESTYM (filgrastim-aafi) 480MCG/1.6 INJECTION VIAL	BRAND	PA (Rx043); SPEC
NIVESTYM (filgrastim-aafi) 300MCG/0.5 SUBCUTANE. SYRINGE	BRAND	PA (Rx043); SPEC
NIVESTYM (filgrastim-aafi) 480MCG/0.8 SUBCUTANE. SYRINGE	BRAND	PA (Rx043); SPEC
ZARXIO (FILGRASTIM-SNDZ) 300MCG/0.5 INJECTION SYRINGE	BRAND	PA (Rx043); SPEC
ZARXIO (FILGRASTIM-SNDZ) 480MCG/0.8 INJECTION SYRINGE	BRAND	PA (Rx043); SPEC
LEUKINE (SARGRAMOSTIM) 250 MCG INJECTION VIAL	BRAND	PA (Rx043); SPEC
GRANIX (TBO-FILGRASTIM) 300MCG/0.5 SUBCUTANE. SYRINGE	BRAND	PA (Rx043); SPEC
GRANIX (TBO-FILGRASTIM) 480MCG/0.8 SUBCUTANE. SYRINGE	BRAND	PA (Rx043); SPEC
GRANIX (TBO-FILGRASTIM) 300 MCG/ML SUBCUTANE. VIAL	BRAND	PA (Rx043); SPEC
GRANIX (TBO-FILGRASTIM) 480MCG/1.6 SUBCUTANE. VIAL	BRAND	PA (Rx043); SPEC

PLATELET AGGREGATION INHIBITORS

ADULT ASPIRIN REGIMEN (ASPIRIN) 81 MG ORAL TABLET DR	GENERIC, OTC	
ADULT LOW DOSE ASPIRIN EC (ASPIRIN) 81 MG ORAL TABLET DR	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
ASPIRIN 81 MG ORAL TAB CHEW	GENERIC, OTC	
ASPIRIN EC (ASPIRIN) 81 MG ORAL TABLET DR	GENERIC, OTC	
ASPIRIN REGIMEN (ASPIRIN) 81 MG ORAL TABLET DR	GENERIC, OTC	
CHILDREN'S ASPIRIN (ASPIRIN) 81 MG ORAL TAB CHEW	GENERIC, OTC	
LOW DOSE ASPIRIN EC (ASPIRIN) 81 MG ORAL TABLET DR	GENERIC, OTC	
ST. JOSEPH ASPIRIN (ASPIRIN) 81 MG ORAL TAB CHEW	GENERIC, OTC	
ST. JOSEPH ASPIRIN EC (ASPIRIN) 81 MG ORAL TABLET DR	GENERIC, OTC	
CILOSTAZOL 100 MG ORAL TABLET	GENERIC	
CILOSTAZOL 50 MG ORAL TABLET	GENERIC	
CLOPIDOGREL (CLOPIDOGREL BISULFATE) 75 MG ORAL TABLET	GENERIC	
PRASUGREL HCL (PRASUGREL HYDROCHLORIDE) 10 MG ORAL TABLET	GENERIC	
PRASUGREL HCL (PRASUGREL HYDROCHLORIDE) 5 MG ORAL TABLET	GENERIC	

THROMBIN INHIBITORS, SELECTIVE, DIRECT, & REVERSIBLE

DABIGATRAN ETEXILATE (DABIGATRAN ETEXILATE MESYLATE) 110 MG ORAL CAPSULE	GENERIC	
DABIGATRAN ETEXILATE (DABIGATRAN ETEXILATE MESYLATE) 150 MG ORAL CAPSULE	GENERIC	
DABIGATRAN ETEXILATE (DABIGATRAN ETEXILATE MESYLATE) 75 MG ORAL CAPSULE	GENERIC	

VITAMIN K PREPARATIONS

PHYTONADIONE 5 MG ORAL TABLET	GENERIC	
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HORMONAL DEFICIENCY**ANDROGENIC AGENTS**

TESTOSTERONE 50 MG (1%) TRANSDERM. GEL (GRAM)	GENERIC	PA (Rx045)
TESTOSTERONE 50 MG (1%) TRANSDERM. GEL PACKET	GENERIC	PA (Rx045)
TESTOSTERONE CYPIONATE 100 MG/ML INTRAMUSC. VIAL	GENERIC	PA (Rx045)
TESTOSTERONE CYPIONATE 200 MG/ML INTRAMUSC. VIAL	GENERIC	PA (Rx045)

ESTROGEN/ANDROGEN COMBINATIONS

ESTROGEN-METHYLTESTOSTERONE (ESTROGEN, ESTER/ME-TESTOSTERONE) 0.625-1.25 ORAL TABLET	GENERIC	
ESTROGEN-METHYLTESTOSTERONE (ESTROGEN, ESTER/ME-TESTOSTERONE) 1.25-2.5MG ORAL TABLET	GENERIC	

ESTROGENIC AGENTS

DOTTI (ESTRADIOL) 0.1MG/24HR TRANSDERM. PATCH TDSW	GENERIC	
DOTTI (ESTRADIOL) 0.05MG/24H TRANSDERM. PATCH TDSW	GENERIC	
DOTTI (ESTRADIOL) .025MG/24H TRANSDERM. PATCH TDSW	GENERIC	
DOTTI (ESTRADIOL) .0375MG/24 TRANSDERM. PATCH TDSW	GENERIC	
DOTTI (ESTRADIOL) .075MG/24H TRANSDERM. PATCH TDSW	GENERIC	
ESTRADIOL 0.5 MG ORAL TABLET	GENERIC	
ESTRADIOL 1 MG ORAL TABLET	GENERIC	
ESTRADIOL 2 MG ORAL TABLET	GENERIC	
ESTRADIOL 1.25 G TRANSDERM. GEL MD PMP	GENERIC	
ESTRADIOL (ONCE WEEKLY) (ESTRADIOL) 0.05MG/24H TRANSDERM. PATCH TDWK	GENERIC	QL (1 patch per 7 days)
ESTRADIOL (ONCE WEEKLY) (ESTRADIOL) 0.06MG/24H TRANSDERM. PATCH TDWK	GENERIC	QL (1 patch per 7 days)

DRUG NAME	TYPE	RESTRICTIONS
ESTRADIOL (ONCE WEEKLY) (ESTRADIOL) 0.1MG/24HR TRANSDERM. PATCH TDWK	GENERIC	QL (1 patch per 7 days)
ESTRADIOL (ONCE WEEKLY) (ESTRADIOL) .025MG/24H TRANSDERM. PATCH TDWK	GENERIC	QL (1 patch per 7 days)
ESTRADIOL (ONCE WEEKLY) (ESTRADIOL) .0375MG/24 TRANSDERM. PATCH TDWK	GENERIC	QL (1 patch per 7 days)
ESTRADIOL (ONCE WEEKLY) (ESTRADIOL) .075MG/24H TRANSDERM. PATCH TDWK	GENERIC	QL (1 patch per 7 days)
ESTRADIOL (TWICE WEEKLY) (ESTRADIOL) 0.05MG/24H TRANSDERM. PATCH TDSW	GENERIC	
ESTRADIOL (TWICE WEEKLY) (ESTRADIOL) 0.1MG/24HR TRANSDERM. PATCH TDSW	GENERIC	
ESTRADIOL (TWICE WEEKLY) (ESTRADIOL) .025MG/24H TRANSDERM. PATCH TDSW	GENERIC	
ESTRADIOL (TWICE WEEKLY) (ESTRADIOL) .0375MG/24 TRANSDERM. PATCH TDSW	GENERIC	
ESTRADIOL (TWICE WEEKLY) (ESTRADIOL) .075MG/24H TRANSDERM. PATCH TDSW	GENERIC	
EVAMIST (ESTRADIOL) 1.53/SPRAY TRANSDERM. SPRAY	BRAND	
LYLLANA (ESTRADIOL) 0.05MG/24H TRANSDERM. PATCH TDSW	GENERIC	
LYLLANA (ESTRADIOL) 0.1MG/24HR TRANSDERM. PATCH TDSW	GENERIC	
LYLLANA (ESTRADIOL) .025MG/24H TRANSDERM. PATCH TDSW	GENERIC	
LYLLANA (ESTRADIOL) .0375MG/24 TRANSDERM. PATCH TDSW	GENERIC	
LYLLANA (ESTRADIOL) .075MG/24H TRANSDERM. PATCH TDSW	GENERIC	
CLIMARA PRO (ESTRADIOL/LEVONORGESTREL) 45-15/24H TRANSDERM. PATCH TDWK	BRAND	
COMBIPATCH (ESTRADIOL/NORETH AC) .05-.14/24 TRANSDERM. PATCH TDSW	BRAND	
COMBIPATCH (ESTRADIOL/NORETH AC) .05-.25/24 TRANSDERM. PATCH TDSW	BRAND	
ESTRADIOL-NORETHINDRONE ACETAT (ESTRADIOL/NORETH AC) 0.5-0.1 MG ORAL TABLET	GENERIC	
ESTRADIOL-NORETHINDRONE ACETAT (ESTRADIOL/NORETH AC) 1 MG-0.5MG ORAL TABLET	GENERIC	
MIMVEY (ESTRADIOL/NORETH AC) 1 MG-0.5MG ORAL TABLET	GENERIC	
PREMPHASE (ESTROGEN,CON/M-PROGEST ACET) 0.625 (14) ORAL TABLET	BRAND	
PREMPRO (ESTROGEN,CON/M-PROGEST ACET) 0.3-1.5MG ORAL TABLET	BRAND	
PREMPRO (ESTROGEN,CON/M-PROGEST ACET) 0.45-1.5MG ORAL TABLET	BRAND	
PREMPRO (ESTROGEN,CON/M-PROGEST ACET) 0.625-2.5 ORAL TABLET	BRAND	
PREMPRO (ESTROGEN,CON/M-PROGEST ACET) 0.625-5 MG ORAL TABLET	BRAND	
PREMARIN (ESTROGENS,CONJUGATED) 0.3 MG ORAL TABLET	BRAND	
PREMARIN (ESTROGENS,CONJUGATED) 0.45MG ORAL TABLET	BRAND	
PREMARIN (ESTROGENS,CONJUGATED) 0.625 MG ORAL TABLET	BRAND	
PREMARIN (ESTROGENS,CONJUGATED) 0.9 MG ORAL TABLET	BRAND	
PREMARIN (ESTROGENS,CONJUGATED) 1.25 MG ORAL TABLET	BRAND	
MENEST (ESTROGENS,ESTERIFIED) 0.3 MG ORAL TABLET	BRAND	
MENEST (ESTROGENS,ESTERIFIED) 0.625 MG ORAL TABLET	BRAND	

DRUG NAME	TYPE	RESTRICTIONS
MENEST (ESTROGENS,ESTERIFIED) 1.25 MG ORAL TABLET	BRAND	
MENEST (ESTROGENS,ESTERIFIED) 2.5 MG ORAL TABLET	BRAND	
FYAVOLV (NORETHINDRONE A-E ESTRADIOL) 0.5MG-2.5 ORAL TABLET	GENERIC	
FYAVOLV (NORETHINDRONE A-E ESTRADIOL) 1MG-5MCG ORAL TABLET	GENERIC	
JINTELI (NORETHINDRONE A-E ESTRADIOL) 1MG-5MCG ORAL TABLET	GENERIC	
NORETHINDRON-ETHINYL ESTRADIOL (NORETHINDRONE A-E ESTRADIOL) 0.5MG-2.5 ORAL TABLET	GENERIC	
NORETHINDRON-ETHINYL ESTRADIOL (NORETHINDRONE A-E ESTRADIOL) 1MG-5MCG ORAL TABLET	GENERIC	

PROGESTATIONAL AGENTS

MEDROXYPROGESTERONE ACETATE (MEDROXYPROGESTERONE ACET) 10 MG ORAL TABLET	GENERIC	
MEDROXYPROGESTERONE ACETATE (MEDROXYPROGESTERONE ACET) 2.5 MG ORAL TABLET	GENERIC	
MEDROXYPROGESTERONE ACETATE (MEDROXYPROGESTERONE ACET) 5 MG ORAL TABLET	GENERIC	
GALLIFREY (NORETHINDRONE ACETATE) 5 MG ORAL TABLET	GENERIC	
NORETHINDRONE ACETATE 5 MG ORAL TABLET	GENERIC	
PROGESTERONE (PROGESTERONE,MICRONIZED) 100 MG ORAL CAPSULE	GENERIC	
PROGESTERONE (PROGESTERONE,MICRONIZED) 200 MG ORAL CAPSULE	GENERIC	

IMMUNIZATION**COVID-19 VACCINES**

SPIKEVAX 2024-2025 (COVID VAC 24-25 (12UP)(MOD)/PF) 50 MCG/0.5 INTRAMUSC. SYRINGE	BRAND	
COMIRNATY 2024-2025 (COVID VAC 24-25 (12UP)(PFI)/PF) 30 MCG/0.3 INTRAMUSC. SYRINGE	BRAND	
NOVAVAX COVID 2024-2025 (EUA) (COVID VAC 24-25(12Y UP)/ADJ/PF) 5MCG/0.5ML INTRAMUSC. SYRINGE	BRAND	
PFIZER COVID 2024-25(5-11Y)EUA (COVID VAC 24-25(5-11Y)(PFI)/PF) 10 MCG/0.3 INTRAMUSC. VIAL	BRAND	
MODERNA COVID 24-25(6M-11Y)EUA (COVID VAC 24-25(6M-11Y)(MOD)PF) 25MCG/0.25 INTRAMUSC. SYRINGE	BRAND	
PFIZER COVID 2024-25(6M-4Y)EUA (COVID VAC 24-25(6M-4Y)(PFI)/PF) 3MCG/0.3ML INTRAMUSC. VIAL	BRAND	

GRAM NEGATIVE COCCI VACCINES

BEXSERO (MENINGOCOCCAL B VACC,4-COMP/PF) 50-50/0.5 INTRAMUSC. SYRINGE	BRAND	AR (age 19 to 25); QL (1 injection [0.5 mL] per 30 days, 2 injections per lifetime)
TRUMENBA (N.MENINGITIDIS B,LIPID FHBP RC) 120MCG/0.5 INTRAMUSC. SYRINGE	BRAND	AR (age 19 and older); QL (1 injection [0.5 mL] per 30 days, 3 injections per lifetime)

GRAM POSITIVE COCCI VACCINES

VAXNEUVANCE (PNEUMOC 15-VAL CONJ-DIP CRM/PF) 0.5 ML INTRAMUSC. SYRINGE	BRAND	AR (age 19 and older)
PREVNAR 20 (PNEUMOC 20-VAL CONJ-DIP CRM/PF) 0.5 ML INTRAMUSC. SYRINGE	BRAND	AR (age 19 and older)

DRUG NAME	TYPE	RESTRICTIONS
CAPVAXIVE (PNEUMOC 21-VAL CONJ-DIP CRM/PF) 0.5 ML INTRAMUSC. SYRINGE	BRAND	AR (age 19 and older)
PNEUMOVAX 23 (PNEUMOCOCCAL 23-VAL P-SAC VAC) 25MCG/0.5 INJECTION SYRINGE	BRAND	AR (age 19 and older)

INFLUENZA VIRUS VACCINES

AUDENZ (NATIONAL STOCKPILE) (FLU A(H5N1) VACC(6MO)MF59C/PF) 7.5MCG/0.5 INTRAMUSC. SYRINGE	BRAND	
AUDENZ (NATIONAL STOCKPILE) (FLU A(H5N1)VACC(6MOS)/MF59C.1) 7.5MCG/0.5 INTRAMUSC. VIAL	BRAND	
FLUZONE QUAD SOUTHERN HEM 2024 (FLU VAC QS 2024 SOUTH,6 MOS UP) 60MCG/.5ML INTRAMUSC. VIAL	BRAND	
FLUZONE QUAD SOUTHERN HEM 2024 (FLU VAC QS2024 SOUTH,6MO UP/PF) 60MCG/.5ML INTRAMUSC. SYRINGE	BRAND	
FLUCELVAX TRIVALENT 2024-2025 (FLU VAC TS 24-25 (6MS UP) CELL) 45MCG/.5ML INTRAMUSC. VIAL	BRAND	
FLUCELVAX TRIVALENT 2024-2025 (FLU VAC TS 24-25(6MS UP)CEL/PF) 45MCG/.5ML INTRAMUSC. SYRINGE	BRAND	
FLUBLOK TRIVALENT 2024-2025 (FLU VAC TV 2024(18YR UP)RCM/PF) 135MCG/0.5 INTRAMUSC. SYRINGE	BRAND	
AFLURIA TRIVALENT 2024-25 (FLU VACC TS 2024-25 (6 MOS UP)) 45MCG/.5ML INTRAMUSC. VIAL	BRAND	
FLUZONE TRIVALENT 2024-2025 (FLU VACC TS 2024-25 (6 MOS UP)) 45MCG/.5ML INTRAMUSC. VIAL	BRAND	
FLUAD TRIVALENT 2024-2025 (FLU VACC TS2024(65UP)/MF59C/PF) 45MCG/.5ML INTRAMUSC. SYRINGE	BRAND	
AFLURIA TRIV 2024-25 (3YR UP) (FLU VACC TS2024-25 36MOS UP/PF) 45MCG/.5ML INTRAMUSC. SYRINGE	BRAND	
FLUZONE HIGH-DOSE TRIV 2024-25 (FLU VACC TS2024-25(65YR UP)/PF) 180MCG/0.5 INTRAMUSC. SYRINGE	BRAND	
FLUARIX TRIVALENT 2024-2025 (FLU VACC TS2024-25(6MOS UP)/PF) 45MCG/.5ML INTRAMUSC. SYRINGE	BRAND	
FLULAVAL TRIVALENT 2024-2025 (FLU VACC TS2024-25(6MOS UP)/PF) 45MCG/.5ML INTRAMUSC. SYRINGE	BRAND	
FLUZONE TRIVALENT 2024-2025 (FLU VACC TS2024-25(6MOS UP)/PF) 45MCG/.5ML INTRAMUSC. SYRINGE	BRAND	
FLUMIST TRIVALENT 2024-2025 (FLU VACC TV LIVE 2024(2-49YRS)) 10E6.5-7.5 NASAL NAS SP SYR	BRAND	

VACCINE/TOXOID PREPARATIONS,COMBINATIONS

ADACEL TDAP (DIPH,PERTUSS(ACELL),TET VAC/PF) 2-2.5-5/.5 INTRAMUSC. SYRINGE	BRAND	
BOOSTRIX TDAP (DIPH,PERTUSS(ACELL),TET VAC/PF) 2.5-8-5/.5 INTRAMUSC. SYRINGE	BRAND	AR (age 19 and older)
ADACEL TDAP (DIPHTH,PERTUSS(ACELL),TET VAC) 2-2.5-5/.5 INTRAMUSC. VIAL	BRAND	AR (age 19 and older)
BOOSTRIX TDAP (DIPHTH,PERTUSS(ACELL),TET VAC) 2.5-8-5/.5 INTRAMUSC. SYRINGE	BRAND	AR (age 19 and older)
M-M-R II VACCINE (MEASLES,MUMPS,RUBELLA VACC/PF) 12500/0.5 SUBCUTANE. VIAL	BRAND	AR (age 19 and older)
TENIVAC (TETANUS-DIPHThERIA TOXOIDS/PF) 5-2/0.5ML INTRAMUSC. SYRINGE	BRAND	AR (age 19 and older)
TENIVAC (TETANUS-DIPHThERIA TOXOIDS/PF) 5-2/0.5ML INTRAMUSC. VIAL	BRAND	AR (age 19 and older)

VIRAL/TUMORIGENIC VACCINES

DRUG NAME	TYPE	RESTRICTIONS
TWINRIX (HEPATITIS A & B VACCINE/PF) 720-20/ML INTRAMUSC. SYRINGE	BRAND	AR (age 19 and older)
GARDASIL 9 (HPV VACCINE 9-VALENT/PF) 0.5 ML INTRAMUSC. SYRINGE	BRAND	AR (age 19 and older)
GARDASIL 9 (HPV VACCINE 9-VALENT/PF) 0.5 ML INTRAMUSC. VIAL	BRAND	AR (age 19 and older)
ABRYSVO (RSV VACC, PREF A AND PREF B/PF) 120MCG/0.5 INTRAMUSC. VIAL	BRAND	QL (1 injection per lifetime)
MRESVIA (RSV VACCINE, PREF, MRNA/PF) 50 MCG/0.5 INTRAMUSC. SYRINGE	BRAND	PA (Rx001)
AREXVY ANTIGEN COMPONENT (RSVPREF3 ANTIGEN 2 OF 2) 120 MCG INTRAMUSC. VIAL	BRAND	QL (1 injection per lifetime)
AREXVY (RSVPREF3 ANTIGEN/AS01E/PF) 120MCG/0.5 INTRAMUSC. KIT	BRAND	QL (1 injection per lifetime)
VARIVAX VACCINE (VARICELLA VACC/PF) 1350 UNIT SUBCUTANE. VIAL	BRAND	AR (age 19 and older)
SHINGRIX GE ANTIGEN COMPONENT (VARICELLA-ZOSTER GE VAC, 2 OF 2) 50 MCG INTRAMUSC. VIAL	BRAND	AR (age 19 and older); QL (Limited to 2 injections in a lifetime)
SHINGRIX (VARICELLA-ZOSTER GE/AS01B/PF) 50 MCG/0.5 INTRAMUSC. KIT	BRAND	AR (age 19 and older); QL (2 injections per lifetime)

IMMUNOSUPPRESSION/MODULATION

IMMUNOSUPPRESSIVES

AZATHIOPRINE 50 MG ORAL TABLET	GENERIC	
CYCLOSPORINE 100 MG ORAL CAPSULE	GENERIC	
CYCLOSPORINE 25 MG ORAL CAPSULE	GENERIC	
SANDIMMUNE (CYCLOSPORINE) 100 MG ORAL CAPSULE	BRAND	
SANDIMMUNE (CYCLOSPORINE) 25 MG ORAL CAPSULE	BRAND	
CYCLOSPORINE MODIFIED (CYCLOSPORINE, MODIFIED) 100 MG ORAL CAPSULE	GENERIC	
CYCLOSPORINE MODIFIED (CYCLOSPORINE, MODIFIED) 25 MG ORAL CAPSULE	GENERIC	
CYCLOSPORINE MODIFIED (CYCLOSPORINE, MODIFIED) 50 MG ORAL CAPSULE	GENERIC	
CYCLOSPORINE MODIFIED (CYCLOSPORINE, MODIFIED) 100 MG/ML ORAL SOLUTION	GENERIC	
GENGRAF (CYCLOSPORINE, MODIFIED) 100 MG ORAL CAPSULE	GENERIC	
GENGRAF (CYCLOSPORINE, MODIFIED) 25 MG ORAL CAPSULE	GENERIC	
GENGRAF (CYCLOSPORINE, MODIFIED) 100 MG/ML ORAL SOLUTION	GENERIC	
MYCOPHENOLATE MOFETIL 250 MG ORAL CAPSULE	GENERIC	
MYCOPHENOLATE MOFETIL 200 MG/ML ORAL SUSP RECON	GENERIC	
MYCOPHENOLATE MOFETIL 500 MG ORAL TABLET	GENERIC	
SIROLIMUS 1 MG/ML ORAL SOLUTION	GENERIC	
SIROLIMUS 0.5 MG ORAL TABLET	GENERIC	
SIROLIMUS 1 MG ORAL TABLET	GENERIC	
SIROLIMUS 2 MG ORAL TABLET	GENERIC	
TACROLIMUS 0.5 MG ORAL CAPSULE	GENERIC	
TACROLIMUS 1 MG ORAL CAPSULE	GENERIC	
TACROLIMUS 5 MG ORAL CAPSULE	GENERIC	

INFECTIOUS DISEASE - BACTERIAL

DRUG NAME	TYPE	RESTRICTIONS
ABSORBABLE SULFONAMIDES		
SULFADIAZINE 500 MG ORAL TABLET	GENERIC	
SULFAMETHOXAZOLE-TRIMETHOPRIM (SULFAMETHOXAZOLE/TRIMETHOPRIM) 200-40MG/5 ORAL SUSP	GENERIC	
SULFAMETHOXAZOLE-TRIMETHOPRIM (SULFAMETHOXAZOLE/TRIMETHOPRIM) 400MG-80MG ORAL TABLET	GENERIC	
SULFAMETHOXAZOLE-TRIMETHOPRIM (SULFAMETHOXAZOLE/TRIMETHOPRIM) 800-160 MG ORAL TABLET	GENERIC	
SULFATRIM (SULFAMETHOXAZOLE/TRIMETHOPRIM) 200-40MG/5 ORAL SUSP	GENERIC	
CEPHALOSPORINS - 1ST GENERATION		
CEFADROXIL (CEFADROXIL HYDRATE) 500 MG ORAL CAPSULE	GENERIC	
CEFADROXIL (CEFADROXIL HYDRATE) 250 MG/5ML ORAL SUSP RECON	GENERIC	
CEFADROXIL (CEFADROXIL HYDRATE) 500 MG/5ML ORAL SUSP RECON	GENERIC	
CEFADROXIL (CEFADROXIL HYDRATE) 1 G ORAL TABLET	GENERIC	
CEPHALEXIN (CEPHALEXIN MONOHYDRATE) 250 MG ORAL CAPSULE	GENERIC	
CEPHALEXIN (CEPHALEXIN MONOHYDRATE) 500 MG ORAL CAPSULE	GENERIC	
CEPHALEXIN (CEPHALEXIN MONOHYDRATE) 125 MG/5ML ORAL SUSP RECON	GENERIC	
CEPHALEXIN (CEPHALEXIN MONOHYDRATE) 250 MG/5ML ORAL SUSP RECON	GENERIC	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 250 MG ORAL CAPSULE	GENERIC	
CEFACLOR 500 MG ORAL CAPSULE	GENERIC	
CEFACLOR 125 MG/5ML ORAL SUSP RECON	GENERIC	
CEFACLOR 250 MG/5ML ORAL SUSP RECON	GENERIC	
CEFACLOR 375 MG/5ML ORAL SUSP RECON	GENERIC	
CEFACLOR ER (CEFACLOR) 500 MG ORAL TAB ER 12H	GENERIC	
CEFPROZIL 125 MG/5ML ORAL SUSP RECON	GENERIC	
CEFPROZIL 250 MG/5ML ORAL SUSP RECON	GENERIC	
CEFPROZIL 250 MG ORAL TABLET	GENERIC	
CEFPROZIL 500 MG ORAL TABLET	GENERIC	
CEFUROXIME (CEFUROXIME AXETIL) 250 MG ORAL TABLET	GENERIC	
CEFUROXIME (CEFUROXIME AXETIL) 500 MG ORAL TABLET	GENERIC	
CEPHALOSPORINS - 3RD GENERATION		
CEFDINIR 300 MG ORAL CAPSULE	GENERIC	
CEFDINIR 125 MG/5ML ORAL SUSP RECON	GENERIC	
CEFDINIR 250 MG/5ML ORAL SUSP RECON	GENERIC	
CEFIXIME 100 MG/5ML ORAL SUSP RECON	GENERIC	
CEFIXIME 200 MG/5ML ORAL SUSP RECON	GENERIC	
CEFPODOXIME PROXETIL 100 MG/5ML ORAL SUSP RECON	GENERIC	
CEFPODOXIME PROXETIL 50 MG/5 ML ORAL SUSP RECON	GENERIC	
CEFPODOXIME PROXETIL 100 MG ORAL TABLET	GENERIC	
CEFPODOXIME PROXETIL 200 MG ORAL TABLET	GENERIC	

CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.

DRUG NAME	TYPE	RESTRICTIONS
TRIMETHOPRIM 100 MG ORAL TABLET	GENERIC	

MACROLIDES

AZITHROMYCIN 1 G ORAL PACKET	GENERIC	
AZITHROMYCIN 100 MG/5ML ORAL SUSP RECON	GENERIC	
AZITHROMYCIN 200 MG/5ML ORAL SUSP RECON	GENERIC	
AZITHROMYCIN 250 MG ORAL TABLET	GENERIC	
AZITHROMYCIN 500 MG ORAL TABLET	GENERIC	
AZITHROMYCIN 600 MG ORAL TABLET	GENERIC	
CLARITHROMYCIN 125 MG/5ML ORAL SUSP RECON	GENERIC	
CLARITHROMYCIN 250 MG/5ML ORAL SUSP RECON	GENERIC	
CLARITHROMYCIN 250 MG ORAL TABLET	GENERIC	
CLARITHROMYCIN 500 MG ORAL TABLET	GENERIC	
CLARITHROMYCIN ER (CLARITHROMYCIN) 500 MG ORAL TAB ER 24H	GENERIC	
E.E.S. 200 (ERYTHROMYCIN ETHYLSUCCINATE) 200 MG/5ML ORAL SUSP RECON	BRAND	
E.E.S. 400 (ERYTHROMYCIN ETHYLSUCCINATE) 400 MG ORAL TABLET	GENERIC	
ERYPED 200 (ERYTHROMYCIN ETHYLSUCCINATE) 200 MG/5ML ORAL SUSP RECON	BRAND	
ERYPED 400 (ERYTHROMYCIN ETHYLSUCCINATE) 400 MG/5ML ORAL SUSP RECON	BRAND	
ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5ML ORAL SUSP RECON	GENERIC	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG/5ML ORAL SUSP RECON	GENERIC	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG ORAL TABLET	GENERIC	
ERYTHROCIN LACTOBIONATE (ERYTHROMYCIN LACTOBIONATE) 500 MG INTRAVEN. VIAL	BRAND	
ERYTHROCIN LACTOBIONATE (ERYTHROMYCIN LACTOBIONATE) 500 MG INTRAVEN. VIAL PORT	BRAND	
ERYTHROMYCIN LACTOBIONATE 500 MG INTRAVEN. VIAL	GENERIC	
ERYTHROCIN STEARATE (ERYTHROMYCIN STEARATE) 250 MG ORAL TABLET	GENERIC	

NITROFURAN DERIVATIVES

NITROFURANTOIN (NITROFURANTOIN MACROCRYSTAL) 100 MG ORAL CAPSULE	GENERIC	
NITROFURANTOIN (NITROFURANTOIN MACROCRYSTAL) 25 MG ORAL CAPSULE	GENERIC	
NITROFURANTOIN (NITROFURANTOIN MACROCRYSTAL) 50 MG ORAL CAPSULE	GENERIC	
NITROFURANTOIN MONO-MACRO (NITROFURANTOIN/NITROFURAN MAC) 100 MG ORAL CAPSULE	GENERIC	

OXAZOLIDINONES

LINEZOLID 600 MG ORAL TABLET	GENERIC	
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PENICILLINS

AMOXICILLIN-CLAVULANATE POT ER (AMOX TR/POTASSIUM CLAVULANATE) 1000-62.5 ORAL TAB ER 12H	GENERIC	
AMOXICILLIN-CLAVULANATE POTASS (AMOX TR/POTASSIUM CLAVULANATE) 200-28.5/5 ORAL SUSP RECON	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
AMOXICILLIN-CLAVULANATE POTASS (AMOX TR/POTASSIUM CLAVULANATE) 250-62.5/5 ORAL SUSP RECON	GENERIC	
AMOXICILLIN-CLAVULANATE POTASS (AMOX TR/POTASSIUM CLAVULANATE) 400-57MG/5 ORAL SUSP RECON	GENERIC	
AMOXICILLIN-CLAVULANATE POTASS (AMOX TR/POTASSIUM CLAVULANATE) 600-42.9/5 ORAL SUSP RECON	GENERIC	
AMOXICILLIN-CLAVULANATE POTASS (AMOX TR/POTASSIUM CLAVULANATE) 200-28.5MG ORAL TAB CHEW	GENERIC	
AMOXICILLIN-CLAVULANATE POTASS (AMOX TR/POTASSIUM CLAVULANATE) 400-57MG ORAL TAB CHEW	GENERIC	
AMOXICILLIN-CLAVULANATE POTASS (AMOX TR/POTASSIUM CLAVULANATE) 250-125 MG ORAL TABLET	GENERIC	
AMOXICILLIN-CLAVULANATE POTASS (AMOX TR/POTASSIUM CLAVULANATE) 500-125 MG ORAL TABLET	GENERIC	
AMOXICILLIN-CLAVULANATE POTASS (AMOX TR/POTASSIUM CLAVULANATE) 875-125 MG ORAL TABLET	GENERIC	
AUGMENTIN (AMOX TR/POTASSIUM CLAVULANATE) 125-31.25/ ORAL SUSP RECON	BRAND	
AMOXICILLIN (AMOXICILLIN TRIHYDRATE) 250 MG ORAL CAPSULE	GENERIC	
AMOXICILLIN (AMOXICILLIN TRIHYDRATE) 500 MG ORAL CAPSULE	GENERIC	
AMOXICILLIN (AMOXICILLIN TRIHYDRATE) 125 MG/5ML ORAL SUSP RECON	GENERIC	
AMOXICILLIN (AMOXICILLIN TRIHYDRATE) 200 MG/5ML ORAL SUSP RECON	GENERIC	
AMOXICILLIN (AMOXICILLIN TRIHYDRATE) 250 MG/5ML ORAL SUSP RECON	GENERIC	
AMOXICILLIN (AMOXICILLIN TRIHYDRATE) 400 MG/5ML ORAL SUSP RECON	GENERIC	
AMOXICILLIN (AMOXICILLIN TRIHYDRATE) 125 MG ORAL TAB CHEW	GENERIC	
AMOXICILLIN (AMOXICILLIN TRIHYDRATE) 250 MG ORAL TAB CHEW	GENERIC	
AMOXICILLIN (AMOXICILLIN TRIHYDRATE) 500 MG ORAL TABLET	GENERIC	
AMOXICILLIN (AMOXICILLIN TRIHYDRATE) 875 MG ORAL TABLET	GENERIC	
AMPICILLIN TRIHYDRATE 500 MG ORAL CAPSULE	GENERIC	
DICLOXACILLIN SODIUM 250 MG ORAL CAPSULE	GENERIC	
DICLOXACILLIN SODIUM 500 MG ORAL CAPSULE	GENERIC	
PENICILLIN V POTASSIUM 125 MG/5ML ORAL SOLN RECON	GENERIC	
PENICILLIN V POTASSIUM 250 MG/5ML ORAL SOLN RECON	GENERIC	
PENICILLIN V POTASSIUM 250 MG ORAL TABLET	GENERIC	
PENICILLIN V POTASSIUM 500 MG ORAL TABLET	GENERIC	

QUINOLONES

CIPRO (CIPROFLOXACIN) 250 MG/5ML ORAL SUS MC REC	BRAND	
CIPRO (CIPROFLOXACIN) 500 MG/5ML ORAL SUS MC REC	BRAND	
CIPROFLOXACIN 250 MG/5ML ORAL SUS MC REC	GENERIC	
CIPROFLOXACIN 500 MG/5ML ORAL SUS MC REC	GENERIC	
CIPROFLOXACIN HCL 100 MG ORAL TABLET	GENERIC	
CIPROFLOXACIN HCL 250 MG ORAL TABLET	GENERIC	
CIPROFLOXACIN HCL 500 MG ORAL TABLET	GENERIC	
CIPROFLOXACIN HCL 750 MG ORAL TABLET	GENERIC	
LEVOFLOXACIN 250MG/10ML ORAL SOLUTION	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
LEVOFLOXACIN 250 MG ORAL TABLET	GENERIC	
LEVOFLOXACIN 500 MG ORAL TABLET	GENERIC	
LEVOFLOXACIN 750 MG ORAL TABLET	GENERIC	
MOXIFLOXACIN HCL 400 MG ORAL TABLET	GENERIC	
OFLOXACIN 300 MG ORAL TABLET	GENERIC	
OFLOXACIN 400 MG ORAL TABLET	GENERIC	

TETRACYCLINES

DOXYCYCLINE HYCLATE 100 MG ORAL CAPSULE	GENERIC	
DOXYCYCLINE HYCLATE 50 MG ORAL CAPSULE	GENERIC	
DOXYCYCLINE HYCLATE 100 MG ORAL TABLET	GENERIC	
DOXYCYCLINE MONOHYDRATE 100 MG ORAL CAPSULE	GENERIC	
DOXYCYCLINE MONOHYDRATE 50 MG ORAL CAPSULE	GENERIC	
DOXYCYCLINE MONOHYDRATE 25 MG/5 ML ORAL SUSP RECON	GENERIC	
DOXYCYCLINE MONOHYDRATE 100 MG ORAL TABLET	GENERIC	
DOXYCYCLINE MONOHYDRATE 50 MG ORAL TABLET	GENERIC	
MONDOXYNE NL (DOXYCYCLINE MONOHYDRATE) 100 MG ORAL CAPSULE	GENERIC	
MINOCYCLINE HCL 100 MG ORAL CAPSULE	GENERIC	
MINOCYCLINE HCL 50 MG ORAL CAPSULE	GENERIC	
MINOCYCLINE HCL 75 MG ORAL CAPSULE	GENERIC	
MINOCYCLINE HCL 50 MG ORAL TABLET	GENERIC	
MINOCYCLINE HCL 75 MG ORAL TABLET	GENERIC	
TETRACYCLINE HCL 250 MG ORAL CAPSULE	GENERIC	
TETRACYCLINE HCL 500 MG ORAL CAPSULE	GENERIC	
TETRACYCLINE HCL 250 MG ORAL TABLET	GENERIC	
TETRACYCLINE HCL 500 MG ORAL TABLET	GENERIC	

INFECTIOUS DISEASE - FUNGAL**ANTIFUNGAL AGENTS**

CLOTRIMAZOLE 10 MG MUCOUS MEM TROCHE	GENERIC	QL (1 fill per 30 days)
FLUCONAZOLE 10 MG/ML ORAL SUSP RECON	GENERIC	
FLUCONAZOLE 40 MG/ML ORAL SUSP RECON	GENERIC	
FLUCONAZOLE 100 MG ORAL TABLET	GENERIC	
FLUCONAZOLE 150 MG ORAL TABLET	GENERIC	
FLUCONAZOLE 200 MG ORAL TABLET	GENERIC	
FLUCONAZOLE 50 MG ORAL TABLET	GENERIC	
ITRACONAZOLE 100 MG ORAL CAPSULE	GENERIC	PA (Rx046)
KETOCONAZOLE 200 MG ORAL TABLET	GENERIC	PA (Rx046)
TERBINAFINE HCL 250 MG ORAL TABLET	GENERIC	

ANTIFUNGAL ANTIBIOTICS

NYSTATIN 100000/ML ORAL SUSP	GENERIC	
NYSTATIN 500K UNIT ORAL TABLET	GENERIC	

INFECTIOUS DISEASE - MISCELLANEOUS**AMINOGLYCOSIDES**

NEOMYCIN SULFATE 500 MG ORAL TABLET	GENERIC	
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ANTILEPROTICS

DAPSONE 100 MG ORAL TABLET	GENERIC	
DAPSONE 25 MG ORAL TABLET	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
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ANTI-MYCOBACTERIUM AGENTS

ETHAMBUTOL HCL 100 MG ORAL TABLET	GENERIC	
ETHAMBUTOL HCL 400 MG ORAL TABLET	GENERIC	
ISONIAZID 50 MG/5 ML ORAL SOLUTION	GENERIC	
ISONIAZID 100 MG ORAL TABLET	GENERIC	
ISONIAZID 300 MG ORAL TABLET	GENERIC	
PYRAZINAMIDE 500 MG ORAL TABLET	GENERIC	

ANTITUBERCULAR ANTIBIOTICS

RIFAMPIN 150 MG ORAL CAPSULE	GENERIC	
RIFAMPIN 300 MG ORAL CAPSULE	GENERIC	

LINCOSAMIDES

CLINDAMYCIN HCL 150 MG ORAL CAPSULE	GENERIC	
CLINDAMYCIN HCL 300 MG ORAL CAPSULE	GENERIC	
CLINDAMYCIN (PEDIATRIC) (CLINDAMYCIN PALMITATE HCL) 75 MG/5 ML ORAL SOLN RECON	GENERIC	

RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS

XIFAXAN (RIFAXIMIN) 550 MG ORAL TABLET	BRAND	PA (Rx047)
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VANCOMYCIN AND DERIVATIVES

VANCOMYCIN HCL 125 MG ORAL CAPSULE	GENERIC	
VANCOMYCIN HCL 250 MG ORAL CAPSULE	GENERIC	

INFECTIOUS DISEASE - PARASITIC**ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS**

METRONIDAZOLE 250 MG ORAL TABLET	GENERIC	
METRONIDAZOLE 500 MG ORAL TABLET	GENERIC	

ANTHELMINTICS

PINAWAY (PYRANTEL PAMOATE) 50 MG/ML ORAL SUSP	GENERIC, OTC	
PINWORM MEDICINE (PYRANTEL PAMOATE) 50 MG/ML ORAL SUSP	GENERIC, OTC	
PINWORM TREATMENT (PYRANTEL PAMOATE) 50 MG/ML ORAL SUSP	GENERIC, OTC	
REESE'S PINWORM (PYRANTEL PAMOATE) 50 MG/ML ORAL SUSP	GENERIC, OTC	

ANTIMALARIAL DRUGS

CHLOROQUINE PHOSPHATE 250 MG ORAL TABLET	GENERIC	
CHLOROQUINE PHOSPHATE 500 MG ORAL TABLET	GENERIC	
HYDROXYCHLOROQUINE SULFATE 200 MG ORAL TABLET	GENERIC	
SOVUNA (HYDROXYCHLOROQUINE SULFATE) 200 MG ORAL TABLET	BRAND	
MEFLOQUINE HCL 250 MG ORAL TABLET	GENERIC	

INFECTIOUS DISEASE - VIRAL**ANTIRETROVIRAL - ANTI-CD4 DOMAIN 2 MONOCLONAL AB**

TROGARZO (IBALIZUMAB-UIYK) 200MG/1.33 INTRAVEN. VIAL	BRAND	SPEC
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ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB.

CABENUVA (CABOTEGRAVIR/RILPIVIRINE) 400-600/2 INTRAMUSC. SUSER VIAL	BRAND	SPEC
CABENUVA (CABOTEGRAVIR/RILPIVIRINE) 600-900/3 INTRAMUSC. SUSER VIAL	BRAND	SPEC
JULUCA (DOLUTEGRAVIR/RILPIVIRINE) 50 MG-25MG ORAL TABLET	BRAND	

ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NRTI COMB.

DRUG NAME	TYPE	RESTRICTIONS
DOVATO (DOLUTEGRAVIR SODIUM/LAMIVUDINE) 50MG-300MG ORAL TABLET	BRAND	
ANTIRETROVIRAL-NUCLEOSIDE,NUCLEOTIDE,PROTEASE INH.		
SYMTUZA (darunavir/cob/emtri/tenof alaf) 800-150 MG ORAL TABLET	BRAND	
ANTIVIRAL MONOCLONAL ANTIBODIES		
SYNAGIS (PALIVIZUMAB) 100 MG/ML INTRAMUSC. VIAL	BRAND	PA (Rx048); SPEC
SYNAGIS (PALIVIZUMAB) 50MG/0.5ML INTRAMUSC. VIAL	BRAND	PA (Rx048); SPEC
ANTIVIRAL NUCLEOTIDE ANALOGS		
LAGEVRIO (EUA) (MOLNUPIRAVIR) 200 MG ORAL CAPSULE	GENERIC	
ANTIVIRALS, GENERAL		
ACYCLOVIR 200 MG ORAL CAPSULE	GENERIC	
ACYCLOVIR 200 MG/5ML ORAL SUSP	GENERIC	
ACYCLOVIR 400 MG ORAL TABLET	GENERIC	
ACYCLOVIR 800 MG ORAL TABLET	GENERIC	
OSELTAMIVIR PHOSPHATE 30 MG ORAL CAPSULE	GENERIC	QL (10 capsules per 5 days, 2 fills per year)
OSELTAMIVIR PHOSPHATE 45 MG ORAL CAPSULE	GENERIC	QL (10 capsules per 5 days, 2 fills per year)
OSELTAMIVIR PHOSPHATE 75 MG ORAL CAPSULE	GENERIC	QL (10 capsules per 5 days, 2 fills per year)
OSELTAMIVIR PHOSPHATE 6 MG/ML ORAL SUSP RECON	GENERIC	AR (age 7 and younger); QL (120 mL per 5 days, 2 fills per year)
VALACYCLOVIR (VALACYCLOVIR HCL) 1000 MG ORAL TABLET	GENERIC	QL (3 tablets per day, 7 days per fill, 1 fill per 30 days)
VALACYCLOVIR (VALACYCLOVIR HCL) 500 MG ORAL TABLET	GENERIC	QL (2 tablets per day)
ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB		
DARUNAVIR (DARUNAVIR ETHANOLATE) 600 MG ORAL TABLET	GENERIC	
DARUNAVIR (DARUNAVIR ETHANOLATE) 800 MG ORAL TABLET	GENERIC	
PREZISTA (DARUNAVIR ETHANOLATE) 100 MG/ML ORAL SUSP	BRAND	
PREZISTA (DARUNAVIR ETHANOLATE) 150 MG ORAL TABLET	BRAND	
PREZISTA (DARUNAVIR ETHANOLATE) 75 MG ORAL TABLET	BRAND	
PREZCOBIX (DARUNAVIR/COBICISTAT) 800-150 MG ORAL TABLET	BRAND	
APTIVUS (TIPRANAVIR) 250 MG ORAL CAPSULE	BRAND	
ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG		
DESCOVY (EMTRICITABINE/TENOFOV ALAFENAM) 120MG-15MG ORAL TABLET	BRAND	
DESCOVY (EMTRICITABINE/TENOFOV ALAFENAM) 200MG-25MG ORAL TABLET	BRAND	
EMTRICITABINE-TENOFOVIR DISOP (EMTRICITABINE/TENOFOVIR) 100-150 MG ORAL TABLET	GENERIC	
EMTRICITABINE-TENOFOVIR DISOP (EMTRICITABINE/TENOFOVIR) 133-200 MG ORAL TABLET	GENERIC	
EMTRICITABINE-TENOFOVIR DISOP (EMTRICITABINE/TENOFOVIR) 167-250 MG ORAL TABLET	GENERIC	
EMTRICITABINE-TENOFOVIR DISOP (EMTRICITABINE/TENOFOVIR) 200-300 MG ORAL TABLET	GENERIC	
CIMDUO (lamivudine/tenofovir disop fum) 300-300 MG ORAL TABLET	BRAND	
ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB		

DRUG NAME	TYPE	RESTRICTIONS
ABACAVIR-LAMIVUDINE (ABACAVIR SULFATE/LAMIVUDINE) 600-300 MG ORAL TABLET	GENERIC	
LAMIVUDINE-ZIDOVUDINE (LAMIVUDINE/ZIDOVUDINE) 150-300 MG ORAL TABLET	GENERIC	

ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.

MARAVIROC 150 MG ORAL TABLET	GENERIC	
MARAVIROC 300 MG ORAL TABLET	GENERIC	
SELZENTRY (MARAVIROC) 20 MG/ML ORAL SOLUTION	BRAND	

ANTIVIRALS, HIV-SPECIFIC, CD4 ATTACHMENT INHIBITOR

RUKOBIA (FOSTEMSAVIR TROMETHAMINE) 600 MG ORAL TAB ER 12H	BRAND	
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ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS

FUZEON (ENFUVIRTIDE) 90 MG SUBCUTANE. VIAL	BRAND	
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ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI

PIFELTRO (DORAVIRINE) 100 MG ORAL TABLET	BRAND	
EFAVIRENZ 200 MG ORAL CAPSULE	GENERIC	
EFAVIRENZ 50 MG ORAL CAPSULE	GENERIC	
EFAVIRENZ 600 MG ORAL TABLET	GENERIC	
ETRAVIRINE 100 MG ORAL TABLET	GENERIC	
ETRAVIRINE 200 MG ORAL TABLET	GENERIC	
INTELENCE (ETRAVIRINE) 25 MG ORAL TABLET	BRAND	
NEVIRAPINE 50 MG/5 ML ORAL SUSP	GENERIC	
NEVIRAPINE 200 MG ORAL TABLET	GENERIC	
NEVIRAPINE ER (NEVIRAPINE) 100 MG ORAL TAB ER 24H	GENERIC	
NEVIRAPINE ER (NEVIRAPINE) 400 MG ORAL TAB ER 24H	GENERIC	
RILPIVIRINE ER (CABENUVA) (RILPIVIRINE) 600 MG/2ML INTRAMUSC. SUSER VIAL	GENERIC	
RILPIVIRINE ER (CABENUVA) (RILPIVIRINE) 900 MG/3ML INTRAMUSC. SUSER VIAL	GENERIC	
EDURANT (RILPIVIRINE HYDROCHLORIDE) 25 MG ORAL TABLET	BRAND	

ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI

ABACAVIR (ABACAVIR SULFATE) 20 MG/ML ORAL SOLUTION	GENERIC	
ABACAVIR (ABACAVIR SULFATE) 300 MG ORAL TABLET	GENERIC	
EMTRICITABINE 200 MG ORAL CAPSULE	GENERIC	
EMTRIVA (EMTRICITABINE) 10 MG/ML ORAL SOLUTION	BRAND	
LAMIVUDINE 10 MG/ML ORAL SOLUTION	GENERIC	
LAMIVUDINE 150 MG ORAL TABLET	GENERIC	
LAMIVUDINE 300 MG ORAL TABLET	GENERIC	
RETROVIR (ZIDOVUDINE) 10 MG/ML INTRAVEN. VIAL	BRAND	
ZIDOVUDINE 100 MG ORAL CAPSULE	GENERIC	
ZIDOVUDINE 10 MG/ML ORAL SYRUP	GENERIC	
ZIDOVUDINE 300 MG ORAL TABLET	GENERIC	

ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI

TENOFOVIR DISOPROXIL FUMARATE 300 MG ORAL TABLET	GENERIC	
VIREAD (TENOFOVIR DISOPROXIL FUMARATE) 40MG/SCOOP ORAL POWDER	BRAND	
VIREAD (TENOFOVIR DISOPROXIL FUMARATE) 150 MG ORAL TABLET	BRAND	

DRUG NAME	TYPE	RESTRICTIONS
VIREAD (TENOFVIR DISOPROXIL FUMARATE) 200 MG ORAL TABLET	BRAND	
VIREAD (TENOFVIR DISOPROXIL FUMARATE) 250 MG ORAL TABLET	BRAND	

ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB

LOPINAVIR-RITONAVIR (LOPINAVIR/RITONAVIR) 400-100/5 ORAL SOLUTION	GENERIC	
LOPINAVIR-RITONAVIR (LOPINAVIR/RITONAVIR) 100MG-25MG ORAL TABLET	GENERIC	
LOPINAVIR-RITONAVIR (LOPINAVIR/RITONAVIR) 200MG-50MG ORAL TABLET	GENERIC	

ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS

ATAZANAVIR SULFATE 150 MG ORAL CAPSULE	GENERIC	
ATAZANAVIR SULFATE 200 MG ORAL CAPSULE	GENERIC	
ATAZANAVIR SULFATE 300 MG ORAL CAPSULE	GENERIC	
REYATAZ (ATAZANAVIR SULFATE) 50 MG ORAL POWD PACK	BRAND	
EVOTAZ (ATAZANAVIR SULFATE/COBICISTAT) 300-150 MG ORAL TABLET	BRAND	
FOSAMPRENAVIR CALCIUM 700 MG ORAL TABLET	GENERIC	
VIRACEPT (NELFINAVIR MESYLATE) 250 MG ORAL TABLET	BRAND	
VIRACEPT (NELFINAVIR MESYLATE) 625 MG ORAL TABLET	BRAND	
NORVIR (RITONAVIR) 100 MG ORAL POWD PACK	BRAND	
RITONAVIR 100 MG ORAL TABLET	GENERIC	

ANTIVIRALS, HIV-1 INTEGRASE STRAND TRANSFER INHIBITR

APRETUDE (CABOTEGRAVIR) 600 MG/3ML INTRAMUSC. SUSER VIAL	BRAND	SPEC
CABOTEGRAVIR ER (CABENUVA) (CABOTEGRAVIR) 400 MG/2ML INTRAMUSC. SUSER VIAL	GENERIC	
CABOTEGRAVIR ER (CABENUVA) (CABOTEGRAVIR) 600 MG/3ML INTRAMUSC. SUSER VIAL	GENERIC	
VOCABRIA (CABOTEGRAVIR SODIUM) 30 MG ORAL TABLET	BRAND	SPEC
TIVICAY (DOLUTEGRAVIR SODIUM) 50 MG ORAL TABLET	BRAND	
TIVICAY PD (DOLUTEGRAVIR SODIUM) 5 MG ORAL TAB SUSP	BRAND	
ISENTRESS (RALTEGRAVIR POTASSIUM) 100 MG ORAL POWD PACK	BRAND	
ISENTRESS (RALTEGRAVIR POTASSIUM) 100 MG ORAL TAB CHEW	BRAND	
ISENTRESS (RALTEGRAVIR POTASSIUM) 25 MG ORAL TAB CHEW	BRAND	
ISENTRESS (RALTEGRAVIR POTASSIUM) 400 MG ORAL TABLET	BRAND	
ISENTRESS HD (RALTEGRAVIR POTASSIUM) 600 MG ORAL TABLET	BRAND	

ARTV CMB NUCLEOSIDE, NUCLEOTIDE, & NON-NUCLEOSIDE RTI

DELSTRIGO (doravirine/lamivu/tenofovir diso) 100-300 MG ORAL TABLET	BRAND	
EFAVIRENZ-EMTRIC-TENOFOV DISOP (EFAVIRENZ/EMTRICITAB/TENOFOVIR) 600-200MG ORAL TABLET	GENERIC	
EFAVIRENZ-LAMIVU-TENOFOV DISOP (EFAVIRENZ/LAMIVU/TENOFOV DISOP) 400-300 MG ORAL TABLET	GENERIC	
EFAVIRENZ-LAMIVU-TENOFOV DISOP (EFAVIRENZ/LAMIVU/TENOFOV DISOP) 600-300 MG ORAL TABLET	GENERIC	
ODEFSEY (EMTRICITAB/RILPIVIRI/TENOF ALA) 200-25-25 ORAL TABLET	BRAND	

DRUG NAME	TYPE	RESTRICTIONS
COMPLERA (EMTRICITAB/RILPIVIRINE/TENOFOV) 200-25-300 ORAL TABLET	BRAND	

ARV CMB-NRTI,N(T)RTI, INTEGRASE INHIBITOR

BIKTARVY (BICTEGRAV/EMTRICIT/TENOFOV ALA) 30-120-15 ORAL TABLET	BRAND	QL (1 tablet per day)
BIKTARVY (BICTEGRAV/EMTRICIT/TENOFOV ALA) 50-200-25 ORAL TABLET	BRAND	QL (1 tablet per day)
GENVOYA (ELVITEG/COBI/EMTRIC/TENOFO ALA) 150-200-10 ORAL TABLET	BRAND	
STRIBILD (ELVITEGR/COBICIST/EMTRIC/TENOF) 150-200 MG ORAL TABLET	BRAND	

ARV COMB-NRTIS & INTEGRASE INHIBITOR

TRIUMEQ (ABACAVIR/DOLUTEGRAVIR/LAMIVUDI) 600-50-300 ORAL TABLET	BRAND	
TRIUMEQ PD (ABACAVIR/DOLUTEGRAVIR/LAMIVUDI) 60-5-30 MG ORAL TAB SUSP	BRAND	

HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.

SOFOSBUVIR-VELPATASVIR (SOFOSBUVIR/VELPATASVIR) 400-100 MG ORAL TABLET	GENERIC	QL (168 tablets per lifetime); SPEC
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HEPATITIS B TREATMENT AGENTS

LAMIVUDINE HBV (LAMIVUDINE) 100 MG ORAL TABLET	GENERIC	
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HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB

MAVYRET (GLECAPREVIR/PIBRENTASVIR) 100MG-40MG ORAL TABLET	BRAND	QL (168 tablets per lifetime); SPEC
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INFLAMMATORY DISEASE**ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR**

ADALIMUMAB-ADAZ(CF) (ADALIMUMAB-ADAZ) 40MG/0.4ML SUBCUTANE. SYRINGE	GENERIC	PA (Rx040); SPEC
ADALIMUMAB-ADAZ(CF) PEN (ADALIMUMAB-ADAZ) 40MG/0.4ML SUBCUTANE. PEN INJCTR	GENERIC	PA (Rx040); SPEC
ADALIMUMAB-ADBM(CF) (ADALIMUMAB-ADBM) 10MG/0.2ML SUBCUTANE. SYRINGEKIT	GENERIC	PA (Rx040); SPEC
ADALIMUMAB-ADBM(CF) (ADALIMUMAB-ADBM) 20MG/0.4ML SUBCUTANE. SYRINGEKIT	GENERIC	PA (Rx040); SPEC
ADALIMUMAB-ADBM(CF) (ADALIMUMAB-ADBM) 40MG/0.8ML SUBCUTANE. SYRINGEKIT	GENERIC	PA (Rx040); SPEC
ADALIMUMAB-ADBM(CF) PEN (ADALIMUMAB-ADBM) 40MG/0.4ML SUBCUTANE. PEN IJ KIT	GENERIC	PA (Rx040); SPEC
ADALIMUMAB-ADBM(CF) PEN CROHNS (ADALIMUMAB-ADBM) 40MG/0.4ML SUBCUTANE. PEN IJ KIT	GENERIC	PA (Rx040); SPEC
ADALIMUMAB-ADBM(CF) PEN CROHNS (ADALIMUMAB-ADBM) 40MG/0.8ML SUBCUTANE. PEN IJ KIT	GENERIC	PA (Rx040); SPEC
ADALIMUMAB-ADBM(CF) PEN PS-UV (ADALIMUMAB-ADBM) 40MG/0.8ML SUBCUTANE. PEN IJ KIT	GENERIC	PA (Rx040); SPEC
ADALIMUMAB-ADBM(CF) PEN PS-UV (ADALIMUMAB-ADBM) 40MG/0.4ML SUBCUTANE. PEN IJ KIT	GENERIC	PA (Rx040); SPEC
ADALIMUMAB-ADBM(CF)PEN (ADALIMUMAB-ADBM) 40MG/0.8ML SUBCUTANE. PEN IJ KIT	GENERIC	PA (Rx040); SPEC
CYLTEZO(CF) (ADALIMUMAB-ADBM) 10MG/0.2ML SUBCUTANE. SYRINGEKIT	BRAND	PA (Rx040); SPEC
CYLTEZO(CF) (ADALIMUMAB-ADBM) 20MG/0.4ML SUBCUTANE. SYRINGEKIT	BRAND	PA (Rx040); SPEC

DRUG NAME	TYPE	RESTRICTIONS
CYLTEZO(CF) (ADALIMUMAB-ADB) 40MG/0.8ML SUBCUTANE. SYRINGEKIT	BRAND	PA (Rx040); SPEC
CYLTEZO(CF) PEN (ADALIMUMAB-ADB) 40MG/0.4ML SUBCUTANE. PEN IJ KIT	BRAND	PA (Rx040); SPEC
CYLTEZO(CF) PEN (ADALIMUMAB-ADB) 40MG/0.8ML SUBCUTANE. PEN IJ KIT	BRAND	PA (Rx040); SPEC
CYLTEZO(CF) PEN CROHN'S-UC-HS (ADALIMUMAB-ADB) 40MG/0.4ML SUBCUTANE. PEN IJ KIT	BRAND	PA (Rx040); SPEC
CYLTEZO(CF) PEN CROHN'S-UC-HS (ADALIMUMAB-ADB) 40MG/0.8ML SUBCUTANE. PEN IJ KIT	BRAND	PA (Rx040); SPEC
CYLTEZO(CF) PEN PSORIASIS-UV (ADALIMUMAB-ADB) 40MG/0.8ML SUBCUTANE. PEN IJ KIT	BRAND	PA (Rx040); SPEC
CYLTEZO(CF) PEN PSORIASIS-UV (ADALIMUMAB-ADB) 40MG/0.4ML SUBCUTANE. PEN IJ KIT	BRAND	PA (Rx040); SPEC
HADLIMA (ADALIMUMAB-BWWD) 40MG/0.8ML SUBCUTANE. SYRINGE	BRAND	PA (Rx040); SPEC
HADLIMA PUSHTOUCH (ADALIMUMAB-BWWD) 40MG/0.8ML SUBCUTANE. AUTO INJCT	BRAND	PA (Rx040); SPEC
HADLIMA(CF) (ADALIMUMAB-BWWD) 40MG/0.4ML SUBCUTANE. SYRINGE	BRAND	PA (Rx040); SPEC
HADLIMA(CF) PUSHTOUCH (ADALIMUMAB-BWWD) 40MG/0.4ML SUBCUTANE. AUTO INJCT	BRAND	PA (Rx040); SPEC
ADALIMUMAB-FKJP(CF) (ADALIMUMAB-FKJP) 20MG/0.4ML SUBCUTANE. SYRINGEKIT	GENERIC	PA (Rx040); SPEC
ADALIMUMAB-FKJP(CF) (ADALIMUMAB-FKJP) 40MG/0.8ML SUBCUTANE. SYRINGEKIT	GENERIC	PA (Rx040); SPEC
ADALIMUMAB-FKJP(CF) PEN (ADALIMUMAB-FKJP) 40MG/0.8ML SUBCUTANE. PEN IJ KIT	GENERIC	PA (Rx040); SPEC
ENBREL (ETANERCEPT) 25MG/0.5ML SUBCUTANE. SYRINGE	BRAND	PA (Rx040); SPEC
ENBREL (ETANERCEPT) 50MG/ML(1) SUBCUTANE. SYRINGE	BRAND	PA (Rx040); SPEC
ENBREL SURECLICK (ETANERCEPT) 50MG/ML(1) SUBCUTANE. PEN INJCTR	BRAND	PA (Rx040); SPEC

ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR

LEFLUNOMIDE 10 MG ORAL TABLET	GENERIC	
LEFLUNOMIDE 20 MG ORAL TABLET	GENERIC	

GLUCOCORTICOID

DEXAMETHASONE 0.5 MG/5ML ORAL ELIXIR	GENERIC	
DEXAMETHASONE 0.5 MG/5ML ORAL SOLUTION	GENERIC	
DEXAMETHASONE 1.5MG (21) ORAL TAB DS PK	GENERIC	
DEXAMETHASONE 1.5MG (35) ORAL TAB DS PK	GENERIC	
DEXAMETHASONE 1.5MG (51) ORAL TAB DS PK	GENERIC	
DEXAMETHASONE 0.5 MG ORAL TABLET	GENERIC	
DEXAMETHASONE 0.75 MG ORAL TABLET	GENERIC	
DEXAMETHASONE 1.5 MG ORAL TABLET	GENERIC	
DEXAMETHASONE 1 MG ORAL TABLET	GENERIC	
DEXAMETHASONE 2 MG ORAL TABLET	GENERIC	
DEXAMETHASONE 4 MG ORAL TABLET	GENERIC	
DEXAMETHASONE 6 MG ORAL TABLET	GENERIC	
DEXAMETHASONE INTENSOL (DEXAMETHASONE) 1 MG/ML ORAL DROPS	BRAND	
TAPERDEX (DEXAMETHASONE) 1.5MG (21) ORAL TAB DS PK	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
METHYLPREDNISOLONE 4 MG ORAL TAB DS PK	GENERIC	
METHYLPREDNISOLONE 16 MG ORAL TABLET	GENERIC	
METHYLPREDNISOLONE 32 MG ORAL TABLET	GENERIC	
METHYLPREDNISOLONE 4 MG ORAL TABLET	GENERIC	
METHYLPREDNISOLONE 8 MG ORAL TABLET	GENERIC	
PREDNISOLONE 15 MG/5 ML ORAL SOLUTION	GENERIC	
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SOD PHOSPHATE) 15 MG/5 ML ORAL SOLUTION	GENERIC	
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SOD PHOSPHATE) 5 MG/5 ML ORAL SOLUTION	GENERIC	
PREDNISON 5 MG/5 ML ORAL SOLUTION	GENERIC	
PREDNISON 10 MG ORAL TAB DS PK	GENERIC	
PREDNISON 5 MG ORAL TAB DS PK	GENERIC	
PREDNISON 1 MG ORAL TABLET	GENERIC	
PREDNISON 10 MG ORAL TABLET	GENERIC	
PREDNISON 2.5 MG ORAL TABLET	GENERIC	
PREDNISON 20 MG ORAL TABLET	GENERIC	
PREDNISON 5 MG ORAL TABLET	GENERIC	
PREDNISON 50 MG ORAL TABLET	GENERIC	
PREDNISON INTENSOL (PREDNISON) 5 MG/ML ORAL CONC	BRAND	

MINERALOCORTICIDS

FLUDROCORTISONE ACETATE 0.1 MG ORAL TABLET	GENERIC	
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NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE

CELECOXIB 100 MG ORAL CAPSULE	GENERIC	
CELECOXIB 200 MG ORAL CAPSULE	GENERIC	
CELECOXIB 400 MG ORAL CAPSULE	GENERIC	
CELECOXIB 50 MG ORAL CAPSULE	GENERIC	

NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE

DICLOFENAC SODIUM 50 MG ORAL TABLET DR	GENERIC	
DICLOFENAC SODIUM 75 MG ORAL TABLET DR	GENERIC	
ETODOLAC 400 MG ORAL TABLET	GENERIC	
ETODOLAC 500 MG ORAL TABLET	GENERIC	
FLURBIPROFEN 100 MG ORAL TABLET	GENERIC	
ADDAPRIN (IBUPROFEN) 200 MG ORAL TABLET	GENERIC, OTC	
CHILDREN'S IBUPROFEN (IBUPROFEN) 100 MG/5ML ORAL SUSP	GENERIC, OTC	
CHILDREN'S PROFEN IB (IBUPROFEN) 100 MG/5ML ORAL SUSP	GENERIC, OTC	
CHILDREN'S PROFENIB (IBUPROFEN) 100 MG/5ML ORAL SUSP	GENERIC, OTC	
IBU (IBUPROFEN) 400 MG ORAL TABLET	GENERIC	
IBU (IBUPROFEN) 600 MG ORAL TABLET	GENERIC	
IBU (IBUPROFEN) 800 MG ORAL TABLET	GENERIC	
IBU-200 (IBUPROFEN) 200 MG ORAL TABLET	GENERIC, OTC	
IBUPROFEN 100 MG/5ML ORAL SUSP	GENERIC, OTC	
IBUPROFEN 200 MG ORAL TABLET	GENERIC, OTC	
IBUPROFEN 400 MG ORAL TABLET	GENERIC	
IBUPROFEN 600 MG ORAL TABLET	GENERIC	
IBUPROFEN 800 MG ORAL TABLET	GENERIC	
INFANTS' ADVIL (IBUPROFEN) 50 MG/1.25 ORAL DROPS SUSP	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
INFANTS IBUPROFEN (IBUPROFEN) 50 MG/1.25 ORAL DROPS SUSP	GENERIC, OTC	
INFANT'S IBUPROFEN (IBUPROFEN) 50 MG/1.25 ORAL DROPS SUSP	GENERIC, OTC	
INFANTS' IBUPROFEN (IBUPROFEN) 50 MG/1.25 ORAL DROPS SUSP	GENERIC, OTC	
INFANT'S MOTRIN (IBUPROFEN) 50 MG/1.25 ORAL DROPS SUSP	GENERIC, OTC	
INFANTS PROFENIB (IBUPROFEN) 50 MG/1.25 ORAL DROPS SUSP	GENERIC, OTC	
I-PRIN (IBUPROFEN) 200 MG ORAL TABLET	GENERIC, OTC	
WAL-PROFEN (IBUPROFEN) 200 MG ORAL TABLET	GENERIC, OTC	
INDOMETHACIN 25 MG ORAL CAPSULE	GENERIC	
INDOMETHACIN 50 MG ORAL CAPSULE	GENERIC	
INDOMETHACIN 25 MG/5 ML ORAL SUSP	GENERIC	
INDOMETHACIN 50 MG RECTAL SUPP.RECT	GENERIC	
KETOROLAC TROMETHAMINE 10 MG ORAL TABLET	GENERIC	
MELOXICAM 15 MG ORAL TABLET	GENERIC	
MELOXICAM 7.5 MG ORAL TABLET	GENERIC	
EC-NAPROXEN (NAPROXEN) 375 MG ORAL TABLET DR	GENERIC	
EC-NAPROXEN (NAPROXEN) 500 MG ORAL TABLET DR	GENERIC	
NAPROXEN 125 MG/5ML ORAL SUSP	GENERIC	
NAPROXEN 250 MG ORAL TABLET	GENERIC	
NAPROXEN 375 MG ORAL TABLET	GENERIC	
NAPROXEN 500 MG ORAL TABLET	GENERIC	
NAPROXEN 375 MG ORAL TABLET DR	GENERIC	
NAPROXEN 500 MG ORAL TABLET DR	GENERIC	
ALEVE (NAPROXEN SODIUM) 220 MG ORAL TABLET	GENERIC, OTC	
ALL DAY PAIN RELIEF (NAPROXEN SODIUM) 220 MG ORAL TABLET	GENERIC, OTC	
ALL DAY RELIEF (NAPROXEN SODIUM) 220 MG ORAL TABLET	GENERIC, OTC	
FLANAX (NAPROXEN SODIUM) 220 MG ORAL TABLET	GENERIC, OTC	
MEDIPROXEN (NAPROXEN SODIUM) 220 MG ORAL TABLET	GENERIC, OTC	
NAPROXEN SODIUM 220 MG ORAL TABLET	GENERIC, OTC	
NAPROXEN SODIUM 275 MG ORAL TABLET	GENERIC	
NAPROXEN SODIUM 550 MG ORAL TABLET	GENERIC	
WAL-PROXEN (NAPROXEN SODIUM) 220 MG ORAL TABLET	GENERIC, OTC	
SULINDAC 150 MG ORAL TABLET	GENERIC	
SULINDAC 200 MG ORAL TABLET	GENERIC	

LOCAL ANESTHESIA

LOCAL ANESTHETICS

LIDOCAINE HCL VISCOUS (LIDOCAINE HCL) 2% MUCOUS MEM SOLUTION	GENERIC	
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LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT

CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX

MESALAMINE 4 G/60 ML RECTAL ENEMA	GENERIC	
MESALAMINE 1000 MG RECTAL SUPP.RECT	GENERIC	ST (generic SFRowasa)

DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT

BALSALAZIDE DISODIUM 750 MG ORAL CAPSULE	GENERIC	
MESALAMINE 1.2 G ORAL TABLET DR	GENERIC	ST (Sulfasalazine and Balsalazide)

DRUG NAME	TYPE	RESTRICTIONS
MESALAMINE 800 MG ORAL TABLET DR	GENERIC	ST (Sulfasalazine and Balsalazide)
MESALAMINE DR (MESALAMINE) 400 MG ORAL CAP(DRTAB)	GENERIC	ST (Sulfasalazine and Balsalazide)
SULFASALAZINE 500 MG ORAL TABLET	GENERIC	
SULFASALAZINE DR (SULFASALAZINE) 500 MG ORAL TABLET DR	GENERIC	

HEMORRHOIDS, LOCAL RECTAL ANESTHETICS

ANECREAM5 (LIDOCAINE) 5% TOPICAL CREAM (G)	GENERIC, OTC	
HEMORRHOIDAL RELIEF (LIDOCAINE) 5% TOPICAL CREAM (G)	GENERIC, OTC	
LIDOCAINE 5% TOPICAL CREAM (G)	GENERIC, OTC	
NUMBCREAM (LIDOCAINE) 5% TOPICAL CREAM (G)	GENERIC, OTC	
RECTASMOOTH (LIDOCAINE) 5% TOPICAL CREAM (G)	GENERIC, OTC	

LOWER GASTROINTESTINAL DISORDERS - OTHER**AMMONIA INHIBITORS**

ENULOSE (LACTULOSE) 10 G/15 ML ORAL SOLUTION	GENERIC	
LACTULOSE 10 G/15 ML ORAL SOLUTION	GENERIC	

ANTI-DIARRHEALS

ANTI-DIARRHEAL (BISMUTH SUBSALICYLATE) 262MG/15ML ORAL SUSP	GENERIC, OTC	
DIARRHEA RELIEF (BISMUTH SUBSALICYLATE) 262MG/15ML ORAL SUSP	GENERIC, OTC	
DIGESTIVE RELIEF (BISMUTH SUBSALICYLATE) 262MG/15ML ORAL SUSP	GENERIC, OTC	
KAOPECTATE (BISMUTH SUBSALICYLATE) 262MG/15ML ORAL SUSP	GENERIC, OTC	
K-PEC (BISMUTH SUBSALICYLATE) 262MG/15ML ORAL SUSP	GENERIC, OTC	
PINK BISMUTH (BISMUTH SUBSALICYLATE) 262MG/15ML ORAL SUSP	GENERIC, OTC	
SOOTHE (BISMUTH SUBSALICYLATE) 262MG/15ML ORAL SUSP	GENERIC, OTC	
STOMACH RELIEF (BISMUTH SUBSALICYLATE) 262MG/15ML ORAL SUSP	GENERIC, OTC	
STOMACH RELIEF ORIGINAL (BISMUTH SUBSALICYLATE) 262MG/15ML ORAL SUSP	GENERIC, OTC	
DIPHENOXYLATE-ATROPINE (DIPHENOXYLATE HCL/ATROP SULF) 2.5-.025MG ORAL TABLET	GENERIC	
ANTI-DIARRHEAL (LOPERAMIDE HCL) 2 MG ORAL CAPSULE	GENERIC, OTC	
ANTI-DIARRHEAL (LOPERAMIDE HCL) 2 MG ORAL TABLET	GENERIC, OTC	
DIAMODE (LOPERAMIDE HCL) 2 MG ORAL TABLET	GENERIC, OTC	
IMODIUM A-D (LOPERAMIDE HCL) 2 MG ORAL CAPSULE	GENERIC, OTC	
LOPERAMIDE (LOPERAMIDE HCL) 2 MG ORAL CAPSULE	GENERIC	
LOPERAMIDE (LOPERAMIDE HCL) 2 MG ORAL TABLET	GENERIC, OTC	
ULTRA A-D (LOPERAMIDE HCL) 2 MG ORAL TABLET	GENERIC, OTC	

BILE SALTS

URSODIOL 300 MG ORAL CAPSULE	GENERIC	
URSODIOL 500 MG ORAL TABLET	GENERIC	

LAXATIVES AND CATHARTICS

ALOPHEN PILLS (BISACODYL) 5 MG ORAL TABLET DR	GENERIC, OTC	
BISACODYL 5 MG ORAL TABLET DR	GENERIC, OTC	
C-LAX LAXATIVE (BISACODYL) 5 MG ORAL TABLET DR	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
GENTLE LAXATIVE (BISACODYL) 5 MG ORAL TABLET	GENERIC, OTC	
GENTLE LAXATIVE (BISACODYL) 5 MG ORAL TABLET DR	GENERIC, OTC	
LAXATIVE (BISACODYL) 5 MG ORAL TABLET	GENERIC, OTC	
LAXATIVE (BISACODYL) 5 MG ORAL TABLET DR	GENERIC, OTC	
WOMEN'S GENTLE LAXATIVE (BISACODYL) 5 MG ORAL TABLET DR	GENERIC, OTC	
WOMEN'S LAXATIVE (BISACODYL) 5 MG ORAL TABLET	GENERIC, OTC	
FIBER (CALCIUM POLYCARBOPHIL) 625 MG ORAL TABLET	GENERIC, OTC	
FIBER LAX (CALCIUM POLYCARBOPHIL) 625 MG ORAL TABLET	GENERIC, OTC	
FIBER LAXATIVE (CALCIUM POLYCARBOPHIL) 625 MG ORAL TABLET	GENERIC, OTC	
FIBER TABS (CALCIUM POLYCARBOPHIL) 625 MG ORAL TABLET	GENERIC, OTC	
FIBER THERAPY (CALCIUM POLYCARBOPHIL) 625 MG ORAL TABLET	GENERIC, OTC	
FIBER-LAX (CALCIUM POLYCARBOPHIL) 625 MG ORAL TABLET	GENERIC, OTC	
FIBER (DEXTRIN) 3 G/3.5 G ORAL POWDER	GENERIC, OTC	
DOCUSATE CALCIUM 240 MG ORAL CAPSULE	GENERIC, OTC	
STOOL SOFTENER (DOCUSATE CALCIUM) 240 MG ORAL CAPSULE	GENERIC, OTC	
COL-RITE (DOCUSATE SODIUM) 100 MG ORAL CAPSULE	GENERIC, OTC	
COL-RITE (DOCUSATE SODIUM) 250 MG ORAL CAPSULE	GENERIC, OTC	
DOCUPRENE (DOCUSATE SODIUM) 100 MG ORAL TABLET	GENERIC, OTC	
DOCUSATE SODIUM 100 MG ORAL CAPSULE	GENERIC, OTC	
DOCUSATE SODIUM 250 MG ORAL CAPSULE	GENERIC, OTC	
DOCUSATE SODIUM 50 MG/5 ML ORAL LIQUID	GENERIC, OTC	
DOCUSATE SODIUM 60 MG/15ML ORAL SYRUP	GENERIC, OTC	
DOCUSATE SODIUM 100 MG ORAL TABLET	GENERIC, OTC	
DOK (DOCUSATE SODIUM) 100 MG ORAL TABLET	GENERIC, OTC	
DSS (DOCUSATE SODIUM) 250 MG ORAL CAPSULE	GENERIC, OTC	
DULCOLAX STOOL SOFTENER (DOCUSATE SODIUM) 100 MG ORAL CAPSULE	GENERIC, OTC	
LAXA BASIC 100 (DOCUSATE SODIUM) 100 MG ORAL CAPSULE	GENERIC, OTC	
MOVE IT ALONG (DOCUSATE SODIUM) 100 MG ORAL TABLET	GENERIC, OTC	
ONELAX DOCUSATE SODIUM (DOCUSATE SODIUM) 50 MG/5 ML ORAL LIQUID	GENERIC, OTC	
PHILLIPS' LAXATIVE (DOCUSATE SODIUM) 100 MG ORAL CAPSULE	GENERIC, OTC	
PROMOLAXIN (DOCUSATE SODIUM) 100 MG ORAL TABLET	GENERIC, OTC	
STOOL SOFTENER (DOCUSATE SODIUM) 100 MG ORAL CAPSULE	GENERIC, OTC	
STOOL SOFTENER (DOCUSATE SODIUM) 250 MG ORAL CAPSULE	GENERIC, OTC	
STOOL SOFTENER (DOCUSATE SODIUM) 50 MG ORAL CAPSULE	GENERIC, OTC	
STOOL SOFTENER (DOCUSATE SODIUM) 50 MG/5 ML ORAL LIQUID	GENERIC, OTC	
STOOL SOFTENER (DOCUSATE SODIUM) 60 MG/15ML ORAL SYRUP	GENERIC, OTC	
STOOL SOFTENER (DOCUSATE SODIUM) 100 MG ORAL TABLET	GENERIC, OTC	
CONSTULOSE (LACTULOSE) 10 G/15 ML ORAL SOLUTION	GENERIC	
CITRATE OF MAGNESIA (MAGNESIUM CITRATE) ORAL SOLUTION	GENERIC, OTC	
CITROMA (MAGNESIUM CITRATE) ORAL SOLUTION	GENERIC, OTC	
MAGNESIUM CITRATE ORAL SOLUTION	GENERIC, OTC	
ONELAX MAGNESIUM CITRATE (MAGNESIUM CITRATE) ORAL SOLUTION	GENERIC, OTC	
DULCOLAX (MAGNESIUM HYDROXIDE) 400 MG/5ML ORAL SUSP	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
GENTLE LAXATIVE (MAGNESIUM HYDROXIDE) 400 MG/5ML ORAL SUSP	GENERIC, OTC	
MILK OF MAGNESIA (MAGNESIUM HYDROXIDE) 400 MG/5ML ORAL SUSP	GENERIC, OTC	
FIBER THERAPY (METHYLCELLULOSE) 2 G/19 G ORAL POWDER	GENERIC, OTC	
GAVILYTE-C (PEG 3350/NA SULF,BICARB,CL/KCL) 240-22.72G ORAL SOLN RECON	GENERIC	
GAVILYTE-G (PEG 3350/NA SULF,BICARB,CL/KCL) 236-22.74G ORAL SOLN RECON	GENERIC	
PEG-3350 AND ELECTROLYTES (PEG 3350/NA SULF,BICARB,CL/KCL) 236-22.74G ORAL SOLN RECON	GENERIC	
CLEARLAX (POLYETHYLENE GLYCOL 3350) 17 G/DOSE ORAL POWDER	GENERIC, OTC	QL (510 g per 30 days)
GENTLELAX (POLYETHYLENE GLYCOL 3350) 17 G/DOSE ORAL POWDER	GENERIC, OTC	QL (510 g per 30 days)
LAXACLEAR (POLYETHYLENE GLYCOL 3350) 17 G/DOSE ORAL POWDER	GENERIC, OTC	QL (510 g per 30 days)
LAXATIVE PEG 3350 (POLYETHYLENE GLYCOL 3350) 17 G/DOSE ORAL POWDER	GENERIC, OTC	QL (510 g per 30 days)
NATURA-LAX (POLYETHYLENE GLYCOL 3350) 17 G/DOSE ORAL POWDER	GENERIC, OTC	QL (510 g per 30 days)
POLYETHYLENE GLYCOL 3350 17 G/DOSE ORAL POWDER	GENERIC, OTC	QL (510 g per 30 days)
POWDERLAX (POLYETHYLENE GLYCOL 3350) 17 G/DOSE ORAL POWDER	GENERIC, OTC	QL (510 g per 30 days)
PURELAX (POLYETHYLENE GLYCOL 3350) 17 G/DOSE ORAL POWDER	GENERIC, OTC	QL (510 g per 30 days)
SMOOTHLAX (POLYETHYLENE GLYCOL 3350) 17 G/DOSE ORAL POWDER	GENERIC, OTC	QL (510 g per 30 days)
DAILY FIBER (PSYLLIUM HUSK) 0.52G ORAL CAPSULE	GENERIC, OTC	
FIBER (PSYLLIUM HUSK) 0.52G ORAL CAPSULE	GENERIC, OTC	
FIBER THERAPY (PSYLLIUM HUSK) 0.52G ORAL CAPSULE	GENERIC, OTC	
NATURAL FIBER (PSYLLIUM HUSK) 0.52G ORAL CAPSULE	GENERIC, OTC	
NATURAL FIBER SUPPLEMENT (PSYLLIUM HUSK) 6 G/6 G ORAL POWDER	GENERIC, OTC	
PSYLLIUM FIBER (PSYLLIUM HUSK) 0.52G ORAL CAPSULE	GENERIC, OTC	
WAL-MUCIL (PSYLLIUM HUSK) 0.52G ORAL CAPSULE	GENERIC, OTC	
GERI-MUCIL (PSYLLIUM HUSK/ASPARTAME) 3.4G/5.8G ORAL POWDER	GENERIC, OTC	
METAMUCIL (PSYLLIUM HUSK/ASPARTAME) 3.4G/5.8G ORAL POWDER	GENERIC, OTC	
METAMUCIL MULTIHEALTH FIBER (PSYLLIUM HUSK/ASPARTAME) 3.4G/5.8G ORAL POWDER	BRAND, OTC	
MULTIHEALTH FIBER (PSYLLIUM HUSK/ASPARTAME) 3.4G/5.8G ORAL POWDER	GENERIC, OTC	
NATURAL DAILY FIBER (PSYLLIUM HUSK/ASPARTAME) 3.4G/5.8G ORAL POWDER	GENERIC, OTC	
WAL-MUCIL (PSYLLIUM HUSK/ASPARTAME) 3.4G/5.8G ORAL POWDER	GENERIC, NON DRUG, OTC	
DAILY FIBER (PSYLLIUM HUSK/SUCROSE) 3.4 G/12 G ORAL POWDER	GENERIC, OTC	
FIBER (PSYLLIUM HUSK/SUCROSE) 3.4 G/12 G ORAL POWDER	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
FIBER THERAPY (PSYLLIUM HUSK/SUCROSE) 3.4 G/12 G ORAL POWDER	GENERIC, OTC	
GERI-MUCIL (PSYLLIUM HUSK/SUCROSE) 3.4 G/12 G ORAL POWDER	GENERIC, OTC	
MULTIHEALTH FIBER (PSYLLIUM HUSK/SUCROSE) 3.4 G/7 G ORAL POWDER	GENERIC, OTC	
NATURAL DAILY FIBER (PSYLLIUM HUSK/SUCROSE) 3.4 G/7 G ORAL POWDER	GENERIC, OTC	
ONELAX FIBER THERAPY (PSYLLIUM HUSK/SUCROSE) 3.4 G/12 G ORAL POWDER	GENERIC, OTC	
WAL-MUCIL (PSYLLIUM HUSK/SUCROSE) 3.4 G/7 G ORAL POWDER	NON DRUG, OTC	
WAL-MUCIL NATURAL FIBER LAX (PSYLLIUM HUSK/SUCROSE) 3.4 G/12 G ORAL POWDER	GENERIC, OTC	
FIBER THERAPY (PSYLLIUM SEED) 3.4G/5.8G ORAL POWDER	GENERIC, OTC	
HYDROCIL INSTANT (PSYLLIUM SEED) ORAL POWDER	GENERIC, OTC	
NATURAL FIBER (PSYLLIUM SEED/ASPARTAME) ORAL POWDER	GENERIC, OTC	
PSYLLIUM FIBER POWDER (PSYLLIUM SEED/DEXTROSE) 3 G/7 G ORAL POWDER	GENERIC, OTC	
FIBER THERAPY (PSYLLIUM SEED/SUCROSE) ORAL POWDER	GENERIC, OTC	
NATURAL FIBER POWDER (PSYLLIUM SEED/SUCROSE) ORAL POWDER	GENERIC, OTC	
EVAC-U-GEN (SENNOSIDES) 8.6 MG ORAL TABLET	GENERIC, OTC	
GERI-KOT (SENNOSIDES) 8.6 MG ORAL TABLET	GENERIC, OTC	
NATURAL LAXATIVE (SENNOSIDES) 8.6 MG ORAL TABLET	GENERIC, OTC	
ONELAX SENNA (SENNOSIDES) 8.8MG/5ML ORAL SYRUP	GENERIC, OTC	
SENNA (SENNOSIDES) 8.8MG/5ML ORAL SYRUP	GENERIC, OTC	
SENNA (SENNOSIDES) 8.6 MG ORAL TABLET	GENERIC, OTC	
SENNA LAX (SENNOSIDES) 8.6 MG ORAL TABLET	GENERIC, OTC	
SENNA LAXATIVE (SENNOSIDES) 8.6 MG ORAL TABLET	GENERIC, OTC	
VEGETABLE LAXATIVE (SENNOSIDES) 8.6 MG ORAL TABLET	GENERIC, OTC	
2-IN-1 LAXATIVE (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
DOCUZEN (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
LAX STOOL SOFTENER WITH SENNA (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
LAXACIN (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
P-COL RITE (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
SENEXON-S (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
SENNA PLUS (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
SENNA-S (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
SENNA-TIME S (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
SENNOSIDES-DOCUSATE SODIUM (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
SENOKOT-S (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
STIMULANT LAXATIVE PLUS (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
STOOL SOFTENER-LAXATIVE (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
VEGETABLE LAX-STOOL SOFTENER (SENNOSIDES/DOCUSATE SODIUM) 8.6MG-50MG ORAL TABLET	GENERIC, OTC	
PEG 3350-ELECTROLYTE (SOD CHLORIDE/NAHCO3/KCL/PEG'S) 420G ORAL SOLN RECON	GENERIC	
SUTAB (SOD SULF/POT CHLORIDE/MAG SULF) 1.479 G ORAL TABLET	BRAND	
SOD SULF-POTASS SULF-MAG SULF (SODIUM,POTASSIUM,&MAG SULFATES) 17.5-3.13G ORAL SOLN RECON	GENERIC	
BEST FIBER (WHEAT DEXTRIN) 3 G/3.5 G ORAL POWDER	GENERIC, OTC	

LAXATIVES, LOCAL/RECTAL

BISACODYL 10 MG RECTAL SUPP.RECT	GENERIC, OTC	
FAST RELIEF LAXATIVE (BISACODYL) 10 MG RECTAL SUPP.RECT	GENERIC, OTC	
GENTLE LAXATIVE (BISACODYL) 10 MG RECTAL SUPP.RECT	GENERIC, OTC	
LAXATIVE SUPPOSITORY (BISACODYL) 10 MG RECTAL SUPP.RECT	GENERIC, OTC	
MAGIC BULLET (BISACODYL) 10 MG RECTAL SUPP.RECT	GENERIC, OTC	
ONELAX (BISACODYL) 10 MG RECTAL SUPP.RECT	GENERIC, OTC	
ADULT GLYCERIN (GLYCERIN) ADULT RECTAL SUPP.RECT	GENERIC, OTC	
GLYCERIN PEDIATRIC RECTAL SUPP.RECT	GENERIC, OTC	
GLYCERIN ADULT RECTAL SUPP.RECT	GENERIC, OTC	
ENEMA (NA PHOS,M-B/NA PHOS,DI-BA) 19G-7G/118 RECTAL ENEMA	GENERIC, OTC	
ENEMA DISPOSABLE (NA PHOS,M-B/NA PHOS,DI-BA) 19G-7G/118 RECTAL ENEMA	GENERIC, OTC	
PEDIA-LAX ENEMA (NA PHOS,M-B/NA PHOS,DI-BA) 9.5-3.5/59 RECTAL ENEMA	GENERIC, OTC	
PEDIATRIC ENEMA (NA PHOS,M-B/NA PHOS,DI-BA) 9.5-3.5/59 RECTAL ENEMA	GENERIC, OTC	
PURE AND GENTLE SALINE ENEMA (NA PHOS,M-B/NA PHOS,DI-BA) 19G-7G/118 RECTAL ENEMA	GENERIC, OTC	
SALINE ENEMA (NA PHOS,M-B/NA PHOS,DI-BA) 19G-7G/118 RECTAL ENEMA	GENERIC, OTC	

MEDICAL SUPPLIES**DURABLE MEDICAL EQUIPMENT,MISC**

TABLET CUTTER (CONTAINER,EMPTY) MISCELL. EACH	NON DRUG, OTC	QL (1 device per fill)
CUT N CRUSH (MISCELLANEOUS MEDICAL SUPPLY) MISCELL. EACH	NON DRUG, OTC	QL (1 device per fill)
TABLET CUTTER (MISCELLANEOUS MEDICAL SUPPLY) MISCELL. EACH	NON DRUG, OTC	QL (1 device per fill)

DURABLE MEDICAL EQUIPMENT,MISC(GROUP 1)

ACCU-CHEK SOFTCLIX (LANCETS) MISCELL. EACH	NON DRUG, OTC	QL (200 lancets per 30 days)
LANCETS 28 GAUGE MISCELL. EACH	NON DRUG, OTC	QL (200 lancets per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
LANCETS 30 GAUGE MISCELL. EACH	NON DRUG, OTC	QL (200 lancets per 30 days)
LANCETS 33 GAUGE MISCELL. EACH	NON DRUG, OTC	QL (200 lancets per 30 days)

SYRINGES AND ACCESSORIES

EXTENDED RESERVOIR (INSULIN PUMP SYRINGE, 3ML) MISCELL. EACH	NON DRUG	QL (500 syringes per 30 days)
PARADIGM (INSULIN PUMP SYRINGE, 3ML) MISCELL. EACH	NON DRUG	QL (500 syringes per 30 days)
MONOJECT SYRINGE (MISCELLANEOUS MEDICAL SUPPLY) 22GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
FOLLISTIM PEN DEVICE (PEN INJECTOR (FOR FOLLITROPIN)) SUBCUTANE. PEN INJCTR	NON DRUG	QL (500 syringes per 30 days)
Q-CLIQ PEN (FOR NATPARA) (PEN INJECTOR DEVICE) 71.4MICROL SUBCUTANE. PEN INJCTR	NON DRUG	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYR W-NDL,INS 0.3 ML HALF MARK) 31 G X1/4" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TECHLITE INSULIN SYRINGE (SYR W-NDL,INS 0.3 ML HALF MARK) 31GX15/64" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TECHLITE INSULIN SYRINGE (SYR W-NDL,INS 0.3 ML HALF MARK) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE INSULIN SYRINGE (SYR W-NDL,INS 0.3 ML HALF MARK) 31 G X1/4" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (SYR W-NDL,INS 0.3 ML HALF MARK) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (SYR W-NDL,INS 0.3 ML HALF MARK) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (SYR W-NDL,INS 0.3 ML HALF MARK) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYRNG (SYR,NDL,INS,SAFE,DISP UN, 1 ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
SAFESNAP INSULIN SYRINGE (SYR,NDL,INS,SAFE,DISP UN, 1 ML) 28GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP INSULIN SYRINGE (SYR,NDL,INS,SAFE,DISP UN, 1 ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MAGELLAN INSULIN SYRINGE (SYR,NDL,INS,SAFE,DISP UN,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
SAFESNAP INSULIN SYRINGE (SYR,NDL,INS,SAFE,DISP UN,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYRNG (SYR,NDL,INS,SAFE,DISP UN,0.5ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MAGELLAN INSULIN SYRINGE (SYR,NDL,INS,SAFE,DISP UN,0.5ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
SAFESNAP INSULIN SYRINGE (SYR,NDL,INS,SAFE,DISP UN,0.5ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP INSULIN SYRINGE (SYR,NDL,INS,SAFE,DISP UN,0.5ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (syrge-ndt,ins 0.5 mL half mark) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (syrge-ndt,ins 0.5 mL half mark) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (syrge-ndt,ins 0.5 mL half mark) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
DROPLET INSULIN SYRINGE (syrge-ndl,ins 0.5 mL half mark) 30GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (syrge-ndl,ins 0.5 mL half mark) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (syrge-ndl,ins 0.5 mL half mark) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TECHLITE INSULIN SYRINGE (syrge-ndl,ins 0.5 mL half mark) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TECHLITE INSULIN SYRINGE (syrge-ndl,ins 0.5 mL half mark) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TECHLITE INSULIN SYRINGE (syrge-ndl,ins 0.5 mL half mark) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRG-ND,INS,0.3/CONTAINER) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRG-ND,INS,0.3/CONTAINER) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTIGUARD SAFEPAK-INSULIN SYR (SYRG-ND,INS,0.3/CONTAINER) 30 G X1/2"" MISCELL. SYRINGE	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTIGUARD SAFEPAK-INSULIN SYR (SYRG-ND,INS,0.3/CONTAINER) 31 GX5/16"" MISCELL. SYRINGE	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRG-ND,INS,0.5/CONTAINER) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRG-ND,INS,0.5/CONTAINER) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTIGUARD SAFEPAK-INSULIN SYR (SYRG-ND,INS,0.5/CONTAINER) 30 G X1/2"" MISCELL. SYRINGE	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTIGUARD SAFEPAK-INSULIN SYR (SYRG-ND,INS,0.5/CONTAINER) 31 GX5/16"" MISCELL. SYRINGE	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRG-ND,INS,1ML/CONTAINER) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRG-ND,INS,1ML/CONTAINER) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRG-ND,INS,1ML/CONTAINER) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRG-ND,INS,1ML/CONTAINER) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTIGUARD SAFEPAK-INSULIN SYR (SYRG-ND,INS,1ML/CONTAINER) 30 G X1/2"" MISCELL. SYRINGE	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTIGUARD SAFEPAK-INSULIN SYR (SYRG-ND,INS,1ML/CONTAINER) 31 GX5/16"" MISCELL. SYRINGE	NON DRUG, OTC	QL (500 syringes per 30 days)
ENFIT SYRINGE (SYRIN,ENFIT 0.5 ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
NEOMED ENFIT SYRINGE (SYRIN,ENFIT 0.5 ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ADVOCATE SYRINGES (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ADVOCATE SYRINGES (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
COMFORT EZ INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31GX15/64" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30GX15/64" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31GX15/64" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY GLIDE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31GX15/64" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
HEALTHWISE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
HEALTHWISE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 29 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31GX15/64" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 G X1/4" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
MONOJECT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
PRODIGY INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRING W-NDL,DISP,INSUL,0.3ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 G X1/4" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE-JECT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE-JECT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 G X3/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
THINPRO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
THINPRO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 G X3/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
THINPRO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31GX3/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TOPCARE ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TOPCARE ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TOPCARE ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUEPLUS INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUEPLUS INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUEPLUS INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 G X1/4" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
ULTILET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 29 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTILET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTILET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTILET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRACARE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRACARE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-FINE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-FINE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-FINE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31GX15/64" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-THIN II (SYRING W-NDL,DISP,INSUL,0.3ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-THIN II (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VEO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31GX15/64" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VERIFINE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.3ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ADVOCATE SYRINGES (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ADVOCATE SYRINGES (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 28GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
COMFORT EZ INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 32 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY GLIDE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRING W-NDL,DISP,INSUL,0.5ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
FREESTYLE PRECISION (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
FREESTYLE PRECISION (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
HEALTHWISE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
HEALTHWISE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 28 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 G X1/4"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MAXI-COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MAXICOMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT (SYRING W-NDL,DISP,INSUL,0.5ML) 28 GAUGE MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
PRO COMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
PRO COMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
PRO COMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
PRODIGY INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 G X1/4"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE-JECT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE-JECT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
SURE-JECT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X3/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
THINPRO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
THINPRO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
THINPRO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X3/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
THINPRO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31GX3/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TOPCARE ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TOPCARE ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TOPCARE ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT PRO INS SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT PRO INS SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT PRO INS SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT PRO INS SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 32 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUEPLUS INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUEPLUS INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUEPLUS INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUEPLUS INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 G X1/4"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTILET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTILET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
ULTILET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTILET INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 28 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 29 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRACARE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRACARE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRACARE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-FINE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-FINE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-FINE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-THIN II (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-THIN II (SYRING W-NDL,DISP,INSUL,0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-THIN II (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRING W-NDL,DISP,INSUL,0.5ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VEO INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VERIFINE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VERIFINE INSULIN SYRINGE (SYRING W-NDL,DISP,INSUL,0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH LUER LOCK INSULIN (SYRING W-O NDL,DISP,INSUL, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH UNI-SLIP (SYRING W-O NDL,DISP,INSUL, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CANNULA (SYRINGE ACCESSORY) MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
CORNWALL SYRINGE TIP CONNECTOR (SYRINGE ACCESSORY) MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
FINGER GRIP EXTENDER (SYRINGE ACCESSORY) MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
HUMATROPEN (SYRINGE ACCESSORY) 12 SUBCUTANE. PEN INJCTR	NON DRUG, OTC	QL (500 syringes per 30 days)
HUMATROPEN (SYRINGE ACCESSORY) 24 SUBCUTANE. PEN INJCTR	NON DRUG, OTC	QL (500 syringes per 30 days)
HUMATROPEN (SYRINGE ACCESSORY) 6 SUBCUTANE. PEN INJCTR	NON DRUG, OTC	QL (500 syringes per 30 days)
LEVER LOCK CANNULA (SYRINGE ACCESSORY) MISCELL. EACH	NON DRUG	QL (500 syringes per 30 days)
LUER SLIP TIP CAP (SYRINGE ACCESSORY) MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER TIP CAP TRAY (SYRINGE ACCESSORY) MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SAFETY SYR TIP CAP (SYRINGE ACCESSORY) MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
PRODIGY COUNT-A-DOSE (SYRINGE ACCESSORY) MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE TIP CAP (SYRINGE ACCESSORY) MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE-LUER TIP CAP (SYRINGE ACCESSORY) MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
UNIVERSAL SYRINGE TIP ADAPTOR (SYRINGE ACCESSORY) MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT ENFIT SYRINGE CAP (SYRINGE CAP, ENFIT, NON-STERILE) MISCELL. EACH	NON DRUG	QL (500 syringes per 30 days)
TOOMEY SYRINGE (SYRINGE DISPOSABLE IRRIG, 70 ML) MISCELL. SYRINGE	NON DRUG	QL (500 syringes per 30 days)
DAVOL IRRIGATION SYRINGE (SYRINGE DISPOSABLE IRRIGATION) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
IRRIGATION SYRINGE (SYRINGE DISPOSABLE IRRIGATION) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
FILTER, MILLEX-OR SYRINGE (SYRINGE FILTER) 25 MM-0.22 MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
SUPOR (SYRINGE FILTER) 25 MM-0.2 MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE FILTER, MILLEX-GP (SYRINGE FILTER) 50 MM-0.22 MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE FILTER, MILLEX-GS (SYRINGE FILTER) 25 MM-0.22 MISCELL. EACH	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE U-500 (SYRINGE NDL, INSUL U-500, 0.5ML) 31GX15/64" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
INTERLINK SYRINGE (SYRINGE W-CANNULA, DISP, 5 ML) 17 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INTERLINK SYRINGE (SYRINGE W-CANNULA, DISP, 10 ML) 17 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INTERLINK SYRINGE W-CANNULA (SYRINGE W-CANNULA, DISP, 10 ML) 15 GAUGE MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
LIFESHIELD BLUNT CANNULA (SYRINGE W-CANNULA, DISP, 1ML) 18GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LIFESHIELD BLUNT CANNULA (SYRINGE W-CANNULA, DISP, 3ML) 18GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
MONOJECT SMARTIP CANNULA (SYRINGE W-CANNULA,DISP, 3ML) MISCELL. SYRINGE	NON DRUG	QL (500 syringes per 30 days)
MONOJECT SMARTIP CANNULA (SYRINGE W-CANNULA,DISP, 6ML) MISCELL. SYRINGE	NON DRUG	QL (500 syringes per 30 days)
MONOJECT SMARTIP CANNULA (SYRINGE WITH CANNULA,DISP.12ML) MISCELL. SYRINGE	NON DRUG	QL (500 syringes per 30 days)
ADVOCATE SYRINGES (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ADVOCATE SYRINGES (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 28 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29GX 5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPLET INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 32 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY GLIDE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
EASY TOUCH (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 27GX5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 27GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY-TOUCH INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ECLIPSE SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
FREESTYLE PRECISION (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
FREESTYLE PRECISION (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
HEALTHWISE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
HEALTHWISE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 27GX5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 27GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 28 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29GX7/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 G X1/4"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MAXI-COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MAXICOMFORT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
PRO COMFORT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
PRO COMFORT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
PRO COMFORT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
PRODIGY INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 27GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 G X1/4"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE-JECT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE-JECT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE-JECT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
SURE-JECT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TECHLITE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TECHLITE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TECHLITE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X3/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
THINPRO INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
THINPRO INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
THINPRO INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X3/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
THINPRO INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31GX3/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TOPCARE ULTRA COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TOPCARE ULTRA COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TOPCARE ULTRA COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT PRO INS SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT PRO INS SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT PRO INS SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT PRO INS SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 32 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUEPLUS INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUEPLUS INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUEPLUS INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUEPLUS INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
ULTICARE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 G X1/4" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTILET INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTILET INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTILET INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTILET INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 28GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 28 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 29 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA COMFORT (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRACARE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRACARE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRACARE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-FINE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 30 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-FINE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31GX15/64" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-FINE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-THIN II (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-THIN II (SYRINGE W-NDL, DISP,INSUL,1ML) 30 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTRA-THIN II (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VEO INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31GX15/64" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VERIFINE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VERIFINE INSULIN SYRINGE (SYRINGE W-NDL, DISP,INSUL,1ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W-NDL, DISP,INSUL,3ML) 20GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
INSULIN SYRINGE (SYRINGE W-NDL, DISP., INSULIN) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT INSULIN SAFETY SYRNG (SYRINGE W-NDL, DISP., INSULIN) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SURE COMFORT (SYRINGE W-NDL, DISP., INSULIN) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,10ML) 20GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,10ML) 20GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,10ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,10ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,12ML) 18GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,12ML) 20GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,12ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,12ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ALLERGIST TRAY (SYRINGE W-NEEDLE,DISPOSAB,1ML) 26GX1/2"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ALLERGIST TRAY (SYRINGE W-NEEDLE,DISPOSAB,1ML) 26GX3/8"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ALLERGIST TRAY (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ALLERGIST TRAY (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX0.375"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ALLERGY SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ALLERGY SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX0.375"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ALLERGY SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CAREPOINT LUER SLIP SYRING-NDL (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLURINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLURINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ECLIPSE LUER-LOK SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ECLIPSE SYRINGE-NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL TB WITH NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 26GX3/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
MONOJECT TB (SYRINGE W-NEEDLE,DISPOSAB,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT TB SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT TB SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 26GX3/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT TB SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE ALLERGY (SYRINGE W-NEEDLE,DISPOSAB,1ML) 26GX3/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE ALLERGY SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
SAFETYGLIDE SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE TB SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 26GX3/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE TB SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE TB SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX0.375"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
SYRINGE WITH NEEDLE DISP (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE-PRECISIONGLIDE NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 26 G X5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TB SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO ALLERGY SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TUBERCULIN SLIP-TIP SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX0.375"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TUBERCULIN SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TUBERCULIN SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 26GX3/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TUBERCULIN SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TUBERCULIN SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TUBERCULIN SYRINGE-NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TUBERCULIN SYRINGE-NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ULTICARE (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ULTICARE LOW DEAD SPACE SYRING (SYRINGE W-NEEDLE,DISPOSAB,1ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,1ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CAREPOINT LUER LOCK SYRING-NDL (SYRINGE W-NEEDLE,DISPOSAB,3ML) 20GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CAREPOINT LUER LOCK SYRING-NDL (SYRINGE W-NEEDLE,DISPOSAB,3ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CAREPOINT LUER LOCK SYRING-NDL (SYRINGE W-NEEDLE,DISPOSAB,3ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CAREPOINT LUER LOCK SYRING-NDL (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CAREPOINT LUER LOCK SYRING-NDL (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CAREPOINT LUER LOCK SYRING-NDL (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
CAREPOINT LUER LOCK SYRING-NDL (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CAREPOINT LUER LOCK SYRING-NDL (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CAREPOINT LUER LOCK SYRING-NDL (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER LOCK (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER LOCK (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER LOCK (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER LOCK (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER LOCK (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER LOCK (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER LOCK (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NEEDLE,DISPOSAB,3ML) 20GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NEEDLE,DISPOSAB,3ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ECLIPSE LUER-LOK SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ECLIPSE LUER-LOK SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
EXEL SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 20GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 20GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX3/4"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 27GX1.25"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INTEGRA SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W- NEEDLE,DISPOSAB,3ML) 18GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W- NEEDLE,DISPOSAB,3ML) 20GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W- NEEDLE,DISPOSAB,3ML) 20GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W- NEEDLE,DISPOSAB,3ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W- NEEDLE,DISPOSAB,3ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W- NEEDLE,DISPOSAB,3ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W- NEEDLE,DISPOSAB,3ML) 23GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W- NEEDLE,DISPOSAB,3ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W- NEEDLE,DISPOSAB,3ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W- NEEDLE,DISPOSAB,3ML) 25GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W- NEEDLE,DISPOSAB,3ML) 26 G X5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 20GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 20GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 20GX3/4"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX1"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX1.25"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 27GX1.25"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 17 GAUGE MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TWINPAK DUAL CANNULA (SYRINGE W-NEEDLE,DISPOSAB,3ML) 20 G-17 G MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE LOW DEAD SPACE SYRING (SYRINGE W- NEEDLE,DISPOSAB,3ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,3ML) 20GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,3ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,3ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,3ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,3ML) 23GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,3ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,5ML) 20GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,5ML) 20GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,5ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE-NEEDLE (SYRINGE W-NEEDLE,DISPOSAB,5ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO HYPODERMIC NEEDLE-SYRIN (SYRINGE W-NEEDLE,DISPOSAB,5ML) 20GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO HYPODERMIC NEEDLE-SYRIN (SYRINGE W-NEEDLE,DISPOSAB,5ML) 20GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO HYPODERMIC NEEDLE-SYRIN (SYRINGE W-NEEDLE,DISPOSAB,5ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO HYPODERMIC NEEDLE-SYRIN (SYRINGE W-NEEDLE,DISPOSAB,5ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO HYPODERMIC NEEDLE-SYRIN (SYRINGE W-NEEDLE,DISPOSAB,5ML) 22GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO HYPODERMIC NEEDLE-SYRIN (SYRINGE W-NEEDLE,DISPOSAB,5ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,5ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT (SYRINGE W-NEEDLE,DISPOSAB,5ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT (SYRINGE W-NEEDLE,DISPOSAB,6ML) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,6ML) 20GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,6ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,6ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,6ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT (SYRINGE W-NEEDLE,DISPOSABLE) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT (SYRINGE W-NEEDLE,DISPOSABLE) 20GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ALLERGIST TRAY (SYRINGE W-NEEDLE,DISPOSAB,0.5ML) 27GX0.375"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT TB SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,0.5ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TUBERCULIN SYRINGE (SYRINGE W-NEEDLE,DISPOSAB,0.5ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE WITHOUT NEEDLE (SYRINGE, DISPOSABLE) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
AQINJECT LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 10ML) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
BULK SYRINGE (SYRINGE, DISPOSABLE, 10ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER SLIP SYRINGE (SYRINGE, DISPOSABLE, 10ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY GLIDE DENTAL IRRIG SYRING (SYRINGE, DISPOSABLE, 10ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY GLIDE LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 10ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 10ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (SYRINGE, DISPOSABLE, 10ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH UNI-SLIP (SYRINGE, DISPOSABLE, 10ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE, DISPOSABLE, 10ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
NORM-JECT SYRINGE (SYRINGE, DISPOSABLE, 10ML) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
SYRINGE (SYRINGE, DISPOSABLE, 10ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE SLIP TIP (SYRINGE, DISPOSABLE, 10ML) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT CONTROL SYRINGE (SYRINGE, DISPOSABLE, 12ML) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT SAFETY SYRINGE (SYRINGE, DISPOSABLE, 12ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE, DISPOSABLE, 12ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE WITHOUT NEEDLE (SYRINGE, DISPOSABLE, 12ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT (SYRINGE, DISPOSABLE, 140ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
BULK SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CAREPOINT LUER SLIP SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER SLIP SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY GLIDE LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY GLIDE LUER SLIP TB SYRING (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL TUBERCULIN SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER SLIP TIP SYRINGE TRAY (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
LUER-LOK SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUERSLIP SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MAGELLAN TB SAFETY SYRINGE (SYRINGE, DISPOSABLE, 1ML) 28GX1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT LUER LOCK TB SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT PHARMACY TRAY (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT TB SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT TUBERCULIN SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
NORM-JECT TUBERKULIN SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TUBERCULIN SYRINGE (SYRINGE, DISPOSABLE, 1ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
AQINJECT LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 20ML) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
BULK SYRINGE (SYRINGE, DISPOSABLE, 20ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 20ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE, DISPOSABLE, 20ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE (SYRINGE, DISPOSABLE, 20ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE, DISPOSABLE, 20ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
NORM-JECT SYRINGE (SYRINGE, DISPOSABLE, 20ML) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
SLIP-TIP SYRINGE (SYRINGE, DISPOSABLE, 20ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE (SYRINGE, DISPOSABLE, 20ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE BULK (SYRINGE, DISPOSABLE, 20ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE WITHOUT NEEDLE (SYRINGE, DISPOSABLE, 20ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE, DISPOSABLE, 30ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 30ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK TIP SYRINGE (SYRINGE, DISPOSABLE, 30ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE (SYRINGE, DISPOSABLE, 30ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO SYRINGE (SYRINGE, DISPOSABLE, 30ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT (SYRINGE, DISPOSABLE, 35ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
SYRINGE (SYRINGE, DISPOSABLE, 35ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE WITHOUT NEEDLE (SYRINGE, DISPOSABLE, 35ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
AQINJECT 3.0 LOCK SYRINGE (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
CAREPOINT LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER SLIP SYRINGE (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY GLIDE LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH UNI-SLIP (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SAFETY SYRINGE (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE PHARMACY TRAY (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE (SYRINGE, DISPOSABLE, 3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE, DISPOSABLE, 50ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
AQINJECT LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 5ML) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
BULK SYRINGE (SYRINGE, DISPOSABLE, 5ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 5ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
CARETOUCH LUER SLIP SYRINGE (SYRINGE, DISPOSABLE, 5ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 5ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (SYRINGE, DISPOSABLE, 5ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH UNI-SLIP (SYRINGE, DISPOSABLE, 5ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EXEL SYRINGE (SYRINGE, DISPOSABLE, 5ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOK SYRINGE (SYRINGE, DISPOSABLE, 5ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
SYRINGE (SYRINGE, DISPOSABLE, 5ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY GLIDE CATHETER TIP SYRING (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY GLIDE LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH LUER LOCK SYRINGE (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
LUER-LOCK SYRINGE (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE CATHETER TIP (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE CATHETER TIP NON-STER (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE LUER-LOK (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE LUER-LOK NON-STERILE (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE LUER-LOK STERILE (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE SLIP TIP (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE SLIP TIP NON-STERILE (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SYRINGE WITHOUT NEEDLE (SYRINGE, DISPOSABLE, 60ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE (SYRINGE, DISPOSABLE, 6ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SYRINGE PHARMACY TRAY (SYRINGE, DISPOSABLE, 6ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ENFIT SYRINGE STERILE (SYRINGE, ENFIT 1 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT ENFIT SYRINGE (SYRINGE, ENFIT 1 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ENFIT SYRINGE STERILE (SYRINGE, ENFIT 10 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT ENFIT SYRINGE (SYRINGE, ENFIT 12 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ENFIT SYRINGE STERILE (SYRINGE, ENFIT 20 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ENFIT SYRINGE STERILE (SYRINGE, ENFIT 3 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT ENFIT SYRINGE (SYRINGE, ENFIT 3 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ENFIT SYRINGE STERILE (SYRINGE, ENFIT 35 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT ENFIT SYRINGE (SYRINGE, ENFIT 35 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ENFIT SYRINGE STERILE (SYRINGE, ENFIT 5 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
MONOJECT ENFIT SYRINGE (SYRINGE, ENFIT 6 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ENFIT SYRINGE STERILE (SYRINGE, ENFIT 60 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT ENFIT SYRINGE (SYRINGE, ENFIT 60 ML, STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ULTICARE SAFETY SYRINGE (SYRINGE, SAFETY 3 ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MAD NASAL ATOMIZER-SYRG-ADAPTR (SYRINGE,CANNULA,DISP, 1ML/ATOM) NASAL COMBO. PKG	NON DRUG	QL (500 syringes per 30 days)
ENFIT SYRINGE (SYRINGE,ENFIT 1 ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT ENFIT SYRINGE (SYRINGE,ENFIT 1 ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ENFIT SYRINGE (SYRINGE,ENFIT 10ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT ENFIT SYRINGE (SYRINGE,ENFIT 12ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ENFIT SYRINGE (SYRINGE,ENFIT 20ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ENFIT SYRINGE (SYRINGE,ENFIT 3 ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT ENFIT SYRINGE (SYRINGE,ENFIT 3 ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ENFIT SYRINGE (SYRINGE,ENFIT 35ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT ENFIT SYRINGE (SYRINGE,ENFIT 35ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ENFIT SYRINGE (SYRINGE,ENFIT 5 ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT ENFIT SYRINGE (SYRINGE,ENFIT 6 ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ENFIT SYRINGE (SYRINGE,ENFIT 60ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ENFIT THUMB CONTROL RING SYRIN (SYRINGE,ENFIT 60ML,NON- STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT ENFIT SYRINGE (SYRINGE,ENFIT 60ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
PISTON ENFIT SYRINGE (SYRINGE,ENFIT 60ML,NON-STERILE) MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MAGELLAN TUBERCULIN SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 1ML) 27GX1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
SAFESNAP ALLERGY SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 1ML) 27GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP TUBERCULIN SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 1ML) 25GX5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP TUBERCULIN SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 1ML) 27GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 3ML) 20GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 3ML) 20GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 3ML) 21 G X 1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 3ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 3ML) 22GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 3ML) 22GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 3ML) 23GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 3ML) 23GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 3ML) 25GX5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 3ML) 25GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 5ML) 20GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 5ML) 20GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 5ML) 21 G X 1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 5ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 5ML) 22GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN, 5ML) 22GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN,10ML) 20GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN,10ML) 20GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN,10ML) 21 G X 1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN,10ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN,10ML) 22GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,NDLE,SAFE,DISP UN,10ML) 22GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPSAFE INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
DROPSAFE INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 31 GX5/16" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
DROPSAFE INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 31GX15/64" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK INSULIN (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 29 G X1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
EASY TOUCH FLIPLOCK INSULIN (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK INSULIN (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK INSULIN (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SAFETY (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SAFETY (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK INSULIN (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK INSULIN (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK INSULIN (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK INSULIN (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYRNG (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
SAFETYGLIDE INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SECURESAFE INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT SAFE INSULIN SYRG (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT SAFE INSULIN SYRG (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT SAFE INSULIN SYRG (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT SAFE INSULIN SYRG (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 32 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SAFE,1ML) 30 GX3/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPSAFE INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SF 0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
DROPSAFE INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SF 0.5ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SAFETY (SYRINGE,NEEDLE,INSULN,SF 0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH INSULIN SAFETY (SYRINGE,NEEDLE,INSULN,SF 0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SF 0.5ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SECURESAFE INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SF 0.5ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT SAFE INSULIN SYRG (SYRINGE,NEEDLE,INSULN,SF 0.5ML) 30 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT SAFE INSULIN SYRG (SYRINGE,NEEDLE,INSULN,SF 0.5ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TRUE COMFORT SAFE INSULIN SYRG (SYRINGE,NEEDLE,INSULN,SF 0.5ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
DROPSAFE INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SF,0.3ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
DROPSAFE INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SF,0.3ML) 31 GX5/16"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYRNG (SYRINGE,NEEDLE,INSULN,SF,0.3ML) 29 G X1/2"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
SAFETYGLIDE INSULIN SYRINGE (SYRINGE,NEEDLE,INSULN,SF,0.3ML) 31GX15/64"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,SAFE,DISPOSAL UNIT,3ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,SAFE,DISPOSAL UNIT,5ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETY SYRINGE (SYRINGE,SAFETY NEEDLE,0.5 ML) 30 G X1/2"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGE (SYRINGE,SAFETY W-NDL,10ML) 18GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGE (SYRINGE,SAFETY W-NDL,10ML) 18GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,10ML) 20GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,10ML) 20GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,10ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,10ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,10ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,10ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W-NDL,10ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W-NDL,10ML) 22GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W-NDL,10ML) 25GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,10ML) 20GX1" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,10ML) 20GX1 1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,10ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
VANISHPOINT SYRINGE (SYRINGE,SAFETY W-NDL,10ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,12ML) 20GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,12ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
AQINJECT SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,1ML) 23GX1" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
AQINJECT SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,1ML) 25GX1" MISCELL. SYRINGE	NON DRUG	QL (500 syringes per 30 days)
CAREPOINT SAFETY LUER LOCK SYR (SYRINGE,SAFETY W-NDL,1ML) 25GX1" MISCELL. SYRINGE	NON DRUG	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,1ML) 26GX3/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,1ML) 27GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,1ML) 25GX1" MISCELL. SYRINGE	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLURINGE FLIPLOCK (SYRINGE,SAFETY W-NDL,1ML) 25GX5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLURINGE FLIPLOCK (SYRINGE,SAFETY W-NDL,1ML) 25GX1" MISCELL. SYRINGE	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLURINGE SHEATHLOCK (SYRINGE,SAFETY W-NDL,1ML) 25GX5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLURINGE SHEATHLOCK (SYRINGE,SAFETY W-NDL,1ML) 25GX1" MISCELL. SYRINGE	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH TUBERCULIN FLIPLOCK (SYRINGE,SAFETY W-NDL,1ML) 26 G X5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH TUBERCULIN FLIPLOCK (SYRINGE,SAFETY W-NDL,1ML) 27GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH TUBERCULIN FLIPLOCK (SYRINGE,SAFETY W-NDL,1ML) 28GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH TUBERCULIN SHEATHLK (SYRINGE,SAFETY W-NDL,1ML) 25GX5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH TUBERCULIN SHEATHLK (SYRINGE,SAFETY W-NDL,1ML) 26 G X5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH TUBERCULIN SHEATHLK (SYRINGE,SAFETY W-NDL,1ML) 27GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH TUBERCULIN SHEATHLK (SYRINGE,SAFETY W-NDL,1ML) 28GX1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
MAGELLAN SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,1ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT MAGELLAN (SYRINGE,SAFETY W-NDL,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
MONOJECT MAGELLAN (SYRINGE,SAFETY W-NDL,1ML) 25GX1"" MISCELL. SYRINGE	NON DRUG	QL (500 syringes per 30 days)
MONOJECT TB SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,1ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,1ML) 26GX3/8"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ULTICARE TB SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,1ML) 27GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE TB SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,1ML) 27GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE TB SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,1ML) 28GX1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
AQINJECT SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
AQINJECT SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 19GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 19GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 22GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 22GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 23GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 23GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 25GX5/8"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 25GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,3ML) 18GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,3ML) 18GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,3ML) 20GX1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,3ML) 20GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,3ML) 21 G X 1"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,3ML) 21GX1 1/2"" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W-NDL,3ML) 21 G X 1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W-NDL,3ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W-NDL,3ML) 22GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W-NDL,3ML) 22GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W-NDL,3ML) 23GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W-NDL,3ML) 25GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W-NDL,3ML) 25GX5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ECLIPSE LUER-LOK SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 23GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ECLIPSE SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 21 G X 1" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ECLIPSE SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 25GX1" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
INTEGRA SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 21 G X 1" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
INTEGRA SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 23GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INTEGRA SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 25GX5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
INTEGRA SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 25GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT MAGELLAN (SYRINGE,SAFETY W-NDL,3ML) 20GX1" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
SAFETY SYRINGE WITH SHIELD (SYRINGE,SAFETY W-NDL,3ML) 21 G X 1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETY SYRINGE WITH SHIELD (SYRINGE,SAFETY W-NDL,3ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETY SYRINGE WITH SHIELD (SYRINGE,SAFETY W-NDL,3ML) 22GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETY SYRINGE WITH SHIELD (SYRINGE,SAFETY W-NDL,3ML) 22GX1 1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
SAFETY SYRINGE WITH SHIELD (SYRINGE,SAFETY W-NDL,3ML) 23GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETY SYRINGE WITH SHIELD (SYRINGE,SAFETY W-NDL,3ML) 25GX5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFETYGLIDE SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 25GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,3ML) 20GX1" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,3ML) 20GX1 1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,3ML) 21 G X 1" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,3ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,3ML) 22GX1" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,3ML) 22GX1 1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,3ML) 23GX1" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,3ML) 25GX5/8" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,3ML) 25GX1" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
ULTICARE SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 22GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 22GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 23GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 25GX5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ULTICARE SAFETY SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 25GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 25GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
VANISHPOINT SYRINGE (SYRINGE,SAFETY W-NDL,3ML) 27GX1.5" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGE (SYRINGE,SAFETY W-NDL,5ML) 25GX5/8" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGE (SYRINGE,SAFETY W-NDL,5ML) 25GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,5ML) 18GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,5ML) 20GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,5ML) 20GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,5ML) 21 G X 1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,5ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH FLIPLOCK SYRINGES (SYRINGE,SAFETY W-NDL,5ML) 22GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W- NDL,5ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W- NDL,5ML) 22GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRG-NDL (SYRINGE,SAFETY W- NDL,5ML) 25GX1" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,5ML) 20GX1" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,5ML) 20GX1 1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
TERUMO SURGUARD2 (SYRINGE,SAFETY W-NDL,5ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG	QL (500 syringes per 30 days)
VANISHPOINT SYRINGE (SYRINGE,SAFETY W-NDL,5ML) 21GX1 1/2" MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
SAFESNAP SYRINGE (SYRINGE,SAFETY,DISP UNIT,10 ML) MISCELL. DISP SYRIN	NON DRUG, OTC	QL (500 syringes per 30 days)
ALLERGIST TRAY SYR-DETACH NDL (SYRNG W-NDL,DISP. KIT- TRAY,1ML) 27GX1/2" MISCELL. TRAY	NON DRUG, OTC	QL (500 syringes per 30 days)
MONOJECT ALLERGY TRAY-NEEDLE (SYRNG W-NDL,DISP. KIT- TRAY,1ML) 28GX1/2" MISCELL. TRAY	NON DRUG, OTC	QL (500 syringes per 30 days)
ALLERGIST TRAY (SYRNG W-NDL,DSP KIT-TRAY,0.5ML) 27GX1/2" MISCELL. TRAY	NON DRUG	QL (500 syringes per 30 days)
ALLERGIST TRAY SYR-PERM NEEDLE (SYRNG W-NDL,DSP KIT- TRAY,0.5ML) 28GX1/2" MISCELL. TRAY	NON DRUG, OTC	QL (500 syringes per 30 days)
DOVER BULB SYRINGE (TUBULAR BANDAGE APPLICATOR) MISCELL. SYRINGE	NON DRUG, OTC	QL (500 syringes per 30 days)

MISCELLANEOUS AGENTS

ANAPHYLAXIS THERAPY AGENTS

EPINEPHRINE 0.15MG/0.3 INJECTION AUTO INJCT	GENERIC	QL (1 every 144 days)
EPINEPHRINE 0.3MG/0.3 INJECTION AUTO INJCT	GENERIC	QL (1 every 144 days)
EPINEPHRINE 0.15/0.15 INJECTION AUTO INJCT	GENERIC	QL (1 injection per 144 days)
NEFFY (EPINEPHRINE) 2 MG/SPRAY NASAL SPRAY	BRAND	

PARASYMPATHETIC AGENTS

BETHANECHOL CHLORIDE 10 MG ORAL TABLET	GENERIC	
BETHANECHOL CHLORIDE 25 MG ORAL TABLET	GENERIC	
BETHANECHOL CHLORIDE 5 MG ORAL TABLET	GENERIC	
BETHANECHOL CHLORIDE 50 MG ORAL TABLET	GENERIC	

NEOPLASTIC DISEASE

ALKYLATING AGENTS

BENDAMUSTINE HCL 25 MG INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
MYLERAN (BUSULFAN) 2 MG ORAL TABLET	BRAND	PA (Rx018); SPEC
LEUKERAN (CHLORAMBUCIL) 2 MG ORAL TABLET	BRAND	PA (Rx018); SPEC
CYCLOPHOSPHAMIDE 25 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
CYCLOPHOSPHAMIDE 50 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
CYCLOPHOSPHAMIDE 25 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
CYCLOPHOSPHAMIDE 50 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
HYDROXYUREA 500 MG ORAL CAPSULE	GENERIC	
GLEOSTINE (LOMUSTINE) 10 MG ORAL CAPSULE	BRAND	PA (Rx018); SPEC
GLEOSTINE (LOMUSTINE) 100 MG ORAL CAPSULE	BRAND	PA (Rx018); SPEC
GLEOSTINE (LOMUSTINE) 40 MG ORAL CAPSULE	BRAND	PA (Rx018); SPEC
OXALIPLATIN 100MG/20ML INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
OXALIPLATIN 50 MG/10ML INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
TEMOZOLOMIDE 100 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
TEMOZOLOMIDE 140 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
TEMOZOLOMIDE 180 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
TEMOZOLOMIDE 20 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
TEMOZOLOMIDE 250 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC

DRUG NAME	TYPE	RESTRICTIONS
TEMOZOLOMIDE 5 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC

ANTIANDROGENIC AGENTS

ABIRATERONE ACETATE 250 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
NILUTAMIDE 150 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC

ANTIBIOTIC ANTINEOPLASTICS

DACTINOMYCIN 0.5 MG INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
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ANTIMETABOLITES

AZACITIDINE 100 MG INJECTION VIAL	GENERIC	PA (Rx018); SPEC
CAPECITABINE 150 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
CAPECITABINE 500 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
GEMCITABINE HCL 1 G INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
GEMCITABINE HCL 2 G INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
GEMCITABINE HCL 200 MG INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
MERCAPTOPYRINE 50 MG ORAL TABLET	GENERIC	
METHOTREXATE (METHOTREXATE SODIUM) 25 MG/ML INJECTION VIAL	GENERIC	
METHOTREXATE (METHOTREXATE SODIUM) 2.5 MG ORAL TABLET	GENERIC	
METHOTREXATE SODIUM (METHOTREXATE SODIUM/PF) 25 MG/ML INJECTION VIAL	GENERIC	
FOLOTYN (PRALATREXATE) 20MG/ML(1) INTRAVEN. VIAL	BRAND	PA (Rx018); SPEC
FOLOTYN (PRALATREXATE) 40 MG/2 ML INTRAVEN. VIAL	BRAND	PA (Rx018); SPEC
PRALATREXATE 20MG/ML(1) INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
PRALATREXATE 40 MG/2 ML INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
TABLOID (THIOGUANINE) 40 MG ORAL TABLET	BRAND	PA (Rx018); SPEC

ANTINEOPLAST EGF RECEPTOR BLOCKER RCMB MC ANTIBODY

ERBITUX (CETUXIMAB) 100MG/50ML INTRAVEN. VIAL	BRAND	PA (Rx018); SPEC
ERBITUX (CETUXIMAB) 200MG/0.1L INTRAVEN. VIAL	BRAND	PA (Rx018); SPEC

ANTINEOPLASTIC AROMATASE INHIBITORS

ANASTROZOLE 1 MG ORAL TABLET	GENERIC	
EXEMESTANE 25 MG ORAL TABLET	GENERIC	
LETROZOLE 2.5 MG ORAL TABLET	GENERIC	

ANTINEOPLASTIC - MTOR KINASE INHIBITORS

EVEROLIMUS 10 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
EVEROLIMUS 2.5 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
EVEROLIMUS 5 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC

ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS

CAMPTOSAR (IRINOTECAN HCL) 300MG/15ML INTRAVEN. VIAL	BRAND	PA (Rx018); SPEC
IRINOTECAN HCL 300MG/15ML INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
HYCANTIN (TOPOTECAN HCL) 0.25 MG ORAL CAPSULE	BRAND	PA (Rx018); SPEC
HYCANTIN (TOPOTECAN HCL) 1 MG ORAL CAPSULE	BRAND	PA (Rx018); SPEC
TOPOTECAN HCL 4 MG INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC

ANTINEOPLASTIC IMMUNOMODULATOR AGENTS

LENALIDOMIDE 10 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
LENALIDOMIDE 15 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
LENALIDOMIDE 2.5 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
LENALIDOMIDE 20 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
LENALIDOMIDE 25 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
LENALIDOMIDE 5 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC

DRUG NAME	TYPE	RESTRICTIONS
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS		
DASATINIB 100 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
DASATINIB 140 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
DASATINIB 20 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
DASATINIB 50 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
DASATINIB 70 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
DASATINIB 80 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
ERLOTINIB HCL 100 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
ERLOTINIB HCL 150 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
ERLOTINIB HCL 25 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
GEFITINIB 250 MG ORAL TABLET	GENERIC	PA (Rx028); SPEC
IMATINIB MESYLATE 100 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
IMATINIB MESYLATE 400 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
LAPATINIB (LAPATINIB DITOSYLATE) 250 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
TASIGNA (NILEOTINIB HYDROCHLORIDE) 150 MG ORAL CAPSULE	BRAND	PA (Rx018); SPEC
TASIGNA (NILEOTINIB HYDROCHLORIDE) 200 MG ORAL CAPSULE	BRAND	PA (Rx018); SPEC
PAZOPANIB HCL (PAZOPANIB HYDROCHLORIDE) 200 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
SORAFENIB (SORAFENIB TOSYLATE) 200 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
SUNITINIB MALATE 12.5 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
SUNITINIB MALATE 25 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
SUNITINIB MALATE 50 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
CAPRELSA (VANDETANIB) 100 MG ORAL TABLET	BRAND	PA (Rx018); SPEC
CAPRELSA (VANDETANIB) 300 MG ORAL TABLET	BRAND	PA (Rx018); SPEC
ANTINEOPLASTIC,HISTONE DEACETYLASE INHIBITORS,HDIS		
ISTODAX (ROMIDEPSIN) 10 MG/2 ML INTRAVEN. VIAL	BRAND	PA (Rx018); SPEC
ROMIDEPSIN 10 MG/2 ML INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
ZOLINZA (VORINOSTAT) 100 MG ORAL CAPSULE	BRAND	PA (Rx018); SPEC
ANTINEOPLASTICS,MISCELLANEOUS		
JEVTANA (CABAZITAXEL) FDN10MG/ML INTRAVEN. VIAL	BRAND	PA (Rx018); SPEC
DOCETAXEL 20MG/ML(1) INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
DOCETAXEL 80 MG/4 ML INTRAVEN. VIAL	GENERIC	PA (Rx018); SPEC
ETOPOSIDE 50 MG ORAL CAPSULE	GENERIC	
LYSODREN (MITOTANE) 500 MG ORAL TABLET	BRAND	PA (Rx018); SPEC
MATULANE (PROCARBAZINE HCL) 50 MG ORAL CAPSULE	BRAND	PA (Rx018); SPEC
TRETINOIN 10 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
LEUCOVORIN CALCIUM 10 MG ORAL TABLET	GENERIC	
LEUCOVORIN CALCIUM 15 MG ORAL TABLET	GENERIC	
LEUCOVORIN CALCIUM 25 MG ORAL TABLET	GENERIC	
LEUCOVORIN CALCIUM 5 MG ORAL TABLET	GENERIC	
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)		
TAMOXIFEN CITRATE 10 MG ORAL TABLET	GENERIC	
TAMOXIFEN CITRATE 20 MG ORAL TABLET	GENERIC	
TOREMIFENE CITRATE 60 MG ORAL TABLET	GENERIC	PA (Rx018); SPEC
SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)		
BEXAROTENE 75 MG ORAL CAPSULE	GENERIC	PA (Rx018); SPEC
STEROID ANTINEOPLASTICS		

DRUG NAME	TYPE	RESTRICTIONS
MEGESTROL ACETATE 20 MG ORAL TABLET	GENERIC	
MEGESTROL ACETATE 40 MG ORAL TABLET	GENERIC	

NEUROLOGICAL DISEASE - MISCELLANEOUS

AGENTS TO TREAT MULTIPLE SCLEROSIS

DIMETHYL FUMARATE 120 MG ORAL CAPSULE DR	GENERIC	PA (Rx026); QL (60 capsules per 30 days); SPEC
DIMETHYL FUMARATE 120-240 MG ORAL CAPSULE DR	GENERIC	PA (Rx026); QL (60 capsules per 30 days); SPEC
DIMETHYL FUMARATE 240 MG ORAL CAPSULE DR	GENERIC	PA (Rx026); QL (60 capsules per 30 days); SPEC
AVONEX (INTERFERON BETA-1A) 30MCG/.5ML INTRAMUSC. SYRINGE	BRAND	PA (Rx025); SPEC
AVONEX (INTERFERON BETA-1A) 30MCG/.5ML INTRAMUSC. SYRINGE KIT	BRAND	PA (Rx025); SPEC
AVONEX PEN (INTERFERON BETA-1A) 30MCG/.5ML INTRAMUSC. PEN IJ KIT	BRAND	PA (Rx025); SPEC
AVONEX PEN (INTERFERON BETA-1A) 30MCG/.5ML INTRAMUSC. PEN INJCTR	BRAND	PA (Rx018); SPEC

ORAL/PHARYNGEAL DISORDERS

DENTAL AIDS AND PREPARATIONS

CHLORHEXIDINE GLUCONATE 0.12% MUCOUS MEM MOUTHWASH	GENERIC	
PERIOGARD (CHLORHEXIDINE GLUCONATE) 0.12% MUCOUS MEM MOUTHWASH	GENERIC	

NOSE PREPARATIONS, MISCELLANEOUS (RX)

IPRATROPIUM BROMIDE 21 MCG NASAL SPRAY	GENERIC	
IPRATROPIUM BROMIDE 42 MCG NASAL SPRAY	GENERIC	

OTHER DRUGS

ANTI-DIARRHEAL MICROORGANISMS AGENTS

ACIDOPHILUS (LA/LACTOBAC SALIV/BB/S.THERMOP) 175 MG ORAL CAPSULE	BRAND, OTC	
ACIDOPHILUS (LACTOBACILLUS ACIDOPHILUS) ORAL CAPSULE	GENERIC, OTC	
ACIDOPHILUS (LACTOBACILLUS ACIDOPHILUS) ORAL TAB CHEW	GENERIC, OTC	
ACIDOPHILUS PROBIOTIC (LACTOBACILLUS ACIDOPHILUS) 500MM CELL ORAL CAPSULE	GENERIC, OTC	
ACIDOPHILUS PROBIOTIC (LACTOBACILLUS ACIDOPHILUS) 0.5 MG ORAL TABLET	GENERIC, OTC	

APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.

MEGESTROL ACETATE 400MG/10ML ORAL SUSP	GENERIC	
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DIAGNOSTIC TEST DEVICES AND SUPPLIES

BINAXNOW COVID AG CARD HOME TST (COVID-19 ANTIGEN (FIA) TEST) MISCELL. KIT	NON DRUG, OTC	QL (8 kits per 30 days)
BINAXNOW COVID-19 AG SELF TEST (COVID-19 ANTIGEN (FIA) TEST) MISCELL. KIT	NON DRUG, OTC	QL (8 kits per 30 days)
ELLUME COVID-19 HOME TEST (COVID-19 ANTIGEN (FIA) TEST) MISCELL. KIT	NON DRUG, OTC	QL (8 kits per 30 days)
INTELIWAB COVID-19 HOME TEST (COVID-19 ANTIGEN (FIA) TEST) MISCELL. KIT	NON DRUG, OTC	QL (8 kits per 30 days)
RAPID SARS-COV-2 AG HOME TEST (COVID-19 ANTIGEN (FIA) TEST) MISCELL. KIT	NON DRUG, OTC	QL (8 kits per 30 days)

GENERAL INHALATION AGENTS

DRUG NAME	TYPE	RESTRICTIONS
NEBUSAL (SODIUM CL FOR INHALATION) 3% INHALATION VIAL-NEB	GENERIC	
SODIUM CHLORIDE (SODIUM CL FOR INHALATION) 0.90% INHALATION VIAL-NEB	GENERIC	
SODIUM CHLORIDE (SODIUM CL FOR INHALATION) 3% INHALATION VIAL-NEB	GENERIC	
SODIUM CHLORIDE (SODIUM CL FOR INHALATION) 7% INHALATION VIAL-NEB	GENERIC	

INSECTICIDES

HOME LICE-BEDBUG-DUST MITE (PERMETHRIN) 0.50% MISCELL. SPRAY	GENERIC, OTC	
LICE BEDDING (PERMETHRIN) 0.50% MISCELL. SPRAY	GENERIC, OTC	
LICE-BEDBUG-MITE BEDDING (PERMETHRIN) 0.50% MISCELL. SPRAY	GENERIC, OTC	
RID (PERMETHRIN) 0.50% MISCELL. SPRAY	GENERIC, OTC	
STOP LICE (PERMETHRIN) 0.50% MISCELL. SPRAY	GENERIC, OTC	

METABOLIC DEFICIENCY AGENTS

CARNITOR SF (LEVOCARNITINE) 100 MG/ML ORAL SOLUTION	BRAND	
LEVOCARNITINE 330 MG ORAL TABLET	GENERIC, OTC	
LEVOCARNITINE SF (LEVOCARNITINE) 100 MG/ML ORAL SOLUTION	GENERIC	
LEVOCARNITINE (LEVOCARNITINE (WITH SUCROSE)) 100 MG/ML ORAL SOLUTION	GENERIC	

NEEDLES/NEEDLELESS DEVICES

1ST TIER UNIFINE PENTIPS PLUS (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ADVOCATE PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
AQINJECT PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
AQINJECT PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CARETOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CARETOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CARETOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CARETOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CARETOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CARETOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (INSULIN PEN NEEDLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
COMFORT EZ PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT TOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 31G X5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT TOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT TOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT TOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT TOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT TOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT TOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT TOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT TOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 33 GX5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT TOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 33 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT TOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 33 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPLET MICRON PEN NEEDLE (INSULIN PEN NEEDLE) 34 GX9/64"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPLET PEN NEEDLE (INSULIN PEN NEEDLE) 29G X 3/8"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPLET PEN NEEDLE (INSULIN PEN NEEDLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPLET PEN NEEDLE (INSULIN PEN NEEDLE) 30 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPLET PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPLET PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPLET PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPLET PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPLET PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPLET PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPLET PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 33 GX5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
EASY COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 33 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 33 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY GLIDE PEN NEEDLE (INSULIN PEN NEEDLE) 33 GX5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY TOUCH PEN NEEDLE (INSULIN PEN NEEDLE) 30 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EMBRACE PEN NEEDLE (INSULIN PEN NEEDLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EMBRACE PEN NEEDLE (INSULIN PEN NEEDLE) 30 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EMBRACE PEN NEEDLE (INSULIN PEN NEEDLE) 30 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EMBRACE PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EMBRACE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EMBRACE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EMBRACE PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
HEALTHWISE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
HEALTHWISE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
HEALTHWISE PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INCONTROL PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INSULIN PEN NEEDLE 31 G X1/6"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INSUPEN PEN NEEDLE (INSULIN PEN NEEDLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INSUPEN PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INSUPEN PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INSUPEN PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
MINI PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
MINI PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
MINI PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
MINI PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
MINI PEN NEEDLE (INSULIN PEN NEEDLE) 33 GX5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
MINI PEN NEEDLE (INSULIN PEN NEEDLE) 33 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
MINI PEN NEEDLE (INSULIN PEN NEEDLE) 33 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
NANO 2ND GEN PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
NANO PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (INSULIN PEN NEEDLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (INSULIN PEN NEEDLE) 30 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (INSULIN PEN NEEDLE) 30 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (INSULIN PEN NEEDLE) 31GX15/64"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (INSULIN PEN NEEDLE) 33 GX5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PENTIPS PEN NEEDLE (INSULIN PEN NEEDLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PENTIPS PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PENTIPS PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PENTIPS PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PENTIPS PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PENTIPS PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PIP PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PIP PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PRO COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PRO COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PRO COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PRO COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
PURE COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PURE COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PURE COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PURE COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
RAYA SURE PEN NEEDLE (INSULIN PEN NEEDLE) 29GX15/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
RAYA SURE PEN NEEDLE (INSULIN PEN NEEDLE) 31G X5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
RAYA SURE PEN NEEDLE (INSULIN PEN NEEDLE) 31GX13/64" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
RAYA SURE PEN NEEDLE (INSULIN PEN NEEDLE) 31GX15/64" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SURE COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TECHLITE PEN NEEDLE (INSULIN PEN NEEDLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TECHLITE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TECHLITE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TECHLITE PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TECHLITE PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TECHLITE PLUS PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT PRO PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT PRO PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT PRO PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT PRO PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT PRO PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT PRO PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT PRO PEN NEEDLE (INSULIN PEN NEEDLE) 33 GX5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT PRO PEN NEEDLE (INSULIN PEN NEEDLE) 33 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
TRUE COMFORT PRO PEN NEEDLE (INSULIN PEN NEEDLE) 33 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUEPLUS PEN NEEDLE (INSULIN PEN NEEDLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUEPLUS PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUEPLUS PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUEPLUS PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUEPLUS PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTICARE PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTICARE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTICARE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTICARE PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTICARE PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA FLO PEN NEEDLE (INSULIN PEN NEEDLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA FLO PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA FLO PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA FLO PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA FLO PEN NEEDLE (INSULIN PEN NEEDLE) 33 GX5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA THIN (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRACARE PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRACARE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRACARE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRACARE PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRACARE PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRACARE PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRACARE PEN NEEDLE (INSULIN PEN NEEDLE) 33 GX5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA-FINE MICRO PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA-FINE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
ULTRA-FINE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS (INSULIN PEN NEEDLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS (INSULIN PEN NEEDLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS (INSULIN PEN NEEDLE) 32 GX 1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS (INSULIN PEN NEEDLE) 33 GX5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS MAXFLOW (INSULIN PEN NEEDLE) 30 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (INSULIN PEN NEEDLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (INSULIN PEN NEEDLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (INSULIN PEN NEEDLE) 33 GX5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS MAXFLOW (INSULIN PEN NEEDLE) 30 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
VERIFINE PEN NEEDLE (INSULIN PEN NEEDLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
VERIFINE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
VERIFINE PEN NEEDLE (INSULIN PEN NEEDLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
VERIFINE PEN NEEDLE (INSULIN PEN NEEDLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
VERIFINE PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
VERIFINE PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
VERIFINE PEN NEEDLE (INSULIN PEN NEEDLE) 32 GX 1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
VERIFINE PLUS PEN NEEDLE (INSULIN PEN NEEDLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ASSURE ID DUO PRO SFTY PEN NDL (NEEDLES, INSULIN DISP., SAFETY) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ASSURE ID PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 30 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ASSURE ID PRO PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 30 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PRO SAFETY PEN NDL (NEEDLES, INSULIN DISP., SAFETY) 30 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PRO SAFETY PEN NDL (NEEDLES, INSULIN DISP., SAFETY) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PRO SAFETY PEN NDL (NEEDLES, INSULIN DISP., SAFETY) 31G X5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPSAFE PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPSAFE PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
DROPSAFE PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY COMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY COMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY COMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 29GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 29GX 5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 30 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 30 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 30 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
HEALTHY ACCENTS UNIFINE PENTIP (NEEDLES, INSULIN DISP., SAFETY) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
MAXICOMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 29GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
MAXICOMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 29GX 5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PREVENT DROPSAFE PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
PREVENT DROPSAFE PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PURE COMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PURE COMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PURE COMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31G X5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SECURESAFE PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 30 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SKY SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 30 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SKY SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 30 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SURE COMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SURE COMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TRUE COMFORT SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTICARE SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 30 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTICARE SAFETY PEN NEEDLE (NEEDLES, INSULIN DISP., SAFETY) 30 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ADVOCATE PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 33 GX5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ADVOCATE PEN NEEDLES (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ADVOCATE PEN NEEDLES (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CAREFINE PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
CAREFINE PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 30 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CAREFINE PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CAREFINE PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CAREFINE PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CAREFINE PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CAREFINE PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32 GX 1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CLICKFINE (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CLICKFINE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
CLICKFINE (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32 GX 1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 33 GX5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 33 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 33 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 33 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY COMFORT PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY COMFORT PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY COMFORT PEN NEEDLES (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY COMFORT PEN NEEDLES (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY TOUCH PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY TOUCH PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16"" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
EASY TOUCH PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY TOUCH PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY TOUCH PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY TOUCH PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32 GX 1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
EASY TOUCH PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
HEALTHY ACCENTS UNIFINE PENTIP (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
HEALTHY ACCENTS UNIFINE PENTIP (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
HEALTHY ACCENTS UNIFINE PENTIP (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INCONTROL PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INCONTROL PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INCONTROL PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INCONTROL PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INCONTROL PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INSULIN PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INSULIN PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
INSULIN PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 G X1/3" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
MINI ULTRA-THIN II (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
NOVOFINE 32 (NEEDLES, INSULIN DISPOSABLE) 32 GX 1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
NOVOFINE PLUS (NEEDLES, INSULIN DISPOSABLE) 32 GX 1/6" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 30 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLES (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
PEN NEEDLES (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLES (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLES (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PEN NEEDLES (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PENTIPS PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PENTIPS PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
PENTIPS PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SURE COMFORT (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SURE COMFORT (NEEDLES, INSULIN DISPOSABLE) 30 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SURE COMFORT PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SURE COMFORT PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SURE COMFORT PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32 GX 1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SURE COMFORT PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SURE-FINE PEN NEEDLES (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SURE-FINE PEN NEEDLES (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
SURE-FINE PEN NEEDLES (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TOPCARE CLICKFINE (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
TOPCARE CLICKFINE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTICARE PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTICARE PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTICARE PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTICARE PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTIGUARD SAFEPACK-PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTILET PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 29 GAUGE MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTILET PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA-FINE MINI PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
ULTRA-FINE NANO PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA-FINE ORIGINAL PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA-FINE SHORT PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA-THIN II (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTRA-THIN II (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS (NEEDLES, INSULIN DISPOSABLE) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (NEEDLES, INSULIN DISPOSABLE) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (NEEDLES, INSULIN DISPOSABLE) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
VERIFINE PLUS PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
VERIFINE PLUS PEN NEEDLE (NEEDLES, INSULIN DISPOSABLE) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
AUTOSHIELD DUO PEN NEEDLE (PEN NDLE, DIABETIC DISP, SAFE) 30 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
MICRODOT READYGARD PEN NEEDLE (PEN NDLE, DIABETIC DISP, SAFE) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PROTECT (PEN NDLE, DIABETIC DISP, SAFE) 30 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS (PEN NEEDLE, DIABETIC, DISP UNIT) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS (PEN NEEDLE, DIABETIC, DISP UNIT) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS (PEN NEEDLE, DIABETIC, DISP UNIT) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS (PEN NEEDLE, DIABETIC, DISP UNIT) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTIGUARD SAFEPAK-PEN NEEDLE (PEN NEEDLE, DIABETIC, DISP UNIT) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTIGUARD SAFEPAK-PEN NEEDLE (PEN NEEDLE, DIABETIC, DISP UNIT) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTIGUARD SAFEPAK-PEN NEEDLE (PEN NEEDLE, DIABETIC, DISP UNIT) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

DRUG NAME	TYPE	RESTRICTIONS
ULTIGUARD SAFEPAK-PEN NEEDLE (PEN NEEDLE, DIABETIC,DISP UNIT) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTIGUARD SAFEPAK-PEN NEEDLE (PEN NEEDLE, DIABETIC,DISP UNIT) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
ULTIGUARD SAFEPAK-PEN NEEDLE (PEN NEEDLE, DIABETIC,DISP UNIT) 32 GX 1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (PEN NEEDLE, DIABETIC,DISP UNIT) 29 G X1/2" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (PEN NEEDLE, DIABETIC,DISP UNIT) 31 GX3/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (PEN NEEDLE, DIABETIC,DISP UNIT) 31 G X1/4" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (PEN NEEDLE, DIABETIC,DISP UNIT) 31 GX5/16" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (PEN NEEDLE, DIABETIC,DISP UNIT) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)
VERIFINE PLUS PEN NEEDLE-SHARP (PEN NEEDLE, DIABETIC,DISP UNIT) 32GX 5/32" MISCELL. DIS NEEDLE	NON DRUG, OTC	QL (200 needles per 30 days)

OTHER RESPIRATORY DISORDERS

MUCOLYTICS

ACETYLCYSTEINE 100 MG/ML MISCELL. VIAL	GENERIC	
ACETYLCYSTEINE 200 MG/ML MISCELL. VIAL	GENERIC	

PAIN MANAGEMENT - ANALGESICS

ANALGESIC, NON-SALICYLATE & BARBITURATE COMB.

BUTALBITAL-ACETAMINOPHEN (BUTALBITAL/ACETAMINOPHEN) 50MG-325MG ORAL TABLET	GENERIC	
TENCON (BUTALBITAL/ACETAMINOPHEN) 50MG-325MG ORAL TABLET	GENERIC	

ANALGESIC, SALICYLATE, BARBITURATE, & XANTHINE CMB

BUTALBITAL-ASPIRIN-CAFFEINE (BUTALBITAL/ASPIRIN/CAFFEINE) 50-325-40 ORAL CAPSULE	GENERIC	
BUTALBITAL-ASPIRIN-CAFFEINE (BUTALBITAL/ASPIRIN/CAFFEINE) 50-325-40 ORAL TABLET	GENERIC	

ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB

BUTALBITAL-ACETAMINOPHEN-CAFFE (BUTALB/ACETAMINOPHEN/CAFFEINE) 50-325-40 ORAL TABLET	GENERIC	
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ANALGESIC/ANTIPYRETICS, SALICYLATES

ASPIRIN 325 MG ORAL TABLET	GENERIC, OTC	
ASPIRIN 500 MG ORAL TABLET	GENERIC, OTC	
ASPIRIN 300 MG RECTAL SUPP.RECT	GENERIC, OTC	
ASPIRIN EC (ASPIRIN) 325 MG ORAL TABLET DR	GENERIC, OTC	
ASPIRIN EC (ASPIRIN) 650 MG ORAL TABLET DR	GENERIC, OTC	
BAYER ADVANCED (ASPIRIN) 500 MG ORAL TABLET	GENERIC, OTC	
ECOTRIN (ASPIRIN) 325 MG ORAL TABLET DR	GENERIC, OTC	
BUFFERED ASPIRIN (ASPIRIN/CALCIUM CARBONATE/MAG) 325 MG ORAL TABLET	GENERIC, OTC	
BUFFERIN (ASPIRIN/CALCIUM CARBONATE/MAG) 325 MG ORAL TABLET	GENERIC, OTC	
TRI-BUFFERED ASPIRIN (ASPIRIN/CALCIUM CARBONATE/MAG) 325 MG ORAL TABLET	GENERIC, OTC	
SALSALATE 500 MG ORAL TABLET	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
SALSALATE 750 MG ORAL TABLET	GENERIC	
ANALGESIC/ANTIPYRETICS, NON-SALICYLATE		
8 HOUR ACETAMINOPHEN (ACETAMINOPHEN) 650 MG ORAL TABLET ER	GENERIC, OTC	
8 HOUR PAIN RELIEF (ACETAMINOPHEN) 650 MG ORAL TABLET ER	GENERIC, OTC	
8HR ARTHRITIS PAIN (ACETAMINOPHEN) 650 MG ORAL TABLET ER	GENERIC, OTC	
8HR ARTHRITIS PAIN RELIEF (ACETAMINOPHEN) 650 MG ORAL TABLET ER	GENERIC, OTC	
8HR MUSCLE ACHES-PAIN (ACETAMINOPHEN) 650 MG ORAL TABLET ER	GENERIC, OTC	
ACETAMINOPHEN 160 MG/5ML ORAL LIQUID	GENERIC, OTC	AR (age 12 and younger)
ACETAMINOPHEN 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
ACETAMINOPHEN 325/10.15 ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
ACETAMINOPHEN 160 MG/5ML ORAL SOLUTION	GENERIC, OTC	
ACETAMINOPHEN 325/10.15 ORAL SOLUTION	GENERIC, OTC	
ACETAMINOPHEN 650MG/20.3 ORAL SOLUTION	GENERIC, OTC	
ACETAMINOPHEN 160 MG ORAL TAB CHEW	GENERIC, OTC	
ACETAMINOPHEN 80 MG ORAL TAB RAPDIS	GENERIC, OTC	
ACETAMINOPHEN 325 MG ORAL TABLET	GENERIC, OTC	
ACETAMINOPHEN 500 MG ORAL TABLET	GENERIC, OTC	
ACETAMINOPHEN 120 MG RECTAL SUPP.RECT	GENERIC, OTC	
ACETAMINOPHEN 650 MG RECTAL SUPP.RECT	GENERIC, OTC	
ACETAMINOPHEN ER (ACETAMINOPHEN) 650 MG ORAL TABLET ER	GENERIC, OTC	
ACETAMINOPHEN EXTRA STRENGTH (ACETAMINOPHEN) 500 MG ORAL TABLET	GENERIC, OTC	
AMINOFEN (ACETAMINOPHEN) 325 MG ORAL TABLET	GENERIC, OTC	
APHEN (ACETAMINOPHEN) 325 MG ORAL TABLET	GENERIC, OTC	
ARTHRITIS PAIN (ACETAMINOPHEN) 650 MG ORAL TABLET ER	GENERIC, OTC	
ARTHRITIS PAIN RELIEF (ACETAMINOPHEN) 650 MG ORAL TABLET ER	GENERIC, OTC	
ARTHRITIS PAIN RELIEVER (ACETAMINOPHEN) 650 MG ORAL TABLET ER	GENERIC, OTC	
ATHENOL (ACETAMINOPHEN) 325 MG ORAL TABLET	GENERIC, OTC	
BETATEMP (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
CHILD FEVER REDUCER (ACETAMINOPHEN) 120 MG RECTAL SUPP.RECT	GENERIC, OTC	
CHILD FEVER REDUCER-PAIN RELVR (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
CHILD PAIN REL-FEVER REDUCER (ACETAMINOPHEN) 120 MG RECTAL SUPP.RECT	GENERIC, OTC	
CHILDREN'S ACETAMINOPHEN (ACETAMINOPHEN) 160 MG/5ML ORAL LIQUID	GENERIC, OTC	AR (age 12 and younger)
CHILDREN'S ACETAMINOPHEN (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
CHILDREN'S ACETAMINOPHEN (ACETAMINOPHEN) 160 MG ORAL TAB CHEW	GENERIC, OTC	
CHILDREN'S ACETAMINOPHEN (ACETAMINOPHEN) 80 MG ORAL TAB CHEW	GENERIC, OTC	
CHILDREN'S EASY-MELTS (ACETAMINOPHEN) 80 MG ORAL TAB RAPDIS	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
CHILDREN'S FEVER REDUCER (ACETAMINOPHEN) 120 MG RECTAL SUPP.RECT	GENERIC, OTC	
CHILDREN'S MAPAP (ACETAMINOPHEN) 160 MG ORAL TAB CHEW	GENERIC, OTC	
CHILDREN'S MAPAP (ACETAMINOPHEN) 80 MG ORAL TAB CHEW	GENERIC, OTC	
CHILDREN'S NON-ASPIRIN (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
CHILDREN'S NON-ASPIRIN (ACETAMINOPHEN) 160 MG ORAL TAB CHEW	GENERIC, OTC	
CHILDREN'S PAIN AND FEVER (ACETAMINOPHEN) 160 MG/5ML ORAL LIQUID	GENERIC, OTC	AR (age 12 and younger)
CHILDREN'S PAIN RELIEF (ACETAMINOPHEN) 160 MG/5ML ORAL ELIXIR	GENERIC, OTC	AR (age 12 and younger)
CHILDREN'S PAIN RELIEF (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
CHILDREN'S PAIN RELIEF (ACETAMINOPHEN) 160 MG ORAL TAB CHEW	GENERIC, OTC	
CHILDREN'S PAIN RELIEVER (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
CHILDREN'S PAIN-FEVER (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
CHILDREN'S PAIN-FEVER (ACETAMINOPHEN) 160 MG ORAL TAB CHEW	GENERIC, OTC	
CHILDREN'S PAIN-FEVER RELIEF (ACETAMINOPHEN) 160 MG ORAL TAB CHEW	GENERIC, OTC	
CHILDREN'S TYLENOL (ACETAMINOPHEN) 160 MG ORAL TAB CHEW	GENERIC, OTC	
ED-APAP (ACETAMINOPHEN) 160 MG/5ML ORAL LIQUID	GENERIC, OTC	AR (age 12 and younger)
FEVER REDUCER-PAIN RELIEVER (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
FEVERALL (ACETAMINOPHEN) 120 MG RECTAL SUPP.RECT	GENERIC, OTC	
FEVERALL (ACETAMINOPHEN) 325 MG RECTAL SUPP.RECT	GENERIC, OTC	
FEVERALL (ACETAMINOPHEN) 650 MG RECTAL SUPP.RECT	GENERIC, OTC	
INFANT FEVER-PAIN RELIEVER (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
INFANT PAIN-FEVER (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
INFANTS' ACETAMINOPHEN (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
INFANTS' FEVER-PAIN RELIEVER (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
INFANTS' PAIN-FEVER (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
LITTLE REMEDIES FEVER-PAIN (ACETAMINOPHEN) 160 MG/5ML ORAL LIQUID	GENERIC, OTC	AR (age 12 and younger)
LITTLE REMEDIES FEVER-PAIN (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
MAPAP (ACETAMINOPHEN) 500 MG ORAL CAPSULE	GENERIC, OTC	
MAXRELIEF JUNIOR (ACETAMINOPHEN) 160 MG/5ML ORAL LIQUID	GENERIC, OTC	AR (age 12 and younger)
MAXRELIEF JUNIOR (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
M-PAP (ACETAMINOPHEN) 160 MG/5ML ORAL LIQUID	GENERIC, OTC	AR (age 12 and younger)
NON-ASPIRIN (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
NON-ASPIRIN (ACETAMINOPHEN) 80 MG ORAL TAB CHEW	GENERIC, OTC	
NON-ASPIRIN (ACETAMINOPHEN) 325 MG ORAL TABLET	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
NON-ASPIRIN EXTRA STRENGTH (ACETAMINOPHEN) 500 MG ORAL TABLET	GENERIC, OTC	
NON-ASPIRIN PAIN RELIEF (ACETAMINOPHEN) 500 MG ORAL TABLET	GENERIC, OTC	
NORTEMP (ACETAMINOPHEN) 160 MG/5ML ORAL SUSP	GENERIC, OTC	AR (age 12 and younger)
PAIN RELIEF (ACETAMINOPHEN) 160 MG/5ML ORAL LIQUID	GENERIC, OTC	AR (age 12 and younger)
PAIN RELIEF (ACETAMINOPHEN) 325 MG ORAL TABLET	GENERIC, OTC	
PAIN RELIEF (ACETAMINOPHEN) 500 MG ORAL TABLET	GENERIC, OTC	
PAIN RELIEF (ACETAMINOPHEN) 650 MG ORAL TABLET ER	GENERIC, OTC	
PAIN RELIEF EXTRA STRENGTH (ACETAMINOPHEN) 500 MG ORAL TABLET	GENERIC, OTC	
PAIN RELIEVER (ACETAMINOPHEN) 325 MG ORAL TABLET	GENERIC, OTC	
PAIN RELIEVER (ACETAMINOPHEN) 500 MG ORAL TABLET	GENERIC, OTC	
PAIN RELIEVER (ACETAMINOPHEN) 650 MG ORAL TABLET ER	GENERIC, OTC	
PHARBETOL (ACETAMINOPHEN) 325 MG ORAL TABLET	GENERIC, OTC	
PHARBETOL (ACETAMINOPHEN) 500 MG ORAL TABLET	GENERIC, OTC	
SHAKE THAT ACHE (ACETAMINOPHEN) 500 MG ORAL TABLET	GENERIC, OTC	

ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION

HYDROCODONE-IBUPROFEN (HYDROCODONE/IBUPROFEN) 7.5-200 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
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ANALGESICS, NARCOTICS

CODEINE SULFATE (CODEINE SULF) 15 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
CODEINE SULFATE (CODEINE SULF) 30 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
CODEINE SULFATE (CODEINE SULF) 60 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
FENTANYL 100 MCG/HR TRANSDERM. PATCH TD72	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 1 patch per 3 days)
FENTANYL 12 MCG/HR TRANSDERM. PATCH TD72	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 1 patch per 3 days)
FENTANYL 25 MCG/HR TRANSDERM. PATCH TD72	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 1 patch per 3 days)
FENTANYL 50MCG/HR TRANSDERM. PATCH TD72	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 1 patch per 3 days)
FENTANYL 75MCG/HR TRANSDERM. PATCH TD72	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 1 patch per 3 days)
HYDROMORPHONE HCL 1 MG/ML ORAL LIQUID	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
HYDROMORPHONE HCL 2 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)

DRUG NAME	TYPE	RESTRICTIONS
HYDROMORPHONE HCL 4 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
HYDROMORPHONE HCL 8 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
HYDROMORPHONE HCL 3 MG RECTAL SUPP.RECT	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
MEPERIDINE HCL 50 MG/5 ML ORAL SOLUTION	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
MEPERIDINE HCL 50 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
METHADONE HCL 10 MG/ML INJECTION VIAL	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days)
METHADONE HCL 10 MG ORAL TABLET	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days)
METHADONE HCL 5 MG ORAL TABLET	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days)
MORPHINE SULFATE 10 MG/5 ML ORAL SOLUTION	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
MORPHINE SULFATE 100 MG/5ML ORAL SOLUTION	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
MORPHINE SULFATE 20 MG/5 ML ORAL SOLUTION	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
MORPHINE SULFATE 15 MG ORAL TABLET	GENERIC, BRAND	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
MORPHINE SULFATE 30 MG ORAL TABLET	GENERIC, BRAND	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
MORPHINE SULFATE ER (MORPHINE SULFATE) 120 MG ORAL CPMP 24HR	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 2 capsules per day)
MORPHINE SULFATE ER (MORPHINE SULFATE) 30 MG ORAL CPMP 24HR	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 2 capsules per day)
MORPHINE SULFATE ER (MORPHINE SULFATE) 45 MG ORAL CPMP 24HR	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 2 capsules per day)
MORPHINE SULFATE ER (MORPHINE SULFATE) 60 MG ORAL CPMP 24HR	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 2 capsules per day)
MORPHINE SULFATE ER (MORPHINE SULFATE) 75 MG ORAL CPMP 24HR	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 2 capsules per day)

DRUG NAME	TYPE	RESTRICTIONS
MORPHINE SULFATE ER (MORPHINE SULFATE) 90 MG ORAL CPMP 24HR	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 2 capsules per day)
MORPHINE SULFATE ER (MORPHINE SULFATE) 100 MG ORAL TABLET ER	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 3 tablets per day)
MORPHINE SULFATE ER (MORPHINE SULFATE) 15 MG ORAL TABLET ER	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 3 tablets per day)
MORPHINE SULFATE ER (MORPHINE SULFATE) 200 MG ORAL TABLET ER	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 3 tablets per day)
MORPHINE SULFATE ER (MORPHINE SULFATE) 30 MG ORAL TABLET ER	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 3 tablets per day)
MORPHINE SULFATE ER (MORPHINE SULFATE) 60 MG ORAL TABLET ER	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 3 tablets per day)
OXYCODONE HCL 5 MG ORAL CAPSULE	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
OXYCODONE HCL 20 MG/ML ORAL CONC	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
OXYCODONE HCL 5 MG/5 ML ORAL SOLUTION	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
OXYCODONE HCL 10 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 30 days per 180 days)
OXYCODONE HCL 15 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 30 days per 180 days)
OXYCODONE HCL 30 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 30 days per 180 days)
OXYCODONE HCL 5 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 30 days per 180 days)
OXYCODONE HCL ER (OXYCODONE HCL) 10 MG ORAL TAB ER 12H	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 2 tablets per day)
OXYCONTIN (OXYCODONE HCL) 10 MG ORAL TAB ER 12H	BRAND	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 2 tablets per day)
OXYCONTIN (OXYCODONE HCL) 15 MG ORAL TAB ER 12H	BRAND	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 2 tablets per day)
OXYCONTIN (OXYCODONE HCL) 30 MG ORAL TAB ER 12H	BRAND	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 2 tablets per day)
OXYCONTIN (OXYCODONE HCL) 60 MG ORAL TAB ER 12H	BRAND	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days, 2 tablets per day)
OXYMORPHONE HCL 10 MG ORAL TABLET	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days)

DRUG NAME	TYPE	RESTRICTIONS
OXYMORPHONE HCL 5 MG ORAL TABLET	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 30 days per 180 days)
TRAMADOL HCL 50 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)

ANTIMIGRAINE PREPARATIONS

VYEPTI (EPTINEZUMAB-JJMR) 100 MG/ML INTRAVEN. VIAL	BRAND	PA (Rx051); SPEC
AIMOVIG AUTOINJECTOR (erenumab-aooe) 140 MG/ML SUBCUTANE. AUTO INJCT	BRAND	PA (Rx051)
AIMOVIG AUTOINJECTOR (erenumab-aooe) 70 MG/ML SUBCUTANE. AUTO INJCT	BRAND	PA (Rx051)
AJOVY AUTOINJECTOR (FREMANEZUMAB-VFRM) 225 MG/1.5 SUBCUTANE. AUTO INJCT	BRAND	PA (Rx051)
AJOVY SYRINGE (FREMANEZUMAB-VFRM) 225 MG/1.5 SUBCUTANE. SYRINGE	BRAND	PA (Rx051)
EMGALITY PEN (GALCANEZUMAB-GNLM) 120 MG/ML SUBCUTANE. PEN INJCTR	BRAND	PA (Rx051)
EMGALITY SYRINGE (GALCANEZUMAB-GNLM) 120 MG/ML SUBCUTANE. SYRINGE	BRAND	PA (Rx051)
REYVOW (LASMIDITAN SUCCINATE) 100 MG ORAL TABLET	BRAND	PA (Rx023); QL (4 tablets per 30 days)
REYVOW (LASMIDITAN SUCCINATE) 50 MG ORAL TABLET	BRAND	PA (Rx023); QL (4 tablets per 30 days)
NARATRIPTAN HCL 1 MG ORAL TABLET	GENERIC	QL (9 tablets per 30 days)
NARATRIPTAN HCL 2.5 MG ORAL TABLET	GENERIC	QL (9 tablets per 30 days)
NURTEC ODT (RIMEGEPANT SULFATE) 75 MG ORAL TAB RAPDIS	BRAND	PA (Rx051)
RIZATRIPTAN (RIZATRIPTAN BENZOATE) 10 MG ORAL TAB RAPDIS	GENERIC	QL (9 tablets per 30 days)
RIZATRIPTAN (RIZATRIPTAN BENZOATE) 5 MG ORAL TAB RAPDIS	GENERIC	QL (9 tablets per 30 days)
RIZATRIPTAN (RIZATRIPTAN BENZOATE) 10 MG ORAL TABLET	GENERIC	QL (9 tablets per 30 days)
RIZATRIPTAN (RIZATRIPTAN BENZOATE) 5 MG ORAL TABLET	GENERIC	QL (9 tablets per 30 days)
SUMATRIPTAN 20 MG NASAL SPRAY	GENERIC	PA (Rx023); QL (1 package [6 mL] per 30 days)
SUMATRIPTAN 5 MG NASAL SPRAY	GENERIC	PA (Rx023); QL (1 package [6 mL] per 30 days)
SUMATRIPTAN SUCCINATE 100 MG ORAL TABLET	GENERIC	QL (9 tablets per 30 days)
SUMATRIPTAN SUCCINATE 25 MG ORAL TABLET	GENERIC	QL (9 tablets per 30 days)
SUMATRIPTAN SUCCINATE 50 MG ORAL TABLET	GENERIC	QL (9 tablets per 30 days)
SUMATRIPTAN SUCCINATE 4 MG/0.5ML SUBCUTANE. CARTRIDGE	GENERIC	PA (Rx023); QL (1 package [1 mL] per 30 days)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SUBCUTANE. CARTRIDGE	GENERIC	PA (Rx023); QL (1 package [1 mL] per 30 days)
SUMATRIPTAN SUCCINATE 4 MG/0.5ML SUBCUTANE. PEN INJCTR	GENERIC	PA (Rx023); QL (1 package [1 mL] per 30 days)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SUBCUTANE. PEN INJCTR	GENERIC	PA (Rx023); QL (1 package [1 mL] per 30 days)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SUBCUTANE. SYRINGE	GENERIC	PA (Rx023); QL (1 package [1 mL] per 30 days)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SUBCUTANE. VIAL	GENERIC	PA (Rx023); QL (1 package [1 mL] per 30 days)
UBRELVY (UBROGEPANT) 100 MG ORAL TABLET	BRAND	PA (Rx051)
UBRELVY (UBROGEPANT) 50 MG ORAL TABLET	BRAND	PA (Rx051)

DRUG NAME	TYPE	RESTRICTIONS
ZOLMITRIPTAN 2.5 MG ORAL TABLET	GENERIC	QL (9 tablets per 30 days)
ZOLMITRIPTAN 5 MG ORAL TABLET	GENERIC	QL (9 tablets per 30 days)
ZOLMITRIPTAN ODT (ZOLMITRIPTAN) 2.5 MG ORAL TAB RAPDIS	GENERIC	QL (9 tablets per 30 days)
ZOLMITRIPTAN ODT (ZOLMITRIPTAN) 5 MG ORAL TAB RAPDIS	GENERIC	QL (9 tablets per 30 days)
ZOMIG (ZOLMITRIPTAN) 2.5 MG ORAL TABLET	GENERIC	QL (9 tablets per 30 days)
ZOMIG (ZOLMITRIPTAN) 5 MG ORAL TABLET	GENERIC	QL (9 tablets per 30 days)

CALCITONIN GENE-RELATED PEPTIDE (CGRP) INHIBITORS

EMGALITY SYRINGE (GALCANEZUMAB-GNLM) 300 MG/3ML SUBCUTANE. SYRINGE	BRAND	PA (Rx051)
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NARC.& NON-SAL.ANALGESIC,BARBITURATE &XANTHINE CMB

BUTALB-ACETAMINOPH-CAFF-CODEIN (CODEINE/BUTALBIT/ACETAMIN/CAFF) 50-325-30 ORAL CAPSULE	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
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NARCOTIC & SALICYLATE ANALGESICS, BARB. & XANTHINE

ASA-BUTALB-CAFFEINE-CODEINE (CODEINE/BUTALBITAL/ASA/CAFFEIN) 30-50-325 ORAL CAPSULE	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
ASCOMP WITH CODEINE (CODEINE/BUTALBITAL/ASA/CAFFEIN) 30-50-325 ORAL CAPSULE	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)

NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB

ACETAMINOPHEN-CODEINE (ACETAMINOPHEN WITH CODEINE) 120-12MG/5 ORAL SOLUTION	GENERIC	QL (90 mg morphine equivalents per day, 300 mL per year, 7 days per 60 days, 30 days per 180 days)
ACETAMINOPHEN-CODEINE (ACETAMINOPHEN WITH CODEINE) 300MG-15MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
ACETAMINOPHEN-CODEINE (ACETAMINOPHEN WITH CODEINE) 300MG-30MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
ACETAMINOPHEN-CODEINE (ACETAMINOPHEN WITH CODEINE) 300MG-60MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
HYDROCODONE-ACETAMINOPHEN (HYDROCODONE BIT/ACETAMINOPHEN) 7.5-325/15 ORAL SOLUTION	GENERIC	QL (90 mg morphine equivalents per day, 480 mL per year, 7 days per 60 days, 30 days per 180 days)
HYDROCODONE-ACETAMINOPHEN (HYDROCODONE BIT/ACETAMINOPHEN) 10MG-300MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
HYDROCODONE-ACETAMINOPHEN (HYDROCODONE BIT/ACETAMINOPHEN) 10MG-325MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
HYDROCODONE-ACETAMINOPHEN (HYDROCODONE BIT/ACETAMINOPHEN) 5 MG-325MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
HYDROCODONE-ACETAMINOPHEN (HYDROCODONE BIT/ACETAMINOPHEN) 7.5-325 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)

DRUG NAME	TYPE	RESTRICTIONS
ENDOCET (OXYCODONE HCL/ACETAMINOPHEN) 10MG-325MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
ENDOCET (OXYCODONE HCL/ACETAMINOPHEN) 2.5-325 MG ORAL TABLET	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
ENDOCET (OXYCODONE HCL/ACETAMINOPHEN) 5 MG-325MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
ENDOCET (OXYCODONE HCL/ACETAMINOPHEN) 7.5-325 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
OXYCODONE-ACETAMINOPHEN (OXYCODONE HCL/ACETAMINOPHEN) 5-325/5 ML ORAL SOLUTION	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
OXYCODONE-ACETAMINOPHEN (OXYCODONE HCL/ACETAMINOPHEN) 10MG-325MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
OXYCODONE-ACETAMINOPHEN (OXYCODONE HCL/ACETAMINOPHEN) 2.5-325 MG ORAL TABLET	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
OXYCODONE-ACETAMINOPHEN (OXYCODONE HCL/ACETAMINOPHEN) 5 MG-325MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
OXYCODONE-ACETAMINOPHEN (OXYCODONE HCL/ACETAMINOPHEN) 7.5-325 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
PERCOCET (OXYCODONE HCL/ACETAMINOPHEN) 10MG-325MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
PERCOCET (OXYCODONE HCL/ACETAMINOPHEN) 2.5-325 MG ORAL TABLET	GENERIC	PA (Rx005); QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
PERCOCET (OXYCODONE HCL/ACETAMINOPHEN) 5 MG-325MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)
PERCOCET (OXYCODONE HCL/ACETAMINOPHEN) 7.5-325 MG ORAL TABLET	GENERIC	QL (90 mg morphine equivalents per day, 7 days per 60 days, 30 days per 180 days)

NARCOTIC WITHDRAWAL THERAPY AGENTS

BRIXADI (BUPRENORPHINE) 128MG/0.36 SUBCUTANE. SOLER SYR	BRAND	QL (0.36mL every 4 weeks); SPEC
BRIXADI (BUPRENORPHINE) 16 MG/0.32 SUBCUTANE. SOLER SYR	BRAND	QL (0.32mL every 7 days); SPEC
BRIXADI (BUPRENORPHINE) 24 MG/0.48 SUBCUTANE. SOLER SYR	BRAND	QL (0.48mL every 7 days); SPEC
BRIXADI (BUPRENORPHINE) 32 MG/0.64 SUBCUTANE. SOLER SYR	BRAND	QL (0.64mL every 7 days); SPEC
BRIXADI (BUPRENORPHINE) 64 MG/0.18 SUBCUTANE. SOLER SYR	BRAND	QL (0.18mL every 4 weeks); SPEC
BRIXADI (BUPRENORPHINE) 8 MG/0.16 SUBCUTANE. SOLER SYR	BRAND	QL (0.16mL every 7 days); SPEC
BRIXADI (BUPRENORPHINE) 96 MG/0.27 SUBCUTANE. SOLER SYR	BRAND	QL (0.27mL every 4 weeks); SPEC
SUBLOCADE (BUPRENORPHINE) 100 MG/0.5 SUBCUTANE. SOLER SYR	BRAND	QL (0.5mL every 4 weeks); SPEC

DRUG NAME	TYPE	RESTRICTIONS
SUBLOCADE (BUPRENORPHINE) 300 MG/1.5 SUBCUTANE. SOLER SYR	BRAND	QL (1.5mL every 4 weeks); SPEC
BUPRENORPHINE HCL 2 MG SUBLINGUAL TAB SUBL	GENERIC	QL (16 tablets per day)
BUPRENORPHINE HCL 8 MG SUBLINGUAL TAB SUBL	GENERIC	QL (4 tablets per day)
BUPRENORPHINE-NALOXONE (BUPRENORPHINE HCL/NALOXONE HCL) 12 MG-3 MG SUBLINGUAL FILM	GENERIC	QL (2 films per day)
BUPRENORPHINE-NALOXONE (BUPRENORPHINE HCL/NALOXONE HCL) 2 MG-0.5MG SUBLINGUAL FILM	GENERIC	QL (16 films per day)
BUPRENORPHINE-NALOXONE (BUPRENORPHINE HCL/NALOXONE HCL) 4MG-1MG SUBLINGUAL FILM	GENERIC	QL (8 films per day)
BUPRENORPHINE-NALOXONE (BUPRENORPHINE HCL/NALOXONE HCL) 8 MG-2 MG SUBLINGUAL FILM	GENERIC	QL (4 films per day)
BUPRENORPHINE-NALOXONE (BUPRENORPHINE HCL/NALOXONE HCL) 2 MG-0.5MG SUBLINGUAL TAB SUBL	GENERIC	QL (16 tablets per day)
BUPRENORPHINE-NALOXONE (BUPRENORPHINE HCL/NALOXONE HCL) 8 MG-2 MG SUBLINGUAL TAB SUBL	GENERIC	QL (4 tablets per day)
ZUBSOLV (BUPRENORPHINE HCL/NALOXONE HCL) 0.7-0.18MG SUBLINGUAL TAB SUBL	BRAND	QL (45 tablets per day)
ZUBSOLV (BUPRENORPHINE HCL/NALOXONE HCL) 1.4-0.36MG SUBLINGUAL TAB SUBL	BRAND	QL (22 tablets per day)
ZUBSOLV (BUPRENORPHINE HCL/NALOXONE HCL) 11.4-2.9MG SUBLINGUAL TAB SUBL	BRAND	QL (2 tablets per day)
ZUBSOLV (BUPRENORPHINE HCL/NALOXONE HCL) 2.9-0.71MG SUBLINGUAL TAB SUBL	BRAND	QL (11 tablets per day)
ZUBSOLV (BUPRENORPHINE HCL/NALOXONE HCL) 5.7-1.4 MG SUBLINGUAL TAB SUBL	BRAND	QL (5 tablets per day)
ZUBSOLV (BUPRENORPHINE HCL/NALOXONE HCL) 8.6-2.1 MG SUBLINGUAL TAB SUBL	BRAND	QL (3 tablets per day)

PARKINSONS DISEASE

ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC

BENZTROPINE MESYLATE 0.5 MG ORAL TABLET	GENERIC	
BENZTROPINE MESYLATE 1 MG ORAL TABLET	GENERIC	
BENZTROPINE MESYLATE 2 MG ORAL TABLET	GENERIC	
TRIHENYPHENIDYL HCL 2 MG/5 ML ORAL SOLUTION	GENERIC	
TRIHENYPHENIDYL HCL 2 MG ORAL TABLET	GENERIC	
TRIHENYPHENIDYL HCL 5 MG ORAL TABLET	GENERIC	

ANTIPARKINSONISM DRUGS,OTHER

AMANTADINE (AMANTADINE HCL) 100 MG ORAL CAPSULE	GENERIC	
AMANTADINE (AMANTADINE HCL) 50 MG/5 ML ORAL SOLUTION	GENERIC	
AMANTADINE (AMANTADINE HCL) 100 MG ORAL TABLET	GENERIC	
BROMOCRIPTINE MESYLATE 5 MG ORAL CAPSULE	GENERIC	
BROMOCRIPTINE MESYLATE 2.5 MG ORAL TABLET	GENERIC	
CARBIDOPA-LEVODOPA (CARBIDOPA/LEVODOPA) 10MG-100MG ORAL TABLET	GENERIC	
CARBIDOPA-LEVODOPA (CARBIDOPA/LEVODOPA) 25MG-100MG ORAL TABLET	GENERIC	
CARBIDOPA-LEVODOPA (CARBIDOPA/LEVODOPA) 25MG-250MG ORAL TABLET	GENERIC	
CARBIDOPA-LEVODOPA ER (CARBIDOPA/LEVODOPA) 25MG-100MG ORAL TABLET ER	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
CARBIDOPA-LEVODOPA ER (CARBIDOPA/LEVODOPA) 50MG-200MG ORAL TABLET ER	GENERIC	
CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA/LEVODOPA/ENTACAPONE) 12.5-50 MG ORAL TABLET	GENERIC	
CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA/LEVODOPA/ENTACAPONE) 18.75-75MG ORAL TABLET	GENERIC	
CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA/LEVODOPA/ENTACAPONE) 25-100-200 ORAL TABLET	GENERIC	
CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA/LEVODOPA/ENTACAPONE) 31.25-125 ORAL TABLET	GENERIC	
CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA/LEVODOPA/ENTACAPONE) 37.5-150MG ORAL TABLET	GENERIC	
CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA/LEVODOPA/ENTACAPONE) 50-200-200 ORAL TABLET	GENERIC	
ENTACAPONE 200 MG ORAL TABLET	GENERIC	
PRAMIPEXOLE DIHYDROCHLORIDE (PRAMIPEXOLE DI-HCL) 0.125 MG ORAL TABLET	GENERIC	
PRAMIPEXOLE DIHYDROCHLORIDE (PRAMIPEXOLE DI-HCL) 0.25 MG ORAL TABLET	GENERIC	
PRAMIPEXOLE DIHYDROCHLORIDE (PRAMIPEXOLE DI-HCL) 0.5 MG ORAL TABLET	GENERIC	
PRAMIPEXOLE DIHYDROCHLORIDE (PRAMIPEXOLE DI-HCL) 0.75 MG ORAL TABLET	GENERIC	
PRAMIPEXOLE DIHYDROCHLORIDE (PRAMIPEXOLE DI-HCL) 1 MG ORAL TABLET	GENERIC	
PRAMIPEXOLE DIHYDROCHLORIDE (PRAMIPEXOLE DI-HCL) 1.5 MG ORAL TABLET	GENERIC	
ROPINIROLE ER (ROPINIROLE HCL) 12 MG ORAL TAB ER 24H	GENERIC	PA (Rx024)
ROPINIROLE ER (ROPINIROLE HCL) 2 MG ORAL TAB ER 24H	GENERIC	PA (Rx024)
ROPINIROLE ER (ROPINIROLE HCL) 4 MG ORAL TAB ER 24H	GENERIC	PA (Rx024)
ROPINIROLE ER (ROPINIROLE HCL) 6 MG ORAL TAB ER 24H	GENERIC	PA (Rx024)
ROPINIROLE ER (ROPINIROLE HCL) 8 MG ORAL TAB ER 24H	GENERIC	PA (Rx024)
ROPINIROLE HCL 0.25 MG ORAL TABLET	GENERIC	
ROPINIROLE HCL 0.5 MG ORAL TABLET	GENERIC	
ROPINIROLE HCL 1 MG ORAL TABLET	GENERIC	
ROPINIROLE HCL 2 MG ORAL TABLET	GENERIC	
ROPINIROLE HCL 3 MG ORAL TABLET	GENERIC	
ROPINIROLE HCL 4 MG ORAL TABLET	GENERIC	
ROPINIROLE HCL 5 MG ORAL TABLET	GENERIC	
SELEGILINE HCL 5 MG ORAL CAPSULE	GENERIC	
SELEGILINE HCL 5 MG ORAL TABLET	GENERIC	

SEIZURE DISORDER

ANTICONVULSANT - BENZODIAZEPINE TYPE

CLONAZEPAM 0.5 MG ORAL TABLET	GENERIC	PA (Rx013)
CLONAZEPAM 1 MG ORAL TABLET	GENERIC	PA (Rx013)
CLONAZEPAM 2 MG ORAL TABLET	GENERIC	PA (Rx013)

DRUG NAME	TYPE	RESTRICTIONS
ANTICONSULSANTS		
CARBAMAZEPINE 100 MG/5ML ORAL SUSP	GENERIC	
CARBAMAZEPINE 100 MG ORAL TAB CHEW	GENERIC	
CARBAMAZEPINE 200 MG ORAL TABLET	GENERIC	
CARBAMAZEPINE ER (CARBAMAZEPINE) 100 MG ORAL CPMP 12HR	GENERIC	
CARBAMAZEPINE ER (CARBAMAZEPINE) 200 MG ORAL CPMP 12HR	GENERIC	
CARBAMAZEPINE ER (CARBAMAZEPINE) 300 MG ORAL CPMP 12HR	GENERIC	
CARBAMAZEPINE ER (CARBAMAZEPINE) 100 MG ORAL TAB ER 12H	GENERIC	
CARBAMAZEPINE ER (CARBAMAZEPINE) 200 MG ORAL TAB ER 12H	GENERIC	
CARBAMAZEPINE ER (CARBAMAZEPINE) 400 MG ORAL TAB ER 12H	GENERIC	
CARBATROL (CARBAMAZEPINE) 100 MG ORAL CPMP 12HR	BRAND	
CARBATROL (CARBAMAZEPINE) 200 MG ORAL CPMP 12HR	BRAND	
CARBATROL (CARBAMAZEPINE) 300 MG ORAL CPMP 12HR	BRAND	
EPITOL (CARBAMAZEPINE) 200 MG ORAL TABLET	GENERIC	
ETHOSUXIMIDE 250 MG ORAL CAPSULE	GENERIC	
ETHOSUXIMIDE 250 MG/5ML ORAL SOLUTION	GENERIC	
GABAPENTIN 100 MG ORAL CAPSULE	GENERIC	QL (12 capsules per day)
GABAPENTIN 300 MG ORAL CAPSULE	GENERIC	QL (12 capsules per day)
GABAPENTIN 400 MG ORAL CAPSULE	GENERIC	QL (9 capsules per day)
GABAPENTIN 250 MG/5ML ORAL SOLUTION	GENERIC	AR (age 12 and younger); QL (450 mL per 30 days)
GABAPENTIN 600 MG ORAL TABLET	GENERIC	QL (6 tablets per day)
GABAPENTIN 800 MG ORAL TABLET	GENERIC	QL (4.5 tablets per day)
LACOSAMIDE 100 MG ORAL TABLET	GENERIC	PA (Rx049)
LACOSAMIDE 150 MG ORAL TABLET	GENERIC	PA (Rx049)
LACOSAMIDE 200 MG ORAL TABLET	GENERIC	PA (Rx049)
LACOSAMIDE 50 MG ORAL TABLET	GENERIC	PA (Rx049)
LEVETIRACETAM 100 MG/ML ORAL SOLUTION	GENERIC	
LEVETIRACETAM 1000 MG ORAL TABLET	GENERIC	
LEVETIRACETAM 250 MG ORAL TABLET	GENERIC	
LEVETIRACETAM 500 MG ORAL TABLET	GENERIC	
LEVETIRACETAM 750 MG ORAL TABLET	GENERIC	
LEVETIRACETAM ER (LEVETIRACETAM) 500 MG ORAL TAB ER 24H	GENERIC	
LEVETIRACETAM ER (LEVETIRACETAM) 750 MG ORAL TAB ER 24H	GENERIC	
OXCARBAZEPINE 300 MG/5ML ORAL SUSP	GENERIC	
OXCARBAZEPINE 150 MG ORAL TABLET	GENERIC	
OXCARBAZEPINE 300 MG ORAL TABLET	GENERIC	
OXCARBAZEPINE 600 MG ORAL TABLET	GENERIC	
PHENYTOIN 125 MG/5ML ORAL SUSP	GENERIC	
PHENYTOIN 50 MG ORAL TAB CHEW	GENERIC	
DILANTIN (PHENYTOIN SODIUM EXTENDED) 30 MG ORAL CAPSULE	BRAND	
PHENYTOIN SODIUM EXTENDED 100 MG ORAL CAPSULE	GENERIC	
PHENYTOIN SODIUM EXTENDED 200 MG ORAL CAPSULE	GENERIC	
PHENYTOIN SODIUM EXTENDED 300 MG ORAL CAPSULE	GENERIC	

DRUG NAME	TYPE	RESTRICTIONS
PREGABALIN 100 MG ORAL CAPSULE	GENERIC	QL (3 capsules per day)
PREGABALIN 150 MG ORAL CAPSULE	GENERIC	QL (3 capsules per day)
PREGABALIN 200 MG ORAL CAPSULE	GENERIC	QL (3 capsules per day)
PREGABALIN 225 MG ORAL CAPSULE	GENERIC	QL (2 capsules per day)
PREGABALIN 25 MG ORAL CAPSULE	GENERIC	QL (3 capsules per day)
PREGABALIN 300 MG ORAL CAPSULE	GENERIC	QL (2 capsules per day)
PREGABALIN 50 MG ORAL CAPSULE	GENERIC	QL (3 capsules per day)
PREGABALIN 75 MG ORAL CAPSULE	GENERIC	QL (3 capsules per day)
PRIMIDONE 250 MG ORAL TABLET	GENERIC	
PRIMIDONE 50 MG ORAL TABLET	GENERIC	
TIAGABINE HCL 12 MG ORAL TABLET	GENERIC	
TIAGABINE HCL 16 MG ORAL TABLET	GENERIC	
TIAGABINE HCL 2 MG ORAL TABLET	GENERIC	
TIAGABINE HCL 4 MG ORAL TABLET	GENERIC	
TOPIRAMATE 100 MG ORAL TABLET	GENERIC	
TOPIRAMATE 200 MG ORAL TABLET	GENERIC	
TOPIRAMATE 25 MG ORAL TABLET	GENERIC	
TOPIRAMATE 50 MG ORAL TABLET	GENERIC	
ZONISAMIDE 100 MG ORAL CAPSULE	GENERIC	
ZONISAMIDE 25 MG ORAL CAPSULE	GENERIC	
ZONISAMIDE 50 MG ORAL CAPSULE	GENERIC	

SKELETAL MUSCLE DISORDER

SKELETAL MUSCLE RELAXANTS

BACLOFEN 10 MG ORAL TABLET	GENERIC	QL (4 tablets per day)
BACLOFEN 20 MG ORAL TABLET	GENERIC	QL (4 tablets per day)
CHLORZOXAZONE 500 MG ORAL TABLET	GENERIC	PA (Rx021)
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET	GENERIC	QL (3 tablets per day)
CYCLOBENZAPRINE HCL 5 MG ORAL TABLET	GENERIC	QL (3 tablets per day)
METHOCARBAMOL 500 MG ORAL TABLET	GENERIC	QL (16 tablets per day)
METHOCARBAMOL 750 MG ORAL TABLET	GENERIC	QL (10 tablets per day)
ORPHENADRINE CITRATE ER (ORPHENADRINE CITRATE) 100 MG ORAL TABLET ER	GENERIC	PA (Rx021)
TIZANIDINE HCL 2 MG ORAL TABLET	GENERIC	QL (18 tablets per day)
TIZANIDINE HCL 4 MG ORAL TABLET	GENERIC	QL (9 tablets per day)

SMOKING CESSATION

SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)

NICOTINE PATCH (NICOTINE) 21-14-7MG TRANSDERM. PATCH DYSQ	BRAND, OTC	QL (30 patches per 30 days, 180 patches per year)
NICOTINE PATCH (NICOTINE) 14MG/24HR TRANSDERM. PATCH TD24	GENERIC, OTC	QL (30 patches per 30 days, 180 patches per year)
NICOTINE PATCH (NICOTINE) 21 MG/24HR TRANSDERM. PATCH TD24	GENERIC, OTC	QL (30 patches per 30 days, 180 patches per year)
NICOTINE PATCH (NICOTINE) 7MG/24HR TRANSDERM. PATCH TD24	GENERIC, OTC	QL (30 patches per 30 days, 180 patches per year)
NICOTROL NS (NICOTINE) 10 MG/ML NASAL SPRAY	BRAND	PA (Rx044)
NICOTINE GUM (NICOTINE POLACRILEX) 2 MG BUCCAL GUM	GENERIC, OTC	QL (120 pieces per 5 days, 4320 pieces per year)
NICOTINE GUM (NICOTINE POLACRILEX) 4 MG BUCCAL GUM	GENERIC, OTC	QL (120 pieces per 5 days, 4320 pieces per year)

DRUG NAME	TYPE	RESTRICTIONS
NICOTINE LOZENGE (NICOTINE POLACRILEX) 2 MG BUCCAL LOZENGE	GENERIC, OTC	QL (120 pieces per 5 days, 3600 pieces per year)
NICOTINE LOZENGE (NICOTINE POLACRILEX) 4 MG BUCCAL LOZENGE	GENERIC, OTC	QL (120 pieces per 5 days, 3600 pieces per year)
NICOTINE LOZENGE (NICOTINE POLACRILEX) 2 MG BUCCAL LOZNG MINI	GENERIC, OTC	QL (120 pieces per 5 days, 3600 pieces per year)
NICOTINE LOZENGE (NICOTINE POLACRILEX) 4 MG BUCCAL LOZNG MINI	GENERIC, OTC	QL (120 pieces per 5 days, 3600 pieces per year)
QUIT 2 (NICOTINE POLACRILEX) 2 MG BUCCAL GUM	GENERIC, OTC	QL (120 pieces per 5 days, 4320 pieces per year)
QUIT 2 (NICOTINE POLACRILEX) 2 MG BUCCAL LOZENGE	GENERIC, OTC	QL (120 pieces per 5 days, 3600 pieces per year)
QUIT 4 (NICOTINE POLACRILEX) 4 MG BUCCAL GUM	GENERIC, OTC	QL (120 pieces per 5 days, 4320 pieces per year)
QUIT 4 (NICOTINE POLACRILEX) 4 MG BUCCAL LOZENGE	GENERIC, OTC	QL (120 pieces per 5 days, 3600 pieces per year)
STOP SMOKING AID (NICOTINE POLACRILEX) 2 MG BUCCAL LOZENGE	GENERIC, OTC	QL (120 pieces per 5 days, 3600 pieces per year)
STOP SMOKING AID (NICOTINE POLACRILEX) 4 MG BUCCAL LOZENGE	GENERIC, OTC	QL (120 pieces per 5 days, 3600 pieces per year)

SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST

VARENICLINE TARTRATE 0.5 (11)-1 ORAL TAB DS PK	GENERIC	QL (53 tablets per 28 days, 106 tablets per year)
VARENICLINE TARTRATE 0.5 MG ORAL TABLET	GENERIC	QL (11 tablets per 7 days, 22 tablets per year)
VARENICLINE TARTRATE 1 MG ORAL TABLET	GENERIC	QL (2 tablets per day, 180 tablets per 180 days)

SMOKING DETERRENTS, OTHER

BUPROPION HCL SR (BUPROPION HCL) 150 MG ORAL TAB ER 12H	GENERIC	QL (60 tablets per 30 days, 180 tablets per year)
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UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE**ANTIFLATULENTS**

GAS RELIEF (SIMETHICONE) 80 MG ORAL TAB CHEW	GENERIC, OTC	
SIMETHICONE 80 MG ORAL TAB CHEW	GENERIC, OTC	

PANCREATIC ENZYMES

CREON (AMYLASE/LIPASE/PROTEASE) 12K-38K-60 ORAL CAPSULE DR	BRAND	PA (Rx031)
CREON (AMYLASE/LIPASE/PROTEASE) 24-76-120K ORAL CAPSULE DR	BRAND	PA (Rx031)
CREON (AMYLASE/LIPASE/PROTEASE) 3-9.5-15K ORAL CAPSULE DR	BRAND	PA (Rx031)
CREON (AMYLASE/LIPASE/PROTEASE) 36K-114K ORAL CAPSULE DR	BRAND	PA (Rx031)
CREON (AMYLASE/LIPASE/PROTEASE) 6K-19K-30K ORAL CAPSULE DR	BRAND	PA (Rx031)
PANCREAZE (AMYLASE/LIPASE/PROTEASE) 10.5-35.5K ORAL CAPSULE DR	BRAND	PA (Rx031)
PANCREAZE (AMYLASE/LIPASE/PROTEASE) 16.8-56.8K ORAL CAPSULE DR	BRAND	PA (Rx031)
PANCREAZE (AMYLASE/LIPASE/PROTEASE) 2.6K-8.8K ORAL CAPSULE DR	BRAND	PA (Rx031)

DRUG NAME	TYPE	RESTRICTIONS
PANCREAZE (AMYLASE/LIPASE/PROTEASE) 21 K-54.7K ORAL CAPSULE DR	BRAND	PA (Rx031)
PANCREAZE (AMYLASE/LIPASE/PROTEASE) 4.2K-14.2K ORAL CAPSULE DR	BRAND	PA (Rx031)
ZENPEP (AMYLASE/LIPASE/PROTEASE) 10-32-42K ORAL CAPSULE DR	BRAND	PA (Rx031)
ZENPEP (AMYLASE/LIPASE/PROTEASE) 15-47-63K ORAL CAPSULE DR	BRAND	PA (Rx031)
ZENPEP (AMYLASE/LIPASE/PROTEASE) 20-63-84K ORAL CAPSULE DR	BRAND	PA (Rx031)
ZENPEP (AMYLASE/LIPASE/PROTEASE) 25-79-105K ORAL CAPSULE DR	BRAND	PA (Rx031)
ZENPEP (AMYLASE/LIPASE/PROTEASE) 3-10-14K ORAL CAPSULE DR	BRAND	PA (Rx031)
ZENPEP (AMYLASE/LIPASE/PROTEASE) 40-126-168 ORAL CAPSULE DR	BRAND	PA (Rx031)
ZENPEP (AMYLASE/LIPASE/PROTEASE) 5K-17K-24K ORAL CAPSULE DR	BRAND	PA (Rx031)

UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE

ANTICHOLINERGICS/ANTISPASMODICS

DICYCLOMINE HCL 10 MG ORAL CAPSULE	GENERIC	
DICYCLOMINE HCL 10 MG/5 ML ORAL SOLUTION	GENERIC	
DICYCLOMINE HCL 20 MG ORAL TABLET	GENERIC	

BELLADONNA ALKALOIDS

ED-SPAZ (HYOSCYAMINE SULFATE) 0.125 MG ORAL TAB RAPDIS	GENERIC	
HYOSCYAMINE SULFATE 0.125MG/ML ORAL DROPS	GENERIC	
HYOSCYAMINE SULFATE 125MCG/5ML ORAL ELIXIR	GENERIC	
HYOSCYAMINE SULFATE 0.125 MG ORAL TAB RAPDIS	GENERIC	
HYOSCYAMINE SULFATE 0.125 MG ORAL TABLET	GENERIC	
HYOSCYAMINE SULFATE 0.125 MG SUBLINGUAL TAB SUBL	GENERIC	
HYOSCYAMINE SULFATE ER (HYOSCYAMINE SULFATE) 0.375 MG ORAL TAB ER 12H	GENERIC	
HYOSCYAMINE SULFATE SR (HYOSCYAMINE SULFATE) 0.375 MG ORAL TAB ER 12H	GENERIC	
HYOSYNE (HYOSCYAMINE SULFATE) 0.125MG/ML ORAL DROPS	GENERIC	
HYOSYNE (HYOSCYAMINE SULFATE) 125MCG/5ML ORAL ELIXIR	GENERIC	
OSCIMIN (HYOSCYAMINE SULFATE) 0.125 MG ORAL TABLET	GENERIC	
OSCIMIN SL (HYOSCYAMINE SULFATE) 0.125 MG SUBLINGUAL TAB SUBL	GENERIC	

UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE

ANTACIDS

ANTACID (CALCIUM CARBONATE) 200(500)MG ORAL TAB CHEW	GENERIC, OTC	
ANTACID (CALCIUM CARBONATE) 215(500)MG ORAL TAB CHEW	GENERIC, OTC	
ANTACID CALCIUM (CALCIUM CARBONATE) 215(500)MG ORAL TAB CHEW	GENERIC, OTC	
CALCIUM ANTACID (CALCIUM CARBONATE) 200(500)MG ORAL TAB CHEW	GENERIC, OTC	
CALCIUM CARBONATE 200(500)MG ORAL TAB CHEW	GENERIC, OTC	
CAL-GEST (CALCIUM CARBONATE) 200(500)MG ORAL TAB CHEW	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
ANTACID (CALCIUM CARBONATE/MAG HYDROX) 550-110 MG ORAL TAB CHEW	GENERIC, OTC	
ACID GONE ANTACID (MAG CARB/AL HYDROX/ALGINIC AC) 358-95/15 ORAL SUSP	GENERIC, OTC	
FOAMING ANTACID (MAG CARB/AL HYDROX/ALGINIC AC) 358-95/15 ORAL SUSP	GENERIC, OTC	
ADVANCED ANTACID-ANTIGAS (MAG HYDROX/AL HYDROX/SIMETH) 200-200-20 ORAL SUSP	GENERIC, OTC	
ANTACID (MAG HYDROX/AL HYDROX/SIMETH) 200-200-20 ORAL SUSP	GENERIC, OTC	
ANTACID M (MAG HYDROX/AL HYDROX/SIMETH) 200-200-20 ORAL SUSP	GENERIC, OTC	
ANTACID PLUS ANTI-GAS (MAG HYDROX/AL HYDROX/SIMETH) 200-200-20 ORAL SUSP	GENERIC, OTC	
ANTACID PLUS GAS RELIEF (MAG HYDROX/AL HYDROX/SIMETH) 200-200-20 ORAL SUSP	GENERIC, OTC	
ANTACID-ANTIGAS (MAG HYDROX/AL HYDROX/SIMETH) 200-200-20 ORAL SUSP	GENERIC, OTC	
COMFORT GEL (MAG HYDROX/AL HYDROX/SIMETH) 200-200-20 ORAL SUSP	GENERIC, OTC	
GERI-LANTA (MAG HYDROX/AL HYDROX/SIMETH) 200-200-20 ORAL SUSP	GENERIC, OTC	
GERI-MOX (MAG HYDROX/AL HYDROX/SIMETH) 200-200-20 ORAL SUSP	GENERIC, OTC	
MAALOX ADVANCED (MAG HYDROX/AL HYDROX/SIMETH) 200-200-20 ORAL SUSP	GENERIC, OTC	
MAG-AL PLUS (MAG HYDROX/AL HYDROX/SIMETH) 200-200-20 ORAL SUSP	GENERIC, OTC	
ACID GONE (MAGNESIUM CARBONATE/AL HYDROX) 105-160MG ORAL TAB CHEW	GENERIC, OTC	
ANTACID EXTRA STRENGTH (MAGNESIUM CARBONATE/AL HYDROX) 105-160MG ORAL TAB CHEW	GENERIC, OTC	
HEARTBURN ANTACID (MAGNESIUM CARBONATE/AL HYDROX) 105-160MG ORAL TAB CHEW	GENERIC, OTC	
HEARTBURN RELIEF (MAGNESIUM CARBONATE/AL HYDROX) 105-160MG ORAL TAB CHEW	GENERIC, OTC	
MAGNESIUM OXIDE 400 MG ORAL TABLET	GENERIC, OTC	
SODIUM BICARBONATE 325 MG ORAL TABLET	GENERIC, OTC	
SODIUM BICARBONATE 650 MG ORAL TABLET	GENERIC, OTC	

ANTICHOLINERGICS, QUATERNARY AMMONIUM

GLYCOPYRROLATE 1 MG ORAL TABLET	GENERIC	
GLYCOPYRROLATE 2 MG ORAL TABLET	GENERIC	

ANTI-ULCER PREPARATIONS

MISOPROSTOL 100 MCG ORAL TABLET	GENERIC	
MISOPROSTOL 200 MCG ORAL TABLET	GENERIC	
SUCRALFATE 1 G ORAL TABLET	GENERIC	

ANTI-ULCER-H. PYLORI AGENTS

VOQUEZNA DUAL PAK (VONOPRAZAN/AMOXICILLIN) 20MG-500MG ORAL COMBO. PKG	BRAND	PA (Rx001)
VOQUEZNA TRIPLE PAK (VONOPRAZAN/AMOXICILLIN/CLARITH) 20-500-500 ORAL COMBO. PKG	BRAND	PA (Rx001)

HISTAMINE H2-RECEPTOR INHIBITORS

DRUG NAME	TYPE	RESTRICTIONS
ACID REDUCER (Cimetidine) 200 MG Oral Tablet	Generic, OTC	
Cimetidine 200 MG Oral Tablet	Generic, OTC	
Cimetidine 300 MG Oral Tablet	Generic	
Cimetidine 400 MG Oral Tablet	Generic	
Cimetidine 800 MG Oral Tablet	Generic	
Heartburn Relief (Cimetidine) 200 MG Oral Tablet	Generic, OTC	
Acid Controller (Famotidine) 10 MG Oral Tablet	Generic, OTC	
Acid Controller (Famotidine) 20 MG Oral Tablet	Generic, OTC	
Acid Reducer (Famotidine) 10 MG Oral Tablet	Generic, OTC	
Acid Reducer (Famotidine) 20 MG Oral Tablet	Generic, OTC	
Acid-PEP (Famotidine) 20 MG Oral Tablet	Generic, OTC	
Famotidine 40MG/5ML Oral Susp Recon	Generic	AR (age 6 and younger)
Famotidine 10 MG Oral Tablet	Generic, OTC	
Famotidine 20 MG Oral Tablet	Generic, OTC	
Famotidine 40 MG Oral Tablet	Generic	
Heartburn Prevention (Famotidine) 10 MG Oral Tablet	Generic, OTC	
Heartburn Prevention (Famotidine) 20 MG Oral Tablet	Generic, OTC	
Heartburn Relief (Famotidine) 10 MG Oral Tablet	Generic, OTC	
Heartburn Relief (Famotidine) 20 MG Oral Tablet	Generic, OTC	
Zantac-360 (Famotidine) (Famotidine) 20 MG Oral Tablet	Generic, OTC	

INTESTINAL MOTILITY STIMULANTS

METOCLOPRAMIDE HCL 5 MG/5 ML Oral Solution	Generic	
METOCLOPRAMIDE HCL 10 MG Oral Tablet	Generic	
METOCLOPRAMIDE HCL 5 MG Oral Tablet	Generic	

POTASSIUM-COMPETITIVE ACID BLOCKERS (PCABS)

VOQUEZNA (VONOPRAZAN FUMARATE) 10 MG Oral Tablet	Brand	PA (Rx001)
VOQUEZNA (VONOPRAZAN FUMARATE) 20 MG Oral Tablet	Brand	PA (Rx001)

PROTON-PUMP INHIBITORS

LANSOPRAZOLE 15 MG Oral Capsule DR	Generic, OTC	QL (1 capsule per day)
LANSOPRAZOLE 30 MG Oral Capsule DR	Generic	QL (1 capsule per day)
OMEPRazole 10 MG Oral Capsule DR	Generic	QL (2 capsules per day)
OMEPRazole 20 MG Oral Capsule DR	Generic	QL (2 capsules per day)
OMEPRazole 40 MG Oral Capsule DR	Generic	QL (2 capsules per day)
OMEPRazole 20 MG Oral Tablet DR	Generic, OTC	QL (2 tablets per day)
OMEPRazole MAGNESIUM (OMEPRazole) 20 MG Oral Tablet DR	Generic, OTC	QL (2 tablets per day)
PANTOPRAZOLE SODIUM 20 MG Oral Tablet DR	Generic	QL (2 tablets per day)
PANTOPRAZOLE SODIUM 40 MG Oral Tablet DR	Generic	QL (2 tablets per day)
PANTOPRAZOLE SODIUM (PANTOPRAZOLE SODIUM SESQ (OBS)) 20 MG Oral Tablet DR	Generic	QL (2 tablets per day)
PANTOPRAZOLE SODIUM (PANTOPRAZOLE SODIUM SESQ (OBS)) 40 MG Oral Tablet DR	Generic	QL (2 tablets per day)

URINARY TRACT - FUNCTIONAL DISORDERS**BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS**

ALFUZOSIN HCL ER (ALFUZOSIN HCL) 10 MG Oral TAB ER 24H	Generic	
DUTASTERIDE 0.5 MG Oral Capsule	Generic	
FINASTERIDE 5 MG Oral Tablet	Generic	
TAMSULOSIN HCL 0.4 MG Oral Capsule	Generic	

DRUG NAME	TYPE	RESTRICTIONS
BPH AGENTS,5-ALPHA-RED INH & ALPHA-1-ADR ANTG CMB		
DUTASTERIDE-TAMSULOSIN (DUTASTERIDE/TAMSULOSIN HCL) 0.5-0.4 MG ORAL CPMP 24HR	GENERIC	
URINARY PH MODIFIERS		
SODIUM CITRATE-CITRIC ACID (CITRIC ACID/SODIUM CITRATE) 334-500MG ORAL SOLUTION	GENERIC, OTC	
PHOSPHA 250 NEUTRAL (PHOSPHORUS #1) 250 MG ORAL TABLET	GENERIC, OTC	
PHOSPHOROUS (PHOSPHORUS #1) 250 MG ORAL TABLET	GENERIC, OTC	
PHOSPHO-TRIN 250 NEUTRAL (PHOSPHORUS #1) 250 MG ORAL TABLET	GENERIC, OTC	
WES-PHOS 250 NEUTRAL (PHOSPHORUS #1) 250 MG ORAL TABLET	GENERIC, OTC	
POTASSIUM CITRATE ER (POTASSIUM CITRATE) 10 MEQ ORAL TABLET ER	GENERIC	
POTASSIUM CITRATE ER (POTASSIUM CITRATE) 15 MEQ ORAL TABLET ER	GENERIC	
POTASSIUM CITRATE ER (POTASSIUM CITRATE) 5 MEQ ORAL TABLET ER	GENERIC	
K-PHOS ORIGINAL (POTASSIUM PHOSPHATE,MONOBASIC) 500 MG ORAL TABLET SOL	BRAND	
URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)		
PHENAZOPYRIDINE HCL 100 MG ORAL TABLET	GENERIC	
PHENAZOPYRIDINE HCL 200 MG ORAL TABLET	GENERIC	
URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.		
SOLIFENACIN SUCCINATE 10 MG ORAL TABLET	GENERIC	
SOLIFENACIN SUCCINATE 5 MG ORAL TABLET	GENERIC	
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT		
OXYBUTYNIN CHLORIDE 5 MG/5 ML ORAL SYRUP	GENERIC	
OXYBUTYNIN CHLORIDE 5 MG ORAL TABLET	GENERIC	
OXYBUTYNIN CHLORIDE ER (OXYBUTYNIN CHLORIDE) 10 MG ORAL TAB ER 24	GENERIC	
OXYBUTYNIN CHLORIDE ER (OXYBUTYNIN CHLORIDE) 15 MG ORAL TAB ER 24	GENERIC	
OXYBUTYNIN CHLORIDE ER (OXYBUTYNIN CHLORIDE) 5 MG ORAL TAB ER 24	GENERIC	
TOLTERODINE TARTRATE 1 MG ORAL TABLET	GENERIC	ST (Oxybutynin IR or ER or Trosipium or Solifenacin)
TOLTERODINE TARTRATE 2 MG ORAL TABLET	GENERIC	ST (Oxybutynin IR or ER or Trosipium or Solifenacin)
TOLTERODINE TARTRATE ER (TOLTERODINE TARTRATE) 2 MG ORAL CAP ER 24H	GENERIC	ST (Oxybutynin IR or ER or Trosipium or Solifenacin)
TOLTERODINE TARTRATE ER (TOLTERODINE TARTRATE) 4 MG ORAL CAP ER 24H	GENERIC	ST (Oxybutynin IR or ER or Trosipium or Solifenacin)
TROSPIMUM CHLORIDE 20 MG ORAL TABLET	GENERIC	
VAGINAL DISORDERS		
VAGINAL ANTIBIOTICS		
CLINDAMYCIN PHOSPHATE 2% VAGINAL CREAM/APPL	GENERIC	
METRONIDAZOLE 0.75% VAGINAL GEL W/APPL	GENERIC	
VAGINAL ANTIFUNGALS		
3-DAY VAGINAL CREAM (CLOTRIMAZOLE) 2% VAGINAL CREAM/APPL	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
CLOTRIMAZOLE 1% VAGINAL CREAM/APPL	GENERIC, OTC	
CLOTRIMAZOLE-3 (CLOTRIMAZOLE) 2% VAGINAL CREAM/APPL	GENERIC, OTC	
CLOTRIMAZOLE-7 (CLOTRIMAZOLE) 1% VAGINAL CREAM/APPL	GENERIC, OTC	
MICONAZOLE 7 (MICONAZOLE NITRATE) 2% VAGINAL CREAM/APPL	GENERIC, OTC	
MICONAZOLE NITRATE 2% VAGINAL CREAM/APPL	GENERIC, OTC	
MICONAZOLE-7 (MICONAZOLE NITRATE) 2% VAGINAL CREAM/APPL	GENERIC, OTC	
MONISTAT 7 (MICONAZOLE NITRATE) 2% VAGINAL CREAM/APPL	GENERIC, OTC	
TERCONAZOLE 0.40% VAGINAL CREAM/APPL	GENERIC	
TERCONAZOLE 0.80% VAGINAL CREAM/APPL	GENERIC	

VAGINAL ESTROGEN PREPARATIONS

ESTRADIOL 0.01% VAGINAL CREAM/APPL	GENERIC	
ESTRADIOL 10 MCG VAGINAL TABLET	GENERIC	
YUVAFEM (ESTRADIOL) 10 MCG VAGINAL TABLET	GENERIC	
PREMARIN (ESTROGENS, CONJUGATED) 0.625 MG/G VAGINAL CREAM/APPL	BRAND	

VITAMIN AND/OR MINERAL DEFICIENCY**ANTIOXIDANT MULTIVITAMIN COMBINATIONS**

I-VITE (MULTIVITAMINS W-MINERALS) 300MCG-200 ORAL TABLET	GENERIC, OTC	
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CALCIUM REPLACEMENT

CALCIUM 600+MINERALS (CA CARBONATE/VITAMIN D2/MIN) 600 MG-200 ORAL TABLET	GENERIC, OTC	
CALCIUM 600-VIT D3-MINERAL (CA CARBONATE/VITAMIN D2/MIN) 600 MG-400 ORAL TAB CHEW	GENERIC, OTC	
CALCIUM (CA CARBONATE/VITAMIN D3/VIT K) 500-100-40 ORAL TAB CHEW	GENERIC, OTC	
CALCIUM 600-D3-MINERALS (CA/D3/MAG#11/ZINC/COP/MANG/BOR) 600 MG-800 ORAL TAB CHEW	GENERIC, OTC	
CALCIUM ACETATE 668 MG ORAL TABLET	BRAND, OTC	
CALCIUM 600+D PLUS MINERALS (CALCIUM CARB/VIT D3/MINERALS) 600 MG-400 ORAL TABLET	GENERIC, OTC	
CALCIUM (CALCIUM CARBONATE) 500(1250) ORAL TAB CHEW	GENERIC, OTC	
CALCIUM (CALCIUM CARBONATE) 500(1250) ORAL TABLET	GENERIC, OTC	
CALCIUM (CALCIUM CARBONATE) 600 MG ORAL TABLET	GENERIC, OTC	
CALCIUM 600-VIT D3 (CALCIUM CARBONATE) 600 MG-10 ORAL TABLET	GENERIC, OTC	
CALCIUM CARBONATE 500 MG/5ML ORAL SUSP	GENERIC, OTC	
CALCIUM CARBONATE 500(1250) ORAL TABLET	GENERIC, OTC	
OYSTER SHELL CALCIUM (CALCIUM CARBONATE) 500(1250) ORAL TABLET	GENERIC, OTC	
SUPER CALCIUM (CALCIUM CARBONATE) 600 MG ORAL TABLET	GENERIC, OTC	
CALCIUM 250-VIT D3 (CALCIUM CARBONATE/VITAMIN D2) 250-3.125 ORAL TABLET	GENERIC, OTC	
CALCIUM 500-VIT D3 (CALCIUM CARBONATE/VITAMIN D2) 500MG-5MCG ORAL TABLET	GENERIC, OTC	
CALCIUM 600-VIT D3 (CALCIUM CARBONATE/VITAMIN D2) 600MG-5MCG ORAL TABLET	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
CALCIUM 600-VIT D3 (CALCIUM CARBONATE/VITAMIN D2) 600 MG-10 ORAL TABLET	GENERIC, OTC	
CALCIUM 600-VIT D3 (CALCIUM CARBONATE/VITAMIN D2) 600 MG-20 ORAL TABLET	GENERIC, OTC	
OYSCO 500-VIT D3 (CALCIUM CARBONATE/VITAMIN D2) 500MG-5MCG ORAL TABLET	GENERIC, OTC	
OYSTER SHELL CALCIUM-VIT D3 (CALCIUM CARBONATE/VITAMIN D2) 500MG-5MCG ORAL TABLET	GENERIC, OTC	
OYSTERCAL-D (CALCIUM CARBONATE/VITAMIN D2) 500 MG-10 ORAL TABLET	GENERIC, OTC	
PARVA-CAL 500 (CALCIUM CARBONATE/VITAMIN D2) 500MG-5MCG ORAL TABLET	GENERIC, BRAND, OTC	
CALCIUM (CALCIUM CARBONATE/VITAMIN D3) 500 MG-2.5 ORAL TAB CHEW	BRAND, OTC	
CALCIUM 500-VIT D3 (CALCIUM CARBONATE/VITAMIN D3) 500 MG-10 ORAL TAB CHEW	GENERIC, OTC	
CALCIUM 500-VIT D3 (CALCIUM CARBONATE/VITAMIN D3) 500MG-5MCG ORAL TABLET	GENERIC, OTC	
CALCIUM 500-VIT D3 (CALCIUM CARBONATE/VITAMIN D3) 500-3.125 ORAL TABLET	GENERIC, OTC	
CALCIUM 500-VIT D3 (CALCIUM CARBONATE/VITAMIN D3) 500 MG-10 ORAL TABLET	GENERIC, OTC	
CALCIUM 500-VIT D3 (CALCIUM CARBONATE/VITAMIN D3) 500-15 MCG ORAL TABLET	GENERIC, OTC	
CALCIUM 600-VIT D3 (CALCIUM CARBONATE/VITAMIN D3) 600 MG-20 ORAL TABLET	GENERIC, OTC	
CALCIUM 600-VIT D3 (CALCIUM CARBONATE/VITAMIN D3) 600MG-5MCG ORAL TABLET	GENERIC, OTC	
CALCIUM 600-VIT D3 (CALCIUM CARBONATE/VITAMIN D3) 600 MG-10 ORAL TABLET	GENERIC, OTC	
HI-CAL (CALCIUM CARBONATE/VITAMIN D3) 500MG-5MCG ORAL TABLET	GENERIC, OTC	
OYSCO 500-VIT D3 (CALCIUM CARBONATE/VITAMIN D3) 500MG-5MCG ORAL TABLET	GENERIC, OTC	
OYSTER SHELL CALCIUM-VIT D3 (CALCIUM CARBONATE/VITAMIN D3) 500MG-5MCG ORAL TABLET	GENERIC, OTC	
OYSTER SHELL CALCIUM-VITAMIN D (CALCIUM CARBONATE/VITAMIN D3) 500 MG-10 ORAL TABLET	GENERIC, OTC	
SUPER CALCIUM 600-VIT D3 (CALCIUM CARBONATE/VITAMIN D3) 600 MG-10 ORAL TABLET	GENERIC, OTC	
ULTRA CALCIUM 600-VIT D3 (CALCIUM CARBONATE/VITAMIN D3) 600 MG-10 ORAL TABLET	GENERIC, OTC	
CALCIUM CITRATE 200(950)MG ORAL TABLET	GENERIC, OTC	
CALCIUM CITRATE 250 MG ORAL TABLET	GENERIC, OTC	
CALCIUM CITRATE - VITAMIN D (CALCIUM CITRATE/VITAMIN D3) 315MG-5MCG ORAL TABLET	GENERIC, OTC	
CALCIUM CITRATE - VITAMIN D (CALCIUM CITRATE/VITAMIN D3) 315MG-6.25 ORAL TABLET	GENERIC, OTC	
CALCIUM CITRATE - VITAMIN D3 (CALCIUM CITRATE/VITAMIN D3) 315MG-6.25 ORAL TABLET	GENERIC, OTC	
CALCIUM CITRATE-VIT D3 (CALCIUM CITRATE/VITAMIN D3) 250MG-5MCG ORAL TABLET	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
CALCIUM CITRATE-VITAMIN D3 (CALCIUM CITRATE/VITAMIN D3) 315MG-5MCG ORAL TABLET	GENERIC, OTC	
CALCIUM CITRATE-VITAMIN D3 (CALCIUM CITRATE/VITAMIN D3) 315MG-6.25 ORAL TABLET	GENERIC, OTC	
CITRACAL + D MAXIMUM (CALCIUM CITRATE/VITAMIN D3) 315MG-6.25 ORAL TABLET	GENERIC, OTC	
CALCIUM GLUCONATE 60(650) MG ORAL TABLET	GENERIC, OTC	
CALCIUM MAGNESIUM (CALCIUM/MAGNESIUM) 500-250 MG ORAL TABLET	GENERIC, OTC	
CALCIUM-MAGNESIUM (CALCIUM/MAGNESIUM) 300-300 MG ORAL TABLET	GENERIC, OTC	
CALCIUM-MAGNESIUM-ZINC-VIT D (CALCIUM/MAGNESIUM/ZINC) 333-133 MG ORAL TABLET	GENERIC, OTC	

FLUORIDE PREPARATIONS

FLUORIDE (SODIUM FLUORIDE) 0.25(0.55) ORAL TAB CHEW	GENERIC, OTC	AR (age 18 and younger)
FLUORIDE (SODIUM FLUORIDE) 0.5(1.1)MG ORAL TAB CHEW	GENERIC, OTC	AR (age 18 and younger)
FLUORIDE (SODIUM FLUORIDE) 1MG(2.2MG) ORAL TAB CHEW	GENERIC, OTC	AR (age 18 and younger)
SODIUM FLUORIDE 0.5 MG/ML ORAL DROPS	GENERIC, OTC	AR (age 18 and younger)
SODIUM FLUORIDE 0.25(0.55) ORAL TAB CHEW	GENERIC, OTC	AR (age 18 and younger)
SODIUM FLUORIDE 0.5(1.1)MG ORAL TAB CHEW	GENERIC, OTC	AR (age 18 and younger)
SODIUM FLUORIDE 1MG(2.2MG) ORAL TAB CHEW	GENERIC, OTC	AR (age 18 and younger)

FOLIC ACID PREPARATIONS

FOLIC ACID 0.8 MG ORAL TABLET	GENERIC, OTC	
FOLIC ACID 0.4 MG ORAL TABLET	GENERIC, OTC	
FOLIC ACID 1 MG ORAL TABLET	GENERIC, OTC	

GERIATRIC VITAMIN PREPARATIONS

A THRU Z (MULTIVITAMINS W-MINERALS/LUT) ORAL TABLET	GENERIC, OTC	
A THRU Z SELECT (MULTIVITAMINS W-MINERALS/LUT) ORAL TABLET	GENERIC, OTC	
MILLTRIUM SENIOR (MULTIVITAMINS W-MINERALS/LUT) ORAL TABLET	GENERIC, OTC	
MULTIVITAMIN 50 PLUS (MULTIVITAMINS W-MINERALS/LUT) ORAL TABLET	GENERIC, OTC	
VISION PLUS LUTEIN (MULTIVITAMINS W-MINERALS/LUT) ORAL TABLET	GENERIC, OTC	
VITRUM SENIOR (MULTIVITAMINS W-MINERALS/LUT) ORAL TABLET	GENERIC, OTC	

IRON REPLACEMENT

HEMATINIC WITH FOLIC ACID (FERROUS FUMARATE/FOLIC ACID) 106 MG-1MG ORAL TABLET	GENERIC, OTC	
FERATE (FERROUS GLUCONATE) 240(27)MG ORAL TABLET	GENERIC, OTC	
FERROUS GLUCONATE 240(27)MG ORAL TABLET	GENERIC, OTC	
FERROUS GLUCONATE 324(37.5) ORAL TABLET	GENERIC, OTC	
FERROUS GLUCONATE 324(38)MG ORAL TABLET	GENERIC, OTC	
IRON (FERROUS GLUCONATE) 236(27)MG ORAL TABLET	GENERIC, OTC	
IRON (FERROUS GLUCONATE) 240(27)MG ORAL TABLET	GENERIC, OTC	
IRON (FERROUS GLUCONATE) 256(28)MG ORAL TABLET	GENERIC, OTC	
FEOSOL (FERROUS SULFATE) 325(65) MG ORAL TABLET	GENERIC, OTC	
FEROSUL (FERROUS SULFATE) 325(65) MG ORAL TABLET	GENERIC, OTC	
FERRO-TIME (FERROUS SULFATE) 325(65) MG ORAL TABLET	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
FERROUS SULFATE 15 MG/ML ORAL DROPS	GENERIC, OTC	
FERROUS SULFATE 220 (44)/5 ORAL ELIXIR	GENERIC, OTC	
FERROUS SULFATE 300 MG/5ML ORAL LIQUID	GENERIC, OTC	
FERROUS SULFATE 220 (44)/5 ORAL SOLUTION	GENERIC, OTC	
FERROUS SULFATE 325(65) MG ORAL TABLET	GENERIC, OTC	
FERROUS SULFATE 324(65)MG ORAL TABLET DR	GENERIC, OTC	
FERROUS SULFATE 325(65) MG ORAL TABLET DR	GENERIC, OTC	
HIGH POTENCY IRON (FERROUS SULFATE) 134 MG ORAL TABLET	GENERIC, OTC	
INFANT-TODDLER IRON (FERROUS SULFATE) 15 MG/ML ORAL DROPS	GENERIC, OTC	
IRON (FERROUS SULFATE) 325(65) MG ORAL TABLET	GENERIC, OTC	
PEDIA IRON (FERROUS SULFATE) 15 MG/ML ORAL DROPS	GENERIC, OTC	
PEDIATRIC FE-VITE (FERROUS SULFATE) 15 MG/ML ORAL DROPS	GENERIC, OTC	
PEDIATRIC IRON (FERROUS SULFATE) 15 MG/ML ORAL DROPS	GENERIC, OTC	
SLOW RELEASE IRON (FERROUS SULFATE) 142(45)MG ORAL TABLET ER	GENERIC, OTC	
SLOW RELEASE IRON (FERROUS SULFATE) 143(45) MG ORAL TABLET ER	GENERIC, OTC	
SLOW RELEASE IRON (FERROUS SULFATE) 250(50) MG ORAL TABLET ER	GENERIC, OTC	
FERREX 28 (IRON AG&FUM/C/FA/MV CMB11/CA-T) 151-200-1 ORAL TABLET	GENERIC, OTC	
FERREX 150 (IRON POLYSACCHARIDES COMPLEX) 150 MG ORAL CAPSULE	GENERIC, OTC	
IFEREX 150 (IRON POLYSACCHARIDES COMPLEX) 150 MG ORAL CAPSULE	GENERIC, OTC	
MYFERON 150 (IRON POLYSACCHARIDES COMPLEX) 150 MG ORAL CAPSULE	GENERIC, OTC	
NU-IRON 150 (IRON POLYSACCHARIDES COMPLEX) 150 MG ORAL CAPSULE	GENERIC, OTC	
POLY-IRON (IRON POLYSACCHARIDES COMPLEX) 150 MG ORAL CAPSULE	GENERIC, OTC	
POLYSACCHARIDE IRON (IRON POLYSACCHARIDES COMPLEX) 150 MG ORAL CAPSULE	GENERIC, OTC	
FE C PLUS (IRON,CARBONYL/VIT C/VIT B12/FA) 100-250-1 ORAL TABLET	GENERIC, OTC	
ICAR-C PLUS (IRON,CARBONYL/VIT C/VIT B12/FA) 100-250-1 ORAL TABLET	GENERIC, OTC	
IRON 100 PLUS (IRON,CARBONYL/VIT C/VIT B12/FA) 100-250-1 ORAL TABLET	GENERIC, OTC	

MAGNESIUM SALTS REPLACEMENT

MAGNESIUM 200 MG ORAL TABLET	GENERIC, OTC	
MAGNESIUM 250 MG ORAL TABLET	GENERIC, OTC	
MAG DELAY (MAGNESIUM CHLORIDE) 64 MG ORAL TABLET DR	GENERIC, OTC	
MAG64 (MAGNESIUM CHLORIDE) 64 MG ORAL TABLET DR	GENERIC, OTC	
MAGNESIUM CHLORIDE 64 MG ORAL TABLET DR	GENERIC, OTC	
MAGNESIUM CHLORIDE 70 MG ORAL TABLET DR	GENERIC, OTC	
NU-MAG (MAGNESIUM CHLORIDE) 71.5 MG ORAL TABLET DR	GENERIC, OTC	
MAG-G (MAGNESIUM GLUCONATE) 27 MG(500) ORAL TABLET	GENERIC, OTC	
MAGNESIUM GLUCONATE 27.5 (500) ORAL TABLET	GENERIC, BRAND, OTC	

DRUG NAME	TYPE	RESTRICTIONS
MAGNESIUM GLUCONATE 27 MG(500) ORAL TABLET	GENERIC, OTC	
MAGNESIUM GLUCONATE 30 MG(550) ORAL TABLET	BRAND, OTC	
MAGNESIUM (MAGNESIUM OXIDE) 400 MG ORAL CAPSULE	BRAND, OTC	
MAGNESIUM (MAGNESIUM OXIDE) 500 MG ORAL CAPSULE	GENERIC, OTC	
MAGNESIUM (MAGNESIUM OXIDE) 250 MG ORAL TABLET	GENERIC, OTC	
MAGNESIUM (MAGNESIUM OXIDE) 400 MG ORAL TABLET	GENERIC, OTC	
MAGNESIUM OXIDE 500 MG ORAL CAPSULE	GENERIC, OTC	
MAGNESIUM OXIDE 250 MG ORAL TABLET	GENERIC, OTC	
MAGNESIUM OXIDE 420 MG ORAL TABLET	GENERIC, OTC	
MAGNESIUM OXIDE 500 MG ORAL TABLET	GENERIC, OTC	
MAG-OXIDE (MAGNESIUM OXIDE) 200 MG ORAL TABLET	BRAND, OTC	
MAG-OXIDE MAGNESIUM (MAGNESIUM OXIDE) 200 MG ORAL TABLET	GENERIC, OTC	
MGO-400 (MAGNESIUM OXIDE) 400 MG ORAL TABLET	GENERIC, OTC	
PHILLIPS (MAGNESIUM OXIDE) 500 MG ORAL TABLET	GENERIC, OTC	

MULTIVITAMIN PREPARATIONS

HIGH POTENCY MULTIVITAMIN (FOLIC ACID/MULTIVITAMINS) 400 MCG ORAL TABLET	GENERIC, OTC	
ONE DAILY ESSENTIAL (FOLIC ACID/MULTIVITAMINS) 400 MCG ORAL TABLET	GENERIC, OTC	
ONE DAILY MULTIVITAMIN (FOLIC ACID/MULTIVITAMINS) 400 MCG ORAL TABLET	GENERIC, OTC	
ONEVITE DAILY MULTIVITAMIN (FOLIC ACID/MULTIVITAMINS) 400 MCG ORAL TABLET	GENERIC, OTC	
TAB-A-VITE (FOLIC ACID/MULTIVITAMINS) 400 MCG ORAL TABLET	GENERIC, OTC	
THEREMS MULTIVITAMIN (FOLIC ACID/MULTIVITAMINS) 400 MCG ORAL TABLET	GENERIC, OTC	
V-C FORTE (FOLIC ACID/MU-VITS-MIN TH) 1 MG ORAL CAPSULE	GENERIC, OTC	
VIC-FORTE (FOLIC ACID/MU-VITS-MIN TH) 1 MG ORAL CAPSULE	GENERIC, OTC	
A THRU Z ADVANCED FORMULA (FOLIC ACID/MV,FE,OTHER MIN) 18MG-0.4MG ORAL TABLET	GENERIC, OTC	
CENTRUM COMPLETE (FOLIC ACID/MV,FE,OTHER MIN) 18MG-0.4MG ORAL TABLET	GENERIC, OTC	
CENTURY (FOLIC ACID/MV,FE,OTHER MIN) 18MG-0.4MG ORAL TABLET	GENERIC, OTC	
DAILY MULTIPLE (FOLIC ACID/MV,FE,OTHER MIN) 500-18-0.4 ORAL TABLET	GENERIC, OTC	
ONE DAILY FOR WOMEN (FOLIC ACID/MV,FE,OTHER MIN) 0.4MG-18MG ORAL TABLET	GENERIC, OTC	
ONE DAILY MAXIMUM (FOLIC ACID/MV,FE,OTHER MIN) 0.4MG-18MG ORAL TABLET	GENERIC, OTC	
CERTA PLUS (FOLIC ACID/MV,FE,OTHER MIN/LUT) 0.4-18-250 ORAL TABLET	GENERIC, OTC	
ELITE-OB (IRON,CARBONYL/FA/MULTIVITS-MIN) 50-1.25 MG ORAL TABLET	BRAND, OTC	
OB COMPLETE (IRON,CARBONYL/FA/MULTIVITS-MIN) 50-1.25 MG ORAL TABLET	BRAND, OTC	
DAILY MULTIVITAMIN WITH D3 (MULTIVITAMINS) 0.4 MG ORAL TABLET	GENERIC, OTC	
DAILY VALUE (MULTIVITAMINS) ORAL TABLET	GENERIC, OTC	
DAILY VITAMIN FORMULA (MULTIVITAMINS) ORAL TABLET	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
DAILY VITE (MULTIVITAMINS) ORAL TABLET	GENERIC, OTC	
DAILY-VITE (MULTIVITAMINS) 400 MCG ORAL TABLET	GENERIC, OTC	
HONEY BEARS MULTIVITAMIN (MULTIVITAMINS) ORAL TAB CHEW	GENERIC, OTC	
MULTIPLE VITAMINS (MULTIVITAMINS) ORAL TABLET	GENERIC, OTC	
MULTIVITAMIN (MULTIVITAMINS) ORAL TABLET	GENERIC, OTC	
MULTI-VITAMIN DAILY (MULTIVITAMINS) ORAL TABLET	GENERIC, OTC	
MULTIVITAMINS ORAL TABLET	GENERIC, OTC	
ONE DAILY ESSENTIAL (MULTIVITAMINS) ORAL TABLET	GENERIC, OTC	
ONE-A-DAY ESSENTIAL (MULTIVITAMINS) ORAL TABLET	GENERIC, OTC	
ONE-A-DAY MEN'S (MULTIVITAMINS) 400-300MCG ORAL TABLET	GENERIC, OTC	
ONE-DAILY MULTI-VITAMIN (MULTIVITAMINS) ORAL TABLET	GENERIC, OTC	
SENTRY (MULTIVITAMINS) 18MG-0.4MG ORAL TABLET	GENERIC, OTC	
SPECTRAVITE ADVANCED FORMULA (MULTIVITAMINS) 18MG-0.4MG ORAL TABLET	GENERIC, OTC	
SUPER MULTIVITAMIN (MULTIVITAMINS) ORAL TABLET	GENERIC, OTC	
TAB-A-VITE (MULTIVITAMINS) 400 MCG ORAL TABLET	GENERIC, OTC	
VITAMINS FOR HAIR (MULTIVITAMINS) 400-400MCG ORAL CAPSULE	GENERIC, OTC	
DAILY VITAMIN + IRON (MULTIVITAMINS W-IRON) ORAL TABLET	GENERIC, OTC	
DAILY VITE WITH IRON (MULTIVITAMINS W-IRON) ORAL TABLET	GENERIC, OTC	
HAIR VITAMIN (MULTIVITAMINS W-IRON) ORAL TABLET	GENERIC, OTC	
MULTI-DAY PLUS IRON (MULTIVITAMINS W-IRON) 18MG-0.4MG ORAL TABLET	GENERIC, OTC	
MULTIVITAMINS WITH IRON (MULTIVITAMINS W-IRON) ORAL TABLET	GENERIC, OTC	
DAILY VITAMIN FORMULA-MINERALS (MULTIVITAMINS W-MINERALS) ORAL TABLET	GENERIC, OTC	
HAIR, SKIN AND NAILS (MULTIVITAMINS W-MINERALS) ORAL TABLET	GENERIC, OTC	
MEGA MULTI W-CHELATED MINERALS (MULTIVITAMINS W-MINERALS) ORAL TABLET	GENERIC, OTC	
MULTIPLE VITAMIN (MULTIVITAMINS W-MINERALS) ORAL TABLET	GENERIC, OTC	
MULTIVITAMINS WITH MINERALS (MULTIVITAMINS W-MINERALS) ORAL TABLET	GENERIC, OTC	
MULTIVITAMINS WITH MINERALS (MULTIVITAMINS W-MINERALS) 7.5 MG-400 ORAL TABLET	GENERIC, OTC	
ONCCOR (MULTIVITAMINS W-MINERALS) 200-10-10 ORAL TABLET	GENERIC, OTC	
ONE DAILY COMPLETE (MULTIVITAMINS W-MINERALS) ORAL TABLET	GENERIC, OTC	
ONE DAILY COMPLETE (MULTIVITAMINS W-MINERALS) 0.4MG-18MG ORAL TABLET	GENERIC, OTC	
ONE DAILY ENERGY (MULTIVITAMINS W-MINERALS) ORAL TABLET	GENERIC, OTC	
ONE DAILY PLUS MINERALS (MULTIVITAMINS W-MINERALS) ORAL TABLET	GENERIC, OTC	
ONE-A-DAY MAXIMUM FORMULA (MULTIVITAMINS W-MINERALS) ORAL TABLET	GENERIC, OTC	
PROSIGHT (MULTIVITAMINS W-MINERALS) 5000-60-30 ORAL TABLET	GENERIC, OTC	
CERTAVITE SENIOR (MULTIVITAMINS W-MINERALS/LUT) .4-300-250 ORAL TABLET	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
CERTAVITE-ANTIOXIDANT (MULTIVITAMINS W-MINERALS/LUT) 18MG-0.4MG ORAL TABLET	GENERIC, OTC	
VITATRUM (MULTIVITAMINS W-MINERALS/LUT) 18-500-300 ORAL TABLET	GENERIC, OTC	
VITRUM 50 PLUS SENIOR (MULTIVITAMINS W-MINERALS/LUT) 500-300MCG ORAL TABLET	GENERIC, OTC	
ONCOVITE (MULTIVITAMINS,THERAPEUTIC) ORAL TABLET	GENERIC, OTC	
THERA (MULTIVITAMINS,THERAPEUTIC) 400 MCG ORAL TABLET	GENERIC, OTC	
THERA-TABS (MULTIVITAMINS,THERAPEUTIC) ORAL TABLET	GENERIC, OTC	
CENTRAVITES (MULTIVITS W-IRON,HEMATINIC) 0.4-162-18 ORAL TABLET	GENERIC, OTC	
FOLIVANE-OB (PNV NO.15/IRON FUM & PS CMP/FA) 85 MG-1 MG ORAL CAPSULE	GENERIC, OTC	
NIVA-PLUS (PNV WITH CA,NO.74/IRON/FA) 27 MG-1 MG ORAL TABLET	GENERIC, OTC	
PRENATAL-U (PNV W-O CA NO5/FE FUMARATE/FA) 106.5-1MG ORAL CAPSULE	GENERIC, OTC	
TARON-C DHA (PNV#16/IRON FUM & PS/FA/OM-3) 35-1-200MG ORAL CAPSULE	GENERIC, OTC	
WESCAP-C DHA (PNV#16/IRON FUM & PS/FA/OM-3) 35-1-200MG ORAL CAPSULE	GENERIC, OTC	
THRIVITE 19 (PRENATAL VIT/FE FUM/DOSS/FA) 29-1-25 MG ORAL TABLET	BRAND, OTC	

PEDIATRIC VITAMIN PREPARATIONS

ANIMAL CHEWS (MULTIVITAMINS) ORAL TAB CHEW	GENERIC, OTC	
CHILD LITTLE ANIMALS VITAMINS (MULTIVITAMINS) ORAL TAB CHEW	GENERIC, OTC	
FLINTSTONES (MULTIVITAMINS) ORAL TAB CHEW	GENERIC, OTC	
FLINTSTONES WITH EXTRA C (MULTIVITAMINS) ORAL TAB CHEW	GENERIC, OTC	
GUMMI BEAR MULTIVITAMIN (MULTIVITAMINS) ORAL TAB CHEW	GENERIC, OTC	
PEDIATRIC POLY-VITAMIN (MULTIVITAMINS) 750-35/ML ORAL DROPS	GENERIC, OTC	
POLY-VITA (MULTIVITAMINS) 750-35/ML ORAL DROPS	BRAND, OTC	
LITTLE ANIMALS WITH IRON (MULTIVITAMINS W-IRON) ORAL TAB CHEW	GENERIC, OTC	
VITALETS (MULTIVITAMINS W-IRON) ORAL TAB CHEW	GENERIC, OTC	
VITALETS (MULTIVITAMINS W-IRON) 10 MG ORAL TAB CHEW	GENERIC, OTC	
FLINTSTONES COMPLETE (MULTIVITS W-FE,OTHER MIN) ORAL TAB CHEW	GENERIC, OTC	
HONEY BEARS (MULTIVITS W-FE,OTHER MIN) 4.5 MG ORAL TAB CHEW	GENERIC, OTC	
SCOOBY-DOO (MULTIVITS W-FE,OTHER MIN) ORAL TAB CHEW	GENERIC, OTC	
MULTIVITAMIN WITH FLUORIDE (PEDI MULTIVIT NO.2 W-FLUORIDE) 0.25 MG/ML ORAL DROPS	GENERIC, OTC	AR (age 1 and younger)
MULTIVITAMIN WITH FLUORIDE (PEDI MULTIVIT NO.2 W-FLUORIDE) 0.5 MG/ML ORAL DROPS	GENERIC, OTC	AR (age 1 and younger)
MULTI-VITAMIN W-FLUORIDE-IRON (PEDI MV #45/FLUORIDE/IRON) 0.25-10/ML ORAL DROPS	GENERIC, OTC	AR (age 1 and younger)
MULTIVITAMIN-IRON-FLUORIDE (PEDI MV #45/FLUORIDE/IRON) 0.25-10/ML ORAL DROPS	GENERIC, OTC	AR (age 1 and younger)
MULTIVITAMIN WITH FLUORIDE (PEDI MVI NO.12/SODIUM FLUORIDE) 0.25 MG ORAL TAB CHEW	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
MULTIVITAMIN WITH FLUORIDE (PEDI MVI NO.12/SODIUM FLUORIDE) 0.5 MG ORAL TAB CHEW	GENERIC, OTC	
MULTIVITAMIN WITH FLUORIDE (PEDI MVI NO.12/SODIUM FLUORIDE) 1 MG ORAL TAB CHEW	GENERIC, OTC	
MVC-FLUORIDE (PEDI MVI NO.12/SODIUM FLUORIDE) 0.25 MG ORAL TAB CHEW	GENERIC, OTC	
MVC-FLUORIDE (PEDI MVI NO.12/SODIUM FLUORIDE) 0.5 MG ORAL TAB CHEW	GENERIC, OTC	
MVC-FLUORIDE (PEDI MVI NO.12/SODIUM FLUORIDE) 1 MG ORAL TAB CHEW	GENERIC, OTC	
TRI-VITAMIN WITH FLUORIDE (PEDI MVI NO.21 WITH FLUORIDE) 0.25 MG/ML ORAL DROPS	GENERIC, OTC	AR (age 1 and younger)
TRI-VITAMIN WITH FLUORIDE (PEDI MVI NO.21 WITH FLUORIDE) 0.5 MG/ML ORAL DROPS	GENERIC, OTC	AR (age 1 and younger)
TRI-VITE WITH FLUORIDE (PEDI MVI NO.21 WITH FLUORIDE) 0.25 MG/ML ORAL DROPS	GENERIC, OTC	AR (age 1 and younger)
TRI-VITE WITH FLUORIDE (PEDI MVI NO.21 WITH FLUORIDE) 0.5 MG/ML ORAL DROPS	GENERIC, OTC	AR (age 1 and younger)
VITAMINS A,C,D AND FLUORIDE (PEDI MVI NO.21 WITH FLUORIDE) 0.25 MG/ML ORAL DROPS	GENERIC, OTC	AR (age 1 and younger)
VITAMINS A,C,D AND FLUORIDE (PEDI MVI NO.21 WITH FLUORIDE) 0.5 MG/ML ORAL DROPS	GENERIC, OTC	AR (age 1 and younger)
CHILDREN'S CHEW MULTIVITAMIN (PEDIATRIC MULTIVITAMIN NO.17) ORAL TAB CHEW	GENERIC, OTC	
CHILDREN'S MULTIVITAMIN (PEDIATRIC MULTIVITAMIN NO.17) ORAL TAB CHEW	GENERIC, OTC	

PRENATAL VITAMIN PREPARATIONS

PRENATAL COMPLETE (PNV CMB#21/IRON/FOLIC ACID) 14 MG-400 ORAL TABLET	BRAND, OTC	
PRENATAL (PNV CMB#95/FERROUS FUMARATE/FA) 28MG-0.8MG ORAL TABLET	GENERIC, OTC	
PRENATAL FORMULA (PNV CMB#95/FERROUS FUMARATE/FA) 28MG-0.8MG ORAL TABLET	GENERIC, OTC	
PRENATAL MULTIVITAMIN (PNV CMB#95/FERROUS FUMARATE/FA) 28MG-0.8MG ORAL TABLET	GENERIC, OTC	
PRENATAL 19 (PNV NO.115/IRON FUMARATE/FA) 29 MG-1 MG ORAL TAB CHEW	GENERIC, OTC	
PRENATAL MULTIVITAMIN (PNV NO.121/IRON/FOLIC ACID) 28MG-0.8MG ORAL TABLET	GENERIC, OTC	
PRENATAL MULTI (PNV NO.122/IRON/FOLIC ACID) 27MG-0.8MG ORAL TABLET	BRAND, OTC	
THERANATAL (PNV NO.28/FERROUS FUMARATE/FA) 27 MG-1 MG ORAL TABLET	BRAND, OTC	
STUART ONE (PNV NO.63/IRON,CARBONYL/FA/DHA) 27-800-200 ORAL CAPSULE	BRAND, OTC	
THERANATAL OVAVITE (PNV NO.74/IRON FUM/FA/COQ10) 18-1-125MG ORAL COMBO. PKG	BRAND, OTC	
THERANATAL PLUS (PNV NO.74/IRON FUM/FA/DHA) 27-1-300MG ORAL COMBO. PKG	BRAND, OTC	
WOMEN'S PRENATAL PLUS DHA (PNV WITH CA,NO.61/IRON/FA/DHA) 28-975-200 ORAL COMBO. PKG	GENERIC, OTC	
PRENATAL PLUS (PNV WITH CA,NO.72/IRON,CARB/FA) 29 MG-1 MG ORAL TABLET	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
M-NATAL PLUS (PNV WITH CA,NO.72/IRON/FA) 27 MG-1 MG ORAL TABLET	GENERIC, OTC	
PRENATAL PLUS (PNV WITH CA,NO.72/IRON/FA) 27 MG-1 MG ORAL TABLET	GENERIC, OTC	
PRENATAL VITAMIN PLUS LOW IRON (PNV WITH CA,NO.72/IRON/FA) 27 MG-1 MG ORAL TABLET	GENERIC, OTC	
WESTAB PLUS (PNV WITH CA,NO.72/IRON/FA) 27 MG-1 MG ORAL TABLET	GENERIC, OTC	
SIMILAC PRENATAL (PNV#102/IRON/FA/DHA/LUTEIN) 27-800-200 ORAL COMBO. PKG	BRAND, OTC	
ONE DAILY PRENATAL (PNV#75/IRON FUM/FA/OM3/DHA/EPA) 28-800-440 ORAL COMBO. PKG	GENERIC, OTC	
PRENATAL (PNV103/FA/OMEGA3/DHA/FISH OIL) 0.4-32.5MG ORAL TAB CHEW	GENERIC, OTC	
PRENATAL 19 (PNV115/IRON FUMARATE/FA/DSS) 29-1-25 MG ORAL TABLET	GENERIC	
PRENATAL VITAMINS (PNV133/FERROUS FUMARATE/FA) 28MG-0.8MG ORAL TABLET	GENERIC, OTC	
PRENATAL MULTI-DHA (PNV151/IRON/FA/O3/DHA/EPA/FISH) 27-800-260 ORAL CAPSULE	BRAND, OTC	
ONE-A-DAY PRENATAL-1 (PRENATAL 168/IRON/FOLIC/OMEGA3) 27-800-235 ORAL CAPSULE	BRAND, OTC	
PRENATAL VITAMIN (prenatal no.137/iron/folic acid) 27MG-0.8MG ORAL TABLET	GENERIC, OTC	
PRENATAL VITAMINS (prenatal no.137/iron/folic acid) 27MG-0.8MG ORAL TABLET	GENERIC, OTC	
PRENATAL MULTI-DHA (PRENATAL NO.40/IRON/FA/DHA) 27-0.8-250 ORAL CAPSULE	GENERIC, OTC	
PRENATAL MULTIVITAMIN-DHA (PRENATAL NO.40/IRON/FA/DHA) 27-0.8-250 ORAL CAPSULE	GENERIC, OTC	
PRENATAL FORMULA-DHA (PRENATAL VIT #116/IRON/FA/DHA) 28-800-200 ORAL CAPSULE	BRAND, OTC	
MINI PRENATAL (PRENATAL VIT #49/IRON FUM/FA) 6.75-0.2MG ORAL TABLET	BRAND, OTC	
PRENATAL VITAMIN (PRENATAL VIT NO.124/IRON/FA) 27MG-0.8MG ORAL TABLET	GENERIC, OTC	
KPN (PRENATAL VIT#98/FERROUS FUM/FA) 9MG-267MCG ORAL TABLET	BRAND, OTC	
MYNATE 90 PLUS (PRENATAL VIT/FE FUM/DOSS/FA) 90-50-1MG ORAL TABLET ER	GENERIC	
MYNATAL (PRENATAL VIT/FE FUMARATE/FA) 65 MG-1 MG ORAL CAPSULE	GENERIC, OTC	
MYNATAL PLUS (PRENATAL VIT/FE FUMARATE/FA) 65 MG-1 MG ORAL TABLET	GENERIC, OTC	
MYNATAL-Z (PRENATAL VIT/FE FUMARATE/FA) 65 MG-1 MG ORAL TABLET	GENERIC, OTC	
PRENATABS FA (PRENATAL VIT/FE FUMARATE/FA) 29 MG-1 MG ORAL TABLET	GENERIC, OTC	
PRENATAL (PRENATAL VIT/FE FUMARATE/FA) 28MG-0.8MG ORAL TABLET	GENERIC, OTC	
PRENATAL 19 (PRENATAL VIT/FE FUMARATE/FA) 29 MG-1 MG ORAL TAB CHEW	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
PRENATAL ONE DAILY (PRENATAL VIT/FE FUMARATE/FA) 27MG-0.8MG ORAL TABLET	GENERIC, OTC	
PRENATAL VITAMINS (PRENATAL VIT/FE FUMARATE/FA) 28MG-0.8MG ORAL TABLET	GENERIC, OTC	
SE-NATAL 19 (PRENATAL VIT/FE FUMARATE/FA) 29 MG-1 MG ORAL TAB CHEW	GENERIC, OTC	
TRINATAL RX 1 (PRENATAL VIT/FE FUMARATE/FA) 60 MG-1 MG ORAL TABLET	BRAND, OTC	
TRINATE (PRENATAL VIT/FE FUMARATE/FA) 28 MG-1 MG ORAL TABLET	GENERIC, OTC	
MYNATAL (PRENATAL VIT/IRON,CARB/DOSS/FA) 90-50-1MG ORAL TABLET	GENERIC	
MYNATAL ADVANCE (PRENATAL VIT/IRON,CARB/DOSS/FA) 90-1-50 MG ORAL TABLET	GENERIC	
PRENATABS RX (PRENATAL VIT/IRON,CARBONYL/FA) 29 MG-1 MG ORAL TABLET	GENERIC, OTC	
PRENATA (PRENATAL VIT37/IRON/FOLIC ACID) 29 MG-1 MG ORAL TAB CHEW	BRAND, OTC	
PRENATAL FORMULA (PRENATAL VITS #93/IRON FUM/FA) 9MG-267MCG ORAL TABLET	BRAND, OTC	
PRENATAL (PRENATAL VITS W-CA,FE,FA(<1MG)) 27MG-0.8MG ORAL TABLET	GENERIC, OTC	
PRENATAL MULTIVITAMIN (PRENATAL VITS W-CA,FE,FA(<1MG)) 28MG-0.8MG ORAL TABLET	GENERIC, OTC	
PRENATAL VITAMINS (PRENATAL VITS W-CA,FE,FA(<1MG)) 27MG-0.8MG ORAL TABLET	GENERIC, OTC	
PRENATAL PLUS-DHA (PRENATAL72/IRON FUM/FA/OM3/DHA) 27-1-250MG ORAL COMBO. PKG	BRAND, OTC	
OBSTETRIX EC (PV W-O CAL/FE,CARBONYL/DOSS/FA) 29-1-50 MG ORAL TABLET DR	BRAND	

VITAMIN B PREPARATIONS

FULL SPECTRUM B (FOLIC ACID/VITAMIN B COMP W-C) 0.8 MG ORAL TABLET	GENERIC, OTC	
NEPHRO VITAMINS (FOLIC ACID/VITAMIN B COMP W-C) 0.8 MG ORAL TABLET	GENERIC, OTC	
NEPHRO-VITE (FOLIC ACID/VITAMIN B COMP W-C) 0.8 MG ORAL TABLET	GENERIC, OTC	
RENAL VITAMIN (FOLIC ACID/VITAMIN B COMP W-C) 0.8 MG ORAL TABLET	GENERIC, OTC	
RENAL-VITE (FOLIC ACID/VITAMIN B COMP W-C) 0.8 MG ORAL TABLET	GENERIC, OTC	
RENA-VITE (FOLIC ACID/VITAMIN B COMP W-C) 0.8 MG ORAL TABLET	GENERIC, OTC	
RENA-VITE RX (FOLIC ACID/VITAMIN B COMP W-C) 1 MG-60 MG ORAL TABLET	GENERIC, OTC	

VITAMIN B1 PREPARATIONS

B-1 (THIAMINE HCL) 100 MG ORAL TABLET	GENERIC, OTC	
THIAMINE HCL 100 MG/ML INJECTION VIAL	GENERIC	
THIAMINE HCL 100 MG ORAL TABLET	GENERIC, OTC	
THIAMINE HCL 250 MG ORAL TABLET	GENERIC, OTC	
THIAMINE HCL 500 MG ORAL TABLET	GENERIC, OTC	
VITAMIN B-1 (THIAMINE HCL) 100 MG ORAL TABLET	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
VITAMIN B-1 (THIAMINE HCL) 250 MG ORAL TABLET	GENERIC, OTC	
VITAMIN B-1 (THIAMINE HCL) 50 MG ORAL TABLET	GENERIC, OTC	
VITAMIN B-1 (THIAMINE MONONITRATE) 100 MG ORAL TABLET	GENERIC, OTC	

VITAMIN B12 PREPARATIONS

B-12 (CYANOCOBALAMIN) 500 MCG ORAL TABLET	GENERIC, OTC	
B-12 (CYANOCOBALAMIN) 1000 MCG ORAL TABLET ER	GENERIC, OTC	
B-12 DOTS (CYANOCOBALAMIN) 500 MCG ORAL TABLET	GENERIC, OTC	
CYANOCOBALAMIN INJECTION (CYANOCOBALAMIN) 1000MCG/ML INJECTION VIAL	GENERIC	
DODEX (CYANOCOBALAMIN) 1000MCG/ML INJECTION VIAL	GENERIC	
VITAMIN B-12 (CYANOCOBALAMIN) 1000 MCG ORAL TABLET	GENERIC, OTC	
VITAMIN B-12 (CYANOCOBALAMIN) 500 MCG ORAL TABLET	GENERIC, OTC	
VITAMIN B-12 (CYANOCOBALAMIN) 1000 MCG ORAL TABLET ER	GENERIC, OTC	
VITAMIN B-12 (CYANOCOBALAMIN) 1000 MCG SUBLINGUAL TAB SUBL	GENERIC, OTC	

VITAMIN B6 PREPARATIONS

B-6 (PYRIDOXINE HCL) 200 MG ORAL TABLET ER	GENERIC, OTC	
PYRIDOXINE HCL 25 MG ORAL TABLET	GENERIC, OTC	
PYRIDOXINE HCL 250 MG ORAL TABLET	GENERIC, OTC	
PYRIDOXINE HCL 50 MG ORAL TABLET	GENERIC, OTC	
PYRIDOXINE HCL 500 MG ORAL TABLET	GENERIC, OTC	
VITAMIN B-6 (PYRIDOXINE HCL) 50 MG ORAL CAPSULE	GENERIC, OTC	
VITAMIN B-6 (PYRIDOXINE HCL) 100 MG ORAL TABLET	GENERIC, OTC	
VITAMIN B-6 (PYRIDOXINE HCL) 25 MG ORAL TABLET	GENERIC, OTC	
VITAMIN B-6 (PYRIDOXINE HCL) 250 MG ORAL TABLET	GENERIC, OTC	
VITAMIN B-6 (PYRIDOXINE HCL) 50 MG ORAL TABLET	GENERIC, OTC	

VITAMIN C PREPARATIONS

ACEROLA C (ASCORBIC ACID) 500 MG ORAL TAB CHEW	GENERIC, OTC	
ACEROLA C (ASCORBIC ACID) 500 MG ORAL WAFER	GENERIC, OTC	
ASCORBIC ACID 500 MG ORAL TABLET	GENERIC, OTC	
C-1000 (ASCORBIC ACID) 1000 MG ORAL TABLET	GENERIC, OTC	
C-1000 WITH ROSE HIPS (ASCORBIC ACID) 1000 MG ORAL TABLET	GENERIC, OTC	
C-500 (ASCORBIC ACID) 500 MG ORAL TAB CHEW	GENERIC, OTC	
C-500 (ASCORBIC ACID) 500 MG ORAL TABLET	GENERIC, OTC	
FRUIT C-100 (ASCORBIC ACID) 100 MG ORAL TAB CHEW	GENERIC, OTC	
FRUIT C-500 (ASCORBIC ACID) 500 MG ORAL TAB CHEW	GENERIC, OTC	
SOOTHING PUREWAY-C (ASCORBIC ACID) 500 MG ORAL TABLET	GENERIC, OTC	
VITAJEY DAILY C (ASCORBIC ACID) 125 MG ORAL TAB CHEW	GENERIC, OTC	
VITAMIN C (ASCORBIC ACID) 125 MG ORAL TAB CHEW	GENERIC, OTC	
VITAMIN C (ASCORBIC ACID) 250 MG ORAL TAB CHEW	GENERIC, OTC	
VITAMIN C (ASCORBIC ACID) 500 MG ORAL TAB CHEW	GENERIC, OTC	
VITAMIN C (ASCORBIC ACID) 100 MG ORAL TABLET	GENERIC, OTC	
VITAMIN C (ASCORBIC ACID) 1000 MG ORAL TABLET	GENERIC, OTC	
VITAMIN C (ASCORBIC ACID) 250 MG ORAL TABLET	GENERIC, OTC	
VITAMIN C (ASCORBIC ACID) 500 MG ORAL TABLET	GENERIC, OTC	
VITAMIN C (ASCORBIC ACID) 500 MG ORAL WAFER	GENERIC, OTC	
VITAMIN C WITH ROSE HIPS (ASCORBIC ACID) 500 MG ORAL TAB CHEW	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
VITAMIN C WITH ROSE HIPS (ASCORBIC ACID) 1000 MG ORAL TABLET	GENERIC, OTC	
VITAMIN C WITH ROSE HIPS (ASCORBIC ACID) 500 MG ORAL TABLET	GENERIC, OTC	

VITAMIN D PREPARATIONS

CALCITRIOL 0.25 MCG ORAL CAPSULE	GENERIC	
CALCITRIOL 0.5 MCG ORAL CAPSULE	GENERIC	
D3 DOTS (CHOLECALCIFEROL) 50 MCG ORAL TABLET	GENERIC, OTC	
D3-2000 (CHOLECALCIFEROL) 50 MCG ORAL CAPSULE	GENERIC, OTC	
DECARA (CHOLECALCIFEROL) 1250 MCG ORAL CAPSULE	GENERIC, OTC	
DELTA D3 (CHOLECALCIFEROL) 10 MCG ORAL TABLET	GENERIC, OTC	
DIALYVITE VITAMIN D (CHOLECALCIFEROL) 125 MCG ORAL CAPSULE	GENERIC, OTC	
D-VI-SOL (CHOLECALCIFEROL) 10(400)/ML ORAL DROPS	GENERIC, OTC	AR (age 18 and younger)
INFANT VITAMIN D (CHOLECALCIFEROL) 10(400)/ML ORAL DROPS	GENERIC, OTC	AR (age 18 and younger)
OPTIMAL D3 (CHOLECALCIFEROL) 1250 MCG ORAL CAPSULE	GENERIC, OTC	
PEDIA D-VITE (CHOLECALCIFEROL) 10(400)/ML ORAL DROPS	GENERIC, OTC	AR (age 18 and younger)
PEDIATRIC D-VITE (CHOLECALCIFEROL) 10(400)/ML ORAL DROPS	GENERIC, OTC	AR (age 18 and younger)
PEDIATRIC VITAMIN D3 (CHOLECALCIFEROL) 10(400)/ML ORAL DROPS	GENERIC, OTC	AR (age 18 and younger)
THERA-D (CHOLECALCIFEROL) 50 MCG ORAL TABLET	GENERIC, OTC	
VITAJoy DAILY D (CHOLECALCIFEROL) 25 MCG ORAL TAB CHEW	GENERIC, OTC	
VITAMIN D3 (CHOLECALCIFEROL) 10 MCG ORAL CAPSULE	GENERIC, OTC	
VITAMIN D3 (CHOLECALCIFEROL) 125 MCG ORAL CAPSULE	GENERIC, OTC	
VITAMIN D3 (CHOLECALCIFEROL) 1250 MCG ORAL CAPSULE	GENERIC, OTC	
VITAMIN D3 (CHOLECALCIFEROL) 25 MCG ORAL CAPSULE	GENERIC, OTC	
VITAMIN D3 (CHOLECALCIFEROL) 250 MCG ORAL CAPSULE	GENERIC, OTC	
VITAMIN D3 (CHOLECALCIFEROL) 50 MCG ORAL CAPSULE	GENERIC, OTC	
VITAMIN D3 (CHOLECALCIFEROL) 10(400)/ML ORAL DROPS	GENERIC, OTC	AR (age 18 and younger)
VITAMIN D3 (CHOLECALCIFEROL) 10MCG/5ML ORAL LIQUID	GENERIC, OTC	AR (age 18 and younger)
VITAMIN D3 (CHOLECALCIFEROL) 25 MCG ORAL TAB CHEW	GENERIC, OTC	
VITAMIN D3 (CHOLECALCIFEROL) 10 MCG ORAL TABLET	GENERIC, OTC	
VITAMIN D3 (CHOLECALCIFEROL) 125 MCG ORAL TABLET	GENERIC, OTC	
VITAMIN D3 (CHOLECALCIFEROL) 25 MCG ORAL TABLET	GENERIC, OTC	
VITAMIN D3 (CHOLECALCIFEROL) 50 MCG ORAL TABLET	GENERIC, OTC	
VITAMIN D3 MAX (CHOLECALCIFEROL) 125 MCG ORAL CAPSULE	GENERIC, OTC	
VITAMIN D-400 (CHOLECALCIFEROL) 10 MCG ORAL TABLET	GENERIC, OTC	
WEEKLY-D (CHOLECALCIFEROL) 1250 MCG ORAL CAPSULE	GENERIC, OTC	
VITAMIN D2 (ERGOCALCIFEROL) 1250 MCG ORAL CAPSULE	GENERIC	
VITAMIN D2 (ERGOCALCIFEROL) 10 MCG ORAL TABLET	GENERIC, OTC	
VITAMIN D2 (ERGOCALCIFEROL) 50 MCG ORAL TABLET	BRAND, OTC	
FISH OIL (FISH OIL/DHA/EPA) 1200-144MG ORAL CAPSULE	GENERIC, OTC	

ZINC REPLACEMENT

ZINC (ZINC AMINO ACID CHELATE) 50 MG ORAL TABLET	GENERIC, OTC	
ZINC CHELATED (ZINC AMINO ACID CHELATE) 50 MG ORAL TABLET	GENERIC, OTC	
ELEMENTAL ZINC (ZINC GLUCONATE) 30 MG ORAL TABLET	GENERIC, OTC	
ZINC (ZINC GLUCONATE) 10 MG ORAL LOZENGE	GENERIC, OTC	

DRUG NAME	TYPE	RESTRICTIONS
ZINC (ZINC GLUCONATE) 30 MG ORAL TABLET	GENERIC, OTC	
ZINC (ZINC GLUCONATE) 50 MG ORAL TABLET	GENERIC, OTC	
ZINC GLUCONATE 100 MG ORAL TABLET	GENERIC, OTC	
ORAZINC (ZINC SULFATE) 25(110) MG ORAL TABLET	BRAND, OTC	
ZINC (ZINC SULFATE) 50(220)MG ORAL TABLET	GENERIC, OTC	
ZINC SULFATE 50(220)MG ORAL CAPSULE	GENERIC, OTC	
ZINC SULFATE 50(220)MG ORAL TABLET	GENERIC, OTC	
ZINC-15 (ZINC SULFATE) 66 MG ORAL TABLET	BRAND, OTC	
ZINC-220 (ZINC SULFATE) 50(220)MG ORAL CAPSULE	GENERIC, OTC	

APPENDIX A: DOSE FORM REFERENCE GUIDE

ADH. PATCH	ADHESIVE PATCH, MEDICATED
AER POW BA	AEROSOL POWDER, BREATH ACTIVATED
AER W/ADAP	AEROSOL WITH ADAPTER
AMPUL-NEB	AMPUL FOR NEBULIZATION
AUTO INJCT	AUTO-INJECTOR
BLST W/DEV	BLISTER, WITH INHALATION DEVICE
CAP DS PK	CAPSULE, DOSE PACK
CAP ER 12H	CAPSULE, EXTENDED RELEASE 12 HR
CAP ER 24H	CAPSULE, EXT RELEASE 24 HR
CAP ER DEG	CAPSULE, EXTENDED-RELEASE 24HR DEGRADABLE
CAP LQ RAP	CAPSULE, LIQUID-FILLED, RAPID RELEASE
CAP SA 24H	CAPSULE, EXTENDED RELEASE 24HR
CAP W/DEV	CAPSULE, WITH INHALATION DEVICE
CAPSULE DR	CAPSULE, DELAYED RELEASE
CAPSULE ER	CAPSULE, EXTENDED RELEASE
CMBPKGDRCP	COMBINATION PACKAGE, TABLET AND DR CAP
COMBO. PKG	COMBINATION PACKAGE
CPBP 30-70	CAPSULE, EXTENDED RELEASE BIPHASIC 30-70
CPBP 50-50	CAPSULE, EXTENDED RELEASE BIPHASIC 50-50
CPMP 12HR	CAPSULE, EXTENDED RELEASE MULTIPHASE 12HR
CPMP 24HR	CAPSULE, EXTENDED RELEASE MULTIPHASE 24HR
CREAM (G)	CREAM (GRAM)
CREAM PACK	CREAM IN PACKET
CREAM/APPL	CREAM WITH APPLICATOR
CRM/PE APP	CREAM WITH PERINEAL APPLICATOR
DROPS SUSP	SUSPENSION, DROPS (FINAL DOSAGE FORM)
DRPS SP BP	DROPS, SUSPENSION BIPHASIC RELEASE
GEL MD PMP	GEL IN METERED-DOSE PUMP
GEL W/APPL	GEL WITH APPLICATOR
HFA AER AD	HFA AEROSOL WITH ADAPTER
HFA AEROBA	HFA AEROSOL, BREATH ACTIVATED

LOZNG MINI	MINI LOZENGE
MIST INHAL	MIST INHALER
NAS SP SYR	NASAL SPRAY SYRINGE (EA)
OINT. (G)	OINTMENT (GRAM)
ORAL CONC	CONCENTRATE, ORAL
ORAL SUSP	SUSPENSION, ORAL
PATCH DYSQ	PATCH, TRANSDERMAL DAILY, SEQUENTIAL
PATCH TD24	PATCH, TRANSDERMAL 24 HOURS
PATCH TD72	PATCH, TRANSDERMAL 72 HOURS
PATCH TDSW	PATCH, TRANSDERMAL SEMI-WEEKLY
PATCH TDWK	PATCH, TRANSDERMAL WEEKLY
PEN IJ KIT	PEN INJECTOR KIT
PEN INJCTR	PEN INJECTOR
POWD PACK	POWDER IN PACKET
POWDER	POWDER
SOL-GEL	GEL-FORMING SOLUTION
SOLN RECON	SOLUTION, RECONSTITUTED
SPRAY SUSP	SPRAY, SUSPENSION
SPRAY/PUMP	AEROSOL, SPRAY WITH PUMP
SUPP. RECT	SUPPOSITORY, RECTAL
SUS MC REC	SUSPENSION, MICROCAPSULE RECONSTITUTED
SUSP RECON	SUSPENSION, RECONSTITUTED
TAB CHEW	TABLET, CHEWABLE
TAB DS PK	TABLET, DOSE PACK
TAB ER 12H	TABLET, EXTENDED RELEASE 12 HR
TAB ER 24	TABLET, EXTENDED RELEASE 24 HR
TAB ER PRT	TABLET, EXT RELEASE, PARTICLES/CRYSTALS
TAB MPHASE	TABLET, EXTENDED RELEASE MULTIPHASE
TAB RAPDIS	TABLET, DISINTEGRATING
TAB SUBL	TABLET, SUBLINGUAL
TABLET DR	TABLET, DELAYED RELEASE
TABLET EFF	TABLET, EFFERVESCENT
TABLET ER	TABLET, EXTENDED RELEASE
TABLET SOL	TABLET, SOLUBLE
TBDSKP 3MO	TABLET, DOSE PACK, 3 MONTHS
VAG RING	RING, VAGINAL
VIAL-NEB	VIAL, NEBULIZER

APPENDIX B: ALTERNATIVES FOR COMMONLY REQUESTED NON-FORMULARY DRUGS

HOW TO USE THIS DOCUMENT:

- This list is provided to assist with prescribing decisions for select common conditions that have multiple clinically appropriate options.
- Our current complete list of covered medications, also called a preferred drug list or “formulary,” and our coverage guidelines for drugs on our formulary that require a prior authorization are included online at <https://www.umpquahealth.com/pharmacy-services/>
- For the list of CPT codes for medications covered under the medical benefit, refer to the Prior Authorization Grid on [UHA’s Pharmacy Services webpage](#).

MEDICATION LIST:

THERAPEUTIC CLASS	NON-PREFERRED DRUG	↔	ALTERNATIVE PREFERRED DRUG
ALLERGY			
ANTIHISTAMINES	CETIRIZINE CHEW TAB	↔	- CETIRIZINE 1 MG/ML ORAL SOLUTION - CETIRIZINE TABLET - LORATADINE TABLET - LEVOCETIRIZINE TABLET - FEXOFENADINE TABLET
BEHAVIORAL HEALTH - OTHER			
SEDATIVE-HYPNOTICS - BENZODIAZEPINES	DOXYLAMINE SUCCINATE-PYRIDOXINE HCL	↔	- UNISOM/SLEEP AID TABLET - PYRIDOXINE TABLET - EACH AVAILABLE SEPARATELY
ASTHMA AND COPD			
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	PROAIR RESPICLICK 90 MCG INHALER	↔	- ALBUTEROL SULFATE HFA 90 MCG INHALER - LEVALBUTEROL TARTRATE HFA 45 MCG INHALER
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	- FLUTICASONE SALMETEROL HFA INHALER (ADVAIR HFA) - FLUTICASONE FUROATE / VILANTEROL INHALER (Breo ELLIPTA)	↔	FLUTICASONE-SALMETEROL INHALERS (GENERIC AIRDUO, GENERIC ADVAIR DISKUS, AND Wixela INHUB)
BEHAVIORAL HEALTH - OTHER			
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	LISDEXAMFETAMINE DIMESYLATE CAPSULE (VYVANSE)	↔	- DEXTROAMPHETAMINE IR TABLET - METHYLPHENIDATE IR TABLET - METHYLPHENIDATE ER 10 MG AND 20 MG TABLET - AGE LIMITS FOR ALL ALTERNATIVES, PA REQUIREMENTS MAY APPLY
SEDATIVE-HYPNOTICS, NON-BARBITURATE	ESZOPICLONE 2 MG TABLETS	↔	ZOLPIDEM TARTRATE IR TABLET (QUANTITY LIMITS APPLY)
CARDIOVASCULAR DISEASE - LIPID IRREGULARITY			
LIPOTROPICS	OMEGA-3-ACID ETHYL ESTERS	↔	- OTC FISH OIL 300-100MG - FENOFIBRATE - EZETIMIBE
COUGH AND COLD			

THERAPEUTIC CLASS	NON-PREFERRED DRUG	↔	ALTERNATIVE PREFERRED DRUG
DECONGESTANTS, ORAL	- PSEUDOEPHEDRINE ER 120 MG TAB - SUDGEST 12 HOUR 120 MG CAPLET	↔	SUDGEST 30MG OR 60MG TABLET (QUANTITY LIMITS APPLY)
DERMATOLOGY – ANTIINFECTIVE			
TOPICAL ANTIBIOTICS	CLINDAMYCIN PH 1% GEL	↔	- MUPIROCIN 2% TOPICAL OINTMENT - CLINDAMYACIN 1% TOPICAL SOLUTION
TOPICAL ANTIFUNGALS	- ECONAZOLE NITRATE 1% CREAM - NYSTATIN-TRIAMCINOLONE CREAM/OINTMENT	↔	- CLOTRIMAZOLE 1% CREAM - TERBINAFINE 1% CREAM - MICONAZOLE NITRATE 2% CREAM - NYSTATIN CREAM/OINTMENT/POWDER - TRIAMCINOLONE CREAM/OINTMENT (AVAILABLE SEPARATELY FROM NYSTATIN) - KETOCONAZOLE 2% CREAM
TOPICAL ANTIFUNGAL/ANTIINFLAMMATORY, STEROID AGENT	CLOTRIMAZOLE-BETAMETHASONE CREAM	↔	- CLOTRIMAZOLE 1% CREAM - BETAMETHASONE DP AUGMENTED CREAM - BETAMETHASONE DP CREAM - BETAMETHASONE VALERATE CREAM - EACH AVAILABLE SEPARATELY
DIABETES			
ANTIHYPERGLYCEMIC, INCRETIN MIMETIC (GLP-1 RECEPTOR AGONIST)	- OZEMPIC PEN - MOUNJARO - VICTOZA PEN	↔	- BYETTA, BYDUREON, RYBELSUS, AND TRULICITY - PA REQUIRED FOR ALL OPTIONS; OTHER ALTERNATIVES MAY APPLY
ANTIHYPERGLYCEMIC, SODIUM/GLUCOCOTRANSPORTER 2 (SGLT2) INHIBITOR	- DAPAGLIFLOZIN TABLET (FARXIGA) - JARDIANCE TABLET - INVOKANA	↔	- STEGLATRO - DAPAGLIFLOZIN TABLET (FARXIGA) MAY BE CONSIDERED A FORMULARY EXCEPTION.
EAR - GENERAL DISORDERS			
EAR PREPARATIONS, ANTIBIOTICS	CORTISPORIN-TC EAR SUSPENSION	↔	- NEOMYCIN-POLYMYXIN-HYDROCORTISONE 3.5-10K-1 OTIC SOLUTION - OXFLOXACIN 0.3% OTIC DROPS
INFLAMMATORY DISEASE			
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA PEN/SYRINGE	↔	- ADALIMUMAB-ADB (CF) 40MG/0.8ML SYRINGE - INFLECTRA (PA REQUIRED FOR EACH; OTHER ALTERNATIVES MAY APPLY)
LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMATORY			
RECTAL PREPARATIONS	ANUCORT-HC SUPPOSITORY	↔	HYDROCORTISONE 1% CREAM PE/APP
SKELETAL MUSCLE DISORDER			
SKELETAL MUSCLE RELAXANTS	- CARISOPRODOL TABLET - METAXALONE TABLET	↔	- BACLOFEN TABLET - CYCLOBENZAPRINE TABLET

THERAPEUTIC CLASS	NON-PREFERRED DRUG	↔	ALTERNATIVE PREFERRED DRUG
			- METHOCARBAMOL TABLET - TIZANIDINE TABLET (QUANTITY LIMITS MAY APPLY)
UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE			
PROTON-PUMP INHIBITORS	ESOMEPRAZOLE MAGNESIUM DR CAPSULE	↔	- OMEPRAZOLE DR CAPSULE/TABLET - PANTOPRAZOLE DR TABLET - LANSOPRAZOLE DR CAPSULE (QUANTITY LIMITS MAY APPLY)
URINARY TRACT - FUNCTIONAL DISORDERS			
OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEPTORS	MYRBETRIQ ER TABLET	↔	- TROSPIMUM - OXYBUTYNIN IR AND ER - TOLTERODINE IR AND ER (STEP THERAPY REQUIRED) - SOLIFENACIN SUCCINATE TABLET

ALPHABETICAL DRUG INDEX

1ST TIER UNIFINE PENTIPS, 126, 130
 1ST TIER UNIFINE PENTIPS PLUS, 118, 126, 130
 24HOUR ALLERGY, 9
 24HOUR ALLERGY (CETIRIZINE HCL) 10 MG ORAL TABLET, 9
 24HR ALLERGY RELIEF, 10
 24HR ALLERGY RELIEF (LEVOCETIRIZINE DIHYDROCHLORIDE) 5 MG ORAL TABLET, 10
 2-IN-1 LAXATIVE, 79
 3-DAY VAGINAL CREAM, 148
 8 HOUR ACETAMINOPHEN, 132
 8 HOUR PAIN RELIEF, 132
 8HR ARTHRITIS PAIN, 132
 8HR ARTHRITIS PAIN RELIEF, 132
 8HR MUSCLE ACHES-PAIN, 132
 A THRU Z, 151
 A THRU Z ADVANCED FORMULA, 153
 A THRU Z SELECT, 151
 ABACAVIR, 70
 ABACAVIR-LAMIVUDINE, 70
 ABIRATERONE ACETATE, 115
 ABRYVO, 63
 ACAMPROSATE CALCIUM, 17
 ACARBOSE, 46
 ACCU-CHEK FASTCLIX LANCING DEV, 49
 ACCU-CHEK GUIDE CONTROL SOLN, 48
 ACCU-CHEK GUIDE ME GLUCOSE MTR, 48
 ACCU-CHEK GUIDE MONITOR SYSTEM, 48
 ACCU-CHEK GUIDE TEST STRIP, 48
 ACCU-CHEK SOFTCLIX, 49, 80

ACCUTANE, 41
 ACE AEROSOL CLOUD ENHANCER, 14
 ACEBUTOLOL HCL, 25
 ACEROLA C, 159
 ACETAMINOPHEN, 132
 ACETAMINOPHEN ER, 132
 ACETAMINOPHEN EXTRA STRENGTH, 132
 ACETAMINOPHEN-CODEINE, 138
 ACETAZOLAMIDE, 55, 56
 ACETIC ACID, 51
 ACETYLCYSTEINE, 131
 ACID CONTROLLER, 147
 ACID GONE, 146
 ACID GONE ANTACID, 146
 ACID REDUCER, 147
 ACIDOPHILUS, 117
 ACIDOPHILUS PROBIOTIC, 117
 ACID-PEP, 147
 ACITRETIN, 45
 ACYCLOVIR, 69
 ADACEL TDAP, 62
 ADALIMUMAB-ADAZ(CF), 72
 ADALIMUMAB-ADAZ(CF) PEN, 72
 ADALIMUMAB-ADB(CF), 72
 ADALIMUMAB-ADB(CF) PEN, 72
 ADALIMUMAB-ADB(CF) PEN CROHNS, 72
 ADALIMUMAB-ADB(CF) PEN PS-UV, 72
 ADALIMUMAB-ADB(CF)PEN, 72
 ADALIMUMAB-FKJP(CF), 73
 ADALIMUMAB-FKJP(CF) PEN, 73

ADAPALENE, 41
 ADDAPRIN, 74
 ADJUSTABLE LANCING DEVICE, 48
 ADMELOG, 51
 ADMELOG SOLOSTAR, 51
 ADULT ASPIRIN REGIMEN, 58
 ADULT GLYCERIN, 80
 ADULT LOW DOSE ASPIRIN EC, 58
 ADULT TUSSIN, 38
 ADULT WAL-TUSSIN, 38
 ADULT WAL-TUSSIN DM, 39
 ADVANCED ANTACID-ANTIGAS, 146
 ADVANCED LANCING DEVICE, 49
 ADVOCATE LANCING DEVICE, 48
 ADVOCATE PEN NEEDLE, 118, 126
 ADVOCATE PEN NEEDLES, 126
 ADVOCATE SYRINGES, 82, 85, 91
 AEROCHAMBER MECHANICAL VENT, 14
 AEROCHAMBER MINI, 14
 AEROCHAMBER MV, 14
 AEROCHAMBER PLUS FLOW-VU, 14, 16
 AEROCHAMBER Z-STAT PLUS, 14
 AEROTRACH PLUS, 14
 AEROVENT PLUS, 14
 AFIRMELLE, 34
 AFLURIA TRIV 2024-25 (3YR UP), 62
 AFLURIA TRIVALENT 2024-25, 62
 AFTER PILL, 34
 ATERA, 34
 AIMOVIG AUTOINJECTOR, 137
 AJOVY AUTOINJECTOR, 137
 AJOVY SYRINGE, 137
 ALA-CORT, 43
 ALBUTEROL SULFATE, 12
 ALBUTEROL SULFATE HFA, 12
 ALENDRONATE SODIUM, 53
 ALER-CAPS, 8
 ALER-CAPS (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE, 8
 ALEVE, 75
 ALFUZOSIN HCL ER, 147
 ALKA-SELTZER PLUS ALLERGY, 18
 ALL DAY ALLERGY, 9
 ALL DAY ALLERGY (CETIRIZINE HCL) 10 MG ORAL TABLET, 9
 ALL DAY PAIN RELIEF, 75
 ALL DAY RELIEF, 75
 ALLER-CHLOR, 8
 ALLER-CHLOR (CHLORPHENIRAMINE MALEATE) 4 MG ORAL TABLET, 8
 ALLERCLEAR, 10
 ALLERCLEAR (LORATADINE) 10 MG ORAL TABLET, 10
 ALLER-EASE, 10
 ALLER-EASE (FEXOFENADINE HCL) 180 MG ORAL TABLET, 10
 ALLER-FEX, 10
 ALLER-FEX (FEXOFENADINE HCL) 180 MG ORAL TABLET, 10
 ALLERGIST TRAY, 96, 101, 114
 ALLERGIST TRAY SYR-DETACH NDL, 114
 ALLERGIST TRAY SYR-PERM NEEDLE, 114
 ALLER-G-TIME, 8
 ALLER-G-TIME (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET, 8
 ALLERGY, 8, 9, 18
 ALLERGY (CETIRIZINE HCL) 10 MG ORAL TABLET, 9
 ALLERGY (CHLORPHENIRAMINE MALEATE) 4 MG ORAL TABLET, 8
 ALLERGY (DIPHENHYDRAMINE HCL) 12.5MG/5ML ORAL LIQUID, 8, 9
 ALLERGY (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE, 8, 9
 ALLERGY (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET, 8, 9, 18
 ALLERGY MEDICATION, 8
 ALLERGY MEDICATION (DIPHENHYDRAMINE HCL) 25 MG ORAL CAPSULE, 8
 ALLERGY MEDICATION (DIPHENHYDRAMINE HCL) 25 MG ORAL TABLET, 8
 ALLERGY MEDICINE, 8
 ALLERGY RELIEF, 8, 9, 10
 ALLERGY SYRINGE, 96, 97
 ALLERGY-TIME, 8
 ALLER-TEC, 9
 ALLOPURINOL, 56
 ALOGLIPTIN, 47
 ALOGLIPTIN-METFORMIN, 46
 ALOGLIPTIN-PIOGLITAZONE, 46
 ALOPHEN PILLS, 76
 ALTAVERA, 34
 ALTERNATE SITE LANCING DEVICE, 48
 ALYACEN, 36
 ALYQ, 28
 AMANTADINE, 140
 AMILORIDE HCL, 28
 AMINOFEN, 132
 AMIODARONE HCL, 21
 AMLODIPINE BESYLATE, 26
 AMLODIPINE BESYLATE-BENAZEPRIL, 21, 22
 AMNESTEEM, 41

AMOXICILLIN, 66
AMOXICILLIN-CLAVULANATE POT ER, 65
AMOXICILLIN-CLAVULANATE POTASS, 65, 66
AMPICILLIN TRIHYDRATE, 66
ANALPRAM HC, 45
ANASTROZOLE, 115
ANECREAM5, 76
ANIMAL CHEWS, 155
ANORO ELLIPTA, 12
ANTACID, 145, 146
ANTACID CALCIUM, 145
ANTACID EXTRA STRENGTH, 146
ANTACID M, 146
ANTACID PLUS ANTI-GAS, 146
ANTACID PLUS GAS RELIEF, 146
ANTACID-ANTIGAS, 146
ANTIBIOTIC, 41
ANTI-DIARRHEAL, 76
ANTIFUNGAL, 42, 43
ANTIFUNGAL CREAM, 42
ANTIFUNGAL EXTRA THICK, 42
ANTIFUNGAL RINGWORM, 42
ANTI-ITCH, 43
ANTITUSSIVE DM, 39
APHEN, 132
APREPITANT, 10, 11
APRETUDE, 71
APRI, 32
APRODINE, 38
APTIVUS, 69
AQINJECT 3.0 LOCK SYRINGE, 104
AQINJECT LUER LOCK SYRINGE, 102, 103, 104
AQINJECT PEN NEEDLE, 118
AQINJECT SAFETY SYRINGE, 110, 111
AQUA LANCE LANCING DEVICE, 48
AQUAPHOR ITCH RELIEF, 43
ARANELLE, 36
AREXVY, 63
AREXVY ANTIGEN COMPONENT, 63
ARMOUR THYROID, 54
ARNUIITY ELLIPTA, 13
ARTHRITIS AND MUSCLE, 44
ARTHRITIS PAIN, 44, 132
ARTHRITIS PAIN RELIEF, 44, 45, 132
ARTHRITIS PAIN RELIEVER, 44, 132
ARTHRITIS PAIN RELIEVING, 44
ASA-BUTALB-CAFFEINE-CODEINE, 138
ASCOMP WITH CODEINE, 138
ASCORBIC ACID, 159
ASMANEX, 14
ASMANEX HFA, 14
ASPERFLEX HOT, 45
ASPIRIN, 59, 131
ASPIRIN EC, 58, 59, 131
ASPIRIN REGIMEN, 58, 59
ASSURE ID DUO PRO SFTY PEN NDL, 125
ASSURE ID PEN NEEDLE, 125
ASSURE ID PRO PEN NEEDLE, 125
ATAZANAVIR SULFATE, 71
ATENOLOL, 25
ATENOLOL-CHLORTHALIDONE, 26
ATHENOL, 132
ATHLETIC FOOT CREAM, 42
ATORVASTATIN CALCIUM, 29
ATROPINE SULFATE, 56
ATROVENT HFA, 11
AUBRA, 34
AUBRA EQ, 34
AUDENZ (NATIONAL STOCKPILE), 62
AUGMENTIN, 66
AUROVELA, 36
AUROVELA FE, 35
AUTO-LANCET MINI, 48
AUTOLET IMPRESSION, 50
AUTOLET LANCING DEVICE, 49
AUTOSHIELD DUO PEN NEEDLE, 130
AVIANE, 34
AVITA, 41
AVONEX, 117
AVONEX PEN, 117
AYUNA, 34
AZACITIDINE, 115
AZATHIOPRINE, 63
AZITHROMYCIN, 65
AZURETTE, 33
B-1, 158
B-12, 159
B-12 DOTS, 159
B-6, 159
BACITRACIN, 41, 55
BACITRACIN ZINC, 41
BACITRACIN-POLYMYXIN, 55
BACITRAYCIN PLUS, 41
BACLOFEN, 143
BALSALAZIDE DISODIUM, 75
BALZIVA, 36
BANOPHEN, 8
BAQSIMI, 50
BAYER ADVANCED, 131
BAZA ANTIFUNGAL, 42
BENADRYL ALLERGY, 8, 18
BENZAEPRIIL HCL, 23

BENDAMUSTINE HCL, 114
 BENZAMYCIN, 41
 BENZONATATE, 38
 BENZTROPINE MESYLATE, 140
 BEST FIBER, 80
 BETAMETHASONE DIPROP AUGMENTED, 43
 BETAMETHASONE DIPROPIONATE, 43
 BETAMETHASONE VALERATE, 43
 BETATEMP, 132
 BETHANECHOL CHLORIDE, 114
 BEVESPI AEROSPHERE, 12
 BEXAGLIFLOZIN, 46
 BEXAROTENE, 116
 BEXSERO, 61
 BIKTARVY, 72
 BIMATOPROST, 56
 BINAXNOW COVID AG CARD HOME TST, 117
 BINAXNOW COVID-19 AG SELF TEST, 117
 BIOCOTRON, 39
 BISACODYL, 76, 80
 BISOPROLOL FUMARATE, 25
 BISOPROLOL-HYDROCHLOROTHIAZIDE, 26
 BLISOVI FE, 35
 BOOSTRIX TDAP, 62
 BRAND NAME, 8
 BREATHERITE, 14
 BREATHERITE SPACER-ADULT MASK, 14
 BREATHERITE SPACER-INFANT MASK, 14
 BREATHERITE SPACER-LG CHLD MSK, 15
 BREATHERITE SPACER-NEONATE MSK, 15
 BREATHERITE SPACER-SM CHLD MSK, 15
 BREATHRITE, 15
 BRENZAVVY, 46
 BREYNA, 12
 BREZTRI AEROSPHERE, 13
 BRIELLYN, 36
 BRIMONIDINE TARTRATE, 56
 BRIXADI, 139
 BROMOCRIPTINE MESYLATE, 140
 BUDESONIDE, 13
 BUDESONIDE-FORMOTEROL FUMARATE, 12
 BUFFERED ASPIRIN, 131
 BUFFERIN, 131
 BULK SYRINGE, 102, 103, 104
 BUMETANIDE, 28
 BUPRENORPHINE HCL, 140
 BUPRENORPHINE-NALOXONE, 140
 BUPROPION HCL SR, 144
 BUTALB-ACETAMINOPH-CAFF-CODEIN, 138
 BUTALBITAL-ACETAMINOPHEN, 131
 BUTALBITAL-ACETAMINOPHEN-CAFFE, 131
 BUTALBITAL-ASPIRIN-CAFFEINE, 131
 BYDUREON BCISE, 46
 BYETTA, 46
 C-1000, 159
 C-1000 WITH ROSE HIPS, 159
 C-500, 159
 CABENUVA, 68
 CABERGOLINE, 53
 CABOTEGRAVIR ER (CABENUVA), 71
 CALCIPOTRIENE, 45, 46
 CALCITONIN-SALMON, 53
 CALCITRIOL, 160
 CALCIUM, 149, 150
 CALCIUM 250-VIT D3, 149
 CALCIUM 500-VIT D3, 149, 150
 CALCIUM 600+D PLUS MINERALS, 149
 CALCIUM 600+MINERALS, 149
 CALCIUM 600-D3-MINERALS, 149
 CALCIUM 600-VIT D3, 149, 150
 CALCIUM 600-VIT D3-MINERAL, 149
 CALCIUM ACETATE, 52, 149
 CALCIUM ANTACID, 145
 CALCIUM CARBONATE, 145, 149
 CALCIUM CITRATE, 150
 CALCIUM CITRATE - VITAMIN D, 150
 CALCIUM CITRATE - VITAMIN D3, 150
 CALCIUM CITRATE-VIT D3, 150
 CALCIUM CITRATE-VITAMIN D3, 151
 CALCIUM GLUCONATE, 151
 CALCIUM MAGNESIUM, 151
 CALCIUM-MAGNESIUM, 151
 CALCIUM-MAGNESIUM-ZINC-VIT D, 151
 CAL-GEST, 145
 CAMILA, 35
 CAMPTOSAR, 115
 CANNULA, 89, 90
 CAPECITABINE, 115
 CAPRELSA, 116
 CAPSAICIN, 45
 CAPSAICIN HEAT PATCH, 45
 CAPSAICIN HOT PATCH, 45
 CAPSAICIN HP, 45
 CAPSAID ES, 45
 CAPSICUM HOT PATCH, 45
 CAPSIMIDE, 45
 CAPTOPRIL, 23, 24
 CAPTOPRIL-HYDROCHLOROTHIAZIDE, 22
 CAPVAXIVE, 62
 CAPZIX, 45
 CARBAMAZEPINE, 142
 CARBAMAZEPINE ER, 142

CARBATROL, 142
 CARBIDOPA-LEVODOPA, 140
 CARBIDOPA-LEVODOPA ER, 140, 141
 CARBIDOPA-LEVODOPA-ENTACAPONE, 141
 CAREFINE PEN NEEDLE, 126, 127
 CAREONE, 49
 CAREPOINT LUER LOCK SYRINGE, 104
 CAREPOINT LUER LOCK SYRINGE-NDL, 98
 CAREPOINT LUER SLIP SYRINGE, 102
 CAREPOINT LUER SLIP SYRINGE-NDL, 96
 CAREPOINT SAFETY LUER LOCK SYR, 110
 CARETOUCH INSULIN SYRINGE, 82, 85, 91
 CARETOUCH LANCING DEVICE, 49
 CARETOUCH LUER LOCK, 98
 CARETOUCH LUER LOCK SYRINGE, 102, 104
 CARETOUCH LUER SLIP SYRINGE, 102, 104
 CARETOUCH PEN NEEDLE, 118
 CARNITOR SF, 118
 CARTEOLOL HCL, 56
 CARTIA XT, 26
 CARVEDILOL, 22
 CAZANT, 32
 CEFACLOL, 64
 CEFACLOL ER, 64
 CEFADROXIL, 64
 CEFDINIR, 64
 CEFIXIME, 64
 CEFPODOXIME PROXETIL, 64
 CEFPROZIL, 64
 CEFUROXIME, 64
 CELECOXIB, 74
 CENTRAVITES, 155
 CENTRUM COMPLETE, 153
 CENTURY, 153
 CEPHALEXIN, 64
 CERTA PLUS, 153
 CERTAVITE SENIOR, 154
 CERTAVITE-ANTIOXIDANT, 155
 CETIRIZINE HCL, 9, 10
 CHATEAL EQ, 34
 CHEST CONGESTION RELIEF, 38
 CHEST CONGESTION RELIEF DM, 39
 CHILD FEVER REDUCER, 132
 CHILD FEVER REDUCER-PAIN RELVR, 132
 CHILD LITTLE ANIMALS VITAMINS, 155
 CHILD PAIN REL-FEVER REDUCER, 132
 CHILDREN GILTUSS EX, 38
 CHLORHEXIDINE GLUCONATE, 117
 CHLORHIST, 8
 CHLOROQUINE PHOSPHATE, 68
 CHLORPHENIRAMINE MALEATE, 8
 CHLORTABS, 8
 CHLORTHALIDONE, 28
 CHLORZOXAZONE, 143
 CHOLESTYRAMINE, 29
 CHOLESTYRAMINE LIGHT, 29
 CICLOPIROX, 42
 CILOSTAZOL, 59
 CIMDUO, 69
 CIMETIDINE, 147
 CIPRO, 66
 CIPROFLOXACIN, 66
 CIPROFLOXACIN HCL, 55, 66
 CIPROFLOXACIN-DEXAMETHASONE, 52
 CITRACAL + D MAXIMUM, 151
 CITRATE OF MAGNESIA, 77
 CITROMA, 77
 CLARAVIS, 41
 CLARITHROMYCIN, 65
 CLARITHROMYCIN ER, 65
 C-LAX LAXATIVE, 76
 CLEARCANAL EARWAX SOFTENER, 52
 CLEARLAX, 78
 CLEVER CHOICE HOLDING CHAMBER, 15, 16
 CLICKFINE, 127, 129
 CLIMARA PRO, 60
 CLINDAMYCIN (PEDIATRIC), 68
 CLINDAMYCIN HCL, 68
 CLINDAMYCIN PHOSPHATE, 41, 148
 CLINERE EAR WAX REMOVAL, 52
 CLOBETASOL EMOLLIENT, 43
 CLOBETASOL PROPIONATE, 43
 CLONAZEPAM, 141
 CLONIDINE HCL, 25
 CLOPIDOGREL, 59
 CLOTRIMAZOLE, 42, 67, 149
 CLOTRIMAZOLE AF, 42
 CLOTRIMAZOLE-3, 149
 CLOTRIMAZOLE-7, 149
 CODEINE SULFATE, 134
 CODEINE-GUAIFENESIN, 39
 COLCHICINE, 56
 COLESTIPOL HCL, 29
 COL-RITE, 77
 COMBIPATCH, 60
 COMBIVENT RESPIMAT, 12
 COMFORT EZ INSULIN SYRINGE, 82, 83, 85, 86, 91
 COMFORT EZ PEN NEEDLE, 118, 119, 127
 COMFORT EZ PRO SAFETY PEN NDL, 125
 COMFORT GEL, 146
 COMFORT TOUCH PEN NEEDLE, 119

COMFORTSEAL, 16
 COMIRNATY 2024-2025, 61
 COMPACT SPACE CHAMBER, 15, 16
 COMPLERA, 72
 COMPLETE ALLERGY, 9
 COMPRO, 11
 CONSTULOSE, 77
 CORNWALL SYRINGE TIP CONNECTOR, 90
 CORTISONE, 43
 CORTISONE WITH ALOE, 43
 CORTIZONE-10, 43, 44
 COSENTYX (2 SYRINGES), 45
 COSENTYX SENSOREADY (2 PENS), 45
 COSENTYX SENSOREADY PEN, 45
 COSENTYX SYRINGE, 45
 COUGH SYRUP, 38
 CREON, 144
 CROMOLYN SODIUM, 14
 CRYSELLE, 37
 CUT N CRUSH, 80
 CYANOCOBALAMIN INJECTION, 159
 CYCLOBENZAPRINE HCL, 143
 CYCLOPENTOLATE HCL, 56
 CYCLOPHOSPHAMIDE, 114
 CYCLOSPORINE, 63
 CYCLOSPORINE MODIFIED, 63
 CYLTEZO(CF), 72, 73
 CYLTEZO(CF) PEN, 73
 CYLTEZO(CF) PEN CROHN'S-UC-HS, 73
 CYLTEZO(CF) PEN PSORIASIS-UV, 73
 CYPROHEPTADINE HCL, 8
 CYRED, 32
 CYRED EQ, 32
 D3 DOTS, 160
 D3-2000, 160
 DABIGATRAN ETEXILATE, 59
 DACTINOMYCIN, 115
 DAILY FIBER, 78
 DAILY MULTIPLE, 153
 DAILY MULTIVITAMIN WITH D3, 153
 DAILY VALUE, 153
 DAILY VITAMIN + IRON, 154
 DAILY VITAMIN FORMULA, 153
 DAILY VITAMIN FORMULA-MINERALS, 154
 DAILY VITE, 154
 DAILY VITE WITH IRON, 154
 DAILY-VITE, 154
 DANAZOL, 53
 DAPSONE, 67
 DARUNAVIR, 69
 DASATINIB, 116
 DASETTA, 36
 DAVOL IRRIGATION SYRINGE, 90
 DEBLITANE, 35
 DEBROX, 52
 DECARA, 160
 DELSTRIGO, 71
 DELTA D3, 160
 DEPO-SUBQ PROVERA 104, 32
 DERMAFUNGAL, 42
 DESCOVY, 69
 DESMOPRESSIN ACETATE, 52
 DESOGESTR-ETH ESTRAD ETH ESTRA, 33
 DEXAMETHASONE, 73
 DEXAMETHASONE INTENSOL, 73
 DEXAMETHASONE SODIUM PHOSPHATE, 55
 DEXMETHYLPHENIDATE HCL, 19
 DEXMETHYLPHENIDATE HCL ER, 19, 20
 DEXTROAMPHETAMINE SULFATE, 17
 DEXTROAMPHETAMINE SULFATE ER, 17
 DEXTROAMPHETAMINE-AMPHET ER, 17
 DEXTROAMPHETAMINE-AMPHETAMINE, 17
 DIABETIC TUSSIN DM, 40
 DIALYVITE VITAMIN D, 160
 DIAMODE, 76
 DIARRHEA RELIEF, 76
 DICLOFENAC SODIUM, 44, 55, 74
 DICLOXACILLIN SODIUM, 66
 DICYCLOMINE HCL, 145
 DIGESTIVE RELIEF, 76
 DIGITEK, 21
 DIGOXIN, 21
 DILANTIN, 142
 DILTIAZEM 12HR ER, 26
 DILTIAZEM 24HR ER, 26
 DILTIAZEM 24HR ER (CD), 26, 27
 DILTIAZEM 24HR ER (LA), 27
 DILTIAZEM 24HR ER (XR), 27
 DILTIAZEM HCL, 27
 DILT-XR, 27
 DIMETHYL FUMARATE, 117
 DIPHEDRYL, 9
 DIPHEDRYL ALLERGY, 9
 DIPHEN, 9
 DIPHENHYDRAMINE HCL, 9
 DIPHENOXYLATE-ATROPINE, 76
 DISOPYRAMIDE PHOSPHATE, 21
 DISULFIRAM, 18
 DOCETAXEL, 116
 DOCUPRENE, 77
 DOCUSATE CALCIUM, 77
 DOCUSATE SODIUM, 77

DOCUZEN, 79
 DODEX, 159
 DOK, 77
 DONEPEZIL HCL, 17
 DONEPEZIL HCL ODT, 17
 DORZOLAMIDE HCL, 56
 DORZOLAMIDE-TIMOLOL, 56
 DOTI, 59
 DOVATO, 69
 DOVER BULB SYRINGE, 114
 DOXAZOSIN MESYLATE, 22, 23
 DOXYCYCLINE HYCLATE, 67
 DOXYCYCLINE MONOHYDRATE, 67
 DRAMAMINE, 11
 DRAMAMINE LESS DROWSY, 11
 DROPLET INSULIN SYRINGE, 81, 82, 83, 91
 DROPLET LANCING DEVICE, 49
 DROPLET MICRON PEN NEEDLE, 119
 DROPLET PEN NEEDLE, 119
 DROPSAFE INSULIN SYRINGE, 107, 108, 109
 DROPSAFE PEN NEEDLE, 125, 126
 DROSPIRENONE-ETHINYL ESTRADIOL, 33
 DRY SOL, 44
 DSS, 77
 DULCOLAX, 77
 DULCOLAX STOOL SOFTENER, 77
 DULERA, 13
 DUTASTERIDE, 147
 DUTASTERIDE-TAMSULOSIN, 148
 D-VI-SOL, 160
 E.E.S. 200, 65
 E.E.S. 400, 65
 EAR DROPS, 52
 EAR WAX REMOVAL, 52
 EASIVENT, 15, 16
 EASY COMFORT INSULIN SYRINGE, 83, 86, 91
 EASY COMFORT PEN NEEDLE, 119, 120, 127
 EASY COMFORT PEN NEEDLES, 127
 EASY COMFORT SAFETY PEN NEEDLE, 125
 EASY GLIDE CATHETER TIP SYRINGE, 105
 EASY GLIDE DENTAL IRRIG SYRINGE, 102
 EASY GLIDE INSULIN SYRINGE, 83, 86, 91
 EASY GLIDE LUER LOCK SYRINGE, 102, 104, 105
 EASY GLIDE LUER SLIP TB SYRINGE, 102
 EASY GLIDE PEN NEEDLE, 120
 EASY MINI EJECT LANCING DEVICE, 49
 EASY TOUCH, 83, 86, 92, 96, 98
 EASY TOUCH FLIPLOCK INSULIN, 107, 108
 EASY TOUCH FLIPLOCK SYRINGE, 109, 111, 113
 EASY TOUCH FLIPLOCK SYRINGES, 109, 110, 111, 113
 EASY TOUCH FLURINGE, 96
 EASY TOUCH FLURINGE FLIPLOCK, 110
 EASY TOUCH FLURINGE SHEATHLOCK, 110
 EASY TOUCH INSULIN SAFETY, 108, 109
 EASY TOUCH INSULIN SYRINGE, 83, 86, 92
 EASY TOUCH LANCING DEVICE, 49
 EASY TOUCH LUER LOCK INSULIN, 89
 EASY TOUCH LUER LOCK SYRINGE, 102, 103, 104, 105
 EASY TOUCH PEN NEEDLE, 120, 127, 128
 EASY TOUCH SAFETY PEN NEEDLE, 125
 EASY TOUCH SHEATHLOCK INSULIN, 108
 EASY TOUCH SHEATHLOCK SYRG-NDL, 110, 112, 113
 EASY TOUCH SHEATHLOCK SYRINGE, 102, 104
 EASY TOUCH TUBERCULIN FLIPLOCK, 110
 EASY TOUCH TUBERCULIN SHEATHLK, 110
 EASY TOUCH UNI-SLIP, 89, 102, 104
 EASY-TOUCH INSULIN SYRINGE, 92
 ECLIPSE LUER-LOK SYRINGE, 96, 98, 112
 ECLIPSE SYRINGE, 92, 112
 ECLIPSE SYRINGE-NEEDLE, 96
 EC-NAPROXEN, 75
 ECONTRA EZ, 34
 ECONTRA ONE-STEP, 34
 ECOTRIN, 131
 ED-APAP, 133
 ED-SPAZ, 145
 EDURANT, 70
 EFAVIRENZ, 70
 EFAVIRENZ-EMTRIC-TENOFOV DISOP, 71
 EFAVIRENZ-LAMIVU-TENOFOV DISOP, 71
 EFFACLAR ADAPALENE, 41
 EFFER-K, 52
 ELEMENTAL ZINC, 160
 ELIGARD, 53
 ELINEST, 37
 ELIQUIS, 57
 ELITE-OB, 153
 ELLA, 37
 ELLUME COVID-19 HOME TEST, 117
 ELURYNG, 32
 EMBRACE PEN NEEDLE, 120
 EMGALITY PEN, 137
 EMGALITY SYRINGE, 137, 138
 EMTRICITABINE, 70
 EMTRICITABINE-TENOFOVIR DISOP, 69
 EMTRIVA, 70
 EMZAHH, 35
 ENALAPRIL MALEATE, 24
 ENALAPRIL-HYDROCHLOROTHIAZIDE, 22

ENBREL, 73
ENBREL SURECLICK, 73
ENDOCET, 139
ENEMA, 80
ENEMA DISPOSABLE, 80
ENFIT SYRINGE, 82, 106
ENFIT SYRINGE STERILE, 105, 106
ENFIT THUMB CONTROL RING SYRIN, 106
ENILLORING, 32
ENOXAPARIN SODIUM, 57, 58
ENPRESSE, 34
ENSKYCE, 33
ENTACAPONE, 141
ENTRESTO, 31
ENULOSE, 76
EPINEPHRINE, 114
EPITOL, 142
EPOGEN, 57
ERBITUX, 115
ERLOTINIB HCL, 116
ERRIN, 35
ERY, 41
ERYGEL, 41
ERYPED 200, 65
ERYPED 400, 65
ERYTHROCIN LACTOBIONATE, 65
ERYTHROCIN STEARATE, 65
ERYTHROMYCIN, 41, 42
ERYTHROMYCIN ETHYLSUCCINATE, 65
ERYTHROMYCIN LACTOBIONATE, 65
ERYTHROMYCIN-BENZOYL PEROXIDE, 41
ESTARYLLA, 37
ESTRADIOL, 59, 149
ESTRADIOL (ONCE WEEKLY), 59, 60
ESTRADIOL (TWICE WEEKLY), 60
ESTRADIOL-NORETHINDRONE ACETAT, 60
ESTROGEN-METHYLTESTOSTERONE, 59
ESZOPICLONE, 19
ETHAMBUTOL HCL, 68
ETHOSUXIMIDE, 142
ETHYNODIOL-ETHINYL ESTRADIOL, 33
ETODOLAC, 74
ETONOGESTREL-ETHINYL ESTRADIOL, 32
ETOPOSIDE, 116
ETRAVIRINE, 70
EUTHYROX, 54
EVAC-U-GEN, 79
EVAMIST, 60
EVEROLIMUS, 115
EVOTAZ, 71
EXEL SYRINGE, 99, 102, 103, 104
EXEL TB WITH NEEDLE, 96
EXEL TUBERCULIN SYRINGE, 102
EXEMESTANE, 115
EXENATIDE, 46
EXPECTORANT, 38, 39
EXPECTORANT COUGH SYRUP, 38
EXPECTORANT DM, 40
EXTENDED RESERVOIR, 81
EXTREME OMEGA-3 MICROGEL, 31
EZETIMIBE, 30
FALMINA, 34
FAMOTIDINE, 147
FAST RELIEF LAXATIVE, 80
FE C PLUS, 152
FELODIPINE ER, 27
FENESIN IR, 38
FENOFIBRATE, 30
FENTANYL, 134
FEOSOL, 151
FERATE, 151
FEROSUL, 151
FERREX 150, 152
FERREX 28, 152
FERRO-TIME, 151
FERROUS GLUCONATE, 151
FERROUS SULFATE, 152
FEVER REDUCER-PAIN RELIEVER, 133
FEVERALL, 133
FEXOFENADINE HCL, 10
FIBER, 77, 78
FIBER LAX, 77
FIBER LAXATIVE, 77
FIBER TABS, 77
FIBER THERAPY, 77, 78, 79
FIBER-LAX, 77
FILTER, MILLEX-OR SYRINGE, 90
FINASTERIDE, 147
FINGER GRIP EXTENDER, 90
FIRST AID ANTIBIOTIC, 42
FISH OIL, 29, 30, 31, 160
FISH OIL CONCENTRATE, 30
FISH OIL OMEGA-3, 30
FISH OIL-VIT D3, 30
FLANAX, 75
FLECAINIDE ACETATE, 21
FLEXICHAMBER, 15
FLEXICHAMBER MASK, 16
FLINTSTONES, 155
FLINTSTONES COMPLETE, 155
FLINTSTONES WITH EXTRA C, 155
FLUAD TRIVALENT 2024-2025, 62

FLUARIX TRIVALENT 2024-2025, 62
 FLUBLOK TRIVALENT 2024-2025, 62
 FLUCELVAX TRIVALENT 2024-2025, 62
 FLUCONAZOLE, 67
 FLUDROCORTISONE ACETATE, 74
 FLULAVAL TRIVALENT 2024-2025, 62
 FLUMIST TRIVALENT 2024-2025, 62
 FLUOCINOLONE ACETONIDE, 43
 FLUOCINONIDE, 43
 FLUORIDE, 151
 FLUOROMETHOLONE, 55
 FLUOROURACIL, 45
 FLURBIPROFEN, 74
 FLUTICASONE PROPIONATE, 10, 14
 FLUTICASONE PROPIONATE HFA, 14
 FLUTICASONE-SALMETEROL, 13
 FLUTICASONE-VILANTEROL, 13
 FLUZONE HIGH-DOSE TRIV 2024-25, 62
 FLUZONE QUAD SOUTHERN HEM 2024, 62
 FLUZONE TRIVALENT 2024-2025, 62
 FOAMING ANTACID, 146
 FOLIC ACID, 151
 FOLIVANE-OB, 155
 FOLLISTIM PEN DEVICE, 81
 FOLOTYN, 115
 FORA LANCING DEVICE, 49
 FOSAMPRENAVIR CALCIUM, 71
 FOSINOPRIL SODIUM, 24
 FOSINOPRIL-HYDROCHLOROTHIAZIDE, 22
 FREESTYLE LIBRE 14 DAY READER, 48
 FREESTYLE LIBRE 14 DAY SENSOR, 48
 FREESTYLE LIBRE 2 READER, 48
 FREESTYLE LIBRE 2 SENSOR, 48
 FREESTYLE LIBRE 3 SENSOR, 48
 FREESTYLE PRECISION, 86, 92
 FRUIT C-100, 159
 FRUIT C-500, 159
 FULL SPECTRUM B, 158
 FUROSEMIDE, 28
 FUZEON, 70
 FYAVOLV, 61
 G TUSSIN AC, 39
 GABAPENTIN, 142
 GALLIFREY, 61
 GARDASIL 9, 63
 GAS RELIEF, 144
 GAVILYTE-C, 78
 GAVILYTE-G, 78
 GEFITINIB, 116
 GEMCITABINE HCL, 115
 GEMFIBROZIL, 30
 GENGRAF, 63
 GENOTROPIN, 53
 GENTAMICIN SULFATE, 55
 GENTLE LAXATIVE, 77, 78, 80
 GENTLELAX, 78
 GENVOYA, 72
 GERI-DRYL, 9
 GERI-KOT, 79
 GERI-LANTA, 146
 GERI-MOX, 146
 GERI-MUCIL, 78, 79
 GERI-TUSSIN, 38
 GERI-TUSSIN DM, 40
 G-FENESIN, 38
 GILTUSS COUGH-CONGESTION, 40
 GILTUSS DIABETIC, 40
 GILTUSS EX, 38
 GILTUSS HBP, 40
 GLEOSTINE, 114
 GLIMEPIRIDE, 47
 GLIPIZIDE, 47
 GLIPIZIDE ER, 47
 GLIPIZIDE XL, 47
 GLIPIZIDE-METFORMIN, 47
 GLUCAGON EMERGENCY KIT, 50
 GLYBURIDE, 47
 GLYBURIDE-METFORMIN HCL, 47
 GLYCERIN, 80
 GLYCOPYRROLATE, 146
 GRANIX, 58
 GUAIASORB DM, 40
 GUAIFENESIN, 38
 GUAIFENESIN AC, 39
 GUAIFENESIN ER, 38, 39
 GUAIFENESIN-CODEINE, 39
 GUAIFENESIN-DEXTROMETHORPHAN, 40
 GUANFACINE HCL, 25
 GUMMI BEAR MULTIVITAMIN, 155
 GVOKE HYPOPEN 1-PACK, 50
 GVOKE HYPOPEN 2-PACK, 50
 GVOKE PFS 1-PACK SYRINGE, 50
 GVOKE PFS 2-PACK SYRINGE, 50
 HADLIMA, 73
 HADLIMA PUSHTOUCH, 73
 HADLIMA(CF), 73
 HADLIMA(CF) PUSHTOUCH, 73
 HAILEY, 36
 HAILEY FE, 35
 HAIR VITAMIN, 154
 HAIR, SKIN AND NAILS, 154
 HALOETTE, 32

HEALTHWISE INSULIN SYRINGE, 83, 86, 92
 HEALTHWISE PEN NEEDLE, 120
 HEALTHY ACCENTS AUTOLET, 49
 HEALTHY ACCENTS UNIFINE PENTIP, 125, 128
 HEARTBURN ANTACID, 146
 HEARTBURN PREVENTION, 147
 HEARTBURN RELIEF, 146, 147
 HEATHER, 35
 HEMATINIC WITH FOLIC ACID, 151
 HEMORRHOIDAL RELIEF, 76
 HER STYLE, 34
 HI-CAL, 150
 HIGH POTENCY IRON, 152
 HIGH POTENCY MULTIVITAMIN, 153
 HOME LICE-BEDBUG-DUST MITE, 118
 HONEY BEARS, 155
 HONEY BEARS MULTIVITAMIN, 154
 HUMALOG, 51
 HUMALOG MIX 50-50, 51
 HUMALOG MIX 50-50 KWIKPEN, 51
 HUMALOG MIX 75-25, 51
 HUMATROPE, 53
 HUMATROPEN, 90
 HUMULIN 70/30 KWIKPEN, 50
 HUMULIN 70-30, 50
 HUMULIN N, 51
 HUMULIN N KWIKPEN, 51
 HUMULIN R, 51
 HUMULIN R U-500, 51
 HUMULIN R U-500 KWIKPEN, 51
 HYCAMTIN, 115
 HYDRALAZINE HCL, 25
 HYDROCHLOROTHIAZIDE, 28
 HYDROCIL INSTANT, 79
 HYDROCODONE-ACETAMINOPHEN, 138
 HYDROCODONE-HOMATROPINE MBR, 39
 HYDROCODONE-IBUPROFEN, 134
 HYDROCORTISONE, 44
 HYDROCORTISONE ACETATE, 44
 HYDROCORTISONE-ACETIC ACID, 51
 HYDROCORTISONE-ALOE, 44
 HYDROCORTISONE-PRAMOXINE, 45
 HYDROCREAM, 44
 HYDROMET, 39
 HYDROMORPHONE HCL, 134, 135
 HYDROXYCHLOROQUINE SULFATE, 68
 HYDROXYUREA, 114
 HYDROXYZINE HCL, 9
 HYDROXYZINE PAMOATE, 9
 HYOSCYAMINE SULFATE, 145
 HYOSCYAMINE SULFATE ER, 145
 HYOSCYAMINE SULFATE SR, 145
 HYOSYNE, 145
 HYPOLANCE, 50
 IBANDRONATE SODIUM, 53
 IBU, 74
 IBU-200, 74
 IBUPROFEN, 74
 ICAR-C PLUS, 152
 ICLEVIA, 34
 IFEREX 150, 152
 IMATINIB MESYLATE, 116
 IMODIUM A-D, 76
 INCASSIA, 35
 IN-CHECK DIAL, 15
 INCONTROL LANCING DEVICE, 49
 INCONTROL PEN NEEDLE, 120, 128
 INCRUSE ELLIPTA, 12
 INDAPAMIDE, 28, 29
 INDOMETHACIN, 75
 INFANT FEVER-PAIN RELIEVER, 133
 INFANT PAIN-FEVER, 133
 INFANT VITAMIN D, 160
 INFANTS IBUPROFEN, 75
 INFANTS PROFENIB, 75
 INFANT-TODDLER IRON, 152
 INSPIRACHAMBER, 15
 INSULIN ASPART, 50
 INSULIN ASPART FLEXPEN, 50
 INSULIN ASPART PENFILL, 50
 INSULIN ASPART PROT MIX 70-30, 51
 INSULIN GLARGINE SOLOSTAR, 51
 INSULIN GLARGINE-YFGN, 51
 INSULIN LISPRO, 51
 INSULIN LISPRO JUNIOR KWIKPEN, 51
 INSULIN LISPRO KWIKPEN U-100, 51
 INSULIN LISPRO PROTAMINE MIX, 51
 INSULIN PEN NEEDLE, 120, 128
 INSULIN SYRINGE, 81, 82, 83, 84, 85, 86, 87, 88, 89, 91, 92, 93, 94, 95, 96
 INSULIN SYRINGE U-500, 90
 INSUPEN PEN NEEDLE, 120
 INTEGRA SYRINGE, 99, 112
 INTELENCE, 70
 INTELISWAB COVID-19 HOME TEST, 117
 INTERLINK SYRINGE, 90
 INTERLINK SYRINGE W-CANNULA, 90
 INZO ANTIFUNGAL, 42
 IPRATROPIUM BROMIDE, 11, 117
 IPRATROPIUM-ALBUTEROL, 12
 I-PRIN, 75
 IRBESARTAN, 24

IRBESARTAN-HYDROCHLOROTHIAZIDE, 23
IRINOTECAN HCL, 115
IRON, 151, 152
IRON 100 PLUS, 152
IRRIGATION SYRINGE, 90
ISENTRESS, 71
ISENTRESS HD, 71
ISIBLOOM, 33
ISONIAZID, 68
ISOSORBIDE DINITRATE, 31, 32
ISOSORBIDE MONONITRATE, 32
ISOSORBIDE MONONITRATE ER, 32
ISOTRETINOIN, 41
ISTODAX, 116
ITCH RELIEF, 42
ITRACONAZOLE, 67
I-VITE, 149
JANTOVEN, 56
JASMIEL, 33
JENCYCLA, 35
JEVTANA, 116
JINTELI, 61
JOCK ITCH, 42, 43
JOCK ITCH RELIEF, 42
JOLESSA, 34
JULEBER, 33
JULIE, 34
JULUCA, 68
JUNEL, 36
JUNEL FE, 35
KALLIGA, 33
KAOPECTATE, 76
KARIVA, 33
KELNOR 1-35, 33
KELNOR 1-50, 33
KETOCONAZOLE, 42, 67
KETOROLAC TROMETHAMINE, 55, 75
KIONEX, 52
KLAYESTA, 42
KLOR-CON M10, 52
KLOR-CON M15, 52
KLOR-CON M20, 52
K-PEC, 76
K-PHOS ORIGINAL, 148
KPN, 157
KURVELO, 34
LABETALOL HCL, 22
LACOSAMIDE, 142
LACTULOSE, 76
LAGEVRIO (EUA), 69
LAMISIL, 43
LAMIVUDINE, 70
LAMIVUDINE HBV, 72
LAMIVUDINE-ZIDOVUDINE, 70
LANCETS, 80, 81
LANCING DEVICE, 49, 50
LANCING SYSTEM, 49
LANOXIN, 21
LANSOPRAZOLE, 147
LANZO, 50
LAPATINIB, 116
LARIN, 36
LARIN FE, 35
LATANOPROST, 56
LAX STOOL SOFTENER WITH SENNA, 79
LAXA BASIC 100, 77
LAXACIN, 79
LAXACLEAR, 78
LAXATIVE, 76, 77
LAXATIVE PEG 3350, 78
LAXATIVE SUPPOSITORY, 80
LEENA, 36
LEFLUNOMIDE, 73
LENALIDOMIDE, 115
LESSINA, 34
LETROZOLE, 115
LEUCOVORIN CALCIUM, 116
LEUKERAN, 114
LEUKINE, 58
LEVALBUTEROL CONCENTRATE, 12
LEVALBUTEROL HCL, 12
LEVALBUTEROL TARTRATE HFA, 12
LEVEMIR, 51
LEVER LOCK CANNULA, 90
LEVETIRACETAM, 142
LEVETIRACETAM ER, 142
LEVOBUNOLOL HCL, 56
LEVOCARNITINE, 118
LEVOCARNITINE SF, 118
LEVOCETIRIZINE DIHYDROCHLORIDE, 10
LEVOFLOXACIN, 66, 67
LEVONEST, 34
LEVONORGESTREL, 34
LEVONORGESTREL-ETH ESTRADIOL, 34
LEVORA-28, 34
LEVOTHYROXINE SODIUM, 54
LICE BEDDING, 118
LICE KILLING, 43
LICE PYRINYL SHAMPOO, 43
LICE TREATMENT, 43
LICE-BEDBUG-MITE BEDDING, 118
LIDOCAINE, 76

LIDOCAINE HCL VISCOUS, 75
 LIFESHIELD BLUNT CANNULA, 90
 LINEZOLID, 65
 LIOTHYRONINE SODIUM, 54
 LIQUITUSS GG, 39
 LIRAGLUTIDE, 46
 LISINOPRIL, 24
 LISINOPRIL-HYDROCHLOROTHIAZIDE, 22
 LITEAIRE, 15
 LITETOUCH, 16
 LITTLE ANIMALS WITH IRON, 155
 LITTLE REMEDIES FEVER-PAIN, 133
 LOPERAMIDE, 76
 LOPINAVIR-RITONAVIR, 71
 LORADAMED, 10
 LORATADINE, 10
 LORATADINE ALLERGY, 10
 LORYNA, 33
 LOSARTAN POTASSIUM, 24
 LOSARTAN-HYDROCHLOROTHIAZIDE, 23
 LOVASTATIN, 29
 LOW DOSE ASPIRIN EC, 58, 59
 LOW-OGESTREL, 37
 LO-ZUMANDIMINE, 33
 LUER LOCK SYRINGE, 103
 LUER SLIP TIP CAP, 90
 LUER SLIP TIP SYRINGE TRAY, 102
 LUER TIP CAP TRAY, 90
 LUER-LOCK SYRINGE, 105
 LUER-LOK SYRINGE, 103, 104
 LUER-LOK SYRINGE-NEEDLE, 95, 96, 99, 101
 LUER-LOK TIP SYRINGE, 103
 LUERSLIP SYRINGE, 103
 LUMIGAN, 56
 LUTERA, 34
 LYLEQ, 35
 LYLLANA, 60
 LYSODREN, 116
 LYZA, 35
 MAALOX ADVANCED, 146
 MAD NASAL ATOMIZER-SYRG-ADAPTR, 106
 MAG DELAY, 152
 MAG64, 152
 MAG-AL PLUS, 146
 MAGELLAN INSULIN SAFETY SYRNG, 81, 108, 109
 MAGELLAN INSULIN SYRINGE, 81
 MAGELLAN SAFETY SYRINGE, 111
 MAGELLAN TB SAFETY SYRINGE, 103
 MAGELLAN TUBERCULIN SYRINGE, 106
 MAG-G, 152
 MAGIC BULLET, 80
 MAGNESIUM, 152, 153
 MAGNESIUM CHLORIDE, 152
 MAGNESIUM CITRATE, 77
 MAGNESIUM GLUCONATE, 152, 153
 MAGNESIUM OXIDE, 146, 153
 MAG-OXIDE, 153
 MAG-OXIDE MAGNESIUM, 153
 MAPAP, 133
 MARAVIROC, 70
 MARLISSA, 34
 MATULANE, 116
 MATZIM LA, 27
 MAVYRET, 72
 MAXALLERGY KIDS, 9
 MAXEPA, 30
 MAXI-COMFORT, 87, 93
 MAXICOMFORT II PEN NEEDLE, 120
 MAXICOMFORT INSULIN SYRINGE, 87, 93
 MAXICOMFORT SAFETY PEN NEEDLE, 125
 MAXI-TUSS AC, 39
 MAXI-TUSS G, 40
 MAXRELIEF JUNIOR, 133
 MAXTUSSIN, 39
 MAXTUSSIN DM, 40
 M-DRYL, 9
 MECLIZINE HCL, 11
 MEDICATED HEAT PATCH, 45
 MEDI-MECLIZINE, 11
 MEDIPROXEN, 75
 MEDROXYPROGESTERONE ACETATE, 32, 61
 MEFLOQUINE HCL, 68
 MEGA MULTI W-CHELATED MINERALS, 154
 MEGESTROL ACETATE, 117
 MELATONIN, 18
 MELATONIN-VITAMIN B6, 18
 MELOXICAM, 75
 MENEST, 60, 61
 MEPERIDINE HCL, 135
 MERCAPTOPYRINE, 115
 MESALAMINE, 75, 76
 MESALAMINE DR, 76
 METADATE ER, 20
 METAMUCIL, 78
 METAMUCIL MULTIHEALTH FIBER, 78
 METFORMIN HCL, 47
 METFORMIN HCL ER, 47
 METHADONE HCL, 135
 METHAZOLAMIDE, 56
 METHIMAZOLE, 54
 METHOCARBAMOL, 143

METHOTREXATE, 115
 METHOTREXATE SODIUM, 115
 METHYLDOPA, 25
 METHYLERGONOVINE MALEATE, 38
 METHYLPHENIDATE ER, 20
 METHYLPHENIDATE ER (LA), 20
 METHYLPHENIDATE HCL, 20
 METHYLPHENIDATE HCL CD, 20
 METHYLPHENIDATE HCL ER (CD), 20, 21
 METHYLPHENIDATE LA, 21
 METHYLPREDNISOLONE, 74
 METOCLOPRAMIDE HCL, 147
 METOLAZONE, 29
 METOPROLOL SUCCINATE, 25
 METOPROLOL TARTRATE, 25
 METRONIDAZOLE, 68, 148
 MGO-400, 153
 MICATIN, 42
 MICONAZOLE 7, 149
 MICONAZOLE NITRATE, 42, 149
 MICONAZOLE-7, 149
 MICOTRIN AC, 42
 MICROCHAMBER, 15
 MICRODOT READYGARD PEN NEEDLE, 130
 MICROGESTIN, 36
 MICROGESTIN FE, 35
 MICROLET 2, 50
 MICROLET NEXT LANCING DEVICE, 50
 MICROSPACER, 15
 MIDODRINE HCL, 31
 MILI, 37
 MILK OF MAGNESIA, 78
 MILLTRIUM SENIOR, 151
 MIMVEY, 60
 MINI LANCING DEVICE, 49
 MINI PEN NEEDLE, 120, 121
 MINI PRENATAL, 157
 MINI ULTRA-THIN II, 128
 MINOCYCLINE HCL, 67
 MINOXIDIL, 25
 MISOPROSTOL, 146
 M-M-R II VACCINE, 62
 M-NATAL PLUS, 157
 MODERNA COVID 24-25(6M-11Y)EUA, 61
 MOMETASONE FUROATE, 44
 MONDOXYNE NL, 67
 MONISTAT 7, 149
 MONISTAT CARE, 44
 MONOJECT, 87, 99, 101, 102, 103
 MONOJECT ALLERGY TRAY-NEEDLE, 114
 MONOJECT CONTROL SYRINGE, 102
 MONOJECT ENFIT SYRINGE, 105, 106
 MONOJECT ENFIT SYRINGE CAP, 90
 MONOJECT INSULIN SAFETY SYRNG, 96
 MONOJECT INSULIN SYRINGE, 84, 87, 93
 MONOJECT LUER LOCK TB SYRINGE, 103
 MONOJECT MAGELLAN, 111, 112
 MONOJECT PHARMACY TRAY, 103
 MONOJECT SAFETY SYR TIP CAP, 90
 MONOJECT SAFETY SYRINGE, 102, 104, 110
 MONOJECT SMARTIP CANNULA, 91
 MONOJECT SYRINGE, 81, 96, 99, 100, 101, 102, 103, 104, 105
 MONOJECT SYRINGE PHARMACY TRAY, 104, 105
 MONOJECT TB, 97
 MONOJECT TB SAFETY SYRINGE, 111
 MONOJECT TB SYRINGE, 97, 101, 103
 MONOJECT TUBERCULIN SYRINGE, 103
 MONO-LINYAH, 37
 MONTELUKAST SODIUM, 14
 MORPHINE SULFATE, 135
 MORPHINE SULFATE ER, 135, 136
 MOTION SICKNESS, 11
 MOTION SICKNESS RELIEF, 11
 MOTION-TIME, 11
 MOUTHPIECE, 15
 MOVE IT ALONG, 77
 MOXIFLOXACIN, 55
 MOXIFLOXACIN HCL, 67
 M-PAP, 133
 MRESVIA, 63
 MUCOSA, 39
 MUCUS ER, 39
 MUCUS RELIEF, 39
 MUCUS RELIEF ER, 39
 MUCUS-ER MAX, 39
 MULTI-DAY PLUS IRON, 154
 MULTIHEALTH FIBER, 78, 79
 MULTI-LANCET, 50
 MULTIPLE VITAMIN, 154
 MULTIPLE VITAMINS, 154
 MULTIVITAMIN, 154
 MULTIVITAMIN 50 PLUS, 151
 MULTI-VITAMIN DAILY, 154
 MULTI-VITAMIN W-FLUORIDE-IRON, 155
 MULTIVITAMIN WITH FLUORIDE, 155, 156
 MULTIVITAMIN-IRON-FLUORIDE, 155
 MULTIVITAMINS, 154
 MULTIVITAMINS WITH IRON, 154
 MULTIVITAMINS WITH MINERALS, 154
 MUPIROCIN, 42, 164
 MURINE EAR DROPS, 52

MURINE EAR WAX REMOVAL SYSTEM, 52
MVC-FLUORIDE, 156
MY CHOICE, 34
MY WAY, 34
MYCOPHENOLATE MOFETIL, 63
MYCOZYL AC, 42
MYFERON 150, 152
MYLERAN, 114
MYNATAL, 157, 158
MYNATAL ADVANCE, 158
MYNATAL PLUS, 157
MYNATAL-Z, 157
MYNATE 90 PLUS, 157
NADOLOL, 25
NAFTIFINE HCL, 42
NALTREXONE HCL, 18
NANO 2ND GEN PEN NEEDLE, 121
NANO PEN NEEDLE, 121
NAPROXEN, 75
NAPROXEN SODIUM, 75
NARATRIPTAN HCL, 137
NASAL DECONGESTANT, 38
NATEGLINIDE, 47
NATURAL DAILY FIBER, 78, 79
NATURAL FIBER, 78, 79
NATURAL FIBER POWDER, 79
NATURAL FIBER SUPPLEMENT, 78
NATURAL LAXATIVE, 79
NATURA-LAX, 78
NEBIVOLOL HCL, 25
NEBUSAL, 118
NECON, 36
NEFFY, 114
NEOMED ENFIT SYRINGE, 82
NEOMYCIN SULFATE, 67
NEOMYCIN-BACITRACIN-POLY-HC, 55
NEOMYCIN-BACITRACIN-POLYMYXIN, 55
NEOMYCIN-POLYMYXIN-DEXAMETH, 55
NEOMYCIN-POLYMYXIN-GRAMICIDIN, 55
NEOMYCIN-POLYMYXIN-HC, 51
NEOMYCIN-POLYMYXIN-HYDROCORT, 51
NEO-POLYCIN, 55
NEO-POLYCIN HC, 55
NEO-TUSS, 40
NEPHRO VITAMINS, 158
NEPHRO-VITE, 158
NEVIRAPINE, 70
NEVIRAPINE ER, 70
NEW DAY, 34
NEXAFED, 38
NIACIN ER, 30
NICOTINE GUM, 143
NICOTINE LOZENGE, 144
NICOTINE PATCH, 143
NICOTROL NS, 143
NIFEDIPINE ER, 27, 28
NIGHTTIME ALLERGY RELIEF, 9
NIGHTTIME SLEEP AID, 18, 19
NIGHTTIME SLEEP GEL, 18
NIGHTTIME SLEEP-AID, 19
NIKKI, 33
NILUTAMIDE, 115
NITRO-BID, 32
NITRO-DUR, 32
NITROFURANTOIN, 65
NITROFURANTOIN MONO-MACRO, 65
NITROGLYCERIN, 32
NITROGLYCERIN PATCH, 32
NIVA-PLUS, 155
NIVESTYM, 58
NOBLE FORMULA HC, 44
NON-ASPIRIN, 133
NON-ASPIRIN EXTRA STRENGTH, 134
NON-ASPIRIN PAIN RELIEF, 134
NORA-BE, 35
NORDITROPIN FLEXPOR, 53
NORELGESTROMIN-ETH ESTRADIOL, 37
NORETHINDRONE, 36
NORETHINDRONE ACETATE, 61
NORETHINDRONE-E. ESTRADIOL-IRON, 35
NORETHINDRON-ETHINYL ESTRADIOL, 36, 61
NORGESTIMATE-ETHINYL ESTRADIOL, 37
NORM-JECT SYRINGE, 102, 103
NORM-JECT TUBERKULIN SYRINGE, 103
NORTEMP, 134
NORTREL, 36
NORVIR, 71
NOVAVAX COVID 2024-2025 (EUA), 61
NOVOFINE 32, 128
NOVOFINE PLUS, 128
NOVOLIN 70-30, 50
NOVOLIN 70-30 FLEXPEN, 50
NOVOLIN N, 51
NOVOLIN N FLEXPEN, 51
NOVOLIN R, 51
NOVOLIN R FLEXPEN, 51
NP THYROID, 54
NU-IRON 150, 152
NU-MAG, 152
NUMBCREAM, 76
NURTEC ODT, 137
NYAMYC, 42

NYLIA, 36
 NYSTATIN, 43, 67
 NYSTOP, 43
 NYTOL QUICKCAPS, 18
 OB COMPLETE, 153
 OBSTETRIX EC, 158
 OCELLA, 33
 ODEFSEY, 71
 OFLOXACIN, 52, 55, 67
 OLMESARTAN MEDOXOMIL, 24
 OMEGA-3, 30
 OMEGA-3 FISH OIL, 30, 31
 OMEPRAZOLE, 147
 OMEPRAZOLE MAGNESIUM, 147
 ON CALL LANCING DEVICE, 49
 ONCCOR, 154
 ONCOVITE, 155
 ONDANSETRON HCL, 11
 ONDANSETRON ODT, 11
 ONE DAILY COMPLETE, 154
 ONE DAILY ENERGY, 154
 ONE DAILY ESSENTIAL, 153, 154
 ONE DAILY FOR WOMEN, 153
 ONE DAILY MAXIMUM, 153
 ONE DAILY MULTIVITAMIN, 153
 ONE DAILY PLUS MINERALS, 154
 ONE DAILY PRENATAL, 157
 ONE WAY MOUTHPIECE, 15
 ONE-A-DAY ESSENTIAL, 154
 ONE-A-DAY MAXIMUM FORMULA, 154
 ONE-A-DAY MEN'S, 154
 ONE-A-DAY PRENATAL-1, 157
 ONE-DAILY MULTI-VITAMIN, 154
 ONELAX, 80
 ONELAX DOCUSATE SODIUM, 77
 ONELAX FIBER THERAPY, 79
 ONELAX MAGNESIUM CITRATE, 77
 ONELAX SENNA, 79
 ONETOUCH DELICA PLUS LANC DEV, 50
 ONEVITE DAILY MULTIVITAMIN, 153
 OPCICON ONE-STEP, 34
 OPTICHAMBER, 15
 OPTICHAMBER DIAMOND, 15
 OPTIMAL D3, 160
 OPTION 2, 34
 ORAZINC, 161
 ORPHENADRINE CITRATE ER, 143
 OSCIMIN, 145
 OSCIMIN SL, 145
 OSELTAMIVIR PHOSPHATE, 69
 OXALIPLATIN, 114
 OXCARBAZEPINE, 142
 OXYBUTYNIN CHLORIDE, 148
 OXYBUTYNIN CHLORIDE ER, 148
 OXYCODONE HCL, 136
 OXYCODONE HCL ER, 136
 OXYCODONE-ACETAMINOPHEN, 139
 OXYCONTIN, 136
 OXYMORPHONE HCL, 136, 137
 OYSCO 500-VIT D3, 150
 OYSTER SHELL CALCIUM, 149
 OYSTER SHELL CALCIUM-VIT D3, 150
 OYSTER SHELL CALCIUM-VITAMIN D, 150
 OYSTERCAL-D, 150
 OZEMPIC, 46
 PACERONE, 21
 PAIN RELIEF, 132, 134
 PAIN RELIEF EXTRA STRENGTH, 134
 PAIN RELIEVER, 132, 134
 PAIN RELIEVING, 45
 PAIN-RELIEVING, 45
 PANCREAZE, 144, 145
 PANDA MASK, 15
 PANTOPRAZOLE SODIUM, 147
 PARADIGM, 81
 PARVA-CAL 500, 150
 PAZOPANIB HCL, 116
 P-COL RITE, 79
 PEDIA D-VITE, 160
 PEDIA IRON, 152
 PEDIA-LAX ENEMA, 80
 PEDIATRIC D-VITE, 160
 PEDIATRIC ENEMA, 80
 PEDIATRIC FE-VITE, 152
 PEDIATRIC IRON, 152
 PEDIATRIC MASK, 15
 PEDIATRIC PANDA MASK, 15
 PEDIATRIC POLY-VITAMIN, 155
 PEDIATRIC VITAMIN D3, 160
 PEG 3350-ELECTROLYTE, 80
 PEG-3350 AND ELECTROLYTES, 78
 PEN NEEDLE, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130
 PEN NEEDLES, 126, 127, 128, 129
 PENICILLIN V POTASSIUM, 66
 PENTIPS PEN NEEDLE, 121, 129
 PENTOXIFYLLINE, 57
 PERCOCET, 139
 PERIOGARD, 117
 PERMETHRIN, 43
 PFIZER COVID 2024-25(5-11Y)EUA, 61
 PFIZER COVID 2024-25(6M-4Y)EUA, 61

PFLEX TRAINER, 15
PHARBECHLOR, 8
PHARBEDRYL, 9
PHARBETOL, 134
PHENAZOPYRIDINE HCL, 148
PHENOBARBITAL, 18
PHENYTOIN, 142
PHENYTOIN SODIUM EXTENDED, 142
PHILITH, 37
PHILLIPS, 153
PHOSPHA 250 NEUTRAL, 148
PHOSPHOROUS, 148
PHOSPHO-TRIN 250 NEUTRAL, 148
PHYTONADIONE, 59
PIFELTRO, 70
PILOCARPINE HCL, 56
PIMTREA, 33
PINAWAY, 68
PINK BISMUTH, 76
PINWORM MEDICINE, 68
PINWORM TREATMENT, 68
PIOGLITAZONE HCL, 47
PIP PEN NEEDLE, 121
PISTON ENFIT SYRINGE, 106
PNEUMOVAX 23, 62
POCKET CHAMBER, 15
POLYCIN, 55
POLYETHYLENE GLYCOL 3350, 78
POLY-IRON, 152
POLYMYXIN B SUL-TRIMETHOPRIM, 55
POLYSACCHARIDE IRON, 152
POLY-VITA, 155
PORTIA, 35
POTASSIUM CHLORIDE, 52
POTASSIUM CITRATE ER, 148
POTASSIUM IODIDE, 54
POWDERLAX, 78
PRALATREXATE, 115
PRAMIPEXOLE DIHYDROCHLORIDE, 141
PRASUGREL HCL, 59
PRAVASTATIN SODIUM, 29
PRAZOSIN HCL, 23
PREDNISOLONE, 74
PREDNISOLONE ACETATE, 55
PREDNISOLONE SODIUM PHOSPHATE, 55, 74
PREDNISON, 74
PREDNISON INTENSOL, 74
PREGABALIN, 143
PREMARIN, 60, 149
PREMPHASE, 60
PREMPRO, 60
PRENATA, 158
PRENATABS FA, 157
PRENATABS RX, 158
PRENATAL, 156, 157, 158
PRENATAL 19, 156, 157
PRENATAL COMPLETE, 156
PRENATAL FORMULA, 156, 158
PRENATAL FORMULA-DHA, 157
PRENATAL MULTI, 156
PRENATAL MULTI-DHA, 157
PRENATAL MULTIVITAMIN, 156, 158
PRENATAL MULTIVITAMIN-DHA, 157
PRENATAL ONE DAILY, 158
PRENATAL PLUS, 156, 157
PRENATAL PLUS-DHA, 158
PRENATAL VITAMIN, 157
PRENATAL VITAMIN PLUS LOW IRON, 157
PRENATAL VITAMINS, 157, 158
PRENATAL-U, 155
PREPARATION H, 44
PREVALITE, 29
PREVENT DROPSAFE PEN NEEDLE, 125, 126
PREVNAR 20, 61
PREZCOBIX, 69
PREZISTA, 69
PRIMEAIRE, 15
PRIMIDONE, 143
PRO COMFORT INSULIN SYRINGE, 87, 93
PRO COMFORT PEN NEEDLE, 121
PRO COMFORT SPACER WITH MASK, 16
PROBENECID, 56
PROBENECID-COLCHICINE, 56
PROCARE SPACER WITH ADULT MASK, 15
PROCARE SPACER WITH CHILD MASK, 15
PROCHAMBER, 15
PROCHLORPERAZINE, 11
PROCHLORPERAZINE MALEATE, 11
PROCRT, 57
PRODIGY COUNT-A-DOSE, 90
PRODIGY INSULIN SYRINGE, 84, 87, 93
PRODIGY LANCING DEVICE, 49
PROGESTERONE, 61
PROMETHAZINE HCL, 9, 11
PROMETHAZINE-CODEINE, 39
PROMETHAZINE-PHENYLEPHRINE HCL, 38
PROMETHEGAN, 11
PROMOLAXIN, 77
PROPAFENONE HCL, 21
PROPRANOLOL HCL, 25
PROPRANOLOL HCL ER, 25, 26
PROPRANOLOL-HYDROCHLOROTHIAZID, 26

PROPYLTHIOURACIL, 54
 PROSIGHT, 154
 PSEUDOEPHEDRINE HCL, 38, 40
 PSYLLIUM FIBER, 78
 PSYLLIUM FIBER POWDER, 79
 PULMICORT FLEXHALER, 13
 PURE AND GENTLE SALINE ENEMA, 80
 PURE COMFORT PEN NEEDLE, 122
 PURE COMFORT SAFETY PEN NEEDLE, 126
 PURE COMFORT SPACER WITH MASK, 15
 PURELAX, 78
 PYRAZINAMIDE, 68
 PYRIDOXINE HCL, 159
 Q-CLIQ PEN (FOR NATPARA), 81
 QUINAPRIL HCL, 24
 QUINAPRIL-HYDROCHLOROTHIAZIDE, 22
 QUINIDINE SULFATE, 21
 QUIT 2, 144
 QUIT 4, 144
 QVAR REDHALER, 13
 RALOXIFENE HCL, 53
 RAMIPRIL, 24
 RAPID SARS-COV-2 AG HOME TEST, 117
 RAYA SURE PEN NEEDLE, 122
 RECLIPSEN, 33
 RECTASMOOTHIE, 76
 REFENESEN, 39
 REGRANEX, 50
 RELEXXII, 21
 RELIAMED MINI LANCING DEVICE, 49
 RELION PRIME, 48
 RELION PRIME TEST STRIPS, 48
 REMEDY ANTIFUNGAL, 42
 RENAL VITAMIN, 158
 RENAL-VITE, 158
 RENA-VITE, 158
 RENA-VITE RX, 158
 REPAGLINIDE, 47
 REST SIMPLY, 18
 RETACRIT, 57
 RETROVIR, 70
 REYATAZ, 71
 REYVOW, 137
 RID, 43, 118
 RIFAMPIN, 68
 RIGHTEST GD500, 49
 RILPIVIRINE ER (CABENUVA), 70
 RINGWORM, 42
 RISEDRONATE SODIUM, 53
 RITEFLO, 15
 RITONAVIR, 71
 RIZATRIPTAN, 137
 ROMIDEPSIN, 116
 ROPINIROLE ER, 141
 ROPINIROLE HCL, 141
 ROSUVASTATIN CALCIUM, 29
 RUKOBIA, 70
 RYBELSUS, 46
 S, 3, 8, 10, 38, 40, 42, 43, 59, 68, 74, 75, 77, 79,
 80, 132, 133, 154, 156
 SACUBITRIL-VALSARTAN, 31
 SAFESNAP ALLERGY SYRINGE, 106
 SAFESNAP INSULIN SYRINGE, 81
 SAFESNAP SYRINGE, 106, 107, 109, 114
 SAFESNAP TUBERCULIN SYRINGE, 106
 SAFETUSSIN DM, 40
 SAFETY PEN NEEDLE, 125, 126
 SAFETY SYRINGE, 109
 SAFETY SYRINGE WITH SHIELD, 112
 SAFETYGLIDE ALLERGY, 97
 SAFETYGLIDE ALLERGY SYRINGE, 97
 SAFETYGLIDE INSULIN SYRINGE, 84, 87, 93, 108,
 109
 SAFETYGLIDE SYRINGE, 93, 97, 100, 112
 SAFETYGLIDE TB SYRINGE, 97
 SALINE ENEMA, 80
 SALONPAS, 45
 SALSALATE, 131, 132
 SANDIMMUNE, 63
 SAVAYSA, 57
 SCOOPY-DOO, 155
 SCOT-TUSSIN, 39
 SCOT-TUSSIN EXPECTORANT, 39
 Search Term, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14,
 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 26, 27,
 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39,
 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51,
 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63,
 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75,
 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87,
 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99,
 100, 101, 102, 103, 104, 105, 106, 109, 110,
 111, 112, 113, 114, 115, 116, 117, 118, 123,
 124, 128, 129, 130, 131, 132, 133, 134, 137,
 138, 139, 140, 141, 143, 144, 145, 146, 147,
 148, 149, 150, 151, 152, 153, 154, 155, 156,
 157, 158, 159, 160, 161, 162, 163, 164, 165
 SECURA ANTIFUNGAL, 42
 SECURESAFE INSULIN SYRINGE, 108, 109
 SECURESAFE PEN NEEDLE, 126
 SELEGILINE HCL, 141
 SELENIUM SULFIDE, 44

SELZENTRY, 70
SE-NATAL 19, 158
SENEXON-S, 79
SENNA, 79
SENNA LAX, 79
SENNA LAXATIVE, 79
SENNA PLUS, 79
SENNA-S, 79
SENNA-TIME S, 79
SENNOSIDES-DOCUSATE SODIUM, 79
SENOKOT-S, 80
SENTRY, 154
SEREVENT DISKUS, 12
SETLAKIN, 35
SHAKE THAT ACHE, 134
SHAROBEL, 36
SHINGRIX, 63
SHINGRIX GE ANTIGEN COMPONENT, 63
SIDESTREAM PEDIATRIC, 15, 16
SILDENAFIL CITRATE, 28
SILICONE MASK, 15
SILTUSSIN DM DAS, 40
SILVER SULFADIAZINE, 43
SIMETHICONE, 144
SIMILAC PRENATAL, 157
SIMLIYA, 33
SIMPLY SLEEP, 18
SIMVASTATIN, 29
SIROLIMUS, 63
SKY SAFETY PEN NEEDLE, 126
SLEEP AID, 18, 19
SLEEP II, 18
SLEEP TABLET, 19
SLEEP TABS, 19
SLEEP TIME, 19
SLEEP-AID, 19
SLEEPING, 19
SLIP-TIP SYRINGE, 103
SLOW RELEASE IRON, 152
SMARTDIABETES VANTAGE, 49
SMOOTHLAX, 78
SOD SULF-POTASS SULF-MAG SULF, 80
SODIUM BICARBONATE, 146
SODIUM CHLORIDE, 52, 118
SODIUM CITRATE-CITRIC ACID, 148
SODIUM FLUORIDE, 151
SODIUM POLYSTYRENE SULFONATE, 52
SOFOSBUVIR-VELPATASVIR, 72
SOLIFENACIN SUCCINATE, 148
SOLUS V2 LANCING DEVICE, 50
SOMINEX, 19
SOMINEX MAX STRENGTH, 19
SOOTHE, 76
SOOTHING PUREWAY-C, 159
SORAFENIB, 116
SORBUGEN NR, 40
SOTALOL, 26
SOTALOL AF, 26
SOVUNA, 68
SPACE CHAMBER, 15
SPACE CHAMBER-LARGE MASK, 16
SPACE CHAMBER-MEDIUM MASK, 16
SPACE CHAMBER-SMALL MASK, 16
SPECTRAVITE ADVANCED FORMULA, 154
SPIKEVAX 2024-2025, 61
SPIRIVA RESPIMAT, 11
SPIRONOLACTONE, 28
SPRINTEC, 37
SPS, 52
SRONYX, 35
SSD, 43
SSKI, 54
ST. JOSEPH ASPIRIN, 59
ST. JOSEPH ASPIRIN EC, 59
STEGLATRO, 46
STIMULANT LAXATIVE PLUS, 80
STIOLTO RESPIMAT, 12
STOMACH RELIEF, 76
STOMACH RELIEF ORIGINAL, 76
STOOL SOFTENER, 77
STOOL SOFTENER-LAXATIVE, 80
STOP LICE, 118
STOP SMOKING AID, 144
STRIBILD, 72
STRIVERDI RESPIMAT, 12
STUART ONE, 156
SUBLOCADE, 139, 140
SUCRALFATE, 146
SUDOGEST, 40
SUDOGEST COLD AND ALLERGY, 38
SULFACETAMIDE SODIUM, 55
SULFACETAMIDE-PREDNISOLONE, 55
SULFADIAZINE, 64
SULFAMETHOXAZOLE-TRIMETHOPRIM, 64
SULFASALAZINE, 76
SULFASALAZINE DR, 76
SULFATRIM, 64
SULINDAC, 75
SUMATRIPTAN, 137
SUMATRIPTAN SUCCINATE, 137
SUNITINIB MALATE, 116
SUPER CALCIUM, 149

SUPER CALCIUM 600-VIT D3, 150
 SUPER MULTIVITAMIN, 154
 SUPER OMEGA-3, 30
 SUPHEDRIN, 40, 41
 SUPHEDRINE, 41
 SUPOR, 90
 SURE COMFORT, 84, 87, 93, 96, 129
 SURE COMFORT INSULIN SYRINGE, 84, 87, 93
 SURE COMFORT LANCING PEN, 49
 SURE COMFORT PEN NEEDLE, 122, 129
 SURE COMFORT SAFETY PEN NEEDLE, 126
 SURE-FINE PEN NEEDLES, 129
 SUREFLEX, 49, 50
 SURE-JECT INSULIN SYRINGE, 84, 87, 88, 93, 94
 SURE-PEN, 49
 SUTAB, 80
 SYEDA, 33
 SYMTUZA, 69
 SYNAGIS, 69
 SYRINGE, 100, 102, 103, 104, 105
 SYRINGE BULK, 103
 SYRINGE CATHETER TIP, 105
 SYRINGE CATHETER TIP NON-STER, 105
 SYRINGE FILTER, MILLEX-GP, 90
 SYRINGE FILTER, MILLEX-GS, 90
 SYRINGE LUER-LOK, 105
 SYRINGE LUER-LOK NON-STERILE, 105
 SYRINGE LUER-LOK STERILE, 105
 SYRINGE SLIP TIP, 102, 105
 SYRINGE SLIP TIP NON-STERILE, 105
 SYRINGE TIP CAP, 90
 SYRINGE WITH NEEDLE DISP, 97
 SYRINGE WITHOUT NEEDLE, 101, 102, 103, 104, 105
 SYRINGE-LUER TIP CAP, 90
 SYRINGE-PRECISIONGLIDE NEEDLE, 97
 TAB-A-VITE, 153, 154
 TABLET CUTTER, 80
 TABLOID, 115
 TACROLIMUS, 46, 63
 TADALAFIL, 28
 TAKE ACTION, 34
 TAMOXIFEN CITRATE, 116
 TAMSULOSIN HCL, 147
 TAPERDEX, 73
 TARINA FE, 35
 TARINA FE 1-20 EQ, 35
 TARON-C DHA, 155
 TASIGNA, 116
 TAZAROTENE, 46
 TB SYRINGE, 97
 TECHLITE INSULIN SYRINGE, 81, 82, 94
 TECHLITE PEN NEEDLE, 122
 TECHLITE PLUS PEN NEEDLE, 122
 TELMISARTAN, 24
 TELMISARTAN-HYDROCHLOROTHIAZID, 23
 TEMAZEPAM, 18
 TEMOZOLOMIDE, 114, 115
 TENCON, 131
 TENIVAC, 62
 TENOFOVIR DISOPROXIL FUMARATE, 70
 TERAZOSIN HCL, 23
 TERBINAFINE, 43
 TERBINAFINE HCL, 67
 TERBUTALINE SULFATE, 12
 TERCONAZOLE, 149
 TERUMO ALLERGY SYRINGE, 97
 TERUMO HYPODERMIC NEEDLE-SYRIN, 101
 TERUMO INSULIN SYRINGE, 84, 88, 94
 TERUMO SURGUARD2, 110, 111, 112, 113, 114
 TERUMO SYRINGE, 100, 103
 TESTOSTERONE, 59
 TESTOSTERONE CYPIONATE, 59
 TETRACYCLINE HCL, 67
 THALITONE, 28
 THEOPHYLLINE ER, 16, 17
 THERA, 155
 THERA ANTIFUNGAL, 42
 THERA-D, 160
 THERANATAL, 156
 THERANATAL OVAVITE, 156
 THERANATAL PLUS, 156
 THERA-TABS, 155
 THEREMS MULTIVITAMIN, 153
 THIAMINE HCL, 158
 THINPRO INSULIN SYRINGE, 84, 88, 94
 THRESHOLD IMT, 15
 THRESHOLD PEP, 16
 THRIVITE 19, 155
 TIADYLT ER, 27
 TIAGABINE HCL, 143
 TIMOLOL MALEATE, 56
 TIOTROPIUM BROMIDE, 11
 TIVICAY, 71
 TIVICAY PD, 71
 TIZANIDINE HCL, 143
 TOBRAMYCIN, 55
 TOBRAMYCIN-DEXAMETHASONE, 55
 TOLTERODINE TARTRATE, 148
 TOLTERODINE TARTRATE ER, 148
 TOOMEY SYRINGE, 90
 TOPCARE CLICKFINE, 129

TOPCARE ULTRA COMFORT, 84, 88, 94
 TOPIRAMATE, 143
 TOPOTECAN HCL, 115
 TOREMIFENE CITRATE, 116
 TORSEMIDE, 28
 TOTAL ALLERGY, 9
 TRAMADOL HCL, 137
 TRAVEL EASE, 11
 TRAVEL-EASE, 11
 TRAVOPROST, 56
 TRELEGY ELLIPTA, 13
 TRETINOIN, 41, 116
 TRIAMCINOLONE ACETONIDE, 44
 TRIAMTERENE-HYDROCHLOROTHIAZID, 28
 TRI-BUFFERED ASPIRIN, 131
 TRIDERM, 44
 TRI-ESTARYLLA, 37
 TRIFLURIDINE, 55
 TRIHEXYPHENIDYL HCL, 140
 TRI-LINYAH, 37
 TRI-LO-ESTARYLLA, 37
 TRI-LO-MARZIA, 37
 TRI-LO-MILI, 37
 TRI-LO-SPRINTEC, 37
 TRIMAZOLE, 42
 TRIMETHOPRIM, 65
 TRI-MILI, 37
 TRINATAL RX 1, 158
 TRINATE, 158
 TRI-SPRINTEC, 37
 TRIUMEQ, 72
 TRIUMEQ PD, 72
 TRI-VITAMIN WITH FLUORIDE, 156
 TRI-VITE WITH FLUORIDE, 156
 TRIVORA-28, 35
 TRI-VYLIBRA, 37
 TRI-VYLIBRA LO, 37
 TROGARZO, 68
 TROSPIMUM CHLORIDE, 148
 TRUE COMFORT INSULIN SYRINGE, 88, 94
 TRUE COMFORT PEN NEEDLE, 122
 TRUE COMFORT PRO INS SYRINGE, 88, 94
 TRUE COMFORT PRO PEN NEEDLE, 122, 123
 TRUE COMFORT SAFE INSULIN SYRG, 108, 109
 TRUE COMFORT SAFETY PEN NEEDLE, 126
 TRUE METRIX, 48
 TRUE METRIX BLOOD GLUCOSE MTR, 48
 TRUE METRIX GLUCOSE TEST STRIP, 48
 TRUE METRIX GO, 48
 TRUEDRAW, 49
 TRUEPLUS INSULIN SYRINGE, 84, 88, 94
 TRUEPLUS PEN NEEDLE, 123
 TRULICITY, 46
 TRUMENBA, 61
 TRYVIO, 25
 TUBERCULIN SLIP-TIP SYRINGE, 97
 TUBERCULIN SYRINGE, 97, 101, 102, 103
 TUBERCULIN SYRINGE-NEEDLE, 97
 TULANA, 36
 TURQOZ, 37
 TUSNEL DIABETIC, 40
 TUSNEL-EX, 39
 TUSSIN, 38, 39
 TUSSIN CHEST CONGESTION, 39
 TUSSIN COUGH, 40
 TUSSIN DM, 39, 40
 TUSSIN DM CLEAR, 40
 TUSSIN DM COUGH-CHEST CONGEST, 40
 TUSSIN MUCUS-CHEST CONGESTION, 39
 TWINPAK DUAL CANNULA, 100
 TWINRIX, 63
 TYBLUME, 35
 UBRELVY, 137
 ULTICARE, 82, 84, 88, 94, 97
 ULTICARE INSULIN SYRINGE, 81, 84, 88, 95
 ULTICARE LOW DEAD SPACE SYRING, 97, 100
 ULTICARE PEN NEEDLE, 123, 129
 ULTICARE SAFETY PEN NEEDLE, 126
 ULTICARE SAFETY SYRINGE, 106, 113
 ULTICARE TB SAFETY SYRINGE, 111
 ULTIGUARD SAFEPACK-INSULIN SYR, 82
 ULTIGUARD SAFEPACK-PEN NEEDLE, 129, 130, 131
 ULTI-LANCE, 48, 49
 ULTILET INSULIN SYRINGE, 85, 88, 89, 95
 ULTILET PEN NEEDLE, 129
 ULTRA A-D, 76
 ULTRA CALCIUM 600-VIT D3, 150
 ULTRA COMFORT, 84, 85, 88, 89, 94, 95
 ULTRA FLO INSULIN SYRINGE, 81, 85, 89
 ULTRA FLO PEN NEEDLE, 123
 ULTRA OMEGA-3, 30
 ULTRA THIN, 123
 ULTRA TUSS, 40
 ULTRACARE INSULIN SYRINGE, 85, 89, 95
 ULTRACARE PEN NEEDLE, 123
 ULTRA-FINE INSULIN SYRINGE, 85, 89, 95
 ULTRA-FINE MICRO PEN NEEDLE, 123
 ULTRA-FINE MINI PEN NEEDLE, 129
 ULTRA-FINE NANO PEN NEEDLE, 130
 ULTRA-FINE ORIGINAL PEN NEEDLE, 130
 ULTRA-FINE PEN NEEDLE, 123, 124

ULTRA-FINE SHORT PEN NEEDLE, 130
 ULTRA-THIN II, 85, 89, 95, 130
 UNIFINE PENTIPS, 124, 126, 130
 UNIFINE PENTIPS MAXFLOW, 124
 UNIFINE PENTIPS PLUS, 118, 124, 126, 130, 131
 UNIFINE PENTIPS PLUS MAXFLOW, 124
 UNIFINE PROTECT, 130
 UNIFINE SAFECONTROL PEN NEEDLE, 124
 UNIFINE ULTRA PEN NEEDLE, 124
 UNISOM, 19
 UNISOM SLEEP AID, 19
 UNISOM SLEEPMINIS, 19
 UNIVERSAL SYRINGE TIP ADAPTOR, 90
 URSODIOL, 76
 VALACYCLOVIR, 69
 VALSARTAN, 24
 VALSARTAN-HYDROCHLOROTHIAZIDE, 23
 VANCOMYCIN HCL, 68
 VANICREAM HC, 44
 VANISHPOINT, 89, 95, 97, 98, 100, 101
 VANISHPOINT INSULIN SYRINGE, 108
 VANISHPOINT SYRINGE, 110, 113, 114
 VARENICLINE TARTRATE, 144
 VARIVAX VACCINE, 63
 VAXNEUVANCE, 61
 V-C FORTE, 153
 VEGETABLE LAXATIVE, 79
 VEGETABLE LAX-STOOL SOFTENER, 80
 VELIVET, 33
 VEO INSULIN SYRINGE, 85, 89, 95
 VERAPAMIL ER, 28
 VERAPAMIL HCL, 28
 VERIFINE INSULIN SYRINGE, 85, 89, 95
 VERIFINE PEN NEEDLE, 124, 125
 VERIFINE PLUS PEN NEEDLE, 125, 130
 VERIFINE PLUS PEN NEEDLE-SHARP, 131
 VERTICALM, 11
 VESTURA, 33
 VIC-FORTE, 153
 VIENVA, 35
 VIORELE, 33
 VIRACEPT, 71
 VIREAD, 70, 71
 VISION PLUS LUTEIN, 151
 VITAJoy DAILY C, 159
 VITAJoy DAILY D, 160
 VITALETS, 155
 VITAMIN B-1, 158, 159
 VITAMIN B-12, 159
 VITAMIN B-6, 159
 VITAMIN C, 159
 VITAMIN C WITH ROSE HIPS, 159, 160
 VITAMIN D2, 160
 VITAMIN D3, 160
 VITAMIN D3 MAX, 160
 VITAMIN D-400, 160
 VITAMINS A,C,D AND FLUORIDE, 156
 VITAMINS FOR HAIR, 154
 VITATRUM, 155
 VITRUM 50 PLUS SENIOR, 155
 VITRUM SENIOR, 151
 VOCABRIA, 71
 VOLNEA, 33
 VOQUEZNA, 147
 VOQUEZNA DUAL PAK, 146
 VOQUEZNA TRIPLE PAK, 146
 VORTEX, 16
 VORTEX VHC FROG MASK, 16
 VORTEX VHC LADYBUG MASK, 16
 VORTEX VHC PEDIATRIC MASK, 16
 VYEPTI, 137
 VYFEMLA, 37
 VYLIBRA, 37
 WAL-ACT D COLD & ALLERGY, 38
 WAL-DRAM 2, 11
 WAL-DRYL, 9
 WAL-DRYL ALLERGY, 8, 9
 WAL-FEX ALLERGY, 10
 WAL-FINATE, 8
 WAL-ITIN, 10
 WAL-MUCIL, 78, 79
 WAL-MUCIL NATURAL FIBER LAX, 79
 WAL-PHED, 41
 WAL-PROFEN, 75
 WAL-PROXEN, 75
 WAL-SLEEP Z, 19
 WAL-SOM, 19
 WAL-TUSSIN, 38, 39
 WAL-TUSSIN DM, 39, 40
 WAL-ZYR, 10
 WARFARIN SODIUM, 56, 57
 WEEKLY-D, 160
 WERA, 37
 WESCAP-C DHA, 155
 WES-PHOS 250 NEUTRAL, 148
 WESTAB PLUS, 157
 WINDMILL TRAINER, 16
 WIXELA INHUB, 13
 XARELTO, 57
 XIFAXAN, 68
 XULANE, 38
 YUVAFEM, 149

ZAFEMY, 38
ZAFIRLUKAST, 14
ZANTAC-360 (FAMOTIDINE), 147
ZARAH, 33
ZARXIO, 58
ZENATANE, 41
ZENPEP, 145
ZEPHREX-D, 38
ZIDOVUDINE, 70
ZINC, 160, 161
ZINC CHELATED, 160
ZINC GLUCONATE, 161
ZINC SULFATE, 161

ZINC-15, 161
ZINC-220, 161
ZOLINZA, 116
ZOLMITRIPTAN, 138
ZOLMITRIPTAN ODT, 138
ZOLPIDEM TARTRATE, 19
ZOMIG, 138
ZONISAMIDE, 143
ZOSTRIX, 45
ZOSTRIX HP, 45
ZOVIA 1-35, 33
ZUBSOLV, 140
ZUMANDIMINE, 33