

**Umpqua Health Alliance
Formulary (Preferred Drug List)**



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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. If you should have additional questions about the UHA Formulary, please call Customer Care at 541-229-4842 541-229-4842; Toll Free: 866-672-1551; TTY: 541-440-6304 or 711, Monday to Friday 8am to 5pm PST.

You can get this letter in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 541-229-4842 or TTY 711.

Puede obtener esta carta en otros idiomas, en letra grande, en braille o en el formato que prefiera. También puede solicitar un intérprete. Esta ayuda es gratuita. Llame al 541-229-4842 o al TTY 711.

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 pre-approval 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 allergic rhinitis, fungal infections of the skin and nails, and acne. 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.

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. 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> |

Umpqua Health Alliance Formulary (Preferred Drug List)

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| Drug | Notes |
|---|-----------------------------------|
| Allergy | |
| Antihistamines - 1St Generation | |
| ALER-CAP ORAL CAPSULE 25 MG | (diphenhydramine hcl) |
| ALLER-CHLOR ORAL TABLET 4 MG | (chlorpheniramine maleate) |
| ALLER-G-TIME ORAL TABLET 25 MG | (diphenhydramine hcl) |
| ALLERGY (CHLORPHENIRAMINE) ORAL TABLET 4 MG | (chlorpheniramine maleate) |
| ALLERGY (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG | (diphenhydramine hcl) |
| ALLERGY (DIPHENHYDRAMINE) ORAL LIQUID 12.5 MG/5 ML | (diphenhydramine hcl) |
| ALLERGY (DIPHENHYDRAMINE) ORAL TABLET 25 MG | (diphenhydramine hcl) |
| ALLERGY MEDICATION ORAL CAPSULE 25 MG | (diphenhydramine hcl) |
| ALLERGY MEDICINE ORAL TABLET 25 MG | (diphenhydramine hcl) |
| ALLERGY ORAL LIQUID 12.5 MG/5 ML | (diphenhydramine hcl) |
| ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET 4 MG | (chlorpheniramine maleate) |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE 25 MG | (diphenhydramine hcl) |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID 12.5 MG/5 ML | (diphenhydramine hcl) |
| ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL TABLET 25 MG | (diphenhydramine hcl) |
| ALLERGY-TIME ORAL TABLET 4 MG | (chlorpheniramine maleate) |
| BANOPHEN ORAL CAPSULE 25 MG, 50 MG | (diphenhydramine hcl) |
| BANOPHEN ORAL TABLET 25 MG | (diphenhydramine hcl) |
| BENADRYL ALLERGY ORAL TABLET 25 MG | (diphenhydramine hcl) |
| CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID 12.5 MG/5 ML | (diphenhydramine hcl) |
| CHILDREN'S WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML | (diphenhydramine hcl) |
| CHLORHIST ORAL TABLET 4 MG | (chlorpheniramine maleate) |
| <i>chlorpheniramine maleate oral tablet 4 mg</i> | (Aller-Chlor) |
| CHLORTABS ORAL TABLET 4 MG | (chlorpheniramine maleate) |
| COMPLETE ALLERGY MEDICINE ORAL CAPSULE 25 MG | (diphenhydramine hcl) |
| COMPLETE ALLERGY MEDICINE ORAL TABLET 25 MG | (diphenhydramine hcl) |
| COMPLETE ALLERGY ORAL CAPSULE 25 MG | (diphenhydramine hcl) |
| COMPLETE ALLERGY ORAL TABLET 25 MG | (diphenhydramine hcl) |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | Age (Min 1 Years and Max 9 Years) |
| <i>cyproheptadine oral tablet 4 mg</i> | Age (Max 20 Years) |

| Drug | | Notes |
|--|--------------------------------|-----------------------------------|
| DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML | (diphenhydramine hcl) | |
| DIPHEDRYL ORAL LIQUID 12.5 MG/5 ML | (diphenhydramine hcl) | |
| DIPHEN ORAL ELIXIR 12.5 MG/5 ML | (diphenhydramine hcl) | |
| DIPHEN ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| <i>diphenhydramine hcl oral capsule 25 mg</i> | (Aler-Cap) | |
| <i>diphenhydramine hcl oral capsule 50 mg</i> | (NightTime Sleep Aid (diphen)) | |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> | (Diphen) | |
| <i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i> | (Allergy) | |
| <i>diphenhydramine hcl oral tablet 25 mg</i> | (Alka-Seltzer Plus Allergy) | |
| GERI-DRYL ORAL LIQUID 12.5 MG/5 ML | (diphenhydramine hcl) | |
| GERI-DRYL ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | | Age (Min 2 Years and Max 9 Years) |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | | |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | | |
| MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5 ML | (diphenhydramine hcl) | |
| M-DRYL ORAL LIQUID 12.5 MG/5 ML | (diphenhydramine hcl) | |
| NIGHTTIME ALLERGY RELIEF ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| PHARBECHLOR ORAL TABLET 4 MG | (chlorpheniramine maleate) | |
| PHARBEDRYL ORAL CAPSULE 25 MG, 50 MG | (diphenhydramine hcl) | |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | | Age (Min 2 Years and Max 9 Years) |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | | |
| TOTAL ALLERGY MEDICINE ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| WAL-DRYL ALLERGY ORAL CAPSULE 25 MG | (diphenhydramine hcl) | |
| WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML | (diphenhydramine hcl) | |
| WAL-DRYL ALLERGY ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| WAL-FINATE ORAL TABLET 4 MG | (chlorpheniramine maleate) | |
| Antihistamines - 2Nd Generation | | |
| 24HOUR ALLERGY ORAL TABLET 10 MG | (cetirizine) | |
| 24HR ALLERGY RELIEF ORAL TABLET 5 MG | (levocetirizine) | QL (1 EA per 1 day) |
| ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG | (cetirizine) | |
| ALLERCLEAR ORAL TABLET 10 MG | (loratadine) | |
| ALLER-EASE ORAL TABLET 180 MG | (fexofenadine) | QL (1 EA per 1 day) |
| ALLER-FEX ORAL TABLET 180 MG | (fexofenadine) | QL (1 EA per 1 day) |
| ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML | (cetirizine) | Age (Min 2 Years and Max 9 Years) |

| Drug | | Notes |
|--|---------------------------------|-----------------------------------|
| ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG | (cetirizine) | |
| ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 5 MG | (cetirizine) | QL (1 EA per 1 day) |
| ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG | (fexofenadine) | QL (1 EA per 1 day) |
| ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 60 MG | (fexofenadine) | QL (2 EA per 1 day) |
| ALLERGY RELIEF (LEVOCETIRIZIN) ORAL TABLET 5 MG | (levocetirizine) | QL (1 EA per 1 day) |
| ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML | (loratadine) | Age (Min 2 Years and Max 9 Years) |
| ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG | (loratadine) | |
| ALLERGY-HIVES RELIEF ORAL TABLET 180 MG | (fexofenadine) | QL (1 EA per 1 day) |
| ALLER-TEC ORAL TABLET 10 MG | (cetirizine) | |
| <i>cetirizine oral solution 1 mg/ml</i> | (Allergy Relief (cetirizine)) | Age (Min 2 Years and Max 9 Years) |
| <i>cetirizine oral solution 5 mg/5 ml</i> | | Age (Min 2 Years and Max 9 Years) |
| <i>cetirizine oral tablet 10 mg</i> | (24Hour Allergy) | |
| <i>cetirizine oral tablet 5 mg</i> | (Allergy Relief (cetirizine)) | |
| CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML | (cetirizine) | Age (Min 2 Years and Max 9 Years) |
| CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML | (loratadine) | Age (Min 2 Years and Max 9 Years) |
| CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML | (cetirizine) | Age (Min 2 Years and Max 9 Years) |
| CHILDREN'S ALLER-TEC ORAL SOLUTION 1 MG/ML | (cetirizine) | Age (Min 2 Years and Max 9 Years) |
| CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML | (cetirizine) | Age (Min 2 Years and Max 9 Years) |
| CHILDREN'S WAL-ZYR ORAL SOLUTION 1 MG/ML | (cetirizine) | Age (Min 2 Years and Max 9 Years) |
| CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML | (cetirizine) | Age (Min 2 Years and Max 9 Years) |
| <i>fexofenadine oral tablet 180 mg</i> | (Aller-Ease) | QL (1 EA per 1 day) |
| <i>fexofenadine oral tablet 60 mg</i> | (Allergy Relief (fexofenadine)) | QL (2 EA per 1 day) |
| <i>levocetirizine oral tablet 5 mg</i> | (24HR Allergy Relief) | QL (1 EA per 1 day) |
| LORADAMED ORAL TABLET 10 MG | (loratadine) | |
| <i>loratadine oral solution 5 mg/5 ml</i> | (Allergy Relief (loratadine)) | Age (Min 2 Years and Max 9 Years) |
| <i>loratadine oral tablet 10 mg</i> | (Allerclear) | |
| WAL-FEX ALLERGY ORAL TABLET 180 MG | (fexofenadine) | QL (1 EA per 1 day) |
| WAL-FEX ALLERGY ORAL TABLET 60 MG | (fexofenadine) | QL (2 EA per 1 day) |
| WAL-ITIN ORAL SOLUTION 5 MG/5 ML | (loratadine) | Age (Min 2 Years and Max 9 Years) |
| WAL-ITIN ORAL TABLET 10 MG | (loratadine) | |
| WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML | (cetirizine) | Age (Min 2 Years and Max 9 Years) |
| WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG | (cetirizine) | |

| Drug | Notes |
|--|-----------------------|
| Nasal Antihistamine | |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i> | |
| Nasal Anti-Inflammatory Steroids | |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | |
| Antiemesis/Antivertigo | |
| Antiemetic/Antivertigo Agents | |
| <i>aprepitant oral capsule 125 mg, 40 mg</i> | PA |
| <i>aprepitant oral capsule 80 mg</i> (Emend) | PA |
| <i>aprepitant oral capsule,dose pack 125 mg (1)-80 mg (2)</i> (Emend) | PA |
| COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine) | QL (2 EA per 30 days) |
| DRAMAMINE (MECLIZINE) ORAL TABLET 25 MG (meclizine) | |
| DRAMAMINE (MECLIZINE) ORAL TABLET,CHEWABLE 25 MG (meclizine) | |
| DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (meclizine) | |
| <i>meclizine oral tablet 12.5 mg</i> | |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine)) | |
| <i>meclizine oral tablet 50 mg</i> (Antivert) | |
| <i>meclizine oral tablet,chewable 25 mg</i> (Dramamine (meclizine)) | |
| MEDI-MECLIZINE ORAL TABLET 25 MG (meclizine) | |
| MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG (meclizine) | |
| MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG (meclizine) | |
| MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET,CHEWABLE 25 MG (meclizine) | |
| MOTION-TIME ORAL TABLET,CHEWABLE 25 MG (meclizine) | |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | QL (4 EA per 1 day) |
| <i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i> | QL (4 EA per 1 day) |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine) | |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro) | QL (2 EA per 30 days) |
| <i>promethazine rectal suppository 12.5 mg, 50 mg</i> (Promethegan) | QL (2 EA per 30 days) |
| <i>promethazine rectal suppository 25 mg</i> (Promethegan) | QL (2 EA per 24 days) |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 50 MG (promethazine) | QL (2 EA per 30 days) |
| PROMETHEGAN RECTAL SUPPOSITORY 25 MG (promethazine) | QL (2 EA per 24 days) |
| TRAVEL-EASE (MECLIZINE) ORAL TABLET 25 MG (meclizine) | |
| WAL-DRAM 2 ORAL TABLET 25 MG (meclizine) | |

| Drug | Notes |
|--|--|
| Asthma And Copd | |
| Anticholinergic, Orally Inhaled Short Acting | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | |
| Anticholinergics, Orally Inhaled Long Acting | |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION | |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | ST; ST: REQUIRES PRIOR PRESCRIPTION FOR INCRUSE ELLIPTA WITHIN THE PAST 180 DAYS. |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> | (Spiriva with HandiHaler) ST; ST: REQUIRES PRIOR PRESCRIPTION FOR INCRUSE ELLIPTA WITHIN THE PAST 180 DAYS. |
| Beta-Adrenergic Agents | |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | |
| Beta-Adrenergic Agents, Inhaled, Short Acting | |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | (Ventolin HFA) 6.7gm/Pkg |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i> | |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> | (Xopenex HFA) |
| Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting | |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | |
| Beta-Adrenergic Agents, Orally Inhaled, Long Acting | |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | ST; ST: REQUIRES PRIOR PRESCRIPTION FOR STRIVERDI RESPIMAT WITHIN THE PAST 180 DAYS. |
| Beta-Adrenergic And Anticholinergic Combinations | |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG | |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | |
| STIOLTO RESPIMAT INHALATION MIST 2.5- 2.5 MCG/ACTUATION | |
| <i>umeclidinium-vilanterol inhalation blister with device 62.5-25 mcg/actuation</i> | (Anoro Ellipta) |

| Drug | Notes |
|--|---|
| Beta-Adrenergic And Glucocorticoid Combinations | |
| BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol) | |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna) | |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION | ST; ST: REQUIRES PRIOR PRESCRIPTION FOR AIRDUO DIGIHALER OR FLUTICASONE PROPIONATE/SALMETEROL WITHIN THE PAST 180 DAYS. |
| <i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i> (Breo Ellipta) | ST; ST: REQUIRES PRIOR PRESCRIPTION FOR AIRDUO DIGIHALER OR FLUTICASONE PROPIONATE/SALMETEROL WITHIN THE PAST 180 DAYS. |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> | |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub) | |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol) | |
| Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled | |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | PA |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | PA |
| Glucocorticoids, Orally Inhaled | |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort) | |
| <i>fluticasone furoate inhalation blister with device 100 mcg/actuation, 200 mcg/actuation, 50 mcg/actuation</i> (Arnuity Ellipta) | |
| <i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation</i> | |

| Drug | | Notes |
|---|-------------------------------|---|
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation</i> | | |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION | | |
| QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION | | |
| Leukotriene Receptor Antagonists | | |
| <i>montelukast oral tablet 10 mg</i> | (Singulair) | Age (Min 6 Years) |
| <i>montelukast oral tablet, chewable 4 mg</i> | (Singulair) | Age (Max 6 Years) |
| <i>montelukast oral tablet, chewable 5 mg</i> | (Singulair) | Age (Min 6 Years and Max 14 Years) |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> | (Accolate) | ST; ST: REQUIRES PRIOR PRESCRIPTION FOR MONTELUKAST SODIUM WITHIN THE PAST 90 DAYS. |
| Mast Cell Stabilizers, Orally Inhaled | | |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | | |
| Phosphodiesterase-4 (Pde4) Inhibitors | | |
| OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML | | PA; SP |
| Respiratory Aids, Devices, Equipment | | |
| ACE AEROSOL CLOUD ENHANCER SPACER | (inhalational spacing device) | QL (1 EA per 180 days) |
| AEROCHAMBER MECHANICAL VENT SPACER | (inhalational spacing device) | QL (1 EA per 180 days) |
| AEROCHAMBER MINI SPACER | (inhalational spacing device) | QL (1 EA per 180 days) |
| AEROCHAMBER MV SPACER | (inhalational spacing device) | QL (1 EA per 180 days) |
| AEROCHAMBER PLUS FLOW-VU SPACER | (inhalational spacing device) | QL (1 EA per 180 days) |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER | | QL (1 EA per 180 days) |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER | | QL (1 EA per 180 days) |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER | | QL (1 EA per 180 days) |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER | | QL (1 EA per 180 days) |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER | | QL (1 EA per 180 days) |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER | | QL (1 EA per 180 days) |
| AEROCHAMBER PLUS Z STAT SPACER | (inhalational spacing device) | QL (1 EA per 180 days) |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER | (inhalational spacing device) | QL (1 EA per 180 days) |
| AEROCHAMBER2GO SPACER | (inhalational spacing device) | QL (1 EA per 180 days) |

| Drug | Notes |
|---------------------------------------|---|
| AEROTRACH PLUS SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| AEROVENT PLUS SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| BREATHERITE MDI SPACER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| BREATHERITE SPACER-MASK, NEO. SPACER | QL (1 EA per 180 days) |
| BREATHERITE SPACER-MASK,ADULT SPACER | QL (1 EA per 180 days) |
| BREATHERITE SPACER-MASK,CHILD SPACER | QL (1 EA per 180 days) |
| BREATHERITE SPACER-MASK,INFANT SPACER | QL (1 EA per 180 days) |
| BREATHERITE SPACER-MASK,S.CHLD SPACER | QL (1 EA per 180 days) |
| BREATHERITE VALVED MDI CHAMBER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| BREATHERITE VALVED MDI SPACER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| CLEVER CHOICE CHAMBER-LRG MASK SPACER | QL (1 EA per 180 days) |
| CLEVER CHOICE CHAMBER-MED MASK SPACER | QL (1 EA per 180 days) |
| CLEVER CHOICE CHAMBER-SM MASK SPACER | QL (1 EA per 180 days) |
| COMFORTSEAL LARGE MASK DEVICE | QL (1 EA per 180 days) |
| COMFORTSEAL MEDIUM MASK DEVICE | QL (1 EA per 180 days) |
| COMFORTSEAL SMALL MASK DEVICE | QL (1 EA per 180 days) |
| COMPACT SPACE CHAMBER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| COMPACT SPACE CHAMBER-LRG MASK SPACER | QL (1 EA per 180 days) |
| COMPACT SPACE CHAMBER-MED MASK SPACER | QL (1 EA per 180 days) |
| COMPACT SPACE CHAMBER-SM MASK SPACER | QL (1 EA per 180 days) |
| EASIVENT HOLDING CHAMBER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| EASIVENT MASK LARGE DEVICE | QL (1 EA per 180 days) |
| EASIVENT MASK MEDIUM DEVICE | QL (1 EA per 180 days) |
| EASIVENT MASK SMALL DEVICE | QL (1 EA per 180 days) |
| FLEXICHAMBER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| FLEXICHAMBER-LG CHILD MASK DEVICE | QL (1 EA per 180 days) |
| FLEXICHAMBER-SM ADULT MASK DEVICE | QL (1 EA per 180 days) |
| FLEXICHAMBER-SM CHILD MASK DEVICE | QL (1 EA per 180 days) |
| IN-CHECK DIAL TRAINING DEVICE DEVICE | QL (1 EA per 180 days) |
| INSPIRACHAMBER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |

| Drug | Notes |
|---------------------------------------|---|
| INSPIRACHAMBER WITH MASK-LARGE SPACER | QL (1 EA per 180 days) |
| INSPIRACHAMBER WITH MASK-MED SPACER | QL (1 EA per 180 days) |
| INSPIRACHAMBER WITH MASK-SMALL SPACER | QL (1 EA per 180 days) |
| LITE TOUCH-MEDIUM MASK DEVICE | QL (1 EA per 180 days) |
| LITEAIRE MDI CHAMBER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| LITETOUGH-LARGE MASK DEVICE | QL (1 EA per 180 days) |
| LITETOUGH-SMALL MASK DEVICE | QL (1 EA per 180 days) |
| MICROCHAMBER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| MICROSPACER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| MOUTHPIECE DEVICE | QL (1 EA per 180 days) |
| ONE WAY VALVED MOUTHPIECE DEVICE | QL (1 EA per 180 days) |
| OPTICHAMBER ADULT MASK-LARGE DEVICE | QL (1 EA per 180 days) |
| OPTICHAMBER DIAMOND LG MASK SPACER | QL (1 EA per 180 days) |
| OPTICHAMBER DIAMOND VHC SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| OPTICHAMBER DIAMOND-MED MSK SPACER | QL (1 EA per 180 days) |
| OPTICHAMBER DIAMOND-SML MASK SPACER | QL (1 EA per 180 days) |
| PANDA MASK DEVICE | QL (1 EA per 180 days) |
| PEDIATRIC MEDIUM MASK DEVICE | QL (1 EA per 180 days) |
| PEDIATRIC PANDA MASK DEVICE | QL (1 EA per 180 days) |
| PEDIATRIC SMALL MASK DEVICE | QL (1 EA per 180 days) |
| PFLEX INSPIRATORY TRAINER DEVICE | QL (1 EA per 180 days) |
| POCKET CHAMBER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| PRIMEAIRE SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| PRO COMFORT SPACER-ADULT MASK SPACER | QL (1 EA per 180 days) |
| PRO COMFORT SPACER-CHILD MASK SPACER | QL (1 EA per 180 days) |
| PRO COMFORT SPACER-INFANT MASK SPACER | QL (1 EA per 180 days) |
| PROCARE SPACER WITH ADULT MASK SPACER | QL (1 EA per 180 days) |
| PROCARE SPACER WITH CHILD MASK SPACER | QL (1 EA per 180 days) |
| PROCHAMBER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| PURE COMFORT SPACER-ADULT MASK SPACER | QL (1 EA per 180 days) |

| Drug | Notes |
|--|---|
| PURECOMFORT PEAK FLOW MOUTHPIECE DEVICE | QL (1 EA per 180 days) |
| RITFLO AEROCHAMBER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| SIDESTREAM PEDIATRIC FACE MASK DEVICE | QL (1 EA per 180 days) |
| SILICONE MASK - INFANT DEVICE | QL (1 EA per 180 days) |
| SILICONE MASK - PEDIATRIC DEVICE | QL (1 EA per 180 days) |
| SPACE CHAMBER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| SPACE CHAMBER WITH LARGE MASK SPACER | QL (1 EA per 180 days) |
| SPACE CHAMBER WITH MEDIUM MASK SPACER | QL (1 EA per 180 days) |
| SPACE CHAMBER WITH SMALL MASK SPACER | QL (1 EA per 180 days) |
| THRESHOLD IMT TRAINER DEVICE | QL (1 EA per 180 days) |
| THRESHOLD PEP DEVICE DEVICE | QL (1 EA per 180 days) |
| VORTEX ADULT MASK DEVICE | QL (1 EA per 180 days) |
| VORTEX HOLDING CHAMBER SPACER | (inhalational spacing device) QL (1 EA per 180 days) |
| VORTEX VHC PEDIATRIC MASK SPACER | QL (1 EA per 180 days) |
| WINDMILL TRAINER DEVICE | QL (1 EA per 180 days) |
| Xanthines | |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | |
| <i>theophylline oral tablet extended release 24 hr 400 mg</i> | |
| Autonomic Nervous System Disorders | |
| Alzheimer's Therapy, Nmda Receptor Antagonists | |
| <i>memantine oral tablet 10 mg, 5 mg</i> | |
| Amyloid Directed Monoclonal Antibody | |
| KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML | PA; SP |
| Cholinesterase Inhibitors | |
| <i>donepezil oral tablet 10 mg</i> | (Aricept) QL (1 EA per 1 day) |
| <i>donepezil oral tablet 5 mg</i> | (Aricept) QL (2 EA per 1 day) |
| <i>donepezil oral tablet, disintegrating 10 mg</i> | QL (1 EA per 1 day) |
| <i>donepezil oral tablet, disintegrating 5 mg</i> | QL (2 EA per 1 day) |
| Behavioral Health - Other | |
| Adrenergics, Aromatic, Non-Catecholamine | |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i> | (Dexedrine Spansule) QL (1 EA per 1 day) |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i> | QL (1 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> | (Zenedi) |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | (Adderall XR) QL (1 EA per 1 day) |

| Drug | | Notes |
|---|-----------------------|------------------------------------|
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | (Adderall) | |
| <i>dextroamphetamine-amphetamine oral tablet 12.5 mg</i> | (Adderall) | Age (Min 5 Years and Max 19 Years) |
| Anti-Alcoholic Preparations | | |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i> | | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | | |
| Barbiturates | | |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | | |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | | |
| Narcotic Antagonists | | |
| <i>naloxone injection solution 0.4 mg/ml</i> | | |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> | (Narcan) | |
| <i>naltrexone oral tablet 50 mg</i> | | |
| Pineal Hormone Agents | | |
| <i>melatonin oral capsule 10 mg, 5 mg</i> | | |
| <i>melatonin oral tablet 1 mg, 10 mg, 3 mg, 5 mg</i> | | |
| <i>melatonin oral tablet extended release 1 mg</i> | | |
| <i>melatonin oral tablet, disintegrating 3 mg</i> | | |
| <i>melatonin oral tablet, disintegrating 5 mg</i> | | |
| <i>melatonin-pyridoxine hcl (b6) oral tablet 3-10 mg</i> | | |
| Sedative-Hypnotics - Benzodiazepines | | |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i> | (Restoril) | PA |
| Sedative-Hypnotics, Non-Barbiturate | | |
| ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| BENADRYL ALLERGY ORAL TABLET 50 MG | (diphenhydramine hcl) | |
| DORMIN ORAL CAPSULE 25 MG | (diphenhydramine hcl) | |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> | (Lunesta) | QL (1 EA per 1 day) |
| NIGHTTIME SLEEP ORAL CAPSULE 50 MG | (diphenhydramine hcl) | |
| NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 25 MG, 50 MG | (diphenhydramine hcl) | |
| NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| NIGHTTIME SLEEP-AID (DOXYLAMN) ORAL TABLET 25 MG | | |
| NYTOL ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| REST SIMPLY NIGHTTIME SLEEP ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| SIMPLY SLEEP ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG, 50 MG | (diphenhydramine hcl) | |
| SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG | | |

| Drug | | Notes |
|---|-----------------------|---------------------|
| SLEEP II ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| SLEEP TIME ORAL CAPSULE 25 MG | (diphenhydramine hcl) | |
| SLEEPING ORAL CAPSULE 50 MG | (diphenhydramine hcl) | |
| SLEEP-TABS ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| SOMINEX MAXIMUM STRENGTH ORAL TABLET 50 MG | (diphenhydramine hcl) | |
| SOMINEX ORAL TABLET 25 MG | (diphenhydramine hcl) | |
| UNISOM (DOXYLAMINE) ORAL TABLET 25 MG | | |
| UNISOM SLEEPGELS ORAL CAPSULE 50 MG | (diphenhydramine hcl) | |
| WAL-SLEEP Z ORAL CAPSULE 25 MG | (diphenhydramine hcl) | |
| WAL-SLEEP Z ORAL TABLET, DISINTEGRATING 25 MG | | |
| WAL-SOM (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG | (diphenhydramine hcl) | |
| WAL-SOM (DOXYLAMINE) ORAL TABLET 25 MG | | |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | | QL (2 EA per 1 day) |
| <i>zolpidem oral tablet 10 mg</i> | (Ambien) | QL (1 EA per 1 day) |
| <i>zolpidem oral tablet 5 mg</i> | (Ambien) | QL (2 EA per 1 day) |
| Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy | | |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | (Focalin XR) | PA |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> | (Focalin) | |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> | (Metadate CD) | PA |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> | (Metadate CD) | |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 30 mg, 40 mg</i> | | PA |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg</i> | (Ritalin LA) | PA |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | (Ritalin) | QL (4 EA per 1 day) |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i> | | QL (3 EA per 1 day) |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> | (Relexxii) | PA |
| <i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i> | | PA |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG | (methylphenidate hcl) | PA |
| Cardiovascular Disease - Arrhythmia | | |
| Antiarrhythmics | | |
| <i>amiodarone oral tablet 200 mg</i> | (Pacerone) | |

| Drug | Notes |
|---|-------|
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace) | |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | |
| PACERONE ORAL TABLET 200 MG (amiodarone) | |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | |
| Cardiovascular Disease - Cardiac Stimulant | |
| Digitalis Glycosides | |
| DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin) | |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek) | |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin) | |
| Cardiovascular Disease - Hypertension | |
| Ace Inhibitor/Calcium Channel Blocker Combination | |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel) | |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i> | |
| Ace Inhibitor/Thiazide & Thiazide-Like Diuretic | |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> | |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic) | |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i> | |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic) | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | |
| Alpha/Beta-Adrenergic Blocking Agents | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg) | |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | |
| Alpha-Adrenergic Blocking Agents | |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura) | |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | |
| Angiotensin Receptor Antag./Thiazide Diuretic Comb | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide) | |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar) | |

| Drug | Notes |
|--|---|
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT) | ST; ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR ARBLI, IRBESARTAN, OR LOSARTAN POTASSIUM WITHIN THE PAST 180 DAYS. |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT) | ST; ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR ARBLI, IRBESARTAN, OR LOSARTAN POTASSIUM WITHIN THE PAST 180 DAYS. |
| Antihypertensives, Ace Inhibitors | |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin) | |
| <i>benazepril oral tablet 5 mg</i> | |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec) | |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> | |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril) | |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | |
| <i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i> (Altace) | |
| <i>ramipril oral capsule 10 mg</i> | |
| Antihypertensives, Angiotensin Receptor Antagonist | |
| <i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro) | |
| <i>irbesartan oral tablet 75 mg</i> | |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar) | |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar) | |
| <i>telmisartan oral tablet 20 mg</i> | ST; ST: STEP THERAPY REQUIRED. 1 OF THE FOLLOWING IN THE PAST 180 DAYS: IRBESARTAN, LOSARTAN, OR OLMESARTAN. |
| <i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis) | ST; ST: STEP THERAPY REQUIRED. 1 OF THE FOLLOWING IN THE PAST 180 DAYS: IRBESARTAN, LOSARTAN, OR OLMESARTAN. |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan) | ST; ST: STEP THERAPY REQUIRED. 1 OF THE FOLLOWING IN THE PAST 180 DAYS: IRBESARTAN, LOSARTAN, OR OLMESARTAN. |
| Antihypertensives, Sympatholytic | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | |
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | |
| Antihypertensives, Vasodilators | |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | |

| Drug | Notes |
|--|---------------------------------|
| Antihypertensives,Endothelin Receptor Antagonists | |
| TRYVIO ORAL TABLET 12.5 MG | PA; SP |
| Beta-Adrenergic Blocking Agents | |
| acebutolol oral capsule 200 mg, 400 mg | |
| atenolol oral tablet 100 mg, 25 mg, 50 mg | (Tenormin) |
| bisoprolol fumarate oral tablet 10 mg, 5 mg | |
| metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg | (Toprol XL) QL (2 EA per 1 day) |
| metoprolol tartrate oral tablet 100 mg, 50 mg | (Lopressor) |
| metoprolol tartrate oral tablet 25 mg | |
| nadolol oral tablet 20 mg, 40 mg, 80 mg | |
| nebivolol oral tablet 10 mg | (Bystolic) |
| nebivolol oral tablet 2.5 mg, 5 mg | (Bystolic) QL (1 EA per 1 day) |
| nebivolol oral tablet 20 mg | (Bystolic) QL (2 EA per 1 day) |
| propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg | (Inderal LA) |
| propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) | |
| propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg | |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG | (sotalol) |
| sotalol oral tablet 120 mg, 160 mg, 80 mg | (Sotalol AF) |
| sotalol oral tablet 240 mg | (Betapace) |
| Beta-Adrenergic Blocking Agents/Thiazide & Related | |
| atenolol-chlorthalidone oral tablet 100-25 mg | (Tenoretic 100) |
| atenolol-chlorthalidone oral tablet 50-25 mg | (Tenoretic 50) |
| bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg | |
| propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg | |
| Calcium Channel Blocking Agents | |
| amlodipine oral tablet 10 mg, 2.5 mg, 5 mg | (Norvasc) |
| CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG | (diltiazem hcl) |
| diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg | (DILT-XR) |
| diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg | |
| diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | (Tiadylt ER) |
| diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg | (Cartia XT) |
| diltiazem hcl oral capsule,extended release 24hr 360 mg | (Cardizem CD) |
| diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg | (Cardizem) |
| diltiazem hcl oral tablet 90 mg | |

| Drug | Notes |
|---|--------|
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA) | |
| DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG | (diltiazem hcl) | |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> | |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | (diltiazem hcl) | |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i> (Procardia XL) | |
| <i>nifedipine oral tablet extended release 24hr 90 mg</i> | |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | |
| TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | (diltiazem hcl) | |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | |
| Loop Diuretics | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | (Lasix) | |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | |
| Potassium Sparing Diuretics | |
| <i>amiloride oral tablet 5 mg</i> | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone) | |
| Potassium Sparing Diuretics In Combination | |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | |
| Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib | |
| ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension)) | PA; SP |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio) | PA |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq) | PA; SP |
| Thiazide And Related Diuretics | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | |
| THALITONE ORAL TABLET 15 MG | |

| Drug | Notes |
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| Cardiovascular Disease - Lipid Irregularity | |
| Antihyperlipidemic - Hmg Coa Reductase Inhibitors | |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | (Lipitor) | |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | (Crestor) | |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> | (Zocor) | |
| <i>simvastatin oral tablet 5 mg, 80 mg</i> | |
| Bile Salt Sequestrants | |
| <i>cholestyramine (with sugar) oral powder 4 gram</i> | (Questran) | |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> | (Questran) | |
| CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM | (cholestyramine) | |
| <i>colestipol oral tablet 1 gram</i> | (Colestid) | |
| PREVALITE ORAL POWDER 4 GRAM | (cholestyramine) | |
| Lipotropics | |
| CVS FISH OIL 1,200 MG SOFTGEL (RX) | (omega-3 fatty acids-fish oil) | |
| CVS FISH OIL 1,200 MG SOFTGEL P/F,LACTOSE-FREE (RX) | (omega-3 fatty acids-fish oil) | |
| EQL FISH OIL 1,200 MG SOFTGEL SOFTGEL (RX) | (omega-3 fatty acids-fish oil) | |
| EXTREME OMEGA-3 ORAL CAPSULE 120-180-600 MG | |
| <i>ezetimibe oral tablet 10 mg</i> | (Zetia) | |
| <i>fenofibrate micronized oral capsule 134 mg, 67 mg</i> | |
| <i>fenofibrate nanocrystallized oral tablet 145 mg</i> | (Tricor) | |
| <i>fenofibrate nanocrystallized oral tablet 48 mg</i> | |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | |
| FISH OIL 1,200 MG SOFTGEL (RX) | (omega-3 fatty acids-fish oil) | |
| FISH OIL 1,200 MG SOFTGEL ENTERIC COATED (RX) | (omega-3 fatty acids-fish oil) | |
| FISH OIL 1,200 MG SOFTGEL P/F (RX) | (omega-3 fatty acids-fish oil) | |
| FISH OIL 1,200 MG SOFTGEL P/F,LACTOSE-FREE (RX) | (omega-3 fatty acids-fish oil) | |
| FISH OIL 1,200 MG SOFTGEL P/F,NO LACTOSE (RX) | (omega-3 fatty acids-fish oil) | |
| FISH OIL 1,200 MG SOFTGEL SOFTGEL (RX) | (omega-3 fatty acids-fish oil) | |
| FISH OIL EC 1,000 MG SOFTGEL | (omega 3-dha-epa-fish oil) | |
| FISH OIL EC 1,000 MG SOFTGEL | (omega 3-dha-epa-fish oil) | |
| FISH OIL EC 1,000 MG SOFTGEL SOFTGEL | (omega 3-dha-epa-fish oil) | |

| Drug | Notes |
|--|--------------------------------|
| FISH OIL EXTRA STRENGTH ORAL CAPSULE 435-880 MG | |
| FISH OIL ORAL CAPSULE 1,000 (120-180) MG, 300-1,000 MG, 60-90-500 MG | (omega 3-dha-epa-fish oil) |
| FISH OIL ORAL CAPSULE 100-160-1,000 MG, 120-180 MG, 120-180-500 MG, 300-500 MG | |
| FISH OIL ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG-180 MG- 60 MG- 1,200 MG, 150-217-840 MG, 300-108-162-600 MG, 60-90-500 MG, 900-1,400 MG | |
| FISH OIL ORAL CAPSULE, DELAYED RELEASE(DR/EC) 360-1,200 MG | (omega 3-dha-epa-fish oil) |
| FISH OIL ORAL LIQUID 1,600-500-800 MG/5 ML | |
| FISH OIL-VIT D3 ORAL CAPSULE 300-1,000-1,000 MG-MG-UNIT | (om-3-dha-epa-fish oil-vit d3) |
| <i>gemfibrozil oral tablet 600 mg</i> | (Lopid) |
| GNP FISH OIL EC 1,000 MG SFTGL SOFTGEL | (omega 3-dha-epa-fish oil) |
| MAXEPA ORAL CAPSULE 500 MG | |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | |
| <i>omega 3-dha-epa-fish oil oral capsule 1,000 (120-180) mg, 300-1,000 mg, 60-90-500 mg</i> | (Fish Oil) |
| <i>omega 3-dha-epa-fish oil oral capsule 250-500-1,000 mg</i> | |
| <i>omega 3-dha-epa-fish oil oral capsule, delayed release(drlec) 300 mg (120 mg- 180mg)-1,000 mg, 600 mg-216 mg- 324 mg-1,200 mg</i> | |
| <i>omega 3-dha-epa-fish oil oral capsule, delayed release(drlec) 300-1,000 mg</i> | (Fish Oil) |
| <i>omega 3-dha-epa-fish oil oral tablet, chewable 28.5 mg(23.75- 4.75mg)-113.5mg</i> | |
| <i>omega-3 fatty acids oral capsule 1,000 mg</i> | (Super Omega-3) |
| <i>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg</i> | |
| <i>omega-3 fatty acids-fish oil oral capsule 360-1,200 mg</i> | (Fish Oil) |
| OMEGA-3 FISH OIL ORAL CAPSULE 300-1,000 MG | PA |
| <i>omega-3s-dha-epa-fish oil oral capsule 300-250-1,000 mg</i> | PA |
| <i>omega-3s-dha-epa-fish oil oral capsule, delayed release(drlec) 300-1,000 mg, 720-1,200 mg</i> | |
| SUPER OMEGA-3 ORAL CAPSULE 1,000 MG | (omega-3 fatty acids) |
| ULTRA OMEGA-3 ORAL CAPSULE 200-300-1,000 MG | (omega 3-dha-epa-fish oil) |

| Drug | Notes |
|---|--|
| Niacin Preparations | |
| ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG | (niacin) |
| ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE 500 MG | (niacinamide) |
| <i>niacin oral capsule, extended release 250 mg, 500 mg</i> | |
| <i>niacin oral tablet 100 mg, 250 mg, 50 mg</i> | |
| <i>niacin oral tablet 500 mg</i> | (Niacor) |
| <i>niacin oral tablet extended release 250 mg, 500 mg</i> | (Endur-Acin) |
| <i>niacinamide oral tablet 50 mg, 500 mg</i> | |
| <i>niacinamide oral tablet extended release 500 mg</i> | (Endur-amide) |
| Cardiovascular Disease - Miscellaneous Agents | |
| Adrenergic Vasopressor Agents | |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | |
| Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni) | |
| <i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i> | (Entresto) PA; QL (60 EA per 30 days) |
| Antianginal & Anti-Ischemic Agents, Non-Hemodynamic | |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i> | |
| Cardiovascular Disease - Vasodilation Vasodilators, Coronary | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i> | |
| <i>isosorbide dinitrate oral tablet 5 mg</i> | (Isordil Titradose) |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | (nitroglycerin) |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> | (Nitrostat) |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | (Nitro-Dur) |
| Contraception/Oxytocics | |
| Contraceptives, Intravaginal, Systemic | |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR | (etonogestrel-ethinyl estradiol) QL (0.143 EA per 1 day) |
| ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR | (etonogestrel-ethinyl estradiol) QL (0.143 EA per 1 day) |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | (EluRyng) QL (0.143 EA per 1 day) |
| HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR | (etonogestrel-ethinyl estradiol) QL (0.143 EA per 1 day) |

| Drug | Notes |
|--|--|
| Contraceptives,Injectable | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | QL (0.65 ML per 90 days) |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> | (Depo-Provera) QL (1 ML per 90 days) |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> | (Depo-Provera) QL (1 ML per 90 days) |
| Contraceptives,Oral | |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| AFTER PILL ORAL TABLET 1.5 MG | (levonorgestrel) QL (24 EA per 365 days) |
| AFTERA ORAL TABLET 1.5 MG | (levonorgestrel) QL (24 EA per 365 days) |
| ALTAVERA (28) ORAL TABLET 0.15-0.03 MG | (levonorgestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| ALYACEN 1/35 (28) ORAL TABLET 1-35 MG- MCG | (norethindrone-ethin estradiol) QL (1.334 EA per 1 day) |
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | QL (1.334 EA per 1 day) |
| AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol- e.estradiol) |
| APRI ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG | QL (1.334 EA per 1 day) |
| ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol- e.estradiol) |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| AUBRA ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| AUROVELA 1.5/30 (21) ORAL TABLET 1.5- 30 MG-MCG | (norethindrone ac-eth estradiol) QL (1 EA per 1 day) |
| AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG | (norethindrone ac-eth estradiol) QL (1 EA per 1 day) |
| AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol- iron) QL (1 EA per 1 day) |
| AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol- iron) QL (1 EA per 1 day) |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| AYUNA ORAL TABLET 0.15-0.03 MG | (levonorgestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | (desog- e.estradiol/e.estradiol) QL (1 EA per 1 day) |
| BALZIVA (28) ORAL TABLET 0.4-35 MG- MCG | QL (1.334 EA per 1 day) |
| BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol- iron) QL (1 EA per 1 day) |
| BLISOVI FE 1/20 (28) ORAL TABLET 1 MG- 20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol- iron) QL (1 EA per 1 day) |
| BRIELLYN ORAL TABLET 0.4-35 MG-MCG | QL (1.334 EA per 1 day) |

| Drug | Notes |
|---|---|
| CAMILA ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) QL (1.334 EA per 1 day) |
| CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) |
| CAZIAN (28) ORAL TABLET 0.1/125/15-25 MG-MCG | QL (1.334 EA per 1 day) |
| CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG | (levonorgestrel-ethinyl estrad) QL (1.334 EA per 1 day) |
| CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG | (norgestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| CYRED EQ ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| CYRED ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG | (norethindrone-ethin estradiol) QL (1.334 EA per 1 day) |
| DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | QL (1.334 EA per 1 day) |
| DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) |
| DEBLITANE ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) QL (1.334 EA per 1 day) |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 10.01 mg x 5</i> | (Azurette (28)) QL (1 EA per 1 day) |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> | (Jasmiel (28)) QL (1 EA per 1 day) |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> | (Ocella) QL (1.334 EA per 1 day) |
| ECONTRA EZ ORAL TABLET 1.5 MG | (levonorgestrel) QL (24 EA per 365 days) |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG | (levonorgestrel) QL (24 EA per 365 days) |
| ELINEST ORAL TABLET 0.3-30 MG-MCG | (norgestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| ELLA ORAL TABLET 30 MG | QL (1 EA per 22 days) |
| EMZAHH ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) QL (1.334 EA per 1 day) |
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | (levonorg-eth estrad triphasic) QL (1.334 EA per 1 day) |
| ENSKYCE ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| ERRIN ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) QL (1.334 EA per 1 day) |
| ESTARYLLA ORAL TABLET 0.25-0.035 MG | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> | (Kelnor 1/35 (28)) QL (1.334 EA per 1 day) |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> | (Valtya) QL (1.334 EA per 1 day) |
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estrad) QL (1.334 EA per 1 day) |

| Drug | Notes |
|---|--|
| FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) QL (1 EA per 1 day) |
| HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) QL (1 EA per 1 day) |
| HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) QL (1 EA per 1 day) |
| HAILEY ORAL TABLET 1.5-30 MG-MCG | (norethindrone ac-eth estradiol) QL (1 EA per 1 day) |
| HEATHER ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) QL (1.334 EA per 1 day) |
| ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) | (levonorgestrel-ethinyl estrad) QL (1 EA per 1 day) |
| INCASSIA ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) QL (1.334 EA per 1 day) |
| INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) | (levonorgestrel-ethinyl estrad) QL (1 EA per 1 day) |
| ISIBLOOM ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) QL (1 EA per 1 day) |
| JASMIEL (28) ORAL TABLET 3-0.02 MG | (drospirenone-ethinyl estradiol) QL (1 EA per 1 day) |
| JENCYCLA ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) QL (1.334 EA per 1 day) |
| JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) | (levonorgestrel-ethinyl estrad) QL (1 EA per 1 day) |
| JULEBER ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | (norethindrone ac-eth estradiol) QL (1 EA per 1 day) |
| JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG | (norethindrone ac-eth estradiol) QL (1 EA per 1 day) |
| JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) QL (1 EA per 1 day) |
| JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) QL (1 EA per 1 day) |
| KALLIGA ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | (desog-e.estradiol/e.estradiol) QL (1 EA per 1 day) |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG | (ethynodiol diac-eth estradiol) QL (1.334 EA per 1 day) |
| KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG | (ethynodiol diac-eth estradiol) QL (1.334 EA per 1 day) |
| KURVELO (28) ORAL TABLET 0.15-0.03 MG | (levonorgestrel-ethinyl estrad) QL (1.334 EA per 1 day) |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | (norethindrone ac-eth estradiol) QL (1 EA per 1 day) |
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | (norethindrone ac-eth estradiol) QL (1 EA per 1 day) |

| Drug | Notes |
|---|---|
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) QL (1 EA per 1 day) |
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) QL (1 EA per 1 day) |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG | QL (1.334 EA per 1 day) |
| LESSINA ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estrad) QL (1.334 EA per 1 day) |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | (levonorg-eth estrad triphasic) QL (1.334 EA per 1 day) |
| <i>levonorgestrel oral tablet 1.5 mg</i> | (After Pill) QL (24 EA per 365 days) |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> | (Afirmelle) QL (1.334 EA per 1 day) |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> | (Altavera (28)) QL (1.334 EA per 1 day) |
| <i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> | (Iclevia) QL (1 EA per 1 day) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | (Enpresse) QL (1.334 EA per 1 day) |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG | (levonorgestrel-ethinyl estrad) QL (1.334 EA per 1 day) |
| LORYNA (28) ORAL TABLET 3-0.02 MG | (drospirenone-ethinyl estradiol) QL (1 EA per 1 day) |
| LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG | (norgestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG | (drospirenone-ethinyl estradiol) QL (1 EA per 1 day) |
| LUIZZA ORAL TABLET 1-20 MG-MCG, 1.5-30 MG-MCG | (norethindrone ac-eth estradiol) QL (1 EA per 1 day) |
| LUTERA (28) ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estrad) QL (1.334 EA per 1 day) |
| LYLEQ ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) QL (1.334 EA per 1 day) |
| LYZA ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) QL (1.334 EA per 1 day) |
| MARLISSA (28) ORAL TABLET 0.15-0.03 MG | (levonorgestrel-ethinyl estrad) QL (1.334 EA per 1 day) |
| MELEYA ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) QL (1.334 EA per 1 day) |
| MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | (norethindrone ac-eth estradiol) QL (1 EA per 1 day) |
| MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | (norethindrone ac-eth estradiol) QL (1 EA per 1 day) |
| MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) QL (1 EA per 1 day) |
| MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) QL (1 EA per 1 day) |
| MILI ORAL TABLET 0.25-0.035 MG | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| MONO-LINYAH ORAL TABLET 0.25-0.035 MG | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| MY CHOICE ORAL TABLET 1.5 MG | (levonorgestrel) QL (24 EA per 365 days) |

| Drug | Notes |
|--|-------------------------|
| MY WAY ORAL TABLET 1.5 MG (levonorgestrel) | QL (24 EA per 365 days) |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | QL (1.334 EA per 1 day) |
| NEW DAY ORAL TABLET 1.5 MG (levonorgestrel) | QL (24 EA per 365 days) |
| NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol) | QL (1 EA per 1 day) |
| NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive)) | QL (1.334 EA per 1 day) |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila) | QL (1.334 EA per 1 day) |
| <i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21)) | QL (1 EA per 1 day) |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21)) | QL (1 EA per 1 day) |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28)) | QL (1 EA per 1 day) |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (Tri-Lo-Estarylla) | QL (1.334 EA per 1 day) |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (Tri-Estarylla) | QL (1.334 EA per 1 day) |
| <i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i> (Estarylla) | QL (1.334 EA per 1 day) |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | QL (1.334 EA per 1 day) |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) | QL (1.334 EA per 1 day) |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol) | QL (1.334 EA per 1 day) |
| NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | QL (1.334 EA per 1 day) |
| NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol) | QL (1.334 EA per 1 day) |
| NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | QL (1.334 EA per 1 day) |
| OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol) | QL (1.334 EA per 1 day) |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel) | QL (24 EA per 365 days) |
| OPILL ORAL TABLET 0.075 MG | |
| OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel) | QL (24 EA per 365 days) |
| ORQUIDEA ORAL TABLET 0.35 MG (norethindrone (contraceptive)) | QL (1.334 EA per 1 day) |
| PHILITH ORAL TABLET 0.4-35 MG-MCG | QL (1.334 EA per 1 day) |
| PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol) | QL (1 EA per 1 day) |
| PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad) | QL (1.334 EA per 1 day) |
| RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol) | QL (1.334 EA per 1 day) |
| SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad) | QL (1 EA per 1 day) |
| SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive)) | QL (1.334 EA per 1 day) |

| Drug | Notes |
|--|--|
| SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | (desog-e.estradiol/e.estradiol) QL (1 EA per 1 day) |
| SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) |
| SPRINTEC (28) ORAL TABLET 0.25-0.035 MG | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estrad) QL (1.334 EA per 1 day) |
| SYEDA ORAL TABLET 3-0.03 MG | (drospirenone-ethinyl estradiol) QL (1.334 EA per 1 day) |
| TAKE ACTION ORAL TABLET 1.5 MG | (levonorgestrel) QL (24 EA per 365 days) |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) QL (1 EA per 1 day) |
| TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) QL (1 EA per 1 day) |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28) | (norgestimate-ethinyl estradiol) QL (1.334 EA per 1 day) |
| TULANA ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) QL (1.334 EA per 1 day) |
| TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG | (norgestrel-ethinyl estradiol) QL (1.334 EA per 1 day) |
| TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG | QL (1.334 EA per 1 day) |
| VALTYA ORAL TABLET 1-35 MG-MCG, 1-50 MG-MCG | (ethynodiol diac-eth estradiol) QL (1.334 EA per 1 day) |
| VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG | QL (1.334 EA per 1 day) |
| VESTURA (28) ORAL TABLET 3-0.02 MG | (drospirenone-ethinyl estradiol) QL (1 EA per 1 day) |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estrad) QL (1.334 EA per 1 day) |
| VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | (desog-e.estradiol/e.estradiol) QL (1 EA per 1 day) |

| Drug | | Notes |
|---|----------------------------------|-------------------------|
| VOLNEA (28) ORAL TABLET 0.15-0.02 MG X 5 | (desog-e.estradiol/e.estradiol) | QL (1 EA per 1 day) |
| VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG | | QL (1.334 EA per 1 day) |
| VYLIBRA ORAL TABLET 0.25-0.035 MG | (norgestimate-ethinyl estradiol) | QL (1.334 EA per 1 day) |
| WERA (28) ORAL TABLET 0.5-35 MG-MCG | | QL (1.334 EA per 1 day) |
| ZARAH ORAL TABLET 3-0.03 MG | (drospirenone-ethinyl estradiol) | QL (1.334 EA per 1 day) |
| ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG | (ethynodiol diac-eth estradiol) | QL (1.334 EA per 1 day) |
| ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG | (drospirenone-ethinyl estradiol) | QL (1.334 EA per 1 day) |
| Contraceptives, Transdermal | | |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | (Xulane) | QL (0.143 EA per 1 day) |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR | (norelgestromin-ethin.estradiol) | QL (0.143 EA per 1 day) |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR | (norelgestromin-ethin.estradiol) | QL (0.143 EA per 1 day) |
| Oxytocics | | |
| <i>methylergonovine oral tablet 0.2 mg</i> | | |
| Cough And Cold | | |
| 1St Gen Antihistamine & Decongestant Combinations | | |
| APRODINE ORAL TABLET 2.5-60 MG | (triprolidine-pseudoephedrine) | QL (3 EA per 1 day) |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> | (Promethazine VC) | |
| SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG | | QL (3 EA per 1 day) |
| WAL-ACT D COLD AND ALLERGY ORAL TABLET 2.5-60 MG | (triprolidine-pseudoephedrine) | QL (3 EA per 1 day) |
| Antitussives, Non-Narcotic | | |
| <i>benzonatate oral capsule 100 mg, 200 mg</i> | | QL (3 EA per 1 day) |
| Expectorants | | |
| ADULT TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| ADULT WAL-TUSSIN ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| CHEST CONGESTION RELIEF ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| CHEST CONGESTION RELIEF ORAL TABLET 400 MG | (guaifenesin) | |
| CHILD MUCUS RELIEF EXPECTORANT ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| CHILDREN'S CHEST CONGESTION ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| CHILDRENS GILTUSS EX ORAL LIQUID 200 MG/5 ML | | QL (120 ML per 30 days) |
| COUGH SYRUP ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |

| Drug | | Notes |
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| EXPECTORANT COUGH SYRUP ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| EXPECTORANT ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| EXPECTORANT ORAL TABLET 200 MG | (guaifenesin) | |
| FENESIN IR ORAL TABLET 400 MG | (guaifenesin) | |
| GERI-TUSSIN ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| G-FENESIN ORAL TABLET 400 MG | (guaifenesin) | |
| GILTUSS EX ORAL LIQUID 200 MG/5 ML | | QL (120 ML per 30 days) |
| GUAIFED (GUAIFENESIN) ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| <i>guaifenesin oral liquid 100 mg/5 ml</i> | (Adult Tussin Chest Congestion) | QL (240 ML per 30 days) |
| <i>guaifenesin oral tablet 200 mg</i> | (Expectorant) | |
| <i>guaifenesin oral tablet 400 mg</i> | (Chest Congestion Relief) | |
| <i>guaifenesin oral tablet extended release 12hr 1,200 mg</i> | (Mucus Relief ER) | |
| <i>guaifenesin oral tablet extended release 12hr 600 mg</i> | (Mucus Relief ER) | QL (2 EA per 1 day) |
| LIQUITUSS GG ORAL LIQUID 200 MG/5 ML | | QL (120 ML per 30 days) |
| MAXTUSSIN ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| MUCOLYTE (GUAIFENESIN) ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| MUCOSA ORAL TABLET 400 MG | (guaifenesin) | |
| MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG | (guaifenesin) | |
| MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 600 MG | (guaifenesin) | QL (2 EA per 1 day) |
| MUCUS RELIEF ORAL TABLET 400 MG | (guaifenesin) | |
| MUCUS-ER MAX ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG | (guaifenesin) | |
| REFENESEN ORAL TABLET 400 MG | (guaifenesin) | |
| SCOT-TUSSIN EXPECTORANT ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| TUSNEL-EX ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| TUSSIN MUCUS-CHEST CONGESTION ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| TUSSIN ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| TUSSIN ORAL TABLET 400 MG | (guaifenesin) | |
| WAL-TUSSIN ORAL LIQUID 100 MG/5 ML | (guaifenesin) | QL (240 ML per 30 days) |
| Narcotic Antitussive-1St Generation | | |
| Antihistamine | | |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i> | | QL (120 ML per 30 days); Age (Min 6 Years) |
| Narcotic Antitussive-Anticholinergic Comb. | | |
| <i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i> | (Hydromet) | QL (240 ML per 30 days); Age (Min 6 Years) |
| HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML | (hydrocodone-homatropine) | QL (240 ML per 30 days); Age (Min 6 Years) |

| Drug | Notes |
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| Narcotic Antitussive-Expectorant Combination | |
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> | (G Tussin AC) QL (240 ML per 27 days); Age (Min 6 Years) |
| G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML | (codeine-guaifenesin) QL (240 ML per 27 days); Age (Min 6 Years) |
| GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML | (codeine-guaifenesin) QL (240 ML per 27 days); Age (Min 6 Years) |
| MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML | (codeine-guaifenesin) QL (240 ML per 27 days); Age (Min 6 Years) |
| Non-Narcotic Antitussive And Expectorant Comb. | |
| ALTITUSS ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| ANTITUSSIVE DM ORAL SYRUP 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| BIOCOTRON ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| CHEST CONGESTION RELIEF DM ORAL SYRUP 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| CHILDREN'S GILTUSS COUGH-CHEST ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| <i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5 ml</i> | (Altituss) |
| <i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i> | (Chest Congestion Relief DM) |
| DIABETIC TUSSIN DM ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| EXPECTORANT DM ORAL SYRUP 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| GERI-TUSSIN DM ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| GILTUSS COUGH-CONGESTION ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| GILTUSS DIABETIC ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| GILTUSS HBP ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| GUAIASORB DM ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| GUAIFED-DM ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| GUAIFENESIN-DM ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| MAXI-TUSS G ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| MAXTUSSIN DM ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| MUCOLYTE-DM ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) |
| NEO-TUSS ORAL LIQUID 30-200 MG/5 ML | |

| Drug | | Notes |
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| SAFE TUSSIN DM ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) | |
| SILTUSSIN DM DAS ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) | |
| SORBUGEN NR ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) | |
| TUSNEL DIABETIC ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) | |
| TUSSIN COUGH-CHEST CONGESTION ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) | |
| TUSSIN DM CLEAR ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) | |
| TUSSIN DM COUGH AND CHEST ORAL SYRUP 10-100 MG/5 ML | (dextromethorphan-guaifenesin) | |
| TUSSIN DM ORAL LIQUID 10-100 MG/5 ML | (dextromethorphan-guaifenesin) | |
| TUSSIN DM ORAL SYRUP 10-100 MG/5 ML | (dextromethorphan-guaifenesin) | |
| WAL-TUSSIN DM CLEAR ORAL SYRUP 10-100 MG/5 ML | (dextromethorphan-guaifenesin) | |
| WAL-TUSSIN DM ORAL SYRUP 10-100 MG/5 ML | (dextromethorphan-guaifenesin) | |
| Sympathomimetic Agents | | |
| NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET 30 MG | (pseudoephedrine hcl) | QL (3 EA per 1 day) |
| NEXAFED ORAL TABLET (ABUSE-RESISTANT) 30 MG | | QL (3 EA per 1 day) |
| <i>pseudoephedrine hcl oral tablet 30 mg</i> | (Nasal Decongestant (pseudoeph)) | QL (3 EA per 1 day) |
| <i>pseudoephedrine hcl oral tablet 60 mg</i> | (Sudogest) | QL (2 EA per 1 day) |
| SUDOGEST ORAL TABLET 30 MG | (pseudoephedrine hcl) | QL (3 EA per 1 day) |
| SUDOGEST ORAL TABLET 60 MG | (pseudoephedrine hcl) | QL (2 EA per 1 day) |
| SUPHEDRIN ORAL LIQUID 15 MG/5 ML | | |
| SUPHEDRIN ORAL TABLET 30 MG | (pseudoephedrine hcl) | QL (3 EA per 1 day) |
| SUPHEDRINE ORAL TABLET 30 MG | (pseudoephedrine hcl) | QL (3 EA per 1 day) |
| WAL-PHED ORAL TABLET 30 MG | (pseudoephedrine hcl) | QL (3 EA per 1 day) |
| ZEPHREX-D ORAL TABLET (ABUSE-RESISTANT) 30 MG | | QL (3 EA per 1 day) |
| Dermatology - Acne | | |
| Acne Agents, Systemic | | |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | (isotretinoin) | PA |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | (isotretinoin) | PA |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | (isotretinoin) | PA |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | (Accutane) | PA |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | (isotretinoin) | PA |

| Drug | | Notes |
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| Topical Preparations, Antibacterials | | |
| ANTISEPTIC SKIN CLNSR(CHLORHE) TOPICAL LIQUID 4 % | (chlorhexidine gluconate) | |
| <i>chlorhexidine gluconate topical liquid 4 %</i> | (Antiseptic Skin Clnsr(chlorhe)) | |
| Vitamin A Derivatives | | |
| <i>adapalene topical gel 0.1 %</i> | (Differin) | PA |
| <i>adapalene topical gel 0.3 %</i> | | PA |
| AVITA TOPICAL CREAM 0.025 % | (tretinoin) | PA |
| <i>tretinoin topical cream 0.025 %</i> | (Avita) | PA |
| <i>tretinoin topical cream 0.05 %</i> | (Retin-A) | PA |
| Dermatology - Antiinfective | | |
| Topical Antibiotics | | |
| ANTIBIOTIC (BACITRACIN ZINC) TOPICAL OINTMENT 500 UNIT/GRAM | (bacitracin zinc) | |
| <i>bacitracin topical ointment 500 unit/gram</i> | (Bacitraycin Plus) | |
| <i>bacitracin zinc topical ointment 500 unit/gram</i> | (Antibiotic (bacitracin zinc)) | |
| BACITRAYCIN PLUS TOPICAL OINTMENT 500 UNIT/GRAM | (bacitracin) | |
| <i>clindamycin phosphate topical solution 1 %</i> | | |
| FIRST AID ANTIBIOTIC TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT | | |
| <i>mupirocin topical ointment 2 %</i> | (Centany) | |
| Topical Antifungal/Antiinflammatory, Steriod Agent | | |
| <i>clotrimazole-betamethasone topical cream 1- 0.05 %</i> | | |
| Topical Antifungals | | |
| ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 % | (clotrimazole) | |
| ANTIFUNGAL (MICONAZOLE) TOPICAL CREAM 2 % | (miconazole nitrate) | |
| ANTIFUNGAL (TERBINAFINE) TOPICAL CREAM 1 % | (terbinafine hcl) | |
| ANTIFUNGAL EXTRA THICK TOPICAL CREAM 2 % | (miconazole nitrate) | |
| ATHLETE'S FOOT (CLOTRIMAZOLE) TOPICAL CREAM 1 % | (clotrimazole) | |
| ATHLETE'S FOOT (CLOTRIMAZOLE) TOPICAL SOLUTION 1 % | (clotrimazole) | |
| ATHLETE'S FOOT (TERBINAFINE) TOPICAL CREAM 1 % | (terbinafine hcl) | |
| ATHLETIC FOOT CREAM TOPICAL CREAM 1 % | (clotrimazole) | |
| BAZA ANTIFUNGAL TOPICAL CREAM 2 % | (miconazole nitrate) | |
| <i>ciclopirox topical cream 0.77 %</i> | (Ciclodan) | PA |
| <i>ciclopirox topical gel 0.77 %</i> | | PA |
| <i>ciclopirox topical shampoo 1 %</i> | | PA |
| <i>ciclopirox topical solution 8 %</i> | (Ciclodan) | PA |
| <i>ciclopirox topical suspension 0.77 %</i> | (Loprox (as olamine)) | PA |
| CLOTRIMAZOLE AF TOPICAL CREAM 1 % | (clotrimazole) | |

| Drug | Notes |
|--|---------------------------------|
| <i>clotrimazole topical cream 1 %</i> | (Antifungal (clotrimazole)) |
| <i>clotrimazole topical solution 1 %</i> | (Athlete's Foot (clotrimazole)) |
| DERMAFUNGAL TOPICAL CREAM 2 % | (miconazole nitrate) |
| DESENEX TOPICAL CREAM 2 % | (miconazole nitrate) |
| INZO ANTIFUNGAL TOPICAL CREAM 2 % | (miconazole nitrate) |
| ITCH RELIEF (CLOTRIMAZOLE) TOPICAL CREAM 1 % | (clotrimazole) |
| JOCK ITCH (CLOTRIMAZOLE) TOPICAL CREAM 1 % | (clotrimazole) |
| JOCK ITCH (TERBINAFINE) TOPICAL CREAM 1 % | (terbinafine hcl) |
| <i>ketoconazole topical cream 2 %</i> | |
| <i>ketoconazole topical shampoo 2 %</i> | |
| KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM | (nystatin) |
| LAMISIL AT TOPICAL AEROSOL, SPRAY 1 % | |
| <i>miconazole nitrate topical cream 2 %</i> | (Antifungal (miconazole)) |
| MICOTRIN AC TOPICAL CREAM 1 % | (clotrimazole) |
| MYCOZYL AC TOPICAL CREAM 1 % | (clotrimazole) |
| <i>naftifine topical cream 1 %</i> | PA |
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM | (nystatin) |
| <i>nystatin topical cream 100,000 unit/gram</i> | |
| <i>nystatin topical ointment 100,000 unit/gram</i> | |
| <i>nystatin topical powder 100,000 unit/gram</i> | (Klayesta) |
| NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM | (nystatin) |
| REMEDY ANTIFUNGAL TOPICAL CREAM 2 % | (miconazole nitrate) |
| RINGWORM TOPICAL CREAM 1 % | (clotrimazole) |
| SECURA ANTIFUNGAL EXTRA THICK TOPICAL CREAM 2 % | (miconazole nitrate) |
| <i>terbinafine hcl topical cream 1 %</i> | (Athlete's Foot (terbinafine)) |
| TRIMAZOLE TOPICAL CREAM 1 % | (clotrimazole) |
| Topical Antiparasitics | |
| LICE KILLING (PERMETHRIN) TOPICAL LIQUID 1 % | (permethrin) |
| LICE KILLING TOPICAL SHAMPOO 0.33-4 % | |
| LICE PYRINYL SHAMPOO TOPICAL SHAMPOO 0.33-4 % | |
| LICE TREATMENT (PERMETHRIN) TOPICAL LIQUID 1 % | (permethrin) |
| LICE TREATMENT TOPICAL LIQUID 1 % | (permethrin) |
| NIX CREME RINSE TOPICAL LIQUID 1 % | (permethrin) |
| <i>permethrin topical cream 5 %</i> | (Elimite) |
| RID LICE KILLING TOPICAL SHAMPOO 0.33-4 % | |

| Drug | | Notes |
|--|----------------------------|-------------------------|
| Topical Sulfonamides | | |
| <i>silver sulfadiazine topical cream 1 %</i> | (SSD) | |
| SSD TOPICAL CREAM 1 % | (silver sulfadiazine) | |
| Dermatology - Antiinflammatory | | |
| Topical Anti-Inflammatory Steroidal | | |
| ALA-CORT TOPICAL CREAM 1 % | (hydrocortisone) | |
| ANTI-ITCH (HC) TOPICAL CREAM 1 % | (hydrocortisone) | |
| ANTI-ITCH (HC) TOPICAL OINTMENT 1 % | (hydrocortisone) | |
| AQUAPHOR ITCH RELIEF TOPICAL OINTMENT 1 % | (hydrocortisone) | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | | |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | | |
| <i>betamethasone valerate topical cream 0.1 %</i> | | |
| <i>betamethasone valerate topical ointment 0.1 %</i> | | |
| <i>betamethasone, augmented topical cream 0.05 %</i> | | |
| <i>betamethasone, augmented topical ointment 0.05 %</i> | (Diprolene (augmented)) | |
| <i>clobetasol scalp solution 0.05 %</i> | | |
| <i>clobetasol topical cream 0.05 %</i> | | |
| <i>clobetasol topical ointment 0.05 %</i> | | |
| <i>clobetasol-emollient topical cream 0.05 %</i> | | PA |
| CORTISONE (HYDROCORTISONE) TOPICAL CREAM 1 % | (hydrocortisone) | |
| CORTISONE WITH ALOE TOPICAL CREAM 1 % | (hydrocortisone-aloe vera) | |
| CORTIZONE-10 TOPICAL CREAM 1 % | (hydrocortisone) | |
| CORTIZONE-10 TOPICAL OINTMENT 1 % | (hydrocortisone) | |
| <i>fluocinolone topical cream 0.025 %</i> | (Synalar) | |
| <i>fluocinolone topical ointment 0.025 %</i> | (Synalar) | |
| <i>fluocinolone topical solution 0.01 %</i> | (Synalar) | |
| <i>fluocinonide topical cream 0.1 %</i> | (Vanos) | PA |
| <i>hydrocortisone acetate topical cream 1 %</i> | (Vanicream HC) | |
| <i>hydrocortisone acetate topical ointment 1 %</i> | | |
| <i>hydrocortisone topical cream 1 %</i> | (Ala-Cort) | |
| <i>hydrocortisone topical cream 2.5 %</i> | | |
| <i>hydrocortisone topical cream with perineal applicator 1 %</i> | | QL (60 GM per 292 days) |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | (Procto-Med HC) | |
| <i>hydrocortisone topical ointment 1 %</i> | (Anti-Itch (HC)) | |
| <i>hydrocortisone topical ointment 2.5 %</i> | | |
| <i>hydrocortisone-aloe vera topical cream 1 %</i> | (Cortisone with Aloe) | |
| HYDROCREAM TOPICAL CREAM 1 % | (hydrocortisone) | |
| ITCH RELIEF (HC) TOPICAL OINTMENT 1 % | (hydrocortisone) | |
| <i>mometasone topical ointment 0.1 %</i> | | |

| Drug | | Notes |
|--|-------------------------------|-------------------------|
| MONISTAT CARE (HYDROCORTISONE) TOPICAL CREAM 1 % | (hydrocortisone) | |
| NOBLE FORMULA HC TOPICAL CREAM 1 % | (hydrocortisone) | |
| PREPARATION H HYDROCORTISONE TOPICAL CREAM 1 % | (hydrocortisone) | |
| PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | (hydrocortisone) | |
| PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | (hydrocortisone) | |
| <i>triamcinolone acetonide topical cream 0.025 %</i> , 0.1 % | | |
| <i>triamcinolone acetonide topical cream 0.5 %</i> | (Triderm) | |
| <i>triamcinolone acetonide topical lotion 0.1 %</i> | | PA |
| <i>triamcinolone acetonide topical ointment 0.025 %</i> , 0.1 %, 0.5 % | | |
| TRIDERM TOPICAL CREAM 0.5 % | (triamcinolone acetonide) | |
| VANICREAM HC TOPICAL CREAM 1 % | (hydrocortisone acetate) | |
| Topical Anti-Inflammatory, Nsaids | | |
| ARTHRITIS PAIN (DICLOFENAC) TOPICAL GEL 1 % | (diclofenac sodium) | QL (200 GM per 30 days) |
| <i>diclofenac sodium topical gel 1 %</i> | (Arthritis Pain (diclofenac)) | QL (200 GM per 30 days) |
| Dermatology - Miscellaneous | | |
| Antiperspirants | | |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % | (aluminum chloride) | |
| DRYSOL TOPICAL SOLUTION 20 % | (aluminum chloride) | |
| Antiseborrheic Agents | | |
| ANTI-DANDRUFF TOPICAL SHAMPOO 1 % | (selenium sulfide) | |
| DANDRUFF SHAMPOO (SELENIUM) TOPICAL SHAMPOO 1 % | (selenium sulfide) | |
| <i>selenium sulfide topical lotion 2.5 %</i> | | |
| SELSUN BLUE 2-IN-1 TOPICAL SHAMPOO 1 % | (selenium sulfide) | |
| SELSUN BLUE TOPICAL SHAMPOO 1 % | (selenium sulfide) | |
| Antiseptics, General | | |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | |
| ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | |
| <i>alcohol swabs topical pads, medicated</i> | (Alcohol Pads) | |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED | (alcohol swabs) | |
| CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED | (alcohol swabs) | |
| CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED | (alcohol swabs) | |
| DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | |
| EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED | (alcohol swabs) | |

| Drug | Notes |
|---|---|
| EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs) | |
| INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs) | |
| PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs) | |
| PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs) | |
| SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs) | |
| SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs) | |
| TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs) | |
| TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs) | |
| ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (alcohol swabs) | |
| WEBCOL TOPICAL PADS, MEDICATED (alcohol swabs) | |
| Irritants/Counter-Irritants | |
| ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.075 %, 0.1 % (capsaicin) | QS LIMIT. PATIENTS MAY RECEIVE UP TO 1 TUBE WITHOUT PA PER MONTH.;; QL (1 GM per 30 days) |
| ASPERFLEX HOT TOPICAL ADHESIVE PATCH,MEDICATED 0.025-1.25 % | QL (40 EA per 30 days) |
| CAPSAICIN HP TOPICAL CREAM 0.1 % (capsaicin) | QS LIMIT. PATIENTS MAY RECEIVE UP TO 1 TUBE WITHOUT PA PER MONTH.;; QL (1 GM per 30 days) |
| <i>capsaicin topical adhesive patch,medicated 0.025 %</i> (Capsimide) | QL (40 EA per 30 days) |
| <i>capsaicin topical cream 0.025 %</i> (Arthritis-Muscle (capsaicin)) | QS LIMIT. PATIENTS MAY RECEIVE UP TO 1 TUBE WITHOUT PA PER MONTH.;; QL (1 GM per 30 days) |
| <i>capsaicin topical cream 0.075 %, 0.1 %</i> (Arthritis Pain Relief(capsaic)) | QS LIMIT. PATIENTS MAY RECEIVE UP TO 1 TUBE WITHOUT PA PER MONTH.;; QL (1 GM per 30 days) |
| CAPSAID ES TOPICAL CREAM 0.1 % (capsaicin) | QS LIMIT. PATIENTS MAY RECEIVE UP TO 1 TUBE WITHOUT PA PER MONTH.;; QL (1 GM per 30 days) |
| CAPSICUM TOPICAL ADHESIVE PATCH,MEDICATED 0.025 % (capsaicin) | QL (40 EA per 30 days) |
| CAPSIMIDE TOPICAL ADHESIVE PATCH,MEDICATED 0.025 % (capsaicin) | QL (40 EA per 30 days) |
| CAPZIX TOPICAL CREAM 0.1 % (capsaicin) | QS LIMIT. PATIENTS MAY RECEIVE UP TO 1 TUBE WITHOUT PA PER MONTH.;; QL (1 GM per 30 days) |
| MEDICATED HEAT PATCH TOPICAL ADHESIVE PATCH,MEDICATED 0.025 % (capsaicin) | QL (40 EA per 30 days) |
| PAIN RELIEVING(CAM-M.SAL-MENT) TOPICAL ADHESIVE PATCH,MEDICATED | QL (40 EA per 30 days) |

| Drug | Notes |
|--|---|
| SALONPAS (CAPSAICIN-MENTHOL) TOPICAL ADHESIVE PATCH,MEDICATED 0.025-1.25 % | QL (40 EA per 30 days) |
| ZOSTRIX TOPICAL CREAM 0.033 % | QS LIMIT. PATIENTS MAY RECEIVE UP TO 1 TUBE WITHOUT PA PER MONTH.;; QL (1 GM per 30 days) |
| ZOSTRIX-HP TOPICAL CREAM 0.1 % (capsaicin) | QS LIMIT. PATIENTS MAY RECEIVE UP TO 1 TUBE WITHOUT PA PER MONTH.;; QL (1 GM per 30 days) |
| Keratolytics | |
| ACNE MEDICATION TOPICAL GEL 5 % (benzoyl peroxide) | |
| ADVANCED EXFOLIATING CLEANSER TOPICAL CLEANSER 5 % (benzoyl peroxide) | |
| <i>benzoyl peroxide topical cleanser 5 %</i> (Advanced Exfoliating Cleanser) | |
| <i>benzoyl peroxide topical gel 5 %</i> (Acne Medication) | |
| Topical Anti-Inflammatory Steroid-Local Anesthetic | |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 % | |
| PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone- pramoxine) | |
| PRAMOSONE TOPICAL LOTION 1-1 %, 2.5- 1 % | |
| Topical Antineoplastic & Premalignant Lesion Agnts | |
| <i>fluorouracil topical solution 2 %, 5 %</i> | |
| Topical Local Anesthetics | |
| ANLIDO TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| ASPERFLEX (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| BLUE-EMU LIDOCAINE PATCH TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine) | |
| LIDO KING TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| <i>lidocaine topical adhesive patch,medicated 4 %</i> (Anlido) | |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan) | |
| <i>lidocaine topical ointment 5 %</i> | |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | |
| LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine) | |
| LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine) | |

| Drug | Notes |
|---|--------|
| LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine) | |
| LIDOCARE TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| LIDOCORE TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| LIDOFOR TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| LIDOGUARD TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| LIDOTRODE TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| LIDOZO TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| RE-LIEVED LIDOCAINE TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| SALONPAS (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| ULTRA LIDO GEL TOPICAL ADHESIVE PATCH,MEDICATED 4 % (lidocaine) | |
| Dermatology - Psoriasis/Eczema | |
| Antipsoriatic Agents,Systemic | |
| <i>acitretin oral capsule 10 mg, 25 mg</i> | PA; SP |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | PA; SP |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | PA; SP |
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML | PA; SP |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML | PA; SP |
| Antipsoriatics Agents | |
| <i>calcipotriene scalp solution 0.005 %</i> | PA |
| <i>calcipotriene topical cream 0.005 %</i> | PA |
| <i>calcipotriene topical ointment 0.005 %</i> | PA |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac) | PA |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac) | PA |
| Topical Immunosuppressive Agents | |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | PA |
| Diabetes | |
| Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb. | |
| <i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano) | |
| Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione | |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-45 mg</i> (Oseni) | |
| <i>alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg</i> | |

| Drug | Notes |
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| Antihyperglycemic, Incretin Mimetic (Glp-1 Receptor Agonist) | |
| <i>exenatide subcutaneous pen injector 10 mcg/dose (250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i> | PA |
| <i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak) | PA |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | PA |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | PA |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | PA |
| Antihyperglycemic-Sodium/Glucose Cotransporter 2 (SGLT2) Inhibitor | |
| BRENZAVVY ORAL TABLET 20 MG (bexagliflozin) | |
| <i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga) | PA |
| STEGLATRO ORAL TABLET 15 MG, 5 MG | |
| Antihyperglycemic, Alpha-Glucosidase Inhibitor (N-S) | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose) | |
| Antihyperglycemic, DPP-4 Inhibitors | |
| <i>alogliptin oral tablet 12.5 mg, 25 mg</i> (Nesina) | |
| <i>alogliptin oral tablet 6.25 mg</i> | |
| Antihyperglycemic, Insulin-Release Stimulant Type | |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> | |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> | |
| Antihyperglycemic, Insulin-Response Enhancer (N-S) | |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos) | |
| Antihyperglycemic, Biguanide Type (Non-Sulfonylurea) | |
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet) | |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> | |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> | |
| Antihyperglycemic, Insulin-Release Stimulant & Biguanide Combination | |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | |

| Drug | Notes |
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| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | |
| Blood Sugar Diagnostics | |
| ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic) | QS=1.2 IN 1 DAYS IF NO HISTORY OF Insulins IN 120 DAYS\|QS=4.5 IN 1 DAYS IF HISTORY OF Insulins IN 120 DAYS |
| RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic) | QS=1.2 IN 1 DAYS IF NO HISTORY OF Insulins IN 120 DAYS\|QS=4.5 IN 1 DAYS IF HISTORY OF Insulins IN 120 DAYS |
| TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic) | QS=1.2 IN 1 DAYS IF NO HISTORY OF Insulins IN 120 DAYS\|QS=4.5 IN 1 DAYS IF HISTORY OF Insulins IN 120 DAYS |
| Diabetic Supplies | |
| ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device with lancets) | QL (1 EA per 30 days) |
| ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter) | |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION | QL (1 EA per 90 days) |
| ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter) | |
| ACCU-CHEK SOFT DEV LANCETS KIT (lancing device with lancets) | QL (1 EA per 30 days) |
| ADJUSTABLE LANCING DEVICE (lancing device) | QL (1 EA per 30 days) |
| ADVANCED LANCING DEVICE KIT (lancing device with lancets) | QL (1 EA per 30 days) |
| ADVOCATE LANCING DEVICE (lancing device) | QL (1 EA per 30 days) |
| ALTERNATE SITE LANCING DEVICE (lancing device) | QL (1 EA per 30 days) |
| AQUA LANCE LANCING DEVICE (lancing device) | QL (1 EA per 30 days) |
| AUTO-LANCET MINI (lancing device) | QL (1 EA per 30 days) |
| AUTOLET IMPRESSION LANC DEV KIT (lancing device with lancets) | QL (1 EA per 30 days) |
| AUTOLET LANCING DEVICE (lancing device) | QL (1 EA per 30 days) |
| CAREONE LANCING DEVICE (lancing device) | QL (6.67 EA per 1 day) |
| CARETOUCH LANCING DEVICE (lancing device) | QL (1 EA per 30 days) |
| DROPLET LANCING DEVICE (lancing device) | QL (1 EA per 30 days) |
| EASY MINI EJECT LANCING DEVICE (lancing device) | QL (1 EA per 30 days) |
| EASY TOUCH LANCING DEVICE (lancing device) | QL (1 EA per 30 days) |
| FORA LANCING DEVICE (lancing device) | QL (1 EA per 30 days) |
| FREESTYLE LIBRE 14 DAY READER | PA; QL (1 EA per 730 days) |
| FREESTYLE LIBRE 14 DAY SENSOR KIT | PA; QL (1 EA per 14 days) |
| FREESTYLE LIBRE 2 PLUS SENSOR DEVICE | PA; QL (1 EA per 14 days) |
| FREESTYLE LIBRE 2 READER | PA; QL (1 EA per 730 days) |
| FREESTYLE LIBRE 2 SENSOR KIT | PA; QL (1 EA per 14 days) |
| FREESTYLE LIBRE 3 PLUS SENSOR DEVICE | PA; QL (1 EA per 14 days) |
| FREESTYLE LIBRE 3 SENSOR DEVICE | PA; QL (1 EA per 14 days) |
| HYPOLANCE AST LANCING KIT (lancing device with lancets) | QL (1 EA per 30 days) |
| INCONTROL LANCING DEVICE (lancing device) | QL (1 EA per 30 days) |
| <i>lancing device</i> (Adjustable Lancing Device) | QL (1 EA per 30 days) |

| Drug | | Notes |
|---|----------------------------------|-------------------------|
| LANCING DEVICE WITH LANCETS | (lancing device) | QL (1 EA per 30 days) |
| <i>lancing device with lancets kit</i> | (Accu-Chek FastClix Lancing Dev) | QL (1 EA per 30 days) |
| LANCING SYSTEM | (lancing device) | QL (1 EA per 30 days) |
| LANZO LANCING DEVICE KIT | (lancing device with lancets) | QL (1 EA per 30 days) |
| MICROLET 2 LANCING DEVICE KIT | (lancing device with lancets) | QL (1 EA per 30 days) |
| MICROLET NEXT LANCING DEVICE KIT | (lancing device with lancets) | QL (1 EA per 30 days) |
| MINI LANCING DEVICE | (lancing device) | QL (1 EA per 30 days) |
| MULTI-LANCET DEVICE 2 KIT | (lancing device with lancets) | QL (1 EA per 30 days) |
| ON CALL LANCING DEVICE | (lancing device) | QL (1 EA per 30 days) |
| ONETOUCH DELICA PLUS LANC DEV KIT | (lancing device with lancets) | QL (1 EA per 30 days) |
| PRODIGY LANCING DEVICE | (lancing device) | QL (1 EA per 30 days) |
| RELIAMED MINI LANCING DEVICE | (lancing device) | QL (1 EA per 30 days) |
| RELION PRIME METER | (blood-glucose meter) | |
| RIGHTEST GD500 LANCING DEVICE | (lancing device) | QL (1 EA per 30 days) |
| SMARTDIABETES VANTAGE | (lancing device) | QL (1 EA per 30 days) |
| SOLUS V2 LANCING DEVICE KIT | (lancing device with lancets) | QL (1 EA per 30 days) |
| SURE COMFORT LANCING PEN | (lancing device) | QL (1 EA per 30 days) |
| SUREFLEX DEVICE WITH LANCETS KIT | (lancing device with lancets) | QL (1 EA per 30 days) |
| SUREFLEX LANCING DEVICE | (lancing device) | QL (1 EA per 30 days) |
| SURE-PEN LANCING DEVICE | (lancing device) | QL (1 EA per 30 days) |
| TRUE METRIX GLUCOSE METER | (blood-glucose meter) | |
| TRUE METRIX GO GLUCOSE METER | (blood-glucose meter) | |
| TRUE METRIX LEVEL 1 SOLUTION | (blood glucose control, low) | QL (1 EA per 90 days) |
| TRUE METRIX LEVEL 2 SOLUTION | (blood glucose control, normal) | QL (1 EA per 90 days) |
| TRUE METRIX LEVEL 3 SOLUTION | (blood glucose control, high) | QL (1 EA per 90 days) |
| TRUEDRAW LANCING DEVICE | (lancing device) | QL (1 EA per 30 days) |
| TWIIST REFILL KT(CSST-NDL-SYR) KIT | | QL (16.67 EA per 1 day) |
| ULTI-LANCE | (lancing device) | QL (1 EA per 30 days) |
| ULTI-LANCE KIT | (lancing device with lancets) | QL (1 EA per 30 days) |
| Diabetic Ulcer Preparations, Topical | | |
| REGANEX TOPICAL GEL 0.01 % | | |
| Hyperglycemics | | |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION | | |
| DEX4 GLUCOSE BITS ORAL TABLET, CHEWABLE 1 GRAM | | |
| DEX4 GLUCOSE ORAL GEL IN PACKET 15 GRAM/33 GRAM | (dextrose) | |

| Drug | Notes |
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| DEX4 GLUCOSE ORAL LIQUID 15 GRAM/59 ML (dextrose) | |
| DEX4 GLUCOSE ORAL TABLET,CHEWABLE 4 GRAM (glucose) | |
| DEX4 GLUCOSE POUCH PACK ORAL TABLET,CHEWABLE 4 GRAM (glucose) | |
| DEX4 GLUCOSE QUICK DISSOLVE ORAL TABLET,CHEWABLE 4 GRAM (glucose) | |
| <i>dextrose oral gel 40 %</i> (Glucose Gel) | |
| <i>dextrose oral liquid 15 gram/59 ml</i> (Dex4 Glucose) | |
| <i>dextrose oral liquid 15 gram/60 ml</i> (TRUEplus Glucose) | |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG | |
| GLUCOSE BITS ORAL TABLET,CHEWABLE 1 GRAM | |
| GLUCOSE GEL ORAL GEL 40 % (dextrose) | |
| <i>glucose oral tablet,chewable 2 gram</i> | |
| <i>glucose oral tablet,chewable 3.75 gram</i> (TRUEplus Glucose) | |
| <i>glucose oral tablet,chewable 4 gram</i> (Dex4 Glucose) | |
| GLUTOSE-15 ORAL GEL 40 % (dextrose) | |
| GLUTOSE-45 ORAL GEL 40 % (dextrose) | |
| GLUTOSE-5 ORAL GEL 40 % (dextrose) | |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | |
| TRUEPLUS GLUCOSE ORAL TABLET,CHEWABLE 3.75 GRAM (glucose) | |
| Insulins | |
| ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro) | PA |
| ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro) | |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) | PA |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) | |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | PA |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | |

| Drug | Notes |
|--|--------------------------------------|
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | PA |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | PA |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML | |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | PA |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | PA |
| <i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> | (Novolog Mix 70-30FlexPen U-100) |
| <i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i> | (Novolog Mix 70-30 U-100 Insulin) |
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> | (Novolog PenFill U-100 Insulin) |
| <i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> | (Novolog FlexPen U-100 Insulin) |
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> | (Novolog U-100 Insulin aspart) |
| <i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml)</i> | (Toujeo SoloStar U-300 Insulin) |
| <i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i> | (Semglee(insulin glarg- yfgn)Pen) |
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> | (Semglee(insulin glargine- yfgn)) |
| <i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i> | (Humalog Mix 75-25 KwikPen) |
| <i>insulin lispro subcutaneous insulin pen 100 unit/ml</i> | (Admelog SoloStar U-100 Insulin) |
| <i>insulin lispro subcutaneous insulin pen, half- unit 100 unit/ml</i> | (Humalog Junior KwikPen U-100) |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i> | (Admelog U-100 Insulin lispro) |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin glargine) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | PA |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | PA |

| Drug | Notes |
|---|----------------------|
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | PA |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | |
| REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | |
| Ear - General Disorders | |
| Ear Preparations, Misc. Anti-Infectives | |
| <i>acetic acid otic (ear) solution 2 %</i> | |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | |
| Ear Preparations, Antibiotics | |
| <i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml- %</i> | |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5- 10,000-1 mg/ml-unit/ml-%</i> | |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | |
| Ear Preparations, Ear Wax Removers | |
| CLEARCANAL EARWAX SOFTENER OTIC (EAR) DROPS 6.5 % | (carbamide peroxide) |
| CLINERE EAR WAX REMOVAL OTIC (EAR) DROPS 6.5 % | (carbamide peroxide) |
| DEBROX OTIC (EAR) DROPS 6.5 % | (carbamide peroxide) |
| EAR DROPS (CARBAMIDE PEROXIDE) OTIC (EAR) DROPS 6.5 % | (carbamide peroxide) |
| EAR WAX REMOVAL DROPS OTIC (EAR) DROPS 6.5 % | (carbamide peroxide) |
| EAR WAX REMOVAL KIT OTIC (EAR) DROPS 6.5 % | (carbamide peroxide) |
| Otic Preparations, Anti-Inflammatory- Antibiotics | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i> | |
| Electrolyte Regulation | |
| Electrolyte Depleters | |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | |
| KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML | |
| <i>sodium polystyrene sulfonate oral powder 15 gram</i> | |
| <i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i> | |
| SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML | |

| Drug | Notes |
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| Potassium Replacement | |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ | (potassium bicarb-citric acid) |
| KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ | (potassium chloride) |
| KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ | (potassium chloride) |
| KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ | (potassium chloride) |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | |
| <i>potassium chloride oral tablet extended release 10 meq</i> | (Klor-Con 10) |
| <i>potassium chloride oral tablet extended release 20 meq</i> | |
| <i>potassium chloride oral tablet extended release 8 meq</i> | (Klor-Con 8) |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq</i> | (Klor-Con M10) |
| <i>potassium chloride oral tablet,er particles/crystals 15 meq</i> | (Klor-Con M15) |
| <i>potassium chloride oral tablet,er particles/crystals 20 meq</i> | (Klor-Con M20) |
| Sodium/Saline Preparations | |
| <i>sodium chloride tablet,soluble 1,000 mg</i> | |
| Endocrine Disorder - Other | |
| Antidiuretic And Vasopressor Hormones | |
| <i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i> | PA |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i> | PA |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> | (DDAVP) |
| Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr. | |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | PA; SP |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | PA; SP |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | PA; SP |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | PA; SP |
| VABRINTY (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | PA; SP |
| VABRINTY (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | PA; SP |
| VABRINTY (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | PA; SP |
| Bone Resorption Inhibitors | |
| <i>alendronate oral solution 70 mg/75 ml</i> | |
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i> | |
| <i>alendronate oral tablet 70 mg</i> | (Fosamax) |

| Drug | Notes |
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| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | |
| <i>ibandronate oral tablet 150 mg</i> | |
| <i>raloxifene oral tablet 60 mg</i> (Evista) | |
| <i>risedronate oral tablet 150 mg, 35 mg</i> (Actonel) | ST; ST: REQUIRES PRIOR PRESCRIPTION FOR ALENDRONATE SODIUM WITHIN THE PAST 180 DAYS. |
| <i>risedronate oral tablet 30 mg, 5 mg</i> | ST; ST: REQUIRES PRIOR PRESCRIPTION FOR ALENDRONATE SODIUM WITHIN THE PAST 180 DAYS. |
| Growth Hormones | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | PA; SP |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) | PA; SP |
| HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) | PA; SP |
| NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | PA; SP |
| Pituitary Suppressive Agents | |
| <i>cabergoline oral tablet 0.5 mg</i> | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | |
| Endocrine Disorder - Thyroid | |
| Antithyroid Preparations | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | |
| <i>propylthiouracil oral tablet 50 mg</i> | |
| Iodine Containing Agents | |
| <i>potassium iodide oral solution 1 gram/ml</i> (SSKI) | |
| SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide) | |
| Thyroid Hormones | |
| ADTHYZA ORAL TABLET 16.25 MG | |
| ARMOUR THYROID ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG (thyroid (pork)) | |
| ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG | |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine) | |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox) | |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T) | |

| Drug | Notes |
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| LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG | (liothyronine) |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> | (Liomny) |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG | (thyroid (pork)) |
| <i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> | (NP Thyroid) |
| Eye - General Disorders | |
| Eye Antibiotic-Corticoid Combinations | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | (Neo-Polycin HC) |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | (Maxitrol) |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> | |
| NEO-POLYICIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% | (neomycin-bacitracin-poly-hc) |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> | |
| Eye Antiinflammatory Agents | |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> | (FML Liquifilm) |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> | (Acular) |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | (Pred Forte) |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | |
| Eye Antivirals | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | |
| Eye Sulfonamides | |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | |
| Ophthalmic Antibiotics | |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> | (Polycin) |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> | (Vigamox) |

| Drug | Notes |
|---|---------------------------------|
| neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g | (Neo-Polycin) |
| neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml | |
| NEO-POLYICIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G | (neomycin-bacitracin-polymyxin) |
| ofloxacin ophthalmic (eye) drops 0.3 % | (Ocuflox) |
| POLYICIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM | (bacitracin-polymyxin b) |
| polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml | |
| tobramycin ophthalmic (eye) drops 0.3 % | |
| Eye - Glaucoma | |
| Carbonic Anhydrase Inhibitors | |
| acetazolamide oral tablet 125 mg, 250 mg | |
| methazolamide oral tablet 25 mg, 50 mg | |
| Miotics/Other Intraoc. Pressure Reducers | |
| bimatoprost ophthalmic (eye) drops 0.03 % | |
| brimonidine ophthalmic (eye) drops 0.15 % | (Alphagan P) |
| brimonidine ophthalmic (eye) drops 0.2 % | |
| carteolol ophthalmic (eye) drops 1 % | |
| dorzolamide ophthalmic (eye) drops 2 % | |
| dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml | (Cosopt) |
| latanoprost ophthalmic (eye) drops 0.005 % | (Xalatan) |
| levobunolol ophthalmic (eye) drops 0.5 % | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | |
| pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % | |
| timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 % | |
| timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 % | |
| travoprost ophthalmic (eye) drops 0.004 % | (Travatan Z) |
| Mydriatics | |
| atropine ophthalmic (eye) drops 1 % | (Isopto Atropine) |
| cyclopentolate ophthalmic (eye) drops 1 % | (Cyclogyl) |
| Gout And Related Diseases | |
| Colchicine | |
| colchicine oral tablet 0.6 mg | (Colcrys) |
| Hyperuricemia Tx - Purine Inhibitors | |
| allopurinol oral tablet 100 mg | (Zyloprim) |
| allopurinol oral tablet 300 mg | |
| Uricosuric Agents | |
| probenecid oral tablet 500 mg | |
| probenecid-colchicine oral tablet 500-0.5 mg | |

| Drug | Notes |
|---|-----------------------|
| Hematological Disorders | |
| Anticoagulants, Coumarin Type | |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin) | |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | |
| Direct Factor Xa Inhibitors | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS) | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | |
| <i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto) | |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9) | |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (rivaroxaban) | |
| Hematinics, Other | |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | PA; SP |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | PA; SP |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | PA; SP |
| Hemorrhologic Agents | |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | |
| Heparin And Related Preparations | |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox) | QL (6 ML per 1 day) |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox) | QL (2 ML per 1 day) |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox) | QL (1.6 ML per 1 day) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox) | QL (0.6 ML per 1 day) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox) | QL (0.8 ML per 1 day) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox) | QL (1.2 ML per 1 day) |
| Leukocyte (Wbc) Stimulants | |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | PA; SP |

| Drug | Notes |
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| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | PA; SP |
| LEUKINE INJECTION RECON SOLN 250 MCG | PA; SP |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | PA; SP |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | PA; SP |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | PA; SP |
| Platelet Aggregation Inhibitors | |
| ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin) | |
| ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin) | |
| ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin) | |
| <i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens) | |
| <i>aspirin oral tablet,delayered release (dr/ec) 81 mg</i> (Adult Aspirin Regimen) | |
| BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin) | |
| CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin) | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix) | |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient) | |
| ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin) | |
| ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin) | |
| Thrombin Inhibitors,Selective,Direct, & Reversible | |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa) | |
| Vitamin K Preparations | |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i> | |
| Hormonal Deficiency | |
| Androgenic Agents | |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone) | PA |
| <i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim) | PA |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i> | PA |
| <i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo) | PA |

| Drug | Notes | |
|---|----------------------------------|----------------------|
| Estrogen/Androgen Combinations | | |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> | (Covaryx H.S.) | |
| <i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> | (Covaryx) | |
| Estrogenic Agents | | |
| ABIGALE LO ORAL TABLET 0.5-0.1 MG | (estradiol-norethindrone acet) | |
| ABIGALE ORAL TABLET 1-0.5 MG | (estradiol-norethindrone acet) | |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR | | |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR | | |
| <i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i> | (Premarin) | |
| DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | (estradiol) | |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | | |
| <i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i> | (EstroGel) | |
| <i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> | (Divigel) | |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | (Dotti) | |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | (Climara) | QL (1 EA per 7 days) |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> | (Abigale Lo) | |
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> | (Abigale) | |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) | | |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG | (norethindrone ac-eth estradiol) | |
| JINTELI ORAL TABLET 1-5 MG-MCG | (norethindrone ac-eth estradiol) | |
| LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | (estradiol) | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG | | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR | | |
| MIMVEY ORAL TABLET 1-0.5 MG | (estradiol-norethindrone acet) | |

| Drug | Notes |
|---|--|
| norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg (Fyavolv) | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/0.625MG-5MG(14) | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | |
| Progestational Agents | |
| GALLIFREY ORAL TABLET 5 MG (norethindrone acetate) | |
| medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg (Provera) | |
| norethindrone acetate oral tablet 5 mg (Gallifrey) | |
| progesterone micronized oral capsule 100 mg, 200 mg (Prometrium) | |
| Immunization | |
| Covid-19 Vaccines | |
| COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML | |
| COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML | |
| MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML | |
| NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML | |
| SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | |
| SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML | |
| Gram Negative Cocci Vaccines | |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | QL (0.5 ML per 30 days); Age (Min 19 Years and Max 25 Years) |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | QL (0.5 ML per 30 days); Age (Min 19 Years and Max 25 Years) |
| Gram Positive Cocci Vaccines | |
| CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML | |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML | |
| PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | Age (Min 19 Years) |
| VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML | Age (Min 19 Years) |
| Influenza Virus Vaccines | |
| AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | |

| Drug | Notes |
|--|--------------------|
| AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML | |
| AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML | |
| AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML | |
| FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | |
| FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | |
| FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML | |
| FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | |
| FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML | |
| FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | |
| FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML | |
| FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML | |
| FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | |
| FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML | |
| FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML | |
| Vaccine/Toxoid Preparations, Combinations | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML | Age (Min 19 Years) |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | Age (Min 19 Years) |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | Age (Min 19 Years) |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | Age (Min 19 Years) |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | Age (Min 19 Years) |

| Drug | Notes |
|---|--|
| Viral/Tumorigenic Vaccines | |
| ABRYSV0 (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | QL (1 EA per 1 LIFETIME) |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | Age (Min 19 Years) |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | Age (Min 19 Years) |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | PA |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | QL (2 EA per 1 LIFETIME); Age (Min 19 Years) |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | Age (Min 19 Years) |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | Age (Min 19 Years) |
| Immunosuppression/Modulation | |
| Immunosuppressives | |
| <i>azathioprine oral tablet 50 mg</i> | (Imuran) |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> | (Gengraf) |
| <i>cyclosporine modified oral capsule 50 mg</i> | |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | (Gengraf) |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | (Sandimmune) |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | (cyclosporine modified) |
| GENGRAF ORAL SOLUTION 100 MG/ML | (cyclosporine modified) |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | (CellCept) |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> | (CellCept) |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | (CellCept) |
| NEORAL ORAL CAPSULE 100 MG, 25 MG | (cyclosporine modified) |
| NEORAL ORAL SOLUTION 100 MG/ML | (cyclosporine modified) |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG | (tacrolimus) |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG | (cyclosporine) |
| <i>sirolimus oral solution 1 mg/ml</i> | |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | (Prograf) |
| Infectious Disease - Bacterial | |
| Absorbable Sulfonamides | |
| <i>sulfadiazine oral tablet 500 mg</i> | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> | (Sulfatrim) |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> | (Bactrim) |

| Drug | Notes |
|--|---------------------------------|
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> | (Bactrim DS) |
| SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML | (sulfamethoxazole-trimethoprim) |
| Cephalosporins - 1St Generation | |
| <i>cefadroxil oral capsule 500 mg</i> | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | |
| <i>cefadroxil oral tablet 1 gram</i> | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | |
| Cephalosporins - 2Nd Generation | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i> | |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | |
| Cephalosporins - 3Rd Generation | |
| <i>cefdinir oral capsule 300 mg</i> | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | |
| <i>cefepodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i> | |
| <i>cefepodoxime oral tablet 100 mg, 200 mg</i> | |
| Chemotherapeutics, Antibacterial, Misc. | |
| ANTIBACTERIAL-URINARY PAIN RLF ORAL TABLET 162-162.5 MG | |
| AZO URINARY TRACT DEFENSE ORAL TABLET 162-162.5 MG | |
| CYSTEX DUAL ACTION ORAL TABLET 162-162.5 MG | |
| <i>trimethoprim oral tablet 100 mg</i> | |
| URO-PAIN DUAL ACTION ORAL TABLET 162-162.5 MG | |
| Macrolides | |
| <i>azithromycin oral packet 1 gram</i> | |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i> | |
| <i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i> | (Zithromax) |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> | (Zithromax) |
| <i>azithromycin oral tablet 600 mg</i> | |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | |

| Drug | Notes |
|--|-------------------------------|
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i> | |
| E.E.S. 400 ORAL TABLET 400 MG | (erythromycin ethylsuccinate) |
| ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG | (erythromycin) |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG | (erythromycin stearate) |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> | (E.E.S. Granules) |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> | (EryPed 400) |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> | (E.E.S. 400) |
| <i>erythromycin oral capsule, delayed release(drlec) 250 mg</i> | |
| <i>erythromycin oral tablet 250 mg, 500 mg</i> | |
| <i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i> | (Ery-Tab) |
| Nitrofurantoin Derivatives | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | |
| <i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> | (Macrobid) |
| Oxazolidinones | |
| <i>linezolid oral tablet 600 mg</i> | |
| Penicillins | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i> | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> | (Augmentin) |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> | (Augmentin ES-600) |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i> | |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> | (Augmentin) |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> | (Augmentin XR) |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | |
| <i>ampicillin oral capsule 500 mg</i> | |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | |

| Drug | Notes |
|--|-------|
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | |
| Quinolones | |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 (ciprofloxacin) MG/5 ML, 500 MG/5 ML | |
| <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i> | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro) | |
| <i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro) | |
| <i>levofloxacin oral solution 250 mg/10 ml</i> | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | |
| <i>moxifloxacin oral tablet 400 mg</i> | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | |
| Tetracyclines | |
| <i>doxycycline hyclate oral capsule 100 mg</i> | |
| <i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox) | |
| <i>doxycycline hyclate oral tablet 100 mg</i> | |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL) | |
| <i>doxycycline monohydrate oral capsule 50 mg</i> | |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy) | |
| <i>doxycycline monohydrate oral tablet 50 mg</i> | |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | |
| <i>minocycline oral tablet 50 mg, 75 mg</i> | |
| MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate) | |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | |
| <i>tetracycline oral tablet 250 mg, 500 mg</i> | |
| Infectious Disease - Fungal | |
| Antifungal Agents | |
| <i>clotrimazole mucous membrane troche 10 mg</i> | |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml</i> | |
| <i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan) | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox) | PA |
| <i>ketoconazole oral tablet 200 mg</i> | PA |
| <i>terbinafine hcl oral tablet 250 mg</i> | |
| Antifungal Antibiotics | |
| <i>nystatin oral suspension 100,000 unit/ml</i> | |
| <i>nystatin oral tablet 500,000 unit</i> | |

| Drug | Notes |
|---|-----------------------------|
| Infectious Disease - Miscellaneous | |
| Aminoglycosides | |
| <i>neomycin oral tablet 500 mg</i> | |
| Antileprotics | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | |
| Anti-Mycobacterium Agents | |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | |
| <i>pyrazinamide oral tablet 500 mg</i> | |
| Antitubercular Antibiotics | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | |
| Lincosamides | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg</i> | (Cleocin HCl) |
| <i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> | (Clindamycin Pediatric) |
| CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML | (clindamycin palmitate hcl) |
| Rifamycins And Related Derivative Antibiotics | |
| XIFAXAN ORAL TABLET 550 MG | PA |
| Vancomycin And Derivatives | |
| <i>vancomycin oral capsule 125 mg, 250 mg</i> | (Vancocin) |
| Infectious Disease - Parasitic | |
| Anaerobic Antiprotozoal-Antibacterial Agents | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | |
| Anthelmintics | |
| PINAWAY ORAL SUSPENSION 50 MG/ML | |
| PINWORM TREATMENT ORAL SUSPENSION 50 MG/ML | |
| REESE'S PINWORM MEDICINE ORAL SUSPENSION 50 MG/ML | |
| Antimalarial Drugs | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | |
| <i>hydroxychloroquine oral tablet 200 mg</i> | (Sovuna) |
| <i>mefloquine oral tablet 250 mg</i> | |
| SOVUNA ORAL TABLET 200 MG | (hydroxychloroquine) |
| Infectious Disease - Viral | |
| Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab | |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | SP |
| Antiretroviral - Capsid Inhibitors | |
| SUNLENCA ORAL TABLET 300 MG | SP |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | SP |

| Drug | Notes |
|---|---|
| Antiretroviral-Integrase Inhibitor And Nrti Comb. | |
| CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | SP |
| JULUCA ORAL TABLET 50-25 MG | |
| Antiretroviral-Integrase Inhibitor And Nrti Comb. | |
| DOVATO ORAL TABLET 50-300 MG | |
| Antiretroviral-Nucleoside, Nucleotide, Protease Inh. | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | |
| Antiviral Monoclonal Antibodies | |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML | PA; SP |
| Antiviral Nucleotide Analogs | |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG | |
| Antivirals, General | |
| <i>acyclovir oral capsule 200 mg</i> | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax) | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | |
| <i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu) | QL (10 EA per 5 days) |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | QL (120 ML per 5 days); Age (Max 7 Years) |
| <i>valacyclovir oral tablet 1 gram</i> (Valtrex) | QL (3 EA per 1 day) |
| <i>valacyclovir oral tablet 500 mg</i> (Valtrex) | QL (2 EA per 1 day) |
| Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib | |
| APTIVUS ORAL CAPSULE 250 MG | |
| <i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista) | |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG | |
| PREZISTA ORAL SUSPENSION 100 MG/ML | |
| PREZISTA ORAL TABLET 150 MG, 75 MG | |
| PREZISTA ORAL TABLET 600 MG, 800 MG (darunavir) | |
| Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog | |
| CIMDUO ORAL TABLET 300-300 MG | |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada) | |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine-tenofovir (tdf)) | |
| Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb | |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | |

| Drug | Notes |
|---|-----------------|
| Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag. | |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> | (Selzentry) |
| SELZENTRY ORAL SOLUTION 20 MG/ML | |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | (maraviroc) |
| Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | |
| Antivirals, Hiv-Specific, Fusion Inhibitors | |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | |
| Antivirals, Hiv-Specific, Non-Nucleoside, Rti | |
| EDURANT ORAL TABLET 25 MG | |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG | |
| <i>efavirenz oral tablet 600 mg</i> | |
| <i>etravirine oral tablet 100 mg, 200 mg</i> | (Intelence) |
| INTELENCE ORAL TABLET 100 MG, 200 MG | (etravirine) |
| INTELENCE ORAL TABLET 25 MG | |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | |
| <i>nevirapine oral tablet 200 mg</i> | |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> | |
| PIFELTRO ORAL TABLET 100 MG | |
| Antivirals, Hiv-Specific, Nucleoside Analog, Rti | |
| <i>abacavir oral solution 20 mg/ml</i> | (Ziagen) |
| <i>abacavir oral tablet 300 mg</i> | |
| <i>emtricitabine oral capsule 200 mg</i> | (Emtriva) |
| EMTRIVA ORAL CAPSULE 200 MG | (emtricitabine) |
| EMTRIVA ORAL SOLUTION 10 MG/ML | |
| EPIVIR ORAL SOLUTION 10 MG/ML | (lamivudine) |
| EPIVIR ORAL TABLET 150 MG, 300 MG | (lamivudine) |
| <i>lamivudine oral solution 10 mg/ml</i> | (Epivir) |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> | (Epivir) |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | |
| RETROVIR ORAL CAPSULE 100 MG | (zidovudine) |
| RETROVIR ORAL SYRUP 10 MG/ML | (zidovudine) |
| <i>stavudine oral capsule 15 mg, 20 mg</i> | |
| ZIAGEN ORAL SOLUTION 20 MG/ML | (abacavir) |
| <i>zidovudine oral capsule 100 mg</i> | (Retrovir) |
| <i>zidovudine oral syrup 10 mg/ml</i> | (Retrovir) |
| <i>zidovudine oral tablet 300 mg</i> | |
| Antivirals, Hiv-Specific, Nucleotide Analog, Rti | |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | (Viread) |

| Drug | | Notes |
|---|---|-------|
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | | |
| VIREAD ORAL TABLET 300 MG | (tenofovir disoproxil fumarate) | |
| Antivirals, Hiv-Specific, Protease Inhibitor Comb | | |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML | (lopinavir-ritonavir) | |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG | (lopinavir-ritonavir) | |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i> | (Kaletra) | |
| Antivirals, Hiv-Specific, Protease Inhibitors | | |
| <i>atazanavir oral capsule 150 mg</i> | | |
| <i>atazanavir oral capsule 200 mg, 300 mg</i> | (Reyataz) | |
| EVOTAZ ORAL TABLET 300-150 MG | | |
| <i>fosamprenavir oral tablet 700 mg</i> | | |
| NORVIR ORAL CAPSULE 100 MG | | |
| NORVIR ORAL POWDER IN PACKET 100 MG | | |
| NORVIR ORAL TABLET 100 MG | (ritonavir) | |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG | (atazanavir) | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | | |
| <i>ritonavir oral tablet 100 mg</i> | (Norvir) | |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | | |
| Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr | | |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | (cabotegravir) | SP |
| ISENTRESS HD ORAL TABLET 600 MG | | |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | | |
| ISENTRESS ORAL TABLET 400 MG | | |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG | | |
| TIVICAY ORAL TABLET 50 MG | | |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | | |
| Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti | | |
| COMPLERA ORAL TABLET 200-25-300 MG | (emtricitabine-tenofovir disoproxil fumarate) | |
| DELSTRIGO ORAL TABLET 100-300-300 MG | | |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate oral tablet 600-200-300 mg</i> | | |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> | | |

| Drug | | Notes |
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| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> | (Symfi) | |
| <i>emtricitabine-raltegravir-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i> | (Complera) | |
| ODEFSEY ORAL TABLET 200-25-25 MG | | |
| SYMFI ORAL TABLET 600-300-300 MG | (efavirenz-lamivudine-tenofovir disoproxil fumarate) | |
| Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor | | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | | QL (1 EA per 1 day) |
| GENVOYA ORAL TABLET 150-150-200-10 MG | | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | | |
| Arv Comb-Nrtis & Integrase Inhibitor | | |
| TRIUMEQ ORAL TABLET 600-50-300 MG | | |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | | |
| Cytochrome P450 Inhibitors | | |
| TYBOST ORAL TABLET 150 MG | | |
| Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo. | | |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> | (Epclusa) | SP; QL (1 EA per 1 day) |
| Hepatitis B Treatment Agents | | |
| <i>adefovir oral tablet 10 mg</i> | (Hepsera) | SP |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | | SP |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG | (entecavir) | SP |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | (Baraclude) | SP |
| HEPSERA ORAL TABLET 10 MG | (adefovir) | SP |
| <i>lamivudine oral tablet 100 mg</i> | | |
| VEMLIDY ORAL TABLET 25 MG | | SP |
| Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb | | |
| MAVYRET ORAL TABLET 100-40 MG | | SP; QL (3 EA per 1 day) |
| Inflammatory Disease | | |
| Anti-Inflammatory Tumor Necrosis Factor Inhibitor | | |
| <i>adalimumab-adalimumab subcutaneous pen injector 40 mg/0.4 ml</i> | (Hyrimoz(CF) Pen) | PA; SP |
| <i>adalimumab-adalimumab subcutaneous syringe 40 mg/0.4 ml</i> | (Hyrimoz(CF)) | PA; SP |
| <i>adalimumab-adalimumab subcutaneous pen injector kit 40 mg/0.4 ml, 40 mg/0.8 ml</i> | (Cyltezo(CF) Pen) | PA; SP |
| <i>adalimumab-adalimumab subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml</i> | (Cyltezo(CF)) | PA; SP |
| ADALIMUMAB-ADB(M)CF PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | (adalimumab-adalimumab) | PA; SP |
| ADALIMUMAB-ADB(M)CF PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | (adalimumab-adalimumab) | PA; SP |

| Drug | | Notes |
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| <i>adalimumab-bwwd subcutaneous auto-injector 40 mg/0.4 ml</i> | (Hadlima(CF) PushTouch) | PA; SP |
| <i>adalimumab-bwwd subcutaneous syringe 40 mg/0.4 ml</i> | (Hadlima(CF)) | PA; SP |
| <i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i> | (Hulio(CF) Pen) | PA; SP |
| <i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i> | (Hulio(CF)) | PA; SP |
| CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | (adalimumab-adbm) | PA; SP |
| CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | (adalimumab-adbm) | PA; SP |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | (adalimumab-adbm) | PA; SP |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | (adalimumab-adbm) | PA; SP |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | | PA; SP |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | | PA; SP |
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML | | PA; SP |
| HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | | PA; SP |
| HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML | (adalimumab-bwwd) | PA; SP |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | (adalimumab-bwwd) | PA; SP |
| Anti-Inflammatory, Pyrimidine Synthesis Inhibitor | | |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | (Arava) | |
| Glucocorticoids | | |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML | | |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i> | | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | | |
| <i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)</i> | (TaperDex) | |
| <i>dexamethasone oral tablets,dose pack 1.5 mg (35 tabs)</i> | | |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> | (Medrol) | |
| <i>methylprednisolone oral tablet 32 mg</i> | | |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> | (Medrol (Pak)) | |
| <i>prednisolone oral solution 15 mg/5 ml</i> | | |

| Drug | | Notes |
|---|--------------------|--------|
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | | |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML | | |
| <i>prednisone oral solution 5 mg/5 ml</i> | | |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | | |
| <i>prednisone oral tablets,dose pack 10 mg, 5 mg</i> | | |
| TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS) | (dexamethasone) | |
| Mineralocorticoids | | |
| <i>fludrocortisone oral tablet 0.1 mg</i> | | |
| Monoclonal Antibody-Human Interleukin 12/23 Inhib | | |
| OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | (ustekinumab-aaaz) | PA; SP |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | (ustekinumab-aekn) | PA; SP |
| STARJEMZA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | | PA; SP |
| <i>ustekinumab-aaaz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i> | (Otulfi) | PA; SP |
| <i>ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i> | (Selarsdi) | PA; SP |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | | PA; SP |
| Nsaids, Cyclooxygenase 2 Inhibitor - Type | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | (Celebrex) | |
| Nsaids, Cyclooxygenase Inhibitor-Type | | |
| ADDAPRIN ORAL TABLET 200 MG | (ibuprofen) | |
| ALEVE ORAL TABLET 220 MG | (naproxen sodium) | |
| ALL DAY PAIN RELIEF ORAL TABLET 220 MG | (naproxen sodium) | |
| ALL DAY RELIEF ORAL TABLET 220 MG | (naproxen sodium) | |
| CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML | (ibuprofen) | |
| CHILDREN'S PROFEN IB ORAL SUSPENSION 100 MG/5 ML | (ibuprofen) | |
| <i>diclofenac sodium oral tablet,delayed release (dlrec) 50 mg, 75 mg</i> | | |
| <i>etodolac oral tablet 400 mg</i> | (Lodine) | |
| <i>etodolac oral tablet 500 mg</i> | | |
| FLANAX (NAPROXEN) ORAL TABLET 220 MG | (naproxen sodium) | |
| <i>flurbiprofen oral tablet 100 mg</i> | (Lurbiro) | |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG | (ibuprofen) | |
| IBU-200 ORAL TABLET 200 MG | (ibuprofen) | |

| Drug | Notes |
|--|------------------------|
| <i>ibuprofen oral drops,suspension 50 mg/1.25 ml</i> | (Infant's Advil) |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> | (Children's Ibuprofen) |
| <i>ibuprofen oral tablet 200 mg</i> | (Addaprin) |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | (IBU) |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | |
| <i>indomethacin oral suspension 25 mg/5 ml</i> | (Indocin) |
| <i>indomethacin rectal suppository 50 mg</i> | (Indocin) |
| INFANT'S ADVIL ORAL DROPS,SUSPENSION 50 MG/1.25 ML | (ibuprofen) |
| INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION 50 MG/1.25 ML | (ibuprofen) |
| INFANT'S MOTRIN ORAL DROPS,SUSPENSION 50 MG/1.25 ML | (ibuprofen) |
| INFANTS PROFENIB ORAL DROPS,SUSPENSION 50 MG/1.25 ML | (ibuprofen) |
| I-PRIN ORAL TABLET 200 MG | (ibuprofen) |
| <i>ketorolac oral tablet 10 mg</i> | |
| LURBIRO ORAL TABLET 100 MG | (flurbiprofen) |
| MEDIPROXEN ORAL TABLET 220 MG | (naproxen sodium) |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | |
| <i>naproxen oral suspension 125 mg/5 ml</i> | (Naprosyn) |
| <i>naproxen oral tablet 250 mg, 375 mg</i> | |
| <i>naproxen oral tablet 500 mg</i> | (Naprosyn) |
| <i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i> | (EC-Naprosyn) |
| <i>naproxen sodium oral tablet 220 mg</i> | (Aleve) |
| <i>naproxen sodium oral tablet 275 mg</i> | |
| <i>naproxen sodium oral tablet 550 mg</i> | (Anaprox DS) |
| PAIN RELIEF (IBUPROFEN) ORAL TABLET 200 MG | (ibuprofen) |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | |
| WAL-PROFEN ORAL TABLET 200 MG | (ibuprofen) |
| WAL-PROXEN ORAL TABLET 220 MG | (naproxen sodium) |
| Local Anesthesia | |
| Local Anesthetics | |
| <i>lidocaine hcl mucous membrane solution 2 %</i> | (Lidocaine Viscous) |
| LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % | (lidocaine hcl) |
| Lower Gastrointestinal Disorders - Bowel Inflammat | |
| Chronic Inflamm. Colon Dx, 5-A-Salicylat,Rectal Tx | |
| <i>mesalamine rectal enema 4 gram/60 ml</i> | (Rowasa) |
| <i>mesalamine rectal suppository 1,000 mg</i> | (Canasa) |
| Drug Tx-Chronic Inflamm. Colon Dx,5-Aminosaliclat | |
| <i>balsalazide oral capsule 750 mg</i> | (Colazal) |

| Drug | Notes |
|---|---|
| <i>mesalamine oral capsule (with del rel tablets)</i> 400 mg | ST; ST: REQUIRES PRIOR PRESCRIPTIONS FOR BALSALAZIDE DISODIUM AND SULFASALAZINE WITHIN THE PAST 180 DAYS. |
| <i>mesalamine oral tablet, delayed release (dr/ec)</i> 1.2 gram (Lialda) | ST; ST: REQUIRES PRIOR PRESCRIPTIONS FOR BALSALAZIDE DISODIUM AND SULFASALAZINE WITHIN THE PAST 180 DAYS. |
| <i>mesalamine oral tablet, delayed release (dr/ec)</i> 800 mg | ST; ST: REQUIRES PRIOR PRESCRIPTIONS FOR BALSALAZIDE DISODIUM AND SULFASALAZINE WITHIN THE PAST 180 DAYS. |
| <i>sulfasalazine oral tablet 500 mg</i> | (Azulfidine) |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> | (Azulfidine EN-tabs) |
| Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth | |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 %</i> | (Analpram-HC) |
| Hemorrhoidals, Local Rectal Anesthetics | |
| ANECREAM5 TOPICAL CREAM 5 % | (lidocaine) |
| HEMORRHOIDAL RELIEF TOPICAL CREAM 5 % | (lidocaine) |
| HEMORRHOID-FISSURE PAIN TOPICAL CREAM 5 % | (lidocaine) |
| <i>lidocaine topical cream 5 %</i> | (AneCream5) |
| NUMBCREAM TOPICAL CREAM 5 % | (lidocaine) |
| RECTALIEF TOPICAL CREAM 5 % | (lidocaine) |
| RECTASMOOTH TOPICAL CREAM 5 % | (lidocaine) |
| Lower Gastrointestinal Disorders - Other | |
| Ammonia Inhibitors | |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML | (lactulose) |
| GENERLAC ORAL SOLUTION 10 GRAM/15 ML | (lactulose) |
| Antidiarrheals | |
| ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE 2 MG | (loperamide) |
| ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET 2 MG | (loperamide) |
| ANTI-DIARRHEAL ORAL SUSPENSION 262 MG/15 ML | (bismuth subsalicylate) |
| DIAMODE ORAL TABLET 2 MG | (loperamide) |
| DIARRHEA RELIEF (BISMUTH SUBS) ORAL SUSPENSION 262 MG/15 ML | (bismuth subsalicylate) |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | (Lomotil) |
| IMODIUM A-D ORAL CAPSULE 2 MG | (loperamide) |
| KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION 262 MG/15 ML | (bismuth subsalicylate) |
| K-PEC ANTIDIARRHEAL (BISM SUB) ORAL SUSPENSION 262 MG/15 ML | (bismuth subsalicylate) |

| Drug | Notes | |
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| <i>loperamide oral capsule 2 mg</i> | (Anti-Diarrheal (loperamide)) | |
| <i>loperamide oral tablet 2 mg</i> | (Anti-Diarrheal (loperamide)) | |
| PINK BISMUTH ORAL SUSPENSION 262 MG/15 ML | (bismuth subsalicylate) | |
| SOOTHE REGULAR STRENGTH ORAL SUSPENSION 262 MG/15 ML | (bismuth subsalicylate) | |
| STOMACH RELIEF ORAL SUSPENSION 262 MG/15 ML | (bismuth subsalicylate) | |
| STOMACH RELIEF ORIGINAL ORAL SUSPENSION 262 MG/15 ML | (bismuth subsalicylate) | |
| ULTRA A-D ORAL TABLET 2 MG | (loperamide) | |
| Bile Salts | | |
| <i>ursodiol oral capsule 300 mg</i> | | |
| <i>ursodiol oral tablet 500 mg</i> | (URSO Forte) | |
| Laxatives And Cathartics | | |
| 2-IN-1 LAXATIVE ORAL TABLET 8.6-50 MG | (sennosides-docusate sodium) | |
| BENEFIBER CLEAR SF (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/3.5 GRAM | | |
| BEST FIBER ORAL POWDER 3 GRAM/3.5 GRAM | | |
| <i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i> | (C-Lax Laxative (bisacodyl)) | |
| CITRATE OF MAGNESIA ORAL SOLUTION | (magnesium citrate) | |
| CITROMA ORAL SOLUTION | (magnesium citrate) | |
| C-LAX LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG | (bisacodyl) | |
| CLEARLAX ORAL POWDER 17 GRAM/DOSE | (polyethylene glycol 3350) | QL (510 GM per 30 days) |
| CLEARLAX ORAL POWDER IN PACKET 17 GRAM | (polyethylene glycol 3350) | |
| COL-RITE ORAL CAPSULE 100 MG, 250 MG | (docusate sodium) | |
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML | (lactulose) | |
| DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM | | |
| DAILY FIBER ORAL CAPSULE 0.4 GRAM, 0.52 GRAM | (psyllium husk) | |
| <i>docusate calcium oral capsule 240 mg</i> | (Stool Softener (docusate cal)) | |
| <i>docusate sodium oral capsule 100 mg</i> | (Dulcolax Stool Softener (dss)) | |
| <i>docusate sodium oral capsule 250 mg</i> | (DSS) | |
| <i>docusate sodium oral liquid 50 mg/5 ml</i> | (OneLAX Docusate Sodium) | |
| <i>docusate sodium oral syrup 60 mg/15 ml</i> | (Stool Softener) | |
| <i>docusate sodium oral tablet 100 mg</i> | (DOK) | |
| DOCUZEN ORAL TABLET 8.6-50 MG | (sennosides-docusate sodium) | |

| Drug | | Notes |
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| DOK ORAL TABLET 100 MG | (docusate sodium) | |
| DSS ORAL CAPSULE 250 MG | (docusate sodium) | |
| DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION 400 MG/5 ML | (magnesium hydroxide) | |
| DULCOLAX STOOL SOFTENER (DSS) ORAL CAPSULE 100 MG | (docusate sodium) | |
| EVAC-U-GEN (SENNOSIDES) ORAL TABLET 8.6 MG | (sennosides) | |
| FIBER (CALCIUM POLYCARBOPHIL) ORAL TABLET 625 MG | (calcium polycarbophil) | |
| FIBER (DEXTRIN) ORAL POWDER 3 GRAM/3.5 GRAM | | |
| FIBER (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM | (psyllium husk) | |
| FIBER (PSYLLIUM HUSK-SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM | | |
| FIBER (WITH ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM | | |
| FIBER LAXATIVE (CA POLYCARBO) ORAL TABLET 625 MG | (calcium polycarbophil) | |
| FIBER LAXATIVE (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM | (psyllium husk) | |
| FIBER THERAPY (CA POLYCARBOPH) ORAL TABLET 625 MG | (calcium polycarbophil) | |
| FIBER THERAPY (M-CELL/SUGAR) ORAL POWDER 2 GRAM/19 GRAM | | |
| FIBER THERAPY LAXATIVE (HUSK) ORAL CAPSULE 0.52 GRAM | (psyllium husk) | |
| FIBER THERAPY(PSYL SEED-SUGAR) ORAL POWDER | (psyllium seed (sugar)) | |
| FIBER-CAPS (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM | (psyllium husk) | |
| FIBER-LAX ORAL TABLET 625 MG | (calcium polycarbophil) | |
| FIBER-TABS ORAL TABLET 625 MG | (calcium polycarbophil) | |
| FLEET BISACODYL ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG | (bisacodyl) | |
| FLEET DOCUSATE ORAL CAPSULE 100 MG | (docusate sodium) | |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM | (peg 3350-electrolytes) | |
| GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM | (peg 3350-electrolytes) | |
| GAVILYTE-N ORAL RECON SOLN 420 GRAM | (peg-electrolyte soln) | |
| GENTLE LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG | (bisacodyl) | |
| GENTLE LAXATIVE (MAG HYDROX) ORAL SUSPENSION 400 MG/5 ML | (magnesium hydroxide) | |
| GENTLELAX ORAL POWDER 17 GRAM/DOSE | (polyethylene glycol 3350) | QL (510 GM per 30 days) |
| GERI-KOT ORAL TABLET 8.6 MG | (sennosides) | |

| Drug | Notes |
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| GERI-MUCIL (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM | |
| HEALTHYLAX ORAL POWDER IN PACKET 17 GRAM | (polyethylene glycol 3350) |
| HYDROCIL ORAL POWDER | (psyllium) |
| INSTALAX ORAL POWDER 17 GRAM/DOSE | (polyethylene glycol 3350) |
| <i>lactulose oral solution 10 gram/15 ml</i> | (Constulose) |
| LAX STOOL SOFTENER WITH SENNA ORAL TABLET 8.6-50 MG | (sennosides-docusate sodium) |
| LAXA BASIC ORAL CAPSULE 100 MG | (docusate sodium) |
| LAXACIN ORAL TABLET 8.6-50 MG | (sennosides-docusate sodium) |
| LAXACLEAR ORAL POWDER 17 GRAM/DOSE | (polyethylene glycol 3350) |
| LAXATIVE (BISACODYL) ORAL TABLET 5 MG | |
| LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG | (bisacodyl) |
| LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE | (polyethylene glycol 3350) |
| <i>magnesium citrate oral solution</i> | (Citroma) |
| <i>magnesium hydroxide oral suspension 400 mg/5 ml</i> | (Dulcolax (magnesium hydroxide)) |
| METAMUCIL MULTIHEALTH FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM | |
| METAMUCIL SUGAR-FREE (ASPART) ORAL POWDER 3.4 GRAM/5.8 GRAM | |
| MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML | (magnesium hydroxide) |
| MIX-IN LAXATIVE ORAL POWDER IN PACKET 17 GRAM | (polyethylene glycol 3350) |
| MOVE IT ALONG ORAL TABLET 100 MG | (docusate sodium) |
| MULTIHEALTH FIBER (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM | |
| MULTIHEALTH FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM | |
| NATURAL DAILY FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM | |
| NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER | (psyllium seed (sugar)) |
| NATURAL FIBER LAXATIVE ORAL CAPSULE 0.52 GRAM | (psyllium husk) |
| NATURAL FIBER LAXATIVE(ASPART) ORAL POWDER | |
| NATURAL FIBER SUPPLEMENT ORAL POWDER 6 GRAM/6 GRAM | |
| NATURAL VEG LAXATIVE(SENNOSID) ORAL TABLET 8.6 MG | (sennosides) |
| NATURA-LAX ORAL POWDER 17 GRAM/DOSE | (polyethylene glycol 3350) |
| ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5 ML | (docusate sodium) |

| Drug | Notes |
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| ONELAX MAGNESIUM CITRATE ORAL SOLUTION (magnesium citrate) | |
| ONELAX SENNA ORAL SYRUP 8.8 MG/5 ML (sennosides) | |
| P-COL RITE ORAL TABLET 8.6-50 MG (sennosides-docusate sodium) | |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G) | |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N) | |
| PHILLIPS' LIQUI-GELS ORAL CAPSULE 100 MG (docusate sodium) | |
| <i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax) | QL (510 GM per 30 days) |
| <i>polyethylene glycol 3350 oral powder in packet 17 gram</i> (ClearLax) | |
| POWDERLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350) | QL (510 GM per 30 days) |
| POWDERLAX ORAL POWDER IN PACKET 17 GRAM (polyethylene glycol 3350) | |
| PROLAXA ORAL CAPSULE 250 MG (docusate sodium) | |
| PROMOLAXIN ORAL TABLET 100 MG (docusate sodium) | |
| <i>psyllium husk (with sugar) oral powder 3 gram/7 gram</i> (Daily Fiber (psyllium-sucrose)) | |
| <i>psyllium husk oral capsule 0.4 gram, 0.52 gram</i> (Daily Fiber) | |
| PURELAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350) | QL (510 GM per 30 days) |
| PURELAX ORAL POWDER IN PACKET 17 GRAM (polyethylene glycol 3350) | |
| REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM (psyllium husk) | |
| SENEXON-S ORAL TABLET 8.6-50 MG (sennosides-docusate sodium) | |
| SENNA LAX ORAL TABLET 8.6 MG (sennosides) | |
| SENNA LAXATIVE ORAL TABLET 8.6 MG (sennosides) | |
| SENNA ORAL SYRUP 8.8 MG/5 ML (sennosides) | |
| SENNA ORAL TABLET 8.6 MG (sennosides) | |
| SENNA PLUS ORAL TABLET 8.6-50 MG (sennosides-docusate sodium) | |
| SENNA-S ORAL TABLET 8.6-50 MG (sennosides-docusate sodium) | |
| SENNA-TIME S ORAL TABLET 8.6-50 MG (sennosides-docusate sodium) | |
| <i>sennosides oral syrup 8.8 mg/5 ml</i> (OneLAX Senna) | |
| <i>sennosides oral tablet 8.6 mg</i> (Evac-U-Gen (sennosides)) | |
| <i>sennosides-docusate sodium oral tablet 8.6-50 mg</i> (Docuzen) | |
| SENOKOT-S ORAL TABLET 8.6-50 MG (sennosides-docusate sodium) | |
| SMOOTHLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350) | QL (510 GM per 30 days) |

| Drug | Notes |
|---|-------------------------------|
| SMOOTHLAX ORAL POWDER IN PACKET 17 GRAM | (polyethylene glycol 3350) |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> | (Suprep Bowel Prep Kit) |
| STIMULANT LAXATIVE PLUS ORAL TABLET 8.6-50 MG | (sennosides-docusate sodium) |
| STOOL SOFTENER (DOCUSATE CAL) ORAL CAPSULE 240 MG | (docusate calcium) |
| STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG | (docusate sodium) |
| STOOL SOFTENER ORAL CAPSULE 50 MG | |
| STOOL SOFTENER ORAL LIQUID 50 MG/5 ML | (docusate sodium) |
| STOOL SOFTENER ORAL SYRUP 60 MG/15 ML | (docusate sodium) |
| STOOL SOFTENER ORAL TABLET 100 MG | (docusate sodium) |
| STOOL SOFTENER-LAXATIVE ORAL TABLET 8.6-50 MG | (sennosides-docusate sodium) |
| STOOL SOFTENER-STIMULANT LAXAT ORAL TABLET 8.6-50 MG | (sennosides-docusate sodium) |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM | |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | |
| VEGETABLE LAXATIVE ORAL TABLET 8.6 MG | (sennosides) |
| VEGETABLE LAX-STOOL SOFTENER ORAL TABLET 8.6-50 MG | (sennosides-docusate sodium) |
| WAL-MUCIL FIBER (ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM | |
| WAL-MUCIL FIBER (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM | |
| WAL-MUCIL FIBER ORAL CAPSULE 0.52 GRAM | (psyllium husk) |
| WAL-MUCIL NATURAL FIBER LAX ORAL POWDER 3.4 GRAM/12 GRAM | |
| WOMAN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG | |
| WOMEN'S GENTLE LAXATIVE(BISAC) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG | (bisacodyl) |
| WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG | |
| Laxatives, Local/Rectal | |
| <i>bisacodyl rectal suppository 10 mg</i> | (Gentle Laxative (bisacodyl)) |
| ENEMA DISPOSABLE RECTAL ENEMA 19-7 GRAM/118 ML | |
| ENEMA RECTAL ENEMA 19-7 GRAM/118 ML | |
| FLEET ENEMA RECTAL ENEMA 19-7 GRAM/118 ML | |

| Drug | Notes |
|---|------------------------|
| FLEET GLYCERIN (ADULT) RECTAL SUPPOSITORY (glycerin (adult)) | |
| FLEET PEDIATRIC RECTAL ENEMA 9.5-3.5 GRAM/59 ML | |
| GENTLE LAXATIVE (BISACODYL) RECTAL SUPPOSITORY 10 MG (bisacodyl) | |
| <i>glycerin (adult) rectal suppository</i> (Fleet Glycerin (Adult)) | |
| <i>glycerin (child) rectal suppository</i> | |
| LAXATIVE (BISACODYL) RECTAL SUPPOSITORY 10 MG (bisacodyl) | |
| ONELAX BISACODYL RECTAL SUPPOSITORY 10 MG (bisacodyl) | |
| PEDIATRIC ENEMA RECTAL ENEMA 9.5-3.5 GRAM/59 ML | |
| PROCTOZONE-B RECTAL SUPPOSITORY 10 MG (bisacodyl) | |
| PROCTOZONE-GMAX RECTAL SUPPOSITORY (glycerin (adult)) | |
| PURE AND GENTLE (SALINE) RECTAL ENEMA 19-7 GRAM/118 ML | |
| READY-TO-USE ENEMA RECTAL ENEMA 19-7 GRAM/118 ML | |
| THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG (bisacodyl) | |
| Medical Supplies | |
| Durable Medical Equipment,Misc | |
| CUT N CRUSH | |
| TABLET CUTTER | |
| Durable Medical Equipment,Misc(Group 1) | |
| ACCU-CHEK FASTCLIX LANCET DRUM (lancets) | QL (6.67 EA per 1 day) |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE | QL (6.67 EA per 1 day) |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE | QL (6.67 EA per 1 day) |
| ACCU-CHEK SOFTCLIX LANCETS (lancets) | QL (6.67 EA per 1 day) |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE | QL (6.67 EA per 1 day) |
| ACTI-LANCE LANCETS 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| ADVANCED TRAVEL LANCETS 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| ADVOCATE LANCET 23 GAUGE | QL (6.67 EA per 1 day) |
| AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| ALTERNATE SITE LANCET 26 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| ASSURE LANCE 25 GAUGE | QL (6.67 EA per 1 day) |
| ASSURE LANCE 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| ASSURE LANCE PLUS 25 GAUGE | QL (6.67 EA per 1 day) |
| BD MICROTAINER LANCET 1.5 X 2 MM | QL (6.67 EA per 1 day) |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |

| Drug | Notes |
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| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| BULLSEYE MINI SAFETY LANCETS 25 GAUGE | QL (6.67 EA per 1 day) |
| BUTTERFLY TOUCH LANCET 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| CAREONE ULTRA THIN LANCET (lancets) | QL (6.67 EA per 1 day) |
| CARESENS LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| CHOSEN LANCET 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| CHOSEN SAFETY LANCET 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| CLEVER CHEK LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| COAGUCHEK LANCETS (lancets) | QL (6.67 EA per 1 day) |
| COLOR LANCETS 21 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| COMFORT EZ LANCETS 23 GAUGE | QL (6.67 EA per 1 day) |
| COMFORT EZ LANCETS 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE | QL (6.67 EA per 1 day) |
| DROPLET LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| DROPSAFE ACTI-LANCE 23 GAUGE | QL (6.67 EA per 1 day) |
| DROPSAFE MEDLANCE PLUS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| EASY COMFORT LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| EASY TOUCH LANCETS 32 GAUGE | QL (6.67 EA per 1 day) |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE | QL (6.67 EA per 1 day) |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| EASY TOUCH TWIST LANCETS 32 GAUGE | QL (6.67 EA per 1 day) |
| EASY TWIST AND CAP LANCETS 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| EMBRACE LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| E-Z JECT LANCETS 32 GAUGE | QL (6.67 EA per 1 day) |
| E-Z JECT THIN LANCETS 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| EZ SMART LANCETS 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| FINGERSTIX LANCETS (lancets) | QL (6.67 EA per 1 day) |
| FONDCIRCLE LANCET 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| FORACARE LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| FREESTYLE LANCETS 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| FREESTYLE UNISTIK 2 (lancets) | QL (6.67 EA per 1 day) |

| Drug | | Notes |
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| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| GOJJI LANCETS 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| INCONTROL SUPER THIN LANCETS 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| INVACARE LANCETS 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| <i>lancets</i> | (Accu-Chek Fastclix Lancet Drum) | QL (6.67 EA per 1 day) |
| <i>lancets 21 gauge, 26 gauge, 30 gauge</i> | (Advocate Lancet) | QL (6.67 EA per 1 day) |
| <i>lancets 28 gauge</i> | (Acti-Lance Lancets) | QL (6.67 EA per 1 day) |
| <i>lancets 33 gauge</i> | (AgaMatrix Ultra-Thin Lancet) | QL (6.67 EA per 1 day) |
| LANCETS, SUPER THIN | (lancets) | QL (6.67 EA per 1 day) |
| LANCETS, THIN , 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| LANCETS, ULTRA THIN | (lancets) | QL (6.67 EA per 1 day) |
| MEDISENSE THIN LANCETS 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| MEDLANCE PLUS LANCETS 25 GAUGE | | QL (6.67 EA per 1 day) |
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM | | QL (6.67 EA per 1 day) |
| MICRO THIN LANCETS 33 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| MICROLET LANCET | (lancets) | QL (6.67 EA per 1 day) |
| MOBILE LANCETS 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| MONOLET LANCETS 21 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| MONOLET THIN LANCETS 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| MYGLUCOHEALTH LANCETS 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| NOVA SAFETY LANCETS 23 GAUGE | | QL (6.67 EA per 1 day) |
| NOVA SAFETY LANCETS 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| NOVA SUREFLEX LANCETS | (lancets) | QL (6.67 EA per 1 day) |
| ON CALL LANCET 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| ON-THE-GO LANCETS 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| PIP LANCET 28 GAUGE, 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| PRO COMFORT LANCET 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| PRO COMFORT LANCET 31 GAUGE | | QL (6.67 EA per 1 day) |
| PRO COMFORT SAFETY LANCET 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |

| Drug | Notes |
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| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| PRODIGY TWIST TOP LANCET 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| PURE COMFORT LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| RIGHTEST GL300 LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| SAFETY-LET LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| SENSILANCE 21 GAUGE, 26 GAUGE, 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| SINGLE-LET (lancets) | QL (6.67 EA per 1 day) |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| SMARTEST LANCET (lancets) | QL (6.67 EA per 1 day) |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| STERILANCE TL 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| STERILANCE TL 32 GAUGE | QL (6.67 EA per 1 day) |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE | QL (6.67 EA per 1 day) |
| SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| SURE-LANCE ULTRA THIN 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| SURE-TOUCH LANCET (lancets) | QL (6.67 EA per 1 day) |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| TELCARE LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| TEMPO REFILL KIT WITH GAUZE KIT | QL (6.67 EA per 1 day) |
| THIN LANCETS 26 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| TRUE COMFORT LANCET 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| TWIST LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| TWIST LANCETS 32 GAUGE | QL (6.67 EA per 1 day) |
| ULTILET BASIC LANCETS 30 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | QL (6.67 EA per 1 day) |
| ULTILET SAFETY LANCETS 23 GAUGE | QL (6.67 EA per 1 day) |

| Drug | | Notes |
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| ULTRA THIN II LANCETS 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| ULTRA THIN LANCETS 31 GAUGE | | QL (6.67 EA per 1 day) |
| ULTRA THIN PLUS LANCETS 33 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| ULTRA TLC LANCETS | (lancets) | QL (6.67 EA per 1 day) |
| ULTRA-CARE LANCETS 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| ULTRA-THIN II LANCETS 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNILET COMFORTOUCH LANCET , 26 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNILET GP LANCET | (lancets) | QL (6.67 EA per 1 day) |
| UNILET LANCET 28 GAUGE, 33 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNILET LANCETS 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNILET SUPER THIN LANCETS 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNISTIK 2 EXTRA LANCET 21 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNISTIK 2 NORMAL LANCET 21 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNISTIK 3 COMFORT LANCET 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNISTIK 3 EXTRA LANCET 21 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNISTIK 3 GENTLE 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNISTIK 3 NORMAL LANCET 23 GAUGE | | QL (6.67 EA per 1 day) |
| UNISTIK COMFORT LANCETS 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNISTIK CZT LANCET 23 GAUGE | | QL (6.67 EA per 1 day) |
| UNISTIK CZT LANCET 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNISTIK EXTRA LANCETS 21 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNISTIK NORMAL LANCETS 23 GAUGE | | QL (6.67 EA per 1 day) |
| UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNISTIK PRO LANCET 25 GAUGE | | QL (6.67 EA per 1 day) |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| UNISTIK TOUCH LANCETS 23 GAUGE | | QL (6.67 EA per 1 day) |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| VERIFINE SAFETY LANCET MINI 23 GAUGE | | QL (6.67 EA per 1 day) |
| VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| VIVAGUARD LANCET 30 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| VIVAGUARD SAFETY LANCET 28 GAUGE | (lancets) | QL (6.67 EA per 1 day) |
| Syringes And Accessories | | |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | QL (16.67 EA per 1 day) |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | QL (16.67 EA per 1 day) |

| Drug | Notes |
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| BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" | QL (16.67 EA per 1 day) |
| BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16 | QL (16.67 EA per 1 day) |
| COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" | QL (16.67 EA per 1 day) |
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 15/64" | QL (16.67 EA per 1 day) |

| Drug | Notes |
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| DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" | QL (16.67 EA per 1 day) |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29 X5/16 " | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 X 1/2", 1 ML 29 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" | QL (16.67 EA per 1 day) |
| EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" | QL (16.67 EA per 1 day) |
| EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" | QL (16.67 EA per 1 day) |
| EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML | (insulin syringe needleless) QL (16.67 EA per 1 day) |
| EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" | QL (16.67 EA per 1 day) |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML | (insulin syringe needleless) QL (16.67 EA per 1 day) |
| EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |

| Drug | Notes |
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| HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| <i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i> | (UltiCare Insulin Syr(half unit)) QL (16.67 EA per 1 day) |
| INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 1 ml 30 gauge x 5/16, 1/2 ml 28 gauge x 1/2"</i> | (Exel Insulin) QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1/2 ml 29</i> | (Ultilet Insulin Syringe) QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.3 ml 31 gauge x 15/64", 0.5 ml 29 gauge x 1/2", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64"</i> | (Comfort EZ Insulin Syringe) QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 31 gauge x 5/16</i> | (Advocate Syringes) QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 30, 1 ml 30 gauge x 7/16", 1/2 ml 30 gauge</i> | (Ultra Comfort Insulin Syringe) QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i> | (Sure Comfort Insulin Syringe) QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 0.5 ml 30 gauge x 1/2", 1 ml 27 gauge x 1/2"</i> | (Comfort EZ Insulin Syringe) QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 5/8"</i> | (BD SafetyGlide Syringe) QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 29 gauge x 7/16"</i> | QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i> | (BD Eclipse Luer-Lok) QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i> | (Thinpro Insulin Syringe) QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"</i> | (Easy Touch Insulin Syringe) QL (16.67 EA per 1 day) |
| <i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge</i> | (Monoject Syringe) QL (16.67 EA per 1 day) |
| <i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i> | QL (16.67 EA per 1 day) |
| MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | QL (16.67 EA per 1 day) |
| MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" | QL (16.67 EA per 1 day) |
| MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |

| Drug | Notes |
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| MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| MONOJECT INSULIN SAFETY SYRING SYRINGE 1 ML 29 GAUGE X 1/2" | QL (16.67 EA per 1 day) |
| MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| MONOJECT INSULIN SYRINGE SYRINGE 1 ML | (insulin syringes (disposable)) QL (16.67 EA per 1 day) |
| MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | QL (16.67 EA per 1 day) |
| SECURES SAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | QL (16.67 EA per 1 day) |
| SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |

| Drug | Notes |
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| SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" | QL (16.67 EA per 1 day) |
| TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8" | QL (16.67 EA per 1 day) |
| TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" | QL (16.67 EA per 1 day) |

| Drug | Notes |
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| TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16" | QL (16.67 EA per 1 day) |
| TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" | (insulin syr/ndl u100 half mark) QL (16.67 EA per 1 day) |
| ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" | QL (16.67 EA per 1 day) |
| ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29 | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE | QL (16.67 EA per 1 day) |
| ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" | QL (16.67 EA per 1 day) |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE | (insulin syringe-needle u-100) QL (16.67 EA per 1 day) |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE | QL (16.67 EA per 1 day) |

| Drug | Notes |
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| ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" | QL (16.67 EA per 1 day) |
| ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" | QL (16.67 EA per 1 day) |
| ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" | QL (16.67 EA per 1 day) |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u- 100) QL (16.67 EA per 1 day) |
| Miscellaneous Agents | |
| Anaphylaxis Therapy Agents | |
| AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML | (epinephrine) QL (1 EA per 144 days) |
| AUVI-Q INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML | (epinephrine) PRIOR AUTHORIZATION REQUIRED. UHA FORMULARY LIMITS PATIENTS TO 1 FILL EVERY 144 DAYS WITHOUT PRIOR AUTHORIZATION.; QL (1 EA per 144 days) |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> | (Auvi-Q) QL (1 EA per 144 days) |

| Drug | Notes |
|---|---|
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr) | PRIOR AUTHORIZATION REQUIRED. UHA FORMULARY LIMITS PATIENTS TO 1 FILL EVERY 144 DAYS WITHOUT PRIOR AUTHORIZATION.; QL (1 EA per 144 days) |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q) | PRIOR AUTHORIZATION REQUIRED. UHA FORMULARY LIMITS PATIENTS TO 1 FILL EVERY 144 DAYS WITHOUT PRIOR AUTHORIZATION.; QL (1 EA per 144 days) |
| NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML) | |
| Parasympathetic Agents | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | |
| Neoplastic Disease | |
| Alkylating Agents | |
| <i>bendamustine intravenous recon soln 25 mg</i> (Treanda) | PA; SP |
| <i>cyclophosphamide oral capsule 50 mg</i> | PA; SP |
| <i>cyclophosphamide oral tablet 50 mg</i> | PA; SP |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea) | |
| LEUKERAN ORAL TABLET 2 MG | PA; SP |
| <i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i> (Gleostine) | PA; SP |
| MYLERAN ORAL TABLET 2 MG | PA; SP |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i> | PA; SP |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> | PA; SP |
| Antiandrogenic Agents | |
| <i>abiraterone oral tablet 250 mg</i> (Abirtega) | PA; SP |
| ABIRTEGA ORAL TABLET 250 MG (abiraterone) | PA; SP |
| <i>nilutamide oral tablet 150 mg</i> | PA; SP |
| Antibiotic Antineoplastics | |
| <i>dactinomycin intravenous recon soln 0.5 mg</i> (Cosmegen) | PA; SP |
| Antimetabolites | |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza) | PA; SP |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> | PA; SP |
| FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (pralatrexate) | PA; SP |
| <i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i> | PA; SP |
| <i>mercaptopurine oral tablet 50 mg</i> | |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | |
| <i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i> (Folotyn) | PA; SP |
| TABLOID ORAL TABLET 40 MG (thioguanine) | PA; SP |

| Drug | | Notes |
|---|-------------------------------|--------|
| Antineoplast Egf Receptor Blocker Rcmb Mc Antibody | | |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | | PA; SP |
| Antineoplastic Aromatase Inhibitors | | |
| <i>anastrozole oral tablet 1 mg</i> | (Arimidex) | |
| <i>exemestane oral tablet 25 mg</i> | (Aromasin) | |
| <i>letrozole oral tablet 2.5 mg</i> | (Femara) | |
| Antineoplastic - Mtor Kinase Inhibitors | | |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg</i> | (Torpenz) | PA; SP |
| TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG | (everolimus (antineoplastic)) | PA; SP |
| Antineoplastic - Topoisomerase I Inhibitors | | |
| HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG | | PA; SP |
| <i>irinotecan intravenous solution 300 mg/15 ml</i> | (Camptosar) | PA; SP |
| <i>topotecan intravenous recon soln 4 mg</i> | | PA; SP |
| Antineoplastic Immunomodulator Agents | | |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> | (Revlimid) | PA; SP |
| Antineoplastic Systemic Enzyme Inhibitors | | |
| CAPRELSA ORAL TABLET 100 MG, 300 MG | (vandetanib) | PA; SP |
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> | (Sprycel) | PA; SP |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> | | PA; SP |
| <i>gefitinib oral tablet 250 mg</i> | (Iressa) | PA; SP |
| <i>imatinib oral tablet 100 mg, 400 mg</i> | (Gleevec) | PA; SP |
| <i>lapatinib oral tablet 250 mg</i> | (Tykerb) | PA; SP |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg</i> | (Tasigna) | PA; SP |
| <i>pazopanib oral tablet 200 mg</i> | (Votrient) | PA; SP |
| PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | | PA; SP |
| <i>sorafenib oral tablet 200 mg</i> | (Nexavar) | PA; SP |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i> | (Sutent) | PA; SP |
| Antineoplastic, Histone Deacetylase Inhibitors, Hdis | | |
| ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML | (romidepsin) | PA; SP |
| <i>romidepsin intravenous recon soln 10 mg/2 ml</i> | (Istodax) | PA; SP |
| ZOLINZA ORAL CAPSULE 100 MG | | PA; SP |
| Antineoplastics, Miscellaneous | | |
| BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML) | (docetaxel) | PA; SP |
| <i>docetaxel intravenous solution 20 mg/ml (1 ml)</i> | (Beizray) | PA; SP |
| <i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i> | | PA; SP |
| <i>etoposide oral capsule 50 mg</i> | | |
| JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) | | PA; SP |
| LYSODREN ORAL TABLET 500 MG | | PA; SP |

| Drug | Notes |
|--|--------------------------------|
| MATULANE ORAL CAPSULE 50 MG | PA; SP |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | PA; SP |
| Chemotherapy Rescue/Antidote Agents | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | |
| Selective Estrogen Receptor Modulators (Serm) | |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | |
| <i>toremifene oral tablet 60 mg</i> (Fareston) | PA; SP |
| Selective Retinoid X Receptor Agonists (Rxr) | |
| <i>bexarotene oral capsule 75 mg</i> (Targretin) | PA; SP |
| Steroid Antineoplastics | |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | |
| Neurological Disease - Miscellaneous | |
| Agents To Treat Multiple Sclerosis | |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML | PA; SP |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | PA; SP |
| AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML | PA; SP |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | PA; SP |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i> (Tecfidera) | PA; SP; QL (14 EA per 7 days) |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera) | PA; SP; QL (60 EA per 30 days) |
| Oral/Pharyngeal Disorders | |
| Dental Aids And Preparations | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard) | |
| PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate) | |
| Nose Preparations, Miscellaneous (Rx) | |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i> | |
| Other Drugs | |
| Antidiarrheal Microorganisms Agents | |
| ACIDOPHILUS ORAL TABLET, CHEWABLE | |
| ACIDOPHILUS PROBIOTIC BLEND ORAL CAPSULE 175 MG (l.acidoph, saliva-b.bif-s.therm) | |
| <i>l.acidoph, saliva-b.bif-s.therm oral capsule 175 mg</i> (Acidophilus Probiotic Blend) | |
| <i>lactobacillus acidophilus oral capsule 25 million cell, 500 million cell</i> | |
| <i>lactobacillus acidophilus oral tablet 0.5 mg (100 million cell)</i> | |
| PROBIOTIC ACIDOPHILUS (4 STRN) ORAL TABLET 1 BILLION CELL- 250 MG | |

| Drug | Notes |
|--|-----------------------|
| Appetite Stim. For Anorexia, Cachexia, Wasting Synd. | |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i> | |
| Diagnostic Test Devices And Supplies | |
| ADVIN COVID-19 AG HOME TEST KIT | QL (8 EA per 30 days) |
| BINAXNOW COVID AG CARD HOME TST KIT | QL (8 EA per 30 days) |
| BINAXNOW COVID-19 AG SELF TEST KIT | QL (8 EA per 30 days) |
| CARESTART COVID-19 AG HOME TST KIT | QL (8 EA per 30 days) |
| CLINITEST COVID-19 HOME TEST KIT | QL (8 EA per 30 days) |
| CORDX COVID-19 AG HOME TEST KIT | QL (8 EA per 30 days) |
| COVID-19 AT-HOME TEST KIT | QL (8 EA per 30 days) |
| ELLUME COVID-19 HOME TEST KIT | QL (8 EA per 30 days) |
| FASTEP COVID-19 AG HOME TEST KIT | QL (8 EA per 30 days) |
| FLOWFLEX COVID-19 AG HOME TEST KIT | QL (8 EA per 30 days) |
| GENABIO COVID-19 RAPID AT-HOME KIT | QL (8 EA per 30 days) |
| GOTOKNOW COVID-19 AG HOME TEST KIT | QL (8 EA per 30 days) |
| IHEALTH COVID-19 AG HOME TEST KIT | QL (8 EA per 30 days) |
| INDICAID COVID-19 AG HOME TEST KIT | QL (8 EA per 30 days) |
| INTELISWAB COVID-19 HOME TEST KIT | QL (8 EA per 30 days) |
| LUCIRA CHECK-IT COVID HOME TST KIT | QL (8 EA per 30 days) |
| ON-GO COVID-19 AG AT HOME TEST KIT | QL (8 EA per 30 days) |
| PILOT COVID-19 AT-HOME TEST KIT | QL (8 EA per 30 days) |
| QUICKVUE AT-HOME COVID-19 TEST KIT | QL (8 EA per 30 days) |
| RAPID SARS-COV-2 AG HOME TEST KIT | QL (8 EA per 30 days) |
| SPEEDYSWAB COVID-19 HOME TEST KIT | QL (8 EA per 30 days) |
| General Inhalation Agents | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride) | |
| <i>sodium chloride inhalation solution for nebulization 0.9 %</i> | |
| <i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal) | |
| <i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal) | |
| Insecticides | |
| HOME LICE-BEDBUG-DUST MITE SPRAY AEROSOL, SPRAY 0.5 % | |
| LICE BEDDING SPRAY AEROSOL, SPRAY 0.5 % | |
| LICE-BEDBUG-MITE BEDDING AEROSOL, SPRAY 0.5 % | |
| RID COMPLETE LICE ELIM KIT AEROSOL, SPRAY 0.5 % | |
| STOP LICE AEROSOL, SPRAY 0.5 % | |
| Metabolic Deficiency Agents | |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor) | |
| <i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free)) | |
| <i>levocarnitine oral tablet 330 mg</i> (Carnitor) | |

| Drug | Notes |
|---|------------------------|
| Needles/Needleless Devices | |
| 1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| 1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety) | QL (6.67 EA per 1 day) |
| ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety) | QL (6.67 EA per 1 day) |
| ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety) | QL (6.67 EA per 1 day) |
| AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety) | QL (6.67 EA per 1 day) |
| CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| COMFORT EZ PEN NEEDLES NEEDLE 33 GAUGE X 5/16" (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety) | QL (6.67 EA per 1 day) |
| COMFORT EZ PRO SAFETY PEN NDL NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/32" (pen needle, diabetic, safety) | QL (6.67 EA per 1 day) |

| Drug | Notes |
|---|---|
| COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" | QL (6.67 EA per 1 day) |
| DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8" | QL (6.67 EA per 1 day) |
| DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" | QL (6.67 EA per 1 day) |
| DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16" | (pen needle, diabetic, safety) QL (6.67 EA per 1 day) |
| EASY COMFORT PEN NEEDLES NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/32" | QL (6.67 EA per 1 day) |
| EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" | QL (6.67 EA per 1 day) |
| EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" | (pen needle, diabetic, safety) QL (6.67 EA per 1 day) |
| EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" | QL (6.67 EA per 1 day) |
| EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |

| Drug | Notes |
|---|---|
| INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" | QL (6.67 EA per 1 day) |
| MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" | QL (6.67 EA per 1 day) |
| PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| <i>pen needle, diabetic needle 29 gauge x 1/2"</i> | (1st Tier Unifine Pentips) QL (6.67 EA per 1 day) |
| <i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i> | QL (6.67 EA per 1 day) |
| <i>pen needle, diabetic needle 30 gauge x 3/16"</i> | (Embrace Pen Needle) QL (6.67 EA per 1 day) |
| <i>pen needle, diabetic needle 30 gauge x 5/16"</i> | (CareFine Pen Needle) QL (6.67 EA per 1 day) |
| <i>pen needle, diabetic needle 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16"</i> | (1st Tier Unifine Pentips) QL (6.67 EA per 1 day) |
| <i>pen needle, diabetic needle 31 gauge x 5/32"</i> | (Comfort Touch Pen Needle) QL (6.67 EA per 1 day) |
| <i>pen needle, diabetic needle 32 gauge x 1/4", 32 gauge x 3/16"</i> | (CareFine Pen Needle) QL (6.67 EA per 1 day) |
| <i>pen needle, diabetic needle 32 gauge x 5/16", 33 gauge x 1/4", 33 gauge x 3/16"</i> | (Comfort EZ Pen Needles) QL (6.67 EA per 1 day) |
| <i>pen needle, diabetic needle 32 gauge x 5/32"</i> | (Unifine Pentips) QL (6.67 EA per 1 day) |
| <i>pen needle, diabetic needle 33 gauge x 5/32"</i> | (Advocate Pen Needle) QL (6.67 EA per 1 day) |
| <i>pen needle, diabetic, safety needle 31 gauge x 3/16"</i> | (Assure ID Duo Pro Sfty Pen Ndl) QL (6.67 EA per 1 day) |
| <i>pen needle, diabetic, safety needle 31 gauge x 5/32"</i> | (Comfort EZ PRO Safety Pen Ndl) QL (6.67 EA per 1 day) |
| PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |

| Drug | Notes |
|---|---|
| PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" | QL (6.67 EA per 1 day) |
| PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" | QL (6.67 EA per 1 day) |
| PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" | (pen needle, diabetic, safety) QL (6.67 EA per 1 day) |
| QC UNIFINE PENTIPS 32GX5/32" STERILE 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| QC UNIFINE PENTIPS 4MM 32G STERILE 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" | (pen needle, diabetic, safety) QL (6.67 EA per 1 day) |
| SECURES SAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16" | QL (6.67 EA per 1 day) |
| SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" | QL (6.67 EA per 1 day) |
| SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" | QL (6.67 EA per 1 day) |
| SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" | QL (6.67 EA per 1 day) |

| Drug | Notes |
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| TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" | (pen needle, diabetic, safety) QL (6.67 EA per 1 day) |
| TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" | QL (6.67 EA per 1 day) |
| ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | QL (6.67 EA per 1 day) |
| ULTILET PEN NEEDLE NEEDLE 29 GAUGE | QL (6.67 EA per 1 day) |
| ULTILET PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| UNIFINE OTC PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| UNIFINE PENTIPS 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| UNIFINE PENTIPS 32GX5/32" STERILE, SINGLE USE 32 GAUGE X 5/32" | (pen needle, diabetic) QL (6.67 EA per 1 day) |
| UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" | (pen needle, diabetic) QL (6.67 EA per 1 day) |

| Drug | Notes |
|--|------------------------|
| UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 33 GAUGE X 5/32" | (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" | (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" | (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32" | QL (6.67 EA per 1 day) |
| UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | QL (6.67 EA per 1 day) |
| UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | QL (6.67 EA per 1 day) |
| UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | (pen needle, diabetic) | QL (6.67 EA per 1 day) |
| VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32" | QL (6.67 EA per 1 day) |
| Nose Preparations, Miscellaneous (Otc) | |
| SALINE NASAL MIST NASAL MIST 3 % | |
| Other Respiratory Disorders | |
| Mucolytics | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | |
| Pain Management - Analgesics | |
| Analgesic, Non-Salicylate & Barbiturate Comb. | |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | (Tencon) | |
| TENCON ORAL TABLET 50-325 MG | (butalbital-acetaminophen) | |
| Analgesic, Salicylate, Barbiturate, & Xanthine Cmb | |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i> | |
| Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb | |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> | |

| Drug | | Notes |
|--|-----------------------------------|--------------------|
| Analgesic/Antipyretics, Salicylates | | |
| <i>aspirin oral tablet 325 mg</i> | (Bayer Aspirin) | |
| <i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> | (Bayer Aspirin) | |
| <i>aspirin oral tablet, delayed release (dr/ec) 650 mg</i> | | |
| <i>aspirin rectal suppository 300 mg</i> | | |
| <i>aspirin, buffd-calcium carb-mag oral tablet 325 mg</i> | (Bufferin) | |
| BAYER ADVANCED ORAL TABLET 500 MG | (aspirin) | |
| BAYER ASPIRIN ORAL TABLET 325 MG | (aspirin) | |
| BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG | (aspirin) | |
| BUFFERIN ORAL TABLET 325 MG | (aspirin, buffd-calcium carb-mag) | |
| ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG | (aspirin) | |
| EXTRA STRENGTH BAYER ORAL TABLET 500 MG | (aspirin) | |
| <i>salsalate oral tablet 500 mg, 750 mg</i> | (Disalcid) | |
| TRI-BUFFERED ASPIRIN ORAL TABLET 325 MG | (aspirin, buffd-calcium carb-mag) | |
| Analgesic/Antipyretics, Non-Salicylate | | |
| 8 HOUR PAIN RELIEVER ORAL TABLET EXTENDED RELEASE 650 MG | (acetaminophen) | |
| 8HR MUSCLE ACHES-PAIN ORAL TABLET EXTENDED RELEASE 650 MG | (acetaminophen) | |
| ACETAMINOPHEN EXTRA STRENGTH ORAL TABLET 500 MG | (acetaminophen) | |
| <i>acetaminophen oral liquid 160 mg/5 ml</i> | (Children's Acetaminophen) | Age (Max 12 Years) |
| <i>acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml</i> | | |
| <i>acetaminophen oral suspension 160 mg/5 ml</i> | (BetaTemp) | Age (Max 12 Years) |
| <i>acetaminophen oral suspension 160 mg/5 ml (5 ml)</i> | (Children's Acetaminophen) | Age (Max 12 Years) |
| <i>acetaminophen oral suspension 325 mg/10.15 ml</i> | | Age (Max 12 Years) |
| <i>acetaminophen oral tablet 325 mg</i> | (Aminofen) | |
| <i>acetaminophen oral tablet 500 mg</i> | (Acetaminophen Extra Strength) | |
| <i>acetaminophen oral tablet extended release 650 mg</i> | (8 Hour Pain Reliever) | |
| <i>acetaminophen oral tablet, disintegrating 80 mg</i> | (Children's Easy-Melts) | |
| ACETAMINOPHEN PAIN RELIEF ORAL TABLET 500 MG | (acetaminophen) | |
| <i>acetaminophen rectal suppository 120 mg</i> | (Child Pain Rel-Fever Reducer) | |
| <i>acetaminophen rectal suppository 650 mg</i> | (Feverall) | |
| AMINOFEN ORAL TABLET 325 MG | (acetaminophen) | |
| APHEN ORAL TABLET 325 MG | (acetaminophen) | |

| Drug | Notes |
|--|--------------------|
| ARTHRITIS PAIN RELIEF (ACETAM) ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen) | |
| ARTHRITIS PAIN RELIEVER ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen) | |
| ATHENOL ORAL TABLET 325 MG (acetaminophen) | |
| BETATEMP ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| CHILD FEVER REDUCER-PAIN RELVR ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| CHILD PAIN REL-FEVER REDUCER RECTAL SUPPOSITORY 120 MG (acetaminophen) | |
| CHILDREN'S ACETAMINOPHEN ORAL LIQUID 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML, 160 MG/5 ML (5 ML) (acetaminophen) | Age (Max 12 Years) |
| CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE 160 MG, 80 MG (acetaminophen) | |
| CHILDREN'S EASY-MELTS ORAL TABLET,DISINTEGRATING 80 MG (acetaminophen) | |
| CHILDREN'S FEVER REDUCING RECTAL SUPPOSITORY 120 MG (acetaminophen) | |
| CHILDREN'S MAPAP ORAL TABLET,CHEWABLE 160 MG, 80 MG (acetaminophen) | |
| CHILDREN'S NON-ASPIRIN ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| CHILDREN'S NON-ASPIRIN ORAL TABLET,CHEWABLE 160 MG (acetaminophen) | |
| CHILDREN'S PAIN RELIEF ORAL ELIXIR 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| CHILDREN'S PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| CHILDREN'S PAIN RELIEF ORAL TABLET,CHEWABLE 160 MG (acetaminophen) | |
| CHILDREN'S PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| CHILDREN'S PAIN-FEVER RELIEF ORAL LIQUID 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| CHILDREN'S PAIN-FEVER RELIEF ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,CHEWABLE 160 MG (acetaminophen) | |
| CHILDREN'S TYLENOL ORAL TABLET,CHEWABLE 160 MG (acetaminophen) | |
| ED-APAP ORAL LIQUID 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| FEVER REDUCER RECTAL SUPPOSITORY 120 MG (acetaminophen) | |
| FEVERALL RECTAL SUPPOSITORY 120 MG, 325 MG, 650 MG (acetaminophen) | |
| INFANT FEVER REDUCER-PAIN RELF ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |

| Drug | Notes |
|--|--------------------------|
| INFANT PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| INFANT'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| INFANTS' PAIN AND FEVER ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| INFANTS' PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| LITTLE REMEDIES FEVER AND PAIN ORAL LIQUID 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| MAPAP (ACETAMINOPHEN) ORAL CAPSULE 500 MG (acetaminophen) | |
| MAXRELIEF JUNIOR ORAL LIQUID 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| MAXRELIEF JUNIOR ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| M-PAP ORAL LIQUID 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| NON-ASPIRIN EXTRA STRENGTH ORAL TABLET 500 MG (acetaminophen) | |
| NON-ASPIRIN ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| NON-ASPIRIN ORAL TABLET 325 MG (acetaminophen) | |
| NON-ASPIRIN ORAL TABLET,CHEWABLE 80 MG (acetaminophen) | |
| NON-ASPIRIN PAIN RELIEF ORAL TABLET 500 MG (acetaminophen) | |
| NORTEMP ORAL SUSPENSION 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| PAIN RELIEF (ACETAMINOPHEN) ORAL LIQUID 160 MG/5 ML (acetaminophen) | Age (Max 12 Years) |
| PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET 325 MG, 500 MG (acetaminophen) | |
| PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen) | |
| PAIN RELIEF ES (ACETAMINOPHEN) ORAL TABLET 500 MG (acetaminophen) | |
| PAIN RELIEVER (ACETAMINOPHEN) ORAL TABLET 325 MG, 500 MG (acetaminophen) | |
| PAIN RELIEVER ES(ACETAMINOPHN) ORAL TABLET 500 MG (acetaminophen) | |
| PHARBETOL ORAL TABLET 325 MG, 500 MG (acetaminophen) | |
| SHAKE THAT ACHE ORAL TABLET 500 MG (acetaminophen) | |
| Analgesics, Narcotic Agonist And Nsaid Combination | |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i> | |
| Analgesics,Narcotics | |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> | |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | PA; QL (1 EA per 3 days) |

| Drug | Notes |
|--|---------------------------|
| hydromorphone oral liquid 1 mg/ml (Dilaudid) | PA |
| hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid) | |
| hydromorphone rectal suppository 3 mg | |
| meperidine oral solution 50 mg/5 ml | PA |
| meperidine oral tablet 50 mg | |
| methadone injection solution 10 mg/ml | |
| methadone oral tablet 10 mg, 5 mg | PA |
| morphine concentrate oral solution 100 mg/5 ml (20 mg/ml) | PA |
| morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg | PA; QL (2 EA per 1 day) |
| morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml) | PA |
| morphine oral tablet 15 mg | |
| morphine oral tablet 30 mg | |
| morphine oral tablet extended release 100 mg | PA; QL (3 EA per 1 day) |
| morphine oral tablet extended release 15 mg, 30 mg, 60 mg (MS Contin) | PA; QL (3 EA per 1 day) |
| morphine oral tablet extended release 200 mg | QL (3 EA per 1 day) |
| oxycodone oral capsule 5 mg | |
| oxycodone oral concentrate 20 mg/ml | PA |
| oxycodone oral solution 5 mg/5 ml | QL (100 ML per 365 days) |
| oxycodone oral tablet 10 mg, 5 mg | |
| oxycodone oral tablet 15 mg, 30 mg (Roxicodone) | |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 30 MG, 60 MG (oxycodone) | PA |
| oxymorphone oral tablet 10 mg, 5 mg | PA |
| tramadol oral tablet 50 mg | QL (8 EA per 1 day) |
| Antimigraine Preparations | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | PA |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | PA |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | PA |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | PA |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | PA |
| naratriptan oral tablet 1 mg, 2.5 mg | QL (9 EA per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | PA |
| REYVOW ORAL TABLET 100 MG, 50 MG | PA; QL (4 EA per 30 days) |
| rizatriptan oral tablet 10 mg (Maxalt) | QL (9 EA per 30 days) |
| rizatriptan oral tablet 5 mg | QL (9 EA per 30 days) |
| rizatriptan oral tablet,disintegrating 10 mg (Maxalt-MLT) | QL (9 EA per 30 days) |
| rizatriptan oral tablet,disintegrating 5 mg | QL (9 EA per 30 days) |
| sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation | PA; QL (6 EA per 30 days) |

| Drug | | Notes |
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| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | (Imitrex) | QL (9 EA per 30 days) |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i> | (Imitrex STATdose Refill) | LIMITED TO 1 PACKAGE PER MONTH; QL (1 ML per 30 days) |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> | (Imitrex STATdose Refill) | LIMIT OF 1 BOX PER FILL; QL (1 ML per 30 days) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> | (Imitrex STATdose Pen) | LIMITED TO 1 PACKAGE PER MONTH; QL (1 ML per 30 days) |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | (Imitrex STATdose Pen) | LIMIT OF 1 BOX PER FILL; QL (1 ML per 30 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> | | LIMIT OF 1 BOX PER FILL; QL (2.5 ML per 30 days) |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> | | QL (1 ML per 30 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | | PA |
| VYEPTI INTRAVENOUS SOLUTION 100 MG/ML | | PA; SP |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> | (Zomig) | QL (9 EA per 30 days) |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> | | QL (9 EA per 30 days) |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG | (zolmitriptan) | QL (9 EA per 30 days) |
| Calcitonin Gene-Related Peptide (Cgrp) Inhibitors | | |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | | PA |
| Narc. & Non-Sal. Analgesic, Barbiturate & Xanthine Cmb | | |
| <i>butalbital-acetaminop-caff-cod oral capsule 50-325-40-30 mg</i> | | |
| Narcotic & Salicylate Analgesics, Barb. & Xanthine | | |
| ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG | (codeine-butalbital-asa-caff) | |
| <i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> | (Ascomp with Codeine) | |
| Narcotic Analgesic & Non-Salicylate Analgesic Comb | | |
| <i>acetaminophen-codeine oral solution 120 mg-12 mg/5 ml (5 ml), 120-12 mg/5 ml</i> | | QL (300 ML per 365 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i> | | |
| ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG | (oxycodone-acetaminophen) | |
| ENDOCET ORAL TABLET 2.5-325 MG | (oxycodone-acetaminophen) | PA |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | | QL (480 ML per 365 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-325 mg, 7.5-325 mg</i> | | |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | (Endocet) | |

| Drug | Notes |
|---|------------------------------|
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i> (Endocet) | PA |
| PERCO CET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG | (oxycodone-acetaminophen) |
| PERCO CET ORAL TABLET 2.5-325 MG | (oxycodone-acetaminophen) PA |
| Narcotic Withdrawal Therapy Agents | |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML | SP; QL (0.36 ML per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML | SP; QL (0.32 ML per 7 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML | SP; QL (0.48 ML per 7 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML | SP; QL (0.64 ML per 7 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML | SP; QL (0.18 ML per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML | SP; QL (0.16 ML per 7 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML | SP; QL (0.27 ML per 28 days) |
| <i>buprenorphine hcl sublingual tablet 2 mg</i> | QL (16 EA per 1 day) |
| <i>buprenorphine hcl sublingual tablet 8 mg</i> | QL (4 EA per 1 day) |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone) | QL (2 EA per 1 day) |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg</i> (Suboxone) | QL (16 EA per 1 day) |
| <i>buprenorphine-naloxone sublingual film 4-1 mg</i> (Suboxone) | QL (8 EA per 1 day) |
| <i>buprenorphine-naloxone sublingual film 8-2 mg</i> (Suboxone) | QL (4 EA per 1 day) |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i> | QL (16 EA per 1 day) |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i> | QL (4 EA per 1 day) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML | SP; QL (0.5 ML per 28 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML | SP; QL (1.5 ML per 28 days) |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG | QL (45 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG | QL (22 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG | QL (2 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG | QL (11 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 5.7-1.4 MG | QL (5 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG | QL (3 EA per 1 day) |
| Parkinsons Disease | |
| Antiparkinsonism Drugs, Anticholinergic | |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | |

| Drug | Notes |
|---|-----------------------------|
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i> | |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | |
| Antiparkinsonism Drugs,Other | |
| <i>amantadine hcl oral capsule 100 mg</i> | |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | |
| <i>amantadine hcl oral tablet 100 mg</i> | |
| <i>bromocriptine oral capsule 5 mg</i> | |
| <i>bromocriptine oral tablet 2.5 mg</i> | |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> | (Sinemet) |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> | (Dhivy) |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i> | |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | |
| <i>entacapone oral tablet 200 mg</i> | |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 8 mg</i> | PA |
| <i>ropinirole oral tablet extended release 24 hr 6 mg</i> | |
| <i>selegiline hcl oral capsule 5 mg</i> | |
| <i>selegiline hcl oral tablet 5 mg</i> | |
| Seizure Disorder | |
| Anticonvulsant - Benzodiazepine Type | |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | (Klonopin) PA |
| Anticonvulsants | |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> | (Carbatrol) |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | (Tegretol) |
| <i>carbamazepine oral tablet 200 mg</i> | (Tegretol) |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | (Tegretol XR) |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | (carbamazepine) |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG | (phenytoin sodium extended) |
| DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG | (phenytoin) |
| DILANTIN ORAL CAPSULE 30 MG | |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML | (phenytoin) |
| EPITOL ORAL TABLET 200 MG | (carbamazepine) |
| <i>ethosuximide oral capsule 250 mg</i> | (Zarontin) |

| Drug | | Notes |
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| <i>ethosuximide oral solution 250 mg/5 ml</i> | (Zarontin) | |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> | (Neurontin) | QL (12 EA per 1 day) |
| <i>gabapentin oral capsule 400 mg</i> | (Neurontin) | QL (9 EA per 1 day) |
| <i>gabapentin oral solution 250 mg/5 ml</i> | (Neurontin) | QL (450 ML per 30 days); Age (Max 12 Years) |
| <i>gabapentin oral tablet 600 mg</i> | (Neurontin) | QL (6 EA per 1 day) |
| <i>gabapentin oral tablet 800 mg</i> | (Neurontin) | QL (4.5 EA per 1 day) |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | (Vimpat) | PA |
| <i>levetiracetam oral solution 100 mg/ml</i> | (Keppra) | |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> | (Keppra) | |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> | (Keppra XR) | |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> | (Trileptal) | |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | (Trileptal) | |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | (phenytoin sodium extended) | |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | (Dilantin-125) | |
| <i>phenytoin oral tablet, chewable 50 mg</i> | (Dilantin Infatabs) | |
| <i>phenytoin sodium extended oral capsule 100 mg</i> | (Dilantin Extended) | |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> | (Phenytek) | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | (Lyrica) | QL (3 EA per 1 day) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> | (Lyrica) | QL (2 EA per 1 day) |
| <i>primidone oral tablet 250 mg, 50 mg</i> | (Mysoline) | |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML | (carbamazepine) | |
| TEGRETOL ORAL TABLET 200 MG | (carbamazepine) | |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG | (carbamazepine) | |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | | |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | (Topamax) | |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> | (Zonegran) | |
| <i>zonisamide oral capsule 50 mg</i> | | |
| Skeletal Muscle Disorder | | |
| Skeletal Muscle Relaxants | | |
| <i>baclofen oral tablet 10 mg, 20 mg</i> | | QL (4 EA per 1 day) |
| <i>chlorzoxazone oral tablet 500 mg</i> | | PA |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | | QL (3 EA per 1 day) |
| <i>methocarbamol oral tablet 500 mg</i> | | QL (16 EA per 1 day) |
| <i>methocarbamol oral tablet 750 mg</i> | | QL (10 EA per 1 day) |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i> | | |
| <i>tizanidine oral tablet 2 mg</i> | | QL (18 EA per 1 day) |
| <i>tizanidine oral tablet 4 mg</i> | (Zanaflex) | QL (9 EA per 1 day) |

| Drug | | Notes |
|--|------------------------------|------------------------|
| Smoking Cessation | | |
| Smoking Deterrent Agents (Ganglionic Stim,Others) | | |
| <i>nicotine (polacrilex) buccal gum 2 mg</i> | (Quit 2) | QL (120 EA per 5 days) |
| <i>nicotine (polacrilex) buccal gum 4 mg</i> | (Quit 4) | QL (30 EA per 30 days) |
| <i>nicotine (polacrilex) buccal lozenge 2 mg</i> | (Quit 2) | QL (120 EA per 5 days) |
| <i>nicotine (polacrilex) buccal lozenge 4 mg</i> | (Quit 4) | QL (120 EA per 5 days) |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> | (Nicorette) | QL (120 EA per 5 days) |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> | (Nicoderm CQ) | QL (30 EA per 30 days) |
| <i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i> | | QL (30 EA per 30 days) |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | | |
| QUIT 2 BUCCAL GUM 2 MG | (nicotine (polacrilex)) | QL (120 EA per 5 days) |
| QUIT 2 BUCCAL LOZENGE 2 MG | (nicotine (polacrilex)) | QL (120 EA per 5 days) |
| QUIT 4 BUCCAL GUM 4 MG | (nicotine (polacrilex)) | QL (120 EA per 5 days) |
| QUIT 4 BUCCAL LOZENGE 4 MG | (nicotine (polacrilex)) | QL (120 EA per 5 days) |
| STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG | (nicotine (polacrilex)) | QL (120 EA per 5 days) |
| Smoking Deterrent-Nicotinic Recept.Partial Agonist | | |
| <i>varenicline tartrate oral tablet 0.5 mg</i> | (Chantix) | QL (11 EA per 1 day) |
| <i>varenicline tartrate oral tablet 1 mg</i> | (Chantix) | QL (2 EA per 1 day) |
| <i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> | (Chantix Starting Month Box) | QL (53 EA per 28 days) |
| Smoking Deterrents, Other | | |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | | QL (60 EA per 30 days) |
| Upper Gastrointestinal Disorders - Digestive | | |
| Antiflatulents | | |
| GAS RELIEF (SIMETHICONE) ORAL TABLET,CHEWABLE 125 MG, 80 MG | (simethicone) | |
| GAS RELIEF 80 (SIMETHICONE) ORAL TABLET,CHEWABLE 80 MG | (simethicone) | |
| GAS RELIEF EXTRA STRENGTH ORAL TABLET,CHEWABLE 125 MG | (simethicone) | |
| <i>simethicone oral tablet, chewable 125 mg, 80 mg</i> | (Gas Relief (simethicone)) | |
| Pancreatic Enzymes | | |
| CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | | PA |
| PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT | | PA |

| Drug | Notes |
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| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT | PA |
| Upper Gastrointestinal Disorders - Spastic Disease | |
| Anticholinergics/Antispasmodics | |
| <i>dicyclomine oral capsule 10 mg</i> | |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | |
| <i>dicyclomine oral tablet 20 mg</i> | |
| Belladonna Alkaloids | |
| ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate) | |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne) | |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne) | |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin) | |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid) | |
| <i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz) | |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL) | |
| OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate) | |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate) | |
| Upper Gastrointestinal Disorders - Ulcer Disease | |
| Antacids | |
| ACID GONE ANTACID E.STRENGTH ORAL TABLET,CHEWABLE 160-105 MG | |
| ACID GONE ANTACID ORAL SUSPENSION 95-358 MG/15 ML | |
| ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML (alum-mag hydroxide-simeth) | |
| ALKA-SELTZER HEARTBURN CHEW ORAL TABLET,CHEWABLE 300 MG (750 MG) (calcium carbonate) | |
| ANTACID (CALCIUM CARB-MAG HYD) ORAL TABLET,CHEWABLE 550-110 MG | |
| ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG) (calcium carbonate) | |
| ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 215 MG CALCIUM (500 MG) | |
| ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML (alum-mag hydroxide-simeth) | |
| ANTACID CALCIUM ORAL TABLET,CHEWABLE 215 MG CALCIUM (500 MG) | |

| Drug | Notes |
|--|-------------------------------|
| ANTACID EXST (MAG CARB-AL HYD) ORAL TABLET,CHEWABLE 160-105 MG | |
| ANTACID EXT STR (CALCIUM CARB) ORAL TABLET,CHEWABLE 300 MG (750 MG) | (calcium carbonate) |
| ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 300 MG (750 MG) | (calcium carbonate) |
| ANTACID LIQUID ORAL SUSPENSION 200-200-20 MG/5 ML | (alum-mag hydroxide-simeth) |
| ANTACID M ORAL SUSPENSION 200-200-20 MG/5 ML | (alum-mag hydroxide-simeth) |
| ANTACID ORAL SUSPENSION 200-200-20 MG/5 ML | (alum-mag hydroxide-simeth) |
| ANTACID PLUS ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML | (alum-mag hydroxide-simeth) |
| ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML | (alum-mag hydroxide-simeth) |
| ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML | (alum-mag hydroxide-simeth) |
| CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG), 320 MG CALCIUM (750 MG) | (calcium carbonate) |
| <i>calcium carbonate oral tablet,chewable 200 mg calcium (500 mg)</i> | (Antacid (calcium carbonate)) |
| <i>calcium carbonate oral tablet,chewable 300 mg (750 mg)</i> | (Alka-Seltzer Heartburn Chew) |
| CAL-GEST ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG) | (calcium carbonate) |
| COMFORT GEL ORAL SUSPENSION 200-200-20 MG/5 ML | (alum-mag hydroxide-simeth) |
| FLAVOR CHEWS ANTACID ORAL TABLET,CHEWABLE 300 MG (750 MG) | (calcium carbonate) |
| FOAMING ANTACID ORAL SUSPENSION 95-358 MG/15 ML | |
| GERI-LANTA ORAL SUSPENSION 200-200-20 MG/5 ML | (alum-mag hydroxide-simeth) |
| GERI-MOX ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML | (alum-mag hydroxide-simeth) |
| HEARTBURN ANTACID ORAL TABLET,CHEWABLE 160-105 MG | |
| HEARTBURN RELIEF ORAL TABLET,CHEWABLE 160-105 MG | |
| MAALOX ADVANCED ORAL SUSPENSION 200-200-20 MG/5 ML | (alum-mag hydroxide-simeth) |
| MAG-AL PLUS ORAL SUSPENSION 200-200-20 MG/5 ML | (alum-mag hydroxide-simeth) |
| <i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i> | (MgO) |
| SMOOTH ANTACID ORAL TABLET,CHEWABLE 300 MG (750 MG) | (calcium carbonate) |

| Drug | Notes | |
|--|-------------------------------|---------------------|
| sodium bicarbonate oral tablet 325 mg, 650 mg | | |
| Anticholinergics, Quaternary Ammonium | | |
| glycopyrrolate oral tablet 1 mg | (Robinul) | |
| glycopyrrolate oral tablet 2 mg | (Robinul Forte) | |
| Anti-Ulcer Preparations | | |
| misoprostol oral tablet 100 mcg, 200 mcg | (Cytotec) | |
| sucralfate oral tablet 1 gram | (Carafate) | |
| Anti-Ulcer-H.Pylori Agents | | |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84) | PA | |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG | PA | |
| Histamine H2-Receptor Inhibitors | | |
| ACID CONTROLLER ORAL TABLET 10 MG, 20 MG | (famotidine) | |
| ACID REDUCER (CIMETIDINE) ORAL TABLET 200 MG | (cimetidine) | |
| ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG | (famotidine) | |
| ACID-PEP ORAL TABLET 20 MG | (famotidine) | |
| cimetidine oral tablet 200 mg | (Acid Reducer (cimetidine)) | |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg | | |
| famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml) | Age (Max 6 Years) | |
| famotidine oral tablet 10 mg, 20 mg | (Acid Controller) | |
| famotidine oral tablet 40 mg | (Pepcid) | |
| HEARTBURN PREVENTION ORAL TABLET 20 MG | (famotidine) | |
| HEARTBURN RELIEF (CIMETIDINE) ORAL TABLET 200 MG | (cimetidine) | |
| HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG | (famotidine) | |
| ranitidine hcl oral tablet 150 mg | | |
| ZANTAC-360 (FAMOTIDINE) ORAL TABLET 20 MG | (famotidine) | |
| Intestinal Motility Stimulants | | |
| metoclopramide hcl oral solution 5 mg/5 ml | | |
| metoclopramide hcl oral tablet 10 mg, 5 mg | (Reglan) | |
| Potassium-Competitive Acid Blockers (Pcabs) | | |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | PA | |
| Proton-Pump Inhibitors | | |
| esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg | (Acid Reducer (esomeprazole)) | QL (1 EA per 1 day) |
| esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg | (Nexium) | QL (1 EA per 1 day) |
| lansoprazole oral capsule, delayed release(dr/ec) 15 mg | (Acid Reducer (lansoprazole)) | QL (1 EA per 1 day) |
| lansoprazole oral capsule, delayed release(dr/ec) 30 mg | (Prevacid) | QL (1 EA per 1 day) |

| Drug | Notes |
|---|---------------------|
| <i>omeprazole magnesium oral tablet, delayed release (drlec) 20 mg</i> (Prilosec OTC) | QL (2 EA per 1 day) |
| <i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i> | QL (2 EA per 1 day) |
| <i>omeprazole oral tablet, delayed release (drlec) 20 mg</i> | QL (2 EA per 1 day) |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix) | QL (2 EA per 1 day) |
| Urinary Tract - Functional Disorders | |
| Benign Prostatic Hypertrophy/Micturition Agents | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral) | |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart) | |
| <i>finasteride oral tablet 5 mg</i> (Proscar) | |
| <i>tamsulosin oral capsule 0.4 mg</i> | |
| Bph Agents, 5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb | |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn) | |
| Urinary Ph Modifiers | |
| K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG | |
| PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG (sod phos di, mono-k phos mono) | |
| PHOSPHOROUS ORAL TABLET 250 MG (sod phos di, mono-k phos mono) | |
| PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 250 MG (sod phos di, mono-k phos mono) | |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10) | |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15) | |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> | |
| <i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i> (Cytra-2) | |
| WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (sod phos di, mono-k phos mono) | |
| Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye) | |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium) | |
| Urinary Tract Antispasmodic, M(3) Selective Antag. | |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare) | |
| Urinary Tract Antispasmodic/Antiincontinence Agent | |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | |
| <i>oxybutynin chloride oral tablet 5 mg</i> | |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | |

| Drug | Notes |
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| <i>tolterodine oral capsule,extended release 24hr</i> 2 mg, 4 mg | ST; ST: STEP THERAPY REQUIRES ONE OF THE FOLLOWING IN THE PAST 180 DAYS - OXYBUTYNIN IR OR ER, OR TROSPIUM, OR SOLIFENACIN SUCCINATE |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> | ST; ST: STEP THERAPY REQUIRES ONE OF THE FOLLOWING IN THE PAST 180 DAYS - OXYBUTYNIN IR OR ER, OR TROSPIUM, OR SOLIFENACIN SUCCINATE |
| <i>trospium oral tablet 20 mg</i> | |
| Vaginal Disorders | |
| Vaginal Antibiotics | |
| <i>clindamycin phosphate vaginal cream 2 %</i> | (Cleocin) |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | (Vandazole) |
| Vaginal Antifungals | |
| 3-DAY VAGINAL VAGINAL CREAM 2 % | |
| CLOTRIMAZOLE 3 DAY VAGINAL CREAM 2 % | |
| <i>clotrimazole vaginal cream 1 %</i> | (Clotrimazole-7) |
| CLOTRIMAZOLE-3 VAGINAL CREAM 2 % | |
| <i>clotrimazole vaginal cream 1 %</i> | (clotrimazole) |
| miconazole nitrate vaginal cream 2 % | |
| <i>miconazole nitrate vaginal cream 2 %</i> | (Miconazole-7) |
| MICONAZOLE-7 VAGINAL CREAM 2 % | |
| <i>MONISTAT 7 VAGINAL CREAM 2 %</i> | (miconazole nitrate) |
| terconazole vaginal cream 0.4 %, 0.8 % | |
| Vaginal Estrogen Preparations | |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> | (Estrace) |
| <i>estradiol vaginal tablet 10 mcg</i> | (Yuvafem) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | |
| <i>YUVAFEM VAGINAL TABLET 10 MCG</i> | (estradiol) |
| Vitamin And/Or Mineral Deficiency | |
| Antioxidant Multivitamin Combinations | |
| I-VITE ORAL TABLET 300 MCG-200 MG-27 MG-2 MG | |
| Calcium Replacement | |
| <i>ca-d3-mag ox-zinc-cop-mang-bor oral tablet,chewable 600 mg calcium- 800 unit-40 mg, 600 mg-400 unit -40 mg-7.5 mg</i> | |
| <i>calc carb-mag ox-d3-zinc gluc oral tablet 333 mg-133 mg- 1.67 mcg-5 mg</i> | |
| CALCIUM 500 + D ORAL TABLET 500 MG-10 MCG (400 UNIT), 500 MG-5 MCG (200 UNIT) | (calcium carbonate-vitamin d3) |
| CALCIUM 500 + D ORAL TABLET,CHEWABLE 500 MG-10 MCG (400 UNIT) | (calcium carbonate-vitamin d3) |
| CALCIUM 500 ORAL TABLET,CHEWABLE 500 MG CALCIUM (1,250 MG) | (calcium carbonate) |
| CALCIUM 500 WITH D ORAL TABLET 500 MG-10 MCG (400 UNIT) | (calcium carbonate-vitamin d3) |

| Drug | Notes |
|---|--------------------------------|
| CALCIUM 600 + D(3) ORAL TABLET 600 MG-10 MCG (400 UNIT), 600 MG-5 MCG (200 UNIT) | (calcium carbonate-vitamin d3) |
| CALCIUM 600 + MINERALS ORAL TABLET 600 MG CALCIUM- 200 UNIT | |
| CALCIUM 600 ORAL TABLET 600 MG CALCIUM (1,500 MG) | (calcium carbonate) |
| <i>calcium acetate oral tablet 667 mg</i> | (Calphron) |
| <i>calcium acetate oral tablet 668 mg (169 mg calcium)</i> | |
| <i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i> | |
| <i>calcium carbonate oral tablet 500 mg calcium (1,250 mg)</i> | (Oyster Shell Calcium) |
| <i>calcium carbonate oral tablet 600 mg calcium (1,500 mg)</i> | (Calcium 600) |
| <i>calcium carbonate oral tablet, chewable 500 mg calcium (1,250 mg)</i> | (Calcium 500) |
| <i>calcium carbonate-vit d3-min oral tablet 600 mg-10 mcg (400 unit)</i> | |
| <i>calcium carbonate-vitamin d3 oral tablet 500 mg-10 mcg (400 unit), 500 mg-5 mcg (200 unit)</i> | (Calcium 500 + D) |
| <i>calcium carbonate-vitamin d3 oral tablet 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit)</i> | |
| <i>calcium carbonate-vitamin d3 oral tablet 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)</i> | (Calcium 600 + D(3)) |
| <i>calcium carbonate-vitamin d3 oral tablet 600 mg-20 mcg (800 unit)</i> | (Caltrate with Vitamin D3) |
| <i>calcium carbonate-vitamin d3 oral tablet, chewable 500 mg-10 mcg (400 unit)</i> | (Calcium 500 + D) |
| <i>calcium carbonate-vitamin d3 oral tablet, chewable 500 mg-2.5 mcg (100 unit)</i> | |
| CALCIUM CITRATE + D ORAL TABLET 315 MG-5 MCG (200 UNIT) | (calcium citrate-vitamin d3) |
| <i>calcium citrate oral tablet 200 mg (950 mg), 250 mg calcium</i> | |
| <i>calcium citrate-vitamin d3 oral tablet 250 mg-5 mcg (200 unit)</i> | (Citracal Regular) |
| <i>calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit)</i> | (Calcium Citrate + D) |
| <i>calcium citrate-vitamin d3 oral tablet 315 mg-6.25 mcg (250 unit)</i> | (Citracal + D Maximum) |
| CALCIUM FOR WOMEN ORAL TABLET,CHEWABLE 500 MG-100 UNIT -40 MCG | |
| <i>calcium gluconate intravenous solution 100 mg/ml (10%)</i> | |
| <i>calcium gluconate oral tablet 60 mg calcium (650 mg)</i> | |

| Drug | | Notes |
|---|--------------------------------|--------------------|
| CALCIUM WITH VITAMIN D ORAL TABLET 600 MG-10 MCG (400 UNIT) | (calcium carbonate-vitamin d3) | |
| <i>calcium-magnesium oral tablet 300-300 mg</i> | | |
| <i>calcium-magnesium-zinc oral tablet 333-133-5 mg</i> | | |
| CALPHRON ORAL TABLET 667 MG | (calcium acetate) | |
| CITRACAL + D MAXIMUM ORAL TABLET 315 MG-6.25 MCG (250 UNIT) | (calcium citrate-vitamin d3) | |
| HI-CAL PLUS VIT D ORAL TABLET 500 MG-5 MCG (200 UNIT) | (calcium carbonate-vitamin d3) | |
| ONEVITE CALCIUM-D3 ORAL TABLET 500 MG-5 MCG (200 UNIT), 600 MG-10 MCG (400 UNIT), 600 MG-5 MCG (200 UNIT) | (calcium carbonate-vitamin d3) | |
| OYSCO 500/D ORAL TABLET 500 MG-5 MCG (200 UNIT) | (calcium carbonate-vitamin d3) | |
| OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) | (calcium carbonate) | |
| OYSTER SHELL CALCIUM ORAL TABLET 500 MG CALCIUM (1,250 MG) | (calcium carbonate) | |
| OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-10 MCG (400 UNIT), 500 MG-5 MCG (200 UNIT) | (calcium carbonate-vitamin d3) | |
| PARVA-CAL 500 ORAL TABLET 500 MG-5 MCG (200 UNIT) | | |
| SUPER CALCIUM ORAL TABLET 600 MG CALCIUM (1,500 MG) | (calcium carbonate) | |
| Fluoride Preparations | | |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> | (SoluVita Sodium Fluoride) | Age (Max 18 Years) |
| <i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> | (Ludent Fluoride) | Age (Max 18 Years) |
| Folic Acid Preparations | | |
| <i>folic acid oral tablet 1 mg, 800 mcg</i> | | |
| <i>folic acid oral tablet 400 mcg</i> | (PureVita Folic Acid) | |
| PUREVITA FOLIC ACID ORAL TABLET 400 MCG | (folic acid) | |
| Geriatric Vitamin Preparations | | |
| A THRU Z HIGH POTENCY ORAL TABLET | | |
| A THRU Z SELECT ORAL TABLET | | |
| MILLTRIUM SENIOR ORAL TABLET | | |
| MULTIVITAMIN 50 PLUS ORAL TABLET | | |
| VISION PLUS LUTEIN ORAL TABLET | | |
| VITRUM SENIOR ORAL TABLET | | |
| Iron Replacement | | |
| FE C PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG | | |
| FEOSOL ORAL TABLET 325 MG (65 MG IRON) | (ferrous sulfate) | |
| FERATE ORAL TABLET 240 MG (27 MG IRON) | (ferrous gluconate) | |

| Drug | Notes |
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| FEROSUL ORAL TABLET 325 MG (65 MG IRON) | (ferrous sulfate) |
| FERREX 150 ORAL CAPSULE 150 MG IRON | (polysaccharide iron complex) |
| FERREX 28 ORAL TABLET 151-200-1-0.8 MG | |
| FERRO-TIME ORAL TABLET 325 MG (65 MG IRON) | (ferrous sulfate) |
| <i>ferrous gluconate oral tablet 236 mg (27 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i> | |
| <i>ferrous gluconate oral tablet 240 mg (27 mg iron)</i> | (Ferate) |
| <i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> | (Fe-Vite) |
| <i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i> | |
| <i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i> | |
| <i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i> | |
| <i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i> | (Feosol) |
| <i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i> | |
| FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML | (ferrous sulfate) |
| HEMATINIC/FOLIC ACID ORAL TABLET 324 MG (106 MG IRON)-1 MG | |
| HIGH POTENCY IRON ORAL TABLET 134 MG (27 MG IRON) | |
| ICAR-C PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG | |
| IFEREX 150 ORAL CAPSULE 150 MG IRON | (polysaccharide iron complex) |
| IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) | (ferrous sulfate) |
| IRON 100 PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG | |
| IRON ORAL TABLET 325 MG (65 MG IRON) | (ferrous sulfate) |
| MYFERON 150 ORAL CAPSULE 150 MG IRON | (polysaccharide iron complex) |
| NU-IRON ORAL CAPSULE 150 MG IRON | (polysaccharide iron complex) |
| PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML | (ferrous sulfate) |
| POLY-IRON ORAL CAPSULE 150 MG IRON | (polysaccharide iron complex) |
| <i>polysaccharide iron complex oral capsule 150 mg iron</i> | (Ferrex 150) |

| Drug | Notes |
|---|-----------------------|
| SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON) | (ferrous sulfate) |
| SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 143 MG (45 MG IRON), 250 MG (50 MG IRON) | |
| Magnesium Salts Replacement | |
| MAG 64 ORAL TABLET, DELAYED RELEASE (DR/EC) 64 MG | (magnesium chloride) |
| MAG-DELAY ORAL TABLET, DELAYED RELEASE (DR/EC) 64 MG | (magnesium chloride) |
| MAG-G ORAL TABLET 27 MG MAGNESIUM (500 MG) | (magnesium gluconate) |
| <i>magnesium chloride oral tablet, delayed release (dr/ec) 64 mg</i> | (Mag 64) |
| <i>magnesium chloride oral tablet, delayed release (dr/ec) 70 mg</i> | |
| <i>magnesium gluconate oral tablet 27 mg magnesium (500 mg)</i> | (Mag-G) |
| <i>magnesium gluconate oral tablet 27.5 mg magnesium (500 mg)</i> | |
| <i>magnesium gluconate oral tablet 30 mg (550 mg)</i> | |
| <i>magnesium glycinate oral capsule 100 mg magnesium</i> | |
| <i>magnesium oral tablet 200 mg, 250 mg</i> | |
| <i>magnesium oxide oral capsule 400 mg magnesium</i> | |
| <i>magnesium oxide oral capsule 500 mg</i> | |
| <i>magnesium oxide oral tablet 200 mg magnesium, 250 mg magnesium, 400 mg magnesium, 420 mg</i> | |
| <i>magnesium oxide oral tablet 500 mg magnesium</i> | (Phillips) |
| MGO ORAL TABLET 400 MG (241.3 MG MAGNESIUM) | (magnesium oxide) |
| PHILLIPS ORAL TABLET 500 MG MAGNESIUM | (magnesium oxide) |
| PUREVITA MAGNESIUM OXIDE ORAL TABLET 400 MG (241.3 MG MAGNESIUM) | (magnesium oxide) |
| Multivitamin Preparations | |
| A THRU Z ADVANCED FORMULA ORAL TABLET 18-400 MG-MCG | |
| CENTRAVITES ORAL TABLET 0.4-162-18 MG | |
| CENTRUM COMPLETE ORAL TABLET 18-400 MG-MCG | |
| CENTURY ORAL TABLET 18-400 MG-MCG | |
| CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG | |
| CERTAVITE SENIOR ORAL TABLET 0.4 MG-300 MCG- 250 MCG | |

| Drug | Notes |
|---|-----------------------------------|
| CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG | |
| DAILY MULTIPLE FOR WOMEN ORAL TABLET 18 MG IRON-400 MCG-500 MG CA | |
| DAILY MULTI-VITAMIN ORAL TABLET | (multivitamin) |
| DAILY VALUE ORAL TABLET | (multivitamin) |
| DAILY VITAMIN FORMULA ORAL TABLET | (multivitamin) |
| DAILY VITAMIN FORMULA-MINERALS ORAL TABLET | (multivitamin with minerals) |
| DAILY VITAMIN WITH IRON ORAL TABLET | (multivitamin with iron) |
| DAILY VITES/IRON ORAL TABLET | (multivitamin with iron) |
| DAILY-VITE (WITH FOLIC ACID) ORAL TABLET 400 MCG | (multivitamin with folic acid) |
| DAILY-VITE ORAL TABLET | (multivitamin) |
| ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG | |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | |
| HAIR VITAMINS ORAL TABLET | (multivitamin with iron) |
| HAIR,SKIN AND NAILS ORAL TABLET | (multivitamin with minerals) |
| HONEY BEARS MULTIVITAMIN ORAL TABLET,CHEWABLE | |
| MEGA MULTIPLE/CHELATED MINERAL ORAL TABLET | (multivitamin with minerals) |
| MULTIPLE VITAMIN-MINERALS ORAL TABLET | (multivitamin with minerals) |
| MULTIPLE VITAMINS ORAL TABLET | (multivitamin) |
| <i>multivit with min-folic acid oral tablet 0.4 mg</i> | (One Daily Womens 50 Plus) |
| <i>multivitamin oral tablet</i> | (Daily Multi-Vitamin) |
| <i>multivitamin with iron oral tablet</i> | (Daily Vitamin with Iron) |
| <i>multivit-min-iron fum-folic ac oral tablet 7.5 mg iron-400 mcg</i> | |
| NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG | |
| OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG | |
| ONCCOR ORAL TABLET 200-10-10 MCG | |
| ONCOVITE ORAL TABLET | (therapeutic multivitamin) |
| ONE DAILY COMPLETE ORAL TABLET | (multivitamin with minerals) |
| ONE DAILY COMPLETE ORAL TABLET 18- 0.4 MG | |
| ONE DAILY ENERGY ORAL TABLET | (multivitamin with minerals) |
| ONE DAILY ESSENTIAL ORAL TABLET | (multivitamin) |
| ONE DAILY ESSENTIAL ORAL TABLET 400 MCG | (multivitamin with folic acid) |
| ONE DAILY FOR WOMEN ORAL TABLET 18-0.4 MG | |
| ONE DAILY MAXIMUM ORAL TABLET 18-0.4 MG | |
| ONE DAILY MULTIVITAMIN ORAL TABLET | (multivitamin) |

| Drug | Notes |
|---|--------------------------------|
| ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG | (multivitamin with folic acid) |
| ONE-A-DAY ESSENTIAL ORAL TABLET | (multivitamin) |
| ONE-A-DAY MAXIMUM FORMULA ORAL TABLET | (multivitamin with minerals) |
| ONE-A-DAY MEN'S MULTIVITAMIN ORAL TABLET 400-20-300 MCG | |
| ONEVITE DAILY MULTIVITAMIN ORAL TABLET 400 MCG | (multivitamin with folic acid) |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG | |
| PROSIGHT ORAL TABLET 5,000-60-30 UNIT-MG-UNIT | |
| SENTRY ORAL TABLET 18-400 MG-MCG | |
| SPECTRAVITE ADVANCED FORMULA ORAL TABLET 18-400 MG-MCG | |
| SUPER MULTIVITAMIN ORAL TABLET | (multivitamin) |
| TAB-A-VITE ORAL TABLET 400 MCG | (multivitamin with folic acid) |
| TARON-C DHA ORAL CAPSULE 35-1-200 MG | |
| THERA ORAL TABLET 400 MCG | (multivitamin with folic acid) |
| THERA-TABS ORAL TABLET | (therapeutic multivitamin) |
| THEREMS MULTIVITAMIN ORAL TABLET 400 MCG | (multivitamin with folic acid) |
| THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG | |
| V-C FORTE ORAL CAPSULE 1 MG | |
| VIC-FORTE ORAL CAPSULE 1 MG | |
| VITAMINS FOR HAIR ORAL CAPSULE 400-400 MCG | |
| VITATRUM ORAL TABLET 18-500-300-250 MG-MCG-MCG-MCG | |
| VITRUM SENIOR ORAL TABLET 500-300-250 MCG | |
| Pediatric Vitamin Preparations | |
| ANIMAL CHEWS ORAL TABLET,CHEWABLE | (pediatric multivitamin) |
| CHILDREN'S CHEW MULTIVITAMIN ORAL TABLET,CHEWABLE | |
| CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE | |
| FLINTSTONES MULTIVITAMIN ORAL TABLET,CHEWABLE | (pediatric multivitamin) |
| FLINTSTONES/EXTRA C ORAL TABLET,CHEWABLE | (pediatric multivitamin) |
| GUMMI BEAR MULTIVITAMIN ORAL TABLET,CHEWABLE | (pediatric multivitamin) |
| HONEY BEARS WITH IRON-ZINC ORAL TABLET,CHEWABLE 4.5 MG | |
| LITTLE ANIMALS ORAL TABLET,CHEWABLE | |

| Drug | Notes |
|---|----------------------------------|
| LITTLE ANIMALS-IRON ORAL TABLET,CHEWABLE | (pediatric multivitamin-iron) |
| MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML | Age (Max 1 Years) |
| MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML | Age (Max 1 Years) |
| MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG | |
| MVC-FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG | (pedi multivit no.12 w-fluoride) |
| <i>pediatric multivitamin no.171 oral drops 750 unit-35 mg- 400 unit/ml</i> | (Poly-Vita Drops) |
| POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML | (pediatric multivitamin no.171) |
| SCOOBY-DOO ONE A DAY ORAL TABLET,CHEWABLE | |
| SOLUVITA MULTIVITAMIN FLUORIDE ORAL DROPS 0.25 MG/ML | |
| TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML | Age (Max 1 Years) |
| TRI-VITE WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML | Age (Max 1 Years) |
| VITALETS ORAL TABLET,CHEWABLE | (pediatric multivitamin-iron) |
| VITALETS ORAL TABLET,CHEWABLE 10 MG IRON | |
| VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML | Age (Max 1 Years) |
| Prenatal Vitamin Preparations | |
| KPN ORAL TABLET 9 MG IRON- 267 MCG | |
| MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG | |
| M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG | (pnr,calcium 72-iron-folic acid) |
| MYNATAL ADVANCE ORAL TABLET 90-1-50 MG | |
| MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG | |
| MYNATAL ORAL TABLET 90-1-50 MG | |
| MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG | |
| MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG | |
| MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG | |
| OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG | |

| Drug | Notes |
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| ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG | |
| ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG | |
| <i>pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i> | (Prenatal) |
| PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | |
| PRENATABS FA ORAL TABLET 29-1 MG | |
| PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG | |
| PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG | |
| PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | |
| PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG | |
| PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG | |
| PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG | |
| PRENATAL MULTI ORAL TABLET 27-800 MG-MCG | |
| PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG | |
| PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG | |
| PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG | (pnv no.95-ferrous fumarate-fa) |
| PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG | |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG | (pnv no.95-ferrous fumarate-fa) |
| PRENATAL ORAL TABLET 28-800 MG-MCG | |
| PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG | (pnv,calcium 72-iron-folic acid) |
| PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG | |
| PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG | (pnv,calcium 72-iron,carb-folic) |
| PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG | (prenatal vit-iron fum-folic ac) |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG | |
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG | (pnv,calcium 72-iron-folic acid) |
| PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG | (prenatal vit-iron fum-folic ac) |
| <i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i> | (Prenatal Tablet) |
| PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG | |

| Drug | Notes |
|---|----------------------------------|
| SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | |
| SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG | |
| STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG | |
| THERANATAL ORAL TABLET 27 MG IRON- 1 MG | |
| THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG | |
| TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG | |
| TRINATE ORAL TABLET 28 MG IRON- 1 MG | |
| WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG | (pnv,calcium 72-iron-folic acid) |
| WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG | |
| Prenatal Vitamins Without Iron | |
| THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT | |
| Vitamin B Preparations | |
| B COMPLEX 1 (WITH FOLIC ACID) ORAL TABLET 0.4 MG | (vitamin b complex-folic acid) |
| <i>b complex-vitamin c-folic acid oral tablet 400 mcg</i> | |
| B-100 COMPLEX ORAL TABLET EXTENDED RELEASE 100 MG | |
| BALANCE B-50 (WITH FOLIC ACID) ORAL TABLET 0.4 MG | (vitamin b complex-folic acid) |
| BALANCED B-100 COMPLEX ORAL TABLET EXTENDED RELEASE 100 MG | |
| BALANCED B-50 ORAL TABLET | (vitamin b complex) |
| B-COMPLEX ORAL TABLET | (vitamin b complex) |
| COMPLEX B-100 ORAL TABLET EXTENDED RELEASE | |
| FOLBEE ORAL TABLET 2.5-25-1 MG | (folic acid-vit b6-vit b12) |
| FULL SPECTRUM B-VITAMIN C ORAL TABLET 0.8 MG | |
| NEPHRO VITAMINS ORAL TABLET 0.8 MG | |
| NEPHRO-VITE ORAL TABLET 0.8 MG | |
| RENAL VITAMIN ORAL TABLET 0.8 MG | |
| RENAL-VITE ORAL TABLET 0.8 MG | |
| RENA-VITE ORAL TABLET 0.8 MG | |
| RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG | |
| SUPER B-50 COMPLEX ORAL CAPSULE 400 MCG-20 MG- 50 MG | |
| SUPER QUINTS B-50 ORAL TABLET | (vitamin b complex) |
| <i>vit b comp-folic-choline-inosi oral tablet extended release 400 mcg-10 mg- 10 mg</i> | |
| <i>vitamin b complex oral capsule</i> | (Vitamins B Complex) |

| Drug | Notes |
|---|----------------------------------|
| <i>vitamin b complex oral tablet</i> | (Super Quints B-50) |
| <i>vitamin b complex oral tablet, disintegrating</i> | |
| <i>vitamin b complex-folic acid oral tablet 0.4 mg</i> | (B Complex 1 (with folic acid)) |
| VITAMINS B COMPLEX ORAL CAPSULE | (vitamin b complex) |
| VITAMINS B COMPLEX ORAL TABLET | (vitamin b complex) |
| WESTAB ONE ORAL TABLET 2.5-25-1 MG | (folic acid-vit b6-vit b12) |
| Vitamin B1 Preparations | |
| <i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i> | |
| <i>thiamine hcl (vitamin b1) oral tablet 100 mg, 250 mg, 50 mg</i> | (Vitamin B-1) |
| <i>thiamine hcl (vitamin b1) oral tablet 500 mg</i> | |
| <i>thiamine mononitrate (vit b1) oral tablet 100 mg</i> | (Vitamin B-1 (mononitrate)) |
| VITAMIN B-1 (MONONITRATE) ORAL TABLET 100 MG | (thiamine mononitrate (vit b1)) |
| VITAMIN B-1 ORAL TABLET 100 MG, 250 MG, 50 MG | (thiamine hcl (vitamin b1)) |
| Vitamin B12 Preparations | |
| B-12 DOTS ORAL TABLET 500 MCG | (cyanocobalamin (vitamin b-12)) |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> | (Dodex) |
| <i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg</i> | (Vitamin B-12) |
| <i>cyanocobalamin (vitamin b-12) oral tablet 500 mcg</i> | (B-12 DOTS) |
| <i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg</i> | (Vitamin B-12) |
| <i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg</i> | |
| DODEX INJECTION SOLUTION 1,000 MCG/ML | (cyanocobalamin (vitamin b-12)) |
| VITAMIN B-12 ORAL TABLET 1,000 MCG, 500 MCG | (cyanocobalamin (vitamin b-12)) |
| VITAMIN B-12 ORAL TABLET EXTENDED RELEASE 1,000 MCG | (cyanocobalamin (vitamin b-12)) |
| Vitamin B6 Preparations | |
| <i>pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg</i> | (Vitamin B-6) |
| <i>pyridoxine (vitamin b6) oral tablet 500 mg</i> | |
| VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 250 MG, 50 MG | (pyridoxine (vitamin b6)) |
| Vitamin C Preparations | |
| ACEROLA C ORAL TABLET, CHEWABLE 500 MG | (ascorbic acid (vitamin c)) |
| ACEROLA C-500 ORAL WAFER 500 MG | (ascorbic acid-ascorbate sodium) |
| <i>ascorbic acid (vitamin c) oral tablet 1,000 mg</i> | (C-1000) |
| <i>ascorbic acid (vitamin c) oral tablet 250 mg</i> | (Vitamin C) |
| <i>ascorbic acid (vitamin c) oral tablet 500 mg</i> | (C-500) |

| Drug | Notes | |
|--|-----------------------------|--------------------|
| ascorbic acid (vitamin c) oral tablet, chewable 125 mg | (PureVita Vitamin C) | |
| ascorbic acid (vitamin c) oral tablet, chewable 250 mg | (Vitamin C) | |
| ascorbic acid (vitamin c) oral tablet, chewable 500 mg | (C-500) | |
| ascorbic acid-ascorbate sodium oral wafer 500 mg | (Acerola C-500) | |
| C-1000 ORAL TABLET 1,000 MG | (ascorbic acid (vitamin c)) | |
| C-1000 WITH ROSE HIPS ORAL TABLET 1,000 MG | (ascorbic acid (vitamin c)) | |
| C-500 ORAL TABLET 500 MG | (ascorbic acid (vitamin c)) | |
| C-500 ORAL TABLET, CHEWABLE 500 MG | (ascorbic acid (vitamin c)) | |
| FRUIT C ORAL TABLET, CHEWABLE 100 MG | | |
| FRUIT C-500 ORAL TABLET, CHEWABLE 500 MG | (ascorbic acid (vitamin c)) | |
| PUREVITA VITAMIN C ORAL TABLET, CHEWABLE 125 MG | (ascorbic acid (vitamin c)) | |
| SOOTHING PUREWAY-C ORAL TABLET 500 MG | (ascorbic acid (vitamin c)) | |
| STRAWBERRY C ORAL TABLET, CHEWABLE 500 MG | (ascorbic acid (vitamin c)) | |
| VITAJEY DAILY C ORAL TABLET, CHEWABLE 125 MG | (ascorbic acid (vitamin c)) | |
| VITAMIN C ORAL TABLET 1,000 MG, 100 MG, 250 MG, 500 MG | (ascorbic acid (vitamin c)) | |
| VITAMIN C ORAL TABLET, CHEWABLE 125 MG, 250 MG, 500 MG | (ascorbic acid (vitamin c)) | |
| VITAMIN C WITH ROSE HIPS ORAL TABLET 1,000 MG, 500 MG | (ascorbic acid (vitamin c)) | |
| VITAMIN C WITH ROSE HIPS ORAL TABLET, CHEWABLE 500 MG | (ascorbic acid (vitamin c)) | |
| Vitamin D Preparations | | |
| calcitriol oral capsule 0.25 mcg, 0.5 mcg | | |
| cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit) | (Decara) | |
| cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit) | (Vitamin D3) | |
| cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit) | (Dialyvite Vitamin D) | |
| cholecalciferol (vitamin d3) oral capsule 250 mcg (10,000 unit) | (IS-D-10,000) | |
| cholecalciferol (vitamin d3) oral capsule 50 mcg (2,000 unit) | (D3-2000) | |
| cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml) | (D-Vi-Sol) | Age (Max 18 Years) |
| cholecalciferol (vitamin d3) oral liquid 10 mcg/5 ml (400 unit/5 ml) | | Age (Max 18 Years) |
| cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit) | (Delta D3) | |

| Drug | Notes | |
|--|--------------------------------|--------------------|
| <i>cholecalciferol (vitamin d3) oral tablet 125 mcg (5,000 unit)</i> | (Vitamin D3) | |
| <i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i> | (PureVita Vitamin D3) | |
| <i>cholecalciferol (vitamin d3) oral tablet 50 mcg (2,000 unit)</i> | (Thera-D) | |
| <i>cholecalciferol (vitamin d3) oral tablet, chewable 25 mcg (1,000 unit)</i> | (VitaJoy Daily D) | |
| D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT) | (cholecalciferol (vitamin d3)) | |
| DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT) | (cholecalciferol (vitamin d3)) | |
| DELTA D3 ORAL TABLET 10 MCG (400 UNIT) | (cholecalciferol (vitamin d3)) | |
| DIALYVITE VITAMIN D ORAL CAPSULE 125 MCG (5,000 UNIT) | (cholecalciferol (vitamin d3)) | |
| D-VI-SOL ORAL DROPS 10 MCG/ML (400 UNIT/ML) | (cholecalciferol (vitamin d3)) | Age (Max 18 Years) |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | (Vitamin D2) | |
| <i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i> | | |
| <i>ergocalciferol (vitamin d2) oral tablet 50 mcg (2,000 unit)</i> | | |
| <i>fish oil-dha-epa oral capsule 1,200-144-216 mg</i> | | |
| OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT) | (cholecalciferol (vitamin d3)) | |
| PEDIA D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML) | (cholecalciferol (vitamin d3)) | Age (Max 18 Years) |
| PEDIATRIC D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML) | (cholecalciferol (vitamin d3)) | Age (Max 18 Years) |
| PUREVITA VITAMIN D3 ORAL TABLET 25 MCG (1,000 UNIT) | (cholecalciferol (vitamin d3)) | |
| THERA-D ORAL TABLET 50 MCG (2,000 UNIT) | (cholecalciferol (vitamin d3)) | |
| VITAJOY DAILY D ORAL TABLET, CHEWABLE 25 MCG (1,000 UNIT) | (cholecalciferol (vitamin d3)) | |
| VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) | (ergocalciferol (vitamin d2)) | |
| VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT) | (cholecalciferol (vitamin d3)) | |
| VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 125 MCG (5,000 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT) | (cholecalciferol (vitamin d3)) | |
| VITAMIN D3 ORAL TABLET, CHEWABLE 25 MCG (1,000 UNIT) | (cholecalciferol (vitamin d3)) | |
| WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT) | (cholecalciferol (vitamin d3)) | |

| Drug | Notes |
|---|-------|
| Zinc Replacement | |
| ORAZINC ORAL TABLET 25 MG ZINC (110 MG) | |
| <i>zinc amino acid chelate oral tablet 50 mg</i> | |
| <i>zinc gluconate oral lozenge 10 mg</i> | |
| <i>zinc gluconate oral tablet 100 mg, 30 mg, 50 mg</i> | |
| <i>zinc sulfate oral capsule 50 mg zinc (220 mg)</i> (Zinc-220) | |
| <i>zinc sulfate oral tablet 50 mg zinc (220 mg)</i> | |
| ZINC-15 ORAL TABLET 66 MG | |
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