

Oregon Essential Drug List

The Essential Drug List (formulary) includes a list of drugs covered by Health Net Health Plan of Oregon (Health Net). The drug list is updated often and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at www.healthnetoregon.com or call us at the toll-free telephone number on your Health Net ID card to request a copy. Refer to Evidence of Coverage for specific cost share information.



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Welcome to Health Net

What if i have question regarding my pharmacy benefit?

If you have questions about your pharmacy coverage, contact Customer Service at the phone number listed on your Health Net ID card. Customer Service can help you with questions about your prescription drug benefits, including, but not limited to:

- Information about drugs covered under the medical benefit.
- The process for submitting an exception request, requesting prior authorization and step therapy exceptions.
- Actual dollar amounts of cost sharing for drugs subject to coinsurance.

What is the Drug List?

The Drug List is a complete list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and current information about existing drugs and chooses drugs based on:

- Safety
- Effectiveness
- Side effects
- Value (If two drugs are equally effective, the less costly drug will be preferred)

How do I find a drug in the Drug List?

You can search for a drug by using the search tool, alphabetical index or by categorical list. There are three ways to find out if your drug is covered.

- *Search Tool:* Open the List of Drugs (PDF). Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug. Press the “Enter” key.
- *Alphabetical Index:* The index at the end of the PDF lists the names of generic and brand name drugs from A to Z. Once you find a drug name, go to the page number listed to see if the drug is covered.
- *Categorical list:* The drugs are grouped into therapeutic categories. If you know what therapeutic category your drug is in look through the list to find the category. Then look under the category and class for your drug.

If a generic equivalent for a brand name drug is not available in the market or not covered, the generic drug will not be listed separately. The presence of a drug on the drug list does not guarantee that your doctor will prescribe the drug for a particular medical condition.

What if my drug is not on the Drug List?

If your drug is not on the drug list, call us at the telephone number on your Health Net ID card and ask if your drug is covered. If your drug is not covered, you can ask your doctor to prescribe a similar drug that is covered. Your doctor can ask us to make an exception if he or she feels you need the drug that is not covered. If we approve an exception request for a drug not on the drug list, the non-preferred brand tier (Tier 3) copayment will apply.

How much will I pay for my drugs?

To figure out how much you will pay for a drug, the abbreviations in the table below appear in the Drug Tier column on the formulary. The copayment or coinsurance levels are defined in the table below. If you do not know your copayment or coinsurance for each tier, please refer to your Summary of Benefits or other plan documents.

Tier	Copayment/Coinsurance	Description
1	Tier 1 copayment or coinsurance	Tier 1 consists of most generic drugs and low-cost preferred brand name drugs.
2	Tier 2 copayment or coinsurance	Tier 2 consists of nonpreferred generic drugs, preferred brand name drugs, and other drugs based on safety, efficacy, and cost.
3	Tier 3 copayment or coinsurance	Tier 3 consists of nonpreferred brand name drugs and drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier.
AC	Anticancer drug and miscellaneous supplies copayment or coinsurance	AC tier consists of oral anticancer drugs and miscellaneous supplies. You may be required to get these drugs from a Specialty pharmacy.
GP	Generic Preferred	A Brand name is listed for reference only when a generic equivalent is available. Depending on your plan, these drugs are either not covered (non-formulary), covered at Tier 3, or covered at a copayment plus the difference in cost between the brand and generic drug. Refer to your plan
PV	Preventive Benefit	PV tier consists of preventive benefit drugs, including contraceptives. If your plan has a preventive benefit these drugs are covered at no cost.
SP	Specialty copayment or coinsurance	SP tier consists of drugs that are distributed through a specialty pharmacy, drugs that require special training or monitoring for self-administration, and drugs that are classified as high-cost agents.

What are generic drugs?

A generic drug contains the same active ingredient and works the same way as the brand name drug. Generic drugs are safe and effective, and generally cost less.

Generic drugs are available on the drug list at Tier 1. Brand name drugs with a generic equivalent are either non-formulary or non-preferred, depending on your plan benefits. If your doctor determines that you need a brand name drug instead of its generic equivalent, your doctor can submit a prior authorization request for a formulary exception with documentation of medical necessity.

Are there any limits on my drug coverage?

Some drugs have limits on coverage. The table below provides a description of abbreviations that may appear in the Limits column on the drug list:

Abbreviation	Definition	Description
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA or clinical recommendations.
PA	Prior Authorization	These drugs require prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Benefit	Drugs classified under the Affordable Care Act (ACA) as preventive health drugs, including prescription and OTC contraceptive drugs and devices. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF).
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval from Health Net for a higher quantity of the drug.
RX/OTC	Prescription & Over the Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan with the exception of some insulins, insulin supplies and some covered preventive drugs.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step

How can I get an exception to the rules for drug coverage?

Your doctor can ask for an exception to our rules for drug coverage.

- Your doctor can ask us to cover your drug even if it is not on the drug list.
- Your doctor can ask us to make an exception for limits on your drug. For example, if your drug has a quantity limit of 1 tablet per day, your doctor can ask us to cover more.

To request an exception, your doctor can fax a prior authorization form along with a written statement supporting the request to us at 1-800-255-9198.

Are injectable drugs covered?

Injectable drugs are not covered, except for those listed on the drug list. Some injectable drugs are considered “specialty drugs” and, in most cases, must be obtained from one of Health Net’s approved Specialty Pharmacies.

Are compounded prescriptions covered?

Compounded prescriptions require prior authorization for coverage. If prior authorization is granted, your Tier 3 copayment or coinsurance applies.

Can I go to any pharmacy?

To get the best benefit, you should use pharmacies that are in the network. These pharmacies have a contract with Health Net. Most chain pharmacies and many independent pharmacies are in the network. To find a pharmacy near you, visit our website at www.healthnetoregon.com or call us at the telephone number on your Health Net ID card.

If you fill your prescription at an out-of-network pharmacy, the pharmacy may not be able to bill Health Net online, so you may have to pay the full cost of your drug. If you do pay out-of-pocket for your drug, you may be able to send us your pharmacy receipt and ask for reimbursement of our share of the cost. Please refer to your plan documents for more information.

Some injectable and high cost drugs (including anticancer drugs) may be considered “specialty drugs”. These drugs must be obtained from one of Health Net’s approved Specialty pharmacies.

Can I use a mail order pharmacy?

You can use the CVS Caremark Mail Order Pharmacy for the home delivery of most maintenance drugs. Maintenance drugs are those needed for a long term condition.

To use the mail order pharmacy, your doctor must provide new prescriptions that allow up to a 90-day supply of each drug. Mail order forms are available on our website at www.healthnetoregon.com or you may call us at the telephone number on your Health Net ID card to request a form.

How often can I refill my prescription?

- For prescriptions written for 10-days or less, you may refill after 50 percent of the supply has been used as directed.
- For prescriptions written for more than 10-days, you may refill after 74 percent of the supply has been used as directed.

If your physician has increased your dose, your pharmacy must be notified of the change. If this change will result in an early refill request, your pharmacy can contact Health Net for an override.

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at Health Net participating pharmacies.
- Be sure your doctor prescribes drugs on the drug list
- Fill your maintenance drugs through our mail order pharmacy program.

Definitions

Brand drug: Is a drug that is marketed under a proprietary, trademark-protected name. A brand drug is listed in this formulary in all CAPITAL letters.

Coinsurance: Is a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment: Is a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible if a deductible applies to the health care benefit.

Deductible: Is the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If the plan has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. The plan pays the rest.

Drug Tier: Is a group of prescription drugs that correspond to a specified cost sharing tier. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Exception request: Is a request for coverage of a non-formulary drug. If you, your designee, or your provider submits a request for coverage of a non-formulary drug, the plan must cover the non-formulary drug when it is medically necessary for you to take the drug.

Formulary or prescription drug list: Is the list of drugs that is covered by the plan under the prescription drug benefit of the policy.

Generic drug: Is a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in the drug list in bold and italicized lowercase letters.

Medically Necessary: Is a health care benefit needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Plans usually do not cover health care benefits that are not medically necessary.

Non-formulary drug: Is a prescription drug that is not listed on the drug list.

Out-of-pocket costs: Are your expenses for health care benefits that are not reimbursed by the plan. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are paid by the Member and not covered by the plan.

Prescription: Is an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prescription drug: Is a drug that by law requires a prescription.

Prior Authorization: Is a decision by the plan that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in the drug list, your doctor must request approval from the plan to cover the drug before you fill your prescription. The plan must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy: Is a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in the drug list, you may have to try one or more other drugs before the plan will cover that drug for your medical condition. If your doctor submits a request for an exception to the step therapy requirement, the plan must grant the request when it is medically necessary for you to take the drug.

Nondiscrimination Notice

Health Net Health Plan of Oregon, Inc., “Health Net” complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

HEALTH NET:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language **interpreters and written information in other formats (large print, accessible electronic formats, other formats).**
- Provides free language services to people whose primary language is not English, such as qualified interpreters and **information written in other languages.**

If you need these services, contact Health Net’s Customer Contact Center at 1-888-802-7001 (TTY: 711).

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance. Health Net’s Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call the Customer Contact Center at the number on your ID card or call 1-888-802-7001 (TTY: 711).

Amharic

ለቋንቋ አገልግሎት ምንም ክፍያ የለውም። አስተርጓሚ ማግኘት ይቻላል። የተነበበልዎትን እና የተወሰኑ በቋንቋዎ የተላኩልዎትን ሰነዶች ማግኘት ይቻላል። ለእርዳታ፣ ለደንበኞች ግንኙነት ማዕከል በሙታወቂያ ካርድዎ ላይ ያለውን ቁጥር ይደውሉ ወይም በ 1-888-802-7001 (TTY: 711) ይደውሉ።

Arabic

الخدمات اللغوية المجانية. يمكنك الاستعانة بمترجم فوري، كما يمكنك طلب قراءة المستندات عليك وإرسال بعض منها إليك بلغتك. للحصول على المساعدة، يمكنك الاتصال بمركز اتصالات العملاء على الرقم الموجود على بطاقة معرف العضوية الخاصة بك أو الاتصال على 1-888-802-7001 (TTY: 711).

Chinese

免費語言服務。您可以取得口譯服務。我們可以把文件朗讀給您聽，也可以把部分翻譯成您語言的文件寄送給您。如需協助，請撥打會員卡上的電話號碼聯絡客戶聯絡中心，或撥打電話 1-888-802-7001 (聽障專線 (TTY) : 711)。

Cushite (Oromo)

Tajaajjila afaaniif kaffaltii hin qabu. Turjubaana argachuu ni dandeessu. Sanadii isiniif dubbifamee fi afaan keessaniin muraasaan isniif ergame argachuu ni dandeessu. Gargaarsaaf, Wiirtuu Qunnamtii Maamilaa tiif lakkoofsicha kaardii enyummaa keessan irra jirutti bilbilaa ykn 1-888-802-7001 (TTY: 711) itti bilbilaa.

German

Es stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Sie können einen Dolmetscher hinzuziehen. Die Dokumente können Ihnen vorgelesen werden und einige sind in Ihrer Muttersprache erhältlich. Für Unterstützung rufen Sie bitte unser Kundendienstzentrum unter der auf Ihrer Versicherungskarte angegebenen Nummer oder unter der Rufnummer 1-888-802-7001 (TTY: 711) an.

Japanese

無料の言語支援サービス。通訳をご利用いただけます。日本語で文書を読み上げたり、文書によっては日本語版をお届けすることも可能です。支援をご希望の方は、IDカードに記載の番号にてカスタマーコンタクトセンターまでお電話いただくか、1-888-802-7001 (TTY: 711)までお電話ください。

Korean

무료 언어 서비스. 귀하는 통역사를 이용하실 수 있습니다. 귀하에게 편한 언어로 서류 낭독 서비스 및 번역 서비스를 받으실 수 있습니다. 도움이 받으시려면 본인의 ID 카드에 기재된 고객센터 안내번호 또는 1-888-802-7001 (TTY: 711)번으로 전화해주세요.

Cambodian (Khmer)

សេវាភាសាកម្ពុជាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា អ្នកអាចឲ្យគេអានឯកសារនិងអ្នកនឹងផ្ញើឯកសារខ្លះៗសម្រាប់អ្នក ជាការសរសេរសម្រាប់សំរាប់ជំនួយ ទូរស័ព្ទទៅមជ្ឈមណ្ឌលទំនាក់ទំនងអភិវឌ្ឍន៍ កាមបូឌីស្ទើរ លើលើ D របស់អ្នក ឬលើលើ 1-888-802-7001 (TTY: 711)។

Laotian

ການບໍລິການດ້ານພາສາທີ່ບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍບາຍເປັນພາສາ. ທ່ານສາມາດອ່ານເອກະສານ ແລະ ຈໍານວນໜຶ່ງໄດ້ຮັບໃຫ້ທ່ານເປັນພາສາຂອງທ່ານແລ້ວ. ຕ້ອນຂໍຄວາມ ຊ່ວຍເຫຼືອ, ໂທຫາສູນຕິດຕໍ່ລູກຄ້າໄດ້ທີ່ເລກໜາຍຄູ່ເທິງບັດ ID ຂອງທ່ານ ຫຼື ໂທ 1-888-802-7001 (TTY: 711).

Punjabi

ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਲਈ ਕੋਈ ਲਾਗਤ ਨਹੀਂ। ਤੁਸੀਂ ਦੁਬਾਰੀਆਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਤੁਹਾਨੂੰ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਦਸਤਾਵੇਜ਼ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ID ਕਾਰਡ 'ਤੇ ਗਾਹਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ 1-888-802-7001 (TTY: 711)।

Russian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут прочесть документы на русском языке и выслать переводы некоторых из них. Если вам требуется помощь, звоните в Центр обслуживания клиентов по номеру, указанному на вашей идентификационной карте, или по номеру 1-888-802-7001 (линия TTY: 711).

Spanish

Servicios de Idiomas Sin Costo. Usted puede solicitar un intérprete. Puede solicitar que se le lean los documentos y que algunos de ellos se le envíen en su idioma. Para obtener ayuda, llame al Centro de Comunicación con el Cliente al número que se encuentra en su tarjeta de identificación o llame al 1-888-802-7001 (TTY: 711).

Tagalog

Mga Walang Bayad na Serbisyo sa Wika. Maaari kayong kumuha ng tagasaling-wika (interpreter). Maaaring basahin sa inyo ang mga dokumento at ipadala sa inyo ang ilan nang nakasalin sa inyong wika. Para sa tulong, tumawag sa Customer Contact Center sa numero sa inyong ID card o tumawag sa 1-888-802-7001 (TTY: 711).

Ukrainian

Безкоштовні послуги перекладу. Ви можете скористатися послугами перекладача. Вам можуть прочитати документи на українській мові та надіслати переклади деяких із них. Якщо вам потрібна допомога, телефонуйте у Центр обслуговування клієнтів за номером, вказаним на вашій ідентифікаційній карті, або за номером 1-888-802-7001 (лінія TTY: 711).

Vietnamese

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể yêu cầu phiên dịch viên. Quý vị có thể yêu cầu đọc các tài liệu và gửi một số tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được trợ giúp, hãy gọi đến Trung tâm Liên lạc Hội viên theo số điện thoại trên thẻ nhận dạng của quý vị hoặc gọi đến số 1-888-802-7001 (TTY: 711).

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	1	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	GP	QL(1 ea daily)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	GP	
<i>amphetamine-dextroamphetamine</i> CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	QL(1 ea daily)
<i>amphetamine-dextroamphetamine</i> TABS	1	
DESOXYN (<i>methamphetamine hcl</i>)	GP	PA
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	GP	
<i>dextroamphetamine sulfate</i> CP24	1	
<i>dextroamphetamine sulfate</i> SOLN	1	
<i>dextroamphetamine sulfate</i> TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate</i> CAPS	1	QL(1 ea daily)
<i>lisdexamfetamine dimesylate</i> CHEW	1	QL(1 ea daily)
<i>methamphetamine hcl</i>	1	PA
VYVANSE CAPS	2	QL(1 ea daily)
VYVANSE CHEW	2	QL(1 ea daily)
Analeptics		
<i>caffeine citrate</i> SOLN OR	1	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i> 60 MG, 80 MG, 100 MG	1	QL(1 ea daily)
<i>atomoxetine hcl</i> 10 MG, 18 MG, 25 MG, 40 MG	1	QL(2 ea daily)
<i>clonidine hcl (adhd)</i> TB12	1	QL(4 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	GP	QL(1 ea daily)
KAPVAY TB12 (<i>clonidine hcl (adhd)</i>)	GP	QL(4 ea daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	GP	QL(2 ea daily)
STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	GP	QL(1 ea daily)
Stimulants - Misc.		
<i>armodafinil</i> 50 MG, 150 MG, 250 MG	1	PA
<i>armodafinil</i> 200 MG	1	PA
DAYTRANA PTCH (<i>methylphenidate</i>)	GP	QL(1 ea daily)
<i>dexmethylphenidate hcl</i> CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 35 MG, 40 MG	1	QL(1 ea daily)
<i>dexmethylphenidate hcl</i> CP24 25 MG	1	QL(2 ea daily)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)	NUVIGIL 50 MG, 150 MG, 250 MG (<i>armodafinil</i>)	GP	PA
FOCALIN XR CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 35 MG, 40 MG (<i>dexmethylphenidate hcl</i>)	GP	QL(1 ea daily)	NUVIGIL 200 MG (<i>armodafinil</i>)	GP	PA
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	GP	QL(2 ea daily)	PROVIGIL (<i>modafinil</i>)	GP	QL(1 ea daily); ST
METADATE CD CPCR 20 MG, 30 MG (<i>methylphenidate hcl</i>)	GP	QL(2 ea daily)	QUILLICHEW ER CHER 30 MG	3	QL(2 ea daily); PA
METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	GP		QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 ea daily); PA
METHYLIN SOLN (<i>methylphenidate hcl</i>)	GP		QUILLIVANT XR SRER	3	QL(12 ml daily); PA
<i>methylphenidate hcl CHEW</i>	1		RITALIN LA CP24 (<i>methylphenidate hcl</i>)	GP	QL(1 ea daily)
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)	RITALIN TABS (<i>methylphenidate hcl</i>)	GP	
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 ea daily)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1		Allergenic Extracts		
<i>methylphenidate hcl SOLN</i>	1		GRASTEK SUBL	3	PA
<i>methylphenidate hcl TABS</i>	1		ODACTRA SUBL	3	PA
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily)	ORALAIR ADULT STARTER PACK SUBL	3	PA
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily)	ORALAIR SUBL	3	PA
<i>methylphenidate hcl TBCR 36 MG</i>	1	QL(2 ea daily)	RAGWITEK SUBL	3	PA
<i>methylphenidate hcl TBCR 10 MG, 18 MG, 20 MG, 27 MG, 54 MG, 72 MG</i>	1	QL(1 ea daily)	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
<i>methylphenidate hcl TBCR 45 MG, 63 MG</i>	1		Aminoglycosides		
<i>methylphenidate PTCH</i>	1	QL(1 ea daily)	<i>amikacin sulfate SOLN 1 GM/4ML</i>	SP	PA
<i>modafinil</i>	1	QL(1 ea daily); ST	ARIKAYCE	SP	PA
			BETHKIS NEBU (<i>tobramycin</i>)	SP	PA
			<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %</i>	SP	PA
			<i>gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML</i>	SP	PA
			KITABIS PAK NEBU (<i>tobramycin</i>)	SP	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>neomycin sulfate TABS</i>	1		HADLIMA SOSY	2	PA
<i>streptomycin sulfate SOLR</i>	SP	PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2	PA
TOBI PODHALER CAPS	SP	PA	HUMIRA PEN-CD/UC/HS STARTER PNKT	2	PA
TOBI NEBU (<i>tobramycin</i>)	SP		HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2	PA
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>	SP	PA	HUMIRA PEN PNKT	2	PA
<i>tobramycin NEBU</i>	SP	PA	HUMIRA PEN-PS/UV STARTER PNKT	2	PA
<i>tobramycin NEBU</i>	SP		HUMIRA PSKT	2	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			Gold Compounds		
Antirheumatic - Enzyme Inhibitors			RIDAURA		
RINVOQ TB24	2	PA	Interleukin-1 Blockers		
XELJANZ XR TB24	2	PA	ARCALYST		
XELJANZ SOLN	2	PA	Interleukin-6 Receptor Inhibitors		
XELJANZ TABS	2	PA	KEVZARA SOAJ		
Antirheumatic Antimetabolites			KEVZARA SOSY		
METHOTREXATE	2		Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	SP	PA	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG		
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	SP	PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG		
Anti-TNF-alpha - Monoclonal Antibodies			(Indomethacin) INDOCIN SUPP		
ADALIMUMAB-ADAZ SOAJ	2	PA	(Ketoprofen) KIPROFEN CAPS 25 MG		
ADALIMUMAB-ADAZ SOSY	2	PA	(Nabumetone) RELAFEN 750 MG		
HADLIMA PUSHTOUCH SOAJ	2	PA	(Nabumetone) RELAFEN 500 MG		
			(Naproxen) EC-NAPROXEN TBEC		
			ANAPROX DS TABS (<i>naproxen sodium</i>)		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	GP		<i>ibuprofen-famotidine</i>	1	PA
ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	GP		<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
CELEBREX 400 MG (celecoxib)	GP	QL(2 ea daily); AL(At least 60 yrs old); ST	INDOCIN SUSP (indomethacin)	GP	
CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	GP	QL(2 ea daily); ST	<i>indomethacin CAPS 20 MG</i>	1	QL(3 ea daily); ST
<i>celecoxib 400 MG</i>	1	QL(2 ea daily); AL(At least 60 yrs old); ST	<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily); ST	<i>indomethacin CPCR</i>	1	
DAYPRO TABS (oxaprozin)	GP		<i>indomethacin SUPP</i>	1	
<i>diclofenac potassium CAPS</i>	1	ST	<i>indomethacin SUSP</i>	1	
<i>diclofenac potassium TABS 50 MG</i>	1		<i>ketoprofen CAPS 25 MG, 50 MG</i>	1	
<i>diclofenac sodium TB24</i>	1		<i>ketoprofen CP24</i>	1	
<i>diclofenac sodium TBEC</i>	1		<i>ketorolac tromethamine TABS</i>	1	Limit 20 per month; QL(0.67 ea daily)
<i>diclofenac w/ misoprostol TBEC</i>	1		LODINE TABS (<i>etodolac</i>)	GP	
DICLOFENAC CAPS	3	QL(3 ea daily); ST	<i>meclofenamate sodium CAPS</i>	1	
DUEXIS (<i>ibuprofen- famotidine</i>)	GP	PA	<i>mefenamic acid CAPS</i>	1	
EC-NAPROSYN TBEC (naproxen)	GP		<i>meloxicam SUSP</i>	1	
<i>etodolac CAPS</i>	1		MELOXICAM SUSP (<i>meloxicam</i>)	GP	
<i>etodolac TABS</i>	1		<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
<i>etodolac TB24</i>	1	QL(2 ea daily)	<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
FELDENE CAPS (piroxicam)	GP		<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
<i>fenoprofen calcium CAPS 400 MG</i>	1		<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
FENOPROFEN CALCIUM CAPS 200 MG	3		NALFON CAPS (<i>fenoprofen calcium</i>)	GP	
<i>fenoprofen calcium TABS</i>	1		NALFON TABS (<i>fenoprofen calcium</i>)	GP	
<i>flurbiprofen TABS</i>	1		NAPRELAN TB24 (<i>naproxen sodium</i>)	GP	
			NAPROSYN SUSP (<i>naproxen</i>)	GP	
			NAPROSYN TABS 500 MG (<i>naproxen</i>)	GP	
			<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium TB24</i>	1	
<i>naproxen-esomeprazole magnesium</i>	1	PA
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>naproxen TBEC</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS</i>	1	
<i>sulindac TABS</i>	1	
TIVORBEX CAPS (<i>indomethacin</i>)	GP	QL(3 ea daily); ST
<i>tolmetin sodium CAPS</i>	1	
<i>tolmetin sodium TABS 600 MG</i>	1	
VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	GP	PA
ZIPSOR CAPS (<i>diclofenac potassium</i>)	GP	ST
ZORVOLEX CAPS	3	QL(3 ea daily); ST
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS 30 MG	2	PA
OTEZLA TBPK	2	PA
Pyrimidine Synthesis Inhibitors		
ARAVA 10 MG (<i>leflunomide</i>)	GP	QL(2 ea daily)
ARAVA 20 MG (<i>leflunomide</i>)	GP	QL(1 ea daily)
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	PA
ENBREL SURECLICK SOAJ	2	PA
ENBREL SOLN	2	PA
ENBREL SOSY	2	PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain,		

Drug Name	Drug Tier	Requirements/Limits
Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	1	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) VTOL LQ SOLN	1	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS</i>	1	
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	GP	
FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	GP	
Salicylates		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	PV	PV	(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	PV	PV
			(Aspirin) BAYER ADVANCED ASPIRIN REGULAR STRENGTH, BAYER ASPIRIN, CVS ASPIRIN, CVS GENUINE ASPIRIN, EQ ASPIRIN, FT ASPIRIN, GENUINE ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULTS, HM ADULT ASPIRIN, HM ASPIRIN, MEDI-FIRST ASPIRIN, MEDIQUE ASPIRIN, PX ASPIRIN, QC ASPIRIN, RA ASPIRIN, RA PAIN RELIEF ASPIRIN, SB ASPIRIN, SM ADULT ASPIRIN, SM ASPIRIN TABS 325 MG	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	1		(Morphine Sulfate) DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML	SP	PA
ASCRIPTIN TABS	3		ACTIQ LPOP (<i>fentanyl citrate</i>)	GP	PA
<i>aspirin CHEW</i>	PV	PV	<i>codeine sulfate TABS</i>	1	
<i>aspirin TABS 325 MG</i>	1		CONZIP CP24 (<i>tramadol hcl</i>)	GP	
<i>aspirin TBEC 325 MG</i>	1		DILAUDID LIQD (<i>hydromorphone hcl</i>)	GP	
<i>aspirin TBEC 81 MG</i>	PV	PV	DILAUDID TABS (<i>hydromorphone hcl</i>)	GP	
<i>diflunisal TABS</i>	1		<i>fentanyl citrate LPOP</i>	1	PA
ECOTRIN ARTHRITIS PAIN TBEC (<i>aspirin</i>)	GP		<i>fentanyl citrate TABS</i>	1	QL(3 ea daily); PA
ECOTRIN REGULAR STRENGTH TBEC (<i>aspirin</i>)	GP		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 ea daily)
ECOTRIN TBEC (<i>aspirin</i>)	GP		FENTORA TABS (<i>fentanyl citrate</i>)	GP	QL(3 ea daily); PA
<i>salsalate</i>	1		<i>hydrocodone bitartrate T24A</i>	3	PA
ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE CHEW	PV	PV	<i>hydromorphone hcl LIQD</i>	1	
ST JOSEPH ADULT CHEW	PV	PV	<i>hydromorphone hcl TABS</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)
Opioid Agonists			<i>hydromorphone hcl TB24 32 MG</i>	1	
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1		LAZANDA SOLN NA 100 MCG/ACT, 400 MCG/ACT	3	PA
(Methadone Hcl) METHADOSE TBSO	1		<i>levorphanol tartrate TABS</i>	1	PA
			<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	
			<i>meperidine hcl TABS 50 MG</i>	1	
			<i>methadone hcl CONC</i>	1	
			<i>methadone hcl SOLN OR</i>	1	
			<i>methadone hcl SOLN IJ 10 MG/ML</i>	SP	PA
			METHADONE HCL SOLN IJ	SP	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl TABS</i>	1	QL(12 ea daily)
<i>methadone hcl TBSO</i>	1	
<i>morphine sulfate beads</i>	1	QL(1 ea daily)
<i>morphine sulfate CP24 20 MG, 30 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)
<i>morphine sulfate CP24 10 MG, 50 MG</i>	1	QL(1 ea daily)
<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
<i>morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML</i>	SP	PA
<i>morphine sulfate SUPP</i>	1	
<i>morphine sulfate TABS</i>	1	
<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
MS CONTIN TBCR (<i>morphine sulfate</i>)	GP	QL(3 ea daily)
OXAYDO TABS 5 MG	2	
OXAYDO TABS 7.5 MG	3	QL(4 ea daily)
<i>oxycodone hcl CAPS</i>	1	
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	3	QL(3 ea daily); PA
<i>oxycodone hcl TABS</i>	1	
<i>oxymorphone hcl TABS</i>	1	
<i>oxymorphone hcl TB12 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(2 ea daily)
QDOLO SOLN (<i>tramadol hcl</i>)	GP	
ROXICODONE TABS 15 MG, 30 MG (<i>oxycodone hcl</i>)	GP	
SUBSYS LIQD	3	PA
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>tramadol hcl SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)
<i>tramadol hcl TABS 100 MG</i>	1	
<i>tramadol hcl TB24</i>	1	
TRAMADOL HYDROCHLORIDE SOLN (<i>tramadol hcl</i>)	GP	
ULTRAM TABS (<i>tramadol hcl</i>)	GP	QL(8 ea daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	
<i>acetaminophen w/ codeine SOLN</i>	1	
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	1	
<i>butalbital-aspirin-caffeine w/cod</i>	1	
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	GP	
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1		<i>buprenorphine hcl SOLN</i>	SP	PA
LORTAB ELIX	3		<i>buprenorphine hcl SUBL</i>	1	
NALOCET TABS	3		<i>buprenorphine PTWK</i>	1	Limit 4 per month; QL(0.15 ea daily)
OXYCODONE AND ACETAMINOPHEN TABS	3		<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1		BUTRANS PTWK (<i>buprenorphine</i>)	GP	Limit 4 per month; QL(0.15 ea daily)
OXYCODONE/ACETAMINOPHEN TABS	3		<i>pentazocine w/ naloxone hcl</i>	1	
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	GP		SUBLOCADE SOSY	3	
PROLATE TABS	3		SUBOXONE FILM SL (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	GP	
<i>tramadol-acetaminophen</i>	1		ZUBSOLV SUBL	3	
ULTRACET (<i>tramadol-acetaminophen</i>)	GP		ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Opioid Partial Agonists			Anabolic Steroids		
BELBUCA FILM	3	QL(2 ea daily)	<i>oxandrolone</i>	1	
BRIXADI SOSY	3		Androgens		
BUPRENEX SOLN (<i>buprenorphine hcl</i>)	SP	PA	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM 200 MG/ML	1	
<i>buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG</i>	1	QL(2 ea daily)	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM 100 MG/ML	SP	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	1		ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	GP	QL(10 gm daily)
			<i>danazol CAPS</i>	1	
			FORTESTA GEL TD (<i>testosterone</i>)	GP	QL(4 gm daily)
			METHITEST TABS	2	
			<i>methyltestosterone CAPS</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	SP		(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	1		(Hydrocortisone Acetate (Rectal)) ANUCORT-HC, ANUSOL-HC, HEMMOREX-HC	1	
<i>testosterone enanthate SOLN IM</i>	SP		(Hydrocortisone Acetate (Rectal)) ANUCORT-HC, ANUSOL-HC, HEMMOREX-HC 25 MG	1	
<i>testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	1	QL(10 gm daily)	ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	GP	
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 gm daily)	<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
<i>testosterone SOLN</i>	1	QL(6 ml daily)	<i>hydrocortisone acetate (rectal)</i>	1	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			Vasodilating Agents		
Intrarectal Steroids					
<i>budesonide (intrarectal)</i>	1	PA	PROCTOCORT (<i>hydrocortisone acetate (rectal)</i>)	GP	
CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	GP		Vasodilating Agents		
CORTIFOAM EX 10 %	2		<i>nitroglycerin (intra-anal)</i>	1	
<i>hydrocortisone (intrarectal)</i>	1		RECTIV (<i>nitroglycerin (intra-anal)</i>)	GP	
UCERIS (<i>budesonide (intrarectal)</i>)	GP	PA	ANTHELMINTICS - Drugs to Treat Worm Infections		
Rectal Combinations			Anthelmintics		
ANALPRAM-HC CREA EX 1 %-1 % (<i>hydrocortisone acetate w/ pramoxine</i>)	GP		<i>albendazole</i>	1	
ANALPRAM-HC LOTN EX	3		BENZNIDAZOLE	3	AL(At least 2 yrs old - Up to 12 yrs old)
<i>hydrocortisone acetate w/ pramoxine CREA EX</i>	1		BILTRICIDE (<i>praziquantel</i>)	GP	
<i>lidocaine-hydrocortisone acetate (rectal) KIT 2.5 %-3 %</i>	1		EMVERM CHEW	3	QL(6 ea per fill retail; 6 per fill mail)
PROCORT CREA EX	3		<i>ivermectin</i>	1	PA
PROCTOFOAM HC FOAM EX	2		<i>praziquantel</i>	1	
Rectal Steroids			STROMECTOL (<i>ivermectin</i>)	GP	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	SP	PA
Antianginals-Other			<i>hydroxyzine hcl SYRP</i>	1	
RANEXA TB12 500 MG (<i>ranolazine</i>)	GP	QL(4 ea daily)	<i>hydroxyzine hcl TABS</i>	1	
RANEXA TB12 1000 MG (<i>ranolazine</i>)	GP		<i>hydroxyzine pamoate CAPS</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 ea daily)	<i>meprobamate</i>	1	
<i>ranolazine TB12 1000 MG</i>	1		VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	GP	
Nitrates			Benzodiazepines		
(Nitroglycerin) NITRO-TIME CPCR 2.5 MG, 9 MG	1		(Alprazolam) ALPRAZOLAM XR TB24	1	
GONITRO PACK	3	PA	(Diazepam) DIAZEPAM INTENSOL CONC	1	
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	GP		(Lorazepam) LORAZEPAM INTENSOL CONC	1	
<i>isosorbide dinitrate TABS</i>	1		ALPRAZOLAM INTENSOL CONC	3	
<i>isosorbide mononitrate TABS</i>	1		<i>alprazolam TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1		<i>alprazolam TB24</i>	1	
NITRO-BID OINT	2		<i>alprazolam TBDP</i>	1	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	GP	QL(1 ea daily)	ATIVAN TABS (<i>lorazepam</i>)	GP	
NITRO-DUR PT24	2	QL(1 ea daily)	<i>chlordiazepoxide hcl CAPS</i>	1	
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)	<i>clorazepate dipotassium TABS</i>	1	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1		<i>diazepam CONC</i>	1	
<i>nitroglycerin SUBL</i>	1		<i>diazepam SOLN OR 5 MG/5ML</i>	1	
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	GP		<i>diazepam TABS</i>	1	
NITROMIST AERS	3		<i>lorazepam CONC</i>	1	
NITROSTAT SUBL (<i>nitroglycerin</i>)	GP		<i>lorazepam TABS</i>	1	
ANTIANSIETY AGENTS - Drugs to Treat Anxiety			<i>oxazepam CAPS</i>	1	
Antianxiety Agents - Misc.			TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	GP	
<i>buspirone hcl</i>	1		VALIUM TABS (<i>diazepam</i>)	GP	

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XANAX XR TB24 (<i>alprazolam</i>)	GP		NUCALA SOAJ	SP	PA
XANAX TABS (<i>alprazolam</i>)	GP		NUCALA SOSY 100 MG/ML	SP	PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			XOLAIR SOLR	SP	PA
Antiarrhythmics Type I-A			XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	SP	PA
<i>disopyramide phosphate</i> CAPS	1		Anti-Inflammatory Agents		
NORPACE CR CP12	2		<i>cromolyn sodium NEBU</i>	1	
NORPACE CAPS (<i>disopyramide phosphate</i>)	GP		Bronchodilators - Anticholinergics		
<i>procainamide hcl</i> SOLN	SP	PA	ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
<i>quinidine gluconate</i> TBCR	1		INCRUSE ELLIPTA	2	Limit 1 inhaler per month; QL(1 ea daily)
<i>quinidine sulfate</i> TABS	1		<i>ipratropium bromide</i> SOLN 0.02 %	1	
Antiarrhythmics Type I-B			SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	GP	QL(1 ea daily)
<i>mexiletine hcl</i>	1		SPIRIVA RESPIMAT AERS	2	Limit 1 inhaler per month; QL(0.14 gm daily)
Antiarrhythmics Type I-C			<i>tiotropium bromide monohydrate</i> CAPS	1	QL(1 ea daily)
<i>flecainide acetate</i>	1		Leukotriene Modulators		
<i>propafenone hcl</i> CP12	1		ACCOLATE (<i>zafirlukast</i>)	GP	
<i>propafenone hcl</i> TABS 225 MG, 300 MG	1	QL(3 ea daily)	<i>montelukast sodium</i> CHEW	1	QL(1 ea daily)
<i>propafenone hcl</i> TABS 150 MG	1	QL(6 ea daily)	<i>montelukast sodium</i> PACK	1	QL(1 ea daily)
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	GP		<i>montelukast sodium</i> TABS	1	QL(1 ea daily)
Antiarrhythmics Type III			SINGULAIR CHEW (<i>montelukast sodium</i>)	GP	QL(1 ea daily)
(Amiodarone Hcl) PACERONE TABS	1		SINGULAIR PACK (<i>montelukast sodium</i>)	GP	QL(1 ea daily)
<i>amiodarone hcl</i> TABS	1		<i>zafirlukast</i>	1	
<i>dofetilide</i>	1		<i>zileuton</i> TB12	1	ST
TIKOSYN (<i>dofetilide</i>)	GP		ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies					
FASENRA PEN SOAJ	SP	PA			

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZYFLO TABS	3	ST	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors			ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	GP	QL(2 ea daily)
DALIRESP (<i>roflumilast</i>)	GP	QL(1 ea daily)	<i>albuterol sulfate AERS</i>	1	Limit 2 inhalers per month; 2 package(s) per 31 day(s) retail
<i>roflumilast</i>	1	QL(1 ea daily)	<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1	
Steroid Inhalants			ALBUTEROL SULFATE NEBU	2	
ARNUITY ELLIPTA	2	QL(1 ea daily)	<i>albuterol sulfate SYRP</i>	1	
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)	<i>albuterol sulfate TABS</i>	1	
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ml daily)	ANORO ELLIPTA	2	QL(2 ea daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ml daily)	<i>arformoterol tartrate</i>	1	QL(4 ml daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 1 inhaler per month; QL(0.36 gm daily)	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	Limit 1 inhaler per month; QL(2 ea daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 ea daily)	BREO ELLIPTA	2	Limit 1 inhaler per month; QL(2 ea daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)	BREZTRI AEROSPHERE	2	QL(0.36 gm daily)
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	GP	QL(4 ml daily)	BROVANA (<i>arformoterol tartrate</i>)	GP	QL(4 ml daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	GP	QL(2 ml daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1	Limit 1 inhaler per month; QL(0.35 gm daily)
QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)	COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)
QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)	DULERA 50 MCG/ACT-5 MCG/ACT	3	PA
Sympathomimetics					
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	Limit 1 inhaler per month; QL(0.35 gm daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	3	Limit 1 inhaler per month; QL(0.45 gm daily); PA	terbutaline sulfate TABS	1	
fluticasone furoate-vilanterol	2	Limit 1 inhaler per month; QL(2 ea daily)	TRELEGY ELLIPTA 100 MCG/ACT-25 MCG/ACT-62.5 MCG/ACT	2	QL(2 ea daily)
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)	TRELEGY ELLIPTA 200 MCG/INH-25 MCG/INH-62.5 MCG/INH	2	1 inhaler per month; QL(2 ea daily)
fluticasone-salmeterol AERO	1	Limit 1 inhaler per month; QL(0.4 gm daily)	VENTOLIN HFA AERS (albuterol sulfate)	GP	Limit 2 inhalers per month; 2 package(s) per 31 day(s) retail
formoterol fumarate NEBU	1	QL(4 ml daily)	XOPENEX (levalbuterol hcl)	GP	
ipratropium-albuterol SOLN	1		XOPENEX CONCENTRATE (levalbuterol hcl)	GP	
levalbuterol hcl	1		XOPENEX HFA (levalbuterol tartrate)	GP	Limit 2 inhalers per month; QL(1 gm daily)
levalbuterol tartrate	1	Limit 2 inhalers per month; QL(1 gm daily)	Xanthines		
PERFORMIST NEBU (formoterol fumarate)	GP	QL(4 ml daily)	(Theophylline) ELIXOPHYLLIN ELIX	1	
PROAIR HFA AERS (albuterol sulfate)	GP	Limit 2 inhalers per month; 2 package(s) per 31 day(s) retail	aminophylline SOLN	SP	PA
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)	THEO-24 CP24	2	
PROVENTIL HFA AERS (albuterol sulfate)	GP	Limit 2 inhalers per month; 2 package(s) per 31 day(s) retail	theophylline ELIX	1	
SEREVENT DISKUS	2	QL(2 ea daily)	theophylline SOLN	1	
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)	theophylline TB12	1	
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)	theophylline TB24	1	
			ANTICOAGULANTS - Blood Thinners		
			Coumarin Anticoagulants		
			(Warfarin Sodium) JANTOVEN TABS	1	
			warfarin sodium TABS	1	
			Direct Factor Xa Inhibitors		
			ELIQUIS STARTER PACK TBPK	2	QL(2 ea daily)
			ELIQUIS TABS	2	QL(2 ea daily)
			XARELTO STARTER PACK TBPK	2	QL(51 ea per 365 day(s) retail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail)	<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	SP	
XARELTO TABS	2	QL(1 ea daily)	HEPARIN SODIUM/D5W 5 %-40 UNIT/ML	SP	
Heparins And Heparinoid-Like Agents					
ARIXTRA (<i>fondaparinux sodium</i>)	SP	PA	HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML	SP	
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	SP	QL(3 ml per 10 day(s) retail)	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (<i>heparin (porcine) in sodium chloride</i>)	SP	
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	SP		HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML	SP	
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	SP	QL(8 ml per 10 day(s) retail)	LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	SP	QL(3 ml per 10 day(s) retail)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	SP	QL(16 ml per 10 day(s) retail)	LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	SP	QL(12 ml per 10 day(s) retail)
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	SP	QL(12 ml per 10 day(s) retail)	LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	SP	QL(8 ml per 10 day(s) retail)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	SP	QL(20 ml per 10 day(s) retail)	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	SP	QL(16 ml per 10 day(s) retail)
<i>fondaparinux sodium</i>	SP	PA	LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	SP	
FRAGMIN SOLN 95000 UNIT/3.8ML	SP	PA	LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	SP	QL(20 ml per 10 day(s) retail)
FRAGMIN SOSY 12500 UNIT/0.5ML	SP	QL(10 ml per 365 day(s) retail)	Thrombin Inhibitors		
FRAGMIN SOSY 18000 UNT/0.72ML	SP	QL(14 ml per 365 day(s) retail)	<i>dabigatran etexilate mesylate CAPS</i>	1	
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	SP	QL(4 ml per 365 day(s) retail)	ANTICONVULSANTS - Drugs to Treat Seizures		
FRAGMIN SOSY 10000 UNIT/ML	SP	QL(20 ml per 365 day(s) retail)	AMPA Glutamate Receptor Antagonists		
FRAGMIN SOSY 7500 UNIT/0.3ML	SP	QL(6 ml per 365 day(s) retail)			
FRAGMIN SOSY 15000 UNIT/0.6ML	SP	QL(12 ml per 365 day(s) retail)			
<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L</i>	SP				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSP	3		(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	
FYCOMPA TABS	3		(Lamotrigine) SUBVENITE TABS	1	
Anticonvulsants - Benzodiazepines			(Levetiracetam) ROWEEPRA TABS 500 MG	1	
<i>clobazam SUSP</i>	1		APTIOM 200 MG, 400 MG, 600 MG	3	QL(2 ea daily); ST
<i>clobazam TABS</i>	1		APTIOM 800 MG	3	QL(1 ea daily); ST
<i>clonazepam TABS</i>	1		BANZEL SUSP (<i>rufinamide</i>)	GP	
<i>clonazepam TBDP</i>	1		BANZEL TABS (<i>rufinamide</i>)	GP	
DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	GP	Limit 4 per month; QL(0.14 ea daily)	<i>carbamazepine CHEW</i>	1	
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	GP	Limit 4 per month; QL(0.14 ea daily)	<i>carbamazepine CP12</i>	1	
<i>diazepam (anticonvulsant) GEL</i>	1	Limit 4 per month; QL(0.14 ea daily)	<i>carbamazepine SUSP</i>	1	
KLONOPIN TABS (<i>clonazepam</i>)	GP		<i>carbamazepine TABS</i>	1	
NAYZILAM	SP	QL(10 ea per 30 day(s) retail); PA	<i>carbamazepine TB12</i>	1	
ONFI SUSP (<i>clobazam</i>)	GP		CARBATROL CP12 (<i>carbamazepine</i>)	3	
ONFI TABS (<i>clobazam</i>)	GP		DIACOMIT CAPS 500 MG	SP	QL(6 ea daily); PA
VALTOCO 10 MG DOSE LIQD	SP	QL(10 ea per 30 day(s) retail); PA	DIACOMIT CAPS 250 MG	SP	QL(12 ea daily); PA
VALTOCO 15 MG DOSE LQPK	SP	QL(10 ea per 30 day(s) retail); PA	DIACOMIT PACK 500 MG	SP	QL(6 ea daily); PA
VALTOCO 20 MG DOSE LQPK	SP	QL(10 ea per 30 day(s) retail); PA	DIACOMIT PACK 250 MG	SP	QL(12 ea daily); PA
VALTOCO 5 MG DOSE LIQD	SP	QL(10 ea per 30 day(s) retail); PA	EPIDIOLEX	SP	PA
Anticonvulsants - Misc.			<i>gabapentin CAPS</i>	1	
(Carbamazepine) EPITOL TABS	1		<i>gabapentin SOLN</i>	1	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1		<i>gabapentin TABS 600 MG, 800 MG</i>	1	
			KEPPRA XR TB24 (<i>levetiracetam</i>)	3	
			KEPPRA SOLN IV 500 MG/5ML (<i>levetiracetam</i>)	SP	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	3		<i>levetiracetam</i> SOLN OR 100 MG/ML, 500 MG/5ML	1	
KEPPRA TABS (<i>levetiracetam</i>)	3		<i>levetiracetam</i> TABS	1	
<i>lacosamide</i> SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1		<i>levetiracetam</i> TB24	1	
<i>lacosamide</i> TABS	1	QL(1 ea daily)	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 200 MG (<i>pregabalin</i>)	3	QL(3 ea daily); PA
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	3		LYRICA CAPS 150 MG, 225 MG, 300 MG (<i>pregabalin</i>)	3	QL(2 ea daily); PA
LAMICTAL ODT KIT (<i>lamotrigine</i>)	GP	PA	LYRICA SOLN (<i>pregabalin</i>)	3	PA
LAMICTAL ODT TBDP (<i>lamotrigine</i>)	3	PA	MYSOLINE (<i>primidone</i>)	3	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	GP		NEURONTIN CAPS (<i>gabapentin</i>)	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	GP		NEURONTIN SOLN (<i>gabapentin</i>)	3	
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	GP		NEURONTIN TABS (<i>gabapentin</i>)	3	
LAMICTAL XR KIT	3	PA	<i>oxcarbazepine</i> SUSP	1	
LAMICTAL TABS (<i>lamotrigine</i>)	3		<i>oxcarbazepine</i> TABS	1	
<i>lamotrigine</i> CHEW	1		<i>oxcarbazepine</i> TB24	1	
<i>lamotrigine</i> KIT	1	PA	OXTELLAR XR TB24 (<i>oxcarbazepine</i>)	GP	
<i>lamotrigine</i> KIT 25 MG	1		<i>pregabalin</i> CAPS 25 MG, 50 MG, 75 MG, 100 MG, 200 MG	1	QL(3 ea daily); PA
<i>lamotrigine</i> TABS	1		<i>pregabalin</i> CAPS 150 MG, 225 MG, 300 MG	1	QL(2 ea daily); PA
<i>lamotrigine</i> TB24 250 MG, 300 MG	1	QL(2 ea daily)	<i>pregabalin</i> SOLN	1	PA
<i>lamotrigine</i> TB24 25 MG, 50 MG, 100 MG, 200 MG	1	QL(1 ea daily)	<i>primidone</i> 50 MG, 250 MG	1	
<i>lamotrigine</i> TBDP	1	PA	QUDEXY XR CS24 (<i>topiramate</i>)	GP	PA
<i>levetiracetam</i> SOLN IV 500 MG/5ML	SP	PA	<i>rufinamide</i> SUSP	1	
			<i>rufinamide</i> TABS	1	
			TEGRETOL SUSP (<i>carbamazepine</i>)	3	
			TEGRETOL TABS (<i>carbamazepine</i>)	3	

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	GP		SABRIL PACK (<i>vigabatrin</i>)	GP	
TEGRETOL-XR TB12 200 MG, 400 MG (<i>carbamazepine</i>)	3		SABRIL TABS (<i>vigabatrin</i>)	GP	
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	3		<i>tiagabine hcl</i>	1	
TOPAMAX TABS (<i>topiramate</i>)	3		<i>vigabatrin</i> PACK	1	
<i>topiramate</i> CP24	1	PA	<i>vigabatrin</i> TABS	1	
<i>topiramate</i> CPSP	1		Hydantoins		
<i>topiramate</i> CS24	1	PA	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
<i>topiramate</i> TABS	1		(Phenytoin) PHENYTOIN INFATABS CHEW	1	
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	3		CEREBYX 100 MG PE/2ML (<i>fosphenytoin sodium</i>)	SP	PA
TRILEPTAL TABS (<i>oxcarbazepine</i>)	3		DILANTIN 30 MG	2	
TROKENDI XR CP24 (<i>topiramate</i>)	GP	PA	DILANTIN (<i>phenytoin sodium extended</i>)	3	
VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>)	GP		DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3	
VIMPAT TABS (<i>lacosamide</i>)	GP	QL(1 ea daily)	DILANTIN-125 SUSP (<i>phenytoin</i>)	3	
ZONEGRAN CAPS 25 MG, 100 MG (<i>zonisamide</i>)	3		<i>fosphenytoin sodium 100 MG PE/2ML</i>	SP	PA
<i>zonisamide</i> CAPS	1		<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
Carbamates			<i>phenytoin sodium SOLN</i>	SP	PA
<i>felbamate</i> SUSP	1		<i>phenytoin</i> CHEW	1	
<i>felbamate</i> TABS	1		<i>phenytoin</i> SUSP	1	
FELBATOL SUSP (<i>felbamate</i>)	3		Succinimides		
FELBATOL TABS (<i>felbamate</i>)	3		CELONTIN (<i>methsuximide</i>)	GP	
GABA Modulators			<i>ethosuximide</i> CAPS	1	
(Vigabatrin) VIGADRONE, VIGPODER PACK	1		<i>ethosuximide</i> SOLN	1	
(Vigabatrin) VIGADRONE TABS	1		<i>methsuximide</i>	1	
GABITRIL (<i>tiagabine hcl</i>)	3		ZARONTIN CAPS (<i>ethosuximide</i>)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
ZARONTIN SOLN (<i>ethosuximide</i>)	3	
Valproic Acid		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	3	
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	3	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	3	
<i>divalproex sodium CSDR</i>	1	
<i>divalproex sodium TB24</i>	1	
<i>divalproex sodium TBEC</i>	1	
<i>valproic acid CAPS</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	1	
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	GP	
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	GP	
Antidepressants - Misc.		
APLENZIN	3	QL(1 ea daily); ST
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	
<i>bupropion hcl TB24 450 MG</i>	1	QL(1 ea daily); ST
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	GP	QL(1 ea daily); ST
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	GP	
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	GP	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MARPLAN	3	
NARDIL (<i>phenelzine sulfate</i>)	GP	
PARNATE (<i>tranylcypromine sulfate</i>)	GP	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)	GP	QL(1 ea daily)
CELEXA TABS 10 MG (<i>citalopram hydrobromide</i>)	GP	QL(4 ea daily)
CELEXA TABS 20 MG (<i>citalopram hydrobromide</i>)	GP	QL(2 ea daily)
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide TABS 20 MG</i>	1	QL(2 ea daily)
<i>citalopram hydrobromide TABS 10 MG</i>	1	QL(4 ea daily)
<i>citalopram hydrobromide TABS 40 MG</i>	1	QL(1 ea daily)
<i>escitalopram oxalate SOLN</i>	1	
<i>escitalopram oxalate TABS</i>	1	
<i>fluoxetine hcl CAPS</i>	1	
<i>fluoxetine hcl CPDR</i>	1	
<i>fluoxetine hcl SOLN</i>	1	
<i>fluoxetine hcl TABS 60 MG</i>	1	QL(1 ea daily); ST
<i>fluoxetine hcl TABS 10 MG, 20 MG</i>	1	
FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	GP	QL(1 ea daily); ST
<i>fluvoxamine maleate CP24</i>	1	
<i>fluvoxamine maleate TABS</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEXAPRO TABS (<i>escitalopram oxalate</i>)	GP		FETZIMA TITRATION PACK C4PK	3	ST
<i>paroxetine hcl TABS</i>	1		FETZIMA CP24 20 MG	3	QL(2 ea daily); ST
<i>paroxetine hcl TB24</i>	1		FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST
PAXIL CR TB24 (<i>paroxetine hcl</i>)	GP		<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)
PAXIL TABS (<i>paroxetine hcl</i>)	GP		<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)
PEXEVA 10 MG, 20 MG, 30 MG	3		<i>venlafaxine hcl TABS</i>	1	
PROZAC CAPS (<i>fluoxetine hcl</i>)	GP		<i>venlafaxine hcl TB24</i>	1	
<i>sertraline hcl CONC</i>	1		Tricyclic Agents		
<i>sertraline hcl TABS</i>	1		<i>amitriptyline hcl TABS</i>	1	
ZOLOFT CONC (<i>sertraline hcl</i>)	GP		<i>amoxapine</i>	1	
ZOLOFT TABS (<i>sertraline hcl</i>)	GP		ANAFRANIL (<i>clomipramine hcl</i>)	GP	
Serotonin Modulators			<i>clomipramine hcl</i>	1	
<i>nefazodone hcl</i>	1		<i>desipramine hcl TABS</i>	1	
<i>trazodone hcl TABS</i>	1		<i>doxepin hcl CAPS</i>	1	
TRINTELLIX	3	QL(1 ea daily); ST	<i>doxepin hcl CONC</i>	1	
VIIBRYD STARTER PACK KIT	3		<i>imipramine hcl TABS</i>	1	
VIIBRYD TABS (<i>vilazodone hcl</i>)	GP		<i>imipramine pamoate</i>	1	
<i>vilazodone hcl TABS</i>	1		NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	GP	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>nortriptyline hcl CAPS</i>	1	
CYMBALTA CPEP (<i>duloxetine hcl</i>)	GP	QL(2 ea daily)	PAMELOR CAPS (<i>nortriptyline hcl</i>)	GP	
DESVENLAFAXINE ER	3	QL(1 ea daily); ST	<i>protriptyline hcl</i>	1	
<i>desvenlafaxine succinate</i>	1		<i>trimipramine maleate CAPS</i>	1	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	GP	QL(1 ea daily)	Alpha-Glucosidase Inhibitors		
			<i>acarbose</i>	1	
			<i>miglitol</i>	1	
			PRECOSE (<i>acarbose</i>)	GP	
			Antidiabetic Combinations		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	GP		XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 ea daily)	XULTOPHY 100/3.6	SP	PA
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 ea daily)	Biguanides		
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	GP		GLUMETZA TB24 (<i>metformin hcl</i>)	SP	PA
<i>glipizide-metformin hcl</i>	1		<i>metformin hcl SOLN</i>	1	
<i>glyburide-metformin</i>	1		<i>metformin hcl TABS 500 MG, 1000 MG</i>	1	
GLYXAMBI	2		<i>metformin hcl TABS 850 MG</i>	PV	PV
JANUMET XR TB24	2	QL(1 ea daily)	<i>metformin hcl TB24 500 MG, 1000 MG</i>	SP	PA
JANUMET TABS	2	QL(1 ea daily)	<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
<i>pioglitazone hcl-glimepiride</i>	1		RIOMET SOLN (<i>metformin hcl</i>)	GP	
<i>pioglitazone hcl-metformin hcl TABS</i>	1		Diabetic Other		
<i>saxagliptin-metformin hcl</i>	1		BAQSIMI ONE PACK POWD	2	QL(0.069 ea daily)
SOLIQUA 100/33	SP	PA	BAQSIMI TWO PACK POWD	2	QL(0.069 ea daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)	<i>diazoxide</i>	1	
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)	GLUCAGEN HYPOKIT	2	
SYNJARDY TABS	2	QL(2 ea daily)	<i>glucagon (rdna)</i>	1	
TRIJARDY XR	2		GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	GP	
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	2	QL(1 ea daily)	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)	GVOKE PFS SOSY	2	QL(0.02 ml daily)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 ea daily)	KORLYM (<i>mifepristone (hyperglycemia)</i>)	SP	PA
			<i>mifepristone (hyperglycemia)</i>	SP	PA
			PROGLYCEM (<i>diazoxide</i>)	GP	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)
JANUVIA 50 MG, 100 MG	2	QL(2 ea daily)	HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
JANUVIA 25 MG	2	QL(1 ea daily)	HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
<i>saxagliptin hcl</i>	1		HUMULIN 70/30 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
Dopamine Receptor Agonists - Antidiabetic			HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
CYCLOSET	3		HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
Incretin Mimetic Agents			HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 2 vials per month; QL(1.5 ml daily)
<i>liraglutide</i>	AC		HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 2 vials per month; QL(1.5 ml daily)
OZEMPIC SOPN	SP	PA	HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
RYBELSUS TABS	SP	PA	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
TRULICITY	SP	PA	LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
VICTOZA (<i>liraglutide</i>)	SP	PA	LANTUS SOLOSTAR SOPN	2	QL(1.5 ml daily)
Insulin			LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
APIDRA SOLOSTAR SOPN	3	Limit 45mls per month; QL(1.5 ml daily); PA	TOUJEO MAX SOLOSTAR SOPN	2	Limit 3 boxes per month; QL(0.6 ml daily)
APIDRA SOLN	3	Limit 45mls per month; QL(1.5 ml daily); PA	TOUJEO SOLOSTAR SOPN	2	Limit 3 boxes per month; QL(0.6 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)			
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 4mls per month; QL(1.5 ml daily)			
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per month; QL(0.8 ml daily)			
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)			
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)			
HUMALOG MIX 50/50 SUSP	2	Limit 4 vials per month; QL(1.5 ml daily)			
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)			
HUMALOG MIX 75/25 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 3 boxes per month; QL(0.9 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 3 boxes per month; QL(1.5 ml daily)
TRESIBA SOLN	2	QL(1.5 ml daily)
Insulin Sensitizing Agents		
ACTOS (<i>pioglitazone hcl</i>)	GP	
<i>pioglitazone hcl</i>	1	
Meglitinide Analogues		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 ea daily)
JARDIANCE 10 MG	2	QL(2 ea daily)
JARDIANCE 25 MG	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL (<i>glimepiride</i>)	GP	
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
<i>glipizide TABS 5 MG, 10 MG</i>	1	
<i>glipizide TB24</i>	1	
GLUCOTROL XL TB24 (<i>glipizide</i>)	GP	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GLYNASE (<i>glyburide micronized</i>)	GP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS	1	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	GP	RX/OTC
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	GP	
<i>loperamide hcl CAPS</i>	1	RX/OTC
MOTOFEN	2	
<i>opium tincture</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	SP	PA
<i>deferasirox TABS</i>	SP	PA
<i>deferasirox TBSO</i>	SP	PA
<i>deferiprone TABS</i>	SP	PA
EXJADE TBSO (<i>deferasirox</i>)	SP	PA
FERRIPROX TWICE-A-DAY TABS	SP	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

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Drug Name	Drug Tier	Requirements/Limits
FERRIPROX SOLN	SP	PA
FERRIPROX TABS (<i>deferiprone</i>)	SP	PA
JADENU SPRINKLE PACK (<i>deferasirox</i>)	SP	PA
JADENU TABS (<i>deferasirox</i>)	SP	PA
Antidotes and Specific Antagonists		
RADIOGARDASE	3	
VISTOGARD	SP	
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	1	Limit 2 boxes per month; QL(4 ea per 30 day(s) retail); RX/OTC
<i>naloxone hcl SOSY 2 MG/2ML</i>	SP	
<i>naltrexone hcl</i>	1	
NARCAN LIQD (<i>naloxone hcl</i>)	GP	Limit 2 boxes per month; QL(4 ea per 30 day(s) retail); RX/OTC
VIVITROL	3	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	Limit 2 per month; QL(0.07 ea daily); PA
<i>granisetron hcl TABS</i>	1	QL(2 ea daily)
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ml daily); PA
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(20 ea per fill retail; 60 per fill mail)
<i>ondansetron TBP 4 MG, 8 MG</i>	1	QL(20 ea per fill retail; 60 per fill mail)
<i>palonosetron hcl SOLN</i>	SP	PA

Drug Name	Drug Tier	Requirements/Limits
PALONOSETRON HYDROCHLORIDE SOLN	SP	PA
POSFREA SOLN	SP	PA
SANCUSO PTCH	3	PA
Antiemetics - Anticholinergic		
(Meclizine Hcl) CVS MOTION SICKNESS II, CVS MOTION SICKNESS LESSDROWSY FORMULA, DRAMAMINE, DRAMAMINE LESS DROWSY, EQL MOTION SICKNESS RELIEF, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MEDI-MECLIZINE, MOTION SICKNESS RELIEF/LESS DROWSY, SM MOTION SICKNESS, TRAVEL-EASE TABS 25 MG	1	RX/OTC
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	GP	
<i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>	1	RX/OTC
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 ea per 28 day(s) retail)
BONJESTA TBCR	3	QL(2 ea daily)
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	GP	QL(4 ea daily)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 ea daily)
<i>dronabinol CAPS</i>	1	
MARINOL CAPS (<i>dronabinol</i>)	GP	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant CAPS</i>	1	QL(3 ea per fill retail; 9 per fill mail)
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	QL(1 ea per fill retail; 3 per fill mail)
<i>aprepitant CAPS 40 MG</i>	1	QL(2 ea per fill retail; 6 per fill mail)
<i>aprepitant MISC</i>	1	QL(3 ea per fill retail; 9 per fill mail)
EMEND TRIPACK CAPS (<i>aprepitant</i>)	GP	QL(3 ea per fill retail; 9 per fill mail)
EMEND CAPS 80 MG (<i>aprepitant</i>)	GP	QL(1 ea per fill retail; 3 per fill mail)
VARUBI TBPB	3	QL(4 ea per fill retail)

ANTIFUNGALS - Drugs to Treat Fungal Infections

Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS (<i>caspofungin acetate</i>)	SP	PA
<i>caspofungin acetate</i>	SP	PA
CASPOFUNGIN ACETATE	SP	PA
ERAXIS 100 MG	SP	PA
MICAFUNGIN	SP	PA
<i>micafungin sodium</i>	SP	PA
MYCAMINE (<i>micafungin sodium</i>)	SP	PA
REZZAYO	SP	PA
Antifungals		
ABELCET	SP	PA
AMBISOME (<i>amphotericin b liposome</i>)	SP	PA
<i>amphotericin b IV</i>	SP	PA
<i>amphotericin b liposome</i>	SP	PA
ANCOBON (<i>flucytosine</i>)	GP	
<i>flucytosine</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(90 ea per 365 day(s) retail; 90 ea per 365 days mail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	
DIFLUCAN SUSR (<i>fluconazole</i>)	GP	
DIFLUCAN TABS (<i>fluconazole</i>)	GP	
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
NOXAFIL SUSP (<i>posaconazole</i>)	GP	
NOXAFIL TBEC (<i>posaconazole</i>)	GP	
<i>posaconazole SUSP</i>	1	
<i>posaconazole TBEC</i>	1	
SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	GP	PA
SPORANOX CAPS (<i>itraconazole</i>)	GP	PA
SPORANOX SOLN (<i>itraconazole</i>)	GP	PA
TOLSURA CAPS	SP	PA
VFEND SUSR (<i>voriconazole</i>)	GP	
VFEND TABS (<i>voriconazole</i>)	GP	
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - Drugs to Treat Allergies					
Antihistamines - Alkylamines					
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1		(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS, CVS CHILDRENS ALLERGY, CVS CHILDRENS ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL CHILDRENS ALLERGY, FT ALLERGY RELIEF CHILDRENS, GERI-DRYL, GNP ALLERGY ANTIHISTAMINE, GNP ALLERGY RELIEF MAXIMUM STRENGTH, GNP CHILDRENS ALLERGY, H-E-B CHILDRENS ALLERGY, KINDERMED KIDS ALLERGY, LIQUID ALLERGY RELIEF, M-DRYL, MAXALLERGY KIDS, NARAMIN, PEDIACARE CHILDRENS ALLERGY, PX ALLERGY, QC ALLERGY CHILDRENS, RA ALLERGY, RA ALLERGY MEDICATION CHILDRENS, RA ALLERGY RELIEF CHILDRENS, RA DIPHEDRYL ALLERGY, SB ALLERGY MEDICINE, SILADRYL ALLERGY, SM ALLERGY RELIEF CHILDRENS, TOTAL ALLERGY MEDICINE, WAL-DRYL ALLERGY, WAL-DRYL ALLERGY CHILDRENS, WAL-DRYL ALLERGY DYE-	1	
Antihistamines - Ethanolamines					
(Diphenhydramine Hcl) ALER-CAP, ALLERGY, ALLERGY RELIEF, BANOPHEN, COMPLETE ALLERGY MEDICINE, CVS ALLERGY, CVS ALLERGY RELIEF, DIPHENHIST, EQ ALLERGY RELIEF, FT ALLERGY RELIEF, GNP ALLERGY, GNP ALLERGY RELIEF, GOODSENSE ALLERGY RELIEF, HM ALLERGY RELIEF, KP DIPHENHYDRAMINE HCL, MEDI-PHEDRYL, MEIJER ANTIHISTAMINE ALLERGY, PHARBEDRYL, PX ALLERGY, QC ALLERGY RELIEF, RA ALLERGY MEDICATION, RA ALLERGY RELIEF, SB ALLERGY, WAL-DRYL ALLERGY CAPS 50 MG	1				

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREECHILDRENS LIQD 25 MG/10ML			(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS, CVS CHILDRENS ALLERGY, CVS CHILDRENS ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL CHILDRENS ALLERGY, FT ALLERGY RELIEF CHILDRENS, GERI- DRYL, GNP ALLERGY ANTIHISTAMINE, GNP ALLERGY RELIEF MAXIMUM STRENGTH, GNP CHILDRENS ALLERGY, H-E-B CHILDRENS ALLERGY, KINDERMED KIDS ALLERGY, LIQUID ALLERGY RELIEF, M- DRYL, MAXALLERGY KIDS, NARAMIN, PEDIACARE CHILDRENS ALLERGY, PX ALLERGY, QC ALLERGY CHILDRENS, RA ALLERGY, RA ALLERGY MEDICATION CHILDRENS, RA ALLERGY RELIEF CHILDRENS, RA DIPHEDRYL ALLERGY, SB ALLERGY MEDICINE, SILADRYL ALLERGY, SM ALLERGY RELIEF CHILDRENS, TOTAL ALLERGY MEDICINE, WAL-DRYL ALLERGY, WAL-DRYL ALLERGY CHILDRENS, WAL-DRYL ALLERGY DYE-	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREECHILDRENS LIQD 50 MG/20ML			(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS, CVS CHILDRENS ALLERGY, CVS CHILDRENS ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL CHILDRENS ALLERGY, FT ALLERGY RELIEF CHILDRENS, GERI- DRYL, GNP ALLERGY ANTIHISTAMINE, GNP ALLERGY RELIEF MAXIMUM STRENGTH, GNP CHILDRENS ALLERGY, H-E-B CHILDRENS ALLERGY, KINDERMED KIDS ALLERGY, LIQUID ALLERGY RELIEF, M- DRYL, MAXALLERGY KIDS, NARAMIN, PEDIACARE CHILDRENS ALLERGY, PX ALLERGY, QC ALLERGY CHILDRENS, RA ALLERGY, RA ALLERGY MEDICATION CHILDRENS, RA ALLERGY RELIEF CHILDRENS, RA DIPHEDRYL ALLERGY, SB ALLERGY MEDICINE, SILADRYL ALLERGY, SM ALLERGY RELIEF CHILDRENS, TOTAL ALLERGY MEDICINE, WAL-DRYL ALLERGY, WAL-DRYL ALLERGY CHILDRENS, WAL-DRYL ALLERGY DYE-	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREECHILDRENS LIQD 12.5 MG/5ML			(Cetirizine Hcl) ALL DAY ALLERGY CHILDRENS, ALL-DAY ALLERGY CHILDRENS, ALLERGY RELIEF CHILDRENS, ALLERGY RELIEF CHILDRENS24-HOUR, CETIRIZINE HCL ALLERGY CHILDRENS, CETIRIZINE HCL CHILDRENSALLERGY, CETIRIZINE HYDROCHLORIDECHILDRENS ALLERGY, CHILDRENS 24 HOUR ALLERGY, CVS ALLERGY RELIEF CHILDRENS, EQ ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL ALL DAY ALLERGY CHILDRENS, FT ALL DAY ALLERGY CHILDRENS, FT ALLERGY RELIEF CHILDRENS, GNP ALL DAY ALLERGY CHILDRENS, GOODSENSE ALL DAY ALLERGYCHILDRENS, HM ALL DAY ALLERGY CHILDRENS, KLS ALLER-TEC CHILDRENS, PX CHILDRENS ALLERGY, QC CHILDRENS ALLERGY, RA ALLERGY RELIEF CHILDRENS, SB CETIRIZINE HCL CHILDRENS, SM ALL DAY ALLERGY CHILDRENS, WAL-ZYR, WAL-ZYR ALL DAY ALLERGY CHILDRENS, WAL-ZYR ALL DAY ALLERGYCHILDRENS, WAL-ZYR ALLERGY DYE-FREECHILDRENS 24-HOUR, WAL-ZYR CHILDRENS SOLN OR 1	1	RX/OTC
BENADRYL ALLERGY CHILDRENS LIQD (<i>diphenhydramine hcl</i>)	GP				
<i>carbinoxamine maleate SOLN</i>	1				
<i>carbinoxamine maleate TABS 4 MG</i>	1				
<i>clemastine fumarate SYRP</i>	1				
<i>clemastine fumarate TABS 2.68 MG</i>	1				
<i>diphenhydramine hcl CAPS 50 MG</i>	1				
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1				
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1				
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	SP	PA			
Antihistamines - Non-Sedating					

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MG/ML			(Cetirizine Hcl) ALL DAY ALLERGY CHILDRENS, ALL-DAY ALLERGY CHILDRENS, ALLERGY RELIEF CHILDRENS, ALLERGY RELIEF CHILDRENS24-HOUR, CETIRIZINE HCL ALLERGY CHILDRENS, CETIRIZINE HCL CHILDRENSALLERGY, CETIRIZINE HYDROCHLORIDECHILDRENS ALLERGY, CHILDRENS 24 HOUR ALLERGY, CVS ALLERGY RELIEF CHILDRENS, EQ ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL ALL DAY ALLERGY CHILDRENS, FT ALL DAY ALLERGY CHILDRENS, FT ALLERGY RELIEF CHILDRENS, GNP ALL DAY ALLERGY CHILDRENS, GOODSENSE ALL DAY ALLERGYCHILDRENS, HM ALL DAY ALLERGY CHILDRENS, KLS ALLER-TEC CHILDRENS, PX CHILDRENS ALLERGY, QC CHILDRENS ALLERGY, RA ALLERGY RELIEF CHILDRENS, SB CETIRIZINE HCL CHILDRENS, SM ALL DAY ALLERGY CHILDRENS, WAL-ZYR, WAL-ZYR ALL DAY ALLERGY CHILDRENS, WAL-ZYR ALL DAY ALLERGYCHILDRENS, WAL-ZYR ALLERGY DYE-FREECHILDRENS 24-HOUR, WAL-ZYR CHILDRENS SOLN OR	1	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Cetirizine Hcl) ALL DAY ALLERGY CHILDRENS, ALL-DAY ALLERGY CHILDRENS, ALLERGY RELIEF CHILDRENS, ALLERGY RELIEF CHILDRENS24-HOUR, CETIRIZINE HCL ALLERGY CHILDRENS, CETIRIZINE HCL CHILDRENSALLERGY, CETIRIZINE HYDROCHLORIDECHILDRENS ALLERGY, CHILDRENS 24 HOUR ALLERGY, CVS ALLERGY RELIEF CHILDRENS, EQ ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL ALL DAY ALLERGY CHILDRENS, FT ALL DAY ALLERGY CHILDRENS, FT ALLERGY RELIEF CHILDRENS, GNP ALL DAY ALLERGY CHILDRENS, GOODSENSE ALL DAY ALLERGYCHILDRENS, HM ALL DAY ALLERGY CHILDRENS, KLS ALLER-TEC CHILDRENS, PX CHILDRENS ALLERGY, QC CHILDRENS ALLERGY, RA ALLERGY RELIEF CHILDRENS, SB CETIRIZINE HCL CHILDRENS, SM ALL DAY ALLERGY CHILDRENS, WAL-ZYR, WAL-ZYR ALL DAY ALLERGY CHILDRENS, WAL-ZYR ALL DAY ALLERGYCHILDRENS, WAL-ZYR ALLERGY DYE-FREECHILDRENS 24-HOUR, WAL-ZYR CHILDRENS SOLN OR 5	1	RX/OTC	MG/5ML		
			(Cetirizine Hcl) QC ALLERGY RELIEF CHILDRENS, RA ALLERGY RELIEF CHILDRENS SYRP OR 1 MG/ML	1	RX/OTC
			(Cetirizine Hcl) QC ALLERGY RELIEF CHILDRENS, RA ALLERGY RELIEF CHILDRENS SYRP OR 5 MG/5ML	1	RX/OTC
			<i>cetirizine hcl SOLN OR</i>	1	RX/OTC
			CLARINEX TABS (<i>desloratadine</i>)	GP	QL(1 ea daily); PA
			<i>desloratadine TABS</i>	1	QL(1 ea daily); PA
			<i>desloratadine TBDP</i>	1	
			ZYRTEC CHILDRENS ALLERGY SOLN OR (<i>cetirizine hcl</i>)	GP	RX/OTC
Antihistamines - Phenothiazines					
			(Promethazine Hcl) PROMETHEGAN SUPP	1	
			PHENERGAN SOLN IJ (<i>promethazine hcl</i>)	SP	PA
			<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	SP	PA
			<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	
			<i>promethazine hcl SUPP</i>	1	
			<i>promethazine hcl TABS</i>	1	
Antihistamines - Piperidines					
			<i>cyproheptadine hcl SYRP</i>	1	
			<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol					
Antihyperlipidemics - Combinations					
			EZETIMIBE/ATORVASTATIN	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)	QUESTRAN PACK (<i>cholestyramine</i>)	GP	
VYTORIN (<i>ezetimibe-simvastatin</i>)	GP	QL(1 ea daily)	QUESTRAN POWD (<i>cholestyramine</i>)	GP	
Antihyperlipidemics - Misc.			WELCHOL PACK (<i>colesevelam hcl</i>)	GP	
<i>icosapent ethyl</i>	2	PA	WELCHOL TABS (<i>colesevelam hcl</i>)	GP	
LOVAZA (<i>omega-3-acid ethyl esters</i>)	GP		Fibric Acid Derivatives		
<i>omega-3-acid ethyl esters</i>	1		<i>choline fenofibrate</i>	1	
VASCEPA (<i>icosapent ethyl</i>)	2	PA	<i>fenofibrate micronized</i>	1	
Bile Acid Sequestrants			<i>fenofibrate CAPS</i>	1	
(Cholestyramine Light) PREVALITE PACK	1		<i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i>	1	
(Cholestyramine Light) PREVALITE POWD	1		<i>fenofibric acid</i>	1	
<i>cholestyramine light PACK</i>	1		FIBRICOR (<i>fenofibric acid</i>)	GP	
<i>cholestyramine light POWD</i>	1		<i>gemfibrozil TABS</i>	1	
<i>cholestyramine PACK</i>	1		LIPOFEN CAPS (<i>fenofibrate</i>)	GP	
<i>cholestyramine POWD</i>	1		LOPID TABS (<i>gemfibrozil</i>)	GP	
<i>colesevelam hcl PACK</i>	1		TRICOR TABS (<i>fenofibrate</i>)	GP	
<i>colesevelam hcl TABS</i>	1		TRILIPIX (<i>choline fenofibrate</i>)	GP	
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	GP		HMG CoA Reductase Inhibitors		
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	GP		ALTOPREV TB24 20 MG, 40 MG, 60 MG	3	
COLESTID GRAN (<i>colestipol hcl</i>)	GP		<i>atorvastatin calcium TABS 40 MG, 80 MG</i>	1	QL(1 ea daily)
COLESTID PACK (<i>colestipol hcl</i>)	GP		<i>atorvastatin calcium TABS 10 MG, 20 MG</i>	PV	QL(1 ea daily); PV
COLESTID TABS (<i>colestipol hcl</i>)	GP		CRESTOR TABS 5 MG, 10 MG (<i>rosuvastatin calcium</i>)	GP	QL(1 ea daily); PV
<i>colestipol hcl GRAN</i>	1		<i>fluvastatin sodium CAPS</i>	PV	QL(1 ea daily); PV
<i>colestipol hcl PACK</i>	1		<i>fluvastatin sodium TB24</i>	PV	QL(1 ea daily); PV
<i>colestipol hcl TABS</i>	1		LESCOL XL TB24 (<i>fluvastatin sodium</i>)	GP	QL(1 ea daily); PV
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	GP				

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
LIPITOR TABS 10 MG, 20 MG (<i>atorvastatin calcium</i>)	GP	QL(1 ea daily); PV
LIVALO (<i>pitavastatin calcium</i>)	GP	QL(1 ea daily)
<i>lovastatin TABS</i>	PV	PV
<i>pitavastatin calcium</i>	1	QL(1 ea daily)
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	PV	QL(1 ea daily); PV
<i>pravastatin sodium 40 MG</i>	PV	QL(2 ea daily); PV
<i>rosuvastatin calcium TABS 5 MG, 10 MG</i>	PV	QL(1 ea daily); PV
<i>rosuvastatin calcium TABS 20 MG, 40 MG</i>	1	QL(1 ea daily)
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	PV	QL(1 ea daily); PV
<i>simvastatin TABS 80 MG</i>	1	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	GP	QL(1 ea daily); PV
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
ZETIA (<i>ezetimibe</i>)	GP	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	SP	PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	
NIASPAN TBCR 1000 MG (<i>niacin (antihyperlipidemic)</i>)	GP	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	SP	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
ACCUPRIL (<i>quinapril hcl</i>)	GP	
ALTACE CAPS 10 MG (<i>ramipril</i>)	GP	QL(2 ea daily)
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	GP	QL(1 ea daily)
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate SOLN</i>	1	QL(5 ml daily)
<i>enalapril maleate TABS</i>	1	QL(2 ea daily)
EPANED SOLN (<i>enalapril maleate</i>)	GP	QL(5 ml daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	GP	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	Limited to 1 bottle per month.; QL(5 ml daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS 10 MG</i>	1	QL(2 ea daily)
<i>ramipril CAPS 1.25 MG, 2.5 MG, 5 MG</i>	1	QL(1 ea daily)
<i>trandolapril</i>	1	
VASOTEC TABS (<i>enalapril maleate</i>)	GP	QL(2 ea daily)
ZESTRIL TABS (<i>lisinopril</i>)	GP	
Agents for Pheochromocytoma		
DEMSEER (<i>metyrosine</i>)	GP	
DIBENZYLIN (<i>phenoxybenzamine hcl</i>)	GP	
<i>metyrosine</i>	1	
<i>phenoxybenzamine hcl</i>	1	
Angiotensin II Receptor Antagonists		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ATACAND (<i>candesartan cilexetil</i>)	GP		<i>amlodipine besylate-benazepril hcl</i>	1	
AVAPRO (<i>irbesartan</i>)	GP		<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>candesartan cilexetil</i>	1		<i>amlodipine besylate-valsartan</i>	1	
COZAAR (<i>losartan potassium</i>)	GP		<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
DIOVAN TABS (<i>valsartan</i>)	GP		ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	GP	
EDARBI	3		<i>atenolol & chlorthalidone</i>	1	
<i>irbesartan</i>	1		AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	GP	
<i>losartan potassium</i>	1		AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>)	GP	
MICARDIS (<i>telmisartan</i>)	GP		<i>benazepril & hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil</i>	1		BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	GP	
<i>telmisartan</i>	1		<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>valsartan TABS</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
Antiadrenergic Antihypertensives			<i>captopril & hydrochlorothiazide</i>	1	
CARDURA (<i>doxazosin mesylate</i>)	GP		DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>)	GP	
CATAPRES-TTS-1 (<i>clonidine</i>)	GP		DUTOPROL TB24 12.5 MG-50 MG	3	
CATAPRES-TTS-2 (<i>clonidine</i>)	GP		EDARBYCLOR	3	
CATAPRES-TTS-3 (<i>clonidine</i>)	GP		<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>clonidine</i>	1		EXFORGE (<i>amlodipine besylate-valsartan</i>)	GP	
<i>clonidine hcl TABS</i>	1		EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	GP	
<i>clonidine hcl TB24</i>	1	ST	<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>doxazosin mesylate</i>	1				
<i>guanfacine hcl</i>	1				
<i>methyldopa TABS</i>	1				
MINIPRESS CAPS (<i>prazosin hcl</i>)	GP				
NEXICLON XR TB24 (<i>clonidine hcl</i>)	GP	ST			
<i>prazosin hcl CAPS</i>	1				
<i>terazosin hcl</i>	1				
Antihypertensive Combinations					
ACCURETIC (<i>quinapril-hydrochlorothiazide</i>)	GP				

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
<i>HYZAAR (losartan potassium & hydrochlorothiazide)</i>	GP	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	GP	
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	GP	
<i>metoprolol & hydrochlorothiazide TABS</i>	1	
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	GP	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
TEKTURNA HCT	3	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	GP	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	GP	
<i>trandolapril-verapamil hcl</i>	1	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	GP	

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	GP	
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	GP	
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	GP	
Antihypertensives - Misc.		
VECAMYL	SP	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1	
TEKTURNA (<i>aliskiren fumarate</i>)	GP	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
INSPIRA (<i>eplerenone</i>)	GP	
Vasodilators		
<i>hydralazine hcl SOLN</i>	SP	PA
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin</i>	SP	PA
FLAGYL CAPS (<i>metronidazole</i>)	GP	
IMPAVIDO	SP	
<i>metronidazole CAPS</i>	1	
<i>metronidazole SOLN</i>	SP	PA
METRONIDAZOLE SOLN (<i>metronidazole</i>)	SP	PA
<i>metronidazole TABS</i>	1	
NEBUPENT IN (<i>pentamidine isethionate</i>)	GP	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate IN</i>	1		(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) URIBEL, URIMAR-T, URNEVA, URO-MP, URO-SP, USTELL, VILAMIT MB CAPS 10.8 MG-120 MG-36.2 MG-0.12 MG-40.8 MG	1	
<i>tinidazole</i>	1		(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) URIBEL, URIMAR-T, URNEVA, URO-MP, URO-SP, USTELL, VILAMIT MB CAPS 10 MG-120 MG-36 MG-0.12 MG-40.8 MG	1	
<i>trimethoprim TABS</i>	1		(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) URIBEL, URIMAR-T, URNEVA, URO-MP, URO-SP, USTELL, VILAMIT MB CAPS 10 MG-118 MG-36 MG-0.12 MG-40.8 MG	1	
XIFAXAN 200 MG	3	QL(9 ea per fill retail; 9 per fill mail); PA	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
XIFAXAN 550 MG	3	QL(2 ea daily); PA	BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	GP	
Anti-infective Misc. - Combinations			BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	GP	
(Methenamine-Hyosc-Methylene Blue-Benzoic Acid-Phenyl Sal) HYOPHEN	1		<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) PHOSPHASAL, URELLE, URETRON D/S, URIN D/S, URO-458, UTIRA-C, VILEVEV MB TABS 10.8 MG-81 MG-32.4 MG-0.12 MG-40.8 MG	1		<i>sulfamethoxazole-trimethoprim TABS</i>	1	
(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) PHOSPHASAL, URELLE, URETRON D/S, URIN D/S, URO-458, UTIRA-C, VILEVEV MB TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG	1		URIBEL	3	
(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) PHOSPHASAL, URELLE, URETRON D/S, URIN D/S, URO-458, UTIRA-C, VILEVEV MB TABS 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG	1		Antiprotozoal Agents		
			ALINIA SUSP	3	
			ALINIA TABS (<i>nitazoxanide</i>)	GP	
			<i>atovaquone</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEPRON (<i>atovaquone</i>)	GP		<i>clindamycin hcl</i>	1	
<i>nitazoxanide TABS</i>	1		<i>clindamycin palmitate hydrochloride</i>	1	
Carbapenems			<i>clindamycin phosphate in d5w</i>	SP	PA
<i>ertapenem sodium IJ</i>	SP	PA	<i>clindamycin phosphate SOLN IJ 900 MG/6ML</i>	SP	PA
<i>imipenem-cilastatin IV</i>	SP	PA	LINCOICIN (<i>lincomycin hcl</i>)	SP	PA
INVANZ IJ (<i>ertapenem sodium</i>)	SP	PA	<i>lincomycin hcl</i>	SP	PA
<i>meropenem 500 MG</i>	SP	PA	Oxazolidinones		
PRIMAXIN IV IV 500 MG-500 MG (<i>imipenem-cilastatin</i>)	SP	PA	<i>linezolid SUSR</i>	1	
Chloramphenicols			<i>linezolid TABS</i>	1	QL(20 ea per 90 day(s) retail; 20 ea per 90 days mail)
<i>chloramphenicol sodium succinate</i>	SP	PA	SIVEXTRO TABS	2	QL(6 ea per 90 day(s) retail)
Cyclic Lipopeptides			ZYVOX SUSR (<i>linezolid</i>)	GP	
CUBICIN RF (<i>daptomycin</i>)	SP	PA	ZYVOX TABS (<i>linezolid</i>)	GP	QL(20 ea per 90 day(s) retail; 20 ea per 90 days mail)
<i>daptomycin 500 MG</i>	SP	PA	Polymyxins		
DAPTOMYCIN 500 MG	SP	PA	<i>polymyxin b sulfate SOLR</i>	SP	PA
Glycopeptides			Urinary Anti-infectives		
FIRVANQ SOLR OR 25 MG/ML (<i>vancomycin hcl</i>)	GP	PA	<i>fosfomycin tromethamine</i>	1	
VANCOICIN CAPS (<i>vancomycin hcl</i>)	GP	PA	HIPREX (<i>methenamine hippurate</i>)	GP	
<i>vancomycin hcl CAPS</i>	1	PA	MACROBID (<i>nitrofurantoin monohyd macro</i>)	GP	
<i>vancomycin hcl SOLR OR 25 MG/ML</i>	1	PA	MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	GP	
Leprostatics			<i>methenamine hippurate</i>	1	
<i>dapsone</i>	1		<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
Lincosamides			MONUROL (<i>fosfomycin tromethamine</i>)	GP	
CLEOCIN (<i>clindamycin hcl</i>)	GP		<i>nitrofurantoin</i>	1	
CLEOCIN PEDIATRIC GRANULES (<i>clindamycin palmitate hydrochloride</i>)	GP				
CLEOCIN PHOSPHATE SOLN IJ 900 MG/6ML (<i>clindamycin phosphate</i>)	SP	PA			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	Limit 24 per month; QL(0.8 ea daily)
MALARONE (<i>atovaquone-proguanil hcl</i>)	GP	
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	GP	
<i>pyrimethamine</i>	1	PA
QUALAQUIN CAPS (<i>quinine sulfate</i>)	GP	QL(42 ea per 7 day(s) retail); PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(42 ea per 7 day(s) retail); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	SP	PA
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	GP	

Drug Name	Drug Tier	Requirements/Limits
MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	GP	PA
MESTINON TABS (<i>pyridostigmine bromide</i>)	GP	
<i>pyridostigmine bromide SOLN OR</i>	1	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SOLN</i>	SP	PA
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	GP	
MYCOBUTIN (<i>rifabutin</i>)	GP	
PASER PACK	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
RIFADIN SOLR (<i>rifampin</i>)	SP	PA
<i>rifampin CAPS</i>	1	
<i>rifampin SOLR</i>	SP	PA
SIRTURO 100 MG	SP	
SIRTURO 20 MG	3	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN IV (<i>melphalan hcl</i>)	AC	PA
ALKERAN (<i>melphalan</i>)	AC	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>busulfan SOLN</i>	AC	PA	GEMCITABINE HYDROCHLORIDE SOLN	AC	PA
BUSULFEX SOLN (<i>busulfan</i>)	AC	PA	GEMCITABINE HYDROCHLORIDE SOLN (<i>gemcitabine hcl</i>)	AC	PA
<i>cyclophosphamide CAPS</i>	AC		GEMCITABINE HYDROCHLORIDE SOLN	AC	PA
CYCLOPHOSPHAMIDE TABS	AC		JYLAMVO SOLN	AC	PA
CYCLOPHOSPHAMIDE TABS	AC		<i>mercaptopurine TABS</i>	AC	
GLEOSTINE 10 MG, 40 MG, 100 MG	AC	PA	<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	SP	
LEUKERAN	AC		<i>methotrexate sodium SOLR</i>	SP	
<i>melphalan</i>	AC		<i>methotrexate sodium TABS 2.5 MG</i>	1	
<i>melphalan hcl IV</i>	AC	PA	<i>nelarabine</i>	AC	PA
MYLERAN TABS	AC		ONUREG TABS	AC	PA
TEMODAR CAPS 250 MG (<i>temozolomide</i>)	AC		<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	AC	
<i>temozolomide CAPS</i>	AC		PURIXAN SUSP	AC	AL(Up to 13 yrs old); PA
ZANOSAR	AC	PA	TABLOID	AC	
Antimetabolites			TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	
ALIMTA SOLR (<i>pemetrexed disodium</i>)	AC		VIDAZA SUSR (<i>azacitidine</i>)	AC	PA
ARRANON (<i>nelarabine</i>)	AC	PA	XATMEP SOLN	AC	PA
<i>azacitidine SUSR</i>	AC	PA	XELODA (<i>capecitabine</i>)	AC	
<i>capecitabine</i>	AC		Antineoplastic - Angiogenesis Inhibitors		
<i>cladribine 10 MG/10ML</i>	AC	PA	FRUZAQLA	AC	PA
<i>clofarabine</i>	AC	PA	INLYTA	AC	PA
CLOLAR (<i>clofarabine</i>)	AC	PA	LENVIMA 10 MG DAILY DOSE	AC	PA
<i>cytarabine SOLN</i>	AC	PA	LENVIMA 12MG DAILY DOSE	AC	PA
<i>decitabine</i>	AC	PA	LENVIMA 14 MG DAILY DOSE	AC	PA
<i>floxuridine</i>	AC	PA	LENVIMA 18 MG DAILY DOSE	AC	PA
<i>fludarabine phosphate SOLN</i>	AC	PA			
FLUDARABINE PHOSPHATE SOLN	AC	PA			
<i>fludarabine phosphate SOLR</i>	AC	PA			
<i>fluorouracil</i>	AC	PA			
<i>gemcitabine hcl SOLN</i>	AC	PA			
<i>gemcitabine hcl SOLR</i>	AC	PA			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 20 MG DAILY DOSE	AC	PA
LENVIMA 24 MG DAILY DOSE	AC	PA
LENVIMA 4 MG DAILY DOSE	AC	PA
LENVIMA 8 MG DAILY DOSE	AC	PA
Antineoplastic - Antibodies		
ARZERRA	AC	PA
EPKINLY	AC	PA
RUXIENCE	2	PA
TALVEY	AC	PA
TRUXIMA	2	PA
YERVOY	AC	PA
Antineoplastic - Anti-HER2 Agents		
KANJINTI	2	PA
OGIVRI	2	PA
TRAZIMERA	2	PA
TUKYSA	AC	PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	AC	PA
VENCLEXTA TABS	AC	PA
Antineoplastic - EGFR Inhibitors		
ERBITUX	AC	PA
<i>erlotinib hcl</i>	AC	PA
EXKIVITY	AC	PA
<i>gefitinib</i>	AC	PA
GILOTRIF	AC	PA
IRESSA (<i>gefitinib</i>)	AC	PA
TAGRISO	AC	PA
TARCEVA (<i>erlotinib hcl</i>)	AC	PA
VIZIMPRO	AC	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	AC	PA

Drug Name	Drug Tier	Requirements/ Limits
ERIVEDGE	AC	
ODOMZO	AC	PA
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	AC	PA
AKEEGA	AC	PA
<i>anastrozole</i>	PV	PV
ARIMIDEX (<i>anastrozole</i>)	GP	PV
AROMASIN (<i>exemestane</i>)	GP	PV
<i>bicalutamide</i>	AC	
CASODEX (<i>bicalutamide</i>)	AC	
ELIGARD SC	AC	PA
EMCYT	AC	
ERLEADA	AC	PA
EULEXIN	AC	
<i>exemestane</i>	PV	PV
FARESTON (<i>toremifene citrate</i>)	AC	
FEMARA (<i>letrozole</i>)	AC	
FIRMAGON	AC	PA
<i>flutamide</i>	AC	
<i>letrozole</i>	AC	
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	AC	PA
LEUPROLIDE ACETATE INJ	AC	PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	AC	PA
LUPRON DEPOT (1-MONTH) KIT IM	AC	PA
LUPRON DEPOT (1-MONTH) KIT IM	AC	PA
LUPRON DEPOT (3-MONTH) KIT IM	AC	PA
LUPRON DEPOT (3-MONTH) KIT IM	AC	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (4-MONTH) IM	AC	PA	Antineoplastic Antibiotics		
LUPRON DEPOT (6-MONTH) IM	AC	PA	<i>mitoxantrone hcl 2 MG/ML</i>	SP	PA
LYSODREN	AC		Antineoplastic Combinations		
<i>megestrol acetate SUSP</i>	1		INQOVI	AC	PA
<i>megestrol acetate TABS</i>	AC		KISQALI FEMARA 200 DOSE	AC	PA
NILANDRON (<i>nilutamide</i>)	AC		KISQALI FEMARA 400 DOSE	AC	PA
<i>nilutamide</i>	AC		KISQALI FEMARA 600 DOSE	AC	PA
NUBEQA	AC	PA	LONSURF	AC	PA
ORGOVYX	AC	PA	Antineoplastic Enzyme Inhibitors		
ORSERDU	AC	PA	(Everolimus) TORPENZ TABS	AC	QL(1 ea daily); PA
SOLTAMOX SOLN	AC		AFINITOR DISPERZ TBSO (<i>everolimus</i>)	AC	QL(1 ea daily); PA
<i>tamoxifen citrate TABS</i>	PV	PV	AFINITOR TABS (<i>everolimus</i>)	AC	QL(1 ea daily); PA
<i>toremifene citrate</i>	AC		ALECENSA	AC	PA
TRELSTAR MIXJECT	AC	PA	ALUNBRIG TABS	AC	PA
XTANDI CAPS	AC	PA	ALUNBRIG TBPk	AC	PA
XTANDI TABS	AC	PA	AUGTYRO	AC	PA
YONSA	AC	PA	BALVERSA	AC	PA
ZYTIGA (<i>abiraterone acetate</i>)	AC	PA	BORTEZOMIB SOLN	AC	PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			<i>bortezomib SOLR IJ</i>	AC	PA
WELIREG	AC	PA	BOSULIF CAPS	AC	PA
Antineoplastic - Immunomodulators			BOSULIF TABS	AC	PA
POMALYST	AC	PA	BRAFTOVI 75 MG	AC	PA
Antineoplastic - PDGFR-alpha Inhibitors			BRUKINSA	AC	PA
AYVAKIT 25 MG, 50 MG	AC	PA	CABOMETYX TABS	AC	PA
AYVAKIT 100 MG, 200 MG, 300 MG	AC	QL(1 ea daily); PA	CALQUENCE	AC	PA
Antineoplastic - XPO1 Inhibitors			CALQUENCE	AC	PA
XPOVIO	AC	PA	CAPRELSA	AC	
XPOVIO 60 MG TWICE WEEKLY	AC	PA	COMETRIQ KIT	AC	
XPOVIO 80 MG TWICE WEEKLY	AC	PA	COPIKTRA	AC	PA
			COTELLIC	AC	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dasatinib</i>	AC	PA	NEXAVAR (<i>sorafenib tosylate</i>)	AC	PA
<i>everolimus TABS</i>	AC	QL(1 ea daily); PA	NINLARO	AC	PA
<i>everolimus TBSO</i>	AC	QL(1 ea daily); PA	OGSIVEO	AC	PA
FOTIVDA	AC	PA	OJEMDA SUSR	AC	PA
GAVRETO	AC	PA	OJEMDA TABS	AC	PA
GLEEVEC (<i>imatinib mesylate</i>)	AC	PA	OJJAARA	AC	PA
IBRANCE CAPS	AC	PA	<i>pazopanib hcl</i>	AC	PA
IBRANCE TABS	AC	PA	PEMAZYRE	AC	QL(1 ea daily); PA
ICLUSIG 15 MG, 45 MG	AC		PIQRAY 200MG DAILY DOSE	AC	PA
ICLUSIG 10 MG, 30 MG	AC	PA	PIQRAY 250MG DAILY DOSE	AC	PA
IDHIFA	AC	PA	PIQRAY 300MG DAILY DOSE	AC	PA
<i>imatinib mesylate</i>	AC	PA	QINLOCK	AC	PA
IMBRUVICA CAPS	AC	PA	RETEVMO CAPS	AC	PA
IMBRUVICA CAPS	AC	PA	RETEVMO TABS	AC	PA
IMBRUVICA SUSP	AC	PA	REZLIDHIA	AC	PA
IMBRUVICA TABS	AC	PA	<i>romidepsin SOLR</i>	AC	PA
INREBIC	AC	PA	ROZLYTREK CAPS	AC	PA
ISTODAX SOLR (<i>romidepsin</i>)	AC	PA	ROZLYTREK PACK	AC	PA
JAKAFI	AC	PA	RUBRACA	AC	PA
JAYPIRCA	AC	PA	RYDAPT	AC	PA
KISQALI	AC	PA	SCEMBLIX 20 MG, 40 MG	AC	PA
KOSELUGO	AC	PA	<i>sorafenib tosylate</i>	AC	PA
KRAZATI	AC	PA	SPRYCEL (<i>dasatinib</i>)	AC	PA
<i>lapatinib ditosylate</i>	AC	PA	STIVARGA	AC	SP; PA
LORBRENA	AC	PA	<i>sunitinib malate</i>	AC	PA
LUMAKRAS	AC	PA	SUTENT (<i>sunitinib malate</i>)	AC	PA
LUMAKRAS	AC	PA	TABRECTA	AC	PA
LYNPARZA TABS	AC	PA	TAFINLAR CAPS	AC	PA
LYTGOBI	AC	PA	TAFINLAR TBSO	AC	PA
MEKINIST SOLR	AC	PA	TALZENNA	AC	PA
MEKINIST TABS	AC	PA	TALZENNA	AC	PA
MEKTOVI	AC	PA	TASIGNA	AC	PA
NERLYNX	AC	PA			

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
TAZVERIK	AC	PA
<i>temsirolimus</i>	AC	PA
TIBSOVO	AC	PA
TORISEL (<i>temsirolimus</i>)	AC	PA
TRUQAP	AC	PA
TRUSELTIQ	AC	PA
TURALIO	AC	PA
TURALIO	AC	PA
TYKERB (<i>lapatinib ditosylate</i>)	AC	PA
VANFLYTA	AC	PA
VELCADE SOLR IJ (<i>bortezomib</i>)	AC	PA
VERZENIO	AC	PA
VITRAKVI CAPS	AC	PA
VITRAKVI SOLN	AC	PA
VONJO	AC	PA
VOTRIENT (<i>pazopanib hcl</i>)	AC	PA
XALKORI CAPS	AC	PA
XALKORI CPSP	AC	PA
XOSPATA	AC	PA
ZEJULA CAPS	AC	PA
ZEJULA TABS	AC	PA
ZELBORAF	AC	PA
ZOLINZA	AC	PA
ZYDELIG	AC	PA
ZYKADIA TABS	AC	PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	AC	PA
ALFERON N	AC	PA
<i>bexarotene</i>	AC	PA
HYDREA (<i>hydroxyurea</i>)	AC	
<i>hydroxyurea</i>	AC	
INTRON A SOLR 10000000 UNIT	AC	PA
MATULANE	AC	

Drug Name	Drug Tier	Requirements/Limits
TARGRETIN (<i>bexarotene</i>)	AC	PA
<i>tretinoin (chemotherapy)</i>	AC	
UVADEX	SP	PA
Chemotherapy Adjuncts		
KEPIVANCE	SP	PA
KEPIVANCE	SP	PA
Chemotherapy Rescue/Antidote/Protective Agents		
IWILFIN	AC	PA
<i>leucovorin calcium SOLN IJ 500 MG/50ML</i>	AC	PA
<i>leucovorin calcium SOLR 100 MG, 350 MG</i>	AC	PA
<i>leucovorin calcium TABS</i>	AC	
MESNEX TABS	AC	
Mitotic Inhibitors		
(Etoposide) TOPOSAR SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	AC	PA
ETOPOPHOS	AC	PA
<i>etoposide CAPS</i>	AC	
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	AC	PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	AC	PA
HYCAMTIN SOLR (<i>topotecan hcl</i>)	AC	PA
<i>topotecan hcl SOLN</i>	AC	PA
TOPOTECAN HCL SOLN	AC	PA
<i>topotecan hcl SOLR</i>	AC	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
LODOSYN (<i>carbidopa</i>)	GP	
Antiparkinson Anticholinergics		

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate SOLN</i>	SP	PA	PARLODEL CAPS (<i>bromocriptine mesylate</i>)	GP	
<i>benztropine mesylate TABS</i>	1		PARLODEL TABS (<i>bromocriptine mesylate</i>)	GP	
<i>trihexyphenidyl hcl SOLN</i>	1		<i>pramipexole dihydrochloride TABS</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1		<i>pramipexole dihydrochloride TB24</i>	1	
Antiparkinson COMT Inhibitors			<i>ropinirole hydrochloride TABS</i>	1	
COMTAN (<i>entacapone</i>)	GP		<i>ropinirole hydrochloride TB24</i>	1	
<i>entacapone</i>	1		RYTARY CPCR	3	PA
TASMAR (<i>tolcapone</i>)	GP		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	GP	
<i>tolcapone</i>	1		Antiparkinson Monoamine Oxidase Inhibitors		
Antiparkinson Dopaminergics			AZILECT (<i>rasagiline mesylate</i>)	GP	
<i>amantadine hcl CAPS</i>	1		<i>rasagiline mesylate</i>	1	
<i>amantadine hcl TABS</i>	1		<i>selegiline hcl CAPS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1		<i>selegiline hcl TABS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1		ZELAPAR TBDP	3	
<i>carbidopa-levodopa-entacapone</i>	1		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>carbidopa-levodopa TABS</i>	1		Antimanic Agents		
<i>carbidopa-levodopa TBCR</i>	1		<i>lithium carbonate CAPS</i>	1	
<i>carbidopa-levodopa TBDP</i>	1		<i>lithium carbonate TABS</i>	1	
DHIVY TABS	2		<i>lithium carbonate TBCR</i>	1	
DUOPA SUSP	SP		LITHOBID TBCR (<i>lithium carbonate</i>)	3	
GOCOVRI CP24	3	PA	Antipsychotics - Misc.		
MIRAPEX ER TB24 (<i>pramipexole dihydrochloride</i>)	GP		CAPLYTA	3	QL(1 ea daily); PA
NEUPRO 1 MG/24HR, 2 MG/24HR	3	QL(3 ea daily)	EQUETRO	3	
NEUPRO 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	3	QL(1 ea daily)	GEODON (<i>ziprasidone mesylate</i>)	SP	PA
OSMOLEX ER T4PK	3	PA	GEODON (<i>ziprasidone hcl</i>)	GP	
OSMOLEX ER TB24 129 MG, 193 MG	3	PA			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
LATUDA 120 MG <i>(lurasidone hcl)</i>	GP	
LATUDA 20 MG, 40 MG, 60 MG, 80 MG <i>(lurasidone hcl)</i>	GP	QL(1 ea daily)
<i>lurasidone hcl 20 MG, 40 MG, 60 MG, 80 MG</i>	1	QL(1 ea daily)
<i>lurasidone hcl 120 MG</i>	1	
NUPLAZID CAPS	SP	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	SP	QL(1 ea daily); PA
VRAYLAR CAPS	3	PA
VRAYLAR CPPK	3	PA
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	SP	PA
Benzisoxazoles		
FANAPT	3	PA
FANAPT TITRATION PACK	3	PA
INVEGA (<i>paliperidone</i>)	GP	
INVEGA SUSTENNA	SP	PA
INVEGA TRINZA	SP	PA
<i>paliperidone</i>	1	
PERSERIS PRSY	SP	PA
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	SP	PA
RISPERDAL SOLN (<i>risperidone</i>)	GP	
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	GP	
<i>risperidone microspheres</i>	SP	PA
<i>risperidone SOLN</i>	1	
<i>risperidone TABS</i>	1	
<i>risperidone TBDP</i>	1	
Butyrophenones		
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Dibenzapines		
<i>asenapine maleate</i>	1	PA
<i>clozapine TABS</i>	1	
<i>clozapine TBDP</i>	1	
CLOZARIL TABS (<i>clozapine</i>)	GP	
<i>loxapine succinate</i>	1	
<i>olanzapine SOLR</i>	SP	PA
<i>olanzapine TABS</i>	1	
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i>	1	
<i>quetiapine fumarate TB24</i>	1	PA
SAPHRIS (<i>asenapine maleate</i>)	GP	PA
SAPHRIS 5 MG	3	PA
SECUADO	3	QL(1 ea daily); PA
SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	GP	PA
SEROQUEL TABS (<i>quetiapine fumarate</i>)	GP	
VERSACLOZ SUSP	3	QL(18 ml daily)
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	GP	
ZYPREXA SOLR (<i>olanzapine</i>)	SP	PA
ZYPREXA TABS (<i>olanzapine</i>)	GP	
Dihydroindolones		
<i>molindone hcl</i>	1	
Phenothiazines		
(Prochlorperazine) COMPRO	1	
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine hcl CONC</i>	1	
<i>fluphenazine hcl ELIX</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
ABILIFY TABS (<i>aripiprazole</i>)	GP	
<i>aripiprazole SOLN OR</i>	1	
<i>aripiprazole TABS</i>	1	
<i>aripiprazole TBDP</i>	1	PA
REXULTI 0.25 MG, 0.5 MG, 2 MG	3	QL(2 ea daily); PA
REXULTI 1 MG, 3 MG, 4 MG	3	QL(1 ea daily); PA
Thioxanthenes		
<i>thiothixene</i>	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY 200 MG-50 MG-25 MG	2	
COMBIVIR (<i>lamivudine-zidovudine</i>)	GP	
COMPLERA	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>darunavir TABS 800 MG</i>	PV	For non-HDHP plans, if used for HIV treatment, tier 1 copayment applies. For HDHP plans, if used for PeP or HIV treatment, tier 1 copayment applies.; PV
<i>darunavir TABS 600 MG</i>	1	
DELSTRIGO	3	
DESCOVY 200 MG-25 MG	PV	For non-HDHP plans, if used for HIV treatment, tier 2 copayment applies. For HDHP plans, if used for PeP or HIV treatment, tier 2 copayment applies.; PV
DOVATO	2	
EDURANT	2	
<i>efavirenz CAPS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	
<i>efavirenz TABS</i>	1	
<i>emtricitabine CAPS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	PV	For non-HDHP plans, if used for HIV treatment, tier 1 copayment applies. For HDHP plans, if used for PeP or HIV treatment, tier 1 copayment applies.; QL(1 ea daily); PV	JULUCA	2	
			KALETRA SOLN (<i>lopinavir-ritonavir</i>)	GP	
			KALETRA TABS (<i>lopinavir-ritonavir</i>)	GP	
			<i>lamivudine SOLN</i>	1	
			<i>lamivudine TABS</i>	1	
			<i>lamivudine-zidovudine</i>	1	
			LEXIVA SUSP	2	
			LEXIVA TABS (<i>fosamprenavir calcium</i>)	GP	
EMTRIVA CAPS (<i>emtricitabine</i>)	GP		<i>lopinavir-ritonavir SOLN</i>	1	
EMTRIVA SOLN	2		<i>lopinavir-ritonavir TABS</i>	1	
EPIVIR SOLN (<i>lamivudine</i>)	GP		<i>maraviroc TABS</i>	1	
EPIVIR TABS (<i>lamivudine</i>)	GP		<i>nevirapine SUSP</i>	1	
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	GP		<i>nevirapine TABS</i>	1	
<i>etravirine</i>	1		<i>nevirapine TB24</i>	1	
EVOTAZ	2		NORVIR CAPS	2	
<i>fosamprenavir calcium TABS</i>	1		NORVIR SOLN	2	
FUZEON SOLR	SP	PA	NORVIR TABS (<i>ritonavir</i>)	GP	For non-HDHP plans, if used for HIV treatment, tier 1 copayment applies. For HDHP plans, if used for PeP or HIV treatment, tier 1 copayment applies.; PV
GENVOYA	2				
INTELENCE (<i>etravirine</i>)	GP		ODEFSEY	2	
INTELENCE 25 MG	2		PIFELTRO	2	
ISENTRESS HD TABS	2		PREZCOBIX	2	
ISENTRESS CHEW	2		PREZISTA SUSP	2	
ISENTRESS PACK	2				
ISENTRESS TABS	PV	For non-HDHP plans, if used for HIV treatment, tier 2 copayment applies. For HDHP plans, if used for PeP or HIV treatment, tier 2 copayment applies.; PV			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 800 MG (<i>darunavir</i>)	GP	For non-HDHP plans, if used for HIV treatment, tier 1 copayment applies. For HDHP plans, if used for PeP or HIV treatment, tier 1 copayment applies.; PV	SUSTIVA CAPS (<i>efavirenz</i>)	GP	
			SUSTIVA TABS (<i>efavirenz</i>)	GP	
			<i>tenofovir disoproxil fumarate</i> TABS	1	
			TIVICAY TABS 50 MG	PV	For non-HDHP plans, if used for HIV treatment, tier 2 copayment applies. For HDHP plans, if used for PeP or HIV treatment, tier 2 copayment applies.; PV
PREZISTA TABS 600 MG (<i>darunavir</i>)	GP				
PREZISTA TABS 75 MG, 150 MG	2				
RETROVIR CAPS (<i>zidovudine</i>)	GP				
RETROVIR SYRP (<i>zidovudine</i>)	GP		TRIUMEQ TABS	2	
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	GP		TRIZIVIR	2	
REYATAZ PACK	2		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	GP	QL(1 ea daily)
<i>ritonavir</i> TABS	PV	For non-HDHP plans, if used for HIV treatment, tier 1 copayment applies. For HDHP plans, if used for PeP or HIV treatment, tier 1 copayment applies.; PV	TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	GP	For non-HDHP plans, if used for HIV treatment, tier 1 copayment applies. For HDHP plans, if used for PeP or HIV treatment, tier 1 copayment applies.; QL(1 ea daily); PV
RUKOBIA	SP	PA	TYBOST	2	
SELZENTRY SOLN	2		VIRACEPT TABS	2	
SELZENTRY TABS 25 MG, 75 MG	2		VIREAD POWD	2	
SELZENTRY TABS (<i>maraviroc</i>)	GP		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
<i>stavudine</i> CAPS	1		ZIAGEN SOLN (<i>abacavir sulfate</i>)	GP	
STRIBILD	2				

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZIAGEN TABS (<i>abacavir sulfate</i>)	GP		Herpes Agents		
<i>zidovudine CAPS</i>	1		<i>acyclovir CAPS</i>	1	
<i>zidovudine SYRP</i>	1		<i>acyclovir SUSP</i>	1	
<i>zidovudine TABS</i>	1		<i>acyclovir TABS OR famciclovir</i>	1	
CMV Agents			<i>valacyclovir hcl</i>	1	
<i>cidofovir</i>	SP	PA	VALTREX (<i>valacyclovir hcl</i>)	GP	
<i>foscarnet sodium 6000 MG/250ML</i>	SP	PA	ZOVIRAX SUSP (<i>acyclovir</i>)	GP	
FOSCAVIR 6000 MG/250ML (<i>foscarnet sodium</i>)	SP	PA	Influenza Agents		
PREVYMIS TABS	SP	SP; PA	<i>oseltamivir phosphate CAPS 75 MG</i>	1	
VALCYTE SOLR (<i>valganciclovir hcl</i>)	GP	QL(21 ml daily)	<i>oseltamivir phosphate CAPS 30 MG, 45 MG</i>	1	QL(10 ea per 180 day(s) retail)
VALCYTE TABS (<i>valganciclovir hcl</i>)	GP		<i>oseltamivir phosphate SUSR</i>	1	QL(180 ml per 180 day(s) retail); AL(At least 1 yrs old)
<i>valganciclovir hcl SOLR</i>	1	QL(21 ml daily)	RELENZA DISKHALER	3	Limit 20 per month; QL(0.67 ea daily)
<i>valganciclovir hcl TABS</i>	1		<i>rimantadine hydrochloride TABS</i>	1	
Hepatitis Agents			TAMIFLU CAPS 30 MG, 45 MG (<i>oseltamivir phosphate</i>)	GP	QL(10 ea per 180 day(s) retail)
<i>adefovir dipivoxil</i>	1		TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	GP	QL(180 ml per 180 day(s) retail); AL(At least 1 yrs old)
BARACLUDE TABS (<i>entecavir</i>)	GP		Respiratory Syncytial Virus (RSV) Agents		
<i>entecavir TABS</i>	1		<i>ribavirin</i>	1	
EPCLUSA PACK	3	PA	VIRAZOLE (<i>ribavirin</i>)	GP	
EPCLUSA TABS	3	PA	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
EPCLUSA TABS	3	PA	Alpha-Beta Blockers		
EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	GP		<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>lamivudine (hbv) TABS</i>	1				
MAVYRET TABS	SP	PA			
PEGASYS SOLN	SP	PA			
PEGASYS SOSY	SP	SP; PA			
<i>ribavirin (hepatitis c) CAPS</i>	1	PA			
<i>ribavirin (hepatitis c) TABS 200 MG</i>	1	PA			
VOSEVI	3	PA			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol 3.125 MG</i>	1	QL(2 ea daily)
<i>carvedilol phosphate</i>	1	
COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	GP	
COREG 3.125 MG (<i>carvedilol</i>)	GP	QL(2 ea daily)
COREG CR (<i>carvedilol phosphate</i>)	GP	
<i>labetalol hcl TABS</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)
BYSTOLIC (<i>nebivolol hcl</i>)	GP	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	GP	
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
TENORMIN TABS (<i>atenolol</i>)	GP	
TOPROL XL TB24 (<i>metoprolol succinate</i>)	GP	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	GP	
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	GP	
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	GP	
HEMANGEOL SOLN OR	3	AL(Up to 1 yrs old); PA
INDERAL LA CP24 (<i>propranolol hcl</i>)	GP	
INDERAL XL	3	

Drug Name	Drug Tier	Requirements/Limits
INNOPRAN XL	3	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
<i>pindolol TABS</i>	1	
<i>propranolol hcl CP24</i>	1	
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	
<i>propranolol hcl TABS</i>	1	
<i>sotalol hcl (afib/afll)</i>	1	
<i>sotalol hcl TABS</i>	1	
SOTYLIZE SOLN OR	3	
<i>timolol maleate TABS</i>	1	QL(2 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>amlodipine besylate TABS</i>	1	QL(2 ea daily)
CALAN SR TBCR (<i>verapamil hcl</i>)	GP	
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	GP	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	GP	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	GP	
<i>diltiazem hcl coated beads CP24</i>	1	
<i>diltiazem hcl extended release beads</i>	1	
<i>diltiazem hcl CP12</i>	1	
<i>diltiazem hcl CP24</i>	1	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl TB24</i>	1	
<i>felodipine</i>	1	
<i>isradipine CAPS</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nifedipine CAPS</i>	1	
<i>nifedipine TB24 30 MG, 60 MG</i>	1	
<i>nifedipine TB24</i>	1	QL(1 ea daily)
<i>nimodipine CAPS</i>	1	
<i>nisoldipine</i>	1	
NORVASC TABS (<i>amlodipine besylate</i>)	GP	QL(2 ea daily)
PROCARDIA XL TB24 (<i>nifedipine</i>)	GP	QL(1 ea daily)
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	GP	
TIAZAC (<i>diltiazem hcl extended release beads</i>)	GP	
<i>verapamil hcl CP24</i>	1	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR</i>	1	
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>verapamil hcl</i>)	GP	
VERELAN PM CP24 (<i>verapamil hcl</i>)	GP	
VERELAN CP24 (<i>verapamil hcl</i>)	GP	

Drug Name	Drug Tier	Requirements/Limits
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
(Digoxin) DIGITEK TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
<i>digoxin SOLN OR 0.05 MG/ML</i>	1	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN TABS 62.5 MCG (<i>digoxin</i>)	GP	
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	GP	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	GP	
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Impotence Agents		
CIALIS 2.5 MG, 5 MG (<i>tadalafil</i>)	GP	QL(1 ea daily); PA
<i>tadalafil 2.5 MG, 5 MG</i>	1	QL(1 ea daily); PA
Prostaglandin Vasodilators		
ORENITRAM TBCR	SP	PA
REMODULIN SOLN IJ	SP	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
<i>treprostinil SOLN IJ</i>	SP	PA
VENTAVIS	SP	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	SP	PA
<i>bosentan TABS</i>	SP	PA
LETAIRIS (<i>ambrisentan</i>)	SP	PA
OPSUMIT	SP	PA
TRACLEER TABS (<i>bosentan</i>)	SP	PA
TRACLEER TBSO	SP	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	SP	PA
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	SP	PA
REVATIO SOLN (<i>sildenafil citrate (pulmonary hypertension)</i>)	SP	PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	SP	PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	GP	PA
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	SP	PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	SP	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	PA
<i>tadalafil (pulmonary hypertension) TABS</i>	SP	PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TITRATION PACK TBPK	SP	PA
UPTRAVI SOLR	SP	PA
UPTRAVI TABS	SP	PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	SP	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); ST
CORLANOR TABS (<i>ivabradine hcl</i>)	GP	QL(2 ea daily); ST
<i>ivabradine hcl TABS</i>	1	QL(2 ea daily); ST
Transthyretin Stabilizers		
VYNDAMAX	SP	QL(1 ea daily); PA
VYNDAQEL	SP	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	SP	PA
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	3	
<i>cefactor CAPS</i>	1	
<i>cefactor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1	
CEFOTAN IJ (<i>cefotetan disodium</i>)	SP	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	SP	PA	Combination Contraceptives - Oral		
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	SP	PA	(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	PV	PV
CEFOXITIN SODIUM	SP	PA	(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	PV	PV
<i>cefprozil SUSR</i>	1		(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	PV	PV
<i>cefprozil TABS</i>	1		(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	PV	PV
<i>cefuroxime axetil TABS</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	PV	PV
<i>cefuroxime sodium IJ 750 MG</i>	SP	PA	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	PV	PV
Cephalosporins - 3rd Generation			(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	PV	PV
(Ceftazidime) TAZICEF IV 1 GM, 2 GM	SP	PA	(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG	PV	PV
<i>cefdinir CAPS</i>	1				
<i>cefdinir SUSR</i>	1				
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	1				
<i>cefotaxime sodium IJ 1 GM, 2 GM</i>	SP	PA			
CEFOTAXIME SODIUM IJ 1 GM, 2 GM	SP	PA			
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
<i>ceftazidime IV 1 GM, 2 GM</i>	SP	PA			
<i>ceftriaxone sodium IJ 250 MG, 500 MG</i>	SP	PA			
Cephalosporins - 4th Generation					
<i>cefepime hcl SOLR IV 2 GM</i>	SP	PA			
CEFEPIME/DEXTROSE 5 %-2 GM/50ML	SP	PA			
CEFEPIME SOLN 1 GM/50ML	SP	PA			
Cephalosporins - 5th Generation					
TEFLARO	SP	PA			
CONTRACEPTIVES - Drugs to Prevent Pregnancy					

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 50 MCG-1 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	PV	QL(1 ea daily); PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	PV	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	PV	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	PV	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	PV	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	PV	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG	PV	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	PV	QL(1 ea daily); PV; PA	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG	PV	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	PV	PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	PV	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	PV	PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	PV	PV
			(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	PV	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	PV	PV	GENERESS FE <i>(norethindrone & ethinyl estradiol-fe)</i>	GP	PV
			<i>levonorgestrel & eth estradiol TABS</i>	PV	PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	PV	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI- LINYAH, TRI-LO- ESTARYLLA, TRI-LO- MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI- MILI, TRI-NYMYO, TRI- SPRINTEC, TRI- VYLIBRA, TRI-VYLIBRA LO	PV	PV	<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	PV	PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	PV	PV
			<i>levonorgestrel-ethinyl estradiol-iron</i>	PV	QL(1 ea daily); PV
			LO LOESTRIN FE TABS	PV	QL(1 ea daily); PV
			LOSEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	GP	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO- LINYAH, NYMYO, SPRINTEC 28, VYLIBRA	PV	PV	MINASTRIN 24 FE CHEW <i>(norethin acet & estrad-fe)</i>	GP	PV
			MIRCETTE <i>(desogestrel- ethinyl estradiol (biphasic))</i>	GP	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG	PV	PV	NATAZIA	PV	QL(1 ea daily); PV
			NEXTSTELLIS	PV	QL(1 ea daily); PV
BALCOLTRA <i>(levonorgestrel-ethinyl estradiol-iron)</i>	GP	QL(1 ea daily); PV	<i>norethin acet & estrad-fe CAPS</i>	PV	QL(1 ea daily); PV; PA
BEYAZ <i>(drospirenone- ethinyl estradiol- levomefolate calcium)</i>	GP	PV	<i>norethin acet & estrad-fe CHEW</i>	PV	PV
<i>desogestrel & ethinyl estradiol</i>	PV	PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	PV	PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	PV	PV	<i>norethindrone & ethinyl estradiol-fe</i>	PV	PV
<i>drospirenone-ethinyl estradiol</i>	PV	PV	<i>norethindrone acet & eth estra TABS</i>	PV	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	PV	PV	<i>norethindrone acetate- ethinyl estradiol-fe</i>	PV	PV
<i>ethynodiol diacet & eth estrad</i>	PV	PV	<i>norgestimate-ethinyl estradiol</i>	PV	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol (triphasic)</i>	PV	PV	(Levonorgestrel (Emergency OC))	PV	PV
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	GP	PV	AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG		
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	GP	PV	ELLA	PV	PV
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	GP	PV	<i>levonorgestrel (emergency oc) 1.5 MG</i>	PV	PV
TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	GP	QL(1 ea daily); PV; PA	PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	GP	PV
TYBLUME CHEW	PV	PV	Progestin Contraceptives - Implants		
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	GP	PV	NEXPLANON	PV	PV
YAZ (<i>drospirenone-ethinyl estradiol</i>)	GP	PV	Progestin Contraceptives - Injectable		
Combination Contraceptives - Transdermal			DEPO-PROVERA CONTRACEPTIVE SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	GP	PV
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	PV	PV	DEPO-PROVERA CONTRACEPTIVE SUSY IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	GP	PV
<i>norelgestromin-ethinyl estradiol</i>	PV	PV	DEPO-SUBQ PROVERA 104 SUSY SC	PV	PV
TWIRLA	PV	PV	<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	PV	PV
Combination Contraceptives - Vaginal			<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	PV	PV
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	PV	PV	Progestin Contraceptives - IUD		
ANNOVERA	PV	PV	KYLEENA	PV	PV
<i>etonogestrel-ethinyl estradiol</i>	PV	PV	LILETTA 20.1 MCG/DAY	PV	PV
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	GP	PV	MIRENA	PV	PV
Copper Contraceptives - IUD			SKYLA	PV	PV
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	PV	PV	Progestin Contraceptives - Oral		
Emergency Contraceptives					

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	PV	PV	MEDROL TABS 4 MG, 8 MG, 16 MG <i>(methylprednisolone)</i>	GP	
<i>norethindrone (contraceptive)</i>	PV	PV	MEDROL TABS	2	
OPILL	PV	PV	<i>methylprednisolone TABS</i>	1	
SLYND	PV	PV	<i>methylprednisolone TBPk</i>	1	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			ORAPRED ODT TBPk <i>(prednisolone sodium phosphate)</i>	GP	
Glucocorticosteroids			<i>prednisolone sodium phosphate SOLN 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	1	
(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPk	1		<i>prednisolone sodium phosphate TBPk</i>	1	
(Prednisolone) MILLIPRED TABS	1		<i>prednisolone SOLN</i>	1	
<i>budesonide CPEP</i>	1		<i>prednisolone TABS</i>	1	
<i>budesonide TB24</i>	1	PA	PREDNISONE INTENSOL CONC	2	
CORTEF TABS <i>(hydrocortisone)</i>	GP		<i>prednisone SOLN</i>	1	
DEXAMETHASONE INTENSOL CONC	2		<i>prednisone TABS</i>	1	
<i>dexamethasone sodium phosphate SOLN IJ</i>	SP	PA	<i>prednisone TBPk</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	SP	PA	RAYOS TBEC	3	PA
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	SP	PA	UCERIS TB24 <i>(budesonide)</i>	GP	PA
<i>dexamethasone ELIX</i>	1		Mineralocorticoids		
<i>dexamethasone SOLN</i>	1		<i>fludrocortisone acetate TABS</i>	1	
<i>dexamethasone TABS</i>	1		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>dexamethasone TBPk</i>	1		Antitussives		
<i>hydrocortisone TABS</i>	1		(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
MEDROL DOSEPAK TBPk <i>(methylprednisolone)</i>	GP		<i>benzonatate</i>	1	
			HYCODAN SOLN <i>(hydrocodone bitartrate-homatropine methylbromide)</i>	GP	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HYCODAN TABS 1.5 MG-5 MG (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	GP		<i>promethazine & phenylephrine SYRP</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		<i>promethazine w/codeine SOLN</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1		<i>promethazine w/codeine SYRP</i>	1	
Cough/Cold/Allergy Combinations			<i>promethazine-dm SYRP</i>	1	
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1		<i>promethazine-phenylephrine-codeine</i>	1	
(Guaifenesin-Codeine) GUAITUSSIN AC, GUAIFENESIN AC SYRP	1		TUSSLIN PEDIATRIC LIQD	3	
(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	1		TUSSLIN LIQD	3	
(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	1		Misc. Respiratory Inhalants		
ACTIDOM DMX LIQD	3		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
BIO-DTUSS DMX LIQD	3		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
CLARINEX-D 12 HOUR TB12	3	PA	HYPERSAL NEBU	3	
CODITUSSIN AC LIQD	3		HYPERSAL NEBU (<i>sodium chloride inhalant</i>)	GP	
DOMETUSS-DMX LIQD	3		NEBUSAL NEBU	3	
GILTUSS COUGH & COLD TABS	3		<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %, 10 %</i>	1	
GILTUSS SINUS & CONGESTION TABS	3		Mucolytics		
<i>guaifenesin-codeine SOLN</i>	1		<i>acetylcysteine SOLN</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1		DERMATOLOGICALS - Drugs to Treat Skin Conditions		
NEOTUSS PLUS LIQD	3		Acne Products		
			(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
			(Benzoyl Peroxide) BP WASH LIQD 7 %	1	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1		ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	GP	Greater than 5 months requires PA; QL(2 ea daily)
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1		ABSORICA 25 MG, 35 MG (<i>isotretinoin</i>)	GP	Limited to 5 months of treatment; QL(2 ea daily); PA
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		ABSORICA LD	3	Limited to 5 months of treatment; QL(2 ea daily); PA
(Erythromycin (Acne Aid)) ERY PADS	1		ACZONE 5 % (<i>dapsone (topical)</i>)	GP	PA
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG, 20 MG, 30 MG, 40 MG	1	Greater than 5 months requires PA; QL(2 ea daily)	ACZONE 7.5 % (<i>dapsone (topical)</i>)	GP	QL(2 gm daily); PA
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG, 20 MG, 40 MG	1	Greater than 5 months requires PA; QL(2 ea daily)	<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	
(Sulfacetamide Sodium W/ Sulfur) AVAR-E EMOLLIENT, AVAR-E GREEN, SSS 10%-5% CREA 10 %-5 %	1		<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 gm daily)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1		<i>adapalene GEL</i>	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1		ATRALIN GEL (<i>tretinoin</i>)	GP	
(Sulfacetamide Sodium W/ Sulfur) SULFACLEANSE 8/4 SUSP 8 %-4 %	1		AVAR LS CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	GP	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		AVAR-E LS CREA (<i>sulfacetamide sodium w/ sulfur</i>)	GP	
(Tretinoin) AVITA CREA 0.025 %	1		AZELEX	3	
(Tretinoin) AVITA GEL 0.025 %	1		BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	GP	
			BENZEPRO CREAMY WASH LIQD	3	RX/OTC
			<i>benzoyl peroxide-erythromycin GEL</i>	1	
			CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	GP	
			CLINDACIN ETZ	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLINDACIN PAC	3		FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	GP		<i>isotretinoin 25 MG, 35 MG</i>	1	Limited to 5 months of treatment; QL(2 ea daily); PA
<i>clindamycin phosphate (topical) FOAM</i>	1		<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	1	Greater than 5 months requires PA; QL(2 ea daily)
<i>clindamycin phosphate (topical) GEL</i>	1		KLARON (<i>sulfacetamide sodium (acne)</i>)	GP	
<i>clindamycin phosphate (topical) LOTN</i>	1		NEUTROGENA CLEAR PORE CLEANSER/MASK LIQD	3	
<i>clindamycin phosphate (topical) SOLN</i>	1		PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	GP	
<i>clindamycin phosphate (topical) SWAB</i>	1		PLEXION CLEANSING CLOTHS PADS	3	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	GP	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1		PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	GP	
<i>clindamycin phosphate-tretinoin</i>	1		PR BENZOYL PEROXIDE WASH LIQD	3	RX/OTC
<i>dapsone (topical) 7.5 %</i>	1	QL(2 gm daily); PA	RETIN-A MICRO (<i>tretinoin microsphere</i>)	GP	
<i>dapsone (topical) 5 %</i>	1	PA	RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	GP	
DIFFERIN CREA (<i>adapalene</i>)	GP	Limit 45gms per month; QL(1.5 gm daily)	RETIN-A CREA (<i>tretinoin</i>)	GP	
DIFFERIN GEL (<i>adapalene</i>)	GP	Limit 45gms per month; QL(1.5 gm daily); RX/OTC	RETIN-A GEL (<i>tretinoin</i>)	GP	
DIFFERIN LOTN	3		SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
EPSOLAY CREA	3		SODIUM SULFACETAMIDE/SULFUR PADS	3	
ERYGEL GEL (<i>erythromycin (acne aid)</i>)	GP				
<i>erythromycin (acne aid) GEL</i>	1				
<i>erythromycin (acne aid) SOLN</i>	1				
EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>)	GP				

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (acne)</i>	1		<i>gentamicin sulfate (topical) CREA</i>	1	
<i>sulfacetamide sodium w/ sulfur CREA</i>	1		<i>gentamicin sulfate (topical) OINT</i>	1	
<i>sulfacetamide sodium w/ sulfur LIQD 10 %-2 %, 9 %-4 %, 9 %-4.5 %, 9.8 %-4.8 %</i>	1		<i>mupirocin OINT</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 gm daily)	NEO-SYNALAR	3	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1		Antifungals - Topical		
<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	1		(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUMSTRENGTH SOLN	1	RX/OTC
<i>sulfacetamide sodium w/ sulfur SUSP</i>	1		(Iodoquinol-HC) CORTISAV, DERMAZENE	1	
SUMADAN WASH LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	GP		(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
SUMAXIN PADS	3		(Ketoconazole (Topical)) KETODAN FOAM	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	ALA-QUIN	3	
<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1		<i>ciclopirox olamine CREA</i>	1	
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>ciclopirox olamine SUSP</i>	1	
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1		<i>ciclopirox GEL</i>	1	
VELTIN (<i>clindamycin phosphate-tretinoin</i>)	GP		<i>ciclopirox SHAM</i>	1	
ZIANA (<i>clindamycin phosphate-tretinoin</i>)	GP		<i>clotrimazole (topical) SOLN</i>	1	RX/OTC
Agents for External Genital and Perianal Warts			<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 gm daily)
VEREGEN	3	Limit 30gms per month; QL(1 gm daily)	<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)
Antibiotics - Topical			<i>econazole nitrate CREA</i>	1	
ALTABAX	3		ERTACZO	3	PA
CENTANY AT KIT	3		EXELDERM CREA (<i>sulconazole nitrate</i>)	GP	
CENTANY OINT	2		EXELDERM SOLN (<i>sulconazole nitrate</i>)	GP	
			EXODERM	3	
			EXTINA FOAM (<i>ketoconazole (topical)</i>)	GP	
			<i>iodoquinol-hc</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1		VYTON 1.9 %-1 % <i>(iodoquinol-hydrocortisone in aloe vehicle)</i>	GP	
<i>iodoquinol-hydrocortisone-aloe polysaccharide</i>	1		XOLEGEL GEL	3	
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)	Anti-inflammatory Agents - Topical		
<i>ketoconazole (topical) FOAM</i>	1		(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
<i>ketoconazole (topical) SHAM 2 %</i>	1		<i>diclofenac epolamine PTCH EX</i>	1	
LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	GP		<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
LOPROX CREA (<i>ciclopirox olamine</i>)	GP		<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	Limit 1 bottle per month; QL(4 gm daily); PA
LOPROX SUSP (<i>ciclopirox olamine</i>)	GP		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)
<i>luliconazole</i>	1		FLECTOR PTCH EX (<i>diclofenac epolamine</i>)	GP	
LUZU (<i>luliconazole</i>)	GP				
<i>miconazole-zinc oxide-white petrolatum</i>	1				
<i>naftifine hcl CREA</i>	1				
<i>naftifine hcl GEL 2 %</i>	1				
NAFTIN GEL 2 % (<i>naftifine hcl</i>)	GP				
NAFTIN GEL 1 %	3				
<i>nystatin (topical) CREA</i>	1				
<i>nystatin (topical) OINT</i>	1				
<i>nystatin-triamcinolone CREA</i>	1				
<i>nystatin-triamcinolone OINT</i>	1				
<i>oxiconazole nitrate CREA</i>	1				
OXISTAT LOTN	3				
<i>sulconazole nitrate CREA</i>	1				
<i>sulconazole nitrate SOLN</i>	1				
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>)	GP				

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PENNSAID SOLN EX	3	Limit 1 bottle per month; QL(4 gm daily); PA	<i>calcitriol (topical)</i>	1	Limited 100 gms per month; QL(3.4 gm daily)
PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	GP	Limit 1 bottle per month; QL(4 gm daily); PA	COSENTYX SENSOREADY PEN SOAJ	2	PA
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX SOSY	2	PA
<i>bexarotene (topical)</i>	SP	PA	<i>methoxsalen rapid</i>	1	
CARAC CREA	2		SKYRIZI PEN SOAJ	2	PA
<i>diclofenac sodium (actinic keratoses) EX</i>	1	PA	SKYRIZI PSKT	2	PA
EFUDEX CREA (<i>fluorouracil (topical)</i>)	GP		SKYRIZI SOSY	2	PA
<i>fluorouracil (topical) CREA</i>	1		SORILUX FOAM	3	PA
<i>fluorouracil (topical) SOLN</i>	1		STELARA SOSY	2	PA
PANRETIN	3	PA	<i>tazarotene CREA</i>	1	
TARGRETIN (<i>bexarotene (topical)</i>)	SP	PA	<i>tazarotene GEL</i>	1	
VALCHLOR	SP	PA	TAZORAC CREA (<i>tazarotene</i>)	GP	
Antipruritics - Topical			TAZORAC GEL (<i>tazarotene</i>)	GP	
<i>doxepin hcl (antipruritic)</i>	1		TREMFYA SOPN	2	PA
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>)	GP		TREMFYA SOSY 100 MG/ML	2	PA
ZONALON (<i>doxepin hcl (antipruritic)</i>)	GP		VECTICAL (<i>calcitriol (topical)</i>)	GP	Limited 100 gms per month; QL(3.4 gm daily)
Antipsoriatics			Antiseborrheic Products		
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)	OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	GP	
<i>acitretin</i>	1		OVACE PLUS SHAM (<i>sulfacetamide sodium</i>)	GP	
<i>calcipotriene CREA</i>	1	QL(5 gm daily)	OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	GP	
<i>calcipotriene FOAM</i>	1	PA	<i>selenium sulfide LOTN 2.5 %</i>	1	
CALCIPOTRIENE FOAM	3	PA	<i>selenium sulfide SHAM 2.25 %</i>	1	
<i>calcipotriene OINT</i>	1	QL(5 gm daily)	<i>sulfacetamide sodium LIQD</i>	1	
<i>calcipotriene SOLN</i>	1				

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium SHAM 10 %</i>	1		(Hydrocortisone (Topical)) AQUAPHOR ITCH RELIEF CHILDREN, AQUAPHOR ITCH RELIEF MAXIMUM STRENGTH, CORTIZONE-10, CORTIZONE-10 WATER RESISTANT MAXIMUM STRENGTH, CVS CORTISONE MAXIMUM STRENGTH, EQL ANTI-ITCH MAXIMUM STRENGTH, FT ITCH RELIEF MAXIMUM STRENGTH, GNP HYDROCORTISONE MAXIMUM STRENGTH, GOODSENSE ANTI-ITCH MAXIMUM STRENGTH, HYDROCORTISONE MAXIMUM STRENGTH, RA ANTI-ITCH/MAXIMUM STRENGTH, SB HYDROCORTISONE MAXIMUM STRENGTH, SM HYDROCORTISONE MAXIMUM STRENGTH OINT 1 %	1	RX/OTC
Antivirals - Topical					
<i>acyclovir topical CREA</i>	1				
<i>acyclovir topical OINT</i>	1	QL(1 gm daily)			
DENAVIR (<i>penciclovir</i>)	GP	Limit 5gms per month; QL(0.17 gm daily)			
<i>penciclovir</i>	1	Limit 5gms per month; QL(0.17 gm daily)			
XERESE	3	Limit 5gms per month; QL(0.17 gm daily)			
ZOVIRAX CREA (<i>acyclovir topical</i>)	GP				
ZOVIRAX OINT (<i>acyclovir topical</i>)	GP	QL(1 gm daily)			
Burn Products					
(Silver Sulfadiazine) SSD	1				
<i>mafenide acetate PACK</i>	1				
SILVADENE (<i>silver sulfadiazine</i>)	GP				
<i>silver sulfadiazine</i>	1				
SULFAMYLON CREA	3				
Corticosteroids - Topical					
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1		(Triamcinolone Acetonide (Topical)) TRIANEX, TRITOCIN OINT 0.05 %	1	
(Clobetasol Propionate Emulsion) TOVET	1		(Triamcinolone Acetonide (Topical)) TRIDERMA CREA 0.5 %	1	
(Clobetasol Propionate) CLODAN SHAM	1		<i>alclometasone dipropionate CREA</i>	1	
(Desonide) DESRX GEL	1		<i>alclometasone dipropionate OINT</i>	1	
(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 %	1		<i>amcinonide CREA</i>	1	
			<i>amcinonide LOTN</i>	1	
			<i>amcinonide OINT</i>	1	
			APEXICON E CREA	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate GEL 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LIQD</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate LOTN</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented OINT</i>	1		CLOBEX LIQD (<i>clobetasol propionate</i>)	GP	
<i>betamethasone valerate CREA</i>	1		CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	GP	
<i>betamethasone valerate FOAM</i>	1		CLOBEX SHAM (<i>clobetasol propionate</i>)	GP	
<i>betamethasone valerate LOTN</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone valerate OINT</i>	1		CLODERM (<i>clocortolone pivalate</i>)	GP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	1	ST	CORDRAN CREA (<i>flurandrenolide</i>)	GP	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 gm daily); ST	CORDRAN TAPE	3	
CAPEX SHAM	2		CORTANE-B	3	
<i>clobetasol propionate emollient base 0.05 %</i>	1		DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	GP	
<i>clobetasol propionate emulsion</i>	1		DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	GP	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>desonide CREA</i>	1	
<i>clobetasol propionate FOAM</i>	1		<i>desonide GEL</i>	1	
			<i>desonide LOTN</i>	1	
			<i>desonide OINT</i>	1	
			DESOWEN CREA (<i>desonide</i>)	GP	
			<i>desoximetasone CREA</i>	1	
			<i>desoximetasone GEL</i>	1	
			<i>desoximetasone LIQD</i>	1	
			<i>desoximetasone OINT</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diflorasone diacetate</i> CREA	1		<i>hydrocortisone (topical)</i> LOTN 2 %, 2.5 %	1	
<i>diflorasone diacetate</i> OINT	1		<i>hydrocortisone (topical)</i> OINT 1 %, 2.5 %	1	
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	GP		<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
EPIFOAM FOAM	3		<i>hydrocortisone butyrate</i> CREA	1	
<i>fluocinolone acetonide</i> CREA	1		<i>hydrocortisone butyrate</i> LOTN	1	
<i>fluocinolone acetonide</i> OIL	1		<i>hydrocortisone butyrate</i> OINT	1	
<i>fluocinolone acetonide</i> OINT	1		<i>hydrocortisone butyrate</i> SOLN	1	
<i>fluocinolone acetonide</i> SOLN	1		<i>hydrocortisone valerate</i> CREA	1	
<i>fluocinonide emulsified base</i>	1		<i>hydrocortisone valerate</i> OINT	1	
<i>fluocinonide</i> CREA	1		IMPEKLO LOTN	2	
<i>fluocinonide</i> GEL	1		KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	GP	
<i>fluocinonide</i> OINT	1		LOCOID LIPOCREAM	3	
<i>fluocinonide</i> SOLN	1		LOCOID LOTN (<i>hydrocortisone butyrate</i>)	GP	
<i>flurandrenolide</i> CREA	1		LUXIQ FOAM (<i>betamethasone valerate</i>)	GP	
<i>fluticasone propionate</i> CREA 0.05 %	1		<i>mometasone furoate</i> CREA	1	
<i>fluticasone propionate</i> LOTN	1		<i>mometasone furoate</i> OINT	1	
<i>fluticasone propionate</i> OINT	1		<i>mometasone furoate</i> SOLN	1	
<i>halcinonide</i> CREA	1		NUCORT LOTN	3	
<i>halobetasol propionate</i> CREA	1		OLUX-E (<i>clobetasol propionate emulsion</i>)	GP	
<i>halobetasol propionate</i> OINT	1		OLUX FOAM (<i>clobetasol propionate</i>)	GP	
HALOG CREA (<i>halcinonide</i>)	GP		PANDEL	3	
HALOG OINT	3		PRAMOSONE CREA 2.5 %-1 % (<i>pramoxine-hc</i>)	GP	
HALOG SOLN	3				
<i>hydrocortisone (topical)</i> CREA 2.5 %	1				

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRAMOSONE CREA 1 %-1 %	3		VERDESO FOAM	3	
PRAMOSONE LOTN	3		Eczema Agents		
PRAMOSONE OINT	3		DUPIXENT SOPN	SP	PA
<i>pramoxine-hc CREA 2.5 %-1 %</i>	1		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	SP	PA
<i>prednicarbate OINT</i>	1		Emollient/Keratolytic Agents		
SYNALAR CREA (<i>fluocinolone acetonide</i>)	GP		(Urea In Lactic Acid Vehicle) UREA HYDRATING	1	
SYNALAR OINT (<i>fluocinolone acetonide</i>)	GP		(Urea) DERMACINRX UREA, UREDEB, UREMEZ-40, XUREA CREA 41 %	1	
SYNALAR SOLN (<i>fluocinolone acetonide</i>)	GP		(Urea) DERMACINRX UREA, UREDEB, UREMEZ-40, XUREA CREA 39 %	1	
TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	GP	ST	(Urea) GORDONS UREA CREA 40 %	1	RX/OTC
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	GP	QL(2 gm daily); ST	(Urea) UMECTA MOUSSE FOAM	1	
TEXACORT SOLN 2.5 %	3		(Urea) UREA NAIL GEL 45 %	1	
TOPICORT CREA (<i>desoximetasone</i>)	GP		CEM-UREA SOLN	3	
TOPICORT GEL (<i>desoximetasone</i>)	GP		HYDRO 40 FOAM FOAM (<i>urea</i>)	GP	
TOPICORT LIQD (<i>desoximetasone</i>)	GP		URAMAXIN GEL (<i>urea</i>)	GP	
TOPICORT OINT (<i>desoximetasone</i>)	GP		<i>urea CREA 39 %, 40 %, 41 %, 45 %, 47 %</i>	1	
<i>triamcinolone acetonide (topical) AERS</i>	1		<i>urea LOTN 40 %</i>	1	
<i>triamcinolone acetonide (topical) CREA</i>	1		Emollients		
<i>triamcinolone acetonide (topical) LOTN</i>	1		(Lactic Acid (Ammonium Lactate)) AL12, AMLACTIN DAILY, CVS HYDRATING SKIN TREATMENT, CVS SKIN TREATMENT, CVS SKIN TREATMENT BODY LOTION LOTN 12 %	1	RX/OTC
<i>triamcinolone acetonide (topical) OINT</i>	1		<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC
TRIDESILON CREA 0.05 % (<i>desonide</i>)	GP				
VANOS CREA (<i>fluocinonide</i>)	GP				

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	RX/OTC	<i>salicylic acid SHAM 6 %</i>	1	
LACTIC ACID LOTN	3		<i>salicylic acid SOLN 26 %, 28.5 %</i>	1	
Enzymes - Topical			SALIMEZ CREA	3	
SANTYL OINT	3		SALVAX FOAM (<i>salicylic acid</i>)	GP	
Immunomodulating Agents - Topical			SALYCIM CREA	3	
<i>imiquimod 5 %</i>	1		ULTRASAL-ER SOLN (<i>salicylic acid</i>)	GP	
<i>imiquimod 3.75 %</i>	1	QL(1 gm daily)	VIRASAL LIQD (<i>salicylic acid</i>)	GP	
ZYCLARA (<i>imiquimod</i>)	GP	QL(1 ea daily)	Local Anesthetics - Topical		
ZYCLARA PUMP	3	Limit 2 bottles per 28 days; QL(0.6 gm daily)	(Lidocaine Hcl) BURN GEL, JELCAINE STERILE, REGENECARE HA, XEROBURN GEL 2 %	1	RX/OTC
ZYCLARA PUMP (<i>imiquimod</i>)	GP	QL(1 gm daily)	(Lidocaine Hcl) GLYDO PRSY	1	
Immunosuppressive Agents - Topical			(Lidocaine Hcl) LIDOPIN, LYDEXA, NEUROZYL, TRILOCAINE CREA 3 %	1	
ELIDEL (<i>pimecrolimus</i>)	GP	QL(2 gm daily)	(Lidocaine Hcl) LIDO-SORB, ZIONODIL, ZIONODIL 100 LOTN	1	
<i>pimecrolimus</i>	1	QL(2 gm daily)	(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 ea daily)
<i>tacrolimus (topical) OINT</i>	1		(Lidocaine) PREMIUM LIDOCAINE OINT	1	
Keratolytic/Antimitotic/Vesicant Agents			CRYODOSE TA	3	RX/OTC
(Salicylic Acid) KERALYT SHAM 6 %	1		<i>ethyl chloride</i>	1	
(Salicylic Acid) SALICYLIC ACID WART REMOVER LIQD 27.5 %	1		ETHYL CHLORIDE/FINE PINPOINT	3	
BENSAL HP OINT	3	RX/OTC	ETHYL CHLORIDE/FINE STREAM	3	
CONDYLOX GEL (<i>podofilox</i>)	GP		ETHYL CHLORIDE/MEDIUM JET STREAM	3	
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC	ETHYL CHLORIDE/MEDIUM STREAM	3	
PODOCON-25 SOLN	3				
<i>podofilox GEL</i>	1				
<i>podofilox SOLN</i>	1				
<i>salicylic acid in ammonium lactate vehicle</i>	1				
<i>salicylic acid FOAM</i>	1				
<i>salicylic acid LIQD 27.5 %</i>	1				
SALICYLIC ACID OINT	3	RX/OTC			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ETHYL CHLORIDE/MIST	3		Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
GEBAUERS INSTANT ICE	3	RX/OTC	EUCRISA	3	PA
GEBAUERS PAIN EASE	3	RX/OTC	Rosacea Agents		
GEBAUERS SPRAY AND STRETCH	3	RX/OTC	(Metronidazole (Topical)) ROSADAN CREA	1	
<i>lidocaine hcl CREA 3 %</i>	1		(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	Limit 45gms per month; QL(1.5 gm daily)
<i>lidocaine hcl GEL 2 %</i>	1		<i>azelaic acid GEL</i>	1	
<i>lidocaine hcl LOTN</i>	1		<i>brimonidine tartrate (topical)</i>	1	PA
<i>lidocaine hcl PRSY</i>	1		<i>doxycycline (rosacea)</i>	1	PA
<i>lidocaine hcl SOLN</i>	1		FINACEA FOAM	3	
<i>lidocaine OINT</i>	1		FINACEA GEL (<i>azelaic acid</i>)	GP	
<i>lidocaine-prilocaine CREA</i>	1		<i>ivermectin (rosacea)</i>	1	QL(1 gm daily); PA
<i>lidocaine PTCH 5 %</i>	1	QL(3 ea daily)	METROCREAM CREA (<i>metronidazole (topical)</i>)	GP	
LIDODERM PTCH (<i>lidocaine</i>)	GP	QL(3 ea daily)	METROLOTION LOTN (<i>metronidazole (topical)</i>)	GP	QL(2 ml daily)
LIDODOSE PEDIATRIC BULK PACK GEL	3	RX/OTC	<i>metronidazole (topical) CREA</i>	1	
LIDODOSE GEL	3	RX/OTC	<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
LIDORX GEL	3	RX/OTC	<i>metronidazole (topical) GEL 1 %</i>	1	
PRAMOX GEL GEL	3		<i>metronidazole (topical) LOTN</i>	1	QL(2 ml daily)
SYNERA PTCH	3		MIRVASO (<i>brimonidine tartrate (topical)</i>)	GP	PA
Misc. Dermatological Products			NORITATE CREA	3	PA
ALADERM PLUS EMUL	3		ORACEA (<i>doxycycline (rosacea)</i>)	GP	PA
CERACADE EMUL	3		RHOFADE	3	PA
EMULSION SB EMUL	3		SOOLANTRA (<i>ivermectin (rosacea)</i>)	GP	QL(1 gm daily); PA
ENTTY SPRAY EMUL	3		Scabicides & Pediculicides		
EPICERAM EMUL	3				
ILIDERM EMUL	3				
KAMDOY EMUL	3				
KIVIK EMUL	3				
PENLEN EMUL	3				
PHLAG SPRAY EMUL	3				
SYNERDERM EMUL	3				
Misc. Topical					
DRYSOL SOLN	2				
XERAC AC	3				

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
(Crotamiton) CROTAN LOTN	1	
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	1	RX/OTC
<i>ivermectin (pediculicide)</i>	1	RX/OTC
<i>malathion</i>	1	
NATROBA (<i>spinosad</i>)	GP	AL(At least 4 yrs old)
OVIDE (<i>malathion</i>)	GP	
<i>permethrin CREA</i>	1	Limit 2 per month; QL(60 gm per 14 day(s) retail)
SKLICE (<i>ivermectin (pediculicide)</i>)	GP	RX/OTC
<i>spinosad</i>	1	AL(At least 4 yrs old)
Wound Care Products		
REGRANEX	3	Limit 15gms per month; QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	2	
METOPIRONE	3	
Diagnostic Tests		
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA STRP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

Dietary Management Products

(Folic Acid-Pyridoxine-Cyanocobalamin) FOLBIC, WESTAB MAX	1	
DEPLIN 15	3	
DEPLIN 7.5	3	
ELFOLATE TABS	3	
FOLBIC RF TABS	3	
FOLTX TABS	3	
L-METHYLFOLATE CA/S-ALGAL	3	
L-METHYLFOLATE CALCIUM TABS	3	
L-METHYLFOLATE FORTE	3	
<i>l-methylfolate TABS 7.5 MG, 15 MG</i>	1	
NIVA-FOL	1	

DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

Digestive Enzymes

CREON CPEP	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
(Dichlorphenamide) ORMALVI	SP	PA
<i>acetazolamide CP12</i>	1	
<i>acetazolamide TABS</i>	1	
<i>dichlorphenamide</i>	SP	PA
KEVEYIS (<i>dichlorphenamide</i>)	SP	PA
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
ALDACTAZIDE	2	
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	GP	
<i>amiloride & hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	GP	
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	GP	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS</i>	1	
Loop Diuretics		
<i>bumetanide TABS</i>	1	
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	GP	
EDECIN (<i>ethacrynic acid</i>)	GP	ST
<i>ethacrynic acid</i>	1	ST
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	
<i>furosemide TABS</i>	1	
LASIX TABS (<i>furosemide</i>)	GP	
<i>toremide TABS</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	GP	
<i>amiloride hcl TABS</i>	1	
DYRENIUM CAPS (<i>triamterene</i>)	GP	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	1	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	GP	Limit 1 per month; QL(0.04 ea daily); ST
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	GP	Limit 4 per month; QL(0.15 ea daily); ST
<i>alendronate sodium SOLN</i>	1	
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	Limit 4 per month; QL(0.15 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	
AELVIA TBEC (<i>risedronate sodium</i>)	GP	Limit 4 per month; QL(0.15 ea daily)
BINOSTO TBEF	3	Limit 4 tabs per month; QL(0.15 ea daily)
<i>calcitonin (salmon) NA</i>	1	
<i>calcitonin (salmon) IJ</i>	SP	PA
FORTEO SOPN (<i>teriparatide (recombinant)</i>)	SP	PA
FOSAMAX PLUS D	3	Limit 4 per month; QL(0.15 ea daily); PA
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	GP	Limit 4 per month; QL(0.15 ea daily)
<i>ibandronate sodium SOLN</i>	SP	PA
<i>ibandronate sodium TABS</i>	1	Limit 1 tab per month; QL(0.04 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	SP	PA
NATPARA	SP	PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	SP	PA
PAMIDRONATE DISODIUM SOLN	SP	PA
PROLIA SOSY	SP	PA
RECLAST SOLN (<i>zoledronic acid</i>)	SP	PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 ea daily); ST
<i>risedronate sodium TABS 35 MG</i>	1	Limit 4 per month; QL(0.15 ea daily); ST
<i>risedronate sodium TABS 150 MG</i>	1	Limit 1 per month; QL(0.04 ea daily); ST
<i>risedronate sodium TBEC</i>	1	Limit 4 per month; QL(0.15 ea daily)
<i>teriparatide (recombinant) SOPN</i>	SP	PA
TYMLOS	SP	PA
XGEVA SOLN	SP	PA
<i>zoledronic acid CONC</i>	SP	PA
<i>zoledronic acid SOLN</i>	SP	PA
ZOLEDRONIC ACID SOLN	SP	PA
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	Limit 15 per month; QL(0.5 ea daily)
<i>clomiphene citrate TABS</i>	1	Limit 15 per month; QL(0.5 ea daily)
Growth Hormone Receptor Antagonists		
SOMAVERT	SP	PA
Growth Hormones		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK PRSY	SP	Use preferred Humatrope or Norditropin; PA	LUPRON DEPOT-PED (1-MONTH)	SP	PA
GENOTROPIN CART SC	SP	Use preferred Humatrope or Norditropin; PA	LUPRON DEPOT-PED (3-MONTH)	SP	PA
HUMATROPE CART IJ	SP	PA	LUPRON DEPOT-PED (6-MONTH) IM	SP	PA
NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML, 30 MG/3ML	SP	PA	SYNAREL	2	
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML	SP	Use preferred Humatrope or Norditropin; PA	Metabolic Modifiers		
NUTROPIN AQ NUSPIN 10 SOPN	SP	Use preferred Humatrope or Norditropin; PA	(Sapropterin Dihydrochloride) JAVYGTOR PACK	SP	PA
NUTROPIN AQ NUSPIN 20 SOPN	SP	Use preferred Humatrope or Norditropin; PA	(Sapropterin Dihydrochloride) JAVYGTOR TABS	SP	PA
NUTROPIN AQ NUSPIN 5 SOPN	SP	Use preferred Humatrope or Norditropin; PA	ALDURAZYME	SP	PA
OMNITROPE SOLR SC	SP	Use preferred Humatrope or Norditropin; PA	<i>betaine</i>	SP	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	SP	PA	BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	SP	PA
ZOMACTON SOLR SC 5 MG	SP	Use preferred Humatrope or Norditropin; PA	BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	SP	PA
ZORBTIVE SC	SP	PA	<i>calcitriol CAPS</i>	1	
Hormone Receptor Modulators			<i>calcitriol SOLN OR</i>	1	
EVISTA (<i>raloxifene hcl</i>)	GP	QL(1 ea daily); PV	<i>calcitriol SOLN IV</i>	SP	PA
OSPHENA	3	QL(1 ea daily)	CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	GP	
<i>raloxifene hcl</i>	PV	QL(1 ea daily); PV	CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	GP	
Insulin-Like Growth Factors (Somatomedins)			CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	GP	
INCRELEX	SP	PA	<i>cinacalcet hcl</i>	1	
LHRH/GnRH Agonist Analog Pituitary Suppressants			CYSTADANE (<i>betaine</i>)	SP	PA
FENSOLVI SC	SP	PA	<i>doxercalciferol CAPS</i>	1	
			<i>doxercalciferol SOLN</i>	SP	PA
			ELAPRASE	SP	PA
			GALAFOLD	SP	QL(0.5 ea daily); PA
			HECTOROL SOLN (<i>doxercalciferol</i>)	SP	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	SP	PA
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	SP	PA
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	1	
LUMIZYME	SP	PA
MYALEPT	SP	PA
NAGLAZYME	SP	PA
<i>nitisinone CAPS</i>	SP	PA
NITYR TABS	SP	PA
ORFADIN CAPS (<i>nitisinone</i>)	SP	PA
ORFADIN SUSP	SP	PA
PALYNZIQ	SP	PA
<i>paricalcitol CAPS</i>	1	
<i>paricalcitol SOLN</i>	SP	PA
RAYALDEE	SP	PA
ROCALTROL CAPS (<i>calcitriol</i>)	GP	
ROCALTROL SOLN OR (<i>calcitriol</i>)	GP	
<i>sapropterin dihydrochloride PACK</i>	SP	PA
<i>sapropterin dihydrochloride TABS</i>	SP	PA
SENSIPAR (<i>cinacalcet hcl</i>)	GP	
<i>sodium phenylbutyrate POWD</i>	SP	PA
<i>sodium phenylbutyrate TABS</i>	SP	PA
STRENSIQ	SP	PA
XURIDEN	SP	
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	GP	

Drug Name	Drug Tier	Requirements/Limits
ZEMPLAR SOLN (<i>paricalcitol</i>)	SP	PA
Posterior Pituitary Hormones		
DDAVP TABS (<i>desmopressin acetate</i>)	GP	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	PA
<i>desmopressin acetate TABS</i>	1	
STIMATE SOLN NA	3	PA
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	SP	PA
SANDOSTATIN LAR DEPOT KIT	SP	PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	SP	PA
SIGNIFOR	SP	PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	SP	QL(1 ea daily); PA
JYNARQUE TBPK	SP	SP; PA
SAMSCA TABS (<i>tolvaptan</i>)	SP	QL(1 ea daily); PA
<i>tolvaptan TABS</i>	SP	QL(1 ea daily); PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Esterified Estrogens & Methyltestosterone) COVARYX, COVARYX HS, EEMT, EEMT HS, ESTERIFIED ESTROGENS/METHYLTESTOSTERONE DS, ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS, ESTRATEST F.S. 1.25 MG-0.625 MG	1	QL(1 ea daily)	<i>esterified estrogens & methyltestosterone</i>	1	QL(1 ea daily)
			<i>estradiol & norethindrone acetate TABS</i>	1	
			<i>norethindrone acetate-ethinyl estradiol</i>	1	
			PREFEST	3	
			PREMPHASE	2	
			PREMPRO	2	
			Estrogens		
(Esterified Estrogens & Methyltestosterone) COVARYX, COVARYX HS, EEMT, EEMT HS, ESTERIFIED ESTROGENS/METHYLTESTOSTERONE DS, ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS, ESTRATEST F.S. 2.5 MG-1.25 MG	1	QL(1 ea daily)	(Estradiol) DOTTI, LYLLANA PTTW	1	Limit 8 per month; QL(0.29 ea daily)
			CLIMARA PTWK 0.025 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR (<i>estradiol</i>)	GP	Limit 4 per month; QL(0.15 ea daily)
			DELESTROGEN (<i>estradiol valerate</i>)	SP	PA
			DEPO-ESTRADIOL	SP	PA
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1		DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	GP	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1		ELESTRIN GEL	3	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1		ESTRACE TABS (<i>estradiol</i>)	GP	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1		<i>estradiol valerate</i>	SP	PA
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	GP		<i>estradiol GEL 0.06 %</i>	1	Limit 50gms per month; QL(1.67 gm daily)
ANGELIQ	3		<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM</i>	1	
CLIMARA PRO	2		<i>estradiol PTTW</i>	1	Limit 8 per month; QL(0.29 ea daily)
COMBIPATCH PTTW	3				
DUAVEE	3				

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol PTWK 0.025 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR</i>	1	Limit 4 per month; QL(0.15 ea daily)
<i>estradiol PTWK 0.05 MG/24HR</i>	1	Limit 4 per 28 days; QL(0.15 ea daily)
<i>estradiol TABS</i>	1	
ESTROGEL GEL (<i>estradiol</i>)	GP	Limit 50gms per month; QL(1.67 gm daily)
EVAMIST SOLN	3	QL(0.28 ml daily)
MENEST	2	
MENOSTAR PTWK	3	Limit 4 per month; QL(0.14 ea daily)
MINIVELLE PTTW (<i>estradiol</i>)	GP	Limit 8 per month; QL(0.29 ea daily)
PREMARIN SOLR	SP	PA
PREMARIN TABS	2	
VIVELLE-DOT PTTW (<i>estradiol</i>)	GP	Limit 8 per month; QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	3	ST
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	GP	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG, 400 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM	SP	PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	SP	PA
Gallstone Solubilizing Agents		
CHENODAL	3	PA
RELTONE CAPS	3	
URSO 250 TABS (<i>ursodiol</i>)	GP	
URSO FORTE TABS (<i>ursodiol</i>)	GP	
<i>ursodiol CAPS</i>	1	
URSODIOL CAPS	3	
<i>ursodiol TABS</i>	1	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis)</i>	1	
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>)	GP	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	GP	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	1	
REGLAN TABS (<i>metoclopramide hcl</i>)	GP	
Inflammatory Bowel Agents		
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	GP	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE TABS (<i>sulfasalazine</i>)	GP	
<i>balsalazide disodium</i> CAPS	1	Limit 282 caps per month; QL(9.4 ea daily)
CANASA SUPP (<i>mesalamine</i>)	GP	
COLAZAL CAPS (<i>balsalazide disodium</i>)	GP	Limit 282 caps per month; QL(9.4 ea daily)
DIPENTUM	3	
INFLECTRA SOLR	2	PA
<i>mesalamine w/ cleanser</i>	1	
<i>mesalamine CP24</i>	1	
<i>mesalamine CPCR</i>	1	PA
<i>mesalamine CPDR</i>	1	QL(12 ea daily)
<i>mesalamine ENEM</i>	1	
<i>mesalamine SUPP</i>	1	
<i>mesalamine TBEC</i>	1	
PENTASA CPCR 250 MG	3	PA
PENTASA CPCR (<i>mesalamine</i>)	GP	PA
RENFLEXIS	2	PA
ROWASA (<i>mesalamine w/ cleanser</i>)	GP	
SFROWASA ENEM	2	
SKYRIZI SOCT	2	PA
STELARA 130 MG/26ML	2	PA
<i>sulfasalazine TABS</i>	1	
<i>sulfasalazine TBEC</i>	1	
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose</i> (<i>encephalopathy</i>)	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
LINZESS	2	QL(1 ea daily)
LOTRONEX (<i>alose tron hcl</i>)	GP	PA
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1	
ENTEREG (<i>alvimopan</i>)	GP	
MOVANTIK	3	QL(1 ea daily)
Phosphate Binder Agents		
<i>calcium acetate</i> (<i>phosphate binder</i>) CAPS	1	
FOSRENOL CHEW (<i>lanthanum carbonate</i>)	GP	
<i>lanthanum carbonate</i> CHEW	1	
RENAGEL (<i>sevelamer hcl</i>)	GP	PA
RENVELA PACK (<i>sevelamer carbonate</i>)	GP	
RENVELA TABS (<i>sevelamer carbonate</i>)	GP	
<i>sevelamer carbonate</i> PACK	1	
<i>sevelamer carbonate</i> TABS	1	
<i>sevelamer hcl</i>	1	PA
VELPHORO	3	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	SP	PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	SP	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	GP	
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	GP	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	GP	
Cystinosis Agents		
CYSTAGON CAPS	3	
PROCYSBI CPDR	3	
Genitourinary Irrigants		
(Sodium Chloride (GU Irrigant)) ARGYLE STERILE SALINE, CURITY STERILE SALINE 0.9 %	SP	PA
<i>neomycin/polymyxin b gu</i>	1	
<i>sodium chloride (gu irrigant) 0.9 %</i>	SP	PA
Interstitial Cystitis Agents		

Drug Name	Drug Tier	Requirements/Limits
ELMIRON CAPS	3	QL(3 ea daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	
AVODART (<i>dutasteride</i>)	GP	AL(At least 40 yrs old)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX (<i>tamsulosin hcl</i>)	GP	QL(2 ea daily)
JALYN (<i>dutasteride-tamsulosin hcl</i>)	GP	
PROSCAR (<i>finasteride</i>)	GP	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO (<i>silodosin</i>)	GP	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
UROXATRAL (<i>alfuzosin hcl</i>)	GP	
Urinary Analgesics		
(Phenazopyridine Hcl) PHENAZO TABS 200 MG	1	
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1	
PYRIDIDIUM TABS (<i>phenazopyridine hcl</i>)	GP	
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC (<i>tiopronin</i>)	GP	PA
THIOLA TABS (<i>tiopronin</i>)	SP	
<i>tiopronin TABS</i>	SP	
<i>tiopronin TBEC</i>	1	PA
GOUT AGENTS - Drugs to Treat Gout		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	1	
<i>colchicine CAPS</i>	1	
<i>febuxostat</i>	1	
MITIGARE CAPS (<i>colchicine</i>)	GP	
ULORIC (<i>febuxostat</i>)	GP	
ZYLOPRIM (<i>allopurinol</i>)	GP	
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOSY	SP	PA
FIRAZYR SOSY (<i>icatibant acetate</i>)	SP	PA
<i>icatibant acetate SOLN</i>	SP	PA
<i>icatibant acetate SOSY</i>	SP	PA
Complement Inhibitors		
HAEGARDA SOLR SC	SP	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	SP	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	GP	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	QL(1 ea daily)
CABLIVI	SP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
<i>dipyridamole</i>	1	
EFFIENT (<i>prasugrel hcl</i>)	GP	
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	GP	QL(2 ea daily)
<i>prasugrel hcl</i>	1	
ZONTIVITY	2	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	SP	PA
CERDELGA	SP	PA
CEREZYME 400 UNIT	SP	PA
<i>miglustat</i>	SP	PA
ZAVESCA (<i>miglustat</i>)	SP	PA
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
ENDARI (<i>glutamine sickle cell</i>)	SP	PA
<i>glutamine sickle cell</i>	SP	PA
SIKLOS TABS	SP	PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	PV	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 1 MG, 400 MCG	PV	PV; RX/OTC	ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	SP	PA
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 1 MG, 800 MCG	PV	PV; RX/OTC	ARANESP ALBUMIN FREE SOSY	SP	PA
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	PV	PV	DOPTELET	SP	PA
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	PV	PV	MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML	SP	PA
<i>folic acid SOLN</i>	PV	PV	MULPLETA	SP	PA
<i>folic acid TABS</i>	PV	PV; RX/OTC	NYVEPRIA	SP	PA
Hematopoietic Growth Factors			PROMACTA PACK	SP	PA
			PROMACTA TABS 12.5 MG, 25 MG, 50 MG	SP	PA
			PROMACTA TABS 75 MG	SP	QL(1 ea daily); PA
			RETACRIT	SP	PA
			UDENYCA ONBODY SOSY	SP	SP; PA
			UDENYCA SOAJ	SP	SP; PA
			UDENYCA SOSY	SP	PA
			ZARXIO	SP	PA
			Hematopoietic Mixtures		
			FOLIVANE-F	2	
			FUSION PLUS	3	
			INTEGRA F	2	
			IRON FOLATE-F	2	
			Iron		
			(Carbonyl Iron) WEE CARE SUSP	PV	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Ferrous Sulfate) BPROTECTED PEDIA IRON, FE-VITE IRON, IRON INFANT & TODDLER, IRON INFANT/TODDLER, IRON SUPPLEMENT, ONE VITE FERROUS SULFATE, PC PEDIATRIC IRON DROPS SOLN 15 MG/ML, 220 MG/5ML	PV	PV	Hemostatics - Systemic		
(Ferrous Sulfate) BPROTECTED PEDIA IRON, FE-VITE IRON, IRON INFANT & TODDLER, IRON INFANT/TODDLER, IRON SUPPLEMENT, ONE VITE FERROUS SULFATE, PC PEDIATRIC IRON DROPS SOLN 15 MG/ML	PV	PV	AMICAR TABS <i>(aminocaproic acid)</i>	GP	
(Ferrous Sulfate) BPROTECTED PEDIA IRON, FE-VITE IRON, IRON INFANT & TODDLER, IRON INFANT/TODDLER, IRON SUPPLEMENT, ONE VITE FERROUS SULFATE, PC PEDIATRIC IRON DROPS SOLN 220 MG/5ML	PV	PV	<i>aminocaproic acid</i> TABS	1	
FER-IN-SOL SOLN <i>(ferrous sulfate)</i>	GP	PV	CYKLOKAPRON SOLN <i>(tranexamic acid)</i>	SP	PA
<i>ferrous sulfate</i> SOLN	PV	PV	LYSTEDA TABS <i>(tranexamic acid)</i>	GP	QL(6 ea daily; 5 Day(s) limit)
ICAR PEDIATRIC SUSP <i>(carbonyl iron)</i>	GP	PV	<i>tranexamic acid</i> SOLN 1000 MG/10ML	SP	PA
MYKIDZ IRON 10 SUSP	PV	PV	<i>tranexamic acid</i> TABS	1	QL(6 ea daily; 5 Day(s) limit)
Stem Cell Mobilizers			HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
MOZOBIL (<i>plerixafor</i>)	SP	PA	Antihistamine Hypnotics		
<i>plerixafor</i>	SP	PA	(Diphenhydramine Hcl (Sleep)) CVS SLEEP AID NIGHTTIME/MAXIMUM STRENGTH, CVS SLEEP-AID NIGHTTIME, EQ NIGHTTIME SLEEP AID MAXIMUM STRENGTH, EQL SLEEP AID MAXIMUM STRENGTH, FT SLEEP-AID MAXIMUM STRENGTH, GNP NIGHTTIME SLEEP-AID MAXIMUM STRENGTH, GOODSENSE SLEEP AID, GOODSENSE SLEEP-AID MAXIMUM STRENGTH, QC SLEEP AID MAXIMUM STRENGTH, QC SLEEP-AID MAXIMUM STRENGTH, RA SLEEP AID MAXIMUM STRENGTH, SLEEP-AID, WAL-SOM MAXIMUM STRENGTH CAPS 50 MG	1	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			UNISOM SLEEPGELS CAPS (<i>diphenhydramine hcl (sleep)</i>)	GP	
			Barbiturate Hypnotics		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1	QL(1 ea daily); ST
SILENOR (<i>doxepin hcl (sleep)</i>)	GP	QL(1 ea daily); ST
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	GP	QL(1 ea daily)
AMBIEN TABS (<i>zolpidem tartrate</i>)	GP	QL(1 ea daily)
DORAL (<i>quazepam</i>)	GP	
EDLUAR SUBL	3	QL(1 ea daily); ST
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 ea daily)
<i>flurazepam hcl</i>	1	
HALCION 0.25 MG (<i>triazolam</i>)	GP	
LUNESTA (<i>eszopiclone</i>)	GP	QL(1 ea daily)
<i>midazolam hcl SYRP</i>	1	
<i>quazepam</i>	1	
RESTORIL (<i>temazepam</i>)	GP	
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate SUBL</i>	1	PA
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TBCR</i>	1	QL(1 ea daily)
ZOLPIMIST SOLN	3	Limit 7.7mls per month; QL(0.26 ml daily); ST
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		

Drug Name	Drug Tier	Requirements/Limits
<i>ramelteon</i>	1	QL(1 ea daily); ST
ROZEREM (<i>ramelteon</i>)	GP	QL(1 ea daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	PV	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-C SOLR 6.72 GM-2.98 GM-5.84 GM-22.72 GM-240 GM	PV	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	PV	PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK	PV	PV
CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML	PV	
CLENPIQ SOLN 12 GM/160ML-3.5 GM/160ML-10 MG/160ML	PV	PV
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	GP	PV
MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	GP	PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	PV	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	PV	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	PV	PV	MIRALAX POWD (<i>polyethylene glycol 3350</i>)	GP	Limit 528gms per month; QL(17.6 gm daily)
PEG-PREP	PV	PV	<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 gm daily)
PLENVU	PV	PV	MACROLIDES - Drugs to Treat Bacterial Infections		
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	PV	PV	Azithromycin		
SUFLAVE	PV	PV	<i>azithromycin PACK</i>	1	
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	GP	PV	<i>azithromycin SUSR</i>	1	
SUTAB	PV	PV	<i>azithromycin TABS 500 MG</i>	1	QL(3 ea per fill retail)
Laxatives - Miscellaneous			<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1		<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 gm daily)	ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	GP	QL(3 ea per fill retail)
KRISTALOSE PACK	3		ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	GP	QL(6 ea per fill retail)
KRISTALOSE PACK	3		ZITHROMAX SUSR (<i>azithromycin</i>)	GP	
LACTULOSE PACK	3		ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	GP	QL(6 ea per fill retail)
<i>lactulose SOLN</i>	1		ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	GP	QL(3 ea per fill retail)
			Clarithromycin		
			<i>clarithromycin SUSR</i>	1	
			<i>clarithromycin TABS</i>	1	
			<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)
			Erythromycins		
			(Erythromycin Base) ERY-TAB TBEC	1	
			(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	1	

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1		KAMELEON LUBRICATED MISC	PV	PV
E.E.S. GRANULES SUSR <i>(erythromycin ethylsuccinate)</i>	GP		KIMONO COLORS DEVI	PV	PV
ERYPED 200 SUSR <i>(erythromycin ethylsuccinate)</i>	GP		KIMONO LUBRICATED MISC	PV	PV
ERYPED 400 SUSR <i>(erythromycin ethylsuccinate)</i>	GP		KIMONO MAXX/LARGE FLARE MISC	PV	PV
<i>erythromycin base CPEP</i>	1		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	PV	PV
<i>erythromycin base TABS</i>	1		KIMONO MICRO THIN MISC	PV	PV
<i>erythromycin base TBEC</i>	1		KIMONO PLUS SPERMICIDE LUBRICATED MISC	PV	PV
<i>erythromycin ethylsuccinate SUSR</i>	1		KIMONO PLUS SPERMICIDE/LUBRICAT ED MISC	PV	PV
<i>erythromycin ethylsuccinate TABS</i>	1		KIMONO PS LUBRICATED MISC	PV	PV
Fidaxomicin			KIMONO PS PLUS SPERMICIDE/LUBRICAT ED MISC	PV	PV
DIFICID SUSR	3		KIMONO SENSATION LUBRICATED MISC	PV	PV
DIFICID TABS	3		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	PV	PV
MEDICAL DEVICES AND SUPPLIES					
Contraceptives					
AIMSCO LUBRICATED MISC	PV	PV	KIMONO SPECIAL DEVI	PV	PV
DIAPHRAGMS	PV		K-Y ME & YOU EXTRA LUBRICATED DEVI	PV	PV
DUREX EXTRA SENSITIVE THIN DEVI	PV	PV	K-Y ME & YOU INTENSE DEVI	PV	PV
DUREX EXTRA SENSITIVE THIN MISC	PV	PV	MAXX LUBRICATED MISC	PV	PV
DUREX TROPICAL MISC	PV	PV	MAXX PLUS SPERMICIDE LUBRICATED MISC	PV	PV
FANTASY LUBRICATED/SPERMICI DE MISC	PV	PV	REALITY LATEX CONDOMS/LUBRICATED MISC	PV	PV
FANTASY LUBRICATED MISC	PV	PV	REALITY LATEX/ULTRA TEXTURED DEVI	PV	PV
FC2 FEMALE CONDOM	PV	PV			
FEMCAP DEVI	PV	PV			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REALITY LATEX/ULTRA THIN DEVI	PV	PV	Diabetic Supplies		
TRUE COVER DEVI	PV	PV	FREESTYLE FREEDOM LITE KIT	2	QL(1 ea per 365 day(s) retail); RX/OTC
TRUSTEX COLOR CONDOMS + LUBE MISC	PV	PV	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	2	1 max fill(s) per 365 day(s) retail; PA
TRUSTEX LUBRICATED EXTRALARGE MISC	PV	PV	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	2	2 max fill(s) per 28 day(s) retail; PA
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	PV	PV	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	2	1 max fill(s) per 365 day(s) retail; PA
TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	PV	PV	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	2	2 max fill(s) per 28 day(s) retail; PA
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	PV	PV	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	2	1 max fill(s) per 365 day(s) retail; PA
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	PV	PV	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	2	2 max fill(s) per 28 day(s) retail; PA
TRUSTEX LUBRICATED/SPERMICIDE MISC	PV	PV	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	2	1 max fill(s) per 365 day(s) retail; PA
TRUSTEX LUBRICATED MISC	PV	PV	LANCETS	2	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	PV	PV	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	AC	QL(1 ea per 365 day(s) retail)
TRUSTEX NON-LUBRICATED MISC	PV	PV	OMNIPOD 5 G6 PODS (GEN 5) MISC	AC	QL(10 ea per 30 day(s) retail; 30 ea per 90 days mail)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	PV	PV	OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	AC	QL(1 ea per 365 day(s) retail)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	PV	PV	OMNIPOD 5 G7 PODS (GEN 5) MISC	AC	QL(10 ea per 30 day(s) retail; 30 ea per 90 days mail)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	PV	PV	OMNIPOD CLASSIC PODS (GEN 3) MISC	AC	QL(10 ea per 30 day(s) retail; 30 ea per 90 days mail)
TRUSTEX/RIA LUBRICATED MISC	PV	PV			
TRUSTEX/RIA NON-LUBRICATED MISC	PV	PV			

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH INTRO KIT (GEN 4) KIT	AC	QL(1 ea per 365 day(s) retail)	AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC
OMNIPOD DASH PDM KIT (GEN 4) KIT	AC	QL(1 ea per 365 day(s) retail)	AQ INSULIN SYRINGE/1ML/29G X 1/2"	2	RX/OTC
OMNIPOD DASH PODS (GEN 4) MISC	AC	QL(10 ea per 30 day(s) retail; 30 ea per 90 days mail)	AQ INSULIN SYRINGE/1ML/31G X 5/16"	2	RX/OTC
ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 day(s) retail); RX/OTC	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	2	RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	Limit 1 per year; QL(1 ea per 365 day(s) retail); RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	2	Preferred NDC; RX/OTC
Parenteral Therapy Supplies			BD INSULIN SYRINGE LUER-LOK/U-100/1ML	2	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	2	RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	2	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16"	2	RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	2	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16"	2	RX/OTC	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	2	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	2	RX/OTC	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	2	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	2	RX/OTC	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	2	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	2	RX/OTC	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	2	RX/OTC	BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	2	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	2	RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	2	RX/OTC	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	2	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	2	RX/OTC	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	2	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	2		BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	2	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	2		BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"	2	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	2		BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	2	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	RX/OTC	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM	2	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	2	RX/OTC	BD INSULIN SYRINGE/1ML/27G X 12.7MM	2	RX/OTC
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2		BD INSULIN SYRINGE/1ML/29G X 12.7MM	2	RX/OTC
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2		BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"	2	RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2		BD INSULIN SYRINGE/U-100/2ML/27.5G X 5/8"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	2	RX/OTC	BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM	2	Preferred NDC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	2	RX/OTC	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM	2	Preferred NDC; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	2	RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Preferred NDC; RX/OTC
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	2	RX/OTC	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM	2	Preferred NDC; RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	2	RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Preferred NDC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	RX/OTC	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM	2	Preferred NDC; RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	2	RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	2	
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	RX/OTC	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	2	
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	2	RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	RX/OTC	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	2	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	2	RX/OTC	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	2	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	2	RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	2	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	RX/OTC	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	2	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	2	RX/OTC	CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	2	
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	RX/OTC	CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	2	
			CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"	2	RX/OTC
			CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.3ML/31G X 15/64"	2	RX/OTC
			CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	2	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	2		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/31G X 15/64"	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"	2	RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"	2		DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC	DROPLET INSULIN SYRINGE 1ML/29G X 1/2"	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"	2	RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	2	
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"	2	RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"	2	RX/OTC	DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	2	
			DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	2	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	2	RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"	2	RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML	2	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"	2	RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML	2	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML	2	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"	2	RX/OTC	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	RX/OTC	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	RX/OTC	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	RX/OTC	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	2	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML	2	RX/OTC	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	2	RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML	2	RX/OTC			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	2	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	2	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	2	
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	2	RX/OTC	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16"	2	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	2	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	2	RX/OTC	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2		EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	2	RX/OTC	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	RX/OTC	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	2	RX/OTC
EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC
EQL INSULIN SYRINGE/1ML/29G X 1/2"	2	RX/OTC	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	2	RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	2	RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16"	2	RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	2	RX/OTC	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	2	RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2		GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	RX/OTC	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	RX/OTC	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	2	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	RX/OTC	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	2	RX/OTC
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2		GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	2	RX/OTC	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2		GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	RX/OTC	GNP INSULIN SYRINGE/1ML/29G X 1/2"	2	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC	GNP INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2		GNP INSULIN SYRINGE/1ML/31G X 5/16"	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGES/0.3ML/30GX5/16"	2	RX/OTC	INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2"	2	RX/OTC	INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2"	2	RX/OTC	INSULIN SYRINGE/0.5ML/27G X 1/2"	2	RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2"	2	RX/OTC	INSULIN SYRINGE/0.5ML/28G X 1/2"	2	RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16"	2	RX/OTC	INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16"	2	RX/OTC	INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	2	RX/OTC	INSULIN SYRINGE/1ML/28G X 1/2"	2	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	RX/OTC	INSULIN SYRINGE/1ML/29G X 1/2"	2	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC	INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	2	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	RX/OTC	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	2	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	2	RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	2	RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	2	RX/OTC	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	2	RX/OTC
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	2	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	2	RX/OTC	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	2	RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	2	RX/OTC	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	2	
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	2	
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	RX/OTC	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	2	
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	2	RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	2	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/27GX1/2"	2	RX/OTC	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	2	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/28GX1/2"	2	RX/OTC	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	2	RX/OTC	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/30GX5/16"	2	RX/OTC	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC
INSULIN SYRINGES/U-100/0.5ML/31GX5/16"	2	RX/OTC	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC
INSULIN SYRINGES/U-100/1ML/27GX1/2"	2	RX/OTC	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC
INSULIN SYRINGES/U-100/1ML/28GX1/2"	2	RX/OTC	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	2	RX/OTC
INSULIN SYRINGES/U-100/1ML/29GX1/2"	2	RX/OTC	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC
INSULIN SYRINGES/U-100/1ML/30GX1/2"	2	RX/OTC			
INSULIN SYRINGES/U-100/1ML/31GX5/16"	2	RX/OTC			
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	2	RX/OTC			
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	2	RX/OTC			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	RX/OTC
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	2	RX/OTC	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	2	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	2	RX/OTC	MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC	MONOJECT INSULIN SYRINGE/1ML	2	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	2	RX/OTC	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	2	RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	2	RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	2	
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	2	RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	2	RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	2	RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	2	RX/OTC	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"	2	RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	2	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	2	RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	2	RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	2	RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	RX/OTC	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	2	RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	2	RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	2	RX/OTC	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	2	RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	2	RX/OTC	MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	RX/OTC
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	RX/OTC	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	2	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	RX/OTC	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC
MONOJECT INSULIN SYRINGE REGULAR LUER TIP/SOFTPACK/1ML	2	RX/OTC	MS INSULIN SYRINGE/1ML/31G X 5/16"	2	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	2	RX/OTC	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/28G X 1/2"	2	RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	2	RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	2	RX/OTC	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC
			PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	2	RX/OTC	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	2	RX/OTC	RELION INSULIN SYRINGE 1ML/31GX15/64"	2	RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	2	RX/OTC	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	2	RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	2	RX/OTC	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	2	RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	RX/OTC
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	2	RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	RX/OTC
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	2	RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2		SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2"	2	RX/OTC	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	RX/OTC	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	2	RX/OTC	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	2	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	2	RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	RX/OTC	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2		TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64"	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	2	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2		TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC			
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	2	RX/OTC			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"	2	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	2	RX/OTC	TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	RX/OTC
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	2	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	2	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	2	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	2	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	2	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	2	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	2		TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	2	RX/OTC	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	2	RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	2	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	RX/OTC	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	2	RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	2	RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	2	RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	2	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	2	RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	2	RX/OTC	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	2	RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	2		ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	2	RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	2	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	2	
ULTICARE INSULIN SYRINGE/0.3ML/31G X 5/16"	2	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	2	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	2	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	2		ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	2	RX/OTC	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	2	RX/OTC	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	2	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	2	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"	2	RX/OTC
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/1ML/31G X 5/16"	2	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	2	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	2		ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	2	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	2		ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	2	
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	2	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16"	2	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	2	RX/OTC	ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	2	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	2		ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	2	
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	2	RX/OTC	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16"	2	RX/OTC
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	2		ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	2	RX/OTC
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	2	RX/OTC	ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	2	RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	2	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	2	RX/OTC	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	2	RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	2		ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	2	RX/OTC
			ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	2	RX/OTC
			ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	2	RX/OTC
			ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	2	RX/OTC	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	2	
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	2	RX/OTC	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	2	RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	2	RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	2	RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	2	
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	2	RX/OTC	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	2	RX/OTC	VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM	2	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	2	RX/OTC	VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM	2	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	2	RX/OTC	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM	2	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	2	RX/OTC	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	2	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	2	RX/OTC	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	2	RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	2	RX/OTC	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	2	RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	2	RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM	2	RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	2	RX/OTC	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	2	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	2	RX/OTC	VERIFINE INSULIN SYRINGE1ML/29G X 12MM	2	RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	2	RX/OTC	VERIFINE INSULIN SYRINGE1ML/31G X 8MM	2	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

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Drug Name	Drug Tier	Requirements/Limits
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	2	RX/OTC
ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	2	
ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"	2	RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	2	RX/OTC
ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	2	RX/OTC
Respiratory Therapy Supplies		
INHALER SPACERS	2	MO
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	SP	PA
AJOVY SOSY	SP	PA
EMGALITY SOAJ	SP	PA
EMGALITY SOSY	SP	PA
UBRELVY	3	ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	GP	
<i>ergotamine w/ caffeine</i> TABS	1	
<i>sumatriptan-naproxen sodium</i>	1	Limit 9 per month; QL(0.3 ea daily); PA
TREXIMET (<i>sumatriptan-naproxen sodium</i>)	GP	Limit 9 per month; QL(0.3 ea daily); PA
Migraine Products		

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate</i> SOLN IJ 1 MG/ML	1	QL(10 ml per fill retail; 30 per fill mail ; 20 ml per 30 day(s) retail; 60 ml per 90 days mail)
<i>dihydroergotamine mesylate</i> SOLN NA 4 MG/ML	1	QL(8 ml per fill retail; 24 per fill mail)
ERGOMAR SUBL	2	
MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	GP	QL(8 ml per fill retail; 24 per fill mail)
Migraine Products - NSAIDs		
CAMBIA (<i>diclofenac potassium (migraine)</i>)	GP	Limit 9 per month; QL(0.3 ea daily); PA
<i>diclofenac potassium (migraine)</i>	1	Limit 9 per month; QL(0.3 ea daily); PA
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	QL(9 ea per fill retail; 27 per fill mail ; 18 ea per 30 day(s) retail; 54 ea per 90 days mail)
<i>almotriptan malate</i>	1	QL(6 ea per 30 day(s) retail)
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
FROVA (<i>frovatriptan succinate</i>)	GP	Limit 9 per month; QL(0.3 ea daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 ea daily)
IMITREX 5 MG/ACT, 20 MG/ACT (<i>sumatriptan</i>)	GP	Limit 6 per month; QL(0.2 ea daily)
IMITREX STATDOSE REFILL SOCT (<i>sumatriptan succinate</i>)	GP	QL(2 ml per fill retail; 6 per fill mail ; 4 ml per 30 day(s) retail; 12 ml per 90 days mail)

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>)	GP	QL(2 ml per fill retail; 6 per fill mail ; 4 ml per 30 day(s) retail; 12 ml per 90 days mail)	<i>sumatriptan succinate</i> TABS	1	QL(9 ea per fill retail; 27 per fill mail ; 18 ea per 30 day(s) retail; 54 ea per 90 days mail)
IMITREX TABS (<i>sumatriptan succinate</i>)	GP	QL(9 ea per fill retail; 27 per fill mail ; 18 ea per 30 day(s) retail; 54 ea per 90 days mail)	ZEMBRACE SYMTOUCH SOAJ	3	PA
<i>naratriptan hcl</i>	1	QL(27 ea per 90 day(s) retail; 27 ea per 90 days mail)	<i>zolmitriptan SOLN 2.5 MG</i>	1	QL(9 ea per fill retail; 27 per fill mail ; 18 ea per 30 day(s) retail; 54 ea per 90 days mail)
RELPAK (<i>eletriptan hydrobromide</i>)	GP	Limit 6 tabs per month; QL(0.2 ea daily)	<i>zolmitriptan SOLN 5 MG</i>	1	QL(6 ea per 30 day(s) retail; 18 ea per 90 days mail)
<i>rizatriptan benzoate</i> TABS	1	QL(12 ea per 30 day(s) retail; 36 ea per 90 days mail)	<i>zolmitriptan</i> TABS	1	QL(9 ea per fill retail; 27 per fill mail ; 18 ea per 30 day(s) retail; 54 ea per 90 days mail)
<i>rizatriptan benzoate</i> TBDP	1	QL(12 ea per 30 day(s) retail; 36 ea per 90 days mail)	<i>zolmitriptan</i> TBDP	1	QL(9 ea per fill retail; 27 per fill mail ; 18 ea per 30 day(s) retail; 54 ea per 90 days mail)
<i>sumatriptan</i>	1	Limit 6 per month; QL(0.2 ea daily)	ZOMIG SOLN (<i>zolmitriptan</i>)	GP	QL(6 ea per 30 day(s) retail; 18 ea per 90 days mail)
<i>sumatriptan succinate</i> SOAJ	1	QL(2 ml per fill retail; 6 per fill mail ; 4 ml per 30 day(s) retail; 12 ml per 90 days mail)	ZOMIG SOLN 2.5 MG	3	QL(9 ea per fill retail; 27 per fill mail ; 18 ea per 30 day(s) retail; 54 ea per 90 days mail)
<i>sumatriptan succinate</i> SOCT	1	QL(2 ml per fill retail; 6 per fill mail ; 4 ml per 30 day(s) retail; 12 ml per 90 days mail)	ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	GP	QL(9 ea per fill retail; 27 per fill mail ; 18 ea per 30 day(s) retail; 54 ea per 90 days mail)
<i>sumatriptan succinate</i> SOLN 6 MG/0.5ML	1	QL(2 ml per fill retail; 6 per fill mail ; 4 ml per 30 day(s) retail; 12 ml per 90 days mail)	MINERALS & ELECTROLYTES		
			Calcium		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CALCIFOL	3		MAGNESIUM SULFATE IJ 50 %	SP	PA
MAGNEBIND 400	3		Phosphate		
Electrolyte Mixtures			(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Electrolyte-148) MULTIPLE ELECTROLYTES INJECTION TYPE 1	SP	PA	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
ISOLYTE-S	SP	PA	K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	GP	
NORMOSOL-R	SP	PA	K-PHOS TABS (<i>potassium phosphate monobasic</i>)	GP	
PLASMA-LYTE A (<i>electrolyte-a</i>)	SP	PA	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
PLASMA-LYTE-148 (<i>electrolyte-148</i>)	SP	PA	Potassium		
<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %</i>	SP	PA	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 % (<i>potassium chloride in nacl</i>)	SP	PA	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
Fluoride			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	PV	PV	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	PV	PV			
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	PV	PV			
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	PV	PV; RX/OTC			
<i>sodium fluoride TABS</i>	PV	PV			
SOLUVITA SOLN	PV	PV; RX/OTC			
Magnesium					
<i>magnesium sulfate IJ 50 %</i>	SP	PA			
MAGNESIUM SULFATE IV (<i>magnesium sulfate</i>)	SP	PA			

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Drug Name	Drug Tier	Requirements/Limits
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1	
EFFER-K	3	
K-TAB TBCR 10 MEQ, 20 MEQ (<i>potassium chloride</i>)	GP	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK OR 20 MEQ</i>	1	
<i>potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/50ML</i>	SP	PA
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/50ML (<i>potassium chloride</i>)	SP	PA
<i>potassium chloride TBCR</i>	1	
Sodium		
<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 5 %</i>	SP	PA
Zinc		
(Zinc Sulfate) ORAZINC CAPS	1	
GALZIN	3	
WILZIN	3	
<i>zinc sulfate CAPS</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		

Drug Name	Drug Tier	Requirements/Limits
Chelating Agents		
CUPRIMINE CAPS (<i>penicillamine</i>)	GP	PA
DEPEN TITRATABS TABS (<i>penicillamine</i>)	GP	
<i>penicillamine CAPS</i>	1	PA
<i>penicillamine TABS</i>	1	
SYPRINE (<i>trientine hcl</i>)	SP	PA
<i>trientine hcl 250 MG</i>	SP	PA
Enzymes		
XIAFLEX	SP	PA
Immunomodulators		
<i>lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG</i>	AC	PA
REVLIMID 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	AC	PA
THALOMID	AC	
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	ST
ATGAM	SP	PA
AZATHIOPRINE	SP	PA
<i>azathioprine TABS</i>	1	
CELLCEPT INTRAVENOUS (<i>mycophenolate mofetil hcl</i>)	SP	PA
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	GP	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	GP		RAPAMUNE TABS (<i>sirolimus</i>)	GP	
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	GP		SANDIMMUNE CAPS (<i>cyclosporine</i>)	GP	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1		SANDIMMUNE SOLN IV 50 MG/ML	SP	PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1		SIMULECT 20 MG	SP	PA
<i>cyclosporine CAPS</i>	1		<i>sirolimus SOLN</i>	1	
<i>cyclosporine SOLN IV 50 MG/ML</i>	SP	PA	<i>sirolimus TABS</i>	1	
ENVARUSUS XR TB24	3	ST	<i>tacrolimus CAPS</i>	1	
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	1		THYMOGLOBULIN	SP	PA
IMURAN TABS (<i>azathioprine</i>)	GP		ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG (<i>everolimus (immunosuppressant)</i>)	GP	
<i>mycophenolate mofetil hcl</i>	SP	PA	Irrigation Solutions		
<i>mycophenolate mofetil CAPS</i>	1		(Irrigation Solutions, Physiological) PHYSIOLYTE, PHYSIOSOL IRRIGATION	1	
<i>mycophenolate mofetil SUSR</i>	1		(Ringer's Irrigation) TIS-U-SOL	1	
<i>mycophenolate mofetil TABS</i>	1		(Water For Irrigation, Sterile) ARGYLE STERILE WATER 100ML	1	
<i>mycophenolate sodium</i>	1		<i>lactated ringer's (irrigation)</i>	1	
MYFORTIC (<i>mycophenolate sodium</i>)	GP		<i>ringer's irrigation</i>	1	
NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	GP		<i>water for irrigation, sterile</i>	1	
NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	GP		Potassium Removing Agents		
NULOJIX	SP	PA	(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP OR 15 GM/60ML	1	
PROGRAF CAPS (<i>tacrolimus</i>)	GP		LOKELMA	3	QL(1 ea daily); PA
PROGRAF PACK	SP	PA	<i>sodium polystyrene sulfonate POWD</i>	1	
PROGRAF SOLN	SP	PA	Systemic Lupus Erythematosus Agents		
RAPAMUNE SOLN (<i>sirolimus</i>)	GP		BENLYSTA SOAJ	SP	PA
			BENLYSTA SOLR 120 MG	SP	PA

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SOSY	SP	PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM	3	
<i>lidocaine hcl (mouth-throat)</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
NYSTATIN (<i>nystatin (mouth-throat)</i>)	GP	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
DEBACTEROL	3	
PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	GP	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	
EVOXAC (<i>cevimeline hcl</i>)	GP	
GELCLAIR	3	
MUCOTROL WAFR	3	
ORAFATE PSTE	3	
<i>pilocarpine hcl (oral)</i>	1	
PROTHELIAL PSTE	3	

Drug Name	Drug Tier	Requirements/Limits
SALAGEN (<i>pilocarpine hcl (oral)</i>)	GP	
MULTIVITAMINS		
Multiple Vitamins w/ Minerals		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT FORMULA, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED FORMULA, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATEWOMENS, A THRU Z ULTIMATE MENS, ANTIOXIDANT PROTECTION FORMULA, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERALS, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTA PLUS, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE FOR WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS HEALTH FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCEDFORMULA, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA HEALTH MENS, CVS SPECTRAVITE ULTRA	1	RX/OTC	WOMENS HEALTH SENIOR, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMIN, DAILY MENS HEALTH FORMULA, DAILY MULTIPLE VITAMINS/MINERALS, DAILY VITAMIN FORMULA+MINERALS, DAILY WOMENS HEALTH FORMULA, DAILY-VITAMIN MAXIMUM FORMULA, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVITAMINADULTS 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN50+, EQL ONE DAILY MENS 50+ ADVANCED, EQL ONE DAILY MENS HEALTH FORMULA, EQL ONE DAILY WOMENS 50+ADVANCED, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MENS HEALTH/LYCOPENE, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAI LS, HEALTHY EYES, HI- KOVITE 2-PART FORMULA, HI-POTENCY MULTI- VITAMIN/MINERAL SUPPLEMENT, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA W/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR ADULTS 50+, MENS LIFE PACK, MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIUM CARDIO, MILLTRIUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM			50+, MULTI-LEAN, MULTI- VITAMIN/MENOPAUSALF ORMULA, MULTI- VITAMIN/MINERALS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN MEN 50+ ONEDAILY, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADVANCED, MYAMULTI, NUTRITIONAL SUPPORT FOR YOUR SKIN/HAIR/NAI LS, OCUTABS, OCUTABS VISION FORMULA, OCUTABS/LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE/LUTEIN, ONE DAILY 50 PLUS, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ADVANCED, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHTADVANCED, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVITAMIN, ONE DAILY MENS HEALTH/LYCOPENE, ONE DAILY MENS MULTIVITAMIN, ONE		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits	
DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY MULTIVITAMIN/IRON-FREE, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/IRON/CALCIUM, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGEFOR HER, ONE-DAILY MULTI-VITAMIN/MINERALS, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITAMINS/LYCOPENE, PX COMPLETE SENIOR MULTIVITAMINS, PX MENS MULTIVITAMINS, QC HAIR SKIN & NAILS, QC MAXIMUM DAILY MULTIVITAMIN/MULTIMINERAL, QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, ... (56) TABS			ABC COMPLETE WOMENS TABS	3	RX/OTC	
			ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS	3	RX/OTC	
			ALGAE BASED CALCIUM TABS	3	RX/OTC	
			ALIVE CALCIUM BONE SUPPORT MAX ABSORPTION TABS	3	RX/OTC	
			ALIVE DAILY ENERGY TABS	3	RX/OTC	
			ALIVE DIABETIC MULTIVITAMIN TABS	3	RX/OTC	
			ALIVE ENERGY 50+ TABS	3	RX/OTC	
			ALIVE MENS 50+ ULTRA TABS	3	RX/OTC	
			ALIVE MENS 50+ TABS	3	RX/OTC	
			ALIVE MENS COMPLETE MAX POTENCY TABS	3	RX/OTC	
			ALIVE MENS COMPLETE MULTIVITAMIN TABS	3	RX/OTC	
			ALIVE MENS ULTRA TABS	3	RX/OTC	
			ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	3	RX/OTC	
			ALIVE ULTRA POTENCY WOMENS 50+ TABS	3	RX/OTC	
			ALIVE WOMENS 50+ COMPLETEMULTIVITAMIN TABS	3	RX/OTC	
			ALIVE WOMENS ENERGY TABS	3	RX/OTC	
	ABC COMPLETE ADULT TABS	3	RX/OTC	ALPHA BETIC TABS	3	RX/OTC
	ABC COMPLETE MENS TABS	3	RX/OTC	ANTIOXIDANT FORMULA TABS	3	RX/OTC
	ABC COMPLETE SENIOR 50+ TABS	3	RX/OTC	AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	3	RX/OTC
	ABC COMPLETE SENIOR MEN'S50+ TABS	3	RX/OTC			
	ABC COMPLETE SENIOR WOMENS 50+ TABS	3	RX/OTC			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZO HORMONAL HEALTH HAPPY CYCLE TABS	3	RX/OTC	CENTRUM SILVER ADULTS 50+ TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC
BACMIN TABS	3	RX/OTC	CENTRUM SILVER ULTRA WOMENS TABS	3	RX/OTC
BASIC AM TABS	3	RX/OTC	CENTRUM SILVER WOMEN 50+ TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC
BASIC PM TABS	3	RX/OTC	CENTRUM SILVER TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC
BONEUP VEGETARIAN TABS	3	RX/OTC	CENTRUM SPECIALIST HEART TABS	3	RX/OTC
CAL-DAY 1000 TABS	3	RX/OTC	CENTRUM SPECIALIST IMMUNE SUPPORT TABS	3	RX/OTC
CENTRAVITES 50 PLUS TABS	3	RX/OTC	CENTRUM SPECIALIST VISION TABS	3	RX/OTC
CENTRAVITES ADULTS TABS	3	RX/OTC	CENTRUM ULTRA WOMENS TABS	3	RX/OTC
CENTRUM ADULTS TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC	CENTRUM WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC
CENTRUM CARDIO TABS	3	RX/OTC	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS TABS	3	RX/OTC
CENTRUM MEN TABS	3	RX/OTC	CERTAVITE SENIOR TABS	3	RX/OTC
CENTRUM MEN TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC	CERTAVITE/ANTIOXIDANTS TABS	3	RX/OTC
CENTRUM MINIS ADULTS 50+ TABS	3	RX/OTC	CVS DAILY MULTIVITAMIN/MINERAL MENS TABS	3	RX/OTC
CENTRUM MINIS MEN 50+ TABS	3	RX/OTC	CVS ONE DAILY MENS 50+ ADVANCED TABS	3	RX/OTC
CENTRUM MINIS WOMEN 50+ TABS	3	RX/OTC	CVS ONE DAILY WOMENS 50+ADVANCED TABS	3	RX/OTC
CENTRUM MINIS WOMEN IMMUNE SUPPORT TABS	3	RX/OTC	CVS SPECTRAVITE ADULT 50+ TABS	3	RX/OTC
CENTRUM SILVER 50+MEN TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC	CVS SPECTRAVITE ADULTS TABS	3	RX/OTC
CENTRUM SILVER 50+WOMEN TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC			
CENTRUM SILVER ADULT 50+ TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE ULTRA MEN50+ TABS	3	RX/OTC	EYE MULTIVITAMIN/SODIUM TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA MENS HEALTH TABS	3	RX/OTC	FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	3	RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	3	RX/OTC	FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	3	RX/OTC
DAYAVITE TABS	3	RX/OTC	FLORRAVITE TABS	3	RX/OTC
DERMACINRX MULTITAM TABS	3	RX/OTC	FOLAMAX TABS	3	RX/OTC
DERMACINRX RIBOTIN-E TABS	3	RX/OTC	FOLAPRIME TABS	3	RX/OTC
DERMACINRX ZINTREXYL-C TABS	3	RX/OTC	FOLIFLEX TABS	3	RX/OTC
DERMAVITE TABS	3	RX/OTC	FOLITIN-Z TABS	3	RX/OTC
DIALYVITE SUPREME D TABS	3	RX/OTC	FREEDAVITE TABS	3	RX/OTC
DIATROL TABS	3	RX/OTC	FT CENTURY ADULTS TABS	3	RX/OTC
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS	3	RX/OTC	FT HAIR SKIN & NAILS EXTRA STRENGTH TABS	3	RX/OTC
EQ ONE DAILY MENS 50+ TABS	3	RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	3	RX/OTC
EQ ONE DAILY MENS HEALTH TABS	3	RX/OTC	GNP CENTURY ADULT TABS	3	RX/OTC
EQ ONE DAILY WOMENS 50+ TABS	3	RX/OTC	GNP THERAPEUTIC-M TABS	3	RX/OTC
EQ ONE DAILY WOMENS HEALTH TABS	3	RX/OTC	HAIR SKIN & NAILS ADVANCED FORMULA TABS	3	RX/OTC
EQL CENTURY MATURE ADULTS50+ TABS	3	RX/OTC	HAIR SKIN & NAILS TABS	3	RX/OTC
EQL CENTURY MENS TABS	3	RX/OTC	HEAD CARE PROACTIVE HEALTH TABS	3	RX/OTC
EQL CENTURY WOMENS TABS	3	RX/OTC	HIGH POTENCY MULTIVITAMIN/BETA-CAROTENE TABS	3	RX/OTC
EQL ONE DAILY MENS TABS	3	RX/OTC	HIGH POTENCY MULTIVITAMIN/FOLIC ACID TABS	3	RX/OTC
ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	RX/OTC	HM COMPLETE MEN TABS	3	RX/OTC
EYE HEALTH/LUTEIN TABS	3	RX/OTC	HM HAIR/SKIN/NAI LS TABS	3	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HYLAZINC TABS	3	RX/OTC	MULTIVITAMIN/ZINC STRESSFORMULA TABS	3	RX/OTC
ICAPS AREDS FORMULA TABS	3	RX/OTC	MULTIVITAMIN TABS 150 MG-2 MG-2.5 MG-10 MCG-7.5 MCG-10 MG-100 MG-3000 MCG-10 MG-15 MG-15 MG-5 MG-1 MG-1.5 MG-150 MCG-1 MG	3	RX/OTC
KEYFOLIC TABS	3	RX/OTC	NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	3	RX/OTC
KEYLOSA TABS	3	RX/OTC	NATRUL-VITES TABS	3	RX/OTC
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	3	RX/OTC	NEOVITE TABS	3	RX/OTC
LIVER DETOX TABS	3	RX/OTC	NICADAN ZX TABS	3	RX/OTC
LUTEIN PLUS/ZEAXANTHIN TABS	3	RX/OTC	NICADAN TABS	3	RX/OTC
MEGA MULTI FOR MEN TABS	3	RX/OTC	NICAZEL FORTE TABS	3	RX/OTC
MEGA MULTI FOR WOMEN TABS	3	RX/OTC	NICAZEL TABS	3	RX/OTC
MEGAVITE FRUITS & VEGGIES TABS	3	RX/OTC	NO IRON MULTIPLE VITAMIN/MINERALS TABS	3	RX/OTC
MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	3	RX/OTC	NUTRICAP TABS	3	RX/OTC
MENS 50+ MULTIVITAMIN TABS	3	RX/OTC	OCULAR VITAMINS TABS	3	RX/OTC
MENS MULTI VITAMIN & MINERAL FORMULA TABS	3	RX/OTC	ONCOVITE TABS	3	RX/OTC
MENS MULTIVITAMIN TABS	3	RX/OTC	ONE A DAY MENS 50+ TABS	3	RX/OTC
MULTI-BETIC DIABETES TABS	3	RX/OTC	ONE A DAY TRIPLE IMMUNE SUPPORT ADULT TABS	3	RX/OTC
<i>multiple vitamins w/ minerals TABS</i>	1	RX/OTC	ONE A DAY WOMENS 50+ TABS	3	RX/OTC
MULTITOL-M TABS	3	RX/OTC	ONE DAILY MENS 50+ MULTIVITAMIN TABS	3	RX/OTC
MULTIVITAMIN ADULTS TABS	3	RX/OTC	ONE DAILY MENS FORMULA W/O IRON TABS	3	RX/OTC
MULTIVITAMIN MEN TABS	3	RX/OTC	ONE DAILY WOMENS TABS	3	RX/OTC
MULTI-VITAMIN MONOCAPS TABS	3	RX/OTC	ONE DIALY MULTIVITAMIN WOMENS TABS	3	RX/OTC
MULTIVITAMIN WOMEN TABS	3	RX/OTC	ONE-A-DAY ENERGY TABS	3	RX/OTC

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY MENOPAUSE FORMULA TABS	3	RX/OTC	ONE-A-DAY WOMENS TABS	3	RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	3	RX/OTC	ONEVITE TABS	3	RX/OTC
ONE-A-DAY MENS 50+ TABS	3	RX/OTC	OPTIVITE P.M.T. TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	3	RX/OTC	OPURITY TABS	3	RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	3	RX/OTC	OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	3	RX/OTC
ONE-A-DAY MENS TABS	3	RX/OTC	PARVLEX TABS	3	RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	3	RX/OTC	PHYTOMULTI TABS	3	RX/OTC
ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	3	RX/OTC	PRESERVISION AREDS TABS	3	RX/OTC
ONE-A-DAY WEIGHT SMART ADVANCED TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC	PRO-CAL TABS	3	RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC	PROCERV HP TABS	3	RX/OTC
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC	PROFOLA TABS	3	RX/OTC
ONE-A-DAY WOMENS 50+ TABS	3	RX/OTC	PRORENAL+D TABS	3	RX/OTC
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC	PROVIT TABS	3	RX/OTC
ONE-A-DAY WOMENS PETITES TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC	QC MULTI-VITE TABS	3	RX/OTC
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC	QUIN B STRONG TABS	3	RX/OTC
			QUINTABS-M TABS	3	RX/OTC
			RA CENTRAL-VITE TABS	3	RX/OTC
			RAYAVIT TABS	3	RX/OTC
			RENAPLEX-D TABS	3	RX/OTC
			SENTRY SENIOR/LUTEIN TABS	3	RX/OTC
			SENTRY TABS	3	RX/OTC
			SIDEROL TABS	3	RX/OTC
			SM ONE DAILY MENS TABS	3	RX/OTC
			SM ONE DAILY WOMENS TABS	3	RX/OTC
			SOLO TABS	3	RX/OTC
			SPECTRAVITE TABS	3	RX/OTC
			STROVITE FORTE TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC
			STROVITE ONE TABS	3	RX/OTC

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUPER D/ZINC/SELENIUM/COPPER TABS	3	RX/OTC	VITASANA TABS	3	RX/OTC
SUPERIOR MENS MULTI TABS	3	RX/OTC	VITEYES CLASSIC MULTIIVITAMIN TABS	3	RX/OTC
SUPERIOR WOMENS MULTI TABS	3	RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	3	RX/OTC
SYSTANE ICAPS AREDS2 TABS	3	RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	3	RX/OTC
THERA M PLUS TABS	3	RX/OTC	VITRAMYN TABS	3	RX/OTC
THERABETIC MULTI-VITAMIN TABS	3	RX/OTC	VITRANOL FE TABS	3	RX/OTC
THERAGRAN-M ADVANCED 50 PLUS TABS	3	RX/OTC	VITRANOL TABS	3	RX/OTC
THERAGRAN-M ADVANCED TABS	3	RX/OTC	VITREXATE FE TABS	3	RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS	3	RX/OTC	VITREXATE TABS	3	RX/OTC
THERAGRAN-M PREMIER TABS	3	RX/OTC	VITREXYL/IRON TABS	3	RX/OTC
THERAGRAN-M TABS	3	RX/OTC	VITREXYL TABS	3	RX/OTC
THERA-M TABS	3	RX/OTC	WELLFOLA TABS	3	RX/OTC
THERA-TABS M TABS	3	RX/OTC	WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	3	RX/OTC
THERA-VITE MAX-M TABS	3	RX/OTC	WOMENS 50+ MULTIVITAMIN TABS	3	RX/OTC
THEREMS-M TABS	3	RX/OTC	WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	3	RX/OTC
T-VITES TABS	3	RX/OTC	YELETS TEENAGE FORMULA TABS	3	RX/OTC
UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	3	RX/OTC	Ped Multi Vitamins w/FI & FE		
ULTRA BONEUP TABS	3	RX/OTC	(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	RX/OTC
VENEXA FE TABS	3	RX/OTC			
VENEXA TABS	3	RX/OTC			
VENTRIXYL FE TABS	3	RX/OTC			
VENTRIXYL TABS	3	RX/OTC			
VITAROCA PLUS TABS <i>(multiple vitamins w/ minerals)</i>	GP	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 MG/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	RX/OTC	FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	RX/OTC	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR SUSP	3	
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
			QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
			SOLUVITA SOLN	2	AL(Up to 6 yrs old); RX/OTC
			TRI-VI-FLOR	3	
			TRI-VI-FLORO	3	
			VITAMINS A/C/D/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
			Prenatal Vitamins		
			(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
			(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
			(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG- 100 MG-15 MG-3 MG- 4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	ENBRACE HR	3	
			FOLIVANE-OB	2	
			KOSHER PRENATAL PLUS IRON TABS	3	
			M-NATAL PLUS TABS	2	RX/OTC
			NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	1		NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
ATABEX EC TBEC	2		NEONATAL 19	2	
ATABEX OB	2		NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG- 12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG- 400 UNIT-3.4 MG-20 MG- 50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		NEONATAL FE	2	
CITRANATAL ASSURE	2		NEONATAL PLUS TABS	2	RX/OTC
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NEONATAL/DHA MISC	PV	PV
CITRANATAL BLOOM	3		NESTABS	3	
CITRANATAL DHA	2		NESTABS DHA	2	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		NESTABS ONE	3	
CITRANATAL MEDLEY	3		NIVA-PLUS TABS	2	RX/OTC
C-NATE DHA CAPS	3		OB COMPLETE ONE	3	
COMPLETENATE CHEW	2		OB COMPLETE PETITE	3	
CONCEPT DHA	2		OB COMPLETE PREMIER	3	
CONCEPT OB	2		OB COMPLETE/DHA	3	
DUET DHA 400 MISC	3		OBSTETRIX ONE 30 MG- 15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG- 225 MG	3	
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3				

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS	2	RX/OTC	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3	
PNV-DHA+DOCUSATE	3		PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3	
PNV-OMEGA	3		PRENATE PIXIE	3	
PRENA 1 TRUE	3		PRENATE RESTORE	3	
PRENA1 PEARL	3		PRENATRIX TABS	2	RX/OTC
PRENAISSANCE	3		PRENATRYL TABS	2	RX/OTC
PRENAISSANCE PLUS CAPS	3		PRIMACARE	3	
PRENATAL 19 CHEW	2		RELNATE DHA CAPS	3	
PRENATAL 19 TABS	3	RX/OTC	SELECT-OB+DHA MISC	3	
PRENATAL PLUS VITAMIN AND MINERAL TABS	2	RX/OTC	SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
PRENATAL PLUS TABS	2	RX/OTC	SE-NATAL 19 CHEW	2	
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC	SE-NATAL 19 TABS	3	RX/OTC
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC	THERANATAL CORE NUTRITION TABS	2	RX/OTC
PRENATAL-U CAPS	2		THRIVITE RX TABS	3	RX/OTC
PRENATE	3		TRICARE TABS	2	RX/OTC
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3		TRISTART DHA	3	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3		TRISTART FREE	3	
PRENATE ENHANCE	3		TRISTART ONE	3	
			VINATE DHA RF	3	
			VINATE II	2	
			VIRT-NATE DHA CAPS	3	
			VIRT-PN DHA	3	
			VITAFOL GUMMIES	3	
			VITAFOL ULTRA	2	
			VITAFOL-NANO	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VITAFOL-ONE CAPS	3		LIORESAL INTRATHECAL SOLN IT (<i>baclofen</i>)	SP	PA
VITAMEDMD ONE RX/QUATREFOLIC	3		<i>metaxalone 800 MG</i>	1	
VITAPEARL	3		<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
VITATHELY/GINGER TABS	2	RX/OTC	<i>orphenadrine citrate TB12</i>	1	
VITATRUE	3		SOMA TABS (<i>carisoprodol</i>)	GP	
VIVA DHA CAPS	3		<i>tizanidine hcl CAPS</i>	1	
WESCAP-C DHA	2		<i>tizanidine hcl TABS</i>	1	
WESCAP-PN DHA	3		ZANAFLEX CAPS (<i>tizanidine hcl</i>)	GP	
WESNATE DHA CAPS	3		ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	GP	
WESTAB PLUS TABS	2	RX/OTC	Direct Muscle Relaxants		
WESTGEL DHA	3		DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	GP	
ZATEAN-PN DHA	3		<i>dantrolene sodium CAPS</i>	1	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			Muscle Relaxant Combinations		
Central Muscle Relaxants			(Orphenadrine W/ Aspirin & Caff) NORGESIC, ORPHENGESIC FORTE 385 MG-30 MG-25 MG	1	
(Carisoprodol) VANADOM TABS 350 MG	1		<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1		NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
(Cyclobenzaprine Hcl) FEXMID TABS 7.5 MG	1		Nasal Agent Combinations		
AMRIX CP24 (<i>cyclobenzaprine hcl</i>)	GP	QL(1 ea daily); ST	<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 gm daily)
<i>baclofen SOLN IT 500 MCG/ML</i>	SP	PA	DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	GP	Limit 1 inhaler per month; QL(0.77 gm daily)
<i>baclofen TABS 5 MG, 10 MG, 20 MG</i>	1		Nasal Antiallergy		
<i>carisoprodol TABS</i>	1				
<i>chlorzoxazone TABS</i>	1				
<i>cyclobenzaprine hcl CP24</i>	1	QL(1 ea daily); ST			
<i>cyclobenzaprine hcl TABS</i>	1				
GABLOFEN SOLN IT 10000 MCG/20ML	SP	PA			
LIORESAL INTRATHECAL SOLN IT	SP	PA			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC	(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.1 ml daily); RX/OTC
azelastine hcl 0.1 %, 137 MCG/SPRAY	1	Limit 1 inhaler per month; QL(1.2 ml daily)			
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC			
olopatadine hcl (nasal)	1				
PATANASE (olopatadine hcl (nasal))	GP				
Nasal Anticholinergics					
ipratropium bromide (nasal)	1				
Nasal Steroids					
(Budesonide (Nasal)) CVS BUDESONIDE NASAL SPRAY, EQ BUDESONIDE NASAL SPRAY, GNP BUDESONIDE NASAL SPRAY, RA BUDESONIDE NASAL SPRAY	1	Limit 2 inhalers per month; QL(0.6 ml daily)			
	1	Limit 2 inhalers per month; QL(1.14 ml daily); RX/OTC			
	3	Limit 2 inhalers per month; QL(1.67 gm daily)			
budesonide (nasal)	1	Limit 2 inhalers per month; QL(0.6 ml daily)			
FONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal))	GP	Limit 2 inhalers per month; QL(1.1 ml daily); RX/OTC			
FONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal))	GP	Limit 2 inhalers per month; QL(1.1 ml daily); RX/OTC			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLONASE SENSIMIST	3	Limit 1 inhaler per month; QL(0.34 ml daily)	Beta-blockers - Ophthalmic		
FLONASE SENSIMIST CHILDRENS	3	Limit 1 inhaler per month; QL(0.34 ml daily)	(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	1	
<i>flunisolide (nasal) 0.025 %</i>	1		<i>betaxolol hcl (ophth) SOLN</i>	1	
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.1 gm daily); RX/OTC	BETIMOL	2	
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.14 gm daily); RX/OTC	BETOPTIC-S SUSP	2	
NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	GP	Limit 2 inhalers per month; QL(1.14 ml daily); RX/OTC	<i>brimonidine tartrate-timolol maleate</i>	1	
OMNARIS SUSP	3	Limit 1 inhaler per month; QL(0.42 gm daily)	<i>carteolol hcl (ophth)</i>	1	
QNASL	3	Limit 1 inhaler per month; QL(0.29 gm daily)	COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	GP	
QNASL CHILDRENS	3	Limit 1 inhaler per month; QL(0.17 gm daily)	COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	GP	
XHANCE EXHU	3	QL(1.07 ml daily); ST	COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	GP	
ZETONNA AERS	3	Limit 1 inhaler per month; QL(0.3 gm daily)	DORZOLAMIDE HCL/TIMOLOL MALEATE	3	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			<i>dorzolamide hcl-timolol maleate</i>	1	
ALS Agents			ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	GP	
RILUTEK TABS (<i>riluzole</i>)	GP		<i>levobunolol hcl 0.5 %</i>	1	
<i>riluzole TABS</i>	1		<i>timolol maleate (ophth) SOLG</i>	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			<i>timolol maleate (ophth) SOLN</i>	1	
			TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	GP	
			TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	GP	
			Cycloplegic Mydriatics		
			(Homatropine Hbr) HOMATROPAIRE	1	
			(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>atropine sulfate (ophthalmic) SOLN</i>	1		BACIGUENT	2	
ATROPINE SULFATE SOLN 1 %	2		<i>bacitracin (ophthalmic)</i>	1	
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	GP		<i>bacitracin-polymyxin b (ophth)</i>	1	
CYCLOGYL (<i>cyclopentolate hcl</i>)	GP		BESIVANCE	3	
CYCLOGYL	2		BETADINE OPHTHALMIC PREP	3	
CYCLOMYDRIL	3		CILOXAN OINT	2	
<i>cyclopentolate hcl</i>	1		<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ISOPTO ATROPINE SOLN	2		ERYTHROMYCIN	2	
MYDRIACYL SOLN (<i>tropicamide</i>)	GP		<i>erythromycin (ophth)</i>	1	
<i>phenylephrine hcl (mydriatic) SOLN</i>	1		<i>gatifloxacin (ophth)</i>	1	
<i>tropicamide SOLN</i>	1		<i>gentamicin sulfate (ophth) SOLN</i>	1	
Miotics			KLARITY-A	3	Limit 5mls per month; QL(0.17 ml daily)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1		<i>levofloxacin (ophth)</i>	1	
Ophthalmic Adrenergic Agents			<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
ALPHAGAN P (<i>brimonidine tartrate</i>)	GP		NATACYN	2	
<i>apraclonidine hcl</i>	1		<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>brimonidine tartrate</i>	1		<i>neomycin-polymyxin-gramicidin</i>	1	
IOPIDINE	3		OCUFLOX (<i>ofloxacin (ophth)</i>)	GP	
Ophthalmic Anti-infectives			<i>ofloxacin (ophth)</i>	1	
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1		<i>polymyxin b-trimethoprim</i>	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1		POVIDONE IODINE	3	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1		<i>sulfacetamide sodium (ophth) OINT</i>	1	
AZASITE	3	Limit 5mls per month; QL(0.17 ml daily)	<i>sulfacetamide sodium (ophth) SOLN</i>	1	
			<i>tobramycin (ophth) SOLN</i>	1	
			TOBEX OINT	2	
			<i>trifluridine</i>	1	
			ZIRGAN GEL	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYMAXID (<i>gatifloxacin (ophth)</i>)	GP		<i>loteprednol etabonate GEL</i>	1	
Ophthalmic Immunomodulators			<i>loteprednol etabonate SUSP</i>	1	
<i>cyclosporine (ophth) EMUL</i>	1	QL(2.14 ea daily)	MAXIDEX SUSP OP	2	
Ophthalmic Local Anesthetics			MAXITROL OINT (<i>neomycin-polymyx-dexameth</i>)	GP	
(Tetracaine Hcl (Ophth)) ALTACAINE	1		MAXITROL SUSP (<i>neomycin-polymyx-dexameth</i>)	GP	
AKTEN	3		<i>neomycin-polymyx-dexameth OINT</i>	1	
ALCAINE (<i>proparacaine hcl</i>)	GP		<i>neomycin-polymyx-dexameth SUSP</i>	1	
<i>proparacaine hcl</i>	1		<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>tetracaine hcl (ophth)</i>	1		PRED MILD	2	
Ophthalmic Steroids			PRED-G S.O.P. OINT	3	
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail)	PRED-G SUSP	3	
ALREX SUSP (<i>loteprednol etabonate</i>)	GP		<i>prednisolone acetate (ophth)</i>	1	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail)	PREDNISOLONE SODIUM PHOSPHATE	2	
BLEPHAMIDE S.O.P. OINT	2		<i>sulfacetamide sod-prednisolone SOLN</i>	1	
<i>dexamethasone sodium phosphate (ophth)</i>	1		TOBRADEX ST SUSP	3	
<i>difluprednate</i>	1		TOBRADEX OINT	3	
DUREZOL (<i>difluprednate</i>)	GP		TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	GP	QL(5 ml per fill retail)
FLAREX	2		<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
<i>fluorometholone (ophth) SUSP</i>	1		ZYLET	3	Limit 5mls per fill; QL(5 ml per fill retail)
FML FORTE SUSP	2		Ophthalmic Surgical Aids		
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	GP		GELFILM OP	3	
FML OINT	2		Ophthalmics - Misc.		
LOTEMAX GEL (<i>loteprednol etabonate</i>)	GP				
LOTEMAX OINT	3				
LOTEMAX SUSP (<i>loteprednol etabonate</i>)	GP				

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ml daily); RX/OTC	<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)
			<i>bromfenac sodium (ophth)</i>	1	
			BROMSITE (<i>bromfenac sodium (ophth)</i>)	GP	
			<i>cromolyn sodium (ophth)</i>	1	
			CYSTADROPS	SP	QL(0.34 ml daily)
			CYSTARAN	SP	
			<i>diclofenac sodium (ophth)</i>	1	
			<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ml daily)
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC	DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ml daily)
			<i>epinastine hcl (ophth)</i>	1	
			<i>flurbiprofen sodium</i>	1	
			ILEVRO	3	
			<i>ketorolac tromethamine (ophth)</i>	1	
			LASTACAFT	3	ST
			NEVANAC	3	
			<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ml daily); RX/OTC
			<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
			PAREMYD	3	
			PATADAY 0.2 % (<i>olopatadine hcl</i>)	GP	QL(0.09 ml daily); RX/OTC
			PROLENSA (<i>bromfenac sodium (ophth)</i>)	GP	
			TRUSOPT (<i>dorzolamide hcl</i>)	GP	Limit 10mls per month; QL(0.34 ml daily)
			Prostaglandins - Ophthalmic		
			<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
			<i>latanoprost SOLN</i>	1	
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	GP				
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	GP				
ACUVAIL	3				
ALOCRIL	3				
ALOMIDE	2				
<i>azelastine hcl (ophth)</i>	1				
AZOPT (<i>brinzolamide</i>)	GP	Limit 10mls per month; QL(0.4 ml daily)			
<i>bepotastine besilate</i>	1	Limit 10mls per month; QL(0.34 ml daily); ST			
BEPREVE (<i>bepotastine besilate</i>)	GP	Limit 10mls per month; QL(0.34 ml daily); ST			

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
LATANOPROST SOLN	3	
LUMIGAN SOLN 0.01 %	2	
<i>tafluprost</i>	1	
TRAVATAN Z SOLN (<i>travoprost</i>)	GP	Limit 2.5mls per month; QL(0.09 ml daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
XALATAN SOLN (<i>latanoprost</i>)	GP	
ZIOPTAN (<i>tafluprost</i>)	GP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	GP	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	3	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	GP	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone acetonide</i>	1	Limit 1 bottle per month; QL(0.5 ea daily)
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OTOVEL (<i>ciprofloxacin-fluocinolone acetonide</i>)	GP	Limit 1 bottle per month; QL(0.5 ea daily)
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	GP	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ml per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN 5 GM/50ML	SP	PA
CUVITRU SOLN 1 GM/5ML, 10 GM/50ML	SP	PA
FLEBOGAMMA DIF SOLN 5 GM/50ML, 10 GM/200ML, 20 GM/200ML	SP	PA
GAMASTAN	SP	PA
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML	SP	PA
GAMMAKED 1 GM/10ML	SP	PA

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX SOLN 5 GM/50ML, 10 GM/200ML, 20 GM/200ML	SP	PA
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 40 GM/400ML	SP	PA
HIZENTRA SOLN 1 GM/5ML, 10 GM/50ML	SP	PA
OCTAGAM SOLN 1 GM/20ML, 2 GM/20ML, 5 GM/50ML, 10 GM/200ML, 20 GM/200ML	SP	PA
PRIVIGEN SOLN 5 GM/50ML, 20 GM/200ML	SP	PA
VARIZIG SOLN	PV	PV
Passive Immunizing Agents - Combinations		
HYQVIA	SP	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
AMOXICILLIN SUSR (<i>amoxicillin</i>)	GP	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	SP	PA
<i>ampicillin sodium IV 10 GM</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	SP	PA
BICILLIN L-A SUSY	SP	PA
<i>penicillin g potassium</i>	SP	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SP	PA

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G PROCAINE	SP	PA
<i>penicillin g sodium</i>	SP	PA
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM</i>	SP	PA
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	GP	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	GP	
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	SP	PA
<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM, 4 GM-0.5 GM</i>	SP	PA
UNASYN IJ 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>)	SP	PA
UNASYN BULK PACK IV (<i>ampicillin & sulbactam sodium</i>)	SP	PA
ZOSYN	SP	PA
Penicillinase-Resistant Penicillins		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
<i>dicloxacillin sodium</i>	1	
NAFCILLIN 1 GM/50ML-5 %	SP	PA
<i>nafcillin sodium IV 2 GM, 10 GM</i>	SP	PA
<i>oxacillin sodium IV 10 GM</i>	SP	PA
OXACILLIN SODIUM	SP	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
AYGESTIN TABS (<i>norethindrone acetate</i>)	GP	
<i>hydroxyprogesterone caproate OIL</i>	SP	PA
MAKENA OIL (<i>hydroxyprogesterone caproate</i>)	SP	PA
MAKENA SOAJ	SP	PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	
<i>megestrol acetate (appetite)</i>	1	
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(2 ea daily)
<i>progesterone OIL</i>	1	
PROMETRIUM CAPS (<i>progesterone</i>)	GP	QL(2 ea daily)
PROVERA (<i>medroxyprogesterone acetate</i>)	GP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	1	PA required for more than 30 day supply per year; QL(224 ea per 14 day(s) retail)
LUCEMYRA (<i>lofexidine hcl</i>)	GP	PA required for more than 30 day supply per year; QL(224 ea per 14 day(s) retail)
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	SP	PA
XYREM SOLN	SP	PA
Antidementia Agents		
ARICEPT TABS (<i>donepezil hydrochloride</i>)	GP	QL(1 ea daily)
<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)
EXELON (<i>rivastigmine</i>)	GP	
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24</i>	1	PA
<i>memantine hcl SOLN</i>	1	
<i>memantine hcl TABS</i>	1	
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	GP	
NAMENDA XR CP24 (<i>memantine hcl</i>)	GP	PA
NAMENDA TABS (<i>memantine hcl</i>)	GP	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	GP	QL(1 ea daily)	AVONEX PSKT	SP	PA
<i>rivastigmine</i>	1		BETASERON KIT	SP	PA
<i>rivastigmine tartrate CAPS</i>	1		<i>dalfampridine</i>	1	PA
Combination Psychotherapeutics			<i>dimethyl fumarate CDPK</i>	1	
<i>chlordiazepoxide-amitriptyline</i>	1		<i>dimethyl fumarate CPDR</i>	1	
<i>olanzapine-fluoxetine hcl</i>	1		<i> fingolimod hcl</i>	1	QL(1 ea daily)
<i>perphenazine-amitriptyline</i>	1		<i>glatiramer acetate SOSY</i>	SP	
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	GP		MAVENCLAD	SP	SP; PA
Fibromyalgia Agents			MAYZENT STARTER PACK TBPK	3	QL(12 ea per 5 day(s) retail); PA
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA	PLEGRIDY STARTER PACK SOPN	SP	PA
SAVELLA TABS	3	QL(2 ea daily); PA	PLEGRIDY STARTER PACK SOSY SC	SP	PA
Movement Disorder Drug Therapy			PLEGRIDY SOPN	SP	PA
AUSTEDO PATIENT TITRATION KIT TBPK	3	PA	PLEGRIDY SOSY IM	SP	PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	3	PA	REBIF REBIDOSE TITRATIONPACK SOAJ	SP	PA
AUSTEDO XR TB24	3	PA	REBIF REBIDOSE SOAJ	SP	PA
AUSTEDO TABS	3	PA	REBIF TITRATION PACK SOSY	SP	PA
INGREZZA CAPS	3	PA	REBIF SOSY	SP	PA
INGREZZA CPPK	3	PA	TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	GP	
INGREZZA CPSP	3	PA	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	GP	
<i>tetrabenazine</i>	SP		<i>teriflunomide</i>	1	
XENAZINE (<i>tetrabenazine</i>)	SP		TYSABRI	SP	SP; PA
Multiple Sclerosis Agents			Premenstrual Dysphoric Disorder (PMDD) Agents		
(Glatiramer Acetate) GLATOPA SOSY	SP		<i>fluoxetine hcl (pmdd) TABS</i>	1	
AMPYRA (<i>dalfampridine</i>)	GP	PA	Pseudobulbar Affect (PBA) Agents		
AUBAGIO (<i>teriflunomide</i>)	GP		NUEDEXTA	3	PA
AVONEX PEN AJKT	SP	PA	Psychotherapeutic and Neurological Agents - Misc.		
			<i>ergoloid mesylates TABS</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pimozide</i>	1		(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	PV	PV
Smoking Deterrents			(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG	PV	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	PV	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	PV	PV
			(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	PV	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	PV	PV	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	PV	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	PV	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	PV	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	PV	PV

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	PV	PV

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR		
APO-VARENICLINE TABS	PV	QL(2 ea daily); PV
<i>bupropion hcl (smoking deterrent)</i>	PV	PV
NICODERM CQ PT24 TD (<i>nicotine</i>)	GP	PV
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	GP	PV
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	GP	PV
NICORETTE GUM (<i>nicotine polacrilex</i>)	GP	PV
NICORETTE LOZG (<i>nicotine polacrilex</i>)	GP	PV
<i>nicotine polacrilex GUM</i>	PV	PV
<i>nicotine polacrilex LOZG</i>	PV	PV
NICOTINE TRANSDERMAL SYSTEM KIT	PV	PV
<i>nicotine MISC XX</i>	PV	PV
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	PV	PV
NICOTROL INHALER INHA	PV	PV
NICOTROL NS SOLN	PV	PV
<i>varenicline tartrate TABS</i>	PV	QL(2 ea daily); PV
<i>varenicline tartrate TBPK</i>	PV	PV
Transthyretin Amyloidosis Agents		
TEGSEDI	SP	PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat		

Drug Name	Drug Tier	Requirements/Limits
Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	SP	PA
GLASSIA SOLN	SP	PA
PROLASTIN-C SOLN	SP	PA
ZEMAIRA SOLR 1000 MG	SP	PA
Cystic Fibrosis Agents		
KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	SP	PA
KALYDECO TABS	SP	PA
ORKAMBI PACK	SP	PA
ORKAMBI TABS	SP	PA
PULMOZYME	2	Limited to 75mls per month; QL(2.5 ml daily); PA
SYMDEKO	SP	PA
TRIKAFTA TBPK 50 MG-25 MG	SP	PA
TRIKAFTA TBPK 100 MG-50 MG	SP	QL(3 ea daily); PA
TRIKAFTA THPK	SP	PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)	SP	PA
ESBRIET TABS (<i>pirfenidone</i>)	SP	PA
OFEV	SP	PA
<i>pirfenidone CAPS</i>	SP	PA
<i>pirfenidone TABS</i>	SP	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
Glycylcyclines		
<i>tigecycline</i>	SP	PA
TIGECYCLINE	SP	PA
TYGACIL (<i>tigecycline</i>)	SP	PA
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
(Doxycycline Hyclate) LYMEPAK, TARGADOX TABS 100 MG	1	
(Minocycline Hcl) COREMINO TB24 45 MG, 90 MG, 135 MG	1	ST
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS</i>	1	
<i>doxycycline (monohydrate) SUSR</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) TABS 75 MG, 150 MG</i>	1	ST
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1	
<i>doxycycline hyclate TBEC 75 MG, 100 MG, 150 MG</i>	1	ST
<i>minocycline hcl CAPS</i>	1	
<i>minocycline hcl TABS</i>	1	
<i>minocycline hcl TB24</i>	1	ST
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>minocycline hcl</i>)	GP	ST

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	GP	
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	GP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS	1	
ADTHYZA TABS	2	
ARMOUR THYROID TABS	2	
CYTOMEL TABS (<i>liothyronine sodium</i>)	3	
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	1	
<i>levothyroxine sodium TABS</i>	1	
<i>liothyronine sodium TABS</i>	1	
NIVA THYROID TABS	2	
NP THYROID 120 TABS	2	
NP THYROID 15 TABS	2	
NP THYROID 30 TABS	2	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NP THYROID 60 TABS	2		QUADRACEL SUSY	PV	QL(0.5 ml daily); PV
NP THYROID 90 TABS	2		TDVAX SUSP	PV	QL(0.5 ml daily); PV
SYNTHROID TABS (<i>levothyroxine sodium</i>)	3		TENIVAC INJ	PV	QL(0.5 ml daily); PV
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	PV	QL(0.5 ml daily); PV
TIROSINT CAPS	3		VAXELIS SUSP	PV	QL(0.5 ml daily); PV
TIROSINT CAPS (<i>levothyroxine sodium</i>)	3		VAXELIS SUSY	PV	QL(0.5 ml daily); PV
TIROSINT CAPS	3		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
TIROSINT-SOL SOLN OR 13 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 200 MCG/ML	3		Antispasmodics		
TOXOIDS			(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	1	
Toxoid Combinations			(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
ADACEL SUSP	PV	QL(0.5 ml daily); PV	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
BOOSTRIX SUSP	PV	QL(0.5 ml daily); PV	ANASPAZ TBDP (<i>hyoscyamine sulfate</i>)	GP	
BOOSTRIX SUSY	PV	QL(0.5 ml daily); PV	<i>atropine sulfate SOLN IJ</i> 0.4 MG/ML, 1 MG/ML	SP	
DAPTACEL	PV	QL(0.5 ml daily); PV	BELLADONNA/OPIUM	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	PV	PV	<i>chlordiazepoxide hcl- clidinium bromide</i>	1	
INFANRIX	PV	QL(0.5 ml daily); PV	CUVPOSA SOLN OR (<i>glycopyrrolate</i>)	GP	
KINRIX SUSY	PV	QL(0.5 ml daily); PV	<i>dicyclomine hcl CAPS</i>	1	
PEDIARIX SUSY	PV	QL(0.5 ml daily); PV	<i>dicyclomine hcl SOLN OR</i>	1	
PENTACEL	PV	QL(0.5 ea daily); PV	<i>dicyclomine hcl TABS</i>	1	
QUADRACEL SUSP	PV	QL(0.5 ml daily); PV	GLYCATE TABS	3	
			<i>glycopyrrolate SOLN OR</i> 1 MG/5ML	1	
			<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	
			GLYCOPYRROLATE TABs	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits	
<i>hyoscyamine sulfate</i> SUBL 0.125 MG	1		(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG	1	RX/OTC	
<i>hyoscyamine sulfate</i> TABS 0.125 MG	1					
<i>hyoscyamine sulfate</i> TB12 0.375 MG	1					
<i>hyoscyamine sulfate</i> TBDP 0.125 MG	1					
LEVBIID TB12 <i>(hyoscyamine sulfate)</i>	GP					
LEVSIN/SL SUBL <i>(hyoscyamine sulfate)</i>	GP					
LEVSIN TABS <i>(hyoscyamine sulfate)</i>	GP					
LIBRAX <i>(chlordiazepoxide hcl-clidinium bromide)</i>	GP					
<i>methscopolamine bromide</i>	1					
ROBINUL FORTE TABS <i>(glycopyrrolate)</i>	GP					
ROBINUL TABS <i>(glycopyrrolate)</i>	GP					
H-2 Antagonists						
(Cimetidine) CIMETIDINE 200, CIMETIDINE ACID REDUCER, CVS HEARTBURN RELIEF, EQ ACID REDUCER, EQ CIMETIDINE ACID REDUCER, PX ACID REDUCER, SB CIMETIDINE, SM ACID REDUCER TABS 200 MG	1	RX/OTC		<i>cimetidine hcl OR 300 MG/5ML</i>	1	
				<i>cimetidine TABS</i>	1	RX/OTC
			<i>famotidine TABS 20 MG</i>	1	RX/OTC	
			<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)	
			<i>nizatidine CAPS</i>	1		

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEPCID AC MAXIMUM STRENGTH TABS <i>(famotidine)</i>	GP	RX/OTC	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	RX/OTC
PEPCID AC TABS 20 MG <i>(famotidine)</i>	GP	RX/OTC			
PEPCID TABS 40 MG <i>(famotidine)</i>	GP	QL(2 ea daily)			
PEPCID TABS 20 MG <i>(famotidine)</i>	GP	RX/OTC			
TAGAMET HB 200 TABS <i>(cimetidine)</i>	GP	RX/OTC			
TAGAMET HB TABS <i>(cimetidine)</i>	GP	RX/OTC	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(1 ea daily); AL(Up to 12 yrs old); RX/OTC
Misc. Anti-Ulcer			(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	
CARAFATE SUSP <i>(sucralfate)</i>	GP		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	
CARAFATE TABS <i>(sucralfate)</i>	GP				
<i>sucralfate SUSP</i>	1				
<i>sucralfate TABS</i>	1				
Proton Pump Inhibitors					
(Esomeprazole Magnesium) CVS ESOMEPRAZOLE MAGNESIUM, EQ ESOMEPRAZOLE MAGNESIUM, FT ACID REDUCER, GNP ESOMEPRAZOLE MAGNESIUM, GOODSENSE ESOMEPRAZOLE MAGNESIUM, HM ESOMEPRAZOLE MAGNESIUM DELAYED RELEASE, KLS ESOMEPRAZOLE MAGNESIUM, QC ESOMEPRAZOLE MAGNESIUM, RA ESOMEPRAZOLE MAGNESIUM, SM ESOMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 ea daily); PA; RX/OTC			

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1		<i>omeprazole magnesium CPDR</i>	1	
			<i>omeprazole CPDR</i>	1	
			<i>pantoprazole sodium PACK</i>	1	
			<i>pantoprazole sodium TBEC</i>	1	
			PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	GP	QL(1 ea daily); AL(Up to 12 yrs old)
DEXILANT (<i>dexlansoprazole</i>)	GP	QL(1 ea daily); PA	PREVACID CPDR 30 MG (<i>lansoprazole</i>)	GP	
<i>dexlansoprazole</i>	1	QL(1 ea daily); PA	PRIOLOSEC PACK	3	PA
<i>esomeprazole magnesium CPDR</i>	1	QL(1 ea daily); PA	PROTONIX PACK (<i>pantoprazole sodium</i>)	GP	
<i>esomeprazole magnesium PACK</i>	1	PA	PROTONIX TBEC (<i>pantoprazole sodium</i>)	GP	
FIRST-LANSOPRAZOLE SUSP	3	PA	RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
FIRST-OMEPRAZOLE SUSP	3		<i>rabeprazole sodium TBEC</i>	1	QL(2 ea daily); PA
<i>lansoprazole CPDR</i>	1	RX/OTC	Ulcer Drugs - Prostaglandins		
<i>lansoprazole TBDD</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)	CYTOTEC (<i>misoprostol</i>)	GP	
NEXIUM 24HR CLEAR MINIS CPDR (<i>esomeprazole magnesium</i>)	GP	QL(1 ea daily); PA; RX/OTC	<i>misoprostol</i>	1	
NEXIUM 24HR CPDR (<i>esomeprazole magnesium</i>)	GP	QL(1 ea daily); PA; RX/OTC	Ulcer Therapy Combinations		
NEXIUM CPDR (<i>esomeprazole magnesium</i>)	GP	QL(1 ea daily); PA; RX/OTC	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
NEXIUM PACK	3	PA	HELIDAC THERAPY	3	
NEXIUM PACK (<i>esomeprazole magnesium</i>)	GP	PA	<i>omeprazole-sodium bicarbonate CAPS 1100 MG-40 MG</i>	1	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3		<i>omeprazole-sodium bicarbonate PACK</i>	1	
			ZEGERID CAPS 1100 MG-40 MG (<i>omeprazole-sodium bicarbonate</i>)	GP	PA
			ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	GP	
URINARY ANTISPASMODICS - Drugs to Treat					

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
DETROL LA CP24 (<i>tolterodine tartrate</i>)	GP	QL(1 ea daily)
DETROL TABS 1 MG (<i>tolterodine tartrate</i>)	GP	QL(2 ea daily)
DETROL TABS 2 MG (<i>tolterodine tartrate</i>)	GP	
DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	GP	
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	
<i>oxybutynin chloride TB24</i>	1	
OXYTROL FOR WOMEN PTTW	3	RX/OTC
OXYTROL PTTW	3	RX/OTC
<i>solifenacin succinate TABS</i>	1	
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS 2 MG</i>	1	
<i>tolterodine tartrate TABS 1 MG</i>	1	QL(2 ea daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	GP	QL(1 ea daily)
<i>trospium chloride CP24</i>	1	
<i>trospium chloride TABS</i>	1	
VESICARE TABS (<i>solifenacin succinate</i>)	GP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
<i>mirabegron TB24</i>	1	QL(1 ea daily); PA
MYRBETRIQ TB24 50 MG	3	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TB24 (<i>mirabegron</i>)	GP	QL(1 ea daily); PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	PV	QL(1 ea daily); PV
BEXSERO	PV	QL(0.5 ml daily); PV
HIBERIX SOLR IJ	PV	QL(1 ea daily); PV
MENACTRA	PV	QL(0.5 ml daily); PV
MENQUADFI	PV	PV
MENVEO SOLN	PV	QL(0.5 ml daily); PV
MENVEO SOLR	PV	QL(1 ea daily); PV
PEDVAX HIB SUSP	PV	QL(0.5 ml daily); PV
PENBRAYA	PV	PV
PNEUMOVAX 23	PV	QL(0.5 ml daily); PV
PNEUMOVAX 23/1 DOSE	PV	QL(0.5 ml daily); PV
PREVNAR 13	PV	QL(0.5 ml daily); PV
PREVNAR 20	PV	QL(0.5 ml daily); PV
TRUMENBA	PV	QL(0.5 ml daily); PV
VAXNEUVANCE	PV	QL(0.5 ml daily); PV
Viral Vaccines		
AFLURIA QUADRIVALENT 2022-2023 SUSP	PV	QL(0.5 ml daily); PV
AFLURIA QUADRIVALENT 2022-2023 SUSY	PV	QL(0.5 ml daily); PV

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AFLURIA QUADRIVALENT 2023-2024 SUSP	PV	QL(0.5 ml daily); PV	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	PV	QL(0.5 ml daily); PV
AFLURIA QUADRIVALENT 2023-2024 SUSY	PV	QL(0.5 ml daily); PV	FLULAVAL QUADRIVALENT 2022-2023 SUSY	PV	QL(0.5 ml daily); PV
COMIRNATY 2023-24 SUSP	PV	PV	FLULAVAL QUADRIVALENT 2023-2024 SUSY	PV	QL(0.5 ml daily); PV
COMIRNATY 2023-24 SUSY	PV	PV	FLUMIST QUADRIVALENT	PV	QL(1 ea daily); PV
COMIRNATY 2024-25 SUSY	PV	PV	FLUZONE HIGH-DOSE PF 2022-2023	PV	QL(0.7 ml daily); PV
COMIRNATY SUSP	PV	PV	FLUZONE HIGH-DOSE PF 2023-2024	PV	QL(0.7 ml daily); PV
DENGVAXIA	PV	QL(1 ea daily); PV	FLUZONE QUADRIVALENT 2022-2023 SUSP	PV	QL(0.5 ml daily); PV
FLUAD QUADRIVALENT 2022-2023	PV	QL(0.5 ml daily); PV	FLUZONE QUADRIVALENT 2022-2023 SUSY	PV	QL(0.5 ml daily); PV
FLUAD QUADRIVALENT 2023-2024	PV	QL(0.5 ml daily); PV	FLUZONE QUADRIVALENT 2023-2024 SUSP	PV	QL(0.5 ml daily); PV
FLUARIX QUADRIVALENT 2022-2023 SUSY	PV	QL(0.5 ml daily); PV	FLUZONE QUADRIVALENT 2023-2024 SUSY	PV	QL(0.5 ml daily); PV
FLUARIX QUADRIVALENT 2023-2024 SUSY	PV	QL(0.5 ml daily); PV	GARDASIL 9 SUSP	PV	PV
FLUBLOK 2024-2025 SOSY	PV	QL(2 ml per fill retail); PV	GARDASIL 9 SUSY	PV	PV
FLUBLOK QUADRIVALENT 2022-2023	PV	QL(0.5 ml daily); PV	HAVRIX	PV	QL(1 ml daily); PV
FLUBLOK QUADRIVALENT 2023-2024	PV	QL(0.5 ml daily); PV	HEPLISAV-B SOSY	PV	QL(0.5 ml daily); PV
FLUCELVAX 2024-2025 SUSP	PV	QL(2 ml per fill retail); PV	IPOL INACTIVATED IPV	PV	QL(0.5 ml daily); PV
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	PV	QL(0.5 ml daily); PV	M-M-R II SOLR	PV	QL(1 ea daily); PV
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	PV	QL(0.5 ml daily); PV	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	PV	PV
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	PV	QL(0.5 ml daily); PV	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	PV	PV

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	PV	PV	PRIORIX SUSR	PV	QL(1 ea daily); PV
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	PV	PV	PROQUAD SUSR	PV	QL(1 ea daily); PV
MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML	PV	PV	RECOMBIVAX HB SUSP 10 MCG/ML	PV	QL(1 ml daily); PV
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	PV	PV	RECOMBIVAX HB SUSY 10 MCG/ML	PV	QL(1 ml daily); PV
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	PV	PV	ROTARIX SUSP	PV	PV
NOVAVAX COVID-19 VACCINE SUSP	PV	PV	ROTATEQ SOLN	PV	QL(2 ml daily); PV
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	PV	PV	SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	PV	PV
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	PV	PV	SHINGRIX	PV	QL(1 ea daily); PV
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	PV	PV	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	PV	PV
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	PV	PV	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	PV	PV
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	PV	PV	SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	PV	PV
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	PV	PV	TWINRIX SUSY	PV	QL(1 ml daily); PV
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	PV	PV	VAQTA	PV	QL(1 ml daily); PV
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	PV	PV	VARIVAX INJ	PV	QL(1 ea daily); PV
PREHEVBRIO	PV	QL(1 ml daily); PV	VAGINAL AND RELATED PRODUCTS		
			Miscellaneous Vaginal Products		
			FEM PH	3	
			INTRAROSA	3	QL(1 ea daily)
			Spermicides		
			ENCARE SUPP 100 MG	PV	PV
			OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	PV	PV
			TODAY SPONGE MISC	PV	PV
			VCF VAGINAL CONTRACEPTIVE FILM FILM	PV	PV

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits
VCF VAGINAL CONTRACEPTIVE GEL	PV	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	GP	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	PV	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	GP	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 ea per fill retail; 1 per fill mail)
FEMRING	3	QL(1 ea per 90 day(s) retail)
PREMARIN	2	QL(2 gm daily)
Vaginal Progestins		
CRINONE GEL	3	PA
ENDOMETRIN INST	3	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		

Drug Name	Drug Tier	Requirements/Limits
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	1	Limited to 4 syringes per fill; QL(4 ea per fill retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(4 ea per fill retail)
EPINEPHRINE SOAJ 0.3 MG/0.3ML	2	QL(4 ea per fill retail)
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(4 ea per fill retail); PA
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	2	QL(4 ea per fill retail; 1 claims per fill mail)
EPIPEN-JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	GP	Limited to 4 syringes per fill; QL(4 ea per fill retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	SP	PA
NORTHERA (<i>droxidopa</i>)	SP	PA
Vasopressors		
EPINEPHRINE HCL SOLN IJ	SP	PA
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
(Cholecalciferol) AQUEOUS VITAMIN D INFANTS, BPROTECTED PEDIA D-VITE, D-VITE PEDIATRIC, PHARMACIST CHOICE D-VITAMIN PEDIATRIC DROPS, VITAMIN D INFANT LIQD OR 10 MCG/ML, 400 UNIT/ML	PV	AL(At least 65 yrs old); PV

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OR Essential Drug List

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Cholecalciferol) AQUEOUS VITAMIN D INFANTS, BPROTECTED PEDIA D-VITE, D-VITE PEDIATRIC, PHARMACIST CHOICE D-VITAMIN PEDIATRIC DROPS, VITAMIN D INFANT LIQD OR 400 UNIT/ML	PV	AL(At least 65 yrs old); PV	(Cholecalciferol) D-400, D3 HIGH POTENCY, DELTA D3, GNP VITAMIN D-400, GNP VITAMIN D3, QC VITAMIN D3, SM VITAMIN D, TRUE VITAMIN D3 TABS 400 UNIT	PV	AL(At least 65 yrs old); PV
(Cholecalciferol) AQUEOUS VITAMIN D INFANTS, BPROTECTED PEDIA D-VITE, D-VITE PEDIATRIC, PHARMACIST CHOICE D-VITAMIN PEDIATRIC DROPS, VITAMIN D INFANT LIQD OR 10 MCG/ML	PV	AL(At least 65 yrs old); PV	(Cholecalciferol) D-400, D3 HIGH POTENCY, DELTA D3, GNP VITAMIN D-400, GNP VITAMIN D3, QC VITAMIN D3, SM VITAMIN D, TRUE VITAMIN D3 TABS 10 MCG	PV	AL(At least 65 yrs old); PV
(Cholecalciferol) CVS D3, EQL VITAMIN D3, TRUE VITAMIN D3 CAPS 400 UNIT	PV	AL(At least 65 yrs old); PV	BABY DDROPS LIQD OR	PV	AL(At least 65 yrs old); PV
(Cholecalciferol) CVS D3, EQL VITAMIN D3, TRUE VITAMIN D3 CAPS 10 MCG	PV	AL(At least 65 yrs old); PV	<i>cholecalciferol CAPS 10 MCG, 400 UNIT</i>	PV	AL(At least 65 yrs old); PV
(Cholecalciferol) D3 KIDS, GNP VITAMIN D, KP VITAMIN D CHEW 400 UNIT	PV	AL(At least 65 yrs old); PV	<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	1	
(Cholecalciferol) D3-50, DECARA, OPTIMAL D3, OPTIMAL D3 PACK, TRUE VITAMIN D3, WEEKLY-D CAPS 50000 UNIT	1		<i>cholecalciferol CHEW 400 UNIT</i>	PV	AL(At least 65 yrs old); PV
(Cholecalciferol) D3-50, DECARA, OPTIMAL D3, OPTIMAL D3 PACK, TRUE VITAMIN D3, WEEKLY-D CAPS 1.25 MG	1		<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	PV	AL(At least 65 yrs old); PV
			<i>cholecalciferol TABS 10 MCG, 400 UNIT</i>	PV	AL(At least 65 yrs old); PV
			DRISDOL CAPS (<i>ergocalciferol</i>)	GP	
			D-VI-SOL LIQD OR (<i>cholecalciferol</i>)	GP	AL(At least 65 yrs old); PV
			<i>ergocalciferol CAPS</i>	1	
			MEPHYTON TABS (<i>phytonadione</i>)	GP	
			<i>phytonadione TABS 5 MG</i>	1	
			VITAMIN D2 TABS	PV	AL(At least 65 yrs old); PV
			VITAMIN D3 IMMUNE HEALTH LIQD OR	PV	AL(At least 65 yrs old); PV
			VITAMIN D3 LIQD OR 1200 UNIT/15ML	PV	AL(At least 65 yrs old); PV
Water Soluble Vitamins					

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

Drug Name	Drug Tier	Requirements/ Limits
POTABA CAPS	3	

You can find information on what the symbols and abbreviations on this table mean by going to page ii-iii.

OR Essential Drug List

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(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	59	LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	6	MG, 100 MG	109
(Alprazolam) ALPRAZOLAM XR TB24	11	(Aspirin) BAYER ADVANCED ASPIRIN REGULAR STRENGTH, BAYER ASPIRIN, CVS ASPIRIN, CVS GENUINE ASPIRIN, EQ ASPIRIN, FT ASPIRIN, GENUINE ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULTS, HM ADULT ASPIRIN, HM ASPIRIN, MEDI-FIRST ASPIRIN, MEDIQUE ASPIRIN, PX ASPIRIN, QC ASPIRIN, RA ASPIRIN, RA PAIN RELIEF ASPIRIN, SB ASPIRIN, SM ADULT ASPIRIN, SM ASPIRIN TABS 325 MG	6	(AzelaStine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	124
(Amiodarone Hcl) PACERONE TABS	12	(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYICIN	126
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	6	(Bacitracin-Poly-Neomycin-HC) NEO- POLYICIN HC	127	(Benzoyl Peroxide) BP WASH LIQD 7 %	59
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Budesonide (Nasal)) CVS BUDESONIDE NASAL SPRAY, EQ BUDESONIDE NASAL SPRAY, GNP BUDESONIDE NASAL SPRAY, RA BUDESONIDE NASAL SPRAY ..	124
		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	13
		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	5
		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	5
		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG .	5
		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	5
		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Butalbital-Acetaminophen-Caffeine) VTOL LQ SOLN	5
		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	8
		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Calcipotriene) CALCITRENE OINT 64	
		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Carbamazepine) EPITOL TABS ..	16
		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Carbonyl Iron) WEE CARE SUSP 81	
		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Carisoprodol) VANADOM TABS 350 MG	123
		(Aspirin) BAYER ASPIRIN, BAYER ASPIRIN REGIMEN, CVS ASPIRIN, EQL ASPIRIN EC, FT ENTERIC COATED ASPIRIN, GNP ASPIRIN, GOODSENSE ASPIRIN, HM ASPIRIN EC, MEIJER ASPIRIN EC, PX ENTERIC ASPIRIN, QC ASPIRIN, QC ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN EC, SM ASPIRIN ENTERIC COATED TBEC 325 MG	7	(Ceftazidime) TAZICEF IV 1 GM, 2	

<p>GM 53</p> <p>(Cetirizine Hcl) ALL DAY ALLERGY CHILDRENS, ALL-DAY ALLERGY CHILDRENS, ALLERGY RELIEF CHILDRENS, ALLERGY RELIEF CHILDRENS24-HOUR, CETIRIZINE HCL ALLERGY CHILDRENS, CETIRIZINE HCL CHILDRENSALLERGY, CETIRIZINE HYDROCHLORIDECHILDRENS ALLERGY, CHILDRENS 24 HOUR ALLERGY, CVS ALLERGY RELIEF CHILDRENS, EQ ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL ALL DAY ALLERGY CHILDRENS, FT ALL DAY ALLERGY CHILDRENS, FT ALLERGY RELIEF CHILDRENS, GNP ALL DAY ALLERGY CHILDRENS, GOODSENSE ALL DAY ALLERGYCHILDRENS, HM ALL DAY ALLERGY CHILDRENS, KLS ALLER-TEC CHILDRENS, PX CHILDRENS ALLERGY, QC CHILDRENS ALLERGY, RA ALLERGY RELIEF CHILDRENS, SB CETIRIZINE HCL CHILDRENS, SM ALL DAY ALLERGY CHILDRENS, WAL-ZYR, WAL-ZYR ALL DAY ALLERGY CHILDRENS, WAL-ZYR ALL DAY ALLERGYCHILDRENS, WAL-ZYR ALLERGY DYE-FREECHILDRENS 24-HOUR, WAL-ZYR CHILDRENS SOLN OR 1 MG/ML 29</p> <p>(Cetirizine Hcl) ALL DAY ALLERGY CHILDRENS, ALL-DAY ALLERGY CHILDRENS, ALLERGY RELIEF CHILDRENS, ALLERGY RELIEF CHILDRENS24-HOUR, CETIRIZINE HCL ALLERGY CHILDRENS, CETIRIZINE HCL CHILDRENSALLERGY, CETIRIZINE HYDROCHLORIDECHILDRENS</p>	<p>ALLERGY, CHILDRENS 24 HOUR ALLERGY, CVS ALLERGY RELIEF CHILDRENS, EQ ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL ALL DAY ALLERGY CHILDRENS, FT ALL DAY ALLERGY CHILDRENS, FT ALLERGY RELIEF CHILDRENS, GNP ALL DAY ALLERGY CHILDRENS, GOODSENSE ALL DAY ALLERGYCHILDRENS, HM ALL DAY ALLERGY CHILDRENS, KLS ALLER-TEC CHILDRENS, PX CHILDRENS ALLERGY, QC CHILDRENS ALLERGY, RA ALLERGY RELIEF CHILDRENS, SB CETIRIZINE HCL CHILDRENS, SM ALL DAY ALLERGY CHILDRENS, WAL-ZYR, WAL-ZYR ALL DAY ALLERGY CHILDRENS, WAL-ZYR ALL DAY ALLERGYCHILDRENS, WAL-ZYR ALLERGY DYE-FREECHILDRENS 24-HOUR, WAL-ZYR CHILDRENS SOLN OR 1 MG/ML 30</p> <p>(Cetirizine Hcl) ALL DAY ALLERGY CHILDRENS, ALL-DAY ALLERGY CHILDRENS, ALLERGY RELIEF CHILDRENS, ALLERGY RELIEF CHILDRENS24-HOUR, CETIRIZINE HCL ALLERGY CHILDRENS, CETIRIZINE HCL CHILDRENSALLERGY, CETIRIZINE HYDROCHLORIDECHILDRENS ALLERGY, CHILDRENS 24 HOUR ALLERGY, CVS ALLERGY RELIEF CHILDRENS, EQ ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL ALL DAY ALLERGY CHILDRENS, FT ALL DAY ALLERGY CHILDRENS, FT ALLERGY RELIEF CHILDRENS, GNP ALL DAY ALLERGY CHILDRENS, GOODSENSE ALL DAY ALLERGYCHILDRENS, HM</p>	<p>ALL DAY ALLERGY CHILDRENS, KLS ALLER-TEC CHILDRENS, PX CHILDRENS ALLERGY, QC CHILDRENS ALLERGY, RA ALLERGY RELIEF CHILDRENS, SB CETIRIZINE HCL CHILDRENS, SM ALL DAY ALLERGY CHILDRENS, WAL-ZYR, WAL-ZYR ALL DAY ALLERGY CHILDRENS, WAL-ZYR ALL DAY ALLERGYCHILDRENS, WAL-ZYR ALLERGY DYE-FREECHILDRENS 24-HOUR, WAL-ZYR CHILDRENS SOLN OR 5 MG/5ML31</p> <p>(Cetirizine Hcl) ALL DAY ALLERGY CHILDRENS, ALL-DAY ALLERGY CHILDRENS, ALLERGY RELIEF CHILDRENS, ALLERGY RELIEF CHILDRENS24-HOUR, CETIRIZINE HCL ALLERGY CHILDRENS, CETIRIZINE HCL CHILDRENSALLERGY, CETIRIZINE HYDROCHLORIDECHILDRENS ALLERGY, CHILDRENS 24 HOUR ALLERGY, CVS ALLERGY RELIEF CHILDRENS, EQ ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL ALL DAY ALLERGY CHILDRENS, FT ALL DAY ALLERGY CHILDRENS, FT ALLERGY RELIEF CHILDRENS, GNP ALL DAY ALLERGY CHILDRENS, GOODSENSE ALL DAY ALLERGYCHILDRENS, HM ALL DAY ALLERGY CHILDRENS, KLS ALLER-TEC CHILDRENS, PX CHILDRENS ALLERGY, QC CHILDRENS ALLERGY, RA ALLERGY RELIEF CHILDRENS, SB CETIRIZINE HCL CHILDRENS, SM ALL DAY ALLERGY CHILDRENS, WAL-ZYR, WAL-ZYR ALL DAY ALLERGY CHILDRENS, WAL-ZYR ALL DAY ALLERGYCHILDRENS, WAL-ZYR ALLERGY DYE-</p>
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FREECHILDRENS 24-HOUR, WAL- ZYR CHILDRENS SOLN OR 30	(Cholecalciferol) D3 KIDS, GNP VITAMIN D, KP VITAMIN D CHEW 400 UNIT150	Peroxide (Refrigerate)) NEUAC ... 60
(Cetirizine Hcl) QC ALLERGY RELIEF CHILDRENS, RA ALLERGY RELIEF CHILDRENS SYRP OR 1 MG/ML 31	(Cholecalciferol) D3-50, DECARA, OPTIMAL D3, OPTIMAL D3 PACK, TRUE VITAMIN D3, WEEKLY-D CAPS 1.25 MG 150	(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 % 65
(Cetirizine Hcl) QC ALLERGY RELIEF CHILDRENS, RA ALLERGY RELIEF CHILDRENS SYRP OR 5 MG/5ML 31	(Cholecalciferol) D3-50, DECARA, OPTIMAL D3, OPTIMAL D3 PACK, TRUE VITAMIN D3, WEEKLY-D CAPS 50000 UNIT .....150	(Clobetasol Propionate Emulsion) TOVET 65
(Chlorhexidine Gluconate (Mouth- Throat)) PERIOGARD 111	(Cholecalciferol) D3-50, DECARA, OPTIMAL D3, OPTIMAL D3 PACK, TRUE VITAMIN D3, WEEKLY-D CAPS 50000 UNIT .....150	(Clobetasol Propionate) CLODAN SHAM 65
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG 123	(Cholecalciferol) D-400, D3 HIGH POTENCY, DELTA D3, GNP VITAMIN D-400, GNP VITAMIN D3, QC VITAMIN D3, SM VITAMIN D, TRUE VITAMIN D3 TABS 10 MCG 150	(Clomiphene Citrate) CLOMID TABS 73
(Cholecalciferol) AQUEOUS VITAMIN D INFANTS, BPROTECTED PEDIA D-VITE, D- VITE PEDIATRIC, PHARMACIST CHOICE D-VITAMIN PEDIATRIC DROPS, VITAMIN D INFANT LIQD OR 10 MCG/ML, 400 UNIT/ML ...149	(Cholecalciferol) D-400, D3 HIGH POTENCY, DELTA D3, GNP VITAMIN D-400, GNP VITAMIN D3, QC VITAMIN D3, SM VITAMIN D, TRUE VITAMIN D3 TABS 400 UNIT . 150	(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUMSTRENGTH SOLN .....62
(Cholecalciferol) AQUEOUS VITAMIN D INFANTS, BPROTECTED PEDIA D-VITE, D- VITE PEDIATRIC, PHARMACIST CHOICE D-VITAMIN PEDIATRIC DROPS, VITAMIN D INFANT LIQD OR 10 MCG/ML .....150	(Cholestyramine Light) PREVALITE PACK .....32	(Crotamiton) CROTAN LOTN .....71
(Cholecalciferol) AQUEOUS VITAMIN D INFANTS, BPROTECTED PEDIA D-VITE, D- VITE PEDIATRIC, PHARMACIST CHOICE D-VITAMIN PEDIATRIC DROPS, VITAMIN D INFANT LIQD OR 400 UNIT/ML 150	(Cholestyramine Light) PREVALITE POWD .....32	(Cyclobenzaprine Hcl) FEXMID TABS 7.5 MG .....123
(Cholecalciferol) CVS D3, EQL VITAMIN D3, TRUE VITAMIN D3 CAPS 10 MCG .....150	(Cimetidine) CIMETIDINE 200, CIMETIDINE ACID REDUCER, CVS HEARTBURN RELIEF, EQ ACID REDUCER, EQ CIMETIDINE ACID REDUCER, PX ACID REDUCER, SB CIMETIDINE, SM ACID REDUCER TABS 200 MG 143	(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG .....109
(Cholecalciferol) CVS D3, EQL VITAMIN D3, TRUE VITAMIN D3 CAPS 400 UNIT 150	(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB .....60	(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 109
	(Clindamycin Phosphate (Topical)) CLINDACIN FOAM 60	(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ... 53
	(Clindamycin Phosphate-Benzoyl	(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG ... 53
		(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA .....53
		(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET 53

(Desonide) DESRX GEL .....65	Beads) TAZTIA XT, TIADYLT ER .50	RELIEF, SB ALLERGY, WAL-DRYL ALLERGY CAPS 50 MG .....26
(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPK 58	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG .....50	(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF
(Dexchlorpheniramine Maleate) RYCLORA SOLN .....26	(Diltiazem Hcl) DILT-XR CP24 .....50	ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS, CVS CHILDRENS ALLERGY, CVS CHILDRENS ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL CHILDRENS ALLERGY, FT ALLERGY RELIEF CHILDRENS, GERI-DRYL, GNP ALLERGY ANTIHISTAMINE, GNP ALLERGY RELIEF MAXIMUM STRENGTH, GNP CHILDRENS ALLERGY, H-E-B CHILDRENS ALLERGY, KINDERMED KIDS ALLERGY, LIQUID ALLERGY RELIEF, M-DRYL, MAXALLERGY KIDS, NARAMIN, PEDIACARE CHILDRENS ALLERGY, PX ALLERGY, QC ALLERGY CHILDRENS, RA ALLERGY, RA ALLERGY MEDICATION CHILDRENS, RA ALLERGY RELIEF CHILDRENS, RA DIPHEDRYL ALLERGY, SB ALLERGY MEDICINE, SILADRYL ALLERGY, SM ALLERGY RELIEF CHILDRENS, TOTAL ALLERGY MEDICINE, WAL-DRYL ALLERGY, WAL-DRYL ALLERGY CHILDRENS, WAL-DRYL ALLERGY DYE-FREECHILDRENS LIQD 12.5 MG/5ML .....28
(Dextroamphetamine Sulfate) PROCENTRA SOLN .....1	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG .....50	(Diphenhydramine Hcl (Sleep)) CVS SLEEP AID NIGHTTIME/MAXIMUM STRENGTH, CVS SLEEP-AID NIGHTTIME, EQ NIGHTTIME SLEEP AID MAXIMUM STRENGTH, EQL SLEEP AID MAXIMUM STRENGTH, FT SLEEP-AID MAXIMUM STRENGTH, GNP NIGHTTIME SLEEP-AID MAXIMUM STRENGTH, GOODSENSE SLEEP AID, GOODSENSE SLEEP-AID MAXIMUM STRENGTH, QC SLEEP AID MAXIMUM STRENGTH, QC SLEEP-AID MAXIMUM STRENGTH, RA SLEEP AID MAXIMUM STRENGTH, SLEEP-AID, WAL-SOM MAXIMUM STRENGTH CAPS 50 MG .....82
(Dextroamphetamine Sulfate) ZENZEDI TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG .....1	(Diphenhydramine Hcl (Sleep)) CVS SLEEP AID NIGHTTIME/MAXIMUM STRENGTH, CVS SLEEP-AID NIGHTTIME, EQ NIGHTTIME SLEEP AID MAXIMUM STRENGTH, EQL SLEEP AID MAXIMUM STRENGTH, FT SLEEP-AID MAXIMUM STRENGTH, GNP NIGHTTIME SLEEP-AID MAXIMUM STRENGTH, GOODSENSE SLEEP AID, GOODSENSE SLEEP-AID MAXIMUM STRENGTH, QC SLEEP AID MAXIMUM STRENGTH, QC SLEEP-AID MAXIMUM STRENGTH, RA SLEEP AID MAXIMUM STRENGTH, SLEEP-AID, WAL-SOM MAXIMUM STRENGTH CAPS 50 MG .....82	(Diphenhydramine Hcl) ALLERGY, ALLERGY RELIEF, BANOPHEN, COMPLETE ALLERGY MEDICINE, CVS ALLERGY, CVS ALLERGY RELIEF, DIPHENHIST, EQ ALLERGY RELIEF, FT ALLERGY RELIEF, GNP ALLERGY, GNP ALLERGY RELIEF, GOODSENSE ALLERGY RELIEF, HM ALLERGY RELIEF, KP DIPHENHYDRAMINE HCL, MEDI-PHEDRYL, MEIJER ANTIHISTAMINE ALLERGY, PHARBEDRYL, PX ALLERGY, QC ALLERGY RELIEF, RA ALLERGY MEDICATION, RA ALLERGY
(Diazepam) DIAZEPAM INTENSOL CONC .....11	(Diphenhydramine Hcl (Sleep)) CVS SLEEP AID NIGHTTIME/MAXIMUM STRENGTH, CVS SLEEP-AID NIGHTTIME, EQ NIGHTTIME SLEEP AID MAXIMUM STRENGTH, EQL SLEEP AID MAXIMUM STRENGTH, FT SLEEP-AID MAXIMUM STRENGTH, GNP NIGHTTIME SLEEP-AID MAXIMUM STRENGTH, GOODSENSE SLEEP AID, GOODSENSE SLEEP-AID MAXIMUM STRENGTH, QC SLEEP AID MAXIMUM STRENGTH, QC SLEEP-AID MAXIMUM STRENGTH, RA SLEEP AID MAXIMUM STRENGTH, SLEEP-AID, WAL-SOM MAXIMUM STRENGTH CAPS 50 MG .....82	(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS, ALLERGY RELIEF CHILDRENS,
(Dichlorphenamide) ORMALVI ....72	(Diphenhydramine Hcl) ALER-CAP, ALLERGY, ALLERGY RELIEF, BANOPHEN, COMPLETE ALLERGY MEDICINE, CVS ALLERGY, CVS ALLERGY RELIEF, DIPHENHIST, EQ ALLERGY RELIEF, FT ALLERGY RELIEF, GNP ALLERGY, GNP ALLERGY RELIEF, GOODSENSE ALLERGY RELIEF, HM ALLERGY RELIEF, KP DIPHENHYDRAMINE HCL, MEDI-PHEDRYL, MEIJER ANTIHISTAMINE ALLERGY, PHARBEDRYL, PX ALLERGY, QC ALLERGY RELIEF, RA ALLERGY MEDICATION, RA ALLERGY	(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS,
(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG .....3	(Diphenhydramine Hcl) ALER-CAP, ALLERGY, ALLERGY RELIEF, BANOPHEN, COMPLETE ALLERGY MEDICINE, CVS ALLERGY, CVS ALLERGY RELIEF, DIPHENHIST, EQ ALLERGY RELIEF, FT ALLERGY RELIEF, GNP ALLERGY, GNP ALLERGY RELIEF, GOODSENSE ALLERGY RELIEF, HM ALLERGY RELIEF, KP DIPHENHYDRAMINE HCL, MEDI-PHEDRYL, MEIJER ANTIHISTAMINE ALLERGY, PHARBEDRYL, PX ALLERGY, QC ALLERGY RELIEF, RA ALLERGY MEDICATION, RA ALLERGY	(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS,
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX .....63	(Diphenhydramine Hcl) ALER-CAP, ALLERGY, ALLERGY RELIEF, BANOPHEN, COMPLETE ALLERGY MEDICINE, CVS ALLERGY, CVS ALLERGY RELIEF, DIPHENHIST, EQ ALLERGY RELIEF, FT ALLERGY RELIEF, GNP ALLERGY, GNP ALLERGY RELIEF, GOODSENSE ALLERGY RELIEF, HM ALLERGY RELIEF, KP DIPHENHYDRAMINE HCL, MEDI-PHEDRYL, MEIJER ANTIHISTAMINE ALLERGY, PHARBEDRYL, PX ALLERGY, QC ALLERGY RELIEF, RA ALLERGY MEDICATION, RA ALLERGY	(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS,
(Digoxin) DIGITEK TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG 51	(Diphenhydramine Hcl) ALER-CAP, ALLERGY, ALLERGY RELIEF, BANOPHEN, COMPLETE ALLERGY MEDICINE, CVS ALLERGY, CVS ALLERGY RELIEF, DIPHENHIST, EQ ALLERGY RELIEF, FT ALLERGY RELIEF, GNP ALLERGY, GNP ALLERGY RELIEF, GOODSENSE ALLERGY RELIEF, HM ALLERGY RELIEF, KP DIPHENHYDRAMINE HCL, MEDI-PHEDRYL, MEIJER ANTIHISTAMINE ALLERGY, PHARBEDRYL, PX ALLERGY, QC ALLERGY RELIEF, RA ALLERGY MEDICATION, RA ALLERGY	(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS,
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG .....50	(Diphenhydramine Hcl) ALER-CAP, ALLERGY, ALLERGY RELIEF, BANOPHEN, COMPLETE ALLERGY MEDICINE, CVS ALLERGY, CVS ALLERGY RELIEF, DIPHENHIST, EQ ALLERGY RELIEF, FT ALLERGY RELIEF, GNP ALLERGY, GNP ALLERGY RELIEF, GOODSENSE ALLERGY RELIEF, HM ALLERGY RELIEF, KP DIPHENHYDRAMINE HCL, MEDI-PHEDRYL, MEIJER ANTIHISTAMINE ALLERGY, PHARBEDRYL, PX ALLERGY, QC ALLERGY RELIEF, RA ALLERGY MEDICATION, RA ALLERGY	(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS,
(Diltiazem Hcl Extended Release	(Diphenhydramine Hcl) ALER-CAP, ALLERGY, ALLERGY RELIEF, BANOPHEN, COMPLETE ALLERGY MEDICINE, CVS ALLERGY, CVS ALLERGY RELIEF, DIPHENHIST, EQ ALLERGY RELIEF, FT ALLERGY RELIEF, GNP ALLERGY, GNP ALLERGY RELIEF, GOODSENSE ALLERGY RELIEF, HM ALLERGY RELIEF, KP DIPHENHYDRAMINE HCL, MEDI-PHEDRYL, MEIJER ANTIHISTAMINE ALLERGY, PHARBEDRYL, PX ALLERGY, QC ALLERGY RELIEF, RA ALLERGY MEDICATION, RA ALLERGY	(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS,

CVS CHILDRENS ALLERGY, CVS CHILDRENS ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL CHILDRENS ALLERGY, FT ALLERGY RELIEF CHILDRENS, GERI-DRYL, GNP ALLERGY ANTIHISTAMINE, GNP ALLERGY RELIEF MAXIMUM STRENGTH, GNP CHILDRENS ALLERGY, H-E-B CHILDRENS ALLERGY, KINDERMED KIDS ALLERGY, LIQUID ALLERGY RELIEF, M-DRYL, MAXALLERGY KIDS, NARAMIN, PEDIACARE CHILDRENS ALLERGY, PX ALLERGY, QC ALLERGY CHILDRENS, RA ALLERGY, RA ALLERGY MEDICATION CHILDRENS, RA ALLERGY RELIEF CHILDRENS, RA DIPHEDRYL ALLERGY, SB ALLERGY MEDICINE, SILADRYL ALLERGY, SM ALLERGY RELIEF CHILDRENS, TOTAL ALLERGY MEDICINE, WAL-DRYL ALLERGY, WAL-DRYL ALLERGY CHILDRENS, WAL-DRYL ALLERGY DYE-FREECHILDRENS LIQD 12.5 MG/5ML	29	KINDERMED KIDS ALLERGY, LIQUID ALLERGY RELIEF, M-DRYL, MAXALLERGY KIDS, NARAMIN, PEDIACARE CHILDRENS ALLERGY, PX ALLERGY, QC ALLERGY CHILDRENS, RA ALLERGY, RA ALLERGY MEDICATION CHILDRENS, RA ALLERGY RELIEF CHILDRENS, RA DIPHEDRYL ALLERGY, SB ALLERGY MEDICINE, SILADRYL ALLERGY, SM ALLERGY RELIEF CHILDRENS, TOTAL ALLERGY MEDICINE, WAL-DRYL ALLERGY, WAL-DRYL ALLERGY DYE-FREECHILDRENS LIQD 25 MG/10ML	26	ALLERGY MEDICINE, SILADRYL ALLERGY, SM ALLERGY RELIEF CHILDRENS, TOTAL ALLERGY MEDICINE, WAL-DRYL ALLERGY, WAL-DRYL ALLERGY CHILDRENS, WAL-DRYL ALLERGY DYE-FREECHILDRENS LIQD 25 MG/10ML	27
(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS, CVS CHILDRENS ALLERGY, CVS CHILDRENS ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL CHILDRENS ALLERGY, FT ALLERGY RELIEF CHILDRENS, GERI-DRYL, GNP ALLERGY ANTIHISTAMINE, GNP ALLERGY RELIEF MAXIMUM STRENGTH, GNP CHILDRENS ALLERGY, H-E-B CHILDRENS ALLERGY, KINDERMED KIDS ALLERGY, LIQUID ALLERGY RELIEF, M-DRYL, MAXALLERGY KIDS, NARAMIN, PEDIACARE CHILDRENS ALLERGY, PX ALLERGY, QC ALLERGY CHILDRENS, RA ALLERGY, RA ALLERGY MEDICATION CHILDRENS, RA ALLERGY RELIEF CHILDRENS, RA DIPHEDRYL ALLERGY, SB ALLERGY MEDICINE, SILADRYL ALLERGY, SM ALLERGY RELIEF CHILDRENS, TOTAL ALLERGY MEDICINE, WAL-DRYL ALLERGY, WAL-DRYL ALLERGY DYE-FREECHILDRENS LIQD 50 MG/20ML	27	(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS, CVS CHILDRENS ALLERGY, CVS CHILDRENS ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL CHILDRENS ALLERGY, FT ALLERGY RELIEF CHILDRENS, GERI-DRYL, GNP ALLERGY ANTIHISTAMINE, GNP ALLERGY RELIEF MAXIMUM STRENGTH, GNP CHILDRENS ALLERGY, H-E-B CHILDRENS ALLERGY, KINDERMED KIDS ALLERGY, LIQUID ALLERGY RELIEF, M-DRYL, MAXALLERGY KIDS, NARAMIN, PEDIACARE CHILDRENS ALLERGY, PX ALLERGY, QC ALLERGY CHILDRENS, RA ALLERGY, RA ALLERGY MEDICATION CHILDRENS, RA ALLERGY RELIEF CHILDRENS, RA DIPHEDRYL ALLERGY, SB		(Diphenhydramine Hcl) ALLERGY CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS, CVS CHILDRENS ALLERGY, CVS CHILDRENS ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL CHILDRENS ALLERGY, FT ALLERGY RELIEF CHILDRENS, GERI-DRYL, GNP ALLERGY ANTIHISTAMINE, GNP ALLERGY RELIEF MAXIMUM STRENGTH, GNP CHILDRENS ALLERGY, H-E-B CHILDRENS ALLERGY, KINDERMED KIDS ALLERGY, LIQUID ALLERGY RELIEF, M-DRYL, MAXALLERGY KIDS, NARAMIN, PEDIACARE CHILDRENS ALLERGY, PX ALLERGY, QC ALLERGY CHILDRENS, RA ALLERGY, RA ALLERGY MEDICATION CHILDRENS, RA ALLERGY RELIEF CHILDRENS, RA DIPHEDRYL ALLERGY, SB	

CHILDRENS, ALLERGY RELIEF, ALLERGY RELIEF CHILDRENS, CURELIEF, CVS ALLERGY RELIEF, CVS ALLERGY RELIEF ADULTMAXIMUM STRENGTH, CVS ALLERGY RELIEF CHILDRENS, CVS CHILDRENS ALLERGY, CVS CHILDRENS ALLERGY RELIEF, EQ ALLERGY RELIEF CHILDRENS, EQL CHILDRENS ALLERGY, FT ALLERGY RELIEF CHILDRENS, GERI-DRYL, GNP ALLERGY ANTI-HISTAMINE, GNP ALLERGY RELIEF MAXIMUM STRENGTH, GNP CHILDRENS ALLERGY, H-E-B CHILDRENS ALLERGY, KINDERMED KIDS ALLERGY, LIQUID ALLERGY RELIEF, M-DRYL, MAXALLERGY KIDS, NARAMIN, PEDIACARE CHILDRENS ALLERGY, PX ALLERGY, QC ALLERGY CHILDRENS, RA ALLERGY, RA ALLERGY MEDICATION CHILDRENS, RA ALLERGY RELIEF CHILDRENS, RA DIPHEDRYL ALLERGY, SB ALLERGY MEDICINE, SILADRYL ALLERGY, SM ALLERGY RELIEF CHILDRENS, TOTAL ALLERGY MEDICINE, WAL-DRYL ALLERGY, WAL-DRYL ALLERGY CHILDRENS, WAL-DRYL ALLERGY DYE- FREECHILDRENS LIQD 50 MG/20ML .....28	LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG .....53 (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG .....53 (Drospirenone-Ethinyl Estradiol- Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG .....53 (Electrolyte-148) MULTIPLE ELECTROLYTES INJECTION TYPE 1 .....108 (Ergotamine W/ Caffeine) MIGERGOT SUPP 106 (Erythromycin (Acne Aid)) ERY PADS .....60 (Erythromycin Base) ERY-TAB TBEC.....84 (Erythromycin Ethylsuccinate) E.E.S. 400 TABS .....84 (Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG .....85 (Esomeprazole Magnesium) CVS ESOMEPRAZOLE MAGNESIUM, EQ ESOMEPRAZOLE MAGNESIUM, FT ACID REDUCER, GNP ESOMEPRAZOLE MAGNESIUM, GOODSENSE ESOMEPRAZOLE MAGNESIUM, HM ESOMEPRAZOLE MAGNESIUM DELAYED RELEASE, KLS ESOMEPRAZOLE MAGNESIUM, QC ESOMEPRAZOLE MAGNESIUM, RA ESOMEPRAZOLE MAGNESIUM, SM ESOMEPRAZOLE MAGNESIUM CPDR 20 MG .....144	(Esterified Estrogens & Methyltestosterone) COVARYX, COVARYX HS, EEMT, EEMT HS, ESTERIFIED ESTROGENS/METHYLTESTOSTER ONE DS, ESTERIFIED ESTROGENS/METHYLTESTOSTER ONE HS, ESTRATEST F.S. 1.25 MG-0.625 MG .....76 (Esterified Estrogens & Methyltestosterone) COVARYX, COVARYX HS, EEMT, EEMT HS, ESTERIFIED ESTROGENS/METHYLTESTOSTER ONE DS, ESTERIFIED ESTROGENS/METHYLTESTOSTER ONE HS, ESTRATEST F.S. 2.5 MG- 1.25 MG .....76 (Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG .....76 (Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS .....76 (Estradiol Vaginal) YUVAFEM TABS . 149 (Estradiol) DOTTI, LYLLANA PTTW . 76 (Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG .....53 (Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 50 MCG-1 MG .....54 (Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE .....57 (Etoposide) TOPOSAR SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....43 (Everolimus) TORPENZ TABS ....41
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG .....141 (Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG 141 (Doxycycline Hyclate) LYMEPAK, TARGADOX TABS 100 MG .....141 (Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE,		

(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG143	FERROUS SULFATE, PC PEDIA IRON, FE-VITE IRON, IRON MG/ML 82 (Ferrous Sulfate) BPROTECTED PEDIA IRON, FE-VITE IRON, IRON INFANT & TODDLER, IRON INFANT/TODDLER, IRON SUPPLEMENT, ONE VITE FERROUS SULFATE, PC PEDIA IRIC IRON DROPS SOLN 220 MG/5ML 82 (Fluocinolone Acetonide (Otic)) FLAC129 (Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP 124 (Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 13 (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 1 MG, 400 MCG .	81 (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 1 MG, 800 MCG . 81 (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG 80 (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 81 (Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG 81 (Folic Acid-Pyridoxine- Cyanocobalamin) FOLBIC, WESTAB MAX 71 (Gentamicin Sulfate (Ophth)) GENTAK OINT 126 (Glatiramer Acetate) GLATOPA SOSY 132 (Glipizide) GLIPIZIDE XL TB24 23 (Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10
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MG/5ML-100 MG/5ML59	(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG 142	12 %68
(Guaifenesin-Codeine)		(Lactulose (Encephalopathy))
GUAIAUSSIN AC, GUAIFENESIN	(Hyoscyamine Sulfate) OSCIMIN	ENULOSE, GENERLAC 78
AC SYRP .....59	SUBL 0.125 MG 142	(Lactulose) CONSTULOSE SOLN 10
(Homatropine Hbr) HOMATROPAIRE	(Hyoscyamine Sulfate) OSCIMIN	GM/15ML 84
.....125	TABS 0.125 MG 142	(Lamotrigine) SUBVENITE
(Hydrocodone Bitartrate-Homatropine	(Ibuprofen) IBU TABS 400 MG, 600	STARTER KIT/BLUE, SUBVENITE
Methylbromide) HYDROMET SOLN .	MG, 800 MG .....3	STARTER KIT/GREEN, SUBVENITE
58	(Icatibant Acetate) SAJAZIR SOSY	STARTER KIT/ORANGE KIT .....16
(Hydrocortisone (Rectal)) PROCTO-	80	(Lamotrigine) SUBVENITE TABS . 16
MED HC, PROCTOSOL HC,	(Indomethacin) INDOCIN SUPP 3	(Lansoprazole) CVS
PROCTOZONE-HC EX 2.5 % 10	(Iodoquinol-HC) CORTI-SAV,	LANSOPRAZOLE, EQ
(Hydrocortisone (Topical)) ALA-	DERMAZENE 62	LANSOPRAZOLE, EQL
SCALP LOTN 2 % 65	(Iodoquinol-Hydrocortisone In Aloe	LANSOPRAZOLE, FT ACID
(Hydrocortisone (Topical))	Vehicle) IODOQUIMEZ-HC 62	REDUCER, GNP LANSOPRAZOLE,
AQUAPHOR ITCH RELIEF	(Irrigation Solutions, Physiological)	GOODSENSE LANSOPRAZOLE,
CHILDREN, AQUAPHOR ITCH	PHYSIOLYTE, PHYSIOSOL	HM LANSOPRAZOLE, KLS
RELIEF MAXIMUM STRENGTH,	IRRIGATION 110	LANSOPRAZOLE, QC
CORTIZONE-10, CORTIZONE-10	(Isotretinoin) ACCUTANE,	LANSOPRAZOLE, SM
WATER RESISTANT MAXIMUM	AMNESTEEM, CLARAVIS,	LANSOPRAZOLE CPDR 15 MG .144
STRENGTH, CVS CORTISONE	MYORISAN, ZENATANE 10 MG, 20	(Lansoprazole) CVS
MAXIMUM STRENGTH, EQL ANTI-	MG, 30 MG, 40 MG 60	LANSOPRAZOLE, GOODSENSE
ITCH MAXIMUM STRENGTH, FT	(Isotretinoin) ACCUTANE,	LANSOPRAZOLE TBDD 15 MG . 144
ITCH RELIEF MAXIMUM	AMNESTEEM, CLARAVIS,	(Levetiracetam) ROWEEPRA TABS
STRENGTH, GNP	MYORISAN, ZENATANE 10 MG, 20	500 MG 16
HYDROCORTISONE MAXIMUM	MG, 40 MG 60	(Levonorgestrel & Eth Estradiol)
STRENGTH, GOODSENSE ANTI-	(Ivermectin (Pediculicide)) CVS	AFIRMELLE, ALTAVERA, AUBRA,
ITCH MAXIMUM STRENGTH,	IVERMECTIN LICE TREATMENT,	AUBRA EQ, AVIANE, AYUNA,
HYDROCORTISONE MAXIMUM	EQ IVERMECTIN 71	CHATEAL, CHATEAL EQ, DELYLA,
STRENGTH, RA ANTI-	(Ketoconazole (Topical)) KETODAN	FALMINA, KURVELO, LESSINA,
ITCH/MAXIMUM STRENGTH, SB	FOAM 62	LEVORA 0.15/30-28, LUTERA,
HYDROCORTISONE MAXIMUM	(Ketoprofen) KIPROFEN CAPS 25	MARLISSA, PORTIA-28, SRONYX,
STRENGTH, SM	MG .....3	VIENVA TABS 0.03 MG-0.15 MG . 54
HYDROCORTISONE MAXIMUM	(Lactic Acid (Ammonium Lactate))	(Levonorgestrel & Eth Estradiol)
STRENGTH OINT 1 % 65	AL12, AMLACTIN DAILY, CVS	AFIRMELLE, ALTAVERA, AUBRA,
(Hydrocortisone Acetate (Rectal))	HYDRATING SKIN TREATMENT,	AUBRA EQ, AVIANE, AYUNA,
ANUCORT-HC, ANUSOL-HC,	CVS SKIN TREATMENT, CVS SKIN	CHATEAL, CHATEAL EQ, DELYLA,
HEMMOREX-HC 10	TREATMENT BODY LOTION LOTN	FALMINA, KURVELO, LESSINA,
(Hydrocortisone Acetate (Rectal))		LEVORA 0.15/30-28, LUTERA,
ANUCORT-HC, ANUSOL-HC,		MARLISSA, PORTIA-28, SRONYX,
HEMMOREX-HC 25 MG 10		VIENVA TABS 20 MCG-0.1 MG ...54

(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG . 54	MCG, 200 MCG .....141	CONC 7
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE- STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG 57	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS .....141	(Methadone Hcl) METHADOSE TBSO .....7
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 .....54	(Lidocaine Hcl) BURN GEL, JELCAINE STERILE, REGENECARE HA, XEROBURN GEL 2 %69	(Methenamine-Hyosc-Methylene Blue-Benzoic Acid-Phenyl Sal) HYOPHEN 36
(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, SETLAKIN, SIMPESSE .....54	(Lidocaine Hcl) GLYDO PRSY 69	(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) PHOSPHASAL, URELLE, URETRON D/S, URIN D/S, URO- 458, UTIRA-C, VILEVEV MB TABS 10.8 MG-81 MG-32.4 MG-0.12 MG- 40.8 MG .....36
(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG ....54	(Lidocaine Hcl) LIDOPIN, LYDEXA, NEUROZYL, TRILOCAINE CREA 3 %69	(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) PHOSPHASAL, URELLE, URETRON D/S, URIN D/S, URO- 458, UTIRA-C, VILEVEV MB TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG- 40.8 MG .....36
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE .....54	(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 % 69	(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) PHOSPHASAL, URELLE, URETRON D/S, URIN D/S, URO- 458, UTIRA-C, VILEVEV MB TABS 10.8 MG-81.6 MG-36.2 MG-0.12 MG- 40.8 MG .....36
(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAUX .....54	(Lidocaine) PREMIUM LIDOCAINE OINT .....69	(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) URIBEL, URIMAR-T, URNEVA, URO-MP, URO-SP, USTELL, VILAMIT MB CAPS 10 MG-118 MG-36 MG-0.12 MG-40.8 MG 36
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI- DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS 23	(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) URIBEL, URIMAR-T, URNEVA, URO-MP, URO-SP, USTELL, VILAMIT MB CAPS 10 MG-120 MG-36 MG-0.12 MG-40.8 MG 36
	(Lorazepam) LORAZEPAM INTENSOL CONC 11	(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) URIBEL, URIMAR-T, URNEVA, URO-MP, URO-SP, USTELL, VILAMIT MB CAPS 10 MG-120 MG-36 MG-0.12 MG-40.8 MG 36
	(Meclizine Hcl) CVS MOTION SICKNESS II, CVS MOTION SICKNESS LESSDROWSY FORMULA, DRAMAMINE, DRAMAMINE LESS DROWSY, EQL MOTION SICKNESS RELIEF, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MEDI- MECLIZINE, MOTION SICKNESS RELIEF/LESS DROWSY, SM MOTION SICKNESS, TRAVEL- EASE TABS 25 MG .....24	(Methenamine-Hyosc-Methylene Blue-Sod Phos-Phenyl Sal) URIBEL,
	(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL	

URIMAR-T, URNEVA, URO-MP, URO-SP, USTELL, VILAMIT MB CAPS 10.8 MG-120 MG-36.2 MG- 0.12 MG-40.8 MG	36	DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE FOR WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS HEALTH FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCEDFORMULA, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA HEALTH MENS, CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMIN, DAILY MENS HEALTH FORMULA, DAILY MULTIPLE VITAMINS/MINERALS, DAILY VITAMIN FORMULA+MINERALS, DAILY WOMENS HEALTH FORMULA, DAILY-VITAMIN MAXIMUM FORMULA, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVITAMINADULTS 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN50+, EQL ONE DAILY MENS 50+ ADVANCED, EQL ONE DAILY MENS HEALTH FORMULA, EQL ONE DAILY WOMENS 50+ADVANCED, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE	DAILY MENS HEALTH 50+, GNP ONE DAILY MENS HEALTH/LYCOPENE, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HI- POTENCY MULTI- VITAMIN/MINERAL SUPPLEMENT, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA W/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR ADULTS 50+, MENS LIFE PACK, MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIUM CARDIO, MILLTRIUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-LEAN, MULTI- VITAMIN/MENOPAUSALFORMULA, MULTI-VITAMIN/MINERALS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN MEN 50+ ONEDAILY, MULTIVITAMIN
(Methylergonovine Maleate) METHERGINE TABS	129		
(Metronidazole (Topical)) ROSADAN CREA	70		
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	70		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG .	149		
(Miglustat) YARGESA	80		
(Minocycline Hcl) COREMINO TB24 45 MG, 90 MG, 135 MG	141		
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP 124			
(Morphine Sulfate) DURAMORPH SOLN IJ 0.5 MG/ML, 1 MG/ML	7		
(Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT FORMULA, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED FORMULA, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATEWOMENS, A THRU Z ULTIMATE MENS, ANTIOXIDANT PROTECTION FORMULA, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERALS, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTA PLUS, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS			

WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADVANCED, MYAMULTI, NUTRITIONAL SUPPORT FOR YOUR SKIN/HAIR/NAILS, OCUTABS, OCUTABS VISION FORMULA, OCUTABS/LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE/LUTEIN, ONE DAILY 50 PLUS, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ADVANCED, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHTADVANCED, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVITAMIN, ONE DAILY MENS HEALTH/LYCOPENE, ONE DAILY MENS MULTIVITAMIN, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY MULTIVITAMIN/IRON-FREE, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/IRON/CALCIUM, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGEFOR HER, ONE-DAILY MULTI-VITAMIN/MINERALS, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA MULTIVITAMINS/LYCOPENE, PX COMPLETE SENIOR MULTIVITAMINS, PX MENS MULTIVITAMINS, QC HAIR SKIN & NAILS, QC MAXIMUM DAILY MULTIVITAMIN/MULTIMINERAL,

QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, ...(56) TABS112
 (Multiple Vitamins W/ Minerals) A THRU Z ADVANCED, A THRU Z ADVANCED ADULT FORMULA, A THRU Z HIGH POTENCY, A THRU Z SELECT, A THRU Z SELECT 50+ ADVANCED FORMULA, A THRU Z SELECT 50+ MENS, A THRU Z SELECT ADVANCED, A THRU Z SELECT ULTIMATEWOMENS, A THRU Z ULTIMATE MENS, ANTIOXIDANT PROTECTION FORMULA, ANTIOXIDANT VITAMINS, CENTAVITE A-Z COMPLETE MULTIVITAMIN/MINERALS, CENTRAVITES, CENTRAVITES 50 PLUS, CENTURY, CENTURY MATURE, CEROVITE SENIOR, CERTA PLUS, CERTAVITE/ANTIOXIDANTS, COMPANION, COMPETE, CVS DAILY MULTIPLE FOR MEN, CVS DAILY MULTIPLE FOR WOMEN 50+, CVS EYE HEALTH & LUTEIN, CVS ONE DAILY ESSENTIAL, CVS ONE DAILY MENS HEALTH FORMULA, CVS ONE DAILY WOMENS FORMULA, CVS SPECTRAVITE ADVANCEDFORMULA, CVS SPECTRAVITE MEN, CVS SPECTRAVITE MEN 50+, CVS SPECTRAVITE SENIOR, CVS SPECTRAVITE ULTRA HEALTH MENS, CVS SPECTRAVITE ULTRA WOMENS HEALTH SENIOR, CVS SPECTRAVITE WOMEN, CVS SPECTRAVITE WOMEN 50+, CVS WOMENS ACTIVE DAILY, DAILY BETIC, DAILY COMBO MULTI VITAMIN, DAILY MENS HEALTH

FORMULA, DAILY MULTIPLE VITAMINS/MINERALS, DAILY VITAMIN FORMULA+MINERALS, DAILY WOMENS HEALTH FORMULA, DAILY-VITAMIN MAXIMUM FORMULA, DIABETES HEALTH FORMULA, DIALYVITE 800/ULTRA D, EQ COMPLETE MULTIVITAMINADULTS 50+, EQ ONE DAILY WOMENS HEALTH, EQL CENTURY, EQL CENTURY MATURE, EQL CENTURY MATURE MEN 50+, EQL CENTURY MATURE WOMEN50+, EQL ONE DAILY MENS 50+ ADVANCED, EQL ONE DAILY MENS HEALTH FORMULA, EQL ONE DAILY WOMENS 50+ADVANCED, EQL VISION FORMULA, ESSENTIA, ESSENTIAL BALANCE, EYE-VITES, GERIVITE COMPLETE, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS HEALTH/LYCOPENE, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HI-POTENCY MULTI-VITAMIN/MINERAL SUPPLEMENT, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION

FORMULA W/LUTEIN, KP
 WOMENS 50+ DAILY FORMULA,
 KP WOMENS DAILY FORMULA,
 MACUVITE, MACUVITE EYE CARE,
 MACUVITE/LUTEIN, MAXIMUM
 DAILY GREEN, MEIJER
 ADVANCED FORMULA, MEIJER
 ADVANCED FORMULA FOR
 ADULTS 50+, MENS LIFE PACK,
 MILLTRIUM ADVANCED FORMULA
 WITH BETA CAROTENE,
 MILLTRIUM CARDIO, MILLTRIUM
 SENIOR, MULTI COMPLETE/IRON,
 MULTI FOR HER, MULTI FOR HER
 50+, MULTI FOR HIM, MULTI FOR
 HIM 50+, MULTI-LEAN, MULTI-
 VITAMIN/MENOPAUSALFORMULA,
 MULTI-VITAMIN/MINERALS,
 MULTIPLE VITAMIN/MINERALS/NO
 IRON, MULTIPLE
 VITAMINS/WOMENS,
 MULTIVITAMIN ADULTS,
 MULTIVITAMIN ADULTS 50+,
 MULTIVITAMIN MEN 50+,
 MULTIVITAMIN MEN 50+
 ONEDAILY, MULTIVITAMIN
 WOMEN, MULTIVITAMIN WOMEN
 50+, MULTIVITAMIN WOMENS 50+
 ADVANCED, MYAMULTI,
 NUTRITIONAL SUPPORT FOR
 YOUR SKIN/HAIR/NAILS,
 OCUTABS, OCUTABS VISION
 FORMULA, OCUTABS/LUTEIN,
 OCUVITE EXTRA, OCUVITE EYE +
 MULTI, OCUVITE/LUTEIN, ONE
 DAILY 50 PLUS, ONE DAILY
 COMPLETE, ONE DAILY
 COMPLETE FOR MEN, ONE DAILY
 FOR MEN 50+ ADVANCED, ONE
 DAILY FOR MEN/LYCOPENE, ONE
 DAILY FOR WOMEN, ONE DAILY
 FOR WOMEN 50+ADVANCED, ONE
 DAILY HEALTHY WEIGHT, ONE
 DAILY HEALTHY
 WEIGHTADVANCED, ONE DAILY
 MAXIMUM, ONE DAILY MENS, ONE

DAILY MENS 50+ MULTIVITAMIN,
 ONE DAILY MENS
 HEALTH/LYCOPENE, ONE DAILY
 MENS MULTIVITAMIN, ONE DAILY
 MULTIVITAMIN MEN, ONE DAILY
 MULTIVITAMIN MENS
 50+/LYCOPENE, ONE DAILY
 MULTIVITAMIN WOMEN, ONE
 DAILY MULTIVITAMIN/IRON-FREE,
 ONE DAILY WOMENS, ONE DAILY
 WOMENS 50 PLUS, ONE DAILY
 WOMENS 50+, ONE
 DAILY/IRON/CALCIUM, ONE
 DAILY/MINERALS, ONE-A-DAY
 TEEN ADVANTAGEFOR HER, ONE-
 DAILY MULTI-VITAMIN/MINERALS,
 OPTIC-VITES, OPTIC-VITES WITH
 LUTEIN, OPTIMUM PMS,
 OSTEOPRIME ULTRA, PROSIGHT,
 PX ADVANCED FORMULA
 MULTIVITAMINS/LYCOPENE, PX
 COMPLETE SENIOR
 MULTIVITAMINS, PX MENS
 MULTIVITAMINS, QC HAIR SKIN &
 NAILS, QC MAXIMUM DAILY
 MULTIVITAMIN/MULTIMINERAL,
 QC MENS DAILY MULTIVITAMIN,
 QC MULTI-VITE, QC MULTI-VITE 50
 & OVER, QC THERIN-M, ...(56)
 TABS113

 (Multiple Vitamins W/ Minerals) A
 THRU Z ADVANCED, A THRU Z
 ADVANCED ADULT FORMULA, A
 THRU Z HIGH POTENCY, A THRU
 Z SELECT, A THRU Z SELECT 50+
 ADVANCED FORMULA, A THRU Z
 SELECT 50+ MENS, A THRU Z
 SELECT ADVANCED, A THRU Z
 SELECT ULTIMATEWOMENS, A
 THRU Z ULTIMATE MENS,
 ANTIOXIDANT PROTECTION
 FORMULA, ANTIOXIDANT
 VITAMINS, CENTAVITE A-Z
 COMPLETE
 MULTIVITAMIN/MINERALS,

CENTRAVITES, CENTRAVITES 50
 PLUS, CENTURY, CENTURY
 MATURE, CEROVITE SENIOR,
 CERTA PLUS,
 CERTAVITE/ANTIOXIDANTS,
 COMPANION, COMPETE, CVS
 DAILY MULTIPLE FOR MEN, CVS
 DAILY MULTIPLE FOR WOMEN
 50+, CVS EYE HEALTH & LUTEIN,
 CVS ONE DAILY ESSENTIAL, CVS
 ONE DAILY MENS HEALTH
 FORMULA, CVS ONE DAILY
 WOMENS FORMULA, CVS
 SPECTRAVITE
 ADVANCEDFORMULA, CVS
 SPECTRAVITE MEN, CVS
 SPECTRAVITE MEN 50+, CVS
 SPECTRAVITE SENIOR, CVS
 SPECTRAVITE ULTRA HEALTH
 MENS, CVS SPECTRAVITE ULTRA
 WOMENS HEALTH SENIOR, CVS
 SPECTRAVITE WOMEN, CVS
 SPECTRAVITE WOMEN 50+, CVS
 WOMENS ACTIVE DAILY, DAILY
 BETIC, DAILY COMBO MULTI
 VITAMIN, DAILY MENS HEALTH
 FORMULA, DAILY MULTIPLE
 VITAMINS/MINERALS, DAILY
 VITAMIN FORMULA+MINERALS,
 DAILY WOMENS HEALTH
 FORMULA, DAILY-VITAMIN
 MAXIMUM FORMULA, DIABETES
 HEALTH FORMULA, DIALYVITE
 800/ULTRA D, EQ COMPLETE
 MULTIVITAMINADULTS 50+, EQ
 ONE DAILY WOMENS HEALTH,
 EQL CENTURY, EQL CENTURY
 MATURE, EQL CENTURY MATURE
 MEN 50+, EQL CENTURY MATURE
 WOMEN50+, EQL ONE DAILY
 MENS 50+ ADVANCED, EQL ONE
 DAILY MENS HEALTH FORMULA,
 EQL ONE DAILY WOMENS
 50+ADVANCED, EQL VISION
 FORMULA, ESSENTIA, ESSENTIAL
 BALANCE, EYE-VITES, GERIVITE

COMPLETE, GNP CENTURY MATURE FORMULA/WOMEN'S 50+, GNP HAIR/SKIN/NAILS, GNP HEALTHY EYES, GNP MEGA MULTI FOR MEN, GNP MEGA MULTI FOR WOMEN, GNP ONE DAILY MENS HEALTH 50+, GNP ONE DAILY MENS HEALTH/LYCOPENE, GNP ONE DAILY WOMENS HEALTH 50+, GNP ONE DAILY WOMENS METABOLISM SUPPORT, GNP THERAPEUTIC-M, HAIR SKIN AND NAILS FORMULA, HAIR/SKIN/NAILS, HEALTHY EYES, HI-KOVITE 2-PART FORMULA, HIPOTENCY MULTI-VITAMIN/MINERAL SUPPLEMENT, HM COMPLETE WOMEN, HM WOMENS 50+ ADVANCED ONE DAILY, I-VITE, ICAPS MV, KP ADULTS 50+ DAILY FORMULA, KP ADULTS DAILY FORMULA, KP MENS 50+ DAILY FORMULA, KP MENS DAILY FORMULA, KP VISION FORMULA, KP VISION FORMULA W/LUTEIN, KP WOMENS 50+ DAILY FORMULA, KP WOMENS DAILY FORMULA, MACUVITE, MACUVITE EYE CARE, MACUVITE/LUTEIN, MAXIMUM DAILY GREEN, MEIJER ADVANCED FORMULA, MEIJER ADVANCED FORMULA FOR ADULTS 50+, MENS LIFE PACK, MILLTRIUM ADVANCED FORMULA WITH BETA CAROTENE, MILLTRIUM CARDIO, MILLTRIUM SENIOR, MULTI COMPLETE/IRON, MULTI FOR HER, MULTI FOR HER 50+, MULTI FOR HIM, MULTI FOR HIM 50+, MULTI-LEAN, MULTIVITAMIN/MENOPAUSALFORMULA, MULTI-VITAMIN/MINERALS, MULTIPLE VITAMIN/MINERALS/NO IRON, MULTIPLE

VITAMINS/WOMENS, MULTIVITAMIN ADULTS, MULTIVITAMIN ADULTS 50+, MULTIVITAMIN MEN 50+, MULTIVITAMIN MEN 50+ ONEDAILY, MULTIVITAMIN WOMEN, MULTIVITAMIN WOMEN 50+, MULTIVITAMIN WOMENS 50+ ADVANCED, MYAMULTI, NUTRITIONAL SUPPORT FOR YOUR SKIN/HAIR/NAILS, OCUTABS, OCUTABS VISION FORMULA, OCUTABS/LUTEIN, OCUVITE EXTRA, OCUVITE EYE + MULTI, OCUVITE/LUTEIN, ONE DAILY 50 PLUS, ONE DAILY COMPLETE, ONE DAILY COMPLETE FOR MEN, ONE DAILY FOR MEN 50+ ADVANCED, ONE DAILY FOR MEN/LYCOPENE, ONE DAILY FOR WOMEN, ONE DAILY FOR WOMEN 50+ADVANCED, ONE DAILY HEALTHY WEIGHT, ONE DAILY HEALTHY WEIGHTADVANCED, ONE DAILY MAXIMUM, ONE DAILY MENS, ONE DAILY MENS 50+ MULTIVITAMIN, ONE DAILY MENS HEALTH/LYCOPENE, ONE DAILY MENS MULTIVITAMIN, ONE DAILY MULTIVITAMIN MEN, ONE DAILY MULTIVITAMIN MENS 50+/LYCOPENE, ONE DAILY MULTIVITAMIN WOMEN, ONE DAILY MULTIVITAMIN/IRON-FREE, ONE DAILY WOMENS, ONE DAILY WOMENS 50 PLUS, ONE DAILY WOMENS 50+, ONE DAILY/IRON/CALCIUM, ONE DAILY/MINERALS, ONE-A-DAY TEEN ADVANTAGEFOR HER, ONE-DAILY MULTI-VITAMIN/MINERALS, OPTIC-VITES, OPTIC-VITES WITH LUTEIN, OPTIMUM PMS, OSTEOPRIME ULTRA, PROSIGHT, PX ADVANCED FORMULA

MULTIVITAMINS/LYCOPENE, PX COMPLETE SENIOR MULTIVITAMINS, PX MENS MULTIVITAMINS, QC HAIR SKIN & NAILS, QC MAXIMUM DAILY MULTIVITAMIN/MULTIMINERAL, QC MENS DAILY MULTIVITAMIN, QC MULTI-VITE, QC MULTI-VITE 50 & OVER, QC THERIN-M, ... (56) TABS114
 (Nabumetone) RELAFEN 500 MG ..3
 (Nabumetone) RELAFEN 750 MG ..3
 (Naproxen) EC-NAPROXEN TBEC .3
 (Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN126
 (Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG 134
 (Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE

MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG133

(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG .133

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM

NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG134

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG134

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 135

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS

NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR 135

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE

TRANSDERMALSYSTEM STEP 2, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE
 CVS NICOTINE
 TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE
 TRANSDERMALSYSTEM, GNP NICOTINE
 TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE
 TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE
 TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE
 TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE
 TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE
 TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR 136
 (Nicotine) CVS NICOTINE
 TRANSDERMALSYSTEM, CVS NICOTINE
 TRANSDERMALSYSTEM STEP 1, CVS NICOTINE
 TRANSDERMALSYSTEM STEP 2, CVS NICOTINE
 TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE
 TRANSDERMALSYSTEM, GNP NICOTINE
 TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE
 TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL

SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR 137	TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR .. 138 (Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL	SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR .. 139 (Nitroglycerin) NITRO-TIME CPCR 2.5 MG, 9 MG 11 (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 57 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 55 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 54
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(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 55	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG 55	SPRINTEC 28, VYLIBRA 56
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS 55	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG 55	(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 56
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 55	(Norethindrone Acetate) GALLIFREY TABS 131	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % .. 128
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 55	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 76	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 % 128
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG .55	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG 76	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 144
(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG 55	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 55	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG 145
(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG 55	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 56	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG 145
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYROC, SHAROBEL 58	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI-LINYAH, TRI-LO- ESTARYLLA, TRI-LO-MARZIA, TRI- LO-MILI, TRI-LO-SPRINTEC, TRI- MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO . 56	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM,

GNP OMEPRAZOLE, KP	(Pediatric Vitamins ACD W/ Fluoride)	CYTRA-3 SYRP	79
OMEPRazole MAGNESIUM, QC	TRI-VITE/FLUORIDE SOLN	(Pot Phosphate Monobasic W/ Sod	
OMEPRazole MAGNESIUM CPDR		Phosphate Dibasic & Monobasic)	
.....144	(PEG 3350-Kcl-NaCl-Na Sulfate-Na	PHOSPHA 250 NEUTRAL,	
(Orphenadrine W/ Aspirin & Caff)	Ascorbate-Ascorbic Acid) PEG-	PHOSPHO-TRIN 250 NEUTRAL,	
NORGESIC, ORPHENGESIC	3350/ELECTROLYTES/ASCORBAT	WES-PHOS 250 NEUTRAL	108
FORTE 385 MG-30 MG-25 MG ..	E	(Potassium Bicarbonate) EFFER-K,	
123		K-PRIME, KLOR-CON/EF TBEF .	108
(Oxycodone W/ Acetaminophen)	(PEG 3350-Kcl-Sod Bicarb-Sod	(Potassium Chloride	
ENDOCET TABS 325 MG-10 MG,	Chloride-Sod Sulfate) GAVILYTE-C	Microencapsulated Crystals ER)	
325 MG-2.5 MG, 325 MG-5 MG, 325	SOLR 6.72 GM-2.98 GM-5.84 GM-	KLOR-CON M10, KLOR-CON M15,	
MG-7.5 MG	22.72 GM-240 GM	KLOR-CON M20 10 MEQ	108
8		(Potassium Chloride	
(Ped Multivitamins W/Fl & Iron)	(PEG 3350-Kcl-Sod Bicarb-Sod	Microencapsulated Crystals ER)	
MULTI-VIT/IRON/FLUORIDE,	Chloride-Sod Sulfate) GAVILYTE-G	KLOR-CON M10, KLOR-CON M15,	
MULTIVITAMIN/FLUORIDE/IRON	SOLR 6.74 GM-2.97 GM-5.86 GM-	KLOR-CON M20 15 MEQ	108
SOLN 35 MG/ML-0.4 MG/ML-0.5	22.74 GM-236 GM	(Potassium Chloride	
MG/ML-400 UNIT/ML-1500		Microencapsulated Crystals ER)	
UNIT/ML-8 MG/ML-0.6 MG/ML-0.25	(PEG 3350-Potassium Chloride-Sod	KLOR-CON M10, KLOR-CON M15,	
MG/ML-5 UNIT/ML-10 MG/ML ...	Bicarbonate-Sod Chloride)	KLOR-CON M20 20 MEQ	108
119	GAVILYTE-N/FLAVOR PACK	(Potassium Chloride	
(Ped Multivitamins W/Fl & Iron)	83	Microencapsulated Crystals ER)	
MULTI-VIT/IRON/FLUORIDE,	(Penicillin G Potassium) PFIZERPEN	KLOR-CON M10, KLOR-CON M15,	
MULTIVITAMIN/FLUORIDE/IRON	5000000 UNIT, 20000000 UNIT ..	KLOR-CON M20 20 MEQ	108
SOLN 35 MG/ML-0.4 MG/ML-0.5	.130	(Potassium Chloride) KLOR-CON 10,	
MG/ML-400 UNIT/ML-1500	(Phenazopyridine Hcl) PHENAZO	KLOR-CON 8 TBCR 10 MEQ	109
UNIT/ML-8 MG/ML-5 UNIT/ML-0.6	TABS 200 MG	(Potassium Chloride) KLOR-CON 10,	
MG/ML-0.25 MG/ML-10 MG/ML ..	79	KLOR-CON 8 TBCR 8 MEQ	109
120	(Phenylephrine Hcl (Mydriatic))	(Potassium Chloride) KLOR-CON	
(Ped Multivitamins W/Fl & Iron)	ALTAFRIN SOLN	PACK OR 20 MEQ	109
MULTI-VITAMIN/FLUORIDE/IRON	125	(Potassium Citrate-Citric Acid)	
SOLN 35 MG/ML-0.4 MG/ML-0.5	(Phenytoin Sodium Extended)	CYTRA K CRYSTALS PACK	79
MG/ML-400 UNIT/ML-1500	PHENYTEK 200 MG, 300 MG	(Potassium Citrate-Citric Acid)	
UNIT/ML-0.6 MG/ML-8 MG/ML-0.25	18	CYTRA-K SOLN	79
MG/ML-10 MG/ML-5 UNIT/ML ...	(Phenytoin) PHENYTOIN INFATABS	(Potassium Phosphate Monobasic)	
120	CHEW	PHOSPHO-TRIN K500 TABS	108
(Pediatric Multivitamins W/Fl)	18	(Pramoxine-HC) MEZPAROX-HC	
MULTIVITAMIN WITH FLUORIDE,	(Polyethylene Glycol 3350)	CREA 2.5 %-1 %	65
MULTIVITAMIN/FLUORIDE CHEW	CLEARLAX, CVS PURELAX, EQ	(Prednisolone) MILLIPRED TABS .	58
120	CLEARLAX, EQL CLEARLAX, FT	(Prenatal Vit W/ Docusate-Iron	
(Pediatric Multivitamins W/Fl) MULTI-	CLEARLAX, GAVILAX,	Carbonyl-Folic Acid) INATAL GT	
VITAMIN/FLUORIDE DROPS SOLN .	GENTLELAX, GLYCOLAX, GNP	TABS	120
120	CLEARLAX, GOODSENSE		
(Pediatric Multivitamins W/Fl)	CLEARLAX, HM CLEARLAX, KLS		
MULTIVITAMIN/FLUORIDE SOLN	LAXACLEAR, MM CLEARLAX, QC		
120	NATURA-LAX, RA LAXATIVE, SB		
(Pediatric Multivitamins W/Fl)	POLYETHYLENE GLYCOL 3350,		
MULTIVITAMIN/FLUORIDE SOLN	SM CLEARLAX, SMOOTH LAX,		
120	TRUE LAXATIVE POWD		84
	(Pot & Sod Citrates W/Citric Ac)		

(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW 120	NEBUSAL, PULMOSAL NEBU 3 % 59 (Sodium Chloride (Inhalant))	TESTOSTERONE SOLN IM 200 MG/ML .....9 (Tetracaine Hcl (Ophth)) ALTACAINE .....127
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT .....120	NEBUSAL, PULMOSAL NEBU 7 % 59 (Sodium Citrate & Citric Acid)	(Theophylline) ELIXOPHYLLIN ELIX . 14
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG 121	CYTRA-2 79 (Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP 108	(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %125
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA 121	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG .....108 (Sodium Polystyrene Sulfonate)	(Tretinoin) AVITA CREA 0.025 % . 60 (Tretinoin) AVITA GEL 0.025 % ... 60
(Prochlorperazine) COMPRO .....45	KIONEX, SPS SUSP OR 15 GM/60ML 110 (Sotalol Hcl) SORINE TABS .....50	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE 111
(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP 59	(Sulfacetamide Sodium W/ Sulfur) AVAR-E EMOLLIENT, AVAR-E GREEN, SSS 10%-5% CREA 10 %-5 %60	(Triamcinolone Acetonide (Topical)) TRIANEX, TRITOCIN OINT 0.05 % 65
(Promethazine Hcl) PROMETHEGAN SUPP .....31	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %60	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %65
(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE 59	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM 60	(Urea In Lactic Acid Vehicle) UREA HYDRATING 68
(Ringer's Irrigation) TIS-U-SOL ..110	(Sulfacetamide Sodium W/ Sulfur) SULFACLEANSE 8/4 SUSP 8 %-4 %60	(Urea) DERMACINRX UREA, UREDEB, UREMEZ-40, XUREA CREA 39 % 68
(Salicylic Acid) KERALYT SHAM 6 %69	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %60	(Urea) DERMACINRX UREA, UREDEB, UREMEZ-40, XUREA CREA 41 % 68
(Salicylic Acid) SALICYLIC ACID WART REMOVER LIQD 27.5 % ...69	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..36	(Urea) GORDONS UREA CREA 40 %68
(Sapropterin Dihydrochloride) JAVYGTOR PACK .....74	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS .....52	(Urea) UMECTA MOUSSE FOAM .68 (Urea) UREA NAIL GEL 45 %68
(Sapropterin Dihydrochloride) JAVYGTOR TABS .....74	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM 100 MG/ML .....9	(Vigabatrin) VIGADRONE TABS .. 18 (Vigabatrin) VIGADRONE, VIGPODER PACK 18
(Silver Sulfadiazine) SSD 65	(Testosterone Cypionate) DEPO-	(Warfarin Sodium) JANTOVEN TABS .....14
(Sodium Chloride (GU Irrigant)) ARGYLE STERILE SALINE, CURITY STERILE SALINE 0.9 %79	(Testosterone Cypionate) DEPO-	

(Water For Irrigation, Sterile)	acetaminophen w/ codeine SOLN .. 8	acyclovir topical OINT 65
ARGYLE STERILE WATER 100ML . 110	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG 8	ACZONE 5 % (dapson (topical)) . 60
(Zinc Sulfate) ORAZINC CAPS ...109	acetazolamide CP12 .....72	ACZONE 7.5 % (dapson (topical)) 60
(Zolmitriptan) ZOMIG TABS 106	acetazolamide TABS .....72	ADACEL SUSP .....142
abacavir sulfate SOLN .....46	acetic acid (otic) .....129	ADALIMUMAB-ADAZ SOAJ 3
abacavir sulfate TABS .....46	acetylcysteine SOLN .....59	ADALIMUMAB-ADAZ SOSY .....3
abacavir sulfate-lamivudine .....46	acitretin .....64	adapalene CREA 60
ABC COMPLETE ADULT TABS . 114	ACTHIB SOLR IM 146	adapalene GEL 60
ABC COMPLETE MENS TABS .. 114	ACTIDOM DMX LIQD .....59	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %60
ABC COMPLETE SENIOR 50+ TABs .....114	ACTIMMUNE 100 MCG/0.5ML ... 43	ADCIRCA TABS (tadalafil (pulmonary hypertension)) .....52
ABC COMPLETE SENIOR MEN'S50+ TABS 114	ACTIQ LPOP (fentanyl citrate) .....7	ADDERALL TABS (amphetamine- dextroamphetamine) 1
ABC COMPLETE SENIOR WOMENS 50+ TABS .....114	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 76	ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1
ABC COMPLETE WOMENS TABS 114	ACTONEL TABS 150 MG (risedronate sodium) .....73	adefovir dipivoxil 49
ABELCET .....25	ACTONEL TABS 35 MG (risedronate sodium) .....73	ADEMPAS .....52
ABILIFY TABS (aripiprazole) 46	ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 21	ADTHYZA TABS .....141
abiraterone acetate 40	ACTOS (pioglitazone hcl) .....23	ADVAIR DISKUS AEPB (fluticasone- salmeterol) 13
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin) .....60	ACULAR (ketorolac tromethamine (ophth)) 128	ADVANCED DIABETIC MULTIVITAMIN FORMULA TABS 114
ABSORICA 25 MG, 35 MG (isotretinoin) .....60	ACULAR LS (ketorolac tromethamine (ophth)) .....128	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2" .....87
ABSORICA LD 60	ACUVAIL .....128	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16" 87
acamprosate calcium 131	acyclovir CAPS .....49	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16" 87
acarbose .....20	acyclovir SUSP .....49	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2" .....87
ACCOLATE (zafirlukast) 12	acyclovir TABS OR 49	
ACCUPRIL (quinapril hcl) .....33	acyclovir topical CREA .....65	
ACCURETIC (quinapril- hydrochlorothiazide) 34		
acebutolol hcl CAPS .....50		

ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16"	87	MG/0.5ML	13	ALIVE ENERGY 50+ TABS	114
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16"	87	ALBUTEROL SULFATE NEBU	13	ALIVE MENS 50+ TABS	114
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	87	albuterol sulfate SYRP	13	ALIVE MENS 50+ ULTRA TABS	114
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	87	albuterol sulfate TABS	13	ALIVE MENS COMPLETE MAX POTENCY TABS	114
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	87	ALCAINE (proparacaine hcl)	127	ALIVE MENS COMPLETE MULTIVITAMIN TABS	114
AFINITOR DISPERZ TBSO (everolimus)	41	alclometasone dipropionate CREA	65	ALIVE MENS ULTRA TABS	114
AFINITOR TABS (everolimus)	41	alclometasone dipropionate OINT	65	ALIVE ONCE DAILY WOMENS ULTRA POTENCY TABS	114
AFLURIA QUADRIVALENT 2022-2023 SUSP	146	ALDACTAZIDE (spironolactone & hydrochlorothiazide)	72	ALIVE ULTRA POTENCY WOMENS 50+ TABS	114
AFLURIA QUADRIVALENT 2022-2023 SUSY	146	ALDACTAZIDE	72	ALIVE WOMENS 50+ COMPLETEMULTIVITAMIN TABS	114
AFLURIA QUADRIVALENT 2023-2024 SUSP	147	ALDACTONE TABS (spironolactone)	72	ALIVE WOMENS ENERGY TABS	114
AFLURIA QUADRIVALENT 2023-2024 SUSY	147	ALDURAZYME	74	ALKERAN (melphalan)	38
AGRYLIN 0.5 MG (anagrelide hcl)	80	ALECENSA	41	ALKERAN IV (melphalan hcl)	38
AIMSCO LUBRICATED MISC	85	alendronate sodium SOLN	73	allopurinol 100 MG, 300 MG	80
AJOVY SOAJ	106	alendronate sodium TABS 35 MG, 70 MG	70	almotriptan malate	106
AJOVY SOSY	106	alendronate sodium TABS 5 MG, 10 MG	73	ALOCRIL	128
AKEEGA	40	ALFERON N	43	ALOMIDE	128
AKTEN	127	alfuzosin hcl	79	alose tron hcl	78
AKYNZEO	24	ALGAE BASED CALCIUM TABS	114	ALPHA BETIC TABS	114
ALADERM PLUS EMUL	70	ALIMTA SOLR (pemetrexed disodium)	39	ALPHAGAN P (brimonidine tartrate)	126
ALA-QUIN	62	ALINIA SUSR	36	ALPRAZOLAM INTENSOL CONC	11
albendazole	10	ALINIA TABS (nitazoxanide)	36	alprazolam TABS	11
albuterol sulfate AERS	13	aliskiren fumarate	35	alprazolam TB24	11
albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5		ALIVE CALCIUM BONE SUPPORT MAX ABSORPTION TABS	114	alprazolam TBDP	11
		ALIVE DAILY ENERGY TABS	114	ALREX SUSP (loteprednol etabonate)	127
		ALIVE DIABETIC MULTIVITAMIN TABS	114		

ALTABAX	62	amlodipine besylate-atorvastatin calcium	51	amphotericin b IV	25
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG (ramipril)	33	amlodipine besylate-benazepril hcl 34		amphotericin b liposome	25
ALTACE CAPS 10 MG (ramipril) ..	33	amlodipine besylate-olmesartan medoxomil	34	ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM	130
ALTOPREV TB24 20 MG, 40 MG, 60 MG	32	amlodipine besylate-valsartan	34	ampicillin CAPS 500 MG	130
ALUNBRIG TABS	41	amlodipine-valsartan- hydrochlorothiazide	34	ampicillin sodium IJ 1 GM, 125 MG 130	
ALUNBRIG TBPK	41	amoxapine	20	ampicillin sodium IV 10 GM	130
alvimopan	78	amoxicillin & pot clavulanate CHEW . 130		AMPYRA (dalfampridine)	132
amantadine hcl CAPS	44	amoxicillin & pot clavulanate SUSR 130		AMRIX CP24 (cyclobenzaprine hcl) 123	
amantadine hcl TABS	44	amoxicillin & pot clavulanate TABS 130		ANAFRANIL (clomipramine hcl) ..	20
AMARYL (glimepiride)	23	amoxicillin & pot clavulanate TB12 130		anagrelide hcl	80
AMBIEN CR TBCR (zolpidem tartrate)	83	amoxicillin CAPS	130	ANALPRAM-HC CREA EX 1 %-1 % (hydrocortisone acetate w/ pramoxine)	10
AMBIEN TABS (zolpidem tartrate) 83		amoxicillin CHEW 125 MG, 250 MG . 130		ANALPRAM-HC LOTN EX	10
AMBISOME (amphotericin b liposome)	25	AMOXICILLIN SUSR (amoxicillin) 130		ANAPROX DS TABS (naproxen sodium)	3
ambrisentan	52	amoxicillin SUSR	130	ANASPAZ TBDP (hyoscyamine sulfate)	142
amcinonide CREA	65	amoxicillin TABS	130	anastrozole	40
amcinonide LOTN	65	amoxicillin-clarithromycin w/ lansoprazole THPK	145	ANCOBON (flucytosine)	25
amcinonide OINT	65	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	ANDROGEL PUMP GEL TD 1.62 % (testosterone)	9
AMICAR TABS (aminocaproic acid) 82		amoxicillin SUSR	130	ANGELIQ	76
amikacin sulfate SOLN 1 GM/4ML ..	2	amoxicillin TABS	130	ANNOVERA	57
amiloride & hydrochlorothiazide ..	72	amoxicillin-clarithromycin w/ lansoprazole THPK	145	ANORO ELLIPTA	13
amiloride hcl TABS	72	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	ANTIOXIDANT FORMULA TABS 114	
aminocaproic acid TABS	82	amphetamine-dextroamphetamine TABS	1	ANTIVERT TABS 50 MG (meclizine hcl)	24
aminophylline SOLN	14			ANUSOL-HC EX (hydrocortisone (rectal))	10
amiodarone hcl TABS	12				
AMITIZA (lubiprostone)	77				
amitriptyline hcl TABS	20				
amlodipine besylate TABS	50				

ANZEMET TABS 50 MG	24	hydrochloride)	131	cilexetil-hydrochlorothiazide)	34
APEXICON E CREA	65	ARIKAYCE	2	atazanavir sulfate CAPS	46
APIDRA SOLN	22	ARIMIDEX (anastrozole)	40	ATELVIA TBEC (risedronate sodium)	73
APIDRA SOLOSTAR SOPN	22	aripiprazole SOLN OR	46	atenolol & chlorthalidone	34
APLENZIN	19	aripiprazole TABS	46	atenolol TABS	50
APO-VARENICLINE TABS	140	aripiprazole TBDP	46	ATGAM	109
apraclonidine hcl	126	ARIXTRA (fondaparinux sodium) .	15	ATIVAN TABS (lorazepam)	11
aprepitant CAPS 40 MG	25	armodafinil 200 MG	1	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1
aprepitant CAPS 80 MG, 125 MG .	25	armodafinil 50 MG, 150 MG, 250 MG 1		atomoxetine hcl 60 MG, 80 MG, 100 MG	1
aprepitant CAPS	25	ARMOUR THYROID TABS	141	atorvastatin calcium TABS 10 MG, 20 MG	32
aprepitant MISC	25	ARNUITY ELLIPTA	13	atorvastatin calcium TABS 40 MG, 80 MG	32
APTIOM 200 MG, 400 MG, 600 MG .	16	AROMASIN (exemestane)	40	atorvastatin calcium TABS 40 MG, 80 MG	32
APTIOM 800 MG	16	ARRANON (nelarabine)	39	atovaquone	36
APTIVUS CAPS	46	ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	4	atovaquone-proguanil hcl	38
AQ INSULIN SYRINGE/0.5ML/30G X 5/16"	87	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	4	ATRALIN GEL (tretinoin)	60
AQ INSULIN SYRINGE/1ML/29G X 1/2"	87	ARZERRA	40	atropine sulfate (ophthalmic) SOLN 126	
AQ INSULIN SYRINGE/1ML/31G X 5/16"	87	ASCRIPITIN TABS	7	ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	126
ARALAST NP SOLR 1000 MG ...	140	asenapine maleate	45	ATROPINE SULFATE SOLN 1 % 126	
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	81	aspirin CHEW	7	atropine sulfate SOLN IJ 0.4 MG/ML, 1 MG/ML	142
ARANESP ALBUMIN FREE SOSY 81		aspirin TABS 325 MG	7	ATROVENT HFA	12
ARAVA 10 MG (leflunomide)	5	aspirin TBEC 325 MG	7	AUBAGIO (teriflunomide)	132
ARAVA 20 MG (leflunomide)	5	aspirin TBEC 81 MG	7	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	130
ARCALYST	3	aspirin-dipyridamole	80	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	130
arformoterol tartrate	13	ASTAGRAF XL CP24	109	AUGMENTIN TABS 125 MG-500 MG	
ARICEPT TABS (donepezil		ATABEX EC TBEC	121		
		ATABEX OB	121		
		ATACAND (candesartan cilexetil) .	34		
		ATACAND HCT (candesartan			

(amoxicillin & pot clavulanate)	130	azelastine hcl-fluticasone propionate SUSP	123	trimethoprim)	36
AUGTYRO	41	AZELEX	60	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	56
AUSTEDO PATIENT TITRATION KIT TBPK	132	AZILECT (rasagiline mesylate) ...	44	balsalazide disodium CAPS	78
AUSTEDO TABS	132	azithromycin PACK	84	BALVERSA	41
AUSTEDO XR PATIENT TITRATION KIT TEPK	132	azithromycin SUSR	84	BANZEL SUSP (rufinamide)	16
AUSTEDO XR TB24	132	azithromycin TABS 250 MG	84	BANZEL TABS (rufinamide)	16
AVALIDE (irbesartan- hydrochlorothiazide)	34	azithromycin TABS 500 MG	84	BAQSIMI ONE PACK POWD	21
AVAPRO (irbesartan)	34	azithromycin TABS 600 MG	84	BAQSIMI TWO PACK POWD	21
AVAR LS CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	60	AZO HORMONAL HEALTH CYCLE CARE & COMFORT TABS	114	BARACLUDE TABS (entecavir) ...	49
AVAR-E LS CREA (sulfacetamide sodium w/ sulfur)	60	AZO HORMONAL HEALTH HAPPY CYCLE TABS	115	BASIC AM TABS	115
AVODART (dutasteride)	79	AZOPT (brinzolamide)	128	BASIC PM TABS	115
AVONEX PEN AJKT	132	AZOR (amlodipine besylate- olmesartan medoxomil)	34	BAXDELA TABS	77
AVONEX PSKT	132	AZULFIDINE EN-TABS TBEC (sulfasalazine)	77	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" ..	87
AYGESTIN TABS (norethindrone acetate)	131	AZULFIDINE TABS (sulfasalazine) 78		BD AUTOSHIELD DUO 30G X 5MM	87
AYVAKIT 100 MG, 200 MG, 300 MG 41		BABY DDROPS LIQD OR	150	BD INSULIN SYRINGE LUER- LOK/U-100/1ML	87
AYVAKIT 25 MG, 50 MG	41	BACIGUENT	126	BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	87
azacitidine SUSR	39	bacitracin (ophthalmic)	126	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	87
AZASITE	126	bacitracin	35	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	87
AZATHIOPRINE	109	bacitracin-polymyxin b (ophth) ...	126	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	87
azathioprine TABS	109	bacitracin-poly-neomycin-hc	127	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	87
azelaic acid GEL	70	baclofen SOLN IT 500 MCG/ML .	123	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	87
azelastine hcl (ophth)	128	baclofen TABS 5 MG, 10 MG, 20 MG	123	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" ..	87
azelastine hcl 0.1 %, 137 MCG/SPRAY	124	BACMIN TABS	115	BD INSULIN SYRINGE ULTRAFINE	
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	124	BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	36		
		BACTRIM TABS (sulfamethoxazole-			

HALF-UNIT/0.3ML/31G X 5/16" ...87	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" .....88	SYRINGE/0.3ML/31G X 15/64" ...89
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" .....87	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" .....88	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" ....89
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" .....87	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" .....88	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" .....89
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" .....88	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM .....88	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" .....89
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ...88	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM .....88	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16" .89
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" ...88	BD INSULIN SYRINGE/1ML/27G X 12.7MM .....88	BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 6MM .....89
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM .....88	BD INSULIN SYRINGE/1ML/29G X 12.7MM .....88	BD VEO INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 6MM 89
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" ..88	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2" .....88	BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM .....89
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM .....88	BD INSULIN SYRINGE/U- 100/2ML/27.5G X 5/8" .....88	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/0.3ML/31G X 15/64" .89
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ...88	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM .....88	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" ...89
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" ...88	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM .....88	BECONASE AQ .....124
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM .....88	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" .....88	BELBUCA FILM .....9
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" ..88	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM .....88	BELLADONNA/OPIUM .....142
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM .....88	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM .....88	BELSOMRA .....83
BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM 88	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM .....88	BENADRYL ALLERGY CHILDRENS LIQD (diphenhydramine hcl) .....29
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" .....88	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" .....89	benazepril & hydrochlorothiazide .34
BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM .....88	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 8MM .....88	benazepril hcl .....33
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM .....88	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" .....89	BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide) ...34
	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" .....89	BENLYSTA SOAJ .....110
	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" .....89	BENLYSTA SOLR 120 MG .....110

BENLYSTA SOSY	111	betamethasone valerate FOAM ...	66	bisoprolol & hydrochlorothiazide ..	34
BENSAL HP OINT	69	betamethasone valerate LOTN ...	66	bisoprolol fumarate	50
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	60	betamethasone valerate OINT	66	BIVIGAM SOLN 5 GM/50ML	129
BENZEPRO CREAMY WASH LIQD .	60	BETAPACE AF (sotalol hcl (afib/af))	50	BLEPHAMIDE S.O.P. OINT	127
BENZNIDAZOLE	10	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	50	BONEUP VEGETARIAN TABS ..	115
benzonatate	58	BETASERON KIT	132	BONJESTA TBCR	24
benzoyl peroxide-erythromycin GEL .	60	betaxolol hcl (ophth) SOLN	125	BOOSTRIX SUSP	142
benztropine mesylate SOLN	44	betaxolol hcl	50	BOOSTRIX SUSY	142
benztropine mesylate TABS	44	bethanechol chloride	146	BORTEZOMIB SOLN	41
bepotastine besilate	128	BETHKIS NEBU (tobramycin)	2	bortezomib SOLR IJ	41
BEPREVE (bepotastine besilate)	128	BETIMOL	125	bosentan TABS	52
BESIVANCE	126	BETOPTIC-S SUSP	125	BOSULIF CAPS	41
BETADINE OPHTHALMIC PREP	126	bexarotene (topical)	64	BOSULIF TABS	41
betaine	74	bexarotene	43	BRAFTOVI 75 MG	41
betamethasone dipropionate (topical)	66	BEXSERO	146	BREO ELLIPTA (fluticasone furoate- vilanterol)	13
CREA	66	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ...	56	BREO ELLIPTA	13
betamethasone dipropionate (topical)	66	bicalutamide	40	BREZTRI AEROSPHERE	13
LOTN	66	BICILLIN C-R 300000 UNIT/2ML- 900000 UNIT/2ML, 300000 UNIT/ML- 300000 UNIT/ML	130	BRILINTA	80
betamethasone dipropionate (topical)	66	BICILLIN L-A SUSY	130	brimonidine tartrate (topical)	70
OINT	66	BIDIL (isosorbide dinitrate- hydralazine hcl)	51	brimonidine tartrate	126
betamethasone dipropionate augmented CREA	66	BIKTARVY 200 MG-50 MG-25 MG 46		brimonidine tartrate-timolol maleate .	125
betamethasone dipropionate augmented GEL 0.05 %	66	BILTRICIDE (praziquantel)	10	brinzolamide	128
betamethasone dipropionate augmented LOTN	66	bimatoprost SOLN	128	BRIXADI SOSY	9
betamethasone dipropionate augmented OINT	66	BINOSTO TBEF	73	bromfenac sodium (ophth)	128
betamethasone valerate CREA ...	66	BIO-DTUSS DMX LIQD	59	bromocriptine mesylate CAPS	44

BROVANA (arformoterol tartrate) .13	140	CALAN SR TBCR (verapamil hcl) .50
BRUKINSA .....41	bupropion hcl TABS .....19	CALCIFOL 108
budesonide (inhalation) SUSP 0.25 MG/2ML .....13	bupropion hcl TB12 19	calcipotriene CREA 64
budesonide (inhalation) SUSP 0.5 MG/2ML .....13	bupropion hcl TB24 150 MG, 300 MG.....19	calcipotriene FOAM .....64
budesonide (inhalation) SUSP 1 MG/2ML .....13	bupropion hcl TB24 450 MG .....19	CALCIPOTRIENE FOAM .....64
budesonide (intrarectal) .....10	buspirone hcl 11	calcipotriene OINT 64
budesonide (nasal) .....124	busulfan SOLN .....39	calcipotriene SOLN 64
budesonide CPEP 58	BUSULFEX SOLN (busulfan) .....39	calcipotriene-betamethasone dipropionate OINT 66
budesonide TB24 58	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG 5	calcipotriene-betamethasone dipropionate SUSP 66
budesonide-formoterol fumarate dihydrate .....13	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG 5	calcitonin (salmon) IJ 73
bumetanide TABS .....72	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG 5	calcitonin (salmon) NA .....73
BUMEX TABS 0.5 MG (bumetanide) . 72	butalbital-acetaminophen-caffeine w/ codeine 8	calcitriol (topical) 64
BUPHENYL POWD (sodium phenylbutyrate) .....74	butalbital-aspirin-caffeine CAPS 5	calcitriol CAPS 74
BUPHENYL TABS (sodium phenylbutyrate) .....74	butalbital-aspirin-caffeine w/cod 8	calcitriol SOLN IV 74
BUPRENEX SOLN (buprenorphine hcl) .....9	butorphanol tartrate NA 10 MG/ML . 9	calcitriol SOLN OR .....74
buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG 9	BUTRANS PTWK (buprenorphine) . 9	calcium acetate (phosphate binder) CAPS .....78
buprenorphine hcl SOLN .....9	BYSTOLIC (nebivolol hcl) .....50	CAL-DAY 1000 TABS 115
buprenorphine hcl SUBL .....9	cabergoline 75	CALQUENCE 41
buprenorphine hcl-naloxone hcl dihydrate FILM SL .....9	CABLIVI 80	CAMBIA (diclofenac potassium (migraine)) 106
buprenorphine hcl-naloxone hcl dihydrate SUBL .....9	CABOMETYX TABS .....41	CANASA SUPP (mesalamine) 78
buprenorphine PTWK .....9	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium) 51	CANCIDAS (caspofungin acetate) 25
bupropion hcl (smoking deterrent)	CAFERGOT TABS (ergotamine w/ caffeine) .....106	candesartan cilexetil 34
	caffeine citrate SOLN OR 1	candesartan cilexetil- hydrochlorothiazide 34
		capecitabine39
		CAPEX SHAM 66
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CAPRELSA	41	SYRINGES/0.3ML/31G X 5/16"	89	carvedilol phosphate	50
captopril & hydrochlorothiazide ...	34	CAREONE INSULIN		CASODEX (bicalutamide)	40
captopril	33	SYRINGES/0.5ML/30G X 1/2"	89	caspofungin acetate	25
CARAC CREA	64	CAREONE INSULIN		CASPOFUNGIN ACETATE	25
CARAFATE SUSP (sucralfate) ...	144	SYRINGES/0.5ML/31G X 5/16"	89	CATAPRES-TTS-1 (clonidine)	34
CARAFATE TABS (sucralfate) ...	144	CAREONE INSULIN		CATAPRES-TTS-2 (clonidine)	34
carbamazepine CHEW	16	SYRINGES/1ML/30G X 1/2"	89	CATAPRES-TTS-3 (clonidine)	34
carbamazepine CP12	16	CAREONE INSULIN		cefaclor CAPS	52
carbamazepine SUSP	16	SYRINGES/1ML/31GX5/16"	89	CEFACTOR ER TB12	52
carbamazepine TABS	16	CARETOUCH INSULIN		cefaclor SUSR 125 MG/5ML, 250	
carbamazepine TB12	16	SYRINGE/0.3ML/31GX5/16"	89	MG/5ML, 375 MG/5ML	52
CARBATROL CP12 (carbamazepine)		CARETOUCH INSULIN		cefadroxil CAPS	52
.....	16	SYRINGE/1ML/30GX5/16"	89	cefadroxil SUSR	52
carbidopa	43	CARETOUCH INSULIN		cefadroxil TABS	52
carbidopa-levodopa TABS	44	SYRINGE/1ML/31GX5/16"	89	cefazolin sodium SOLR IJ 1 GM, 10	
carbidopa-levodopa TBCR	44	CARETOUCH INSULIN SYRINGE/U-		GM, 500 MG	52
carbidopa-levodopa TBDP	44	100/1ML/28G X 5/16"	89	cefdinir CAPS	53
carbidopa-levodopa-entacapone ..	44	CARETOUCH INSULIN SYRINGE/U-		cefdinir SUSR	53
carbinoxamine maleate SOLN	29	100/1ML/29G X 5/16"	89	cefepime hcl SOLR IV 2 GM	53
carbinoxamine maleate TABS 4 MG .		CARETOUCH INSULIN		CEFEPIME SOLN 1 GM/50ML	53
29		SYRINGE0.5ML/30GX5/16"	89	CEFEPIME/DEXTROSE 5 %-2	
CARDIZEM CD CP24 (diltiazem hcl		carisoprodol TABS	123	GM/50ML	53
coated beads)	50	CARNITOR SF SOLN OR		cefixime CAPS	53
CARDIZEM LA TB24 (diltiazem hcl)		(levocarnitine (metabolic modifiers))		cefixime SUSR	53
51		74		CEFOTAN IJ (cefotetan disodium) 52	
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120 MG (diltiazem hcl)	51	(levocarnitine (metabolic modifiers))		CEFOTAXIME SODIUM IJ 1 GM, 2	
CARDURA (doxazosin mesylate) .	34	74		GM	53
CARDURA XL	79	CARNITOR TABS (levocarnitine		cefotetan disodium IJ 1 GM, 2 GM 53	
CAREONE INSULIN		(metabolic modifiers))	74	CEFOXITIN SODIUM	53
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		carvedilol 6.25 MG, 12.5 MG, 25 MG			
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cefepodoxime proxetil TABS 53	CENTRUM ADULTS TABS (multiple vitamins w/ minerals) 115	CENTRUM ULTRA WOMENS TABS 115
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chlorthalidone 25 MG, 50 MG	72	CIPRODEX (ciprofloxacin- dexamethasone)	129	CLARINEX-D 12 HOUR TB12	59
chlorzoxazone TABS	123	ciprofloxacin hcl (ophth) SOLN ...	126	clarithromycin SUSR	84
CHOLBAM	77	ciprofloxacin hcl (otic)	129	clarithromycin TABS	84
cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT	150	ciprofloxacin hcl TABS	77	clarithromycin TB24	84
cholecalciferol CAPS 10 MCG, 400 UNIT	150	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	77	clemastine fumarate SYRP	29
cholecalciferol CHEW 400 UNIT .	150	ciprofloxacin-dexamethasone ...	129	clemastine fumarate TABS 2.68 MG .	29
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	150	ciprofloxacin-fluocinolone acetonide .	129	CLENPIQ SOLN 12 GM/160ML-3.5 GM/160ML-10 MG/160ML	83
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cholestyramine light PACK	32	citalopram hydrobromide TABS 10 MG	19	CLEOCIN (clindamycin hcl)	37
cholestyramine light POWD	32	citalopram hydrobromide TABS 20 MG	19	CLEOCIN CREA (clindamycin phosphate vaginal)	149
cholestyramine PACK	32	citalopram hydrobromide TABS 40 MG	19	CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)	37
cholestyramine POWD	32	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG- 20 MG-50 MG-25 MG-2 MG-159 MG- 90 MG-150 MCG-30 UNIT-0.75 MG- 300 MG	121	CLEOCIN PHOSPHATE SOLN IJ 900 MG/6ML (clindamycin phosphate)	37
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ciclopirox olamine CREA	62	CITRANATAL DHA	121	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"	89
ciclopirox olamine SUSP	62	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	121	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"	90
ciclopirox SHAM	62	CITRANATAL MEDLEY	121	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16"	90
cidofovir	49	cladribine 10 MG/10ML	39		
cilostazol	80				
CILOXAN OINT	126				
cimetidine hcl OR 300 MG/5ML .	143				
cimetidine TABS	143				
cinacalcet hcl	74				
CIPRO HC	129				
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CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16"90	MG/24HR, 37.5 MCG/24HR (estradiol) 76	clobetasol propionate emollient base 0.05 %66
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" 90	CLINDACIN ETZ 60	clobetasol propionate emulsion ...66
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CLOZARIL TABS (clozapine) 45	COMIRNATY 2023-24 SUSP 147	CORTISPORIN-TC 129
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colestipol hcl PACK 32	COREG CR (carvedilol phosphate) 50	CUPRIMINE CAPS (penicillamine) 109
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CUVPOSA SOLN OR (glycopyrrolate)	142	cyclosporine SOLN IV 50 MG/ML	110	daptomycin 500 MG	37
CVS DAILY MULTIVITAMIN/MINERAL MENS TABS	115	CYKLOKAPRON SOLN (tranexamic acid)	82	DAPTOMYCIN 500 MG	37
CVS ONE DAILY MENS 50+ ADVANCED TABS	115	CYMBALTA CPEP (duloxetine hcl) 20		darifenacin hydrobromide	146
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cyclobenzaprine hcl TABS	123	CYTOMEL TABS (liothyronine sodium)	141	DDAVP TABS (desmopressin acetate)	75
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diclofenac potassium TABS 50 MG .4	dihydroergotamine mesylate SOLN IJ 1 MG/ML 106	diphenoxylate w/ atropine TABS ... 23
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diclofenac sodium (ophth) 128	DILANTIN (phenytoin sodium extended) 18	DIPROLENE OINT (betamethasone dipropionate augmented) 67
diclofenac sodium (topical) GEL EX 63	DILANTIN 30 MG 18	dipyridamole 80
diclofenac sodium (topical) SOLN EX 1.5 % 63	DILANTIN INFATABS CHEW (phenytoin) 18	disopyramide phosphate CAPS ... 12
diclofenac sodium (topical) SOLN EX 2 % 63	DILANTIN-125 SUSP (phenytoin) . 18	disulfiram 131
diclofenac sodium TB24 4	DILAUDID LIQD (hydromorphone hcl) 7	DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride) 146
diclofenac sodium TBEC 4	DILAUDID TABS (hydromorphone hcl) 7	DIURIL SUSP 72
diclofenac w/ misoprostol TBEC 4	diltiazem hcl coated beads CP24 . 51	divalproex sodium CSDR 19
dicloxacillin sodium 131	diltiazem hcl CP12 51	divalproex sodium TB24 19
dicyclomine hcl CAPS 142	diltiazem hcl CP24 51	divalproex sodium TBEC 19
dicyclomine hcl SOLN OR 142	diltiazem hcl extended release beads 51	DIVIGEL GEL 0.25 MG/0.25GM, 0.5
dicyclomine hcl TABS 142		
DIFFERIN CREA (adapalene) 61		

MG/0.5GM, 1 MG/GM, 1.25	100 MG	100/0.3ML/31G X 15/64"	91
MG/1.25GM (estradiol)	doxycycline hyclate TBEC 75 MG,	DROPLET INSULIN SYRINGE/U-	
dofetilide	100 MG, 150 MG	100/0.3ML/31G X 5/16"	91
DOMETUSS-DMX LIQD	doxylamine-pyridoxine TBEC	DROPLET INSULIN SYRINGE/U-	
donepezil hydrochloride TABS	DRISDOL CAPS (ergocalciferol)	100/0.5ML/30G X 1/2"	91
donepezil hydrochloride TBDP	dronabinol CAPS	DROPLET INSULIN SYRINGE/U-	
DOPTelet	DROPLET INSULIN SYRINGE	100/0.5ML/31G X 5/16"	91
DORAL (quazepam)	0.3ML/29G X 1/2"	DROPLET INSULIN SYRINGE/U-	
dorzolamide hcl	DROPLET INSULIN SYRINGE	100/1ML/30G X 1/2"	91
DORZOLAMIDE HCL	0.5ML/29G X 1/2"	DROPLET INSULIN SYRINGE/U-	
DORZOLAMIDE HCL/TIMOLOL	DROPLET INSULIN SYRINGE	100/1ML/31G X 15/64"	91
MALEATE	1ML/29G X 1/2"	DROPLET INSULIN SYRINGE/U-	
dorzolamide hcl-timolol maleate	DROPLET INSULIN SYRINGE U-	100/1ML/31G X 5/16"	91
DOVATO	100/0.3/31G X 5/16"	DROPSAFE INSULIN SAFETY	
doxazosin mesylate	DROPLET INSULIN SYRINGE U-	SYRINGE/FIXED NEEDLE	
doxepin hcl (antipruritic)	100/0.3ML/30G X 1/2"	29GX12.5MM 1ML	91
doxepin hcl (sleep)	DROPLET INSULIN SYRINGE U-	DROPSAFE INSULIN SAFETY	
doxepin hcl CAPS	100/0.3ML/30G X 5/16"	SYRINGE/FIXED NEEDLE	
doxepin hcl CONC	DROPLET INSULIN SYRINGE U-	31GX6MM 0.3ML	91
doxercalciferol CAPS	100/0.3ML/31G X 15/64"	DROPSAFE INSULIN SAFETY	
doxercalciferol SOLN	DROPLET INSULIN SYRINGE U-	SYRINGE/FIXED NEEDLE	
doxycycline (monohydrate) CAPS	100/0.5ML/30G X 1/2"	31GX8MM 0.3ML	91
141	DROPLET INSULIN SYRINGE U-	DROPSAFE INSULIN SAFETY	
doxycycline (monohydrate) SUSR	100/0.5ML/31G X 5/16"	SYRINGE/FIXED NEEDLE	
141	DROPLET INSULIN SYRINGE U-	31GX8MM 0.5ML	91
doxycycline (monohydrate) TABS 50	100/1ML/30G X 1/2"	DROPSAFE INSULIN SAFETY	
MG, 100 MG	DROPLET INSULIN SYRINGE U-	SYRINGE/FIXED NEEDLE	
doxycycline (monohydrate) TABS 75	100/1ML/30G X 5/16"	31GX8MM 1ML	91
MG, 150 MG	DROPLET INSULIN SYRINGE U-	drosiprenone-ethinyl estradiol	56
doxycycline (rosacea)	100/1ML/31G X 15/64"	drosiprenone-ethinyl estradiol-	
doxycycline hyclate CAPS	DROPLET INSULIN SYRINGE U-	levomefolate calcium	56
doxycycline hyclate TABS 20 MG,	100/1ML/31G X 5/16"	DROXIA CAPS	80
	DROPLET INSULIN SYRINGE/U-	droxidopa	149
		DRYSOL SOLN	70

DUAVEE	76	fluticasone propionate)	123	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	92
DUET DHA 400 MISC	121	DYRENIUM CAPS (triamterene) ..	72	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	92
DUET DHA BALANCED MISC	120	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	85	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2"	92
MG-50 MG-15 MG-1 MG-640 UNIT- 12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG- 2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	121	EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	91	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16"	92
DUETACT (pioglitazone hcl- glimepiride)	21	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	91	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16"	92
DUEXIS (ibuprofen-famotidine)	4	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	91	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"	92
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	14	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	91	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	92
DULERA 50 MCG/ACT-5 MCG/ACT . 13		EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	91	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	92
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	20	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" 91		EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" .	92
DUOPA SUSP	44	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	91	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	92
DUPIXENT SOPN	68	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	91	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	92
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	68	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	92	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" .	92
DUREX EXTRA SENSITIVE THIN DEVI	85	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	92	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	92
DUREX EXTRA SENSITIVE THIN MISC	85	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	92	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" 92	
DUREX TROPICAL MISC	85	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	92	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8" 92	
DUREZOL (difluprednate)	127	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	92		
dutasteride	79				
dutasteride-tamsulosin hcl	79				
DUTOPROL TB24 12.5 MG-50 MG 34					
D-VI-SOL LIQD OR (cholecalciferol) . 150					
DYMISTA SUSP (azelastine hcl-					

EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" 92	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....46	EMTRIVA SOLN 47
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" 92	EFFER-K .....109	EMULSION SB EMUL 70
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" 92	EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl) .....20	EMVERM CHEW .....10
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" 92	EFFIENT (prasugrel hcl) 80	enalapril maleate & hydrochlorothiazide 34
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" .....92	EFUDEX CREA (fluorouracil (topical)) .....64	enalapril maleate SOLN 33
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" 92	ELAPRASE .....74	enalapril maleate TABS .....33
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" 92	ELESTRIN GEL .....76	ENBRACE HR 121
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" 92	eletriptan hydrobromide .....106	ENBREL MINI SOCT .....5
EC-NAPROSYN TBEC (naproxen) .4	ELFOLATE TABS .....71	ENBREL SOLN 5
econazole nitrate CREA 62	ELIDEL (pimecrolimus) .....69	ENBREL SOSY 5
ECOTRIN ARTHRITIS PAIN TBEC (aspirin) .....7	ELIGARD SC .....40	ENBREL SURECLICK SOAJ 5
ECOTRIN REGULAR STRENGTH TBEC (aspirin) .....7	ELIQUIS STARTER PACK TBPK . 14	ENCARE SUPP 100 MG 148
ECOTRIN TBEC (aspirin) .....7	ELIQUIS TABS .....14	ENDARI (glutamine (sickle cell)) .80
EDARBI .....34	ELLA .....57	ENDOMETRIN INST 149
EDARBYCLOR .....34	ELMIRON CAPS .....79	enoxaparin sodium SOLN IJ 300 MG/3ML 15
EDECIN (ethacrynic acid) .....72	EMCYT .....40	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML 15
EDLUAR SUBL 83	EMEND CAPS 80 MG (aprepitant) 25	enoxaparin sodium SOSY 30 MG/0.3ML 15
EDURANT .....46	EMEND TRIPACK CAPS (aprepitant) .....25	enoxaparin sodium SOSY 40 MG/0.4ML 15
efavirenz CAPS .....46	EMGALITY SOAJ .....106	enoxaparin sodium SOSY 60 MG/0.6ML 15
efavirenz TABS 46	EMGALITY SOSY 106	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML 15
	EMSAM .....19	entacapone .....44
	emtricitabine CAPS 46	entecavir TABS 49
	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG 46	ENTEREG (alvimopan) 78
	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....47	ENTTY SPRAY EMUL .....70
	EMTRIVA CAPS (emtricitabine) ...47	ENVARUSUS XR TB24 110

EPANED SOLN (enalapril maleate) 33	EQ ONE DAILY WOMENS 50+ TABS .....116	ergotamine w/ caffeine TABS 106
EPCLUSA PACK .....49	EQ ONE DAILY WOMENS HEALTH TABS .....116	ERIVEDGE .....40
EPCLUSA TABS .....49	EQL CENTURY MATURE ADULTS50+ TABS 116	ERLEADA 40
EPICERAM EMUL .....70	EQL CENTURY MENS TABS ....116	erlotinib hcl 40
EPIDIOLEX .....16	EQL CENTURY WOMENS TABS 116	ERTACZO .....62
EPIFOAM FOAM .....67	EQL INSULIN SYRINGE/0.3ML/29G X 1/2" 92	ertapenem sodium IJ 37
epinastine hcl (ophth) 128	EQL INSULIN SYRINGE/0.3ML/30G X 5/16" .....92	ERYGEL GEL (erythromycin (acne aid)) 61
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML .....149	EQL INSULIN SYRINGE/0.3ML/31G X 5/16" .....93	ERYPED 200 SUSR (erythromycin ethylsuccinate) .....85
epinephrine (anaphylaxis) SOAJ .149	EQL INSULIN SYRINGE/0.5ML/29G X 1/2" 93	ERYPED 400 SUSR (erythromycin ethylsuccinate) .....85
EPINEPHRINE HCL SOLN IJ 149	EQL INSULIN SYRINGE/0.5ML/30G X 5/16" .....93	erythromycin (acne aid) GEL 61
EPINEPHRINE SOAJ 0.3 MG/0.3ML 149	EQL INSULIN SYRINGE/0.5ML/31G X 5/16" .....93	erythromycin (acne aid) SOLN 61
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis)) .....149	EQL INSULIN SYRINGE/1ML/29G X 1/2" 93	erythromycin (ophth) .....126
EPIPEN-JR 2-PAK SOAJ (epinephrine (anaphylaxis)) 149	EQL INSULIN SYRINGE/1ML/30G X 5/16" .....93	ERYTHROMYCIN .....126
EPIVIR HBV TABS (lamivudine (hbv)) .....49	EQL INSULIN SYRINGE/1ML/31G X 5/16" .....93	erythromycin base CPEP .....85
EPIVIR SOLN (lamivudine) .....47	EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS .....116	erythromycin base TABS 85
EPIVIR TABS (lamivudine) 47	EQ ONE DAILY MENS 50+ TABS 116	erythromycin base TBEC 85
EPKINLY 40	EQ ONE DAILY MENS HEALTH TABS .....116	erythromycin ethylsuccinate SUSR 85
eplerenone 35	ERGOMAR SUBL 106	erythromycin ethylsuccinate TABS 85
EPSOLAY CREA .....61	ERAXIS 100 MG .....25	ESBRIET CAPS (pirfenidone) ....140
EPZICOM (abacavir sulfate- lamivudine) .....47	ERBITUX .....40	ESBRIET TABS (pirfenidone) 140
EQ COMPLETE MULTIVITAMINADULTS UNDER 50 TABS .....116	ergocalciferol CAPS 150	escitalopram oxalate SOLN .....19
EQ ONE DAILY MENS 50+ TABS 116	ergoloid mesylates TABS .....132	escitalopram oxalate TABS .....19
EQ ONE DAILY MENS HEALTH TABS .....116		ESGIC TABS (butalbital- acetaminophen-caffeine) .....5
		esomeprazole magnesium CPDR 145
		esomeprazole magnesium PACK 145
		estazolam 83

esterified estrogens & methyltestosterone	76	ETHYL CHLORIDE/MEDIUM JET STREAM	69	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	93
ESTRACE CREA (estradiol vaginal) . 149		ETHYL CHLORIDE/MEDIUM STREAM	69	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	93
ESTRACE TABS (estradiol)	76	ETHYL CHLORIDE/MIST	70	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	93
estradiol & norethindrone acetate TABS	76	ethynodiol diacet & eth estrad	56	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"	93
estradiol GEL 0.06 %	76	etodolac CAPS	4	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"	93
estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	76	etodolac TABS	4	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"	93
estradiol PTTW	76	etodolac TB24	4	EXELDERM CREA (sulconazole nitrate)	62
estradiol PTWK 0.025 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR, 37.5 MCG/24HR	77	etonogestrel-ethinyl estradiol	57	EXELDERM SOLN (sulconazole nitrate)	62
estradiol PTWK 0.05 MG/24HR ...	77	ETOPOPHOS	43	EXELON (rivastigmine)	131
estradiol TABS	77	etoposide CAPS	43	exemestane	40
estradiol vaginal CREA	149	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	43	EXFORGE (amlodipine besylate-valsartan)	34
estradiol vaginal TABS	149	etravirine	47	EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	34
estradiol valerate	76	EUCRISA	70	EXJADE TBSO (deferasirox)	23
ESTRING RING	149	EULEXIN	40	EXKIVITY	40
ESTROGEL GEL (estradiol)	77	EVAMIST SOLN	77	EXODERM	62
ESTROVEN MENOPAUSE SUPPLEMENT TABS	116	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	110	EXTINA FOAM (ketoconazole (topical))	62
eszopiclone	83	everolimus TABS	42	EYE HEALTH/LUTEIN TABS	116
ethacrynic acid	72	everolimus TBSO	42	EYE MULTIVITAMIN/SODIUM TABS	116
ethambutol hcl TABS	38	EVISTA (raloxifene hcl)	74	ezetimibe	33
ethosuximide CAPS	18	EVOCLIN FOAM (clindamycin phosphate (topical))	61	EZETIMIBE/ATORVASTATIN	31
ethosuximide SOLN	18	EVOTAZ	47	ezetimibe-simvastatin	32
ethyl chloride	69	EVOXAC (cevimeline hcl)	111	FABIOR FOAM	61
ETHYL CHLORIDE/FINE PINPOINT	69	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	93		
ETHYL CHLORIDE/FINE STREAM .		EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	93		

famciclovir	49	FENOPROFEN CALCIUM CAPS 200 MG	4	FINACEA FOAM	70
famotidine TABS 20 MG	143	fenopropfen calcium CAPS 400 MG .	4	FINACEA GEL (azelaic acid)	70
famotidine TABS 40 MG	143	fenopropfen calcium TABS	4	finasteride	79
FANAPT	45	FENSOLVI SC	74	fingolimod hcl	132
FANAPT TITRATION PACK	45	fentanyl citrate LPOP	7	FIORICET CAPS (butalbital- acetaminophen-caffeine)	5
FANTASY LUBRICATED MISC ...	85	fentanyl citrate TABS	7	FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (butalbital- acetaminophen-caffeine w/ codeine) .	8
FANTASY LUBRICATED/SPERMICIDE MISC 85		fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	7	FIRAZYR SOSY (icatibant acetate) 80	
FARESTON (toremifene citrate) ..	40	FENTORA TABS (fentanyl citrate) ..	7	FIRDAPSE	38
FARXIGA (dapagliflozin propanediol)	23	FER-IN-SOL SOLN (ferrous sulfate) .	82	FIRMAGON	40
FARXIGA	23	FERRIPROX SOLN	24	FIRST-LANSOPRAZOLE SUSP .	145
FASENRA PEN SOAJ	12	FERRIPROX TABS (deferiprone) .	24	FIRST-MOUTHWASH BLM	111
FC2 FEMALE CONDOM	85	FERRIPROX TWICE-A-DAY TABS 23		FIRST-OMEPRAZOLE SUSP	145
febuxostat	80	ferrous sulfate SOLN	82	FIRVANQ SOLR OR 25 MG/ML (vancomycin hcl)	37
felbamate SUSP	18	fesoterodine fumarate	146	FITNESS TABS FOR MEN AM/PM/LYCOPENE TABS	116
felbamate TABS	18	FETZIMA CP24 20 MG	20	FITNESS TABS FOR WOMEN AM/PM/LYCOPENE TABS	116
FELBATOL SUSP (felbamate)	18	FETZIMA CP24 40 MG, 80 MG, 120 MG	20	FLAGYL CAPS (metronidazole) ...	35
FELBATOL TABS (felbamate)	18	FETZIMA TITRATION PACK C4PK 20		FLAREX	127
FELDENE CAPS (piroxicam)	4	FIBRICOR (fenofibric acid)	32	flavoxate hcl	146
felodipine	51	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	93	FLEBOGAMMA DIF SOLN 5 GM/50ML, 10 GM/200ML, 20 GM/200ML	129
FEM PH	148	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	93	flecainide acetate	12
FEMARA (letrozole)	40	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	93	FLECTOR PTCH EX (diclofenac epolamine)	63
FEMCAP DEVI	85			FLOMAX (tamsulosin hcl)	79
FEMRING	149			FLONASE ALLERGY RELIEF	
fenofibrate CAPS	32				
fenofibrate micronized	32				
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	32				
fenofibric acid	32				

CHILDRENS SUSP (fluticasone propionate (nasal))	124	fluconazole TABS	25	fluoxetine hcl TABS 10 MG, 20 MG	19
FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ..	124	flucytosine	25	fluoxetine hcl TABS 60 MG	19
FLONASE SENSIMIST	125	fludarabine phosphate SOLN	39	FLUOXETINE HYDROCHLORIDE TABS (fluoxetine hcl)	19
FLONASE SENSIMIST CHILDRENS	125	FLUDARABINE PHOSPHATE SOLN	39	fluphenazine hcl CONC	45
FLORAFOL PEDIATRIC CHEW ..	120	fludarabine phosphate SOLR	39	fluphenazine hcl ELIX	45
FLORIVA PLUS SOLN	120	fludrocortisone acetate TABS	58	fluphenazine hcl TABS	46
FLORRAVITE TABS	116	FLULAVAL QUADRIVALENT 2022-2023 SUSY	147	flurandrenolide CREA	67
floxuridine	39	FLULAVAL QUADRIVALENT 2023-2024 SUSY	147	flurazepam hcl	83
FLUAD QUADRIVALENT 2022-2023	147	FLUMIST QUADRIVALENT	147	flurbiprofen sodium	128
FLUAD QUADRIVALENT 2023-2024	147	flunisolide (nasal) 0.025 %	125	flurbiprofen TABS	4
FLUARIX QUADRIVALENT 2022-2023 SUSY	147	fluocinolone acetate (otic)	129	flutamide	40
FLUARIX QUADRIVALENT 2023-2024 SUSY	147	fluocinolone acetate CREA	67	fluticasone furoate-vilanterol	14
FLUBLOK 2024-2025 SOSY	147	fluocinolone acetate OIL	67	fluticasone propionate (nasal) SUSP ..	125
FLUBLOK QUADRIVALENT 2022-2023	147	fluocinolone acetate OINT	67	fluticasone propionate CREA 0.05 %	67
FLUBLOK QUADRIVALENT 2023-2024	147	fluocinolone acetate SOLN	67	fluticasone propionate hfa 44 MCG/ACT	13
FLUCELVAX 2024-2025 SUSP ..	147	fluocinonide CREA	67	fluticasone propionate LOTN	67
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	147	fluocinonide emulsified base	67	fluticasone propionate OINT	67
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	147	fluocinonide GEL	67	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	14
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	147	fluocinonide OINT	67	fluticasone-salmeterol AERO	14
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	147	fluocinonide SOLN	67	fluvastatin sodium CAPS	32
fluconazole SUSP	25	fluorometholone (ophth) SUSP ...	127	fluvastatin sodium TB24	32
		fluorouracil (topical) CREA	64	fluvoxamine maleate CP24	19
		fluorouracil (topical) SOLN	64	fluvoxamine maleate TABS	19
		fluorouracil	39	FLUZONE HIGH-DOSE PF 2022-2023	147
		fluoxetine hcl (pmd) TABS	132		
		fluoxetine hcl CAPS	19		
		fluoxetine hcl CPDR	19		
		fluoxetine hcl SOLN	19		

FLUZONE HIGH-DOSE PF 2023-2024	147	formoterol fumarate NEBU	14	FREEDAVIDE TABS	116
FLUZONE QUADRIVALENT 2022-2023 SUSP	147	FORTEO SOPN (teriparatide (recombinant))	73	FREESTYLE FREEDOM LITE KIT	86
FLUZONE QUADRIVALENT 2022-2023 SUSY	147	FORTESTA GEL TD (testosterone)	9	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	71
FLUZONE QUADRIVALENT 2023-2024 SUSP	147	FOSAMAX PLUS D	73	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	86
FLUZONE QUADRIVALENT 2023-2024 SUSY	147	FOSAMAX TABS 70 MG (alendronate sodium)	73	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	86
FML FORTE SUSP	127	fosamprenavir calcium TABS	47	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	86
FML LIQUIFILM SUSP (fluorometholone (ophth))	127	foscarnet sodium 6000 MG/250ML 49		FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	86
FML OINT	127	FOSCAVIR 6000 MG/250ML (foscarnet sodium)	49	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	86
FOCALIN TABS (dexmethylphenidate hcl)	2	fosfomycin tromethamine	37	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	86
FOCALIN XR CP24 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 35 MG, 40 MG (dexmethylphenidate hcl)	2	fosinopril sodium & hydrochlorothiazide	34	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	86
FOLAMAX TABS	116	fosinopril sodium	33	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	86
FOLAPRIME TABS	116	fosphenytoin sodium 100 MG PE/2ML	18	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	86
FOLBIC RF TABS	71	FOSRENOL CHEW (lanthanum carbonate)	78	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	86
folic acid SOLN	81	FOTIVDA	42	FREESTYLE LITE TEST STRIPS STRP	71
folic acid TABS	81	FRAGMIN SOLN 95000 UNIT/3.8ML 15		FREESTYLE TEST STRIPS STRP	71
FOLIFLEX TABS	116	FRAGMIN SOSY 10000 UNIT/ML	15	FROVA (frovatriptan succinate) ..	106
FOLITIN-Z TABS	116	FRAGMIN SOSY 12500 UNIT/0.5ML 15		frovatriptan succinate	106
FOLIVANE-F	81	FRAGMIN SOSY 15000 UNIT/0.6ML 15		FRUZAQLA	39
FOLIVANE-OB	121	FRAGMIN SOSY 18000 UNT/0.72ML	15	FT CENTURY ADULTS TABS ...	116
FOLTIX TABS	71	FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	15	FT HAIR SKIN & NAILS EXTRA STRENGTH TABS	116
fondaparinux sodium	15	FRAGMIN SOSY 7500 UNIT/0.3ML 15			
FORFIVO XL TB24 (bupropion hcl) 19					
formaldehyde SOLN 10 %	46				

furosemide SOLN OR 10 MG/ML, 40 MG/5ML	72	GATTEX	78	GILOTRIF	40
furosemide TABS	72	GAVRETO	42	GILTUSS COUGH & COLD TABS	59
FUSION PLUS	81	GEBAUERS INSTANT ICE	70	GILTUSS SINUS & CONGESTION TABS	59
FUZEON SOLR	47	GEBAUERS PAIN EASE	70	GLASSIA SOLN	140
FYCOMPA SUSP	16	GEBAUERS SPRAY AND STRETCH	70	glatiramer acetate SOSY	132
FYCOMPA TABS	16	gefitinib	40	GLEEVEC (imatinib mesylate)	42
gabapentin CAPS	16	GELCLAIR	111	GLEOSTINE 10 MG, 40 MG, 100 MG	39
gabapentin SOLN	16	GELFILM OP	127	glimepiride 1 MG, 2 MG, 4 MG	23
gabapentin TABS 600 MG, 800 MG 16		gemcitabine hcl SOLN	39	glipizide TABS 5 MG, 10 MG	23
GABITRIL (tiagabine hcl)	18	gemcitabine hcl SOLR	39	glipizide TB24	23
GABLOFEN SOLN IT 10000 MCG/20ML	123	GEMCITABINE HYDROCHLORIDE SOLN (gemcitabine hcl)	39	glipizide-metformin hcl	21
GALAFOLD	74	GEMCITABINE HYDROCHLORIDE SOLN	39	GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"	93
galantamine hydrobromide CP24	131	gemfibrozil TABS	32	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	93
galantamine hydrobromide SOLN 131		GENERESS FE (norethindrone & ethinyl estradiol-fe)	56	GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"	93
galantamine hydrobromide TABS	131	GENOTROPIN CART SC	74	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	93
GALZIN	109	GENOTROPIN MINIQUICK PRSY	74	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" .	93
GAMASTAN	129	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %	2	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	93
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML	129	gentamicin sulfate (ophth) SOLN	.126	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	93
GAMMAKED 1 GM/10ML	129	gentamicin sulfate (topical) CREA	.62	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	93
GAMMAPLEX SOLN 5 GM/50ML, 10 GM/200ML, 20 GM/200ML	130	gentamicin sulfate (topical) OINT	.62	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	93
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 40 GM/400ML	130	gentamicin sulfate IJ 40 MG/ML, 80 MG/2ML	2	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	93
GARDASIL 9 SUSP	147	GENVOYA	47	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	93
GARDASIL 9 SUSY	147	GEODON (ziprasidone hcl)	44	GERI-FREEDA SENIOR FORMULA TABS	116
GASTROCROM (cromolyn sodium (mastocytosis))	77	GEODON (ziprasidone mesylate)	44		
gatifloxacin (ophth)	126				

GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	94	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	94	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	94
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	94	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	94	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	94
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	94	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	94	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	94
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	94	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	94	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	94
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	94	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	94	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	94
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	94	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	94	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	94
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	94	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	94	GNP INSULIN SYRINGE/1ML/29G X 1/2"	94
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	94	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	94	GNP INSULIN SYRINGE/1ML/30G X 5/16"	94
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	94	GLUCOTROL XL TB24 (glipizide)	23	GNP INSULIN SYRINGE/1ML/31G X 5/16"	94
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	94	GLUMETZA TB24 (metformin hcl)	21	GNP INSULIN SYRINGES/0.3ML/30GX5/16"	95
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	94	glutamine (sickle cell)	80	GNP INSULIN SYRINGES/1/2ML/29GX1/2"	95
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	94	glyburide micronized 1.5 MG, 3 MG, 6 MG	23	GNP INSULIN SYRINGES/1ML/28GX1/2"	95
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	94	glyburide TABS	23	GNP INSULIN SYRINGES/1ML/30GX5/16"	95
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	94	glyburide-metformin	21	GNP INSULIN SYRINGES/1ML/29GX1/2"	95
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	94	GLYCATE TABS	142	GNP INSULIN SYRINGES/1ML/30GX5/16"	95
GLUCAGEN DIAGNOSTIC	71	glycopyrrolate SOLN OR 1 MG/5ML	142	GNP INSULIN SYRINGES/3ML/31GX5/16"	95
GLUCAGEN HYPOKIT	21	glycopyrrolate TABS 1 MG, 2 MG	142	GNP INSULIN SYRINGES/1ML/29GX1/2"	95
glucagon (rdna)	21	GLYCOPYRROLATE TABS	142	GNP THERAPEUTIC-M TABS	116
GLUCAGON EMERGENCY KIT (glucagon (rdna))	21	GLYNASE (glyburide micronized)	23	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	95
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	21	GLYXAMBI	21	GOCOVRI CP24	44
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	94	GNP CENTURY ADULT TABS	116	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	83
		GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	94		

GONITRO PACK	11	95	HEPLISAV-B SOSY	147
granisetron hcl TABS	24	HEALTHWISE INSULIN	HIBERIX SOLR IJ	146
GRASTEK SUBL	2	SYRINGE/U-100/0.3ML/31G X 5/16"	HIGH POTENCY	
griseofulvin microsize SUSP	25	.....95	MULTIVITAMIN/BETA-CAROTENE	
griseofulvin microsize TABS	25	HEALTHWISE INSULIN	TABS	116
griseofulvin ultramicrosize	25	SYRINGE/U-100/0.5ML/30G X 5/16"	HIGH POTENCY	
guaifenesin-codeine SOLN	59	.....95	MULTIVITAMIN/FOLIC ACID TABS	
guanfacine hcl (adhd)	1	HEALTHWISE INSULIN	116	
guanfacine hcl	34	SYRINGE/U-100/0.5ML/31G X 5/16"	HIPREX (methenamine hippurate)	
GVOKE PFS SOSY	21	.....95	37	
GYNAZOLE-1	149	HEALTHWISE INSULIN	HIZENTRA SOLN 1 GM/5ML, 10	
HADLIMA PUSHTOUCH SOAJ	3	SYRINGE/U-100/1ML/30G X 5/16"	GM/50ML	130
HADLIMA SOSY	3	95	HM COMPLETE MEN TABS	116
HAEGARDA SOLR SC	80	HEALTHWISE INSULIN	HM HAIR/SKIN/NAILS TABS	116
HAIR SKIN & NAILS ADVANCED		SYRINGE/U-100/1ML/31G X 5/16"	HM ULTICARE INSULIN	
FORMULA TABS	116	95	SYRINGE/1ML/30G X 1/2"	95
HAIR SKIN & NAILS TABS	116	HECTOROL SOLN (doxercalciferol) .	HM ULTICARE INSULIN	
halcinonide CREA	67	74	SYRINGE/U-100/0.3ML/31G X 5/16"	
HALCION 0.25 MG (triazolam)	83	HELIDAC THERAPY .....	.....95	
halobetasol propionate CREA	67	145	HUMALOG JUNIOR KWIKPEN	
halobetasol propionate OINT	67	HEMANGEOL SOLN OR	SOPN	22
HALOG CREA (halcinonide)	67	50	HUMALOG KWIKPEN SOPN 100	
HALOG OINT	67	heparin (porcine) in sodium chloride	UNIT/ML	22
HALOG SOLN	67	SOLN IV 0.9 %-1000 UNIT/500ML,	HUMALOG KWIKPEN SOPN 200	
haloperidol lactate CONC	45	0.9 %-2000 UNIT/L	UNIT/ML	22
haloperidol TABS	45	15	HUMALOG MIX 50/50 KWIKPEN	
HAVRIX	147	heparin sodium (porcine) SOLN IJ	SUPN	22
HEAD CARE PROACTIVE HEALTH		1000 UNIT/ML, 5000 UNIT/ML,	HUMALOG MIX 50/50 SUSP	22
TABS	116	10000 UNIT/ML, 20000 UNIT/ML ..	22	
HEALTHWISE INSULIN		15	HUMALOG MIX 75/25 KWIKPEN	
SYRINGE/U-100/0.3ML/30G X 5/16"		HEPARIN SODIUM/D5W 5 %-40	SUPN	22
		UNIT/ML	22	
		15	HUMALOG MIX 75/25 SUSP	22
		HEPARIN SODIUM/NACL 0.45%	HUMALOG SOCT	22
		SOLN IV 0.45 %-12500 UNIT/250ML,	HUMALOG SOLN IJ	22
		0.45 %-25000 UNIT/250ML	22	
		15	HUMATROPE CART IJ	74
		HEPARIN SODIUM/SODIUM	HUMIRA PEDIATRIC CROHNS	
		CHLORIDE 0.9% SOLN IJ (heparin		
		(porcine) in sodium chloride)		
		15		
		HEPARIN SODIUM/SODIUM		
		CHLORIDE SOLN IV 0.45 %-25000		
		UNIT/250ML, 0.45 %-25000		
		UNIT/500ML		
		15		

DISEASE STARTER PACK PSKT 80 MG/0.8ML	3	hydrocodone bitartrate T24A	7	hydrocortisone TABS	58
HUMIRA PEN PNKT	3	hydrocodone bitartrate-homatropine methylbromide SOLN	59	hydrocortisone valerate CREA	67
HUMIRA PEN-CD/UC/HS STARTER PNKT	3	hydrocodone bitartrate-homatropine methylbromide TABS	59	hydrocortisone valerate OINT	67
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	3	hydrocodone polistirex-chlorpheniramine polistirex SUER ..	59	hydrocortisone w/acetic acid	129
HUMIRA PEN-PS/UV STARTER PNKT	3	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	8	hydromorphone hcl LIQD	7
HUMIRA PSKT	3	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9	hydromorphone hcl TABS	7
HUMULIN 70/30 KWIKPEN SUPN	22	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG ..	9	hydromorphone hcl TB24 32 MG ...	7
HUMULIN 70/30 SUSP	22	hydrocortisone (intrarectal)	10	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	7
HUMULIN N KWIKPEN SUPN	22	hydrocortisone (rectal) EX 2.5 % ..	10	hydroxychloroquine sulfate 200 MG 38	
HUMULIN N SUSP	22	hydrocortisone (topical) CREA 2.5 %	67	hydroxyprogesterone caproate OIL 131	
HUMULIN R SOLN IJ	22	hydrocortisone (topical) LOTN 2 %, 2.5 %	67	hydroxyurea	43
HUMULIN R U-500 (CONCENTRATED) SOLN SC	22	hydrocortisone (topical) OINT 1 %, 2.5 %	67	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	11
HUMULIN R U-500 KWIKPEN SOPN SC	22	hydrocortisone acetate (rectal)	10	hydroxyzine hcl SYRP	11
HYCAMTIN CAPS	43	hydrocortisone acetate w/ pramoxine CREA EX	10	hydroxyzine hcl TABS	11
HYCAMTIN SOLR (topotecan hcl)	43	hydrocortisone butyrate CREA	67	hydroxyzine pamoate CAPS	11
HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	58	hydrocortisone butyrate hydrophilic lipo base	67	HYLAZINC TABS	117
HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide)	59	hydrocortisone butyrate LOTN	67	hyoscyamine sulfate SUBL 0.125 MG	143
hydralazine hcl SOLN	35	hydrocortisone butyrate OINT	67	hyoscyamine sulfate TABS 0.125 MG	143
hydralazine hcl TABS	35	hydrocortisone butyrate SOLN	67	hyoscyamine sulfate TB12 0.375 MG 143	
HYDREA (hydroxyurea)	43			hyoscyamine sulfate TBDP 0.125 MG	143
HYDRO 40 FOAM FOAM (urea) ..	68			HYPERSAL NEBU (sodium chloride (inhalant))	59
hydrochlorothiazide CAPS	72			HYPERSAL NEBU	59
hydrochlorothiazide TABS	72			HYQVIA	130
				HYZAAR (losartan potassium &	

hydrochlorothiazide)	35	IMITREX STATDOSE REFILL SOCT (sumatriptan succinate)	106	INQOVI	41
ibandronate sodium SOLN	73	IMITREX STATDOSE SYSTEM SOAJ (sumatriptan succinate)	107	INREBIC	42
ibandronate sodium TABS	73	IMITREX TABS (sumatriptan succinate)	107	INSPIRA (eplerenone)	35
IBRANCE CAPS	42	IMODIUM A-D CAPS (loperamide hcl)	23	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	22
IBRANCE TABS	42	IMPAVIDO	35	INSULIN SYRINGE/0.3ML/30G X 5/16"	95
ibuprofen TABS 400 MG, 600 MG, 800 MG	4	IMPEKLO LOTN	67	INSULIN SYRINGE/0.3ML/31G X 5/16"	95
ibuprofen-famotidine	4	IMURAN TABS (azathioprine)	110	INSULIN SYRINGE/0.5ML/27G X 1/2"	95
ICAPS AREDS FORMULA TABS 117		INCRELEX	74	INSULIN SYRINGE/0.5ML/28G X 1/2"	95
ICAR PEDIATRIC SUSP (carbonyl iron)	82	INCRUSE ELLIPTA	12	INSULIN SYRINGE/0.5ML/30G X 5/16"	95
icatibant acetate SOLN	80	indapamide TABS 1.25 MG, 2.5 MG . 73		INSULIN SYRINGE/0.5ML/31G X 5/16"	95
icatibant acetate SOSY	80	INDERAL LA CP24 (propranolol hcl) . 50		INSULIN SYRINGE/1ML/28G X 1/2" 95	
ICLUSIG 10 MG, 30 MG	42	INDERAL XL	50	INSULIN SYRINGE/1ML/29G X 1/2" 95	
ICLUSIG 15 MG, 45 MG	42	INDOCIN SUSP (indomethacin)	4	INSULIN SYRINGE/1ML/30G X 5/16"	95
icosapent ethyl	32	indomethacin CAPS 20 MG	4	INSULIN SYRINGE/1ML/30G X 5/16"	95
IDHIFA	42	indomethacin CAPS 25 MG, 50 MG	4	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	95
ILEVRO	128	indomethacin CPCR	4	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	95
ILIDERM EMUL	70	indomethacin SUPP	4	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	95
imatinib mesylate	42	indomethacin SUSP	4	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	95
IMBRUVICA CAPS	42	INFANRIX	142	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	95
IMBRUVICA SUSP	42	INFLECTRA SOLR	78	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	95
IMBRUVICA TABS	42	INGREZZA CAPS	132	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	95
imipenem-cilastatin IV	37	INGREZZA CPPK	132	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	95
imipramine hcl TABS	20	INGREZZA CPSP	132	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	95
imipramine pamoate	20	INHALER SPACERS	106		
imiquimod 3.75 %	69	INLYTA	39		
imiquimod 5 %	69	INNOPRAN XL	50		
IMITREX 5 MG/ACT, 20 MG/ACT (sumatriptan)	106				

INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	96	INTELENCE 25 MG	47	ISORDIL TITRADOSE TABS (isosorbide dinitrate)	11
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	96	INTRAROSA	148	isosorbide dinitrate TABS	11
INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	96	INTRON A SOLR 10000000 UNIT	43	isosorbide dinitrate-hydralazine hcl 51	
INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	96	INTUNIV (guanfacine hcl (adhd)) ...	1	isosorbide mononitrate TABS	11
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	96	INVANZ IJ (ertapenem sodium) ...	37	isosorbide mononitrate TB24	11
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	96	INVEGA (paliperidone)	45	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	61
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	96	INVEGA SUSTENNA	45	isotretinoin 25 MG, 35 MG	61
INSULIN SYRINGES/U- 100/0.5ML/27GX1/2"	96	INVEGA TRINZA	45	isradipine CAPS	51
INSULIN SYRINGES/U- 100/0.5ML/28GX1/2"	96	iodoquinol-hc	62	ISTALOL SOLN (timolol maleate (ophth))	125
INSULIN SYRINGES/U- 100/0.5ML/29GX1/2"	96	iodoquinol-hydrocortisone in aloe vehicle	63	ISTODAX SOLR (romidepsin)	42
INSULIN SYRINGES/U- 100/0.5ML/30GX5/16"	96	iodoquinol-hydrocortisone-aloe polysaccharide	63	itraconazole CAPS	25
INSULIN SYRINGES/U- 100/0.5ML/31GX5/16"	96	IOPIDINE	126	itraconazole SOLN	25
INSULIN SYRINGES/U- 100/1ML/27GX1/2"	96	IOPOL INACTIVATED IPV	147	ivabradine hcl TABS	52
INSULIN SYRINGES/U- 100/1ML/28GX1/2"	96	ipratropium bromide (nasal)	124	ivermectin (pediculicide)	71
INSULIN SYRINGES/U- 100/1ML/29GX1/2"	96	ipratropium bromide SOLN 0.02 %	12	ivermectin (rosacea)	70
INSULIN SYRINGES/U- 100/1ML/30GX1/2"	96	ipratropium-albuterol SOLN	14	ivermectin	10
INSULIN SYRINGES/U- 100/1ML/29GX1/2"	96	irbesartan	34	IWILFIN	43
INSULIN SYRINGES/U- 100/1ML/30GX1/2"	96	irbesartan-hydrochlorothiazide ...	35	JADENU SPRINKLE PACK (deferasirox)	24
INSULIN SYRINGES/U- 100/1ML/31GX1/2"	96	IRESSA (gefitinib)	40	JADENU TABS (deferasirox)	24
INSULIN SYRINGES/U- 100/1ML/27GX1/2"	96	IRON FOLATE-F	81	JAKAFI	42
INSULIN SYRINGES/U- 100/1ML/28GX1/2"	96	ISENTRESS CHEW	47	JALYN (dutasteride-tamsulosin hcl) . 79	
INSULIN SYRINGES/U- 100/1ML/29GX1/2"	96	ISENTRESS HD TABS	47	JANUMET TABS	21
INSULIN SYRINGES/U- 100/1ML/30GX1/2"	96	ISENTRESS PACK	47	JANUMET XR TB24	21
INSULIN SYRINGES/U- 100/1ML/31GX5/16"	96	ISENTRESS TABS	47	JANUVIA 25 MG	22
INTEGRA F	81	ISOLYTE-S	108	JANUVIA 50 MG, 100 MG	22
INTELENCE (etravirine)	47	isoniazid SOLN	38	JARDIANCE 10 MG	23
		isoniazid SYRP	38		
		isoniazid TABS	38		
		ISOPTO ATROPINE SOLN	126		

JARDIANCE 25 MG	23	ketoprofen CAPS 25 MG, 50 MG ...	4	5/16"	96
JAYPIRCA	42	ketoprofen CP24	4	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	96
JULUCA	47	ketorolac tromethamine (ophth) .	128	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	96
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	33	ketorolac tromethamine TABS	4	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	96
JYLAMVO SOLN	39	KEVEYIS (dichlorphenamide)	72	KINRIX SUSY	142
JYNARQUE TABS	75	KEVZARA SOAJ	3	KISQALI	42
JYNARQUE TBPK	75	KEVZARA SOSY	3	KISQALI FEMARA 200 DOSE ...	41
KALETRA SOLN (lopinavir-ritonavir) .	47	KEYFOLIC TABS	117	KISQALI FEMARA 400 DOSE ...	41
KALETRA TABS (lopinavir-ritonavir) .	47	KEYLOSA TABS	117	KISQALI FEMARA 600 DOSE ...	41
KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	140	KIMONO COLORS DEVI	85	KITABIS PAK NEBU (tobramycin) ..	2
KALYDECO TABS	140	KIMONO LUBRICATED MISC	85	KIVIK EMUL	70
KAMDROY EMUL	70	KIMONO MAXX/LARGE FLARE MISC	85	KLARITY-A	126
KAMELEON LUBRICATED MISC .	85	KIMONO MICRO THIN MISC	85	KLARON (sulfacetamide sodium (acne))	61
KANJINTI	40	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	85	KLONOPIN TABS (clonazepam) ..	16
KAPVAY TB12 (clonidine hcl (adhd))	1	KIMONO PLUS SPERMICIDE LUBRICATED MISC	85	KMART VALU PLUS INSULIN SYRINGE/0.3ML/30G	96
KENALOG AERS (triamcinolone acetoneide (topical))	67	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	85	KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G	96
KEPIVANCE	43	KIMONO PS LUBRICATED MISC .	85	KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G	96
KEPPRA SOLN IV 500 MG/5ML (levetiracetam)	16	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	85	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	96
KEPPRA SOLN OR 100 MG/ML (levetiracetam)	17	KIMONO SENSATION LUBRICATED MISC	85	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	96
KEPPRA TABS (levetiracetam)	17	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	85	KORLYM (mifepristone (hyperglycemia))	21
KEPPRA XR TB24 (levetiracetam)	16	KIMONO SPECIAL DEVI	85	KOSELUGO	42
ketoconazole (topical) CREA	63	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X		KOSHER PRENATAL PLUS IRON	
ketoconazole (topical) FOAM	63				
ketoconazole (topical) SHAM 2 % .	63				
ketoconazole	25				

TABS	121	KUVAN TABS (sapropterin dihydrochloride)	75	LAMICTAL XR KIT	17
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH TABS	117	K-Y ME & YOU EXTRA LUBRICATED DEVI	85	lamivudine (hbv) TABS	49
K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	108	K-Y ME & YOU INTENSE DEVI ...	85	lamivudine SOLN	47
K-PHOS NO 2	78	KYLEENA	57	lamivudine TABS	47
K-PHOS TABS (potassium phosphate monobasic)	108	labetalol hcl TABS	50	lamivudine-zidovudine	47
KRAZATI	42	lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML	17	lamotrigine CHEW	17
KRINTAFEL	38	lacosamide TABS	17	lamotrigine KIT 25 MG	17
KRISTALOSE PACK	84	lactated ringer's (irrigation)	110	lamotrigine KIT	17
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	96	lactic acid (ammonium lactate) CREA	68	lamotrigine TABS	17
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	96	lactic acid (ammonium lactate) LOTN 12 %	69	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	17
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	96	LACTIC ACID LOTN	69	lamotrigine TB24 250 MG, 300 MG	17
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	96	lactulose (encephalopathy)	78	lamotrigine TBDD	17
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	96	LACTULOSE PACK	84	LANCETS	86
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	96	lactulose SOLN	84	LANOXIN TABS 125 MCG, 250 MCG (digoxin)	51
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	96	LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine)	17	LANOXIN TABS 62.5 MCG (digoxin)	51
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	96	LAMICTAL ODT KIT (lamotrigine)	17	lansoprazole CPDR	145
K-TAB TBCR 10 MEQ, 20 MEQ (potassium chloride)	109	LAMICTAL ODT TBDD (lamotrigine)	17	lansoprazole TBDD	145
KUVAN PACK (sapropterin dihydrochloride)	75	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine)	17	lanthanum carbonate CHEW	78
		LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (lamotrigine)	17	LANTUS SOLN	22
		LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	17	LANTUS SOLOSTAR SOPN	22
		LAMICTAL TABS (lamotrigine)	17	lapatinib ditosylate	42
				LASIX TABS (furosemide)	72
				LASTACAFT	128
				latanoprost SOLN	128
				LATANOPROST SOLN	129
				LATUDA 120 MG (lurasidone hcl)	45
				LATUDA 20 MG, 40 MG, 60 MG, 80 MG (lurasidone hcl)	45

LAZANDA SOLN NA 100 MCG/ACT, 400 MCG/ACT	7	LENVIMA 4 MG DAILY DOSE	40	levofloxacin SOLN OR	77
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	97	LENVIMA 8 MG DAILY DOSE	40	levofloxacin TABS	77
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	97	LESCOL XL TB24 (fluvastatin sodium)	32	levonorgestrel & eth estradiol TABS 56	
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	97	LETAIRIS (ambrisentan)	52	levonorgestrel (emergency oc) 1.5 MG	57
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	97	letrozole	40	levonorgestrel-eth estradiol (triphasic)	56
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	97	leucovorin calcium SOLN IJ 500 MG/50ML	43	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	56
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	97	leucovorin calcium SOLR 100 MG, 350 MG	43	levonorgestrel-ethinyl estradiol (continuous)	56
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	97	leucovorin calcium TABS	43	levonorgestrel-ethinyl estradiol-iron 56	
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	97	LEUKERAN	39	levorphanol tartrate TABS	7
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	97	LEUPROLIDE ACETATE INJ	40	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	141
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	97	leuprolide acetate KIT IJ 1 MG/0.2ML	40	levothyroxine sodium TABS	141
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	97	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	40	LEVSIN TABS (hyoscyamine sulfate)	143
leflunomide 10 MG	5	levalbuterol hcl	14	LEVSIN/SL SUBL (hyoscyamine sulfate)	143
leflunomide 20 MG	5	levalbuterol tartrate	14	LEXAPRO TABS (escitalopram oxalate)	20
lenalidomide 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG	109	LEVVID TB12 (hyoscyamine sulfate) 143		LEXIVA SUSP	47
LENVIMA 10 MG DAILY DOSE ..	39	levetiracetam SOLN IV 500 MG/5ML 17		LEXIVA TABS (fosamprenavir calcium)	47
LENVIMA 12MG DAILY DOSE ..	39	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	17	LIBRAX (chlordiazepoxide hcl- clidinium bromide)	143
LENVIMA 14 MG DAILY DOSE ..	39	levetiracetam TABS	17	lidocaine hcl (mouth-throat)	111
LENVIMA 18 MG DAILY DOSE ..	39	levetiracetam TB24	17	lidocaine hcl CREA 3 %	70
LENVIMA 20 MG DAILY DOSE ..	40	levobunolol hcl 0.5 %	125	lidocaine hcl GEL 2 %	70
LENVIMA 24 MG DAILY DOSE ..	40	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	75	lidocaine hcl LOTN	70
		levocarnitine (metabolic modifiers) TABs	75		
		levofloxacin (ophth)	126		

lidocaine hcl PRSY	70	MG, 20 MG, 30 MG, 40 MG	33	lithium carbonate TBCR	44
lidocaine hcl SOLN	70	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	97	LITHOBID TBCR (lithium carbonate) .	44
lidocaine OINT	70	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	97	LITHOSTAT	79
lidocaine PTCH 5 %	70	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	97	LIVALO (pitavastatin calcium)	33
lidocaine-hydrocortisone acetate (rectal) KIT 2.5 %-3 %	10	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	97	LIVER DETOX TABS	117
lidocaine-prilocaine CREA	70	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	97	L-METHYLFOLATE CA/S-ALGAL	71
LIDODERM PTCH (lidocaine)	70	LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	97	L-METHYLFOLATE CALCIUM TABS	71
LIDODOSE GEL	70	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	97	L-METHYLFOLATE FORTE	71
LIDODOSE PEDIATRIC BULK PACK GEL	70	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	97	I-methylfolate TABS 7.5 MG, 15 MG .	71
LIDORX GEL	70	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	97	LO LOESTRIN FE TABS	56
LILETTA 20.1 MCG/DAY	57	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	97	LOCOID LIPOCREAM	67
LINCOCIN (lincomycin hcl)	37	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	97	LOCOID LOTN (hydrocortisone butyrate)	67
lincomycin hcl	37	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	97	LODINE TABS (etodolac)	4
linezolid SUSR	37	LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	97	LODOSYN (carbidopa)	43
linezolid TABS	37	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	97	lofexidine hcl	131
LINZESS	78	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	97	LOKELMA	110
LIORESAL INTRATHECAL SOLN IT (baclofen)	123	LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	97	LOMOTIL TABS (diphenoxylate w/ atropine)	23
LIORESAL INTRATHECAL SOLN IT 123		LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	97	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	97
liothyronine sodium TABS	141	LITETOUCH INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	97	LONSURF	41
LIPITOR TABS 10 MG, 20 MG (atorvastatin calcium)	33	LITETOUCH INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	97	loperamide hcl CAPS	23
LIPOFEN CAPS (fenofibrate)	32	LITETOUCH INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	97	LOPID TABS (gemfibrozil)	32
liraglutide	22	LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	97	lopinavir-ritonavir SOLN	47
lisdexamfetamine dimesylate CAPS 1		LITETOUCH INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	97	lopinavir-ritonavir TABS	47
lisdexamfetamine dimesylate CHEW . 1		lithium carbonate CAPS	44	LOPRESSOR TABS (metoprolol tartrate)	50
lisinopril & hydrochlorothiazide	35	lithium carbonate TABS	44	LOPROX CREA (ciclopirox olamine) .	63
lisinopril TABS 2.5 MG, 5 MG, 10					

LOPROX SHAMPOO SHAM (ciclopirox)	63	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	15	117	LUXIQ FOAM (betamethasone valerate)	67
LOPROX SUSP (ciclopirox olamine) . 63		LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	15		LUZU (luliconazole)	63
lorazepam CONC	11	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	15		LYNPARZA TABS	42
lorazepam TABS	11	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	15		LYRICA CAPS 150 MG, 225 MG, 300 MG (pregabalin)	17
LORBRENA	42	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	15		LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 200 MG (pregabalin) 17	
LORTAB ELIX	9	loxapine succinate	45		LYRICA SOLN (pregabalin)	17
losartan potassium & hydrochlorothiazide	35	lubiprostone	77		LYSODREN	41
losartan potassium	34	LUCEMYRA (lofexidine hcl)	131		LYSTEDA TABS (tranexamic acid) 82	
LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	56	luliconazole	63		LYTGOBI	42
LOTEMAX GEL (loteprednol etabonate)	127	LUMAKRAS	42		MACROBID (nitrofurantoin monohyd macro)	37
LOTEMAX OINT	127	LUMIGAN SOLN 0.01 %	129		MACRODANTIN (nitrofurantoin macrocrystal)	37
LOTEMAX SUSP (loteprednol etabonate)	127	LUMIZYME	75		mafenide acetate PACK	65
LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	33	LUNESTA (eszopiclone)	83		MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" . 97	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 35		LUPRON DEPOT (1-MONTH) KIT IM	40		MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	98
loteprednol etabonate GEL	127	LUPRON DEPOT (3-MONTH) KIT IM	40		MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" . 98	
loteprednol etabonate SUSP	127	LUPRON DEPOT (4-MONTH) IM .	41		MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	98
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 35		LUPRON DEPOT (6-MONTH) IM .	41		MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" . 98	
LOTRONEX (alosetron hcl)	78	LUPRON DEPOT-PED (1-MONTH) . 74			MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	98
lovastatin TABS	33	LUPRON DEPOT-PED (3-MONTH) . 74			MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	98
LOVAZA (omega-3-acid ethyl esters)	32	LUPRON DEPOT-PED (6-MONTH) IM	74		MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" .	98
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	15	lurasidone hcl 120 MG	45		MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	
		lurasidone hcl 20 MG, 40 MG, 60 MG, 80 MG	45			
		LUTEIN PLUS/ZEAXANTHIN TABS .				

98	MAXZIDE TABS (triamterene & hydrochlorothiazide)	72	MEKINIST SOLR	42	
MAGNEBIND 400	108	MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	72	MEKINIST TABS	42
magnesium sulfate IJ 50 %	108	MAYZENT STARTER PACK TBPK		MEKTOVI	42
MAGNESIUM SULFATE IJ 50 %	108	132		MELOXICAM SUSP (meloxicam) ...	4
MAGNESIUM SULFATE IV (magnesium sulfate)	108	meclizine hcl TABS 12.5 MG, 25 MG, 50 MG	24	meloxicam SUSP	4
MAKENA OIL (hydroxyprogesterone caproate)	131	meclofenamate sodium CAPS	4	meloxicam TABS 15 MG	4
MAKENA SOAJ	131	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	98	meloxicam TABS 7.5 MG	4
MALARONE (atovaquone-proguanil hcl)	38	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	98	melphalan	39
malathion	71	MEDROL DOSEPAK TBPK (methylprednisolone)	58	melphalan hcl IV	39
maraviroc TABS	47	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	58	memantine hcl CP24	131
MARINOL CAPS (dronabinol)	24	MEDROL TABS	58	memantine hcl SOLN	131
MARPLAN	19	medroxyprogesterone acetate (contraceptive) SUSP IM	57	memantine hcl TABS	131
MATULANE	43	medroxyprogesterone acetate (contraceptive) SUSY IM	57	MENACTRA	146
MAVENCLAD	132	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	131	MENEST	77
MAVYRET TABS	49	mefenamic acid CAPS	4	MENOSTAR PTWK	77
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	98	mefloquine hcl	38	MENQUADFI	146
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	98	MEGA MULTI FOR MEN TABS	117	MENS 50+ MULTI VITAMIN & MINERAL FORMULA TABS	117
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	98	MEGA MULTI FOR WOMEN TABS	117	MENS 50+ MULTIVITAMIN TABS	117
MAXIDEX SUSP OP	127	MEGAVITE FRUITS & VEGGIES TABS	117	MENS MULTI VITAMIN & MINERAL FORMULA TABS	117
MAXITROL OINT (neomycin-polymyx-dexameth)	127	megestrol acetate (appetite)	131	MENS MULTIVITAMIN TABS	117
MAXITROL SUSP (neomycin-polymyx-dexameth)	127	megestrol acetate SUSP	41	MENVEO SOLN	146
MAXX LUBRICATED MISC	85	megestrol acetate TABS	41	MENVEO SOLR	146
MAXX PLUS SPERMICIDE LUBRICATED MISC	85			meperidine hcl SOLN OR 50 MG/5ML	7
				meperidine hcl TABS 50 MG	7
				MEPHYTON TABS (phytonadione)	150
				meprobamate	11
				MEPRON (atovaquone)	37

mercaptopurine TABS	39	methadone hcl SOLN OR	7	methylphenidate hcl TABS	2
meropenem 500 MG	37	methadone hcl TABS	8	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2
mesalamine CP24	78	methadone hcl TBSO	8	methylphenidate hcl TB24 36 MG ..	2
mesalamine CPR	78	methamphetamine hcl	1	methylphenidate hcl TBCR 10 MG, 18 MG, 20 MG, 27 MG, 54 MG, 72 MG	2
mesalamine CPDR	78	methazolamide TABS	72	methylphenidate hcl TBCR 36 MG ..	2
mesalamine ENEM	78	methenamine hippurate	37	methylphenidate hcl TBCR 45 MG, 63 MG	2
mesalamine SUPP	78	methenamine mandelate 0.5 GM, 1 GM	37	methylphenidate PTCH	2
mesalamine TBEC	78	methimazole TABS	141	methylprednisolone TABS	58
mesalamine w/ cleanser	78	METHITEST TABS	9	methylprednisolone TBPK	58
MESNEX TABS	43	methocarbamol TABS 500 MG, 750 MG	123	methyltestosterone CAPS	9
MESTINON SOLN OR (pyridostigmine bromide)	38	METHOTREXATE	3	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	77
MESTINON TABS (pyridostigmine bromide)	38	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	39	metoclopramide hcl TABS	77
MESTINON TIMESPAN TBCR (pyridostigmine bromide)	38	methotrexate sodium SOLR	39	metoclopramide hcl TBDP	77
METADATE CD CPR 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	2	methotrexate sodium TABS 2.5 MG 39		metolazone	73
METADATE CD CPR 20 MG, 30 MG (methylphenidate hcl)	2	methoxsalen rapid	64	METOPIRONE	71
metaxalone 800 MG	123	methscopolamine bromide	143	metoprolol & hydrochlorothiazide TABs	35
metformin hcl SOLN	21	methsuximide	18	metoprolol succinate TB24	50
metformin hcl TABS 500 MG, 1000 MG	21	methyldopa TABS	34	metoprolol tartrate TABS	50
metformin hcl TABS 850 MG	21	methylergonovine maleate TABS	129	METROCREAM CREA (metronidazole (topical))	70
metformin hcl TB24 500 MG, 1000 MG	21	METHYLIN SOLN (methylphenidate hcl)	2	METROLOTION LOTN (metronidazole (topical))	70
metformin hcl TB24 500 MG, 750 MG	21	methylphenidate hcl CHEW	2	metronidazole (topical) CREA	70
methadone hcl CONC	7	methylphenidate hcl CP24	2	metronidazole (topical) GEL 0.75 % 70	
methadone hcl SOLN IJ 10 MG/ML	7	methylphenidate hcl CPR 10 MG, 40 MG, 50 MG, 60 MG	2	metronidazole (topical) GEL 1 % ..	70
METHADONE HCL SOLN IJ	7	methylphenidate hcl CPR 20 MG, 30 MG	2	metronidazole (topical) LOTN	70
		methylphenidate hcl SOLN	2		

metronidazole CAPS	35	minocycline hcl TB24	141	M-NATAL PLUS TABS	121
METRONIDAZOLE SOLN (metronidazole)	35	minoxidil 2.5 MG, 10 MG	35	modafinil	2
metronidazole SOLN	35	mirabegron TB24	146	MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML	148
metronidazole TABS	35	MIRALAX POWD (polyethylene glycol 3350)	84	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	147
metronidazole vaginal	149	MIRAPEX ER TB24 (pramipexole dihydrochloride)	44	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY .	147
metyrosine	33	MIRCERA 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML, 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML	81	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ..	148
mexiletine hcl	12	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	56	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	148
MG217 PSORIASIS MULTI- SYM TOM OINT	69	MIRENA	57	moexipril hcl	33
MIACALCIN IJ (calcitonin (salmon)) 73		mirtazapine TABS	19	molindone hcl	45
MICAFUNGIN	25	mirtazapine TBDP	19	mometasone furoate (nasal) SUSP	125
micafungin sodium	25	MIRVASO (brimonidine tartrate (topical))	70	mometasone furoate CREA	67
MICARDIS (telmisartan)	34	misoprostol	145	mometasone furoate OINT	67
MICARDIS HCT (telmisartan- hydrochlorothiazide)	35	MITIGARE CAPS (colchicine)	80	mometasone furoate SOLN	67
miconazole-zinc oxide-white petrolatum	63	mitoxantrone hcl 2 MG/ML	41	MONOJECT INSULIN SYRINGE/1ML	98
midazolam hcl SYRP	83	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	98	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	98
midodrine hcl	149	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	98	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	98
mifepristone (hyperglycemia)	21	MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16"	98	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	98
miglitol	20	MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16"	98	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	98
miglustat	80	MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	98	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-	
MIGRANAL SOLN NA (dihydroergotamine mesylate)	106	MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	98		
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	56	M-M-R II SOLR	147		
MINIPRESS CAPS (prazosin hcl) .	34				
MINIVELLE PTTW (estradiol)	77				
minocycline hcl CAPS	141				
minocycline hcl TABS	141				

100/0.5ML/28G X 1/2"	98	5/16"	99	morphine sulfate TBCR	8
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	98	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	99	MOTOFEN	23
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	98	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	99	MOVANTIK	78
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	98	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	99	MOVIPREP (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid) 83	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	98	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	99	moxifloxacin hcl (ophth) SOLN OP 126	
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	98	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" 99		moxifloxacin hcl TABS	77
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	98	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" 99		MOZOBIL (plerixafor)	82
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	98	montelukast sodium CHEW	12	MS CONTIN TBCR (morphine sulfate)	8
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	99	montelukast sodium PACK	12	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	99
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	99	montelukast sodium TABS	12	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	99
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	99	MONUROL (fosfomycin tromethamine)	37	MS INSULIN SYRINGE/1ML/31G X 5/16"	99
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML	99	morphine sulfate beads	8	MUCOTROL WAFR	111
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	99	morphine sulfate CP24 10 MG, 50 MG	8	MULPLETA	81
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	99	morphine sulfate CP24 20 MG, 30 MG, 60 MG, 80 MG, 100 MG	8	MULTI-BETIC DIABETES TABS .	117
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X		morphine sulfate SOLN IJ 0.5 MG/ML, 1 MG/ML	8	multiple vitamins w/ minerals TABS 117	
		morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	8	MULTITOL-M TABS	117
		morphine sulfate SUPP	8	MULTIVITAMIN + FLUORIDE CHEW	120
		morphine sulfate TABS	8	MULTIVITAMIN ADULTS TABS .	117
				MULTIVITAMIN MEN TABS	117
				MULTI-VITAMIN MONOCAPS TABS 117	
				MULTIVITAMIN TABS 150 MG-2 MG-2.5 MG-10 MCG-7.5 MCG-10 MG-100 MG-3000 MCG-10 MG-15 MG-15 MG-5 MG-1 MG-1.5 MG-150 MCG-1 MG	117

MULTIVITAMIN WITH FLUORIDE CHEW	120	naproxen-esomeprazole magnesium	5
MULTIVITAMIN WITH FLUORIDE SOLN	120	naratriptan hcl	107
MULTIVITAMIN WOMEN TABS ..	117	NARCAN LIQD (naloxone hcl)	24
MULTIVITAMIN/ZINC STRESSFORMULA TABS	117	NARDIL (phenelzine sulfate)	19
MULTI-VIT-FLOR CHEW	120	NASONEX 24HR SUSP (mometasone furoate (nasal))	125
mupirocin OINT	62	NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 121	
MYALEPT	75	NATACYN	126
MYAMBUTOL TABS 400 MG (ethambutol hcl)	38	NATAZIA	56
MYCAMINE (micafungin sodium) ..	25	nateglinide	23
MYCOBUTIN (rifabutin)	38	NATPARA	73
mycophenolate mofetil CAPS	110	NATROBA (spinosad)	71
mycophenolate mofetil hcl	110	NAT-RUL THERAVITE-M/HIGHPOTENCY TABS	117
mycophenolate mofetil SUSR	110	NATRUL-VITES TABS	117
mycophenolate mofetil TABS	110	NAYZILAM	16
mycophenolate sodium	110	neбиволол hcl	50
MYDRIACYL SOLN (tropicamide) 126		NEBUPENT IN (pentamidine isethionate)	35
MYFORTIC (mycophenolate sodium)	110	NEBUSAL NEBU	59
MYKIDZ IRON 10 SUSP	82	NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	121
MYLERAN TABS	39	nefazodone hcl	20
MYRBETRIQ TB24 (mirabegron) 146		nelarabine	39
MYRBETRIQ TB24 50 MG	146	neomycin sulfate TABS	3
MYSOLINE (primidone)	17	neomycin/polymyxin b gu	79
MYTESI	23	neomycin-bacitracin zn-polymyxin 126	
nabumetone 500 MG	4		
nabumetone 750 MG	4		
nadolol TABS 20 MG, 40 MG, 80 MG			
NAFCILLIN 1 GM/50ML-5 %	131		
nafcillin sodium IV 2 GM, 10 GM ..	131		
naftifine hcl CREA	63		
naftifine hcl GEL 2 %	63		
NAFTIN GEL 1 %	63		
NAFTIN GEL 2 % (naftifine hcl) ...	63		
NAGLAZYME	75		
NALFON CAPS (fenoprofen calcium)	4		
NALFON TABS (fenoprofen calcium) 4			
NALOCET TABS	9		
naloxone hcl LIQD	24		
naloxone hcl SOSY 2 MG/2ML	24		
naltrexone hcl	24		
NAMENDA TABS (memantine hcl) 131			
NAMENDA TITRATION PAK TABS (memantine hcl)	131		
NAMENDA XR CP24 (memantine hcl)	131		
NAPRELAN TB24 (naproxen sodium)	4		
NAPROSYN SUSP (naproxen)	4		
NAPROSYN TABS 500 MG (naproxen)	4		
naproxen sodium TABS 275 MG, 550 MG	4		
naproxen sodium TB24	5		
naproxen SUSP	5		
naproxen TABS	5		
naproxen TBEC	5		

neomycin-polymyx-dexameth OINT 127	NEURONTIN CAPS (gabapentin) . 17	NICORETTE GUM (nicotine polacrilex) .....140
neomycin-polymyx-dexameth SUSP 127	NEURONTIN SOLN (gabapentin) . 17	NICORETTE LOZG (nicotine polacrilex) .....140
neomycin-polymyxin-gramicidin . 126	NEURONTIN TABS (gabapentin) . 17	NICORETTE MINI LOZG (nicotine polacrilex) .....140
neomycin-polymyxin-hc (ophth) . 127	NEUTROGENA CLEAR PORE CLEANSER/MASK LIQD 61	NICORETTE STARTER KIT GUM (nicotine polacrilex) 140
neomycin-polymyxin-hc (otic) SOLN . 129	NEVANAC .....128	nicotine MISC XX .....140
neomycin-polymyxin-hc (otic) SUSP . 129	nevirapine SUSP 47	nicotine polacrilex GUM 140
NEONATAL 19 .....121	nevirapine TABS 47	nicotine polacrilex LOZG 140
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG- 27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG ....121	nevirapine TB24 47	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....140
NEONATAL FE 121	NEXAVAR (sorafenib tosylate) ... 42	NICOTINE TRANSDERMAL SYSTEM KIT 140
NEONATAL PLUS TABS .....121	NEXICLON XR TB24 (clonidine hcl) . 34	NICOTROL INHALER INHA .....140
NEONATAL/DHA MISC 121	NEXIUM 24HR CLEAR MINIS CPDR (esomeprazole magnesium) .....145	NICOTROL NS SOLN .....140
NEORAL CAPS (cyclosporine modified (for microemulsion)) 110	NEXIUM 24HR CPDR (esomeprazole magnesium) .....145	nifedipine CAPS 51
NEORAL SOLN (cyclosporine modified (for microemulsion)) 110	NEXIUM CPDR (esomeprazole magnesium) .....145	nifedipine TB24 30 MG, 60 MG 51
NEO-SYNALAR .....62	NEXIUM PACK (esomeprazole magnesium) .....145	nifedipine TB24 51
NEOTUSS PLUS LIQD .....59	NEXIUM PACK 145	NILANDRON (nilutamide) 41
NEOVITE TABS 117	NEXPLANON .....57	nilutamide 41
NERLYNX 42	NEXTSTELLIS 56	nimodipine CAPS .....51
NESTABS .....121	niacin (antihyperlipidemic) TBCR ..33	NINLARO .....42
NESTABS DHA 121	NIASPAN TBCR 1000 MG (niacin (antihyperlipidemic)) 33	nisoldipine .....51
NESTABS ONE .....121	NICADAN TABS .....117	nitazoxanide TABS 37
NEUPRO 1 MG/24HR, 2 MG/24HR 44	NICADAN ZX TABS 117	nitisinone CAPS .....75
NEUPRO 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR 44	nicardipine hcl CAPS 51	NITRO-BID OINT 11
	NICAZEL FORTE TABS .....117	NITRO-DUR PT24 (nitroglycerin) ..11
	NICAZEL TABS .....117	NITRO-DUR PT24 11
	NICODERM CQ PT24 TD (nicotine) . 140	nitrofurantoin 37
		nitrofurantoin macrocrystal .....38

nitrofurantoin monohyd macro	38	norethindrone acetate-ethinyl estradiol	76	NP THYROID 90 TABS	142
nitroglycerin (intra-anal)	10	norethindrone acetate-ethinyl estradiol-fe	56	NUBEQA	41
nitroglycerin PT24	11	norgestimate-ethinyl estradiol (triphasic)	57	NUCALA SOAJ	12
nitroglycerin SOLN TL 0.4 MG/SPRAY	11	norgestimate-ethinyl estradiol	56	NUCALA SOSY 100 MG/ML	12
nitroglycerin SUBL	11	NORITATE CREA	70	NUCORT LOTN	67
NITROLINGUAL SOLN TL (nitroglycerin)	11	NORMOSOL-R	108	NUEDEXTA	132
NITROMIST AERS	11	NORPACE CAPS (disopyramide phosphate)	12	NULOJIX	110
NITROSTAT SUBL (nitroglycerin)	11	NORPACE CR CP12	12	NUPLAZID CAPS	45
NITYR TABS	75	NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	20	NUPLAZID TABS 10 MG	45
NIVA THYROID TABS	141	NORTHERA (droxidopa)	149	NUTRICAP TABS	117
NIVA-FOL	71	nortriptyline hcl CAPS	20	NUTROPIN AQ NUSPIN 10 SOPN	74
NIVA-PLUS TABS	121	NORVASC TABS (amlodipine besylate)	51	NUTROPIN AQ NUSPIN 20 SOPN	74
nizatidine CAPS	143	NORVIR CAPS	47	NUTROPIN AQ NUSPIN 5 SOPN	74
NO IRON MULTIPLE VITAMIN/MINERALS TABS	117	NORVIR SOLN	47	NUVARING (etonogestrel-ethinyl estradiol)	57
NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML, 30 MG/3ML	74	NORVIR TABS (ritonavir)	47	NUVIGIL 200 MG (armodafinil)	2
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML	74	NOVAVAX COVID-19 VACCINE SUSP	148	NUVIGIL 50 MG, 150 MG, 250 MG (armodafinil)	2
norelgestromin-ethinyl estradiol	57	NOVAVAX COVID-19 VACCINE/2023-24 SUSP	148	NYSTATIN (nystatin (mouth-throat))	111
norethin acet & estrad-fe CAPS	56	NOVAVAX COVID-19 VACCINE/2024-25 SUSY	148	nystatin (mouth-throat)	111
norethin acet & estrad-fe CHEW	56	NOXAFIL SUSP (posaconazole)	25	nystatin (topical) CREA	63
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	56	NOXAFIL TBEC (posaconazole)	25	nystatin (topical) OINT	63
norethindrone & ethinyl estradiol-fe	56	NP THYROID 120 TABS	141	nystatin TABS	25
norethindrone (contraceptive)	58	NP THYROID 15 TABS	141	nystatin-triamcinolone CREA	63
norethindrone acet & eth estra TABS	56	NP THYROID 30 TABS	141	nystatin-triamcinolone OINT	63
norethindrone acetate TABS	131	NP THYROID 60 TABS	142	NYVEPRIA	81
				OB COMPLETE ONE	121
				OB COMPLETE PETITE	121
				OB COMPLETE PREMIER	121

OB COMPLETE/DHA	121	hydrochlorothiazide	35	OMNITROPE SOLR SC	74
OBSTETRIX ONE 30 MG-15 UNIT- 250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG 121		olopatadine hcl (nasal)	124	ONCOVITE TABS	117
		olopatadine hcl 0.1 %	128	ondansetron hcl SOLN OR 4 MG/5ML	24
		olopatadine hcl 0.2 %	128	ondansetron hcl TABS 4 MG, 8 MG 24	
OCALIVA	77	OLUX FOAM (clobetasol propionate) 67		ondansetron TBDP 4 MG, 8 MG ...	24
OCTAGAM SOLN 1 GM/20ML, 2 GM/20ML, 5 GM/50ML, 10 GM/200ML, 20 GM/200ML	130	OLUX-E (clobetasol propionate emulsion)	67	ONE A DAY MENS 50+ TABS ...	117
octreotide acetate SOLN	75	omega-3-acid ethyl esters	32	ONE A DAY TRIPLE IMMUNE SUPPORT ADULT TABS	117
OCUFLOX (ofloxacin (ophth)) ...	126	OMEPRAZOLE + SYRSPEND SFALKA SUSP	145	ONE A DAY WOMENS 50+ TABS 117	
OCULAR VITAMINS TABS	117	omeprazole CPDR	145	ONE DAILY MENS 50+ MULTIVITAMIN TABS	117
ODACTRA SUBL	2	omeprazole magnesium CPDR ..	145	ONE DAILY MENS FORMULA W/O IRON TABS	117
ODEFSEY	47	omeprazole-sodium bicarbonate CAPS 1100 MG-40 MG	145	ONE DAILY WOMENS TABS	117
ODOMZO	40	omeprazole-sodium bicarbonate PACK	145	ONE DIALY MULTIVITAMIN WOMENS TABS	117
OFEV	140	OMNARIS SUSP	125	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS 122	
ofloxacin (ophth)	126	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	86	ONE-A-DAY ENERGY TABS	117
ofloxacin (otic)	129	OMNIPOD 5 G6 PODS (GEN 5) MISC	86	ONE-A-DAY MENOPAUSE FORMULA TABS	118
ofloxacin 300 MG, 400 MG	77	OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	86	ONE-A-DAY MENS 50+ ADVANTAGE TABS	118
OGIVRI	40	OMNIPOD 5 G7 PODS (GEN 5) MISC	86	ONE-A-DAY MENS 50+ TABS ...	118
OGSIVEO	42	OMNIPOD CLASSIC PODS (GEN 3) MISC	86	ONE-A-DAY MENS HEALTH FORMULA TABS	118
OJEMDA SUSR	42	OMNIPOD DASH INTRO KIT (GEN 4) KIT	87	ONE-A-DAY MENS PRO EDGE TABS	118
OJEMDA TABS	42	OMNIPOD DASH PDM KIT (GEN 4) KIT	87	ONE-A-DAY MENS TABS	118
OJJAARA	42	OMNIPOD DASH PODS (GEN 4) MISC	87	ONE-A-DAY PROACTIVE 65+ TABS	118
olanzapine SOLR	45				
olanzapine TABS	45				
olanzapine TBDP	45				
olanzapine-fluoxetine hcl	132				
olmesartan medoxomil	34				
olmesartan medoxomil-amlodipine- hydrochlorothiazide	35				
olmesartan medoxomil-					

ONE-A-DAY TEEN ADVANTAGEFOR HIM TABS	118	OPSUMIT	52	OSMOLEX ER TB24 129 MG, 193 MG	44
ONE-A-DAY WEIGHT SMART ADVANCED TABS (multiple vitamins w/ minerals)	118	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 148		OSPHENA	74
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (multiple vitamins w/ minerals)	118	OPTIVITE P.M.T. TABS (multiple vitamins w/ minerals)	118	OSTEOPRIME PLUS/CALCIUM & MAGNESIUM TABS	118
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (multiple vitamins w/ minerals)	118	OPURITY TABS	118	OTEZLA TABS 30 MG	5
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE TABS (multiple vitamins w/ minerals) ...	118	ORACEA (doxycycline (rosacea))	70	OTEZLA TBPK	5
ONE-A-DAY WOMENS 50+ TABS 118		ORACIT	79	OTOVEL (ciprofloxacin-fluocinolone acetoneide)	129
ONE-A-DAY WOMENS ACTIVE MIND & BODY TABS (multiple vitamins w/ minerals)	118	ORAFATE PSTE	111	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3
ONE-A-DAY WOMENS PETITES TABS (multiple vitamins w/ minerals) 118		ORAL CITRATE	79	OVACE PLUS SHAM (sulfacetamide sodium)	64
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT TABS (multiple vitamins w/ minerals) ...	118	ORALAIR ADULT STARTER PACK SUBL	2	OVACE PLUS WASH LIQD (sulfacetamide sodium)	64
ONE-A-DAY WOMENS TABS ...	118	ORALAIR SUBL	2	OVACE WASH LIQD (sulfacetamide sodium)	64
ONETOUCH ULTRA 2 KIT	87	ORAPRED ODT TBDP (prednisolone sodium phosphate)	58	OVIDE (malathion)	71
ONETOUCH ULTRA STRP	71	ORAVIG	111	OXACILLIN SODIUM	131
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	87	ORENITRAM TBCR	51	oxacillin sodium IV 10 GM	131
ONETOUCH VERIO TEST STRIPS STRP	71	ORFADIN CAPS (nitisinone)	75	oxandrolone	9
ONEVITE TABS	118	ORFADIN SUSP	75	oxaprozin TABS	5
ONFI SUSP (clobazam)	16	ORGOVYX	41	OXAYDO TABS 5 MG	8
ONFI TABS (clobazam)	16	ORKAMBI PACK	140	OXAYDO TABS 7.5 MG	8
ONUREG TABS	39	ORKAMBI TABS	140	oxazepam CAPS	11
OPILL	58	orphenadrine citrate TB12	123	oxcarbazepine SUSP	17
opium tincture	23	orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG	123	oxcarbazepine TABS	17
		ORSERDU	41	oxcarbazepine TB24	17
		oseltamivir phosphate CAPS 30 MG, 45 MG	49	oxiconazole nitrate CREA	63
		oseltamivir phosphate CAPS 75 MG . 49		OXISTAT LOTN	63
		oseltamivir phosphate SUSR	49	OXTELLAR XR TB24	
		OSMOLEX ER T4PK	44		

(oxcarbazepine)	17	UNIT-8800 UNIT-2600 UNIT, 24600	pazopanib hcl	42
oxybutynin chloride TABS 5 MG .	146	UNIT-14200 UNIT-4200 UNIT, 61500	PEDIARIX SUSY	142
oxybutynin chloride TB24	146	UNIT-35500 UNIT-10500 UNIT,	pediatric multivitamins w/fl CHEW	
OXYCODONE AND		83900 UNIT-54700 UNIT-21000	120	
ACETAMINOPHEN TABS	9	UNIT, 98400 UNIT-56800 UNIT-	PEDVAX HIB SUSP	146
oxycodone hcl CAPS	8	16800 UNIT	peg 3350-kcl-nacl-na sulfate-na	
oxycodone hcl CONC 100 MG/5ML	8	PANDEL	ascorbate-ascorbic acid	83
oxycodone hcl T12A 10 MG, 20 MG,		PANRETIN	peg 3350-kcl-sod bicarb-sod	
40 MG, 80 MG	8	pantoprazole sodium PACK	chloride-sod sulfata SOLR	83
oxycodone hcl TABS	8	pantoprazole sodium TBEC	peg 3350-potassium chloride-sod	
oxycodone w/ acetaminophen TABS		PARAGARD INTRAUTERINE	bicarbonate-sod chloride	84
325 MG-10 MG, 325 MG-2.5 MG,		COPPER CONTRACEPTIVE T380A	PEGASYS SOLN	49
325 MG-5 MG, 325 MG-7.5 MG	9	.....	PEGASYS SOSY	49
OXYCODONE/ACETAMINOPHEN		PAREMYD	PEG-PREP	84
TABS	9	paricalcitol CAPS	PEMAZYRE	42
oxymorphone hcl TABS	8	paricalcitol SOLN	pemetrexed disodium SOLR 100 MG,	
oxymorphone hcl TB12 5 MG, 10		PARLODEL CAPS (bromocriptine	500 MG	39
MG, 20 MG, 40 MG	8	mesylate)	PENBRAYA	146
OXYTROL FOR WOMEN PTTW .	146	PARLODEL TABS (bromocriptine	penciclovir	65
OXYTROL PTTW	146	mesylate)	penicillamine CAPS	109
OZEMPIC SOPN	22	PARNATE (tranylcypromine sulfate)	penicillamine TABS	109
paliperidone	45	19	penicillin g potassium	130
palonosetron hcl SOLN	24	paroxetine hcl TABS	PENICILLIN G POTASSIUM IN ISO-	
PALONOSETRON		paroxetine hcl TB24	OSMOTIC DEXTROSE	130
HYDROCHLORIDE SOLN	24	paroxetine mesylate (vasomotor)	PENICILLIN G PROCAINE	130
PALYNZIQ	75	140	penicillin g sodium	130
PAMELOR CAPS (nortriptyline hcl)		PARVLEX TABS	penicillin v potassium SOLR	130
20		PASER PACK	penicillin v potassium TABS	130
pamidronate disodium SOLN 30		PATADAY 0.2 % (olopatadine hcl)	PENLEN EMUL	70
MG/10ML, 90 MG/10ML	73	128	PENNSAID SOLN EX 2 %	
PAMIDRONATE DISODIUM SOLN		PATANASE (olopatadine hcl (nasal))	(diclofenac sodium (topical))	64
73		.....	PENNSAID SOLN EX	64
PANCREAZE CPEP 149900 UNIT-		PAXIL CR TB24 (paroxetine hcl) ..		
97300 UNIT-37000 UNIT, 15200		PAXIL TABS (paroxetine hcl)		

PENTACEL	142	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	148	PIFELTRO	47
pentamidine isethionate IN	36	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	148	pilocarpine hcl (oral)	111
PENTASA CPCR (mesalamine) ...	78	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP ..	148	pilocarpine hcl SOLN 1 %, 2 %, 4 % ..	126
PENTASA CPCR 250 MG	78	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ..	148	pimecrolimus	69
pentazocine w/ naloxone hcl	9	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ..	148	pimozide	133
pentoxifylline	80	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 ..	148	pindolol TABS	50
PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	144	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	79	pioglitazone hcl	23
PEPCID AC TABS 20 MG (famotidine)	144	phenelzine sulfate	19	pioglitazone hcl-glimepiride	21
PEPCID TABS 20 MG (famotidine) ..	144	PHENERGAN SOLN IJ (promethazine hcl)	31	pioglitazone hcl-metformin hcl TABS ..	21
PEPCID TABS 40 MG (famotidine) ..	144	phenobarbital ELIX	83	piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM, 4 GM-0.5 GM	130
PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	9	phenobarbital TABS	83	PIQRAY 200MG DAILY DOSE ...	42
PERFOROMIST NEBU (formoterol fumarate)	14	phenoxybenzamine hcl	33	PIQRAY 250MG DAILY DOSE ...	42
PERIDEX (chlorhexidine gluconate (mouth-throat))	111	phenylephrine hcl (mydriatic) SOLN ..	126	PIQRAY 300MG DAILY DOSE ...	42
perindopril erbumine	33	phenytoin CHEW	18	pirfenidone CAPS	140
permethrin CREA	71	phenytoin sodium extended 100 MG, 200 MG, 300 MG	18	pirfenidone TABS	140
perphenazine TABS	46	phenytoin sodium SOLN	18	piroxicam CAPS	5
perphenazine-amitriptyline	132	phenytoin SUSP	18	pitavastatin calcium	33
PERSERIS PRSY	45	PHEXXI	149	PLAN B ONE-STEP (levonorgestrel (emergency oc))	57
PEXEVA 10 MG, 20 MG, 30 MG ..	20	PHLAG SPRAY EMUL	70	PLASMA-LYTE A (electrolyte-a) ..	108
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP ..	148	PHYTOMULTI TABS	118	PLASMA-LYTE-148 (electrolyte-148) ..	108
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP ..	148	phytonadione TABS 5 MG	150	PLAVIX 75 MG (clopidogrel bisulfate) ..	80
				PLEGRIDY SOPN	132
				PLEGRIDY SOSY IM	132
				PLEGRIDY STARTER PACK SOPN ..	132
				PLEGRIDY STARTER PACK SOSY ..	

SC	132	phosphate dibasic & monobasic ..	108	PRAMOSONE LOTN	68
PLENVU	84	POTABA CAPS	151	PRAMOSONE OINT	68
plerixafor	82	potassium chloride CPCR	109	PRAMOTIC	129
PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	61	potassium chloride in nacl 20 MEQ/L- 0.45 %, 20 MEQ/L-0.9 %	108	PRAMOX GEL GEL	70
PLEXION CLEANSING CLOTHS PADS	61	potassium chloride microencapsulated crystals er ...	109	pramoxine-hc CREA 2.5 %-1 % ...	68
PLEXION CREA (sulfacetamide sodium w/ sulfur)	61	potassium chloride PACK OR 20 MEQ	109	prasugrel hcl	80
PLEXION LOTN (sulfacetamide sodium w/ sulfur)	61	POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/50ML (potassium chloride) ..	109	pravastatin sodium 10 MG, 20 MG, 80 MG	33
PNEUMOVAX 23	146	potassium chloride SOLN IV 2 MEQ/ML, 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/50ML	109	pravastatin sodium 40 MG	33
PNEUMOVAX 23/1 DOSE	146	potassium chloride SOLN OR 10 %, 20 %	109	praziquantel	10
PNV-DHA+DOCUSATE	122	potassium chloride TBCR	109	prazosin hcl CAPS	34
PNV-OMEGA	122	POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 % (potassium chloride in nacl)	108	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	99
PODOCON-25 SOLN	69	potassium citrate (alkalinizer) TBCR . 79		PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	71
podofilox GEL	69	potassium citrate-citric acid SOLN .	79	PRECOSE (acarbose)	20
podofilox SOLN	69	POVIDONE IODINE	126	PRED MILD	127
polyethylene glycol 3350 POWD ..	84	PR BENZOYL PEROXIDE WASH LIQD	61	PRED-G S.O.P. OINT	127
polymyxin b sulfate SOLR	37	PRALUENT SOAJ	33	PRED-G SUSP	127
polymyxin b-trimethoprim	126	pramipexole dihydrochloride TABS 44		prednicarbate OINT	68
POLY-VI-FLOR CHEW	120	pramipexole dihydrochloride TB24	44	prednisolone acetate (ophth)	127
POLY-VI-FLOR SUSP	120	PRAMOSONE CREA 1 %-1 %	68	PREDNISOLONE SODIUM PHOSPHATE	127
POLY-VI-FLOR/IRON CHEW	120	PRAMOSONE CREA 2.5 %-1 % (pramoxine-hc)	67	prednisolone sodium phosphate SOLN 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML	58
POLY-VI-FLOR/IRON SUSP	120			prednisolone sodium phosphate TBDP	58
POMALYST	41			prednisolone SOLN	58
posaconazole SUSP	25			prednisolone TABS	58
posaconazole TBEC	25			PREDNISONE INTENSOL CONC	58
POSFREA SOLN	24			prednisone SOLN	58
pot & sod citrates w/citric ac SOLN 79					
pot phosphate monobasic w/ sod					

prednisone TABS	58	PREMPRO	76	PRENATE PIXIE	122
prednisone TBPK	58	PRENA 1 TRUE	122	PRENATE RESTORE	122
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" . 99		PRENA1 PEARL	122	PRENATRIX TABS	122
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	99	PRENAISSANCE	122	PRENATRYL TABS	122
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" . 99		PRENAISSANCE PLUS CAPS ...	122	PRESERVISION AREDS TABS ..	118
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" . 99		PRENATAL 19 CHEW	122	PREVACID CPDR 30 MG (lansoprazole)	145
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	99	PRENATAL 19 TABS	122	PREVACID SOLUTAB TBDD (lansoprazole)	145
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" 99		PRENATAL PLUS VITAMIN ANDMINERAL TABS	122	PREVNAR 13	146
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" 99		PRENATAL PLUS VITAMIN ANDMINERAL TABS	122	PREVNAR 20	146
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" 99		PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG- 1200 MCG-27 MG-200 MG-1.84 MG- 25 MG-2 MG-10 MG	122	PREVYMIS TABS	49
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" 99		PRENATAL VITAMINS PLUS LOW IRON TABS	122	PREZCOBIX	47
PREFEST	76	PRENATAL-U CAPS	122	PREZISTA SUSP	47
pregabalin CAPS 150 MG, 225 MG, 300 MG	17	PRENATE	122	PREZISTA TABS 600 MG (darunavir)	48
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 200 MG	17	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	122	PREZISTA TABS 75 MG, 150 MG 48	
pregabalin SOLN	17	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG .	122	PREZISTA TABS 800 MG (darunavir)	48
PREHEVBRIO	148	PRENATE ENHANCE	122	PRIFTIN	38
PREMARIN	149	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT- 13 MCG-155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG- 18 MG	122	PRILOSEC PACK	145
PREMARIN SOLR	77	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG- 80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG .	122	PRIMACARE	122
PREMARIN TABS	77			PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	38
PREMPHASE	76			primaquine phosphate TABS	38
				PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin)	37
				primidone 50 MG, 250 MG	17
				PRIORIX SUSR	148
				PRIVIGEN SOLN 5 GM/50ML, 20 GM/200ML	130
				PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	99

PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" . . . 100	progesterone OIL 131	proparacaine hcl 127
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" . . . 100	PROGLYCEM (diazoxide) 21	propranolol hcl CP24 50
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" 100	PROGRAF CAPS (tacrolimus) . . . 110	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML 50
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" . . . 100	PROGRAF PACK 110	propranolol hcl TABS 50
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" . . . 100	PROGRAF SOLN 110	propylthiouracil 141
PROAIR HFA AERS (albuterol sulfate) 14	PROLASTIN-C SOLN 140	PROQUAD SUSR 148
PROAIR RESPICLICK AEPB 14	PROLATE TABS 9	PRORENAL+D TABS 118
probenecid 80	PROLENSA (bromfenac sodium (ophth)) 128	PROSCAR (finasteride) 79
procainamide hcl SOLN 12	PROLIA SOSY 73	PROTHELIAL PSTE 111
PRO-CAL TABS 118	PROMACTA PACK 81	PROTONIX PACK (pantoprazole sodium) 145
PROCARDIA XL TB24 (nifedipine) 51	PROMACTA TABS 12.5 MG, 25 MG, 50 MG 81	PROTONIX TBEC (pantoprazole sodium) 145
PROCERV HP TABS 118	PROMACTA TABS 75 MG 81	protriptyline hcl 20
prochlorperazine 46	promethazine & phenylephrine SYRP 59	PROVENTIL HFA AERS (albuterol sulfate) 14
prochlorperazine maleate TABS . . 46	promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML 31	PROVERA (medroxyprogesterone acetate) 131
PROCORT CREA EX 10	promethazine hcl SOLN OR 6.25 MG/5ML 31	PROVIGIL (modafinil) 2
PROCTOCORT (hydrocortisone acetate (rectal)) 10	promethazine hcl SUPP 31	PROVIT TABS 118
PROCTOFOAM HC FOAM EX . . . 10	promethazine hcl TABS 31	PROZAC CAPS (fluoxetine hcl) . . . 20
PROCYSBI CPDR 79	promethazine w/codeine SOLN . . . 59	PRUDOXIN (doxepin hcl (antipruritic)) 64
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" 100	promethazine w/codeine SYRP . . . 59	PULMICORT FLEXHALER AEPB 180 MCG/ACT 13
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" 100	promethazine-dm SYRP 59	PULMICORT FLEXHALER AEPB 90 MCG/ACT 13
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" 100	promethazine-phenylephrine-codeine 59	PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation)) 13
PROFOLA TABS 118	PROMETRIUM CAPS (progesterone) 131	PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) 13
progesterone CAPS 131	propafenone hcl CP12 12	PULMOZYME 140
	propafenone hcl TABS 150 MG . . . 12	
	propafenone hcl TABS 225 MG, 300 MG 12	

PURIXAN SUSP	39	MG	45	raloxifene hcl	74
PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	100	quetiapine fumarate TB24	45	ramelteon	83
pyrazinamide	38	QUFLORA GUMMIES CHEW ...	120	ramipril CAPS 1.25 MG, 2.5 MG, 5 MG	33
PYRIDIUM TABS (phenazopyridine hcl)	79	QUFLORA PEDIATRIC CHEW ..	120	ramipril CAPS 10 MG	33
pyridostigmine bromide SOLN OR	38	QUFLORA PEDIATRIC SOLN ...	120	RANEXA TB12 1000 MG (ranolazine)	11
pyridostigmine bromide TABS 60 MG	38	QUILLICHEW ER CHER 20 MG, 40 MG	2	RANEXA TB12 500 MG (ranolazine) . 11	
pyridostigmine bromide TBCR	38	QUILLICHEW ER CHER 30 MG ...	2	ranolazine TB12 1000 MG	11
pyrimethamine	38	QUILLIVANT XR SRER	2	ranolazine TB12 500 MG	11
QBRELIS SOLN	33	QUIN B STRONG TABS	118	RAPAFLO (silodosin)	79
QC MULTI-VITE TABS	118	quinapril hcl	33	RAPAMUNE SOLN (sirolimus) ...	110
QDOLO SOLN (tramadol hcl)	8	quinapril-hydrochlorothiazide	35	RAPAMUNE TABS (sirolimus) ...	110
QINLOCK	42	quinidine gluconate TBCR	12	rasagiline mesylate	44
QNASL	125	quinidine sulfate TABS	12	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3
QNASL CHILDRENS	125	quinine sulfate CAPS 324 MG	38	RAYALDEE	75
QUADRACEL SUSP	142	QUINTABS-M TABS	118	RAYAVIT TABS	118
QUADRACEL SUSY	142	QVAR REDIHALER 40 MCG/ACT .	13	RAYOS TBEC	58
QUALAQUIN CAPS (quinine sulfate) 38		QVAR REDIHALER 80 MCG/ACT .	13	RAZADYNE ER CP24 (galantamine hydrobromide)	132
QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	57	RA CENTRAL-VITE TABS	118	REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	100
quazepam	83	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	100	REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	100
QUDEXY XR CS24 (topiramate) ..	17	RA INSULIN SYRINGE/1ML/29G X 1/2"	100	REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	100
QUESTRAN LIGHT POWD (cholestyramine light)	32	RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	100	REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	100
QUESTRAN PACK (cholestyramine) 32		RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"	100	REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	100
QUESTRAN POWD (cholestyramine)	32	RABEPRAZOLE SODIUM DR SPRINKLE CPSP	145	REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	100
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400		rabeprazole sodium TBEC	145	REALITY LATEX	
		RADIOGARDASE	24		
		RAGWITEK SUBL	2		

CONDOMS/LUBRICATED MISC ..85	RELNATE DHA CAPS .....122	REVATIO TABS (sildenafil citrate (pulmonary hypertension)) .....52
REALITY LATEX/ULTRA TEXTURED DEVI .....85	RELPAK (eletriptan hydrobromide) 107	REVLIMID 2.5 MG, 5 MG, 10 MG, 15 MG, 25 MG 109
REALITY LATEX/ULTRA THIN DEVI 86	RELTONE CAPS .....77	REXULTI 0.25 MG, 0.5 MG, 2 MG 46
REBIF REBIDOSE SOAJ 132	REMERON SOLTAB TBDP (mirtazapine) 19	REXULTI 1 MG, 3 MG, 4 MG .....46
REBIF REBIDOSE TITRATIONPACK SOAJ .....132	REMERON TABS 15 MG, 30 MG (mirtazapine) 19	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate) 48
REBIF SOSY 132	REMODULIN SOLN IJ .....51	REYATAZ PACK 48
REBIF TITRATION PACK SOSY .132	RENAGEL (sevelamer hcl) .....78	REZLIDHIA .....42
RECLAST SOLN (zoledronic acid) 73	RENAPLEX-D TABS 118	REZZAYO .....25
RECOMBIVAX HB SUSP 10 MCG/ML 148	RENFLEXIS .....78	RHOFADE .....70
RECOMBIVAX HB SUSY 10 MCG/ML 148	RENVELA PACK (sevelamer carbonate) .....78	ribavirin (hepatitis c) CAPS 49
RECTIV (nitroglycerin (intra-anal)) 10	RENVELA TABS (sevelamer carbonate) .....78	ribavirin (hepatitis c) TABS 200 MG 49
REGLAN TABS (metoclopramide hcl) .....77	repaglinide .....23	ribavirin .....49
REGRANEX .....71	RESTORIL (temazepam) 83	RIDAURA .....3
RELENZA DISKHALER .....49	RETACRIT 81	rifabutin .....38
RELION INSULIN SYRINGE 1ML/31GX15/64" .....100	RETEVMO CAPS .....42	RIFADIN SOLR (rifampin) 38
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" .....100	RETEVMO TABS .....42	rifampin CAPS 38
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .....100	RETIN-A CREA (tretinoin) .....61	rifampin SOLR 38
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" 100	RETIN-A GEL (tretinoin) .....61	RILUTEK TABS (riluzole) .....125
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" .....100	RETIN-A MICRO (tretinoin microsphere) .....61	riluzole TABS 125
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" .....100	RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere) .....61	rimantadine hydrochloride TABS .. 49
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" .....100	RETROVIR CAPS (zidovudine) ... 48	ringer's irrigation 110
	RETROVIR SYRP (zidovudine) ... 48	RINVOQ TB24 3
	REVATIO SOLN (sildenafil citrate (pulmonary hypertension)) .....52	RIOMET SOLN (metformin hcl) ... 21
	REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) .....52	risedronate sodium TABS 150 MG 73
		risedronate sodium TABS 35 MG .73
		risedronate sodium TABS 5 MG, 30 MG 73
		risedronate sodium TBEC 73

RISPERDAL CONSTA (risperidone microspheres)	45	ROTATEQ SOLN	148	salsalate	7
RISPERDAL SOLN (risperidone) ..	45	ROWASA (mesalamine w/ cleanser) 78		SALVAX FOAM (salicylic acid)	69
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	45	ROXICODONE TABS 15 MG, 30 MG (oxycodone hcl)	8	SALYCIM CREA	69
risperidone microspheres	45	ROZEREM (ramelteon)	83	SAMSCA TABS (tolvaptan)	75
risperidone SOLN	45	ROZLYTREK CAPS	42	SANCUSO PTCH	24
risperidone TABS	45	ROZLYTREK PACK	42	SANDIMMUNE CAPS (cyclosporine) 110	
risperidone TBDP	45	RUBRACA	42	SANDIMMUNE SOLN IV 50 MG/ML . 110	
RITALIN LA CP24 (methylphenidate hcl)	2	rufinamide SUSP	17	SANDOSTATIN LAR DEPOT KIT .75	
RITALIN TABS (methylphenidate hcl)	2	rufinamide TABS	17	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (octreotide acetate)	75
ritonavir TABS	48	RUKOBIA	48	SANOVI COVID-19 VACCINE/ANTIGEN COMPONENT . 148	
rivastigmine	132	RUXIENCE	40	SANTYL OINT	69
rivastigmine tartrate CAPS	132	RYBELSUS TABS	22	SAPHRIS (asenapine maleate) ...	45
rizatriptan benzoate TABS	107	RYDAPT	42	SAPHRIS 5 MG	45
rizatriptan benzoate TBDP	107	RYTARY CPCR	44	sapropterin dihydrochloride PACK .75	
ROBINUL FORTE TABS (glycopyrrolate)	143	RYTHMOL SR CP12 (propafenone hcl)	12	sapropterin dihydrochloride TABS .75	
ROBINUL TABS (glycopyrrolate) .	143	SABRIL PACK (vigabatrin)	18	SAVELLA TABS	132
ROCALTROL CAPS (calcitriol)	75	SABRIL TABS (vigabatrin)	18	SAVELLA TITRATION PACK MISC 132	
ROCALTROL SOLN OR (calcitriol) 75		SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	57	saxagliptin hcl	22
roflumilast	13	SALAGEN (pilocarpine hcl (oral)) 111		saxagliptin-metformin hcl	21
romidepsin SOLR	42	salicylic acid FOAM	69	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	100
ropinirole hydrochloride TABS	44	salicylic acid in ammonium lactate vehicle	69	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	100
ropinirole hydrochloride TB24	44	salicylic acid LIQD 27.5 %	69	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	100
rosuvastatin calcium TABS 20 MG, 40 MG	33	SALICYLIC ACID OINT	69	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	100
rosuvastatin calcium TABS 5 MG, 10 MG	33	salicylic acid SHAM 6 %	69		
ROTARIX SUSP	148	salicylic acid SOLN 26 %, 28.5 % .	69		
		SALIMEZ CREA	69		

SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	100	fumarate)	45	sodium)	12
SCEMBLIX 20 MG, 40 MG	42	SEROQUEL XR TB24 (quetiapine fumarate)	45	SINGULAIR PACK (montelukast sodium)	12
scopolamine	24	SEROSTIM SC 4 MG, 5 MG, 6 MG 74		sirolimus SOLN	110
SEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	57	sertraline hcl CONC	20	sirolimus TABS	110
SECUADO	45	sertraline hcl TABS	20	SIRTURO 100 MG	38
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" . 100		sevelamer carbonate PACK	78	SIRTURO 20 MG	38
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" 100		sevelamer carbonate TABS	78	SIVEXTRO TABS	37
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TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC86	TWIRLA 57	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" 103
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC86	TYBLUME CHEW57	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" 103
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	TYGACIL (tigecycline)141	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" 103
	TYKERB (lapatinib ditosylate)43	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" 103

ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	103	SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16"	104	0.3ML/30GX5/16"	104
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	103	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"	104	ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"	104
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	103	ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C	104	ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"	104
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	103	ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C	104	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2"	104
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	103	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON	104	ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16"	104
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	103	ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO	104	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"	104
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	103	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C	104	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16"	104
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	103	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS	104	ULTRA FLO INSULIN SYRINGE 1M/29GX1/2"	104
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	103	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	104	ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2"	104
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	103	ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C	104	ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16"	104
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	103	ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN	104	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16"	104
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	103	ULTRA BONEUP TABS	119	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	104
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	103	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	104	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	104
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	103	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"	104	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	105
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16"	103	ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2"	104	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	105
ULTICARE INSULIN		ULTRA FLO INSULIN SYRINGE		ULTRACARE INSULIN SYRINGE/U-	

100/1ML/30G X 1/2"	105	UPTRAVI SOLR	52	valsartan TABS	34
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	105	UPTRAVI TABS	52	valsartan-hydrochlorothiazide	35
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	105	UPTRAVI TITRATION PACK TBPK	52	VALTOCO 10 MG DOSE LIQD	16
ULTRACET (tramadol-acetaminophen)	9	URAMAXIN GEL (urea)	68	VALTOCO 15 MG DOSE LQPK	16
ULTRAM TABS (tramadol hcl)	8	urea CREA 39 %, 40 %, 41 %, 45 %, 47 %	68	VALTOCO 20 MG DOSE LQPK	16
ULTRASAL-ER SOLN (salicylic acid)	69	urea LOTN 40 %	68	VALTOCO 5 MG DOSE LIQD	16
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	105	URIBEL	36	VALTRESX (valacyclovir hcl)	49
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	105	UROCIT-K 10 TBCR (potassium citrate (alkalinizer))	79	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	105
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	105	UROCIT-K 15 TBCR (potassium citrate (alkalinizer))	79	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	105
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	105	UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	79	VANCOCIN CAPS (vancomycin hcl) .	37
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	105	UROXATRAL (alfuzosin hcl)	79	vancomycin hcl CAPS	37
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	105	URSO 250 TABS (ursodiol)	77	vancomycin hcl SOLR OR 25 MG/ML	37
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	105	URSO FORTE TABS (ursodiol)	77	VANDAZOLE	149
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	105	ursodiol CAPS	77	VANFLYTA	43
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	105	URSODIOL CAPS	77	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	105
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	105	ursodiol TABS	77	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	105
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	105	UVADEX	43	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	105
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	105	valacyclovir hcl	49	VANISHPOINT INSULIN SYRINGE/1ML/29G X 5/16"	105
UNASYN BULK PACK IV (ampicillin & sulbactam sodium)	130	VALCHLOR	64	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	105
UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium)	130	VALCYTE SOLR (valganciclovir hcl) .	49	VANOS CREA (fluocinonide)	68
UNISOM SLEEPGELS CAPS (diphenhydramine hcl (sleep))	82	VALCYTE TABS (valganciclovir hcl) .	49	VAQTA	148
		valganciclovir hcl SOLR	49	varenicline tartrate TABS	140
		valganciclovir hcl TABS	49	varenicline tartrate TBPK	140
		VALIUM TABS (diazepam)	11		
		valproic acid CAPS	19		

VARIVAX INJ	148	VENTOLIN HFA AERS (albuterol sulfate)	14	VERSACLOZ SUSP	45
VARIZIG SOLN	130	VENTRIXYL FE TABS	119	VERZENIO	43
VARUBI TBPK	25	VENTRIXYL TABS	119	VESICARE TABS (solifenacin succinate)	146
VASCEPA (icosapent ethyl)	32	verapamil hcl CP24	51	VFEND SUSR (voriconazole)	25
VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide)	35	verapamil hcl TABS	51	VFEND TABS (voriconazole)	25
VASOTEC TABS (enalapril maleate) .	33	verapamil hcl TBCR	51	VIBERZI	78
VAXELIS SUSP	142	VERAPAMIL HYDROCHLORIDE ER CP24 (verapamil hcl)	51	VIBRAMYCIN CAPS (doxycycline hyclate)	141
VAXELIS SUSY	142	VERDESO FOAM	68	VIBRAMYCIN SUSR (doxycycline (monohydrate))	141
VAXNEUVANCE	146	VEREGEN	62	VICTOZA (liraglutide)	22
VCF VAGINAL CONTRACEPTIVE FILM FILM	148	VERELAN CP24 (verapamil hcl) ..	51	VIDAZA SUSR (azacitidine)	39
VCF VAGINAL CONTRACEPTIVEGEL GEL	149	VERELAN PM CP24 (verapamil hcl) .	51	vigabatrin PACK	18
VECAMYL	35	VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM ...	105	vigabatrin TABS	18
VECTICAL (calcitriol (topical))	64	VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM ..	105	VIIBRYD STARTER PACK KIT ...	20
VELCADE SOLR IJ (bortezomib) ..	43	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM ...	105	VIIBRYD TABS (vilazodone hcl) ...	20
VELPHORO	78	VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM ...	105	vilazodone hcl TABS	20
VELTIN (clindamycin phosphate-tretinoin)	62	VERIFINE INSULIN SYRINGE/1ML/29G X 12MM	105	VIMOVO (naproxen-esomeprazole magnesium)	5
VENCLEXTA STARTING PACK TBPK	40	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	105	VIMPAT SOLN OR 10 MG/ML (lacosamide)	18
VENCLEXTA TABS	40	VERIFINE INSULIN SYRINGE/1ML/31G X 8MM	105	VIMPAT TABS (lacosamide)	18
VENEXA FE TABS	119	VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM	105	VINATE DHA RF	122
VENEXA TABS	119	VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM ...	105	VINATE II	122
venlafaxine hcl CP24 150 MG	20	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	105	VIRACEPT TABS	48
venlafaxine hcl CP24 37.5 MG, 75 MG	20	VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM	105	VIRASAL LIQD (salicylic acid)	69
venlafaxine hcl TABS	20	VERIFINE INSULIN SYRINGE1ML/29G X 12MM	105	VIRAZOLE (ribavirin)	49
venlafaxine hcl TB24	20	VERIFINE INSULIN SYRINGE1ML/31G X 8MM	105	VIREAD POWD	48
VENTAVIS	52	VERIFINE INSULIN SYRINGE1ML/31G X 8MM	105	VIREAD TABS 150 MG, 200 MG, 250 MG	48
				VIRT-NATE DHA CAPS	122

VIRT-PN DHA	122	VITRANOL TABS	119	WELCHOL TABS (colesevelam hcl) .	32
VISTARIL CAPS (hydroxyzine pamoate)	11	VITREXATE FE TABS	119	WELIREG	41
VISTOGARD	24	VITREXATE TABS	119	WELLBUTRIN SR TB12 (bupropion hcl)	19
VITAFOL GUMMIES	122	VITREXYL TABS	119	WELLBUTRIN XL TB24 (bupropion hcl)	19
VITAFOL ULTRA	122	VITREXYL/IRON TABS	119	WELLFOLA TABS	119
VITAFOL-NANO	122	VIVA DHA CAPS	123	WESCAP-C DHA	123
VITAFOL-ONE CAPS	123	VIVELLE-DOT PTTW (estradiol) ..	77	WESCAP-PN DHA	123
VITAMEDMD ONE RX/QUATREFOLIC	123	VIVITROL	24	WESNATE DHA CAPS	123
VITAMIN D2 TABS	150	VIZIMPRO	40	WESTAB PLUS TABS	123
VITAMIN D3 IMMUNE HEALTH LIQD OR	150	VONJO	43	WESTGEL DHA	123
VITAMIN D3 LIQD OR 1200 UNIT/15ML	150	voriconazole SUSR	25	WILZIN	109
VITAMINS A/C/D/FLUORIDE SOLN . 120		voriconazole TABS	25	WOMENS 50+ MULTI VITAMIN& MINERAL FORMULA TABS	119
VITAPEARL	123	VOSEVI	49	WOMENS 50+ MULTIVITAMIN TABS	119
VITAROCA PLUS TABS (multiple vitamins w/ minerals)	119	VOTRIENT (pazopanib hcl)	43	WOMENS MULTI VITAMIN & MINERAL FORMULA TABS	119
VITASANA TABS	119	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	106	XALATAN SOLN (latanoprost) ...	129
VITATHELY/GINGER TABS	123	VRAYLAR CAPS	45	XALKORI CAPS	43
VITATRUE	123	VRAYLAR CPPK	45	XALKORI CPSP	43
VITEYES CLASSIC MULTIIVITAMIN TABS	119	VUSION (miconazole-zinc oxide-white petrolatum)	63	XANAX TABS (alprazolam)	12
VITEYES CLASSIC MULTIVITAMIN TABS	119	VYNDAMAX	52	XANAX XR TB24 (alprazolam)	12
VITEYES OPTIC NERVE SUPPORT TABS	119	VYNDAQEL	52	XARELTO STARTER PACK TBPk 14	
VITRAKVI CAPS	43	VYTONE 1.9 %-1 % (iodoquinol-hydrocortisone in aloe vehicle)	63	XARELTO SUSR	15
VITRAKVI SOLN	43	VYTORIN (ezetimibe-simvastatin) 32		XARELTO TABS	15
VITRAMYN TABS	119	VYVANSE CAPS	1	XATMEP SOLN	39
VITRANOL FE TABS	119	VYVANSE CHEW	1	XELJANZ SOLN	3
		warfarin sodium TABS	14	XELJANZ TABS	3
		water for irrigation, sterile	110		
		WELCHOL PACK (colesevelam hcl) . 32			

XELJANZ XR TB24	3	XTANDI TABS	41	ZEMAIRA SOLR 1000 MG	140
XELODA (capecitabine)	39	XULTOPHY 100/3.6	21	ZEMBRACE SYMTOUCH SOAJ .	107
XENAZINE (tetrabenazine)	132	XURIDEN	75	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	75
XERAC AC	70	XYREM SOLN	131	ZEMPLAR SOLN (paricalcitol)	75
XERESE	65	YASMIN 28 (drospirenone-ethinyl estradiol)	57	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT	72
XERMELO	78	YAZ (drospirenone-ethinyl estradiol) 57		ZESTORETIC (lisinopril & hydrochlorothiazide)	35
XGEVA SOLN	73	YELETS TEENAGE FORMULA TABS	119	ZESTRIL TABS (lisinopril)	33
XHANCE EXHU	125	YERVOY	40	ZETIA (ezetimibe)	33
XIAFLEX	109	YONSA	41	ZETONNA AERS	125
XIFAXAN 200 MG	36	zafirlukast	12	ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"	106
XIFAXAN 550 MG	36	zaleplon	83	ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16" ...	106
XIGDUO XR (dapagliflozin propanediol-metformin hcl)	21	ZANAFLEX CAPS (tizanidine hcl) 123		ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"	106
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG	21	ZANAFLEX TABS 4 MG (tizanidine hcl)	123	ZEV RX INSULIN SYRINGE/1ML/30G X 5/16"	106
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG	21	ZANOSAR	39	ZIAC (bisoprolol & hydrochlorothiazide)	35
XOLAIR SOLR	12	ZARONTIN CAPS (ethosuximide) .	18	ZIAGEN SOLN (abacavir sulfate) .	48
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	12	ZARONTIN SOLN (ethosuximide) .	19	ZIAGEN TABS (abacavir sulfate) .	49
XOLEGEL GEL	63	ZARXIO	81	ZIANA (clindamycin phosphate- tretinoin)	62
XOPENEX (levalbuterol hcl)	14	ZATEAN-PN DHA	123	zidovudine CAPS	49
XOPENEX CONCENTRATE (levalbuterol hcl)	14	ZAVESCA (miglustat)	80	zidovudine SYRP	49
XOPENEX HFA (levalbuterol tartrate)	14	ZEGERID CAPS 1100 MG-40 MG (omeprazole-sodium bicarbonate) 145			
XOSPATA	43	ZEGERID PACK (omeprazole- sodium bicarbonate)	145		
XPOVIO	41	ZEJULA CAPS	43		
XPOVIO 60 MG TWICE WEEKLY 41		ZEJULA TABS	43		
XPOVIO 80 MG TWICE WEEKLY 41		ZELAPAR TBDP	44		
XTANDI CAPS	41	ZELBORAF	43		

zidovudine TABS	49	zolpidem tartrate TABS	83	ZYLOPRIM (allopurinol)	80
zileuton TB12	12	zolpidem tartrate TBCR	83	ZYMAXID (gatifloxacin (ophth)) ..	127
zinc sulfate CAPS	109	ZOLPIMIST SOLN	83	ZYPREXA SOLR (olanzapine)	45
ZIOPTAN (tafluprost)	129	ZOMACTON SOLR SC 5 MG	74	ZYPREXA TABS (olanzapine)	45
ziprasidone hcl	45	ZOMIG SOLN (zolmitriptan)	107	ZYPREXA ZYDIS TBDP (olanzapine)	45
ziprasidone mesylate	45	ZOMIG SOLN 2.5 MG	107	.....	45
ZIPSOR CAPS (diclofenac potassium)	5	ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan)	107	ZYRTEC CHILDRENS ALLERGY SOLN OR (cetirizine hcl)	31
ZIRGAN GEL	126	ZONALON (doxepin hcl (antipruritic))	64	ZYTIGA (abiraterone acetate)	41
ZITHROMAX SUSR (azithromycin) 84		ZONEGRAN CAPS 25 MG, 100 MG (zonisamide)	18	ZYVOX SUSR (linezolid)	37
ZITHROMAX TABS 250 MG (azithromycin)	84	zonisamide CAPS	18	ZYVOX TABS (linezolid)	37
ZITHROMAX TABS 500 MG (azithromycin)	84	ZONTIVITY	80		
ZITHROMAX TRI-PAK TABS (azithromycin)	84	ZORBTIVE SC	74		
ZITHROMAX Z-PAK TABS (azithromycin)	84	ZORTRESS 0.25 MG, 0.5 MG, 0.75 MG (everolimus (immunosuppressant))	110		
ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	33	ZORVOLEX CAPS	5		
zoledronic acid CONC	73	ZOSYN	130		
zoledronic acid SOLN	73	ZOVIRAX CREA (acyclovir topical) 65			
ZOLEDRONIC ACID SOLN	73	ZOVIRAX OINT (acyclovir topical) .	65		
ZOLINZA	43	ZOVIRAX SUSP (acyclovir)	49		
zolmitriptan SOLN 2.5 MG	107	ZUBSOLV SUBL	9		
zolmitriptan SOLN 5 MG	107	ZYCLARA (imiquimod)	69		
zolmitriptan TABS	107	ZYCLARA PUMP (imiquimod)	69		
zolmitriptan TBDP	107	ZYCLARA PUMP	69		
ZOLOFT CONC (sertraline hcl)	20	ZYDELIG	43		
ZOLOFT TABS (sertraline hcl)	20	ZYFLO TABS	13		
zolpidem tartrate SUBL	83	ZYKADIA TABS	43		
		ZYLET	127		