



2024 COMPREHENSIVE FORMULARY

(List of Covered Drugs)

**CareFirst BlueCross BlueShield Community
Health Plan Maryland (CareFirst CHPMD)**

A HealthChoice Managed Care Organization

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact CareFirst CHPMD at **1-800-730-8530**, for TTY users, 711- 8:00 AM to 5:00 PM Monday through Friday, or visit CareFirstchpmd.com

Table of Contents

INTRODUCTION	12
PREFACE.....	12
PRESCRIPTION COPAYMENT.....	12
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	13
GENERIC SUBSTITUTION	13
SPECIALTY PLAN DESIGN	14
PLAN DESIGN	14
AUTHORIZATIONS.....	15
FORMULARY CHANGES/UPDATES.....	15
OPIOIDS	15
BLOOD GLUCOSE METER TEST STRIPS, LANCETS, ALCOHOL SWABS	15
MEDICATIONS CARVED OUT TO MARYLAND DEPARTMENT OF HEALTH	16
NOTICE	16
PENICILLINS.....	17
NATURAL PENICILLINS.....	17
AMINOPENICILLINS	17
PENICILLINASE-RESISTANT PENICILLINS	17
PENICILLIN COMBINATIONS	17
CEPHALOSPORINS	17
CEPHALOSPORINS - 1ST GENERATION	17
CEPHALOSPORINS - 2ND GENERATION	18
CEPHALOSPORINS - 3RD GENERATION.....	18
MACROLIDES	18
ERYTHROMYCINS.....	18
AZITHROMYCIN	18
CLARITHROMYCIN	18
FIDAXOMICIN	18
TETRACYCLINES	19
TETRACYCLINES.....	19
FLUOROQUINOLONES	19
FLUOROQUINOLONES	19
AMINOGLYCOSIDES	19
AMINOGLYCOSIDES.....	19
ANTIMYCOBACTERIAL AGENTS	19
ANTIMYCOBACTERIAL AGENTS	19
ANTIFUNGALS	19
ANTIFUNGALS	19
IMIDAZOLE-RELATED ANTIFUNGALS	20
ANTIVIRALS.....	20
ANTIRETROVIRALS.....	20
CMV AGENTS.....	22
HEPATITIS AGENTS	22
HERPES AGENTS.....	22

INFLUENZA AGENTS.....	23
MISC. ANTIVIRALS.....	23
ANTIVIRAL COMBINATIONS	23
ANTIMALARIALS	23
ANTIMALARIALS	23
ANTIMALARIAL COMBINATIONS.....	23
ANTHELMINTICS	23
ANTHELMINTICS.....	23
ANTI-INFECTIVE AGENTS - MISC.	23
ANTI-INFECTIVE AGENTS - MISC.....	23
LINCOSAMIDES.....	23
OXAZOLIDINONES	23
GLYCOPEPTIDES.....	24
LEPROSTATICS	24
ANTIPROTOZOAL AGENTS	24
URINARY ANTI-INFECTIVES.....	24
ANTI-INFECTIVE MISC. - COMBINATIONS	24
PASSIVE IMMUNIZING AND TREATMENT AGENTS	24
MONOCLONAL ANTIBODIES	24
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	24
ALKYLATING AGENTS.....	24
ANTINEOPLASTIC - ANTI-HER2 AGENTS	25
ANTIMETABOLITES	25
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS.....	25
ANTINEOPLASTIC - ANTIBODIES	25
ANTINEOPLASTIC - EGFR INHIBITORS	25
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	26
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	26
ANTINEOPLASTIC - BCL-2 INHIBITORS	26
MITOTIC INHIBITORS	26
ANTINEOPLASTIC ENZYME INHIBITORS	26
ANTINEOPLASTIC RADIOPHARMACEUTICALS	28
ANTINEOPLASTICS MISC.	28
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS.....	28
CORTICOSTEROIDS	29
GLUCOCORTICOSTEROIDS.....	29
MINERALOCORTICOIDS	30
ANDROGENS-ANABOLIC	30
ANDROGENS.....	30
ESTROGENS.....	30
ESTROGENS	30
ESTROGEN COMBINATIONS.....	30
CONTRACEPTIVES	31
COPPER CONTRACEPTIVES - IUD	31

PROGESTIN CONTRACEPTIVES - ORAL	31
PROGESTIN CONTRACEPTIVES - INJECTABLE.....	31
PROGESTIN CONTRACEPTIVES - IUD	31
PROGESTIN CONTRACEPTIVES - IMPLANTS	31
EMERGENCY CONTRACEPTIVES	31
COMBINATION CONTRACEPTIVES - TRANSDERMAL	32
COMBINATION CONTRACEPTIVES - VAGINAL	32
COMBINATION CONTRACEPTIVES - ORAL.....	32
PROGESTINS	36
PROGESTINS.....	36
ANTIDIABETICS	36
INSULIN.....	36
INCRETIN MIMETIC AGENTS	36
SULFONYLUREAS	37
BIGUANIDES.....	37
MEGLITINIDE ANALOGUES	37
DIABETIC OTHER	37
ALPHA-GLUCOSIDASE INHIBITORS	37
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....	38
INSULIN SENSITIZING AGENTS	38
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	38
ANTIDIABETIC COMBINATIONS.....	38
THYROID AGENTS	38
THYROID HORMONES.....	38
ANTITHYROID AGENTS.....	40
ENDOCRINE AND METABOLIC AGENTS - MISC.....	40
BONE DENSITY REGULATORS	40
HORMONE RECEPTOR MODULATORS	40
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS.....	40
GROWTH HORMONES	40
SOMATOSTATIC AGENTS	41
POSTERIOR PITUITARY HORMONES.....	41
CORTicotropin	41
MINERALOCORTICOID RECEPTOR ANTAGONISTS	41
PROLACTIN INHIBITORS	42
VASOPRESSIN RECEPTOR ANTAGONISTS	42
METABOLIC MODIFIERS	42
CARDIOTONICS	42
CARDIAC GLYCOSIDES.....	42
ANTIANGINAL AGENTS	42
NITRATES	42
BETA BLOCKERS.....	43
BETA BLOCKERS NON-SELECTIVE.....	43
BETA BLOCKERS CARDIO-SELECTIVE.....	43

ALPHA-BETA BLOCKERS.....	44
CALCIUM CHANNEL BLOCKERS.....	44
CALCIUM CHANNEL BLOCKERS.....	44
ANTIARRHYTHMICS	46
ANTIARRHYTHMICS TYPE I-A	46
ANTIARRHYTHMICS TYPE I-C	46
ANTIARRHYTHMICS TYPE III	46
ANTIHYPERTENSIVES	46
ACE INHIBITORS	46
ANGIOTENSIN II RECEPTOR ANTAGONISTS	47
ANTIADRENERGIC ANTIHYPERTENSIVES.....	47
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS).....	48
VASODILATORS	48
ANTIHYPERTENSIVE COMBINATIONS.....	48
DIURETICS	49
CARBONIC ANHYDRASE INHIBITORS.....	49
LOOP DIURETICS	49
POTASSIUM SPARING DIURETICS	49
THIAZIDES AND THIAZIDE-LIKE DIURETICS.....	50
DIURETIC COMBINATIONS.....	50
VASOPRESSORS.....	50
VASOPRESSORS	50
ANAPHYLAXIS THERAPY AGENTS	50
ANTIHYPERLIPIDEMICS.....	50
BILE ACID SEQUESTRANTS	50
FIBRIC ACID DERIVATIVES	51
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	51
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	51
HMG COA REDUCTASE INHIBITORS	51
NICOTINIC ACID DERIVATIVES.....	52
CARDIOVASCULAR AGENTS - MISC.....	52
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	52
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS.....	52
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	52
PROSTAGLANDIN VASODILATORS	52
CARDIAC MYOSIN INHIBITORS	53
SINUS NODE INHIBITORS	53
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS.....	53
ANTIHISTAMINES.....	53
ANTIHISTAMINES - ALKYLAMINES	53
ANTIHISTAMINES - ETHANOLAMINES	54
ANTIHISTAMINES - PHENOTHIAZINES	56
ANTIHISTAMINES - PIPERIDINES	56
ANTIHISTAMINES - NON-SEDATING.....	56

NASAL AGENTS - SYSTEMIC AND TOPICAL	58
SYMPATHOMIMETIC DECONGESTANTS	58
NASAL STEROIDS	60
NASAL ANTICHOLINERGICS.....	60
NASAL ANTIALLERGY	60
NASAL AGENTS - MISC.....	60
COUGH/COLD/ALLERGY	61
ANTITUSSIVES.....	61
EXPECTORANTS	61
MISC. RESPIRATORY INHALANTS	63
COUGH/COLD/ALLERGY COMBINATIONS.....	63
ANTIASTHMATIC AND BRONCHODILATOR AGENTS.....	67
BRONCHODILATORS - ANTICHOLINERGICS.....	67
ANTI-INFLAMMATORY AGENTS	67
SYMPATHOMIMETICS	67
XANTHINES.....	68
STEROID INHALANTS.....	68
LEUKOTRIENE MODULATORS	69
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	69
RESPIRATORY AGENTS - MISC.....	69
CYSTIC FIBROSIS AGENTS	69
PULMONARY FIBROSIS AGENTS	70
LAXATIVES	70
STIMULANT LAXATIVES	70
BULK LAXATIVES	72
SURFACTANT LAXATIVES	74
LAXATIVES - MISCELLANEOUS.....	75
LAXATIVE COMBINATIONS.....	76
ANTIDIARRHEAL/PROBIOTIC AGENTS.....	76
ANTIPERISTALTIC AGENTS.....	76
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....	77
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS	78
ANTACIDS.....	78
ANTACIDS - CALCIUM SALTS.....	78
ANTACID COMBINATIONS.....	79
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	81
ANTISPASMODICS.....	81
H-2 ANTAGONISTS	81
ULCER DRUGS - PROSTAGLANDINS	82
PROTON PUMP INHIBITORS	82
MISC. ANTI-ULCER	83
ULCER THERAPY COMBINATIONS	83
ANTIEMETICS.....	83
ANTIEMETICS - ANTICHOLINERGIC	83

5-HT3 RECEPTOR ANTAGONISTS	84
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	84
ANTIEMETICS - MISCELLANEOUS	84
DIGESTIVE AIDS.....	84
DIGESTIVE ENZYMES	84
GASTROINTESTINAL AGENTS - MISC.	84
GALLSTONE SOLUBILIZING AGENTS	84
ANTIFLATULENTS	84
GASTROINTESTINAL STIMULANTS	86
INTESTINAL ACIDIFIERS	86
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS.....	86
INFLAMMATORY BOWEL AGENTS	86
PHOSPHATE BINDER AGENTS	86
URINARY ANTISPASMODICS.....	87
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	87
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	87
VAGINAL AND RELATED PRODUCTS.....	87
VAGINAL ANTI-INFECTIVES.....	87
VAGINAL ANTI-INFLAMMATORY AGENTS.....	88
SPERMICIDES	88
VAGINAL ESTROGENS	88
MISCELLANEOUS VAGINAL PRODUCTS	88
GENITOURINARY AGENTS - MISCELLANEOUS.....	88
ALKALINIZERS	88
URINARY ANALGESICS	88
PROSTATIC HYPERTROPHY AGENTS	88
ANTIPSYCHOTICS/ANTIMANIC AGENTS.....	88
PHENOTHIAZINES.....	88
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS.....	89
BARBITURATE HYPNOTICS.....	89
ANTIHISTAMINE HYPNOTICS.....	89
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS.....	90
ANTI-OBESITY AGENTS	90
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS.....	90
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	90
ANTIDEMENTIA AGENTS.....	90
MOVEMENT DISORDER DRUG THERAPY	91
MULTIPLE SCLEROSIS AGENTS	91
ANTI-CATAPLECTIC AGENTS.....	92
FIBROMYALGIA AGENTS	92
PSEUDOBULBAR AFFECT (PBA) AGENTS.....	92
ANALGESICS - NONNARCOTIC	92
SALICYLATES	92
ANALGESICS OTHER.....	94

ANALGESICS - OPIOID.....	97
OPIOID AGONISTS	97
OPIOID COMBINATIONS.....	98
ANALGESICS - ANTI-INFLAMMATORY	99
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	99
ANTIRHEUMATIC ANTIMETABOLITES	101
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES.....	101
PYRIMIDINE SYNTHESIS INHIBITORS	102
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	102
INTERLEUKIN-1BETA BLOCKERS	102
INTERLEUKIN-6 RECEPTOR INHIBITORS.....	102
ANTIRHEUMATIC - ENZYME INHIBITORS.....	102
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS.....	102
MIGRAINE PRODUCTS.....	103
SEROTONIN AGONISTS	103
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG.....	103
GOUT AGENTS.....	104
GOUT AGENTS.....	104
URICOSURICS.....	104
ANTICONVULSANTS.....	104
HYDANTOINS	104
SUCCINIMIDES	104
ANTICONVULSANTS - MISC.	104
ANTIPARKINSON AND RELATED THERAPY AGENTS	104
ANTIPARKINSON COMT INHIBITORS.....	104
ANTIPARKINSON DOPAMINERGICS	104
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	105
NEUROMUSCULAR AGENTS.....	105
ALS AGENTS	105
MUSCULOSKELETAL THERAPY AGENTS	105
CENTRAL MUSCLE RELAXANTS	105
DIRECT MUSCLE RELAXANTS	105
VISCOUPPLEMENTS	105
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	106
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	106
VITAMINS	106
WATER SOLUBLE VITAMINS.....	106
OIL SOLUBLE VITAMINS	106
MULTIVITAMINS.....	109
VITAMIN MIXTURES.....	109
B-COMPLEX VITAMINS.....	109
B-COMPLEX W/ C	110
B-COMPLEX W/ FOLIC ACID	110
B-COMPLEX W/ IRON	112

B-COMPLEX W/ MINERALS	112
BIOFLAVONOID PRODUCTS	112
MULTIVITAMINS.....	113
MULTIPLE VITAMINS W/ IRON	114
MULTIPLE VITAMINS W/ MINERALS	115
MULTIPLE VITAMINS W/ CALCIUM	129
PEDIATRIC VITAMINS	129
PEDIATRIC MULTIPLE VITAMINS	129
PED MULTIPLE VITAMINS W/ MINERALS.....	130
PED MV W/ IRON	131
PED MV W/ FLUORIDE	131
PED MULTI VITAMINS W/FL & FE	132
SPECIALTY VITAMINS PRODUCTS	132
PRENATAL VITAMINS	133
VITAMINS W/ LIPOTROPICS.....	134
IRON W/ VITAMINS	134
MINERALS & ELECTROLYTES.....	134
CALCIUM	134
FLUORIDE	138
PHOSPHATE	138
POTASSIUM	138
MINERAL COMBINATIONS.....	138
ELECTROLYTE MIXTURES	139
NUTRIENTS	139
PROTEINS.....	139
MISC. NUTRITIONAL SUBSTANCES.....	139
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	141
DIETARY MANAGEMENT PRODUCTS	141
HEMATOPOIETIC AGENTS.....	141
COBALAMINS	141
FOLIC ACID/FOLATES	141
IRON	141
HEMATOPOIETIC GROWTH FACTORS.....	142
AGENTS FOR GAUCHER DISEASE.....	143
HEMATOPOIETIC MIXTURES	143
ANTICOAGULANTS	143
HEPARINS AND HEPARINOID-LIKE AGENTS	143
COUMARIN ANTICOAGULANTS.....	143
DIRECT FACTOR XA INHIBITORS	144
HEMATOLOGICAL AGENTS - MISC.	144
PLATELET AGGREGATION INHIBITORS	144
COMPLEMENT INHIBITORS	145
BRADYKININ B2 RECEPTOR ANTAGONISTS.....	145
OPHTHALMIC AGENTS.....	145

OPHTHALMIC ANTI-INFECTIVES	145
ARTIFICIAL TEARS AND LUBRICANTS	145
BETA-BLOCKERS - OPHTHALMIC	148
OPHTHALMIC STEROIDS.....	148
PROSTAGLANDINS - OPHTHALMIC.....	148
OPHTHALMIC ADRENERGIC AGENTS	148
OPHTHALMIC IMMUNOMODULATORS.....	148
OPHTHALMIC INTEGRIN ANTAGONISTS	148
OPHTHALMICS - MISC.....	148
OTIC AGENTS	149
OTIC ANTI-INFECTIVES.....	149
OTIC AGENTS - MISCELLANEOUS	149
OTIC COMBINATIONS.....	149
MOUTH/THROAT/DENTAL AGENTS.....	149
ANTI-INFECTIVES - THROAT.....	149
ANTISEPTICS - MOUTH/THROAT	149
STEROIDS - MOUTH/THROAT/DENTAL	149
ANESTHETICS TOPICAL ORAL	149
DENTAL PRODUCTS.....	149
THROAT PRODUCTS - MISC.	150
ANORECTAL AND RELATED PRODUCTS.....	151
RECTAL STEROIDS	151
INTRARECTAL STEROIDS	151
DERMATOLOGICALS	151
ACNE PRODUCTS	151
ROSACEA AGENTS	152
ANTIBIOTICS - TOPICAL	153
ANTIFUNGALS - TOPICAL	153
ANTI-INFLAMMATORY AGENTS - TOPICAL	155
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	156
ANTIPSORIATICS	156
ECZEMA AGENTS.....	156
ANTISEBORRHEIC PRODUCTS	157
ANTIVIRALS - TOPICAL.....	157
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	157
BURN PRODUCTS	157
CORTICOSTEROIDS - TOPICAL	157
DIAPER RASH PRODUCTS	160
EMOLLIENTS.....	160
ENZYMES - TOPICAL	160
HAIR GROWTH AGENTS	160
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS	160
IMMUNOMODULATING AGENTS - TOPICAL.....	160
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	160

LOCAL ANESTHETICS - TOPICAL	161
SCABICIDES & PEDICULICIDES	162
MISC. TOPICAL.....	163
ANTISEPTICS & DISINFECTANTS	163
CHLORINE ANTISEPTICS.....	163
IODINE ANTISEPTICS	163
ANTISEPTIC COMBINATIONS.....	164
ANTIDOTES AND SPECIFIC ANTAGONISTS	164
ANTIDOTES AND SPECIFIC ANTAGONISTS	164
DIAGNOSTIC PRODUCTS	164
DIAGNOSTIC TESTS.....	164
MEDICAL DEVICES AND SUPPLIES	164
PARENTERAL THERAPY SUPPLIES.....	164
RESPIRATORY THERAPY SUPPLIES	172
RESPIRATORY AIDS.....	179
DIABETIC SUPPLIES.....	180
BANDAGES-DRESSINGS-TAPE.....	195
CONTRACEPTIVES.....	199
MISC. DEVICES	202
PHARMACEUTICAL ADJUVANTS.....	204
LIQUID VEHICLES	204
MISCELLANEOUS THERAPEUTIC CLASSES	204
IMMUNOMODULATORS	204
IMMUNOSUPPRESSIVE AGENTS.....	204
POTASSIUM REMOVING AGENTS.....	205
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS	205
Index	206

INTRODUCTION

We are pleased to provide the CareFirst CHPMD Formulary as a useful reference. This formulary can assist providers in selecting clinically appropriate and cost-effective products for their CareFirst CHPMD patients.

The document is reflective of current medical practices of the date on which CareFirst CHPMD completed its standard review.

The CareFirst CHPMD formulary is intended as a reference for drug therapy selection. It is not intended to be comprehensive in nature nor is it a substitute for the knowledge, expertise, skill, and judgment of the prescriber in his or her choice of prescription drugs. Specific drug selection for an individual patient rests solely with the prescriber.

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

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

PREFACE

The formulary is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action- how the drug produces an effect in the body.

Drugs represented in this formulary may have varying cost to the plan member based on the plan's benefit structure. Generic drugs typically are available at a lower member out-of-pocket cost while brand-name drugs will generally cost more than generics and have a higher member out-of-pocket cost. Generic drugs should be prescribed first-line as much as possible unless a patient has experienced an adverse effect and/or a lack of therapeutic outcome after using a sufficient dose for an appropriate period of time.

PRESCRIPTION COPAYMENT

Effective 5/1/24, the Maryland Department of Health (MDH) is requiring all plans, including CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD), to charge a copayment amount for some pharmacy services. The new pharmacy copayment will be:

- \$1.00 for generic drugs, preferred/formulary brand drugs, and HIV/AIDS drugs
- \$3.00 for non-preferred/non-formulary brand drugs

Certain drugs, such as mental health and substance use disorder medications, are covered by the MDH, and copayment may apply to those drugs. All other copayment policies will remain the same. Pregnant individuals, American Indians, individuals under the age of 21, individuals receiving hospice care, individuals in long-term care facilities, and family planning drugs such as birth control will remain excluded from the above copayment. If members have questions about this information, they can call CareFirst CHPMD at 410-779-9369 or toll-free at 1-800-730-8530, 8 AM to 5 PM, ET, Monday through Friday. TTY users please dial 711. In accordance with Medicaid regulations (COMAR 10.09.03.03.O), providers may not deny services to any participant because of the individual's inability to pay the copayment. If a member is unable to pay a drug copay, the dispensing pharmacy must contact the CVS Caremark Help Desk at 1-800-345-5413 for assistance.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CareFirst CHPMD Pharmacy and Therapeutics Committee (“P&T Committee”) is an external advisory body of CareFirst CHPMD network physicians and pharmacists. These clinical professionals are utilized to determine the drugs to include on the formulary, providing insights to the safety and clinical effectiveness of drug therapies. Voting members of the P&T Committee must disclose any financial relationship(s) and/or conflict(s) of interest with all pharmaceutical manufacturers and affiliations.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than prescribed brand-name product. Drug listed in lowercase indicates generic availability. In most instances, when a generic drug of a brand-name drug is released into the market it is covered and the associated brand-name drug will become non-formulary or not covered. Drugs prescribed are subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name counterparts. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.

- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generic drugs may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs. When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

SPECIALTY PLAN DESIGN

Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization of specialty drugs based on currently accepted evidence-based medicine guidelines. The utilization management program is available for all therapeutic areas dispensed by our specialty pharmacies. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Drugs which may be included in the SGM program are identified in the formulary as “SP” for your reference.

Note: Specialty drugs can only be dispensed by the CVS Pharmacy® Specialty Services and select University of Maryland Medical System Pharmacies. Providers: please contact either CVS Pharmacy® Specialty Services, Call: 1-800-237-2767, Fax: 1-800-323-2445 or University of Maryland Medical System (UMMS) Pharmacy Services, Call: 855-547-4276, Fax: 410-684-3776. For more information on the Specialty Medications and a list of network Specialty pharmacies, please go to our website Pharmaceutical Management Procedures | CareFirst Community Health Plan Maryland (CareFirstchpmd.com) and click on Specialty Medications.

PLAN DESIGN

The formulary represents a closed formulary plan design. The drugs listed on the formulary are covered by the plan as represented and drugs not listed are not covered unless a non-formulary exception is pre-approved for coverage. Certain drugs on the list are covered if utilization criteria is met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such drugs outside of their listed criteria will be reviewed for medical necessity.

Medical necessity or formulary exception requests will be reviewed based on drug specific prior authorization criteria or standard non-formulary prescription request criteria. Log into CareFirstchpmd.com to check the coverage of drugs on the formulary.

AUTHORIZATIONS

Authorization requests for both **NON-FORMULARY** and **FORMULARY** products requiring either a PA (Prior Authorization), QL (Quantity Limit), ST (Step Therapy) or medical necessity review contact **CVS Caremark®** at: **1-877-418-4133**. Coverage determination is rendered within twenty-four (24) hours of receipt of prior authorization. All clinical documentation supporting the request must be provided at the time of submission. If additional documentation is requested, please return as soon as possible, otherwise the request is subject to denial.

FORMULARY CHANGES/UPDATES

CareFirst CHPMD may add or remove drugs from the drug list throughout the year. The formulary changes are reviewed and approved by the Pharmacy and Therapeutics (P & T) Committee or added/removed from the formulary based on the latest medical literature. Monthly formulary changes are posted onto the website at CareFirstchpm.com.

OPIOIDS

The quantity of opioid products prescribed (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30-day supply. **Prescriptions that exceed the 90 MME daily limit will be subject to UM criteria, such as prior authorization.** Members who are opioid-naïve may be subject to additional step therapy requirements [use of an immediate release (IR) formulation will be required before moving to an extended-release (ER) formulation and quantity limit restrictions (first fill will be limited to three days for 19 years and under and seven days for 20 years and older)].

Note: The quantity limits outlined in the formulary reflect post one (1) month Limit of ≤ 200 MME/day (per 25 days).

BLOOD GLUCOSE METER TEST STRIPS, LANCETS, ALCOHOL SWABS

One Touch by LifeScan is the preferred covered blood glucose meter and test strips for CareFirst CHPMD members. Test strips have a quantity limit of 200 strips every 25 days.

Formulary alcohol swabs are limited to a maximum cost of \$10 per month. A majority of alcohol swabs available on the market costs less than \$10. Note: The existing quantity limit of 400 alcohol swabs every 25 days remains.

Formulary lancets are limited to a maximum cost of \$10 per month. A majority of lancets available on the market costs less than \$10. Note: The existing quantity limit of 200 lancets every 25 days remains.

MEDICATIONS CARVED OUT TO MARYLAND DEPARTMENT OF HEALTH

Maryland Department of Health (MDH) is responsible for formulary management of drugs used for behavioral health purposes which are covered under the Medicaid Mental Health Formulary as well as Substance Use Disorder Medications. Drugs in these classes are carved out of the Managed Care Organization (MCO), pharmacy benefit and are payable as fee-for-service through Maryland Medical Assistance and processed by their Pharmacy Benefit Management (PBM): Conduent. For questions about these medications, please connect with the Maryland Medicaid Pharmacy Access Hotline at 833-325-0105 Monday-Friday, 8:00 AM - 5:00 PM or visit

<https://health.maryland.gov/mmc/pap/pages/paphome.aspx>.

Authorization requests for specific MENTAL HEALTH products contact the Maryland Department of Health (MDH) at: 1-800-932-3918 (Antipsychotic Peer Review Line for children 0-17 years old: 1-855-283-0876).

NOTICE

The information contained in this formulary is proprietary. The information may not be copied in whole or in part without written permission. ©2024. All rights reserved. This formulary contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to members.carefirstchpmd.com.

Drug Name	Requirements/Limits
PENICILLINS	
NATURAL PENICILLINS	
BICILLIN L-A INJ 600000	
BICILLIN L-A INJ 2400000	
BICILLIN L-A INJ 1200000	
<i>penicillin v potassium tab 250 mg</i>	
<i>penicillin v potassium tab 500 mg</i>	
<i>penicillin v potassium for soln 125 mg/5ml</i>	
<i>penicillin v potassium for soln 250 mg/5ml</i>	
AMINOPENICILLINS	
<i>amoxicillin (trihydrate) cap 250 mg</i>	
<i>amoxicillin (trihydrate) cap 500 mg</i>	
<i>amoxicillin (trihydrate) tab 500 mg</i>	
<i>amoxicillin (trihydrate) tab 875 mg</i>	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	
<i>ampicillin cap 500 mg</i>	
PENICILLINASE-RESISTANT PENICILLINS	
<i>dicloxacillin sodium cap 250 mg</i>	
<i>dicloxacillin sodium cap 500 mg</i>	
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	
AUGMENTIN SUS 125/5ML	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
CEPHALOSPORINS	
CEPHALOSPORINS - 1ST GENERATION	
<i>cefadroxil cap 500 mg</i>	
<i>cefadroxil tab 1 gm</i>	
<i>cefadroxil for susp 250 mg/5ml</i>	
<i>cefadroxil for susp 500 mg/5ml</i>	
<i>cephalexin cap 250 mg</i>	

Drug Name	Requirements/Limits
cephalexin cap 500 mg	
cephalexin cap 750 mg	
cephalexin tab 250 mg	
cephalexin tab 500 mg	
cephalexin for susp 125 mg/5ml	
cephalexin for susp 250 mg/5ml	
CEPHALOSPORINS - 2ND GENERATION	
cefprozil tab 250 mg	
cefprozil tab 500 mg	
cefprozil for susp 125 mg/5ml	
cefprozil for susp 250 mg/5ml	
cefuroxime axetil tab 250 mg	
cefuroxime axetil tab 500 mg	
CEPHALOSPORINS - 3RD GENERATION	
cefdinir cap 300 mg	
cefdinir for susp 125 mg/5ml	
cefdinir for susp 250 mg/5ml	
MACROLIDES	
ERYTHROMYCINS	
erythromycin tab 250 mg	
erythromycin tab 500 mg	
erythromycin w/ delayed release particles cap 250 mg	
e.e.s. 400 tab 400mg	
erythromycin ethylsuccinate tab 400 mg	
erythromycin ethylsuccinate for susp 200 mg/5ml	
AZITHROMYCIN	
azithromycin tab 250 mg	
azithromycin tab 500 mg	
azithromycin tab 600 mg	
azithromycin for susp 100 mg/5ml	
azithromycin for susp 200 mg/5ml	
azithromycin powd pack for susp 1 gm	
CLARITHROMYCIN	
clarithromycin tab 250 mg	
clarithromycin tab 500 mg	
clarithromycin for susp 125 mg/5ml	
clarithromycin for susp 250 mg/5ml	
clarithromycin tab er 24hr 500 mg	
FIDAXOMICIN	
DIFICID TAB 200MG	PA
DIFICID SUS	PA

Drug Name	Requirements/Limits
TETRACYCLINES	
TETRACYCLINES	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	
<i>doxycycline hyclate cap 50 mg</i>	
<i>doxycycline hyclate cap 100 mg</i>	
<i>doxycycline hyclate tab 20 mg</i>	
<i>doxycycline hyclate tab 100 mg</i>	
<i>minocycline hcl cap 50 mg</i>	
<i>minocycline hcl cap 75 mg</i>	
<i>minocycline hcl cap 100 mg</i>	
<i>tetracycline hcl cap 250 mg</i>	QL (120 caps every 25 days)
<i>tetracycline hcl cap 500 mg</i>	QL (120 caps every 25 days)
FLUOROQUINOLONES	
FLUOROQUINOLONES	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	
<i>levofloxacin tab 250 mg</i>	
<i>levofloxacin tab 500 mg</i>	
<i>levofloxacin tab 750 mg</i>	
<i>levofloxacin oral soln 25 mg/ml</i>	
AMINOGLYCOSIDES	
AMINOGLYCOSIDES	
<i>neomycin sulfate tab 500 mg</i>	
<i>tobramycin nebu soln 300 mg/5ml</i>	SP, PA, QL (10 mL every 1 day)
<i>tobramycin nebu soln 300 mg/4ml</i>	SP, PA, QL (8 mL every 1 day)
ANTIMYCOBACTERIAL AGENTS	
ANTIMYCOBACTERIAL AGENTS	
<i>ethambutol hcl tab 100 mg</i>	
<i>ethambutol hcl tab 400 mg</i>	
<i>isoniazid tab 100 mg</i>	
<i>isoniazid tab 300 mg</i>	
<i>isoniazid syrup 50 mg/5ml</i>	
<i>pyrazinamide tab 500 mg</i>	
<i>rifabutin cap 150 mg</i>	
<i>rifampin cap 150 mg</i>	
<i>rifampin cap 300 mg</i>	
ANTIFUNGALS	
ANTIFUNGALS	
<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i>	

Drug Name	Requirements/Limits
nystatin tab 500000 unit	
terbinafine hcl tab 250 mg	QL (90 tabs every year)
IMIDAZOLE-RELATED ANTIFUNGALS	
fluconazole tab 50 mg	
fluconazole tab 100 mg	
fluconazole tab 150 mg	
fluconazole tab 200 mg	
fluconazole for susp 10 mg/ml	
fluconazole for susp 40 mg/ml	
itraconazole cap 100 mg	PA, QL (4 caps every 1 day)
voriconazole tab 50 mg	PA
voriconazole tab 200 mg	PA
voriconazole for susp 40 mg/ml	PA
ANTIVIRALS	
ANTIRETROVIRALS	
maraviroc tab 150 mg	QL (2 tabs every 1 day)
maraviroc tab 300 mg	QL (4 tabs every 1 day)
SELZENTRY SOL 20MG/ML	QL (1840 mL every 30 days)
TROGARZO INJ 150MG/ML	
TIVICAY TAB 50MG	QL (2 tabs every 1 day)
TIVICAY PD TAB 5MG	QL (12 tabs every 1 day)
ISENTRESS TAB 400MG	QL (4 tabs every 1 day)
ISENTRESS HD TAB 600MG	QL (2 tabs every 1 day)
ISENTRESS CHW 25MG	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	QL (6 tabs every 1 day)
ISENTRESS POW 100MG	QL (2 packets every 1 day)
atazanavir sulfate cap 150 mg (base equiv)	QL (1 cap every 1 day)
atazanavir sulfate cap 200 mg (base equiv)	QL (2 caps every 1 day)
atazanavir sulfate cap 300 mg (base equiv)	QL (1 cap every 1 day)
REYATAZ POW 50MG	QL (6 packets every 1 day)
PREZISTA TAB 75MG	QL (10 tabs every 1 day)
PREZISTA TAB 150MG	QL (6 tabs every 1 day)
darunavir tab 600 mg	QL (2 tabs every 1 day)
darunavir tab 800 mg	QL (1 tab every 1 day)
PREZISTA SUS 100MG/ML	QL (400 mL every 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	QL (4 tabs every 1 day)
ritonavir tab 100 mg	QL (12 tabs every 1 day)
NORVIR POW 100MG	QL (12 packets every 1 day)
abacavir sulfate tab 300 mg (base equiv)	QL (2 tabs every 1 day)
abacavir sulfate soln 20 mg/ml (base equiv)	QL (30 mL every 1 day)
emtricitabine caps 200 mg	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	QL (680 mL every 28 days)

Drug Name	Requirements/Limits
lamivudine tab 150 mg	QL (2 tabs every 1 day)
lamivudine tab 300 mg	QL (1 tab every 1 day)
lamivudine oral soln 10 mg/ml	QL (32 mL every 1 day)
zidovudine cap 100 mg	QL (6 caps every 1 day)
zidovudine tab 300 mg	QL (2 tabs every 1 day)
zidovudine syrup 10 mg/ml	QL (64 mL every 1 day)
VIREAD TAB 150MG	QL (1 tab every 1 day)
VIREAD TAB 200MG	QL (1 tab every 1 day)
VIREAD TAB 250MG	QL (1 tab every 1 day)
tenofovir disoproxil fumarate tab 300 mg	QL (1 tab every 1 day)
VIREAD POW 40MG/GM	QL (8 gm every 1 day)
PIFELTRO TAB 100MG	QL (2 tabs every 1 day)
efavirenz cap 50 mg	QL (3 caps every 1 day)
efavirenz cap 200 mg	QL (3 caps every 1 day)
efavirenz tab 600 mg	QL (1 tab every 1 day)
INTELENCE TAB 25MG	QL (4 tabs every 1 day)
etravirine tab 100 mg	QL (4 tabs every 1 day)
etravirine tab 200 mg	QL (2 tabs every 1 day)
nevirapine tab 200 mg	QL (2 tabs every 1 day)
nevirapine susp 50 mg/5ml	QL (40 mL every 1 day)
nevirapine tab er 24hr 400 mg	QL (1 tab every 1 day)
EDURANT TAB 25MG	QL (2 tabs every 1 day)
TYBOST TAB 150MG	QL (1 tab every 1 day)
abacavir sulfate-lamivudine tab 600-300 mg	QL (1 tab every 1 day)
EVOTAZ TAB 300-150	QL (1 tab every 1 day)
CABENUVA SUS 400-600	PA, QL (4 mL every 22 days)
CABENUVA SUS 600-900	PA
DOVATO TAB 50-300MG	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300mg	QL (1 tab every 1 day)
CIMDUO TAB 300-300	QL (1 tab every 1 day)
lamivudine-zidovudine tab 150-300 mg	QL (2 tabs every 1 day)
lopinavir-ritonavir tab 100-25 mg	QL (10 tabs every 1 day)
lopinavir-ritonavir tab 200-50 mg	QL (4 tabs every 1 day)

Drug Name	Requirements/Limits
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	QL (16 mL every 1 day)
TRIUMEQ TAB	QL (1 tab every 1 day)
TRIUMEQ PD TAB	QL (6 tabs every 1 day)
BIKTARVY TAB	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL (1 tab every 1 day)
ODEFSEY TAB	QL (1 tab every 1 day)
COMPLERA TAB	QL (1 tab every 1 day)
SYMTUZA TAB	QL (1 tab every 1 day)
GENVOYA TAB	QL (1 tab every 1 day)
STRIBILD TAB	QL (1 tab every 1 day)

CMV AGENTS

<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	QL (4 tabs every 1 day)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	QL (1000 mL every 30 days)

HEPATITIS AGENTS

<i>adefovir dipivoxil tab 10 mg</i>	SP
<i>entecavir tab 0.5 mg</i>	SP, QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	SP, QL (1 tab every 1 day)
<i>BARACLUDE SOL</i>	SP, QL (21 mL every 1 day)
<i>lamivudine tab 100 mg (hbv)</i>	SP
<i>VEMLIDY TAB 25MG</i>	SP, QL (1 tab every 1 day)
<i>PEGASYS INJ 180MCG/M</i>	SP, PA
<i>PEGASYS INJ</i>	SP, PA
<i>ribavirin cap 200 mg</i>	SP, PA
<i>ribavirin tab 200 mg</i>	SP, PA
<i>MAVYRET TAB 100-40MG</i>	SP, PA, QL (84 tabs every 30 days)
<i>MAVYRET PAK 50-20MG</i>	SP, PA, QL (140 packets every 30 days)
<i>SOFOS/VELPAT TAB 400-100</i>	SP, PA, QL (1 tab every 1 day)

HERPES AGENTS

<i>acyclovir cap 200 mg</i>
<i>acyclovir tab 400 mg</i>
<i>acyclovir tab 800 mg</i>
<i>acyclovir susp 200 mg/5ml</i>
<i>valacyclovir hcl tab 500 mg</i>
<i>valacyclovir hcl tab 1 gm</i>
<i>famciclovir tab 125 mg</i>
<i>famciclovir tab 250 mg</i>
<i>famciclovir tab 500 mg</i>

Drug Name	Requirements/Limits
INFLUENZA AGENTS	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	QL (20 caps every 180 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	QL (10 caps every 180 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	QL (10 caps every 180 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	QL (180 mL every 180 days); AGE (Max 12)
MISC. ANTIVIRALS	
LAGEVRIA CAP 200MG	QL (40 caps every 30 days)
ANTIVIRAL COMBINATIONS	
PAXLOVID TAB 150-100	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	QL (60 tabs every 30 days)
ANTIMALARIALS	
ANTIMALARIALS	
<i>chloroquine phosphate tab 250 mg</i>	QL (8 tabs every 180 days)
<i>chloroquine phosphate tab 500 mg</i>	QL (8 tabs every 180 days)
<i>hydroxychloroquine sulfate tab 200 mg</i>	
<i>mefloquine hcl tab 250 mg</i>	QL (8 tabs every 180 days)
ANTIMALARIAL COMBINATIONS	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	QL (23 tabs every 180 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	QL (23 tabs every 180 days)
ANTHELMINTICS	
ANTHELMINTICS	
<i>ivermectin tab 3 mg</i>	
EMVERM CHW 100MG	QL (12 tabs every year)
<i>cvs pinworm sus 50mg/ml</i>	OTC
<i>pin-away sus 144mg/ml</i>	OTC
<i>pinworm med sus 144mg/ml</i>	OTC
<i>reeses med sus pinworm</i>	OTC
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
<i>metronidazole cap 375 mg</i>	
<i>metronidazole tab 250 mg</i>	
<i>metronidazole tab 500 mg</i>	
XIFAXAN TAB 550MG	ST
<i>trimethoprim tab 100 mg</i>	
LINCOSAMIDES	
<i>clindamycin hcl cap 150 mg</i>	
<i>clindamycin hcl cap 300 mg</i>	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	
OXAZOLIDINONES	
<i>linezolid tab 600 mg</i>	PA

Drug Name	Requirements/Limits
<i>linezolid for susp 100 mg/5ml</i>	PA
ZYVOX SOL 2MG/ML	PA
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	PA
LINEZOLID INJ 2MG/ML	PA
GLYCOPEPTIDES	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	ST
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	ST
LEPROSTATICs	
<i>dapsone tab 25 mg</i>	
<i>dapsone tab 100 mg</i>	
ANTIPROTOZOAL AGENTS	
<i>atovaquone susp 750 mg/5ml</i>	
URINARY ANTI-INFECTIVES	
<i>nitrofurantoin susp 25 mg/5ml</i>	AGE (Max 8)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfatrim pd sus 200-40/5</i>	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
MONOCLONAL ANTIBODIES	
<i>SYNAGIS INJ 50/0.5ML</i>	SP, PA
<i>SYNAGIS INJ 100MG/ML</i>	SP, PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ALKYLATING AGENTS	
<i>MYLERAN TAB 2MG</i>	
<i>LEUKERAN TAB 2MG</i>	
<i>cyclophosphamide cap 25 mg</i>	
<i>cyclophosphamide cap 50 mg</i>	
<i>CYCLOPHOSPH TAB 25MG</i>	
<i>CYCLOPHOSPH TAB 50MG</i>	
<i>GLEOSTINE CAP 10MG</i>	
<i>GLEOSTINE CAP 40MG</i>	
<i>GLEOSTINE CAP 100MG</i>	
<i>temozolomide cap 5 mg</i>	SP, PA
<i>temozolomide cap 20 mg</i>	SP, PA
<i>temozolomide cap 100 mg</i>	SP, PA

Drug Name	Requirements/Limits
temozolomide cap 140 mg	SP, PA
temozolomide cap 180 mg	SP, PA
temozolomide cap 250 mg	SP, PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS	
KANJINTI SOL 150MG	SP, PA
KANJINTI INJ 420MG	SP, PA
TUKYSA TAB 50MG	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	PA, QL (4 tabs every 1 day)
ANTIMETABOLITES	
capecitabine tab 150 mg	SP, PA
capecitabine tab 500 mg	SP, PA
mercaptopurine tab 50 mg	
methotrexate sodium tab 2.5 mg (base equiv)	
TREXALL TAB 5MG	
TREXALL TAB 7.5MG	
TREXALL TAB 10MG	
TREXALL TAB 15MG	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS	
INLYTA TAB 1MG	SP, PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	SP, PA, QL (4 tabs every 1 day)
MVASI INJ 100MG	SP, PA
MVASI INJ 400MG	SP, PA
ZIRABEV INJ 100/4ML	SP, PA
ZIRABEV INJ 400/16ML	SP, PA
LENVIMA CAP 4MG	SP, PA, QL (1 cap every 1 day)
LENVIMA CAP 8 MG	SP, PA, QL (2 caps every 1 day)
LENVIMA CAP 10 MG	SP, PA, QL (1 cap every 1 day)
LENVIMA CAP 12MG	SP, PA, QL (3 caps every 1 day)
LENVIMA CAP 20 MG	SP, PA, QL (2 caps every 1 day)
LENVIMA CAP 14 MG	SP, PA, QL (2 caps every 1 day)
LENVIMA CAP 18 MG	SP, PA, QL (3 caps every 1 day)
LENVIMA CAP 24 MG	SP, PA, QL (3 caps every 1 day)
ANTINEOPLASTIC - ANTIBODIES	
POLIVY INJ 30MG	SP, PA
POLIVY INJ 140MG	SP, PA
PADCEV INJ 20MG	SP, PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	SP, PA, QL (15 vials every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS	
GILOTTRIF TAB 20MG	SP, PA, QL (1 tab every 1 day)
GILOTTRIF TAB 30MG	SP, PA, QL (1 tab every 1 day)

Drug Name	Requirements/Limits
GILOTrif TAB 40MG	SP, PA, QL (1 tab every 1 day)
erlotinib hcl tab 25 mg (base equivalent)	SP, PA, QL (2 tabs every 1 day)
erlotinib hcl tab 100 mg (base equivalent)	SP, PA, QL (1 tab every 1 day)
erlotinib hcl tab 150 mg (base equivalent)	SP, PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	
ERIVEDGE CAP 150MG	SP, PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
LYSODREN TAB 500MG	
bicalutamide tab 50 mg	
tamoxifen citrate tab 10 mg (base equivalent)	
tamoxifen citrate tab 20 mg (base equivalent)	
toremifene citrate tab 60 mg (base equivalent)	
anastrozole tab 1 mg	
exemestane tab 25 mg	
letrozole tab 2.5 mg	
fulvestrant inj soln pref syr 250 mg/5ml	SP, PA
megestrol acetate tab 20 mg	
megestrol acetate tab 40 mg	
megestrol acetate susp 40 mg/ml	
ZOLADEX IMP 3.6MG	SP, PA
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	SP, PA
ELIGARD INJ 7.5MG	SP, PA
ELIGARD INJ 22.5MG	SP, PA
ELIGARD INJ 30MG	SP, PA
ELIGARD INJ 45MG	SP, PA
CAMCEVI INJ 42MG	SP, PA
TRELSTAR MIX INJ 3.75MG	SP, PA
abiraterone acetate tab 250 mg	SP, PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - BCL-2 INHIBITORS	
VENCLEXTA TAB 10MG	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	PA, QL (1 pack every 28 days)
MITOTIC INHIBITORS	
etoposide cap 50 mg	
ANTINEOPLASTIC ENZYME INHIBITORS	
XALKORI CAP 200MG	SP, PA, QL (4 caps every 1 day)
XALKORI CAP 250MG	SP, PA, QL (4 caps every 1 day)
XALKORI CAP 20MG	SP, PA, QL (4 caps every 1 day)
XALKORI CAP 50MG	SP, PA, QL (4 caps every 1 day)
XALKORI CAP 150MG	SP, PA, QL (6 caps every 1 day)
LORBRENA TAB 25MG	SP, PA, QL (3 tabs every 1 day)

Drug Name	Requirements/Limits
LORBRENA TAB 100MG	SP, PA, QL (1 tab every 1 day)
VERZENIO TAB 50MG	SP, PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	SP, PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	SP, PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	SP, PA, QL (2 tabs every 1 day)
ZOLINZA CAP 100MG	SP, PA, QL (4 caps every 1 day)
SPRYCEL TAB 20MG	SP, PA, QL (3 tabs every 1 day)
SPRYCEL TAB 50MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 70MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 80MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 100MG	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 140MG	SP, PA, QL (1 tab every 1 day)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	SP, PA, QL (4 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	SP, PA, QL (2 tabs every 1 day)
TAFINLAR CAP 50MG	SP, PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	SP, PA, QL (4 caps every 1 day)
TAFINLAR TAB 10MG	SP, PA, QL (30 tabs every 1 day)
OJEMDA TAB 100MG	SP, PA, QL (1 box every 30 days)
OJEMDA SUS 25MG/ML	SP, PA, QL (8 bottles every 30 days)
ZELBORAF TAB 240MG	SP, PA, QL (8 tabs every 1 day)
CALQUENCE TAB 100MG	SP, PA, QL (2 tabs every 1 day)
<i>everolimus tab 2.5 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>torpenz tab 2.5mg</i>	SP, PA, QL (1 tab every 1 day)
<i>everolimus tab 5 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>torpenz tab 5mg</i>	SP, PA, QL (1 tab every 1 day)
<i>everolimus tab 7.5 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>torpenz tab 7.5mg</i>	SP, PA, QL (1 tab every 1 day)
<i>everolimus tab 10 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>torpenz tab 10mg</i>	SP, PA, QL (1 tab every 1 day)
CABOMETYX TAB 20MG	SP, PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	SP, PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	SP, PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	SP, PA, QL (3 caps every 1 day)
COMETRIQ KIT 100MG	SP, PA, QL (2 caps every 1 day)
COMETRIQ KIT 140MG	SP, PA, QL (4 caps every 1 day)
XOSPATA TAB 40MG	SP, PA, QL (3 tabs every 1 day)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	SP, PA, QL (6 tabs every 1 day)
RYDAPT CAP 25MG	SP, PA, QL (8 caps every 1 day)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	SP, PA, QL (4 tabs every 1 day)
STIVARGA TAB 40MG	SP, PA, QL (3 tabs every 1 day)

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
sunitinib malate cap 12.5 mg (base equivalent)	SP, PA, QL (1 cap every 1 day)
sunitinib malate cap 25 mg (base equivalent)	SP, PA, QL (1 cap every 1 day)
sunitinib malate cap 37.5 mg (base equivalent)	SP, PA, QL (1 cap every 1 day)
sunitinib malate cap 50 mg (base equivalent)	SP, PA, QL (1 cap every 1 day)
CAPRELSA TAB 100MG	SP, PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	SP, PA, QL (1 tab every 1 day)
MEKINIST TAB 0.5MG	SP, PA, QL (3 tabs every 1 day)
MEKINIST TAB 2MG	SP, PA, QL (1 tab every 1 day)
MEKINIST SOL 0.05/ML	SP, PA, QL (38 mL every 1 day)
ROZLYTREK CAP 100MG	SP, PA, QL (1 cap every 1 day)
ROZLYTREK CAP 200MG	SP, PA, QL (3 caps every 1 day)
ROZLYTREK PAK 50MG	SP, PA, QL (12 packets every 1 day)
ZEJULA TAB 100MG	SP, PA, QL (1 tab every 1 day)
ZEJULA TAB 200MG	SP, PA, QL (1 tab every 1 day)
ZEJULA TAB 300MG	SP, PA, QL (1 tab every 1 day)
RUBRACA TAB 200MG	SP, PA, QL (4 tabs every 1 day)
RUBRACA TAB 250MG	SP, PA, QL (4 tabs every 1 day)
RUBRACA TAB 300MG	SP, PA, QL (4 tabs every 1 day)
bortezomib for inj 3.5 mg	SP, PA
NINLARO CAP 2.3MG	SP, PA, QL (6 caps every 28 days)
NINLARO CAP 3MG	SP, PA, QL (6 caps every 28 days)
NINLARO CAP 4MG	SP, PA, QL (6 caps every 28 days)
JAKAFI TAB 5MG	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 15MG	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	SP, PA, QL (2 tabs every 1 day)
ZYDELIG TAB 100MG	SP, PA, QL (2 tabs every 1 day)
ZYDELIG TAB 150MG	SP, PA, QL (2 tabs every 1 day)

ANTINEOPLASTIC RADIOPHARMACEUTICALS

PLUVICTO INJ 1000MBQ	SP, PA
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ANTINEOPLASTICS MISC.

hydroxyurea cap 500 mg	
MATULANE CAP 50MG	
tretinoin cap 10 mg	
bexarotene cap 75 mg	SP, PA

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

leucovorin calcium tab 5 mg	
leucovorin calcium tab 10 mg	

Drug Name	Requirements/Limits
leucovorin calcium tab 15 mg	
leucovorin calcium tab 25 mg	
IWILFIN TAB 192MG	SP, PA, QL (8 tabs every 1 day)
CORTICOSTEROIDS	
GLUCOCORTICOSTEROIDS	
budesonide delayed release particles cap 3 mg	
budesonide tab er 24hr 9 mg	
dexamethasone tab 0.5 mg	
dexamethasone tab 0.75 mg	
dexamethasone tab 1 mg	
dexamethasone tab 1.5 mg	
dexamethasone tab 2 mg	
dexamethasone tab 4 mg	
dexamethasone tab 6 mg	
dexamethasone elixir 0.5 mg/5ml	
dexamethasone soln 0.5 mg/5ml	
hydrocortisone tab 5 mg	
hydrocortisone tab 10 mg	
hydrocortisone tab 20 mg	
MEDROL TAB 2MG	
methylprednisolone tab 4 mg	
methylprednisolone tab 8 mg	
methylprednisolone tab 16 mg	
methylprednisolone tab 32 mg	
methylprednisolone tab therapy pack 4 mg (21)	
prednisolone soln 15 mg/5ml	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	
prednisone tab 1 mg	
prednisone tab 2.5 mg	
prednisone tab 5 mg	
prednisone tab 10 mg	
prednisone tab 20 mg	

Drug Name	Requirements/Limits
<i>prednisone tab 50 mg</i>	
<i>prednisone oral soln 5 mg/5ml</i>	
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	
MINERALOCORTICOIDS	
<i>fludrocortisone acetate tab 0.1 mg</i>	
ANDROGENS-ANABOLIC	
ANDROGENS	
<i>danazol cap 50 mg</i>	
<i>danazol cap 100 mg</i>	
<i>danazol cap 200 mg</i>	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	PA
<i>testosterone td gel 10mg/act (2%)</i>	PA
<i>depo-testost inj 100mg/ml</i>	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	PA
<i>depo-testost inj 200mg/ml</i>	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	PA
ESTROGENS	
ESTROGENS	
<i>estradiol tab 0.5 mg</i>	
<i>estradiol tab 1 mg</i>	
<i>estradiol tab 2 mg</i>	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	
ESTROGEN COMBINATIONS	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	
<i>mimvey tab 1-0.5mg</i>	
<i>COMBIPATCH DIS</i>	
<i>COMBIPATCH DIS</i>	
<i>fyavolv tab 0.5-2.5</i>	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>fyavolv tab 1-5</i>	

Drug Name	Requirements/Limits
<i>jinteli tab 1mg-5mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
CONTRACEPTIVES	
COPPER CONTRACEPTIVES - IUD	
PARAGARD IUD T380A	QL (1 IUD in lifetime); \$0
PROGESTIN CONTRACEPTIVES - ORAL	
<i>camila tab 0.35mg</i>	QL (1 tab every 1 day); \$0
<i>deblitane tab 0.35mg</i>	QL (1 tab every 1 day); \$0
<i>emzahh tab 0.35mg</i>	QL (1 tab every 1 day); \$0
<i>errin tab 0.35mg</i>	QL (1 tab every 1 day); \$0
<i>heather tab 0.35mg</i>	QL (1 tab every 1 day); \$0
<i>incassia tab 0.35mg</i>	QL (1 tab every 1 day); \$0
<i>jencycla tab 0.35mg</i>	QL (1 tab every 1 day); \$0
<i>lyeq tab 0.35mg</i>	QL (1 tab every 1 day); \$0
<i>lyza tab 0.35mg</i>	QL (1 tab every 1 day); \$0
<i>nora-be tab 0.35mg</i>	QL (1 tab every 1 day); \$0
<i>norethindrone tab 0.35 mg</i>	QL (1 tab every 1 day); \$0
<i>norlyroc tab 0.35mg</i>	QL (1 tab every 1 day); \$0
<i>sharobel tab 0.35mg</i>	QL (1 tab every 1 day); \$0
PROGESTIN CONTRACEPTIVES - INJECTABLE	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	QL (5 injections every 364 days); \$0
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	QL (5 injections every 364 days); \$0
PROGESTIN CONTRACEPTIVES - IUD	
<i>SKYLA IUD 13.5MG</i>	QL (1 IUD in lifetime); \$0
<i>KYLEENA IUD 19.5MG</i>	QL (1 IUD in lifetime); \$0
<i>LILETTA IUD 52MG</i>	QL (1 IUD in lifetime); \$0
<i>MIRENA IUD SYSTEM</i>	QL (1 IUD in lifetime); \$0
PROGESTIN CONTRACEPTIVES - IMPLANTS	
<i>NEXPLANON IMP 68MG</i>	QL (1 implant in lifetime); \$0
EMERGENCY CONTRACEPTIVES	
<i>aftera tab 1.5mg</i>	QL (1 tab every 30 days), OTC; \$0
<i>afterpill tab 1.5mg</i>	QL (1 tab every 30 days), OTC; \$0
<i>curae tab 1.5mg</i>	QL (1 tab every 30 days), OTC; \$0
<i>econtra os tab 1.5mg</i>	QL (1 tab every 30 days), OTC; \$0
<i>her style tab 1.5mg</i>	QL (1 tab every 30 days), OTC; \$0

Drug Name	Requirements/Limits
<i>levonorgestrel tab 1.5 mg</i>	QL (1 tab every 30 days), OTC; \$0
<i>my choice tab 1.5mg</i>	QL (1 tab every 30 days), OTC; \$0
<i>my way tab 1.5mg</i>	QL (1 tab every 30 days), OTC; \$0
<i>new day tab 1.5mg</i>	QL (1 tab every 30 days), OTC; \$0
<i>opcicon tab 1.5mg</i>	QL (1 tab every 30 days), OTC; \$0
<i>option 2 tab 1.5mg</i>	QL (1 tab every 30 days), OTC; \$0
<i>react tab 1.5mg</i>	QL (1 tab every 30 days), OTC; \$0
<i>take action tab 1.5mg</i>	QL (1 tab every 30 days), OTC; \$0
ELLA TAB 30MG	QL (2 tabs every year); \$0

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>norelgestromin-ethynodiol dihydrogen phosphate 150-35 mcg/24hr</i>	QL (39 patches every 364 days); \$0
<i>xulane dis 150-35</i>	QL (39 patches every 364 days); \$0
<i>zafemy dis 150/35</i>	QL (39 patches every 364 days); \$0

COMBINATION CONTRACEPTIVES - VAGINAL

<i>eluryng mis</i>	QL (13 rings every 364 days); \$0
<i>enilloring mis</i>	QL (13 rings every 364 days); \$0
<i>etonogestrel-ethynodiol dihydrogen phosphate 0.12-0.015 mg/24hr</i>	QL (13 rings every 364 days); \$0
<i>haloette mis</i>	QL (13 rings every 364 days); \$0

COMBINATION CONTRACEPTIVES - ORAL

<i>apri tab</i>	QL (1 tab every 1 day); \$0
<i>cyred eq tab</i>	QL (1 tab every 1 day); \$0
<i>enskyce tab</i>	QL (1 tab every 1 day); \$0
<i>isibloom tab</i>	QL (1 tab every 1 day); \$0
<i>juleber tab</i>	QL (1 tab every 1 day); \$0
<i>kalliga tab</i>	QL (1 tab every 1 day); \$0
<i>reclipsen tab</i>	QL (1 tab every 1 day); \$0
<i>drospirenone-ethynodiol dihydrogen phosphate 3-0.02 mg</i>	QL (1 tab every 1 day); \$0
<i>jasmiel tab 3-0.02mg</i>	QL (1 tab every 1 day); \$0

Drug Name	Requirements/Limits
<i>lo-zumandimi tab 3-0.02mg</i>	QL (1 tab every 1 day); \$0
<i>loryna tab 3-0.02mg</i>	QL (1 tab every 1 day); \$0
<i>nikki tab 3-0.02mg</i>	QL (1 tab every 1 day); \$0
<i>vestura tab 3-0.02mg</i>	QL (1 tab every 1 day); \$0
<i>drosipренone-ethинyl estradiol tab 3-0.03 mg</i>	QL (1 tab every 1 day); \$0
<i>ocella tab 3-0.03mg</i>	QL (1 tab every 1 day); \$0
<i>syeda tab 3-0.03mg</i>	QL (1 tab every 1 day); \$0
<i>zumandimine tab 3-0.03mg</i>	QL (1 tab every 1 day); \$0
<i>ethynodiol diacetate & ethинyl estradiol tab 1 mg-35 mcg</i>	QL (1 tab every 1 day); \$0
<i>kelnor tab 1/35</i>	QL (1 tab every 1 day); \$0
<i>zovia 1/35 tab</i>	QL (1 tab every 1 day); \$0
<i>ethynodiol diacetate & ethинyl estradiol tab 1 mg-50 mcg</i>	QL (1 tab every 1 day); \$0
<i>kelnor 1/50 tab</i>	QL (1 tab every 1 day); \$0
<i>afirmelle tab 0.1-0.02</i>	QL (1 tab every 1 day); \$0
<i>aubra eq tab 0.1-0.02</i>	QL (1 tab every 1 day); \$0
<i>aviane tab</i>	QL (1 tab every 1 day); \$0
<i>delyla tab 0.1-0.02</i>	QL (1 tab every 1 day); \$0
<i>falmina tab</i>	QL (1 tab every 1 day); \$0
<i>lessina tab</i>	QL (1 tab every 1 day); \$0
<i>levonorgestrel & ethинyl estradiol tab 0.1 mg-20 mcg</i>	QL (1 tab every 1 day); \$0
<i>lutera tab</i>	QL (1 tab every 1 day); \$0
<i>sronyx tab</i>	QL (1 tab every 1 day); \$0
<i>vienna tab 0.1-20</i>	QL (1 tab every 1 day); \$0
<i>altavera tab</i>	QL (1 tab every 1 day); \$0
<i>ayuna tab</i>	QL (1 tab every 1 day); \$0
<i>chateal eq tab 0.15/30</i>	QL (1 tab every 1 day); \$0
<i>kurvelo tab 0.15/30</i>	QL (1 tab every 1 day); \$0
<i>levonorgestrel & ethинyl estradiol tab 0.15 mg-30 mcg</i>	QL (1 tab every 1 day); \$0
<i>levora-28 tab 0.15/30</i>	QL (1 tab every 1 day); \$0
<i>marlissa tab 0.15/30</i>	QL (1 tab every 1 day); \$0
<i>portia-28 tab</i>	QL (1 tab every 1 day); \$0
<i>balziva tab</i>	QL (1 tab every 1 day); \$0
<i>briellyn tab</i>	QL (1 tab every 1 day); \$0
<i>phillith tab 0.4-35</i>	QL (1 tab every 1 day); \$0
<i>vyfemla tab 0.4-35</i>	QL (1 tab every 1 day); \$0
<i>necon tab 0.5/35</i>	QL (1 tab every 1 day); \$0
<i>nortrel tab 0.5/35</i>	QL (1 tab every 1 day); \$0
<i>wera tab 0.5/35</i>	QL (1 tab every 1 day); \$0
<i>alyacen tab 1/35</i>	QL (1 tab every 1 day); \$0
<i>dasetta tab 1/35</i>	QL (1 tab every 1 day); \$0
<i>nortrel tab 1/35</i>	QL (1 tab every 1 day); \$0

Drug Name	Requirements/Limits
<i>nylia tab 1/35</i>	QL (1 tab every 1 day); \$0
<i>aurovela tab 1/20</i>	QL (1 tab every 1 day); \$0
<i>junel 1/20 tab</i>	QL (1 tab every 1 day); \$0
<i>larin tab 1/20</i>	QL (1 tab every 1 day); \$0
<i>loestrin tab 1/20-21</i>	QL (1 tab every 1 day); \$0
<i>microgestin tab 1/20</i>	QL (1 tab every 1 day); \$0
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	QL (1 tab every 1 day); \$0
<i>aurovela tab 1.5/30</i>	QL (1 tab every 1 day); \$0
<i>hailey tab 1.5/30</i>	QL (1 tab every 1 day); \$0
<i>junel 1.5/30 tab</i>	QL (1 tab every 1 day); \$0
<i>larin tab 1.5/30</i>	QL (1 tab every 1 day); \$0
<i>loestrin 21 tab 1.5/30</i>	QL (1 tab every 1 day); \$0
<i>microgestin tab 1.5/30</i>	QL (1 tab every 1 day); \$0
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	QL (1 tab every 1 day); \$0
<i>cryselle-28 tab 28 tabs</i>	QL (1 tab every 1 day); \$0
<i>elinest tab</i>	QL (1 tab every 1 day); \$0
<i>low-ogestrel tab</i>	QL (1 tab every 1 day); \$0
<i>turqoz tab</i>	QL (1 tab every 1 day); \$0
<i>estarrylla tab 0.25-35</i>	QL (1 tab every 1 day); \$0
<i>mili tab 0.25/35</i>	QL (1 tab every 1 day); \$0
<i>mono-linyah tab 0.25-35</i>	QL (1 tab every 1 day); \$0
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	QL (1 tab every 1 day); \$0
<i>nymyo tab 0.25-35</i>	QL (1 tab every 1 day); \$0
<i>sprintec 28 tab 28 day</i>	QL (1 tab every 1 day); \$0
<i>vylibra tab 0.25-35</i>	QL (1 tab every 1 day); \$0
<i>aurovela fe tab 1/20</i>	QL (1 tab every 1 day); \$0
<i>blisovi fe tab 1/20</i>	QL (1 tab every 1 day); \$0
<i>hailey fe tab 1/20</i>	QL (1 tab every 1 day); \$0
<i>junel fe tab 1/20</i>	QL (1 tab every 1 day); \$0
<i>larin fe tab 1/20</i>	QL (1 tab every 1 day); \$0
<i>loestrin fe tab 1/20</i>	QL (1 tab every 1 day); \$0
<i>microgestin tab fe 1/20</i>	QL (1 tab every 1 day); \$0
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	QL (1 tab every 1 day); \$0
<i>tarina fe tab 1/20 eq</i>	QL (1 tab every 1 day); \$0
<i>aurovela fe tab 1.5/30</i>	QL (1 tab every 1 day); \$0
<i>blisovi fe tab 1.5/30</i>	QL (1 tab every 1 day); \$0
<i>hailey fe tab 1.5/30</i>	QL (1 tab every 1 day); \$0
<i>junel fe tab 1.5/30</i>	QL (1 tab every 1 day); \$0
<i>larin fe tab 1.5/30</i>	QL (1 tab every 1 day); \$0
<i>loestrin fe tab 1.5/30</i>	QL (1 tab every 1 day); \$0
<i>microgestin tab fe1.5/30</i>	QL (1 tab every 1 day); \$0

Drug Name	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	QL (1 tab every 1 day); \$0
<i>azurette tab</i>	QL (1 tab every 1 day); \$0
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	QL (1 tab every 1 day); \$0
<i>kariva tab 28 day</i>	QL (1 tab every 1 day); \$0
<i>pimtrea tab</i>	QL (1 tab every 1 day); \$0
<i>simliya tab 28 day</i>	QL (1 tab every 1 day); \$0
<i>viorele tab</i>	QL (1 tab every 1 day); \$0
<i>volnea tab</i>	QL (1 tab every 1 day); \$0
<i>velvet pak</i>	QL (1 tab every 1 day); \$0
<i>enpresse-28 tab</i>	QL (1 tab every 1 day); \$0
<i>levonest tab</i>	QL (1 tab every 1 day); \$0
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	QL (1 tab every 1 day); \$0
<i>trivora-28 tab</i>	QL (1 tab every 1 day); \$0
<i>alyacen tab 7/7/7</i>	QL (1 tab every 1 day); \$0
<i>dasetta tab 7/7/7</i>	QL (1 tab every 1 day); \$0
<i>nortrel tab 7/7/7</i>	QL (1 tab every 1 day); \$0
<i>nylia tab 7/7/7</i>	QL (1 tab every 1 day); \$0
<i>aranelle tab</i>	QL (1 tab every 1 day); \$0
<i>leena tab</i>	QL (1 tab every 1 day); \$0
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	QL (1 tab every 1 day); \$0
<i>tri-lo tab estarryll</i>	QL (1 tab every 1 day); \$0
<i>tri-lo- tab marzia</i>	QL (1 tab every 1 day); \$0
<i>tri-lo- tab sprintec</i>	QL (1 tab every 1 day); \$0
<i>tri-lo-mili tab</i>	QL (1 tab every 1 day); \$0
<i>tri-vylibra tab lo</i>	QL (1 tab every 1 day); \$0
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	QL (1 tab every 1 day); \$0
<i>tri-estarryll tab</i>	QL (1 tab every 1 day); \$0
<i>tri-linyah tab</i>	QL (1 tab every 1 day); \$0
<i>tri-mili tab</i>	QL (1 tab every 1 day); \$0
<i>tri-nymyo tab</i>	QL (1 tab every 1 day); \$0
<i>tri-sprintec tab</i>	QL (1 tab every 1 day); \$0
<i>tri-vylibra tab</i>	QL (1 tab every 1 day); \$0
<i>ashlyna tab</i>	QL (1 tab every 1 day); \$0
<i>camrese tab</i>	QL (1 tab every 1 day); \$0
<i>daysee tab</i>	QL (1 tab every 1 day); \$0
<i>jaimiess tab</i>	QL (1 tab every 1 day); \$0
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	QL (1 tab every 1 day); \$0

Drug Name	Requirements/Limits
<i>simpesse tab</i>	QL (1 tab every 1 day); \$0

PROGESTINS

PROGESTINS

medroxyprogesterone acetate tab 2.5 mg
medroxyprogesterone acetate tab 5 mg
medroxyprogesterone acetate tab 10 mg
norethindrone acetate tab 5 mg
progesterone cap 100 mg
progesterone cap 200 mg

ANTIDIABETICS

INSULIN

BASAGLAR INJ 100UNIT
SEMGLEE INJ 100U/ML
SEMGLEE INJ 100U/ML
ADMELOG INJ 100U/ML
ADMELOG SOLO INJ 100U/ML
HUMULIN R INJ U-100 OTC
NOVOLIN R INJ U-100 OTC
HUMULIN R INJ U-500
NOVOLIN R INJ 100 UNIT OTC
HUMULIN R INJ U-500
HUMULIN N INJ U-100 OTC
NOVOLIN N INJ U-100 OTC
HUMULIN N INJ U-100KWP OTC
NOVOLIN N INJ 100 UNIT OTC
INSULIN ASPA INJ 70/30
INS ASP PROT INJ FLEXPEN
HUMALOG MIX SUS 75/25
HUMALOG MIX INJ 50/50
INSULIN LISP INJ PROTAMIN
HUMALOG MIX INJ 50/50KWP
HUMULIN INJ 70/30 OTC
NOVOLIN INJ 70/30 OTC
HUMULIN INJ 70/30KWP OTC
NOVOLIN INJ 70/30 FP OTC

INCRETIN MIMETIC AGENTS

<i>TRULICITY INJ 0.75/0.5</i>	PA, QL (4 pens every 21 days)
<i>TRULICITY INJ 1.5/0.5</i>	PA, QL (4 pens every 21 days)
<i>TRULICITY INJ 3/0.5</i>	PA, QL (4 pens every 21 days)
<i>TRULICITY INJ 4.5/0.5</i>	PA, QL (4 pens every 21 days)
<i>RYBELSUS TAB 3MG</i>	PA, QL (30 tabs every 25 days)
<i>RYBELSUS TAB 7MG</i>	PA, QL (30 tabs every 25 days)

Drug Name	Requirements/Limits
RYBELSUS TAB 14MG	PA, QL (30 tabs every 25 days)
OZEMPIK INJ 2MG/3ML	PA, QL (1 pen every 21 days)
OZEMPIK INJ 4MG/3ML	PA, QL (1 pen every 21 days)
OZEMPIK INJ 8MG/3ML	PA, QL (1 pen every 21 days)

SULFONYLUREAS

glimepiride tab 1 mg
glimepiride tab 2 mg
glimepiride tab 4 mg
glipizide tab 5 mg
glipizide tab 10 mg
glipizide tab er 24hr 2.5 mg
glipizide xl tab 2.5mg
glipizide tab er 24hr 5 mg
glipizide xl tab 5mg
glipizide tab er 24hr 10 mg
glipizide xl tab 10mg

BIGUANIDES

metformin hcl tab 500 mg
metformin hcl tab 850 mg
metformin hcl tab 1000 mg
metformin hcl tab er 24hr 500 mg
metformin hcl tab er 24hr 750 mg

MEGLITINIDE ANALOGUES

nateglinide tab 60 mg
nateglinide tab 120 mg
repaglinide tab 0.5 mg
repaglinide tab 1 mg
repaglinide tab 2 mg

DIABETIC OTHER

GVOKE KIT SOL 1MG/.2M	
BAQSIMI ONE POW 3MG/DOSE	QL (2 actuations every 30 days)
BAQSIMI TWO POW 3MG/DOSE	QL (2 actuations every 30 days)
GVOKE HYPO 1 INJ .5/.1ML	QL (2 syringes every 30 days)
GVOKE HYPO 2 INJ .5/.1ML	QL (2 syringes every 30 days)
GVOKE HYPO 1 INJ 1MG/.2ML	QL (2 syringes every 30 days)
GVOKE HYPO 2 INJ 1MG/.2ML	QL (2 syringes every 30 days)
GVOKE PFS INJ	QL (2 syringes every 30 days)
glucagon (rdna) for inj kit 1 mg	QL (2 kits every 30 days)

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tab 25 mg

Drug Name	Requirements/Limits
<i>acarbose tab 50 mg</i>	
<i>acarbose tab 100 mg</i>	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	
Insulin Sensitizing Agents	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	
JARDIANCE TAB 10MG	ST
JARDIANCE TAB 25MG	ST
STEGLATRO TAB 5MG	ST
STEGLATRO TAB 15MG	ST
Antidiabetic Combinations	
XULTOPHY INJ 100/3.6	ST
SOLIQUA INJ 100/33	ST
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	
<i>alogliptin-pioglitazone tab 25-15 mg</i>	
<i>alogliptin-pioglitazone tab 25-30 mg</i>	
<i>alogliptin-pioglitazone tab 25-45 mg</i>	
SEGLUROMET TAB 2.5-500	ST
SEGLUROMET TAB 2.5-1000	ST
SEGLUROMET TAB 7.5-500	ST
SEGLUROMET TAB 7.5-1000	ST
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>glipizide-metformin hcl tab 5-500 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	
Thyroid Agents	
Thyroid Hormones	
<i>euthyrox tab 25mcg</i>	
<i>levo-t tab 25mcg</i>	
<i>levothyroxine sodium tab 25 mcg</i>	
<i>levoxyl tab 25mcg</i>	
<i>unithroid tab 25mcg</i>	

Drug Name	Requirements/Limits
euthyrox tab 50mcg	
levo-t tab 50mcg	
levothyroxine sodium tab 50 mcg	
levoxyl tab 50mcg	
unithroid tab 50mcg	
euthyrox tab 75mcg	
levo-t tab 75mcg	
levothyroxine sodium tab 75 mcg	
levoxyl tab 75mcg	
unithroid tab 75mcg	
euthyrox tab 88mcg	
levo-t tab 88mcg	
levothyroxine sodium tab 88 mcg	
levoxyl tab 88mcg	
unithroid tab 88mcg	
euthyrox tab 100mcg	
levo-t tab 100mcg	
levothyroxine sodium tab 100 mcg	
levoxyl tab 100mcg	
unithroid tab 100mcg	
euthyrox tab 112mcg	
levo-t tab 112mcg	
levothyroxine sodium tab 112 mcg	
levoxyl tab 112mcg	
unithroid tab 112mcg	
euthyrox tab 125mcg	
levo-t tab 125mcg	
levothyroxine sodium tab 125 mcg	
levoxyl tab 125mcg	
unithroid tab 125mcg	
euthyrox tab 137mcg	
levo-t tab 137mcg	
levothyroxine sodium tab 137 mcg	
levoxyl tab 137mcg	
unithroid tab 137mcg	
euthyrox tab 150mcg	
levo-t tab 150mcg	
levothyroxine sodium tab 150 mcg	
levoxyl tab 150mcg	
unithroid tab 150mcg	
euthyrox tab 175mcg	
levo-t tab 175mcg	
levothyroxine sodium tab 175 mcg	

Drug Name	Requirements/Limits
<i>levoxyl tab 175mcg</i>	
<i>unithroid tab 175mcg</i>	
<i>euthyrox tab 200mcg</i>	
<i>levo-t tab 200mcg</i>	
<i>levothyroxine sodium tab 200 mcg</i>	
<i>levoxyl tab 200mcg</i>	
<i>unithroid tab 200mcg</i>	
<i>levo-t tab 300 mcg</i>	
<i>levothyroxine sodium tab 300 mcg</i>	
<i>unithroid tab 300mcg</i>	
<i>liothyronine sodium tab 5 mcg</i>	
<i>liothyronine sodium tab 25 mcg</i>	
<i>liothyronine sodium tab 50 mcg</i>	
ANTITHYROID AGENTS	
<i>methimazole tab 5 mg</i>	
<i>methimazole tab 10 mg</i>	
<i>propylthiouracil tab 50 mg</i>	
ENDOCRINE AND METABOLIC AGENTS - MISC.	
BONE DENSITY REGULATORS	
<i>alendronate sodium tab 5 mg</i>	
<i>alendronate sodium tab 10 mg</i>	
<i>alendronate sodium tab 35 mg</i>	
<i>alendronate sodium tab 70 mg</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
<i>TYMLOS INJ</i>	SP, PA, QL (1 pen every 30 days)
<i>TERIPARATIDE INJ 620/2.48</i>	SP, PA, QL (1 pen every 28 days)
<i>PROLIA INJ 60MG/ML</i>	SP, PA, QL (1 syringe every 180 days)
HORMONE RECEPTOR MODULATORS	
<i>OSPHENA TAB 60MG</i>	PA
<i>raloxifene hcl tab 60 mg</i>	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
<i>SYNAREL SOL 2MG/ML</i>	
<i>TRIPTODUR SUS 22.5MG</i>	SP, PA
GROWTH HORMONES	
<i>NORDITROPIN INJ 5/1.5ML</i>	SP, PA
<i>NORDITROPIN INJ 10/1.5ML</i>	SP, PA
<i>NORDITROPIN INJ 15/1.5ML</i>	SP, PA
<i>NORDITROPIN INJ 30/3ML</i>	SP, PA
<i>HUMATROPE INJ 6MG</i>	SP, PA

Drug Name	Requirements/Limits
HUMATROPE INJ 12MG	SP, PA
HUMATROPE INJ 24MG	SP, PA
SEROSTIM INJ 4MG	SP, PA
SEROSTIM INJ 5MG	SP, PA
SEROSTIM INJ 6MG	SP, PA

SOMATOSTATIC AGENTS

SOMATULINE INJ 60/0.2ML	SP, PA, QL (1 syringe every 28 days)
SOMATULINE INJ 90/0.3ML	SP, PA, QL (1 syringe every 28 days)
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	SP, PA, QL (1 syringe every 28 days)
LANREOTIDE INJ 120/.5ML	SP, PA, QL (1 syringe every 28 days)
SOMATULINE INJ 120/.5ML	SP, PA, QL (1 syringe every 28 days)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	SP, PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	SP, PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	SP, PA, QL (45 vials every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	SP, PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	SP, PA, QL (9 vials every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	SP, PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	SP, PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	SP, PA, QL (3 syringes every 1 day)

POSTERIOR PITUITARY HORMONES

<i>desmopressin acetate tab 0.1 mg</i>
<i>desmopressin acetate tab 0.2 mg</i>
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>
<i>desmopressin acetate nasal spray soln 0.01%</i>

CORTICOTROPIN

ACTHAR INJ 80UNIT	SP, PA, QL (35 mL every 21 days)
CORTROPHIN GEL 80UNIT	SP, PA, QL (35 mL every 21 days)

MINERALOCORTICOID RECEPTOR ANTAGONISTS

KERENDIA TAB 10MG	PA
KERENDIA TAB 20MG	PA

Drug Name	Requirements/Limits
PROLACTIN INHIBITORS	
cabergoline tab 0.5 mg	
VASOPRESSIN RECEPTOR ANTAGONISTS	
tolvaptan tab 15 mg	SP, PA
METABOLIC MODIFIERS	
calcitriol cap 0.25 mcg	
calcitriol cap 0.5 mcg	
calcitriol oral soln 1 mcg/ml	
doxercalciferol cap 0.5 mcg	
doxercalciferol cap 1 mcg	
doxercalciferol cap 2.5 mcg	
paricalcitol cap 1 mcg	
paricalcitol cap 2 mcg	
paricalcitol cap 4 mcg	
cinacalcet hcl tab 30 mg (base equiv)	SP, PA, QL (2 tabs every 1 day)
cinacalcet hcl tab 60 mg (base equiv)	SP, PA, QL (2 tabs every 1 day)
cinacalcet hcl tab 90 mg (base equiv)	SP, PA, QL (4 tabs every 1 day)
javygtor tab 100mg	SP, PA
sapropterin dihydrochloride tab 100 mg	SP, PA
javygtor pak 100mg	SP, PA
sapropterin dihydrochloride powder packet 100 mg	SP, PA
javygtor pow 500mg	SP, PA
sapropterin dihydrochloride powder packet 500 mg	SP, PA
CARDIOTONICS	
CARDIAC GLYCOSIDES	
digoxin tab 62.5 mcg (0.0625 mg)	
digoxin tab 125 mcg (0.125 mg)	
digoxin tab 250 mcg (0.25 mg)	
digoxin oral soln 0.05 mg/ml	
ANTIANGINAL AGENTS	
NITRATES	
isosorbide dinitrate tab 5 mg	
isosorbide dinitrate tab 10 mg	
isosorbide dinitrate tab 20 mg	
isosorbide dinitrate tab 30 mg	
isosorbide dinitrate tab 40 mg	
isosorbide mononitrate tab 10 mg	
isosorbide mononitrate tab 20 mg	
isosorbide mononitrate tab er 24hr 30 mg	
isosorbide mononitrate tab er 24hr 60 mg	
isosorbide mononitrate tab er 24hr 120 mg	
nitro-time cap 2.5mg cr	

Drug Name	Requirements/Limits
<i>nitro-time cap 6.5mg cr</i>	
<i>nitro-time cap 9mg cr</i>	
<i>nitroglycerin sl tab 0.3 mg</i>	
<i>nitroglycerin sl tab 0.4 mg</i>	
<i>nitroglycerin sl tab 0.6 mg</i>	
NITRO-BID OIN 2%	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
NITRO-DUR DIS 0.3MG/HR	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	
NITRO-DUR DIS 0.8MG/HR	

BETA BLOCKERS

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tab 20 mg</i>
<i>nadolol tab 40 mg</i>
<i>nadolol tab 80 mg</i>
<i>pindolol tab 5 mg</i>
<i>pindolol tab 10 mg</i>
<i>propranolol hcl tab 10 mg</i>
<i>propranolol hcl tab 20 mg</i>
<i>propranolol hcl tab 40 mg</i>
<i>propranolol hcl tab 60 mg</i>
<i>propranolol hcl tab 80 mg</i>
<i>propranolol hcl oral soln 20 mg/5ml</i>
<i>propranolol hcl oral soln 40 mg/5ml</i>
<i>propranolol hcl cap er 24hr 60 mg</i>
<i>propranolol hcl cap er 24hr 80 mg</i>
<i>propranolol hcl cap er 24hr 120 mg</i>
<i>propranolol hcl cap er 24hr 160 mg</i>
<i>sotalol hcl tab 80 mg</i>
<i>sotalol hcl tab 120 mg</i>
<i>sotalol hcl tab 160 mg</i>
<i>sotalol hcl tab 240 mg</i>
<i>sotalol hcl (afib/afl) tab 80 mg</i>
<i>sotalol hcl (afib/afl) tab 120 mg</i>
<i>sotalol hcl (afib/afl) tab 160 mg</i>
<i>timolol maleate tab 5 mg</i>
<i>timolol maleate tab 10 mg</i>
<i>timolol maleate tab 20 mg</i>

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>

Drug Name	Requirements/Limits
acebutolol hcl cap 200 mg	
acebutolol hcl cap 400 mg	
acebutolol hcl cap 400 mg	
atenolol tab 25 mg	
atenolol tab 50 mg	
atenolol tab 100 mg	
bisoprolol fumarate tab 5 mg	
bisoprolol fumarate tab 10 mg	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	
metoprolol tartrate tab 25 mg	
metoprolol tartrate tab 50 mg	
metoprolol tartrate tab 100 mg	
ALPHA-BETA BLOCKERS	
carvedilol tab 3.125 mg	
carvedilol tab 6.25 mg	
carvedilol tab 12.5 mg	
carvedilol tab 25 mg	
labetalol hcl tab 100 mg	
labetalol hcl tab 200 mg	
labetalol hcl tab 300 mg	
CALCIUM CHANNEL BLOCKERS	
CALCIUM CHANNEL BLOCKERS	
amlodipine besylate tab 2.5 mg (base equivalent)	
amlodipine besylate tab 5 mg (base equivalent)	
amlodipine besylate tab 10 mg (base equivalent)	
diltiazem hcl tab 30 mg	
diltiazem hcl tab 60 mg	
diltiazem hcl tab 90 mg	
diltiazem hcl tab 120 mg	
diltiazem hcl cap er 12hr 60 mg	
diltiazem hcl cap er 12hr 90 mg	
diltiazem hcl cap er 12hr 120 mg	
dilt-xr cap 120mg	
diltiazem hcl cap er 24hr 120 mg	
dilt-xr cap 180mg	
diltiazem hcl cap er 24hr 180 mg	
dilt-xr cap 240mg	
diltiazem hcl cap er 24hr 240 mg	

Drug Name	Requirements/Limits
diltiazem hcl tab er 24hr 180 mg	
matzim la tab 180mg/24	
diltiazem hcl tab er 24hr 240 mg	
matzim la tab 240mg/24	
diltiazem hcl tab er 24hr 300 mg	
matzim la tab 300mg/24	
diltiazem hcl tab er 24hr 360 mg	
matzim la tab 360mg/24	
diltiazem hcl tab er 24hr 420 mg	
matzim la tab 420mg/24	
diltiazem hcl extended release beads cap er 24hr 120 mg	
tiadylt cap 120mg/24	
diltiazem hcl extended release beads cap er 24hr 180 mg	
tiadylt cap 180mg/24	
diltiazem hcl extended release beads cap er 24hr 240 mg	
tiadylt cap 240mg/24	
diltiazem hcl extended release beads cap er 24hr 300 mg	
tiadylt cap 300mg/24	
diltiazem hcl extended release beads cap er 24hr 360 mg	
tiadylt cap 360mg/24	
diltiazem hcl extended release beads cap er 24hr 420 mg	
tiadylt cap 420mg/24	
cartia xt cap 120/24hr	
diltiazem hcl coated beads cap er 24hr 120 mg	
cartia xt cap 180/24hr	
diltiazem hcl coated beads cap er 24hr 180 mg	
cartia xt cap 240/24hr	
diltiazem hcl coated beads cap er 24hr 240 mg	
cartia xt cap 300/24hr	
diltiazem hcl coated beads cap er 24hr 300 mg	
diltiazem hcl coated beads cap er 24hr 360 mg	
felodipine tab er 24hr 2.5 mg	
felodipine tab er 24hr 5 mg	
felodipine tab er 24hr 10 mg	
nifedipine tab er 24hr 30 mg	
nifedipine tab er 24hr 60 mg	
nifedipine tab er 24hr 90 mg	

Drug Name	Requirements/Limits
nifedipine tab er 24hr osmotic release 30 mg	
nifedipine tab er 24hr osmotic release 60 mg	
nifedipine tab er 24hr osmotic release 90 mg	
verapamil hcl tab er 120 mg	
verapamil hcl tab er 180 mg	
verapamil hcl tab er 240 mg	
verapamil hcl cap er 24hr 100 mg	
verapamil hcl cap er 24hr 200 mg	
verapamil hcl cap er 24hr 300 mg	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate cap 100 mg
disopyramide phosphate cap 150 mg
NORPACE CAP 100MG CR
NORPACE CAP 150MG CR

ANTIARRHYTHMICS TYPE I-C

flecainide acetate tab 50 mg
flecainide acetate tab 100 mg
flecainide acetate tab 150 mg
propafenone hcl tab 150 mg
propafenone hcl tab 225 mg
propafenone hcl tab 300 mg
propafenone hcl cap er 12hr 225 mg
propafenone hcl cap er 12hr 325 mg
propafenone hcl cap er 12hr 425 mg

ANTIARRHYTHMICS TYPE III

amiodarone hcl tab 200 mg	
pacerone tab 200mg	
dofetilide cap 125 mcg (0.125 mg)	SP, PA
dofetilide cap 250 mcg (0.25 mg)	SP, PA
dofetilide cap 500 mcg (0.5 mg)	SP, PA

ANTIHYPERTENSIVES

ACE INHIBITORS

benazepril hcl tab 5 mg
benazepril hcl tab 10 mg
benazepril hcl tab 20 mg
benazepril hcl tab 40 mg
captopril tab 12.5 mg
captopril tab 25 mg
captopril tab 50 mg
captopril tab 100 mg
enalapril maleate tab 2.5 mg

Drug Name	Requirements/Limits
<i>enalapril maleate tab 5 mg</i>	
<i>enalapril maleate tab 10 mg</i>	
<i>enalapril maleate tab 20 mg</i>	
<i>fosinopril sodium tab 10 mg</i>	
<i>fosinopril sodium tab 20 mg</i>	
<i>fosinopril sodium tab 40 mg</i>	
<i>lisinopril tab 2.5 mg</i>	
<i>lisinopril tab 5 mg</i>	
<i>lisinopril tab 10 mg</i>	
<i>lisinopril tab 20 mg</i>	
<i>lisinopril tab 30 mg</i>	
<i>lisinopril tab 40 mg</i>	
<i>quinapril hcl tab 5 mg</i>	
<i>quinapril hcl tab 10 mg</i>	
<i>quinapril hcl tab 20 mg</i>	
<i>quinapril hcl tab 40 mg</i>	
<i>ramipril cap 1.25 mg</i>	
<i>ramipril cap 2.5 mg</i>	
<i>ramipril cap 5 mg</i>	
<i>ramipril cap 10 mg</i>	
<i>trandolapril tab 1 mg</i>	
<i>trandolapril tab 2 mg</i>	
<i>trandolapril tab 4 mg</i>	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan tab 75 mg</i>
<i>irbesartan tab 150 mg</i>
<i>irbesartan tab 300 mg</i>
<i>losartan potassium tab 25 mg</i>
<i>losartan potassium tab 50 mg</i>
<i>losartan potassium tab 100 mg</i>
<i>valsartan tab 40 mg</i>
<i>valsartan tab 80 mg</i>
<i>valsartan tab 160 mg</i>
<i>valsartan tab 320 mg</i>

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine td patch weekly 0.1 mg/24hr</i>
<i>clonidine td patch weekly 0.2 mg/24hr</i>
<i>clonidine td patch weekly 0.3 mg/24hr</i>
<i>clonidine hcl tab 0.1 mg</i>
<i>clonidine hcl tab 0.2 mg</i>
<i>clonidine hcl tab 0.3 mg</i>
<i>guanfacine hcl tab 1 mg</i>

Drug Name	Requirements/Limits
guanfacine hcl tab 2 mg	
doxazosin mesylate tab 1 mg	
doxazosin mesylate tab 2 mg	
doxazosin mesylate tab 4 mg	
doxazosin mesylate tab 8 mg	
prazosin hcl cap 1 mg	
prazosin hcl cap 2 mg	
prazosin hcl cap 5 mg	
terazosin hcl cap 1 mg (base equivalent)	
terazosin hcl cap 2 mg (base equivalent)	
terazosin hcl cap 5 mg (base equivalent)	
terazosin hcl cap 10 mg (base equivalent)	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	
eplerenone tab 25 mg	
eplerenone tab 50 mg	
VASODILATORS	
hydralazine hcl tab 10 mg	
hydralazine hcl tab 25 mg	
hydralazine hcl tab 50 mg	
hydralazine hcl tab 100 mg	
ANTIHYPERTENSIVE COMBINATIONS	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	
amlodipine besylate-benazepril hcl cap 5-10 mg	
amlodipine besylate-benazepril hcl cap 5-20 mg	
amlodipine besylate-benazepril hcl cap 5-40 mg	
amlodipine besylate-benazepril hcl cap 10-20 mg	
amlodipine besylate-benazepril hcl cap 10-40 mg	
benazepril & hydrochlorothiazide tab 10-12.5 mg	
benazepril & hydrochlorothiazide tab 20-12.5 mg	
benazepril & hydrochlorothiazide tab 20-25 mg	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	
lisinopril & hydrochlorothiazide tab 20-25 mg	
atenolol & chlorthalidone tab 50-25 mg	
atenolol & chlorthalidone tab 100-25 mg	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	

Drug Name	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	
DIURETICS	
CARBONIC ANHYDRASE INHIBITORS	
<i>acetazolamide tab 125 mg</i>	
<i>acetazolamide tab 250 mg</i>	
<i>acetazolamide cap er 12hr 500 mg</i>	
<i>methazolamide tab 25 mg</i>	
<i>methazolamide tab 50 mg</i>	
LOOP DIURETICS	
<i>bumetanide tab 0.5 mg</i>	
<i>bumetanide tab 1 mg</i>	
<i>bumetanide tab 2 mg</i>	
<i>ethacrynic acid tab 25 mg</i>	
<i>furosemide tab 20 mg</i>	
<i>furosemide tab 40 mg</i>	
<i>furosemide tab 80 mg</i>	
<i>furosemide oral soln 8 mg/ml</i>	
<i>furosemide oral soln 10 mg/ml</i>	
<i>torsemide tab 5 mg</i>	
<i>torsemide tab 10 mg</i>	
<i>torsemide tab 20 mg</i>	
<i>torsemide tab 100 mg</i>	
POTASSIUM SPARING DIURETICS	
<i>amiloride hcl tab 5 mg</i>	
<i>spironolactone tab 25 mg</i>	
<i>spironolactone tab 50 mg</i>	
<i>spironolactone tab 100 mg</i>	

Drug Name	Requirements/Limits
THIAZIDES AND THIAZIDE-LIKE DIURETICS	
chlorthalidone tab 25 mg	
chlorthalidone tab 50 mg	
hydrochlorothiazide cap 12.5 mg	
hydrochlorothiazide tab 12.5 mg	
hydrochlorothiazide tab 25 mg	
hydrochlorothiazide tab 50 mg	
indapamide tab 1.25 mg	
indapamide tab 2.5 mg	
metolazone tab 2.5 mg	
metolazone tab 5 mg	
metolazone tab 10 mg	
DIURETIC COMBINATIONS	
amiloride & hydrochlorothiazide tab 5-50 mg	
spironolactone & hydrochlorothiazide tab 25-25 mg	
triamterene & hydrochlorothiazide cap 37.5-25 mg	
triamterene & hydrochlorothiazide tab 37.5-25 mg	
triamterene & hydrochlorothiazide tab 75-50 mg	
VASOPRESSORS	
VASOPRESSORS	
midodrine hcl tab 2.5 mg	
midodrine hcl tab 5 mg	
midodrine hcl tab 10 mg	
ANAPHYLAXIS THERAPY AGENTS	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	QL (8 pens every year)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	QL (8 pens every year)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	QL (8 pens every year)
EPIPEN 2-PAK INJ 0.3MG	QL (8 pens every year)
ANTIHYPERLIPIDEMICS	
BILE ACID SEQUESTRANTS	
cholestyramine powder 4 gm/dose	
cholestyramine powder packets 4 gm	
cholestyramine light powder 4 gm/dose	
prevalite pow 4gm	
cholestyramine light powder packets 4 gm	
prevalite pow 4gm pk	
colestipol hcl tab 1 gm	
colestipol hcl granules 5 gm	
colestipol hcl granule packets 5 gm	

Drug Name	Requirements/Limits
FIBRIC ACID DERIVATIVES	
<i>fenofibrate tab 48 mg</i>	
<i>fenofibrate tab 54 mg</i>	
<i>fenofibrate tab 145 mg</i>	
<i>fenofibrate tab 160 mg</i>	
<i>fenofibrate micronized cap 67 mg</i>	
<i>fenofibrate micronized cap 134 mg</i>	
<i>fenofibrate micronized cap 200 mg</i>	
<i>gemfibrozil tab 600 mg</i>	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe tab 10 mg</i>	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
PRALUENT INJ 75MG/ML	SP, PA, QL (2 pens every 28 days)
PRALUENT INJ 150MG/ML	SP, PA, QL (2 pens every 28 days)
REPATHA SURE INJ 140MG/ML	SP, PA, QL (2 pens every 28 days)
REPATHA PUSH INJ 420/3.5	SP, PA, QL (1 cartridge every 28 days)
REPATHA INJ 140MG/ML	SP, PA, QL (2 syringes every 28 days)
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	
<i>lovastatin tab 10 mg</i>	
<i>lovastatin tab 20 mg</i>	
<i>lovastatin tab 40 mg</i>	
<i>rosuvastatin calcium tab 5 mg</i>	
<i>rosuvastatin calcium tab 10 mg</i>	
<i>rosuvastatin calcium tab 20 mg</i>	
<i>rosuvastatin calcium tab 40 mg</i>	
<i>pravastatin sodium tab 10 mg</i>	
<i>pravastatin sodium tab 20 mg</i>	
<i>pravastatin sodium tab 40 mg</i>	
<i>pravastatin sodium tab 80 mg</i>	
<i>simvastatin tab 5 mg</i>	
<i>simvastatin tab 10 mg</i>	
<i>simvastatin tab 20 mg</i>	
<i>simvastatin tab 40 mg</i>	
<i>simvastatin tab 80 mg</i>	

Drug Name	Requirements/Limits
NICOTINIC ACID DERIVATIVES	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	
CARDIOVASCULAR AGENTS - MISC.	
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	
UPTRAVI TAB 200MCG	SP, PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI PACK TAB 200/800	SP, PA, QL (1 pack every 28 days)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	
<i>sildenafil citrate tab 20 mg</i>	SP, PA, QL (12 tabs every 1 day)
<i>sildenafil citrate for suspension 10 mg/ml</i>	SP, PA, QL (26 mL every 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	
<i>ambrisentan tab 5 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	SP, PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	SP, PA, QL (2 tabs every 1 day)
PROSTAGLANDIN VASODILATORS	
<i>epoprostenol sodium for inj 0.5 mg</i>	SP, PA
<i>epoprostenol sodium for inj 1.5 mg</i>	SP, PA
TYVASO RF KT SOL 0.6MG/ML	SP, PA, QL (1 ampule every 1 day)
TYVASO SOL 0.6MG/ML	SP, PA, QL (1 ampule every 1 day)
TYVASO ST KT SOL 0.6MG/ML	SP, PA, QL (1 ampule every 1 day)
REMODULIN INJ 1MG/ML	SP, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	SP, PA
REMODULIN INJ 2.5MG/ML	SP, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	SP, PA
REMODULIN INJ 5MG/ML	SP, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	SP, PA
REMODULIN INJ 10MG/ML	SP, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	SP, PA

Drug Name	Requirements/Limits
TYVASO DPI POW 16MCG	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 32MCG	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 48MCG	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 64MCG	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 16-32-48	SP, PA, QL (9 cartridges every 1 day)
ORENITRAM TAB 0.125MG	SP, PA
ORENITRAM TAB 0.25MG	SP, PA
ORENITRAM TAB 1MG	SP, PA
ORENITRAM TAB 2.5MG	SP, PA
ORENITRAM TAB 5MG	SP, PA
ORENITRAM TAB MONTH 1	SP, PA
ORENITRAM TAB MONTH 2	SP, PA
ORENITRAM TAB MONTH 3	SP, PA

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP 2.5MG	SP, PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG	SP, PA, QL (1 cap every 1 day)
CAMZYOS CAP 10MG	SP, PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	SP, PA, QL (1 cap every 1 day)

SINUS NODE INHIBITORS

ivabradine hcl tab 5 mg (base equiv)
ivabradine hcl tab 7.5 mg (base equiv)

CORLANOR SOL 5MG/5ML

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

ENTRESTO TAB 24-26MG
ENTRESTO TAB 49-51MG
ENTRESTO TAB 97-103MG
ENTRESTO CAP 6-6MG
ENTRESTO CAP 15-16MG

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

aller-chlor tab 4mg	OTC
allergy relf tab 4mg	OTC
allergy tab 4mg	OTC
chlor-phenir tab 4mg	OTC
chlorhist tab 4mg	OTC
chlorphen tab 4mg	OTC
chlorpheniramine maleate tab 4 mg	OTC

Drug Name	Requirements/Limits
eq allergy tab 4mg	OTC
eql allergy tab 4mg	OTC
ft alrgy rlf tab 4mg	OTC
gnp allergy tab 4mg	OTC
pharbechlor tab 4mg	OTC
qc allergy tab 4mg	OTC
ra allergy tab 4mg	OTC
ra chlorphen tab 4mg	OTC
wal-finate tab 4mg	OTC
allergy relf tab 12mg cr	OTC
chlorpheniramine maleate tab er 12 mg	OTC
diabet tuss syrup allergy	OTC
ed chlorped syrup jr	OTC

ANTIHISTAMINES - ETHANOLAMINES

DAYHIST ALRG TAB 12 HOUR	OTC
clemastine fumarate tab 2.68 mg	
aler-cap cap 25mg	OTC
allergy cap 25mg	OTC
allergy med cap 25mg	OTC
allergy rel cap 25mg	OTC
allergy relf cap 25mg	OTC
antihistamin cap 25mg	OTC
banophen cap 25mg	OTC
comp allergy cap 25mg	OTC
cvs allergy cap 25mg	OTC
diphenhydramine hcl cap 25 mg	OTC
eq allergy cap 25mg	OTC
ft alrgy rlf cap 25mg	OTC
gnp allergy cap 25mg	OTC
medi-phedryl cap 25mg	OTC
pharbedryl cap 25mg	OTC
qc allergy cap 25mg	OTC
wal-dryl cap 25mg	OTC
banophen cap 50mg	OTC
diphenhydramine hcl cap 50 mg	OTC
pharbedryl cap 50mg	OTC
a-s pls alrg tab 25mg	OTC
alertab tab 25mg	OTC
allergy relf tab 25mg	OTC
anti-hist tab 25mg	OTC
banophen tab 25mg	OTC
comp allergy tab 25mg	OTC
comp allergy tab 25mg med	OTC

Drug Name	Requirements/Limits
comp allergy tab 25mg rlf	OTC
diphen tab 25mg	OTC
diphenhydramine hcl tab 25 mg	OTC
eql allergy tab 25mg	OTC
ft alrgy rlf tab 25mg	OTC
geri-dryl tab 25mg	OTC
gnp allergy tab 25mg	OTC
kls allergy tab 25mg	OTC
mm aller-ben tab 25mg	OTC
qc allergy tab 25mg	OTC
ra allergy tab 25mg	OTC
sb allergy tab 25mg med	OTC
sm allergy tab 25mg rlf	OTC
total allerg tab 25mg	OTC
wal-dryl tab 25mg	OTC
BENADRYL ALG TAB EX STR	OTC
allergy chil chw 12.5mg	OTC
eq allergy chw 12.5mg	OTC
gnp allergy chw 12.5mg	OTC
allergy chld liq 12.5/5ml	OTC
allergy liq 12.5/5ml	OTC
allergy med liq 12.5/5ml	OTC
allergy rel liq 12.5/5ml	OTC
allergy relf liq 12.5/5ml	OTC
allergy relf liq 25/10ml	OTC
allergy relf liq 50/20ml	OTC
allergy rlf liq 50/20ml	OTC
chld allergy liq 12.5/5ml	OTC
curelief liq 12.5/5ml	OTC
cvs allergy liq 25/10ml	OTC
diphedryl liq 12.5/5ml	OTC
diphenhydramine hcl liquid 12.5 mg/5ml	OTC
eq allergy liq 12.5/5ml	OTC
ft alrgy rlf liq 12.5/5ml	OTC
geri-dryl liq 12.5/5ml	OTC
kids allergy liq 12.5/5ml	OTC
liquid aller liq 12.5/5ml	OTC
m-dryl liq 12.5/5ml	OTC
maxallergy liq 12.5/5ml	OTC
naramin liq	OTC
pediacare al liq 12.5/5ml	OTC
siladryl alr liq 12.5/5ml	OTC
total allerg liq 12.5/5ml	OTC

Drug Name	Requirements/Limits
wal-dryl liq 12.5/5ml	OTC
diphenhydramine hcl elixir 12.5 mg/5ml	
allrgy rlf tab 12.5mg	OTC
cvs allergy chw 12.5mg	OTC
cvs allergy tab chldrn	OTC
eql allergy tab chldrn	OTC
wal-dryl alr tab 12.5mg	OTC
ANTIHISTAMINES - PHENOTHIAZINES	
promethazine hcl tab 12.5 mg	
promethazine hcl tab 25 mg	
promethazine hcl tab 50 mg	
promethazine hcl oral soln 6.25 mg/5ml	
promethazine hcl suppos 12.5 mg	
promethegan sup 12.5mg	
promethazine hcl suppos 25 mg	
promethegan sup 25mg	
promethegan sup 50mg	
ANTIHISTAMINES - PIPERIDINES	
cyproheptadine hcl tab 4 mg	
cyproheptadine hcl syrup 2 mg/5ml	
ANTIHISTAMINES - NON-SEDATING	
all day allg cap 10mg	OTC
allergy rel cap 10mg	OTC
qc all day cap 10mg	OTC
wal-zyr cap 10mg	OTC
allergy rlf tab 5mg	OTC
cetirizine hcl tab 5 mg	OTC
all day allg tab 10mg	OTC
aller-tec tab 10mg	OTC
allergy 24hr tab 10mg	OTC
allergy rel tab 10mg	OTC
allergy reli tab 10mg	OTC
allergy rlf tab 10mg	OTC
allergy tab 10mg	OTC
allgy relief tab 10mg	OTC
cetirizine hcl tab 10 mg	OTC
cvs allergy tab 10mg	OTC
eql all day tab allergy	OTC
ft allergy tab 10mg	OTC
gnp all day tab allergy	OTC
qc allergy tab 10mg	OTC
sb allergy tab 10mg	OTC

Drug Name	Requirements/Limits
sm all day tab 10mg	OTC
sm all day tab allergy	OTC
wal-zyr tab 10mg	OTC
cetirizine hcl chew tab 5 mg	OTC; AGE (Max 12)
wal-zyr chw 5mg	OTC; AGE (Max 12)
cetirizine chw 10mg	OTC; AGE (Max 12)
wal-zyr chw 10mg	OTC; AGE (Max 12)
all day allg sol 1mg/ml	OTC
all day allg sol 5mg/5ml	OTC
all-day allg sol 5mg/5ml	OTC
aller-tec sol 1mg/ml	OTC
allergy chld sol 1mg/ml	OTC
allergy rel sol 1mg/ml	OTC
allergy relf sol 1mg/ml	OTC
allergy relf sol 5mg/5ml	OTC
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	
cetirizine sol 1mg/ml	OTC
cetirizine sol 5mg/5ml	OTC
child allrgy sol 1mg/ml	OTC
ft alrgy chd sol 1mg/ml	OTC
wal-zyr chld sol 1mg/ml	OTC
wal-zyr chld sol 5mg/5ml	OTC
wal-zyr sol 1mg/ml	OTC
wal-zyr sol 5mg/5ml	OTC
allergy reli chw cetirizi	OTC
allergy relf tab 60mg	OTC
fexofenadine hcl tab 60 mg	OTC
ft allr rlf tab 60mg	OTC
12hr allergy tab 60mg	OTC
sm allergy tab 60mg	OTC
wal-fex alrg tab 60mg 12h	OTC
allegra hive tab 180mg	OTC
aller-ease tab 180mg	OTC
aller-fex tab 180mg	OTC
allergy 24hr tab 180mg	OTC
allergy relf tab 180mg	OTC
allergy tab 180mg	OTC
cvs allergy tab 180mg	OTC
eq alrgy rel tab 180mg	OTC
fexofenadine hcl tab 180 mg	OTC
ft alrgy rlf tab 180mg	OTC
24hr allergy tab 180mg	OTC
mm fexofenad tab 180mg	OTC

Drug Name	Requirements/Limits
wal-fex allr tab 180mg	OTC
wal-fex tab 180mg	OTC
allergy chld sus 30mg/5ml	OTC
allergy rlf sus 30/5ml	OTC
eq allergy r sus 30/5ml	OTC
ALLEGRA ALRG TAB 30MG	OTC
allergy relf cap 10mg	OTC
loratadine cap 10 mg	OTC
qc allergy cap relief	OTC
allerclear tab 10mg	OTC
allergy relf tab 10mg	OTC
ft allergy tab 10mg	OTC
loradamed tab 10mg	OTC
loratadine tab 10 mg	OTC
qc allergy tab 10mg	OTC
qc loratadin tab 10mg	OTC
sm all day tab allr rel	OTC
sm loratadin tab 10mg	OTC
wal-itin tab 10mg	OTC
allergy rlf chw 5mg	OTC
loratadine chw 5mg	OTC
wal-itin chw 5mg	OTC
allergy chld sol 5mg/5ml	OTC
allergy relf sol 5mg/5ml	OTC
allergy rlf liq children	OTC
cvs allergy sol 5mg/5ml	OTC
eq allergy sol 5mg/5ml	OTC
loratadine sol 5mg/5ml	OTC
sm allergy sol 5mg/5ml	OTC
wal-itin chl sol 5mg/5ml	OTC
wal-itin sol 5mg/5ml	OTC
cvs allergy tab 5mg	OTC
alavert tab 10mg	OTC
allergy relf tab 10mg	OTC
eq loratadin tab 10mg	OTC
loratadine rapidly-disintegrating tab 10 mg	OTC
triaminic tab 10mg	OTC
wal-itin tab 10mg	OTC
wal-vert tab 10mg	OTC

NASAL AGENTS - SYSTEMIC AND TOPICAL SYMPATHOMIMETIC DECONGESTANTS

decongestant tab 30mg	OTC
ft nsl decon tab 30mg	OTC

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
gnp deconge tab 30mg	OTC
nasal decong tab 30mg	OTC
pseudoephedrine hcl tab 30 mg	OTC
pseudofed tab 30mg	OTC
ra suphedrin tab 30mg	OTC
sinus & cong tab 30mg	OTC
sinus cngst tab 30mg	OTC
sinus/conges tab 30mg	OTC
sm nasal dec tab 30mg	OTC
sudogest max tab 30mg	OTC
sudogest tab 30mg	OTC
wal-phed d tab 30mg	OTC
pseudoephedrine hcl tab 60 mg	OTC
sudogest tab 60mg	OTC
SUDAFED CHLD LIQ 15MG/5ML	OTC
decongestant tab 120mg er	QL (60 tabs every 30 days), OTC
12hr deconge tab 120mg cr	QL (60 tabs every 30 days), OTC
nasal decong tab 120mg er	QL (60 tabs every 30 days), OTC
pseudoephedrine hcl tab er 12hr 120 mg	QL (60 tabs every 30 days), OTC
qc suphedrin tab 120mg sr	QL (60 tabs every 30 days), OTC
ra suphedrin tab 120mg cr	QL (60 tabs every 30 days), OTC
sinus 12 hr tab 120mg er	QL (60 tabs every 30 days), OTC
sinus 12-hr tab 120mg er	QL (60 tabs every 30 days), OTC
sinus/conges tab 120mg	QL (60 tabs every 30 days), OTC
sudafed 12hr tab 120mg cr	QL (60 tabs every 30 days), OTC
sudafed 12hr tab 120mg er	QL (60 tabs every 30 days), OTC
suphedrine tab 120mg er	QL (60 tabs every 30 days), OTC
wal-phed d tab 120mg	QL (60 tabs every 30 days), OTC
wal-phed tab 120mg er	QL (60 tabs every 30 days), OTC

Drug Name	Requirements/Limits
SUDAFED 24HR TAB 240MG	QL (30 tabs every 30 days), OTC
NASAL STEROIDS	
budesonide sus 32mcg	QL (1 bottle every 30 days), OTC
budesonide sus nasal	QL (1 bottle every 30 days), OTC
flunisolide nasal soln 25 mcg/act (0.025%)	QL (2 bottles every 25 days)
aller-flo spr 50mcg	QL (1 bottle every 25 days), OTC
allergy nasa spr 50mcg	QL (1 bottle every 25 days), OTC
allergy relf spr 50mcg	QL (1 bottle every 25 days), OTC
clarispray spr 50mcg	QL (1 bottle every 25 days), OTC
eq allergy spr 50mcg	QL (1 bottle every 25 days), OTC
fluticasone propionate nasal susp 50 mcg/act	QL (1 bottle every 25 days)
fluticasone propionate nasal susp 50 mcg/act	QL (1 bottle every 25 days), OTC
fluticasone sus 50mcg	QL (1 bottle every 25 days), OTC
allergy nasa spr 24hr	QL (1 bottle every 25 days), OTC
ft 24 hour spr 55mcg	QL (1 bottle every 25 days), OTC
24 hr nasal spr allergy	QL (1 bottle every 25 days), OTC
nasal allrgy spr 55mcg/ac	QL (1 bottle every 25 days), OTC
ra nasal spr allergy	QL (1 bottle every 25 days), OTC
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	QL (1 bottle every 25 days), OTC
NASAL ANTICHOLINERGICS	
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	
NASAL ANTIALLERGY	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	QL (2 bottles every 25 days)
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	OTC
NASAL AGENTS - MISC.	
NOZIN NASAL KIT SANITIZE	OTC

Drug Name	Requirements/Limits
afrin saline spr 0.65%	OTC
altamist spr 0.65%	OTC
ayr spr 0.65%	OTC
baby ayr spr 0.65%	OTC
deep sea spr 0.65%	OTC
nasal moist spr 0.65%	OTC
nasal saline spr 0.65%	OTC
ocean kids spr 0.65%	OTC
saline mist spr 0.65%	OTC
saline nasal spr 0.65%	OTC
sb saline spr 0.65%	OTC
AYR NASAL DRO 0.65%	OTC
CVS NASAL AER 0.9%	OTC
RA STERILE SOL NASAL	OTC
SIMPLY SALIN AER 0.9%	OTC

COUGH/COLD/ALLERGY

ANTITUSSIVES

hydrocodone bitart-homatropine methylbromide tab 5- QL (42 tabs every 30 days)
1.5 mg
hydrocodone bitart-homatropine methylbrom soln 5-1.5 QL (210 mL every 30 days)
mg/5ml
hydromet syp 5-1.5/5
benzonatate cap 100 mg
benzonatate cap 200 mg

EXPECTORANTS

coughtab tab 200mg	OTC
guaifenesin tab 200 mg	OTC
sb coughtab tab 200mg	OTC
chest conges tab 400mg	OTC
ft chest con tab 400mg	OTC
guaifenesin tab 400 mg	OTC
medifin 400 tab 400mg	OTC
mucosa tab 400mg	OTC
mucus relief tab 400mg	OTC
pharbinex tab 400mg	OTC
refenesen tab 400mg	OTC
tab tussin tab 400mg	OTC
xpect tab 400mg	OTC
altarussin liq 100/5ml	OTC
buckleys liq chest	OTC
chest conges liq 100/5ml	OTC
diabtc tussn liq 100/5ml	OTC

Drug Name	Requirements/Limits
<i>ft tussin liq 200/10ml</i>	OTC
<i>geri-tussin liq 100/5ml</i>	OTC
<i>guaifenesin liquid 100 mg/5ml</i>	OTC
<i>max tussin liq 200/10ml</i>	OTC
<i>mucinex fast liq cst cong</i>	OTC
<i>mucus relief liq 100/5ml</i>	OTC
<i>mucus relief liq 400/20ml</i>	OTC
<i>mucus+chst liq 100/5ml</i>	OTC
<i>mucus+chst liq 200/10ml</i>	OTC
<i>mucus/chest liq 200/10ml</i>	OTC
<i>qc medifin liq mucus rl</i>	OTC
<i>qc tussin ex liq 100/5ml</i>	OTC
<i>ra tussin liq 100/5ml</i>	OTC
<i>sb cgh contr liq 100/5ml</i>	OTC
<i>scot-tussin liq expct sf</i>	OTC
<i>siltussin sa liq 100/5ml</i>	OTC
<i>tusnel-ex liq 100/5ml</i>	OTC
<i>tussin adult liq 100/5ml</i>	OTC
<i>tussin chest liq 100/5ml</i>	OTC
<i>tussin mucus liq 100/5ml</i>	OTC
<i>tussin mucus liq 200/10ml</i>	OTC
<i>wal-tussin liq 100/5ml</i>	OTC
EXPECT CHILD LIQ 200M/5ML	OTC
GILTUSS EX LIQ MAX STR	OTC
GERI-TUSSIN SYP 200/10ML	OTC
<i>cvs mucus er tab 600mg</i>	OTC
<i>eq 12 hr muc tab 600mg</i>	OTC
<i>eq mucus er tab 600mg</i>	OTC
<i>eq mucus rel tab 600mg er</i>	OTC
<i>ft mucus rlf tab 600mg er</i>	OTC
<i>gnp mucus er tab 600mg</i>	OTC
<i>guaifenesin tab er 12hr 600 mg</i>	OTC
<i>mucus er tab 600mg</i>	OTC
<i>mucus relief tab 600mg</i>	OTC
<i>mucus relief tab 600mg er</i>	OTC
<i>sm mucus rel tab 600mg er</i>	OTC
<i>cvs mucus tab 1200 er</i>	OTC
<i>eql mucus-er tab 1200mg</i>	OTC
<i>ft mucus rel tab 1200 er</i>	OTC
<i>gnp mucus er tab 1200mg</i>	OTC
<i>guaifenesin tab er 12hr 1200 mg</i>	OTC
MUCINEX TAB 1200MG	OTC
<i>mucus er max tab 1200mg</i>	OTC

Drug Name	Requirements/Limits
mucus relief tab 1200 er	OTC
mucus relief tab 1200mg	OTC
qc mucus rel tab 1200 er	OTC
sm mucus rel tab 1200 er	OTC
MISC. RESPIRATORY INHALANTS	
sodium chloride soln nebu 0.9%	
nebusal neb 3%	
sodium chloride soln nebu 3%	
pulmosal neb 7%	
sodium chloride soln nebu 7%	
sodium chloride soln nebu 10%	
simply salin aer baby	OTC
sodium chloride aero soln 0.9%	OTC
COUGH/COLD/ALLERGY COMBINATIONS	
cold/allergy elx children	OTC
rynex pse liq	OTC
wal-tap elx cld/alle	OTC
all day alrg tab 5-120mg	OTC
aller-tec d tab 5-120mg	OTC
allergy d tab 5-120mg	OTC
allergy relf tab 5-120mg	OTC
allergy-d tab 5-120mg	OTC
allergy/cong tab 5-120mg	OTC
allrgy relf tab 5-120mg	OTC
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	OTC
cvs allergy tab 5-120mg	OTC
eq allergy tab 5-120mg	OTC
ra cetiri-d tab 5-120mg	OTC
sm allergy-d tab 5-120mg	OTC
wal-zyr d tab 5-120mg	OTC
alavert d-12 tab 5-120mg	OTC
allerclear d tab 5-120mg	OTC
allergy relf tab 5-120mg	OTC
allergy relf tab 5/120mg	OTC
allergy relf tab d12	OTC
allergy/cong tab 5-120mg	OTC
allrgy d-12 tab 5-120mg	OTC
allrgy rlf-d tab 5-120mg	OTC
eq alrg/cong tab 5-120mg	OTC
ft allergy d tab 5-120mg	OTC
loratadine d tab 5-120mg	OTC
loratadine-d tab 5-120mg	OTC

Drug Name	Requirements/Limits
wal-itin d tab 5-120mg	OTC
aller/conges tab 10-240mg	OTC
allerclear d tab 10-240mg	OTC
allergy rel/ tab deconges	OTC
allergy relf tab 10-240mg	OTC
allergy rlef tab /nsl dec	OTC
allergy rlef tab d-24	OTC
allergy rlef tab deconges	OTC
allrgy rlf d tab 10-240mg	OTC
allrgy rlf-d tab 10-240mg	OTC
allrgy/nasal tab 10-240mg	OTC
eql allergy tab 10-240mg	OTC
lorata-dine tab d 24hr	OTC
loratadine-d tab 10-240mg	OTC
ra lorata-d tab 24 hour	OTC
wal-itin d tab 10-240mg	OTC
wal-itin d tab 24 hour	OTC
allergy d tab 60-120mg	OTC
allergy reli tab 60-120mg	OTC
allergy-d tab 12 hour	OTC
allergy/cong tab 60-120mg	OTC
cvs allerg d tab 60-120mg	OTC
eq allerg d tab 60-120mg	OTC
fexofen/pse tab 60-120mg	OTC
ft alrgy&con tab 60-120mg	OTC
wal-fex d tab 12 hour	OTC
allergy d24 tab 180-240	OTC
allergy reli tab d	OTC
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	OTC
24hr allergy tab	OTC
wal-fex d tab 24 hour	OTC
prometh vc syp 6.25-5/5	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	
promethazine w/ codeine syrup 6.25-10 mg/5ml	QL (210 mL every 30 days)
promethazine-dm syrup 6.25-15 mg/5ml	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	
altarussin syp -pe	OTC
cvs mucus d tab 60-600mg	OTC
eq mucus d tab 60-600mg	OTC
eq mucus-d tab 60-600mg	OTC
ft mucus rlf tab 60-600mg	OTC
MUCINEX D TAB 60-600MG	OTC
mucus rlef d tab 60-600mg	OTC

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
mucus relief tab 60-600mg	OTC
mucus rlf d tab 60-600mg	OTC
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	OTC
MUCINEX D TAB 120-1200	OTC
mucus d max tab 120-1200	OTC
mucus d tab 120/1200	OTC
mucus rlf d tab 120-1200	OTC
pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg	OTC
CODITUSSIN LIQ AC	QL (420 mL every 30 days), OTC
g tussin ac liq 100-10/5	QL (420 mL every 30 days), OTC
guaifenesin-codeine soln 100-10 mg/5ml	QL (420 mL every 30 days), OTC
maxi-tuss ac sol	QL (420 mL every 30 days), OTC
VCKS DAYQUIL LIQ MUCUS DM	OTC
cgh cong dm liq 5-100/5	OTC
childrens liq 5-100mg	OTC
cong/cough liq 5-100/5	OTC
cough child liq 5-100/5	OTC
cough cong liq 5-100/5	OTC
cough/chest liq 20-400	OTC
cvstussin dm liq 20-400mg	OTC
delsym cough liq congs dm	OTC
dm max adult liq 20-400	OTC
eq mucus rel liq dm	OTC
ft tussin dm liq 20-400mg	OTC
mucinex cgh liq 5-100mg	OTC
mucinex cong liq cough	OTC
mucinex dm liq 20-400	OTC
mucinex dm liq max str	OTC
mucus rel dm liq	OTC
mucus rel dm liq 5-100/5	OTC
mucus rel dm liq 20-400mg	OTC
mucus relief liq 5-100mg	OTC
mucus rlf dm liq 5-100/5	OTC
mucus rlf dm liq 20-400mg	OTC
mucus/cough liq 5-100mg	OTC
robitussin liq 20-400	OTC
robitussin liq 20-400mg	OTC
sm tussin dm liq 5-100/5	OTC
tussin dm liq 5-100mg	OTC

Drug Name	Requirements/Limits
tussin dm liq 20-400	OTC
tussin dm liq 20-400mg	OTC
tussin dm liq 20-400ml	OTC
tussin dm mx liq	OTC
tussin dm mx liq 5-100/5	OTC
tussin dm mx liq 5-100mg	OTC
biocotron liq 100-10/5	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	OTC
diabetic tus liq cough dm	OTC
diabetic tus liq dm	OTC
geri-tussin liq dm	OTC
giltuss cgh liq & chest	OTC
giltuss diab liq cgh/cold	OTC
giltuss hon liq chg/chst	OTC
gnp tussin liq dm cough	OTC
guaiasorb dm liq	OTC
guaiasorb dm liq 100-10/5	OTC
maxi-tuss g liq	OTC
maxtussin dm liq 200-20mg	OTC
ra tussin dm liq 100-10/5	OTC
safetussin liq dm	OTC
sorbugen nr liq	OTC
sorbituss nr liq 10-100/5	OTC
tusnel diabt liq 10-100/5	OTC
tussin cough liq 10-100/5	OTC
tussin dm liq	OTC
tussin dm liq 10-100/5	OTC
tussin dm liq 100-10/5	OTC
wal-tussin liq 10-100/5	OTC
diabetic tus liq 20-400mg	OTC
maxi-tuss liq gmx	OTC
ra tussin liq dm max	OTC
INTENSE COUG LIQ RELIEVER	OTC
intense coug liq reliever	OTC
medi-tuss dm liq dbl str	OTC
neotuss liq	OTC
altarussn dm syrup 100-10/5	OTC
chest conges syrup rel dm	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	OTC
eq tussin dm syrup cgh/chst	OTC
eql tussin syrup dm	OTC
geri-tussin syrup dm	OTC
medi-tussin syrup dm	OTC

Drug Name	Requirements/Limits
<i>sm tussin dm syrup 100-10/5</i>	OTC
<i>tussin dm syrup 100-10/5</i>	OTC
<i>wal-tussin syrup dm</i>	OTC
MUCINEX CHLD GRA 5-100MG	OTC
<i>cvs mucus dm tab 30-600mg</i>	OTC
<i>eql mucus-dm tab 30-600cr</i>	OTC
<i>ft mucus rel tab 30-600mg</i>	OTC
MUCINEX DM TAB 30-600ER	OTC
<i>mucus dm tab 30-600mg</i>	OTC
<i>mucus relief tab 30-600er</i>	OTC
<i>mucus relief tab 30-600mg</i>	OTC
<i>mucus rlf dm tab 30-600er</i>	OTC
<i>mucus-dm tab 30-600mg</i>	OTC
<i>cvs mucus dm tab 60-1200</i>	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	OTC
<i>eq mucus dm tab 60-1200</i>	OTC
<i>ft mucus rel tab 60-1200</i>	OTC
<i>kls mucus-dm tab 60-1200</i>	OTC
MUCINEX DM TAB 60-1200	OTC
<i>mucus dm max tab 60-1200</i>	OTC
<i>mucus dm tab 60-1200</i>	OTC
<i>mucus relief tab 60-1200</i>	OTC
<i>mucus-dm max tab 60-1200</i>	OTC
TUSNEL C SYP	QL (280 mL every 30 days), OTC
<i>sm tussin cf liq</i>	OTC
<i>wal-tussin liq cf</i>	OTC

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

BRONCHODILATORS - ANTICHOLINERGICS

<i>ipratropium bromide inhal soln 0.02%</i>	QL (375 vials every 75 days)
<i>INCRUSE ELPT INH 62.5MCG</i>	QL (30 blisters every 25 days)

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	QL (240 each every 25 days)
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SYMPATHOMIMETICS

<i>albuterol sulfate tab 2 mg</i>	
<i>albuterol sulfate tab 4 mg</i>	
<i>albuterol sulfate syrup 2 mg/5ml</i>	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	QL (375 each every 25 days)
<i>ALBUTEROL NEB 0.5%</i>	QL (60 mL every 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	QL (60 each every 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	QL (375 each every 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	QL (375 each every 25 days)

Drug Name	Requirements/Limits
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers every 25 days)
STRIVERDI AER 2.5MCG	QL (1 inhaler every 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	
<i>terbutaline sulfate tab 5 mg</i>	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	QL (1620 mL every 75 days)
COMBIVENT AER 20-100	QL (2 inhalers every 25 days)
<i>breyna aer 80/4.5</i>	QL (2 inhalers every 28 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (2 inhalers every 28 days)
<i>breyna aer 160/4.5</i>	QL (2 inhalers every 28 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (2 inhalers every 28 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	
<i>wixela inhub aer 100/50</i>	
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	
ANORO ELLIPT AER 62.5-25	QL (60 blisters every 25 days)
TRELEGY AER 100MCG	QL (2 inhalers every 25 days)
TRELEGY AER 200MCG	QL (2 inhalers every 25 days)

XANTHINES

<i>elixophyllin elx 80/15ml</i>
<i>theophylline elixir 80 mg/15ml</i>
<i>theophylline soln 80 mg/15ml</i>
<i>theophylline tab er 12hr 300 mg</i>
<i>theophylline tab er 12hr 450 mg</i>
<i>theophylline tab er 24hr 400 mg</i>
<i>theophylline tab er 24hr 600 mg</i>

STEROID INHALANTS

QVAR REDIHAL AER 40MCG	QL (1 inhaler every 28 days)
QVAR REDIHA AER 80MCG	QL (1 inhaler every 28 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	QL (120 mL every 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	QL (120 mL every 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	QL (60 mL every 25 days)
ALVESCO AER 80MCG	QL (3 inhalers every 25 days)
ALVESCO AER 160MCG	QL (2 inhalers every 25 days)
ARNUITY ELPT INH 100MCG	QL (1 blister every 1 day)
ARNUITY ELPT INH 200MCG	QL (1 blister every 1 day)
<i>fluticasone propionate aer pow ba 50 mcg/act</i>	QL (2 inhalations every 1 day)

Drug Name	Requirements/Limits
<i>fluticasone propionate aer pow ba 100 mcg/act</i>	QL (2 inhalations every 1 day)
<i>fluticasone propionate aer pow ba 250 mcg/act</i>	QL (2 inhalations every 1 day)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	QL (1 inhaler every 28 days)
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	QL (1 inhaler every 28 days)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	QL (1 inhaler every 28 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium tab 10 mg (base equiv)</i>
<i>montelukast sodium chew tab 4 mg (base equiv)</i>
<i>montelukast sodium chew tab 5 mg (base equiv)</i>
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

XOLAIR SOL 150MG	SP, PA, QL (8 vials every 28 days)
XOLAIR INJ 75/0.5	SP, PA, QL (2 pens every 28 days)
XOLAIR INJ 150MG/ML	SP, PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	SP, PA, QL (8 syringes every 28 days)
XOLAIR INJ 75/0.5	SP, PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	SP, PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	SP, PA, QL (8 syringes every 28 days)
FASENRA PEN INJ 30MG/ML	SP, PA, QL (1 pen every 56 days)
FASENRA INJ 10MG/0.5	SP, PA, QL (1 syringe every 56 days)
FASENRA INJ 30MG/ML	SP, PA, QL (1 pen every 56 days)

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

KALYDECO TAB 150MG	SP, PA, QL (2 tabs every 1 day)
KALYDECO GRA 5.8MG	SP, PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	SP, PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	SP, PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	SP, PA, QL (2 packets every 1 day)

Drug Name	Requirements/Limits
KALYDECO PAK 75MG	SP, PA, QL (2 packets every 1 day)
PULMOZYME SOL 1MG/ML	SP, PA, QL (5 mL every 1 day)
ORKAMBI TAB 100-125	SP, PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	SP, PA, QL (4 tabs every 1 day)
ORKAMBI GRA 75-94MG	SP, PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	SP, PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	SP, PA, QL (2 packets every 1 day)
SYMDEKO TAB 50-75MG	SP, PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	SP, PA, QL (2 packets every 1 day)
TRIKAFTA PAK 75MG	SP, PA, QL (2 packets every 1 day)
TRIKAFTA TAB	SP, PA, QL (3 tabs every 1 day)

PULMONARY FIBROSIS AGENTS

OFEV CAP 100MG	SP, PA, QL (2 caps every 1 day)
OFEV CAP 150MG	SP, PA, QL (2 caps every 1 day)

LAXATIVES

STIMULANT LAXATIVES

alophen tab 5mg ec	OTC
bisacodyl tab 5mg ec	OTC
bisacodyl tab delayed release 5 mg	OTC
cvs c-lax tab 5mg	OTC
eql gentle tab laxative	OTC
eql laxative tab 5mg ec	OTC
ex-lax ultra tab 5mg ec	OTC
ft laxative tab 5mg ec	OTC
gentle laxat tab 5mg ec	OTC
gnp gntl lax tab 5mg ec	OTC
gnp laxative tab 5mg ec	OTC
kp bisacodyl tab 5mg ec	OTC
laxative tab 5mg ec	OTC
qc laxative tab 5mg ec	OTC
ra laxative tab 5mg ec	OTC
sb bisacodyl tab 5mg ec	OTC
sm gentle tab laxative	OTC
sm laxative tab 5mg ec	OTC
womans laxat tab 5mg ec	OTC
womens laxat tab 5mg ec	OTC
bisacodyl suppos 10 mg	OTC

Drug Name	Requirements/Limits
fast relief sup 10mg	OTC
ft gntle lax sup 10mg	OTC
gentle laxat sup 10mg	OTC
laxative sup 10mg	OTC
magic bullet sup 10mg	OTC
onelax sup 10mg	OTC
qc laxative sup 10mg	OTC
sb laxative sup 10mg	OTC
sm laxative sup 10mg	OTC
SENOKOT KIDS CHW GUMMIES	OTC
SENOKOT LAX CHW GUMMIES	OTC
SENNAS SYP	OTC
cvs senna cap 8.6mg	OTC
sennosides cap 8.6 mg	OTC
cvs senna tab 8.6mg	OTC
eqvegetable tab 8.6mg	OTC
evac-u-gen tab 8.6mg	OTC
ft senna lax tab 8.6mg	OTC
geri-kot tab 8.6mg	OTC
gnp senna lx tab 8.6mg	OTC
kp senna tab 8.6mg	OTC
medi-natural tab 8.6mg	OTC
nat veg lax tab 8.6mg	OTC
qc senna tab 8.6mg	OTC
qc vege laxa tab 8.6mg	OTC
sb senna-lax tab 8.6mg	OTC
senna lax tab 8.6mg	OTC
senna laxati tab 8.6mg	OTC
senna-lax tab 8.6mg	OTC
senna-tabs tab 8.6mg	OTC
senna-time tab 8.6mg	OTC
sennosides tab 8.6 mg	OTC
SENOKOT TAB 8.6MG	OTC
sm senna lax tab 8.6mg	OTC
laxative reg tab 15mg	OTC
medi-lax tab 15mg	OTC
perdiem tab 15mg	OTC
senna smooth tab 15mg	OTC
senna-extra tab 17.2mg	OTC
senokot extr tab 17.2mg	OTC
cvs laxative tab 25mg	OTC
eql laxative tab 25mg	OTC
ex-lax tab max st	OTC

Drug Name	Requirements/Limits
laxative max tab 25mg	OTC
laxative tab 25mg	OTC
choc laxativ chw 15mg	OTC
cvs laxative chw 15mg	OTC
eq laxative chw 15mg	OTC
eql laxative chw 15mg	OTC
EX-LAX CHW 15MG	OTC
laxative chw 15mg	OTC
ra laxative chw 15mg	OTC
onelax senna syp 8.8/5ml	OTC
sennazon syp 8.8mg/5	OTC
sennosides syrup 8.8 mg/5ml	OTC

BULK LAXATIVES

cvs fiber chw gummies	OTC
eq fiber chw supplmnt	OTC
fiber adult chw gummies	OTC
fiber gummy chw bears	OTC
fiber select chw gummies	OTC
hm trueplus chw fiber	OTC
metamucil chw gummies	OTC
pedialax fbr chw gummies	OTC
prebiotic chw fiber	OTC
yogurt+fiber chw gummies	OTC
yumvs prebio chw fiber	OTC
yumvs prebio chw fiber ze	OTC
METAMUCIL CAP 0.36GM	OTC
daily fiber cap	OTC
eq daily cap fiber	OTC
hm fiber cap 400mg	OTC
metamucil cap 400mg	OTC
cvs fiber cap 0.52gm	OTC
daily fiber cap 0.52gm	OTC
fiber laxativ cap 0.52gm	OTC
fiber therap cap 0.52gm	OTC
gnp fiber cap 0.52gm	OTC
medi-mucil cap 0.52gm	OTC
psyllium cap 0.52 gm	OTC
reguloid cap 0.52gm	OTC
wal-mucil cap 0.52gm	OTC
daily psylli pow 25%	OTC
eq daily fib pow 25%	OTC
ft fiber pow 25%	OTC
geri-mucil pow	OTC

Drug Name	Requirements/Limits
<i>hm fiber pow</i>	OTC
<i>onelax fiber pow 25%</i>	OTC
<i>qc fiber pow 25%</i>	OTC
<i>sm fiber pow</i>	OTC
<i>ft fiber pow 27%</i>	OTC
<i>sm fiber pow</i>	OTC
<i>eql fiber pow 28.3%</i>	OTC
<i>metamucil pow 28.3%org</i>	OTC
<i>naturl fiber pow 28.3%</i>	OTC
<i>psyllium powder 28.3%</i>	OTC
<i>reguloid pow orange</i>	OTC
<i>sm fiber pow 28.3%</i>	OTC
<i>wal-mucil pow 28.3%</i>	OTC
<i>psyldex pow 30%</i>	OTC
<i>sb fib lax pow 30%</i>	OTC
NATURL FIBER POW 30.9%	OTC
<i>sb fib lax pow 33%</i>	OTC
<i>daily fiber pow 43%</i>	OTC
<i>eql fiber pow therapy</i>	OTC
<i>ft fiber pow 43%</i>	OTC
<i>gnp fiber pow 43%</i>	OTC
<i>hm fiber pow 43%</i>	OTC
<i>metamucil pow 43%</i>	OTC
METAMUCIL POW 43%	OTC
<i>multihealth pow fiber</i>	OTC
<i>qc fiber pow 43%</i>	OTC
<i>reguloid pow 43%</i>	OTC
<i>sm fiber pow 43%</i>	OTC
<i>wal-mucil pow 43%</i>	OTC
<i>sb nat fiber pow 49%</i>	OTC
<i>daily fib pow 51.7%</i>	OTC
<i>daily fiber pow 51.7%</i>	OTC
<i>eq daily fib pow 51.7%</i>	OTC
<i>eql smooth pow 51.7%</i>	OTC
<i>eql smooth pow texture</i>	OTC
<i>ft fiber pow 51.7%</i>	OTC
<i>geri-mucil pow</i>	OTC
<i>hm fiber pow 51.7%</i>	OTC
<i>psyllium fib pow 51.7%</i>	OTC
<i>qc fiber the pow 51.7%</i>	OTC
<i>reguloid pow 51.7%</i>	OTC
<i>sm fiber pow 51.7%</i>	OTC
<i>wal-mucil pow 51.7%</i>	OTC

Drug Name	Requirements/Limits
cvs natural pow fiber	OTC
metamucil pow 58.6%	OTC
metamucil pow 58.6% sf	OTC
metamucil pow 58.6%org	OTC
multihealth pow fiber	OTC
naturl fiber pow 58.6%	OTC
sm fiber pow 58.6%	OTC
wal-mucil pow 58.6%	OTC
REGULOID POW ORANGE	OTC
REGULOID POW ORIGINAL	OTC
METAMUCIL POW 55.6%	OTC
ONELAX DAILY POW 83%	OTC
METAMUCIL POW PREMIUM	OTC
HYDROCIL POW 95%	OTC
qc natural pow vegetabl	OTC
EVAC POW	OTC
psyllium pow 100%	OTC
psyllium see pow 100%	OTC
wal-mucil pow 100%	OTC
METAMUCIL POW 4 IN 1	OTC
DAILY FIBER POW 51.7%	OTC
METAMUCIL PAK 4 IN 1	OTC
CVS DAILY POW FIBER	OTC
HYDROCIL INS POW 95%	OTC
KONSYL DAILY POW 100%	OTC
METAMUCIL WAF	OTC

SURFACTANT LAXATIVES

docusate calcium cap 240 mg	OTC
stool soft cap 240mg	OTC
stool softnr cap 240mg	OTC
surfak cap 240mg	OTC
stool softnr cap 50mg	OTC
docusate sodium cap 100 mg	OTC
dulcolax pnk cap 100mg	OTC
dulcolax ss cap 100mg	OTC
easy-lax cap 100mg	OTC
eq stool cap softener	OTC
eq stool sof cap 100mg	OTC
phillips cap 100mg	OTC
ra col-rite cap 100mg	OTC
stool soften cap 100mg	OTC
stool softnr cap 100mg	OTC
docusate sodium cap 250 mg	OTC

Drug Name	Requirements/Limits
<i>eq stool sof cap 250mg</i>	OTC
<i>ra col-rite cap 250mg</i>	OTC
<i>stool soft cap 250mg</i>	OTC
<i>stool soften cap 250mg</i>	OTC
<i>stool softnr cap 250mg</i>	OTC
<i>dok tab 100mg</i>	OTC
<i>move along tab 100mg</i>	OTC
<i>stool softnr tab 100mg</i>	OTC
PEDIA-LAX LIQ 50MG	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	OTC
<i>onelax liq 50mg/5ml</i>	OTC
<i>stool soften liq 50mg/5ml</i>	OTC
DOCUSATE SOD SYP 60/15ML	OTC

LAXATIVES - MISCELLANEOUS

<i>constulose sol 10gm/15</i>	
<i>lactulose solution 10 gm/15ml</i>	
<i>clearlax pow</i>	OTC
<i>cvs purelax pow</i>	OTC
<i>eq clearlax pow</i>	OTC
<i>eql clearlax pow</i>	OTC
<i>ft clearlax pow</i>	OTC
<i>gavilax pow</i>	OTC
<i>gentlelax pow</i>	OTC
<i>glycolax pow 3350 nf</i>	OTC
<i>gnp clearlax pow</i>	OTC
<i>hm clearlax pow</i>	OTC
<i>laxaclear pow</i>	OTC
<i>mm clearlax pow</i>	OTC
<i>natura-lax pow 3350 nf</i>	OTC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	OTC
<i>ra laxative pow</i>	OTC
<i>sm clearlax pow</i>	OTC
<i>smooth lax pow</i>	OTC
<i>smooth lax pow 3350</i>	OTC
<i>true laxativ pow 3350</i>	OTC
<i>cvs purelax pak</i>	OTC
<i>eq laxative pow 3350</i>	OTC
<i>gnp clearlax pak 3350 nf</i>	OTC
<i>healthylax pow</i>	OTC
<i>polyethylene glycol 3350 oral packet 17 gm</i>	OTC
<i>smooth lax pow 3350 nf</i>	OTC

Drug Name	Requirements/Limits
LAXATIVE COMBINATIONS	
colace 2in1 tab 8.6-50mg	OTC
cvs senna pl tab 8.6-50mg	OTC
docuzen tab 8.6-50mg	OTC
easy-lax pls tab 8.6-50mg	OTC
eq senna-s tab 8.6-50mg	OTC
ft senna-s tab 8.6-50mg	OTC
ft stl soft tab 8.6-50mg	OTC
hm stool sof tab 8.6-50mg	OTC
lax/stl soft tab 8.6-50mg	OTC
laxacin tab 8.6-50mg	OTC
laxative pls tab 8.6-50mg	OTC
medi-natural tab 8.6-50mg	OTC
ra p col-rit tab 8.6-50mg	OTC
sb docusate tab 8.6-50mg	OTC
senexon-s tab 8.6-50mg	OTC
senna plus tab 8.6-50mg	OTC
senna s tab 8.6-50mg	OTC
senna-plus tab 8.6-50mg	OTC
senna-s tab 8.6-50mg	OTC
senna-time s tab 8.6-50mg	OTC
sennosides-docusate sodium tab 8.6-50 mg	OTC
sm senna-s tab 8.6-50mg	OTC
sm stool sof tab 8.6-50mg	OTC
stimulant lx tab 8.6-50mg	OTC
stool softnr tab 8.6-50mg	OTC
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	
gavilyte-n sol flav pk	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	
gavilyte-g sol	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	
gavilyte-c sol	
ANTIDIARRHEAL/PROBIOTIC AGENTS	
ANTIPERISTALTIC AGENTS	
diphenoxylate w/ atropine tab 2.5-0.025 mg	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	
anti-diarrhe cap 2mg	OTC
ft anti-diar cap 2mg	OTC
loperamide hcl cap 2 mg	
qc anti-diar cap 2mg	OTC
anti-diarrhe tab 2mg	OTC

Drug Name	Requirements/Limits
diamode tab 2mg	OTC
ft anti-diar tab 2mg	OTC
loperamide hcl tab 2 mg	OTC
sm anti-diar tab 2mg	OTC
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.	
kaopectate tab 262mg	OTC
pink bismuth tab 262mg	OTC
sb bismuth tab 262mg	OTC
stomach rele tab 262mg	OTC
stomach relf tab 262mg	OTC
bismuth subsalicylate chew tab 262 mg	OTC
eq stomach chw 262mg	OTC
egl stomach chw 262mg	OTC
ft stomach chw 262mg	OTC
medi-bismuth chw 262mg	OTC
pink bismuth chw 262mg	OTC
qc stomach chw 262mg	OTC
sm stomach chw 262mg	OTC
soothe chw 262mg	OTC
stomach relf chw 262mg	OTC
anti-diarrhl sus 262/15ml	OTC
diarrhea rel sus 262/15ml	OTC
diarrhea sus 262/15ml	OTC
kaopectate sus 262/15ml	OTC
pink bismuth sus 262/15ml	OTC
pink bismuth sus 525/30ml	OTC
qc stomach sus 525/30ml	OTC
sm stomach sus 262/15ml	OTC
soothe sus 262/15ml	OTC
soothe sus 525/30ml	OTC
stomach relf sus 262/15ml	OTC
stomach relf sus 524/30ml	OTC
stomach relf sus 525/30ml	OTC
stomach relf sus 527/30ml	OTC
gnp pink bis sus 525/15ml	OTC
kaopectate sus ex st	OTC
pink bismuth sus max str	OTC
qc pink bism sus 525/15ml	OTC
qc stomach sus 525/15ml	OTC
soothe sus 525/15ml	OTC
stomach relf sus 525/15ml	OTC
stomach relf sus 1050/30	OTC
stomach relf sus max str	OTC

Drug Name	Requirements/Limits
stomach rlef sus plus	OTC
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS	
anti-dia/gas tab 2-125mg	OTC
anti-diarrhe tab 2-125mg	OTC
anti-diarrhe tab anti-gas	OTC
loperamide-simethicone tab 2-125 mg	OTC
ANTACIDS	
ANTACIDS - CALCIUM SALTS	
CALCIUM CARB TAB 648MG	OTC
child soothe chw 400mg	OTC
childrens chw pepto	OTC
childrens chw soothe	OTC
maalox child chw	OTC
medi-first chw ant 420	OTC
titralac chw 420mg	OTC
antacid chw 500mg	OTC
cal-gest chw 500mg	OTC
calc antacid chw 500mg	OTC
calcium carbonate (antacid) chew tab 500 mg	OTC
eql antacid chw fruit	OTC
eql antacid chw pepprmnt	OTC
ft antacid chw 500mg	OTC
qc antacid chw 500mg	OTC
ra antacid chw 500mg	OTC
sm antacid chw 500mg	OTC
tame flame chw 500mg	OTC
MAALOX CHW 600MG	OTC
alka-seltzer chw 750mg	OTC
antacid chw 750mg	OTC
antacid extr chw 750mg	OTC
antacid flav chw 750mg	OTC
antacid kids chw 750mg	OTC
calc antacid chw 750mg	OTC
cvs antacid chw 750mg	OTC
eq antacid chw 750mg	OTC
flavor chews chw 750mg	OTC
ft antacid chw 750mg	OTC
gnp antacid chw 750mg	OTC
hm antacid chw 750mg	OTC
qc antacid chw 750mg	OTC
smooth anta chw fruit	OTC
smooth antac chw 750mg	OTC

Drug Name	Requirements/Limits
tums smoothi chw 750mg	OTC
antacid chw 1000mg	OTC
antacid max chw 1000mg	OTC
antacid ultr chw 1000mg	OTC
cvs antacid chw 1000mg	OTC
eq antacid chw 1000mg	OTC
eql antacid chw 1000mg	OTC
gnp antacid chw 1000mg	OTC
qc antacid chw 1000mg	OTC
ra antacid chw 1000mg	OTC
ANTACID CHW 1177MG	OTC
ANTACID SOFT CHW 1177MG	OTC
CVS ANTACID CHW 1177MG	OTC
TUMS CHW DEL CHW 1177MG	OTC
CALCIUM CARB SUS 1250/5ML	OTC

ANTACID COMBINATIONS

MAG-AL LIQ	OTC
acid gone chw	OTC
antacid chw	OTC
gnp antacid chw 160-105	OTC
heartbrn ant chw 160-105	OTC
heartbrn rlf chw 160-105	OTC
heartburn chw ex st	OTC
acid gone sus	OTC
heartbrn rel sus cherry	OTC
heartburn sus relief	OTC
FOAM ANTACID CHW 80-20MG	OTC
ANTACID CHW 550-110	OTC
geri-lanta sus supreme	OTC
mintox plus chw	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	OTC
antacid & sus gas relf	OTC
antacid fast sus relief	OTC
antacid i sus	OTC
antacid liq sus	OTC
antacid m sus	OTC
antacid sus anti-gas	OTC
antacid sus antigas	OTC
antacid sus mint	OTC
antacid sus reg st	OTC
comfort gel sus	OTC
comfort gel sus anti-gas	OTC

Drug Name	Requirements/Limits
cvs antacid sus anti-gas	OTC
cvs antacid/ sus anti-gas	OTC
ft antacid sus antigas	OTC
geri-lanta sus	OTC
geri-mox sus	OTC
gnp antacid sus coolmint	OTC
gnp antacid sus reg st	OTC
goodsense sus antacid	OTC
mag-al plus liq	OTC
qc antacid sus	OTC
qc antacid sus anti-gas	OTC
qc antacid sus antigas	OTC
ra antacid sus anti-gas	OTC
sb antacid sus anti-gas	OTC
sm antacid sus	OTC
sm antacid sus advanced	OTC
sm antacid sus anti-gas	OTC
almacone dbl sus strength	OTC
antacid & sus anti-gas	OTC
antacid & sus gas relf	OTC
antacid iii sus	OTC
antacid max sus anti-gas	OTC
antacid max sus cherry	OTC
antacid sus advanced	OTC
antacid sus anti-gas	OTC
antacid sus ex st	OTC
antacid sus max st	OTC
antacid/gas sus rel max	OTC
antacid/sime sus ds	OTC
comfort gel sus antacid	OTC
comfort gel sus anti-gas	OTC
cvs antacid sus antigas	OTC
cvs antacid/ sus anti-gas	OTC
eq antacid sus max st	OTC
ft antacid sus antigas	OTC
geri-lanta sus max st	OTC
geri-mox sus	OTC
gnp antacid sus cherry	OTC
gnp antacid sus original	OTC
goodsense sus ant/gas	OTC
maalox max sus cherry	OTC
maalox max sus lemon	OTC
maalox max sus wild bry	OTC

Drug Name	Requirements/Limits
maalox multi sus symp max	OTC
mag-al plus liq xs	OTC
meijer sus antacid	OTC
mintox sus max st	OTC
mylanta sus max st	OTC
qc antacid sus anti-gas	OTC
ra antacid sus antigas	OTC
sm antacid sus advanced	OTC
sm antacid sus max st	OTC

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

hyoscyamine sulfate tab 0.125 mg	
oscimin tab 0.125mg	
hyoscyamine sulfate sl tab 0.125 mg	
oscimin sub 0.125mg	
hyoscyamine sulfate elixir 0.125 mg/5ml	
hyosyne elx 0.125/5	
hyoscyamine sulfate soln 0.125 mg/ml	
hyosyne dro 0.125/ml	
hyoscyamine sulfate tab disint 0.125 mg	
nulev tab 0.125mg	
glycopyrrolate tab 1 mg	
glycopyrrolate tab 2 mg	
glycopyrrolate oral soln 1 mg/5ml	AGE (Min 3, Max 16)
dicyclomine hcl cap 10 mg	
dicyclomine hcl tab 20 mg	
dicyclomine hcl oral soln 10 mg/5ml	

H-2 ANTAGONISTS

acid reducer tab 200mg	OTC
cimetidine tab 200 mg	
cimetidine tab 200mg	OTC
eq cimetidin tab 200mg	OTC
heartburn tab 200mg	OTC
sm acid redu tab 200mg	OTC
cimetidine tab 300 mg	
cimetidine tab 400 mg	
cimetidine tab 800 mg	
acid control tab 10mg	OTC
acid reducer tab 10mg	OTC
eq famotidin tab 10mg	OTC
egl heartbrn tab 10mg	OTC
famotidine tab 10 mg	OTC

Drug Name	Requirements/Limits
heartburn tab relief	OTC
qc famotidin tab acid red	OTC
zantac 360 tab 10mg	OTC
acid control tab 20mg	OTC
acid reducer tab 20mg	OTC
eq famotidin tab 20mg	OTC
famotidine tab 20 mg	
famotidine tab 20 mg	OTC
heartburn tab 20mg	OTC
mm acid-pep tab 20mg	OTC
PEPCID AC TAB 20MG	OTC
qc famotidin tab acid red	OTC
zantac 360 tab 20mg	OTC
famotidine tab 40 mg	
famotidine for susp 40 mg/5ml	
nizatidine cap 150 mg	
nizatidine cap 300 mg	

ULCER DRUGS - PROSTAGLANDINS

misoprostol tab 100 mcg
misoprostol tab 200 mcg

PROTON PUMP INHIBITORS

esomeprazole magnesium tab delayed release 20 mg	QL (90 tabs every year), OTC
NEXIUM GRA 2.5MG DR	QL (90 packets every year); AGE (Max 1)
NEXIUM GRA 5MG DR	QL (90 packets every year); AGE (Max 1)
esomeprazole magnesium for delayed release susp packet 10 mg	QL (90 packets every year); AGE (Max 1)
eq esome mag cap 20mg dr	QL (30 caps every 25 days), OTC
esomeprazole cap 20mg dr	QL (30 caps every 25 days), OTC
esomeprazole magnesium cap delayed release 20 mg (base eq)	QL (30 caps every 25 days), OTC
ft acid redu cap 20mg	QL (30 caps every 25 days), OTC
gnp esomepra cap 20mg dr	QL (30 caps every 25 days), OTC
acid reducer cap 15mg	OTC
gnp lansopra cap 15mg dr	OTC
lansoprazole cap delayed release 15 mg	
lansoprazole cap delayed release 15 mg	OTC
PREVACID 24H CAP 15MG DR	OTC

Drug Name	Requirements/Limits
eq omepraz tab 20mg	OTC
ft omeprazol tab 20mg	OTC
gnp omepraz tab 20mg	OTC
omeprazole delayed release tab 20 mg	OTC
omeprazole tab 20mg	OTC
qc omepraza tab 20mg	OTC
sm omepraza tab 20mg	OTC
omeprazole cap delayed release 10 mg	QL (90 caps every year)
omeprazole cap delayed release 20 mg	QL (90 caps every year)
omeprazole cap delayed release 40 mg	QL (90 caps every year)
acid reducer tab 20mg dr	OTC
omeprazole magnesium delayed release tab 20 mg (base equiv)	OTC
acid reducer cap 20.6mgdr	OTC
gnp omeprazo cap 20mg	OTC
omeprazole cap 20.6mgdr	OTC
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	OTC
pantoprazole sodium ec tab 20 mg (base equiv)	QL (90 tabs every year)
pantoprazole sodium ec tab 40 mg (base equiv)	QL (90 tabs every year)

MISC. ANTI-ULCER

sucralfate tab 1 gm

ULCER THERAPY COMBINATIONS

omepra/bicar cap 20-1100	QL (90 caps every year), OTC
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ANTIEMETICS

ANTIEMETICS - ANTICHOLINERGIC

meclizine hcl tab 12.5 mg	
meclizine hcl tab 12.5 mg	OTC
dramamine tab 25mg	OTC
eql motion tab sickness	OTC
ft motion tab 25mg	OTC
meclizine hcl tab 25 mg	
meclizine hcl tab 25 mg	OTC
medi-meclizi tab 25mg	OTC
motion sick tab 25mg	OTC
motion sickn tab 25 mg	OTC
travel-ease tab 25mg	OTC
bonine chw 25mg	OTC
dramamine chw motion	OTC
meclizine hcl chew tab 25 mg	OTC
motion sick chw 25mg	OTC
motion-time chw 25mg	OTC

Drug Name	Requirements/Limits
<i>travel ease chw 25mg</i>	OTC
<i>trimethobenzamide hcl cap 300 mg</i>	
5-HT3 RECEPTOR ANTAGONISTS	
<i>granisetron hcl tab 1 mg</i>	QL (6 tabs every 15 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	QL (12 tabs every 15 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	QL (12 tabs every 15 days)
<i>ondansetron hcl tab 4 mg</i>	QL (12 tabs every 15 days)
<i>ondansetron hcl tab 8 mg</i>	QL (12 tabs every 15 days)
<i>ondansetron hcl tab 24 mg</i>	QL (1 tab every 15 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	QL (100 mL every 15 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	
<i>aprepitant capsule 40 mg</i>	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	QL (4 caps every 21 days); 4 week limit
<i>aprepitant capsule 125 mg</i>	QL (2 caps every 21 days); 4 week limit
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	QL (6 tabs every 21 days); 4 week limit
ANTIEMETICS - MISCELLANEOUS	
<i>dronabinol cap 2.5 mg</i>	QL (60 caps every 25 days)
<i>dronabinol cap 5 mg</i>	QL (60 caps every 25 days)
<i>dronabinol cap 10 mg</i>	QL (60 caps every 25 days)
DIGESTIVE AIDS	
DIGESTIVE ENZYMES	
<i>VIOKACE TAB 10440</i>	
<i>VIOKACE TAB 20880</i>	
<i>ZENPEP CAP 3000UNIT</i>	
<i>ZENPEP CAP 5000UNIT</i>	
<i>ZENPEP CAP 10000UNT</i>	
<i>ZENPEP CAP 15000UNT</i>	
<i>ZENPEP CAP 20000UNT</i>	
<i>ZENPEP CAP 25000UNT</i>	
<i>ZENPEP CAP 40000UNT</i>	
<i>ZENPEP CAP 60000UNT</i>	
GASTROINTESTINAL AGENTS - MISC.	
GALLSTONE SOLUBILIZING AGENTS	
<i>ursodiol cap 300 mg</i>	
<i>ursodiol tab 250 mg</i>	
<i>ursodiol tab 500 mg</i>	
ANTIFLATULENTS	
<i>eq gas relie cap 125mg</i>	OTC
<i>eq gas relif cap 125mg</i>	OTC

Drug Name	Requirements/Limits
gas relief cap 125mg	OTC
gas-x cap 125mg	OTC
simethicone cap 125 mg	OTC
anti-gas cap 180mg	OTC
eq gas relie cap 180mg	OTC
eql gas rlf cap 180mg	OTC
gas relief cap 180mg	OTC
gas-x cap 180mg	OTC
gnp anti-gas cap 180mg	OTC
simethicone cap 180mg	OTC
sm gas relieve cap 180mg	OTC
cvs gas relf chw 80mg	OTC
ft gas relf chw 80mg	OTC
gas relief chw 80mg	OTC
gnp gas relf chw 80mg	OTC
qc gas relf chw 80mg	OTC
ra gas relf chw 80mg	OTC
simethicone chew tab 80 mg	OTC
sm gas relf chw 80mg	OTC
sm gas relieve chw 80mg	OTC
cvs gas relf chw 125mg	OTC
eql gas gone chw 125mg	OTC
ft gas relieve chw 125mg	OTC
gas relief chw 125mg	OTC
gnp gas relf chw 125mg	OTC
phazyme chw 125mg	OTC
qc gas relf chw 125mg	OTC
ra gas relf chw 125mg	OTC
sb gas relf chw 125mg	OTC
simethicone chew tab 125 mg	OTC
sm gas rel chw 125mg	OTC
gas relief liq infants	OTC
gas-x infant dro	OTC
gas relief dro 20/0.3ml	OTC
gas relief dro 40/0.6ml	OTC
gas relief dro infants	OTC
gas relief sus	OTC
gas relief sus infants	OTC
little remed dro 20/0.3ml	OTC
simeped dro 40/0.6ml	OTC
simethicone dro infants	OTC
simethicone susp 40 mg/0.6ml	OTC
teeny tummy dro 20/0.3ml	OTC

Drug Name	Requirements/Limits
GAS-X CHILD MIS 40MG	OTC
GAS-X EX-STR MIS 62.5MG	OTC
GASTROINTESTINAL STIMULANTS	
metoclopramide hcl tab 5 mg (base equivalent)	
metoclopramide hcl tab 10 mg (base equivalent)	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	
INTESTINAL ACIDIFIERS	
enulose sol 10gm/15	
generlac sol 10gm/15	
lactulose (encephalopathy) solution 10 gm/15ml	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	
lubiprostone cap 8 mcg	
lubiprostone cap 24 mcg	
INFLAMMATORY BOWEL AGENTS	
balsalazide disodium cap 750 mg	
mesalamine enema 4 gm	
mesalamine suppos 1000 mg	
mesalamine cap er 24hr 0.375 gm	
mesalamine rectal enema 4 gm & cleanser wipe kit	
sulfasalazine tab 500 mg	
sulfasalazine tab delayed release 500 mg	
ENTYVIO INJ 300MG	SP, PA, QL (1 vial every 42 days)
ENTYVIO INJ 108/0.68	SP, PA, QL (2 pens every 28 days)
SKYRIZI SOL 60MG/ML	SP, PA, QL (6 vials every 42 days)
SKYRIZI INJ 180/1.2	SP, PA, QL (1.2 mL every 42 days)
SKYRIZI INJ 360/2.4	SP, PA, QL (2.4 mL every 42 days)
AVSOLA INJ 100MG	SP, PA, QL (3 vials every 28 days)
PHOSPHATE BINDER AGENTS	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	
sevelamer carbonate tab 800 mg	ST
sevelamer carbonate packet 0.8 gm	ST
sevelamer carbonate packet 2.4 gm	ST

Drug Name	Requirements/Limits
URINARY ANTISPASMODICS	
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	
OXYTROL/WOMN DIS 3.9MG/24	GNDR, OTC
oxybutynin chloride tab 5 mg	
oxybutynin chloride solution 5 mg/5ml	
oxybutynin chloride tab er 24hr 5 mg	
oxybutynin chloride tab er 24hr 10 mg	
oxybutynin chloride tab er 24hr 15 mg	
trospium chloride tab 20 mg	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	
bethanechol chloride tab 5 mg	
bethanechol chloride tab 10 mg	
bethanechol chloride tab 25 mg	
bethanechol chloride tab 50 mg	
VAGINAL AND RELATED PRODUCTS	
VAGINAL ANTI-INFECTIVES	
clindamycin phosphate vaginal cream 2%	
metronidazole vaginal gel 0.75%	
clotrimazole vaginal cream 1%	OTC
ft clotrimaz cre 1%	OTC
qc clotrimaz cre 1%	OTC
clotrimazole cre 2%	OTC
clotrimazole cre 3 day	OTC
3 day vaginl cre 2%	OTC
ft clotrimaz cre 2%	OTC
cvs miconazo cre 7	OTC
eq miconaz 7 cre 2%	OTC
miconazole 7 cre	OTC
miconazole 7 cre 2%	OTC
miconazole 7 cre tube/kit	OTC
miconazole nitrate vaginal cream 2%	OTC
3 day vagnal cre 4%	OTC
miconazole 7 sup 100mg	OTC
sm micon 7 sup 100mg	OTC
miconazole 3 sup 200mg	
ft miconaz 3 kit combo pk	OTC
miconazole 3 kit combo pk	OTC
vagistat-3 kit combo pk	OTC
miconazole 1 kit	OTC
miconazole 1 kit 1200-2%	OTC
MONISTAT 7 KIT COMBO PK	OTC
miconazole 3 kit combinat	OTC

Drug Name	Requirements/Limits
miconazole 3 kit combo	OTC
miconazole 3 kit combo pk	OTC
MONISTAT 7 KIT COMPLETE	OTC
MONISTAT 3 KIT COMBO PK	OTC
MICONAZOLE 1 KIT COMBO	OTC
terconazole vaginal cream 0.4%	
terconazole vaginal cream 0.8%	
terconazole vaginal suppos 80 mg	
VAGINAL ANTI-INFLAMMATORY AGENTS	
cortiz femin cre 1% itch	OTC
SPERMICIDES	
GYNOL II GEL 3%	OTC; \$0
VCF VAGINAL GEL CONTRACE	OTC; \$0
ENCARE SUP 100MG	OTC; \$0
VCF VAGINAL MIS CONTRACP	OTC; \$0
VAGINAL ESTROGENS	
estradiol vaginal tab 10 mcg	
yuvaferm tab 10mcg	
MISCELLANEOUS VAGINAL PRODUCTS	
acetic acid vaginal solution	OTC
ex cleansing sol	OTC
summers eve sol ex clean	OTC
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
potassium citrate tab er 5 meq (540 mg)	
potassium citrate tab er 10 meq (1080 mg)	
potassium citrate tab er 15 meq (1620 mg)	
URINARY ANALGESICS	
phenazopyridine hcl tab 100 mg	
phenazo tab 200mg	
phenazopyridine hcl tab 200 mg	
PROSTATIC HYPERSTROPHY AGENTS	
finasteride tab 5 mg	
alfuzosin hcl tab er 24hr 10 mg	
tamsulosin hcl cap 0.4 mg	
ANTIPSYCHOTICS/ANTIMANIC AGENTS	
PHENOTHIAZINES	
compro sup 25mg	
prochlorperazine suppos 25 mg	
prochlorperazine maleate tab 5 mg (base equivalent)	
prochlorperazine maleate tab 10 mg (base equivalent)	

Drug Name	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	

BARBITURATE HYPNOTICS

phenobarbital tab 15 mg
 phenobarbital tab 16.2 mg
 phenobarbital tab 30 mg
 phenobarbital tab 32.4 mg
 phenobarbital tab 60 mg
 phenobarbital tab 64.8 mg
 phenobarbital tab 97.2 mg
 phenobarbital tab 100 mg
 phenobarbital elixir 20 mg/5ml

ANTIHISTAMINE HYPNOTICS

eq sleep-aid tab 25mg	OTC
ft sleep aid tab 25mg	OTC
ra sleep aid tab 25mg	OTC
sleep aid tab 25mg	OTC
sleep-aid tab 25mg	OTC
sm sleep aid tab 25mg	OTC
ultra sleep tab 25mg	OTC
wal-som tab 25mg	OTC
ft sleep-aid cap 50mg	OTC
qc sleep aid cap 50mg	OTC
qc sleep-aid cap 50mg	OTC
ra sleep aid cap 50mg	OTC
sleep aid cap 50mg	OTC
sleep-aid cap 50mg	OTC
sleep-aid ms cap 50mg	OTC
wal-som cap 50mg	OTC
ft nite slp tab 25mg	OTC
night time tab 25mg	OTC
nighttime tab 25mg	OTC
nytol quick tab 25mg	OTC
ra nighttime tab 25mg	OTC
ra sleep aid tab 25mg	OTC
rest simply tab 25mg	OTC
sb sleep tab 25mg	OTC
simply sleep tab 25mg	OTC
sleep aid tab 25mg	OTC
sleep tab 25mg	OTC
sleep-aid tab 25mg	OTC
sleep-tabs tab 25mg	OTC
sominex nigh tab 25mg	OTC

Drug Name	Requirements/Limits
sominex tab 25mg	OTC
diphenhydramine hcl (sleep) tab 50 mg	OTC
sominex max tab 50mg	OTC

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

ANTI-OBESITY AGENTS

WEGOVY INJ 0.25MG	PA (coverage for CV only)
WEGOVY INJ 0.5MG	PA (coverage for CV only)
WEGOVY INJ 1MG	PA (coverage for CV only)
WEGOVY INJ 1.7MG	PA (coverage for CV only)
WEGOVY INJ 2.4MG	PA (coverage for CV only)

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

clonidine hcl tab er 12hr 0.1 mg	AGE (less than 6, more than 17)
guanfacine hcl tab er 24hr 1 mg (base equiv)	AGE (less than 6, more than 17)
INTUNIV TAB 1MG	AGE (less than 6, more than 17)
guanfacine hcl tab er 24hr 2 mg (base equiv)	AGE (less than 6, more than 17)
INTUNIV TAB 2MG	AGE (less than 6, more than 17)
guanfacine hcl tab er 24hr 3 mg (base equiv)	AGE (less than 6, more than 17)
INTUNIV TAB 3MG	AGE (less than 6, more than 17)
guanfacine hcl tab er 24hr 4 mg (base equiv)	AGE (less than 6, more than 17)
INTUNIV TAB 4MG	AGE (less than 6, more than 17)

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

ANTIDEMENTIA AGENTS

donepezil hydrochloride tab 5 mg
donepezil hydrochloride tab 10 mg
donepezil hydrochloride tab 23 mg
donepezil hydrochloride orally disintegrating tab 5 mg
donepezil hydrochloride orally disintegrating tab 10 mg
galantamine hydrobromide tab 4 mg
galantamine hydrobromide tab 8 mg
galantamine hydrobromide tab 12 mg
galantamine hydrobromide oral soln 4 mg/ml
galantamine hydrobromide cap er 24hr 8 mg
galantamine hydrobromide cap er 24hr 16 mg
galantamine hydrobromide cap er 24hr 24 mg
rivastigmine td patch 24hr 4.6 mg/24hr
rivastigmine td patch 24hr 9.5 mg/24hr
rivastigmine td patch 24hr 13.3 mg/24hr
rivastigmine tartrate cap 1.5 mg (base equivalent)
rivastigmine tartrate cap 3 mg (base equivalent)
rivastigmine tartrate cap 4.5 mg (base equivalent)
rivastigmine tartrate cap 6 mg (base equivalent)
memantine hcl tab 5 mg

Drug Name	Requirements/Limits
<i>memantine hcl tab 10 mg</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	
<i>memantine hcl oral solution 2 mg/ml</i>	
MOVEMENT DISORDER DRUG THERAPY	
AUSTEDO TAB 6MG	SP, PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG	SP, PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG	SP, PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 6MG	SP, PA, QL (3 tabs every 1 day)
AUSTEDO XR TAB 12MG	SP, PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 18MG	SP, PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 24MG	SP, PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB 30MG ER	SP, PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 36MG ER	SP, PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 42MG ER	SP, PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 48MG ER	SP, PA, QL (1 tab every 1 day)
AUSTEDO XR TAB TITR KIT	SP, PA, QL (42 tabs every 28 days)
MULTIPLE SCLEROSIS AGENTS	
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	SP, PA, QL (1 injection every 1 day)
<i>glatopa inj 20mg/ml</i>	SP, PA, QL (1 injection every 1 day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	SP, PA, QL (12 injections every 28 days)
<i>glatopa inj 40mg/ml</i>	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ 22/0.5	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ 44/0.5	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ TITRATN	SP, PA, QL (12 injections every 28 days)
REBIF INJ 22/0.5	SP, PA, QL (12 injections every 28 days)
REBIF INJ 44/0.5	SP, PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	SP, PA, QL (12 injections every 28 days)
AVONEX PEN KIT 30MCG	SP, PA, QL (4 injections every 28 days)
AVONEX PREFL KIT 30MCG	SP, PA, QL (4 injections every 28 days)

Drug Name	Requirements/Limits
EXTAVIA INJ 0.3MG	SP, PA, QL (15 injections every 30 days)
<i>teriflunomide tab 7 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	SP, PA, QL (1 tab every 1 day)
OCREVUS INJ 300/10ML	SP, PA, QL (2 vials every 24 weeks)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	SP, PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	SP, PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	SP, PA, QL (1 kit every month)
VUMERITY CAP 231MG	SP, PA, QL (4 caps every 1 day)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	SP, PA, QL (1 cap every 1 day)
MAYZENT TAB 0.25MG	SP, PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	SP, PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	SP, PA, QL (1 tab every 1 day)
MAYZENT PAK STARTER (7 TABS)	SP, PA, QL (7 tabs every 4 days)
MAYZENT PAK STARTER (12 TABS)	SP, PA, QL (12 tabs every 5 days)

ANTI-CATAPLECTIC AGENTS

SOD OXYBATE SOL 500MG/ML	SP, PA, QL (18 mL every 1 day)
XYREM SOL 500MG/ML	SP, PA, QL (18 mL every 1 day)

FIBROMYALGIA AGENTS

SAVELLA TAB 12.5MG	PA
SAVELLA TAB 25MG	PA
SAVELLA TAB 50MG	PA
SAVELLA TAB 100MG	PA
SAVELLA MIS TITR PAK	PA

PSEUDOBULBAR AFFECT (PBA) AGENTS

NUEDEXTA CAP 20-10MG	PA
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ANALGESICS - NONNARCOTIC

SALICYLATES

<i>aspirin tab 325 mg</i>	OTC
<i>bayer adv tab 325mg</i>	OTC
<i>bayer asa tab 325mg</i>	OTC
<i>cvs aspirin tab 325mg</i>	OTC
<i>eq aspirin tab 325mg</i>	OTC
<i>ft aspirin tab 325mg</i>	OTC
<i>genuine asa tab 325mg</i>	OTC
<i>genuine aspr tab 325mg</i>	OTC
<i>gnp aspirin tab 325mg</i>	OTC

Drug Name	Requirements/Limits
hm aspirin tab 325mg	OTC
medi-first tab 325 asp	OTC
medique aspi tab 325mg	OTC
qc aspirin tab 325mg	OTC
ra aspirin tab 325mg	OTC
sb aspirin tab 325mg	OTC
bayer adv tab 500mg	OTC
aspirin chew tab 81 mg	OTC
aspirin chld chw 81mg	OTC
aspirin low chw 81mg	OTC
aspirin-81 chw 81mg	OTC
bayer low chw 81mg	OTC
child asa chw 81mg	OTC
eq aspirin chw 81mg	OTC
eql aspirin chw 81mg	OTC
ft aspirin chw 81mg	OTC
gnp aspirin chw 81mg	OTC
qc aspirin chw 81mg	OTC
qc child asa chw 81mg	OTC
ra aspirin chw 81mg	OTC
sb child asa chw 81mg	OTC
sm aspirin chw 81mg	OTC
sm child asa chw 81mg	OTC
st joseph chw low 81mg	OTC
aspirin 81 tab 81mg ec	OTC
aspirin adlt tab 81mg ec	OTC
aspirin ec tab 81mg	OTC
aspirin low tab 81mg	OTC
aspirin low tab 81mg ec	OTC
aspirin regi tab 81mg	OTC
aspirin tab delayed release 81 mg	OTC
bayer low tab 81mg ec	OTC
cvs aspirin tab 81mg ec	OTC
ecotrin low tab 81mg ec	OTC
ft aspirin tab 81mg	OTC
gnp aspirin tab 81mg ec	OTC
goodsense tab 81mg ec	OTC
kls aspirin tab 81mg ec	OTC
kp aspirin tab 81mg ec	OTC
mm aspirin tab low dose	OTC
ra aspirin tab 81mg ec	OTC
sm aspirin tab 81mg ec	OTC
st joseph tab low 81mg	OTC

Drug Name	Requirements/Limits
aspirin tab delayed release 325 mg	OTC
bayer aspirin tab 325mg	OTC
bayer aspirin tab 325mg ec	OTC
enteric aspirin tab 325mg ec	OTC
eql aspirin tab 325mg ec	OTC
ft aspirin tab 325mg ec	OTC
gnp aspirin tab 325mg ec	OTC
qc aspirin tab 325mg ec	OTC
ra aspirin tab 325mg ec	OTC
sb aspirin tab 325mg ec	OTC
sm aspirin tab 325mg ec	OTC
ASPIRIN SUP 300MG	OTC
diflunisal tab 500 mg	
ANALGESICS OTHER	
mapap cap 500mg	OTC
pain relief cap 500mg	OTC
acetaminophen tab 325 mg	OTC
aminofen tab 325mg	OTC
aspirin free tab 325mg	OTC
cvs acetamin tab 325mg	OTC
eql acetamin tab 325mg	OTC
ft pain rlef tab 325mg	OTC
gnp acetamin tab 325mg	OTC
non-aspirin tab 325mg	OTC
pain relief tab 325mg	OTC
pain relieve tab 325mg	OTC
pain reliev tab 325mg	OTC
pharbetol tab 325mg	OTC
ra acetamin tab 325mg	OTC
acetaminophen tab 500 mg	OTC
acetaminophn tab 500mg	OTC
eq acetamin tab 500mg	OTC
eq pain reli tab 500mg	OTC
eql acetamin tab 500mg	OTC
ft pain reli tab 500mg	OTC
gnp pain rel tab 500mg	OTC
medi-tabs tab 500mg	OTC
mm acetamino tab 500mg	OTC
non-aspirin tab 500mg	OTC
non-aspirin tab 500mg/rr	OTC
pain relief tab 500mg	OTC
pain relief tab 500mg/rr	OTC
pain relieve tab 500mg	OTC

Drug Name	Requirements/Limits
pain relieve tab 500mg/rr	OTC
pain reliev tab 500mg	OTC
panadol tab 500mg	OTC
pharbetol tab 500mg	OTC
shake ache tab 500mg	OTC
sm pain rel tab 500mg	OTC
acetamin er tab 650mg	OTC
acetaminophen tab er 650 mg	OTC
arthrts pain tab 650mg	OTC
arthrts pain tab 650mg er	OTC
eq arthrts tab 650mg	OTC
ft 8hr pain tab 650mg	OTC
hm pain rlf tab 650mg	OTC
8 hour pain tab 650mg	OTC
8hr arthrits tab 650mg er	OTC
8 hr arthrts tab 650mg	OTC
8hr pain er tab 650mg	OTC
8hr pain rel tab 650mg	OTC
8 hr pain tab 650mg	OTC
8 hr pain tab 650mg er	OTC
midol tab 650mg	OTC
non-aspirin tab 650mg	OTC
pain relief tab 650mg	OTC
qc 8 hr pain tab 650mg er	OTC
qc apap 8 hr tab 650mg	OTC
sm 8 hr pain tab 650mg	OTC
sm arthrts p tab 650mg	OTC
childrens chw apap	OTC
chld meditab chw 80mg	OTC
chld non-asra chw 80mg grp	OTC
cvs childs chw 80mg	OTC
mapap child chw 80mg	OTC
non-aspirin chw 80mg	OTC
pain reliev chw 80mg	OTC
sb non-asra chw 80mg frt	OTC
sb non-asra chw 80mg grp	OTC
acetaminophen chew tab 160 mg	OTC
asa free chw 160mg jr	OTC
ft chld pain chw 160mg	OTC
mapap chw 160mg	OTC
medi-tabs jr chw 160mg	OTC
non-aspirin chw 160mg	OTC
non-aspirin chw 160mg jr	OTC

Drug Name	Requirements/Limits
<i>pain & fever chw 160mg</i>	OTC
<i>pain relief chw 160mg</i>	OTC
<i>sb non-asa chw 160mg</i>	OTC
<i>acetaminophe liq 160/5ml</i>	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	OTC
<i>curanol liq 160/5ml</i>	OTC
<i>ed-apap liq 80mg/2.5</i>	OTC
<i>little remed liq 160/5ml</i>	OTC
<i>m-pap liq 160/5ml</i>	OTC
<i>maxrelief jr liq 160/5ml</i>	OTC
<i>pain & fever liq 160/5ml</i>	OTC
<i>pain relief liq 160/5ml</i>	OTC
<i>acetamin liq 500/15ml</i>	OTC
<i>mapap apap liq 500/15ml</i>	OTC
<i>pain relief liq 500/15ml</i>	OTC
<i>pain relievrl liq 500/15ml</i>	OTC
<i>qc pain reli liq 500/15ml</i>	OTC
<i>apra elx 160/5ml</i>	OTC
<i>chld asafree elx 80/2.5ml</i>	OTC
<i>max reliefjr elx 160/5ml</i>	OTC
<i>medi-tabs elx 80/2.5ml</i>	OTC
<i>pain relief elx 160/5ml</i>	OTC
<i>acetaminophen susp 160 mg/5ml</i>	OTC
<i>betatemp sus 160/5ml</i>	OTC
<i>eq pain reli sus 160mg/5</i>	OTC
<i>fever/pain sus 160/5ml</i>	OTC
<i>gnp children sus pain&fev</i>	OTC
<i>maxrelief jr sus 160/5ml</i>	OTC
<i>non-aspirin sus 160/5ml</i>	OTC
<i>pain & fever sus 160/5ml</i>	OTC
<i>pain relief sus 160/5ml</i>	OTC
<i>pain relieve sus 160/5ml</i>	OTC
<i>panadol sus 160/5ml</i>	OTC
<i>pediacare sus 160/5ml</i>	OTC
<i>qc acetamino sus 160/5ml</i>	OTC
<i>ra childrens sus 160/5ml</i>	OTC
<i>acetaminophen soln 160 mg/5ml</i>	OTC
FEVERALL INF SUP 80MG	OTC
<i>acetaminophen suppos 120 mg</i>	OTC
<i>feverall sup 120mg</i>	OTC
<i>fevr reducng sup 120mg</i>	OTC
<i>pain/fever sup 120mg</i>	OTC
FEVERALL SUP 325MG	OTC

Drug Name	Requirements/Limits
acetaminophen suppos 650 mg	OTC
feverall sup 650mg	OTC
apap rapid tab tab 80mg	OTC
chld non-asa tab 80mg qm	OTC
acetaminophe tab 160mg	OTC
non-asa jr tab 160mg qm	OTC
sm rpd melt tab 160mg	OTC

ANALGESICS - OPIOID

OPIOID AGONISTS

fentanyl td patch 72hr 12 mcg/hr	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 25 mcg/hr	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 50 mcg/hr	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 75 mcg/hr	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 100 mcg/hr	PA, QL (10 patches every 25 days)
hydromorphone hcl tab 2 mg	PA, QL (180 tabs every 25 days)
hydromorphone hcl tab 4 mg	PA, QL (120 tabs every 25 days)
hydromorphone hcl tab 8 mg	PA, QL (60 tabs every 25 days)
methadone hcl tab 5 mg	PA, QL (90 tabs every 25 days)
methadone hcl tab 10 mg	PA, QL (30 tabs every 25 days)
morphine sulfate tab 15 mg	PA, QL (180 tabs every 25 days)
morphine sulfate tab 30 mg	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 15 mg	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 30 mg	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 60 mg	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 100 mg	PA, QL (60 tabs every 25 days)
morphine sulfate tab er 200 mg	PA, QL (60 tabs every 25 days)
morphine sulfate oral soln 10 mg/5ml	PA, QL (900 mL every 25 days)
morphine sulfate oral soln 20 mg/5ml	PA, QL (675 mL every 25 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	PA, QL (135 mL every 25 days)
oxycodone hcl cap 5 mg	PA, QL (180 caps every 25 days)
oxycodone hcl tab 5 mg	PA, QL (180 tabs every 25 days)
oxycodone hcl tab 10 mg	PA, QL (180 tabs every 25 days)

Drug Name	Requirements/Limits
oxycodone hcl tab 15 mg	PA, QL (120 tabs every 25 days)
oxycodone hcl tab 20 mg	PA, QL (90 tabs every 25 days)
oxycodone hcl tab 30 mg	PA, QL (60 tabs every 25 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	PA, QL (90 mL every 25 days)
oxycodone hcl soln 5 mg/5ml	PA, QL (900 mL every 25 days)
tramadol hcl tab 50 mg	PA, QL (180 tabs every 25 days)
tramadol hcl tab er 24hr 100 mg	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr 200 mg	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr 300 mg	PA, QL (30 tabs every 25 days)

OPIOID COMBINATIONS

endocet tab 2.5-325	PA, QL (360 tabs every 25 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	PA, QL (360 tabs every 25 days)
endocet tab 5-325mg	PA, QL (360 tabs every 25 days)
oxycodone w/ acetaminophen tab 5-325 mg	PA, QL (360 tabs every 25 days)
endocet tab 7.5-325	PA, QL (240 tabs every 25 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	PA, QL (240 tabs every 25 days)
endocet tab 10-325mg	PA, QL (180 tabs every 25 days)
oxycodone w/ acetaminophen tab 10-325 mg	PA, QL (180 tabs every 25 days)
acetaminophen w/ codeine tab 300-15 mg	PA, QL (400 tabs every 25 days)
acetaminophen w/ codeine tab 300-30 mg	PA, QL (360 tabs every 25 days)
acetaminophen w/ codeine tab 300-60 mg	PA, QL (180 tabs every 25 days)
acetaminophen w/ codeine soln 120-12 mg/5ml	PA, QL (2700 mL every 25 days)
hydrocodone-acetaminophen tab 10-325 mg	PA, QL (180 tabs every 25 days)
hydrocodone-acetaminophen tab 5-325 mg	PA, QL (240 tabs every 25 days)
hydrocodone-acetaminophen tab 7.5-325 mg	PA, QL (180 tabs every 25 days)

Drug Name	Requirements/Limits
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	PA, QL (2700 mL every 25 days)
tramadol-acetaminophen tab 37.5-325 mg	PA, QL (40 tabs every 25 days)

ANALGESICS - ANTI-INFLAMMATORY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

diclofenac potassium tab 50 mg	
diclofenac sodium tab delayed release 25 mg	
diclofenac sodium tab delayed release 50 mg	
diclofenac sodium tab delayed release 75 mg	
diclofenac sodium tab er 24hr 100 mg	
etodolac cap 200 mg	
etodolac cap 300 mg	
etodolac tab 400 mg	
etodolac tab 500 mg	
etodolac tab er 24hr 400 mg	
etodolac tab er 24hr 500 mg	
etodolac tab er 24hr 600 mg	
flurbiprofen tab 50 mg	
flurbiprofen tab 100 mg	
advil minis cap 200mg	OTC
ft ibuprofen cap 200mg	OTC
ibuprofen cap 200mg	OTC
medi-profen cap 200mg	OTC
motrin ib cap 200mg	OTC
propinal cap 200mg	OTC
qc ibuprofen cap 200mg	OTC
ra ibuprofen cap 200mg	OTC
sm ibuprofen cap 200mg	OTC
wal-profen cap 200mg	OTC
advil jr st tab 100mg	OTC
sm ibuprofen tab 100mg jr	OTC
addaprin tab 200mg	OTC
eq ibuprofen tab 200mg	OTC
ft ibuprofen tab 200mg	OTC
ft pain reli tab 200mg	OTC
ibuprofen tab 200 mg	OTC
cls ibuprofn tab 200mg	OTC
cls ibuprofn tab ib 200mg	OTC
medi-first tab ibu 200	OTC
medi-profen tab 200mg	OTC
mm ibuprofen tab 200mg	OTC
motrin ib tab 200mg	OTC
pain relief tab 200mg	OTC

Drug Name	Requirements/Limits
qc ibuprofen tab 200mg	OTC
ra ibuprofen tab 200mg	OTC
sb ibuprofen tab 200mg	OTC
sm ibuprofen tab 200mg	OTC
wal-profen tab 200mg	OTC
ibu tab 400mg	
ibuprofen tab 400 mg	
ibu tab 600mg	
ibuprofen tab 600 mg	
ibu tab 800mg	
ibuprofen tab 800 mg	
advil jr str chw 100mg	OTC
gs ibuprofen chw children	OTC
ibuprofen chw 100mg	OTC
ibuprofen ib chw 100mg	OTC
ibuprofen jr chw 100mg	OTC
ibuprofn 100 chw jr 100mg	OTC
sm ibuprofen chw 100mg	OTC
cvs ibuprof dro 50/1.25	OTC
ibuprofen dro 50/1.25	OTC
medi-profen sus 40mg/ml	OTC
cvs ibuprofe sus 100/5ml	OTC
eq ibuprofen sus 100/5ml	OTC
ft ibu child sus 100/5ml	OTC
hyvee ibupro sus 100mg/5m	OTC
ibuprofen sus 100/5ml	OTC
ibuprofen sus 200/10ml	OTC
ibuprofen susp 100 mg/5ml	
medi-profen sus 100/5ml	OTC
qc ibuprofen sus 100/5ml	OTC
ketorolac tromethamine tab 10 mg	QL (20 tabs every 25 days)
meloxicam tab 7.5 mg	
meloxicam tab 15 mg	
nabumetone tab 500 mg	
nabumetone tab 750 mg	
naproxen tab 250 mg	
naproxen tab 375 mg	
naproxen tab 500 mg	
ec-naproxen tab 375mg	
naproxen tab ec 375 mg	
ec-naproxen tab 500mg	
naproxen tab ec 500 mg	
ft naproxen cap 220mg	OTC

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
gnp naproxen cap 220mg	OTC
naproxen sod cap 220mg	OTC
qc naproxen cap 220mg	OTC
all day pain tab 220mg	OTC
all day relf tab 220mg	OTC
cvs naproxen tab 220mg	OTC
flanax tab 220mg	OTC
mediproxen tab 220mg	OTC
naproxen sod tab 220mg	OTC
naproxen tab 220mg	OTC
pain relief tab 220mg	OTC
pamprin tab 220mg	OTC
oxaprozin tab 600 mg	
sulindac tab 150 mg	
sulindac tab 200 mg	
celecoxib cap 50 mg	PA
celecoxib cap 100 mg	PA
celecoxib cap 200 mg	PA
celecoxib cap 400 mg	PA

ANTIRHEUMATIC ANTIMETABOLITES

RASUVO INJ 7.5MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 10MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 12.5MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 15MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 17.5MG	SP, PA, QL (4 injections every 28 days)
OTREXUP INJ 20MG	SP, PA, QL (4 pens every 28 days)
RASUVO INJ 20MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 22.5MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 25MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 30MG	SP, PA, QL (4 injections every 28 days)

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMU-ADAZ INJ 40/0.4ML	SP, PA, QL (4 pens every 28 days)
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Drug Name	Requirements/Limits
ADALIMU-ADAZ INJ 40/0.4ML	SP, PA, QL (4 syringes every 28 days)
HADLIMA PUSH INJ 40/0.4ML	SP, PA, QL (4 pens every 28 days)
HADLIMA PUSH INJ 40/0.8ML	SP, PA, QL (4 pens every 28 days)
HADLIMA INJ 40/0.4ML	SP, PA, QL (4 syringes every 28 days)
HADLIMA INJ 40/0.8ML	SP, PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	SP, PA, QL (4 pens every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	SP, PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	SP, PA, QL (4 syringes every 28 days)

PYRIMIDINE SYNTHESIS INHIBITORS

leflunomide tab 10 mg
leflunomide tab 20 mg

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL SRCLK INJ 50MG/ML	SP, PA, QL (4 pens every 28 days)
ENBREL MINI INJ 50MG/ML	SP, PA, QL (4 pens every 28 days)
ENBREL INJ 25/0.5ML	SP, PA, QL (4 syringes every 28 days)
ENBREL INJ 50MG/ML	SP, PA, QL (4 pens every 28 days)

INTERLEUKIN-1BETA BLOCKERS

ILARIS INJ 150MG/ML SP, PA

INTERLEUKIN-6 RECEPTOR INHIBITORS

KEVZARA INJ 150/1.14	SP, PA, QL (2 syringes every 28 days)
KEVZARA INJ 200/1.14	SP, PA, QL (2 syringes every 28 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

RINVOQ TAB 15MG ER	SP, PA, QL (1 tab every 1 day)
RINVOQ TAB 30MG ER	SP, PA, QL (1 tab every 1 day)
RINVOQ TAB 45MG ER	SP, PA, QL (1 tab every 1 day)

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TAB 30MG	SP, PA, QL (2 tabs every 1 day)
OTEZLA TAB 10/20/30	SP, PA, QL (1 pack (55 tabs) every 28 days)

Drug Name	Requirements/Limits
MIGRAINE PRODUCTS	
SEROTONIN AGONISTS	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	ST, QL (12 tabs every 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	ST, QL (12 tabs every 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	ST, QL (18 tabs every 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	ST, QL (18 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	ST, QL (18 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	ST, QL (18 tabs every 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	QL (24 inhalations every 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	QL (12 inhalations every 25 days)
<i>sumatriptan succinate tab 25 mg</i>	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 50 mg</i>	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 100 mg</i>	QL (12 tabs every 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	QL (12 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	QL (18 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	QL (12 injections every 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	QL (18 injections every 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	QL (12 injections every 25 days)
<i>zolmitriptan tab 2.5 mg</i>	ST, QL (12 tabs every 25 days)
<i>zomig tab 2.5mg</i>	ST, QL (12 tabs every 25 days)
<i>zolmitriptan tab 5 mg</i>	ST, QL (12 tabs every 25 days)
<i>zomig tab 5mg</i>	ST, QL (12 tabs every 25 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	ST, QL (12 tabs every 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	ST, QL (12 tabs every 25 days)
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG	
<i>NURTEC TAB 75MG ODT</i>	ST, QL (16 tabs every 25 days)
<i>UBRELVY TAB 50MG</i>	ST, QL (16 tabs every 25 days)
<i>UBRELVY TAB 100MG</i>	ST, QL (16 tabs every 25 days)
<i>AIMOVIG INJ 70MG/ML</i>	PA, QL (2 pens every 25 days)
<i>AIMOVIG INJ 140MG/ML</i>	PA, QL (1 pen every 25 days)
<i>EMGALITY INJ 120MG/ML</i>	PA, QL (2 pens every 25 days)
<i>EMGALITY INJ 100MG/ML</i>	PA, QL (3 syringes every 25 days)
<i>EMGALITY INJ 120MG/ML</i>	PA, QL (2 syringes every 25 days)

Drug Name	Requirements/Limits
GOUT AGENTS	
GOUT AGENTS	
<i>allopurinol tab 100 mg</i>	
<i>allopurinol tab 300 mg</i>	
<i>colchicine tab 0.6 mg</i>	QL (30 tabs every 25 days)
URICOSURICS	
<i>probencid tab 500 mg</i>	
ANTICONVULSANTS	
HYDANTOINS	
<i>phenytoin chew tab 50 mg</i>	
<i>phenytoin susp 125 mg/5ml</i>	
<i>phenytoin sodium extended cap 100 mg</i>	
<i>phenytek cap 200mg</i>	
<i>phenytoin sodium extended cap 200 mg</i>	
<i>phenytek cap 300mg</i>	
<i>phenytoin sodium extended cap 300 mg</i>	
SUCCINIMIDES	
<i>ethosuximide cap 250 mg</i>	
<i>ethosuximide soln 250 mg/5ml</i>	
ANTICONVULSANTS - MISC.	
ZTALMY SUS 50MG/ML	SP, PA, QL (10 bottles every 30 days)
<i>primidone tab 50 mg</i>	
<i>primidone tab 250 mg</i>	
ANTIPARKINSON AND RELATED THERAPY AGENTS	
ANTIPARKINSON COMT INHIBITORS	
<i>entacapone tab 200 mg</i>	
ANTIPARKINSON DOPAMINERGICS	
<i>amantadine hcl cap 100 mg</i>	
<i>amantadine hcl tab 100 mg</i>	
<i>amantadine hcl soln 50 mg/5ml</i>	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	
<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	
<i>ropinirole hydrochloride tab 0.25 mg</i>	
<i>ropinirole hydrochloride tab 0.5 mg</i>	
<i>ropinirole hydrochloride tab 1 mg</i>	

Drug Name	Requirements/Limits
<i>ropinirole hydrochloride tab 2 mg</i>	
<i>ropinirole hydrochloride tab 3 mg</i>	
<i>ropinirole hydrochloride tab 4 mg</i>	
<i>ropinirole hydrochloride tab 5 mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	
<i>selegiline hcl cap 5 mg</i>	
<i>selegiline hcl tab 5 mg</i>	
NEUROMUSCULAR AGENTS	
ALS AGENTS	
<i>riluzole tab 50 mg</i>	
MUSCULOSKELETAL THERAPY AGENTS	
CENTRAL MUSCLE RELAXANTS	
<i>baclofen tab 10 mg</i>	
<i>baclofen tab 20 mg</i>	
<i>carisoprodol tab 350 mg</i>	QL (120 tabs every 25 days)
<i>chlorzoxazone tab 500 mg</i>	
<i>cyclobenzaprine hcl tab 5 mg</i>	
<i>cyclobenzaprine hcl tab 10 mg</i>	
<i>methocarbamol tab 500 mg</i>	
<i>methocarbamol tab 750 mg</i>	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	
DIRECT MUSCLE RELAXANTS	
<i>dantrolene sodium cap 25 mg</i>	
<i>dantrolene sodium cap 50 mg</i>	
<i>dantrolene sodium cap 100 mg</i>	
VISCOSUPPLEMENTS	
<i>GEL-ONE INJ 30MG/3ML</i>	SP, PA
<i>SYNVISC INJ 8MG/ML</i>	SP, PA

Drug Name	Requirements/Limits
SYNVISC ONE INJ 8MG/ML	SP, PA
VISCO-3 INJ 25/2.5ML	SP, PA

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

pyridostigmine bromide tab 60 mg
pyridostigmine bromide tab er 180 mg
pyridostigmine bromide oral soln 60 mg/5ml

VITAMINS

WATER SOLUBLE VITAMINS

<u>thiamine hcl tab 50 mg</u>	OTC
<u>cvs b1 tab 100mg</u>	OTC
<u>cvs b-1 tab 100mg</u>	OTC
<u>qc vit b1 tab 100mg</u>	OTC
<u>thiamine hcl tab 100 mg</u>	OTC
<u>ra vit b-1 tab 100mg</u>	OTC
<u>sm vit b1 tab 100mg</u>	OTC
<u>thiamine mononitrate tab 100 mg</u>	OTC
<u>true vit b1 tab 100mg</u>	OTC
<u>pyridoxine hcl tab 25 mg</u>	OTC
<u>pyridoxine hcl tab 50 mg</u>	OTC
<u>ra vit b-6 tab 50mg</u>	OTC
<u>ascorbic acid liquid 500 mg/5ml</u>	OTC
<u>liquid c liq 500/5ml</u>	OTC
<u>calcium ascorbate tab 500 mg</u>	OTC

OIL SOLUBLE VITAMINS

<u>VITAMIN D2 CAP 2000UNIT</u>	OTC
<u>ergocalciferol cap 1.25 mg (50000 unit)</u>	
<u>VITAMIN D2 TAB 400UNIT</u>	OTC
<u>VITAMIN D2 TAB 2000UNIT</u>	OTC
<u>calcidiol dro 8000/ml</u>	OTC
<u>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</u>	OTC
<u>cholecalciferol cap 25 mcg (1000 unit)</u>	OTC
<u>cvs d3 cap 1000unit</u>	OTC
<u>d3 cap 1000unit</u>	OTC
<u>d3 high pote cap 1000unit</u>	OTC
<u>d3-1000 cap 1000unit</u>	OTC
<u>d 1000 cap 1000unit</u>	OTC
<u>finest nutrit cap vit d3</u>	OTC
<u>ft vitamin cap d3 25mcg</u>	OTC
<u>gnp d cap 1000unit</u>	OTC
<u>qc vit d3 cap 1000unit</u>	OTC
<u>sv vit d3 cap 25mcg</u>	OTC

Drug Name	Requirements/Limits
vitamin d cap 1000unit	OTC
cholecalciferol cap 50 mcg (2000 unit)	OTC
cvs d3 cap 50mcg	OTC
d3 2000 cap 2000unit	OTC
d3 cap 2000unit	OTC
d3 high pote cap 50mcg	OTC
d3 super str cap 2000unit	OTC
ft vitamin cap d3 50mcg	OTC
kls d3 cap 50mcg	OTC
qc vit d3 cap 2000unit	OTC
ra vitamin cap 2000unit	OTC
sm vit d3 cap 50mcg	OTC
sv vit d3 cap 50mcg	OTC
vit d3 hp cap 2000unit	OTC
vitamin d3 cap 2000unit	OTC
vitamin d-3 cap 2000unit	OTC
cholecalciferol cap 125 mcg (5000 unit)	OTC
cvs d3 cap 5000unit	OTC
d3 5000 cap 5000unit	OTC
d3 high pot cap 125mcg	OTC
d3 maximum cap 5000unit	OTC
dialyvite d cap 5000unit	OTC
eql vitamin cap d3	OTC
vitamin d3 cap 5000unit	OTC
cholecalciferol cap 250 mcg (10000 unit)	OTC
cvs d3 cap 250mcg	OTC
d3 hp cap 250mcg	OTC
d3 max str cap 250mcg	OTC
gnp d3 cap 250mcg	OTC
is-d 10000 cap 250mcg	OTC
true vit d3 cap 250mcg	OTC
vitamin d3 cap 10000unt	OTC
cholecalciferol cap 1.25 mg (50000 unit)	OTC
d3-50 cap 50000unt	OTC
decaro cap 50000unt	OTC
optimal d3 cap 50000unt	OTC
true vit d3 cap 1250mcg	OTC
weekly-d cap 50000unt	OTC
cholecalciferol tab 10 mcg (400 unit)	OTC
d3 high pote tab 400unit	OTC
delta d3 tab 400unit	OTC
qc vit d3 tab 400unit	OTC
sm vitamin d tab 400unit	OTC

Drug Name	Requirements/Limits
vitamin d3 tab 10mcg	OTC
cholecalciferol tab 25 mcg (1000 unit)	OTC
gnp vit d3 tab 1000unit	OTC
gnp vit d tab 1000unit	OTC
qc vit d3 tab 25mcg	OTC
qc vit d3 tab 1000unit	OTC
vitamin d-3 tab 1000unit	OTC
cholecalciferol tab 50 mcg (2000 unit)	OTC
ft vitamin tab d3 50mcg	OTC
qc vit d3 tab 2000unit	OTC
thera-d tab 2000unit	OTC
vitamin d tab 2000unit	OTC
gnp vit d tab 5000unit	OTC
qc vit d3 tab 5000unit	OTC
vitamin d3 tab 125mcg	OTC
vitamin d3 tab 5000unit	OTC
vitamin d tab 5000iu	OTC
vitamin d-3 tab 5000unit	OTC
cholecalciferol chew tab 10 mcg (400 unit)	OTC
d3 kids chw 400unit	OTC
vitamin d chw 400unit	OTC
cholecalciferol chew tab 25 mcg (1000 unit)	OTC
d3 adult chw 1000unit	OTC
gnp d chw 2000unit	OTC
kids vit d3 chw 1000unit	OTC
sv vitamin d chw 25mcg	OTC
vit d3 gumm chw 1000unit	OTC
vitachew d3 chw 25mcg	OTC
vitajoy daly chw d 1000iu	OTC
vitamin d3 chw 25mcg	OTC
vitamin d3 chw 50mcg	OTC
vitamin d3 chw 1000unit	OTC
vitamin d3 chw ex str	OTC
vitamin d chw 1000unit	OTC
yumvs vit d3 chw 25mcg	OTC
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	OTC
d-vitamin dro 400unit	OTC
d-vite pedia dro 400unit	OTC
pedia d-vite dro 400unit	OTC
vitamin d3 dro 10mcg/ml	OTC
vitamin d dro 10mcg	OTC
BABY DDROPS LIQ 400UNIT	OTC
baby super dro daily d3	OTC

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Drug Name	Requirements/Limits
baby vit d dro 400/.028	OTC
DDROPS LIQ 2000UNIT	OTC
phytonadione tab 5 mg	

MULTIVITAMINS

VITAMIN MIXTURES

ECEE PLUS TAB	OTC
ra cod liver cap	OTC
vitamins a & d cap	OTC
yl vitamin cap a & d	OTC
vitamins a & d tab	OTC
cod liver cap	OTC
cod liver cap oil	OTC
cod liver cap oil/a&d	OTC
qc cod liver cap	OTC
COD LIVER OIL	OTC
COD LIVER OIL FOR KIDS	OTC
COD LIVER OIL NORWEGIA	OTC
COD LIVER OIL OIL	OTC
COD LIVER OIL USP/NF	OTC
RA COD LIVER OIL	OTC
SUPER D3 CAP COMPLEX	OTC
CRANBERRY CAP URIN COM	OTC
niacin cap 400-100	OTC
niacin cap 400mg	OTC
D3/VITAMIN C TAB /ZINC	OTC
D3 + K2 DOTS TAB	OTC
DOSOKAP TAB	OTC
K2 PLUS D3 TAB	OTC

B-COMPLEX VITAMINS

b-complex vitamin cap	OTC
b-complex + tab b-12	OTC
b-complex vitamin tab	OTC
ra b-complex tab	OTC
ra b-complex tab w/b-12	OTC
CVS BALANCED TAB B100	OTC
b-complex vitamin sublingual liquid	OTC
APETEX ELX	OTC
APETIGEN ELX	OTC
biopetit elx	OTC
brewers yeast tab	OTC
BREWERS YEAS POW	OTC

Drug Name	Requirements/Limits
B-COMPLEX W/ C	
b-complex w/ c cap	OTC
super b w/c cap	OTC
vt b complex cap	OTC
allbee plus tab vit c	OTC
b complex tab plus c	OTC
b-complex w/ c tab	OTC
better b tab complex	OTC
cvs super b tab complx/c	OTC
sm b complex tab with c	OTC
super b comp tab vit c	OTC
RA B-COMPLEX TAB VIT C TR	OTC
PRONUTRIENTS TAB SUPER B	OTC
bec/zinc tab	OTC
cvs stress tab form/zn	OTC
stress b com tab vit c/zn	OTC
stress b/ tab zinc	OTC
stress form/ tab zinc	OTC
stress plus tab zinc	OTC
zinc-vites tab	OTC
b-comp/vit c tab	OTC
b-complex tab /vit c	OTC
B-COMPLEX W/ FOLIC ACID	
b-complex w/ folic acid cap	OTC
benfotiamine cap multi-b	OTC
b complex tab form 1	OTC
b-complex w/ folic acid tab	OTC
big 100 tab	OTC
kobee tab	OTC
sm balanced tab b-50	OTC
sm balanced tab b-100	OTC
BALANCE B-50 TAB TR	OTC
B ACTIV CAP	OTC
B-100 HIGH CAP POTENTCY	OTC
B-COMPLEX CAP	OTC
B-COMPLEX CAP VEGGIE	OTC
SUPER B-50 CAP B-COMP	OTC
SUPER B- CAP COMPLEX	OTC
b-50 complex tab	OTC
b-100 tab b-100	OTC
b-compleet- tab 50	OTC
b-compleet- tab 100	OTC
b-complex w/biotin & folic acid tab	OTC

Drug Name	Requirements/Limits
<i>balance b-50 tab</i>	OTC
<i>balanced b tab complex</i>	OTC
<i>balanced tab b-50</i>	OTC
<i>balanced tab b-100</i>	OTC
<i>big 100 tab</i>	OTC
<i>eql b complx tab 50</i>	OTC
<i>quin b stron tab b-25</i>	OTC
<i>ra balanced tab b-50</i>	OTC
<i>ra balanced tab b-100</i>	OTC
<i>sm b100 tab complex</i>	OTC
<i>sm b-complex tab</i>	OTC
<i>super b- tab complex</i>	OTC
<i>super dec tab b-100</i>	OTC
<i>super quints tab</i>	OTC
<i>super-b tab complex</i>	OTC
<i>yl balanced tab b-100</i>	OTC
<i>b-100 complx tab</i>	OTC
<i>b-100 tab complex</i>	OTC
<i>b-100 tr tab</i>	OTC
<i>b-complex tab 100 tr</i>	OTC
<i>balanc b-100 tab tr</i>	OTC
<i>balanced tab b-100 tr</i>	OTC
<i>complex b-50 tab</i>	OTC
<i>endur-b tab</i>	OTC
<i>eql b-100 tab complex</i>	OTC
<i>gnp b-50 tab complex</i>	OTC
<i>gnp b-100 tab complex</i>	OTC
<i>qc b50 tab pr</i>	OTC
<i>ra balanced tab b-50 tr</i>	OTC
<i>ra balnaced tab b-100 tr</i>	OTC
<i>mynephron cap</i>	
<i>renal cap</i>	
<i>reno cap</i>	
<i>reno cap</i>	OTC
<i>triphrocaps cap</i>	
<i>wescaps cap</i>	
<i>b-complex tab balanced</i>	OTC
<i>b-complex w/ c & folic acid tab</i>	OTC
<i>kp b complex tab /c</i>	OTC
<i>sm b super tab vita com</i>	OTC
<i>SM B-COMPLEX TAB /VIT C</i>	OTC
<i>stress form tab</i>	OTC
<i>super b comp tab /vit c</i>	OTC

Drug Name	Requirements/Limits
<i>super b comp tab vit c</i>	OTC
<i>super b-comp tab /fa/vitc</i>	OTC
<i>super b-comp tab vit c/fa</i>	OTC
<i>dialyvite tab 800</i>	OTC
<i>full spect tab b/ vit c</i>	OTC
<i>nephro tab vitamins</i>	OTC
<i>nephro-vite tab</i>	OTC
<i>rena-vite tab</i>	OTC
<i>renal vitamn tab</i>	OTC
<i>folika-bc tab</i>	OTC
<i>rena-vite rx tab</i>	OTC
B-COMPLEX/FA TAB /VIT C	OTC
DIALYVITE TAB 800/IRON	OTC
DIALYVIT 800 TAB ZINC 15	OTC
DIALYVITE TAB 800/ZINC	OTC
ACTRIVIT LIQ 800-15-1	OTC
B-COMPLEX TAB C/FA/BIO	OTC
<i>B-COMPLEX W/ IRON</i>	
SUPER B-COMP TAB IRON/C	OTC
APETIGEN-PLS SOL	OTC
<i>B-COMPLEX W/ MINERALS</i>	
APETIGEN TAB PLUS	OTC
eldertonic liq	OTC
<i>BIOFLAVONOID PRODUCTS</i>	
ACTITROM CAP	OTC
ACTITROM-D CAP	OTC
BIO C 1:1 CAP	OTC
C 1000/BIOFL CAP /R HIPS	OTC
DAFLONEX-XL CAP	OTC
EASY-C CAP IMMUNE	OTC
GRAPE SEED CAP 50MG	OTC
GRAPE SEED CAP 100MG	OTC
QUERCETIN CAP COMPLEX	OTC
TROMBONEX CAP	OTC
TROMBONEX-D CAP	OTC
VASOFLEX CAP	OTC
VASOFLEX CAP FORTE	OTC
VITAMIN C CAP FLAVONOI	OTC
ADVANCED C TAB PLUS	OTC
anti-allergy tab	OTC
bioflex tab	OTC
easy-c tab 500mg	OTC

Drug Name	Requirements/Limits
ester-c tab 500mg	OTC
ester-c tab 1000mg	OTC
flexgen tab	OTC
hi c-500 tab	OTC
pan-c 500 tab bioflavo	OTC
PERIDIN-C TAB	OTC
span c tab	OTC
tri super tab flavons	OTC
vasoflex hd tab	OTC
vasoflex tab	OTC
vita c/biofl tab rose hip	OTC
bioflavonoid products tab er	OTC
c1000 tr/rh tab bioflav	OTC
c1500 tr/rh tab bioflav	OTC
c complex tab 500mg	OTC
c complex tab 1000mg	OTC
DAFLONEX-XL TAB	OTC
ester-c tab 500mg	OTC
ra vitamin c tab 1000mg	OTC
FRUIT C CHW 200MG	OTC
VITAMIN C CHW 500MG	OTC
BIOFLAVONOID POW CITRUS	OTC

MULTIVITAMINS

antioxidant cap formula	OTC
chlorocaps cap	OTC
DEKAS CAP ESSENTIA	OTC
mv-one cap	OTC
NUTRA-Z+ CAP	OTC
viteyes clas cap zinc fre	OTC
ZE-PLUS CAP	OTC
ZELDANA CAP	OTC
anti-oxidant tab	OTC
daily multi tab vitamins	OTC
daily value tab multivit	OTC
daily vit tab	OTC
daily vite tab	OTC
daily-vite tab	OTC
essentl one tab daily	OTC
ESTROFACTORS TAB	OTC
healthy hair tab skn/nail	OTC
HIGH POTENCY TAB MULTIVIT	OTC
mult vitamin tab essent	OTC
MULTI VITAMI TAB	OTC

Drug Name	Requirements/Limits
MULTI VITAMI TAB D-3	OTC
<i>multi-vitamn tab</i>	OTC
<i>multiple vitamin tab</i>	OTC
MULTIVITAMIN TAB	OTC
<i>multivitamin tab adult</i>	OTC
MULTIVITAMIN TAB ADULT	OTC
<i>multivitamin tab iron-fre</i>	OTC
NEOMULTIVITE TAB	OTC
OMNICAP TAB	OTC
<i>once daily tab</i>	OTC
<i>one daily tab</i>	OTC
<i>one daily tab essentl</i>	OTC
ONE DAILY TAB ESSENTL	OTC
<i>one daily tab multivit</i>	OTC
ONE VITE TAB DAILY MV	OTC
ONE-A-DAY TAB ESSENT	OTC
ONE-A-DAY TAB MENS	OTC
<i>one-daily tab mult vit</i>	OTC
<i>one-daily tab mult-vit</i>	OTC
<i>qc essential tab</i>	OTC
QUINTABS TAB	OTC
<i>sm multiple tab vitamins</i>	OTC
<i>stress form tab</i>	OTC
<i>stress formu tab</i>	OTC
STRESS FORMU TAB ZINC/ENE	OTC
<i>stresstabs tab</i>	OTC
<i>stresstabs tab energy</i>	OTC
<i>tab-a-vite tab</i>	OTC
<i>tab-a-vite tab beta car</i>	OTC
THERA TAB	OTC
<i>thera-tabs tab</i>	OTC
THEREMS TAB MULTIVIT	OTC
TM-DAILY TAB VITE	OTC
<i>true daily tab vite</i>	OTC
TRUE MULTI- TAB VITAMIN	OTC
<i>vitalee tab</i>	OTC
ONE-A-DAY CHW VITACRAV	OTC
DEKAS LIQ ESSENTIA	OTC
DIALYVITE LIQ 800	OTC
MULTIVITAMIN DRO ORGANIC	OTC
MULTIVITAMIN LIQ	OTC
MULTIPLE VITAMINS W/ IRON	
CHLORELLA CAP	OTC

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Drug Name	Requirements/Limits
daily multi tab vit/iron	OTC
daily vite tab iron	OTC
multi vitami tab w/iron	OTC
multi-vit/fe tab	OTC
multiple vitamins w/ iron tab	OTC
multiv/iron tab adult	OTC
nat-rul dail tab vit/iron	OTC
one daily mv tab /iron	OTC
one-daily tab /iron	OTC
sm multiple tab vit/iron	OTC
stress b com tab w/iron	OTC
stress form tab /iron	OTC
tab-a-vite tab /iron	OTC
TAB-A-VITE TAB IRON/BET	OTC

MULTIPLE VITAMINS W/ MINERALS

actical cap	OTC
ACTIVNUTRIEN CAP	OTC
ACTIVNUTRIEN CAP PERFORMA	OTC
ACTIVNUTRIEN CAP W/O IRON	OTC
ADULT 50+ CAP EYE HLTH	OTC
ADULT 50+ CAP OCUVITE	OTC
50+ adult cap eye hlth	OTC
advanced eye cap health	OTC
ALIVE HAIR/ CAP SKN/NAIL	OTC
ALIVE IMMUNE CAP HEALTH	OTC
amoryn mood cap booster	OTC
antiox form/ cap minerals	OTC
antioxidant cap	OTC
APETIBEX CAP	OTC
APPE-CURB CAP	OTC
BARIATRIC CAP MULTIVIT	OTC
bdy/hair/skn cap nails	OTC
BIO-35 GLUTE CAP FREE	OTC
BIO-35 IRON CAP FREE	OTC
BIOCAL CAP	OTC
BONEUP 3 PER CAP DAY	OTC
BONEUP CAP	OTC
BOOSTNOW CAP IMM SUPP	OTC
CELEBRATE CAP 18	OTC
CELEBRATE CAP 36	OTC
CELEBRATE CAP 45	OTC
CELEBRATE CAP 60	OTC
CHOICEFUL CAP MULTIVIT	OTC

Drug Name	Requirements/Limits
coral calciu cap plus	OTC
CVS IMMUNE CAP SUPPORT	OTC
CVS VISION CAP HEALTH	OTC
DECUBI-VITE CAP	OTC
DEKAS PLUS CAP	OTC
DEKAS PLUS CAP OCEAN	OTC
<i>dry eye cap formula</i>	OTC
EYE HEALTH CAP	OTC
EYE HEALTH CAP ADLT 50+	OTC
<i>eye vitamins cap</i>	OTC
GENADEK CAP STEP 1	OTC
GENADEK CAP STEP 2	OTC
<i>glucoten cap</i>	OTC
<i>hair/skin cap nails</i>	OTC
HAIR/SKIN/ CAP NAILS	OTC
<i>healthy eyes cap</i>	OTC
<i>healthy eyes cap superv 2</i>	OTC
HEALTHY EYES CAP SUPERVIS	OTC
<i>icaps cap</i>	OTC
<i>icaps lutein cap /omega-3</i>	OTC
IMMUNE ESSEN CAP DAILY	OTC
<i>macular hth cap formula</i>	OTC
MENS 50+ CAP ADVANCED	OTC
MOOD FOOD CAP	OTC
MOOD FOOD ES CAP	OTC
<i>multi 50+ cap for her</i>	OTC
<i>multi cap complete</i>	OTC
<i>multi cap for her</i>	OTC
<i>multi cap for him</i>	OTC
MULTIA CAP	OTC
<i>multivitamin cap daily</i>	OTC
MVW COMPLETE CAP D3000	OTC
MVW COMPLETE CAP D5000	OTC
MVW COMPLETE CAP FORMULAT	OTC
MVW COMPLETE CAP MINIS	OTC
MVW MODULAT CAP FORM MIN	OTC
MVW MODULAT CAP FORMULAT	OTC
OCUHEALTH CAP VISION 2	OTC
OCUVITE CAP ADULT	OTC
<i>ocuvite eye cap health</i>	OTC
OCUVITE LUTE CAP	OTC
ONE-DAILY CAP MULTI	OTC
PORENAL+D CAP OMEGA 3	OTC

Drug Name	Requirements/Limits
PRESCRIPTION CAP SUPPORT	OTC
PRESERVISION CAP AREDS	OTC
PRESERVISION CAP AREDS 2	OTC
PRESERVISION CAP LUTEIN	OTC
<i>prevent cap</i>	OTC
PRORENAL+D CAP OMEGA-3	OTC
PROTECT CAP CARDIO	OTC
PROTECT CAP PLUS SO	OTC
PROTEGRA CAP	OTC
SKIN/HAIR/ CAP NAILS	OTC
SUPER ANTIOX CAP	OTC
<i>super antiox cap protect</i>	OTC
SUPPORT-500 CAP	OTC
<i>systane icap cap areds2</i>	OTC
THERAMIL CAP FORTE	OTC
THERANATAL CAP LACTATIO	OTC
<i>ultra multi cap /iron</i>	OTC
VISION CAP OPTIMIZE	OTC
<i>vision form cap 2</i>	OTC
<i>vision formu cap 50+</i>	OTC
VISION HEALT CAP	OTC
<i>vision plus cap</i>	OTC
VISTA ADVAN CAP AREDS2	OTC
VISTA ADVAN CAP DRY EYE	OTC
<i>vita-min cap</i>	OTC
VITABEX CAP	OTC
VITABEX PLUS CAP	OTC
VITEYES CAP CLASSIC	OTC
<i>viteyes cap complete</i>	OTC
VITEYES CLAS CAP ADV	OTC
VITEYES CLAS CAP ADVANCED	OTC
VITEYES CLAS CAP MAC SUPP	OTC
VITEYES CLAS CAP OMEGA-3	OTC
<i>womens 50+ cap advanced</i>	OTC
<i>womens cap multi</i>	OTC
<i>a thru z adv tab adult</i>	OTC
<i>a thru z sel tab 50+ adva</i>	OTC
<i>a thru z sel tab 50+ mens</i>	OTC
<i>a thru z sel tab advanced</i>	OTC
<i>a thru z tab advanced</i>	OTC
<i>a thru z tab high pot</i>	OTC
<i>a thru z tab select</i>	OTC
<i>a thru z tab ultimate</i>	OTC

Drug Name	Requirements/Limits
a thru z ult tab mens	OTC
ABC COMPLETE TAB ADULT	OTC
ABC COMPLETE TAB MENS	OTC
ABC COMPLETE TAB MENS 50+	OTC
ABC COMPLETE TAB SENIOR	OTC
ABC COMPLETE TAB WOMEN	OTC
<i>advanced tab formula</i>	OTC
ALIVE 50+ TAB ENERGY	OTC
ALIVE CALCIU TAB BONE	OTC
ALIVE DAILY TAB ENERGY	OTC
ALIVE DAILY TAB WOMENS	OTC
ALIVE DIABET TAB MULTIVIT	OTC
ALIVE ENERGY TAB WOMENS	OTC
ALIVE MENS TAB	OTC
ALIVE MENS TAB COMPLETE	OTC
ALIVE WOMENS TAB 50+ COMP	OTC
ALPHA BETIC TAB	OTC
ANTIOXIDANT TAB FORMULA	OTC
<i>antioxidant tab vitamins</i>	OTC
AZO HORMONAL TAB HEALTH	OTC
BASIC AM TAB	OTC
BASIC PM TAB	OTC
BONEUP VEG TAB	OTC
CENT MATURE TAB ADLT 50+	OTC
<i>cent mature tab womn 50+</i>	OTC
<i>centavite az tab minerals</i>	OTC
CENTRAL-VITE TAB	OTC
<i>central-vite tab mens mat</i>	OTC
<i>central-vite tab wmn mat</i>	OTC
<i>centravites tab</i>	OTC
<i>centravites tab 50 plus</i>	OTC
CENTRAVITES TAB 50 PLUS	OTC
CENTRAVITES TAB ADULTS	OTC
CENTRUM MINI TAB ADULT 50	OTC
CENTRUM MINI TAB MEN 50+	OTC
CENTRUM MINI TAB WOMEN	OTC
CENTRUM MINI TAB WOMEN 50	OTC
CENTRUM SILV TAB 50+MEN	OTC
CENTRUM SILV TAB 50+WOMEN	OTC
CENTRUM SILV TAB ADULT 50	OTC
CENTRUM SILV TAB WOMEN 50	OTC
CENTRUM SPEC TAB HEART	OTC
CENTRUM SPEC TAB IMMUNE	OTC

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Drug Name	Requirements/Limits
CENTRUM SPEC TAB VISION	OTC
CENTRUM TAB ADULTS	OTC
CENTRUM TAB CARDIO	OTC
CENTRUM TAB MEN	OTC
CENTRUM TAB SILVER	OTC
CENTRUM TAB ULTRA	OTC
CENTRUM TAB WOMEN	OTC
<i>century tab</i>	OTC
<i>century tab mature</i>	OTC
<i>cerovite tab senior</i>	OTC
CERTAVITE TAB SENIOR	OTC
<i>certavite/ tab antioxidant</i>	OTC
CERTAVITE/ TAB ANTIOXID	OTC
<i>companion tab</i>	OTC
<i>compete tab</i>	OTC
<i>complete multi tab adult 50+</i>	OTC
CVS MULTIVIT TAB MINERAL	OTC
<i>daily betic tab</i>	OTC
<i>daily combo tab</i>	OTC
<i>daily diet tab support</i>	OTC
<i>daily multi tab men</i>	OTC
<i>daily multi tab minerals</i>	OTC
<i>daily multi tab vit/mens</i>	OTC
<i>daily multi tab vit/min</i>	OTC
<i>daily multi tab women 50+</i>	OTC
DERMAVITE TAB	OTC
<i>diabetics health tab formula</i>	OTC
<i>dialyvite tab 800/d</i>	OTC
EQ COMPLETE TAB ADULT	OTC
EQ ONE DAILY TAB MENS	OTC
<i>eq one daily tab womens</i>	OTC
EQ ONE DAILY TAB WOMENS	OTC
<i>eql century tab</i>	OTC
<i>eql century tab mature</i>	OTC
EQL CENTURY TAB MENS	OTC
EQL CENTURY TAB WOMENS	OTC
<i>eql vision tab formula</i>	OTC
<i>essentia tab</i>	OTC
<i>essential tab balance</i>	OTC
ESTROVEN MEN TAB SUPPLEM	OTC
<i>eye health & tab lutein</i>	OTC
EYE HEALTH TAB LUTEIN	OTC
EYE MULTIVIT TAB SODIUM	OTC

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Drug Name	Requirements/Limits
eye-vites tab	OTC
FITNESS TABS TAB MEN	OTC
FITNESS TABS TAB WOMEN	OTC
FREDAVITE TAB	OTC
GERI-FREDA TAB SENIOR	OTC
gerivate tab complete	OTC
GNP CENTURY TAB ADULT	OTC
gnp healthy tab eyes	OTC
HAIR SKIN & TAB NAILS AD	OTC
hair skin tab nails	OTC
HAIR SKIN TAB NAILS	OTC
hair/skin/ tab nails	OTC
HEAD CARE TAB PROACTIV	OTC
healthy eyes tab	OTC
hi-kovite tab 2-part	OTC
HIGH POTENCY TAB MV/FA	OTC
HM COMPLETE TAB MEN	OTC
hm complete tab women	OTC
i-vite tab	OTC
ICAPS AREDS TAB FORMULA	OTC
icaps mv tab	OTC
K-PAX TAB PROF ST	OTC
kp adult 50+ tab daily	OTC
kp adults tab daily	OTC
kp mens 50+ tab daily	OTC
kp mens tab daily	OTC
kp vision tab for/ltn	OTC
kp vision tab formula	OTC
kp women 50+ tab daily	OTC
kp womens tab daily	OTC
life pack tab mens	OTC
life pack tab womens	OTC
LIVER DETOX TAB	OTC
LUTEIN PLUS TAB ZEAXANTH	OTC
macuvite tab	OTC
macuvite tab eye care	OTC
macuvite tab lutein	OTC
max daily tab green	OTC
mega multi tab men	OTC
MEGA MULTI TAB MEN	OTC
mega multi tab women	OTC
MEGA MULTI TAB WOMEN	OTC
MEGAVITE TAB FRT/VEG	OTC

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Drug Name	Requirements/Limits
MENS 50+ TAB MULTIVIT	OTC
<i>mens daily tab formula</i>	OTC
MENS MULTIPL TAB	OTC
<i>mult vitamin tab no iron</i>	OTC
<i>mult vitamin tab womens</i>	OTC
<i>multi 50+ tab for her</i>	OTC
<i>multi 50+ tab for him</i>	OTC
<i>multi 50+ wm tab advanced</i>	OTC
<i>multi complt tab /iron</i>	OTC
<i>multi tab for her</i>	OTC
<i>multi tab for him</i>	OTC
MULTI VITAMN TAB MINERALS	OTC
<i>multi-vit/ tab minerals</i>	OTC
MULTI-VITAMI TAB MONOCAPS	OTC
<i>multi-vite tab</i>	OTC
<i>multi-vite tab 50&over</i>	OTC
<i>multiple vitamins w/ minerals tab</i>	OTC
<i>multiv women tab 50+</i>	OTC
MULTIVITAMIN TAB	OTC
<i>multivitamin tab adlt 50+</i>	OTC
MULTIVITAMIN TAB ADULT	OTC
<i>multivitamin tab adults</i>	OTC
MULTIVITAMIN TAB ADULTS	OTC
MULTIVITAMIN TAB MEN	OTC
<i>multivitamin tab men 50+</i>	OTC
<i>multivitamin tab women</i>	OTC
MULTIVITAMIN TAB WOMEN	OTC
<i>multivitamin tab womens</i>	OTC
MULTIVITAMIN TAB ZINC STR	OTC
<i>myamulti tab</i>	OTC
NAT-RUL THER TAB M	OTC
NATRUL-VITES TAB	OTC
<i>nutritional tab support</i>	OTC
OCULAR TAB VITAMINS	OTC
<i>ocutabs tab</i>	OTC
<i>ocutabs tab lutein</i>	OTC
<i>ocuvite eye tab + multi</i>	OTC
<i>ocuvite tab lutein</i>	OTC
<i>ocuvite xtra tab</i>	OTC
ONCOVITE TAB	OTC
ONE A DAY TAB MENS 50+	OTC
ONE A DAY TAB TRIPLE	OTC
ONE A DAY TAB WOMENS	OTC

Drug Name	Requirements/Limits
ONE DAILY MN TAB W/O IRON	OTC
ONE DAILY MV TAB WOMENS	OTC
<i>one daily tab 50 plus</i>	OTC
<i>one daily tab 50+</i>	OTC
<i>one daily tab 50+ adv</i>	OTC
<i>one daily tab /mineral</i>	OTC
<i>one daily tab complete</i>	OTC
<i>one daily tab essentl</i>	OTC
<i>one daily tab fe/ca</i>	OTC
<i>one daily tab healthy</i>	OTC
<i>one daily tab iron-fre</i>	OTC
<i>one daily tab maximum</i>	OTC
<i>one daily tab men</i>	OTC
<i>one daily tab men 50+</i>	OTC
<i>one daily tab mens</i>	OTC
ONE DAILY TAB MENS	OTC
<i>one daily tab mens 50+</i>	OTC
ONE DAILY TAB MENS 50+	OTC
<i>one daily tab multi-vi</i>	OTC
ONE DAILY TAB WMNS 50+	OTC
<i>one daily tab wom 50+</i>	OTC
<i>one daily tab women</i>	OTC
<i>one daily tab women 50</i>	OTC
<i>one daily tab womens</i>	OTC
ONE DAILY TAB WOMENS	OTC
<i>one dly hlth tab wght adv</i>	OTC
ONE-A-DAY TAB 50+ ADV	OTC
ONE-A-DAY TAB 50+ MENS	OTC
ONE-A-DAY TAB 50+ WMN	OTC
ONE-A-DAY TAB 65+	OTC
ONE-A-DAY TAB ENERGY	OTC
ONE-A-DAY TAB MENOPAUS	OTC
ONE-A-DAY TAB MENS	OTC
ONE-A-DAY TAB PETITES	OTC
ONE-A-DAY TAB PROEDGE	OTC
<i>one-a-day tab teen/her</i>	OTC
ONE-A-DAY TAB TEEN/HIM	OTC
ONE-A-DAY TAB WOMENS	OTC
<i>optic-vites tab</i>	OTC
<i>optic-vites tab lutein</i>	OTC
<i>optimum pms tab</i>	OTC
OPTIVITE TAB P.M.T.	OTC
OPURITY TAB	OTC

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Drug Name	Requirements/Limits
OSTEOPRIME TAB PLUS	OTC
<i>osteopprime tab ultra</i>	OTC
PARVLEX TAB	OTC
PHYTOMULTI TAB	OTC
PRESERVISION TAB AREDS	OTC
PRO-CAL TAB	OTC
PROCERV HP TAB	OTC
PRORENAL +D TAB	OTC
PRORENAL+D TAB	OTC
<i>prosight tab</i>	OTC
PROVIT TAB	OTC
<i>qc hair/skin tab nails</i>	OTC
QC MULTI-VIT TAB	OTC
<i>qc therin-m tab</i>	OTC
QUIN B TAB STRONG	OTC
<i>quintabs-m tab</i>	OTC
QUINTABS-M TAB	OTC
<i>ra one daily tab maximum</i>	OTC
<i>ra one daily tab mens</i>	OTC
<i>ra one daily tab mens 50+</i>	OTC
<i>ra one daily tab mens/d3</i>	OTC
RAYAVIT TAB	OTC
<i>renaplex tab</i>	OTC
RENAPLEX-D TAB	OTC
<i>senior tabs tab</i>	OTC
SENTRY SENIO TAB LUTEIN	OTC
<i>sentry tab</i>	OTC
SENTRY TAB	OTC
<i>sentry tab senior</i>	OTC
<i>sm complete tab</i>	OTC
<i>sm complete tab 50+</i>	OTC
<i>sm complete tab 50+ mens</i>	OTC
<i>sm complete tab 50+ wmn</i>	OTC
<i>sm complete tab adv form</i>	OTC
<i>sm complete tab senior</i>	OTC
<i>sm hair/skin tab /nails</i>	OTC
SM ONE DAILY TAB MENS	OTC
SM ONE DAILY TAB WOMENS	OTC
<i>sm opti-vita tab</i>	OTC
SOLO TAB	OTC
<i>spectr women tab hlth sen</i>	OTC
<i>spectra ultr tab hlth men</i>	OTC
SPECTRAVITE TAB	OTC

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Drug Name	Requirements/Limits
SPECTRAVITE TAB ADLT 50+	OTC
SPECTRAVITE TAB ADULTS	OTC
spectravite tab advanced	OTC
spectravite tab men	OTC
spectravite tab men 50+	OTC
SPECTRAVITE TAB MEN 50+	OTC
spectravite tab senior	OTC
SPECTRAVITE TAB ULT MEN	OTC
SPECTRAVITE TAB ULT WMN	OTC
spectravite tab women	OTC
spectravite tab women 50	OTC
stress b-com tab antio/zn	OTC
stresstabs tab advanced	OTC
super antiox tab a/c/e/se	OTC
super multip tab	OTC
super thera tab vite m	OTC
SUPERIOR TAB MENS	OTC
supr aytinal tab	OTC
supr aytinal tab 50 plus	OTC
supr vitamin tab	OTC
SYSTANE ICAP TAB AREDS2	OTC
T-VITES TAB	OTC
thera form/ tab hematin	OTC
thera tab vital-m	OTC
thera vital tab m	OTC
THERA-TABS M TAB	OTC
THERA-VITE TAB MAX-M	OTC
therabasic-m tab	OTC
THERAGRAN-M TAB	OTC
THERAGRAN-M TAB 50 PLUS	OTC
THERAGRAN-M TAB ADVANCED	OTC
THERAGRAN-M TAB PREMIER	OTC
therapeutic tab -m	OTC
therapeutic- tab m	OTC
THERAPEUTIC- TAB M	OTC
theratrum co tab 50 plus	OTC
theratrum tab complete	OTC
thrive for tab women	OTC
ULTRA BONEUP TAB	OTC
ultra freeda tab	OTC
ultra freeda tab /iron	OTC
ULTRA POTENC TAB WOMEN 50	OTC
ultrachoice tab advanced	OTC

Drug Name	Requirements/Limits
<i>vision form/ tab lutein</i>	OTC
<i>vision tab vitamins</i>	OTC
<i>vita hair tab</i>	OTC
<i>vitabasic tab complete</i>	OTC
<i>vitabasic tab senior</i>	OTC
VITASANA TAB	OTC
VITEYES CLAS TAB MULTIVIT	OTC
VITEYES OPTI TAB NERV SUP	OTC
WEIGHT SMART TAB ADVANCED	OTC
<i>womens 50+ tab advanced</i>	OTC
WOMENS 50+ TAB MULTIVIT	OTC
<i>womens daily tab formula</i>	OTC
<i>womens mult tab</i>	OTC
WOMENS MULTI TAB	OTC
<i>womns active tab daily</i>	OTC
YELETS TEEN TAB FORMULA	OTC
ENDUR-VM TAB	OTC
ENDUR-VM TAB IRON	OTC
<i>mega-maratho tab 100 tr</i>	OTC
<i>natrul-100 tab super</i>	OTC
<i>totalday mul tab tr</i>	OTC
ULTRA MEGA G TAB 75MG CR	OTC
ULTRA MEGA G TAB 100MG	OTC
ULTRA MEGA TAB 75MG CR	OTC
ULTRA MEGA TAB TWO	OTC
<i>ultra-mega tab cr</i>	OTC
<i>a thru z chw select</i>	OTC
ADEK CHW PLUS ZN	OTC
<i>adlt multivi chw gummies</i>	OTC
ADLT ONE DLY CHW GUMMIES	OTC
<i>advanced chw multi ea</i>	OTC
<i>airborne chw</i>	OTC
AIRBORNE CHW	OTC
<i>airborne chw citrus</i>	OTC
AIRBORNE CHW CITRUS	OTC
AIRBORNE CHW ELDERBER	OTC
<i>airborne chw gummies</i>	OTC
<i>airborne chw immune</i>	OTC
<i>airborne chw kids</i>	OTC
AIRBORNE CHW KIDS	OTC
AIRBORNE CHW VERY BER	OTC
<i>airshield chw</i>	OTC
AIRSHIELD CHW IMMUNITY	OTC

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
ALIVE HAIR CHW SKN/NAIL	OTC
ALIVE MENS CHW 50+	OTC
ALIVE MENS CHW GUMMY	OTC
ALIVE MULTI CHW VITAMIN	OTC
ALIVE WOMENS CHW 50+	OTC
ALIVE WOMENS CHW GUMMY	OTC
BARIATRIC CHW FUSION	OTC
CELEBRATE CHW 18	OTC
CELEBRATE CHW 36	OTC
CELEBRATE CHW 45	OTC
CELEBRATE CHW 60	OTC
CENTRUM 50+ CHW ADULTS	OTC
CENTRUM 50+ CHW FRSH/FRU	OTC
CENTRUM CHW ADULTS	OTC
CENTRUM CHW FLAV BST	OTC
CENTRUM CHW SILVER	OTC
CENTRUM CHW VITAMINT	OTC
CENTRUM MULT CHW OMEGA 3	OTC
CHOICEFUL CHW MULTIVIT	OTC
CULTURELLE CHW MULTIVIT	OTC
<i>cvs daily chw gummies</i>	OTC
DEKAS CHW BARIATRI	OTC
DEKAS PLUS CHW	OTC
EMERGEN-C CHW IMMUNE+	OTC
EMERGEN-C CHW IMMUNE/D	OTC
EMERGEN-C CHW VITA C	OTC
IMMUNE CHW SUPPORT	OTC
<i>mens daily chw gummies</i>	OTC
MENS MULTI CHW	OTC
<i>multi adult chw gummies</i>	OTC
<i>multi gummie chw mens</i>	OTC
<i>multi gummie chw womens</i>	OTC
<i>multi+omega3 chw adult</i>	OTC
<i>multi-vitami chw gummies</i>	OTC
<i>multivi adlt chw gummies</i>	OTC
MULTIVITAMIN CHW ADLT GUM	OTC
MVW HI-D CHW ADEK	OTC
MVW ORANGE CHW CHEWABLE	OTC
<i>ocuvite eye chw heath</i>	OTC
ONE A DAY CHW IMMUNITY	OTC
ONE A DAY CHW WOMENS	OTC
ONE DAILY CHW ADLT GUM	OTC
ONE-A-DAY CHW IMMUNITY	OTC

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Drug Name	Requirements/Limits
ONE-A-DAY CHW VITACRAV	OTC
OPTIFAST POS CHW BARIATRI	OTC
OPTIMUM CHW AIRVITES	OTC
OPTISOURCE CHW BARIATRC	OTC
OPURITY CHW BYPASS	OTC
PRESERVISION CHW AREDS 2	OTC
SPECTRAVITE CHW ADLT 50+	OTC
SPECTRAVITE CHW WOMEN	OTC
SYSTANE ICAP CHW AREDS2	OTC
VITACHEW CHW ADULT	OTC
VITACRAVES CHW GUMMIES	OTC
VITACRAVES CHW IMMUNITY	OTC
VITACRAVES CHW MENS	OTC
VITACRAVES CHW SOUR GUM	OTC
VITACRAVES CHW WOMENS	OTC
VITAJOY MULT CHW ADULT	OTC
WAL-BORN CHW VIT C	OTC
WMNS MULTIVI CHW +COLLAGE	OTC
womens daily chw gummies	OTC
WOMENS MULT CHW GUMMIES	OTC
YOUR LIFE CHW GUMMIES	OTC
YUMVS DIABET CHW MULTIVIT	OTC
YUMVS MULTI CHW ZERO	OTC
ACTIVE 55 LIQ PLUS	OTC
ALIVE LIQ MULT-VIT	OTC
bprotected liq multi-vi	OTC
CENTRUM LIQ	OTC
CENTRUM LIQ ADULT	OTC
comp multivi liq mineral	OTC
LYSIPLEX LIQ PLUS	OTC
MULTI-VITE LIQ	OTC
multiple vitamins w/ minerals liquid	OTC
tropical liq nutritio	OTC
ACTIVNUT W/O POW COP/IRON	OTC
ATP IGNITE POW WORKOUT	OTC
BOOSTNOW POW IMM SUPP	OTC
C-BUFF POW	OTC
NANOVM POW ADULT	OTC
NANOVM POW SENIOR	OTC
PHLEXY-VITS POW	OTC
VITEYES CLAS POW +MULTI	OTC
ACTIVESSENT PAK	OTC
ATP IGNITE PAK	OTC

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Drug Name	Requirements/Limits
CENTRUM POW DRINK	OTC
EMERGEN-C PAK BLUE	OTC
EMERGEN-C PAK FIVE	OTC
EMERGEN-C PAK HEART	OTC
EMERGEN-C PAK IMMUNE	OTC
EMERGEN-C PAK JOINT	OTC
EMERGEN-C PAK KIDZ	OTC
EMERGEN-C PAK MSM LITE	OTC
EMERGEN-C PAK PINK	OTC
EMERGEN-C PAK SUPER FR	OTC
EMERGEN-C PAK VIT D/CA	OTC
EMERGEN-C PAK VITA C	OTC
ENERGY POW BOOSTER	OTC
EVOLUTION60 POW	OTC
GNP IMMUNE PAK	OTC
GNP IMMUNE PAK SUPPORT	OTC
IMMUBLAST-C POW ORANGE	OTC
IMMUNE SUPP POW VIT C	OTC
MAXIMIN PAK	OTC
MENS DAILY PAK PACK	OTC
MULTI FOR POW HER	OTC
MULTI FOR POW HIM	OTC
PROXEED PLUS PAK	OTC
RA ESSENCE-C POW ORANGE	OTC
RA ESSENCE-C POW RASPBYR	OTC
RA ESSENCE-C POW TNGERINE	OTC
SKIN BEAUTY/ PAK WELLNESS	OTC
VITAMIN C PAK BLEND	OTC
WOMENS DAILY PAK PACK	OTC
ZINC LOZ	OTC
ACTIVESSENTI PAK ONCOPEX	OTC
ACTIVESSENTI PAK WOMEN	OTC
CONCEPTIONXR MIS MOTILITY	OTC
DAILY HEART PAK SUPPORT	OTC
DAILY PAK MIS MULTIVIT	OTC
DIABET HLTH PAK SUPPORT	OTC
DIABETES PAK HEALTH	OTC
KP MENS MIS DAILY PK	OTC
KP WOMENS PAK DAILY	OTC
LIFE PACK MIS MENS	OTC
LIFE PACK MIS WOMENS	OTC
MENS PAK	OTC
PREMIUM MIS PACKETS	OTC

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Drug Name	Requirements/Limits
THERANATAL MIS LACTATIO	OTC
WOMENS PAK	OTC
MULTIPLE VITAMINS W/ CALCIUM	
essent one tab daily	OTC
one daily tab womens	OTC
ONE-A-DAY TAB WOMENS	OTC
signacal tab	OTC
SM ONE DAILY TAB ESSENTIA	OTC
PEDIATRIC VITAMINS	
HONEY BEARS CHW	OTC
MULTIVITAMIN CHW CHILD	OTC
PEDIATRIC MULTIPLE VITAMINS	
child chew chw vitamins	OTC
child chew/ chw extra c	OTC
children vit chw	OTC
childrens chw multivit	OTC
childrens chw vitamins	OTC
culturelle chw	OTC
culturelle chw kids	OTC
flintstones chw multivit	OTC
flintstones chw my first	OTC
flintstones chw omega-3	OTC
flintstones chw pls calc	OTC
fruity chews chw	OTC
gnp little chw ones	OTC
kids probiot chw multivit	OTC
land bfr tim chw vit/c	OTC
little chw animals	OTC
multivitamin chw children	OTC
qc childrens chw extra c	OTC
sm animal chw shapes	OTC
VITACRAVES CHW +OMEGA-3	OTC
zoo friends chw extra c	OTC
NOVAMV PED DRO 10MG/ML	OTC
MULTIV INFAN DRO /TODDLER	OTC
MULTIVITAMIN DRO INFANT	OTC
PED POLY-VIT DRO	OTC
POLY-VI-SOL SOL 50MG/ML	OTC
POLY-VITA DRO	OTC
POLY-VITE DRO	OTC
POLY-VITE SOL 50MG/ML	OTC

Drug Name	Requirements/Limits
PED MULTIPLE VITAMINS W/ MINERALS	
ACTIVNUTRIEN CHW	OTC
ALIVE GUMMIE CHW CHILDREN	OTC
ALIVE MULTI CHW CHILDRLNS	OTC
CENTRUM KIDS CHW	OTC
CENTRUM KIDS CHW FLAV BST	OTC
CHILDRENS CHW GUMMIES	OTC
EMERGEN-C CHW KIDZ	OTC
EQ MULTIVITA CHW GUMMIES	OTC
FLINTSTONES CHW BONE BLD	OTC
FLINTSTONES CHW COMPLETE	OTC
FLINTSTONES CHW GUMMIES	OTC
FLINTSTONES CHW IMMUNITY	OTC
FLINTSTONES CHW SOUR GUM	OTC
FLINTSTONES CHW TODDLER	OTC
GNP MULTI CHW CHILDREN	OTC
GUMMI BEAR CHW MULTIVIT	OTC
GUMMIES CHW	OTC
GUMMY DINOS CHW	OTC
GUMMY DINOS CHW CHLDRN	OTC
GUMMY MULTIV CHW KIDS	OTC
KIDZ MULTVIT CHW PROBIOTI	OTC
MULTI ZERO CHW YUMVSKID	OTC
MULTIVITAMIN CHW CHILD	OTC
MULTIVITAMIN CHW CHILDREN	OTC
MULTIVITAMIN CHW GUMMIES	OTC
MVW COMPLETE CHW BUBBLGUM	OTC
MVW COMPLETE CHW D3000	OTC
MVW COMPLETE CHW D5000	OTC
MVW COMPLETE CHW GRAPE	OTC
MVW COMPLETE CHW ORANGE	OTC
ONE-A-DAY CHW JLY RANC	OTC
SMARTY PANTS CHW KIDS	OTC
VITACHEW CHW	OTC
VITALETS CHW CHILD	OTC
ZOO FRIENDS CHW GUMMIES	OTC
BABY IRON DRO IMMUNITY	OTC
DEKAS PLUS LIQ	OTC
MVW HI-D DR LIQ EX VIT D	OTC
MVW MOD FORM LIQ PEDS	OTC
UPSPRINGBABY DRO MV/IRON	OTC
MVW COMPLETE DRO PEDIATRI	OTC
NANOVM POW 1-3 YRS	OTC

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Drug Name	Requirements/Limits
NANOVM POW 4-8YEARS	OTC
NANOVM POW 9-18 YRS	OTC
NANOVM T/F POW	OTC
PED MV W/ IRON	
HONEY BEARS CHW IRON-ZIN	OTC
childrens chw /iron	OTC
fruity chews chw /iron	OTC
land bfr tim chw vit/iron	OTC
qc childrens chw iron	OTC
animal shape chw complete	OTC
cerovite jr chw	OTC
chewable chw children	OTC
childrens chw complete	OTC
chld mltivit chw /mineral	OTC
compl multiv chw childrns	OTC
cvs children chw complete	OTC
flintstones chw complete	OTC
flintstones chw ext iron	OTC
flintstones chw w/iron	OTC
MULTIVITAMIN CHW IRON	OTC
qc childrens chw complete	OTC
sm animal sh chw complete	OTC
ultra choice chw kids	OTC
PED POLY-VIT DRO /IRON	OTC
POLY-VITA/FE DRO	OTC
POLY-VITE SOL /IRON	OTC
PED MV W/ FLUORIDE	
SOLUVITA SOL 0.25/ML	OTC
tri-vit/fluo dro 0.25mg	
vit a/c/d/fl dro 0.25mg	OTC
tri-vit/fluo dro 0.5mg	
vit a/c/d/fl dro 0.5mg	OTC
multi vit/fl chw 0.25mg	
multivit/fl chw 0.25mg	
MULTIVIT/FL CHW 0.25MG	OTC
QUFLORA PED CHW 0.25MG	
FLORAFOL CHW 0.5MG	
multivit/fl chw 0.5mg	
MULTIVIT/FL CHW 0.5MG	OTC
QUFLORA PED CHW 0.5MG	
FLORAFOL PED CHW 1MG	
multivit/fl chw 1mg	

Drug Name	Requirements/Limits
MULTIVIT/FL CHW 1MG	OTC
QUFLORA PED CHW 1MG	
FLORIVA DRO PLUS	
<i>multivit/fl dro 0.25mg</i>	
MULTIVIT/FL DRO 0.25MG	OTC
QUFLORA PED DRO 0.25MG	
SOLUVITA SOL 0.25/ML	OTC
MULTI VIT/FL DRO 0.5MG/ML	OTC
<i>multi-vit/fl dro 0.5mg/ml</i>	
QUFLORA PED DRO 0.5MG/ML	
SOLUVITA SOL 0.5MG/ML	OTC
PED MULTI VITAMINS W/FL & FE	
POLY-VI-FLOR SUS /IRON	OTC
<i>multi-vit/fe dro /fl 0.25</i>	OTC
<i>multi-vit/fl dro /fe 0.25</i>	
SPECIALTY VITAMINS PRODUCTS	
ADRENAL CAP MANAGER	OTC
ADRENALIV CAP	OTC
ADRENOID CAP	OTC
BILBERRY CAP PLUS	OTC
CARDIOPRESS CAP	OTC
CHOLASE CAP CONTROL	OTC
COLLAGEN CAP ULTRA	OTC
CORTICARE B CAP	OTC
FEMQUIL CAP	OTC
GLYCOTROL CAP	OTC
GLYCOTROL CAP COMPLETE	OTC
HEART SAVIOR CAP	OTC
IMMUNERX CAP	OTC
IMMUNICARE CAP	OTC
INULOSE BLD CAP SUGAR	OTC
LIPOTRIAD CAP VIS PLUS	OTC
LIPOTRIAD CAP VISION	OTC
LIPOTRIAD CAP VISIONAR	OTC
MEDCAPS DPO CAP	OTC
MEDCAPS GI CAP	OTC
MEDCAPS IS CAP	OTC
MEDCAPS T3 CAP	OTC
MEMORALL CAP	OTC
METHYL CAP PROTECT	OTC
METHYL-GUARD CAP	OTC
METHYL-GUARD CAP PLUS	OTC

Drug Name	Requirements/Limits
MM BIOTIN CAP KERATIN	OTC
RETAINE CAP VISION	OTC
SYNERTROPIN CAP	OTC
VITAMINS FOR CAP HAIR	OTC
<i>a thru z tab advantag</i>	OTC
ALLERWELL TAB ALLERGY	OTC
BIOTIN PLUS TAB KERATIN	OTC
CENTRUM SPEC TAB ENERGY	OTC
CENTRUM TAB PERFORMA	OTC
CVS HAIR/SKN TAB NAILS	OTC
ELON MATRIX TAB 5000	OTC
ELON MATRIX TAB 5000 COM	OTC
ELON MATRIX TAB COMPLETE	OTC
ELON MATRIX TAB PLUS	OTC
ELON R3 TAB	OTC
HAIR NOURISH TAB SUPPLEMN	OTC
<i>hair/skin/ tab nails</i>	OTC
HEART TABS TAB	OTC
LIPIDSHIELD TAB PLUS	OTC
MEMORY TAB COMPLEX	OTC
<i>menopause tab support</i>	OTC
MG PLUS TAB PROTEIN	OTC
MIL ADREGEN TAB	OTC
RA EAR CARE TAB	OTC
<i>ultimate fat tab burner</i>	OTC
UPSPRING TAB HE NATAL	OTC
<i>varisan tab vitality</i>	OTC
<i>vit for hair tab</i>	OTC
GERM DEFENSE TAB PM	OTC
RA EFFERVESC TAB FORMULA	OTC
WAL-BORN TAB	OTC
COMPLETE CAP BALANCE	OTC
MENOPAUSE MIS AM/PM	OTC
WOMENS MENOP MIS VITA PAK	OTC
WOMENS VITA MIS PAK	OTC

PRENATAL VITAMINS

<i>prenatabs rx tab</i>	OTC
<i>elite-ob tab</i>	
<i>trinate tab</i>	
<i>prenatal 19 chw tab</i>	
<i>pnv-select tab</i>	
<i>inatal gt tab</i>	
<i>pnv-dha cap</i>	

Drug Name	Requirements/Limits
VITAMINS W/ LIPOTROPICS	
b-stress cap	OTC
balance b-50 cap complex	OTC
multi-vit hp cap /mineral	OTC
ACTIFLOVIT TAB EAR HEAL	OTC
b-complex tab form 1	OTC
balance b100 tab	OTC
balance b-50 tab complex	OTC
cvs balanced tab b50	OTC
cvs inner tab ear plus	OTC
ear health tab formula	OTC
ear health tab plus	OTC
lipo flavono tab plus	OTC
lipoflavovit tab	OTC
LIPOTRIAD TAB	OTC
mega multi tab w/che mi	OTC
nat-rul tab b-50	OTC
risanoid tab plus	OTC
ultra b-100 tab complex	OTC
vitamins w/ lipotropics tab	OTC
B-100 COMP TAB TR	OTC
GERAVINE ELX	OTC
IRON W/ VITAMINS	
geritol tab complete	OTC
GERITOL LIQ TONIC	OTC
MINERALS & ELECTROLYTES	
CALCIUM	
CALCIUM TAB 280MG	OTC
RA CALCIUM TAB 500MG	OTC
cvs calcium tab 600mg	OTC
ra calcium tab high pot	OTC
calcium carbonate tab 600 mg	OTC
calcium carb tab 1250mg	OTC
calcium carbonate tab 1250 mg (500 mg elemental ca)	OTC
calcium 600 tab	OTC
calcium carbonate tab 1500 mg (600 mg elemental ca)	OTC
calcium tab 600mg	OTC
pure calcium tab carbonat	OTC
super calciu tab 600mg	OTC
CALCIUM CARB CHW 500MG	OTC
calcium citrate tab 950 mg (200 mg elemental ca)	OTC
oyster shell calcium tab 500 mg	OTC

Drug Name	Requirements/Limits
super cal/ tab mag	OTC
CAL-MAG TAB 500-250	OTC
CALCIUM/D3 TAB 500/200	OTC
PARVA-CAL TAB 500MG	OTC
calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)	OTC
liq ca/vit d cap 600mg	OTC
calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)	OTC
OYST SHELL/D TAB 500MG	OTC
calcium carbonate-vitamin d tab 600 mg-3.125 mcg (125 unit)	OTC
calcium 600 tab +d	OTC
calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)	OTC
CALCIUM 600 TAB +D	OTC
EQL CALCIUM CAP VIT D	OTC
calc 600+d3 cap 600-500	OTC
calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)	OTC
calcium plus cap d3	OTC
calcium/d3 cap 600-500	OTC
kp calcium cap 600+d	OTC
calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)	OTC
oyst shell/d tab 250-125	OTC
calcium 500 tab +d	OTC
calcium 500 tab /vit d	OTC
nat-rul cal tab /d 500mg	OTC
oyst shell/d tab 500-125	OTC
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)	OTC
calcium pls tab 500-200	OTC
calcium tab 500+d	OTC
calcium tab 500/d	OTC
calcium/d tab 500-200	OTC
calcium/d tab 500/200	OTC
calcium/d tab 500mg	OTC
os-cal + d3 tab 500-200	OTC
oysco 500+d tab	OTC
oyst ca/d3 tab 500-200	OTC
oyst shell/d tab 500-5mcg	OTC
oyst shell/d tab 500-200	OTC

Drug Name	Requirements/Limits
ra hi cal tab 500-200	OTC
sm calcium/d tab 500-200	OTC
calcium 500 tab +d	OTC
calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)	OTC
calcium/d3 tab	OTC
calcium/d3 tab 500-400	OTC
calcium/d tab 500-400	OTC
os calcium tab /vit d	OTC
oys shell ca tab /d3	OTC
oyst shell/d tab 500-400	OTC
oyst shell/d tab 500mg	OTC
sm calcium tab /vit d3	OTC
calcium/d3 tab	OTC
calcium/d3 tab 500-600	OTC
os-cal extra tab d3	OTC
calcium 600 tab +d	OTC
calcium 600 tab +d3	OTC
calcium + d tab 600-200	OTC
calcium + d tab 600mg	OTC
calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)	OTC
calcium tab vit d	OTC
calcium/d3 tab 600-5	OTC
calcium/d tab 600-200	OTC
ra calcium+d tab 600mg	OTC
calcium 600 tab + d	OTC
calcium 600 tab +d	OTC
calcium 600/ tab vit d	OTC
calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)	OTC
calcium+d3 tab 600-400	OTC
calcium+d tab 600-400	OTC
calcium/d3 tab 600-10	OTC
eql calcium tab w/vit d	OTC
kp calcium tab 600+d	OTC
ra ca/vit d3 tab 600-400	OTC
ra calcium tab vit d	OTC
sm ca/vit d3 tab 600-400	OTC
sm calcium/d tab 600-400	OTC
calc 600+d tab 600-800	OTC
calcium+d3 tab 600-20	OTC
calcium+d3 tab 600-800	OTC

Drug Name	Requirements/Limits
calcium/d3 tab	OTC
calcium/d3 tab 600-20	OTC
calcium/d3 tab 600-800	OTC
calcium/d tab 600-800	OTC
calcium/vita tab d3	OTC
600+d3 tab cal/vitd	OTC
kp calcium tab +d	OTC
CALCIUM CHW 500-10	OTC
os-cal chw	OTC
os-cal chw 500-600	OTC
calcium 600 chw w/vit d	OTC
creamies chw 600-400	OTC
calc cit+d3 tab 200-250	OTC
calc citr+d3 tab 200-250	OTC
calc citr+d3 tab 400-12.5	OTC
calc citr/d3 tab 200-250	OTC
calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)	OTC
CALC CIT+D3 TAB 250-200	OTC
CALC CITRATE TAB +D	OTC
ca citrate + tab	OTC
ca citrate tab + d	OTC
ca citrate tab plus d	OTC
calcitrat tab plus d	OTC
calcium + d3 tab	OTC
calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)	OTC
ca cit/vit d tab 315/250	OTC
cal cit+d3 tab maximum	OTC
calc citr+d3 tab 315-250	OTC
calc citra+d tab 315-250	OTC
calcium +d3 tab maximum	OTC
calcium citr tab plus d-3	OTC
calcium citr tab w/vit d3	OTC
calcium+d3 tab 315-250	OTC
eq calcium tab citr+d	OTC
eql calcium tab citr/d3	OTC
gnp calcium tab cit +d3	OTC
sm cal citr+ tab vit d3	OTC
CAL CIT MAL/ TAB VITAMIND	OTC
calcium-magnesium-zinc tab 333-133-5 mg	OTC
cvs ca/mg/zn tab	OTC
kp ca/mg/zn tab	OTC

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Drug Name	Requirements/Limits
<i>sm ca/mg/zn tab</i>	OTC
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	OTC
<i>sm ca/mg/zn tab</i>	OTC
RISACAL-D TAB	OTC
<i>calcium for chw women</i>	OTC
<i>calcium soft chw mlk choc</i>	OTC
<i>cal soft chw chw mlk choc</i>	OTC
<i>chew calcium chw</i>	OTC
<i>sm calcium chw</i>	OTC
CALCIUM SOFT CHW CARAMEL	OTC
CALCIUM SOFT CHW CHOCOLAT	OTC
FLUORIDE	
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	
<i>SOLUVITA SOL 0.5MG/ML</i>	OTC
PHOSPHATE	
<i>phospho-trin tab k500</i>	
POTASSIUM	
<i>effer-k tab 25meq ef</i>	
<i>k-prime tab 25meq ef</i>	
<i>klor-con/ef tab 25meq</i>	
<i>potassium chloride cap er 8 meq</i>	
<i>potassium chloride cap er 10 meq</i>	
<i>klor-con 8 tab 8meq er</i>	
<i>potassium chloride tab er 8 meq (600 mg)</i>	
<i>klor-con 10 tab 10meq er</i>	
<i>potassium chloride tab er 10 meq</i>	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>klor-con m10 tab 10meq er</i>	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	
<i>klor-con m20 tab 20meq er</i>	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	
MINERAL COMBINATIONS	
<i>CAL/MAG/ZINC TAB VIT D3</i>	OTC

Drug Name	Requirements/Limits
ELECTROLYTE MIXTURES	
<i>ceralyte 70 sol</i>	OTC
<i>cvs electrol sol</i>	OTC
<i>gnp electrol sol</i>	OTC
<i>gnp pediatri sol electrol</i>	OTC
<i>goodsense sol electrol</i>	OTC
<i>oral electro sol cherry</i>	OTC
<i>oral electro sol freezer</i>	OTC
<i>oral electro sol h-e-b</i>	OTC
<i>oral electrolyte solution</i>	OTC
<i>oralyte sol fruit</i>	OTC
<i>oralyte sol grape</i>	OTC
<i>oralyte sol strawbry</i>	OTC
<i>oralyte sol unflavor</i>	OTC
<i>ped elctrlyt sol</i>	OTC
<i>ped elctrlyt sol apple</i>	OTC
<i>ped elctrlyt sol freeze</i>	OTC
<i>ped elctrlyt sol freezer</i>	OTC
<i>ped elctrlyt sol freezpop</i>	OTC
<i>ped elctrlyt sol fruit</i>	OTC
<i>ped elctrlyt sol grape</i>	OTC
<i>ped elctrlyt sol pineappl</i>	OTC
<i>ped elctrlyt sol unflavor</i>	OTC
<i>ped elctrlyt sol unflavrd</i>	OTC
<i>pedia vance sol apple</i>	OTC
<i>pedia vance sol grape</i>	OTC
<i>ra pediatric sol electrol</i>	OTC
<i>rehydralyte sol</i>	OTC

NUTRIENTS

PROTEINS	
L-CARNITINE CAP 250MG	OTC
<i>levocarnitine cap 500 mg</i>	OTC
LEVOCARNITIN TAB 330MG	OTC
<i>levocarnitine tab 500 mg</i>	OTC
ACTICARNITIN SOL SF	OTC
<i>g-levocarnit sol 1gm/10ml</i>	OTC
LEVOCARNITIN SOL 1GM/10ML	OTC
<i>levocarnitine (dietary) oral soln 1 gm/10ml</i>	OTC
MISC. NUTRITIONAL SUBSTANCES	
<i>cvs fish oil cap 1/2 size</i>	OTC
<i>cvs fish oil cap 500mg</i>	OTC
<i>fish oil cap minis</i>	OTC

Drug Name	Requirements/Limits
omega-3 fatty acids cap 500 mg	OTC
ovega-3 cap 500mg	OTC
sam-e.p.a. cap 500mg	OTC
sv fish oil cap 500mg	OTC
fish oil con cap 300mg	OTC
omega-3 fatty acids cap 300 mg	OTC
sm fish oil cap	OTC
fish oil cap 435mg	OTC
omega-3 fatty acids cap 435 mg	OTC
FISH OIL CAP 1000MG	OTC
FISH OIL CAP 1400MG	OTC
OMEGA-3 CAP 1400MG	OTC
ULTRA OMEGA3 CAP 1400MG	OTC
cvs fish oil cap 1000mg	OTC
eql fish oil cap 1000mg	OTC
fish oil cap 1000mg	OTC
fish oil con cap 1000mg	OTC
gnp fish oil cap 1000mg	OTC
hm fish oil cap 1000mg	OTC
maximum epa cap 1000mg	OTC
omega 3 cap 1000mg	OTC
omega-3 cf cap 1000mg	OTC
omega-3 fatty acids cap 1000 mg	OTC
omega-3 fish cap 1000 mg	OTC
qc fish oil cap 1000mg	OTC
ra fish oil cap 1000mg	OTC
salmon oil cap 1000mg	OTC
sea-omega 50 cap 1000mg	OTC
sm fish oil cap 1000mg	OTC
super dha cap gems	OTC
super omega cap -3	OTC
theromega cap 1000mg	OTC
cvs fish oil cap 1200mg	OTC
eql fish oil cap 1200mg	OTC
fish oil cap 1200mg	OTC
kp fish oil cap 1200mg	OTC
omega-3 fatty acids cap 1200 mg	OTC
omega-3 fish cap 1200mg	OTC
sm fish oil cap 1200mg	OTC
FISH OIL CAP 1360MG	OTC
fish oil chw gummies	OTC
gummy fish chw omega-3	OTC
finest fish liq oil	OTC

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>finest fish liq oil/kids</i>	OTC
<i>very finest liq fish oil</i>	OTC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

<i>FOLBIC TAB</i>	OTC
<i>NIVA-FOL TAB</i>	OTC
<i>westab max tab 2.5-25-2</i>	OTC

HEMATOPOIETIC AGENTS

COBALAMINS

<i>cyanocobalamin inj 1000 mcg/ml</i>
<i>dodex inj</i>

FOLIC ACID/FOLATES

<i>folate tab 400mcg</i>	OTC
<i>folic acid tab 400 mcg</i>	OTC
<i>sm folic acd tab 400mcg</i>	OTC
<i>yl folic aci tab 400mcg</i>	OTC
<i>folic acid tab 800mcg</i>	OTC
<i>folic acid tab 1 mg</i>	OTC
<i>folic acid tab 1000mcg</i>	OTC

IRON

<i>ferrous sulfate tab 27 mg (elemental fe)</i>	OTC
<i>high potency tab fe 27mg</i>	OTC
<i>ra iron tab 27mg</i>	OTC
<i>cvs iron tab 325mg</i>	OTC
<i>ferosul tab 325mg</i>	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	OTC
<i>iron supplem tab therapy</i>	OTC
<i>nat-rul iron tab 325mg</i>	OTC
<i>ra iron tab 65mg</i>	OTC
<i>sm iron tab 325mg</i>	OTC
<i>sv iron tab 325mg</i>	OTC
<i>ferrous sulfate tab er 45 mg (elemental fe)</i>	OTC
<i>gnp iron tab 45mg</i>	OTC
<i>iron slow tab 45mg</i>	OTC
<i>slow release tab 143mg</i>	OTC
<i>sm iron slow tab 45mg</i>	OTC
<i>sm iron tab 45mg</i>	OTC
<i>SLOW RELEASE TAB 47.5MG</i>	OTC
<i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i>	OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	OTC
<i>fe-vite iron sol 15mg/ml</i>	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	OTC

Drug Name	Requirements/Limits
iron inf-tod dro 15mg	OTC
iron inf/tod dro 15mg	OTC
iron supplmt dro 15mg/ml	OTC
pedia iron dro 15mg/ml	OTC
pediatric dro iron	OTC
ferrous sul sol 220/5ml	OTC
ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)	OTC
iron suppmt sol 220/5ml	OTC
gnp iron tab 65mg	OTC
IRON HP TAB 65MG	OTC
cvs slow rel tab fe 45mg	OTC
iron slow tab 45mg	OTC
slow release tab 45mg	OTC
slow release tab iron 45	OTC
slow-release tab 45mg	OTC
slow-release tab fe 45mg	OTC
slow iron tab 160mg er	OTC
slow rel fe tab 160mg cr	OTC
sm iron slow tab 160mg cr	OTC
cvs iron tab 27mg	OTC
ferate tab 27mg	OTC
fergon tab 27mg	OTC
ferrotabs tab	OTC
ferrous gluconate tab 240 mg (27 mg elemental fe)	OTC
ferrous gluc tab 324mg	OTC
FERRETTS TAB 325MG	OTC
ferrocite tab 324mg	OTC
ferrous fumarate tab 324 mg (106 mg elemental fe)	OTC

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 25MCG	SP, PA
ARANESP INJ 40MCG	SP, PA
ARANESP INJ 60MCG	SP, PA
ARANESP INJ 100MCG	SP, PA
ARANESP INJ 200MCG	SP, PA
ARANESP INJ 10MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 25MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 40MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 60MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 100MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 150MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 200MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 300MCG	SP, PA; PREFILLED SYRINGE

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Drug Name	Requirements/Limits
ARANESP INJ 500MCG	SP, PA; PREFILLED SYRINGE
RETACRIT INJ 2000UNIT	SP, PA
RETACRIT INJ 3000UNIT	SP, PA
RETACRIT INJ 4000UNIT	SP, PA
RETACRIT INJ 10000UNT	SP, PA
RETACRIT INJ 20000UNI	SP, PA
RETACRIT INJ 40000UNT	SP, PA
ZARXIO INJ 300/0.5	SP, PA
ZARXIO INJ 480/0.8	SP, PA
ZIEXTENZO INJ 6/0.6ML	SP, PA, QL (3 syringes every 28 days)
DOPTELET TAB 20MG	SP, PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	SP, PA, QL (3 tabs every 1 day)

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP 84MG	SP, PA, QL (2 caps every 1 day)
CEREZYME INJ 400UNIT	SP, PA, QL (15 vials every 14 days)

HEMATOPOIETIC MIXTURES

folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	
folplex 2.2 tab	
airavite tab	
folbee tab	
nufol tab	
westab one tab 2.5-25-1	OTC

ANTICOAGULANTS

HEPARINS AND HEPARINOID-LIKE AGENTS

enoxaparin sodium inj 300 mg/3ml	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	
enoxaparin sodium inj soln pref syr 100 mg/ml	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	
enoxaparin sodium inj soln pref syr 150 mg/ml	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	

COUMARIN ANTICOAGULANTS

jantoven tab 1mg	
warfarin sodium tab 1 mg	
jantoven tab 2mg	

Drug Name	Requirements/Limits
warfarin sodium tab 2 mg	
jantoven tab 2.5mg	
warfarin sodium tab 2.5 mg	
jantoven tab 3mg	
warfarin sodium tab 3 mg	
jantoven tab 4mg	
warfarin sodium tab 4 mg	
jantoven tab 5mg	
warfarin sodium tab 5 mg	
jantoven tab 6mg	
warfarin sodium tab 6 mg	
jantoven tab 7.5mg	
warfarin sodium tab 7.5 mg	
jantoven tab 10mg	
warfarin sodium tab 10 mg	

DIRECT FACTOR XA INHIBITORS

ELIQUIS TAB 2.5MG
ELIQUIS TAB 5MG
ELIQUIS ST P TAB 5MG
XARELTO TAB 2.5MG
XARELTO TAB 10MG
XARELTO TAB 15MG
XARELTO TAB 20MG
XARELTO SUS 1MG/ML
XARELTO STAR TAB 15/20MG

HEMATOLOGICAL AGENTS - MISC.

PLATELET AGGREGATION INHIBITORS

dipyridamole tab 25 mg
dipyridamole tab 50 mg
dipyridamole tab 75 mg
cilostazol tab 50 mg
cilostazol tab 100 mg
anagrelide hcl cap 0.5 mg
anagrelide hcl cap 1 mg
clopidogrel bisulfate tab 75 mg (base equiv)
clopidogrel bisulfate tab 300 mg (base equiv)
prasugrel hcl tab 5 mg (base equiv)
prasugrel hcl tab 10 mg (base equiv)
BRILINTA TAB 60MG
BRILINTA TAB 90MG

Drug Name	Requirements/Limits
COMPLEMENT INHIBITORS	
CINRYZE SOL 500 UNIT	SP, PA, QL (20 vials every 30 days)
HAEGARDA INJ 2000UNIT	SP, PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	SP, PA, QL (20 vials every 30 days)
RUCONEST INJ 2100UNIT	SP, PA, QL (60 vials every 90 days)
BRADYKININ B2 RECEPTOR ANTAGONISTS	
icatibant acetate subcutaneous soln pref syr 30 mg/3ml SP, PA, QL (45 syringes every 90 days)	
OPHTHALMIC AGENTS	
OPHTHALMIC ANTI-INFECTIVES	
<i>bacitracin ophth oint 500 unit/gm</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	
<i>ERYTHROMYCIN OIN 5MG/GM</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	
<i>gentamicin sulfate ophth soln 0.3%</i>	
<i>ofloxacin ophth soln 0.3%</i>	
<i>tobramycin ophth soln 0.3%</i>	
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>trifluridine ophth soln 1%</i>	
<i>NATACYN SUS 5% OP</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>polycin oin op</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>neo-polycin oin op</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
ARTIFICIAL TEARS AND LUBRICANTS	
<i>eye drops dro 0.25%</i>	OTC
<i>THERATEARS SOL 0.25% PF</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	OTC
<i>cvs lubricnt dro 0.5% op</i>	OTC
<i>lubricnt eye dro 0.5% op</i>	OTC
<i>restore tear dro 0.5% op</i>	OTC
<i>ultra fresh dro 0.5% op</i>	OTC
<i>biolle tears dro 0.5% op</i>	OTC
<i>cvs lubrican dro 0.5%</i>	OTC

Drug Name	Requirements/Limits
eyes alive sol 0.5%	OTC
gnp lubr eye dro 0.5% op	OTC
lubricating dro 0.5%	OTC
lubricating dro 0.5% op	OTC
lubricnt eye dro 0.5% op	OTC
restore plus dro 0.5% op	OTC
lubricnt gel dro 1%	OTC
bioffe gel 1%	OTC
refresh cell gel 1% op	OTC
theratears gel 1% ophth	OTC
PURE & GENTL DRO 0.3%	OTC
GENTEAL GEL 0.3%	OTC
polyvinyl alcohol ophth soln 1.4%	OTC
eq lubricant dro eye 0.6%	OTC
lubricant dro eye 0.6%	OTC
lubricnt eye dro 0.6%	OTC
artificial sol tears	OTC
genteal tear sol moderate	OTC
just tears sol eye drop	OTC
sm artificia sol tears	OTC
soothe dro hydratio	OTC
soothe xp dro	OTC
soothe xp dro 1%-4.5%	OTC
soothe xp sol	OTC
systane dro contacts	OTC
eye drops dro 0.5-0.9%	OTC
REFRESH DRO RELIEVA	OTC
REFRESH DRO TEARS PF	OTC
REFRESH OPTI DRO 0.5-0.9%	OTC
REFRESH DRO RELIEVA	OTC
LUBRICNT GEL DRO 0.25-0.3	OTC
artificial sol tears	OTC
artificial sol tears	OTC
BION TEARS SOL 0.1-0.3%	OTC
cvs natural dro tears	OTC
lubricnt eye dro 0.1-0.3%	OTC
eq lubricant dro eye drop	OTC
gnp eye drop dro 0.4-0.3%	OTC
lubricant dro eye	OTC
lubricant sol eye drop	OTC
lubricat eye dro 0.4-0.3%	OTC
lubricating sol 0.4-0.3%	OTC
lubricnt eye dro 0.4-0.3%	OTC

Drug Name	Requirements/Limits
ra lubricant dro 0.4-0.3%	OTC
sm lubricant dro 0.4-0.3%	OTC
ult lub eye dro 0.4-0.3%	OTC
ultra eye dro 0.4-0.3%	OTC
lubricnt eye dro 0.4-0.3%	OTC
ultra eye pf dro 0.4-0.3%	OTC
artificial sol 0.5-0.6%	OTC
artificial sol tears	OTC
clear eyes dro 0.5-0.6%	OTC
eq artificia sol tears	OTC
stye dro 0.5-0.6%	OTC
REFRESH DRO OP	OTC
artifi tears dro 1-0.3%	OTC
artificial dro tears	OTC
artificial sol tears	OTC
lubricnt eye dro	OTC
altalube oin	OTC
cvs lubricat oin	OTC
dry eye relf oin night	OTC
dry-eye relf oin nighttim	OTC
eq restore oin pm	OTC
eye lubrican oin op	OTC
for sty reli oin	OTC
gentearl tear oin nt-time	OTC
hypotears oin op	OTC
lubricant oin eye	OTC
lubricant oin eye pm	OTC
lubricant pm oin	OTC
lubricnt eye oin fast act	OTC
lubricnt eye oin nighttim	OTC
lubrifresh oin p.m.	OTC
nightime eye oin relief	OTC
refresh lacr oin op	OTC
refresh p.m. oin op	OTC
retaine pm oin	OTC
soothe night oin op	OTC
stye oin	OTC
systane oin	OTC
ultra fresh oin pm	OTC
REFRESH SOL DIGITAL	OTC
REFRESH SOL OPTIVE	OTC
REFRESH OPT SOL MEGA-3	OTC
REFRESH SOL DIGITAL	OTC

Drug Name	Requirements/Limits
REFRESH SOL OPTIVE	OTC
<i>artificial dro tears</i>	OTC
<i>cvs dry eye dro relief</i>	OTC
<i>dry eye rlf dro</i>	OTC
<i>eye drops sol relief</i>	OTC
<i>sm dry eye sol relief</i>	OTC
BETA-BLOCKERS - OPHTHALMIC	
<i>betaxolol hcl ophth soln 0.5%</i>	
<i>levobunolol hcl ophth soln 0.5%</i>	
<i>timolol maleate ophth soln 0.25%</i>	
<i>timolol maleate ophth soln 0.5%</i>	
<i>timolol maleate ophth gel forming soln 0.25%</i>	
<i>timolol maleate ophth gel forming soln 0.5%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
OPHTHALMIC STEROIDS	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	
<i>fluorometholone ophth susp 0.1%</i>	
<i>prednisolone acetate ophth susp 1%</i>	
PREDNISOLONE SUS 1%	
PRED SOD PHO SOL 1% OP	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>neo-polycin oin hc 1%op</i>	
PROSTAGLANDINS - OPHTHALMIC	
<i>latanoprost ophth soln 0.005%</i>	
IYUZEH DRO 0.005%	
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate ophth soln 0.15%</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>	
OPHTHALMIC IMMUNOMODULATORS	
<i>cyclosporine (ophth) emulsion 0.05%</i>	PA
OPHTHALMIC INTEGRIN ANTAGONISTS	
XIIDRA DRO 5%	PA, QL (60 drops every 25 days)
OPHTHALMICS - MISC.	
<i>azelastine hcl ophth soln 0.05%</i>	
<i>cromolyn sodium ophth soln 4%</i>	

Drug Name	Requirements/Limits
alaway child dro 0.035%op	OTC
alaway dro 0.035%op	OTC
cvs allergy dro 0.035%op	OTC
eye itch ref dro 0.035%op	OTC
eye itch rel dro 0.035%op	OTC
ketotifen fumarate ophth soln 0.035%	OTC
ZADITOR DRO 0.035%OP	OTC
dorzolamide hcl ophth soln 2%	
DORZOLAMIDE SOL 2%	
diclofenac sodium ophth soln 0.1%	
ketorolac tromethamine ophth soln 0.4%	
ketorolac tromethamine ophth soln 0.5%	

OTIC AGENTS

OTIC ANTI-INFECTIVES

ofloxacin otic soln 0.3%

OTIC AGENTS - MISCELLANEOUS

acetic acid otic soln 2%

OTIC COMBINATIONS

ciprofloxacin-dexamethasone otic susp 0.3-0.1%

neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000

unit/ml-1%

neomycin-polymyxin-hc otic soln 1%

MOUTH/THROAT/DENTAL AGENTS

ANTI-INFECTIVES - THROAT

nystatin susp 100000 unit/ml

clotrimazole troche 10 mg QL (90 troches every 25 days)

ANTISEPTICS - MOUTH/THROAT

chlorhexidine gluconate soln 0.12%

periogard sol 0.12%

STEROIDS - MOUTH/THROAT/DENTAL

kourzeq pst 0.1%

oralone dent pst 0.1%

triamcinolone acetonide dental paste 0.1%

ANESTHETICS TOPICAL ORAL

lidocaine hcl viscous soln 2%

DENTAL PRODUCTS

PREVIDENT SOL 0.2%

denta 5000 cre plus

denta 5000 cre plus 2pk

sf 5000 plus cre 1.1%

sodium fluor cre 5000 pls

sodium fluor cre 5000 ppm

Drug Name	Requirements/Limits
sodium fluoride cream 1.1%	
dentagel gel 1.1%	
sf gel 1.1%	
sodium fluoride gel 1.1% (0.5% f)	
clinpro 5000 pst 1.1%	
fluoridex pst 1.1%	
fluorimax pst 5000	
just right pst 5000	
sod fluoride pst 1.1%	

THROAT PRODUCTS - MISC.

AQUORAL SPR	PA
BIOTENE DRY SPR MOIST	PA, OTC
CAPHOSOL SOL	PA
CVS DRY SPR MOUTH	PA, OTC
DRY MOUTH SOL ORAL RIN	PA, OTC
MOI-STIR SOL	PA, OTC
MOUTH KOTE SOL	PA, OTC
MOUTH KOTE SOL REMINT	PA, OTC
NUMOISYN LIQ	PA
ORAL RELIEF SPR DRY MOUT	PA, OTC
RA DRY MOUTH SPR	PA, OTC
ACT DRY MOUT GUM MOISTURI	PA, OTC
BIOTENE DRY GUM MOUTH	PA, OTC
BIOTENE PBF GUM DRY MTH	PA, OTC
MIGHTEAFLOW GUM	PA, OTC
BOCASAL POW	PA
MUCOSITISRX POW	PA
SALIVAMAX POW	PA
ORAL RELIEF GEL DRY MOUT	PA, OTC
ORALBALANCE GEL DRY MTH	PA, OTC
act dry loz mouth	PA, OTC
biotene dry loz mouth	PA, OTC
dry mouth loz cherry	PA, OTC
dry mouth loz melon	PA, OTC
dry mouth loz mint	PA, OTC
freshmelts loz mint	PA, OTC
NUMOISYN LOZ	PA
oral relief loz dry mout	PA, OTC
salese/ loz xylitol	PA, OTC
salivasure loz	PA, OTC
therabreath loz dry mout	PA, OTC
ORAL RELIEF KIT DRY MOUT	PA, OTC
pilocarpine hcl tab 5 mg	

Drug Name	Requirements/Limits
<i>pilocarpine hcl tab 7.5 mg</i>	
ANORECTAL AND RELATED PRODUCTS	
RECTAL STEROIDS	
<i>hydrocortisone perianal cream 1%</i>	
<i>prep h cre 1%</i>	OTC
<i>hydrocortisone perianal cream 2.5%</i>	
<i>procto-med cre hc 2.5%</i>	
<i>proctosol hc cre 2.5%</i>	
<i>proctozone cre -hc 2.5%</i>	
INTRARECTAL STEROIDS	
<i>hydrocortisone enema 100 mg/60ml</i>	
DERMATOLOGICALS	
ACNE PRODUCTS	
<i>bp wash liq 2.5%</i>	OTC
<i>cerave acne liq foaming</i>	OTC
<i>creamy face liq wash 4%</i>	OTC
<i>panoxyl wash liq 4%</i>	OTC
<i>benzoyl per liq 5%</i>	OTC
<i>benzoyl per liq 5% wash</i>	OTC
<i>bp wash liq 5%</i>	OTC
<i>3-in-1 clean liq 5%</i>	OTC
<i>acne foaming liq wash 10%</i>	OTC
<i>benzoyl per liq 10%</i>	OTC
<i>benzoyl per liq 10% wash</i>	OTC
<i>bp wash liq 10%</i>	OTC
<i>foaming face liq wsh 10%</i>	OTC
<i>panoxyl wash liq 10%</i>	OTC
<i>acne cleanse cre cvs cont</i>	OTC
<i>acne control cre clns 10%</i>	OTC
<i>acne max str cre 10%</i>	OTC
<i>clearasil cre acne</i>	OTC
<i>clearasil cre spot 10%</i>	OTC
<i>clearskin cre 10%</i>	OTC
<i>cvs acne tre cre 10%</i>	OTC
<i>acne medicat gel 2.5%</i>	OTC
<i>benzoyl peroxide gel 2.5%</i>	OTC
<i>acne medicat gel 5%</i>	OTC
<i>benzoyl per gel 5%</i>	OTC
<i>benzoyl peroxide gel 8%</i>	
<i>acne medicat gel 10%</i>	OTC
<i>acne treatmn gel 10%</i>	OTC
<i>acne-clear gel 10%</i>	OTC

Drug Name	Requirements/Limits
<i>benzoyl per gel 10%</i>	OTC
<i>persa-gel gel 10%</i>	OTC
<i>accutane cap 10mg</i>	PA
<i>amnesteem cap 10mg</i>	PA
<i>claravis cap 10mg</i>	PA
<i>isotretinoin cap 10 mg</i>	PA
<i>zenatane cap 10mg</i>	PA
<i>accutane cap 20mg</i>	PA
<i>amnesteem cap 20mg</i>	PA
<i>claravis cap 20mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>zenatane cap 20mg</i>	PA
<i>accutane cap 30mg</i>	PA
<i>claravis cap 30mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>zenatane cap 30mg</i>	PA
<i>accutane cap 40mg</i>	PA
<i>amnesteem cap 40mg</i>	PA
<i>claravis cap 40mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>zenatane cap 40mg</i>	PA
<i>tretinoin cream 0.025%</i>	PA
<i>tretinoin cream 0.05%</i>	PA
<i>tretinoin cream 0.1%</i>	PA
<i>tretinoin gel 0.01%</i>	PA
<i>tretinoin gel 0.025%</i>	PA
<i>clindamycin phosphate soln 1%</i>	QL (60 mL every 25 days)
<i>clindamycin phosphate gel 1%</i>	
<i>clindamycin phosphate lotion 1%</i>	QL (60 mL every 25 days)
<i>erythromycin soln 2%</i>	QL (60 mL every 25 days)
<i>erythromycin gel 2%</i>	QL (60 gm every 25 days)
<i>sulfacetamide sodium lotion 10% (acne)</i>	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (47 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	QL (50 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	QL (50 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	QL (50 gm every 25 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-QL</i>	(45 gm every 25 days)
<i>5%</i>	
<i>neuac gel 1.2-5%</i>	QL (45 gm every 25 days)

ROSACEA AGENTS

<i>metronidazole cream 0.75%</i>	QL (60 gm every 25 days)
<i>NORITATE CRE 1%</i>	QL (60 gm every 25 days)
<i>metronidazole gel 0.75%</i>	QL (60 gm every 25 days)

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>metronidazole gel 1%</i>	ST, QL (60 gm every 25 days)
<i>metronidazole lotion 0.75%</i>	QL (60 mL every 25 days)
ANTIBIOTICS - TOPICAL	
<i>antibiotic oin 500unit</i>	OTC
<i>bacitracin oin 500/gm</i>	OTC
<i>bacitracin oint 500 unit/gm</i>	OTC
<i>bacitraycin oin 500/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	OTC
<i>ft antibioti oin</i>	OTC
<i>sm antibioti oin 500/gm</i>	OTC
<i>gentamicin sulfate cream 0.1%</i>	
<i>gentamicin sulfate oint 0.1%</i>	
<i>mupirocin oint 2%</i>	QL (30 gm every 25 days)
<i>mupirocin calcium cream 2%</i>	QL (30 gm every 25 days)
<i>double antib oin</i>	OTC
<i>double oin antibiot</i>	OTC
<i>ft double oin antibiot</i>	OTC
<i>neosporin oin</i>	OTC
<i>poly bacitra oin</i>	OTC
<i>wal-sporin oin</i>	OTC
<i>antibiotic oin</i>	OTC
<i>eq triple oin antibiot</i>	OTC
<i>eql firstaid oin antibiot</i>	OTC
<i>first aid oin antibiot</i>	OTC
<i>ft triple oin antibiot</i>	OTC
<i>gnp triple oin antibiot</i>	OTC
<i>lanabiotic oin</i>	OTC
<i>qc triple oin antibiot</i>	OTC
<i>ra triple oin antibiot</i>	OTC
<i>sb triple oin antibiot</i>	OTC
<i>sm triple oin antibiot</i>	OTC
<i>triple antib oin</i>	OTC
<i>triple antib oin frst aid</i>	OTC
ANTIFUNGALS - TOPICAL	
<i>ciclopirox gel 0.77%</i>	QL (120 gm every 25 days)
<i>ciclopirox shampoo 1%</i>	QL (120 mL every 25 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	QL (120 mL every 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	QL (120 gm every 25 days)
<i>klayesta pow 100000</i>	QL (120 gm every 25 days)
<i>nyamyc pow 100000</i>	QL (120 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (120 gm every 25 days)
<i>nystop pow 100000</i>	QL (120 gm every 25 days)

Drug Name	Requirements/Limits
nystatin cream 100000 unit/gm	QL (120 gm every 25 days)
nystatin oint 100000 unit/gm	QL (120 gm every 25 days)
anti-fungal sol 1%	OTC
antifungal liq 1%	OTC
blis-to-sol liq 1%	OTC
cvs toe area sol 1%	OTC
dr gs clear sol nail 1%	OTC
foot repair sol serum 1%	OTC
formula 3 sol treatmen	OTC
formula 7 sol	OTC
fungal nail sol erase 1%	OTC
fungi nail liq 1%	OTC
fungicure sol 1%	OTC
micotrin al liq 1%	OTC
mycocide ns sol 1%	OTC
tinaspore sol 1%	OTC
athlete foot aer 1%	OTC
athletes ft aer 1% pow	OTC
foot&sneaker aer 1%	OTC
jck itch pow aer 1%	OTC
odor control aer powd 1%	OTC
odor eaters aer 1%	OTC
tolnaftate aerosol pow 1%	OTC
anti-fungal cre 1%	OTC
antifungal cre 1%	OTC
antifungal cre 1% foot	OTC
athlete foot cre 1%	OTC
athletes ft cre 1%	OTC
ft antifunga cre 1%	OTC
fungi-guard cre 1%	OTC
qc antifunga cre 1%	OTC
sm antifungl cre 1%	OTC
tolnaftate cream 1%	OTC
tritolnacide cre 1%	OTC
clotrimazole soln 1%	QL (120 mL every 25 days)
clotrimazole soln 1%	QL (120 mL every 25 days), OTC
antifungal cre 1%	QL (120 gm every 25 days), OTC
athlete foot cre 1%	QL (120 gm every 25 days), OTC
clotrimazole cre 1%	QL (120 gm every 25 days), OTC

Drug Name	Requirements/Limits
<i>clotrimazole cream 1%</i>	QL (120 gm every 25 days)
<i>cvs itch rel cre 1%</i>	QL (120 gm every 25 days), OTC
<i>cvs ringworm cre 1%</i>	QL (120 gm every 25 days), OTC
<i>desenex cre 1%</i>	QL (120 gm every 25 days), OTC
<i>jock itch cre 1%</i>	QL (120 gm every 25 days), OTC
<i>micotrin ac cre 1%</i>	QL (120 gm every 25 days), OTC
<i>mycozyl ac cre 1%</i>	QL (120 gm every 25 days), OTC
<i>pro-ex antif cre 1%</i>	QL (120 gm every 25 days), OTC
<i>ketoconazole cream 2%</i>	QL (120 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL every 25 days)
<i>antifungal pow 2%</i>	OTC
<i>athlete foot pow 2%</i>	OTC
<i>desenex pow 2%</i>	OTC
<i>miconazorb pow af 2%</i>	OTC
<i>micotrin ap pow 2%</i>	OTC
<i>micro guard pow 2%</i>	OTC
<i>zeasorb-af pow 2%</i>	OTC
<i>antifungal cre 2%</i>	OTC
<i>baza antifun cre 2%</i>	OTC
<i>ft antifunga cre 2%</i>	OTC
<i>micaderm cre 2%</i>	OTC
<i>miconazole nitrate cream 2%</i>	OTC
<i>sm antifungl cre 2%</i>	OTC
<i>tineacide cre</i>	OTC
<i>critic-aid oin 2%</i>	OTC
<i>triple paste oin 2%</i>	OTC

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>aleve arthri gel pain 1%</i>	QL (500 gm every 25 days), OTC
<i>arthr pain gel 1%</i>	QL (500 gm every 25 days), OTC
<i>aspercrm art gel 1% pain</i>	QL (500 gm every 25 days), OTC
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	QL (500 gm every 25 days), OTC

Drug Name	Requirements/Limits
<i>eq arthritis gel 1%</i>	QL (500 gm every 25 days), OTC
<i>ft arthritis gel 1%</i>	QL (500 gm every 25 days), OTC
<i>gnp diclofen gel 1%</i>	QL (500 gm every 25 days), OTC
<i>goodsense gel art pain</i>	QL (500 gm every 25 days), OTC
<i>kls arthriti gel 1%</i>	QL (500 gm every 25 days), OTC
<i>kls diclofen gel 1%</i>	QL (500 gm every 25 days), OTC
<i>motrin arthr gel pain 1%</i>	QL (500 gm every 25 days), OTC
<i>qc diclofena gel 1%</i>	QL (500 gm every 25 days), OTC
VOLTAREN GEL 1% ARTHR	QL (500 gm every 25 days), OTC

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

EUCRISA OIN 2%	ST, QL (60 gm every 25 days)
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ANTIPSORIATICS

<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	ST, QL (120 mL every 25 days)
<i>calcipotriene oint 0.005%</i>	ST, QL (120 gm every 25 days)
<i>calcitrene oin 0.005%</i>	ST, QL (120 gm every 25 days)
SKYRIZI PEN INJ 150MG/ML	SP, PA, QL (1 pen every 63 days)
SKYRIZI INJ 150MG/ML	SP, PA, QL (1 syringe every 63 days)
COSENTYX PEN INJ 150MG/ML	SP, PA, QL (1 pen every 28 days)
COSENTYX PEN INJ 300DOSE	SP, PA, QL (2 pens every 28 days)
COSENTYX UNO INJ 300/2ML	SP, PA, QL (1 pen every 28 days)
COSENTYX INJ 75MG/0.5	SP, PA, QL (1 syringe every 28 days)
COSENTYX INJ 150MG/ML	SP, PA, QL (1 syringe every 28 days)
COSENTYX INJ 300DOSE	SP, PA, QL (2 syringes every 28 days)

ECZEMA AGENTS

DUPIXENT INJ 200MG	SP, PA, QL (2 pens every 28 days)
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Drug Name	Requirements/Limits
DUPIXENT INJ 300/2ML	SP, PA, QL (4 pens every 28 days)
DUPIXENT INJ 200/1.14	SP, PA, QL (2 syringes every 28 days)
DUPIXENT INJ 300/2ML	SP, PA, QL (4 syringes every 28 days)
ANTISEBORRHEIC PRODUCTS	
anti-dandruf sha 1%	OTC
dandruff sha 1%	OTC
selenium sulfide lotion 2.5%	
ANTIVIRALS - TOPICAL	
docosanol cream 10%	OTC
eq docosan cre 10%	OTC
ft docosan cre 10%	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
fluorouracil cream 5%	
BURN PRODUCTS	
silver sulfadiazine cream 1%	
ssd cre 1%	
CORTICOSTEROIDS - TOPICAL	
alclometasone dipropionate cream 0.05%	QL (120 gm every 25 days)
alclometasone dipropionate oint 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate cream 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate lotion 0.05%	QL (120 mL every 25 days)
betamethasone dipropionate oint 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate augmented cream 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate augmented gel 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate augmented lotion 0.05%	QL (120 mL every 25 days)
betamethasone dipropionate augmented oint 0.05%	QL (120 gm every 25 days)
betamethasone valerate cream 0.1% (base equivalent)	QL (120 gm every 25 days)
betamethasone valerate lotion 0.1% (base equivalent)	QL (120 mL every 25 days)
betamethasone valerate oint 0.1% (base equivalent)	QL (120 gm every 25 days)
clobetasol propionate soln 0.05%	
clobetasol propionate emollient base cream 0.05%	
desonide cream 0.05%	QL (120 gm every 25 days)
desonide lotion 0.05%	QL (120 mL every 25 days)
desonide oint 0.05%	QL (120 gm every 25 days)
desoximetasone cream 0.05%	QL (120 gm every 25 days)
desoximetasone cream 0.25%	QL (120 gm every 25 days)
desoximetasone gel 0.05%	QL (120 gm every 25 days)
desoximetasone oint 0.25%	QL (120 gm every 25 days)
fluocinolone acetonide soln 0.01%	QL (120 mL every 25 days)

Drug Name	Requirements/Limits
fluocinolone acetonide cream 0.025%	QL (120 gm every 25 days)
fluocinolone acetonide oint 0.025%	QL (120 gm every 25 days)
fluocinonide soln 0.05%	QL (120 mL every 25 days)
fluocinonide cream 0.05%	QL (120 gm every 25 days)
fluocinonide gel 0.05%	QL (120 gm every 25 days)
fluocinonide oint 0.05%	QL (120 gm every 25 days)
fluticasone propionate cream 0.05%	QL (120 gm every 25 days)
fluticasone propionate oint 0.005%	QL (120 gm every 25 days)
halobetasol propionate cream 0.05%	QL (120 gm every 25 days)
BRYHALI LOT 0.01%	ST, QL (120 gm every 25 days)
halobetasol propionate oint 0.05%	QL (120 gm every 25 days)
scalp relief sol 1%	OTC
scalpicin sol 1%	OTC
hydrocort cre 0.5%	OTC
instacort 5 cre 0.5%	OTC
ala-cort cre 1%	
anti-itch cre 1%	OTC
anti-itch cre 1%pls 10	OTC
aveeno cre 1%	OTC
cortisone cre 1%	OTC
cortizone-10 cre 1% night	OTC
cortizone-10 cre /aloe 1%	OTC
cortizone-10 cre aloe 1%	OTC
cortizone-10 cre healing	OTC
cortizone-10 cre moisture	OTC
cortizone-10 cre plus	OTC
cortizone-10 cre ultra 1%	OTC
eq 1% hydroc cre	OTC
eq hydrocort cre 1%	OTC
ft itch relf cre 1%	OTC
ft itch relf cre /aloe 1%	OTC
gnp hydrocor cre 1% plus	OTC
hydrocort cre 1% aloe	OTC
hydrocort cre 1% plus	OTC
hydrocort/ cre aloe 1%	OTC
hydrocortisone cream 1%	
hydrocortisone cream 1%	OTC
medi-first cre hydrocor	OTC
qc anti-itch cre 1% aloe	OTC
ra anti-itch cre 1%	OTC
sm hydrocort cre 1%	OTC
sm hydrocort cre 1% plus	OTC
hydrocortisone cream 2.5%	QL (120 gm every 25 days)

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Drug Name	Requirements/Limits
cortisone gel 1%	OTC
cortizone-10 gel 1%	OTC
cortizone-10 gel cooling	OTC
mg217 gel 1%	OTC
aquanil hc lot 1%	OTC
beta hc lot 1%	OTC
cortisone lot 1%	OTC
cortizone-10 lot diab/1%	OTC
cortizone-10 lot eczema	OTC
cortizone-10 lot hydraten	OTC
cortizone-10 lot psoriasis	OTC
dermarest lot 1%	OTC
hydrocortisone lotion 1%	OTC
sarnol-hc lot 1%	OTC
hydrocortisone lotion 2.5%	QL (120 mL every 25 days)
hydrocortisone oint 0.5%	OTC
anti-itch oint 1%	OTC
aquaphor oint itch rlf	OTC
cortisone oint 1%	OTC
cortizone-10 oint 1%	OTC
ft itch rlf oint 1%	OTC
hydrocortisone oint 1%	
hydrocortisone oint 1%	OTC
ra anti-itch oint 1%	OTC
sb hydrocort oint 1%	OTC
sm hydrocort oint 1%	OTC
hydrocortisone oint 2.5%	QL (120 gm every 25 days)
HYDROCORT CRE 1%	OTC
hydrocortisone acetate oint 1%	OTC
hydrocortisone valerate cream 0.2%	QL (120 gm every 25 days)
hydrocortisone valerate oint 0.2%	QL (120 gm every 25 days)
hydrocortisone butyrate soln 0.1%	QL (4.8 mL every 1 day)
hydrocortisone butyrate cream 0.1%	QL (120 gm every 25 days)
hydrocortisone butyrate oint 0.1%	QL (120 gm every 25 days)
mometasone furoate solution 0.1% (lotion)	
mometasone furoate cream 0.1%	QL (120 gm every 25 days)
mometasone furoate oint 0.1%	QL (120 gm every 25 days)
triamcinolone acetonide cream 0.025%	QL (120 gm every 25 days)
triamcinolone acetonide cream 0.1%	QL (120 gm every 25 days)
triamcinolone acetonide cream 0.5%	QL (120 gm every 25 days)
triderm cre 0.5%	QL (120 gm every 25 days)
triamcinolone acetonide lotion 0.025%	QL (120 mL every 25 days)
triamcinolone acetonide lotion 0.1%	QL (120 mL every 25 days)

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Drug Name	Requirements/Limits
triamicinolone acetonide oint 0.025%	QL (120 gm every 25 days)
triamicinolone acetonide oint 0.1%	QL (120 gm every 25 days)
triamicinolone acetonide oint 0.5%	QL (120 gm every 25 days)
DIAPER RASH PRODUCTS	
A+D TREAT CRE	OTC
BENSONS CRE BOTTOM	OTC
CVS DIAPER CRE A/D ZINC	OTC
aveeno baby oin multipur	OTC
balmex multi oin purpose	OTC
cerave baby oin healing	OTC
desitin oin	OTC
flanders oin buttocks	OTC
medi-paste oin	OTC
paladin oin	OTC
pinxav oin	OTC
skin protect oin all-purp	OTC
EMOLLIENTS	
lactic acid (ammonium lactate) cream 12%	
lactic acid (ammonium lactate) cream 12%	OTC
al12 lot 12%	OTC
amlactin lot daily	OTC
lactic acid (ammonium lactate) lotion 12%	
lactic acid (ammonium lactate) lotion 12%	OTC
skin trtmnt lot 12%	OTC
a&d oin	OTC
cvs vit a&d oin	OTC
eq vitamins oin a & d	OTC
vitamin a&d oin	OTC
vitamins a & d oint	OTC
ENZYMES - TOPICAL	
SANTYL OIN 250/GM	PA
HAIR GROWTH AGENTS	
finasteride tab 1 mg	PA
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS	
podofilox soln 0.5%	
IMMUNOMODULATING AGENTS - TOPICAL	
imiquimod cream 5%	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
tacrolimus oint 0.03%	ST
tacrolimus oint 0.1%	ST

Drug Name	Requirements/Limits
LOCAL ANESTHETICS - TOPICAL	
<i>capsaicin cream 0.025%</i>	QL (120 gm every 25 days), OTC
<i>dermacinrx cre penetral</i>	OTC
<i>sure result cre sr 0.025</i>	QL (120 mL every 25 days), OTC
<i>arth pain cre 0.075%</i>	QL (120 gm every 25 days), OTC
<i>capsaicin cream 0.1%</i>	QL (120 gm every 25 days), OTC
<i>capsaicin hp cre 0.1%</i>	QL (120 gm every 25 days), OTC
<i>capzix cre 0.1%</i>	OTC
<i>zostrix hp cre 0.1%</i>	QL (120 gm every 25 days), OTC
CASTIVA LOT	QL (120 gm every 25 days), OTC
<i>aspercreme pad lid 4%</i>	QL (30 patches every 25 days), OTC
<i>aspercreme pad lido 4%</i>	QL (30 patches every 25 days), OTC
<i>asperflex pad 4%</i>	QL (30 patches every 25 days), OTC
<i>blue-emu dry pad rlf 4%</i>	QL (30 patches every 25 days), OTC
<i>cvs lidocain pad 4%</i>	QL (30 patches every 25 days), OTC
<i>cvs lidocain pad 4% xl</i>	QL (30 patches every 25 days), OTC
<i>cvs pain rel pad 4%</i>	QL (30 patches every 25 days), OTC
<i>eq lidocaine pad 4%</i>	QL (30 patches every 25 days), OTC
<i>gnp lidocain pad 4%</i>	QL (30 patches every 25 days), OTC
<i>healthwise pad 4%</i>	QL (30 patches every 25 days), OTC
<i>lido king pad 4%</i>	QL (30 patches every 25 days), OTC
<i>lidocaine pa pad 4%</i>	QL (30 patches every 25 days), OTC
<i>lidocaine pad 4%</i>	QL (30 patches every 25 days), OTC

Drug Name	Requirements/Limits
<i>lidocaine pad relievin</i>	QL (30 patches every 25 days), OTC
<i>lidocaine patch 4%</i>	QL (30 patches every 25 days), OTC
<i>pain relief pad 4%</i>	QL (30 patches every 25 days), OTC
<i>pain relief pad 4% max</i>	QL (30 patches every 25 days), OTC
<i>pain relievi pad lidocain</i>	QL (30 patches every 25 days), OTC
<i>qc lidocaine pad rlf 4%</i>	QL (30 patches every 25 days), OTC
<i>ra lidocaine pad 4%</i>	QL (30 patches every 25 days), OTC
<i>ra pain reli pad 4%</i>	QL (30 patches every 25 days), OTC
<i>re-lieved pad 4%</i>	QL (30 patches every 25 days), OTC
<i>salonpas gel pad 4%</i>	QL (30 patches every 25 days), OTC
<i>salonpas pad pain rel</i>	QL (30 patches every 25 days), OTC
<i>theracare pad 4%</i>	QL (30 patches every 25 days), OTC
<i>welmate pad 4%</i>	QL (30 patches every 25 days), OTC
<i>lidocaine patch 5%</i>	PA
<i>lidocan pad 5%</i>	PA
<i>tridacaine pad 5%</i>	PA
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (1 gm every 1 day)

SCABICIDES & PEDICULICIDES

<i>cvs ivermect lot 0.5%</i>	OTC
<i>eq ivermecti lot 0.5%</i>	OTC
<i>ivermectin lotion 0.5%</i>	OTC
<i>malathion lotion 0.5%</i>	
<i>NIX LICE SPR KILLING</i>	OTC
<i>goodsense liq lice rin</i>	OTC
<i>lice treatmt liq 1%</i>	OTC
<i>lice trtmnt liq 1%</i>	OTC
<i>NIX CREM RIN LIQ 1%</i>	OTC
<i>ra lice liq 1%</i>	OTC
<i>permethrin cream 5%</i>	

Drug Name	Requirements/Limits
<i>spinossad susp 0.9%</i>	
<i>gnp lice kil sha 0.33-4%</i>	OTC
<i>lice killing sha</i>	OTC
<i>lice killing sha 0.33-4%</i>	OTC
<i>lice shampoo sha max str</i>	OTC
<i>lice treatmt sha 0.33-4%</i>	OTC
<i>rid lice kil sha 0.33-4%</i>	OTC
MISC. TOPICAL	
CALAMINE LOT	OTC
MINERAL OIL LIGHT	OTC
CALAMINE LOT	OTC
CALAMINE LOT 8-8%	OTC
GNP CALAMINE LOT 8-8%	OTC
SM CALAMINE LOT	OTC
ANTISEPTICS & DISINFECTANTS	
CHLORINE ANTISEPTICS	
<i>antibac hand sol 2%</i>	OTC
<i>chlorhexidin sol 2%</i>	OTC
<i>dyna-hex 2 sol 2%</i>	OTC
<i>hand wash sol 2%</i>	OTC
<i>antiseptic sol 4%</i>	OTC
<i>antiseptic sol clnsr 4%</i>	OTC
<i>antiseptic sol skin cln</i>	OTC
<i>betasept sol 4%</i>	OTC
<i>chlorhexidine gluconate soln 4%</i>	OTC
<i>dyna-hex 4 sol 4%</i>	OTC
<i>HIBICLENS SOL 4%</i>	OTC
<i>skin cleansr sol 4%</i>	OTC
<i>sm antisepti sol clnsr 4%</i>	OTC
<i>CHLORHEX GLU PAD 2%</i>	OTC
<i>BIOPATCH MIS 1"/4MM</i>	OTC
<i>BIOPATCH MIS 1"/7MM</i>	OTC
<i>BIOPATCH MIS 3/4"/1.5</i>	OTC
<i>BIOPATCH PRO MIS DISK/CHG</i>	OTC
IODINE ANTISEPTICS	
<i>BETADINE SRG SOL 7.5%</i>	OTC
<i>first aid sol 10%</i>	OTC
<i>povidone-iodine soln 10%</i>	OTC
<i>povidone-ion sol 10%</i>	OTC
<i>povidone/iod sol 10%</i>	OTC
<i>ra antisepti sol 10%</i>	OTC
<i>sm povid-iod sol 10%</i>	OTC

Drug Name	Requirements/Limits
FIRST AID OIN 10%	OTC
ANTISEPTIC COMBINATIONS	
IV PREP WIPE PAD	OTC
MICROCLENS PAD WIPES	OTC
UNI-SOLVE PAD WIPES	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS	
ANTIDOTES AND SPECIFIC ANTAGONISTS	
VISTOGARD PAK 10GM	QL (20 packets every 5 days)
DIAGNOSTIC PRODUCTS	
DIAGNOSTIC TESTS	
ONETOUCH TES ULTRA	QL (200 strips every 25 days), OTC
ONETOUCH TES VERIO	QL (200 strips every 25 days), OTC
DAIStIX TES REAGENT	QL (100 strips every 25 days), OTC
DAIStIX TES STRIPS	QL (100 strips every 25 days), OTC
CHEMSTRIP 2 TES GP	OTC
CHEMSTRIP 5 TES OB	OTC
CHEMSTRIP 7 TES	OTC
CHEMSTRIP 9 TES STRIPS	OTC
CHEMSTRIP 10 TES MD	OTC
CHEMSTRIP TES -10 SG	OTC
MULTISTIX 10 TES SG	OTC
CHEMSTRIP TES UGK	OTC
CVS KETONE TES CARE	OTC
KETO-DIAStIX TES	OTC
MEDICAL DEVICES AND SUPPLIES	
PARENTERAL THERAPY SUPPLIES	
BD INSULIN SYRINGE ULTRAF	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.5/31G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.5/30G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.3/31G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 1ML/30G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 1ML/31G	QL (200 syringes every 25 days), OTC

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Drug Name	Requirements/Limits
INSULIN SYRG MIS 0.3/31G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.5/31G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 1ML/31G	QL (200 syringes every 25 days), OTC
BD U-500 MIS 31GX6MM	QL (200 syringes every 25 days)
BD PEN NEEDL MIS 29GX12.7	QL (200 needles every 25 days), OTC
LITETOUCH MIS 29GX12.7	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 29GX1/2"	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 29GX1/2"	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 29GX12.7	QL (200 needles every 25 days), OTC
SURE COMFORT MIS 29GX1/2"	QL (200 needles every 25 days), OTC
ULTILET PEN MIS 29GX12.7	QL (200 needles every 25 days), OTC
AQINJECT PEN MIS 31GX3/16	QL (200 needles every 25 days)
ASSURE ID MIS 31GX5MM	QL (200 needles every 25 days), OTC
AUM SAFETY MIS 31GX5MM	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 31GX5MM	QL (200 needles every 25 days), OTC
CARETOUCH MIS 31GX5MM	QL (200 needles every 25 days), OTC
CLICKFINE MIS 31GX3/16	QL (200 needles every 25 days), OTC
COMFORT EZ MIS 31GX5MM	QL (200 needles every 25 days), OTC
COMFORT TOUC MIS 31GX5MM	QL (200 needles every 25 days), OTC
DIATHRIVE MIS 31GX5MM	QL (200 needles every 25 days), OTC
DROPSAFE MIS 31GX5MM	QL (200 needles every 25 days), OTC
EASY COMFORT MIS 31GX3/16	QL (200 needles every 25 days), OTC

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Drug Name	Requirements/Limits
EASY COMFORT MIS 31GX5MM	QL (200 needles every 25 days), OTC
EASY TOUCH MIS 31GX3/16	QL (200 needles every 25 days), OTC
FIFTY50 MIS 31GX3/16	QL (200 needles every 25 days), OTC
FIFTY50 MIS 31GX5MM	QL (200 needles every 25 days), OTC
GNP ULTICARE MIS 31GX5MM	QL (200 needles every 25 days), OTC
IN CONTROL MIS 31GX3/16	QL (200 needles every 25 days), OTC
IN CONTROL MIS 31GX5MM	QL (200 needles every 25 days), OTC
INSUPEN MIS 31GX5MM	QL (200 needles every 25 days), OTC
MM PENTIPS MIS 31GX5MM	QL (200 needles every 25 days)
PEN NEEDLE MIS 31GX3/16	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 31GX5MM	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 31GX3/16	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 31GX5MM	QL (200 needles every 25 days)
PEN NEEDLES MIS 31GX5MM	QL (200 needles every 25 days), OTC
PENTIPS MIS 31GX5MM	QL (200 needles every 25 days)
PENTIPS MIS 31GX5MM	QL (200 needles every 25 days), OTC
PURE COMFORT MIS 31GX5MM	QL (200 needles every 25 days), OTC
RA PEN NEEDL MIS 31GX3/16	QL (200 needles every 25 days), OTC
RAYA SURE MIS 31GX5MM	QL (200 needles every 25 days), OTC
SURE COMFORT MIS 31GX3/16	QL (200 needles every 25 days), OTC
1ST TIER UNI MIS 31GX5MM	QL (200 needles every 25 days), OTC
ULTICARE PEN MIS 31GX5MM	QL (200 needles every 25 days), OTC

Drug Name	Requirements/Limits
ULTIGUARD MIS 31GX5MM	QL (200 needles every 25 days), OTC
ULTILET PEN MIS 31GX5MM	QL (200 needles every 25 days), OTC
ULTRA FLO MIS 31GX5MM	QL (200 needles every 25 days), OTC
UNIFINE PLUS MIS 31GX3/16	QL (200 needles every 25 days), OTC
UNIFINE PNTP MIS 31GX3/16	QL (200 needles every 25 days), OTC
UNIFINE PNTP MIS 31GX5MM	QL (200 needles every 25 days), OTC
UNIFINE SAFE MIS 31GX5MM	QL (200 needles every 25 days), OTC
UNIFINE ULTR MIS 31GX5MM	QL (200 needles every 25 days), OTC
VERIFINE PEN MIS 31GX5MM	QL (200 needles every 25 days), OTC
ZEVRX MIS 31GX5MM	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 31GX8MM	QL (200 needles every 25 days), OTC
CAREFINE MIS 31GX8MM	QL (200 needles every 25 days), OTC
CARETOUCH MIS 31GX8MM	QL (200 needles every 25 days), OTC
CLICKFINE MIS 31GX5/16	QL (200 needles every 25 days), OTC
CLICKFINE MIS 31GX8MM	QL (200 needles every 25 days), OTC
COMFORT EZ MIS 31GX8MM	QL (200 needles every 25 days), OTC
COMFORT TOUC MIS 31GX8MM	QL (200 needles every 25 days), OTC
DIATHRIVE MIS 31GX8MM	QL (200 needles every 25 days), OTC
EASY COMFORT MIS 31GX5/16	QL (200 needles every 25 days), OTC
EASY TOUCH MIS 31GX5/16	QL (200 needles every 25 days), OTC
FIFTY50 MIS 31GX5/16	QL (200 needles every 25 days), OTC
FIFTY50 PEN MIS 31GX8MM	QL (200 needles every 25 days), OTC

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Drug Name	Requirements/Limits
GNP ULTICARE MIS 31GX5/16	QL (200 needles every 25 days), OTC
HM ULTICARE MIS 31GX8MM	QL (200 needles every 25 days), OTC
IN CONTROL MIS 31GX8MM	QL (200 needles every 25 days), OTC
INCONTROL MIS 31GX8MM	QL (200 needles every 25 days), OTC
INSUPEN MIS 31GX8MM	QL (200 needles every 25 days), OTC
LITETOUCH MIS 31GX8MM	QL (200 needles every 25 days), OTC
MM PENTIPS MIS 31GX8MM	QL (200 needles every 25 days)
PEN NEEDLE MIS 31GX5/16	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 31GX8MM	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 31GX5/16	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 31GX8MM	QL (200 needles every 25 days)
PEN NEEDLES MIS 31GX8MM	QL (200 needles every 25 days), OTC
PENTIPS MIS 31GX8MM	QL (200 needles every 25 days)
PENTIPS MIS 31GX8MM	QL (200 needles every 25 days), OTC
PREVENT DROP MIS 31GX5/16	QL (200 needles every 25 days), OTC
PREVENT SAFE MIS 31GX5/16	QL (200 needles every 25 days), OTC
PRO COMFORT MIS 31GX8MM	QL (200 needles every 25 days)
RAYA SURE MIS 31GX8MM	QL (200 needles every 25 days), OTC
RELION PEN MIS 31GX5/16	QL (200 needles every 25 days), OTC
RELION PEN MIS 31GX8MM	QL (200 needles every 25 days), OTC
SURE COMFORT MIS 31GX5/16	QL (200 needles every 25 days), OTC
1ST TIER UNI MIS 31GX8MM	QL (200 needles every 25 days), OTC

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Drug Name	Requirements/Limits
TIER UNI PLS MIS 31GX8MM	QL (200 needles every 25 days), OTC
ULTICARE PEN MIS 31GX8MM	QL (200 needles every 25 days), OTC
ULTIGUARD MIS 31GX8MM	QL (200 needles every 25 days), OTC
ULTILET PEN MIS 31GX8MM	QL (200 needles every 25 days), OTC
ULTRA FLO MIS 31GX8MM	QL (200 needles every 25 days), OTC
UNIFINE PLUS MIS 31GX5/16	QL (200 needles every 25 days), OTC
UNIFINE PNTP MIS 31GX5/16	QL (200 needles every 25 days), OTC
UNIFINE PNTP MIS 31GX8MM	QL (200 needles every 25 days), OTC
UNIFINE SAFE MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
UNIFINE ULTR MIS 31GX8MM	QL (200 needles every 25 days), OTC
VERIFINE PEN MIS 31GX8MM	QL (200 needles every 25 days), OTC
ZEVRX MIS 31GX8MM	QL (200 needles every 25 days), OTC
AQINJECT PEN MIS 32GX5/32	QL (200 needles every 25 days)
AUM MINI PEN MIS 32GX4MM	QL (200 needles every 25 days), OTC
AUM READYGRD MIS 32GX4MM	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 32GX4MM	QL (200 needles every 25 days), OTC
CAREFINE MIS 32GX4MM	QL (200 needles every 25 days), OTC
CARETOUCH MIS 32GX4MM	QL (200 needles every 25 days), OTC
CLICKFINE MIS 32GX5/32	QL (200 needles every 25 days), OTC
COMFORT EZ MIS 32GX4MM	QL (200 needles every 25 days), OTC
COMFORT TOUC MIS 32GX4MM	QL (200 needles every 25 days), OTC
DIATHRIVE MIS 32GX4MM	QL (200 needles every 25 days), OTC

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Drug Name	Requirements/Limits
EASY COMFORT MIS 32GX4MM	QL (200 needles every 25 days), OTC
EASY COMFORT MIS 32GX5/32	QL (200 needles every 25 days), OTC
EASY TOUCH MIS 32GX5/32	QL (200 needles every 25 days), OTC
FIFTY50 PEN MIS 32GX4MM	QL (200 needles every 25 days), OTC
GNP ULTICARE MIS 32GX5/32	QL (200 needles every 25 days), OTC
INCONTROL MIS 32GX4MM	QL (200 needles every 25 days), OTC
INSUPEN MIS 32GX4MM	QL (200 needles every 25 days), OTC
MM PENTIPS MIS 32GX4MM	QL (200 needles every 25 days)
NOVOFINE PLS MIS 32GX4MM	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 32GX4MM	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 32GX5/32	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 32GX4MM	QL (200 needles every 25 days)
PEN NEEDLES MIS 32GX4MM	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 32GX5/32	QL (200 needles every 25 days), OTC
PENTIPS MIS 32GX4MM	QL (200 needles every 25 days)
PENTIPS MIS 32GX4MM	QL (200 needles every 25 days), OTC
PIP PEN NEED MIS 32GX4MM	QL (200 needles every 25 days), OTC
PRO COMFORT MIS 32GX4MM	QL (200 needles every 25 days)
PURE COMFORT MIS 32GX4MM	QL (200 needles every 25 days), OTC
RELION PEN MIS 32GX4MM	QL (200 needles every 25 days), OTC
RELION PEN MIS 32GX5/32	QL (200 needles every 25 days), OTC
SURE COMFORT MIS 32GX5/32	QL (200 needles every 25 days)

Drug Name	Requirements/Limits
SURE COMFORT MIS 32GX5/32	QL (200 needles every 25 days), OTC
1ST TIER UNI MIS 32GX4MM	QL (200 needles every 25 days), OTC
TRUE COMFORT MIS 32GX4MM	QL (200 needles every 25 days), OTC
ULTICARE MIC MIS 32GX4MM	QL (200 needles every 25 days), OTC
ULTIGUARD MIS 32GX4MM	QL (200 needles every 25 days), OTC
ULTILET PEN MIS 32GX4MM	QL (200 needles every 25 days), OTC
ULTRA FLO MIS PEN NEED	QL (200 needles every 25 days), OTC
UNFINE PNTP MIS 32GX4MM	QL (200 needles every 25 days), OTC
UNIFINE PLUS MIS 32GX5/32	QL (200 needles every 25 days), OTC
UNIFINE PNTP MIS 32GX4MM	QL (200 needles every 25 days), OTC
UNIFINE PNTP MIS 32GX5/32	QL (200 needles every 25 days), OTC
UNIFINE PROT MIS 32GX4MM	QL (200 needles every 25 days), OTC
UNIFINE SAFE MIS 32GX4MM	QL (200 needles every 25 days), OTC
UNIFINE ULTR MIS 32GX4MM	QL (200 needles every 25 days), OTC
VERIFINE PEN MIS 32GX4MM	QL (200 needles every 25 days), OTC
ZEVRX MIS 32GX4MM	QL (200 needles every 25 days), OTC
AUM MINI PEN MIS 32GX6MM	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 32GX6MM	QL (200 needles every 25 days), OTC
CAREFINE MIS 32GX6MM	QL (200 needles every 25 days), OTC
COMFORT EZ MIS 32GX6MM	QL (200 needles every 25 days), OTC
COMFORT TOUC MIS 32GX6MM	QL (200 needles every 25 days), OTC
EASY TOUCH MIS 32GX1/4"	QL (200 needles every 25 days), OTC

Drug Name	Requirements/Limits
EASY TOUCH MIS 32GX6MM	QL (200 needles every 25 days), OTC
FIFTY50 PEN MIS 32GX6MM	QL (200 needles every 25 days), OTC
GNP ULTICARE MIS 32GX1/4"	QL (200 needles every 25 days), OTC
NOVOFINE MIS 32GX6MM	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 32GX1/4"	QL (200 needles every 25 days), OTC
PEN NEEDLE MIS 32GX6MM	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 32GX1/4	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 32GX1/4"	QL (200 needles every 25 days), OTC
PEN NEEDLES MIS 32GX6MM	QL (200 needles every 25 days), OTC
PENTIPS MIS 32GX6MM	QL (200 needles every 25 days), OTC
PRO COMFORT MIS 32GX6MM	QL (200 needles every 25 days), OTC
PURE COMFORT MIS 32GX6MM	QL (200 needles every 25 days), OTC
SURE COMFORT MIS 32GX6MM	QL (200 needles every 25 days), OTC
ULTIGUARD MIS 32GX6MM	QL (200 needles every 25 days), OTC
UNIFINE PNTP MIS 32GX6MM	QL (200 needles every 25 days), OTC
VERIFINE PEN MIS 32GX6MM	QL (200 needles every 25 days), OTC

RESPIRATORY THERAPY SUPPLIES

ACE AERO CLD MIS ENHANCER	
ACTIVITY PCH MIS	
ADULT MASK MIS LARGE	
AE EZ TWIST MIS TUBING	
AE MASK MIS LARGE	OTC
AE MASK MIS MEDIUM	OTC
AE MASK MIS SMALL	OTC
AEROSOL MASK MIS ADULT	OTC
AEROTRC PLUS MIS	
AIR TUBE MIS /PLUGS	

Drug Name	Requirements/Limits
AIRS PEDIATR MIS MASK	
ALTERA NEB MIS HANDSET	
BUBBLES PEDI MIS MASK	OTC
CARETOUCH MIS CPAP	
CO MONITOR MIS T PIECES	
COMFORTSEAL MIS MASK LRG	
COMFORTSEAL MIS MASK MED	
COMFORTSEAL MIS MASK SML	
CONVERSION MIS BABY SZ1	
CONVERSION MIS BABY SZ2	
CONVERSION MIS BABY SZ3	
CPAP & BIPAP MIS HOSE	
2 CPAP HOSE MIS HANGER	
CPAP MASK MIS WIPES	
CPAP NEURAL MIS PRE-WASH	
EASY FLOW MIS 300MM	OTC
EASY FLOW MIS 400MM	OTC
EASY FLOW MIS AIR NOZZ	OTC
EASY FLOW MIS HEPA FIL	OTC
EBASE CONTRO MIS KIT	
ERAPID NEB MIS HANDSET	
FILTER AIR MIS PP	
FLYP HYPERSO MIS CARTRIDG	OTC
FULL KIT NEB MIS SET	
LITETOUGH MIS MASK LG	
LITETOUGH MIS MASK MD	
LITETOUGH MIS MASK SM	
MINIELITE MIS FILTERS	OTC
NEBULIZER MIS MASK AD	
NEBULIZER MIS MASK CH	
NEBULIZER MIS MASK CHD	
NEBULIZER MIS MASK INF	
NOSE CLIP MIS	OTC
OMBRA COMPR MIS AIR FILT	OTC
PARI BUBBLES MIS PEDIATRC	OTC
PARI EXPIRAT MIS FILTER	
PARI MASK MIS SIZE 3	
PARI PLASTIC MIS MASK	
PARI PLASTIC MIS MASK PED	
PARI SMRTMSK MIS BABY	OTC
PEDIATRIC MIS MOUTHPIE	OTC
PFLEX MIS	
PFT FILTER MIS 1000	

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Drug Name	Requirements/Limits
PHARM CHOICE MIS WIPES	OTC
PILLOW MASK MIS ADULT	
PILLOW MASK MIS CHILD	
PILLOW MASK MIS PEDIATRI	
PRONEB ULTRA MIS FILTER	OTC
REPLACEMENT MIS FILTER	
REPLACEMENT MIS FILTERS	OTC
SIDESTREAM MIS MASK	
SIDESTREAM MIS MASK	OTC
SIDESTREAM MIS PED MASK	
SIDESTREAM MIS PED MASK	OTC
SIDESTRM PLS MIS FACE MSK	OTC
SILICONE MSK MIS ADULT	
SILICONE MSK MIS INFANT	
SILICONE MSK MIS PED	
SOOTHENEBO MIS MED CUP	OTC
SOOTHENEBO MIS MESH CAP	OTC
SOOTHENEBO MIS NBL 100	OTC
THRESHOLD MIS IMT	
TUBE CLEANIN MIS BRUSH	
ULTRA NEB MIS ACCESSOR	OTC
WINDMILL MIS TRAINER	
WING TIP MIS TUBING	OTC
AERCHMBR PLS MIS INTERMED	
AERCHMBR PLS MIS INTERMED	OTC
AERCHMBR PLS MIS LRG MASK	
AERCHMBR PLS MIS MED MASK	
AERCHMBR PLS MIS SM MASK	
AERCHMBR Z- MIS STAT PLS	
AEROCHAMBER MIS CHAMBER	
AEROCHAMBER MIS FOSIGNA	
AEROCHAMBER MIS HOLDING	
AEROCHAMBER MIS MTHPIECE	
AEROCHAMBER MIS MV	
AEROCHAMBER MIS PLUS	
AEROVENT MIS PLUS	
BREATHE EASE MIS LG MASK	
BREATHE EASE MIS MED MASK	
BREATHE EASE MIS SM MASK	
BREATHERITE MIS MDI CHMB	
COMPACT SPAC MIS CHAMBER	
COMPACT SPAC MIS LG MASK	
COMPACT SPAC MIS MD MASK	

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Drug Name	Requirements/Limits
COMPACT SPAC MIS SM MASK	
EASIVENT MIS	
EASIVENT MIS MASK LG	
EASIVENT MIS MASK MED	
EASIVENT MIS MASK SM	
FLEXICHAMBER MIS	
HOLD CHAMBER MIS ADLT LG	
HOLD CHAMBER MIS ADLT LG	OTC
HOLD CHAMBER MIS MEDIUM	
HOLD CHAMBER MIS MEDIUM	OTC
HOLD CHAMBER MIS SMALL	
HOLD CHAMBER MIS SMALL	OTC
HOLDING CHAM MIS ADULT	OTC
HOLDING CHAM MIS CHILD	OTC
INSPIREASE MIS DD SYST	
MICROCHAMBER MIS	
MICROSPACER MIS	
OPTICHAMBER MIS DIA LG	
OPTICHAMBER MIS DIA MD	
OPTICHAMBER MIS DIA SM	
OPTICHAMBER MIS DIAMOND	
POCKET CHAMB MIS	
POCKET SPACE MIS	
PROCARE MIS ADULT	OTC
PROCARE MIS CHILD	OTC
PROCHAMBER MIS VHC	
PURE COMFORT MIS SPACER	OTC
RITEFLO MIS	
SPACE CHAMBR MIS ANTI-STA	
SPACE CHAMBR MIS LARGE	
SPACE CHAMBR MIS MEDIUM	
SPACE CHAMBR MIS SMALL	
SPACER CHAMB MIS ADULT	OTC
SPACER CHAMB MIS CHILD	OTC
SPACER CHAMB MIS INFANT	OTC
VORTEX VALVE MIS CHAMBER	
VORTEX/MASK MIS CHILDS	
VORTEX/MASK MIS TODDLER	
FLEXICHAMBER MIS MASK LRG	QL (2 boxes every year)
FLEXICHAMBER MIS MASK SM	QL (2 boxes every year)
MASK VORTEX/ MIS FROG	QL (2 boxes every year), OTC
MASK VORTEX/ MIS LADY BUG	QL (2 boxes every year), OTC
PANDA MASK MIS LARGE	QL (2 packs every year), OTC

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Drug Name	Requirements/Limits
PANDA MASK MIS MEDIUM	QL (2 packs every year), OTC
PANDA MASK MIS PEDIATRI	QL (2 packs every year), OTC
PANDA MASK MIS SMALL	QL (2 packs every year), OTC
PARI VORTEX MIS ADL MASK	QL (2 boxes every year), OTC
AERIVA MIS CON/NEB	QL (1 box every 730 days), OTC
AEROECLIPSE MIS II	QL (1 box every 730 days)
AEROECLIPSE MIS II NEB	QL (1 box every 730 days)
AEROECLIPSE MIS II TUBE	QL (1 box every 730 days)
AEROECLIPSE MIS XL	QL (1 box every 730 days)
AIRS DISPOSA MIS NEBULIZR	QL (1 box every 730 days), OTC
ALTERA MIS NEBULIZE	QL (1 box every 730 days)
AURA MIS PORTANEB	QL (1 box every 730 days)
BENTLEY THE MIS BEAR	QL (1 box every 730 days)
CAPTAIN MIS EAGLE	QL (1 box every 730 days)
CLEVER CHOIC MIS NEBULIZR	QL (1 box every 730 days)
COMP A-I-R MIS NEBULIZE	QL (1 box every 730 days)
COMP AIR MIS COMP/NEB	QL (1 box every 730 days)
COMPMIST MIS NEBULIZE	QL (1 box every 730 days), OTC
COMPRESSOR MIS NEBULIZE	QL (1 box every 730 days)
COMPRESSOR MIS NEBULIZR	QL (1 box every 730 days), OTC
EASY AIR COM MIS NEBULIZE	QL (1 box every 730 days), OTC
EASY NEB MIS	QL (1 box every 730 days), OTC
ELITE COMPRS MIS NEBULIZR	QL (1 box every 730 days), OTC
ERAPID MIS NEBULIZE	QL (1 box every 730 days)
FLYP NEBULZR MIS	QL (1 box every 730 days)
FLYP NEBULZR MIS POCKET	QL (1 box every 730 days)
HOMENEB MIS SIDESTRE	QL (1 box every 730 days), OTC
INNOSPIRE EL MIS NEBULIZE	QL (1 box every 730 days)
INNOSPIRE ES MIS NEBULIZE	QL (1 box every 730 days)
INNOSPIRE MIS PORTABLE	QL (1 box every 730 days), OTC
LUMINEB II MIS NEBULIZR	QL (1 box every 730 days)
MABIS COMPXP MIS COMP/NEB	QL (1 box every 730 days), OTC
MABIS COSMO MIS NEBULIZR	QL (1 box every 730 days)
MARGO MOO MIS NEBULIZE	QL (1 box every 730 days), OTC
MC 300 MIS MOUTHPIE	QL (1 box every 730 days)
MC 300 MIS TUBING	QL (1 box every 730 days)
MEDNEB NEBUL MIS DISP NEB	QL (1 box every 730 days)
MEDNEB NEBUL MIS REUS/BAG	QL (1 box every 730 days), OTC
MEDNEB NEBUL MIS REUSE/DI	QL (1 box every 730 days), OTC
MICROAIR MIS VIB MESH	QL (1 box every 730 days)
MICRONEB MIS TABLETOP	QL (1 box every 730 days)
MINI COMPRES MIS NEBULIZR	QL (1 box every 730 days)
MINI-MIST MIS PORTABLE	QL (1 box every 730 days), OTC

Drug Name	Requirements/Limits
MINIBREEZE MIS NEBULIZE	QL (1 box every 730 days), OTC
NEB 200 COMP MIS NEBULIZR	QL (1 box every 730 days)
NEB-RITE4 MIS	QL (1 box every 730 days)
NEB-RITE4 MIS	QL (1 box every 730 days), OTC
NEBULIZER MIS PED FROG	QL (1 box every 730 days)
NEBULIZER MIS ULTRASON	QL (1 box every 730 days)
NEBULIZER SY KIT ALLINONE	QL (1 box every 730 days)
PARI BABY MIS SIZE 0	QL (1 box every 730 days)
PARI BABY MIS SIZE 1	QL (1 box every 730 days)
PARI BABY MIS SIZE 2	QL (1 box every 730 days)
PARI BBY NEB MIS SET	QL (1 box every 730 days)
PARI LC MIS SPRINT	QL (1 box every 730 days)
PARI LC PLUS MIS	QL (1 box every 730 days)
PARI LC PLUS MIS NEBULIZR	QL (1 box every 730 days)
PARI LC PLUS MIS VIOS PRO	QL (1 box every 730 days)
PARI LC STAR MIS	QL (1 box every 730 days)
PARI SINUS MIS AERO SYS	QL (1 box every 730 days)
PARI TREK S MIS	QL (1 box every 730 days)
PED COMPRESS MIS NEBULIZE	QL (1 box every 730 days)
PORT COMPRES MIS NEBULIZR	QL (1 box every 730 days), OTC
PROCARE COMP MIS NEBULIZE	QL (1 box every 730 days), OTC
PRONEB MAX MIS LC PLUS	QL (1 box every 730 days)
PRONEB MAX MIS LC SPRNT	QL (1 box every 730 days)
PULMONEB LT MIS NEBULIZE	QL (1 box every 730 days)
PURE AIR MIN MIS NEBULIZE	QL (1 box every 730 days), OTC
SIDESTREAM MIS NEBULIZR	QL (1 box every 730 days)
SIDESTREAM MIS PLUS	QL (1 box every 730 days)
SMART NEB MIS COMP NEB	QL (1 box every 730 days), OTC
SOOTHE NEB MIS NEBULIZE	QL (1 box every 730 days)
SOOTHENEBO MIS COMP NEB	QL (1 box every 730 days)
SPARKY THE MIS DOG	QL (1 box every 730 days)
ULTRASONIC MIS MINI NEB	QL (1 box every 730 days), OTC
VIOS LC MIS SPRINT	QL (1 box every 730 days)
VIOS LC PLUS MIS	QL (1 box every 730 days)
VIOS LC PLUS MIS DELUXE	QL (1 box every 730 days)
VIOS LC PLUS MIS PEDIATRC	QL (1 box every 730 days)
VIOS MIS SYSTEM	QL (1 box every 730 days)
VIOS PRO LC MIS SPRINT	QL (1 box every 730 days)
VIOS PRO LC+ MIS SYSTEM	QL (1 box every 730 days)
WHISPER AIRE MIS AER DELI	QL (1 box every 730 days)
WHISPER AIRE MIS PED AERO	QL (1 box every 730 days)
WHISPER AIRE MIS PED NEBU	QL (1 box every 730 days)
WILLIS THE MIS WHALE	QL (1 box every 730 days), OTC

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Drug Name	Requirements/Limits
BREATHE COMF MIS HUMIDIFI	QL (1 box every 730 days), OTC
BREATHE EASE MIS HUMIDIFI	QL (1 box every 730 days), OTC
CLEVER CHOIC MIS ULTRASON	QL (1 box every 730 days), OTC
COOL MIST MIS 0.8 GAL	QL (1 box every 730 days), OTC
COOL MIST MIS 1 GALLON	QL (1 box every 730 days), OTC
COOL MIST MIS 1.2 GAL	QL (1 box every 730 days), OTC
COOL MIST MIS 1.3 GAL	QL (1 box every 730 days), OTC
COOL MIST MIS 2 GALLON	QL (1 box every 730 days), OTC
EVAP HUMIDFR MIS 1.5 GAL	QL (1 box every 730 days), OTC
EVAP HUMIDFR MIS 2 GALLON	QL (1 box every 730 days), OTC
HUMIDIFIER MIS 1.3 GAL	QL (1 box every 730 days), OTC
HUMIDIFIER MIS 1.5 GAL	QL (1 box every 730 days), OTC
HUMIDIFIER MIS 1.8 GAL	QL (1 box every 730 days), OTC
HUMIDIFIER MIS 1.25 GAL	QL (1 box every 730 days), OTC
HUMIDIFIER MIS 2 GALLON	QL (1 box every 730 days), OTC
HUMIDIFIER MIS COOL MIS	QL (1 humidifier every 2 years), OTC
HUMIDIFIER MIS COOL MST	QL (1 box every 730 days), OTC
HUMIDIFIER MIS FROG	QL (1 box every 730 days), OTC
HUMIDIFIER MIS GERMFREE	QL (1 box every 730 days), OTC
HUMIDIFIER MIS HOSPITAL	QL (1 box every 730 days), OTC
HUMIDIFIER MIS PROCARE	QL (1 box every 730 days), OTC
HUMIDIFIER MIS ULTRASON	QL (1 box every 730 days), OTC
HUMIDIFIER MIS ULTSOMIC	QL (1 box every 730 days), OTC
HUMIDIFIER MIS WARM MST	QL (1 box every 730 days), OTC
KAZ HUMIDIFR MIS 1.2 GAL	QL (1 box every 730 days), OTC
KAZ HUMIDIFR MIS 3000	QL (1 box every 730 days), OTC
KAZ HUMIDIFR MIS 3300	QL (1 box every 730 days), OTC
KAZ HUMIDIFR MIS 3400	QL (1 box every 730 days), OTC
PURE COMFORT MIS HUMIDIFI	QL (1 box every 730 days), OTC
VICKS MINI MIS COOLMIST	QL (1 box every 730 days), OTC
VICKS PURE MIS MIST	QL (1 box every 730 days), OTC
VICKS WARM MIS MIST	QL (1 box every 730 days), OTC
BACTERIOSTAT LIQ TREATMNT	QL (1 spray every 730 days), OTC
GORDO-POOL CON	QL (1 mL every 730 days), OTC
KAZ INHALANT LIQ	QL (1 mL every 730 days), OTC
KAZ WATER LIQ TREATMNT	QL (1 mL every 730 days), OTC
SM VAPORIZER LIQ INHALANT	QL (1 mL every 730 days), OTC
FLOWING VAPR PAD	QL (1 pad every 730 days), OTC
FLOWING VAPR PAD W/FAN	QL (1 pad every 730 days), OTC
VAPOPADS PAD REFILL	QL (1 pad every 730 days), OTC
VAPORIZER PAD SCENT	QL (1 pad every 730 days), OTC

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Drug Name	Requirements/Limits
CHARCOAL MIS FLTR#901	QL (1 box every 730 days), OTC
HEALTHCHECK MIS MONITOR	QL (1 box every 730 days), OTC
HUMIDIFIER MIS FILTER	QL (1 box every 730 days), OTC
KAX AROMATIC PAD INHALANT	QL (1 pad every 730 days), OTC
KAZ DEMINERA MIS CARTRIDG	QL (1 box every 730 days), OTC
KAZ DYNAFLTR MIS K14-3P	QL (1 box every 730 days), OTC
KAZ DYNAFLTR MIS K14-S	QL (1 box every 730 days), OTC
KAZ WICKING MIS FLTR WF1	QL (1 box every 730 days), OTC
ULTSONIC FLT MIS #415-1	QL (1 box every 730 days), OTC
WICKING FLTR MIS	QL (1 box every 730 days), OTC
WICKING FLTR MIS #502	QL (1 box every 730 days), OTC
SM VAPORIZER TAB CLEANING	QL (1 tab every 730 days), OTC
KAZ VAPORIZR MIS 1 GALLON	QL (1 box every 730 days), OTC
KAZ VAPORIZR MIS 1.5 GAL	QL (1 box every 730 days), OTC
KAZ VAPORIZR MIS 2.2 GAL	QL (1 box every 730 days), OTC
LIFESTYLECOM MIS VAPORIZE	QL (1 box every 730 days), OTC
VAPORIZER MIS 1 GALLON	QL (1 box every 730 days), OTC
VAPORIZER MIS 1.2 GAL	QL (1 box every 730 days), OTC
VAPORIZER MIS 1.7 GAL	QL (1 box every 730 days), OTC
VAPORIZER MIS 1.9 GAL	QL (1 box every 730 days), OTC
VAPORIZER MIS 2 GALLON	QL (1 box every 730 days), OTC
VAPORIZER MIS 3 GALLON	QL (1 box every 730 days), OTC
VAPORIZER MIS WATERLES	QL (1 box every 730 days), OTC

RESPIRATORY AIDS

ACTEEV PROTE MIS MASK	OTC
ALL PURPOSE MIS MASK	OTC
BREATHE COMF MIS SHIELD	OTC
CLEVER CHOIC MIS MASK	OTC
CLEVR CHOICE MIS MEDICAL	OTC
DISPOSABLE MIS FACE MAS	OTC
EAR-LOOP MIS MASK SM	OTC
EARLOOP MIS MASK	OTC
EASY FLOW MIS KN 95	OTC
FACE MASK MIS 3 PLY	OTC
FACE MASK MIS 3-PLY	OTC
FACE MASK MIS EARLOOP	OTC
FACE MASK MIS EARLOOP	OTC
FACE MASK MIS N-100	OTC
FACE MASK MIS R95 PART	OTC
FACE MASK MIS SURG/DIS	OTC
FACE MASKS MIS 3 LAYER	OTC
J&J GERM FIL MIS MASK	OTC
KN95 DISPOSA MIS MASK	OTC

Drug Name	Requirements/Limits
KN95 MEDICAL MIS MASK	OTC
MASK PEDIATR MIS SIZE 1"	OTC
N95 MASK MIS	OTC
N95 PARTICUL MIS ATE RESP	OTC
PEDIATRIC MD MIS MASK	OTC
PEDIATRIC SM MIS MASK	OTC
PROCEDURAL MIS MASK	OTC
SHIELD-SECUR MIS	OTC
SURGICAL MSK MIS N95	

DIABETIC SUPPLIES

OMNIPOD 5 G6 MIS PODS	PA
OMNIPOD DASH MIS PODS	PA
OMNIPOD MIS CLASSIC	PA
OMNIPOD 5 G6 KIT INTRO	PA
OMNIPOD DASH KIT INTRO	PA
OMNIPOD DASH KIT PDM	PA
OMNIPOD GO KIT 10UNT/DY	PA
OMNIPOD GO KIT 15UNT/DY	PA
OMNIPOD GO KIT 20UNT/DY	PA
V-GO 20 KIT	PA
OMNIPOD GO KIT 25UNT/DY	PA
OMNIPOD GO KIT 30UNT/DY	PA
V-GO 30 KIT	PA
OMNIPOD GO KIT 35UNT/DY	PA
OMNIPOD GO KIT 40UNT/DY	PA
V-GO 40 KIT	PA
ONETOUCH KIT ULTRA 2	OTC
ONETOUCH KIT VERIO FL	OTC
ONETOUCH KIT VERIO RE	OTC
DEXCOM G6 MIS RECEIVER	PA
DEXCOM G7 MIS RECEIVER	PA
DEXCOM G6 MIS SENSOR	PA, QL (3 sensors every 25 days)
DEXCOM G7 MIS SENSOR	PA, QL (3 sensors every 25 days)
DEXCOM G6 MIS TRANSMIT	PA
ACTI-LANCE MIS 28G	QL (200 lancets every 25 days), OTC
ACTI-LANCE MIS LITE 28G	QL (200 lancets every 25 days), OTC
ACTI-LANCE MIS SPEC 17G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
ACTI-LANCE MIS UNIV 23G	QL (200 lancets every 25 days), OTC
ADVCATE SAFE MIS LANC 26G	QL (200 lancets every 25 days), OTC
ADVOCATE MIS LANC 30G	QL (200 lancets every 25 days), OTC
ADVOCATE MIS LANCETS	QL (200 lancets every 25 days), OTC
AGAMATRIX MIS 33G	QL (200 lancets every 25 days), OTC
AIMSCO TWIST MIS 32G	QL (200 lancets every 25 days), OTC
AIMSCO TWIST MIS 33G	QL (200 lancets every 25 days), OTC
AQUALANCE MIS 30G	QL (200 lancets every 25 days), OTC
ASSURE CMFRT MIS 28G	QL (200 lancets every 25 days), OTC
ASSURE LANCE MIS 21G	QL (200 lancets every 25 days), OTC
ASSURE LANCE MIS 28G	QL (200 lancets every 25 days), OTC
ASSURE LANCE MIS LOW FLOW	QL (200 lancets every 25 days), OTC
ASSURE LANCE MIS MICRO	QL (200 lancets every 25 days), OTC
ASSURE LANCE MIS SAFE 25G	QL (200 lancets every 25 days), OTC
ASSURE LANCE MIS SAFE 30G	QL (200 lancets every 25 days), OTC
AURORA LANCE MIS 30G	QL (200 lancets every 25 days), OTC
AURORA LANCE MIS THIN 23G	QL (200 lancets every 25 days), OTC
AUTO LANCET MIS	QL (200 lancets every 25 days), OTC
BD MICROTAIN MIS LANCETS	QL (200 lancets every 25 days)
BD MICROTAIN MIS LANCETS	QL (200 lancets every 25 days), OTC
CAREONE LANC MIS 30G	QL (200 lancets every 25 days), OTC
CAREONE LANC MIS THIN 23G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
CARESENS 30G MIS LANCETS	QL (200 lancets every 25 days), OTC
CARETOUCH MIS LANC 26G	QL (200 lancets every 25 days), OTC
CARETOUCH MIS LANC 28G	QL (200 lancets every 25 days), OTC
CARETOUCH MIS LANC 30G	QL (200 lancets every 25 days), OTC
CARETOUCH MIS TWIST 28	QL (200 lancets every 25 days), OTC
CARETOUCH MIS TWIST 30	QL (200 lancets every 25 days), OTC
CARETOUCH MIS TWIST 33	QL (200 lancets every 25 days), OTC
CHOSEN MIS 30G	QL (200 lancets every 25 days), OTC
CHOSEN MIS SAFE 28G	QL (200 lancets every 25 days), OTC
CLEANLET 28G MIS LANCETS	QL (200 lancets every 25 days), OTC
CLEVER CHECK MIS	QL (200 lancets every 25 days), OTC
CLEVER CHECK MIS 30G	QL (200 lancets every 25 days), OTC
COAGUCHEK MIS LANCETS	QL (200 lancets every 25 days), OTC
COMFORT ASSU MIS LANC 28G	QL (200 lancets every 25 days), OTC
COMFORT ASSU MIS LANC 33G	QL (200 lancets every 25 days), OTC
COMFORT EZ MIS 21G	QL (200 lancets every 25 days), OTC
COMFORT EZ MIS 23G	QL (200 lancets every 25 days), OTC
COMFORT EZ MIS 28G	QL (200 lancets every 25 days), OTC
COMFORT TCH MIS LANC 28G	QL (200 lancets every 25 days), OTC
COMFORT TCH MIS LANC 30G	QL (200 lancets every 25 days), OTC
COMFORT TCH MIS LANC 31G	QL (200 lancets every 25 days), OTC
COMFORTOUCH MIS LANCET	QL (200 lancets every 25 days), OTC

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Drug Name	Requirements/Limits
CVS LANCETS MIS 21G	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS 33G	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS ORIGINAL	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS THIN 26G	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS THIN 30G	QL (200 lancets every 25 days), OTC
CVS LANCETS MIS THIN 33G	QL (200 lancets every 25 days), OTC
DIATHRIVE MIS LANCETS	QL (200 lancets every 25 days), OTC
DIATHRIVE MIS UT 30G	QL (200 lancets every 25 days), OTC
DROPLET LANC MIS 30G	QL (200 lancets every 25 days), OTC
DROPLET PERS MIS LANC 30G	QL (200 lancets every 25 days), OTC
E-Z JECT MIS 21G	QL (200 lancets every 25 days), OTC
E-Z JECT MIS 21G COLR	QL (200 lancets every 25 days), OTC
E-Z JECT MIS 30G	QL (200 lancets every 25 days), OTC
E-Z JECT MIS 32G COLR	QL (200 lancets every 25 days), OTC
E-Z JECT MIS LANC 21G	QL (200 lancets every 25 days), OTC
E-Z JECT MIS THIN 26G	QL (200 lancets every 25 days), OTC
E-ZJECT LANC MIS 33G	QL (200 lancets every 25 days), OTC
EASY COMFORT MIS 30G	QL (200 lancets every 25 days), OTC
EASY COMFORT MIS LANC/30G	QL (200 lancets every 25 days), OTC
EASY COMFORT MIS TWIST	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/21G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
EASY TOUCH MIS LANC/23G	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/26G	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/28G	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/30G	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/32G	QL (200 lancets every 25 days), OTC
EASY TOUCH MIS LANC/33G	QL (200 lancets every 25 days), OTC
EMBRACE LANC MIS 21G	QL (200 lancets every 25 days), OTC
EMBRACE LANC MIS 28G	QL (200 lancets every 25 days), OTC
EMBRACE LANC MIS THIN 30G	QL (200 lancets every 25 days), OTC
EQL LANCETS MIS 21G COLR	QL (200 lancets every 25 days), OTC
EQL LANCETS MIS 33G COLR	QL (200 lancets every 25 days), OTC
EQL LANCETS MIS THIN 26G	QL (200 lancets every 25 days), OTC
EQL LANCETS MIS THIN 30G	QL (200 lancets every 25 days), OTC
EZ-LETS 21G MIS LANCETS	QL (200 lancets every 25 days), OTC
EZ-LETS 26G MIS LANCETS	QL (200 lancets every 25 days), OTC
EZ-LETS 28G MIS LANCETS	QL (200 lancets every 25 days), OTC
EZ-LETS 30G MIS LANCETS	QL (200 lancets every 25 days), OTC
FASTCLIX MIS LANCETS	QL (200 lancets every 25 days), OTC
FIFTY50 SAFE MIS LANCETS	QL (200 lancets every 25 days), OTC
FINGERSTIX MIS LANCETS	QL (200 lancets every 25 days), OTC
FORA LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
FORA MIS LANCETS	QL (200 lancets every 25 days), OTC

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Drug Name	Requirements/Limits
FREESTYLE MIS LANCETS	QL (200 lancets every 25 days), OTC
GENTEEL MIS LANCETS	QL (200 lancets every 25 days), OTC
GLOBAL 28G MIS LANCETS	QL (200 lancets every 25 days), OTC
GLOBAL 30G MIS LANCETS	QL (200 lancets every 25 days), OTC
GLUCOCOM MIS 28G	QL (200 lancets every 25 days), OTC
GLUCOCOM MIS 30G	QL (200 lancets every 25 days), OTC
GLUCOCOM MIS 33G	QL (200 lancets every 25 days), OTC
GNP LANCETS MIS 21G	QL (200 lancets every 25 days), OTC
GNP LANCETS MIS 28G	QL (200 lancets every 25 days), OTC
GNP LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
GNP LANCETS MIS 33G	QL (200 lancets every 25 days), OTC
GNP LANCETS MIS THIN 26G	QL (200 lancets every 25 days), OTC
GOJJI LANCET MIS 30G	QL (200 lancets every 25 days), OTC
GOODSENSE MIS LANC 26G	QL (200 lancets every 25 days), OTC
GOODSENSE MIS LANC 30G	QL (200 lancets every 25 days), OTC
GOODSENSE MIS LANC 33G	QL (200 lancets every 25 days), OTC
HAEMOLANCE MIS HIGH FLO	QL (200 lancets every 25 days), OTC
HAEMOLANCE MIS LOW FLOW	QL (200 lancets every 25 days), OTC
HAEMOLANCE MIS PLUS	QL (200 lancets every 25 days), OTC
HAEMOLANCE MIS PLUS LOW	QL (200 lancets every 25 days), OTC
HAEMOLANCE MIS PLUS MAX	QL (200 lancets every 25 days), OTC
HAEMOLANCE MIS PLUS PED	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
HAEMOLANCE MIS RETRACT	QL (200 lancets every 25 days), OTC
IN TOUCH LAN MIS 30G	QL (200 lancets every 25 days), OTC
INCONTROL MIS LANC 28G	QL (200 lancets every 25 days), OTC
INCONTROL MIS LANC 30G	QL (200 lancets every 25 days), OTC
INCONTROL MIS LANC 33G	QL (200 lancets every 25 days), OTC
KINNEY MIS LANCETS	QL (200 lancets every 25 days), OTC
KINNEY THIN MIS LANCETS	QL (200 lancets every 25 days), OTC
KROGER LANCE MIS	QL (200 lancets every 25 days), OTC
KROGER LANCE MIS 26G	QL (200 lancets every 25 days), OTC
KROGER LANCE MIS THIN	QL (200 lancets every 25 days), OTC
KROGER LANCE MIS THIN 30G	QL (200 lancets every 25 days), OTC
LANCET MICRO MIS THIN 33G	QL (200 lancets every 25 days), OTC
LANCET STAND MIS 21G	QL (200 lancets every 25 days), OTC
LANCET SUPER MIS THIN 30G	QL (200 lancets every 25 days), OTC
LANCET ULTRA MIS THIN 30G	QL (200 lancets every 25 days), OTC
LANCETS MICR MIS THIN 33G	QL (200 lancets every 25 days), OTC
LANCETS MIS	QL (200 lancets every 25 days), OTC
LANCETS MIS 21G	QL (200 lancets every 25 days), OTC
LANCETS MIS 21G COLR	QL (200 lancets every 25 days), OTC
LANCETS MIS 26G	QL (200 lancets every 25 days), OTC
LANCETS MIS 28G	QL (200 lancets every 25 days), OTC
LANCETS MIS 30G	QL (200 lancets every 25 days), OTC

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Drug Name	Requirements/Limits
LANCETS MIS 33G	QL (200 lancets every 25 days), OTC
LANCETS MIS ORIGINAL	QL (200 lancets every 25 days), OTC
LANCETS MIS THIN	QL (200 lancets every 25 days), OTC
LANCETS MIS THIN 26G	QL (200 lancets every 25 days), OTC
LANCETS MIS THIN 30G	QL (200 lancets every 25 days), OTC
LANCETS SUPR MIS THIN 28G	QL (200 lancets every 25 days), OTC
LANCETS THIN MIS	QL (200 lancets every 25 days), OTC
LANCETS THIN MIS 26G	QL (200 lancets every 25 days), OTC
LANCETS ULTR MIS THIN	QL (200 lancets every 25 days), OTC
LANCETS ULTR MIS THIN 31G	QL (200 lancets every 25 days), OTC
LITE TOUCH MIS LANCETS	QL (200 lancets every 25 days), OTC
LITETOUGH MIS LANCETS	QL (200 lancets every 25 days), OTC
LONGS LANCET MIS STANDARD	QL (200 lancets every 25 days), OTC
LONGS LANCET MIS THIN	QL (200 lancets every 25 days), OTC
LONGS LANCET MIS ULTRA TH	QL (200 lancets every 25 days), OTC
MEDICOICE MIS LANCET	QL (200 lancets every 25 days), OTC
MEDLANCE MIS 30G PLUS	QL (200 lancets every 25 days), OTC
MEDLANCE MIS PLUS 30G	QL (200 lancets every 25 days), OTC
MEDLANCE PLS MIS 0.8MM	QL (200 lancets every 25 days), OTC
MEDLANCE PLS MIS EXTR 21G	QL (200 lancets every 25 days), OTC
MEDLANCE PLS MIS LITE 25G	QL (200 lancets every 25 days), OTC
MEDLANCE PLS MIS UNIV 21G	QL (200 lancets every 25 days), OTC

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
MEIJER LANCE MIS COLOR	QL (200 lancets every 25 days), OTC
MEIJER LANCE MIS UNIV 21G	QL (200 lancets every 25 days), OTC
MEIJER LANCE MIS UNIV 30G	QL (200 lancets every 25 days), OTC
MEIJER LANCE MIS UNIVERSA	QL (200 lancets every 25 days), OTC
MEIJER MIS LANCETS	QL (200 lancets every 25 days), OTC
MICRO THIN MIS LANC 33G	QL (200 lancets every 25 days), OTC
MICROLET MIS LANCETS	QL (200 lancets every 25 days), OTC
MM TWIST MIS LANCETS	QL (200 lancets every 25 days), OTC
MOBILE LANCE MIS 30G	QL (200 lancets every 25 days), OTC
MONOLET MIS LANCETS	QL (200 lancets every 25 days), OTC
MONOLET OPD MIS LANCETS	QL (200 lancets every 25 days), OTC
MONOLETTOR MIS LANCETS	QL (200 lancets every 25 days), OTC
MYGLUCOHEALT MIS LANC 30G	QL (200 lancets every 25 days), OTC
NOVA SAFETY MIS LANC 23G	QL (200 lancets every 25 days), OTC
NOVA SAFETY MIS LANC 28G	QL (200 lancets every 25 days), OTC
NOVA SURE MIS LANCETS	QL (200 lancets every 25 days), OTC
ON-THE-GO MIS LANC 30G	QL (200 lancets every 25 days), OTC
ONETOUCH DEL MIS LANC DEV	QL (200 lancets every 25 days), OTC
ONETOUCH DEL MIS PLUS 30G	QL (200 lancets every 25 days), OTC
ONETOUCH DEL MIS PLUS 33G	QL (200 lancets every 25 days), OTC
ONETOUCH US MIS 2 30G	QL (200 lancets every 25 days), OTC
PERFECT 28G MIS LANCETS	QL (200 lancets every 25 days), OTC

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Drug Name	Requirements/Limits
PERFECT 30G MIS LANCETS	QL (200 lancets every 25 days), OTC
PHARMACY COU MIS LANCETS	QL (200 lancets every 25 days), OTC
PIP LANCETS MIS 28G	QL (200 lancets every 25 days), OTC
PIP LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
PRO COMFORT MIS 31G	QL (200 lancets every 25 days), OTC
PRO COMFORT MIS LANC 30G	QL (200 lancets every 25 days), OTC
PRO COMFORT MIS LANCETS	QL (200 lancets every 25 days), OTC
PRODIGY MIS 26G	QL (200 lancets every 25 days), OTC
PRODIGY MIS 28G	QL (200 lancets every 25 days), OTC
PURE COMFORT MIS 30G LAN	QL (200 lancets every 25 days), OTC
PX LANCETS MIS 28G	QL (200 lancets every 25 days), OTC
PX LANCETS MIS 33G	QL (200 lancets every 25 days), OTC
QC LANCETS MIS 28G	QL (200 lancets every 25 days), OTC
QC LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
RA E-ZJECT MIS 28G	QL (200 lancets every 25 days), OTC
RA E-ZJECT MIS THIN 26G	QL (200 lancets every 25 days), OTC
RA E-ZJECT MIS THIN 28G	QL (200 lancets every 25 days), OTC
RA E-ZJECT MIS ULT THIN	QL (200 lancets every 25 days), OTC
READYLANCE MIS 21G	QL (200 lancets every 25 days), OTC
READYLANCE MIS 23G	QL (200 lancets every 25 days), OTC
READYLANCE MIS 26G	QL (200 lancets every 25 days), OTC
READYLANCE MIS 28G	QL (200 lancets every 25 days), OTC

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Drug Name	Requirements/Limits
READYLANCE MIS 30G	QL (200 lancets every 25 days), OTC
REALITY MIS LANCETS	QL (200 lancets every 25 days), OTC
REALITY TRIG MIS LANCETS	QL (200 lancets every 25 days), OTC
RELION LANCE MIS THIN 26G	QL (200 lancets every 25 days), OTC
RELION LANCE MIS THIN 30G	QL (200 lancets every 25 days), OTC
RELION MICRO MIS THIN 33G	QL (200 lancets every 25 days), OTC
RELION ULTRA MIS THIN 30G	QL (200 lancets every 25 days), OTC
RELION ULTRA MIS THIN PLS	QL (200 lancets every 25 days), OTC
RIGHTEST MIS GL300	QL (200 lancets every 25 days), OTC
SAFE-T-PRO MIS LANCETS	QL (200 lancets every 25 days), OTC
SAFE-T-PRO MIS PLUS	QL (200 lancets every 25 days), OTC
SAFETY 21G MIS LANCETS	QL (200 lancets every 25 days), OTC
SAFETY 23G MIS LANCETS	QL (200 lancets every 25 days), OTC
SAFETY 28G MIS LANCETS	QL (200 lancets every 25 days), OTC
SAFETY 30G MIS LANCETS	QL (200 lancets every 25 days), OTC
SAFETY MIS LANCETS	QL (200 lancets every 25 days), OTC
SAPS HEALTH MIS TWIST	QL (200 lancets every 25 days), OTC
SAPS TWIST MIS 30G	QL (200 lancets every 25 days), OTC
SAPSCARE MIS TWIST	QL (200 lancets every 25 days), OTC
SB LANCETS MIS THIN	QL (200 lancets every 25 days), OTC
SB LANCETS MIS ULTR THN	QL (200 lancets every 25 days), OTC
SINGLE-LET MIS 23G	QL (200 lancets every 25 days), OTC

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Drug Name	Requirements/Limits
SM LANCETS MIS 33G	QL (200 lancets every 25 days), OTC
SMART SENSE MIS LANC 21G	QL (200 lancets every 25 days), OTC
SMART SENSE MIS LANC 26G	QL (200 lancets every 25 days), OTC
SMART SENSE MIS LANC 30G	QL (200 lancets every 25 days), OTC
SMART SENSE MIS LANC 33G	QL (200 lancets every 25 days), OTC
SMARTEST MIS LANCETS	QL (200 lancets every 25 days), OTC
SOFTCLIX MIS LANCETS	QL (200 lancets every 25 days), OTC
SOLUS V2 MIS LANC 28G	QL (200 lancets every 25 days), OTC
SOLUS V2 MIS LANC 30G	QL (200 lancets every 25 days), OTC
STERILANCE MIS TL 28G	QL (200 lancets every 25 days), OTC
STERILANCE MIS TL 30G	QL (200 lancets every 25 days), OTC
STERILANCE MIS TL 32G	QL (200 lancets every 25 days), OTC
SUPER THIN MIS LANC 28G	QL (200 lancets every 25 days), OTC
SUPER THIN MIS LANCETS	QL (200 lancets every 25 days), OTC
SURE COMFORT MIS LANC 18G	QL (200 lancets every 25 days), OTC
SURE COMFORT MIS LANC 21G	QL (200 lancets every 25 days), OTC
SURE COMFORT MIS LANC 23G	QL (200 lancets every 25 days), OTC
SURE COMFORT MIS LANC 30G	QL (200 lancets every 25 days), OTC
SURE COMFORT MIS LANCETS	QL (200 lancets every 25 days), OTC
SUREFLEX MIS LANCETS	QL (200 lancets every 25 days), OTC
SURELITE MIS LANCETS	QL (200 lancets every 25 days), OTC
TECHLITE AST MIS LANCETS	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
TECHLITE MIS LANC 26G	QL (200 lancets every 25 days), OTC
TECHLITE MIS LANCETS	QL (200 lancets every 25 days), OTC
TGT LANCET MIS 26G	QL (200 lancets every 25 days), OTC
TGT LANCET MIS 30G	QL (200 lancets every 25 days), OTC
TGT LANCET MIS 33G	QL (200 lancets every 25 days), OTC
THIN LANCETS MIS 26G	QL (200 lancets every 25 days), OTC
THIN LANCETS MIS 30G	QL (200 lancets every 25 days), OTC
TOPCARE MIS LANC 33G	QL (200 lancets every 25 days), OTC
TRAVEL LANCE MIS ADV 28G	QL (200 lancets every 25 days), OTC
TRUE COMFORT MIS LANC 30G	QL (200 lancets every 25 days), OTC
TRUPLUS LANC MIS 26G	QL (200 lancets every 25 days), OTC
TRUPLUS LANC MIS 28G	QL (200 lancets every 25 days), OTC
TRUPLUS LANC MIS 30G	QL (200 lancets every 25 days), OTC
TRUPLUS LANC MIS 33G	QL (200 lancets every 25 days), OTC
TWIST LANCET MIS 30G	QL (200 lancets every 25 days), OTC
TWIST LANCET MIS 30G MULT	QL (200 lancets every 25 days), OTC
ULTILET MIS 26G	QL (200 lancets every 25 days), OTC
ULTILET MIS 28G	QL (200 lancets every 25 days), OTC
ULTILET MIS 30G	QL (200 lancets every 25 days), OTC
ULTILET MIS 33G	QL (200 lancets every 25 days), OTC
ULTILET MIS LANCETS	QL (200 lancets every 25 days), OTC
ULTILET MIS SAFETY	QL (200 lancets every 25 days), OTC

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Drug Name	Requirements/Limits
ULTILET SAFE MIS 21G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS 28G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS 30G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS 31G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS 33G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS LAN 31G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS LANC 28G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS LANC 30G	QL (200 lancets every 25 days), OTC
ULTRA THIN MIS LANCETS	QL (200 lancets every 25 days), OTC
UNILET EX II MIS 28G	QL (200 lancets every 25 days), OTC
UNILET EXCEL MIS 23G	QL (200 lancets every 25 days), OTC
UNILET G.P MIS SUPR 23G	QL (200 lancets every 25 days), OTC
UNILET G.P. MIS 21G	QL (200 lancets every 25 days), OTC
UNILET GP 28 MIS ULT THIN	QL (200 lancets every 25 days), OTC
UNILET LANC MIS 33G	QL (200 lancets every 25 days), OTC
UNILET LANCE MIS 21G	QL (200 lancets every 25 days), OTC
UNILET LANCE MIS 28G	QL (200 lancets every 25 days), OTC
UNILET LANCE MIS 33G	QL (200 lancets every 25 days), OTC
UNILET LANCT MIS 28G	QL (200 lancets every 25 days), OTC
UNILET LANCT MIS 30G	QL (200 lancets every 25 days), OTC
UNILET LANCT MIS 33G	QL (200 lancets every 25 days), OTC
UNILET MICRO MIS 33G	QL (200 lancets every 25 days), OTC

Drug Name	Requirements/Limits
UNILET MIS 21G	QL (200 lancets every 25 days), OTC
UNILET SUPER MIS 23G	QL (200 lancets every 25 days), OTC
UNILET SUPER MIS G.P. 23G	QL (200 lancets every 25 days), OTC
UNISTIK 3 MIS GENT 30G	QL (200 lancets every 25 days), OTC
UNISTIK PRO MIS LANC 21G	QL (200 lancets every 25 days), OTC
UNISTIK PRO MIS LANC 28G	QL (200 lancets every 25 days), OTC
UNISTIK SAFE MIS LANC 28G	QL (200 lancets every 25 days), OTC
UNISTIK SAFE MIS LANC 30G	QL (200 lancets every 25 days), OTC
UNISTIK TOUC MIS LANC 21G	QL (200 lancets every 25 days), OTC
UNISTIK TOUC MIS LANC 23G	QL (200 lancets every 25 days), OTC
UNISTIK TOUC MIS LANC 28G	QL (200 lancets every 25 days), OTC
UNISTIK TOUC MIS LANC 30G	QL (200 lancets every 25 days), OTC
UNITSTIK PRO MIS LANC 25G	QL (200 lancets every 25 days), OTC
UNIVERSAL 1 MIS 33G	QL (200 lancets every 25 days), OTC
UNIVERSAL 1 MIS LANC 26G	QL (200 lancets every 25 days), OTC
UNIVERSAL 1 MIS LANC 30G	QL (200 lancets every 25 days), OTC
VERIFINE LAN MIS MINI 21G	QL (200 lancets every 25 days), OTC
VERIFINE LAN MIS MINI 23G	QL (200 lancets every 25 days), OTC
VERIFINE LAN MIS MINI 28G	QL (200 lancets every 25 days), OTC
VERIFINE LAN MIS MINI 30G	QL (200 lancets every 25 days), OTC
VERIFINE MIS UNIV 28G	QL (200 lancets every 25 days), OTC
VERIFINE MIS UNIV 30G	QL (200 lancets every 25 days), OTC

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Drug Name	Requirements/Limits
VERIFINE MIS UNIV 33G	QL (200 lancets every 25 days), OTC
VIVAGUARD MIS 28G	QL (200 lancets every 25 days), OTC
VIVAGUARD MIS 30G	QL (200 lancets every 25 days), OTC
ZEVRX TWIST MIS LANC 30G	QL (200 lancets every 25 days), OTC

BANDAGES-DRESSINGS-TAPE

ACT BRIGHTS MIS BANDAGES	OTC
ACT SPORT FM MIS 1-1/8"X3	OTC
ACT SPORT FM MIS ASSORTED	OTC
ACT SPORT FM MIS KNEE/ELB	OTC
ADH BANDAGE MIS ANTIBACT	OTC
ADH BANDAGE MIS CLEAR	OTC
ADH BANDAGE MIS FLEXIBLE	OTC
ADH BANDAGE MIS FOAM	OTC
ADH BANDAGE MIS FOAM TOE	OTC
ADH BANDAGE MIS HEALTH	OTC
ADH BANDAGE MIS HYPO-ALL	OTC
ADH BANDAGE MIS PLASTIC	OTC
ADH BANDAGE MIS RETENTIO	OTC
ADH BANDAGE MIS SHEER	OTC
ADH BANDAGE MIS STRONG	OTC
ADH BANDAGE MIS WTR SHLD	OTC
ADHESIVE PAD MIS LARGE	OTC
ADHESIVE PAD MIS MEDIUM	OTC
ADV HEALING MIS BANDAGES	OTC
ANIMAL PRINT MIS STRIPS	OTC
ANTI-BACTERIA MIS CHILD	OTC
ANTIBAC BNDG MIS 7/8"	OTC
ANTIBAC FABR MIS STRIPS	OTC
ANTIBACTERAI MIS BANDAGES	OTC
ANTIBACTERIA MIS BANDAGES	OTC
ANTIBACTERIA MIS CLEAR	OTC
BAND AID MED MIS BUTTRFLY	OTC
BAND AID MIS 1"	OTC
BAND-AID CLR MIS 7/8"SPOT	OTC
BAND-AID FAM MIS PACK	OTC
BAND-AID FLX MIS	OTC
BAND-AID FLX MIS 1" X 3"	OTC
BAND-AID FLX MIS 1"X3"	OTC
BAND-AID FLX MIS 3/4"X3"	OTC

Drug Name	Requirements/Limits
BAND-AID FLX MIS ASSORTED	OTC
BAND-AID FLX MIS EXTRA LG	OTC
BAND-AID FLX MIS FABRIC	OTC
BAND-AID FLX MIS FINGRTIP	OTC
BAND-AID FLX MIS KNUCKLE	OTC
BAND-AID HYD MIS ACNE BLE	OTC
BAND-AID HYD MIS ALL-PURP	OTC
BAND-AID HYD MIS BLA CUSH	OTC
BAND-AID HYD MIS LARGE	OTC
BAND-AID LG MIS BUTTRFLY	OTC
BAND-AID MIS	OTC
BAND-AID MIS 3/4"X3"	OTC
BAND-AID MIS BABY SHA	OTC
BAND-AID MIS BLUE CLU	OTC
BAND-AID MIS DIS PRIN	OTC
BAND-AID MIS FROZEN	OTC
BAND-AID MIS GLOW-DRK	OTC
BAND-AID MIS HL KITTY	OTC
BAND-AID MIS HOT COLR	OTC
BAND-AID MIS LIGHTYE	OTC
BAND-AID MIS MEDICATE	OTC
BAND-AID MIS MICK MOU	OTC
BAND-AID MIS OURTONE	OTC
BAND-AID MIS PIXAR	OTC
BAND-AID MIS POKEMON	OTC
BAND-AID MIS RUGRATS	OTC
BAND-AID MIS SENSITIV	OTC
BAND-AID MIS SHEER	OTC
BAND-AID MIS SHEER CF	OTC
BAND-AID MIS SKN FLX	OTC
BAND-AID MIS SPORT EX	OTC
BAND-AID MIS STAR WAR	OTC
BAND-AID MIS SUP MARI	OTC
BAND-AID MIS THAT GIR	OTC
BAND-AID MIS TOUGH	OTC
BAND-AID MIS TOUGH WP	OTC
BAND-AID MIS TOUGH XL	OTC
BAND-AID MIS TOUGH-ST	OTC
BAND-AID MIS TOY STRY	OTC
BAND-AID MIS VARIETY	OTC
BAND-AID MIS X-LG	OTC
BAND-AID PAW MIS PATROL	OTC
BAND-AID WTR MIS BLC FLEX	OTC

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Drug Name	Requirements/Limits
BANDAGE FABR MIS EX-LONG	OTC
BANDAGES FAB MIS ASSORTED	OTC
BLISTER REL MIS BANDAGE	OTC
BUTTERFLY MIS CLOSURES	OTC
CARPALAID MIS EMPLOYEE	OTC
CARPALAID MIS LARGE	OTC
CARPALAID MIS PRA LG	OTC
CARPALAID MIS PRAC SM	OTC
CARPALAID MIS SMALL	OTC
COMFORT FAB MIS 3/4"X3"	OTC
COMFORT FAB MIS ASSORTED	OTC
COMFORT FAB MIS KNEE/ELB	OTC
COVERLET MIS STRIPS	OTC
CRAYON STRIP MIS BANDAGE	OTC
CVS ANTI-BAC MIS	OTC
CVS ANTI-BAC MIS BANDAGE	OTC
CVS ANTI-BAC MIS WATERPRO	OTC
CVS CLEAR MIS BANDAGES	OTC
CVS FLEX FAB MIS BANDAG	OTC
CVS PLASTIC MIS BANDAGE	OTC
CVS SHEER BA MIS ASSORTED	OTC
CVS SHEER MIS BAND 1"	OTC
CVS SHEER MIS BAND XL	OTC
CVS SPOT BAN MIS SHEER	OTC
EQ STRONG MIS STRIPS	OTC
EQL BUTTERFL MIS CLOSURE	OTC
EQL FIRST MIS AID BAND	OTC
EQL FLEXIBLE MIS FABRIC	OTC
EQL FLEXIBLE MIS FOAM	OTC
EQL GENTLE MIS STRIPS	OTC
EQL HVY DUTY MIS STRIPS	OTC
EQL PLASTIC MIS STRIPS	OTC
EQL SHEER MIS SPOTS	OTC
EQL SHEER MIS STRIPS	OTC
EQL STRIPS MIS	OTC
FABRIC BANDG MIS ASSORTED	OTC
FABRIC BANDG MIS FLEXIBLE	OTC
FIRST AID MIS FLEX FAB	OTC
FLEX BANDAGE MIS	OTC
FLEX BANDAGE MIS FABRIC	OTC
GNP BANDAGES MIS	OTC
GNP BANDAGES MIS 1"X3"	OTC
GNP BANDAGES MIS 2"X4"	OTC

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Drug Name	Requirements/Limits
GNP BANDAGES MIS 3/4"X3"	OTC
GNP BANDAGES MIS ASSORTED	OTC
GNP BANDAGES MIS CLEAR	OTC
GNP BANDAGES MIS SHEER	OTC
GNTL ADHESVE MIS BNDG XL	OTC
HEAVY DUTY MIS BANDAGES	OTC
HEAVY DUTY MIS CLR&TGH	OTC
HEAVY DUTY MIS FAB BAND	OTC
HM BUTTERFLY MIS CLOSURES	OTC
HYPO-ALLERG MIS BANDAGE	OTC
LEUKOSTRIp MIS 1/2"X4"	OTC
LEUKOSTRIp MIS 1/4"X3"	OTC
LEUKOSTRIp MIS 1/4"X4"	OTC
LEUKOSTRIp MIS 1/8X1.5"	OTC
NEXCARE TATT MIS BANDAGES	OTC
NEXCARE WATR MIS PRF BAND	OTC
PEANUTS MIS BANDAGES	OTC
PLAS BANDAGE MIS 3/4"X3"	OTC
PLASTC BANDG MIS 3/4"	OTC
PROXI-STRIP MIS 1/4"X4"	OTC
PROXI-STRIPS MIS 1/2"X4"	OTC
RA ADHESIVE MIS BANDAGES	OTC
SHEER ADHESI MIS 3/4"X3"	OTC
SHEER BANDGE MIS	OTC
SHEER BANDGE MIS 1"	OTC
SHEER BANDGE MIS EX-LARGE	OTC
SHR BANDAGES MIS	OTC
SHR BANDAGES MIS ASSORTED	OTC
SM BANDAGES MIS ANTIBACT	OTC
SM BANDAGES MIS CLEAR	OTC
SM BANDAGES MIS CLR SPOT	OTC
SM BANDAGES MIS FAB 3/4"	OTC
SM BANDAGES MIS FAB XL	OTC
SM BANDAGES MIS FLEXIBLE	OTC
SM BANDAGES MIS FOAM	OTC
SM BANDAGES MIS FOAM XL	OTC
SM BANDAGES MIS PLASTIC	OTC
SM BANDAGES MIS SHEER	OTC
SM BANDAGES MIS SHEER XL	OTC
SM BANDAGES MIS STRNG ST	OTC
SM BANDAGES MIS WTRSHELD	OTC
SM KNUCKLE/ MIS FINGERTP	OTC
SM STRONG MIS STRIPS	OTC

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Drug Name	Requirements/Limits
SM STURDY MIS STRIP	OTC
SOFT 'N FLEX MIS	OTC
SORESPOT MIS BANDAGES	OTC
STRONG STRIP MIS WATERPRF	OTC
SURESEAL MIS EX LARGE	OTC
SURESEAL MIS K	OTC
SURESEAL MIS LARGE	OTC
VARIETY PACK MIS BANDAGES	OTC
WATERPROOF MIS BANDAGES	OTC
WTERPRF BAND MIS CLEAR	OTC
ADHESIVE PAD 2"X3"	OTC
ADHESIVE PAD 3"X4"	OTC
ADHESIVE PAD 4"X4"	OTC
ADHESIVE PAD 6"X6"	OTC
ADHESIVE PAD PAD 2.25"X3"	OTC
ADHESIVE PAD PAD 3"X4"	OTC
ADHESIVE PAD PAD ANTIBACT	OTC
BAND-AID PAD 2"X3"	OTC
BAND-AID PAD 3"X4"	OTC
BAND-AID PAD ADHESIVE	OTC
EASY RELEASE PAD NONSTICK	OTC
FIRST AID NO PAD STICK	OTC
J & J ADHES PAD LARGE	OTC
MOLESKIN PAD FOAM	OTC
POLYMEM DOT PAD 2" X 2"	OTC
RA SHEER ADH PAD LARGE	OTC
SM ADHESIVE PAD 2"X3"	OTC
SM ADHESIVE PAD 3"X4"	OTC
WATERPROOF PAD 3"X4"	OTC

CONTRACEPTIVES

CONDOMS MIS	QL (12 condoms every 1 day), OTC; \$0
AIMSCO MIS LUBRICAT	QL (12 condoms every 1 day), OTC; \$0
COLOR CONDOM MIS + LUBE	QL (12 condoms every 1 day), OTC; \$0
DUREX EXTRA MIS SENSITIV	QL (12 condoms every 1 day), OTC; \$0
DUREX MIS TROPICAL	QL (12 condoms every 1 day), OTC; \$0
FANTASY LUBR MIS	QL (12 condoms every 1 day), OTC; \$0

Drug Name	Requirements/Limits
FANTASY LUBR MIS COLORS	QL (12 condoms every 1 day), OTC; \$0
FANTASY LUBR MIS SPERMICI	QL (12 condoms every 1 day), OTC; \$0
FANTASY MIS LUBRICAT	QL (12 condoms every 1 day), OTC; \$0
KAMELEON LUB MIS COLORS	QL (12 condoms every 1 day), OTC; \$0
KAMELEON MIS TRI-COLR	QL (12 condoms every 1 day), OTC; \$0
KIMONO COLOR MIS	QL (12 condoms every 1 day), OTC; \$0
KIMONO MAXX MIS LG FLARE	QL (12 condoms every 1 day), OTC; \$0
KIMONO MICRO MIS THIN +	QL (12 condoms every 1 day), OTC; \$0
KIMONO MICRO MIS THIN PLS	QL (12 condoms every 1 day), OTC; \$0
KIMONO MIS LUBRICAT	QL (12 condoms every 1 day), OTC; \$0
KIMONO MIS SENSATIO	QL (12 condoms every 1 day), OTC; \$0
KIMONO PLUS MIS LUBRICAT	QL (12 condoms every 1 day), OTC; \$0
KIMONO PLUS MIS SPERMICI	QL (12 condoms every 1 day), OTC; \$0
KIMONO PS MIS LUBRICAT	QL (12 condoms every 1 day), OTC; \$0
KIMONO PS MIS PLUS	QL (12 condoms every 1 day), OTC; \$0
KIMONO SENSA MIS PLUS	QL (12 condoms every 1 day), OTC; \$0
KIMONO SPEC MIS	QL (12 condoms every 1 day), OTC; \$0
MAXX MIS LUBRICAT	QL (12 condoms every 1 day), OTC; \$0
MAXX PLUS MIS SPERMICI	QL (12 condoms every 1 day), OTC; \$0
NATURAL COND MIS + LUBE	QL (12 condoms every 1 day), OTC; \$0
REALITY MIS LUBRICAT	QL (12 condoms every 1 day), OTC; \$0
REALITY ULTR MIS TEXTURED	QL (12 condoms every 1 day), OTC; \$0

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
REALITY ULTR MIS THIN	QL (12 condoms every 1 day), OTC; \$0
TRUE COVER MIS CONDOM	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS ASSORTED	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS BANANA	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS CHOC	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS COLA	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS COLORS	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS EX LARGE	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS EX STR	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS GRAPE	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS MINT	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS RIB/STUD	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS SPERMICI	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS STRWBRY	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX LUBR MIS VANILLA	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX/RIA MIS LUBRICAT	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX/RIA MIS SPERMICI	QL (12 condoms every 1 day), OTC; \$0
TRUSTX NON-9 MIS RIB/STUD	QL (12 condoms every 1 day), OTC; \$0
KIMONO MICRO MIS THIN	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX MIS BANANA	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX MIS CHOCOLAT	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX MIS FLAVORS	QL (12 condoms every 1 day), OTC; \$0

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
TRUSTEX MIS MINT	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX MIS STRWBRY	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX MIS VANILLA	QL (12 condoms every 1 day), OTC; \$0
TRUSTEX/RIA MIS NON-LUB	QL (12 condoms every 1 day), OTC; \$0
DUREX MIS REALFEEL	QL (12 condoms every 1 day), OTC; \$0
FC2 FEMALE MIS CONDOM	QL (12 condoms every 1 day), OTC; \$0
OMNIFLEX DPR	QL (1 box every year); \$0
CAYA DPR	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 60	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 65	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 70	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 75	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 80	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 85	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 90	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 95	QL (1 box every year); \$0

MISC. DEVICES

ALCOHOL PAD 70%	QL (400 pads every 25 days), OTC
ALCOHOL PAD PREP	QL (400 pads every 25 days), OTC
ALCOHOL PADS PAD 70%	QL (400 pads every 25 days), OTC
ALCOHOL PREP PAD	QL (400 pads every 25 days), OTC
ALCOHOL PREP PAD 70%	QL (400 pads every 25 days), OTC
ALCOHOL PREP PAD MED 70%	QL (400 pads every 25 days), OTC
ALCOHOL PREP PAD PADS 70%	QL (400 pads every 25 days), OTC
ALCOHOL SWAB PAD	QL (400 pads every 25 days), OTC
ALCOHOL SWAB PAD 70%	QL (400 pads every 25 days), OTC
ALCOHOL SWAB PAD EX-THICK	QL (400 pads every 25 days), OTC

Drug Name	Requirements/Limits
AUM ALCOHOL PAD PREP 70%	QL (400 pads every 25 days), OTC
BD SWAB REG PAD SNGL USE	QL (400 pads every 25 days), OTC
CARETOUCH PAD ALCOHOL	QL (400 pads every 25 days), OTC
COMFRIT TOUCH PAD ALC PREP	QL (400 pads every 25 days), OTC
CURITY PREP PAD ALCOHOL	QL (400 pads every 25 days), OTC
FIFTY50 PREP PAD PADS	QL (400 pads every 25 days), OTC
GNP ALCOHOL PAD SWABS	QL (400 pads every 25 days), OTC
HM STERILE PAD ALCHOL	QL (400 pads every 25 days), OTC
INCONTROL PAD ALCOHOL	QL (400 pads every 25 days), OTC
PREP PADS PAD	QL (400 pads every 25 days), OTC
PURE COMFORT PAD	QL (400 pads every 25 days), OTC
QC ALCOHOL PAD SWABS	QL (400 pads every 25 days), OTC
RA ALCOHOL PAD SWABS	QL (400 pads every 25 days), OTC
REALITY SWAB PAD	QL (400 pads every 25 days), OTC
SAPS HEALTH PAD ALCOHOL	QL (400 pads every 25 days), OTC
SB ALCOHOL PAD PREP	QL (400 pads every 25 days), OTC
SM ALCOHOL PAD PREP	QL (400 pads every 25 days), OTC
TRUE COMFORT PAD PRO	QL (400 pads every 25 days), OTC
ULTICARE PAD ALCOHOL	QL (400 pads every 25 days), OTC
ULTILET PAD ALCOHOL	QL (400 pads every 25 days), OTC
WEBCOL PREP PAD LARGE	QL (400 pads every 25 days), OTC
WEBCOL PREP PAD MEDIUM	QL (400 pads every 25 days), OTC

Drug Name	Requirements/Limits
ZEVRX STERIL PAD ALCHOL	QL (400 pads every 25 days), OTC

PHARMACEUTICAL ADJUVANTS

LIQUID VEHICLES

<i>glycine diluent for injection</i>	SP, PA
PH 12 STERIL SOL FLOLAN	SP, PA
<i>water for injection</i>	
BACTER WATER INJ BENZ ALC	
<i>bacteriostatic sodium chloride inj soln 0.9%</i>	
SALINE/PHENO SOL	

MISCELLANEOUS THERAPEUTIC CLASSES

IMMUNOMODULATORS

THALOMID CAP 50MG	SP, PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	SP, PA, QL (4 caps every 1 day)
<i>lenalidomide caps 2.5 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 2.5MG	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 5 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 20 mg</i>	SP, PA, QL (42 caps every 28 days)
REVLIMID CAP 20MG	SP, PA, QL (42 caps every 28 days)
<i>lenalidomide cap 25 mg</i>	SP, PA, QL (42 caps every 28 days)
REVLIMID CAP 25MG	SP, PA, QL (42 caps every 28 days)

IMMUNOSUPPRESSIVE AGENTS

<i>cyclosporine cap 25 mg</i>	SP
<i>cyclosporine cap 100 mg</i>	SP
<i>cyclosporine modified cap 25 mg</i>	SP
<i>gengraf cap 25mg</i>	SP
<i>cyclosporine modified cap 50 mg</i>	SP
<i>cyclosporine modified cap 100 mg</i>	SP
<i>gengraf cap 100mg</i>	SP
<i>cyclosporine modified oral soln 100 mg/ml</i>	SP
<i>gengraf sol 100mg/ml</i>	SP
<i>mycophenolate mofetil cap 250 mg</i>	SP
<i>mycophenolate mofetil tab 500 mg</i>	SP

Drug Name	Requirements/Limits
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	SP
<i>sirolimus tab 0.5 mg</i>	SP
<i>sirolimus tab 1 mg</i>	SP
<i>sirolimus tab 2 mg</i>	SP
<i>sirolimus oral soln 1 mg/ml</i>	SP
<i>tacrolimus cap 0.5 mg</i>	SP
<i>tacrolimus cap 1 mg</i>	SP
<i>tacrolimus cap 5 mg</i>	SP
UPLIZNA SOL 100MG	SP, PA
ENSPRYNG INJ	SP, PA, QL (1 syringe every 28 days)
<i>azathioprine tab 50 mg</i>	
<i>azasan tab 75 mg</i>	
<i>azathioprine tab 75 mg</i>	
<i>azasan tab 100mg</i>	
<i>azathioprine tab 100 mg</i>	
POTASSIUM REMOVING AGENTS	
<i>kionex sus 15gm/60</i>	
<i>sps sus 15gm/60</i>	
<i>sps sus 30gm/120</i>	
LOKELMA PAK 5GM	
LOKELMA PAK 10GM	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS	
VIJOICE TAB 50MG	SP, PA, QL (1 tab every 1 day)
VIJOICE TAB 125MG	SP, PA, QL (1 tab every 1 day)
VIJOICE TAB 250MG	SP, PA, QL (2 tabs every 1 day)

Index

1	
12hr allergy tab 60mg	57
12hr deconge tab 120mg cr.....	59
1ST TIER UNI MIS 31GX5MM.....	166
1ST TIER UNI MIS 31GX8MM.....	168
1ST TIER UNI MIS 32GX4MM	171
2	
2 CPAP HOSE MIS HANGER	173
24 hr nasal spr allergy	60
24hr allergy tab	64
24hr allergy tab 180mg	57
3	
3 day vaginl cre 2%	87
3 day vagnal cre 4%.....	87
3-in-1 clean liq 5%	151
5	
50+ adult cap eye hlth	115
6	
600+d3 tab cal/vitd	137
8	
8 hour pain tab 650mg	95
8 hr arthrts tab 650mg.....	95
8 hr pain tab 650mg	95
8 hr pain tab 650mg er	95
8hr arthrits tab 650mg er	95
8hr pain er tab 650mg	95
8hr pain rel tab 650mg	95
A	
a thru z adv tab adult.....	117
a thru z chw select.....	125
a thru z sel tab 50+ adva.....	117
a thru z sel tab 50+ mens	117
a thru z sel tab advanced.....	117
a thru z tab advanced.....	117
a thru z tab advantag	133
a thru z tab high pot.....	117
a thru z tab select	117
a thru z tab ultimate.....	117
a thru z ult tab mens	118
a&d oin	160
A+D TREAT CRE	160
abacavir sulfate soln 20 mg/ml (base equiv)	20
abacavir sulfate tab 300 mg (base equiv) 20	20
abacavir sulfate-lamivudine tab 600-300 mg	21
ABC COMPLETE TAB ADULT	118
ABC COMPLETE TAB MENS	118
ABC COMPLETE TAB MENS 50+	118
ABC COMPLETE TAB SENIOR	118
ABC COMPLETE TAB WOMEN.....	118
abiraterone acetate tab 250 mg	26
acarbose tab 100 mg	38
acarbose tab 25 mg.....	37
acarbose tab 50 mg	38
accutane cap 10mg	152
accutane cap 20mg.....	152
accutane cap 30mg	152
accutane cap 40mg	152
ACE AERO CLD MIS ENHANCER	172
acebutolol hcl cap 200 mg	43, 44
acebutolol hcl cap 400 mg.....	44
acetamin er tab 650mg	95
acetamin liq 500/15ml	96
acetaminophe liq 160/5ml.....	96
acetaminophe tab 160mg	97
acetaminophen chew tab 160 mg	95
acetaminophen liquid 160 mg/5ml	96
acetaminophen soln 160 mg/5ml.....	96
acetaminophen suppos 120 mg.....	96
acetaminophen suppos 650 mg	97
acetaminophen susp 160 mg/5ml.....	96
acetaminophen tab 325 mg	94
acetaminophen tab 500 mg	94
acetaminophen tab er 650 mg	95
acetaminophen w/ codeine soln 120-12 mg/5ml.....	98
acetaminophen w/ codeine tab 300-15 mg	98
acetaminophen w/ codeine tab 300-30 mg	98
acetaminophen w/ codeine tab 300-60 mg	98
acetaminophn tab 500mg	94
acetazolamide cap er 12hr 500 mg	49
acetazolamide tab 125 mg	49

acetazolamide tab 250 mg	49
acetic acid otic soln 2%.....	149
acetic acid vaginal solution	88
acid control tab 10mg	81
acid control tab 20mg.....	82
acid gone chw.....	79
acid gone sus	79
acid reducer cap 15mg	82
acid reducer cap 20.6mgdr	83
acid reducer tab 10mg	81
acid reducer tab 200mg	81
acid reducer tab 20mg	82
acid reducer tab 20mg dr.....	83
acne cleanse cre cvs cont	151
acne control cre clns 10%	151
acne foaming liq wash 10%.....	151
acne max str cre 10%	151
acne medicat gel 10%	151
acne medicat gel 2.5%	151
acne medicat gel 5%	151
acne treatmn gel 10%	151
acne-clear gel 10%.....	151
ACT BRIGHTS MIS BANDAGES.....	195
act dry loz mouth	150
ACT DRY MOUT GUM MOISTURI.....	150
ACT SPORT FM MIS 1-1/8	195
ACT SPORT FM MIS ASSORTED	195
ACT SPORT FM MIS KNEE/ELB	195
ACTEEV PROTE MIS MASK	179
ACTHAR INJ 80UNIT	41
actical cap	115
ACTICARNITIN SOL SF.....	139
ACTIFLOVIT TAB EAR HEAL	134
ACTI-LANCE MIS 28G	180
ACTI-LANCE MIS LITE 28G.....	180
ACTI-LANCE MIS SPEC 17G	180
ACTI-LANCE MIS UNIV 23G	181
ACTITROM CAP	112
ACTITROM-D CAP	112
ACTIVE 55 LIQ PLUS.....	127
ACTIVESSENT PAK	127
ACTIVESSENTI PAK ONCOPEX	128
ACTIVESSENTI PAK WOMEN.....	128
ACTIVITY PCH MIS.....	172
ACTIVNUT W/O POW COP/IRON.....	127
ACTIVNUTRIEN CAP	115
ACTIVNUTRIEN CAP PERFORMA	115
ACTIVNUTRIEN CAP W/O IRON	115
ACTIVNUTRIEN CHW	130
ACTRIVIT LIQ 800-15-1.....	112
acyclovir cap 200 mg	22
acyclovir susp 200 mg/5ml.....	22
acyclovir tab 400 mg	22
acyclovir tab 800 mg	22
ADALIMU-ADAZ INJ 40/0.4ML.....	101, 102
ADALIMU-FKJP KIT 20/0.4ML.....	102
ADALIMU-FKJP KIT 40/0.8ML.....	102
addaprin tab 200mg.....	99
adefovir dipivoxil tab 10 mg	22
ADEK CHW PLUS ZN.....	125
ADH BANDAGE MIS ANTIBACT	195
ADH BANDAGE MIS CLEAR	195
ADH BANDAGE MIS FLEXIBLE	195
ADH BANDAGE MIS FOAM	195
ADH BANDAGE MIS FOAM TOE.....	195
ADH BANDAGE MIS HEALTH	195
ADH BANDAGE MIS HYPO-ALL	195
ADH BANDAGE MIS PLASTIC.....	195
ADH BANDAGE MIS RETENTIO.....	195
ADH BANDAGE MIS SHEER	195
ADH BANDAGE MIS STRONG	195
ADH BANDAGE MIS WTR SHLD.....	195
ADHESIVE PAD 2	199
ADHESIVE PAD 3	199
ADHESIVE PAD 4	199
ADHESIVE PAD 6	199
ADHESIVE PAD MIS LARGE	195
ADHESIVE PAD MIS MEDIUM	195
ADHESIVE PAD PAD 2.25.....	199
ADHESIVE PAD PAD 3	199
ADHESIVE PAD PAD ANTIBACT	199
adlt multivi chw gummies	125
ADLT ONE DLY CHW GUMMIES	125
ADMEOLOG INJ 100U/ML	36
ADMEOLOG SOLO INJ 100U/ML	36
ADRENAL CAP MANAGER.....	132
ADRENALIV CAP	132
ADRENOID CAP	132

ADULT 50+ CAP EYE HLTH	115
ADULT 50+ CAP OCUVITE.....	115
ADULT MASK MIS LARGE.....	172
ADV HEALING MIS BANDAGES	195
ADVANCED C TAB PLUS.....	112
advanced chw multi ea.....	125
advanced eye cap health	115
advanced tab formula	118
ADVCATE SAFE MIS LANC 26G.....	181
advil jr st tab 100mg	99
advil jr str chw 100mg	100
advil minis cap 200mg.....	99
ADVOCATE MIS LANC 30G	181
ADVOCATE MIS LANCETS.....	181
AE EZ TWIST MIS TUBING	172
AE MASK MIS LARGE	172
AE MASK MIS MEDIUM	172
AE MASK MIS SMALL	172
AERCHMBR PLS MIS INTERMED	174
AERCHMBR PLS MIS LRG MASK.....	174
AERCHMBR PLS MIS MED MASK.....	174
AERCHMBR PLS MIS SM MASK	174
AERCHMBR Z- MIS STAT PLS	174
AERIVA MIS CON/NEB	176
AEROCHAMBER MIS CHAMBER	174
AEROCHAMBER MIS FLOSIGNA	174
AEROCHAMBER MIS HOLDING.....	174
AEROCHAMBER MIS MTHPIECE.....	174
AEROCHAMBER MIS MV	174
AEROCHAMBER MIS PLUS.....	174
AEROECLIPSE MIS II	176
AEROECLIPSE MIS II NEB	176
AEROECLIPSE MIS II TUBE	176
AEROECLIPSE MIS XL	176
AEROSOL MASK MIS ADULT.....	172
AEROTRC PLUS MIS	172
AEROVENT MIS PLUS.....	174
afirmelle tab 0.1-0.02	33
afrin saline spr 0.65%	61
aftera tab 1.5mg	31
afterpill tab 1.5mg	31
AGAMATRIX MIS 33G.....	181
AIMOVIG INJ 140MG/ML.....	103
AIMOVIG INJ 70MG/ML.....	103
AIMSCO MIS LUBRICAT	199
AIMSCO TWIST MIS 32G.....	181
AIMSCO TWIST MIS 33G.....	181
AIR TUBE MIS /PLUGS	172
airavite tab	143
airborne chw.....	125
AIRBORNE CHW	125
airborne chw citrus.....	125
AIRBORNE CHW CITRUS	125
AIRBORNE CHW ELDERBER	125
airborne chw gummies	125
airborne chw immune	125
airborne chw kids	125
AIRBORNE CHW KIDS	125
AIRBORNE CHW VERY BER	125
AIRS DISPOSA MIS NEBULIZR.....	176
AIRS PEDIATR MIS MASK	173
airshield chw	125
AIRSHIELD CHW IMMUNITY	125
al12 lot 12%	160
ala-cort cre 1%	158
alavert d-12 tab 5-120mg	63
alavert tab 10mg	58
alaway child dro 0.035%op	149
alaway dro 0.035%op	149
ALBUTEROL NEB 0.5%.....	67
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	68
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	67
albuterol sulfate soln nebu 0.5% (5 mg/ml)	67
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	67
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	67
albuterol sulfate syrup 2 mg/5ml	67
albuterol sulfate tab 2 mg	67
albuterol sulfate tab 4 mg	67
alclometasone dipropionate cream 0.05%	157
alclometasone dipropionate oint 0.05% .157	
ALCOHOL PAD 70%	202
ALCOHOL PAD PREP	202

ALCOHOL PADS PAD 70%	202
ALCOHOL PREP PAD	202
ALCOHOL PREP PAD 70%	202
ALCOHOL PREP PAD MED 70%	202
ALCOHOL PREP PAD PADS 70%	202
ALCOHOL SWAB PAD	202
ALCOHOL SWAB PAD 70%	202
ALCOHOL SWAB PAD EX-THICK	202
alendronate sodium tab 10 mg	40
alendronate sodium tab 35 mg	40
alendronate sodium tab 5 mg	40
alendronate sodium tab 70 mg	40
aler-cap cap 25mg	54
alertab tab 25mg	54
aleve arthri gel pain 1%	155
alfuzosin hcl tab er 24hr 10 mg	88
ALIVE 50+ TAB ENERGY	118
ALIVE CALCIU TAB BONE	118
ALIVE DAILY TAB ENERGY	118
ALIVE DAILY TAB WOMENS	118
ALIVE DIABET TAB MULTIVIT	118
ALIVE ENERGY TAB WOMENS	118
ALIVE GUMMIE CHW CHILDREN	130
ALIVE HAIR CHW SKN/NAIL	126
ALIVE HAIR/ CAP SKN/NAIL	115
ALIVE IMMUNE CAP HEALTH	115
ALIVE LIQ MULT-VIT	127
ALIVE MENS CHW 50+	126
ALIVE MENS CHW GUMMY	126
ALIVE MENS TAB	118
ALIVE MENS TAB COMPLETE	118
ALIVE MULTI CHW CHILDRNS	130
ALIVE MULTI CHW VITAMIN	126
ALIVE WOMENS CHW 50+	126
ALIVE WOMENS CHW GUMMY	126
ALIVE WOMENS TAB 50+ COMP	118
alka-seltzer chw 750mg	78
all day allg cap 10mg	56
all day allg sol 1mg/ml	57
all day allg sol 5mg/5ml	57
all day allg tab 10mg	56
all day alrg tab 5-120mg	63
all day pain tab 220mg	101
all day relf tab 220mg	101

ALL PURPOSE MIS MASK	179
allbee plus tab vit c	110
all-day allg sol 5mg/5ml	57
ALLEGRA ALRG TAB 30MG	58
allegra hive tab 180mg	57
aller/conges tab 10-240mg	64
aller-chlor tab 4mg	53
allerclear d tab 10-240mg	64
allerclear d tab 5-120mg	63
allerclear tab 10mg	58
aller-ease tab 180mg	57
aller-fex tab 180mg	57
aller-flo spr 50mcg	60
allergy 24hr tab 10mg	56
allergy 24hr tab 180mg	57
allergy cap 25mg	54
allergy chil chw 12.5mg	55
allergy chld liq 12.5/5ml	55
allergy chld sol 1mg/ml	57
allergy chld sol 5mg/5ml	58
allergy chld sus 30mg/5ml	58
allergy d tab 5-120mg	63
allergy d tab 60-120mg	64
allergy d24 tab 180-240	64
allergy liq 12.5/5ml	55
allergy med cap 25mg	54
allergy med liq 12.5/5ml	55
allergy nasa spr 24hr	60
allergy nasa spr 50mcg	60
allergy rel cap 10mg	56
allergy rel cap 25mg	54
allergy rel liq 12.5/5ml	55
allergy rel sol 1mg/ml	57
allergy rel tab 10mg	56
allergy rel/ tab deconges	64
allergy relf cap 10mg	58
allergy relf cap 25mg	54
allergy relf liq 12.5/5ml	55
allergy relf liq 25/10ml	55
allergy relf liq 50/20ml	55
allergy relf sol 1mg/ml	57
allergy relf sol 5mg/5ml	57, 58
allergy relf spr 50mcg	60
allergy relf tab /nsl dec	64

allergy relf tab 10-240mg	64
allergy relf tab 10mg.....	58
allergy relf tab 12mg cr	54
allergy relf tab 180mg	57
allergy relf tab 25mg	54
allergy relf tab 4mg	53
allergy relf tab 5/120mg.....	63
allergy relf tab 5-120mg.....	63
allergy relf tab 5mg	56
allergy relf tab 60mg.....	57
allergy relf tab d12	63
allergy relf tab d-24	64
allergy relf tab deconges	64
allergy reli chw cetirizi	57
allergy reli tab 10mg	56
allergy reli tab 60-120mg.....	64
allergy reli tab d	64
allergy rlf chw 5mg	58
allergy rlf liq 50/20ml.....	55
allergy rlf liq children.....	58
allergy rlf sus 30/5ml	58
allergy rlf tab 10mg	56
allergy tab 10mg	56
allergy tab 180mg	57
allergy tab 4mg	53
allergy/cong tab 5-120mg.....	63
allergy/cong tab 60-120mg	64
allergy-d tab 12 hour	64
allergy-d tab 5-120mg.....	63
aller-tec d tab 5-120mg	63
aller-tec sol 1mg/ml.....	57
aller-tec tab 10mg.....	56
ALLERWELL TAB ALLERGY	133
allgy relief tab 10mg	56
allopurinol tab 100 mg	104
allopurinol tab 300 mg.....	104
allrgy d-12 tab 5-120mg	63
allrgy relf tab 12.5mg.....	56
allrgy relf tab 5-120mg	63
allrgy rlf d tab 10-240mg	64
allrgy rlf-d tab 10-240mg	64
allrgy rlf-d tab 5-120mg	63
allrgy/nasal tab 10-240mg	64
almacone dbl sus strength	80
alogliptin benzoate tab 12.5 mg (base equiv)	38
alogliptin benzoate tab 25 mg (base equiv)	38
alogliptin benzoate tab 6.25 mg (base equiv)	38
alogliptin-metformin hcl tab 12.5-1000 mg	38
alogliptin-metformin hcl tab 12.5-500 mg	38
alogliptin-pioglitazone tab 12.5-30 mg	38
alogliptin-pioglitazone tab 25-15 mg	38
alogliptin-pioglitazone tab 25-30 mg	38
alogliptin-pioglitazone tab 25-45 mg	38
alophen tab 5mg ec.....	70
ALPHA BETIC TAB.....	118
altalube oin	147
altamist spr 0.65%	61
altarussin liq 100/5ml	61
altarussin syrup -pe	64
altarussn dm syrup 100-10/5	66
altavera tab	33
ALTERA MIS NEBULIZE	176
ALTERA NEB MIS HANDSET	173
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	79
ALVESCO AER 160MCG.....	68
ALVESCO AER 80MCG	68
alyacen tab 1/35.....	33
alyacen tab 7/7/7.....	35
amantadine hcl cap 100 mg	104
amantadine hcl soln 50 mg/5ml.....	104
amantadine hcl tab 100 mg	104
ambrisentan tab 10 mg	52
ambrisentan tab 5 mg	52
amiloride & hydrochlorothiazide tab 5-50 mg	50
amiloride hcl tab 5 mg.....	49
aminofen tab 325mg	94
amiodarone hcl tab 200 mg	46
amlactin lot daily	160
amlodipine besylate tab 10 mg (base equivalent)	44
amlodipine besylate tab 2.5 mg (base equivalent)	44

<i>amlodipine besylate tab 5 mg (base equivalent)</i>	44
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	48
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	48
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	48
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	48
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	48
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	48
<i>amnesteem cap 10mg</i>	152
<i>amnesteem cap 20mg</i>	152
<i>amnesteem cap 40mg</i>	152
<i>amoryn mood cap booster</i>	115
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	17
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	17
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	17
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	17
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	17
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	17
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	17
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	17
<i>amoxicillin (trihydrate) cap 250 mg</i>	17
<i>amoxicillin (trihydrate) cap 500 mg</i>	17
<i>amoxicillin (trihydrate) chew tab 125 mg</i> ..	17
<i>amoxicillin (trihydrate) chew tab 250 mg</i> .	17
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	17
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	17

<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	17
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	17
<i>amoxicillin (trihydrate) tab 500 mg</i>	17
<i>amoxicillin (trihydrate) tab 875 mg</i>	17
<i>ampicillin cap 500 mg</i>	17
<i>anagrelide hcl cap 0.5 mg</i>	144
<i>anagrelide hcl cap 1 mg</i>	144
<i>anastrozole tab 1 mg</i>	26
<i>ANIMAL PRINT MIS STRIPS</i>	195
<i>animal shape chw complete</i>	131
<i>ANORO ELLIPT AER 62.5-25</i>	68
<i>antacid & sus anti-gas</i>	80
<i>antacid & sus gas relf</i>	79, 80
<i>antacid chw</i>	79
<i>antacid chw 1000mg</i>	79
<i>ANTACID CHW 1177MG</i>	79
<i>antacid chw 500mg</i>	78
<i>ANTACID CHW 550-110</i>	79
<i>antacid chw 750mg</i>	78
<i>antacid extr chw 750mg</i>	78
<i>antacid fast sus relief</i>	79
<i>antacid flav chw 750mg</i>	78
<i>antacid i sus</i>	79
<i>antacid iii sus</i>	80
<i>antacid kids chw 750mg</i>	78
<i>antacid liq sus</i>	79
<i>antacid m sus</i>	79
<i>antacid max chw 1000mg</i>	79
<i>antacid max sus anti-gas</i>	80
<i>antacid max sus cherry</i>	80
<i>ANTACID SOFT CHW 1177MG</i>	79
<i>antacid sus advanced</i>	80
<i>antacid sus antigas</i>	79
<i>antacid sus anti-gas</i>	79
<i>antacid sus anti-gas</i>	80
<i>antacid sus ex st</i>	80
<i>antacid sus max st</i>	80
<i>antacid sus mint</i>	79
<i>antacid sus reg st</i>	79
<i>antacid ultr chw 1000mg</i>	79
<i>antacid/gas sus rel max</i>	80
<i>antacid/sime sus ds</i>	80

anti-allergy tab	112
ANTIBAC BNDG MIS 7/8	195
ANTIBAC FABR MIS STRIPS	195
antibac hand sol 2%	163
ANTIBACTERAI MIS BANDAGES	195
ANTIBACTERIA MIS BANDAGES	195
ANTIBACTERIA MIS CLEAR	195
ANTI-BACTRIA MIS CHILD	195
antibiotic oin	153
antibiotic oin 500unit	153
anti-dandruf sha 1%	157
anti-dia/gas tab 2-125mg	78
anti-diarrhe cap 2mg	76
anti-diarrhe tab 2-125mg	78
anti-diarrhe tab 2mg	76
anti-diarrhe tab anti-gas	78
anti-diarrhl sus 262/15ml	77
antifungal cre 1%	154
anti-fungal cre 1%	154
antifungal cre 1% foot	154
antifungal cre 2%	155
antifungal liq 1%	154
antifungal pow 2%	155
anti-fungal sol 1%	154
anti-gas cap 180mg	85
anti-hist tab 25mg	54
antihistamin cap 25mg	54
anti-itch cre 1%	158
anti-itch cre 1%pls 10	158
anti-itch oin 1%	159
antiox form/ cap minerals	115
antioxidant cap	115
antioxidant cap formula	113
anti-oxidant tab	113
ANTIOXIDANT TAB FORMULA	118
antioxidant tab vitamins	118
antiseptic sol 4%	163
antiseptic sol clnsr 4%	163
antiseptic sol skin cln	163
apap rapid tab tab 80mg	97
APETEX ELX	109
APETIBEX CAP	115
APETIGEN ELX	109
APETIGEN TAB PLUS	112
APETIGEN-PLS SOL	112
APPE-CURB CAP	115
apra elx 160/5ml	96
aprepitant capsule 125 mg	84
aprepitant capsule 40 mg	84
aprepitant capsule 80 mg	84
aprepitant capsule therapy pack 80 & 125 mg	84
apri tab	32
AQINJECT PEN MIS 31GX3/16	165
AQINJECT PEN MIS 32GX5/32	169
AQUALANCE MIS 30G	181
aquanil hc lot 1%	159
aquaphor oin itch rlf	159
AQUORAL SPR	150
aranelle tab	35
ARANESP INJ 100MCG	142
ARANESP INJ 10MCG	142
ARANESP INJ 150MCG	142
ARANESP INJ 200MCG	142
ARANESP INJ 25MCG	142
ARANESP INJ 300MCG	142
ARANESP INJ 40MCG	142
ARANESP INJ 500MCG	143
ARANESP INJ 60MCG	142
ARNUITY ELPT INH 100MCG	68
ARNUITY ELPT INH 200MCG	68
arth pain cre 0.075%	161
arthr pain gel 1%	155
arthrts pain tab 650mg	95
arthrts pain tab 650mg er	95
artifi tears dro 1-0.3%	147
artificial dro tears	147, 148
artificial sol 0.5-0.6%	147
artificial sol tears	146, 147
a-s pls alrg tab 25mg	54
asa free chw 160mg jr	95
ascorbic acid liquid 500 mg/5ml	106
ashlyna tab	35
aspercreme pad lid 4%	161
aspercreme pad lido 4%	161
aspercrm art gel 1% pain	155
asperflex pad 4%	161
aspirin 81 tab 81mg ec	93

<i>aspirin adlt tab 81mg ec</i>	93
<i>aspirin chew tab 81 mg</i>	93
<i>aspirin chld chw 81mg</i>	93
<i>aspirin ec tab 81mg</i>	93
<i>aspirin free tab 325mg</i>	94
<i>aspirin low chw 81mg</i>	93
<i>aspirin low tab 81mg</i>	93
<i>aspirin low tab 81mg ec</i>	93
<i>aspirin regi tab 81mg</i>	93
ASPIRIN SUP 300MG	94
<i>aspirin tab 325 mg</i>	92
<i>aspirin tab delayed release 325 mg</i>	94
<i>aspirin tab delayed release 81 mg</i>	93
<i>aspirin-81 chw 81mg</i>	93
ASSURE CMFRT MIS 28G	181
ASSURE ID MIS 31GX5MM	165
ASSURE LANCE MIS 21G	181
ASSURE LANCE MIS 28G	181
ASSURE LANCE MIS LOW FLOW	181
ASSURE LANCE MIS MICRO	181
ASSURE LANCE MIS SAFE 25G	181
ASSURE LANCE MIS SAFE 30G	181
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	20
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	20
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	20
<i>atenolol & chlorthalidone tab 100-25 mg</i> .48	
<i>atenolol & chlorthalidone tab 50-25 mg</i> ... 48	
<i>atenolol tab 100 mg</i>	44
<i>atenolol tab 25 mg</i>	44
<i>atenolol tab 50 mg</i>	44
<i>athlete foot aer 1%</i>	154
<i>athlete foot cre 1%</i>	154
<i>athlete foot pow 2%</i>	155
<i>athletes ft aer 1% pow</i>	154
<i>athletes ft cre 1%</i>	154
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	51
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	51
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	51
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	51
<i>atovaquone susp 750 mg/5ml</i>	24
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	23
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	23
ATP IGNITE PAK	127
ATP IGNITE POW WORKOUT	127
<i>aubra eq tab 0.1-0.02</i>	33
AUGMENTIN SUS 125/5ML	17
AUM ALCOHOL PAD PREP 70%	203
AUM MINI PEN MIS 32GX4MM	169
AUM MINI PEN MIS 32GX6MM	171
AUM READYGRD MIS 32GX4MM	169
AUM SAFETY MIS 31GX5MM	165
AURA MIS PORTANEB	176
AURORA LANCE MIS 30G	181
AURORA LANCE MIS THIN 23G	181
<i>aurovela fe tab 1.5/30</i>	34
<i>aurovela fe tab 1/20</i>	34
<i>aurovela tab 1.5/30</i>	34
<i>aurovela tab 1/20</i>	34
AUSTEDO TAB 12MG	91
AUSTEDO TAB 6MG	91
AUSTEDO TAB 9MG	91
AUSTEDO XR TAB 12MG	91
AUSTEDO XR TAB 18MG	91
AUSTEDO XR TAB 24MG	91
AUSTEDO XR TAB 30MG ER	91
AUSTEDO XR TAB 36MG ER	91
AUSTEDO XR TAB 42MG ER	91
AUSTEDO XR TAB 48MG ER	91
AUSTEDO XR TAB 6MG	91
AUSTEDO XR TAB TITR KIT	91
AUTO LANCET MIS	181
<i>aveeno baby oin multipur</i>	160
<i>aveeno cre 1%</i>	158
<i>aviane tab</i>	33
AVONEX PEN KIT 30MCG	91
AVONEX PREFL KIT 30MCG	91
AVSOLA INJ 100MG	86
AYR NASAL DRO 0.65%	61
<i>ayr spr 0.65%</i>	61

<i>ayuna tab</i>	33	BACTERIOSTAT LIQ TREATMNT	178
<i>azasan tab 100mg</i>	205	<i>bacteriostatic sodium chloride inj soln 0.9%</i>	
<i>azasan tab 75 mg</i>	205	204
<i>azathioprine tab 100 mg</i>	205	balanc b-100 tab tr	111
<i>azathioprine tab 50 mg</i>	205	balance b100 tab	134
<i>azathioprine tab 75 mg</i>	205	balance b-50 cap complex	134
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	60	balance b-50 tab	111
<i>azelastine hcl ophth soln 0.05%</i>	148	balance b-50 tab complex	134
<i>azithromycin for susp 100 mg/5ml</i>	18	BALANCE B-50 TAB TR	110
<i>azithromycin for susp 200 mg/5ml</i>	18	<i>balanced b tab complex</i>	111
<i>azithromycin powd pack for susp 1 gm</i>	18	<i>balanced tab b-100</i>	111
<i>azithromycin tab 250 mg</i>	18	<i>balanced tab b-100 tr</i>	111
<i>azithromycin tab 500 mg</i>	18	<i>balanced tab b-50</i>	111
<i>azithromycin tab 600 mg</i>	18	<i>balmex multi oin purpose</i>	160
AZO HORMONAL TAB HEALTH	118	<i>balsalazide disodium cap 750 mg</i>	86
<i>azurette tab</i>	35	<i>balziva tab</i>	33
B		BAND AID MED MIS BUTTRFLY	195
B ACTIV CAP	110	BAND AID MIS 1	195
<i>b complex tab form 1</i>	110	BANDAGE FABR MIS EX-LONG	197
<i>b complex tab plus c</i>	110	BANDAGES FAB MIS ASSORTED	197
B-100 COMP TAB TR	134	BAND-AID CLR MIS 7/8	195
<i>b-100 complx tab</i>	111	BAND-AID FAM MIS PACK	195
B-100 HIGH CAP POTENTCY	110	BAND-AID FLX MIS	195
<i>b-100 tab b-100</i>	110	BAND-AID FLX MIS 1	195
<i>b-100 tab complex</i>	111	BAND-AID FLX MIS 3/4	195
<i>b-100 tr tab</i>	111	BAND-AID FLX MIS ASSORTED	196
<i>b-50 complex tab</i>	110	BAND-AID FLX MIS EXTRA LG	196
<i>baby ayr spr 0.65%</i>	61	BAND-AID FLX MIS FABRIC	196
BABY DDROPS LIQ 400UNIT	108	BAND-AID FLX MIS FINGRTIP	196
BABY IRON DRO IMMUNITY	130	BAND-AID FLX MIS KNUCKLE	196
<i>baby super dro daily d3</i>	108	BAND-AID HYD MIS ACNE BLE	196
<i>baby vit d dro 400/.028</i>	109	BAND-AID HYD MIS ALL-PURP	196
<i>bacitracin oin 500/gm</i>	153	BAND-AID HYD MIS BLS CUSH	196
<i>bacitracin oint 500 unit/gm</i>	153	BAND-AID HYD MIS LARGE	196
<i>bacitracin ophth oint 500 unit/gm</i>	145	BAND-AID LG MIS BUTTRFLY	196
<i>bacitracin zinc oint 500 unit/gm</i>	153	BAND-AID MIS	196
<i>bacitracin-polymyxin b ophth oint</i>	145	BAND-AID MIS 3/4	196
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	148	BAND-AID MIS BABY SHA	196
<i>bacitraycin oin 500/gm</i>	153	BAND-AID MIS BLUE CLU	196
<i>baclofen tab 10 mg</i>	105	BAND-AID MIS DIS PRIN	196
<i>baclofen tab 20 mg</i>	105	BAND-AID MIS FROZEN	196
BACTER WATER INJ BENZ ALC	204	BAND-AID MIS GLOW-DRK	196
		BAND-AID MIS HL KITTY	196
		BAND-AID MIS HOT COLR	196

BAND-AID MIS LIGHTYEA	196	baza antifun cre 2%.....	155
BAND-AID MIS MEDICATE	196	<i>b-comp/vit c tab</i>	110
BAND-AID MIS MICK MOU	196	<i>b-compleet- tab 100.....</i>	110
BAND-AID MIS OURTONE	196	<i>b-compleet- tab 50</i>	110
BAND-AID MIS PIXAR.....	196	<i>b-complex + tab b-12</i>	109
BAND-AID MIS POKEMON	196	B-COMPLEX CAP	110
BAND-AID MIS RUGRATS	196	B-COMPLEX CAP VEGGIE.....	110
BAND-AID MIS SENSITIV	196	<i>b-complex tab /vit c</i>	110
BAND-AID MIS SHEER.....	196	<i>b-complex tab 100 tr</i>	111
BAND-AID MIS SHEER CF.....	196	<i>b-complex tab balanced.....</i>	111
BAND-AID MIS SKN FLX	196	B-COMPLEX TAB C/FA/BIO	112
BAND-AID MIS SPORT EX.....	196	<i>b-complex tab form 1</i>	134
BAND-AID MIS STAR WAR	196	<i>b-complex vitamin cap</i>	109
BAND-AID MIS SUP MARI.....	196	<i>b-complex vitamin sublingual liquid</i>	109
BAND-AID MIS THAT GIR	196	<i>b-complex vitamin tab</i>	109
BAND-AID MIS TOUGH	196	<i>b-complex w/ c & folic acid tab</i>	111
BAND-AID MIS TOUGH WP	196	<i>b-complex w/ c cap</i>	110
BAND-AID MIS TOUGH XL.....	196	<i>b-complex w/ c tab</i>	110
BAND-AID MIS TOUGH-ST	196	<i>b-complex w/ folic acid cap.....</i>	110
BAND-AID MIS TOY STRY.....	196	<i>b-complex w/ folic acid tab.....</i>	110
BAND-AID MIS VARIETY	196	<i>b-complex w/biotin & folic acid tab</i>	110
BAND-AID MIS X-LG.....	196	B-COMPLEX/FA TAB /VIT C	112
BAND-AID PAD 2.....	199	BD INSULIN SYRINGE ULTRAF	164
BAND-AID PAD 3.....	199	BD MICROTAIN MIS LANCETS.....	181
BAND-AID PAD ADHESIVE	199	BD PEN NEEDL MIS 29GX12.7	165
BAND-AID PAW MIS PATROL	196	BD PEN NEEDL MIS 31GX5MM.....	165
BAND-AID WTR MIS BLC FLEX	196	BD PEN NEEDL MIS 31GX8MM.....	167
<i>banophen cap 25mg</i>	54	BD PEN NEEDL MIS 32GX4MM	169
<i>banophen cap 50mg</i>	54	BD PEN NEEDL MIS 32GX6MM	171
<i>banophen tab 25mg</i>	54	BD SWAB REG PAD SNGL USE.....	203
BAQSIMI ONE POW 3MG/DOSE	37	BD U-500 MIS 31GX6MM	165
BAQSIMI TWO POW 3MG/DOSE	37	<i>bdy/hair/skn cap nails</i>	115
BARACLUDE SOL	22	<i>bec/zinc tab.....</i>	110
BARIATRIC CAP MULTIVIT	115	BENADRYL ALG TAB EX STR.....	55
BARIATRIC CHW FUSION	126	<i>benazepril & hydrochlorothiazide tab 10-</i>	
BASAGLAR INJ 100UNIT	36	<i>12.5 mg</i>	48
BASIC AM TAB.....	118	<i>benazepril & hydrochlorothiazide tab 20-</i>	
BASIC PM TAB.....	118	<i>12.5 mg</i>	48
<i>bayer adv tab 325mg</i>	92	<i>benazepril & hydrochlorothiazide tab 20-25</i>	
<i>bayer adv tab 500mg.....</i>	93	<i>mg</i>	48
<i>bayer asa tab 325mg</i>	92, 94	<i>benazepril hcl tab 10 mg</i>	46
<i>bayer aspiri tab 325mg ec.....</i>	94	<i>benazepril hcl tab 20 mg</i>	46
<i>bayer low chw 81mg.....</i>	93	<i>benazepril hcl tab 40 mg</i>	46
<i>bayer low tab 81mg ec</i>	93	<i>benazepril hcl tab 5 mg.....</i>	46

<i>benfotiamine cap multi-b</i>	110
BENSONS CRE BOTTOM	160
BENTLEY THE MIS BEAR.....	176
<i>benzonatate cap 100 mg</i>	61
<i>benzonatate cap 200 mg</i>	61
<i>benzoyl per gel 10%</i>	152
<i>benzoyl per gel 5%</i>	151
<i>benzoyl per liq 10%</i>	151
<i>benzoyl per liq 10% wash</i>	151
<i>benzoyl per liq 5%</i>	151
<i>benzoyl per liq 5% wash</i>	151
<i>benzoyl peroxide gel 2.5%</i>	151
<i>benzoyl peroxide gel 8%</i>	151
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	152
<i>beta hc lot 1%</i>	159
BETADINE SRG SOL 7.5%.....	163
<i>betamethasone dipropionate augmented cream 0.05%</i>	157
<i>betamethasone dipropionate augmented gel 0.05%</i>	157
<i>betamethasone dipropionate augmented lotion 0.05%</i>	157
<i>betamethasone dipropionate augmented oint 0.05%</i>	157
<i>betamethasone dipropionate cream 0.05%</i>	157
<i>betamethasone dipropionate lotion 0.05%</i>	157
<i>betamethasone dipropionate oint 0.05%</i>	157
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	157
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	157
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	157
<i>betasept sol 4%</i>	163
<i>betatemp sus 160/5ml</i>	96
<i>betaxolol hcl ophth soln 0.5%</i>	148
<i>bethanechol chloride tab 10 mg</i>	87
<i>bethanechol chloride tab 25 mg</i>	87
<i>bethanechol chloride tab 5 mg</i>	87
<i>bethanechol chloride tab 50 mg</i>	87
<i>better b tab complex</i>	110
<i>bexarotene cap 75 mg</i>	28
<i>bicalutamide tab 50 mg</i>	26
BICILLIN L-A INJ 1200000	17
BICILLIN L-A INJ 2400000	17
BICILLIN L-A INJ 600000	17
<i>big 100 tab</i>	110, 111
BIKTARVY TAB.....	22
BILBERRY CAP PLUS	132
BIO C 1:1 CAP	112
BIO-35 GLUTE CAP FREE	115
BIO-35 IRON CAP FREE.....	115
BIOCAL CAP	115
<i>biocotron liq 100-10/5</i>	66
BIOFLAVONOID POW CITRUS	113
<i>bioflavonoid products tab er</i>	113
<i>bioflex tab</i>	112
<i>biolle gel 1%</i>	146
<i>biolle tears dro 0.5% op</i>	145
BION TEARS SOL 0.1-0.3%	146
BIOPATCH MIS 1.....	163
BIOPATCH MIS 3/4	163
BIOPATCH PRO MIS DISK/CHG.....	163
<i>biopetit elx</i>	109
BIOTENE DRY GUM MOUTH	150
<i>biotene dry loz mouth</i>	150
BIOTENE DRY SPR MOIST	150
BIOTENE PBF GUM DRY MTH	150
BIOTIN PLUS TAB KERATIN	133
<i>bisacodyl suppos 10 mg</i>	70
<i>bisacodyl tab 5mg ec</i>	70
<i>bisacodyl tab delayed release 5 mg</i>	70
<i>bismuth subsalicylate chew tab 262 mg</i> ..	77
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	48
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	48
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	48
<i>bisoprolol fumarate tab 10 mg</i>	44
<i>bisoprolol fumarate tab 5 mg</i>	44
<i>blisovi fe tab 1.5/30</i>	34
<i>blisovi fe tab 1/20</i>	34
BLISTER REL MIS BANDAGE	197

<i>blis-to-sol liq 1%</i>	154
<i>blue-emu dry pad rlf 4%</i>	161
BOCASAL POW	150
BONEUP 3 PER CAP DAY	115
BONEUP CAP	115
BONEUP VEG TAB	118
<i>bonine chw 25mg</i>	83
BOOSTNOW CAP IMM SUPP	115
BOOSTNOW POW IMM SUPP	127
<i>bortezomib for inj 3.5 mg</i>	28
<i>bosentan tab 125 mg</i>	52
<i>bosentan tab 62.5 mg</i>	52
<i>bp wash liq 10%</i>	151
<i>bp wash liq 2.5%</i>	151
<i>bp wash liq 5%</i>	151
<i>bprotected liq multi-vi</i>	127
BREATHE COMF MIS HUMIDIFI	178
BREATHE COMF MIS SHIELD	179
BREATHE EASE MIS HUMIDIFI	178
BREATHE EASE MIS LG MASK	174
BREATHE EASE MIS MED MASK	174
BREATHE EASE MIS SM MASK	174
BREATHERITE MIS MDI CHMB	174
BREWERS YEAS POW	109
<i>brewers yeast tab</i>	109
<i>breyna aer 160/4.5</i>	68
<i>breyna aer 80/4.5</i>	68
<i>briellyn tab</i>	33
BRILINTA TAB 60MG	144
BRILINTA TAB 90MG	144
<i>brimonidine tartrate ophth soln 0.15%</i>	148
<i>brimonidine tartrate ophth soln 0.2%</i>	148
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	104
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	104
BRYHALI LOT 0.01%	158
<i>b-stress cap</i>	134
BUBBLES PEDI MIS MASK	173
<i>buckleys liq chest</i>	61
<i>budesonide delayed release particles cap 3 mg</i>	29
<i>budesonide inhalation susp 0.25 mg/2ml</i>	68
<i>budesonide inhalation susp 0.5 mg/2ml..</i>	68

<i>budesonide inhalation susp 1 mg/2ml</i>	68
<i>budesonide sus 32mcg</i>	60
<i>budesonide sus nasal</i>	60
<i>budesonide tab er 24hr 9 mg</i>	29
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	68
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	68
<i>bumetanide tab 0.5 mg</i>	49
<i>bumetanide tab 1 mg</i>	49
<i>bumetanide tab 2 mg</i>	49
BUTTERFLY MIS CLOSURES	197
C	
<i>C 1000/BIOFL CAP /R HIPS</i>	112
<i>c complex tab 1000mg</i>	113
<i>c complex tab 500mg</i>	113
<i>c1000 tr/rh tab bioflav</i>	113
<i>c1500 tr/rh tab bioflav</i>	113
<i>ca cit/vit d tab 315/250</i>	137
<i>ca citrate + tab</i>	137
<i>ca citrate tab + d</i>	137
<i>ca citrate tab plus d</i>	137
<i>CABENUVA SUS 400-600</i>	21
<i>CABENUVA SUS 600-900</i>	21
<i>cabergoline tab 0.5 mg</i>	42
<i>CABOMETYX TAB 20MG</i>	27
<i>CABOMETYX TAB 40MG</i>	27
<i>CABOMETYX TAB 60MG</i>	27
<i>CAL CIT MAL/ TAB VITAMIND</i>	137
<i>cal cit+d3 tab maximum</i>	137
<i>cal soft chw chw mlk choc</i>	138
<i>CAL/MAG/ZINC TAB VIT D3</i>	138
<i>CALAMINE LOT</i>	163
<i>CALAMINE LOT 8-8%</i>	163
<i>calc 600+d tab 600-800</i>	136
<i>calc 600+d3 cap 600-500</i>	135
<i>calc antacid chw 500mg</i>	78
<i>calc antacid chw 750mg</i>	78
<i>calc cit+d3 tab 200-250</i>	137
<i>CALC CIT+D3 TAB 250-200</i>	137
<i>calc citr/d3 tab 200-250</i>	137
<i>calc citr+d3 tab 200-250</i>	137
<i>calc citr+d3 tab 315-250</i>	137
<i>calc citr+d3 tab 400-12.5</i>	137

<i>calc citra+d tab 315-250</i>	137
CALC CITRATE TAB +D	137
<i>calcidol dro 8000/ml</i>	106
<i>calcipotriene oint 0.005%</i>	156
<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .156	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	40
<i>calcitrate tab plus d</i>	137
<i>calcitrene oin 0.005%</i>	156
<i>calcitriol cap 0.25 mcg</i>	42
<i>calcitriol cap 0.5 mcg</i>	42
<i>calcitriol oral soln 1 mcg/ml</i>	42
<i>calcium + d tab 600-200</i>	136
<i>calcium + d tab 600mg</i>	136
<i>calcium + d3 tab</i>	137
<i>calcium +d3 tab maximum</i>	137
<i>calcium 500 tab /vit d</i>	135
<i>calcium 500 tab +d</i>	135, 136
<i>calcium 600 chw w/vit d</i>	137
<i>calcium 600 tab</i>	134
<i>calcium 600 tab + d</i>	136
<i>calcium 600 tab +d</i>	135, 136
CALCIUM 600 TAB +D	135
<i>calcium 600 tab +d3</i>	136
<i>calcium 600/ tab vit d</i>	136
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	86
<i>calcium ascorbate tab 500 mg</i>	106
CALCIUM CARB CHW 500MG	134
CALCIUM CARB SUS 1250/5ML	79
<i>calcium carb tab 1250mg</i>	134
CALCIUM CARB TAB 648MG	78
<i>calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)</i>	135
<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	135
<i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	136
<i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>	136
<i>calcium carbonate (antacid) chew tab 500 mg</i>	78
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	134
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	134
<i>calcium carbonate tab 600 mg</i>	134
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	135
<i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	136
<i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>	135
<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	135
<i>calcium carbonate-vitamin d tab 600 mg-3.125 mcg (125 unit)</i>	135
<i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>	135
CALCIUM CHW 500-10	137
<i>calcium citr tab plus d-3</i>	137
<i>calcium citr tab w/vit d3</i>	137
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	134
<i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>	137
<i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>	137
<i>calcium for chw women</i>	138
<i>calcium pls tab 500-200</i>	135
<i>calcium plus cap d3</i>	135
CALCIUM SOFT CHW CARAMEL.....	138
CALCIUM SOFT CHW CHOCOLAT	138
<i>calcium soft chw mlk choc</i>	138
CALCIUM TAB 280MG.....	134
<i>calcium tab 500/d</i>	135
<i>calcium tab 500+d</i>	135
<i>calcium tab 600mg</i>	134
<i>calcium tab vit d</i>	136
<i>calcium/d tab 500/200</i>	135
<i>calcium/d tab 500-200</i>	135
<i>calcium/d tab 500-400</i>	136
<i>calcium/d tab 500mg</i>	135
<i>calcium/d tab 600-200</i>	136
<i>calcium/d tab 600-800</i>	137
<i>calcium/d3 cap 600-500</i>	135
<i>calcium/d3 tab</i>	136, 137
CALCIUM/D3 TAB 500/200	135

<i>calcium/d3 tab 500-400</i>	136
<i>calcium/d3 tab 500-600</i>	136
<i>calcium/d3 tab 600-10</i>	136
<i>calcium/d3 tab 600-20</i>	137
<i>calcium/d3 tab 600-5</i>	136
<i>calcium/d3 tab 600-800</i>	137
<i>calcium/vita tab d3</i>	137
<i>calcium+d tab 600-400</i>	136
<i>calcium+d3 tab 315-250</i>	137
<i>calcium+d3 tab 600-20</i>	136
<i>calcium+d3 tab 600-400</i>	136
<i>calcium+d3 tab 600-800</i>	136
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	137
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	138
<i>cal-gest chw 500mg</i>	78
CAL-MAG TAB 500-250	135
CALQUENCE TAB 100MG	27
CAMCEVI INJ 42MG	26
<i>camila tab 0.35mg</i>	31
<i>camrese tab</i>	35
CAMZYOS CAP 10MG	53
CAMZYOS CAP 15MG	53
CAMZYOS CAP 2.5MG	53
CAMZYOS CAP 5MG	53
<i>capecitabine tab 150 mg</i>	25
<i>capecitabine tab 500 mg</i>	25
CAPHOSOL SOL	150
CAPRELSA TAB 100MG	28
CAPRELSA TAB 300MG	28
<i>capsaicin cream 0.025%</i>	161
<i>capsaicin cream 0.1%</i>	161
<i>capsaicin hp cre 0.1%</i>	161
CAPTAIN MIS EAGLE	176
<i>captopril tab 100 mg</i>	46
<i>captopril tab 12.5 mg</i>	46
<i>captopril tab 25 mg</i>	46
<i>captopril tab 50 mg</i>	46
<i>capzix cre 0.1%</i>	161
<i>carbidopa & levodopa tab 10-100 mg</i>	105
<i>carbidopa & levodopa tab 25-100 mg</i>	105
<i>carbidopa & levodopa tab 25-250 mg</i>	105
<i>carbidopa & levodopa tab er 25-100 mg</i> 105	
<i>carbidopa & levodopa tab er 50-200 mg</i> 105	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	105
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	105
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	105
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	105
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	105
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	105
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	145
CARDIOPRESS CAP	132
CAREFINE MIS 31GX8MM	167
CAREFINE MIS 32GX4MM	169
CAREFINE MIS 32GX6MM	171
CAREONE LANC MIS 30G	181
CAREONE LANC MIS THIN 23G	181
CARESENS 30G MIS LANCETS	182
CARETOUCH MIS 31GX5MM	165
CARETOUCH MIS 31GX8MM	167
CARETOUCH MIS 32GX4MM	169
CARETOUCH MIS CPAP	173
CARETOUCH MIS LANC 26G	182
CARETOUCH MIS LANC 28G	182
CARETOUCH MIS LANC 30G	182
CARETOUCH MIS TWIST 28	182
CARETOUCH MIS TWIST 30	182
CARETOUCH MIS TWIST 33	182
CARETOUCH PAD ALCOHOL	203
<i>carisoprodol tab 350 mg</i>	105
CARPALAIID MIS EMPLOYEE	197
CARPALAIID MIS LARGE	197
CARPALAIID MIS PRA LG	197
CARPALAIID MIS PRAC SM	197
CARPALAIID MIS SMALL	197
<i>cartia xt cap 120/24hr</i>	45
<i>cartia xt cap 180/24hr</i>	45
<i>cartia xt cap 240/24hr</i>	45
<i>cartia xt cap 300/24hr</i>	45
<i>carvedilol tab 12.5 mg</i>	44

carvedilol tab 25 mg.....	44	CENTRUM CHW FLAV BST	126
carvedilol tab 3.125 mg	44	CENTRUM CHW SILVER.....	126
carvedilol tab 6.25 mg	44	CENTRUM CHW VITAMINT	126
CASTIVA LOT.....	161	CENTRUM KIDS CHW	130
CAYA DPR	202	CENTRUM KIDS CHW FLAV BST	130
C-BUFF POW.....	127	CENTRUM LIQ.....	127
cefadroxil cap 500 mg.....	17	CENTRUM LIQ ADULT	127
cefadroxil for susp 250 mg/5ml	17	CENTRUM MINI TAB ADULT 50	118
cefadroxil for susp 500 mg/5ml	17	CENTRUM MINI TAB MEN 50+	118
cefadroxil tab 1 gm	17	CENTRUM MINI TAB WOMEN.....	118
cefdinir cap 300 mg	18	CENTRUM MINI TAB WOMEN 50	118
cefdinir for susp 125 mg/5ml	18	CENTRUM MULT CHW OMEGA 3.....	126
cefdinir for susp 250 mg/5ml	18	CENTRUM POW DRINK	128
cefprozil for susp 125 mg/5ml	18	CENTRUM SILV TAB 50+MEN	118
cefprozil for susp 250 mg/5ml	18	CENTRUM SILV TAB 50+WOMEN	118
cefprozil tab 250 mg	18	CENTRUM SILV TAB ADULT 50	118
cefprozil tab 500 mg	18	CENTRUM SILV TAB WOMEN 50.....	118
cefuroxime axetil tab 250 mg	18	CENTRUM SPEC TAB ENERGY.....	133
cefuroxime axetil tab 500 mg	18	CENTRUM SPEC TAB HEART	118
CELEBRATE CAP 18	115	CENTRUM SPEC TAB IMMUNE	118
CELEBRATE CAP 36.....	115	CENTRUM SPEC TAB VISION	119
CELEBRATE CAP 45	115	CENTRUM TAB ADULTS.....	119
CELEBRATE CAP 60	115	CENTRUM TAB CARDIO	119
CELEBRATE CHW 18.....	126	CENTRUM TAB MEN	119
CELEBRATE CHW 36	126	CENTRUM TAB PERFORMA	133
CELEBRATE CHW 45.....	126	CENTRUM TAB SILVER.....	119
CELEBRATE CHW 60.....	126	CENTRUM TAB ULTRA	119
celecoxib cap 100 mg	101	CENTRUM TAB WOMEN	119
celecoxib cap 200 mg	101	century tab.....	119
celecoxib cap 400 mg	101	century tab mature	119
celecoxib cap 50 mg.....	101	cephalexin cap 250 mg.....	17
CENT MATURE TAB ADLT 50+	118	cephalexin cap 500 mg	18
cent mature tab womn 50+.....	118	cephalexin cap 750 mg.....	18
centavite az tab minerals.....	118	cephalexin for susp 125 mg/5ml.....	18
CENTRAL-VITE TAB.....	118	cephalexin for susp 250 mg/5ml.....	18
central-vite tab mens mat	118	cephalexin tab 250 mg	18
central-vite tab wmn's mat	118	cephalexin tab 500 mg	18
centravites tab	118	ceralyte 70 sol	139
centravites tab 50 plus	118	cerave acne liq foaming.....	151
CENTRAVITES TAB 50 PLUS	118	cerave baby oin healing	160
CENTRAVITES TAB ADULTS	118	CERDELGA CAP 84MG.....	143
CENTRUM 50+ CHW ADULTS	126	CEREZYME INJ 400UNIT	143
CENTRUM 50+ CHW FRSH/FRU	126	cerovite jr chw.....	131
CENTRUM CHW ADULTS	126	cerovite tab senior	119

CERTAVITE TAB SENIOR	119	chld asafree elx 80/2.5ml.....	96
<i>certavite/ tab antioxidant.....</i>	119	chld meditab chw 80mg.....	95
CERTAVITE/ TAB ANTIOXID.....	119	chld mltivit chw /mineral	131
<i>cetirizine chw 10mg.....</i>	57	chld non-asa chw 80mg grp	95
<i>cetirizine hcl chew tab 5 mg</i>	57	chld non-asa tab 80mg qm	97
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	57	CHLORELLA CAP	114
<i>.....</i>	57	CHLORHEX GLU PAD 2%.....	163
<i>cetirizine hcl tab 10 mg</i>	56	<i>chlorhexidin sol 2%</i>	163
<i>cetirizine hcl tab 5 mg</i>	56	<i>chlorhexidine gluconate soln 0.12%</i>	149
<i>cetirizine sol 1mg/ml</i>	57	<i>chlorhexidine gluconate soln 4%</i>	163
<i>cetirizine sol 5mg/5ml</i>	57	<i>chlorhist tab 4mg</i>	53
<i>cetirizine-pseudoephedrine tab er 12hr 5-</i>		<i>chlorocaps cap.....</i>	113
<i>120 mg</i>	63	<i>chloroquine phosphate tab 250 mg</i>	23
<i>cgh cong dm liq 5-100/5</i>	65	<i>chloroquine phosphate tab 500 mg.....</i>	23
CHARCOAL MIS FLTR#901	179	<i>chlorphen tab 4mg</i>	53
<i>chateal eq tab 0.15/30</i>	33	<i>chlor-phenir tab 4mg</i>	53
CHEMSTRIP 10 TES MD.....	164	<i>chlorpheniramine maleate tab 4 mg</i>	53
CHEMSTRIP 2 TES GP	164	<i>chlorpheniramine maleate tab er 12 mg</i>	54
CHEMSTRIP 5 TES OB	164	<i>chlorthalidone tab 25 mg.....</i>	50
CHEMSTRIP 7 TES	164	<i>chlorthalidone tab 50 mg</i>	50
CHEMSTRIP 9 TES STRIPS	164	<i>chlorzoxazone tab 500 mg.....</i>	105
CHEMSTRIP TES -10 SG	164	<i>choc laxativ chw 15mg</i>	72
CHEMSTRIP TES UGK.....	164	CHOICEFUL CAP MULTIVIT	115
<i>chest conges liq 100/5ml</i>	61	CHOICEFUL CHW MULTIVIT	126
<i>chest conges syrup rel dm.....</i>	66	CHOLASE CAP CONTROL.....	132
<i>chest conges tab 400mg</i>	61	<i>cholecalciferol cap 1.25 mg (50000 unit).....</i>	107
<i>chew calcium chw.....</i>	138	<i>cholecalciferol cap 125 mcg (5000 unit)</i>	107
<i>chewable chw children</i>	131	<i>cholecalciferol cap 25 mcg (1000 unit)</i>	106
<i>child allrgy sol 1mg/ml</i>	57	<i>cholecalciferol cap 250 mcg (10000 unit)</i>	107
<i>child asa chw 81mg</i>	93	<i>cholecalciferol cap 50 mcg (2000 unit)</i>	107
<i>child chew chw vitamins</i>	129	<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	108
<i>child chew/ chw extra c.....</i>	129	<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	108
<i>child soothe chw 400mg</i>	78	<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	108
<i>children vit chw.....</i>	129	<i>cholecalciferol tab 10 mcg (400 unit)</i>	107
<i>childrens chw /iron.....</i>	131	<i>cholecalciferol tab 25 mcg (1000 unit)</i>	108
<i>childrens chw apap</i>	95	<i>cholecalciferol tab 50 mcg (2000 unit)</i>	108
<i>childrens chw complete</i>	131	<i>cholestyramine light powder 4 gm/dose</i>	50
CHILDRENS CHW GUMMIES	130	<i>cholestyramine light powder packets 4 gm</i>	50
<i>childrens chw multivit</i>	129	<i>cholestyramine powder 4 gm/dose</i>	50
<i>childrens chw pepto.....</i>	78		
<i>childrens chw soothe</i>	78		
<i>childrens chw vitamins</i>	129		
<i>childrens liq 5-100mg</i>	65		
<i>chld allergy liq 12.5/5ml.....</i>	55		

<i>cholestyramine powder packets 4 gm</i>	50
<i>CHOSEN MIS 30G</i>	182
<i>CHOSEN MIS SAFE 28G</i>	182
<i>ciclopirox gel 0.77%</i>	153
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	153
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	153
<i>ciclopirox shampoo 1%</i>	153
<i>cilostazol tab 100 mg</i>	144
<i>cilostazol tab 50 mg</i>	144
<i>CIMDUO TAB 300-300</i>	21
<i>cimetidine tab 200 mg</i>	81
<i>cimetidine tab 200mg</i>	81
<i>cimetidine tab 300 mg</i>	81
<i>cimetidine tab 400 mg</i>	81
<i>cimetidine tab 800 mg</i>	81
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	42
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	42
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	42
<i>CINRYZE SOL 500 UNIT</i>	145
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	145
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	19
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	19
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	19
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	149
<i>claravis cap 10mg</i>	152
<i>claravis cap 20mg</i>	152
<i>claravis cap 30mg</i>	152
<i>claravis cap 40mg</i>	152
<i>clarispray spr 50mcg</i>	60
<i>clarithromycin for susp 125 mg/5ml</i>	18
<i>clarithromycin for susp 250 mg/5ml</i>	18
<i>clarithromycin tab 250 mg</i>	18
<i>clarithromycin tab 500 mg</i>	18
<i>clarithromycin tab er 24hr 500 mg</i>	18
<i>CLEANLET 28G MIS LANCETS</i>	182
<i>clear eyes dro 0.5-0.6%</i>	147
<i>clearasil cre acne</i>	151
<i>clearasil cre spot 10%</i>	151
<i>clearlax pow</i>	75
<i>clearskin cre 10%</i>	151
<i>clemastine fumarate tab 2.68 mg</i>	54
<i>CLEVER CHECK MIS</i>	182
<i>CLEVER CHECK MIS 30G</i>	182
<i>CLEVER CHOIC MIS MASK</i>	179
<i>CLEVER CHOIC MIS NEBULIZR</i>	176
<i>CLEVER CHOIC MIS ULTRASON</i>	178
<i>CLEVR CHOICE MIS MEDICAL</i>	179
<i>CLICKFINE MIS 31GX3/16</i>	165
<i>CLICKFINE MIS 31GX5/16</i>	167
<i>CLICKFINE MIS 31GX8MM</i>	167
<i>CLICKFINE MIS 32GX5/32</i>	169
<i>clindamycin hcl cap 150 mg</i>	23
<i>clindamycin hcl cap 300 mg</i>	23
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	23
<i>clindamycin phosphate gel 1%</i>	152
<i>clindamycin phosphate lotion 1%</i>	152
<i>clindamycin phosphate soln 1%</i>	152
<i>clindamycin phosphate vaginal cream 2%</i>	87
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	152
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	152
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	152
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	152
<i>clinpro 5000 pst 1.1%</i>	150
<i>clobetasol propionate emollient base cream 0.05%</i>	157
<i>clobetasol propionate soln 0.05%</i>	157
<i>clonidine hcl tab 0.1 mg</i>	47
<i>clonidine hcl tab 0.2 mg</i>	47
<i>clonidine hcl tab 0.3 mg</i>	47
<i>clonidine hcl tab er 12hr 0.1 mg</i>	90
<i>clonidine td patch weekly 0.1 mg/24hr</i>	47
<i>clonidine td patch weekly 0.2 mg/24hr</i>	47
<i>clonidine td patch weekly 0.3 mg/24hr</i>	47
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	144
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	144
<i>clotrimazole cre 1%</i>	154

<i>clotrimazole cre 2%</i>	87
<i>clotrimazole cre 3 day</i>	87
<i>clotrimazole cream 1%</i>	155
<i>clotrimazole soln 1%</i>	154
<i>clotrimazole troche 10 mg</i>	149
<i>clotrimazole vaginal cream 1%</i>	87
CO MONITOR MIS T PIECES.....	173
COAGUCHEK MIS LANCETS	182
<i>cod liver cap</i>	109
<i>cod liver cap oil</i>	109
<i>cod liver cap oil/a&d</i>	109
COD LIVER OIL	109
COD LIVER OIL FOR KIDS	109
COD LIVER OIL NORWEGIA.....	109
COD LIVER OIL OIL	109
COD LIVER OIL USP/NF	109
CODITUSSIN LIQ AC	65
<i>colace 2in1 tab 8.6-50mg</i>	76
<i>colchicine tab 0.6 mg.</i>	104
<i>cold/allergy elx children</i>	63
<i>colestipol hcl granule packets 5 gm</i>	50
<i>colestipol hcl granules 5 gm</i>	50
<i>colestipol hcl tab 1 gm</i>	50
COLLAGEN CAP ULTRA.....	132
COLOR CONDOM MIS + LUBE	199
COMBIPATCH DIS.....	30
COMBIVENT AER 20-100.....	68
COMETRIQ KIT 100MG.....	27
COMETRIQ KIT 140MG.....	27
COMETRIQ KIT 60MG	27
COMFORT ASSU MIS LANC 28G	182
COMFORT ASSU MIS LANC 33G	182
COMFORT EZ MIS 21G.....	182
COMFORT EZ MIS 23G	182
COMFORT EZ MIS 28G	182
COMFORT EZ MIS 31GX5MM	165
COMFORT EZ MIS 31GX8MM	167
COMFORT EZ MIS 32GX4MM	169
COMFORT EZ MIS 32GX6MM	171
COMFORT FAB MIS 3/4	197
COMFORT FAB MIS ASSORTED	197
COMFORT FAB MIS KNEE/ELB.....	197
<i>comfort gel sus</i>	79
<i>comfort gel sus antacid</i>	80
<i>comfort gel sus anti-gas</i>	79, 80
COMFORT TCH MIS LANC 28G	182
COMFORT TCH MIS LANC 30G	182
COMFORT TCH MIS LANC 31G	182
COMFORT TOUC MIS 31GX5MM	165
COMFORT TOUC MIS 31GX8MM	167
COMFORT TOUC MIS 32GX4MM	169
COMFORT TOUC MIS 32GX6MM	171
COMFORTOUCH MIS LANCET	182
COMFORTSEAL MIS MASK LRG	173
COMFORTSEAL MIS MASK MED	173
COMFORTSEAL MIS MASK SML.....	173
COMFR TOUCH PAD ALC PREP	203
COMP AIR MIS COMP/NEB	176
COMP A-I-R MIS NEBULIZE	176
<i>comp allergy cap 25mg</i>	54
<i>comp allergy tab 25mg</i>	54
<i>comp allergy tab 25mg med</i>	54
<i>comp allergy tab 25mg rlf</i>	55
<i>comp multivi liq mineral</i>	127
COMPACT SPAC MIS CHAMBER	174
COMPACT SPAC MIS LG MASK.....	174
COMPACT SPAC MIS MD MASK	174
COMPACT SPAC MIS SM MASK.....	175
<i>companion tab</i>	119
<i>compete tab</i>	119
<i>compl multiv chw childrns</i>	131
<i>comple multi tab adlt 50+</i>	119
COMPLERA TAB	22
COMPLETE CAP BALANCE	133
<i>complex b-50 tab</i>	111
COMPRESSOR MIS NEBULIZE	176
COMPRESSOR MIS NEBULIZE	176
COMPRESSOR MIS NEBULIZR	176
<i>compro sup 25mg</i>	88
CONCEPTIONXR MIS MOTILITY	128
CONDOMS MIS.....	199
<i>cong/cough liq 5-100/5</i>	65
<i>constulose sol 10gm/15</i>	75
CONVERSION MIS BABY SZ1.....	173
CONVERSION MIS BABY SZ2	173
CONVERSION MIS BABY SZ3	173
COOL MIST MIS 0.8 GAL.....	178
COOL MIST MIS 1 GALLON	178

COOL MIST MIS 1.2 GAL.....	178
COOL MIST MIS 1.3 GAL.....	178
COOL MIST MIS 2 GALLON	178
<i>coral calciu cap plus.....</i>	116
CORLANOR SOL 5MG/5ML.....	53
CORTICARE B CAP	132
<i>cortisone cre 1%</i>	158
<i>cortisone gel 1%</i>	159
<i>cortisone lot 1%</i>	159
<i>cortisone oin 1%</i>	159
<i>cortiz femin cre 1% itch</i>	88
<i>cortizone-10 cre /aloe 1%.....</i>	158
<i>cortizone-10 cre 1% night</i>	158
<i>cortizone-10 cre aloe 1%</i>	158
<i>cortizone-10 cre healing</i>	158
<i>cortizone-10 cre moisture</i>	158
<i>cortizone-10 cre plus.....</i>	158
<i>cortizone-10 cre ultra 1%</i>	158
<i>cortizone-10 gel 1%</i>	159
<i>cortizone-10 gel cooling</i>	159
<i>cortizone-10 lot diab/1%.....</i>	159
<i>cortizone-10 lot eczema</i>	159
<i>cortizone-10 lot hydraten</i>	159
<i>cortizone-10 lot psoriasis.....</i>	159
<i>cortizone-10 oin 1%</i>	159
CORTROPHIN GEL 80UNIT	41
COSENTYX INJ 150MG/ML	156
COSENTYX INJ 300DOSE.....	156
COSENTYX INJ 75MG/0.5.....	156
COSENTYX PEN INJ 150MG/ML.....	156
COSENTYX PEN INJ 300DOSE	156
COSENTYX UNO INJ 300/2ML	156
<i>cough child liq 5-100/5.....</i>	65
<i>cough cong liq 5-100/5.....</i>	65
<i>cough/chest liq 20-400.....</i>	65
<i>coughtab tab 200mg</i>	61
COVERLET MIS STRIPS	197
CPAP & BIPAP MIS HOSE	173
CPAP MASK MIS WIPES	173
CPAP NEURAL MIS PRE-WASH.....	173
CRANBERRY CAP URIN COM	109
CRAYON STRIP MIS BANDAGE	197
<i>creamies chw 600-400</i>	137
<i>creamy face liq wash 4%</i>	151
<i>critic-aid oin 2%</i>	155
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	60
<i>cromolyn sodium ophth soln 4%.....</i>	148
<i>cromolyn sodium soln nebu 20 mg/2ml...67</i>	67
<i>cryselle-28 tab 28 tabs.....</i>	34
<i>culturelle chw</i>	129
<i>culturelle chw kids</i>	129
CULTURELLE CHW MULTIVIT	126
<i>curae tab 1.5mg.....</i>	31
<i>curanol liq 160/5ml.....</i>	96
<i>curelief liq 12.5/5ml</i>	55
CURITY PREP PAD ALCOHOL	203
<i>cvs acetamin tab 325mg</i>	94
<i>cvs acne tre cre 10%</i>	151
<i>cvs allerg d tab 60-120mg</i>	64
<i>cvs allergy cap 25mg</i>	54
<i>cvs allergy chw 12.5mg</i>	56
<i>cvs allergy dro 0.035%op</i>	149
<i>cvs allergy liq 25/10ml</i>	55
<i>cvs allergy sol 5mg/5ml.....</i>	58
<i>cvs allergy tab 10mg</i>	56
<i>cvs allergy tab 180mg</i>	57
<i>cvs allergy tab 5-120mg.....</i>	63
<i>cvs allergy tab 5mg</i>	58
<i>cvs allergy tab chldrn</i>	56
<i>cvs antacid chw 1000mg</i>	79
CVS ANTACID CHW 1177MG	79
<i>cvs antacid chw 750mg</i>	78
<i>cvs antacid sus antigas</i>	80
<i>cvs antacid sus anti-gas</i>	80
<i>cvs antacid/ sus anti-gas.....</i>	80
CVS ANTI-BAC MIS	197
CVS ANTI-BAC MIS BANDAGE	197
CVS ANTI-BAC MIS WATERPRO.....	197
<i>cvs aspirin tab 325mg</i>	92
<i>cvs aspirin tab 81mg ec.....</i>	93
<i>cvs b1 tab 100mg</i>	106
<i>cvs b-1 tab 100mg</i>	106
CVS BALANCED TAB B100	109
<i>cvs balanced tab b50</i>	134
<i>cvs ca/mg/zn tab</i>	137
<i>cvs calcium tab 600mg</i>	134
<i>cvs children chw complete.....</i>	131

cvs childs chw 80mg	95
cvs c-lax tab 5mg	70
CVS CLEAR MIS BANDAGES	197
cvs d3 cap 1000unit	106
cvs d3 cap 250mcg	107
cvs d3 cap 5000unit	107
cvs d3 cap 50mcg	107
cvs daily chw gummies	126
CVS DAILY POW FIBER	74
CVS DIAPER CRE A/D ZINC	160
cvs dry eye dro relief	148
CVS DRY SPR MOUTH	150
cvs electrol sol	139
cvs fiber cap 0.52gm	72
cvs fiber chw gummies	72
cvs fish oil cap 1/2 size	139
cvs fish oil cap 1000mg	140
cvs fish oil cap 1200mg	140
cvs fish oil cap 500mg	139
CVS FLEX FAB MIS BANDAG	197
cvs gas relf chw 125mg	85
cvs gas relf chw 80mg	85
CVS HAIR/SKN TAB NAILS	133
cvs ibuprof dro 50/1.25	100
cvs ibuprofe sus 100/5ml	100
CVS IMMUNE CAP SUPPORT	116
cvs inner tab ear plus	134
cvs iron tab 27mg	142
cvs iron tab 325mg	141
cvs itch rel cre 1%	155
cvs ivermect lot 0.5%	162
CVS KETONE TES CARE	164
CVS LANCETS MIS 21G	183
CVS LANCETS MIS 30G	183
CVS LANCETS MIS 33G	183
CVS LANCETS MIS ORIGINAL	183
CVS LANCETS MIS THIN 26G	183
CVS LANCETS MIS THIN 30G	183
CVS LANCETS MIS THIN 33G	183
cvs laxative chw 15mg	72
cvs laxative tab 25mg	71
cvs lidocain pad 4%	161
cvs lidocain pad 4% xl	161
cvs lubrican dro 0.5%	145
cvs lubricat oin	147
cvs lubricnt dro 0.5% op	145
cvs miconazo cre 7	87
cvs mucus d tab 60-600mg	64
cvs mucus dm tab 30-600mg	67
cvs mucus dm tab 60-1200	67
cvs mucus er tab 600mg	62
cvs mucus tab 1200 er	62
CVS MULTIVIT TAB MINERAL	119
cvs naproxen tab 220mg	101
CVS NASAL AER 0.9%	61
cvs natural dro tears	146
cvs natural pow fiber	74
cvs pain rel pad 4%	161
cvs pinworm sus 50mg/ml	23
CVS PLASTIC MIS BANDAGE	197
cvs purelax pak	75
cvs purelax pow	75
cvs ringworm cre 1%	155
cvs senna cap 8.6mg	71
cvs senna pl tab 8.6-50mg	76
cvs senna tab 8.6mg	71
CVS SHEER BA MIS ASSORTED	197
CVS SHEER MIS BAND 1	197
CVS SHEER MIS BAND XL	197
cvs slow rel tab fe 45mg	142
CVS SPOT BAN MIS SHEER	197
cvs stress tab form/zn	110
cvs super b tab complx/c	110
cvs toe area sol 1%	154
CVS VISION CAP HEALTH	116
cvs vit a&d oin	160
cystussin dm liq 20-400mg	65
cyanocobalamin inj 1000 mcg/ml	141
cyclobenzaprine hcl tab 10 mg	105
cyclobenzaprine hcl tab 5 mg	105
CYCLOPHOSPH TAB 25MG	24
CYCLOPHOSPH TAB 50MG	24
cyclophosphamide cap 25 mg	24
cyclophosphamide cap 50 mg	24
cyclosporine (ophth) emulsion 0.05% ...	148
cyclosporine cap 100 mg	204
cyclosporine cap 25 mg	204
cyclosporine modified cap 100 mg	204

<i>cyclosporine modified cap 25 mg</i>	204	<i>daily multi tab vitamins</i>	113
<i>cyclosporine modified cap 50 mg</i>	204	<i>daily multi tab womn 50+</i>	119
<i>cyclosporine modified oral soln 100 mg/ml</i>	204	DAILY PAK MIS MULTIVIT	128
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	56	<i>daily psylli pow 25%</i>	72
<i>cyproheptadine hcl tab 4 mg</i>	56	<i>daily value tab multivit</i>	113
<i>cyred eq tab</i>	32	<i>daily vit tab</i>	113
D		<i>daily vite tab</i>	113
<i>d 1000 cap 1000unit</i>	106	<i>daily vite tab iron</i>	115
<i>D3 + K2 DOTS TAB</i>	109	<i>daily-vite tab</i>	113
<i>d3 2000 cap 2000unit</i>	107	<i>danazol cap 100 mg</i>	30
<i>d3 5000 cap 5000unit</i>	107	<i>danazol cap 200 mg</i>	30
<i>d3 adult chw 1000unit</i>	108	<i>danazol cap 50 mg</i>	30
<i>d3 cap 1000unit</i>	106	<i>dandruff sha 1%</i>	157
<i>d3 cap 2000unit</i>	107	<i>dantrolene sodium cap 100 mg</i>	105
<i>d3 high pot cap 125mcg</i>	107	<i>dantrolene sodium cap 25 mg</i>	105
<i>d3 high pote cap 1000unit</i>	106	<i>dantrolene sodium cap 50 mg</i>	105
<i>d3 high pote cap 50mcg</i>	107	<i>dapsone tab 100 mg</i>	24
<i>d3 high pote tab 400unit</i>	107	<i>dapsone tab 25 mg</i>	24
<i>d3 hp cap 250mcg</i>	107	<i>darunavir tab 600 mg</i>	20
<i>d3 kids chw 400unit</i>	108	<i>darunavir tab 800 mg</i>	20
<i>d3 max str cap 250mcg</i>	107	<i>dasetta tab 1/35</i>	33
<i>d3 maximum cap 5000unit</i>	107	<i>dasetta tab 7/7/7</i>	35
<i>d3 super str cap 2000unit</i>	107	DAYHIST ALRG TAB 12 HOUR	54
<i>D3/VITAMIN C TAB /ZINC</i>	109	<i>daysee tab</i>	35
<i>d3-1000 cap 1000unit</i>	106	<i>DDROPS LIQ 2000UNIT</i>	109
<i>d3-50 cap 5000unt</i>	107	<i>deblitane tab 0.35mg</i>	31
<i>DAFLONEX-XL CAP</i>	112	<i>decara cap 5000unt</i>	107
<i>DAFLONEX-XL TAB</i>	113	<i>decongestant tab 120mg er</i>	59
<i>daily betic tab</i>	119	<i>decongestant tab 30mg</i>	58
<i>daily combo tab</i>	119	DECUBI-VITE CAP	116
<i>daily diet tab support</i>	119	<i>deep sea spr 0.65%</i>	61
<i>daily fib pow 51.7%</i>	73	DEKAS CAP ESSENTIA	113
<i>daily fiber cap</i>	72	DEKAS CHW BARIATRI	126
<i>daily fiber cap 0.52gm</i>	72	DEKAS LIQ ESSENTIA	114
<i>daily fiber pow 43%</i>	73	DEKAS PLUS CAP	116
<i>daily fiber pow 51.7%</i>	73	DEKAS PLUS CAP OCEAN	116
DAILY FIBER POW 51.7%	74	DEKAS PLUS CHW	126
DAILY HEART PAK SUPPORT	128	DEKAS PLUS LIQ	130
<i>daily multi tab men</i>	119	<i>delsym cough liq congs dm</i>	65
<i>daily multi tab minerals</i>	119	<i>delta d3 tab 400unit</i>	107
<i>daily multi tab vit/iron</i>	115	<i>delyla tab 0.1-0.02</i>	33
<i>daily multi tab vit/mens</i>	119	<i>denta 5000 cre plus</i>	149
<i>daily multi tab vit/min</i>	119	<i>denta 5000 cre plus 2pk</i>	149
		<i>dentagel gel 1.1%</i>	150

<i>depo-testost inj 100mg/ml</i>	30
<i>depo-testost inj 200mg/ml</i>	30
<i>dermacinrx cre penetral</i>	161
<i>dermarest lot 1%</i>	159
DERMAVITE TAB	119
DESCOVY TAB 120-15MG	21
DESCOVY TAB 200/25MG	21
<i>desenex cre 1%</i>	155
<i>desenex pow 2%</i>	155
<i>desitin oin</i>	160
<i>desmopressin acetate nasal spray soln 0.01%</i>	41
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	41
<i>desmopressin acetate tab 0.1 mg</i>	41
<i>desmopressin acetate tab 0.2 mg</i>	41
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	35
<i>desonide cream 0.05%</i>	157
<i>desonide lotion 0.05%</i>	157
<i>desonide oint 0.05%</i>	157
<i>desoximetasone cream 0.05%</i>	157
<i>desoximetasone cream 0.25%</i>	157
<i>desoximetasone gel 0.05%</i>	157
<i>desoximetasone oint 0.25%</i>	157
<i>dexamethasone elixir 0.5 mg/5ml</i>	29
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	148
<i>dexamethasone soln 0.5 mg/5ml</i>	29
<i>dexamethasone tab 0.5 mg</i>	29
<i>dexamethasone tab 0.75 mg</i>	29
<i>dexamethasone tab 1 mg</i>	29
<i>dexamethasone tab 1.5 mg</i>	29
<i>dexamethasone tab 2 mg</i>	29
<i>dexamethasone tab 4 mg</i>	29
<i>dexamethasone tab 6 mg</i>	29
DEXCOM G6 MIS RECEIVER	180
DEXCOM G6 MIS SENSOR	180
DEXCOM G6 MIS TRANSMIT	180
DEXCOM G7 MIS RECEIVER	180
DEXCOM G7 MIS SENSOR	180
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	66
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	66
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	67
DIABET HLTH PAK SUPPORT	128
<i>diabet tuss syrup allergy</i>	54
DIABETES PAK HEALTH	128
<i>diabetic tus liq 20-400mg</i>	66
<i>diabetic tus liq cough dm</i>	66
<i>diabetic tus liq dm</i>	66
<i>diabets hlth tab formula</i>	119
<i>diabtc tussn liq 100/5ml</i>	61
DIALYVIT 800 TAB ZINC 15	112
<i>dialyvite d cap 5000unit</i>	107
DIALYVITE LIQ 800	114
<i>dialyvite tab 800</i>	112
<i>dialyvite tab 800/d</i>	119
DIALYVITE TAB 800/IRON	112
DIALYVITE TAB 800/ZINC	112
<i>diamode tab 2mg</i>	77
<i>diarrhea rel sus 262/15ml</i>	77
<i>diarrhea sus 262/15ml</i>	77
DIASTIX TES REAGENT	164
DIASTIX TES STRIPS	164
DIATHRIVE MIS 31GX5MM	165
DIATHRIVE MIS 31GX8MM	167
DIATHRIVE MIS 32GX4MM	169
DIATHRIVE MIS LANCETS	183
DIATHRIVE MIS UT 30G	183
<i>diclofenac potassium tab 50 mg</i>	99
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	155
<i>diclofenac sodium ophth soln 0.1%</i>	149
<i>diclofenac sodium tab delayed release 25 mg</i>	99
<i>diclofenac sodium tab delayed release 50 mg</i>	99
<i>diclofenac sodium tab delayed release 75 mg</i>	99
<i>diclofenac sodium tab er 24hr 100 mg</i>	99
<i>dicloxacillin sodium cap 250 mg</i>	17
<i>dicloxacillin sodium cap 500 mg</i>	17
<i>dicyclomine hcl cap 10 mg</i>	81
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	81

<i>dicyclomine hcl tab 20 mg</i>	81
DIFICID SUS.....	18
DIFICID TAB 200MG	18
<i>diflunisal tab 500 mg</i>	94
<i>digoxin oral soln 0.05 mg/ml</i>	42
<i>digoxin tab 125 mcg (0.125 mg)</i>	42
<i>digoxin tab 250 mcg (0.25 mg)</i>	42
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	42
<i>diltiazem hcl cap er 12hr 120 mg</i>	44
<i>diltiazem hcl cap er 12hr 60 mg</i>	44
<i>diltiazem hcl cap er 12hr 90 mg</i>	44
<i>diltiazem hcl cap er 24hr 120 mg</i>	44
<i>diltiazem hcl cap er 24hr 180 mg</i>	44
<i>diltiazem hcl cap er 24hr 240 mg</i>	44
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	45
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	45
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	45
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	45
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	45
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	45
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	45
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	45
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	45
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	45
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	45
<i>diltiazem hcl tab 120 mg</i>	44
<i>diltiazem hcl tab 30 mg</i>	44
<i>diltiazem hcl tab 60 mg</i>	44
<i>diltiazem hcl tab 90 mg</i>	44
<i>diltiazem hcl tab er 24hr 180 mg</i>	45
<i>diltiazem hcl tab er 24hr 240 mg</i>	45
<i>diltiazem hcl tab er 24hr 300 mg</i>	45
<i>diltiazem hcl tab er 24hr 360 mg</i>	45
<i>diltiazem hcl tab er 24hr 420 mg</i>	45
<i>dilt-xr cap 120mg</i>	44
<i>dilt-xr cap 180mg</i>	44
<i>dilt-xr cap 240mg</i>	44
<i>dimethyl fumarate capsule delayed release 120 mg</i>	92
<i>dimethyl fumarate capsule delayed release 240 mg</i>	92
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	92
<i>diphenhydramine hcl (sleep) tab 50 mg</i> ..90	
<i>diphenhydramine hcl cap 25 mg</i>	54
<i>diphenhydramine hcl cap 50 mg</i>	54
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i> ..56	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> .55	
<i>diphenhydramine hcl tab 25 mg</i>	55
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	76
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	76
<i>dipyridamole tab 25 mg</i>	144
<i>dipyridamole tab 50 mg</i>	144
<i>dipyridamole tab 75 mg</i>	144
<i>disopyramide phosphate cap 100 mg</i> ..46	
<i>disopyramide phosphate cap 150 mg</i>46	
DISPOSABLE MIS FACE MAS	179
<i>dm max adult liq 20-400</i>	65
<i>docosanol cream 10%</i>	157
<i>docusate calcium cap 240 mg</i>	74
DOCUSATE SOD SYP 60/15ML	75
<i>docusate sodium cap 100 mg</i>	74
<i>docusate sodium cap 250 mg</i>	74
<i>docusate sodium liquid 150 mg/15ml</i>	75
<i>docuzen tab 8.6-50mg</i>	76
<i>dodex inj</i>	141
<i>dofetilide cap 125 mcg (0.125 mg)</i>	46
<i>dofetilide cap 250 mcg (0.25 mg)</i>	46
<i>dofetilide cap 500 mcg (0.5 mg)</i>	46
<i>dok tab 100mg</i>	75
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	90

<i>donepezil hydrochloride orally</i>	150
<i>disintegrating tab 5 mg</i>	90
<i>donepezil hydrochloride tab 10 mg</i>	90
<i>donepezil hydrochloride tab 23 mg</i>	90
<i>donepezil hydrochloride tab 5 mg</i>	90
DOPTELET TAB 20MG	143
<i>dorzolamide hcl ophth soln 2%</i>	149
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	148
DORZOLAMIDE SOL 2%	149
DOSOKAP TAB	109
<i>double antib oin</i>	153
<i>double oin antibiot</i>	153
DOVATO TAB 50-300MG	21
<i>doxazosin mesylate tab 1 mg</i>	48
<i>doxazosin mesylate tab 2 mg</i>	48
<i>doxazosin mesylate tab 4 mg</i>	48
<i>doxazosin mesylate tab 8 mg</i>	48
<i>doxercalciferol cap 0.5 mcg</i>	42
<i>doxercalciferol cap 1 mcg</i>	42
<i>doxercalciferol cap 2.5 mcg</i>	42
<i>doxycycline hyclate cap 100 mg</i>	19
<i>doxycycline hyclate cap 50 mg</i>	19
<i>doxycycline hyclate tab 100 mg</i>	19
<i>doxycycline hyclate tab 20 mg</i>	19
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	19
<i>dr gs clear sol nail 1%</i>	154
<i>dramamine chw motion</i>	83
<i>dramamine tab 25mg</i>	83
<i>dronabinol cap 10 mg</i>	84
<i>dronabinol cap 2.5 mg</i>	84
<i>dronabinol cap 5 mg</i>	84
DROPLET LANC MIS 30G	183
DROPLET PERS MIS LANC 30G	183
DROPSAFE MIS 31GX5MM	165
<i>drospirenone-ethynodiol dihydrogen tab 3-0.02 mg</i>	32
<i>drospirenone-ethynodiol dihydrogen tab 3-0.03 mg</i>	33
<i>dry eye cap formula</i>	116
<i>dry eye rlf oin night</i>	147
<i>dry eye rlf dro</i>	148
<i>dry mouth loz cherry</i>	150
<i>dry mouth loz melon</i>	150
<i>dry mouth loz mint</i>	150
DRY MOUTH SOL ORAL RIN	150
<i>dry-eye rlf oin nighttim</i>	147
<i>dulcolax pnk cap 100mg</i>	74
<i>dulcolax ss cap 100mg</i>	74
DUPIXENT INJ 200/1.14	157
DUPIXENT INJ 200MG	156
DUPIXENT INJ 300/2ML	157
DUREX EXTRA MIS SENSITIV	199
DUREX MIS REALFEEL	202
DUREX MIS TROPICAL	199
<i>d-vitamin dro 400unit</i>	108
<i>d-vite pedia dro 400unit</i>	108
<i>dyna-hex 2 sol 2%</i>	163
<i>dyna-hex 4 sol 4%</i>	163
E	
<i>e.e.s. 400 tab 400mg</i>	18
<i>ear health tab formula</i>	134
<i>ear health tab plus</i>	134
EARLOOP MIS MASK	179
EAR-LOOP MIS MASK SM	179
EASIVENT MIS	175
EASIVENT MIS MASK LG	175
EASIVENT MIS MASK MED	175
EASIVENT MIS MASK SM	175
EASY AIR COM MIS NEBULIZE	176
EASY COMFORT MIS 30G	183
EASY COMFORT MIS 31GX3/16	165
EASY COMFORT MIS 31GX5/16	167
EASY COMFORT MIS 31GX5MM	166
EASY COMFORT MIS 32GX4MM	170
EASY COMFORT MIS 32GX5/32	170
EASY COMFORT MIS LANC/30G	183
EASY COMFORT MIS TWIST	183
EASY FLOW MIS 300MM	173
EASY FLOW MIS 400MM	173
EASY FLOW MIS AIR NOZZ	173
EASY FLOW MIS HEPA FIL	173
EASY FLOW MIS KN 95	179
EASY NEB MIS	176
EASY RELEASE PAD NONSTICK	199
EASY TOUCH MIS 31GX3/16	166
EASY TOUCH MIS 31GX5/16	167

EASY TOUCH MIS 32GX1/4	171	<i>elioxophyllin elx 80/15ml</i>	68
EASY TOUCH MIS 32GX5/32	170	ELLA TAB 30MG	32
EASY TOUCH MIS 32GX6MM.....	172	ELON MATRIX TAB 5000	133
EASY TOUCH MIS LANC/21G.....	183	ELON MATRIX TAB 5000 COM	133
EASY TOUCH MIS LANC/23G	184	ELON MATRIX TAB COMPLETE	133
EASY TOUCH MIS LANC/26G	184	ELON MATRIX TAB PLUS	133
EASY TOUCH MIS LANC/28G	184	ELON R3 TAB	133
EASY TOUCH MIS LANC/30G	184	<i>eluryng mis</i>	32
EASY TOUCH MIS LANC/32G	184	EMBRACE LANC MIS 21G.....	184
EASY TOUCH MIS LANC/33G	184	EMBRACE LANC MIS 28G.....	184
EASY-C CAP IMMUNE.....	112	EMBRACE LANC MIS THIN 30G.....	184
<i>easy-c tab 500mg</i>	112	EMERGEN-C CHW IMMUNE/D	126
<i>easy-lax cap 100mg</i>	74	EMERGEN-C CHW IMMUNE+	126
<i>easy-lax pls tab 8.6-50mg</i>	76	EMERGEN-C CHW KIDZ	130
EBASE CONTRO MIS KIT.....	173	EMERGEN-C CHW VITA C	126
ECEE PLUS TAB	109	EMERGEN-C PAK BLUE.....	128
<i>ec-naproxen tab 375mg</i>	100	EMERGEN-C PAK FIVE	128
<i>ec-naproxen tab 500mg</i>	100	EMERGEN-C PAK HEART	128
<i>econtra os tab 1.5mg</i>	31	EMERGEN-C PAK IMMUNE.....	128
<i>ecotrin low tab 81mg ec</i>	93	EMERGEN-C PAK JOINT	128
<i>ed chlorped syrup jr</i>	54	EMERGEN-C PAK KIDZ.....	128
<i>ed-apap liq 80mg/2.5</i>	96	EMERGEN-C PAK MSM LITE	128
EDURANT TAB 25MG	21	EMERGEN-C PAK PINK	128
<i>efavirenz cap 200 mg</i>	21	EMERGEN-C PAK SUPER FR.....	128
<i>efavirenz cap 50 mg</i>	21	EMERGEN-C PAK VIT D/CA.....	128
<i>efavirenz tab 600 mg</i>	21	EMERGEN-C PAK VITA C	128
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	22	EMGALITY INJ 100MG/ML	103
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	22	EMGALITY INJ 120MG/ML.....	103
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	22	<i>emtricitabine caps 200 mg</i>	20
<i>effer-k tab 25meq ef</i>	138	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	21
<i>eldertonics liq</i>	112	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	21
ELIGARD INJ 22.5MG	26	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	21
ELIGARD INJ 30MG	26	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	21
ELIGARD INJ 45MG	26	EMTRIVA SOL 10MG/ML	20
ELIGARD INJ 7.5MG.....	26	EMVERM CHW 100MG	23
<i>elinest tab</i>	34	<i>emzahh tab 0.35mg</i>	31
ELIQUIS ST P TAB 5MG	144	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	48
ELIQUIS TAB 2.5MG	144	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	48
ELIQUIS TAB 5MG	144		
ELITE COMPRS MIS NEBULIZR	176		
<i>elite-ob tab</i>	133		

enalapril maleate tab 10 mg	47
enalapril maleate tab 2.5 mg	46
enalapril maleate tab 20 mg	47
enalapril maleate tab 5 mg.....	47
ENBREL INJ 25/0.5ML	102
ENBREL INJ 50MG/ML	102
ENBREL MINI INJ 50MG/ML	102
ENBREL SRCLK INJ 50MG/ML	102
ENCARE SUP 100MG	88
endocet tab 10-325mg	98
endocet tab 2.5-325.....	98
endocet tab 5-325mg	98
endocet tab 7.5-325.....	98
endur-b tab.....	111
ENDUR-VM TAB	125
ENDUR-VM TAB IRON	125
ENERGY POW BOOSTER	128
enilloring mis	32
exoxaparin sodium inj 300 mg/3ml.....	143
exoxaparin sodium inj soln pref syr 100 mg/ml.....	143
exoxaparin sodium inj soln pref syr 120 mg/0.8ml	143
exoxaparin sodium inj soln pref syr 150 mg/ml.....	143
exoxaparin sodium inj soln pref syr 30 mg/0.3ml	143
exoxaparin sodium inj soln pref syr 40 mg/0.4ml	143
exoxaparin sodium inj soln pref syr 60 mg/0.6ml	143
exoxaparin sodium inj soln pref syr 80 mg/0.8ml	143
enpresse-28 tab.....	35
enskyce tab	32
ENSPRYNG INJ.....	205
entacapone tab 200 mg	104
entecavir tab 0.5 mg	22
entecavir tab 1 mg	22
enteric asa tab 325mg ec.....	94
ENTRESTO CAP 15-16MG	53
ENTRESTO CAP 6-6MG	53
ENTRESTO TAB 24-26MG	53
ENTRESTO TAB 49-51MG	53
ENTRESTO TAB 97-103MG	53
ENTYVIO INJ 108/0.68	86
ENTYVIO INJ 300MG.....	86
enulose sol 10gm/15	86
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	50
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	50
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	50
EPIPEN 2-PAK INJ 0.3MG	50
eplerenone tab 25 mg	48
eplerenone tab 50 mg.....	48
epoprostenol sodium for inj 0.5 mg	52
epoprostenol sodium for inj 1.5 mg	52
eq 1% hydroc cre	158
eq 12 hr muc tab 600mg	62
eq acetamin tab 500mg	94
eq allerg d tab 60-120mg.....	64
eq allergy cap 25mg	54
eq allergy chw 12.5mg.....	55
eq allergy liq 12.5/5ml	55
eq allergy r sus 30/5ml	58
eq allergy sol 5mg/5ml	58
eq allergy spr 50mcg	60
eq allergy tab 4mg	54
eq allergy tab 5-120mg	63
eq alrg/cong tab 5-120mg	63
eq alrgy rel tab 180mg.....	57
eq antacid chw 1000mg	79
eq antacid chw 750mg	78
eq antacid sus max st.....	80
eq arthritis gel 1%	156
eq arthrtis tab 650mg	95
eq artificia sol tears	147
eq aspirin chw 81mg	93
eq aspirin tab 325mg.....	92
eq calcium tab citr+d	137
eq cimetidin tab 200mg.....	81
eq clearlax pow.....	75
EQ COMPLETE TAB ADULT	119
eq daily cap fiber.....	72
eq daily fib pow 25%	72
eq daily fib pow 51.7%	73

<i>eq docosan cre 10%</i>	157	<i>eql acetamin tab 500mg</i>	94
<i>eq esome mag cap 20mg dr</i>	82	<i>eql all day tab allergy</i>	56
<i>eq famotidin tab 10mg</i>	81	<i>eql allergy tab 10-240mg</i>	64
<i>eq famotidin tab 20mg</i>	82	<i>eql allergy tab 25mg</i>	55
<i>eq fiber chw supplmnt</i>	72	<i>eql allergy tab 4mg</i>	54
<i>eq gas relie cap 125mg</i>	84	<i>eql allergy tab chldrn</i>	56
<i>eq gas relie cap 180mg</i>	85	<i>eql antacid chw 1000mg</i>	79
<i>eq gas relif cap 125mg</i>	84	<i>eql antacid chw fruit</i>	78
<i>eq hydrocort cre 1%</i>	158	<i>eql antacid chw pepprmnt</i>	78
<i>eq ibuprofen sus 100/5ml</i>	100	<i>eql aspirin chw 81mg</i>	93
<i>eq ibuprofen tab 200mg</i>	99	<i>eql aspirin tab 325mg ec</i>	94
<i>eq ivermecti lot 0.5%</i>	162	<i>eql b complx tab 50</i>	111
<i>eq laxative chw 15mg</i>	72	<i>eql b-100 tab complex</i>	111
<i>eq laxative pow 3350</i>	75	EQL BUTTERFL MIS CLOSURE	197
<i>eq lidocaine pad 4%</i>	161	EQL CALCIUM CAP VIT D	135
<i>eq loratadin tab 10mg</i>	58	<i>eql calcium tab citr/d3</i>	137
<i>eq lubricant dro eye 0.6%</i>	146	<i>eql calcium tab w/vit d</i>	136
<i>eq lubricant dro eye drop</i>	146	<i>eql century tab</i>	119
<i>eq miconaz 7 cre 2%</i>	87	<i>eql century tab mature</i>	119
<i>eq mucus d tab 60-600mg</i>	64	EQL CENTURY TAB MENS	119
<i>eq mucus dm tab 60-1200</i>	67	EQL CENTURY TAB WOMENS.....	119
<i>eq mucus er tab 600mg</i>	62	<i>eql clearlax pow</i>	75
<i>eq mucus rel liq dm</i>	65	<i>eql fiber pow 28.3%</i>	73
<i>eq mucus rel tab 600mg er</i>	62	<i>eql fiber pow therapy</i>	73
<i>eq mucus-d tab 60-600mg</i>	64	EQL FIRST MIS AID BAND	197
EQ MULTIVITA CHW GUMMIES	130	<i>eql firstaid oin antibiot</i>	153
<i>eq omepraz tab 20mg</i>	83	<i>eql fish oil cap 1000mg</i>	140
EQ ONE DAILY TAB MENS	119	<i>eql fish oil cap 1200mg</i>	140
<i>eq one daily tab womens</i>	119	EQL FLEXIBLE MIS FABRIC	197
EQ ONE DAILY TAB WOMENS	119	<i>EQL FLEXIBLE MIS FOAM</i>	197
<i>eq pain reli sus 160mg/5</i>	96	<i>eql gas gone chw 125mg</i>	85
<i>eq pain reli tab 500mg</i>	94	<i>eql gas rlf cap 180mg</i>	85
<i>eq restore oin pm</i>	147	EQL GENTLE MIS STRIPS	197
<i>eq senna-s tab 8.6-50mg</i>	76	<i>eql gentle tab laxative</i>	70
<i>eq sleep-aid tab 25mg</i>	89	<i>eql heartbrn tab 10mg</i>	81
<i>eq stomach chw 262mg</i>	77	EQL HVY DUTY MIS STRIPS.....	197
<i>eq stool cap softener</i>	74	EQL LANCETS MIS 21G COLR.....	184
<i>eq stool sof cap 100mg</i>	74	EQL LANCETS MIS 33G COLR	184
<i>eq stool sof cap 250mg</i>	75	EQL LANCETS MIS THIN 26G	184
EQ STRONG MIS STRIPS	197	EQL LANCETS MIS THIN 30G	184
<i>eq triple oin antibiot</i>	153	<i>eql laxative chw 15mg</i>	72
<i>eq tussin dm syrup cgh/chst</i>	66	<i>eql laxative tab 25mg</i>	71
<i>eq vitamins oin a & d</i>	160	<i>eql laxative tab 5mg ec</i>	70
<i>eql acetamin tab 325mg</i>	94	<i>eql motion tab sickness</i>	83

<i>eql mucus-dm tab 30-600cr</i>	67	<i>essentl one tab daily</i>	113
<i>eql mucus-er tab 1200mg</i>	62	<i>estarylla tab 0.25-35</i>	34
EQL PLASTIC MIS STRIPS	197	<i>ester-c tab 1000mg</i>	113
EQL SHEER MIS SPOTS	197	<i>ester-c tab 500mg</i>	113
EQL SHEER MIS STRIPS	197	<i>estradiol & norethindrone acetate tab 0.5-</i>	
<i>eql smooth pow 51.7%</i>	73	<i>0.1 mg</i>	30
<i>eql smooth pow texture</i>	73	<i>estradiol & norethindrone acetate tab 1-0.5</i>	
<i>eql stomach chw 262mg</i>	77	<i>mg</i>	30
EQL STRIPS MIS	197	<i>estradiol tab 0.5 mg</i>	30
<i>eql tussin syp dm</i>	66	<i>estradiol tab 1 mg</i>	30
<i>eql vision tab formula</i>	119	<i>estradiol tab 2 mg</i>	30
<i>eql vitamin cap d3</i>	107	<i>estradiol td patch weekly 0.025 mg/24hr</i> 30	
<i>eqvegetable tab 8.6mg</i>	71	<i>estradiol td patch weekly 0.0375 mg/24hr</i>	
ERAPID MIS NEBULIZE	176	<i>(37.5 mcg/24hr)</i>	30
ERAPID NEB MIS HANDSET	173	<i>estradiol td patch weekly 0.05 mg/24hr</i> ..30	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> 106		<i>estradiol td patch weekly 0.06 mg/24hr</i> ..30	
<i>ergocalciferol soln 200 mcg/ml (8000</i>		<i>estradiol td patch weekly 0.075 mg/24hr</i> 30	
<i>unit/ml)</i>	106	<i>estradiol td patch weekly 0.1 mg/24hr</i>30	
ERIVEDGE CAP 150MG	26	<i>estradiol vaginal tab 10 mcg</i>	88
<i>erlotinib hcl tab 100 mg (base equivalent)</i> 26		ESTROFACTORS TAB	113
<i>erlotinib hcl tab 150 mg (base equivalent)</i> 26		ESTROVEN MEN TAB SUPPLEM	119
<i>erlotinib hcl tab 25 mg (base equivalent)</i> .26		<i>ethacrynic acid tab 25 mg</i>	49
<i>errin tab 0.35mg</i>	31	<i>ethambutol hcl tab 100 mg</i>	19
<i>erythromycin ethylsuccinate for susp 200</i>		<i>ethambutol hcl tab 400 mg</i>	19
<i>mg/5ml</i>	18	<i>ethosuximide cap 250 mg</i>	104
<i>erythromycin ethylsuccinate tab 400 mg</i> .18		<i>ethosuximide soln 250 mg/5ml</i>	104
<i>erythromycin gel 2%</i>	152	<i>ethynodiol diacetate & ethinyl estradiol tab</i>	
ERYTHROMYCIN OIN 5MG/GM	145	<i>1 mg-35 mcg</i>	33
<i>erythromycin ophth oint 5 mg/gm</i>	145	<i>ethynodiol diacetate & ethinyl estradiol tab</i>	
<i>erythromycin soln 2%</i>	152	<i>1 mg-50 mcg</i>	33
<i>erythromycin tab 250 mg</i>	18	<i>etodolac cap 200 mg</i>	99
<i>erythromycin tab 500 mg</i>	18	<i>etodolac cap 300 mg</i>	99
<i>erythromycin w/ delayed release particles</i>		<i>etodolac tab 400 mg</i>	99
<i>cap 250 mg</i>	18	<i>etodolac tab 500 mg</i>	99
<i>esomeprazole cap 20mg dr</i>	82	<i>etodolac tab er 24hr 400 mg</i>	99
<i>esomeprazole magnesium cap delayed</i>		<i>etodolac tab er 24hr 500 mg</i>	99
<i>release 20 mg (base eq)</i>	82	<i>etodolac tab er 24hr 600 mg</i>	99
<i>esomeprazole magnesium for delayed</i>		<i>etonogestrel-ethinyl estradiol va ring 0.12-</i>	
<i>release susp packet 10 mg</i>	82	<i>0.015 mg/24hr</i>	32
<i>esomeprazole magnesium tab delayed</i>		<i>etoposide cap 50 mg</i>	26
<i>release 20 mg</i>	82	<i>etravirine tab 100 mg</i>	21
<i>essent one tab daily</i>	129	<i>etravirine tab 200 mg</i>	21
<i>essentia tab</i>	119	<i>EUCRISA OIN 2%</i>	156
<i>essential tab balance</i>	119	<i>euthyrox tab 100mcg</i>	39

euthyrox tab 112mcg	39	E-Z JECT MIS 32G COLR	183
euthyrox tab 125mcg	39	E-Z JECT MIS LANC 21G.....	183
euthyrox tab 137mcg	39	E-Z JECT MIS THIN 26G	183
euthyrox tab 150mcg	39	ezetimibe tab 10 mg	51
euthyrox tab 175mcg	39	E-ZJECT LANC MIS 33G.....	183
euthyrox tab 200mcg	40	EZ-LETS 21G MIS LANCETS	184
euthyrox tab 25mcg	38	EZ-LETS 26G MIS LANCETS	184
euthyrox tab 50mcg.....	39	EZ-LETS 28G MIS LANCETS	184
euthyrox tab 75mcg	39	EZ-LETS 30G MIS LANCETS	184
euthyrox tab 88mcg.....	39	F	
EVAC POW	74	FABRIC BANDG MIS ASSORTED.....	197
evac-u-gen tab 8.6mg	71	FABRIC BANDG MIS FLEXIBLE.....	197
EVAP HUMIDFR MIS 1.5 GAL	178	FACE MASK MIS 3 PLY	179
EVAP HUMIDFR MIS 2 GALLON	178	FACE MASK MIS 3-PLY	179
everolimus tab 10 mg.....	27	FACE MASK MIS EARLOOP	179
everolimus tab 2.5 mg	27	FACE MASK MIS N-100	179
everolimus tab 5 mg.....	27	FACE MASK MIS R95 PART	179
everolimus tab 7.5 mg	27	FACE MASK MIS SURG/DIS	179
EVOLUTION60 POW.....	128	FACE MASKS MIS 3 LAYER.....	179
EVOTAZ TAB 300-150	21	falmina tab	33
ex cleansing sol.....	88	famciclovir tab 125 mg	22
exemestane tab 25 mg	26	famciclovir tab 250 mg	22
EX-LAX CHW 15MG	72	famciclovir tab 500 mg	22
ex-lax tab max st	71	famotidine for susp 40 mg/5ml	82
ex-lax ultra tab 5mg ec	70	famotidine tab 10 mg.....	81
EXPECT CHILD LIQ 200M/5ML	62	famotidine tab 20 mg	82
EXTAVIA INJ 0.3MG.....	92	famotidine tab 40 mg	82
eye drops dro 0.25%	145	FANTASY LUBR MIS.....	199
eye drops dro 0.5-0.9%	146	FANTASY LUBR MIS COLORS	200
eye drops sol relief	148	FANTASY LUBR MIS SPERMICI.....	200
eye health & tab lutein	119	FANTASY MIS LUBRICAT	200
EYE HEALTH CAP.....	116	FASENRA INJ 10MG/0.5.....	69
EYE HEALTH CAP ADLT 50+	116	FASENRA INJ 30MG/ML.....	69
EYE HEALTH TAB LUTEIN	119	FASENRA PEN INJ 30MG/ML	69
eye itch ref dro 0.035%op	149	fast relief sup 10mg	71
eye itch rel dro 0.035%op.....	149	FASTCLIX MIS LANCETS.....	184
eye lubrican oin op	147	FC2 FEMALE MIS CONDOM	202
EYE MULTIVIT TAB SODIUM.....	119	felodipine tab er 24hr 10 mg.....	45
eye vitamins cap	116	felodipine tab er 24hr 2.5 mg	45
eyes alive sol 0.5%.....	146	felodipine tab er 24hr 5 mg	45
eye-vites tab.....	120	FEMQUIL CAP	132
E-Z JECT MIS 21G.....	183	fenofibrate micronized cap 134 mg.....	51
E-Z JECT MIS 21G COLR.....	183	fenofibrate micronized cap 200 mg.....	51
E-Z JECT MIS 30G.....	183	fenofibrate micronized cap 67 mg	51

<i>fenofibrate tab 145 mg</i>	51
<i>fenofibrate tab 160 mg</i>	51
<i>fenofibrate tab 48 mg</i>	51
<i>fenofibrate tab 54 mg</i>	51
<i>fentanyl td patch 72hr 100 mcg/hr</i>	97
<i>fentanyl td patch 72hr 12 mcg/hr</i>	97
<i>fentanyl td patch 72hr 25 mcg/hr</i>	97
<i>fentanyl td patch 72hr 50 mcg/hr</i>	97
<i>fentanyl td patch 72hr 75 mcg/hr</i>	97
<i>ferate tab 27mg</i>	142
<i>fergon tab 27mg</i>	142
<i>ferosul tab 325mg</i>	141
<i>FERRETTS TAB 325MG</i>	142
<i>ferrocite tab 324mg</i>	142
<i>ferrotabs tab</i>	142
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	142
<i>ferrous gluc tab 324mg</i>	142
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	142
<i>ferrous sul sol 220/5ml</i>	142
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	142
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	141
<i>ferrous sulfate tab 27 mg (elemental fe)</i>	141
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	141
<i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i>	141
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	141
<i>ferrous sulfate tab er 45 mg (elemental fe)</i>	141
<i>fever/pain sus 160/5ml</i>	96
<i>FEVERALL INF SUP 80MG</i>	96
<i>feverall sup 120mg</i>	96
<i>FEVERALL SUP 325MG</i>	96
<i>feverall sup 650mg</i>	97
<i>fe-vite iron sol 15mg/ml</i>	141
<i>fevr reducng sup 120mg</i>	96
<i>fexofen/pse tab 60-120mg</i>	64
<i>fexofenadine hcl tab 180 mg</i>	57
<i>fexofenadine hcl tab 60 mg</i>	57
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	64
<i>fiber adult chw gummies</i>	72
<i>fiber gummy chw bears</i>	72
<i>fiber laxtiv cap 0.52gm</i>	72
<i>fiber select chw gummies</i>	72
<i>fiber therap cap 0.52gm</i>	72
<i>FIFTY50 MIS 31GX3/16</i>	166
<i>FIFTY50 MIS 31GX5/16</i>	167
<i>FIFTY50 MIS 31GX5MM</i>	166
<i>FIFTY50 PEN MIS 31GX8MM</i>	167
<i>FIFTY50 PEN MIS 32GX4MM</i>	170
<i>FIFTY50 PEN MIS 32GX6MM</i>	172
<i>FIFTY50 PREP PAD PADS</i>	203
<i>FIFTY50 SAFE MIS LANCETS</i>	184
<i>FILTER AIR MIS PP</i>	173
<i>finasteride tab 1 mg</i>	160
<i>finasteride tab 5 mg</i>	88
<i>finest fish liq oil</i>	140
<i>finest fish liq oil/kids</i>	141
<i>finest nutrit cap vit d3</i>	106
<i>FINGERSTIX MIS LANCETS</i>	184
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	92
<i>FIRST AID MIS FLEX FAB</i>	197
<i>FIRST AID NO PAD STICK</i>	199
<i>FIRST AID OIN 10%</i>	164
<i>first aid oin antibiot</i>	153
<i>first aid sol 10%</i>	163
<i>fish oil cap 1000mg</i>	140
<i>FISH OIL CAP 1000MG</i>	140
<i>fish oil cap 1200mg</i>	140
<i>FISH OIL CAP 1360MG</i>	140
<i>FISH OIL CAP 1400MG</i>	140
<i>fish oil cap 435mg</i>	140
<i>fish oil cap minis</i>	139
<i>fish oil chw gummies</i>	140
<i>fish oil con cap 1000mg</i>	140
<i>fish oil con cap 300mg</i>	140
<i>FITNESS TABS TAB MEN</i>	120
<i>FITNESS TABS TAB WOMEN</i>	120
<i>flanax tab 220mg</i>	101
<i>flanders oin buttocks</i>	160
<i>flavor chews chw 750mg</i>	78
<i>flecainide acetate tab 100 mg</i>	46

flecainide acetate tab 150 mg	46
flecainide acetate tab 50 mg	46
FLEX BANDAGE MIS	197
FLEX BANDAGE MIS FABRIC.....	197
flexgen tab.....	113
FLEXICHAMBER MIS	175
FLEXICHAMBER MIS MASK LRG	175
FLEXICHAMBER MIS MASK SM.....	175
FLINTSTONES CHW BONE BLD.....	130
flintstones chw complete	131
FLINTSTONES CHW COMPLETE.....	130
flintstones chw ext iron.....	131
FLINTSTONES CHW GUMMIES	130
FLINTSTONES CHW IMMUNITY	130
flintstones chw multivit	129
flintstones chw my first	129
flintstones chw omega-3	129
flintstones chw pls calc.....	129
FLINTSTONES CHW SOUR GUM	130
FLINTSTONES CHW TODDLER.....	130
flintstones chw w/iron	131
FLORAFL CHW 0.5MG.....	131
FLORAFL PED CHW 1MG	131
FLORIVA DRO PLUS.....	132
FLOWING VAPR PAD.....	178
FLOWING VAPR PAD W/FAN.....	178
fluconazole for susp 10 mg/ml.....	20
fluconazole for susp 40 mg/ml.....	20
fluconazole tab 100 mg.....	20
fluconazole tab 150 mg.....	20
fluconazole tab 200 mg	20
fluconazole tab 50 mg	20
fludrocortisone acetate tab 0.1 mg	30
flunisolide nasal soln 25 mcg/act (0.025%)	60
fluocinolone acetonide cream 0.025% ...	158
fluocinolone acetonide oint 0.025%.....	158
fluocinolone acetonide soln 0.01%	157
fluocinonide cream 0.05%.....	158
fluocinonide gel 0.05%	158
fluocinonide oint 0.05%	158
fluocinonide soln 0.05%.....	158
fluoridex pst 1.1%.....	150
fluorimax pst 5000	150
fluorometholone ophth susp 0.1%	148
fluorouracil cream 5%	157
flurbiprofen tab 100 mg	99
flurbiprofen tab 50 mg	99
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act.....	68
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	68
fluticasone propionate aer pow ba 100 mcg/act	69
fluticasone propionate aer pow ba 250 mcg/act	69
fluticasone propionate aer pow ba 50 mcg/act	68
fluticasone propionate cream 0.05%	158
fluticasone propionate hfa inhal aer 110 mcg/act	69
fluticasone propionate hfa inhal aer 220 mcg/act	69
fluticasone propionate hfa inhal aero 44 mcg/act	69
fluticasone propionate nasal susp 50 mcg/act	60
fluticasone propionate oint 0.005%	158
fluticasone sus 50mcg	60
fluticasone-salmeterol aer powder ba 100-50 mcg/act	68
fluticasone-salmeterol aer powder ba 113-14 mcg/act	68
fluticasone-salmeterol aer powder ba 232-14 mcg/act	68
FLYP HYPERSO MIS CARTRIDG.....	173
FLYP NEBULZR MIS.....	176
FLYP NEBULZR MIS POCKET	176
FOAM ANTACID CHW 80-20MG	79
foaming face liq wsh 10%	151
folate tab 400mcg	141
folbee tab	143
FOLBIC TAB.....	141
folic acid tab 1 mg	141
folic acid tab 1000mcg.....	141
folic acid tab 400 mcg	141
folic acid tab 800mcg	141

<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	143
<i>folika-bc tab</i>	112
<i>folplex 2.2 tab</i>	143
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	143
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	143
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	143
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	143
<i>foot repair sol serum 1%</i>	154
<i>foot&sneaker aer 1%</i>	154
<i>for sty reli oin</i>	147
<i>FORA LANCETS MIS 30G</i>	184
<i>FORA MIS LANCETS</i>	184
<i>formula 3 sol treatmen</i>	154
<i>formula 7 sol</i>	154
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	20
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	48
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	48
<i>fosinopril sodium tab 10 mg</i>	47
<i>fosinopril sodium tab 20 mg</i>	47
<i>fosinopril sodium tab 40 mg</i>	47
<i>FREDAVITE TAB</i>	120
<i>FREESTYLE MIS LANCETS</i>	185
<i>freshmelts loz mint</i>	150
<i>FRUIT C CHW 200MG</i>	113
<i>fruity chews chw</i>	129
<i>fruity chews chw /iron</i>	131
<i>ft 24 hour spr 55mcg</i>	60
<i>ft 8hr pain tab 650mg</i>	95
<i>ft acid redu cap 20mg</i>	82
<i>ft allergy d tab 5-120mg</i>	63
<i>ft allergy tab 10mg</i>	56, 58
<i>ft allr rlf tab 60mg</i>	57
<i>ft alrgy chd sol 1mg/ml</i>	57
<i>ft alrgy rlf cap 25mg</i>	54
<i>ft alrgy rlf liq 12.5/5ml</i>	55
<i>ft alrgy rlf tab 180mg</i>	57
<i>ft alrgy rlf tab 25mg</i>	55
<i>ft alrgy rlf tab 4mg</i>	54
<i>ft alrgy&con tab 60-120mg</i>	64
<i>ft antacid chw 500mg</i>	78
<i>ft antacid chw 750mg</i>	78
<i>ft antacid sus antigas</i>	80
<i>ft antibioti oin</i>	153
<i>ft anti-diar cap 2mg</i>	76
<i>ft anti-diar tab 2mg</i>	77
<i>ft antifunga cre 1%</i>	154
<i>ft antifunga cre 2%</i>	155
<i>ft arthritis gel 1%</i>	156
<i>ft aspirin chw 81mg</i>	93
<i>ft aspirin tab 325mg</i>	92
<i>ft aspirin tab 325mg ec</i>	94
<i>ft aspirin tab 81mg</i>	93
<i>ft chest con tab 400mg</i>	61
<i>ft chld pain chw 160mg</i>	95
<i>ft clearlax pow</i>	75
<i>ft clotrimaz cre 1%</i>	87
<i>ft clotrimaz cre 2%</i>	87
<i>ft docosan cre 10%</i>	157
<i>ft double oin antibiot</i>	153
<i>ft fiber pow 25%</i>	72
<i>ft fiber pow 27%</i>	73
<i>ft fiber pow 43%</i>	73
<i>ft fiber pow 51.7%</i>	73
<i>ft gas rlef chw 80mg</i>	85
<i>ft gas relie chw 125mg</i>	85
<i>ft gntle lax sup 10mg</i>	71
<i>ft ibu child sus 100/5ml</i>	100
<i>ft ibuprofen cap 200mg</i>	99
<i>ft ibuprofen tab 200mg</i>	99
<i>ft itch rlef cre /aloe 1%</i>	158
<i>ft itch rlef cre 1%</i>	158
<i>ft itch rlef oin 1%</i>	159
<i>ft laxative tab 5mg ec</i>	70
<i>ft miconaz 3 kit combo pk</i>	87
<i>ft motion tab 25mg</i>	83
<i>ft mucus rel tab 1200 er</i>	62
<i>ft mucus rel tab 30-600mg</i>	67
<i>ft mucus rel tab 60-1200</i>	67
<i>ft mucus rlf tab 600mg er</i>	62
<i>ft mucus rlf tab 60-600mg</i>	64

ft naproxen cap 220mg	100
ft nite slp tab 25mg.....	89
ft ns1 decon tab 30mg	58
ft omeprazol tab 20mg	83
ft pain rlef tab 325mg.....	94
ft pain reli tab 200mg.....	99
ft pain reli tab 500mg.....	94
ft senna lax tab 8.6mg	71
ft senna-s tab 8.6-50mg	76
ft sleep aid tab 25mg	89
ft sleep-aid cap 50mg.....	89
ft stl soft tab 8.6-50mg	76
ft stomach chw 262mg	77
ft triple oin antibiot	153
ft tussin dm liq 20-400mg	65
ft tussin liq 200/10ml.....	62
ft vitamin cap d3 25mcg	106
ft vitamin cap d3 50mcg.....	107
ft vitamin tab d3 50mcg	108
FULL KIT NEB MIS SET	173
full spect tab b/ vit c.....	112
fulvestrant inj soln pref syr 250 mg/5ml ..	26
fungal nail sol erase 1%	154
fungi nail liq 1%	154
fungicure sol 1%	154
fungi-guard cre 1%.....	154
furosemide oral soln 10 mg/ml	49
furosemide oral soln 8 mg/ml.....	49
furosemide tab 20 mg.....	49
furosemide tab 40 mg	49
furosemide tab 80 mg	49
fyavolv tab 0.5-2.5.....	30
fyavolv tab 1-5	30
G	
g tussin ac liq 100-10/5	65
galantamine hydrobromide cap er 24hr 16 mg	90
galantamine hydrobromide cap er 24hr 24 mg	90
galantamine hydrobromide cap er 24hr 8 mg	90
galantamine hydrobromide oral soln 4 mg/ml.....	90
galantamine hydrobromide tab 12 mg.....	90

galantamine hydrobromide tab 4 mg	90
galantamine hydrobromide tab 8 mg	90
gas relief cap 125mg.....	85
gas relief cap 180mg	85
gas relief chw 125mg.....	85
gas relief chw 80mg	85
gas relief dro 20/0.3ml	85
gas relief dro 40/0.6ml	85
gas relief dro infants	85
gas relief liq infants.....	85
gas relief sus.....	85
gas relief sus infants	85
gas-x cap 125mg.....	85
gas-x cap 180mg	85
GAS-X CHILD MIS 40MG	86
GAS-X EX-STR MIS 62.5MG.....	86
gas-x infant dro	85
gavilax pow.....	75
gavilyte-c sol	76
gavilyte-g sol	76
gavilyte-n sol flav pk	76
GEL-ONE INJ 30MG/3ML	105
gemfibrozil tab 600 mg	51
GENADEK CAP STEP 1.....	116
GENADEK CAP STEP 2	116
generlac sol 10gm/15	86
gengraf cap 100mg	204
gengraf cap 25mg	204
gengraf sol 100mg/ml.....	204
gentamicin sulfate cream 0.1%	153
gentamicin sulfate oint 0.1%	153
gentamicin sulfate ophth soln 0.3%	145
GENTEAL GEL 0.3%	146
genteal tear oin nt-time	147
genteal tear sol moderate	146
GENTEEL MIS LANCETS.....	185
gentle laxat sup 10mg	71
gentle laxat tab 5mg ec	70
gentlelax pow	75
genuine asa tab 325mg	92
genuine aspir tab 325mg	92
GENVOYA TAB.....	22
GERAVINE ELX.....	134
geri-dryl liq 12.5/5ml	55

geri-dryl tab 25mg.....	55
GERI-FREEDA TAB SENIOR	120
geri-kot tab 8.6mg.....	71
geri-lanta sus.....	80
geri-lanta sus max st.....	80
geri-lanta sus supreme	79
geri-mox sus	80
geri-mucil pow	72, 73
GERITOL LIQ TONIC	134
geritol tab complete	134
geri-tussin liq 100/5ml	62
geri-tussin liq dm	66
GERI-TUSSIN SYP 200/10ML	62
geri-tussin syrup dm	66
gerivite tab complete	120
GERM DEFENSE TAB PM	133
GILOTrif TAB 20MG	25
GILOTrif TAB 30MG	25
GILOTrif TAB 40MG	26
giltuss cgh liq & chest	66
giltuss diab liq cgh/cold	66
GILTUSS EX LIQ MAX STR	62
giltuss hon liq chg/chst.....	66
glatiramer acetate soln prefilled syringe 20 mg/ml.....	91
glatiramer acetate soln prefilled syringe 40 mg/ml.....	91
glatopa inj 20mg/ml.....	91
glatopa inj 40mg/ml.....	91
GLEOSTINE CAP 100MG	24
GLEOSTINE CAP 10MG	24
GLEOSTINE CAP 40MG.....	24
g-levocarnit sol 1gm/10ml	139
glimepiride tab 1 mg	37
glimepiride tab 2 mg	37
glimepiride tab 4 mg	37
glipizide tab 10 mg.....	37
glipizide tab 5 mg	37
glipizide tab er 24hr 10 mg	37
glipizide tab er 24hr 2.5 mg.....	37
glipizide tab er 24hr 5 mg	37
glipizide xl tab 10mg.....	37
glipizide xl tab 2.5mg	37
glipizide xl tab 5mg	37

glipizide-metformin hcl tab 2.5-250 mg ...	38
glipizide-metformin hcl tab 2.5-500 mg...	38
glipizide-metformin hcl tab 5-500 mg.....	38
GLOBAL 28G MIS LANCETS	185
GLOBAL 30G MIS LANCETS	185
glucagon (rdna) for inj kit 1 mg	37
GLUCOCOM MIS 28G	185
GLUCOCOM MIS 30G	185
GLUCOCOM MIS 33G	185
glucoten cap.....	116
glycine diluent for injection	204
glycolax pow 3350 nf	75
glycopyrrolate oral soln 1 mg/5ml	81
glycopyrrolate tab 1 mg	81
glycopyrrolate tab 2 mg.....	81
GLYCOTROL CAP	132
GLYCOTROL CAP COMPLETE	132
gnp acetamin tab 325mg.....	94
GNP ALCOHOL PAD SWABS.....	203
gnp all day tab allergy	56
gnp allergy cap 25mg	54
gnp allergy chw 12.5mg	55
gnp allergy tab 25mg	55
gnp allergy tab 4mg	54
gnp antacid chw 1000mg	79
gnp antacid chw 160-105.....	79
gnp antacid chw 750mg	78
gnp antacid sus cherry.....	80
gnp antacid sus coolmint.....	80
gnp antacid sus original	80
gnp antacid sus reg st	80
gnp anti-gas cap 180mg	85
gnp aspirin chw 81mg	93
gnp aspirin tab 325mg	92
gnp aspirin tab 325mg ec	94
gnp aspirin tab 81mg ec	93
gnp b-100 tab complex	111
gnp b-50 tab complex.....	111
GNP BANDAGES MIS	197
GNP BANDAGES MIS 1	197
GNP BANDAGES MIS 2.....	197
GNP BANDAGES MIS 3/4.....	198
GNP BANDAGES MIS ASSORTED.....	198
GNP BANDAGES MIS CLEAR.....	198

GNP BANDAGES MIS SHEER	198	<i>gnp pain rel tab 500mg.....</i>	94
GNP CALAMINE LOT 8-8%	163	<i>gnp pediatri sol electrol</i>	139
<i>gnp calcium tab cit +d3</i>	137	<i>gnp pink bis sus 525/15ml</i>	77
GNP CENTURY TAB ADULT.....	120	<i>gnp senna lx tab 8.6mg.....</i>	71
<i>gnp children sus pain&fev.....</i>	96	<i>gnp triple oin antibiot</i>	153
<i>gnp clearlax pak 3350 nf</i>	75	<i>gnp tussin liq dm cough.....</i>	66
<i>gnp clearlax pow</i>	75	GNP ULTICARE MIS 31GX5/16.....	168
<i>gnp d cap 1000unit.....</i>	106	GNP ULTICARE MIS 31GX5MM	166
<i>gnp d chw 2000unit</i>	108	GNP ULTICARE MIS 32GX1/4	172
<i>gnp d3 cap 250mcg</i>	107	GNP ULTICARE MIS 32GX5/32	170
<i>gnp deconge tab 30mg</i>	59	<i>gnp vit d tab 1000unit.....</i>	108
<i>gnp diclofen gel 1%</i>	156	<i>gnp vit d tab 5000unit</i>	108
<i>gnp electrol sol</i>	139	<i>gnp vit d3 tab 1000unit</i>	108
<i>gnp esomepra cap 20mg dr.....</i>	82	GNTL ADHESVE MIS BNDG XL.....	198
<i>gnp eye drop dro 0.4-0.3%.....</i>	146	GOJJI LANCET MIS 30G	185
<i>gnp fiber cap 0.52gm.....</i>	72	<i>goodsense gel art pain.....</i>	156
<i>gnp fiber pow 43%</i>	73	<i>goodsense liq lice rin.....</i>	162
<i>gnp fish oil cap 1000mg.....</i>	140	GOODSENSE MIS LANC 26G.....	185
<i>gnp gas relf chw 125mg</i>	85	GOODSENSE MIS LANC 30G.....	185
<i>gnp gas relf chw 80mg</i>	85	GOODSENSE MIS LANC 33G.....	185
<i>gnp gntl lax tab 5mg ec</i>	70	<i>goodsense sol electrol</i>	139
<i>gnp healthy tab eyes</i>	120	<i>goodsense sus ant/gas.....</i>	80
<i>gnp hydrocor cre 1% plus.....</i>	158	<i>goodsense sus antacid</i>	80
GNP IMMUNE PAK.....	128	<i>goodsense tab 81mg ec</i>	93
GNP IMMUNE PAK SUPPORT	128	GORDO-POOL CON	178
<i>gnp iron tab 45mg</i>	141	<i>granisetron hcl tab 1 mg.....</i>	84
<i>gnp iron tab 65mg</i>	142	GRAPE SEED CAP 100MG	112
GNP LANCETS MIS 21G.....	185	GRAPE SEED CAP 50MG.....	112
GNP LANCETS MIS 28G	185	<i>griseofulvin microsize susp 125 mg/5ml ..</i>	19
GNP LANCETS MIS 30G	185	<i>griseofulvin ultramicrosize tab 125 mg</i>	19
GNP LANCETS MIS 33G	185	<i>griseofulvin ultramicrosize tab 250 mg</i>	19
GNP LANCETS MIS THIN 26G	185	<i>gs ibuprofen chw children</i>	100
<i>gnp lansopra cap 15mg dr</i>	82	<i>guaiasorb dm liq</i>	66
<i>gnp laxative tab 5mg ec</i>	70	<i>guaiasorb dm liq 100-10/5.....</i>	66
<i>gnp lice kil sha 0.33-4%</i>	163	<i>guaifenesin liquid 100 mg/5ml</i>	62
<i>gnp lidocain pad 4%</i>	161	<i>guaifenesin tab 200 mg</i>	61
<i>gnp little chw ones</i>	129	<i>guaifenesin tab 400 mg</i>	61
<i>gnp lubr eye dro 0.5% op</i>	146	<i>guaifenesin tab er 12hr 1200 mg</i>	62
<i>gnp mucus er tab 1200mg</i>	62	<i>guaifenesin tab er 12hr 600 mg</i>	62
<i>gnp mucus er tab 600mg</i>	62	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	65
GNP MULTI CHW CHILDREN	130	<i>guanfacine hcl tab 1 mg</i>	47
<i>gnp naproxen cap 220mg</i>	101	<i>guanfacine hcl tab 2 mg</i>	48
<i>gnp omepraz tab 20mg</i>	83	<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	90

guanfacine hcl tab er 24hr 2 mg (base equiv).....	90
guanfacine hcl tab er 24hr 3 mg (base equiv).....	90
guanfacine hcl tab er 24hr 4 mg (base equiv).....	90
GUMMI BEAR CHW MULTIVIT	130
GUMMIES CHW	130
GUMMY DINOS CHW	130
GUMMY DINOS CHW CHLDRN	130
gummy fish chw omega-3.....	140
GUMMY MULTIV CHW KIDS	130
GVOKE HYPO 1 INJ .5/.1ML	37
GVOKE HYPO 1 INJ 1MG/.2ML	37
GVOKE HYPO 2 INJ .5/.1ML	37
GVOKE HYPO 2 INJ 1MG/.2ML	37
GVOKE KIT SOL 1MG/0.2M.....	37
GVOKE PFS INJ	37
GYNOL II GEL 3%	88
H	
HADLIMA INJ 40/0.4ML	102
HADLIMA INJ 40/0.8ML	102
HADLIMA PUSH INJ 40/0.4ML.....	102
HADLIMA PUSH INJ 40/0.8ML.....	102
HAEGARDA INJ 2000UNIT	145
HAEGARDA INJ 3000UNIT	145
HAEMOLANCE MIS HIGH FLO	185
HAEMOLANCE MIS LOW FLOW	185
HAEMOLANCE MIS PLUS	185
HAEMOLANCE MIS PLUS LOW	185
HAEMOLANCE MIS PLUS MAX.....	185
HAEMOLANCE MIS PLUS PED	185
HAEMOLANCE MIS RETRACT.....	186
hailey fe tab 1.5/30	34
hailey fe tab 1/20	34
hailey tab 1.5/30	34
HAIR NOURISH TAB SUPPLEMN	133
HAIR SKIN & TAB NAILS AD	120
hair skin tab nails	120
HAIR SKIN TAB NAILS	120
hair/skin cap nails.....	116
HAIR/SKIN/ CAP NAILS	116
hair/skin/ tab nails.....	120, 133
halobetasol propionate cream 0.05%....	158

halobetasol propionate oint 0.05%.....	158
haloette mis	32
hand wash sol 2%.....	163
HEAD CARE TAB PROACTIV.....	120
HEALTHCHECK MIS MONITOR.....	179
healthwise pad 4%	161
healthy eyes cap	116
healthy eyes cap superv 2	116
HEALTHY EYES CAP SUPERVIS	116
healthy eyes tab	120
healthy hair tab skn/nail.....	113
healthylax pow	75
HEART SAVIOR CAP	132
HEART TABS TAB	133
heartbrn ant chw 160-105.....	79
heartbrn rel sus cherry	79
heartbrn rlf chw 160-105.....	79
heartburn chw ex st.....	79
heartburn sus relief.....	79
heartburn tab 200mg	81
heartburn tab 20mg	82
heartburn tab relief.....	82
heather tab 0.35mg	31
HEAVY DUTY MIS BANDAGES	198
HEAVY DUTY MIS CLR&TGH	198
HEAVY DUTY MIS FAB BAND	198
her style tab 1.5mg.....	31
hi c-500 tab	113
HIBICLENS SOL 4%.....	163
high potency tab fe 27mg.....	141
HIGH POTENCY TAB MULTIVIT	113
HIGH POTENCY TAB MV/FA	120
hi-kovite tab 2-part	120
hm antacid chw 750mg	78
hm aspirin tab 325mg	93
HM BUTTERFLY MIS CLOSURES	198
hm clearlax pow.....	75
HM COMPLETE TAB MEN	120
hm complete tab women.....	120
hm fiber cap 400mg	72
hm fiber pow.....	73
hm fiber pow 43%	73
hm fiber pow 51.7%	73
hm fish oil cap 1000mg	140

hm pain rlf tab 650mg	95
HM STERILE PAD ALCHOL	203
hm stool sof tab 8.6-50mg	76
hm trueplus chw fiber	72
HM ULTICARE MIS 31GX8MM	168
HOLD CHAMBER MIS ADLT LG	175
HOLD CHAMBER MIS MEDIUM	175
HOLD CHAMBER MIS SMALL	175
HOLDING CHAM MIS ADULT	175
HOLDING CHAM MIS CHILD	175
HOMENEB MIS SIDESTRE.....	176
HONEY BEARS CHW.....	129
HONEY BEARS CHW IRON-ZIN	131
HUMALOG MIX INJ 50/50.....	36
HUMALOG MIX INJ 50/50KWP	36
HUMALOG MIX SUS 75/25	36
HUMATROPE INJ 12MG	41
HUMATROPE INJ 24MG.....	41
HUMATROPE INJ 6MG.....	40
HUMIDIFIER MIS 1.25 GAL	178
HUMIDIFIER MIS 1.3 GAL.....	178
HUMIDIFIER MIS 1.5 GAL.....	178
HUMIDIFIER MIS 1.8 GAL.....	178
HUMIDIFIER MIS 2 GALLON	178
HUMIDIFIER MIS COOL MIS	178
HUMIDIFIER MIS COOL MST	178
HUMIDIFIER MIS FILTER	179
HUMIDIFIER MIS FROG	178
HUMIDIFIER MIS GERMFREE.....	178
HUMIDIFIER MIS HOSPITAL	178
HUMIDIFIER MIS PROCARE.....	178
HUMIDIFIER MIS ULTRASON	178
HUMIDIFIER MIS ULTSONIC	178
HUMIDIFIER MIS WARM MST	178
HUMULIN INJ 70/30.....	36
HUMULIN INJ 70/30KWP	36
HUMULIN N INJ U-100	36
HUMULIN N INJ U-100KWP	36
HUMULIN R INJ U-100.....	36
HUMULIN R INJ U-500	36
hydralazine hcl tab 10 mg	48
hydralazine hcl tab 100 mg	48
hydralazine hcl tab 25 mg	48
hydralazine hcl tab 50 mg	48
hydrochlorothiazide cap 12.5 mg	50
hydrochlorothiazide tab 12.5 mg	50
hydrochlorothiazide tab 25 mg	50
hydrochlorothiazide tab 50 mg.....	50
HYDROCIL INS POW 95%.....	74
HYDROCIL POW 95%	74
hydrocodone bitart-homatropine	
methylbrom soln 5-1.5 mg/5ml.....	61
hydrocodone bitart-homatropine	
methylbromide tab 5-1.5 mg	61
hydrocodone-acetaminophen soln 7.5-325	
mg/15ml	99
hydrocodone-acetaminophen tab 10-325	
mg	98
hydrocodone-acetaminophen tab 5-325	
mg	98
hydrocodone-acetaminophen tab 7.5-325	
mg	98
hydrocort cre 0.5%	158
HYDROCORT CRE 1%	159
hydrocort cre 1% aloe	158
hydrocort cre 1% plus	158
hydrocort/ cre aloe 1%	158
hydrocortisone acetate oint 1%	159
hydrocortisone butyrate cream 0.1%	159
hydrocortisone butyrate oint 0.1%	159
hydrocortisone butyrate soln 0.1%	159
hydrocortisone cream 1%	158
hydrocortisone cream 2.5%.....	158
hydrocortisone enema 100 mg/60ml	151
hydrocortisone lotion 1%	159
hydrocortisone lotion 2.5%	159
hydrocortisone oint 0.5%	159
hydrocortisone oint 1%	159
hydrocortisone oint 2.5%	159
hydrocortisone perianal cream 1%	151
hydrocortisone perianal cream 2.5%	151
hydrocortisone tab 10 mg.....	29
hydrocortisone tab 20 mg	29
hydrocortisone tab 5 mg	29
hydrocortisone valerate cream 0.2%	159
hydrocortisone valerate oint 0.2%	159
hydromet syrup 5-1.5/5	61
hydromorphone hcl tab 2 mg.....	97

hydromorphone hcl tab 4 mg	97
hydromorphone hcl tab 8 mg	97
hydroxychloroquine sulfate tab 200 mg ..	23
hydroxyurea cap 500 mg	28
hyoscyamine sulfate elixir 0.125 mg/5ml..	81
hyoscyamine sulfate sl tab 0.125 mg	81
hyoscyamine sulfate soln 0.125 mg/ml ..	81
hyoscyamine sulfate tab 0.125 mg	81
hyoscyamine sulfate tab disint 0.125 mg ..	81
hyosyne dro 0.125/ml	81
hyosyne elx 0.125/5	81
HYPO-ALLERG MIS BANDAGE	198
hypotears oin op	147
hyvee ibupro sus 100mg/5m	100
I	
ibu tab 400mg.....	100
ibu tab 600mg.....	100
ibu tab 800mg.....	100
ibuprofen cap 200mg	99
ibuprofen chw 100mg	100
ibuprofen dro 50/1.25	100
ibuprofen ib chw 100mg	100
ibuprofen jr chw 100mg	100
ibuprofen sus 100/5ml.....	100
ibuprofen sus 200/10ml.....	100
ibuprofen susp 100 mg/5ml	100
ibuprofen tab 200 mg	99
ibuprofen tab 400 mg	100
ibuprofen tab 600 mg	100
ibuprofen tab 800 mg	100
ibuprofn 100 chw jr 100mg	100
ICAPS AREDS TAB FORMULA	120
icaps cap.....	116
icaps lutein cap /omega-3	116
icaps mv tab	120
icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....	145
ILARIS INJ 150MG/ML.....	102
imatinib mesylate tab 100 mg (base equivalent)	27
imatinib mesylate tab 400 mg (base equivalent)	27
imiquimod cream 5%	160
IMMUBLAST-C POW ORANGE	128

IMMUNE CHW SUPPORT	126
IMMUNE ESSEN CAP DAILY	116
IMMUNE SUPP POW VIT C	128
IMMUNERX CAP	132
IMMUNICARE CAP	132
IN CONTROL MIS 31GX3/16.....	166
IN CONTROL MIS 31GX5MM	166
IN CONTROL MIS 31GX8MM	168
IN TOUCH LAN MIS 30G.....	186
<i>inatal gt tab</i>	133
<i>incassia tab 0.35mg</i>	31
INCONTROL MIS 31GX8MM	168
INCONTROL MIS 32GX4MM	170
INCONTROL MIS LANC 28G	186
INCONTROL MIS LANC 30G.....	186
INCONTROL MIS LANC 33G	186
INCONTROL PAD ALCOHOL	203
INCRUSE ELPT INH 62.5MCG.....	67
<i>indapamide tab 1.25 mg.....</i>	50
<i>indapamide tab 2.5 mg</i>	50
INLYTA TAB 1MG	25
INLYTA TAB 5MG	25
INNOSPIRE EL MIS NEBULIZE	176
INNOSPIRE ES MIS NEBULIZE	176
INNOSPIRE MIS PORTABLE.....	176
INS ASP PROT INJ FLEXPEN	36
INSPIREASE MIS DD SYST	175
<i>instacort 5 cre 0.5%</i>	158
INSULIN ASPA INJ 70/30	36
INSULIN LISP INJ PROTAMIN	36
INSULIN SYRG MIS 0.3/31G	164, 165
INSULIN SYRG MIS 0.5/30G	164
INSULIN SYRG MIS 0.5/31G	164, 165
INSULIN SYRG MIS 1ML/30G	164
INSULIN SYRG MIS 1ML/31G	164, 165
INSUPEN MIS 31GX5MM	166
INSUPEN MIS 31GX8MM	168
INSUPEN MIS 32GX4MM	170
INTELENCE TAB 25MG.....	21
<i>intense coug liq reliever</i>	66
INTENSE COUG LIQ RELIEVER	66
INTUNIV TAB 1MG	90
INTUNIV TAB 2MG.....	90
INTUNIV TAB 3MG	90

INTUNIV TAB 4MG	90
INULOSE BLD CAP SUGAR	132
ipratropium bromide inhal soln 0.02%....	67
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	60
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	60
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	68
irbesartan tab 150 mg	47
irbesartan tab 300 mg	47
irbesartan tab 75 mg	47
irbesartan-hydrochlorothiazide tab 150-12.5 mg	49
irbesartan-hydrochlorothiazide tab 300- 12.5 mg	49
IRON HP TAB 65MG.....	142
iron inf/tod dro 15mg	142
iron inf-tod dro 15mg.....	142
iron slow tab 45mg	141, 142
iron supplem tab therapy	141
iron supplmt dro 15mg/ml	142
iron suppmt sol 220/5ml	142
is-d 10000 cap 250mcg.....	107
ISENTRESS CHW 100MG	20
ISENTRESS CHW 25MG	20
ISENTRESS HD TAB 600MG.....	20
ISENTRESS POW 100MG	20
ISENTRESS TAB 400MG	20
isibloom tab	32
isoniazid syrup 50 mg/5ml.....	19
isoniazid tab 100 mg.....	19
isoniazid tab 300 mg.....	19
isosorbide dinitrate tab 10 mg	42
isosorbide dinitrate tab 20 mg	42
isosorbide dinitrate tab 30 mg	42
isosorbide dinitrate tab 40 mg	42
isosorbide dinitrate tab 5 mg	42
isosorbide mononitrate tab 10 mg.....	42
isosorbide mononitrate tab 20 mg	42
isosorbide mononitrate tab er 24hr 120 mg	42
isosorbide mononitrate tab er 24hr 30 mg	42

isosorbide mononitrate tab er 24hr 60 mg	42
isotretinoin cap 10 mg	152
isotretinoin cap 20 mg	152
isotretinoin cap 30 mg	152
isotretinoin cap 40 mg	152
itraconazole cap 100 mg.....	20
IV PREP WIPE PAD	164
ivabradine hcl tab 5 mg (base equiv)	53
ivabradine hcl tab 7.5 mg (base equiv)....	53
ivermectin lotion 0.5%	162
ivermectin tab 3 mg.....	23
i-vite tab	120
IWLFIN TAB 192MG	29
IYUZEH DRO 0.005%	148
J	
J & J ADHES PAD LARGE	199
J&J GERM FIL MIS MASK.....	179
jaimiess tab	35
JAKAFI TAB 10MG	28
JAKAFI TAB 15MG	28
JAKAFI TAB 20MG	28
JAKAFI TAB 25MG	28
JAKAFI TAB 5MG.....	28
jantoven tab 10mg	144
jantoven tab 1mg.....	143
jantoven tab 2.5mg.....	144
jantoven tab 2mg	143
jantoven tab 3mg	144
jantoven tab 4mg	144
jantoven tab 5mg	144
jantoven tab 6mg	144
jantoven tab 7.5mg	144
JARDIANCE TAB 10MG	38
JARDIANCE TAB 25MG	38
jasmiel tab 3-0.02mg	32
javygtor pak 100mg	42
javygtor pow 500mg	42
javygtor tab 100mg.....	42
jck itch pow aer 1%.....	154
jencycla tab 0.35mg	31
jinteli tab 1mg-5mcg	31
jock itch cre 1%	155
juleber tab	32

<i>junel 1.5/30 tab</i>	34	<i>ketorolac tromethamine ophth soln 0.4%</i>	149
<i>junel 1/20 tab</i>	34	<i>.....</i>	149
<i>junel fe tab 1.5/30</i>	34	<i>ketorolac tromethamine ophth soln 0.5%</i>	149
<i>junel fe tab 1/20</i>	34	<i>ketorolac tromethamine tab 10 mg</i>	100
<i>just right pst 5000</i>	150	<i>ketotifen fumarate ophth soln 0.035%...</i>	149
<i>just tears sol eye drop</i>	146	<i>KEVZARA INJ 150/1.14</i>	102
K		<i>KEVZARA INJ 200/1.14</i>	102
<i>K2 PLUS D3 TAB</i>	109	<i>kids allergy liq 12.5/5ml</i>	55
<i>kalliga tab</i>	32	<i>kids probiot chw multivit</i>	129
<i>KALYDECO GRA 13.4MG</i>	69	<i>kids vit d3 chw 1000unit</i>	108
<i>KALYDECO GRA 5.8MG</i>	69	<i>KIDZ MULTVIT CHW PROBIOTI</i>	130
<i>KALYDECO PAK 25MG</i>	69	<i>KIMONO COLOR MIS</i>	200
<i>KALYDECO PAK 50MG</i>	69	<i>KIMONO MAXX MIS LG FLARE</i>	200
<i>KALYDECO PAK 75MG</i>	70	<i>KIMONO MICRO MIS THIN</i>	201
<i>KALYDECO TAB 150MG</i>	69	<i>KIMONO MICRO MIS THIN +</i>	200
<i>KAMELEON LUB MIS COLORS</i>	200	<i>KIMONO MICRO MIS THIN PLS</i>	200
<i>KAMELEON MIS TRI-COLR</i>	200	<i>KIMONO MIS LUBRICAT</i>	200
<i>KANJINTI INJ 420MG</i>	25	<i>KIMONO MIS SENSATIO</i>	200
<i>KANJINTI SOL 150MG</i>	25	<i>KIMONO PLUS MIS LUBRICAT</i>	200
<i>kapectate sus 262/15ml</i>	77	<i>KIMONO PLUS MIS SPERMICI</i>	200
<i>kapectate sus ex st</i>	77	<i>KIMONO PS MIS LUBRICAT</i>	200
<i>kapectate tab 262mg</i>	77	<i>KIMONO PS MIS PLUS</i>	200
<i>kariva tab 28 day</i>	35	<i>KIMONO SENSA MIS PLUS</i>	200
<i>KAX AROMATIC PAD INHALANT</i>	179	<i>KIMONO SPEC MIS</i>	200
<i>KAZ DEMINERA MIS CARTRIDG</i>	179	<i>KINNEY MIS LANCETS</i>	186
<i>KAZ DYNAFLTR MIS K14-3P</i>	179	<i>KINNEY THIN MIS LANCETS</i>	186
<i>KAZ DYNAFLTR MIS K14-S</i>	179	<i>kionex sus 15gm/60</i>	205
<i>KAZ HUMIDIFR MIS 1.2 GAL</i>	178	<i>klayesta pow 100000</i>	153
<i>KAZ HUMIDIFR MIS 3000</i>	178	<i>klor-con 10 tab 10meq er</i>	138
<i>KAZ HUMIDIFR MIS 3300</i>	178	<i>klor-con 8 tab 8meq er</i>	138
<i>KAZ HUMIDIFR MIS 3400</i>	178	<i>klor-con m10 tab 10meq er</i>	138
<i>KAZ INHALANT LIQ</i>	178	<i>klor-con m20 tab 20meq er</i>	138
<i>KAZ VAPORIZR MIS 1 GALLON</i>	179	<i>klor-con/ef tab 25meq</i>	138
<i>KAZ VAPORIZR MIS 1.5 GAL</i>	179	<i>cls allergy tab 25mg</i>	55
<i>KAZ VAPORIZR MIS 2.2 GAL</i>	179	<i>cls arthriti gel 1%</i>	156
<i>KAZ WATER LIQ TREATMNT</i>	178	<i>cls aspirin tab 81mg ec</i>	93
<i>KAZ WICKING MIS FLTR WF1</i>	179	<i>cls d3 cap 50mcg</i>	107
<i>kelnor 1/50 tab</i>	33	<i>cls diclofen gel 1%</i>	156
<i>kelnor tab 1/35</i>	33	<i>cls ibuprofn tab 200mg</i>	99
<i>KERENDIA TAB 10MG</i>	41	<i>cls ibuprofn tab ib 200mg</i>	99
<i>KERENDIA TAB 20MG</i>	41	<i>cls mucus-dm tab 60-1200</i>	67
<i>ketoconazole cream 2%</i>	155	<i>KN95 DISPOSA MIS MASK</i>	179
<i>ketoconazole shampoo 2%</i>	155	<i>KN95 MEDICAL MIS MASK</i>	180
<i>KETO-DIASTIX TES</i>	164		

<i>kobee tab</i>	110
KONSYL DAILY POW 100%	74
<i>kourzeq pst 0.1%</i>	149
<i>kp adult 50+ tab daily</i>	120
<i>kp adults tab daily</i>	120
<i>kp aspirin tab 81mg ec</i>	93
<i>kp b complex tab /c</i>	111
<i>kp bisacodyl tab 5mg ec</i>	70
<i>kp ca/mg/zn tab</i>	137
<i>kp calcium cap 600+d</i>	135
<i>kp calcium tab +d</i>	137
<i>kp calcium tab 600+d</i>	136
<i>kp fish oil cap 1200mg</i>	140
<i>kp mens 50+ tab daily</i>	120
KP MENS MIS DAILY PK.....	128
<i>kp mens tab daily</i>	120
<i>kp senna tab 8.6mg</i>	71
<i>kp vision tab for/ltn</i>	120
<i>kp vision tab formula</i>	120
<i>kp women 50+ tab daily</i>	120
KP WOMENS PAK DAILY	128
<i>kp womens tab daily</i>	120
K-PAX TAB PROF ST.....	120
<i>k-prime tab 25meq ef</i>	138
KROGER LANCE MIS	186
KROGER LANCE MIS 26G	186
KROGER LANCE MIS THIN	186
KROGER LANCE MIS THIN 30G	186
<i>kurvelo tab 0.15/30</i>	33
KYLEENA IUD 19.5MG.....	31
L	
<i>labetalol hcl tab 100 mg</i>	44
<i>labetalol hcl tab 200 mg</i>	44
<i>labetalol hcl tab 300 mg</i>	44
<i>lactic acid (ammonium lactate) cream 12%</i>	160
<i>lactic acid (ammonium lactate) lotion 12%</i>	160
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	86
<i>lactulose solution 10 gm/15ml</i>	75
LAGEVRIO CAP 200MG	23
<i>lamivudine oral soln 10 mg/ml</i>	21
<i>lamivudine tab 100 mg (hbv)</i>	22
<i>lamivudine tab 150 mg</i>	21
<i>lamivudine tab 300 mg</i>	21
<i>lamivudine-zidovudine tab 150-300 mg</i>	21
<i>lanabiotic oin</i>	153
LANCET MICRO MIS THIN 33G.....	186
LANCET STAND MIS 21G.....	186
LANCET SUPER MIS THIN 30G	186
LANCET ULTRA MIS THIN 30G	186
LANCETS MICR MIS THIN 33G.....	186
LANCETS MIS.....	186
LANCETS MIS 21G	186
LANCETS MIS 21G COLR.....	186
LANCETS MIS 26G	186
LANCETS MIS 28G	186
LANCETS MIS 30G	186
LANCETS MIS 33G	187
LANCETS MIS ORIGINAL.....	187
LANCETS MIS THIN	187
LANCETS MIS THIN 26G	187
LANCETS MIS THIN 30G	187
LANCETS SUPR MIS THIN 28G	187
LANCETS THIN MIS	187
LANCETS THIN MIS 26G	187
LANCETS ULTR MIS THIN	187
LANCETS ULTR MIS THIN 31G.....	187
<i>land bfr tim chw vit/c</i>	129
<i>land bfr tim chw vit/iron</i>	131
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	41
LANREOTIDE INJ 120/.5ML	41
<i>lansoprazole cap delayed release 15 mg</i> ..	82
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	27
<i>larin fe tab 1.5/30</i>	34
<i>larin fe tab 1/20</i>	34
<i>larin tab 1.5/30</i>	34
<i>larin tab 1/20</i>	34
<i>latanoprost ophth soln 0.005%</i>	148
<i>lax/stl soft tab 8.6-50mg</i>	76
<i>laxacin tab 8.6-50mg</i>	76
<i>laxaclear pow</i>	75
<i>laxative chw 15mg</i>	72
<i>laxative max tab 25mg</i>	72
<i>laxative pls tab 8.6-50mg</i>	76

<i>laxative reg tab 15mg</i>	71
<i>laxative sup 10mg</i>	71
<i>laxative tab 25mg</i>	72
<i>laxative tab 5mg ec</i>	70
L-CARNITINE CAP 250MG	139
<i>leena tab</i>	35
<i>leflunomide tab 10 mg</i>	102
<i>leflunomide tab 20 mg</i>	102
<i>lenalidomide cap 10 mg</i>	204
<i>lenalidomide cap 15 mg</i>	204
<i>lenalidomide cap 20 mg</i>	204
<i>lenalidomide cap 25 mg</i>	204
<i>lenalidomide cap 5 mg</i>	204
<i>lenalidomide caps 2.5 mg</i>	204
LENVIMA CAP 10 MG.....	25
LENVIMA CAP 12MG.....	25
LENVIMA CAP 14 MG.....	25
LENVIMA CAP 18 MG.....	25
LENVIMA CAP 20 MG.....	25
LENVIMA CAP 24 MG.....	25
LENVIMA CAP 4MG	25
LENVIMA CAP 8 MG	25
<i>lessina tab</i>	33
<i>letrozole tab 2.5 mg</i>	26
<i>leucovorin calcium tab 10 mg</i>	28
<i>leucovorin calcium tab 15 mg</i>	29
<i>leucovorin calcium tab 25 mg</i>	29
<i>leucovorin calcium tab 5 mg</i>	28
LEUKERAN TAB 2MG.....	24
LEUKOSTRIp MIS 1/2	198
LEUKOSTRIp MIS 1/4.....	198
LEUKOSTRIp MIS 1/8X1.5.....	198
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	26
<i>levobunolol hcl ophth soln 0.5%</i>	148
LEVOCARNITIN SOL 1GM/10ML	139
LEVOCARNITIN TAB 330MG	139
<i>levocarnitine (dietary) oral soln 1 gm/10ml</i>	139
<i>levocarnitine cap 500 mg</i>	139
<i>levocarnitine tab 500 mg</i>	139
<i>levofloxacin oral soln 25 mg/ml</i>	19
<i>levofloxacin tab 250 mg</i>	19
<i>levofloxacin tab 500 mg</i>	19
<i>levofloxacin tab 750 mg</i>	19
<i>levonest tab</i>	35
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	33
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	33
<i>levonorgestrel tab 1.5 mg</i>	32
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	35
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	35
<i>levora-28 tab 0.15/30</i>	33
<i>levo-t tab 100mcg</i>	39
<i>levo-t tab 112mcg</i>	39
<i>levo-t tab 125mcg</i>	39
<i>levo-t tab 137mcg</i>	39
<i>levo-t tab 150mcg</i>	39
<i>levo-t tab 175mcg</i>	39
<i>levo-t tab 200mcg</i>	40
<i>levo-t tab 25mcg</i>	38
<i>levo-t tab 300 mcg</i>	40
<i>levo-t tab 50mcg</i>	39
<i>levo-t tab 75mcg</i>	39
<i>levo-t tab 88mcg</i>	39
<i>levothyroxine sodium tab 100 mcg</i>	39
<i>levothyroxine sodium tab 112 mcg</i>	39
<i>levothyroxine sodium tab 125 mcg</i>	39
<i>levothyroxine sodium tab 137 mcg</i>	39
<i>levothyroxine sodium tab 150 mcg</i>	39
<i>levothyroxine sodium tab 175 mcg</i>	39
<i>levothyroxine sodium tab 200 mcg</i>	40
<i>levothyroxine sodium tab 25 mcg</i>	38
<i>levothyroxine sodium tab 300 mcg</i>	40
<i>levothyroxine sodium tab 50 mcg</i>	39
<i>levothyroxine sodium tab 75 mcg</i>	39
<i>levothyroxine sodium tab 88 mcg</i>	39
<i>levoxyl tab 100mcg</i>	39
<i>levoxyl tab 112mcg</i>	39
<i>levoxyl tab 125mcg</i>	39
<i>levoxyl tab 137mcg</i>	39
<i>levoxyl tab 150mcg</i>	39
<i>levoxyl tab 175mcg</i>	40
<i>levoxyl tab 200mcg</i>	40
<i>levoxyl tab 25mcg</i>	38

<i>levoxyl tab 50mcg</i>	39
<i>levoxyl tab 75mcg</i>	39
<i>levoxyl tab 88mcg</i>	39
<i>lice killing sha</i>	163
<i>lice killing sha 0.33-4%</i>	163
<i>lice shampoo sha max str</i>	163
<i>lice treatmt liq 1%</i>	162
<i>lice treatmt sha 0.33-4%</i>	163
<i>lice trtmnt liq 1%</i>	162
<i>lido king pad 4%</i>	161
<i>lidocaine hcl soln 4%</i>	162
<i>lidocaine hcl viscous soln 2%</i>	149
<i>lidocaine pa pad 4%</i>	161
<i>lidocaine pad 4%</i>	161
<i>lidocaine pad relievin</i>	162
<i>lidocaine patch 4%</i>	162
<i>lidocaine patch 5%</i>	162
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	162
<i>lidocan pad 5%</i>	162
<i>LIFE PACK MIS MENS</i>	128
<i>LIFE PACK MIS WOMENS</i>	128
<i>life pack tab mens</i>	120
<i>life pack tab womens</i>	120
<i>LIFESTYLECOM MIS VAPORIZE</i>	179
<i>LILETTA IUD 52MG</i>	31
<i>linezolid for susp 100 mg/5ml</i>	24
<i>LINEZOLID INJ 2MG/ML</i>	24
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	24
<i>linezolid tab 600 mg</i>	23
<i>liothyronine sodium tab 25 mcg</i>	40
<i>liothyronine sodium tab 5 mcg</i>	40
<i>liothyronine sodium tab 50 mcg</i>	40
<i>LIPIDSHIELD TAB PLUS</i>	133
<i>lipo flavono tab plus</i>	134
<i>lipoflavovit tab</i>	134
<i>LIPOTRIAD CAP VIS PLUS</i>	132
<i>LIPOTRIAD CAP VISION</i>	132
<i>LIPOTRIAD CAP VISIONAR</i>	132
<i>LIPOTRIAD TAB</i>	134
<i>liq ca/vit d cap 600mg</i>	135
<i>liquid aller liq 12.5/5ml</i>	55
<i>liquid c liq 500/5ml</i>	106
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	48
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	48
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	48
<i>lisinopril tab 10 mg</i>	47
<i>lisinopril tab 2.5 mg</i>	47
<i>lisinopril tab 20 mg</i>	47
<i>lisinopril tab 30 mg</i>	47
<i>lisinopril tab 40 mg</i>	47
<i>lisinopril tab 5 mg</i>	47
<i>LITE TOUCH MIS LANCETS</i>	187
<i>LITETOUCH MIS 29GX12.7</i>	165
<i>LITETOUCH MIS 31GX8MM</i>	168
<i>LITETOUCH MIS LANCETS</i>	187
<i>LITETOUCH MIS MASK LG</i>	173
<i>LITETOUCH MIS MASK MD</i>	173
<i>LITETOUCH MIS MASK SM</i>	173
<i>little chw animals</i>	129
<i>little remed dro 20/0.3ml</i>	85
<i>little remed liq 160/5ml</i>	96
<i>LIVER DETOX TAB</i>	120
<i>loestrin 21 tab 1.5/30</i>	34
<i>loestrin fe tab 1.5/30</i>	34
<i>loestrin fe tab 1/20</i>	34
<i>loestrin tab 1/20-21</i>	34
<i>LOKELMA PAK 10GM</i>	205
<i>LOKELMA PAK 5GM</i>	205
<i>LONGS LANCET MIS STANDARD</i>	187
<i>LONGS LANCET MIS THIN</i>	187
<i>LONGS LANCET MIS ULTRA TH</i>	187
<i>loperamide hcl cap 2 mg</i>	76
<i>loperamide hcl tab 2 mg</i>	77
<i>loperamide-simethicone tab 2-125 mg</i>	78
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	22
<i>lopinavir-ritonavir tab 100-25 mg</i>	21
<i>lopinavir-ritonavir tab 200-50 mg</i>	21
<i>loradamed tab 10mg</i>	58
<i>loratadine cap 10 mg</i>	58
<i>loratadine chw 5mg</i>	58
<i>loratadine d tab 5-120mg</i>	63

<i>loratadine rapidly-disintegrating tab 10 mg</i>	58
<i>loratadine sol 5mg/5ml</i>	58
<i>loratadine tab 10 mg</i>	58
<i>lorata-dine tab d 24hr</i>	64
<i>loratadine-d tab 10-240mg</i>	64
<i>loratadine-d tab 5-120mg</i>	63
LORBRENA TAB 100MG	27
LORBRENA TAB 25MG	26
<i>loryna tab 3-0.02mg</i>	33
<i>losartan potassium & hydrochlorothiazide</i>	
<i>tab 100-12.5 mg</i>	49
<i>losartan potassium & hydrochlorothiazide</i>	
<i>tab 100-25 mg</i>	49
<i>losartan potassium & hydrochlorothiazide</i>	
<i>tab 50-12.5 mg</i>	49
<i>losartan potassium tab 100 mg</i>	47
<i>losartan potassium tab 25 mg</i>	47
<i>losartan potassium tab 50 mg</i>	47
<i>lovastatin tab 10 mg</i>	51
<i>lovastatin tab 20 mg</i>	51
<i>lovastatin tab 40 mg</i>	51
<i>low-ogestrel tab</i>	34
<i>lo-zumandimi tab 3-0.02mg</i>	33
<i>lubiprostone cap 24 mcg</i>	86
<i>lubiprostone cap 8 mcg</i>	86
<i>lubricant dro eye</i>	146
<i>lubricant dro eye 0.6%</i>	146
<i>lubricant oin eye</i>	147
<i>lubricant oin eye pm</i>	147
<i>lubricant pm oin</i>	147
<i>lubricant sol eye drop</i>	146
<i>lubricat eye dro 0.4-0.3%</i>	146
<i>lubricating dro 0.5%</i>	146
<i>lubricating dro 0.5% op</i>	146
<i>lubricating sol 0.4-0.3%</i>	146
<i>lubricnt eye dro</i>	147
<i>lubricnt eye dro 0.1-0.3%</i>	146
<i>lubricnt eye dro 0.4-0.3%</i>	146, 147
<i>lubricnt eye dro 0.5% op</i>	145, 146
<i>lubricnt eye dro 0.6%</i>	146
<i>lubricnt eye oin fast act</i>	147
<i>lubricnt eye oin nighttim</i>	147
LUBRICNT GEL DRO 0.25-0.3	146
<i>lubrict gel dro 1%</i>	146
<i>lubrifresh oin p.m.</i>	147
LUMINEB II MIS NEBULIZR	176
LUTEIN PLUS TAB ZEAXANTH	120
<i>lutera tab</i>	33
<i>lyleq tab 0.35mg</i>	31
LYSIPLEX LIQ PLUS	127
LYSODREN TAB 500MG	26
<i>lyza tab 0.35mg</i>	31
M	
<i>maalox child chw</i>	78
MAALOX CHW 600MG	78
<i>maalox max sus cherry</i>	80
<i>maalox max sus lemon</i>	80
<i>maalox max sus wild bry</i>	80
<i>maalox multi sus symp max</i>	81
MABIS COMPXP MIS COMP/NEB	176
MABIS COSMO MIS NEBULIZR	176
<i>macular hlth cap formula</i>	116
<i>macuvite tab</i>	120
<i>macuvite tab eye care</i>	120
<i>macuvite tab lutein</i>	120
MAG-AL LIQ	79
<i>mag-al plus liq</i>	80
<i>mag-al plus liq xs</i>	81
<i>magic bullet sup 10mg</i>	71
<i>malathion lotion 0.5%</i>	162
mapap apap liq 500/15ml	96
mapap cap 500mg	94
mapap child chw 80mg	95
mapap chw 160mg	95
maraviroc tab 150 mg	20
maraviroc tab 300 mg	20
MARGO MOO MIS NEBULIZE	176
<i>marlissa tab 0.15/30</i>	33
MASK PEDIATR MIS SIZE 1	180
MASK VORTEX/ MIS FROG	175
MASK VORTEX/ MIS LADY BUG	175
MATULANE CAP 50MG	28
<i>matzim la tab 180mg/24</i>	45
<i>matzim la tab 240mg/24</i>	45
<i>matzim la tab 300mg/24</i>	45
<i>matzim la tab 360mg/24</i>	45
<i>matzim la tab 420mg/24</i>	45

MAVYRET PAK 50-20MG	22	medi-phedryl cap 25mg	54
MAVYRET TAB 100-40MG.....	22	medi-profen cap 200mg.....	99
max daily tab green.....	120	medi-profen sus 100/5ml	100
max reliefjr elx 160/5ml	96	medi-profen sus 40mg/ml	100
max tussin liq 200/10ml.....	62	medi-profen tab 200mg	99
maxallergy liq 12.5/5ml.....	55	mediproxen tab 220mg	101
MAXIMIN PAK.....	128	medique aspi tab 325mg	93
maximum epa cap 1000mg	140	medi-tabs elx 80/2.5ml	96
maxi-tuss ac sol	65	medi-tabs jr chw 160mg	95
maxi-tuss g liq.....	66	medi-tabs tab 500mg	94
maxi-tuss liq gmx	66	medi-tuss dm liq dbl str	66
maxrelief jr liq 160/5ml	96	medi-tussin syrup dm	66
maxrelief jr sus 160/5ml	96	MEDLANCE MIS 30G PLUS.....	187
maxtussin dm liq 200-20mg	66	MEDLANCE MIS PLUS 30G.....	187
MAXX MIS LUBRICAT	200	MEDLANCE PLS MIS 0.8MM	187
MAXX PLUS MIS SPERMICI	200	MEDLANCE PLS MIS EXTR 21G.....	187
MAYZENT PAK STARTER (12 TABS).....	92	MEDLANCE PLS MIS LITE 25G.....	187
MAYZENT PAK STARTER (7 TABS)	92	MEDLANCE PLS MIS UNIV 21G	187
MAYZENT TAB 0.25MG.....	92	MEDNEB NEBUL MIS DISP NEB	176
MAYZENT TAB 1MG	92	MEDNEB NEBUL MIS REUS/BAG.....	176
MAYZENT TAB 2MG	92	MEDNEB NEBUL MIS REUSE/DI.....	176
MC 300 MIS MOUTHPIE	176	MEDROL TAB 2MG.....	29
MC 300 MIS TUBING	176	medroxyprogesterone acetate im susp 150 mg/ml	31
m-dryl liq 12.5/5ml	55	medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	31
meclizine hcl chew tab 25 mg	83	medroxyprogesterone acetate tab 10 mg	36
meclizine hcl tab 12.5 mg	83	medroxyprogesterone acetate tab 2.5 mg	36
meclizine hcl tab 25 mg	83	medroxyprogesterone acetate tab 5 mg	36
MEDCAPS DPO CAP	132	mefloquine hcl tab 250 mg.....	23
MEDCAPS GI CAP	132	mega multi tab men	120
MEDCAPS IS CAP	132	MEGA MULTI TAB MEN	120
MEDCAPS T3 CAP	132	mega multi tab w/che mi.....	134
medi-bismuth chw 262mg	77	mega multi tab women	120
MEDICHOICE MIS LANCET.....	187	MEGA MULTI TAB WOMEN	120
medifin 400 tab 400mg.....	61	mega-maratho tab 100 tr.....	125
medi-first chw ant 420.....	78	MEGAVITE TAB FRT/VEG	120
medi-first cre hydrocor.....	158	megestrol acetate susp 40 mg/ml	26
medi-first tab 325 asp.....	93	megestrol acetate tab 20 mg	26
medi-first tab ibu 200	99	megestrol acetate tab 40 mg	26
medi-lax tab 15mg	71	MEIJER LANCE MIS COLOR	188
medi-meclizi tab 25mg	83	MEIJER LANCE MIS UNIV 21G	188
medi-mucil cap 0.52gm	72	MEIJER LANCE MIS UNIV 30G	188
medi-natural tab 8.6-50mg.....	76		
medi-natural tab 8.6mg	71		
medi-paste oin	160		

MEIJER LANCE MIS UNIVERSA.....	188	METAMUCIL WAF	74
MEIJER MIS LANCETS.....	188	<i>metformin hcl tab 1000 mg</i>	37
<i>meijer sus antacid</i>	81	<i>metformin hcl tab 500 mg.....</i>	37
MEKINIST SOL 0.05/ML.....	28	<i>metformin hcl tab 850 mg</i>	37
MEKINIST TAB 0.5MG	28	<i>metformin hcl tab er 24hr 500 mg</i>	37
MEKINIST TAB 2MG.....	28	<i>metformin hcl tab er 24hr 750 mg.....</i>	37
<i>meloxicam tab 15 mg</i>	100	<i>methadone hcl tab 10 mg</i>	97
<i>meloxicam tab 7.5 mg</i>	100	<i>methadone hcl tab 5 mg</i>	97
<i>memantine hcl oral solution 2 mg/ml</i>	91	<i>methazolamide tab 25 mg.....</i>	49
<i>memantine hcl tab 10 mg</i>	91	<i>methazolamide tab 50 mg</i>	49
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	91	<i>methimazole tab 10 mg.....</i>	40
<i>memantine hcl tab 5 mg.....</i>	90	<i>methimazole tab 5 mg</i>	40
MEMORALL CAP	132	<i>methocarbamol tab 500 mg</i>	105
MEMORY TAB COMPLEX	133	<i>methocarbamol tab 750 mg</i>	105
MENOPAUSE MIS AM/PM	133	<i>methotrexate sodium tab 2.5 mg (base equiv).....</i>	25
<i>menopause tab support</i>	133	METHYL CAP PROTECT	132
MENS 50+ CAP ADVANCED.....	116	METHYL-GUARD CAP	132
MENS 50+ TAB MULTIVIT.....	121	METHYL-GUARD CAP PLUS	132
<i>mens daily chw gummies</i>	126	<i>methylprednisolone tab 16 mg</i>	29
MENS DAILY PAK PACK	128	<i>methylprednisolone tab 32 mg</i>	29
<i>mens daily tab formula</i>	121	<i>methylprednisolone tab 4 mg</i>	29
MENS MULTI CHW.....	126	<i>methylprednisolone tab 8 mg</i>	29
MENS MULTIPL TAB.....	121	<i>methylprednisolone tab therapy pack 4 mg (21).....</i>	29
MENS PAK.....	128	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	86
<i>mercaptopurine tab 50 mg</i>	25	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	86
<i>mesalamine cap er 24hr 0.375 gm</i>	86	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	86
<i>mesalamine enema 4 gm</i>	86	<i>metolazone tab 10 mg</i>	50
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	86	<i>metolazone tab 2.5 mg</i>	50
<i>mesalamine suppos 1000 mg</i>	86	<i>metolazone tab 5 mg</i>	50
METAMUCIL CAP 0.36GM.....	72	<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	49
<i>metamucil cap 400mg</i>	72	<i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i>	49
<i>metamucil chw gummies</i>	72	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	49
METAMUCIL PAK 4 IN 1.....	74	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv).....</i>	44
<i>metamucil pow 28.3%org</i>	73	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv).....</i>	44
METAMUCIL POW 4 IN 1	74		
<i>metamucil pow 43%</i>	73		
METAMUCIL POW 43%	73		
METAMUCIL POW 55.6%	74		
<i>metamucil pow 58.6%</i>	74		
<i>metamucil pow 58.6% sf.....</i>	74		
<i>metamucil pow 58.6%org.....</i>	74		
METAMUCIL POW PREMIUM.....	74		

<i>metoprolol succinate tab er 24hr 25 mg</i>	
(tartrate equiv)	44
<i>metoprolol succinate tab er 24hr 50 mg</i>	
(tartrate equiv)	44
<i>metoprolol tartrate tab 100 mg</i>	44
<i>metoprolol tartrate tab 25 mg</i>	44
<i>metoprolol tartrate tab 50 mg</i>	44
<i>metronidazole cap 375 mg</i>	23
<i>metronidazole cream 0.75%</i>	152
<i>metronidazole gel 0.75%</i>	152
<i>metronidazole gel 1%</i>	153
<i>metronidazole lotion 0.75%</i>	153
<i>metronidazole tab 250 mg</i>	23
<i>metronidazole tab 500 mg</i>	23
<i>metronidazole vaginal gel 0.75%</i>	87
MG PLUS TAB PROTEIN	133
<i>mg217 gel 1%</i>	159
<i>micaderm cre 2%</i>	155
<i>miconazole 1 kit</i>	87
<i>miconazole 1 kit 1200-2%</i>	87
MICONAZOLE 1 KIT COMBO	88
<i>miconazole 3 kit combinat</i>	87
<i>miconazole 3 kit combo</i>	88
<i>miconazole 3 kit combo pk</i>	87, 88
<i>miconazole 3 sup 200mg</i>	87
<i>miconazole 7 cre</i>	87
<i>miconazole 7 cre 2%</i>	87
<i>miconazole 7 cre tube/kit</i>	87
<i>miconazole 7 sup 100mg</i>	87
<i>miconazole nitrate cream 2%</i>	155
<i>miconazole nitrate vaginal cream 2%</i>	87
<i>miconazorb pow af 2%</i>	155
<i>micotrin ac cre 1%</i>	155
<i>micotrin al liq 1%</i>	154
<i>micotrin ap pow 2%</i>	155
<i>micro guard pow 2%</i>	155
MICRO THIN MIS LANC 33G	188
MICROAIR MIS VIB MESH	176
MICROCHAMBER MIS	175
MICROCLENS PAD WIPES	164
<i>microgestin tab 1.5/30</i>	34
<i>microgestin tab 1/20</i>	34
<i>microgestin tab fe 1/20</i>	34
<i>microgestin tab fe1.5/30</i>	34
MICROLET MIS LANCETS	188
MICRONEB MIS TABLETOP	176
MICROSPACER MIS	175
<i>midodrine hcl tab 10 mg</i>	50
<i>midodrine hcl tab 2.5 mg</i>	50
<i>midodrine hcl tab 5 mg</i>	50
<i>midol tab 650mg</i>	95
MIGHTEAFLOW GUM	150
MIL ADREGEN TAB	133
<i>mili tab 0.25/35</i>	34
<i>mimvey tab 1-0.5mg</i>	30
MINERAL OIL LIGHT	163
MINI COMPRES MIS NEBULIZR	176
MINIBREEZE MIS NEBULIZE	177
MINIELITE MIS FILTERS	173
MINI-MIST MIS PORTABLE	176
<i>minocycline hcl cap 100 mg</i>	19
<i>minocycline hcl cap 50 mg</i>	19
<i>minocycline hcl cap 75 mg</i>	19
<i>mintox plus chw</i>	79
<i>mintox sus max st</i>	81
MIRENA IUD SYSTEM	31
<i>misoprostol tab 100 mcg</i>	82
<i>misoprostol tab 200 mcg</i>	82
<i>mm acetamino tab 500mg</i>	94
<i>mm acid-pep tab 20mg</i>	82
<i>mm aller-ben tab 25mg</i>	55
<i>mm aspirin tab low dose</i>	93
MM BIOTIN CAP KERATIN	133
<i>mm clearlax pow.</i>	75
<i>mm fexofenad tab 180mg</i>	57
<i>mm ibuprofen tab 200mg</i>	99
MM PENTIPS MIS 31GX5MM	166
MM PENTIPS MIS 31GX8MM	168
MM PENTIPS MIS 32GX4MM	170
MM TWIST MIS LANCETS	188
MOBILE LANCE MIS 30G	188
MOI-STIR SOL	150
MOLESKIN PAD FOAM	199
<i>mometasone furoate cream 0.1%</i>	159
<i>mometasone furoate oint 0.1%</i>	159
<i>mometasone furoate solution 0.1% (lotion)</i>	159
MONISTAT 3 KIT COMBO PK	88

MONISTAT 7 KIT COMBO PK	87	<i>mucinex dm liq max str.....</i>	65
MONISTAT 7 KIT COMPLETE	88	MUCINEX DM TAB 30-600ER	67
MONOLET MIS LANCETS	188	MUCINEX DM TAB 60-1200.....	67
MONOLET OPD MIS LANCETS	188	<i>mucinex fast liq cst cong</i>	62
MONOLETTOR MIS LANCETS.....	188	MUCINEX TAB 1200MG.....	62
<i>mono-linyah tab 0.25-35</i>	34	<i>mucosa tab 400mg</i>	61
<i>montelukast sodium chew tab 4 mg (base equiv).....</i>	69	MUCOSITISRX POW.....	150
<i>montelukast sodium chew tab 5 mg (base equiv).....</i>	69	<i>mucus d max tab 120-1200</i>	65
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	69	<i>mucus d tab 120/1200.....</i>	65
<i>montelukast sodium tab 10 mg (base equiv)</i>	69	<i>mucus dm max tab 60-1200</i>	67
MOOD FOOD CAP	116	<i>mucus dm tab 30-600mg</i>	67
MOOD FOOD ES CAP	116	<i>mucus dm tab 60-1200.....</i>	67
<i>morphine sulfate oral soln 10 mg/5ml</i>	97	<i>mucus er max tab 1200mg</i>	62
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	97	<i>mucus er tab 600mg</i>	62
<i>morphine sulfate oral soln 20 mg/5ml</i>	97	<i>mucus rel dm liq.....</i>	65
<i>morphine sulfate tab 15 mg.....</i>	97	<i>mucus rel dm liq 20-400mg.....</i>	65
<i>morphine sulfate tab 30 mg</i>	97	<i>mucus rel dm liq 5-100/5.....</i>	65
<i>morphine sulfate tab er 100 mg.....</i>	97	<i>mucus rlef d tab 60-600mg</i>	64
<i>morphine sulfate tab er 15 mg</i>	97	<i>mucus relief liq 100/5ml</i>	62
<i>morphine sulfate tab er 200 mg</i>	97	<i>mucus relief liq 400/20ml</i>	62
<i>morphine sulfate tab er 30 mg</i>	97	<i>mucus relief liq 5-100mg</i>	65
<i>morphine sulfate tab er 60 mg</i>	97	<i>mucus relief tab 1200 er</i>	63
<i>motion sick chw 25mg</i>	83	<i>mucus relief tab 1200mg</i>	63
<i>motion sick tab 25mg</i>	83	<i>mucus relief tab 30-600er.....</i>	67
<i>motion sickn tab 25 mg</i>	83	<i>mucus relief tab 30-600mg</i>	67
<i>motion-time chw 25mg</i>	83	<i>mucus relief tab 400mg.....</i>	61
<i>motrin arthr gel pain 1%</i>	156	<i>mucus relief tab 600mg</i>	62
<i>motrin ib cap 200mg.....</i>	99	<i>mucus relief tab 600mg er</i>	62
<i>motrin ib tab 200mg</i>	99	<i>mucus relief tab 60-1200.....</i>	67
<i>MOUTH KOTE SOL.....</i>	150	<i>mucus relief tab 60-600mg</i>	65
<i>MOUTH KOTE SOL REMINT</i>	150	<i>mucus rlf d tab 120-1200</i>	65
<i>move along tab 100mg</i>	75	<i>mucus rlf d tab 60-600mg</i>	65
<i>m-pap liq 160/5ml</i>	96	<i>mucus rlf dm liq 20-400mg.....</i>	65
<i>mucinex cgh liq 5-100mg</i>	65	<i>mucus rlf dm liq 5-100/5</i>	65
<i>MUCINEX CHLD GRA 5-100MG</i>	67	<i>mucus rlf dm tab 30-600er</i>	67
<i>mucinex cong liq cough</i>	65	<i>mucus/chest liq 200/10ml</i>	62
<i>MUCINEX D TAB 120-1200.....</i>	65	<i>mucus/cough liq 5-100mg</i>	65
<i>MUCINEX D TAB 60-600MG</i>	64	<i>mucus+chst liq 100/5ml</i>	62
<i>mucinex dm liq 20-400</i>	65	<i>mucus+chst liq 200/10ml.....</i>	62

<i>multi 50+ cap for her</i>	116
<i>multi 50+ tab for her</i>	121
<i>multi 50+ tab for him</i>	121
<i>multi 50+ wm tab advanced</i>	121
<i>multi adult chw gummies</i>	126
<i>multi cap complete</i>	116
<i>multi cap for her</i>	116
<i>multi cap for him</i>	116
<i>multi complt tab /iron</i>	121
MULTI FOR POW HER.....	128
MULTI FOR POW HIM	128
<i>multi gummie chw mens</i>	126
<i>multi gummie chw womens</i>	126
<i>multi tab for her</i>	121
<i>multi tab for him</i>	121
<i>multi vit/fl chw 0.25mg</i>	131
MULTI VIT/FL DRO 0.5MG/ML	132
MULTI VITAMI TAB	113
MULTI VITAMI TAB D-3	114
<i>multi vitami tab w/iron</i>	115
MULTI VITAMN TAB MINERALS	121
MULTI ZERO CHW YUMVSKID	130
<i>multi+omega3 chw adult</i>	126
MULTIA CAP	116
<i>multihealth pow fiber</i>	73, 74
<i>multiple vitamin tab</i>	114
<i>multiple vitamins w/ iron tab</i>	115
<i>multiple vitamins w/ minerals liquid</i>	127
<i>multiple vitamins w/ minerals tab</i>	121
MULTISTIX 10 TES SG.....	164
MULTIV INFAN DRO /TODDLER	129
<i>multiv women tab 50+</i>	121
<i>multiv/iron tab adult</i>	115
<i>multivi adlt chw gummies</i>	126
<i>multi-vit hp cap /mineral</i>	134
<i>multi-vit/ tab minerals</i>	121
<i>multi-vit/fe dro /fl 0.25</i>	132
<i>multi-vit/fe tab</i>	115
<i>multivit/fl chw 0.25mg</i>	131
MULTIVIT/FL CHW 0.25MG	131
<i>multivit/fl chw 0.5mg</i>	131
MULTIVIT/FL CHW 0.5MG	131
<i>multivit/fl chw 1mg</i>	131
MULTIVIT/FL CHW 1MG.....	132
<i>multi-vit/fl dro /fe 0.25</i>	132
<i>multivit/fl dro 0.25mg</i>	132
MULTIVIT/FL DRO 0.25MG.....	132
<i>multi-vit/fl dro 0.5mg/ml</i>	132
<i>multi-vitami chw gummies</i>	126
MULTI-VITAMI TAB MONOCAPS.....	121
<i>multivitamin cap daily</i>	116
MULTIVITAMIN CHW ADLT GUM	126
MULTIVITAMIN CHW CHILD	129, 130
<i>multivitamin chw children</i>	129
MULTIVITAMIN CHW CHILDREN	130
MULTIVITAMIN CHW GUMMIES.....	130
MULTIVITAMIN CHW IRON	131
MULTIVITAMIN DRO INFANT	129
MULTIVITAMIN DRO ORGANIC	114
MULTIVITAMIN LIQ	114
MULTIVITAMIN TAB.....	114, 121
<i>multivitamin tab adlt 50+</i>	121
<i>multivitamin tab adult</i>	114
MULTIVITAMIN TAB ADULT	114, 121
<i>multivitamin tab adults</i>	121
MULTIVITAMIN TAB ADULTS	121
<i>multivitamin tab iron-fre</i>	114
MULTIVITAMIN TAB MEN	121
<i>multivitamin tab men 50+</i>	121
<i>multivitamin tab women</i>	121
MULTIVITAMIN TAB WOMEN	121
<i>multivitamin tab womens</i>	121
MULTIVITAMIN TAB ZINC STR.....	121
<i>multi-vitamn tab</i>	114
MULTI-VITE LIQ	127
<i>multi-vite tab</i>	121
<i>multi-vite tab 50&over</i>	121
<i>mupirocin calcium cream 2%</i>	153
<i>mupirocin oint 2%</i>	153
MVASI INJ 100MG	25
MVASI INJ 400MG	25
<i>mv-one cap</i>	113
MVW COMPLETE CAP D3000	116
MVW COMPLETE CAP D5000	116
MVW COMPLETE CAP FORMULAT	116
MVW COMPLETE CAP MINIS.....	116
MVW COMPLETE CHW BUBBLGUM.....	130
MVW COMPLETE CHW D3000.....	130

MVW COMPLETE CHW D5000	130
MVW COMPLETE CHW GRAPE	130
MVW COMPLETE CHW ORANGE.....	130
MVW COMPLETE DRO PEDIATRI	130
MVW HI-D CHW ADEK	126
MVW HI-D DR LIQ EX VIT D	130
MVW MOD FORM LIQ PEDS.....	130
MVW MODULAT CAP FORM MIN.....	116
MVW MODULAT CAP FORMULAT	116
MVW ORANGE CHW CHEWABLE	126
<i>my choice tab 1.5mg</i>	32
<i>my way tab 1.5mg</i>	32
<i>myamulti tab</i>	121
<i>mycocide ns sol 1%</i>	154
<i>mycophenolate mofetil cap 250 mg</i>	204
<i>mycophenolate mofetil for oral susp 200 mg/ml.....</i>	205
<i>mycophenolate mofetil tab 500 mg</i>	204
<i>mycozyl ac cre 1%.....</i>	155
MYGLUCOHEALT MIS LANC 30G	188
<i>mylanta sus max st.....</i>	81
MYLERAN TAB 2MG	24
<i>mynephron cap.....</i>	111
N	
N95 MASK MIS	180
N95 PARTICUL MIS ATE RESP	180
<i>nabumetone tab 500 mg</i>	100
<i>nabumetone tab 750 mg</i>	100
<i>nadolol tab 20 mg.....</i>	43
<i>nadolol tab 40 mg</i>	43
<i>nadolol tab 80 mg.....</i>	43
NANOVM POW 1-3 YRS	130
NANOVM POW 4-8YEARS.....	131
NANOVM POW 9-18 YRS	131
NANOVM POW ADULT.....	127
NANOVM POW SENIOR	127
NANOVM T/F POW	131
<i>naproxen sod cap 220mg.....</i>	101
<i>naproxen sod tab 220mg</i>	101
<i>naproxen tab 220mg.....</i>	101
<i>naproxen tab 250 mg.....</i>	100
<i>naproxen tab 375 mg</i>	100
<i>naproxen tab 500 mg</i>	100
<i>naproxen tab ec 375 mg.....</i>	100
<i>naproxen tab ec 500 mg</i>	100
<i>naramin liq</i>	55
<i>naratriptan hcl tab 1 mg (base equiv).....</i>	103
<i>naratriptan hcl tab 2.5 mg (base equiv) ..</i>	103
<i>nasal allrgy spr 55mcg/ac</i>	60
<i>nasal decong tab 120mg er</i>	59
<i>nasal decong tab 30mg</i>	59
<i>nasal moist spr 0.65%</i>	61
<i>nasal saline spr 0.65%</i>	61
<i>nat veg lax tab 8.6mg.....</i>	71
NATACYN SUS 5% OP	145
<i>nateglinide tab 120 mg.....</i>	37
<i>nateglinide tab 60 mg</i>	37
<i>nat-rul cal tab /d 500mg.....</i>	135
<i>nat-rul dail tab vit/iron.....</i>	115
<i>nat-rul iron tab 325mg</i>	141
<i>nat-rul tab b-50</i>	134
NAT-RUL THER TAB M	121
<i>natrul-100 tab super</i>	125
NATRUL-VITES TAB	121
NATURAL COND MIS + LUBE	200
<i>natura-lax pow 3350 nf.....</i>	75
<i>naturl fiber pow 28.3%.....</i>	73
NATURL FIBER POW 30.9%	73
<i>naturl fiber pow 58.6%</i>	74
NEB 200 COMP MIS NEBULIZR.....	177
NEB-RITE4 MIS	177
NEBULIZER MIS MASK AD	173
NEBULIZER MIS MASK CH	173
NEBULIZER MIS MASK CHD	173
NEBULIZER MIS MASK INF	173
NEBULIZER MIS PED FROG.....	177
NEBULIZER MIS ULTRASON	177
NEBULIZER SY KIT ALLINONE.....	177
<i>nebusal neb 3%</i>	63
<i>necon tab 0.5/35</i>	33
NEOMULTIVITE TAB	114
<i>neomycin sulfate tab 500 mg</i>	19
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	145
<i>neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	145
<i>neomycin-polomyxin-dexamethasone ophth oint 0.1%</i>	148

<i>neomycin-polymyxin-dexamethasone</i>		
<i>ophth susp 0.1%</i>	148	
<i>neomycin-polymyxin-hc ophth susp</i>	148	
<i>neomycin-polymyxin-hc otic soln 1%</i>	149	
<i>neomycin-polymyxin-hc otic susp 3.5</i>		
<i>mg/ml-10000 unit/ml-1%</i>	149	
<i>neo-polycin oin hc 1%op</i>	148	
<i>neo-polycin oin op</i>	145	
<i>neosporin oin</i>	153	
<i>neotuss liq</i>	66	
<i>nephro tab vitamins</i>	112	
<i>nephro-vite tab</i>	112	
<i>neuac gel 1.2-5%</i>	152	
<i>nevirapine susp 50 mg/5ml</i>	21	
<i>nevirapine tab 200 mg</i>	21	
<i>nevirapine tab er 24hr 400 mg</i>	21	
<i>new day tab 1.5mg</i>	32	
NEXCARE TATT MIS BANDAGES	198	
NEXCARE WATR MIS PRF BAND	198	
NEXIUM GRA 2.5MG DR	82	
NEXIUM GRA 5MG DR	82	
NEXPLANON IMP 68MG	31	
<i>niacin cap 400-100</i>	109	
<i>niacin cap 400mg</i>	109	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>		
.....	52	
<i>niacin tab er 500 mg (antihyperlipidemic)</i> 52		
<i>niacin tab er 750 mg (antihyperlipidemic)</i> 52		
<i>nifedipine tab er 24hr 30 mg</i>	45	
<i>nifedipine tab er 24hr 60 mg</i>	45	
<i>nifedipine tab er 24hr 90 mg</i>	45	
<i>nifedipine tab er 24hr osmotic release 30</i>		
<i>mg</i>	46	
<i>nifedipine tab er 24hr osmotic release 60</i>		
<i>mg</i>	46	
<i>nifedipine tab er 24hr osmotic release 90</i>		
<i>mg</i>	46	
<i>night time tab 25mg</i>	89	
<i>nightime eye oin relief</i>	147	
<i>nighttime tab 25mg</i>	89	
<i>nikki tab 3-0.02mg</i>	33	
NINLARO CAP 2.3MG	28	
NINLARO CAP 3MG	28	
NINLARO CAP 4MG	28	
NITRO-BID OIN 2%	43	
NITRO-DUR DIS 0.3MG/HR	43	
NITRO-DUR DIS 0.8MG/HR	43	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>		
.....	24	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>		
.....	24	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>		
.....	24	
<i>nitrofurantoin monohydrate</i>		
<i>macrocrystalline cap 100 mg</i>	24	
<i>nitrofurantoin susp 25 mg/5ml</i>	24	
<i>nitroglycerin sl tab 0.3 mg</i>	43	
<i>nitroglycerin sl tab 0.4 mg</i>	43	
<i>nitroglycerin sl tab 0.6 mg</i>	43	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	43	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	43	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	43	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	43	
<i>nitro-time cap 2.5mg cr</i>	42	
<i>nitro-time cap 6.5mg cr</i>	43	
<i>nitro-time cap 9mg cr</i>	43	
NIVA-FOL TAB	141	
NIX CREM RIN LIQ 1%	162	
NIX LICE SPR KILLING	162	
<i>nizatidine cap 150 mg</i>	82	
<i>nizatidine cap 300 mg</i>	82	
<i>non-aspirin jr tab 160mg qm</i>	97	
<i>non-aspirin chw 160mg</i>	95	
<i>non-aspirin chw 160mg jr</i>	95	
<i>non-aspirin chw 80mg</i>	95	
<i>non-aspirin sus 160/5ml</i>	96	
<i>non-aspirin tab 325mg</i>	94	
<i>non-aspirin tab 500mg</i>	94	
<i>non-aspirin tab 500mg/rr</i>	94	
<i>non-aspirin tab 650mg</i>	95	
<i>nora-be tab 0.35mg</i>	31	
NORDITROPIN INJ 10/1.5ML	40	
NORDITROPIN INJ 15/1.5ML	40	
NORDITROPIN INJ 30/3ML	40	
NORDITROPIN INJ 5/1.5ML	40	
<i>norelgestromin-ethinyl estradiol td ptwk</i>		
<i>150-35 mcg/24hr</i>	32	

<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	34	<i>nulev tab 0.125mg</i>	81
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	34	<i>NUMOISYN LIQ</i>	150
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	34	<i>NUMOISYN LOZ</i>	150
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	35	<i>NURTEC TAB 75MG ODT</i>	103
<i>norethindrone acetate tab 5 mg</i>	36	<i>NUTRA-Z+ CAP</i>	113
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	30	<i>nutritional tab support</i>	121
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	31	<i>nyamyc pow 100000</i>	153
<i>norethindrone tab 0.35 mg</i>	31	<i>nylia tab 1/35</i>	34
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	34	<i>nylia tab 7/7/7</i>	35
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	35	<i>nymyo tab 0.25-35</i>	34
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	35	<i>nystatin cream 100000 unit/gm</i>	154
<i>NORITATE CRE 1%</i>	152	<i>nystatin oint 100000 unit/gm</i>	154
<i>norlyroc tab 0.35mg</i>	31	<i>nystatin susp 100000 unit/ml</i>	149
<i>NORPACE CAP 100MG CR</i>	46	<i>nystatin tab 500000 unit</i>	20
<i>NORPACE CAP 150MG CR</i>	46	<i>nystatin topical powder 100000 unit/gm</i>	153
<i>nortrel tab 0.5/35</i>	33	<i>nystop pow 100000</i>	153
<i>nortrel tab 1/35</i>	33	<i>nytol quick tab 25mg</i>	89
<i>nortrel tab 7/7/7</i>	35		
<i>NORVIR POW 100MG</i>	20	O	
<i>NOSE CLIP MIS</i>	173	<i>ocean kids spr 0.65%</i>	61
<i>NOVA SAFETY MIS LANC 23G</i>	188	<i>ocella tab 3-0.03mg</i>	33
<i>NOVA SAFETY MIS LANC 28G</i>	188	<i>OCREVUS INJ 300/10ML</i>	92
<i>NOVA SURE MIS LANCETS</i>	188	<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	41
<i>NOVAMV PED DRO 10MG/ML</i>	129	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	41
<i>NOVOFINE MIS 32GX6MM</i>	172	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	41
<i>NOVOFINE PLS MIS 32GX4MM</i>	170	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	41
<i>NOVOLIN INJ 70/30</i>	36	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	41
<i>NOVOLIN INJ 70/30 FP</i>	36	<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	41
<i>NOVOLIN N INJ 100 UNIT</i>	36	<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	41
<i>NOVOLIN N INJ U-100</i>	36	<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	41
<i>NOVOLIN R INJ 100 UNIT</i>	36	<i>OCUHEALTH CAP VISION 2</i>	116
<i>NOVOLIN R INJ U-100</i>	36	<i>OCULAR TAB VITAMINS</i>	121
<i>NOZIN NASAL KIT SANITIZE</i>	60	<i>ocutabs tab</i>	121
<i>NUEDEXTA CAP 20-10MG</i>	92	<i>ocutabs tab lutein</i>	121
<i>nufol tab</i>	143	<i>OCUVITE CAP ADULT</i>	116
		<i>ocuvite eye cap health</i>	116
		<i>ocuvite eye chw heatlh</i>	126

ocuvite eye tab + multi.....	121
OCUVITE LUTE CAP	116
ocuvite tab lutein	121
ocuvite xtra tab	121
ODEFSEY TAB.....	22
odor control aer powd 1%	154
odor eaters aer 1%	154
OFEV CAP 100MG	70
OFEV CAP 150MG	70
ofloxacin ophth soln 0.3%.....	145
ofloxacin otic soln 0.3%	149
OJEMDA SUS 25MG/ML.....	27
OJEMDA TAB 100MG	27
OMBRA COMPR MIS AIR FILT.....	173
omega 3 cap 1000mg	140
OMEGA-3 CAP 1400MG.....	140
omega-3 cf cap 1000mg	140
omega-3 fatty acids cap 1000 mg	140
omega-3 fatty acids cap 1200 mg.....	140
omega-3 fatty acids cap 300 mg	140
omega-3 fatty acids cap 435 mg	140
omega-3 fatty acids cap 500 mg	140
omega-3 fish cap 1000 mg	140
omega-3 fish cap 1200mg.....	140
omepra/bicar cap 20-1100	83
omeprazole cap 20.6mgdr.....	83
omeprazole cap delayed release 10 mg... ..	83
omeprazole cap delayed release 20 mg ..	83
omeprazole cap delayed release 40 mg.. ..	83
omeprazole delayed release tab 20 mg ...	83
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv).....	83
omeprazole magnesium delayed release tab 20 mg (base equiv)	83
omeprazole tab 20mg.....	83
OMNICAP TAB.....	114
OMNIFLEX DPR	202
OMNIPOD 5 G6 KIT INTRO	180
OMNIPOD 5 G6 MIS PODS	180
OMNIPOD DASH KIT INTRO	180
OMNIPOD DASH KIT PDM	180
OMNIPOD DASH MIS PODS	180
OMNIPOD GO KIT 10UNT/DY.....	180
OMNIPOD GO KIT 15UNT/DY	180
OMNIPOD GO KIT 20UNT/DY	180
OMNIPOD GO KIT 25UNT/DY	180
OMNIPOD GO KIT 30UNT/DY	180
OMNIPOD GO KIT 35UNT/DY	180
OMNIPOD GO KIT 40UNT/DY	180
OMNIPOD MIS CLASSIC	180
once daily tab	114
ONCOVITE TAB.....	121
ondansetron hcl oral soln 4 mg/5ml	84
ondansetron hcl tab 24 mg	84
ondansetron hcl tab 4 mg.....	84
ondansetron hcl tab 8 mg.....	84
ondansetron orally disintegrating tab 4 mg	84
ondansetron orally disintegrating tab 8 mg	84
ONE A DAY CHW IMMUNITY	126
ONE A DAY CHW WOMENS	126
ONE A DAY TAB MENS 50+	121
ONE A DAY TAB TRIPLE	121
ONE A DAY TAB WOMENS	121
ONE DAILY CHW ADLT GUM.....	126
ONE DAILY MN TAB W/O IRON	122
one daily mv tab /iron	115
ONE DAILY MV TAB WOMENS.....	122
one daily tab	114
one daily tab /mineral	122
one daily tab 50 plus	122
one daily tab 50+	122
one daily tab 50+ adv	122
one daily tab complete.....	122
one daily tab essentl.....	114, 122
ONE DAILY TAB ESSENTL.....	114
one daily tab fe/ca	122
one daily tab healthy	122
one daily tab iron-fre	122
one daily tab maximum.....	122
one daily tab men	122
one daily tab men 50+	122
one daily tab mens.....	122
ONE DAILY TAB MENS	122
one daily tab mens 50+.....	122
ONE DAILY TAB MENS 50+	122
one daily tab multi-vi	122

<i>one daily tab multivit</i>	114	<i>opcicon tab 1.5mg</i>	32
ONE DAILY TAB WMNS 50+.....	122	OPTICHAMBER MIS DIA LG.....	175
<i>one daily tab wom 50+</i>	122	OPTICHAMBER MIS DIA MD.....	175
<i>one daily tab women</i>	122	OPTICHAMBER MIS DIA SM.....	175
<i>one daily tab women 50</i>	122	OPTICHAMBER MIS DIAMOND.....	175
<i>one daily tab womens</i>	122, 129	<i>optic-vites tab</i>	122
ONE DAILY TAB WOMENS	122	<i>optic-vites tab lutein</i>	122
<i>one dly hlth tab wght adv</i>	122	OPTIFAST POS CHW BARIATRI	127
ONE VITE TAB DAILY MV	114	<i>optimal d3 cap 50000unt</i>	107
ONE-A-DAY CHW IMMUNITY	126	OPTIMUM CHW AIRVITES	127
ONE-A-DAY CHW JLY RANC	130	<i>optimum pms tab</i>	122
ONE-A-DAY CHW VITACRAV	114, 127	<i>option 2 tab 1.5mg</i>	32
ONE-A-DAY TAB 50+ ADV	122	OPTISOURCE CHW BARIATRC	127
ONE-A-DAY TAB 50+ MENS	122	OPTIVITE TAB P.M.T.	122
ONE-A-DAY TAB 50+ WMN	122	OPURITY CHW BYPASS	127
ONE-A-DAY TAB 65+	122	OPURITY TAB	122
ONE-A-DAY TAB ENERGY	122	<i>oral electro sol cherry</i>	139
ONE-A-DAY TAB ESSENT	114	<i>oral electro sol freezer</i>	139
ONE-A-DAY TAB MENOPAUS	122	<i>oral electro sol h-e-b</i>	139
ONE-A-DAY TAB MENS	114, 122	<i>oral electrolyte solution</i>	139
ONE-A-DAY TAB PETITES	122	ORAL RELIEF GEL DRY MOUT	150
ONE-A-DAY TAB PROEDGE	122	ORAL RELIEF KIT DRY MOUT	150
<i>one-a-day tab teen/her</i>	122	<i>oral relief loz dry mout</i>	150
ONE-A-DAY TAB TEEN/HIM.....	122	ORAL RELIEF SPR DRY MOUT	150
ONE-A-DAY TAB WOMENS	122, 129	ORALBALANCE GEL DRY MTH	150
ONE-DAILY CAP MULTI	116	<i>oralone dent pst 0.1%</i>	149
<i>one-daily tab /iron</i>	115	<i>oralyte sol fruit</i>	139
<i>one-daily tab mult vit</i>	114	<i>oralyte sol grape</i>	139
<i>one-daily tab mult-vit</i>	114	<i>oralyte sol strawbry</i>	139
ONELAX DAILY POW 83%	74	<i>oralyte sol unflavor</i>	139
<i>onelax fiber pow 25%</i>	73	ORENITRAM TAB 0.125MG	53
<i>onelax liq 50mg/5ml</i>	75	ORENITRAM TAB 0.25MG.....	53
<i>onelax senna syp 8.8/5ml</i>	72	ORENITRAM TAB 1MG	53
<i>onelax sup 10mg</i>	71	ORENITRAM TAB 2.5MG.....	53
ONETOUCH DEL MIS LANC DEV	188	ORENITRAM TAB 5MG	53
ONETOUCH DEL MIS PLUS 30G	188	ORENITRAM TAB MONTH 1	53
ONETOUCH DEL MIS PLUS 33G	188	ORENITRAM TAB MONTH 2	53
ONETOUCH KIT ULTRA 2.....	180	ORENITRAM TAB MONTH 3	53
ONETOUCH KIT VERIO FL.....	180	ORKAMBI GRA 100-125	70
ONETOUCH KIT VERIO RE	180	ORKAMBI GRA 150-188	70
ONETOUCH TES ULTRA	164	ORKAMBI GRA 75-94MG	70
ONETOUCH TES VERIO	164	ORKAMBI TAB 100-125.....	70
ONETOUCH US MIS 2 30G.....	188	ORKAMBI TAB 200-125	70
ON-THE-GO MIS LANC 30G.....	188	<i>orphenadrine citrate tab er 12hr 100 mg</i> 105	

os calcium tab /vit d	136
os-cal + d3 tab 500-200.....	135
os-cal chw	137
os-cal chw 500-600.....	137
os-cal extra tab d3.....	136
oscimin sub 0.125mg	81
oscimin tab 0.125mg	81
oseltamivir phosphate cap 30 mg (base equiv).....	23
oseltamivir phosphate cap 45 mg (base equiv).....	23
oseltamivir phosphate cap 75 mg (base equiv).....	23
oseltamivir phosphate for susp 6 mg/ml (base equiv)	23
OSPHENA TAB 60MG.....	40
OSTEOPRIME TAB PLUS	123
osteoprime tab ultra	123
OTEZLA TAB 10/20/30	102
OTEZLA TAB 30MG.....	102
OTREXUP INJ 20MG.....	101
ovega-3 cap 500mg.....	140
oxaprozin tab 600 mg	101
oxybutynin chloride solution 5 mg/5ml....	87
oxybutynin chloride tab 5 mg	87
oxybutynin chloride tab er 24hr 10 mg	87
oxybutynin chloride tab er 24hr 15 mg	87
oxybutynin chloride tab er 24hr 5 mg.....	87
oxycodone hcl cap 5 mg	97
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	98
oxycodone hcl soln 5 mg/5ml	98
oxycodone hcl tab 10 mg.....	97
oxycodone hcl tab 15 mg.....	98
oxycodone hcl tab 20 mg	98
oxycodone hcl tab 30 mg	98
oxycodone hcl tab 5 mg	97
oxycodone w/ acetaminophen tab 10-325 mg	98
oxycodone w/ acetaminophen tab 2.5-325 mg	98
oxycodone w/ acetaminophen tab 5-325 mg	98

oxycodone w/ acetaminophen tab 7.5-325 mg	98
OXYTROL/WOMN DIS 3.9MG/24.....	87
oys shell ca tab /d3.....	136
oysco 500+d tab	135
oyst ca/d3 tab 500-200.....	135
oyst shell/d tab 250-125	135
oyst shell/d tab 500-125	135
oyst shell/d tab 500-200	135
oyst shell/d tab 500-400.....	136
oyst shell/d tab 500-5mcg	135
oyst shell/d tab 500mg.....	136
OYST SHELL/D TAB 500MG.....	135
oyster shell calcium tab 500 mg	134
OZEMPIC INJ 2MG/3ML	37
OZEMPIC INJ 4MG/3ML	37
OZEMPIC INJ 8MG/3ML	37
P	
pacerone tab 200mg.....	46
PADCEV INJ 20MG	25
PADCEV INJ 30MG	25
pain & fever chw 160mg	96
pain & fever liq 160/5ml	96
pain & fever sus 160/5ml	96
pain relief cap 500mg	94
pain relief chw 160mg	96
pain relief elx 160/5ml.....	96
pain relief liq 160/5ml.....	96
pain relief liq 500/15ml	96
pain relief pad 4%.....	162
pain relief pad 4% max	162
pain relief sus 160/5ml	96
pain relief tab 200mg	99
pain relief tab 220mg	101
pain relief tab 325mg	94
pain relief tab 500mg	94
pain relief tab 500mg/rr	94
pain relief tab 650mg	95
pain relieve sus 160/5ml	96
pain relieve tab 325mg	94
pain relieve tab 500mg	94
pain relieve tab 500mg/rr.....	95
pain relievi pad lidocain	162
pain reliev r chw 80mg.....	95

<i>pain relievr liq 500/15ml</i>	96
<i>pain relievr tab 325mg</i>	94
<i>pain relievr tab 500mg</i>	95
<i>pain/fever sup 120mg</i>	96
<i>paladin oin</i>	160
<i>pamprin tab 220mg</i>	101
<i>panadol sus 160/5ml</i>	96
<i>panadol tab 500mg</i>	95
<i>pan-c 500 tab bioflavo</i>	113
<i>PANDA MASK MIS LARGE</i>	175
<i>PANDA MASK MIS MEDIUM</i>	176
<i>PANDA MASK MIS PEDIATRI</i>	176
<i>PANDA MASK MIS SMALL</i>	176
<i>panoxyl wash liq 10%</i>	151
<i>panoxyl wash liq 4%</i>	151
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	83
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	83
<i>PARAGARD IUD T380A</i>	31
<i>PARI BABY MIS SIZE 0</i>	177
<i>PARI BABY MIS SIZE 1</i>	177
<i>PARI BABY MIS SIZE 2</i>	177
<i>PARI BBY NEB MIS SET</i>	177
<i>PARI BUBBLES MIS PEDIATRC</i>	173
<i>PARI EXPIRAT MIS FILTER</i>	173
<i>PARI LC MIS SPRINT</i>	177
<i>PARI LC PLUS MIS</i>	177
<i>PARI LC PLUS MIS NEBULIZR</i>	177
<i>PARI LC PLUS MIS VIOS PRO</i>	177
<i>PARI LC STAR MIS</i>	177
<i>PARI MASK MIS SIZE 3</i>	173
<i>PARI PLASTIC MIS MASK</i>	173
<i>PARI PLASTIC MIS MASK PED</i>	173
<i>PARI SINUS MIS AERO SYS</i>	177
<i>PARI SMRTMSK MIS BABY</i>	173
<i>PARI TREK S MIS</i>	177
<i>PARI VORTEX MIS ADL MASK</i>	176
<i>paricalcitol cap 1 mcg</i>	42
<i>paricalcitol cap 2 mcg</i>	42
<i>paricalcitol cap 4 mcg</i>	42
<i>PARVA-CAL TAB 500MG</i>	135
<i>PARVLEX TAB</i>	123
<i>PAXLOVID TAB 150-100</i>	23
<i>PAXLOVID TAB 300-100</i>	23
<i>pazopanib hcl tab 200 mg (base equiv) ...</i>	27
<i>PEANUTS MIS BANDAGES</i>	198
<i>PED COMPRESS MIS NEBULIZE</i>	177
<i>ped elctrlyt sol</i>	139
<i>ped elctrlyt sol apple</i>	139
<i>ped elctrlyt sol freeze</i>	139
<i>ped elctrlyt sol freezer</i>	139
<i>ped elctrlyt sol freezpop</i>	139
<i>ped elctrlyt sol fruit</i>	139
<i>ped elctrlyt sol grape</i>	139
<i>ped elctrlyt sol pineappl.</i>	139
<i>ped elctrlyt sol unflavor</i>	139
<i>ped elctrlyt sol unflavrd</i>	139
<i>PED POLY-VIT DRO</i>	129
<i>PED POLY-VIT DRO /IRON</i>	131
<i>pedia d-vite dro 400unit</i>	108
<i>pedia iron dro 15mg/ml</i>	142
<i>pedia vance sol apple</i>	139
<i>pedia vance sol grape</i>	139
<i>pediacare al liq 12.5/5ml</i>	55
<i>pediacare sus 160/5ml</i>	96
<i>pedialax fbr chw gummies</i>	72
<i>PEDIA-LAX LIQ 50MG</i>	75
<i>pediatric dro iron</i>	142
<i>PEDIATRIC MD MIS MASK</i>	180
<i>PEDIATRIC MIS MOUTHPIE</i>	173
<i>PEDIATRIC SM MIS MASK</i>	180
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	76
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	76
<i>PEGASYS INJ</i>	22
<i>PEGASYS INJ 180MCG/M</i>	22
<i>PEN NEEDLE MIS 29GX1/2</i>	165
<i>PEN NEEDLE MIS 31GX3/16</i>	166
<i>PEN NEEDLE MIS 31GX5/16</i>	168
<i>PEN NEEDLE MIS 31GX5MM</i>	166
<i>PEN NEEDLE MIS 31GX8MM</i>	168
<i>PEN NEEDLE MIS 32GX1/4</i>	172
<i>PEN NEEDLE MIS 32GX4MM</i>	170
<i>PEN NEEDLE MIS 32GX5/32</i>	170
<i>PEN NEEDLE MIS 32GX6MM</i>	172
<i>PEN NEEDLES MIS 29GX1/2</i>	165

PEN NEEDLES MIS 29GX12.7.....	165	phenobarbital tab 15 mg	89
PEN NEEDLES MIS 31GX3/16	166	phenobarbital tab 16.2 mg	89
PEN NEEDLES MIS 31GX5/16	168	phenobarbital tab 30 mg	89
PEN NEEDLES MIS 31GX5MM	166	phenobarbital tab 32.4 mg	89
PEN NEEDLES MIS 31GX8MM	168	phenobarbital tab 60 mg	89
PEN NEEDLES MIS 32GX1/4	172	phenobarbital tab 64.8 mg	89
PEN NEEDLES MIS 32GX4MM	170	phenobarbital tab 97.2 mg	89
PEN NEEDLES MIS 32GX5/32	170	phenytek cap 200mg	104
PEN NEEDLES MIS 32GX6MM	172	phenytek cap 300mg	104
<i>penicillin v potassium for soln 125 mg/5ml</i>		<i>phenytoin chew tab 50 mg</i>	104
.....	17	<i>phenytoin sodium extended cap 100 mg</i>	104
<i>penicillin v potassium for soln 250 mg/5ml</i>		<i>phenytoin sodium extended cap 200 mg</i>	
.....	17	104
<i>penicillin v potassium tab 250 mg</i>	17	<i>phenytoin sodium extended cap 300 mg</i>	
<i>penicillin v potassium tab 500 mg</i>	17	104
PENTIPS MIS 31GX5MM.....	166	<i>phenytoin susp 125 mg/5ml</i>	104
PENTIPS MIS 31GX8MM.....	168	<i>philith tab 0.4-35.....</i>	33
PENTIPS MIS 32GX4MM	170	<i>phillips cap 100mg</i>	74
PENTIPS MIS 32GX6MM	172	PHLEXY-VITS POW	127
PEPCID AC TAB 20MG	82	<i>phospho-trin tab k500</i>	138
<i>perdiem tab 15mg.....</i>	71	PHYTOMULTI TAB.....	123
PERFECT 28G MIS LANCETS	188	<i>phytonadione tab 5 mg</i>	109
PERFECT 30G MIS LANCETS	189	PIFELTRO TAB 100MG.....	21
PERIDIN-C TAB.....	113	PILLOW MASK MIS ADULT	174
<i>periogard sol 0.12%</i>	149	PILLOW MASK MIS CHILD	174
<i>permethrin cream 5%.....</i>	162	PILLOW MASK MIS PEDIATRI	174
<i>persa-gel gel 10%.....</i>	152	<i>pilocarpine hcl tab 5 mg</i>	150
PFLEX MIS	173	<i>pilocarpine hcl tab 7.5 mg</i>	151
PFT FILTER MIS 1000.....	173	<i>pimtrea tab</i>	35
PH 12 STERIL SOL FOLAN.....	204	<i>pin-away sus 144mg/ml.....</i>	23
<i>pharbechlor tab 4mg</i>	54	<i>pindolol tab 10 mg</i>	43
<i>pharbedryl cap 25mg.....</i>	54	<i>pindolol tab 5 mg</i>	43
<i>pharbedryl cap 50mg</i>	54	<i>pink bismuth chw 262mg</i>	77
<i>pharbetol tab 325mg</i>	94	<i>pink bismuth sus 262/15ml.....</i>	77
<i>pharbetol tab 500mg</i>	95	<i>pink bismuth sus 525/30ml.....</i>	77
<i>pharbinox tab 400mg</i>	61	<i>pink bismuth sus max str</i>	77
PHARM CHOICE MIS WIPES	174	<i>pink bismuth tab 262mg</i>	77
PHARMACY COU MIS LANCETS	189	<i>pinworm med sus 144mg/ml</i>	23
<i>phazyme chw 125mg</i>	85	<i>pinxav oin.....</i>	160
<i>phenazo tab 200mg</i>	88	<i>pioglitazone hcl tab 15 mg (base equiv) ...</i>	38
<i>phenazopyridine hcl tab 100 mg</i>	88	<i>pioglitazone hcl tab 30 mg (base equiv)...</i>	38
<i>phenazopyridine hcl tab 200 mg.....</i>	88	<i>pioglitazone hcl tab 45 mg (base equiv)...</i>	38
<i>phenobarbital elixir 20 mg/5ml</i>	89	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	38
<i>phenobarbital tab 100 mg</i>	89	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	38

<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	38
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	38
PIP LANCETS MIS 28G	189
PIP LANCETS MIS 30G	189
PIP PEN NEED MIS 32GX4MM	170
PLAS BANDAGE MIS 3/4	198
PLASTC BANDG MIS 3/4	198
PLUVICTO INJ 1000MBQ	28
<i>pnv-dha cap</i>	133
<i>pnv-select tab</i>	133
POCKET CHAMB MIS	175
POCKET SPACE MIS.....	175
<i>podofilox soln 0.5%</i>	160
POLIVY INJ 140MG	25
POLIVY INJ 30MG	25
<i>poly bacitra oin</i>	153
<i>polycin oin op</i>	145
<i>polyethylene glycol 3350 oral packet 17 gm</i>	75
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	75
POLYMEM DOT PAD 2	199
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	145
POLY-VI-FLOR SUS /IRON.....	132
<i>polyvinyl alcohol ophth soln 1.4%</i>	146
POLY-VI-SOL SOL 50MG/ML.....	129
POLY-VITA DRO	129
POLY-VITA/FE DRO	131
POLY-VITE DRO.....	129
POLY-VITE SOL /IRON	131
POLY-VITE SOL 50MG/ML.....	129
PORENAL+D CAP OMEGA 3	116
PORT COMPRES MIS NEBULIZR.....	177
<i>portia-28 tab</i>	33
<i>potassium chloride cap er 10 meq</i>	138
<i>potassium chloride cap er 8 meq</i>	138
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	138
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	138
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	138
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	138
<i>potassium chloride tab er 10 meq</i>	138
<i>potassium chloride tab er 20 meq (1500 mg)</i>	138
<i>potassium chloride tab er 8 meq (600 mg)</i>	138
<i>potassium citrate tab er 10 meq (1080 mg)</i>	88
<i>potassium citrate tab er 15 meq (1620 mg)</i>	88
<i>potassium citrate tab er 5 meq (540 mg)</i>	88
<i>povidone/iod sol 10%</i>	163
<i>povidone-iodine soln 10%</i>	163
<i>povidone-ion sol 10%</i>	163
PRALUENT INJ 150MG/ML	51
PRALUENT INJ 75MG/ML.....	51
<i>pramipexole dihydrochloride tab 0.125 mg</i>	104
<i>pramipexole dihydrochloride tab 0.25 mg</i>	104
<i>pramipexole dihydrochloride tab 0.5 mg</i>	104
<i>pramipexole dihydrochloride tab 0.75 mg</i>	104
<i>pramipexole dihydrochloride tab 1 mg</i>	104
<i>pramipexole dihydrochloride tab 1.5 mg</i>	104
<i>prasugrel hcl tab 10 mg (base equiv)</i>	144
<i>prasugrel hcl tab 5 mg (base equiv)</i>	144
<i>pravastatin sodium tab 10 mg</i>	51
<i>pravastatin sodium tab 20 mg</i>	51
<i>pravastatin sodium tab 40 mg</i>	51
<i>pravastatin sodium tab 80 mg</i>	51
<i>prazosin hcl cap 1 mg</i>	48
<i>prazosin hcl cap 2 mg</i>	48
<i>prazosin hcl cap 5 mg</i>	48
<i>prebiotic chw fiber</i>	72
PRED SOD PHO SOL 1% OP	148
<i>prednisolone acetate ophth susp 1%</i>	148
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	29
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	29

<i>prednisolone sod phos orally disintegr tab</i>	104
<i>30 mg (base eq)</i>	29
<i>prednisolone sod phosph oral soln 6.7</i>	
<i>mg/5ml (5 mg/5ml base)</i>	29
<i>prednisolone sod phosphate oral soln 15</i>	
<i>mg/5ml (base equiv)</i>	29
<i>prednisolone sodium phosphate oral soln</i>	
<i>25 mg/5ml (base eq)</i>	29
<i>prednisolone soln 15 mg/5ml</i>	29
PREDNISOLONE SUS 1%	148
<i>prednisone oral soln 5 mg/5ml</i>	30
<i>prednisone tab 1 mg</i>	29
<i>prednisone tab 10 mg</i>	29
<i>prednisone tab 2.5 mg</i>	29
<i>prednisone tab 20 mg</i>	29
<i>prednisone tab 5 mg</i>	29
<i>prednisone tab 50 mg</i>	30
<i>prednisone tab therapy pack 10 mg (21)</i> ..	30
<i>prednisone tab therapy pack 10 mg (48)</i> .	30
<i>prednisone tab therapy pack 5 mg (21)</i>	30
<i>prednisone tab therapy pack 5 mg (48)</i> ...	30
PREMIUM MIS PACKETS	128
<i>prenatabs rx tab</i>	133
<i>prenatal 19 chw tab</i>	133
<i>prep h cre 1%</i>	151
PREP PADS PAD	203
PRESCRIPTION CAP SUPPORT	117
PRESERVISION CAP AREDS	117
PRESERVISION CAP AREDS 2	117
PRESERVISION CAP LUTEIN	117
PRESERVISION CHW AREDS 2	127
PRESERVISION TAB AREDS	123
PREVACID 24H CAP 15MG DR	82
<i>prevalite pow 4gm</i>	50
<i>prevalite pow 4gm pk</i>	50
<i>prevent cap</i>	117
PREVENT DROP MIS 31GX5/16	168
PREVENT SAFE MIS 31GX5/16	168
PREVIDENT SOL 0.2%	149
PREZCOBIX TAB 800-150	21
PREZISTA SUS 100MG/ML	20
PREZISTA TAB 150MG	20
PREZISTA TAB 75MG	20
<i>primidone tab 250 mg</i>	104
<i>primidone tab 50 mg</i>	104
PRO COMFORT MIS 31G	189
PRO COMFORT MIS 31GX8MM	168
PRO COMFORT MIS 32GX4MM	170
PRO COMFORT MIS 32GX6MM	172
PRO COMFORT MIS LANC 30G	189
PRO COMFORT MIS LANCETS	189
<i>probenecid tab 500 mg</i>	104
PRO-CAL TAB	123
PROCARE COMP MIS NEBULIZE	177
PROCARE MIS ADULT	175
PROCARE MIS CHILD	175
PROCEDURAL MIS MASK	180
PROCERV HP TAB	123
PROCHAMBER MIS VHC	175
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	88
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	88
<i>prochlorperazine suppos 25 mg</i>	88
<i>procto-med cre hc 2.5%</i>	151
<i>proctosol hc cre 2.5%</i>	151
<i>protozone cre -hc 2.5%</i>	151
PRODIGY MIS 26G	189
PRODIGY MIS 28G	189
<i>pro-ex antif cre 1%</i>	155
<i>progesterone cap 100 mg</i>	36
<i>progesterone cap 200 mg</i>	36
PROLIA INJ 60MG/ML	40
<i>prometh vc syp 6.25-5/5</i>	64
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	64
<i>promethazine hcl oral soln 6.25 mg/5ml</i> ..	56
<i>promethazine hcl suppos 12.5 mg</i>	56
<i>promethazine hcl suppos 25 mg</i>	56
<i>promethazine hcl tab 12.5 mg</i>	56
<i>promethazine hcl tab 25 mg</i>	56
<i>promethazine hcl tab 50 mg</i>	56
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	64
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	64
<i>promethegan sup 12.5mg</i>	56
<i>promethegan sup 25mg</i>	56
<i>promethegan sup 50mg</i>	56

PRONEB MAX MIS LC PLUS	177
PRONEB MAX MIS LC SPRNT	177
PRONEB ULTRA MIS FILTER	174
PRONUTRIENTS TAB SUPER B	110
propafenone hcl cap er 12hr 225 mg	46
propafenone hcl cap er 12hr 325 mg	46
propafenone hcl cap er 12hr 425 mg	46
propafenone hcl tab 150 mg	46
propafenone hcl tab 225 mg	46
propafenone hcl tab 300 mg	46
propranolol hcl cap er 24hr 120 mg	43
propranolol hcl cap er 24hr 160 mg	43
propranolol hcl cap er 24hr 60 mg.....	43
propranolol hcl cap er 24hr 80 mg.....	43
propranolol hcl oral soln 20 mg/5ml.....	43
propranolol hcl oral soln 40 mg/5ml	43
propranolol hcl tab 10 mg.....	43
propranolol hcl tab 20 mg	43
propranolol hcl tab 40 mg	43
propranolol hcl tab 60 mg	43
propranolol hcl tab 80 mg	43
propinal cap 200mg	99
propylthiouracil tab 50 mg	40
PRORENAL +D TAB.....	123
PRORENAL+D CAP OMEGA-3	117
PRORENAL+D TAB	123
prosight tab	123
PROTECT CAP CARDIO.....	117
PROTECT CAP PLUS SO	117
PROTEGRA CAP	117
PROVIT TAB	123
PROXEED PLUS PAK.....	128
PROXI-STRIP MIS 1/4	198
PROXI-STRIPS MIS 1/2	198
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	64
pseudoephedrine hcl tab 30 mg	59
pseudoephedrine hcl tab 60 mg	59
pseudoephedrine hcl tab er 12hr 120 mg .	59
pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg	65
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	65
pseudofed tab 30mg	59
psyldex pow 30%	73
psyllium cap 0.52 gm	72
psyllium fib pow 51.7%	73
psyllium pow 100%	74
psyllium powder 28.3%	73
psyllium see pow 100%	74
PULMONEB LT MIS NEBULIZE	177
pulmosal neb 7%	63
PULMOZYME SOL 1MG/ML	70
PURE & GENTL DRO 0.3%	146
PURE AIR MIN MIS NEBULIZE.....	177
pure calcium tab carbonat	134
PURE COMFORT MIS 30G LAN	189
PURE COMFORT MIS 31GX5MM.....	166
PURE COMFORT MIS 32GX4MM	170
PURE COMFORT MIS 32GX6MM	172
PURE COMFORT MIS HUMIDIFI	178
PURE COMFORT MIS SPACER	175
PURE COMFORT PAD.....	203
PX LANCETS MIS 28G	189
PX LANCETS MIS 33G	189
pyrazinamide tab 500 mg	19
pyridostigmine bromide oral soln 60 mg/5ml.....	106
pyridostigmine bromide tab 60 mg	106
pyridostigmine bromide tab er 180 mg...	106
pyridoxine hcl tab 25 mg	106
pyridoxine hcl tab 50 mg	106
Q	
qc 8 hr pain tab 650mg er	95
qc acetamino sus 160/5ml	96
QC ALCOHOL PAD SWABS	203
qc all day cap 10mg	56
qc allergy cap 25mg	54
qc allergy cap relief	58
qc allergy tab 10mg	56, 58
qc allergy tab 25mg.....	55
qc allergy tab 4mg	54
qc antacid chw 1000mg.....	79
qc antacid chw 500mg	78
qc antacid chw 750mg	78
qc antacid sus	80
qc antacid sus antigas.....	80
qc antacid sus anti-gas	80

qc antacid sus anti-gas.....	81	qc sleep-aid cap 50mg	89
qc anti-diar cap 2mg	76	qc stomach chw 262mg	77
qc antifunga cre 1%.....	154	qc stomach sus 525/15ml.....	77
qc anti-itch cre 1% aloe	158	qc stomach sus 525/30ml.....	77
qc apap 8 hr tab 650mg	95	qc suphedrin tab 120mg sr	59
qc aspirin chw 81mg.....	93	qc therin-m tab	123
qc aspirin tab 325mg	93	qc triple oin antibiot	153
qc aspirin tab 325mg ec	94	qc tussin ex liq 100/5ml	62
qc b50 tab pr	111	qc vege laxa tab 8.6mg.....	71
qc child asa chw 81mg.....	93	qc vit b1 tab 100mg	106
qc childrens chw complete	131	qc vit d3 cap 1000unit	106
qc childrens chw extra c.....	129	qc vit d3 cap 2000unit	107
qc childrens chw iron	131	qc vit d3 tab 1000unit	108
qc clotrimaz cre 1%	87	qc vit d3 tab 2000unit	108
qc cod liver cap.....	109	qc vit d3 tab 25mcg	108
qc diclofena gel 1%	156	qc vit d3 tab 400unit	107
qc essential tab	114	qc vit d3 tab 5000unit	108
qc famotidin tab acid red	82	QUERCETIN CAP COMPLEX	112
qc fiber pow 25%	73	QUFLORA PED CHW 0.25MG	131
qc fiber pow 43%	73	QUFLORA PED CHW 0.5MG	131
qc fiber the pow 51.7%	73	QUFLORA PED CHW 1MG	132
qc fish oil cap 1000mg	140	QUFLORA PED DRO 0.25MG	132
qc gas relf chw 125mg	85	QUFLORA PED DRO 0.5MG/ML.....	132
qc gas relf chw 80mg	85	quin b stron tab b-25	111
qc hair/skin tab nails	123	QUIN B TAB STRONG.....	123
qc ibuprofen cap 200mg	99	quinapril hcl tab 10 mg	47
qc ibuprofen sus 100/5ml.....	100	quinapril hcl tab 20 mg	47
qc ibuprofen tab 200mg.....	100	quinapril hcl tab 40 mg	47
QC LANCETS MIS 28G.....	189	quinapril hcl tab 5 mg	47
QC LANCETS MIS 30G	189	QUINTABS TAB	114
qc laxative sup 10mg.....	71	quintabs-m tab	123
qc laxative tab 5mg ec	70	QUINTABS-M TAB	123
qc lidocaine pad rlf 4%	162	QVAR REDIHA AER 80MCG	68
qc loratadin tab 10mg	58	QVAR REDIHAL AER 40MCG.....	68
qc medifin liq mucus rl.....	62	R	
qc mucus rel tab 1200 er	63	ra acetamin tab 325mg	94
QC MULTI-VIT TAB	123	RA ADHESIVE MIS BANDAGES	198
qc naproxen cap 220mg.....	101	RA ALCOHOL PAD SWABS	203
qc natural pow vegetabl	74	ra allergy tab 25mg.....	55
qc omepraza tab 20mg.....	83	ra allergy tab 4mg.....	54
qc pain reli liq 500/15ml	96	ra antacid chw 1000mg	79
qc pink bism sus 525/15ml.....	77	ra antacid chw 500mg	78
qc senna tab 8.6mg.....	71	ra antacid sus antigas	81
qc sleep aid cap 50mg.....	89	ra antacid sus anti-gas	80

<i>ra anti-itch cre 1%</i>	158	<i>ra laxative chw 15mg</i>	72
<i>ra anti-itch oin 1%</i>	159	<i>ra laxative pow</i>	75
<i>ra antisepti sol 10%</i>	163	<i>ra laxative tab 5mg ec</i>	70
<i>ra aspirin chw 81mg</i>	93	<i>ra lice liq 1%</i>	162
<i>ra aspirin tab 325mg</i>	93	<i>ra lidocaine pad 4%</i>	162
<i>ra aspirin tab 325mg ec</i>	94	<i>ra lorata-d tab 24 hour</i>	64
<i>ra aspirin tab 81mg ec</i>	93	<i>ra lubricant dro 0.4-0.3%</i>	147
<i>ra balanced tab b-100</i>	111	<i>ra nasal spr allergy</i>	60
<i>ra balanced tab b-50</i>	111	<i>ra nighttime tab 25mg</i>	89
<i>ra balanced tab b-50 tr</i>	111	<i>ra one daily tab maximum</i>	123
<i>ra balnaced tab b-100 tr</i>	111	<i>ra one daily tab mens</i>	123
<i>ra b-complex tab</i>	109	<i>ra one daily tab mens 50+</i>	123
RA B-COMPLEX TAB VIT C TR	110	<i>ra one daily tab mens/d3</i>	123
<i>ra b-complex tab w/b-12</i>	109	<i>ra p col-rit tab 8.6-50mg</i>	76
<i>ra ca/vit d3 tab 600-400</i>	136	<i>ra pain reli pad 4%</i>	162
RA CALCIUM TAB 500MG	134	<i>ra pediatric sol electrol</i>	139
<i>ra calcium tab high pot</i>	134	RA PEN NEEDL MIS 31GX3/16	166
<i>ra calcium tab vit d</i>	136	RA SHEER ADH PAD LARGE	199
<i>ra calcium+d tab 600mg</i>	136	<i>ra sleep aid cap 50mg</i>	89
<i>ra cetiri-d tab 5-120mg</i>	63	<i>ra sleep aid tab 25mg</i>	89
<i>ra childrens sus 160/5ml</i>	96	RA STERILE SOL NASAL.....	61
<i>ra chlorphen tab 4mg</i>	54	<i>ra suphedrin tab 120mg cr</i>	59
<i>ra cod liver cap</i>	109	<i>ra suphedrin tab 30mg</i>	59
RA COD LIVER OIL	109	<i>ra triple oin antibiot</i>	153
<i>ra col-rite cap 100mg</i>	74	<i>ra tussin dm liq 100-10/5</i>	66
<i>ra col-rite cap 250mg</i>	75	<i>ra tussin liq 100/5ml</i>	62
RA DRY MOUTH SPR	150	<i>ra tussin liq dm max</i>	66
RA EAR CARE TAB	133	<i>ra vit b-1 tab 100mg</i>	106
RA EFFERVESC TAB FORMULA	133	<i>ra vit b-6 tab 50mg</i>	106
RA ESSENCE-C POW ORANGE.....	128	<i>ra vitamin c tab 1000mg</i>	113
RA ESSENCE-C POW RASPBRY	128	<i>ra vitamin cap 2000unit</i>	107
RA ESSENCE-C POW TNGERINE	128	<i>raloxifene hcl tab 60 mg</i>	40
RA E-ZJECT MIS 28G.....	189	<i>ramipril cap 1.25 mg</i>	47
RA E-ZJECT MIS THIN 26G.....	189	<i>ramipril cap 10 mg</i>	47
RA E-ZJECT MIS THIN 28G.....	189	<i>ramipril cap 2.5 mg</i>	47
RA E-ZJECT MIS ULT THIN	189	<i>ramipril cap 5 mg</i>	47
<i>ra fish oil cap 1000mg</i>	140	RASUVO INJ 10MG	101
<i>ra gas relf chw 125mg</i>	85	RASUVO INJ 12.5MG	101
<i>ra gas relf chw 80mg</i>	85	RASUVO INJ 15MG	101
<i>ra hi cal tab 500-200</i>	136	RASUVO INJ 17.5MG	101
<i>ra ibuprofen cap 200mg</i>	99	RASUVO INJ 20MG	101
<i>ra ibuprofen tab 200mg</i>	100	RASUVO INJ 22.5MG	101
<i>ra iron tab 27mg</i>	141	RASUVO INJ 25MG	101
<i>ra iron tab 65mg</i>	141	RASUVO INJ 30MG	101

RASUVO INJ 7.5MG	101
RAYA SURE MIS 31GX5MM	166
RAYA SURE MIS 31GX8MM	168
RAYAVIT TAB.....	123
<i>react tab 1.5mg</i>	32
READYLANCE MIS 21G.....	189
READYLANCE MIS 23G	189
READYLANCE MIS 26G	189
READYLANCE MIS 28G	189
READYLANCE MIS 30G.....	190
REALITY MIS LANCETS	190
REALITY MIS LUBRICAT.....	200
REALITY SWAB PAD	203
REALITY TRIG MIS LANCETS	190
REALITY ULTR MIS TEXTURED	200
REALITY ULTR MIS THIN.....	201
REBIF INJ 22/0.5	91
REBIF INJ 44/0.5.....	91
REBIF REBIDO INJ 22/0.5	91
REBIF REBIDO INJ 44/0.5.....	91
REBIF REBIDO INJ TITRATN	91
REBIF TITRTN INJ PACK	91
<i>reclipsen tab</i>	32
<i>reeses med sus pinworm</i>	23
<i>refenesen tab 400mg</i>	61
<i>refresh cell gel 1% op.</i>	146
REFRESH DRO OP	147
REFRESH DRO RELIEVA	146
REFRESH DRO TEARS PF	146
<i>refresh lacr oin op</i>	147
REFRESH OPT SOL MEGA-3.....	147
REFRESH OPTI DRO 0.5-0.9%	146
<i>refresh p.m. oin op</i>	147
REFRESH SOL DIGITAL	147
REFRESH SOL OPTIVE.....	147, 148
<i>reguloid cap 0.52gm</i>	72
<i>reguloid pow 43%</i>	73
<i>reguloid pow 51.7%</i>	73
<i>reguloid pow orange</i>	73
REGULOID POW ORANGE	74
REGULOID POW ORIGINAL	74
<i>rehydralyte sol</i>	139
<i>re-lieved pad 4%</i>	162
RELION LANCE MIS THIN 26G	190
RELION LANCE MIS THIN 30G	190
RELION MICRO MIS THIN 33G	190
RELION PEN MIS 31GX5/16.....	168
RELION PEN MIS 31GX8MM	168
RELION PEN MIS 32GX4MM.....	170
RELION PEN MIS 32GX5/32	170
RELION ULTRA MIS THIN 30G	190
RELION ULTRA MIS THIN PLS	190
REMODULIN INJ 10MG/ML	52
REMODULIN INJ 1MG/ML	52
REMODULIN INJ 2.5MG/ML	52
REMODULIN INJ 5MG/ML	52
<i>renal cap</i>	111
<i>renal vitamn tab</i>	112
<i>renaplex tab</i>	123
RENAPLEX-D TAB	123
<i>rena-vite rx tab</i>	112
<i>rena-vite tab</i>	112
<i>reno cap</i>	111
<i>repaglinide tab 0.5 mg</i>	37
<i>repaglinide tab 1 mg</i>	37
<i>repaglinide tab 2 mg</i>	37
REPATHA INJ 140MG/ML	51
REPATHA PUSH INJ 420/3.5.....	51
REPATHA SURE INJ 140MG/ML	51
REPLACEMENT MIS FILTER	174
REPLACEMENT MIS FILTERS	174
<i>rest simply tab 25mg</i>	89
<i>restore plus dro 0.5% op</i>	146
<i>restore tear dro 0.5% op</i>	145
RETACRIT INJ 10000UNT	143
RETACRIT INJ 20000UNI.....	143
RETACRIT INJ 2000UNIT	143
RETACRIT INJ 3000UNIT	143
RETACRIT INJ 40000UNT	143
RETACRIT INJ 4000UNIT	143
RETAIN CAP VISION	133
<i>retaine pm oin</i>	147
REVLIMID CAP 10MG.....	204
REVLIMID CAP 15MG	204
REVLIMID CAP 2.5MG	204
REVLIMID CAP 20MG	204
REVLIMID CAP 25MG	204
REVLIMID CAP 5MG.....	204

REYATAZ POW 50MG	20
ribavirin cap 200 mg	22
ribavirin tab 200 mg	22
rid lice kil sha 0.33-4%	163
rifabutin cap 150 mg.....	19
rifampin cap 150 mg.....	19
rifampin cap 300 mg.....	19
RIGHTEST MIS GL300	190
riluzole tab 50 mg	105
RINVOQ TAB 15MG ER	102
RINVOQ TAB 30MG ER.....	102
RINVOQ TAB 45MG ER.....	102
RISACAL-D TAB.....	138
risanoid tab plus.....	134
RITEFLO MIS	175
ritonavir tab 100 mg	20
rivastigmine tartrate cap 1.5 mg (base equivalent)	90
rivastigmine tartrate cap 3 mg (base equivalent)	90
rivastigmine tartrate cap 4.5 mg (base equivalent)	90
rivastigmine tartrate cap 6 mg (base equivalent)	90
rivastigmine td patch 24hr 13.3 mg/24hr ..	90
rivastigmine td patch 24hr 4.6 mg/24hr ..	90
rivastigmine td patch 24hr 9.5 mg/24hr ..	90
rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....	103
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	103
rizatriptan benzoate tab 10 mg (base equivalent)	103
rizatriptan benzoate tab 5 mg (base equivalent)	103
robıtussin liq 20-400	65
robıtussin liq 20-400mg	65
ropinirole hydrochloride tab 0.25 mg	104
ropinirole hydrochloride tab 0.5 mg	104
ropinirole hydrochloride tab 1 mg	104
ropinirole hydrochloride tab 2 mg	105
ropinirole hydrochloride tab 3 mg	105
ropinirole hydrochloride tab 4 mg	105
ropinirole hydrochloride tab 5 mg	105

rosuvastatin calcium tab 10 mg	51
rosuvastatin calcium tab 20 mg	51
rosuvastatin calcium tab 40 mg	51
rosuvastatin calcium tab 5 mg	51
ROZLYTREK CAP 100MG	28
ROZLYTREK CAP 200MG.....	28
ROZLYTREK PAK 50MG	28
RUBRACA TAB 200MG.....	28
RUBRACA TAB 250MG.....	28
RUBRACA TAB 300MG.....	28
RUCONEST INJ 2100UNIT	145
RYBELSUS TAB 14MG	37
RYBELSUS TAB 3MG.....	36
RYBELSUS TAB 7MG.....	36
RYDAPT CAP 25MG	27
rynex pse liq	63
S	
SAFE-T-PRO MIS LANCETS.....	190
SAFE-T-PRO MIS PLUS.....	190
safetussin liq dm	66
SAFETY 21G MIS LANCETS	190
SAFETY 23G MIS LANCETS	190
SAFETY 28G MIS LANCETS	190
SAFETY 30G MIS LANCETS	190
SAFETY MIS LANCETS	190
salese/ loz xylitol.....	150
saline mist spr 0.65%.....	61
saline nasal spr 0.65%	61
SALINE/PHENO SOL.....	204
SALIVAMAX POW	150
salivasure loz	150
salmon oil cap 1000mg	140
salonpas gel pad 4%	162
salonpas pad pain rel	162
sam-e.p.a. cap 500mg	140
SANTYL OIN 250/GM	160
sapropterin dihydrochloride powder packet 100 mg.....	42
sapropterin dihydrochloride powder packet 500 mg	42
sapropterin dihydrochloride tab 100 mg ..	42
SAPS HEALTH MIS TWIST	190
SAPS HEALTH PAD ALCOHOL.....	203
SAPS TWIST MIS 30G	190

SAPSCARE MIS TWIST	190
sarnol-hc lot 1%	159
SAVELLA MIS TITR PAK	92
SAVELLA TAB 100MG.....	92
SAVELLA TAB 12.5MG	92
SAVELLA TAB 25MG.....	92
SAVELLA TAB 50MG	92
SB ALCOHOL PAD PREP	203
sb allergy tab 10mg	56
sb allergy tab 25mg med	55
sb antacid sus anti-gas	80
sb aspirin tab 325mg.....	93
sb aspirin tab 325mg ec	94
sb bisacodyl tab 5mg ec.....	70
sb bismuth tab 262mg	77
sb cgh contr liq 100/5ml.....	62
sb child asa chw 81mg	93
sb coughtab tab 200mg	61
sb docusate tab 8.6-50mg.....	76
sb fib lax pow 30%	73
sb fib lax pow 33%	73
sb gas relf chw 125mg	85
sb hydrocort oin 1%	159
sb ibuprofen tab 200mg	100
SB LANCETS MIS THIN.....	190
SB LANCETS MIS ULTR THN	190
sb laxative sup 10mg.....	71
sb nat fiber pow 49%	73
sb non-asa chw 160mg	96
sb non-asa chw 80mg frt.....	95
sb non-asa chw 80mg grp	95
sb saline spr 0.65%	61
sb senna-lax tab 8.6mg	71
sb sleep tab 25mg	89
sb triple oin antibiot.....	153
scalp relief sol 1%	158
scalpicin sol 1%.....	158
scot-tussin liq expct sf	62
sea-omega 50 cap 1000mg	140
SEGLUROMET TAB 2.5-1000.....	38
SEGLUROMET TAB 2.5-500	38
SEGLUROMET TAB 7.5-1000.....	38
SEGLUROMET TAB 7.5-500	38
selegiline hcl cap 5 mg	105
selegiline hcl tab 5 mg	105
selenium sulfide lotion 2.5%	157
SELZENTRY SOL 20MG/ML.....	20
SEMGLEE INJ 100U/ML.....	36
senexon-s tab 8.6-50mg	76
senior tabs tab.....	123
senna lax tab 8.6mg	71
senna laxati tab 8.6mg	71
senna plus tab 8.6-50mg.....	76
senna s tab 8.6-50mg	76
senna smooth tab 15mg.....	71
SENNA SYP	71
senna-extra tab 17.2mg	71
senna-lax tab 8.6mg.....	71
senna-plus tab 8.6-50mg	76
senna-s tab 8.6-50mg.....	76
senna-tabs tab 8.6mg	71
senna-time s tab 8.6-50mg	76
senna-time tab 8.6mg	71
sennazon syrup 8.8mg/5	72
sennosides cap 8.6 mg	71
sennosides syrup 8.8 mg/5ml	72
sennosides tab 8.6 mg	71
sennosides-docusate sodium tab 8.6-50 mg	76
senokot extr tab 17.2mg.....	71
SENOKOT KIDS CHW GUMMIES	71
SENOKOT LAX CHW GUMMIES	71
SENOKOT TAB 8.6MG	71
SENTRY SENIO TAB LUTEIN	123
sentry tab	123
SENTRY TAB	123
sentry tab senior	123
SEROSTIM INJ 4MG	41
SEROSTIM INJ 5MG	41
SEROSTIM INJ 6MG	41
sevelamer carbonate packet 0.8 gm	86
sevelamer carbonate packet 2.4 gm	86
sevelamer carbonate tab 800 mg	86
sf 5000 plus cre 1.1%	149
sf gel 1.1%	150
shake ache tab 500mg	95
sharobel tab 0.35mg	31
SHEER ADHESI MIS 3/4.....	198

SHEER BANDGE MIS.....	198	<i>sirolimus oral soln 1 mg/ml</i>	205
SHEER BANDGE MIS 1	198	<i>sirolimus tab 0.5 mg</i>	205
SHEER BANDGE MIS EX-LARGE	198	<i>sirolimus tab 1 mg</i>	205
SHIELD-SECUR MIS	180	<i>sirolimus tab 2 mg</i>	205
SHR BANDAGES MIS	198	SKIN BEAUTY/ PAK WELLNESS.....	128
SHR BANDAGES MIS ASSORTED	198	<i>skin cleansr sol 4%</i>	163
SIDESTREAM MIS MASK.....	174	<i>skin protect oin all-purp</i>	160
SIDESTREAM MIS NEBULIZR	177	<i>skin trtmnt lot 12%</i>	160
SIDESTREAM MIS PED MASK	174	SKIN/HAIR/ CAP NAILS	117
SIDESTREAM MIS PLUS	177	SKYLA IUD 13.5MG.....	31
SIDESTRM PLS MIS FACE MSK.....	174	SKYRIZI INJ 150MG/ML.....	156
<i>signacal tab</i>	129	SKYRIZI INJ 180/1.2.....	86
<i>siladryl alr liq 12.5/5ml</i>	55	SKYRIZI INJ 360/2.4	86
<i>sildenafil citrate for suspension 10 mg/ml</i> 52		SKYRIZI PEN INJ 150MG/ML	156
<i>sildenafil citrate tab 20 mg</i>	52	SKYRIZI SOL 60MG/ML.....	86
SILICONE MSK MIS ADULT	174	<i>sleep aid cap 50mg</i>	89
SILICONE MSK MIS INFANT	174	<i>sleep aid tab 25mg</i>	89
SILICONE MSK MIS PED	174	<i>sleep tab 25mg</i>	89
<i>siltussin sa liq 100/5ml</i>	62	<i>sleep-aid cap 50mg</i>	89
<i>silver sulfadiazine cream 1%</i>	157	<i>sleep-aid ms cap 50mg</i>	89
<i>simeped dro 40/0.6ml</i>	85	<i>sleep-aid tab 25mg</i>	89
<i>simethicone cap 125 mg</i>	85	<i>sleep-tabs tab 25mg</i>	89
<i>simethicone cap 180mg</i>	85	<i>slow iron tab 160mg er</i>	142
<i>simethicone chew tab 125 mg</i>	85	<i>slow rel fe tab 160mg cr</i>	142
<i>simethicone chew tab 80 mg</i>	85	<i>slow release tab 143mg</i>	141
<i>simethicone dro infants</i>	85	<i>slow release tab 45mg</i>	142
<i>simethicone susp 40 mg/0.6ml</i>	85	SLOW RELEASE TAB 47.5MG.....	141
<i>simliya tab 28 day</i>	35	<i>slow release tab iron 45</i>	142
<i>simpesse tab</i>	36	<i>slow-release tab 45mg</i>	142
SIMPLY SALIN AER 0.9%.....	61	<i>slow-release tab fe 45mg</i>	142
<i>simply salin aer baby</i>	63	<i>sm 8 hr pain tab 650mg</i>	95
<i>simply sleep tab 25mg</i>	89	<i>sm acid redu tab 200mg</i>	81
<i>simvastatin tab 10 mg</i>	51	SM ADHESIVE PAD 2	199
<i>simvastatin tab 20 mg</i>	51	SM ADHESIVE PAD 3	199
<i>simvastatin tab 40 mg</i>	51	SM ALCOHOL PAD PREP	203
<i>simvastatin tab 5 mg</i>	51	<i>sm all day tab 10mg</i>	57
<i>simvastatin tab 80 mg</i>	51	<i>sm all day tab allergy</i>	57
SINGLE-LET MIS 23G.....	190	<i>sm all day tab allr rel</i>	58
<i>sinus & cong tab 30mg</i>	59	<i>sm allergy sol 5mg/5ml</i>	58
<i>sinus 12 hr tab 120mg er</i>	59	<i>sm allergy tab 25mg rlf</i>	55
<i>sinus 12-hr tab 120mg er</i>	59	<i>sm allergy tab 60mg</i>	57
<i>sinus cngst tab 30mg</i>	59	<i>sm allergy-d tab 5-120mg</i>	63
<i>sinus/conges tab 120mg</i>	59	<i>sm animal chw shapes</i>	129
<i>sinus/conges tab 30mg</i>	59	<i>sm animal sh chw complete</i>	131

<i>sm antacid chw 500mg</i>	78	<i>sm clearlax pow</i>	75
<i>sm antacid sus</i>	80	<i>sm complete tab</i>	123
<i>sm antacid sus advanced</i>	80, 81	<i>sm complete tab 50+</i>	123
<i>sm antacid sus anti-gas</i>	80	<i>sm complete tab 50+ mens</i>	123
<i>sm antacid sus max st.</i>	81	<i>sm complete tab 50+ wmn</i>	123
<i>sm antibioti oin 500/gm</i>	153	<i>sm complete tab adv form</i>	123
<i>sm anti-diar tab 2mg</i>	77	<i>sm complete tab senior</i>	123
<i>sm antifungl cre 1%</i>	154	<i>sm dry eye sol relief</i>	148
<i>sm antifungl cre 2%</i>	155	<i>sm fiber pow</i>	73
<i>sm antisepeti sol clnsr 4%</i>	163	<i>sm fiber pow 28.3%</i>	73
<i>sm arthrts p tab 650mg</i>	95	<i>sm fiber pow 43%</i>	73
<i>sm artificia sol tears</i>	146	<i>sm fiber pow 51.7%</i>	73
<i>sm aspirin chw 81mg</i>	93	<i>sm fiber pow 58.6%</i>	74
<i>sm aspirin tab 325mg ec</i>	94	<i>sm fish oil cap</i>	140
<i>sm aspirin tab 81mg ec</i>	93	<i>sm fish oil cap 1000mg</i>	140
<i>sm b complex tab with c</i>	110	<i>sm fish oil cap 1200mg</i>	140
<i>sm b super tab vita com</i>	111	<i>sm folic acd tab 400mcg</i>	141
<i>sm b100 tab complex</i>	111	<i>sm gas rel chw 125mg</i>	85
<i>sm balanced tab b-100</i>	110	<i>sm gas relf chw 80mg</i>	85
<i>sm balanced tab b-50</i>	110	<i>sm gas relie cap 180mg</i>	85
SM BANDAGES MIS ANTIBACT	198	<i>sm gas relieve chw 80mg</i>	85
SM BANDAGES MIS CLEAR	198	<i>sm gentle tab laxative</i>	70
SM BANDAGES MIS CLR SPOT	198	<i>sm hair/skin tab /nails</i>	123
SM BANDAGES MIS FAB 3/4	198	<i>sm hydrocort cre 1%</i>	158
SM BANDAGES MIS FAB XL	198	<i>sm hydrocort cre 1% plus</i>	158
SM BANDAGES MIS FLEXIBLE	198	<i>sm hydrocort oin 1%</i>	159
SM BANDAGES MIS FOAM	198	<i>sm ibuprofen cap 200mg</i>	99
SM BANDAGES MIS FOAM XL	198	<i>sm ibuprofen chw 100mg</i>	100
SM BANDAGES MIS PLASTIC	198	<i>sm ibuprofen tab 100mg jr</i>	99
SM BANDAGES MIS SHEER	198	<i>sm ibuprofen tab 200mg</i>	100
SM BANDAGES MIS SHEER XL	198	<i>sm iron slow tab 160mg cr</i>	142
SM BANDAGES MIS STRNG ST	198	<i>sm iron slow tab 45mg</i>	141
SM BANDAGES MIS WTRSHELD	198	<i>sm iron tab 325mg</i>	141
<i>sm b-complex tab</i>	111	<i>sm iron tab 45mg</i>	141
SM B-COMPLEX TAB /VIT C	111	SM KNUCKLE/ MIS FINGERTP	198
<i>sm ca/mg/zn tab</i>	138	SM LANCETS MIS 33G	191
<i>sm ca/vit d3 tab 600-400</i>	136	<i>sm laxative sup 10mg</i>	71
<i>sm cal citr+ tab vit d3</i>	137	<i>sm laxative tab 5mg ec</i>	70
SM CALAMINE LOT	163	<i>sm loratadin tab 10mg</i>	58
<i>sm calcium chw</i>	138	<i>sm lubricant dro 0.4-0.3%</i>	147
<i>sm calcium tab /vit d3</i>	136	<i>sm micon 7 sup 100mg</i>	87
<i>sm calcium/d tab 500-200</i>	136	<i>sm mucus rel tab 1200 er</i>	63
<i>sm calcium/d tab 600-400</i>	136	<i>sm mucus rel tab 600mg er</i>	62
<i>sm child asa chw 81mg</i>	93	<i>sm multiple tab vit/iron</i>	115

<i>sm multiple tab vitamins</i>	114
<i>sm nasal dec tab 30mg</i>	59
<i>sm omepraza tab 20mg</i>	83
SM ONE DAILY TAB ESSENTIA	129
SM ONE DAILY TAB MENS	123
SM ONE DAILY TAB WOMENS.....	123
<i>sm opti-vita tab</i>	123
<i>sm pain rel tab 500mg</i>	95
<i>sm povid-iod sol 10%</i>	163
<i>sm rpd melt tab 160mg</i>	97
<i>sm senna lax tab 8.6mg</i>	71
<i>sm senna-s tab 8.6-50mg</i>	76
<i>sm sleep aid tab 25mg</i>	89
<i>sm stomach chw 262mg</i>	77
<i>sm stomach sus 262/15ml</i>	77
<i>sm stool sof tab 8.6-50mg</i>	76
SM STRONG MIS STRIPS	198
SM STURDY MIS STRIP	199
<i>sm triple oin antibiot</i>	153
<i>sm tussin cf liq</i>	67
<i>sm tussin dm liq 5-100/5</i>	65
<i>sm tussin dm syrup 100-10/5</i>	67
SM VAPORIZER LIQ INHALANT	178
SM VAPORIZER TAB CLEANING.....	179
<i>sm vit b1 tab 100mg</i>	106
<i>sm vit d3 cap 50mcg</i>	107
<i>sm vitamin d tab 400unit</i>	107
SMART NEB MIS COMP NEB.....	177
SMART SENSE MIS LANC 21G.....	191
SMART SENSE MIS LANC 26G.....	191
SMART SENSE MIS LANC 30G.....	191
SMART SENSE MIS LANC 33G.....	191
SMARTEST MIS LANCETS	191
SMARTY PANTS CHW KIDS	130
<i>smooth anta chw fruit</i>	78
<i>smooth antac chw 750mg</i>	78
<i>smooth lax pow</i>	75
<i>smooth lax pow 3350</i>	75
<i>smooth lax pow 3350 nf</i>	75
<i>sod fluoride pst 1.1%</i>	150
SOD OXYBATE SOL 500MG/ML.....	92
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	76
<i>sodium chloride aero soln 0.9%</i>	63
<i>sodium chloride soln nebu 0.9%</i>	63
<i>sodium chloride soln nebu 10%</i>	63
<i>sodium chloride soln nebu 3%</i>	63
<i>sodium chloride soln nebu 7%</i>	63
<i>sodium fluor cre 5000 pls</i>	149
<i>sodium fluor cre 5000 ppm</i>	149
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	138
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	138
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	138
<i>sodium fluoride cream 1.1%</i>	150
<i>sodium fluoride gel 1.1% (0.5% f)</i>	150
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	138
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	138
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	138
SOFOS/VELPAT TAB 400-100	22
SOFT 'N FLEX MIS.....	199
SOFTCLIX MIS LANCETS	191
SOLIQUA INJ 100/33.....	38
SOLO TAB	123
SOLUS V2 MIS LANC 28G	191
SOLUS V2 MIS LANC 30G	191
SOLUVITA SOL 0.25/ML	131, 132
SOLUVITA SOL 0.5MG/ML	132, 138
SOMATULINE INJ 120/.5ML	41
SOMATULINE INJ 60/0.2ML	41
SOMATULINE INJ 90/0.3ML	41
<i>sominex max tab 50mg</i>	90
<i>sominex nigh tab 25mg</i>	89
<i>sominex tab 25mg</i>	90
<i>soothe chw 262mg</i>	77
<i>soothe dro hydratio</i>	146
SOOTHE NEB MIS NEBULIZE	177
<i>soothe night oin op</i>	147
<i>soothe sus 262/15ml</i>	77
<i>soothe sus 525/15ml</i>	77
<i>soothe sus 525/30ml</i>	77
<i>soothe xp dro</i>	146
<i>soothe xp dro 1%-4.5%</i>	146

<i>soothe xp sol</i>	146
SOOTHENE MIS COMP NEB	177
SOOTHENE MIS MED CUP	174
SOOTHENE MIS MESH CAP.....	174
SOOTHENE MIS NBL 100.....	174
<i>sorbugen nr liq</i>	66
<i>sorbutuss nr liq 10-100/5</i>	66
SORESPOT MIS BANDAGES.....	199
<i>sotalol hcl (afib/afl) tab 120 mg</i>	43
<i>sotalol hcl (afib/afl) tab 160 mg</i>	43
<i>sotalol hcl (afib/afl) tab 80 mg</i>	43
<i>sotalol hcl tab 120 mg</i>	43
<i>sotalol hcl tab 160 mg</i>	43
<i>sotalol hcl tab 240 mg</i>	43
<i>sotalol hcl tab 80 mg</i>	43
SPACE CHAMBR MIS ANTI-STA.....	175
SPACE CHAMBR MIS LARGE	175
SPACE CHAMBR MIS MEDIUM	175
SPACE CHAMBR MIS SMALL.....	175
SPACER CHAMB MIS ADULT	175
SPACER CHAMB MIS CHILD	175
SPACER CHAMB MIS INFANT	175
<i>span c tab</i>	113
SPARKY THE MIS DOG.....	177
<i>spectr women tab hlth sen</i>	123
<i>spectra ultr tab hlth men</i>	123
SPECTRAVITE CHW ADLT 50+	127
SPECTRAVITE CHW WOMEN	127
SPECTRAVITE TAB.....	123
SPECTRAVITE TAB ADLT 50+.....	124
SPECTRAVITE TAB ADULTS.....	124
<i>spectravite tab advanced</i>	124
<i>spectravite tab men</i>	124
<i>spectravite tab men 50+</i>	124
SPECTRAVITE TAB MEN 50+	124
<i>spectravite tab senior</i>	124
SPECTRAVITE TAB ULT MEN	124
SPECTRAVITE TAB ULT WMN	124
<i>spectravite tab women</i>	124
<i>spectravite tab women 50</i>	124
<i>spinosad susp 0.9%</i>	163
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	50
<i>spironolactone tab 100 mg</i>	49
<i>spironolactone tab 25 mg</i>	49
<i>spironolactone tab 50 mg</i>	49
<i>sprintec 28 tab 28 day</i>	34
SPRYCEL TAB 100MG.....	27
SPRYCEL TAB 140MG.....	27
SPRYCEL TAB 20MG	27
SPRYCEL TAB 50MG	27
SPRYCEL TAB 70MG	27
SPRYCEL TAB 80MG	27
<i>sps sus 15gm/60</i>	205
<i>sps sus 30gm/120</i>	205
<i>sronyx tab</i>	33
<i>ssd cre 1%</i>	157
<i>st joseph chw low 81mg</i>	93
<i>st joseph tab low 81mg</i>	93
STEGLATRO TAB 15MG	38
STEGLATRO TAB 5MG	38
STERILANCE MIS TL 28G	191
STERILANCE MIS TL 30G	191
STERILANCE MIS TL 32G	191
<i>stimulant lx tab 8.6-50mg</i>	76
STIVARGA TAB 40MG	27
<i>stomach rele tab 262mg</i>	77
<i>stomach relf chw 262mg</i>	77
<i>stomach relf sus 1050/30</i>	77
<i>stomach relf sus 262/15ml</i>	77
<i>stomach relf sus 524/30ml</i>	77
<i>stomach relf sus 525/15ml</i>	77
<i>stomach relf sus 525/30ml</i>	77
<i>stomach relf sus 527/30ml</i>	77
<i>stomach relf sus max str</i>	77
<i>stomach relf sus plus</i>	78
<i>stomach relf tab 262mg</i>	77
<i>stool soft cap 240mg</i>	74
<i>stool soft cap 250mg</i>	75
<i>stool soften cap 100mg</i>	74
<i>stool soften cap 250mg</i>	75
<i>stool soften liq 50mg/5ml</i>	75
<i>stool softnr cap 100mg</i>	74
<i>stool softnr cap 240mg</i>	74
<i>stool softnr cap 250mg</i>	75
<i>stool softnr cap 50mg</i>	74
<i>stool softnr tab 100mg</i>	75
<i>stool softnr tab 8.6-50mg</i>	76

<i>stress b com tab vit c/zn</i>	110
<i>stress b com tab w/iron</i>	115
<i>stress b/ tab zinc</i>	110
<i>stress b-com tab antio/zn</i>	124
<i>stress form tab</i>	111, 114
<i>stress form tab /iron</i>	115
<i>stress form/ tab zinc</i>	110
<i>stress formu tab</i>	114
STRESS FORMU TAB ZINC/ENE	114
<i>stress plus tab zinc</i>	110
<i>stresstabs tab</i>	114
<i>stresstabs tab advanced</i>	124
<i>stresstabs tab energy</i>	114
STRIBILD TAB	22
STRIVERDI AER 2.5MCG	68
STRONG STRIP MIS WATERPRF	199
<i>stye dro 0.5-0.6%</i>	147
<i>stye oin</i>	147
<i>sucralfate tab 1 gm</i>	83
<i>sudafed 12hr tab 120mg cr</i>	59
<i>sudafed 12hr tab 120mg er</i>	59
SUDAFED 24HR TAB 240MG	60
SUDAFED CHLD LIQ 15MG/5ML	59
<i>sudogest max tab 30mg</i>	59
<i>sudogest tab 30mg</i>	59
<i>sudogest tab 60mg</i>	59
<i>sulfacetamide sodium lotion 10% (acne)</i> 152	
<i>sulfacetamide sodium ophth soln 10% ...</i> 145	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	148
<i>sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml</i>	24
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	24
<i>sulfamethoxazole-trimethoprim tab 800- 160 mg</i>	24
<i>sulfasalazine tab 500 mg</i>	86
<i>sulfasalazine tab delayed release 500 mg</i>	86
<i>sulfatrim pd sus 200-40/5</i>	24
<i>sulindac tab 150 mg</i>	101
<i>sulindac tab 200 mg</i>	101
<i>sumatriptan nasal spray 20 mg/act</i>	103
<i>sumatriptan nasal spray 5 mg/act</i>	103
<i>sumatriptan succinate inj 6 mg/0.5ml....</i>	103
<i>sumatriptan succinate solution auto- injector 4 mg/0.5ml</i>	103
<i>sumatriptan succinate solution auto- injector 6 mg/0.5ml</i>	103
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	103
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	103
<i>sumatriptan succinate tab 100 mg</i>	103
<i>sumatriptan succinate tab 25 mg</i>	103
<i>sumatriptan succinate tab 50 mg</i>	103
<i>summers eve sol ex clean</i>	88
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	28
<i>sunitinib malate cap 25 mg (base equivalent)</i>	28
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	28
<i>sunitinib malate cap 50 mg (base equivalent)</i>	28
SUPER ANTIOX CAP	117
<i>super antiox cap protect</i>	117
<i>super antiox tab a/c/e/se</i>	124
SUPER B- CAP COMPLEX	110
<i>super b comp tab /vit c</i>	111
<i>super b comp tab vit c</i>	110, 112
<i>super b- tab complex</i>	111
<i>super b w/c cap</i>	110
SUPER B-50 CAP B-COMP	110
<i>super b-comp tab /fa/vitc</i>	112
SUPER B-COMP TAB IRON/C	112
<i>super b-comp tab vit c/fa</i>	112
<i>super cal/ tab mag</i>	135
<i>super calciu tab 600mg</i>	134
SUPER D3 CAP COMPLEX	109
<i>super dec tab b-100</i>	111
<i>super dha cap gems</i>	140
<i>super multip tab</i>	124
<i>super omega cap -3</i>	140
<i>super quints tab</i>	111
<i>super thera tab vite m</i>	124
SUPER THIN MIS LANC 28G	191
SUPER THIN MIS LANCETS	191

<i>super-b tab complex</i>	111
SUPERIOR TAB MENS	124
<i>suphedrine tab 120mg er</i>	59
SUPPORT-500 CAP	117
<i>supr aytinal tab</i>	124
<i>supr aytinal tab 50 plus</i>	124
<i>supr vitamin tab</i>	124
SURE COMFORT MIS 29GX1/2	165
SURE COMFORT MIS 31GX3/16	166
SURE COMFORT MIS 31GX5/16	168
SURE COMFORT MIS 32GX5/32	170, 171
SURE COMFORT MIS 32GX6MM	172
SURE COMFORT MIS LANC 18G	191
SURE COMFORT MIS LANC 21G	191
SURE COMFORT MIS LANC 23G	191
SURE COMFORT MIS LANC 30G	191
SURE COMFORT MIS LANCETS	191
<i>sure result cre sr 0.025</i>	161
SUREFLEX MIS LANCETS	191
SURELITE MIS LANCETS	191
SURESEAL MIS EX LARGE	199
SURESEAL MIS K	199
SURESEAL MIS LARGE	199
<i>surfak cap 240mg</i>	74
SURGICAL MSK MIS N95	180
<i>sv fish oil cap 500mg</i>	140
<i>sv iron tab 325mg</i>	141
<i>sv vit d3 cap 25mcg</i>	106
<i>sv vit d3 cap 50mcg</i>	107
<i>sv vitamin d chw 25mcg</i>	108
<i>syeda tab 3-0.03mg</i>	33
SYMDEKO TAB 50-75MG	70
SYMTUZA TAB	22
SYNAGIS INJ 100MG/ML	24
SYNAGIS INJ 50/0.5ML	24
SYNAREL SOL 2MG/ML	40
SYNERTROPIN CAP	133
SYNVISC INJ 8MG/ML	105
SYNVISC ONE INJ 8MG/ML	106
<i>systane dro contacts</i>	146
<i>systane icap cap areds2</i>	117
SYSTANE ICAP CHW AREDS2	127
SYSTANE ICAP TAB AREDS2	124
<i>systane oin</i>	147

T	
<i>tab tussin tab 400mg</i>	61
<i>tab-a-vite tab</i>	114
<i>tab-a-vite tab /iron</i>	115
<i>tab-a-vite tab beta car</i>	114
TAB-A-VITE TAB IRON/BET	115
<i>tacrolimus cap 0.5 mg</i>	205
<i>tacrolimus cap 1 mg</i>	205
<i>tacrolimus cap 5 mg</i>	205
<i>tacrolimus oint 0.03%</i>	160
<i>tacrolimus oint 0.1%</i>	160
TAFINLAR CAP 50MG	27
TAFINLAR CAP 75MG	27
TAFINLAR TAB 10MG	27
<i>take action tab 1.5mg</i>	32
<i>tame flame chw 500mg</i>	78
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	26
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	26
<i>tamsulosin hcl cap 0.4 mg</i>	88
<i>tarina fe tab 1/20 eq</i>	34
TECHLITE AST MIS LANCETS	191
TECHLITE MIS LANC 26G	192
TECHLITE MIS LANCETS	192
<i>teeny tummy dro 20/0.3ml</i>	85
<i>temozolomide cap 100 mg</i>	24
<i>temozolomide cap 140 mg</i>	25
<i>temozolomide cap 180 mg</i>	25
<i>temozolomide cap 20 mg</i>	24
<i>temozolomide cap 250 mg</i>	25
<i>temozolomide cap 5 mg</i>	24
<i>tenofovir disoproxil fumarate tab 300 mg</i>	21
<i>terazosin hcl cap 1 mg (base equivalent)</i>	48
<i>terazosin hcl cap 10 mg (base equivalent)</i>	48
<i>terazosin hcl cap 2 mg (base equivalent)</i>	48
<i>terazosin hcl cap 5 mg (base equivalent)</i>	48
<i>terbinafine hcl tab 250 mg</i>	20
<i>terbutaline sulfate tab 2.5 mg</i>	68
<i>terbutaline sulfate tab 5 mg</i>	68
<i>terconazole vaginal cream 0.4%</i>	88
<i>terconazole vaginal cream 0.8%</i>	88
<i>terconazole vaginal suppos 80 mg</i>	88
<i>teriflunomide tab 14 mg</i>	92

<i>teriflunomide tab 7 mg</i>	92
TERIPARATIDE INJ 620/2.48	40
testosterone cypionate im inj in oil 100 <i>mg/ml</i>	30
testosterone cypionate im inj in oil 200 <i>mg/ml</i>	30
testosterone enanthate im inj in oil 200 <i>mg/ml</i>	30
testosterone td gel 10mg/act (2%)	30
testosterone td gel 25 mg/2.5gm (1%)	30
tetracycline hcl cap 250 mg.....	19
tetracycline hcl cap 500 mg	19
TGT LANCET MIS 26G	192
TGT LANCET MIS 30G.....	192
TGT LANCET MIS 33G	192
THALOMID CAP 100MG.....	204
THALOMID CAP 50MG.....	204
theophylline elixir 80 mg/15ml	68
theophylline soln 80 mg/15ml	68
theophylline tab er 12hr 300 mg	68
theophylline tab er 12hr 450 mg	68
theophylline tab er 24hr 400 mg	68
theophylline tab er 24hr 600 mg	68
thera form/ tab hematin	124
THERA TAB	114
thera tab vital-m	124
thera vital tab m	124
therabasic-m tab	124
therabreath loz dry mout	150
theracare pad 4%.....	162
thera-d tab 2000unit.....	108
THERAGRAN-M TAB	124
THERAGRAN-M TAB 50 PLUS	124
THERAGRAN-M TAB ADVANCED	124
THERAGRAN-M TAB PREMIER	124
THERAMILL CAP FORTE	117
TERANATAL CAP LACTATIO.....	117
TERANATAL MIS LACTATIO	129
<i>therapeutic tab -m</i>	124
<i>therapeutic- tab m</i>	124
THERAPEUTIC- TAB M	124
THERA-TABS M TAB.....	124
<i>thera-tabs tab</i>	114
<i>theratears gel 1% ophth</i>	146
<i>THERATEARS SOL 0.25% PF</i>	145
<i>theratrum co tab 50 plus</i>	124
<i>theratrum tab complete</i>	124
THERA-VITE TAB MAX-M	124
THEREMS TAB MULTIVIT	114
<i>theromega cap 1000mg</i>	140
<i>thiamine hcl tab 100 mg</i>	106
<i>thiamine hcl tab 50 mg</i>	106
<i>thiamine mononitrate tab 100 mg</i>	106
THIN LANCETS MIS 26G	192
THIN LANCETS MIS 30G	192
THRESHOLD MIS IMT	174
<i>thrive for tab women</i>	124
<i>tiadylt cap 120mg/24</i>	45
<i>tiadylt cap 180mg/24</i>	45
<i>tiadylt cap 240mg/24</i>	45
<i>tiadylt cap 300mg/24</i>	45
<i>tiadylt cap 360mg/24</i>	45
<i>tiadylt cap 420mg/24</i>	45
TIER UNI PLS MIS 31GX8MM	169
<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	148
<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	148
<i>timolol maleate ophth soln 0.25%</i>	148
<i>timolol maleate ophth soln 0.5%</i>	148
<i>timolol maleate tab 10 mg</i>	43
<i>timolol maleate tab 20 mg</i>	43
<i>timolol maleate tab 5 mg</i>	43
<i>tinaspore sol 1%</i>	154
<i>tineacide cre</i>	155
<i>titralac chw 420mg</i>	78
TIVICAY PD TAB 5MG.....	20
TIVICAY TAB 50MG.....	20
<i>tizanidine hcl tab 2 mg (base equivalent)</i> 105	
<i>tizanidine hcl tab 4 mg (base equivalent)</i> 105	
TM-DAILY TAB VITE.....	114
<i>tobramycin nebu soln 300 mg/4ml</i>	19
<i>tobramycin nebu soln 300 mg/5ml</i>	19
<i>tobramycin ophth soln 0.3%</i>	145
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	148
<i>tolnaftate aerosol pow 1%</i>	154
<i>tolnaftate cream 1%</i>	154

<i>tolvaptan tab 15 mg</i>	42	TREXALL TAB 10MG.....	25
TOPCARE MIS LANC 33G	192	TREXALL TAB 15MG.....	25
<i>toremifene citrate tab 60 mg (base equivalent)</i>	26	TREXALL TAB 5MG	25
<i>torpenz tab 10mg</i>	27	TREXALL TAB 7.5MG	25
<i>torpenz tab 2.5mg</i>	27	<i>tri super tab flavons</i>	113
<i>torpenz tab 5mg</i>	27	<i>triamcinolone acetonide cream 0.025%</i>	159
<i>torpenz tab 7.5mg</i>	27	<i>triamcinolone acetonide cream 0.1%</i>	159
<i>torsemide tab 10 mg</i>	49	<i>triamcinolone acetonide cream 0.5%</i>	159
<i>torsemide tab 100 mg</i>	49	<i>triamcinolone acetonide dental paste 0.1%</i>	149
<i>torsemide tab 20 mg</i>	49	<i>triamcinolone acetonide lotion 0.025%</i>	159
<i>torsemide tab 5 mg</i>	49	<i>triamcinolone acetonide lotion 0.1%</i>	159
<i>total allerg liq 12.5/5ml.</i>	55	<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	60
<i>total allerg tab 25mg</i>	55	<i>triamcinolone acetonide oint 0.025%</i>	160
<i>totalday mul tab tr</i>	125	<i>triamcinolone acetonide oint 0.1%</i>	160
<i>tramadol hcl tab 50 mg</i>	98	<i>triamcinolone acetonide oint 0.5%</i>	160
<i>tramadol hcl tab er 24hr 100 mg</i>	98	<i>triaminic tab 10mg</i>	58
<i>tramadol hcl tab er 24hr 200 mg</i>	98	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	50
<i>tramadol hcl tab er 24hr 300 mg</i>	98	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	50
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	99	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	50
<i>trandolapril tab 1 mg</i>	47	<i>tridacaine pad 5%</i>	162
<i>trandolapril tab 2 mg</i>	47	<i>triderm cre 0.5%</i>	159
<i>trandolapril tab 4 mg</i>	47	<i>tri-estaryll tab</i>	35
<i>travel ease chw 25mg</i>	84	<i>trifluridine ophth soln 1%</i>	145
TRAVEL LANCE MIS ADV 28G.....	192	TRIKAFTA PAK 59.5MG.....	70
<i>travel-ease tab 25mg</i>	83	TRIKAFTA PAK 75MG	70
TRELEGY AER 100MCG.....	68	TRIKAFTA TAB	70
TRELEGY AER 200MCG	68	<i>tri-linyah tab</i>	35
TRELSTAR MIX INJ 3.75MG	26	<i>tri-lo tab estaryll</i>	35
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	52	<i>tri-lo- tab marzia</i>	35
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	52	<i>tri-lo- tab sprintec</i>	35
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	52	<i>tri-lo-mili tab</i>	35
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	52	<i>trimethobenzamide hcl cap 300 mg</i>	84
<i>tretinoin cap 10 mg</i>	28	<i>trimethoprim tab 100 mg</i>	23
<i>tretinoin cream 0.025%</i>	152	<i>tri-mili tab</i>	35
<i>tretinoin cream 0.05%</i>	152	<i>trinate tab</i>	133
<i>tretinoin cream 0.1%</i>	152	<i>tri-nymyo tab</i>	35
<i>tretinoin gel 0.01%</i>	152	<i>triphocaps cap</i>	111
<i>tretinoin gel 0.025%</i>	152	<i>triple antib oin</i>	153
		<i>triple antib oin frst aid</i>	153

triple paste oin 2%.....	155
TRIPTODUR SUS 22.5MG.....	40
tri-sprintec tab	35
tritolnacide cre 1%.....	154
TRIUMEQ PD TAB.....	22
TRIUMEQ TAB.....	22
tri-vit/fluo dro 0.25mg	131
tri-vit/fluo dro 0.5mg	131
trivora-28 tab	35
tri-vylibra tab	35
tri-vylibra tab lo	35
TROGARZO INJ 150MG/ML.....	20
TROMBONEX CAP	112
TROMBONEX-D CAP	112
tropical liq nutritio.....	127
trospium chloride tab 20 mg.....	87
TRUE COMFORT MIS 32GX4MM	171
TRUE COMFORT MIS LANC 30G	192
TRUE COMFORT PAD PRO	203
TRUE COVER MIS CONDOM	201
true daily tab vite	114
true laxativ pow 3350	75
TRUE MULTI- TAB VITAMIN	114
true vit b1 tab 100mg.....	106
true vit d3 cap 1250mcg	107
true vit d3 cap 250mcg.....	107
TRULICITY INJ 0.75/0.5.....	36
TRULICITY INJ 1.5/0.5.....	36
TRULICITY INJ 3/0.5.....	36
TRULICITY INJ 4.5/0.5	36
TRUPLUS LANC MIS 26G	192
TRUPLUS LANC MIS 28G	192
TRUPLUS LANC MIS 30G.....	192
TRUPLUS LANC MIS 33G	192
TRUSTEX LUBR MIS ASSORTED	201
TRUSTEX LUBR MIS BANANA.....	201
TRUSTEX LUBR MIS CHOC.....	201
TRUSTEX LUBR MIS COLA.....	201
TRUSTEX LUBR MIS COLORS	201
TRUSTEX LUBR MIS EX LARGE	201
TRUSTEX LUBR MIS EX STR	201
TRUSTEX LUBR MIS GRAPE	201
TRUSTEX LUBR MIS MINT	201
TRUSTEX LUBR MIS RIB/STUD	201
TRUSTEX LUBR MIS SPERMICI	201
TRUSTEX LUBR MIS STRWBRY	201
TRUSTEX LUBR MIS VANILLA	201
TRUSTEX MIS BANANA.....	201
TRUSTEX MIS CHOCOLAT	201
TRUSTEX MIS FLAVORS.....	201
TRUSTEX MIS MINT	202
TRUSTEX MIS STRWBRY.....	202
TRUSTEX MIS VANILLA.....	202
TRUSTEX/RIA MIS LUBRICAT	201
TRUSTEX/RIA MIS NON-LUB	202
TRUSTEX/RIA MIS SPERMICI	201
TRUSTX NON-9 MIS RIB/STUD	201
TUBE CLEANIN MIS BRUSH	174
TUKYSA TAB 150MG	25
TUKYSA TAB 50MG	25
TUMS CHW DEL CHW 1177MG.....	79
tums smoothi chw 750mg	79
turqoz tab	34
TUSNEL C SYP	67
tusnel diabt liq 10-100/5	66
tusnel-ex liq 100/5ml.....	62
tussin adult liq 100/5ml.....	62
tussin chest liq 100/5ml	62
tussin cough liq 10-100/5.....	66
tussin dm liq	66
tussin dm liq 100-10/5	66
tussin dm liq 10-100/5	66
tussin dm liq 20-400	66
tussin dm liq 20-400mg.....	66
tussin dm liq 20-400ml	66
tussin dm liq 5-100mg	65
tussin dm mx liq	66
tussin dm mx liq 5-100/5	66
tussin dm mx liq 5-100mg	66
tussin dm syrup 100-10/5	67
tussin mucus liq 100/5ml.....	62
tussin mucus liq 200/10ml	62
T-VITES TAB	124
TWIST LANCET MIS 30G.....	192
TWIST LANCET MIS 30G MULT	192
TYBOST TAB 150MG	21
TYMLOS INJ	40
TYVASO DPI POW 16-32-48	53

TYVASO DPI POW 16MCG	53
TYVASO DPI POW 32MCG.....	53
TYVASO DPI POW 48MCG	53
TYVASO DPI POW 64MCG	53
TYVASO RF KT SOL 0.6MG/ML	52
TYVASO SOL 0.6MG/ML	52
TYVASO ST KT SOL 0.6MG/ML	52
U	
UBRELVY TAB 100MG	103
UBRELVY TAB 50MG	103
<i>ult lub eye dro 0.4-0.3%</i>	147
ULTICARE MIC MIS 32GX4MM	171
ULTICARE PAD ALCOHOL	203
ULTICARE PEN MIS 31GX5MM.....	166
ULTICARE PEN MIS 31GX8MM.....	169
ULTIGUARD MIS 31GX5MM	167
ULTIGUARD MIS 31GX8MM	169
ULTIGUARD MIS 32GX4MM	171
ULTIGUARD MIS 32GX6MM	172
ULTILET MIS 26G.....	192
ULTILET MIS 28G.....	192
ULTILET MIS 30G	192
ULTILET MIS 33G.....	192
ULTILET MIS LANCETS	192
ULTILET MIS SAFETY.....	192
ULTILET PAD ALCOHOL	203
ULTILET PEN MIS 29GX12.7.....	165
ULTILET PEN MIS 31GX5MM	167
ULTILET PEN MIS 31GX8MM	169
ULTILET PEN MIS 32GX4MM	171
ULTILET SAFE MIS 21G	193
<i>ultimate fat tab burner</i>	133
<i>ultra b-100 tab complex</i>	134
ULTRA BONEUP TAB	124
<i>ultra choice chw kids</i>	131
<i>ultra eye dro 0.4-0.3%</i>	147
<i>ultra eye pf dro 0.4-0.3%</i>	147
ULTRA FLO MIS 31GX5MM	167
ULTRA FLO MIS 31GX8MM	169
ULTRA FLO MIS PEN NEED.....	171
<i>ultra freeda tab</i>	124
<i>ultra freeda tab /iron</i>	124
<i>ultra fresh dro 0.5% op</i>	145
<i>ultra fresh oin pm</i>	147
ULTRA MEGA G TAB 100MG.....	125
ULTRA MEGA G TAB 75MG CR	125
ULTRA MEGA TAB 75MG CR	125
ULTRA MEGA TAB TWO	125
<i>ultra multi cap /iron</i>	117
ULTRA NEB MIS ACCESSOR.....	174
ULTRA OMEGA3 CAP 1400MG	140
ULTRA POTENC TAB WOMEN 50.....	124
<i>ultra sleep tab 25mg</i>	89
ULTRA THIN MIS 28G	193
ULTRA THIN MIS 30G	193
ULTRA THIN MIS 31G	193
ULTRA THIN MIS 33G	193
ULTRA THIN MIS LAN 31G.....	193
ULTRA THIN MIS LANC 28G	193
ULTRA THIN MIS LANC 30G	193
ULTRA THIN MIS LANCETS	193
<i>ultrachoice tab advanced</i>	124
<i>ultra-mega tab cr</i>	125
ULTRASONIC MIS MINI NEB.....	177
ULTSONIC FLT MIS #415-1	179
UNFINE PNTP MIS 32GX4MM	171
UNIFINE PLUS MIS 31GX3/16.....	167
UNIFINE PLUS MIS 31GX5/16.....	169
UNIFINE PLUS MIS 32GX5/32	171
UNIFINE PNTP MIS 31GX3/16	167
UNIFINE PNTP MIS 31GX5/16	169
UNIFINE PNTP MIS 31GX5MM	167
UNIFINE PNTP MIS 31GX8MM.....	169
UNIFINE PNTP MIS 32GX4MM	171
UNIFINE PNTP MIS 32GX5/32	171
UNIFINE PNTP MIS 32GX6MM	172
UNIFINE PROT MIS 32GX4MM	171
UNIFINE SAFE MIS 31GX5MM	167
UNIFINE SAFE MIS 31GX8MM	169
UNIFINE SAFE MIS 32GX4MM	171
UNIFINE ULTR MIS 31GX5MM	167
UNIFINE ULTR MIS 31GX8MM	169
UNIFINE ULTR MIS 32GX4MM	171
UNILET EX II MIS 28G.....	193
UNILET EXCEL MIS 23G.....	193
UNILET G.P MIS SUPR 23G	193
UNILET G.P. MIS 21G	193
UNILET GP 28 MIS ULT THIN	193

UNILET LANC MIS 33G.....	193	UPTRAVI TAB 1600MCG	52
UNILET LANCE MIS 21G	193	UPTRAVI TAB 200MCG	52
UNILET LANCE MIS 28G.....	193	UPTRAVI TAB 400MCG	52
UNILET LANCE MIS 33G.....	193	UPTRAVI TAB 600MCG	52
UNILET LANCT MIS 28G	193	UPTRAVI TAB 800MCG	52
UNILET LANCT MIS 30G	193	<i>ursodiol cap 300 mg</i>	84
UNILET LANCT MIS 33G.....	193	<i>ursodiol tab 250 mg</i>	84
UNILET MICRO MIS 33G.....	193	<i>ursodiol tab 500 mg</i>	84
UNILET MIS 21G.....	194	V	
UNILET SUPER MIS 23G	194	<i>vagistat-3 kit combo pk</i>	87
UNILET SUPER MIS G.P. 23G.....	194	<i>valacyclovir hcl tab 1 gm</i>	22
UNI-SOLVE PAD WIPES	164	<i>valacyclovir hcl tab 500 mg</i>	22
UNISTIK 3 MIS GENT 30G	194	<i>valganciclovir hcl for soln 50 mg/ml (base</i>	
UNISTIK PRO MIS LANC 21G	194	<i>equiv)</i>	22
UNISTIK PRO MIS LANC 28G	194	<i>valganciclovir hcl tab 450 mg (base</i>	
UNISTIK SAFE MIS LANC 28G.....	194	<i>equivalent)</i>	22
UNISTIK SAFE MIS LANC 30G.....	194	<i>valsartan tab 160 mg</i>	47
UNISTIK TOUC MIS LANC 21G.....	194	<i>valsartan tab 320 mg.....</i>	47
UNISTIK TOUC MIS LANC 23G.....	194	<i>valsartan tab 40 mg.....</i>	47
UNISTIK TOUC MIS LANC 28G.....	194	<i>valsartan tab 80 mg.....</i>	47
UNISTIK TOUC MIS LANC 30G.....	194	<i>valsartan-hydrochlorothiazide tab 160-12.5</i>	
<i>unithroid tab 100mcg</i>	39	<i>mg</i>	49
<i>unithroid tab 112mcg</i>	39	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
<i>unithroid tab 125mcg</i>	39	<i>mg</i>	49
<i>unithroid tab 137mcg</i>	39	<i>valsartan-hydrochlorothiazide tab 320-12.5</i>	
<i>unithroid tab 150mcg</i>	39	<i>mg</i>	49
<i>unithroid tab 175mcg</i>	40	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
<i>unithroid tab 200mcg</i>	40	<i>mg</i>	49
<i>unithroid tab 25mcg</i>	38	<i>valsartan-hydrochlorothiazide tab 80-12.5</i>	
<i>unithroid tab 300mcg</i>	40	<i>mg</i>	49
<i>unithroid tab 50mcg.....</i>	39	<i>vancomycin hcl cap 125 mg (base</i>	
<i>unithroid tab 75mcg</i>	39	<i>equivalent)</i>	24
<i>unithroid tab 88mcg.....</i>	39	<i>vancomycin hcl cap 250 mg (base</i>	
UNITSTIK PRO MIS LANC 25G	194	<i>equivalent)</i>	24
UNIVERSAL 1 MIS 33G	194	VAPOPADS PAD REFILL.....	178
UNIVERSAL 1 MIS LANC 26G.....	194	VAPORIZER MIS 1 GALLON	179
UNIVERSAL 1 MIS LANC 30G	194	VAPORIZER MIS 1.2 GAL.....	179
UPLIZNA SOL 100MG	205	VAPORIZER MIS 1.7 GAL.....	179
UPSPRING TAB HE NATAL	133	VAPORIZER MIS 1.9 GAL	179
UPSPRINGBABY DRO MV/IRON	130	VAPORIZER MIS 2 GALLON	179
UPTRAVI PACK TAB 200/800.....	52	VAPORIZER MIS 3 GALLON	179
UPTRAVI TAB 1000MCG	52	VAPORIZER MIS WATERLES	179
UPTRAVI TAB 1200MCG	52	VAPORIZER PAD SCENT	178
UPTRAVI TAB 1400MCG	52	VARIETY PACK MIS BANDAGES.....	199

<i>varisan tab vitality</i>	133	VIJOICE TAB 125MG	205
VASOFLEX CAP	112	VIJOICE TAB 250MG	205
VASOFLEX CAP FORTE	112	VIJOICE TAB 50MG	205
<i>vasoflex hd tab</i>	113	VIOKACE TAB 10440	84
<i>vasoflex tab</i>	113	VIOKACE TAB 20880	84
VCF VAGINAL GEL CONTRACE	88	<i>viorele tab</i>	35
VCF VAGINAL MIS CONTRACP	88	VIOS LC MIS SPRINT	177
VCKS DAYQUIL LIQ MUCUS DM	65	VIOS LC PLUS MIS	177
<i>velivet pak</i>	35	VIOS LC PLUS MIS DELUXE	177
VEMLIDY TAB 25MG	22	VIOS LC PLUS MIS PEDIATRC	177
VENCLEXTA TAB 100MG	26	VIOS MIS SYSTEM	177
VENCLEXTA TAB 10MG	26	VIOS PRO LC MIS SPRINT	177
VENCLEXTA TAB 50MG	26	VIOS PRO LC+ MIS SYSTEM	177
VENCLEXTA TAB START PK	26	VIREAD POW 40MG/GM	21
<i>verapamil hcl cap er 24hr 100 mg</i>	46	VIREAD TAB 150MG	21
<i>verapamil hcl cap er 24hr 200 mg</i>	46	VIREAD TAB 200MG	21
<i>verapamil hcl cap er 24hr 300 mg</i>	46	VIREAD TAB 250MG	21
<i>verapamil hcl tab er 120 mg</i>	46	VISCO-3 INJ 25/2.5ML	106
<i>verapamil hcl tab er 180 mg</i>	46	VISION CAP OPTIMIZE	117
<i>verapamil hcl tab er 240 mg</i>	46	<i>vision form cap 2</i>	117
VERIFINE LAN MIS MINI 21G	194	<i>vision form/ tab lutein</i>	125
VERIFINE LAN MIS MINI 23G	194	<i>vision formu cap 50+</i>	117
VERIFINE LAN MIS MINI 28G	194	VISION HEALT CAP	117
VERIFINE LAN MIS MINI 30G	194	<i>vision plus cap</i>	117
VERIFINE MIS UNIV 28G	194	<i>vision tab vitamins</i>	125
VERIFINE MIS UNIV 30G	194	VISTA ADVAN CAP AREDS2	117
VERIFINE MIS UNIV 33G	195	VISTA ADVAN CAP DRY EYE	117
VERIFINE PEN MIS 31GX5MM	167	VISTOGARD PAK 10GM	164
VERIFINE PEN MIS 31GX8MM	169	<i>vit a/c/d/fl dro 0.25mg</i>	131
VERIFINE PEN MIS 32GX4MM	171	<i>vit a/c/d/fl dro 0.5mg</i>	131
VERIFINE PEN MIS 32GX6MM	172	<i>vit d3 gumm chw 1000unit</i>	108
<i>very finest liq fish oil</i>	141	<i>vit d3 hp cap 2000unit</i>	107
VERZENIO TAB 100MG	27	<i>vit for hair tab</i>	133
VERZENIO TAB 150MG	27	<i>vita c/biofl tab rose hip</i>	113
VERZENIO TAB 200MG	27	<i>vita hair tab</i>	125
VERZENIO TAB 50MG	27	<i>vitabasic tab complete</i>	125
<i>vestura tab 3-0.02mg</i>	33	<i>vitabasic tab senior</i>	125
V-GO 20 KIT	180	VITABEX CAP	117
V-GO 30 KIT	180	VITABEX PLUS CAP	117
V-GO 40 KIT	180	VITACHEW CHW	130
VICKS MINI MIS COOLMIST	178	VITACHEW CHW ADULT	127
VICKS PURE MIS MIST	178	<i>vitachew d3 chw 25mcg</i>	108
VICKS WARM MIS MIST	178	VITACRAVES CHW +OMEGA-3	129
<i>vienna tab 0.1-20</i>	33	VITACRAVES CHW GUMMIES	127

VITACRAVES CHW IMMUNITY	127
VITACRAVES CHW MENS.....	127
VITACRAVES CHW SOUR GUM	127
VITACRAVES CHW WOMENS.....	127
<i>vitajoy daly chw d 1000iu</i>	108
VITAJOY MULT CHW ADULT	127
<i>vitalee tab</i>	114
VITALETS CHW CHILD	130
<i>vitamin a&d oin</i>	160
VITAMIN C CAP FLAVONOI.....	112
VITAMIN C CHW 500MG	113
VITAMIN C PAK BLEND.....	128
<i>vita-min cap</i>	117
<i>vitamin d cap 1000unit</i>	107
<i>vitamin d chw 1000unit</i>	108
<i>vitamin d chw 400unit</i>	108
<i>vitamin d dro 10mcg</i>	108
<i>vitamin d tab 2000unit</i>	108
<i>vitamin d tab 5000iu</i>	108
VITAMIN D2 CAP 2000UNIT.....	106
VITAMIN D2 TAB 2000UNIT	106
VITAMIN D2 TAB 400UNIT	106
<i>vitamin d3 cap 10000unt</i>	107
<i>vitamin d3 cap 2000unit</i>	107
<i>vitamin d-3 cap 2000unit</i>	107
<i>vitamin d3 cap 5000unit</i>	107
<i>vitamin d3 chw 1000unit</i>	108
<i>vitamin d3 chw 25mcg</i>	108
<i>vitamin d3 chw 50mcg</i>	108
<i>vitamin d3 chw ex str</i>	108
<i>vitamin d3 dro 10mcg/ml</i>	108
<i>vitamin d-3 tab 1000unit</i>	108
<i>vitamin d3 tab 10mcg</i>	108
<i>vitamin d3 tab 125mcg</i>	108
<i>vitamin d3 tab 5000unit</i>	108
<i>vitamin d-3 tab 5000unit</i>	108
<i>vitamins a & d cap</i>	109
<i>vitamins a & d oint</i>	160
<i>vitamins a & d tab</i>	109
VITAMINS FOR CAP HAIR.....	133
<i>vitamins w/ lipotropics tab</i>	134
VITASANA TAB	125
VITEYES CAP CLASSIC	117
<i>viteyes cap complete</i>	117
VITEYES CLAS CAP ADV	117
VITEYES CLAS CAP ADVANCED.....	117
VITEYES CLAS CAP MAC SUPP	117
VITEYES CLAS CAP OMEGA-3	117
<i>viteyes clas cap zinc fre</i>	113
VITEYES CLAS POW +MULTI.....	127
VITEYES CLAS TAB MULTIVIT	125
VITEYES OPTI TAB NERV SUP	125
VIVAGUARD MIS 28G.....	195
VIVAGUARD MIS 30G	195
<i>volnea tab</i>	35
VOLTAREN GEL 1% ARTHR	156
<i>voriconazole for susp 40 mg/ml</i>	20
<i>voriconazole tab 200 mg</i>	20
<i>voriconazole tab 50 mg</i>	20
VORTEX VALVE MIS CHAMBER.....	175
VORTEX/MASK MIS CHILDS	175
VORTEX/MASK MIS TODDLER	175
<i>vt b complex cap</i>	110
VUMERTY CAP 231MG.....	92
<i>vyfemla tab 0.4-35</i>	33
<i>vylibra tab 0.25-35</i>	34
W	
WAL-BORN CHW VIT C	127
WAL-BORN TAB	133
<i>wal-dryl alr tab 12.5mg</i>	56
<i>wal-dryl cap 25mg</i>	54
<i>wal-dryl liq 12.5/5ml</i>	56
<i>wal-dryl tab 25mg</i>	55
<i>wal-fex allr tab 180mg</i>	58
<i>wal-fex alrg tab 60mg 12h</i>	57
<i>wal-fex d tab 12 hour</i>	64
<i>wal-fex d tab 24 hour</i>	64
<i>wal-fex tab 180mg</i>	58
<i>wal-finate tab 4mg</i>	54
<i>wal-itin chl sol 5mg/5ml</i>	58
<i>wal-itin chw 5mg</i>	58
<i>wal-itin d tab 10-240mg</i>	64
<i>wal-itin d tab 24 hour</i>	64
<i>wal-itin d tab 5-120mg</i>	64
<i>wal-itin sol 5mg/5ml</i>	58
<i>wal-itin tab 10mg</i>	58
<i>wal-mucil cap 0.52gm</i>	72
<i>wal-mucil pow 100%</i>	74

wal-mucil pow 28.3%	73	WEGOVY INJ 1.7MG	90
wal-mucil pow 43%	73	WEGOVY INJ 1MG	90
wal-mucil pow 51.7%	73	WEGOVY INJ 2.4MG	90
wal-mucil pow 58.6%	74	WEIGHT SMART TAB ADVANCED	125
wal-phed d tab 120mg	59	welmate pad 4%.....	162
wal-phed d tab 30mg.....	59	wera tab 0.5/35.....	33
wal-phed tab 120mg er.....	59	wescaps cap.....	111
wal-profen cap 200mg	99	westab max tab 2.5-25-2.....	141
wal-profen tab 200mg	100	westab one tab 2.5-25-1	143
wal-som cap 50mg	89	WHISPER AIRE MIS AER DELI.....	177
wal-som tab 25mg.....	89	WHISPER AIRE MIS PED AERO	177
wal-sporin oin.....	153	WHISPER AIRE MIS PED NEBU.....	177
wal-tap elx cld/alle	63	WICKING FLTR MIS	179
wal-tussin liq 100/5ml.....	62	WICKING FLTR MIS #502	179
wal-tussin liq 10-100/5.....	66	WIDE-SEAL DPR KIT 60.....	202
wal-tussin liq cf	67	WIDE-SEAL DPR KIT 65.....	202
wal-tussin syrup dm.....	67	WIDE-SEAL DPR KIT 70.....	202
wal-vert tab 10mg.....	58	WIDE-SEAL DPR KIT 75	202
wal-zyr cap 10mg.....	56	WIDE-SEAL DPR KIT 80.....	202
wal-zyr chld sol 1mg/ml.....	57	WIDE-SEAL DPR KIT 85.....	202
wal-zyr chld sol 5mg/5ml.....	57	WIDE-SEAL DPR KIT 90.....	202
wal-zyr chw 10mg	57	WIDE-SEAL DPR KIT 95.....	202
wal-zyr chw 5mg	57	WILLIS THE MIS WHALE	177
wal-zyr d tab 5-120mg	63	WINDMILL MIS TRAINER	174
wal-zyr sol 1mg/ml	57	WING TIP MIS TUBING	174
wal-zyr sol 5mg/5ml	57	wixela inhub aer 100/50	68
wal-zyr tab 10mg	57	WMNS MULTIVI CHW +COLLAGE	127
warfarin sodium tab 1 mg	143	womans laxat tab 5mg ec.....	70
warfarin sodium tab 10 mg	144	womens 50+ cap advanced	117
warfarin sodium tab 2 mg.....	144	womens 50+ tab advanced	125
warfarin sodium tab 2.5 mg	144	WOMENS 50+ TAB MULTIVIT	125
warfarin sodium tab 3 mg.....	144	womens cap multi	117
warfarin sodium tab 4 mg	144	womens daily chw gummies	127
warfarin sodium tab 5 mg.....	144	WOMENS DAILY PAK PACK	128
warfarin sodium tab 6 mg	144	womens daily tab formula	125
warfarin sodium tab 7.5 mg	144	womens laxat tab 5mg ec	70
water for injection.....	204	WOMENS MENOP MIS VITA PAK	133
WATERPROOF MIS BANDAGES	199	WOMENS MULT CHW GUMMIES	127
WATERPROOF PAD 3	199	womens mult tab	125
WEBCOL PREP PAD LARGE	203	WOMENS MULTI TAB	125
WEBCOL PREP PAD MEDIUM	203	WOMENS PAK	129
weekly-d cap 50000unt	107	WOMENS VITA MIS PAK	133
WEGOVY INJ 0.25MG	90	womns active tab daily	125
WEGOVY INJ 0.5MG.....	90	WTERPRF BAND MIS CLEAR	199

X

XALKORI CAP 150MG.....	26
XALKORI CAP 200MG.....	26
XALKORI CAP 20MG	26
XALKORI CAP 250MG	26
XALKORI CAP 50MG	26
XARELTO STAR TAB 15/20MG.....	144
XARELTO SUS 1MG/ML.....	144
XARELTO TAB 10MG.....	144
XARELTO TAB 15MG.....	144
XARELTO TAB 2.5MG.....	144
XARELTO TAB 20MG.....	144
XIFAXAN TAB 550MG	23
XXIIDRA DRO 5%.....	148
XOLAIR INJ 150MG/ML.....	69
XOLAIR INJ 300/2ML	69
XOLAIR INJ 75/0.5.....	69
XOLAIR SOL 150MG.....	69
XOSPATA TAB 40MG	27
xpect tab 400mg	61
xulane dis 150-35.....	32
XULTOPHY INJ 100/3.6.....	38
XYREM SOL 500MG/ML	92

Y

YELETS TEEN TAB FORMULA	125
yl balanced tab b-100.....	111
yl folic aci tab 400mcg.....	141
yl vitamin cap a & d	109
yogurt+fiber chw gummies	72
YOUR LIFE CHW GUMMIES	127
YUMVS DIABET CHW MULTIVIT	127
YUMVS MULTI CHW ZERO	127
yumvs prebio chw fiber	72
yumvs prebio chw fiber ze	72
yumvs vit d3 chw 25mcg	108
yuafem tab 10mcg	88

Z

ZADITOR DRO 0.035%OP	149
zafemy dis 150/35	32
zantac 360 tab 10mg.....	82
zantac 360 tab 20mg	82
ZARXIO INJ 300/0.5	143
ZARXIO INJ 480/0.8	143
zeasorb-af pow 2%	155

ZEJULA TAB 100MG.....	28
ZEJULA TAB 200MG.....	28
ZEJULA TAB 300MG.....	28
ZELBORA TAB 240MG.....	27
ZELDANA CAP	113
zenatane cap 10mg	152
zenatane cap 20mg	152
zenatane cap 30mg	152
zenatane cap 40mg	152
ZENPEP CAP 10000UNT	84
ZENPEP CAP 15000UNT	84
ZENPEP CAP 20000UNT	84
ZENPEP CAP 25000UNT	84
ZENPEP CAP 3000UNIT	84
ZENPEP CAP 40000UNT	84
ZENPEP CAP 5000UNIT	84
ZENPEP CAP 60000UNT	84
ZE-PLUS CAP	113
ZEVRX MIS 31GX5MM.....	167
ZEVRX MIS 31GX8MM.....	169
ZEVRX MIS 32GX4MM	171
ZEVRX STERIL PAD ALCHOL	204
ZEVRX TWIST MIS LANC 30G	195
zidovudine cap 100 mg	21
zidovudine syrup 10 mg/ml	21
zidovudine tab 300 mg	21
ZIEXTENZO INJ 6/0.6ML	143
ZINC LOZ.....	128
zinc-vites tab	110
ZIRABEV INJ 100/4ML	25
ZIRABEV INJ 400/16ML	25
ZOLADEX IMP 3.6MG	26
ZOLINZA CAP 100MG	27
zolmitriptan orally disintegrating tab 2.5 mg	103
zolmitriptan orally disintegrating tab 5 mg	103
zolmitriptan tab 2.5 mg	103
zolmitriptan tab 5 mg	103
zomig tab 2.5mg	103
zomig tab 5mg	103
zoo friends chw extra c	129
ZOO FRIENDS CHW GUMMIES	130
zostrix hp cre 0.1%	161

<i>zovia 1/35 tab</i>	33	ZYDELIG TAB 100MG	28
ZTALMY SUS 50MG/ML.....	104	ZYDELIG TAB 150MG	28
<i>zumandimine tab 3-0.03mg</i>	33	ZYVOX SOL 2MG/ML.....	24