



Senior Whole Health SCO (HMO D-SNP) and Senior Whole Health SCO NHC (HMO D-SNP) 2026 List of Covered Drugs (*Drug List* or Formulary)

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

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This *Drug List* was updated on 04/01/2026.

For more recent information or other questions, contact us at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



If you have questions, please call Senior Whole Health SCO (HMO D-SNP) and Senior Whole Health SCO NHC (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs are covered by our plan. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by our plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a list of drugs that members can get in *our plan*.

- ❖ You can always check our plan's up-to-date *List of Covered Drugs* online at MolinaHealthcare.com/Medicare or by calling Member Services at the number in the footer of this document. This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the number in the footer of this document. This call is free.
- ❖ Senior Whole Health SCO (HMO D-SNP) Senior Whole Health SCO NHC (HMO-D-SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- ❖ We offer free interpreter and translation services to help you understand your health or drug plan. This includes support from someone who speaks your language.
- ❖ We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at the number listed on your Member ID card.

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the Member Services number on the back of your ID card or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma. También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

Simplified Chinese

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 ID 卡背面的客户服务号码或咨询您的服务提供者。

Traditional Chinese

注意：如果您說台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請撥打您 ID 卡背面的會員服務部電話號碼或諮詢您的服務提供者。

Russian

ВНИМАНИЕ! Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру службы поддержки клиентов, указанному на обратной стороне вашей идентификационной карты, или обратитесь к своему поставщику услуг.

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nimewo Sèvis Manm ki sou do kat ID ou a oswa pale ak pwofesyonèl swen sante ou a.

Korean

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. ID 카드 뒷면에 있는 회원 서비스 번호로 전화하거나 서비스 제공업체에 문의하십시오.

Italian

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti ausiliari e servizi adeguati per fornire informazioni in formati accessibili. Si prega di contattare il numero del Servizio per i membri riportato sul retro della propria tessera identificativa o di rivolgersi al proprio fornitore.

Yiddish

אַכטונג: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פריי פאר דיר. פאַסיקע אידס און באַדינונגס פֿאַר צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באַדינען נומער אין קריק פֿון דיין ID קאַרטל אָדער רעדט מיט דיין צושטעלער.

Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। আপনার আইডি কার্ডের পিছনে থাকা সদস্য পরিষেবা নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer Działu Obsługi Klienta podany na odwrocie Twojej karty identyfikacyjnej lub porozmawiaj ze swoim dostawcą.



If you have questions, please call Senior Whole Health SCO (HMO D-SNP) and Senior Whole Health SCO NHC (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

Arabic

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجاناً. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بقسم خدمات الأعضاء على الرقم المدون على ظهر بطاقة هويتك أو تحدث إلى مقدم الخدمات.

French

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez les Services aux adhérents au numéro figurant au dos de votre carte d'adhérent, ou adressez-vous à votre prestataire.

Urdu

اردو

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت لسانی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ ممبر سروسز کو اپنے ID کارڈ کی پچھلی جانب موجود نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format. Tawagan ang numero ng Mga Serbisyo sa Miyembro sa likod ng ID card mo o makipag-usap sa iyong provider.

Greek

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε τον αριθμό των υπηρεσιών Μέλους που βρίσκεται στο πίσω μέρος της κάρτας αναγνωριστικού σας ή απευθυνθείτε στον πάροχό σας.

Albanian

VINI RE: Nëse flisni anglisht, shërbimet falas të ndihmës gjuhësore janë të disponueshme për ju. Gjithashtu, disponohen falas ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të aksesueshme. Telefononi Shërbimet ndaj Anëtarëve në numrin që ndodhet në pjesën e pasme të kartës suaj të identitetit ose flisni me ofruesin tuaj të shërbimit.

German

HINWEIS: Wenn Sie Sprache einfügen sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer des Mitgliederservices auf der Rückseite Ihres Ausweises an oder sprechen Sie mit Ihrem Anbieter.

Pennsylvania Dutch

GEB ACHT: Wann du Pennsylvanisch Deitsch schwetzscht, Schprooch Hilfe Services sin meeglich mitaus Koscht. Appropriate Auxiliary Aids un Services un Services Information zu gewwe in helfreiche Formats sin aa meeglich mitaus Koscht. Ruf die Member Services Nummer uff die Rickseit vun dei ID Kaart odder Schwetz mit dei Provider.

Vietnamese

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số điện thoại của bộ phận Dịch vụ thành viên có trên mặt sau thẻ ID của quý vị để trao đổi với nhà cung cấp dịch vụ của quý vị.

Somali

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa. Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

Japanese

注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。IDカードの裏面にある会員サービス番号に電話するか、プロバイダーにご相談ください。

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер служби підтримки учасників, указаний на звороті вашого посвідчення особи, або зверніться до свого постачальника послуг.

Romanian

ATENȚIE: Dacă vorbiți română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile. Contactați Serviciul pentru Membri la numărul de telefon înscris pe verso-ul cardului de identificare sau adresați-vă furnizorului dumneavoastră.



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Amharic

ማስታወሻ፡ አማርኛ የምናገኛ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣ በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመረጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ ባለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات کمک های لازم برای ارائه اطلاعات به صورت های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

Samoan

FAAMATALAGA: Afai e te tautala faa-Samoa, o loo i ai gagana fesoasoani i gagana e Le totogia mo oe. Fesoasoani fa'aopopo talafeagai ma auaunaga ina ia tuuina atu ai faamatalaga e maua I limits e faigofie ona maua o loo maua foi e le totogia. Vala'au le Auaunaga a Sui Auai i le numera o i taua o lau ID card pe talanoa i lauvrautua.

Ilocano

PAKAAMMO: No agsasaoka iti Ilocano, magun-odam dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti format a nalaka a ma-access. Tawagam ti numero ti Serbisio para Kadagiti Miembro iti likudan ti ID card-mo wenno makisaritaka iti provider-mo.

Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા છો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસ/વરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળ આપેલા સભ્ય સેવાઓ નંબર પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Portuguese

ATENÇÃO: se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Também estão disponíveis, de forma gratuita, ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número dos Serviços de apoio aos membros que se encontra no verso do seu cartão de identificação ou fale com o seu prestador de serviços de saúde.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। अपने ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរសេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດບະຈຳຕົວຂອງທ່ານ ຫຼື ວິມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Karen

ဟ်သျှ်ဟ်သး- နမ့ၢ်ကတိၤ ကညီကျိၣ် အယိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤၤၤ လၢတလၢ်ဘျုးလၢ်စ့ၤ လၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤၤတၢ်န့ၢ်ဟူပီးလီၤဒီး တၢ်မၤၤတၢ်မၤ လၢအကြးအဘျုး လၢကဟ့ၣ် တၢ်ဂ့ၢ်တၢ်ကျိၣ် လၢတၢ်မၤန့ၢ်အိၣ်သ့တဖၣ် လၢတလၢ်ဘျုးလၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး ကရုၤဖိတၢ်မၤၤတၢ်မၤ အလီၤတဲၤစိနီၣ်ဂံၢ်လၢ အိၣ်ဖဲန့ၢ်လၢ်အုၣ်သး (ID) ခးက့ၢ်အလီၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပုၤလၢအဟ့ၣ်န့ၢ်တၢ်ကွၢ်ထွဲန့ၣ် တက့ၢ်.

Swahili

KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu kwa nambari ya Huduma za Wanachama iliyo nyuma ya kadi yako ya kitambulisho au zungumza na mtoa huduma wako.



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Serbian

PAŽNJA: Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške. Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup. Pozovite broj za usluge za članove koji se nalazi na poleđini vaše ID kartice ili se obratite pružaocu usluge.

Croatian

PAŽNJA: Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Nazovite broj Službe za članove na poleđini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

Nepali

सावधान: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। ID कार्डको पछाडिपट्टि लेखिएको Member Services नम्बरमा फोन गर्नुहोस्, नभए डाक्टरसँग कुरा गर्नुहोस्।

Yoruba

ÀKÍYÈSÍ: Bí o bá n sọ èdè Yorùbá, àwọn isẹ̀ irànlọ̀wọ́ èdè ọ̀fẹ́ wà fún ọ. Àwọn ohun èlò irànlọ̀wọ́ àti àwọn isẹ̀ tó yẹ láti pèsè àlàyé ní àwọn ọ̀nà tó rọ̀rùn ló wà lófẹ́dẹ̀. Pe nọmbà Àwọn isẹ̀ Ọmọ egbé tó wà ní èyìn káàdì ìdánimọ̀ rẹ̀ tàbí bá olùpèsè rẹ̀ sọ̀rọ̀.

Tamil

கவனிக்கவும்: நீங்கள் தமிழ் பேசுபவர் என்றால், உங்களுக்கு இலவச மொழி உதவிச் சேவைகள் கிடைக்கும். அணுகல் வசதிக் கேற்ற வடிவங்களில் தகவலை வழங்குவதற்கான தகுந்த, கூடுதல் உதவி அம்சங்களும் சேவைகளும் கூட கட்டணமின்றிக் கிடைக்கும். உங்கள் வழங்குநரிடம் பேச, உங்கள் ஐடி கார்டின் பின்பக்கமுள்ள உறுப்பினர் சேவை மைய எண்ணை அழைக்கவும்.

Navajo

SHOOH: Diné bizaad yiniłti', t'áá jiił'ehgo saad bee áká'ánída'awo'ígíí t'áá hadoohkáátł níhá kée' hóló. T'áá ajiłiił iiyisí áł'éeego níhá áł'éeego bee haz'ánígíí dóó t'áá ádáhoodoonígíí biniiyé t'áá jiił'eh níhá kée' hóló Member Services béesh bee hane'í bikáá' dah naaznil doo ID card ní' dooleet ná'ádoolwołígíí bikáá' níhá áł'é.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by our plan. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Our plan will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - our plan agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a plan network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at MolinaHealthcare.com/Medicare or call Member Services at the number in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and our plan must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from our plan before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we’ll cover another drug.)

For more information on these drug rules, refer to question B4.

If you’re taking a drug that was covered at the **beginning** of the year, we’ll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn’t safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check our plan's up-to-date *Drug List* online at MolinaHealthcare.com/Medicare. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the number in the footer of this document to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions or appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. Talk with your doctor or other prescriber to find an alternative that is safe for you.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:



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- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from our plan before you fill your prescription. Prior authorization is different from a referral. Our plan may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes our plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes our plan requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at MolinaHealthcare.com/Medicare. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled, “List of Drugs by Medical Condition” has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if our plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we’ll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in **Section D**. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by medical condition, find **Section C1** labeled “List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in Cardiovascular category. That’s where you’ll find drugs that treat heart conditions.

B8. What if the drug I want to take isn’t on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Member Services at the number in the footer of this document and ask about it. If you learn that our plan won’t cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that’s like the one you want to take. **Or**
- Ask our plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.



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B9. What if I'm a new plan member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you're a member of our plan. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 31 days of medication.

We'll cover a 31-day supply of your drug if:

- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by our plan, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're taking a covered drug that our plan doesn't consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. If the pharmacy isn't able to bill our plan for this one-time supply, MassHealth will pay for it.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new plan member.
- This is in addition to the temporary supply during the first 90 days you're a member of our plan.

Transition Policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the Member Handbook to learn more about how to request an exception. Please contact Member Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception.

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a

refill for the drug during the first 90 days of new membership in our Plan for Part D drugs. If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 31-day supply (unless the prescription is written for fewer days). After we cover the temporary 31-day supply, we generally will not pay for these drugs as part of our transition policy again.

We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask our plan to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, our plan may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section F2** of the *Member Handbook* to learn more about exceptions.



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B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. Your prescriber can call Molina Healthcare or fax the supporting statement to (866) 290-1309.

Send the prescriber statement to:

Molina Healthcare
Attn: Pharmacy Department
7050 S Union Park Center, Suite 600
Midvale, Utah 84107

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Our plan covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for "over-the-counter". Our plan covers some OTC drugs when they're written as prescriptions by your provider.

You can read the our plan *Drug List* to find out what OTC drugs are covered.

B16. Does our plan cover non-drug OTC products?

Our plan covers some non-drug OTC products when they're written as prescriptions by your provider.

You can read the our plan *Drug List* to find out what non-drug OTC products are covered.

B17. Does our plan cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered drugs. A 100-day supply has the same copay as a one-month supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What's my copay?

Our plan members have no copays for prescription and OTC drugs as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

- *Tier 1 Generic drugs have \$0 copay.*
- *Tier 1 Brand name drugs have \$0 copay.*

All tiers have no copay.

OTCs have a \$0 copay.

If you have questions, call Member Services at the number in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by our plan.



If you have questions, please call Senior Whole Health SCO (HMO D-SNP) and Senior Whole Health SCO NHC (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

Note: The _ next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or MassHealth.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the bottom of this page *or* at the numbers in the footer of this document.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That's where you'll find drugs that treat heart conditions.

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:

PA= Prior Authorization (approval): you must have approval before you can get this drug.

QL = Quantity Limits: the amount of the drug that the plan will cover.

ST = Step Therapy Criteria: you must try another drug before you can get this one.

NM = Non-Mail Order: this drug cannot be filled through mail order.

B/D = This drug may be covered under Medicare Part B or D depending upon the circumstances.

ED = Excluded Drug: this drug is excluded by Medicare, may be covered by Medicaid.

_ = Non-Part D Drugs, or OTC items that are covered by Medicaid.

NDS = Non-Extended Days Supply: you will be limited to how many days supply you can receive.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *metformin hcl*), brand name drugs are capitalized (for example, JANUVIA TABS). The information in the "Necessary actions, restrictions, or limits on use" column tells you if our plan has any rules for covering your drug.

MOLINA_CY26_1T_SNP_SWH_ONE_CARE eff 04/01/2026**Drug Name Drug Tier Requirements/Limits****ANALGESICS****GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>probenecid</i> TABS 500mg	1	

MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
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NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	1	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	1	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	1	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	1	NDS, NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	1	
BLUJEPa TABS 750mg	1	
CAYSTON SOLR 75mg	1	NDS, NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	1	NDS
EMVERM CHEW 100mg	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>fosfomycin tromethamine</i> PACK 3gm	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
IMPAVIDO CAPS 50mg	1	NDS, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin</i> TABS 3mg	1	QL (20 tabs / 90 days), PA
<i>ivermectin</i> TABS 6mg	1	QL (10 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml	1	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 2gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	1	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
<i>pyrimethamine</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	1	NDS
<i>sulfadiazine</i> TABS 500mg	1	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	1	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg	1	NDS, PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
APTIVUS CAPS 250mg	1	NDS
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	
<i>darunavir</i> TABS 600mg	1	QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	1	QL (30 tabs / 30 days)
EDURANT TABS 25mg	1	NDS
EDURANT PED TBSO 2.5mg	1	NDS
<i>efavirenz</i> TABS 600mg	1	
<i>emtricitabine</i> CAPS 200mg	1	
EMTRIVA SOLN 10mg/ml	1	
<i>etravirine</i> TABS 100mg, 200mg	1	NDS
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS
INTELENCE TABS 25mg	1	
ISENTRESS CHEW 25mg	1	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	1	NDS
ISENTRESS HD TABS 600mg	1	NDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	
<i>maraviroc</i> TABS 150mg, 300mg	1	NDS
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	
NORVIR PACK 100mg	1	
PIFELTRO TABS 100mg	1	NDS
PREZISTA SUSP 100mg/ml	1	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	1	NDS, QL (240 tabs / 30 days)
REYATAZ PACK 50mg	1	NDS
<i>ritonavir</i> TABS 100mg	1	
RUKOBIA TB12 600mg	1	NDS
SELZENTRY SOLN 20mg/ml	1	NDS
SUNLENCA TABS 300mg; TBPK 300mg	1	NDS
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	
TIVICAY TABS 50mg	1	NDS
TIVICAY PD TBSO 5mg	1	NDS
TROGARZO SOLN 200mg/1.33ml	1	NDS
TYBOST TABS 150mg	1	
VIRACEPT TABS 250mg, 625mg	1	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	
BIKTARVY TAB 30-120-15 MG	1	NDS
BIKTARVY TAB 50-200-25 MG	1	NDS
CIMDUO TAB 300-300	1	NDS
DELSTRIGO TAB	1	NDS
DESCOVY TAB 120-15MG	1	NDS
DESCOVY TAB 200/25MG	1	NDS
DOVATO TAB 50-300MG	1	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	
EVOTAZ TAB 300-150	1	NDS
GENVOYA TAB	1	NDS
JULUCA TAB 50-25MG	1	NDS
KALETRA SOL	1	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	
ODEFSEY TAB	1	NDS
PREZCOBIX TAB 675/150	1	NDS
PREZCOBIX TAB 800-150	1	NDS
STRIBILD TAB	1	NDS
SYMTUZA TAB	1	NDS
TRIUMEQ PD TAB	1	
TRIUMEQ TAB	1	NDS
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	1	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, PA
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	
BARACLUDE SOLN .05mg/ml	1	NDS, ST
<i>entecavir</i> TABS .5mg, 1mg	1	
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
<i>lamivudine (hbv)</i> TABS 100mg	1	
LIVTENCITY TABS 200mg	1	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID PAK	1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftaroline fosamil</i> SOLR 400mg, 600mg	1	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
<i>fidaxomicin</i> TABS 200mg	1	NDS
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>nafcillin sodium</i> SOLR 10gm	1	NDS
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm</i> (3-0.375 gm)	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i> (2-0.25 gm)	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm</i> (4-0.5 gm)	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm</i> (12-1.5 gm)	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm</i> (36-4.5 gm)	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NDS, NM
NUZYRA TABS 150mg	1	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	1	NDS, B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	1	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM
LEUKERAN TABS 2mg	1	NDS, PA
<i>lomustine</i> CAPS 10mg, 40mg	1	NM
<i>lomustine</i> CAPS 100mg	1	NDS, NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	1	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	1	NDS, B/D, NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	1	NDS, NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
TABLOID TABS 40mg	1	NDS, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg	1	NM, PA
FIRMAGON SOLR 120mg/vial	1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	NDS, B/D
INLURIYO TABS 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA
LYSODREN TABS 500mg	1	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NDS, NM, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	1	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MATULANE CAPS 50mg	1	NDS, NM
<i>mesna</i> TABS 400mg	1	NDS
MODEYSO CAPS 125mg	1	NDS, QL (20 caps / 28 days), NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj 100mg</i>	1	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	1	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	1	NDS, QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus</i> TBSO 2mg, 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	1	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	1	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	1	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, PA
HERCESSI SOLR 150mg, 420mg	1	NDS, NM, PA
HERNEXEOS TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
HYRNUO TABS 10mg	1	NDS, QL (120 tabs / 30 days), NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	1	NDS, QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	1	NDS, QL (1 vial / 42 days), NM, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	1	NDS, QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	1	NDS, QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NDS, NM, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NDS, NM, PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>pazopanib hcl</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	1	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	1	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR TBSO 10mg	1	NDS, QL (840 tabs / 28 days), NM, PA
TAGRISO TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, PA
TECENTRIQ INJ HYBREZA	1	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	1	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg	1	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	1	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 80mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	1	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	1	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-320 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab</i> 50-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide tab</i> 100-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide tab</i> 100-25 mg	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 20-12.5 mg	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-12.5 mg	1	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
MULTAQ TABS 400mg	1	QL (60 tabs / 30 days)
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	QL (6 syringes / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SOAJ 140mg/ml	1	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	1	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> TBSO 32mg	1	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA
UPTRAVI TABS 200mcg	1	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	1	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	1	NDS, QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	1	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	1	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	1	NDS, QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	1	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	1	NDS, QL (224 caps / 28 days), NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	1	
<i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i>	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	PA; PA applies if 65 years and older
<i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i>	1	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl TABS 75mg, 100mg</i>	1	
<i>bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg</i>	1	QL (60 tabs / 30 days)
<i>bupropion hcl TB24 300mg</i>	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg</i>	1	
<i>clomipramine hcl CAPS 25mg, 50mg, 75mg</i>	1	PA
<i>desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate TB24 25mg, 50mg, 100mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml</i>	1	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl CPEP 20mg, 30mg, 60mg</i>	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg</i>	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	1	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	1	NDS, QL (2 packs / year), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	

ANTIPSYCHOTICS

ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	1	NDS, QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	1	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	1	QL (2 packs / year), PA
FANAPT PAK PACK B	1	QL (2 packs / year), PA
FANAPT PAK PACK C	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	1	QL (2 vials / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV SUSR 300mg	1	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam</i> TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	1	QL (180 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
<i>methsuximide CAPS 300mg</i>	1	
<i>NAYZILAM SOLN 5mg/0.1ml</i>	1	QL (10 nasal units / 30 days)
<i>oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg</i>	1	
<i>perampanel SUSP .5mg/ml</i>	1	NDS, QL (680 mL / 28 days), PA
<i>perampanel TABS 2mg</i>	1	QL (60 tabs / 30 days), PA
<i>perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg</i>	1	QL (30 tabs / 30 days), PA
<i>phenobarbital ELIX 20mg/5ml</i>	1	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium SOLN 65mg/ml, 130mg/ml</i>	1	PA; PA applies if 65 years and older
<i>phenytek CAPS 200mg, 300mg</i>	1	
<i>phenytoin CHEW 50mg; SUSP 125mg/5ml</i>	1	
<i>phenytoin sodium SOLN 50mg/ml</i>	1	
<i>phenytoin sodium extended CAPS 100mg, 200mg, 300mg</i>	1	
<i>pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin CAPS 200mg</i>	1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin CAPS 225mg, 300mg</i>	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin SOLN 20mg/ml</i>	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone TABS 50mg, 125mg, 250mg</i>	1	
<i>roweeptra TABS 500mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	1	NDS, ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>topiramate</i> SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	NDS, QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>ramelteon</i> TABS 8mg	1	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>MIGRAINE</i>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
<i>MISCELLANEOUS</i>		
AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TB24 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	NDS, QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
<i>sodium oxybate</i> SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	1	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (90 films / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	1	QL (60 tabs / 30 days)
<i>disulfiram TABS 250mg, 500mg</i>	1	
<i>KLOXXADO LIQD 8mg/0.1ml</i>	1	
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml</i>	1	
<i>naltrexone hcl TABS 50mg</i>	1	
<i>NICOTROL NS SOLN 10mg/ml</i>	1	
<i>varenicline tartrate TABS .5mg, 1mg</i>	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
<i>VIVITROL SUSR 380mg</i>	1	NDS, NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol CAPS 50mg, 100mg, 200mg</i>	1	
<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	1	PA
<i>testosterone pump GEL 1.62%</i>	1	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose TABS 25mg, 50mg, 100mg</i>	1	
<i>dapagliflozin propanediol TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>FARXIGA TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>glimepiride TABS 1mg, 2mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg, 5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>GLYXAMBI TAB 10-5 MG</i>	1	QL (30 tabs / 30 days)
<i>GLYXAMBI TAB 25-5 MG</i>	1	QL (30 tabs / 30 days)
<i>JANUMET TAB 50-500MG</i>	1	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	1	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	1	PA
INSULIN SYRINGES: EMBECTA-BD	1	PA
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	1	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	1	
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	
NOVOLOG RELION SOLN 100unit/ml	1	B/D
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	1	NDS, QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
OSPOMYV SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
<i>teriparatide</i> SOPN 560mcg/2.24ml	1	NDS, QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	1	NDS, QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	1	NDS, NM, PA
XTRENBO SOLN 120mg/1.7ml	1	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg	1	NM, PA
deferasirox TBSO 250mg, 500mg	1	NDS, NM, PA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
penicillamine TABS 250mg	1	NDS, NM
sodium polystyrene sulfonate SUSP 15gm/60ml	1	
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
trientine hcl CAPS 250mg	1	NDS, NM, PA
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethyst	1	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camila TABS .35mg	1	
camrese	1	
camrese lo	1	
chateal eq	1	
cryselle	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
<i>finzala</i>	1	
<i>galbriela</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1/20</i>	1	
<i>heather</i> TABS .35mg	1	
<i>iclevia</i>	1	
<i>incassia</i> TABS .35mg	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jencycla</i> TABS .35mg	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	1	NM
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>luizza 1.5/30</i>	1	
<i>luizza 1/20</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>meleya TABS .35mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>orquidea TABS .35mg</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>setlakin</i>	1	
<i>sharobel</i> TABS .35mg	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>valtya 1/35</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xarah fe</i>	1	
<i>xelria fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>abigale</i>	1	
<i>abigale lo</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvafem</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, PA
<i>betaine powder for oral solution</i>	1	NDS, NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, PA
CERDELGA CAPS 84mg	1	NDS, NM, PA
CEREZYME SOLR 400unit	1	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	1	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
REVCIVI SOLN 2.4mg/1.5ml	1	NDS, NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	1	NDS, PA
<i>tolvaptan</i> TABS 15mg, 30mg	1	NDS, NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPK 15mg	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	1	NDS, NM, PA
<i>zelvysia</i> PACK 100mg, 500mg	1	NDS, NM, PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>levoxy/</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days)

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfatate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alose tron hcl</i> TABS 1mg	1	NDS, QL (60 tabs / 30 days), PA
<i>alose tron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	1	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOQUEZNA PAK DUAL PAK	1	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	1	QL (2 kits / year), PA
VOWST CAP	1	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	1	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	1	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	1	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	1	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NAACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	1	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, PA
DOPTELET SPRINKLE CPSP 10mg	1	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	1	
SIKLOS TABS 1000mg	1	NDS
TAVNEOS CAPS 10mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	1	NDS, QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	1	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	1	NDS, QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	1	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	1	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	1	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	1	NDS, NM, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NDS, NM, PA
TREMFYA SOPN 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	1	NDS, QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	1	NDS, NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
VELSIPITY TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	1	NM, PA
YESINTEK SOSY 45mg/0.5ml	1	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, PA
ARCALYST SOLR 220mg	1	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	1	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA
BENLYSTA SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	1	NDS, B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg	1	B/D
<i>engraf</i> CAPS 25mg, 100mg	1	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D
NULOJIX SOLR 250mg	1	NDS, B/D
PROGRAF PACK .2mg, 1mg	1	B/D
REZUROCK TABS 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D
VACCINES		
ABRYVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1	
D5W/NACL INJ 0.2%	1	
D5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
D10W/NACL INJ 0.45%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
KCL/D5W/NACL INJ 0.15/0.2	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
LACTATED RIN INJ	1	
<i>lactated ringer's solution</i>	1	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>multiple electrolytes ph 5.5</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	1	
KLOR-CON 8 TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
KLOR-CON 10 TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	
<i>IV NUTRITION</i>		
<i>aminosyn ii soln 15%</i>	1	B/D
AMINOSYN INJ 10%	1	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF INJ 10%	1	B/D
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%</i>	1	B/D
DEXTROSE 10% SOLN 10%	1	
DEXTROSE 70% SOLN 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl SUSP .6%</i>	1	
BESIVANCE SUSP .6%	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	
<i>gatifloxacin (ophth)</i> SOLN .5%	1	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth)</i> SOLN .3%	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	1	
XDEMY SOLN .25%	1	NDS, NM, PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIA SOLN .24%	1	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brinzolamide</i> SUSP 1%	1	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>latanoprost SOLN .005%</i>	1	
<i>levobunolol hcl SOLN .5%</i>	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%</i>	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	1	
CYSTADROPS SOLN .37%	1	NDS, NM, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl SOLN .5%</i>	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic) SOLN 2%</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac OIL .01%</i>	1	
<i>fluocinolone acetonide (otic) OIL .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) SOLN .3%</i>	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
SPIRIVA RESPIMAT AERS 1.25mcg/act	1	QL (1 inhaler / 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	1	PA; PA applies if 65 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	1	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breynga</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>amnestem CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) GEL 1%</i>	1	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	1	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	1	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>neuac</i>	1	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne) LOTN 10%</i>	1	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	1	QL (60 gm / 30 days)
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	1	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	1	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	1	
<i>ssd CREA 1%</i>	1	
<i>SULFAMYLON CREA 85mg/gm</i>	1	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox SHAM 1%</i>	1	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	1	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	1	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	1	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate CREA 1%</i>	1	QL (85 gm / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>EUCRISA</i> OINT 2%	1	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>perio gard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name **Drug Tier** **Requirements/Limits**

_ANTI OBESITY AGENTS

ANTI OBESITY AGENTS

ADIPEX-P TABS 37.5mg	0	ED, PA
<i>benzphetamine hcl</i> TABS 50mg	0	ED, PA
<i>diethylpropion hcl</i> TABS 25mg; TB24 75mg	0	ED, PA
IMCIVREE SOLN 10mg/ml	0	ED, NM, PA
<i>lomaira</i> TABS 8mg	0	ED, PA
<i>orlistat</i> CAPS 120mg	0	ED, PA
PHENDIMETRAZINE TARTRATE CP24 105mg	0	ED, PA
<i>phendimetrazine tartrate</i> TABS 35mg	0	ED, PA
<i>phentermine hcl</i> CAPS 15mg, 30mg, 37.5mg; TABS 37.5mg	0	ED, PA
SAXENDA SOPN 18mg/3ml	0	ED, PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	0	ED, PA
XENICAL CAPS 120mg	0	ED, PA

_PART B

DIABETIC METERS AND TEST STRIPS

DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA
FREESTYLE LB KIT 2/SENSOR	0	PA
FREESTYLE LB KIT 3/SENSOR	0	PA
FREESTYLE LB KIT 14D/SEN	0	PA
FREESTYLE LB MIS 2/READER	0	PA
FREESTYLE LB MIS 3/READER	0	PA
FREESTYLE MIS READER	0	PA
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

A

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ARISTADA INITIO	55	<i>bacitracin (ophthalmic)</i>	92
<i>armodafinil</i>	66	<i>bacitracin-polymyxin b ophth oint.</i>	92
ARNUITY ELLIPTA	98	<i>bacitracin-polymyxin-neomycin-hc</i>	
<i>asenapine maleate</i>	55	<i>ophth oint 1%</i>	92
<i>ashlyna</i>	71	<i>baclofen</i>	65
<i>aspirin-dipyridamole cap er 12hr 25-</i>		BAFIERTAM	65
<i>200 mg</i>	84	<i>balsalazide disodium</i>	80
ASTAGRAF XL	88	BALVERSA	35
<i>atazanavir sulfate</i>	26	<i>balziva</i>	71
<i>atenolol</i>	48	BARACLUDE	28
<i>atenolol & chlorthalidone tab 100-25</i>		BCG VACCINE	89
<i>mg</i>	48	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atenolol & chlorthalidone tab 50-25</i>		<i>10-12.5 mg</i>	44
<i>mg</i>	48	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atomoxetine hcl</i>	62	<i>20-12.5 mg</i>	44
<i>atorvastatin calcium</i>	47	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atovaquone</i>	23	<i>20-25 mg</i>	44
<i>atovaquone-proguanil hcl tab 250-</i>		<i>benazepril & hydrochlorothiazide tab</i>	
<i>100 mg</i>	25	<i>5-6.25mg</i>	44
<i>atovaquone-proguanil hcl tab 62.5-</i>		<i>benazepril hcl</i>	44
<i>25 mg</i>	25	BENDAMUSTINE HYDROCHLORID.	31
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<i>atropine sulfate (ophthalmic)</i>	94	BENLYSTA	88
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<i>aubra eq</i>	71	<i>5-3%</i>	99
AUGTYRO	35	<i>benzphetamine hcl</i>	103
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<i>aurovela 24 fe</i>	71	BERINERT	84
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<i>betamethasone dipropionate</i> <i>augmented</i>	100	<i>brinzolamide</i>	93
<i>betamethasone valerate</i>	100	BRIVIACT.....	58
BETASERON	65	<i>bromocriptine mesylate</i>	54
<i>betaxolol hcl</i>	48	BRUKINSA	36
<i>betaxolol hcl (ophth)</i>	93	<i>budesonide</i>	80
<i>bethanechol chloride</i>	82	<i>budesonide (inhalation)</i>	98
BEVESPI AER 9-4.8MCG	94	<i>budesonide-formoterol fumarate</i> <i>dihyd aerosol 160-4.5 mcg/act..</i>	98
<i>bexarotene</i>	34	<i>budesonide-formoterol fumarate</i> <i>dihyd aerosol 80-4.5 mcg/act ...</i>	98
<i>bexarotene (topical)</i>	101	<i>bumetanide</i>	49
BEXSERO	89	<i>buprenorphine</i>	21
<i>bicalutamide</i>	33	<i>buprenorphine hcl</i>	66
BICILLIN L-A	31	<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 12-3 mg (base equiv)</i>	66
BIKTARVY TAB 30-120-15 MG.....	27	<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 2-0.5 mg (base equiv)</i>	66
BIKTARVY TAB 50-200-25 MG.....	27	<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 4-1 mg (base equiv)</i>	66
BILDYOS.....	70	<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 8-2 mg (base equiv)</i>	66
BIMZELX.....	84	<i>buprenorphine hcl-naloxone hcl sl</i> <i>tab 2-0.5 mg (base equiv)</i>	67
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	48	<i>buprenorphine hcl-naloxone hcl sl</i> <i>tab 8-2 mg (base equiv)</i>	67
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	48	<i>bupropion hcl</i>	52
<i>bisoprolol & hydrochlorothiazide tab</i> <i>5-6.25 mg</i>	48	<i>bupropion hcl (smoking deterrent)</i>	67
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<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i>	45	<i>carglumic acid</i>	77
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<i>captopril</i>	44	<i>cartia xt</i>	48
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	44	<i>carvedilol</i>	48
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	44	<i>casprofungin acetate</i>	25
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	44	CAYSTON	23
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	44	<i>cefaclor</i>	29
<i>carb/levo orally disintegrating tab 10-100mg</i>	54	<i>cefadroxil</i>	29
<i>carb/levo orally disintegrating tab 25-100mg</i>	54	CEFAZOLIN	29
<i>carb/levo orally disintegrating tab 25-250mg</i>	54	CEFAZOLIN INJ 1GM/50ML	29
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<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	54	<i>cefepime hcl</i>	29
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	54	<i>cefixime</i>	29
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	54	<i>cefotetan disodium</i>	29
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	54	<i>cefoxitin sodium</i>	29
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	54	<i>cefpodoxime proxetil</i>	29
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<i>chlorpromazine hcl</i>	55	CLINIMIX INJ 8/14.....	92
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<i>ciclopirox olamine</i>	99	<i>clobetasol propionate e</i>	100
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<i>ciprofloxacin 200 mg/100ml in d5w</i>	30	<i>clonidine hcl</i>	50
<i>ciprofloxacin 400 mg/200ml in d5w</i>	30	<i>clopidogrel bisulfate</i>	84
<i>ciprofloxacin hcl</i>	30	<i>clorazepate dipotassium</i>	58
<i>ciprofloxacin hcl (ophth)</i>	93	<i>clotrimazole</i>	102
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	94	<i>clotrimazole (topical)</i>	99
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<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	23	<i>colestipol hcl</i>	47
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<i>cyclobenzaprine hcl</i>	66	<i>desmopressin acetate</i>	77
<i>cyclophosphamide</i>	32	<i>desmopressin acetate spray</i>	77
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<i>dalfampridine</i>	65	0.45%	90
<i>danazol</i>	67	<i>dextrose 5% in lactated ringers</i> ...	90
<i>dantrolene sodium</i>	66	<i>dextrose 5% w/ sodium chloride</i>	
DANZITEN.....	36	0.225%	90
<i>dapagliflozin propanediol</i>	67	<i>dextrose 5% w/ sodium chloride</i>	
<i>dapsone</i>	23	0.3%.....	90
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<i>daptomycin</i>	23	0.45%	90
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<i>darunavir</i>	26	0.9%.....	90
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<i>diclofenac sodium (ophth)</i>	93	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	72
<i>diclofenac sodium (topical)</i>	101	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	72
<i>dicloxacillin sodium</i>	31	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	72
<i>dicyclomine hcl</i>	80	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	72
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<i>diltiazem hcl coated beads</i>	49	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	82
<i>diltiazem hcl extended release beads</i>	49	E	
<i>dilt-xr</i>	48	<i>e.e.s. 400</i>	29
<i>diphenhydramine hcl</i>	95	<i>econazole nitrate</i>	99
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<i>dipyridamole</i>	84	EDURANT PED	26
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<i>ergotamine w/ caffeine tab 1-100 mg</i>	64	EXXUA.....	52
ERIVEDGE.....	36	EXXUA TITRATION PACK.....	52
		EYSUVIS.....	94
		<i>ezetimibe</i>	47
		<i>ezetimibe-simvastatin tab 10-10 mg</i>	47

<i>ezetimibe-simvastatin tab 10-20 mg</i>	47	<i>fluconazole in nacl 0.9% inj 400</i>	25
.....	47	<i>mg/200ml</i>	25
<i>ezetimibe-simvastatin tab 10-40 mg</i>	47	<i>flucytosine</i>	25
.....	47	<i>fludrocortisone acetate</i>	76
<i>ezetimibe-simvastatin tab 10-80 mg</i>	47	<i>flunisolide (nasal)</i>	98
.....	47	<i>fluocinolone acetonide</i>	100, 101
F		<i>fluocinolone acetonide (otic)</i>	94
FABRAZYME	77	<i>fluocinonide</i>	101
<i>falmina</i>	72	<i>fluocinonide emulsified base</i>	101
<i>famciclovir</i>	28	<i>fluorometholone (ophth)</i>	93
<i>famotidine</i>	80	<i>fluorouracil</i>	32
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>fluorouracil (topical)</i>	101
<i>mg/50ml</i>	80	<i>fluoxetine hcl</i>	53
FANAPT	55	<i>fluphenazine decanoate</i>	55
FANAPT PAK PACK A	55	<i>fluphenazine hcl</i>	55
FANAPT PAK PACK B	55	<i>flurbiprofen</i>	21
FANAPT PAK PACK C	55	<i>flurbiprofen sodium</i>	93
FARXIGA	67	<i>fluticasone propionate</i>	101
FASENRA	96	<i>fluticasone propionate (nasal)</i>	98
FASENRA PEN	96	<i>fluticasone-salmeterol aer powder ba</i>	
<i>feirza 1.5/30</i>	72	<i>100-50 mcg/act</i>	98
<i>feirza 1/20</i>	72	<i>fluticasone-salmeterol aer powder ba</i>	
<i>felbamate</i>	59	<i>250-50 mcg/act</i>	98
<i>felodipine</i>	49	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fenofibrate</i>	47	<i>500-50 mcg/act</i>	99
<i>fenofibrate micronized</i>	47	<i>fluvoxamine maleate</i>	51
<i>fentanyl</i>	21	<i>fondaparinux sodium</i>	83
<i>fesoterodine fumarate</i>	82	<i>fosamprenavir calcium</i>	26
FETZIMA	53	<i>fosfomycin tromethamine</i>	23
FETZIMA CAP TITRATIO	53	<i>fosinopril sodium</i>	44
FIASP	69	<i>fosinopril sodium &</i>	
FIASP FLEXTOUCH	69	<i>hydrochlorothiazide tab 10-12.5</i>	
FIASP PENFILL	69	<i>mg</i>	44
FIASP PUMPCART	69	<i>fosinopril sodium &</i>	
<i>fidaxomicin</i>	30	<i>hydrochlorothiazide tab 20-12.5</i>	
<i>finasteride</i>	82	<i>mg</i>	44
<i>fingolimod hcl</i>	65	FOTIVDA	37
FINTEPLA	59	FREESTYLE LB KIT 14D/SEN	103
<i>finzala</i>	72	FREESTYLE LB KIT 2/SENSOR	103
FIRMAGON	33	FREESTYLE LB KIT 3/SENSOR	103
<i>flac</i>	94	FREESTYLE LB MIS 2/READER	103
FLEBOGAMMA DIF	87	FREESTYLE LB MIS 3/READER	103
<i>flecainide acetate</i>	46	FREESTYLE MIS READER	103
<i>fluconazole</i>	25	FRINDOVYX	32
<i>fluconazole in nacl 0.9% inj 200</i>		FRUZAQLA	37
<i>mg/100ml</i>	25	FULPHILA	83

<i>fulvestrant</i>	33	<i>glatopa</i>	65
<i>furosemide</i>	49	GLEOSTINE	32
<i>furosemide inj</i>	49	<i>glimepiride</i>	67
<i>fyavolv tab 0.5mg-2.5mcg</i>	76	<i>glipizide</i>	67
<i>fyavolv tab 1mg-5mcg</i>	76	<i>glipizide-metformin hcl tab 2.5-250</i> <i>mg</i>	67
FYCOMPA	59	<i>glipizide-metformin hcl tab 2.5-500</i> <i>mg</i>	67
G		<i>glipizide-metformin hcl tab 5-500 mg</i>	67
<i>gabapentin</i>	59	<i>glycopyrrolate</i>	80
<i>galantamine hydrobromide</i>	51	<i>glydo</i>	101
<i>galbriela</i>	72	GLYXAMBI TAB 10-5 MG	67
<i>gallifrey</i>	78	GLYXAMBI TAB 25-5 MG	67
GAMASTAN INJ	87	GOMEKLI	37
GAMMAGARD LIQUID	87	<i>granisetron hcl</i>	79
GAMMAGARD LIQUID ERC	87	<i>griseofulvin microsize</i>	25
GAMMAGARD S/D IGA LESS TH....	87	<i>griseofulvin ultramicrosize</i>	25
GAMMAKED	87	<i>guanfacine hcl</i>	50
GAMMAPLEX	87	<i>guanfacine hcl (adhd)</i>	63
GAMUNEX-C	87	H	
<i>ganciclovir sodium</i>	28	HADLIMA	85
GARDASIL 9	89	HADLIMA PUSH TOUCH	85
<i>gatifloxacin (ophth)</i>	93	HAEGARDA	84
GATTEX	81	<i>hailey 1.5/30</i>	72
GAUZE PADS 2	69	<i>hailey 24 fe</i>	72
<i>gavilyte-c</i>	80	<i>hailey fe 1/20</i>	72
<i>gavilyte-g</i>	80	<i>halobetasol propionate</i>	101
<i>gavilyte-n/flavor pack</i>	80	<i>haloperidol</i>	56
GAVRETO	37	<i>haloperidol decanoate</i>	56
<i>gefitinib</i>	37	<i>haloperidol lactate</i>	56
<i>gemcitabine hcl</i>	32	HAVRIX	89
<i>gemfibrozil</i>	47	<i>heather</i>	72
GEMTESA	82	HEP SOD/NAACL INJ 25000UNT	83
<i>generlac</i>	80	<i>heparin sodium (porcine)</i>	83
<i>gengraf</i>	88	HEPLISAV-B	89
GENOTROPIN	77	HERCEP HYLEC SOL 60-10000	37
GENOTROPIN MINIQUICK	77	HERCEPTIN	37
<i>gentamicin in saline inj 0.8 mg/ml</i>	23	HERCESSI	37
<i>gentamicin in saline inj 1 mg/ml</i> ..	23	HERNEXEOS	37
<i>gentamicin in saline inj 1.2 mg/ml</i>	23	HERZUMA	37
<i>gentamicin in saline inj 1.6 mg/ml</i>	23	HIBERIX	89
<i>gentamicin in saline inj 2 mg/ml</i> ..	23	HUMIRA	85
<i>gentamicin sulfate</i>	23	HUMIRA PEN	85
<i>gentamicin sulfate (ophth)</i>	93	HUMIRA PEN KIT PS/UV	85
<i>gentamicin sulfate (topical)</i>	99	HUMIRA PEN-CD/UC/HS START	85
GENVOYA TAB	27		
GILOTRIF	37		
<i>glatiramer acetate</i>	65		

HUMULIN R U-500 (CONCENTR	69	<i>imipramine hcl</i>	53
HUMULIN R U-500 KWIKPEN.....	69	<i>imiquimod</i>	102
<i>hydralazine hcl</i>	50	IMKELDI	38
<i>hydrochlorothiazide</i>	49	IMOVAX RABIES (H.D.C.V.)	89
<i>hydrocodone bitartrate</i>	21	IMPAVIDO.....	23
<i>hydrocodone-acetaminophen soln</i>		INBRIJA.....	54
7.5-325 mg/15ml.....	22	<i>incassia</i>	72
<i>hydrocodone-acetaminophen tab 10-</i>		INCRELEX	77
325 mg.....	22	INCRUSE ELLIPTA	95
<i>hydrocodone-acetaminophen tab 5-</i>		<i>indapamide</i>	49
325 mg.....	22	INFANRIX INJ.....	89
<i>hydrocodone-acetaminophen tab</i>		INFLIXIMAB	85
7.5-325 mg	22	INLURIYO	33
<i>hydrocodone-ibuprofen tab 7.5-200</i>		INLYTA	38
mg	22	INQOVI TAB 35-100MG.....	32
<i>hydrocortisone</i>	76	INREBIC	38
<i>hydrocortisone (intrarectal)</i>	80	INSULIN PEN NEEDLES: EMBECTA-	
<i>hydrocortisone (rectal)</i>	102	BD	69
<i>hydrocortisone (topical)</i>	101	INSULIN SAFETY NEEDLES:	
<i>hydrocortisone sod succinate</i>	76	EMBECTA-BD	69
<i>hydrocortisone valerate</i>	101	INSULIN SYRINGES: EMBECTA-BD	69
<i>hydrocortisone w/ acetic acid otic</i>		INTELENCE	26
soln 1-2%	94	INTRALIPID.....	92
<i>hydromorphone hcl</i>	22	<i>introvale</i>	72
<i>hydroxychloroquine sulfate</i>	87	INVEGA HAFYERA.....	56
<i>hydroxyurea</i>	34	INVEGA SUSTENNA	56
<i>hydroxyzine hcl</i>	95	INVEGA TRINZA.....	56
<i>hydroxyzine pamoate</i>	95	IPOL INJ INACTIVE.....	89
HYRNUO	37	<i>ipratropium bromide</i>	95
I		<i>ipratropium bromide (nasal)</i>	95
<i>ibandronate sodium</i>	70	<i>ipratropium-albuterol nebu soln 0.5-</i>	
IBRANCE.....	37	2.5(3) mg/3ml.....	95
IBTROZI	37	<i>irbesartan</i>	46
<i>ibu</i>	21	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>ibuprofen</i>	21	150-12.5 mg	45
<i>icatibant acetate</i>	84	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>iclevia</i>	72	300-12.5 mg	45
ICLUSIG	37	<i>irinotecan hcl</i>	34
IDHIFA	37	ISENTRESS	26
<i>imatinib mesylate</i>	37	ISENTRESS HD	26
IMBRUVICA.....	38	<i>isibloom</i>	72
IMCIVREE	103	ISOLYTE-P INJ /D5W	90
<i>imipenem-cilastatin intravenous for</i>		ISOLYTE-S INJ PH 7.4.....	90
soln 250 mg	23	<i>isoniazid</i>	27
<i>imipenem-cilastatin intravenous for</i>		<i>isosorbide dinitrate</i>	50
soln 500 mg	23	<i>isosorbide mononitrate</i>	50

<i>isotretinoin</i>	99	<i>kcl 10 meq/l (0.075%) in dextrose</i>	
<i>isradipine</i>	49	<i>5% & nacl 0.45% inj</i>	90
ITOVEBI	38	<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i>	
<i>itraconazole</i>	25	<i>inj</i>	90
<i>ivabradine hcl</i>	50	<i>kcl 20 meq/l (0.149%) in nacl 0.9%</i>	
<i>ivermectin</i>	24	<i>inj</i>	90
IWILFIN.....	34	<i>kcl 20 meq/l (0.15%) in dextrose 5%</i>	
IXIARO INJ.....	89	<i>& nacl 0.45% inj</i>	90
J		<i>kcl 20 meq/l (0.15%) in dextrose 5%</i>	
<i>jaimiess</i>	72	<i>& nacl 0.9% inj</i>	90
JAKAFI	38	<i>kcl 20 meq/l (0.15%) in nacl 0.45%</i>	
<i>jantoven</i>	83	<i>inj</i>	90
JANUMET TAB 50-1000	68	<i>kcl 20 meq/l (0.15%) in nacl 0.9%</i>	
JANUMET TAB 50-500MG	67	<i>inj</i>	90
JANUMET XR TAB 100-1000.....	68	<i>kcl 30 meq/l (0.224%) in dextrose</i>	
JANUMET XR TAB 50-1000	68	<i>5% & nacl 0.45% inj</i>	90
JANUMET XR TAB 50-500MG.....	68	<i>kcl 40 meq/l (0.298%) in nacl 0.9%</i>	
JANUVIA.....	68	<i>inj</i>	90
JARDIANCE	68	<i>kcl 40 meq/l (0.3%) in dextrose 5%</i>	
<i>jasmiel</i>	72	<i>& nacl 0.45% inj</i>	90
<i>javygtor</i>	77	<i>kcl 40 meq/l (0.3%) in dextrose 5%</i>	
JAYPIRCA.....	38	<i>& nacl 0.9% inj</i>	90
<i>jencycla</i>	72	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	
JENTADUETO TAB 2.5-1000.....	68	90
JENTADUETO TAB 2.5-500	68	KCL/D5W/NACL INJ 0.15/0.2	90
JENTADUETO TAB 2.5-850	68	KCL/D5W/NACL INJ 0.3/0.9%.....	90
JENTADUETO TAB XR 2.5-1000MG	68	<i>kelnor 1/35</i>	73
JENTADUETO TAB XR 5-1000MG ..	68	KERENDIA.....	45
<i>jinteli</i>	76	KESIMPTA.....	65
<i>jolessa</i>	72	<i>ketoconazole</i>	25
<i>juleber</i>	72	<i>ketoconazole (topical)</i>	100
JULUCA TAB 50-25MG	27	<i>ketorolac tromethamine (ophth)</i>	93
<i>junel 1.5/30</i>	72	KEYTRUDA	38
<i>junel 1/20</i>	72	KEYTRUDA INJ QLEX 395-4800 MG-	
<i>junel fe 1.5/30</i>	73	UNIT/2.4ML.....	38
<i>junel fe 1/20</i>	73	KEYTRUDA INJ QLEX 790-9600 MG-	
<i>junel fe 24</i>	73	UNIT/4.8ML.....	38
JYLAMVO	87	KINERET	85
JYNNEOS	89	KINRIX INJ.....	89
K		<i>kionex</i>	71
KADCYLA	38	KISQALI 200 DOSE	38
<i>kaitlib fe</i>	73	KISQALI 400 DOSE	38
KALETRA SOL	27	KISQALI 400 PAK FEMARA.....	38
KALYDECO	96	KISQALI 600 DOSE	38
KANJINTI	38	KISQALI 600 PAK FEMARA.....	38
<i>kariva</i>	73	<i>klayesta</i>	100

<i>klor-con</i>	91	LENVIMA CAP 14 MG	39
<i>klor-con 10</i>	91	LENVIMA CAP 18 MG	39
KLOR-CON 10	91	LENVIMA CAP 24 MG	39
KLOR-CON 8	91	<i>lessina</i>	73
<i>klor-con m10</i>	91	<i>letrozole</i>	33
<i>klor-con m15</i>	91	<i>leucovorin calcium</i>	34
<i>klor-con m20</i>	91	LEUKERAN	32
KLOXXADO	67	<i>leuprolide acetate</i>	33
KOMZIFTI	38	<i>levabuterol hcl</i>	96
KOSELUGO	39	<i>levabuterol tartrate</i>	96
<i>kourzeq</i>	102	<i>levetiracetam</i>	59
KRAZATI	39	<i>levetiracetam in sodium chloride iv</i>	
<i>kurvelo</i>	73	<i>soln 1000 mg/100ml</i>	60
L		<i>levetiracetam in sodium chloride iv</i>	
<i>labetalol hcl</i>	48	<i>soln 1500 mg/100ml</i>	60
<i>lacosamide</i>	59	<i>levetiracetam in sodium chloride iv</i>	
<i>lacosamide oral</i>	59	<i>soln 500 mg/100ml</i>	60
LACTATED RIN INJ	91	<i>levobunolol hcl</i>	94
<i>lactated ringer's solution</i>	91	<i>levocarnitine (metabolic modifiers)</i>	77
<i>lactic acid (ammonium lactate)</i> ..	102	<i>levocetirizine dihydrochloride</i>	95
<i>lactulose</i>	80	<i>levofloxacin</i>	30
<i>lactulose (encephalopathy)</i>	80	<i>levofloxacin in d5w iv soln 250</i>	
<i>lamivudine</i>	26	<i>mg/50ml</i>	30
<i>lamivudine (hbv)</i>	28	<i>levofloxacin in d5w iv soln 500</i>	
<i>lamivudine-zidovudine tab 150-300</i>		<i>mg/100ml</i>	30
<i>mg</i>	27	<i>levofloxacin in d5w iv soln 750</i>	
<i>lamotrigine</i>	59	<i>mg/150ml</i>	30
<i>lanreotide acetate</i>	77	<i>levonest</i>	73
<i>lansoprazole</i>	82	<i>levonor-eth est tab 0.15-</i>	
LANTUS	69	<i>0.02/0.025/0.03 mg & eth est 0.01</i>	
LANTUS SOLOSTAR	69	<i>mg</i>	73
<i>lapatinib ditosylate</i>	39	<i>levonorgestrel & ethinyl estradiol</i>	
<i>larin 1.5/30</i>	73	<i>(91-day) tab 0.15-0.03 mg</i>	73
<i>larin 1/20</i>	73	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larin 24 fe</i>	73	<i>0.1 mg-20 mcg</i>	73
<i>larin fe 1.5/30</i>	73	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>larin fe 1/20</i>	73	<i>30/0.075-40/0.125-30mg-mcg</i> .	73
<i>latanoprost</i>	94	<i>levonorgestrel-ethinyl estradiol</i>	
LAZCLUZE	39	<i>(continuous) tab 90-20 mcg</i>	73
<i>leflunomide</i>	87	<i>levonorg-eth est tab 0.1-0.02mg(84)</i>	
<i>lenalidomide</i>	34	<i>& eth est tab 0.01mg(7)</i>	73
LENVIMA 10 MG DAILY DOSE	39	<i>levora 0.15/30-28</i>	73
LENVIMA 12MG DAILY DOSE	39	<i>levo-t</i>	78
LENVIMA 20 MG DAILY DOSE	39	<i>levothyroxine sodium</i>	78
LENVIMA 4 MG DAILY DOSE	39	<i>levoxyl</i>	79
LENVIMA 8 MG DAILY DOSE	39	<i>l-glutamine (sickle cell)</i>	84

<i>lidocaine</i>	101	<i>losartan potassium &</i>	
<i>lidocaine hcl</i>	101	<i>hydrochlorothiazide tab 100-25 mg</i>	
<i>lidocaine hcl (local anesth.)</i>	21	45
<i>lidocaine hcl (mouth-throat)</i>	102	<i>losartan potassium &</i>	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>		<i>hydrochlorothiazide tab 50-12.5</i>	
.....	101	<i>mg</i>	45
<i>lidocan</i>	101	LOTEMAX	93
LILETTA	73	<i>loteprednol etabonate-tobramycin</i>	
<i>linezolid</i>	24	<i>ophth susp 0.5-0.3%</i>	92
LINEZOLID INJ 2MG/ML	24	<i>lovastatin</i>	47
LINZESS	81	<i>low-ogestrel</i>	73
<i>liomny</i>	79	<i>loxapine succinate</i>	56
<i>liothyronine sodium</i>	79	<i>luizza 1.5/30</i>	73
<i>lisinopril</i>	44	<i>luizza 1/20</i>	73
<i>lisinopril & hydrochlorothiazide tab</i>		LUMAKRAS	39
<i>10-12.5 mg</i>	44	LUMIGAN	94
<i>lisinopril & hydrochlorothiazide tab</i>		LUMIZYME	77
<i>20-12.5 mg</i>	44	LUPRON DEPOT (1-MONTH)	33
<i>lisinopril & hydrochlorothiazide tab</i>		LUPRON DEPOT (3-MONTH)	33
<i>20-25 mg</i>	44	LUPRON DEPOT-PED (1-MONTH ...	77
<i>lithium</i>	65	LUPRON DEPOT-PED (3-MONTH ...	77
<i>lithium carbonate</i>	65	LUPRON DEPOT-PED (6-MONTH ...	77
LIVTENCITY	28	<i>lurasidone hcl</i>	56
<i>loestrin 1.5/30-21</i>	73	<i>lutera</i>	73
<i>loestrin 1/20-21</i>	73	LYBALVI TAB 10-10MG	56
<i>loestrin fe 1.5/30</i>	73	LYBALVI TAB 15-10MG	56
<i>loestrin fe 1/20</i>	73	LYBALVI TAB 20-10MG	56
<i>lojaimiess</i>	73	LYBALVI TAB 5-10MG	56
LOKELMA	71	<i>lyleq</i>	73
<i>lomaira</i>	103	<i>lyllana</i>	76
<i>lomustine</i>	32	LYNPARZA	39
LONSURF TAB 15-6.14	32	LYSODREN	33
LONSURF TAB 20-8.19	32	LYTGOBI (12 MG DAILY DOSE) ...	39
<i>loperamide hcl</i>	81	LYTGOBI (16 MG DAILY DOSE) ...	40
<i>lopinavir-ritonavir tab 100-25 mg</i> .	27	LYTGOBI (20 MG DAILY DOSE) ...	40
<i>lopinavir-ritonavir tab 200-50 mg</i> .	27	<i>lyza</i>	73
<i>lorazepam</i>	51	M	
<i>lorazepam intensol</i>	51	<i>magnesium sulfate</i>	91
LORBRENA	39	MAGNESIUM SULFATE	91
<i>loryna</i>	73	<i>magnesium sulfate in dextrose 5% iv</i>	
<i>losartan potassium</i>	46	<i>soln 1 gm/100ml</i>	91
<i>losartan potassium &</i>		<i>malathion</i>	102
<i>hydrochlorothiazide tab 100-12.5</i>		<i>maraviroc</i>	26
<i>mg</i>	45	<i>marlissa</i>	73
		MARPLAN	53
		MATULANE	34

MAVYRET PAK 50-20MG	28	<i>metoprolol & hydrochlorothiazide tab</i>	
MAVYRET TAB 100-40MG	28	100-25 mg	48
<i>meclizine hcl</i>	79	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>medroxyprogesterone acetate</i>	78	100-50 mg	48
<i>medroxyprogesterone acetate</i>		<i>metoprolol & hydrochlorothiazide tab</i>	
(<i>contraceptive</i>)	73	50-25 mg	48
<i>mefloquine hcl</i>	25	<i>metoprolol succinate</i>	48
<i>megestrol acetate</i>	33, 78	<i>metoprolol tartrate</i>	48
<i>megestrol acetate (appetite)</i>	78	<i>metronidazole</i>	24
MEKINIST	40	<i>metronidazole (topical)</i>	102
MEKTOVI	40	<i>metronidazole vaginal</i>	82
<i>meleya</i>	73	<i>metyrosine</i>	50
<i>meloxicam</i>	21	<i>mibelas 24 fe</i>	74
<i>memantine hcl</i>	51	<i>micalfungin sodium</i>	25
<i>memantine hcl tab 28 x 5 mg & 21 x</i>		<i>microgestin 1.5/30</i>	74
10 mg titration pack	52	<i>microgestin 1/20</i>	74
<i>memantine hcl-donepezil hcl cap er</i>		<i>microgestin fe 1.5/30</i>	74
24hr 14-10 mg	52	<i>microgestin fe 1/20</i>	74
<i>memantine hcl-donepezil hcl cap er</i>		<i>midodrine hcl</i>	50
24hr 21-10 mg	52	MIEBO	94
<i>memantine hcl-donepezil hcl cap er</i>		<i>mifepristone (hyperglycemia)</i>	77
24hr 28-10 mg	52	<i>mili</i>	74
MENQUADFI	89	<i>mimvey</i>	76
MENVEO INJ	89	<i>minocycline hcl</i>	31
MENVEO SOL	89	<i>minoxidil</i>	50
<i>mercaptapurine</i>	32	<i>mirtazapine</i>	53
<i>meropenem</i>	24	<i>misoprostol</i>	81
<i>mesalamine</i>	80	M-M-R II INJ	89
<i>mesalamine w/ cleanser</i>	80	M-NATAL PLUS TAB	91
<i>mesna</i>	34	<i>modafinil</i>	66
<i>metformin hcl</i>	68	MODEYSO	34
<i>methadone hcl</i>	21, 22	<i>moexipril hcl</i>	44
<i>methadone hydrochloride i</i>	22	<i>molindone hcl</i>	56
<i>methazolamide</i>	49	<i>mometasone furoate</i>	101
<i>methenamine hippurate</i>	24	MONJUVI	40
<i>methimazole</i>	79	<i>mono-lynyah</i>	74
<i>methocarbamol</i>	66	<i>montelukast sodium</i>	96
<i>methotrexate sodium</i>	32, 87	<i>morphine sulfate</i>	22
<i>methsuximide</i>	60	MOUNJARO	68
<i>methylphenidate hcl</i>	63	MOVANTIK	81
<i>methylprednisolone</i>	76	<i>moxifloxacin hcl</i>	30
<i>methylprednisolone acetate</i>	76	<i>moxifloxacin hcl (ophth)</i>	93
<i>methylprednisolone sod succ</i>	76	<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>metoclopramide hcl</i>	79	<i>sodium chloride 0.8% inj</i>	30
<i>metolazone</i>	49	MRESVIA	89
		MULTAQ	47

<i>multiple electrolytes ph 5.5</i>	91	<i>nicardipine hcl</i>	49
<i>mupirocin</i>	99	NICOTROL NS.....	67
<i>mycophenolate mofetil</i>	88	<i>nifedipine</i>	49
<i>mycophenolate sodium</i>	88	<i>nikki</i>	74
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N		<i>nilutamide</i>	33
<i>nabumetone</i>	21	<i>nimodipine</i>	49
<i>nadolol</i>	48	NINLARO	40
<i>nafcillin sodium</i>	31	<i>nitazoxanide</i>	24
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<i>naloxone hcl</i>	67	NITRO-BID.....	50
<i>naltrexone hcl</i>	67	<i>nitrofurantoin macrocrystal</i>	24
NAMZARIC CAP 7-10MG	52	<i>nitrofurantoin monohyd macro</i>	24
<i>naproxen</i>	21	<i>nitroglycerin</i>	50
<i>naproxen sodium</i>	21	<i>nitroglycerin (intra-anal)</i>	102
<i>naratriptan hcl</i>	64	<i>nizatidine</i>	80
NATACYN	93	<i>nora-be</i>	74
<i>nateglinide</i>	68	<i>norelgestromin-ethinyl estradiol td</i>	
NAYZILAM.....	60	<i>ptwk 150-35 mcg/24hr</i>	74
<i>nebivolol hcl</i>	48	<i>norethindrone (contraceptive)</i>	74
<i>necon 0.5/35-28</i>	74	<i>norethindrone ace & ethinyl estradiol</i>	
<i>nefazodone hcl</i>	53	<i>tab 1 mg-20 mcg</i>	74
<i>neomycin sulfate</i>	24	<i>norethindrone ace & ethinyl estradiol</i>	
<i>neomycin-bacitrac zn-polymyx</i>		<i>tab 1.5 mg-30 mcg</i>	74
<i>5(3.5)mg-400unt-10000unt op oin</i>		<i>norethindrone ace & ethinyl</i>	
.....	93	<i>estradiol-fe tab 1 mg-20 mcg</i>	74
<i>neomycin-polymy-gramicid op sol</i>		<i>norethindrone ace-eth estradiol-fe</i>	
<i>1.75-10000-0.025mg-unt-mg/ml</i>		<i>chew tab 1 mg-20 mcg (24)</i>	74
.....	93	<i>norethindrone acetate</i>	78
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone acetate-ethinyl</i>	
<i>ophth oint 0.1%</i>	92	<i>estradiol tab 0.5 mg-2.5 mcg</i>	76
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone acetate-ethinyl</i>	
<i>ophth susp 0.1%</i>	92	<i>estradiol tab 1 mg-5 mcg</i>	76
<i>neomycin-polymyxin-hc ophth susp</i>		<i>norethindrone ac-ethinyl estrad-fe</i>	
.....	92	<i>tab 1-20/1-30/1-35 mg-mcg</i>	74
<i>neomycin-polymyxin-hc otic soln 1%</i>		<i>norgestimate & ethinyl estradiol tab</i>	
.....	94	<i>0.25 mg-35 mcg</i>	74
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>norgestimate-eth estrad tab 0.18-</i>	
<i>mg/ml-10000 unit/ml-1%</i>	94	<i>25/0.215-25/0.25-25 mg-mcg</i> ..	74
NERLYNX	40	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>neuac</i>	99	<i>35/0.215-35/0.25-35 mg-mcg</i> ..	74
<i>nevirapine</i>	26	<i>norlyroc</i>	74
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NEXLIZET TAB 180/10MG.....	47	<i>nortrel 1/35 (21)</i>	74
NEXPLANON	74	<i>nortrel 1/35 (28)</i>	74
<i>niacin (antihyperlipidemic)</i>	47	<i>nortrel 7/7/7</i>	74

<i>nortriptyline hcl</i>	53	<i>olmesartan medoxomil-</i>	
NORVIR	26	<i>hydrochlorothiazide tab 40-12.5</i>	
NOVOLIN INJ 70/30.....	69	<i>mg</i>	45
NOVOLIN INJ 70/30 FP	69	<i>olmesartan medoxomil-</i>	
NOVOLIN N	69	<i>hydrochlorothiazide tab 40-25 mg</i>	
NOVOLIN N FLEXPEN	69	46
NOVOLIN R	69	<i>olmesartan-amlodipine-</i>	
NOVOLIN R FLEXPEN	69	<i>hydrochlorothiazide tab 20-5-12.5</i>	
NOVOLOG	69	<i>mg</i>	46
NOVOLOG FLEXPEN	69	<i>olmesartan-amlodipine-</i>	
NOVOLOG FLEXPEN RELION	69	<i>hydrochlorothiazide tab 40-10-12.5</i>	
NOVOLOG MIX INJ 70/30	69	<i>mg</i>	46
NOVOLOG MIX INJ FLEXPEN	70	<i>olmesartan-amlodipine-</i>	
NOVOLOG PENFILL.....	70	<i>hydrochlorothiazide tab 40-10-25</i>	
NOVOLOG RELION.....	70	<i>mg</i>	46
NUBEQA	33	<i>olmesartan-amlodipine-</i>	
NUDEXTA CAP 20-10MG	65	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NULOJIX	88	<i>mg</i>	46
NUPLAZID	56	<i>olmesartan-amlodipine-</i>	
NURTEC.....	64	<i>hydrochlorothiazide tab 40-5-25</i>	
NUTRILIPID.....	92	<i>mg</i>	46
NUZYRA.....	31	<i>omega-3-acid ethyl esters cap 1 gm</i>	
<i>nyamyc</i>	100	47
<i>nylia 1/35</i>	74	<i>omeprazole</i>	82
<i>nylia 7/7/7</i>	74	OMNIPOD 5 DX KIT INT G7G6	70
<i>nystatin</i>	25	OMNIPOD 5 DX MIS POD G7G6....	70
<i>nystatin (mouth-throat)</i>	102	OMNIPOD 5 L2 KIT INTRO G6	70
<i>nystatin (topical)</i>	100	OMNIPOD 5 L2 MIS PODS G6.....	70
<i>nystop</i>	100	OMNIPOD DASH KIT INTRO	70
o		OMNIPOD DASH MIS PODS	70
OCTAGAM	88	<i>ondansetron</i>	79
<i>octreotide acetate</i>	78	<i>ondansetron hcl</i>	79
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<i>ofloxacin (otic)</i>	94	ORGOVYX	33
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OGSIVEO	40	ORKAMBI GRA 150-188	97
OJEMDA.....	40	ORKAMBI GRA 75-94MG	97
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<i>olanzapine</i>	56	ORKAMBI TAB 200-125.....	97
<i>olmesartan medoxomil</i>	46	<i>orlistat</i>	103
<i>olmesartan medoxomil-</i>		<i>orquidea</i>	74
<i>hydrochlorothiazide tab 20-12.5</i>		ORSERDU	33
<i>mg</i>	45	<i>oseltamivir phosphate</i>	28

OSPOMYV	70	<i>penicillin g sodium</i>	31
<i>oxacillin sodium</i>	31	<i>penicillin v potassium</i>	31
<i>oxaliplatin</i>	32	PENMENVY INJ	89
<i>oxcarbazepine</i>	60	PENTACEL INJ	89
<i>oxybutynin chloride</i>	82	<i>pentamidine isethionate inh</i>	24
<i>oxycodone hcl</i>	22	<i>pentamidine isethionate inj</i>	24
<i>oxycodone w/ acetaminophen tab</i>		<i>pentoxifylline</i>	84
10-325 mg	22	<i>perampanel</i>	60
<i>oxycodone w/ acetaminophen tab</i>		<i>perindopril erbumine</i>	44
2.5-325 mg	22	<i>periogard</i>	102
<i>oxycodone w/ acetaminophen tab 5-</i>		<i>permethrin</i>	102
325 mg	22	<i>perphenazine</i>	56
<i>oxycodone w/ acetaminophen tab</i>		<i>pfizerpen</i>	31
7.5-325 mg	22	<i>phendimetrazine tartrate</i>	103
OXYCONTIN	22	PHENDIMETRAZINE TARTRATE....	103
OZEMPIC (0.25 OR 0.5MG/DOSE). 68		<i>phenelzine sulfate</i>	53
OZEMPIC (1MG/DOSE).....	68	<i>phenobarbital</i>	60
OZEMPIC (2MG/DOSE).....	68	<i>phenobarbital sodium</i>	60
P		<i>phentermine hcl</i>	103
<i>pacerone</i>	47	<i>phenytek</i>	60
<i>paclitaxel</i>	35	<i>phenytoin</i>	60
<i>paclitaxel inj 100mg</i>	35	<i>phenytoin sodium</i>	60
<i>paliperidone</i>	56	<i>phenytoin sodium extended</i>	60
<i>pamidronate disodium</i>	70	PHESGO SOL.....	40
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<i>pantoprazole sodium</i>	82	<i>pilocarpine hcl</i>	94
PANZYGA	88	<i>pilocarpine hcl (oral)</i>	102
<i>paricalcitol</i>	79	<i>pimecrolimus</i>	102
<i>paroxetine hcl</i>	53	<i>pimozide</i>	57
PAXLOVID PAK	28	<i>pimtrea</i>	74
PAXLOVID TAB 150-100.....	28	<i>pindolol</i>	48
PAXLOVID TAB 300-100.....	28	<i>pioglitazone hcl</i>	68
<i>pazopanib hcl</i>	40	<i>pioglitazone hcl-metformin hcl tab</i>	
PEDIARIX INJ 0.5ML.....	89	15-500 mg	68
PEDVAX HIB	89	<i>pioglitazone hcl-metformin hcl tab</i>	
<i>peg 3350-kcl-na bicarb-nacl-na</i>		15-850 mg	68
<i>sulfate for soln 236 gm</i>	80	<i>piperacillin sod-tazobactam na for inj</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		3.375 gm (3-0.375 gm)	31
420 gm	80	<i>piperacillin sod-tazobactam sod for</i>	
PEGASYS	28	<i>inj 13.5 gm (12-1.5 gm)</i>	31
PEMAZYRE	40	<i>piperacillin sod-tazobactam sod for</i>	
<i>pemetrexed disodium</i>	32	<i>inj 2.25 gm (2-0.25 gm)</i>	31
PENBRAYA INJ.....	89	<i>piperacillin sod-tazobactam sod for</i>	
<i>penicillamine</i>	71	<i>inj 4.5 gm (4-0.5 gm)</i>	31
<i>penicillin g potassium</i>	31		

<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	31	PREZCOBIX TAB 800-150	27
PIQRAY 200MG DAILY DOSE	40	PREZISTA	26
PIQRAY 250MG TAB DOSE	40	PRIFTIN	28
PIQRAY 300MG DAILY DOSE	41	<i>primaquine phosphate</i>	25
<i>pirfenidone</i>	97	PRIMAQUINE PHOSPHATE	25
<i>piroxicam</i>	21	<i>primidone</i>	60
<i>plenamine</i>	92	PRIORIX INJ	89
PLENVU SOL	81	PRIVIGEN	88
<i>podofilox</i>	102	<i>probenecid</i>	21
<i>polymyxin b sulfate</i>	24	<i>prochlorperazine</i>	79
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	93	<i>prochlorperazine edisylate</i>	79
POMALYST	34	<i>prochlorperazine maleate</i>	79
<i>portia-28</i>	74	PROCRIT	83
<i>posaconazole</i>	25	<i>proctocort</i>	102
POT CHL 20MEQ/L IN NAACL 0.45% INJ	91	<i>procto-med hc</i>	102
POT CHL 20MEQ/L IN NAACL 0.9% INJ	91	<i>proctosol hc</i>	102
POT CHL 40MEQ/L IN NAACL 0.9% INJ	91	<i>proctozone-hc</i>	102
<i>potassium chloride</i>	91	<i>progesterone</i>	78
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	91	PROGRAF	88
<i>potassium chloride microencapsulated crystals er</i> ...	91	PROLASTIN-C	97
<i>potassium citrate (alkalinizer)</i>	82	PROLIA	70
<i>pramipexole dihydrochloride</i>	54	<i>promethazine hcl</i>	80
<i>prasugrel hcl</i>	84	<i>propafenone hcl</i>	47
<i>pravastatin sodium</i>	47	<i>proparacaine hcl</i>	94
<i>praziquantel</i>	24	<i>propranolol hcl</i>	48
<i>prazosin hcl</i>	45	<i>propylthiouracil</i>	79
<i>prednisolone</i>	76	PROQUAD INJ	89
<i>prednisolone acetate (ophth)</i>	93	PROSOL INJ 20%	92
PREDNISOLONE SODIUM PHOSP ..	93	<i>protriptyline hcl</i>	53
<i>prednisolone sodium phosphate</i> ...	76	PULMOZYME	97
<i>prednisone</i>	77	<i>pyrazinamide</i>	28
PREDNISONE INTENSOL	77	<i>pyridostigmine bromide</i>	65
<i>pregabalin</i>	60	<i>pyrimethamine</i>	24
PREMASOL SOL 10%	92	PYZCHIVA	85
PRENATAL TAB 27-1MG	91	Q	
PRENATAL TAB PLUS	91	QINLOCK	41
<i>prevalite</i>	47	QUADRACEL INJ 0.5ML	89
PREVYMIS	28	<i>quetiapine fumarate</i>	57
PREZCOBIX TAB 675/150	27	<i>quinapril hcl</i>	44
		<i>quinidine sulfate</i>	47
		<i>quinine sulfate</i>	25
		QULIPTA	64
		R	
		RABAVERT INJ	89
		<i>rabeprazole sodium</i>	82
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<i>ramelteon</i>	63	ROTARIX SUS.....	89
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<i>ranolazine</i>	50	<i>roweepra</i>	60
<i>rasagiline mesylate</i>	54	ROZLYTREK.....	41
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REYATAZ	26	SECUADO	57
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<i>rifabutin</i>	28	<i>setlakin</i>	75
<i>rifampin</i>	28	<i>sharobel</i>	75
<i>riluzole</i>	65	SHINGRIX.....	89
<i>rimantadine hydrochloride</i>	28	SIGNIFOR.....	78
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<i>risperidone</i>	57	SIMBRINZA SUS 1-0.2%.....	94
<i>risperidone microspheres</i>	57	<i>simliya</i>	75
<i>ritonavir</i>	26	<i>simpesse</i>	75
<i>rivaroxaban</i>	83	<i>simvastatin</i>	47
<i>rivastigmine</i>	52	<i>sirolimus</i>	88
<i>rivastigmine tartrate</i>	52	SIRTURO	28
<i>rivelsa</i>	74	SKYRIZI	86
<i>rizatriptan benzoate</i>	64	SKYRIZI PEN	86
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<i>roflumilast</i>	97	<i>sodium chloride</i>	91
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<i>ropinirole hydrochloride</i>	54		
<i>rosuvastatin calcium</i>	47		

sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln.....	91	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	24
<i>sodium oxybate</i>	66	SULFAMYLON	99
<i>sodium phenylbutyrate</i>	78	<i>sulfasalazine</i>	80
<i>sodium polystyrene sulfonate</i>	71	<i>sulindac</i>	21
<i>sodium polystyrene sulfonate powder</i>	71	<i>sumatriptan</i>	64
<i>solifenacin succinate</i>	82	<i>sumatriptan succinate</i>	64
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<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	49	TABRECTA	41
<i>sprintec 28</i>	75	<i>tacrolimus</i>	88
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<i>sps rectal</i>	71	<i>tadalafil (pulmonary hypertension)</i> 51	
<i>sronyx</i>	75	TAFINLAR	41, 42
<i>ssd</i>	99	TAGRISSO	42
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<i>streptomycin sulfate</i>	24	<i>tamsulosin hcl</i>	82
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<i>subvenite</i>	61	<i>tarina fe 1/20 eq</i>	75
SUBVENITE	61	<i>tasimelteon</i>	63
<i>sucralfate</i>	81	TAVNEOS.....	84
<i>sulfacetamide sodium (acne)</i>	99	<i>tazarotene</i>	100
<i>sulfacetamide sodium (ophth)</i>	93	<i>tazicef</i>	29
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	92	TAZVERIK	42
<i>sulfadiazine</i>	24	TECENTRIQ	42
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	24	TECENTRIQ INJ HYBREZA.....	42
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	24	TEFLARO.....	29
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	24	<i>telmisartan</i>	46
		<i>telmisartan-amlodipine tab 40-10 mg</i>	46
		<i>telmisartan-amlodipine tab 40-5 mg</i>	46
		<i>telmisartan-amlodipine tab 80-10 mg</i>	46

<i>telmisartan-amlodipine tab 80-5 mg</i>	<i>tobramycin-dexamethasone ophth</i>
..... 46	<i>susp 0.3-0.1%</i> 92
<i>telmisartan-hydrochlorothiazide tab</i>	<i>tolterodine tartrate</i> 82
<i>40-12.5 mg</i> 46	<i>tolvaptan</i> 78
<i>telmisartan-hydrochlorothiazide tab</i>	<i>tolvaptan tab therapy pack 30 & 15</i>
<i>80-12.5 mg</i> 46	<i>mg</i> 78
<i>telmisartan-hydrochlorothiazide tab</i>	<i>tolvaptan tab therapy pack 45 & 15</i>
<i>80-25 mg</i> 46	<i>mg</i> 78
<i>temazepam</i> 63	<i>tolvaptan tab therapy pack 60 & 30</i>
TENIVAC INJ 5-2LF..... 89	<i>mg</i> 78
<i>tenofovir disoproxil fumarate</i> 26	<i>tolvaptan tab therapy pack 90 & 30</i>
TEPMETKO 42	<i>mg</i> 78
<i>terazosin hcl</i> 45	<i>topiramate</i> 61
<i>terbinafine hcl</i> 25	<i>toremifene citrate</i> 33
<i>terbutaline sulfate</i> 96	<i>torpenz</i> 42
<i>terconazole vaginal</i> 82	<i>torseamide</i> 49
<i>teriparatide</i> 70	TOUJEO MAX SOLOSTAR 70
TERIPARATIDE..... 70	TOUJEO SOLOSTAR 70
<i>testosterone</i> 67	TPN ELECTROL INJ 91
<i>testosterone cypionate</i> 67	TRADJENTA..... 68
<i>testosterone enanthate</i> 67	<i>tramadol hcl</i> 22
<i>testosterone pump</i> 67	<i>tramadol-acetaminophen tab 37.5-</i>
<i>tetrabenazine</i> 65	<i>325 mg</i> 22
<i>tetracycline hcl</i> 31	<i>trandolapril</i> 45
THALOMID 34	<i>tranexamic acid</i> 84
<i>theophylline</i> 97	<i>tranylcyromine sulfate</i> 53
<i>thioridazine hcl</i> 57	TRAVASOL INJ 10% 92
<i>thiothixene</i> 57	TRAZIMERA..... 42
<i>tiadylt er</i> 49	<i>trazodone hcl</i> 53
<i>tiagabine hcl</i> 61	TRELEGY AER ELLIPTA 100-62.5-25
TIBSOVO 42	MCG 95
<i>ticagrelor</i> 84	TRELEGY AER ELLIPTA 200-62.5-25
TICOVAC 89	MCG 95
<i>tigecycline</i> 31	TREMFYA 86
<i>tilia fe</i> 75	TREMFYA INDUCTION PACK FO 86
<i>timolol maleate</i> 48	TREMFYA PEN..... 86
<i>timolol maleate (ophth)</i> 94	<i>treprostinil</i> 51
<i>tinidazole</i> 24	<i>tretinoin</i> 99
TIVICAY..... 26	<i>tretinoin (chemotherapy)</i> 34
TIVICAY PD 26	<i>triamcinolone acetonide (mouth)</i> .102
<i>tizanidine hcl</i> 66	<i>triamcinolone acetonide (topical)</i> .101
TOBI PODHALER 24	<i>triamterene & hydrochlorothiazide</i>
TOBRADEX OIN 0.3-0.1% 92	<i>cap 37.5-25 mg</i> 49
<i>tobramycin</i> 24	<i>triamterene & hydrochlorothiazide</i>
<i>tobramycin (ophth)</i> 93	<i>tab 37.5-25 mg</i> 49
<i>tobramycin sulfate</i> 24	

<i>triamterene & hydrochlorothiazide</i>	
<i>tab 75-50 mg</i>	49
<i>tridacaine ii</i>	101
<i>triderm</i>	101
<i>trientine hcl</i>	71
<i>tri-estarylla</i>	75
<i>trifluoperazine hcl</i>	57
<i>trifluridine</i>	93
<i>trihexyphenidyl hcl</i>	54
TRIJARDY XR TAB ER 24HR 10-5-1000MG	68
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	68
TRIJARDY XR TAB ER 24HR 25-5-1000MG	68
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	68
TRIKAFTA PAK 59.5MG	97
TRIKAFTA PAK 75MG	97
TRIKAFTA TAB 100-50-75MG & 150MG.....	97
TRIKAFTA TAB 50-25-37.5MG & 75MG	97
<i>tri-legest fe</i>	75
<i>tri-linyah</i>	75
<i>tri-lo-estarylla</i>	75
<i>tri-lo-marzia</i>	75
<i>tri-lo-mili</i>	75
<i>tri-lo-sprintec</i>	75
<i>trimethoprim</i>	24
<i>tri-mili</i>	75
<i>trimipramine maleate</i>	53
TRINTELLIX.....	53
<i>tri-sprintec</i>	75
TRIUMEQ PD TAB.....	27
TRIUMEQ TAB.....	27
<i>tri-vylibra</i>	75
<i>tri-vylibra lo</i>	75
TROGARZO	26
TROPHAMINE INJ 10%.....	92
<i>trospium chloride</i>	82
TRUE METRIX KIT AIR.....	103
TRUE METRIX KIT METER	103
TRUE METRIX STRIPS	103
TRULICITY	68
TRUMENBA.....	89
TRUQAP.....	42
TRUXIMA	42
TUKYSA	42
TURALIO.....	42
<i>turqoz</i>	75
<i>twice-daily clindamycin phosphate (topical)</i>	99
TWINRIX INJ	89
TYBOST	26
<i>tydemy</i>	75
TYENNE	86
TYPHIM VI	90
U	
UBRELVY	64
<i>unithroid</i>	79
UPTRAVI.....	51
UPTRAVI PACK TAB 200/800	51
<i>ursodiol</i>	81
USTEKINUMAB.....	86
V	
<i>valacyclovir hcl</i>	28
VALCHLOR	102
<i>valganciclovir hcl</i>	28
<i>valproate sodium</i>	61
<i>valproic acid</i>	61
<i>valsartan</i>	46
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	46
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	46
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	46
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	46
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	46
VALTOCO 10 MG DOSE	61
VALTOCO 15 MG DOSE	61
VALTOCO 20 MG DOSE	61
VALTOCO 5 MG DOSE.....	61
<i>valtya 1/35</i>	75
<i>valtya 1/50</i>	75
<i>vancomycin hcl</i>	24
VANCOMYCIN INJ 1 GM	25
VANCOMYCIN INJ 500MG	25
VANCOMYCIN INJ 750MG	25

VANFLYTA	42	<i>vylibra</i>	75
VAQTA.....	90	VYZULTA	94
<i>varenicline tartrate</i>	67	W	
<i>varenicline tartrate tab 11 x 0.5 mg</i> <i>& 42 x 1 mg start pack</i>	67	<i>warfarin sodium</i>	83
VARIVAX.....	90	<i>water for irrigation, sterile irrigation</i> <i>soln</i>	102
VASCEPA	48	WEGOVY.....	103
VAXCHORA SUS	90	WELIREG	34
<i>velivet</i>	75	<i>wera</i>	75
VELSIPITY.....	87	WESTAB PLUS TAB 27-1MG	91
VENCLEXTA.....	42	WINREVAIR.....	51
VENCLEXTA TAB START PK	42	WINREVAIR INJ 45MG	51
<i>venlafaxine hcl</i>	53	WINREVAIR INJ 60MG	51
VENTOLIN HFA	96	<i>wixela inhub</i>	99
VENTOLIN HFA (INSTITUTIONAL PACK).....	96	<i>wymzya fe</i>	75
<i>verapamil hcl</i>	49	WYOST.....	70
VERQUVO	50	X	
VERSACLOZ	57	XALKORI.....	43
VERZENIO.....	42	<i>xarah fe</i>	75
<i>vestura</i>	75	XARELTO	83
<i>vienva</i>	75	XARELTO STAR TAB 15/20MG.....	83
<i>vigabatrin</i>	61	XATMEP	87
<i>vigadrone</i>	61	XCOPRI	61
VIGAFYDE	61	XCOPRI PAK 100-150	62
<i>vilazodone hcl</i>	53	XCOPRI PAK 12.5-25	61
VIMKUNYA	90	XCOPRI PAK 150-200MG (MAINTENANCE)	62
<i>vincristine sulfate</i>	35	XCOPRI PAK 150-200MG (TITRATION)	62
<i>vinorelbine tartrate</i>	35	XCOPRI PAK 50-100MG.....	62
<i>viorele</i>	75	XDEMVI	93
VIRACEPT	26	XELJANZ.....	87
VIREAD	26	XELJANZ XR	87
VITRAKVI.....	42, 43	<i>xelria fe</i>	75
VIVIMUSTA	32	XENICAL.....	103
VIVITROL.....	67	XERMELO	81
VIVOTIF CAP EC.....	90	XHANCE	98
VIZIMPRO	43	XIFAXAN.....	81
VONJO.....	43	XIGDUO XR TAB 10-1000	69
VOQUEZNA PAK DUAL PAK	81	XIGDUO XR TAB 10-500MG	69
VOQUEZNA PAK TRIP PK	81	XIGDUO XR TAB 2.5-1000	68
VORANIGO	43	XIGDUO XR TAB 5-1000MG	69
<i>voriconazole</i>	25	XIGDUO XR TAB 5-500MG.....	68
VOSEVI TAB	28	XIIDRA	94
VOWST CAP	81	XOFLUZA	28
VRAYLAR	57	XOLAIR	97
<i>vyfemla</i>	75		

XOSPATA	43	ZELBORAF	43
XPOVIO PAK (100 MG ONCE WEEKLY)	43	<i>zelvysia</i>	78
XPOVIO PAK (40 MG ONCE WEEKLY)	43	ZEMAIRA	98
XPOVIO PAK (40 MG TWICE WEEKLY)	43	<i>zenatane</i>	99
XPOVIO PAK (60 MG ONCE WEEKLY)	43	ZENPEP CAP 10000UNT	81
XPOVIO PAK (60 MG TWICE WEEKLY)	43	ZENPEP CAP 15000UNT	81
XPOVIO PAK (80 MG ONCE WEEKLY)	43	ZENPEP CAP 20000UNT	81
XPOVIO PAK (80 MG TWICE WEEKLY)	43	ZENPEP CAP 25000UNT	81
XTANDI	33, 34	ZENPEP CAP 3000UNIT	81
XTRENBO	70	ZENPEP CAP 40000UNT	81
<i>xulane</i>	75	ZENPEP CAP 5000UNIT	81
XULTOPHY INJ 100/3.6	70	ZENPEP CAP 60000UNT	81
Y		ZERVIATE	93
YESINTEK	87	<i>zidovudine</i>	26
YF-VAX INJ	90	<i>ziprasidone hcl</i>	57
YONSA	34	<i>ziprasidone mesylate</i>	57
YUTREPIA	51	ZIRABEV	43
<i>yuvaferm</i>	76	ZIRGAN	93
Z		<i>zoledronic acid</i>	70
<i>zafemy</i>	75	ZOLINZA	43
<i>zafirlukast</i>	96	<i>zolpidem tartrate</i>	64
<i>zaleplon</i>	63	ZONISADE	62
ZARXIO	83	<i>zonisamide</i>	62
ZEGALOGUE	77	<i>zovia 1/35</i>	75
ZEJULA	43	ZTALMY	62
		<i>zumandimine</i>	75
		ZURZUVAE	53
		ZYDELIG	43
		ZYKADIA	43
		ZYLET SUS 0.5-0.3%	92
		ZYPREXA RELPREVV	57, 58

2026 MA FIDE “Medicaid Wrap Formulary”

Medicare Part D is the primary payer for the Massachusetts FIDE plan and should provide access to all medically appropriate medications through the Part D formulary, coverage determination, or appeal process. It is expected that the Medicaid “wrap-around” drug benefit will be used in addition to the Medicare formulary for the drugs listed below that may be excluded by Medicare Part D coverage, such as: some non-prescription drugs, Over-the-Counter drugs (when a prescription is obtained), some prescription vitamins, and/or other Part D excluded drugs. Coverage is limited to the generic equivalents of the medications listed below.

NDC Name
ORA-SWEET SF SYP
ORA-SWEET SYP
SYRPALTA SYP
REESES MED SUS PINWORM
EYE ALLERGY SOL RELIEF
OPCON-A SOL OP
CULTURELLE CAP IMMUNITY
NAPHCON-A SOL OP
PHENTERMINE TAB 37.5MG
PCCA SWEET SYP -SF
PCCA SYRUP SYP VEHICLE
XENICAL CAP 120MG
FLAVOR SWEET SYP
FLAVOR SWEET SYP S/F
VERSAFREE SYP
VERSAPLUS SYP
FLORASTOR CAP 250MG
CULTURELLE PAK KIDS
CULTURELLE CAP
CULTURELLE CHW KIDS
PROBIOTIC CAP
ORAL SYP FLAVORED
ORAL SYP SF
GRAPE SYP
DIGES PROBIO CAP 250MG
SAXENDA INJ 18MG/3ML
SYRUP SF SYP VEHICLE
SYRUP SYP VEHICLE
MX-SOL SF SYP
MX-SOL SYP
ALLERGY EYE DRO OP
FLORASTOR KI PAK 250MG
SM PROBIOTIC CAP 250MG

NDC Name
LOMAIRA TAB 8MG
PROBIOTIC CAP 250MG
PROBIOTIC DRO COLIC
FLORASTOR PAK KIDS
KIDS PROBIOT PAK FIBER
STABLEGI CAP 250MG
PINWORM MED SUS 144MG/ML
EVIVO PAK REFILL
EVIVO PAK STARTER
PROBIOTIC LIQ NEWBORN
EVIVO LIQ
PROBIOTIC LIQ 15 DAY
MOMMYS BLISS POW PROBIOTI
EVIVO PAK
CVS PINWORM SUS 50MG/ML
CULTURELLE PAK PROBIOT
SOSWEET SYP
VISINE SOL
DAILY PROBIO CAP 250MG
FLORASTOR BA POW 250MG
CULTURELLE CAP PRO-WELL
SACCHAROMYCE CAP BOULARDI
PIN-AWAY SUS 144MG/ML
DUAL PRENATA CAP IMMUNITY
ADIPEX-P TAB 37.5MG
IMCIVREE INJ 10MG/ML
CULTUR KIDS POW PURELY
CULTURELLE CAP HLTH/WEL
RESISTANCE CAP FORMULA
WEGOVY INJ 1MG
WEGOVY INJ 0.5MG
WEGOVY INJ 1.7MG
WEGOVY INJ 2.4MG

NDC Name
WEGOVY INJ 0.25MG
CULTUR KIDS CHW PURELY
DIGESTV PROB CAP 250MG
SACCHAROMYCI CAP 250MG
CULTURE KIDS PAK PROB FIB
ORLISTAT CAP 120MG
FLORASTOR CAP
FT PROBIOTIC CAP 250MG
FREE + PURE CAP PROBIOTI
CVS DAILY POW PROBIOTI
FLORASTART CAP 250MG
LIRAGLUTIDE INJ 18MG/3ML
PHENTERMINE TAB 8MG
FLAVOR SWEET SOL SF DYE
FLAVOR SWEET SOL DYE FREE
RIBOFLAVIN TAB 400MG
PHENDIMETRAZ CAP 105MG ER
COMPETE TAB
THERA-GESIC CRE
PHENDIMETRAZ TAB 35MG
FOLTRIN CAP
AYR SPR 0.65%
AYR SALINE GEL NASAL
BABY AYR SPR 0.65%
FERROUS SULF TAB 325MG EC
ISOP ALCOHOL SOL 99%
MINERAL OIL HEAVY
NU-IRON 150 CAP 150MG
ELDERTONIC LIQ
MAPO BATH OIL
MERIBIN CAP 5MG
ORAZINC CAP 220MG
HYDROCORT LOT 1%
RUB ALCOHOL SOL 70%
ISOP ALCOHOL SOL 70% RUB
MILK OF MAGN SUS 400/5ML
PETROLATUM GEL WHITE
PETROLATUM GEL
NATURAL HERB LOZ COUGH
COUGH DROPS LOZ HON LEMN
CHLD MEDITAB CHW 80MG
GENTLE LAXAT TAB 5MG EC

NDC Name
MEDI-NATURAL TAB 8.6MG
AZO TABS TAB 95MG
EAR DROPS SOL 6.5% OT
EYE DROPS AR SOL OP
ISOP ALCOHOL SOL 91%
MEDI-TUSSIN SYP DM
MEDI-TUSS DM LIQ DBL STR
MEDI-PROFEN TAB 200MG
ANTACID/SIME SUS DS
COLD/COUGH LIQ DM CHILD
DAIRY DIGES CHW 9000UNIT
ED-APAP LIQ 80MG/2.5
CYANOCOBALAM INJ 1000MCG
ALMACONE DBL SUS STRENGTH
ANTI-DANDRUF SHA 1%
MILK OF MAGN SUS
SALINE MIST SPR 0.65%
CAPSAICIN CRE 0.025%
CIT CALC/D TAB 200-250
VITAMIN C TAB 500MG
CEROVITE JR CHW
CEROVITE TAB SENIOR
DAILY-VITE TAB
NIACIN TAB 500MG
FIBER-LAX TAB 625MG
VITAMIN B-6 TAB 25MG
I-VITE TAB
ACIDOPHILUS TAB L-SPORO
SEA-OMEGA 50 CAP 1000MG
ENEMA READY- ENE -TO-USE
OYSCO 500+D TAB
PREPARATION SUP H
BISACODYL SUP 10MG
EQL GENTLE TAB LAXATIVE
POVIDONE-IOD SOL 10%
CHLD ALLERGY LIQ 12.5/5ML
ANTACID/PAIN TAB 325MG
IBUPROFEN TAB 200MG
IBUPROFEN SUS 100/5ML
BACITRACIN OIN 500/GM
MUSCLE RUB CRE
HYDROCORT OIN 1%

NDC Name
SALINE NASAL SPR 0.65%
DIPHEN/ZINC CRE 2-0.1%
OXYMETAZOLIN SPR 0.05%
CLOTRIMAZOLE CRE 1%
HYDROCORT CRE 1%
AMMONIUM LAC CRE 12%
ACETAMIN SUP 650MG
ACETAMIN SUP 120MG
SIMETHICONE DRO 40/0.6ML
MEDIKOFF LOZ 7.6MG
MEDIQUE ASPI TAB 325MG
MEDI-SELTZER TAB 325MG
ACETAMINOPHN TAB 325MG
ACETAMIN TAB 500MG
DIAMODE TAB 2MG
PAIN-OFF TAB
MEDIPROXEN TAB 220MG
CHLORPHEN TAB 4MG
MEDI-MECLIZI TAB 25MG
MEDI-FIRST CHW ANT 420
NON-ASPIRIN TAB 325MG
NON-ASPIRIN TAB 500MG
MEDI-FIRST TAB 325 ASP
MEDI-FIRST TAB IBU 200
NON-PSEUDO TAB 10MG
COUGH DROPS LOZ CHERRY
SM TUSSIN DM SYP 100-10/5
SM NASAL 12H SPR 0.05%
SM EYE DROPS SOL 0.05% OP
PAIN RELIEVE TAB 500MG
SM ANTIBIOTI OIN 500/GM
PED ELCTRLYT SOL GRAPE
SM CHILD ASA CHW 81MG
SM NASAL SPR 0.05%
SM BEDDING AER LICE
SM ACID REDU TAB 200MG
DOUBLE ANTIB OIN
DOCUSATE CAL CAP 240MG
SM ASPIRIN TAB 325MG EC
SM CALDYPHEN LOT 1-8%
NASAL SALINE SPR 0.65%
IBUPROFEN DRO 50/1.25

NDC Name
3 DAY VAGINL CRE 2%
SM HYDROCORT CRE 1% PLUS
LICE KILLING SHA 0.33-4%
SM HYDROCORT CRE 1%
SM HYDROCORT OIN 1%
SM ANTI-DIAR TAB 2MG
MICONAZOLE 7 CRE 2%
PED ELCTRLYT SOL FRUIT
PED ELCTRLYT SOL UNFLAVRD
TRIPLE ANTIB OIN MAX ST
SM CALDYPHEN LOT CLEAR
SM POVID-IOD SOL 10%
SM EYE DRO
SM ASPIRIN CHW 81MG
CLOTRIMAZOLE CRE 1% VAG
SM MICON 7 SUP 100MG
SM TUSSIN SYP DM
BETA CAROTEN CAP 25000UNT
CA/MG/ZN TAB
VITAMIN C CAP 500MG CR
B-COMPLEX-C CAP
VIT FOR HAIR TAB
CALCIUM CITR TAB 200MG
SENNALAX TAB 8.6MG
VITAMIN B-12 TAB 1000 CR
B-100 COMPLX TAB
NIACIN TAB 100MG
VITAMIN E CAP 100UNIT
VITAMIN E CAP 400UNIT
VITAMIN E CAP 1000UNIT
MULTI-VIT/FE TAB
VITAMIN B-12 TAB 100MCG
VITAMIN C TAB 1000MG
THERABASIC-M TAB
VITAMIN A CAP 10000UNT
VITAMIN B-6 TAB 50MG
VITAMIN B-12 TAB 500MCG
LECITHIN CAP 1200MG
VITAMIN B-1 TAB 100MG
COD LIVER CAP
NIACIN CAP 250MG TR
SUPER ANTIOX CAP PROTECT

NDC Name
CALCIUM/D TAB 600MG
VITAMIN C CHW 500MG
FOLIC ACID TAB 400MCG
IRON TAB 65MG
UREACIN-20 CRE 20%
UREACIN-10 LOT 10%
ALLERGY TAB 4MG
STRESS FORMU TAB
VITAMIN E CAP 450MG
TAB-A-VITE TAB BETA CAR
ANTIFUNGAL CRE 1%
TRIPLE ANTIB OIN
OYSTER SHELL TAB 500MG
MAPAP CAP 500MG
TRI-BUFF ASA TAB 325MG
DIPHENHYDRAM CAP 50MG
FIBER TAB 625MG
CERTAVITE/ TAB ANTIOXID
DEEP SEA SPR 0.65%
ASPIRIN CHW 81MG
B-COMPLEX W/ TAB B-12
ACIDOPHILUS CAP /PECTIN
MAGNESIUM TAB 500MG
ULTRA-MEGA TAB CR
SLEEP TAB 25MG
THERA-DERM LOT
GERMANIUM CAP 10MG
PUMPKIN SEED CAP OIL
SUDOGEST TAB 30MG
GUAIFENESIN TAB 200MG
ARTHRICREAM CRE 10%
LACTASE ENZ TAB 3000UNIT
BANOPHEN CAP 50MG
SUDOGEST TAB 4-60MG
BANOPHEN CRE 2-0.1%
ACID GONE CHW
FERREX 150 CAP 150MG
OYST SHELL/D TAB 500MG
HEARTBURN TAB RELIEF
BANOPHEN TAB 25MG
ESTER-C TAB 500MG
FERROUS SULF TAB 325MG

NDC Name
FEROSUL TAB 325MG
ANTI-DIARRHE TAB 2MG
PROSIGHT TAB
MINERIN CRE
MINERIN LOT
DOCUSATE SOD CAP 100MG
DAILY MULTI TAB VITAMINS
PYRIDOXINE TAB 25MG
B-COMPLEX TAB
ACETAMIN TAB 325MG
THIAMINE HCL TAB 100MG
DOCUSATE SOD CAP 250MG
PYRIDOXINE TAB 50MG
ASCORBIC ACD TAB 500MG
DIPHENHYDRAM CAP 25MG
ASPIRIN TAB 325MG
DIPHENHYDRAM TAB 25MG
BISACODYL TAB 5MG EC
VT B COMPLEX CAP
CHILDRENS CHW VITAMINS
ASPIRIN TAB 81MG EC
FOLIC ACID TAB 800MCG
FOLIC ACID TAB 1MG
SIMETHICONE CHW 80MG
CALCIUM TAB 500MG
CENTAVITE AZ TAB MINERALS
ASPIRIN CHLD CHW 81MG
SENNALAXATI TAB 8.6MG
PHENAZO TAB 95MG
FEROTRINSIC CAP
B-PLEX TAB
B-PLEX PLUS TAB
THERA FORM/ TAB HEMATIN
SOD FLUORIDE TAB 0.5MG F
SOD FLUORIDE TAB 1MG F
FRUIT C-100 CHW
DELTA D3 TAB 400UNIT
MAGNESIUM GL TAB 500MG
SUPER QUINTS TAB
BIOTIN TAB 10MG
GORDOMATIC LOT
METHAGUAL OIN

NDC Name
MECHOLYL OIN
GORMEL CRE 20%
GORMEL 10 LOT 10%
DIALYVITE TAB
DIALYVITE TAB 800
MAOX TAB 420MG
MICRO GUARD POW 2%
BAZA ANTIFUN CRE 2%
HEMORRHOIDAL SUP
RA ASPIRIN TAB 325MG EC
RA NIGHTTIME TAB 25MG
RA GAS RELF CHW 80MG
RA PEDIATRIC SOL ELECTROL
ANTI-NAUSEA SOL
ARTHRTS PAIN TAB 650MG
DIPHEDRYL LIQ 12.5/5ML
RA GLYCERIN SUP 80.7%
HEMORRHOIDAL OIN
RA LAXATIVE TAB 5MG EC
WOMENS LAXAT TAB 5MG EC
NAPROXEN SOD TAB 220MG
MICONAZOLE 3 KIT COMBO PK
RA ANTISEPTI SOL 10%
RA ENEMA ENE
ACID REDUCER TAB 10MG
RA ALLERGY TAB 25MG
FEVER/PAIN SUS 160/5ML
CAMEO OIL
ACTICAL CAP
PREVENT CAP
NEOTUSS LIQ
SB GLYCERIN SUP 1.2GM
SB GLYCERIN SUP 2.1GM
SB ANTACID SUS ANTI-GAS
ADV EYE RLF DRO 1-0.3%
ADV EYE RLF DRO 0.3-0.1%
DICKINSONS LIQ WITCH HZ
NICOTINE TD DIS 21MG/24H
NICOTINE TD DIS 14MG/24H
YAGERS LIQ LINIMENT
GETS-IT CORN LIQ /CALLUS
SCALPICIN LIQ 3%

NDC Name
LANABIOTIC OIN
ODOR EATERS AER 1%
ODOR EATERS POW 1%
ANTI-ITCH SK CRE 2-0.1%
RA ASPIRIN TAB 325MG
SINUS/CONGES TAB 30MG
THROAT DISCS LOZ
NICOTINE DIS 21MG/24H
NICOTINE DIS 14MG/24H
BENADRYL SPR 2-0.1%
CORDYMAX CS4 CAP 525MG
FLINTSTONES CHW PLS CALC
FLINTSTONES CHW MY FIRST
FLINTSTONES CHW W/IRON
NIACIN TAB 250MG SR
TINEACIDE CRE
TITRALAC CHW 420MG
ENDUR-ACIN TAB 250MG SR
ENDUR-ACIN TAB 500MG SR
VIT E D-ALPH CAP 400UNIT
VIT E D-ALPH CAP 1000UNIT
C/ROSE HIPS TAB 1000MG
ZINC GLUCON TAB 30MG
VITAMIN B-6 TAB 100MG
VITAMIN B-12 TAB 250MCG
A/BETA CAROT CAP 25000UNT
B-COMPLEX/C TAB
STRESS B COM TAB W/IRON
CAL/MAG/ZINC TAB D3
CALCIUM/D TAB 600-400
CALCIUM CIT/ TAB VIT D
VITAMIN C TAB 500MG TR
BALANC B-100 TAB TR
C/ROSE HIPS TAB 500MG TR
C/ROSEHIP TR TAB 1000MG
ANTIOXIDANT CAP FORMULA
POT GLUCONAT TAB 550MG
CALCIUM/D TAB 500-400
SURELAC TAB 3000UNIT
STRESSTABS TAB
STRESSTABS TAB ADVANCED
STRESSTABS TAB ENERGY

NDC Name
ALLBEE PLUS TAB VIT C
NASAL 12 HR SPR 0.05%
ALLERGY RELF LIQ 12.5/5ML
TUSSIN DM LIQ 100-10/5
MINERAL OIL
MAG CITRATE SOL LEMON
ALOPHEN TAB 5MG EC
EQL VIT C TAB 1000MG
EQL ENEMA ENE RTU
NATURAL ZINC TAB 50MG
ICY HOT BALM OIN XTRA STR
VITAMIN A TAB 10000UNT
VITAMIN A&D TAB
BALANCE B-50 TAB COMPLEX
BALANCE B-50 CAP COMPLEX
BREWERS YEAS TAB 7.5GR
C-250 CHW
C-500 CHW
VITAMIN C TAB 250MG
NIACIN TAB 500MG TR
C1000 TR/RH TAB BIOFLAV
C1500 TR/RH TAB BIOFLAV
HI C-500 TAB
MEGA-MARATHO TAB 100 TR
ZINC TAB 50MG
SOYA LECITHN CAP 1200MG
ENZYME DIGES CAP
OYST SHELL/D TAB 250MG
FRUITY CHEWS CHW
FRUITY CHEWS CHW /IRON
ONE DAILY TAB /MINERAL
BEC/ZINC TAB
VITAMIN B-1 TAB 250MG
VITAMIN B-12 TAB 1000 TR
VITAMIN B-2 TAB 25MG
NIACIN TAB 50MG
VITAMIN B TAB COMPLEX
BALANCED B TAB COMPLEX
CENTRAVITES TAB
THERA VITAL TAB M
ONE DAILY TAB COMPLETE
MYAMULTI TAB

NDC Name
SUPR VITAMIN TAB
BETTER B TAB COMPLEX
GERIVITE TAB COMPLETE
ACEROLA C CHW 500MG
ONE DAILY TAB FE/CA
ASPIRIN TAB 325MG EC
DECONGESTANT TAB 30MG
DSS CAP 100MG
DSS CAP 250MG
BETAINE HCL CAP 10GR
CHLORHIST TAB 4MG
ALERTAB TAB 25MG
EXTRAPRIN TAB
CALCIUM 600/ TAB VIT D
OPTIMUM PMS TAB
CALCIUM 600 TAB
NIACIN TAB 250MG TR
ALER-CAP CAP 25MG
SLEEP-TABS TAB 25MG
PAIN RELIEVR CHW 80MG
MAGNESIUM TAB 250MG
NIACIN TAB 250MG
CHROMIUM PIC TAB 200MCG
CENTRAVITES TAB 50 PLUS
OPTIC-VITES TAB
VITA HAIR TAB
PAU D'ARCO CAP 500MG
FLAX SEED CAP 1000MG
PAIN RELIEVE TAB 25-500MG
ANTI-OXIDANT TAB
CO Q 10 CAP 10MG
GLUCOSAMINE CAP 500MG
VITAMIN D TAB 400UNIT
GLUCOS/CHOND TAB 500-400
COQ-10 CAP 50MG
VIT C/BIOFLV TAB 1000MG
BIG 100 TAB
JUST TEARS SOL EYE DROP
SALINE STERL SOL PRESERV
COMPLETEGEST CAP DIGESTIV
ACID-EASE CAP
GLUCOS/CHOND CAP 500-400

NDC Name
COSAMIN DS CAP 500-400
NOSTRILLA SPR 0.05%
ZINC SULFATE CAP 220MG
REHYDRALYTE SOL
DESITIN CRE 13%
VISINE A.C. SOL OP
GLUCO/CHONDR CAP COMPLEX
VITAMIN B-2 TAB 100MG
E-OIL OIL 30000UNT
VITAMIN B-12 TAB 1000MCG
ACIDOPHILUS TAB PROBIOTC
C/ROSE HIPS CHW 500MG
CALCIUM/D3 TAB 600-800
VITAMIN C CAP 500MG TR
HAIR/SKIN/ TAB NAILS
YL VIT C/RH TAB 1000MG
YL BALANCED TAB B-100
YL VITAMIN CAP A & D
COENZYME Q10 CAP 30MG
YL VITAMIN C TAB 1000MG
YL VIT B-6 TAB 100MG
YL FOLIC ACI TAB 400MCG
PERCOGESIC TAB XS
COMPOUND W PAD 40%
COENZYME Q10 CAP 10MG
CRAN CONC CAP 500MG
AZO PAIN REL TAB 95MG
GNP NASAL SPR 0.05%
MULTI-PURPOS SOL
GNP MIGRAINE TAB RELIEF
GNP NICOTINE GUM 2MG ORIG
NASAL MOIST SPR 0.65%
GNP HYDROCOR CRE 1% PLUS
PAIN & FEVER SUS 160/5ML
GNP NASAL TAB 120MG ER
PROBIATA TAB
NAT-RUL TAB B-50
OMEGA-3 CF CAP 1000MG
C-CHEWABLE CHW 500MG
OMEGA-3 CAP 1000MG
NATRUL-100 TAB SUPER
PERSA-GEL GEL 10%

NDC Name
PHAZYME CHW 125MG
REFRESH LACR OIN OP
REFRESH P.M. OIN OP
REFRESH CELL GEL 1% OP
GAS-X CAP 125MG
MOTRIN IB TAB 200MG
CALCIUM CARB SUS 1250/5ML
OCUVITE TAB LUTEIN
OCUVITE XTRA TAB
PINK BISMUTH TAB 262MG
BACITR ZINC OIN 500/GM
CALDYPHEN LOT 1-8%
CLOTRIMAZOLE CRE 3 DAY
LICE TREATMT SHA 0.33-4%
GNP GAS RELF CHW 80MG
FIBER-CAPS TAB 625MG
TRIPLE ANTIB OIN PLUS
GNP DAIRY TAB 3000UNIT
HYDROCORT CRE 0.5%
ATHLETE FOOT CRE 1%
GNP NICOTINE GUM 4MG MINT
NATURL FIBER POW 28.3%
NASAL DECONG TAB 30MG
ANTACID CHW 500MG
GNP ALLERGY TAB 25MG
PAIN RELIEF TAB 500MG
GNP TUSSIN LIQ DM COUGH
GNP ANTACID CHW 1000MG
NASAL SPR 0.05%
ASPIRIN LOW CHW 81MG
METAMUCIL POW 28.3%ORG
METAMUCIL POW 58.6%ORG
EX-LAX TAB MAX ST
CRUEX AER 2%
SUDAFED 12HR TAB 120MG CR
NEOSPORIN+PN OIN RELF MAX
AFRIN SALINE SPR 0.65%
DML LOT
AQUANIL HC LOT 1%
PAIN RELIEF TAB 325MG
ALLERGY RELF CAP 25MG
ALLERGY RELF TAB 25MG

NDC Name
STOOL SOFTNR CAP 100MG
TUSSIN DM LIQ
DYNA-HEX 2 SOL 2%
DYNA-HEX 4 SOL 4%
DIPHENHYDRAM ELX 12.5/5ML
FERROUS SULF SOL 300/5ML
GUAIFENESIN SYP DM
ACETAMIN SOL 160/5ML
SARNOL-HC LOT 1%
VITAMIN A&D OIN
ANTI-ITCH CRE 2-0.1%
LUBRICATING LOT SKIN
MOISTURIZING LOT EX DRY
MEDI-TABS PM TAB 25-500MG
MEDI-PHEDRYL CAP 25MG
A.E.R. WITCH PAD HAZEL
IBUPROFEN CAP 200MG
TUSSIN MAX SYP 15MG/5ML
SLEEP AID TAB 25MG
LACTASE TAB 9000UNIT
CVS CHILDS CHW 80MG
TOLNAFTATE CRE 1%
NASAL DECONG SPR 0.05%
7 DAY VAGINA CRE 2%
CLOTRIMAZOLE SOL 1%
MELATONIN TAB 3MG
FERREX 150 CAP FORTE
V-C FORTE CAP
SUPRESS-DX DRO PEDIATRC
VASOFLEX TAB
SIMEPED DRO 40/0.6ML
THERATEIN LOT
BACIT/POLYMY OIN
DIETHYLPROP TAB 25MG
PSEUDOEPHEDR TAB 60MG
DIETHYLPROP TAB 75MG ER
PHENTERMINE CAP 15MG
PHENTERMINE CAP 30MG
PSEUDOEPHEDR TAB 30MG
BETA HC LOT 1%
E-400 CLEAR CAP
SAM-E.P.A. CAP 500MG

NDC Name
MELATONIN CAP 5MG
A-25 CAP 25000UNT
THISILIBIN CAP 300MG
VITA-MIN CAP
VITAMIN D3 CAP 5000UNIT
BIO-FLAV CAP
FA-8 CAP 800MCG
B-STRESS CAP
FOLIC ACID CAP 5MG
VITACEL TAB
BIOTIN FORTE TAB 5MG
FLANDERS OIN BUTTOCKS
MECLIZINE TAB 12.5MG
COENZYME Q10 CAP 50MG
THERATRUM CO TAB 50 PLUS
SOY ISOFLAVO TAB 40MG
ACIDOPHILUS CHW
VITAMIN D3 TAB 400UNIT
THERATRUM TAB COMPLETE
CALCIUM CARB TAB /VIT D
CHILDREN VIT CHW
DAILY VITE TAB
DAILY VITE TAB IRON
VITAMIN C CHW 250MG
MULTI-VIT/ TAB MINERALS
SUPER B W/C CAP
FLAXSEED OIL CAP 1000MG
GLUCOSAMINE/ CAP CHONDRTN
SUPER THERA TAB VITE M
C COMPLEX TAB 500MG
VITAMIN A CAP 8000UNIT
GLUCO/CHONDR TAB COMPLEX
BALANCE B-50 TAB
BALANCE B100 TAB
CALCIUM/D3 CAP 600-500
BREWERS YEAS TAB 487.5MG
ZINC GLUCON TAB 50MG
ZINC GLUCON TAB 100MG
VITAMIN E CAP 200UNIT
VITAMIN E OIL 49000UNT
B-COMPLEX CAP
B-COMPLEX TAB FORM 1

NDC Name
STRESS FORM TAB
STRESS FORM TAB /IRON
STRESS FORM/ TAB ZINC
MELATONIN SUB 5MG
FERROUS GLUC TAB 324MG
CALCIUM CARB TAB 600MG
NIACIN CAP 400MG
LIQ CA/VIT D CAP 600MG
MACUVITE TAB
MEGA MULTI TAB W/CHE MI
MULTI-VIT HP CAP /MINERAL
TOTALDAY MUL TAB TR
GLUCOSAMINE CAP CHONDRTN
FRUITY C CHW 250MG
C COMPLEX TAB 1000MG
SUPER ANTIOX TAB A/C/E/SE
BISMUTH CHW 262MG
CHLORPHENIR TAB 4MG
FERROUS SULF SOL 220/5ML
AQUEOUS E DRO 50UNT/ML
SILTUSSIN SA LIQ 100/5ML
SILTUSSIN DM LIQ DAS
SILADRYL ALR LIQ 12.5/5ML
CHLD SILAPAP LIQ 160/5ML
RA VIT B-1 TAB 100MG
VITEYES CAP COMPLETE
RA CALCIUM TAB HIGH POT
VITEYES OMEG CAP VIS SUPP
RA ANTISEPT LIQ MTH RINS
RA SOOTHING POW BATH
HYDROGEN PER SOL 3%
RA ISOPROPYL SOL 70% RUB
MAPAP COLD TAB 10-5-325
MUCUS RELIEF TAB DM
RA MILK MAGN SUS 400/5ML
ENEMEEZ PLUS ENE 20-283
ENEMEEZ MINI ENE
STOMACH RELF SUS 524/30ML
RA ANTACID SUS ANTI-GAS
RA VIT B-6 TAB 50MG
RA VITAMIN C TAB 250MG
RA VIT C/RH TAB 1000MG

NDC Name
RA VITAMIN C TAB 500MG TR
RA VITAMIN C CHW 250MG
RA VITAMIN A CAP 10000UNT
RA B-COMPLEX TAB
RA BALNACED TAB B-100 TR
RA VIT B-12 TAB 1000 TR
GLUCOSAMINE TAB 500MG
GLUCOS/CHOND CAP 250-200
RA MOLESKIN PAD
WAL-FINATE TAB 4MG
GLYCERIN PED SUP 1.2GM
STOOL SOFTNR TAB 8.6-50MG
FISH OIL CAP 1000MG
LORATADINE SOL 5MG/5ML
RA SUPHEDRIN TAB 120MG CR
NASAL DECONG TAB 10MG
SUPHEDRINE TAB PE
ULTRACHOICE TAB ADVANCED
A THRU Z TAB HIGH POT
ALLERGY RELF TAB 10MG
LAND BFR TIM CHW VIT/IRON
LAND BFR TIM CHW VIT/C
GUAIFENESIN TAB 400MG
EQL MIGRAINE TAB FORMULA
BETASEPT SOL 4%
GNP FIBER CAP 0.52GM
EQL ALLERGY TAB 10-240MG
EQL HEARTBRN TAB 10MG
ANTI-NAUSEA SOL CHERRY
GLUCOSAMINE TAB SULFATE
DOCUSATE CAP 100MG
EYE VITAMINS CAP
PETROLEUM GEL JELLY
EQ TUSSIN DM SYP CGH/CHST
FAST ACTING SPR 1%
PALADIN OIN
MULTIPLE VIT CHW /IRON
ACETAMINOPHE TAB 500MG
MAGIC BULLET SUP 10MG
ONE-DAILY TAB MULT VIT
THERA-TABS TAB
IRON TAB 325MG

NDC Name
VITAMIN D TAB 125MCG
APRA ELX 160/5ML
ALTARUSSIN LIQ 100/5ML
ALTARUSSN DM SYP 100-10/5
INSTACORT 5 CRE 0.5%
FUNGI-GUARD CRE 1%
TINASPORE SOL 1%
ACNE-CLEAR GEL 10%
ALTAMIST SPR 0.65%
12 HR NASAL SPR 0.05%
ANTACID I SUS
ANTACID III SUS
STOMACH RELF SUS 527/30ML
STOMACH RELF SUS PLUS
MICADERM CRE 2%
TRIPLE ANTIB OIN PLUS MAX
ALTACHLORE SOL 5% OP
ALTACHLORE OIN 5% OP
ULTRA FRESH DRO 0.5% OP
ULTRA FRESH OIN PM
RA TUSSIN LIQ 100/5ML
FAMOTIDINE TAB 10MG
GUAIFENESIN LIQ 100/5ML
TUSNEL DIABT LIQ 10-100/5
EQ SLEEP-AID CAP 25MG
ANTACID CHW 750MG
FIBER THERAP TAB 500MG
ASPIRIN LOW TAB 81MG EC
EQ ASPIRIN TAB 325MG
EQ IBUPROFEN TAB 200MG
FAMOTIDINE TAB 20MG
SENN/DSS TAB 8.6-50MG
RA COL-RITE CAP 100MG
BENZOYL PER GEL 5%
ALLRGY/NASAL TAB 10-240MG
NICOTINE POL GUM 2MG
NICOTINE POL GUM 4MG MINT
METAMUCIL POW 58.6% SF
MICONAZOLE CRE 2%
ULTIMATE FAT TAB BURNER
MACUVITE TAB LUTEIN
VITAMIN B-12 SUB 2500MCG

NDC Name
ENDIT OIN 20%
NICOTINE GUM 2MG
CHILDRENS CHW PEPTO
RENA-VITE TAB
RENA-VITE RX TAB
RENAL CAP
MAG OXIDE TAB 400MG
POLY-IRON CAP 150MG
POLY-IRON CAP 150 FORT
PRENATAL 19 CHW TAB
HEMAX TAB
ARTIFICIAL SOL TEARS
GNP EYE DROP SOL 0.05% OP
GNP EYE DRO
MINTOX SUS MAX ST
SCALPICIN SOL 1%
IFEREX 150 CAP FORTE
IFEREX 150 CAP
TRICON CAP
VIC-FORTE CAP
ACETAMINOPHE TAB 325MG
EAR WAX REMV DRO 6.5% OT
CALC ANTACID CHW 500MG
LONG ACTING SPR 0.05%
COMP ALLERGY CAP 25MG
QC ANTACID SUS
QC ANTACID SUS ANTI-GAS
QC SENNA TAB 8.6MG
QC LAXATIVE TAB 5MG EC
PINK BISMUTH SUS MAX STR
QC ASPIRIN TAB 325MG
QC CHILD ASA CHW 81MG
WOMANS LAXAT TAB 5MG EC
COMP ALLERGY TAB 25MG
FIBER LAXATV TAB 625MG
NIGHT TIME TAB 25MG
ALLERGY CHLD LIQ 12.5/5ML
CHLOR-PHENIR TAB 4MG
TUSSIN DM SYP 100-10/5
TUSSIN SYP 100/5ML
QC IBUPROFEN TAB 200MG
SUPERSOFT LOT

NDC Name
AMERICERIN CRE
AMERIPHOR OIN
AMERISTORE LOT
ALPHASOFT OIL
DERMAFIX OIN
PERISHIELD OIN
VITA S FORTE TAB
PHOSPHA 250 TAB NEUTRAL
TOTAL ALLERG LIQ 12.5/5ML
SENNALAX TAB 8.6MG
CHLD NON-ASA CHW 80MG GRP
NON-ASPIRIN SUS 160/5ML
MECLIZINE TAB 25MG
EAR WAX DRO 6.5% OT
DIPHENHYDRAM LIQ 12.5/5ML
RA ACETAMIN TAB 25-500MG
RA NICOTINE LOZ 2MG MINT
RA NICOTINE LOZ 4MG MINT
RA ASPIRIN TAB 81MG EC
NON-ASPIRIN TAB 650MG
RA HEADACHE TAB FORMULA
IBUPROFEN JR CHW 100MG
RA NIACIN TAB 100MG
RA VITAMIN C CHW 500MG
RA VITAMIN E CAP 400UNIT
RA BALANCED TAB B-50
RA ONE DAILY TAB MENS
RA ONE DAILY TAB MAXIMUM
CALCIUM TAB 600MG
CA CITRATE TAB PLUS D
RA ZINC TAB 50MG
RA FISH OIL CAP 1000MG
RA IRON TAB 27MG
RA EAR DRO 6.5% OT
RA ARTHRITIC CRE PAIN RUB
HEMORRHOIDAL PAD MEDICATE
RA CRANBERRY CAP 425MG
EPSOM SALT GRA
METAMUCIL POW 58.6%
DOC-Q-LAX TAB 8.6-50MG
ACID REDUCER TAB 20MG
NICOTINE POL GUM 2MG MINT

NDC Name
NICOTINE POL LOZ 2MG MINT
NICOTINE POL LOZ 4MG MINT
CALCIUM 500 TAB /VIT D
POLY-VIT/FL DRO 0.5MG
ANTACID M SUS
NEPHRO-VITE TAB
ALAWAY DRO 0.035%OP
WAL-SPORIN OIN
CORICIDIN D TAB
ACID CONTROL TAB 20MG
CHILD ASA CHW 81MG
CALCIUM CARB CHW 500MG
CVS NICOTINE GUM 4MG MINT
MULTIVITAMIN CAP DAILY
PED ELCTRLYT SOL FREEZE
L-CARNITINE CAP 500MG
ESTRONATURAL TAB
ESTRONATURAL TAB EX ST
GLUCOSAMINE TAB 750MG
GLUCOS/CHOND TAB 750-600
EASY-LAX CAP 100MG
GLYCERIN SUP 2.1GM
DAIRY RELIEF CHW 9000UNIT
GAS RELIEF CAP 125MG
GAS RELIEF DRO 20/0.3ML
WAL-SOM TAB 25MG
ACETAMIN PM TAB 25-500MG
PAIN RELIEVE TAB 500MG/RR
MAPAP CHILD CHW 80MG
MIGRAINE TAB RELIEF
ALL DAY PAIN TAB 220MG
MUSCLE RUB CRE ULTRA ST
ANALGESIC CRE /ALOE
COOL & HEAT CRE EX ST
COOL & HEAT OIN EXT ST
CAPSAICIN HP CRE 0.1%
PETROLEUM GEL
CLOTRIMAZOLE CRE 2%
JOCK ITCH CRE 1%
HYDROCORT/ CRE ALOE 1%
SODIUM BICAR TAB 325MG
SODIUM BICAR TAB 650MG

NDC Name
SOD CHLORIDE TAB 1GM
EASY-LAX PLS TAB 8.6-50MG
MILK OF MAGN SUS 1200/15
ALLERGY RELF SOL 5MG/5ML
LORATADINE-D TAB 10-240MG
QC LAXATIVE SUP 10MG
STOMACH RELF TAB 262MG
HEARTBRN ANT CHW 160-105
GNP CASTOR OIL 100%
GNP CALAMINE LOT PHENOLAT
GNP TUSSIN SYP CF
MULTIPLE VIT TAB
MURINE EAR SOL 6.5% OT
MURINE EAR DRO 6.5% OT
EQL TUSSIN SYP DM
SUPER OMEGA CAP -3
NATURL FIBER POW 58.6%
SOOTHE SUS 262/15ML
SOOTHE SUS 525/15ML
HEARTBURN CHW EX ST
CIMETIDINE TAB 200MG
ACID CONTROL TAB 10MG
ANTI-NAUSEA SOL LIQUID
LORATADINE TAB 10MG
NIACIN CAP 250MG SR
TANDEM PLUS CAP
SENNA-TIME TAB 8.6MG
SENNA-TIME S TAB 8.6-50MG
MEDICIDIN-D TAB
MEDI-FIRST TAB SINUS
TIOCONAZOLE OIN 6.5% VAG
MULTIPLE VIT TAB FOLIC
LIFE PACK TAB MENS
LIFE PACK TAB WOMENS
AQUA CARE CRE 10%
AQUA CARE LOT 10%
SM NICOTINE GUM 4MG MINT
TRI-VIT/FLUO DRO 0.25MG
ALLERGY RELF TAB DECONGES
QC MEDIFIN TAB DM
QC NIGHTTIME LIQ COLD/FLU
BIOTIN TAB 1000MCG

NDC Name
B-12 SUB 500MCG
SOD CHLORIDE SOL 5% OP
SOD CHLORIDE OIN 5% OP
QC DAYTIME CAP COLD/FLU
QC NIGHTTIME CAP COLD/FLU
ACETAMIN CHW 80MG
CURITY SALIN SOL 0.9% IRR
IBUPROFEN SUS 200/10ML
VITAMIN D3 TAB 1000UNIT
LOPERAMIDE CAP 2MG
KETOTIF FUM DRO 0.035%OP
ARGYL SALINE SOL 0.9% IRR
PERISCENT SPR
GNP ISOP ALC SOL 99%
GNP COLD/CGH LIQ CHILD
LONG LASTING SPR 0.05%
NON-ASPIRIN TAB 500MG/RR
TUSSIN CF LIQ
HEARTBURN TAB 20MG
ICAPS MV TAB
QC SLEEP AID CAP 50MG
LOTRIMIN AF AER 2%
VITAMIN C CHW 100MG
VITAMIN C CAP 500MG SR
SM IBUPROFEN TAB 200MG
AL12 LOT 12%
DORMIN CAP 25MG
COLLAGEN CRE
D 1000 CAP 1000UNIT
WAL-ITIN D TAB 24 HOUR
VITAMIN D CAP 400UNIT
ONE-DAILY TAB MULT-VIT
CALPHRON TAB 667MG
ALTALUBE OIN
CVS HEADACHE TAB RELIEF
CALC 600+D TAB 600-800
FERROUS FUM TAB 324MG
NUTRIFAC ZX TAB
BIOTIN TAB 800MCG
CVS MINERAL OIL
WITCH HAZEL LIQ
CVS BABY OIL OIL

NDC Name
MOUHWASH LIQ MINT
REDNESS RELF DRO 0.012-02
CHERRY MENTH LOZ DROPS
HONEY LEMON LOZ DROPS
CVS MENTHOL LOZ DROPS
CVS ASPIRIN TAB 325MG
MACUVITE TAB EYE CARE
FOR STY RELI OIN
MEDI-PASTE OIN
E/C/BETA CAR TAB
CO Q-10 CAP 100MG
MEDI-BISMUTH CHW 262MG
CALCIUM CARB TAB 1250MG
ULTRA SLEEP TAB 25MG
SPECIAL CARE LOT
CVS NASAL SPR 0.05%
NON-ASPIRIN CHW 80MG
QC NO DRIP SPR 0.05%
POVIDONE/IOD SOL 10%
DIARRHEA REL SUS 262/15ML
QC EYE DROPS DRO
QC ENEMA ENE
QC ANTI-DIAR CAP 2MG
SORE THROAT LOZ
ANTISEPTIC LIQ MOUTH RI
AMMONIUM LAC LOT 12%
QC NATURAL POW VEGETABL
TRIPLE ANTIB OIN PAIN RLF
RA SUPHEDRIN TAB 30MG
HEADACHE REL TAB ADDED ST
CO Q-10 CAP 50MG
WART REMOVER PAD 40%
RA GAS RELF CHW 125MG
CALCIUM TAB 500/D
GENTLE LAXAT SUP 10MG
ENEMA ENE
SENNA TAB 8.6MG
SENNA-S TAB 8.6-50MG
HEADACHE TAB FORMULA
QC IBUPROFEN TAB COLD/SIN
MIGRAINE TAB FORMULA
SUPHEDRINE TAB 120MG ER

NDC Name
RA MIGRAINE TAB RELIEF
RA C/ACEROLA CHW 500MG
RA MELATONIN TAB 3MG
CALCIUM 600 TAB VIT D/MI
NIGHTTIME LIQ COUGH
MICONAZOLE 7 CRE TUBE/KIT
ALAVERT ALRG TAB /SINUS
RA CALCIUM+D TAB 600MG
RA LORATA-D TAB 24 HOUR
MEDI-PROFEN CAP 200MG
ALLERGY RELF TAB D-24
CVS ELECTROL SOL
TETRAHYDROZ SOL 0.05% OP
NASAL FOUR SOL 1%
SINUS NASAL SPR 0.05%
RA ASPIRIN CHW 81MG
POLYSACCHARI CAP IRON
GLUCO/CHONDR CAP 1500 COM
GLUCOSAMINE CAP 1500 COM
BLACK COHOSH CAP 40MG
COSAMIN DS TAB 500-400
CLEARSKIN CRE 10%
LANSINOH CRE LANOLIN
VISION TAB VITAMINS
SOLUBLE FIB POW THERAPY
MEDI-MUCIL CAP 0.52GM
DISPOSABLE ENE SINGLE
COMFORT GEL SUS
ANTACID LIQ SUS
SM NICOTINE GUM 2MG MINT
ADVANCED SOL LUBRICAN
RELIEF EYE SOL DROPS
COUGH DROPS LOZ 7.6MG
MUCUS RELIEF TAB 400MG
MAG CITRATE SOL GRAPE
LAXATIVE CHW 15MG
MED DOUCHE SOL 0.3%
URINARY PAIN TAB 95MG
WAL-PROFEN CAP 200MG
WAL-PROFEN TAB 200MG
VIT C/ACEROL CHW 500MG
A THRU Z TAB SELECT

NDC Name
ONE DAILY TAB WOMENS
ONE DAILY TAB HEALTHY
ONE DAILY TAB MENS
CALCIUM 500 TAB +D
CALCIUM 600 TAB +D
VITAMIN B-12 TAB 2000MCG
DAILY CLEANR SOL
REWETTING DRO
CALAHIST LOT 1-8%
MEDICATED PAD WIPES
HYGIENIC PAD CLEANSNG
CRANBERRY TAB 450MG
WAL-ITIN TAB 10MG
ANEFRIN NASL SPR 0.05%
EPHRINE NOSE DRO 1%
WAL-FOUR SOL 1%
VAPORIZING LIQ STEAM
CHILDRENS CHW SOOTHE
LACTOSE FAST TAB 9000UNIT
LACTOSE CHW FAST ACT
GAS RELIEF CHW 125MG
ACETAMINOPHE TAB 650MG ER
CRUSH VIT C LOZ 60MG
SUPER B COMP TAB VIT C
BALANCED TAB B-50
OCUTABS TAB
CORVITA TAB
FISH OIL CAP 435MG
FISH OIL CAP
FISH OIL CON CAP 1000MG
OMEGA 3 CAP 1000MG
FIRST AID OIN ANTIBIOT
MULTI ANTIBI CRE PLUS
TOLNAFTATE AER 1%
JCK ITCH POW AER 1%
HYDROCORT OIN 0.5%
E-OINTMENT OIN
WART REMOVER LIQ 17%
CALLUS REMOV PAD 40%
CALAHIST LOT CLEAR
PREPARATION PAD H
FLAX/FISH/ CAP BORAGE

NDC Name
ETHY ALCOHOL SOL 70% RUB
WAL-PHED D TAB 30MG
WAL-PHED PE TAB 10MG
SINUS CONGST TAB DAYTIME
SEVERE ALRGY TAB
WAL-PHED PE TAB 4-10MG
WAL-ACT D TAB 2.5-60MG
ALLERGY MULT TAB DAYTIME
COMTrex SEV PAK CLD/SINU
COMTrex FLU PAK THERAPY
ALLERGY MULT TAB NIGHTTIM
COLD/FLU REL PAK DAY/NGHT
MUCUS RELIEF TAB PE
DT COLD/FLU CAP 10-5-325
COLD MULT-SY TAB DAYTIME
NIGHTTIME CAP COLD/FLU
GNP ASPIRIN CHW 81MG
B-12 SUB 5000MCG
MAG OXIDE TAB 420MG
DIABET TUSS SYP ALLERGY
POLYVINYL AL SOL 1.4% OP
FOLBEE TAB
DIABTC TUSSN LIQ 100/5ML
PED ELCTRLYT SOL BUBBLGUM
SM EAR DRO 6.5% OT
FOLBEE PLUS TAB
SM PETROLEUM GEL JELLY
FOLIC ACID TAB 1000MCG
FERROUS SULF TAB 5GR
PINXAV OIN
MAG-AL PLUS LIQ
MAG-AL PLUS LIQ XS
RA IBUPROFEN TAB 200MG
ANTI-HIST TAB 25MG
WAL-MUCIL CAP PLUS CA
WAL-SOM CAP 50MG
VITAMIN D CAP 1000UNIT
RA B-COMPLEX TAB W/B-12
CORAL CALCIU CAP PLUS
ONE DAILY TAB 50 PLUS
A THRU Z TAB ADVANTAG
RA CALCIUM TAB 600MG

NDC Name
PHENTERMINE CAP 37.5MG
TOTAL ALLERG TAB 25MG
ANTACID FAST SUS RELIEF
ANTACID SUS ANTI-GAS
ANTACID SUS EX ST
PINK BISMUTH SUS 262/15ML
FULL SPECT TAB B/ VIT C
NUFOL TAB
COQ-10 CAP 100MG
B-COMPLEX/ SUB B-12
FLORANEX TAB
L-CARNITINE TAB 500MG
NICOTINE TD DIS 7MG/24HR
MAX DAILY TAB GREEN
REST/RELAX CAP
XPECT TAB 400MG
QC NIGHTTIME LIQ COUGH
BLACK COHOSH CAP 540MG
EAR WAX REMV SOL 6.5% OT
DULCOLAX SS CAP 100MG
CHILDRENS CHW APAP
QC GAS RELF CHW 80MG
ANTI-GAS CAP 180MG
FIBER LAXTIV CAP 0.52GM
QC HEADACHE TAB RELIEF
WAL-DRYL CAP 25MG
OCEAN KIDS SPR 0.65%
BENZOYL PER LIQ 10% WASH
SPECTRAVITE TAB ADVANCED
SPECTRAVITE TAB SENIOR
CVS CHILDREN CHW COMPLETE
SM NICOTINE GUM 4MG
SM NICOTINE GUM 2MG
MULTIPLE VIT TAB /IRON
FERROUS GLUC TAB 240MG
VITAMIN B12 TAB 100MCG
FISH OIL CON CAP 300MG
WAL-TAP ELX CLD/ALLE
GAS RELIEF DRO 40/0.6ML
WAL-DRYL TAB 25MG
WAL-DRYL LIQ 12.5/5ML
VARISAN TAB VITALITY

NDC Name
WAL-DRYL SPR
PAIN RELIEF SUS 160/5ML
NON-ASPIRIN CHW 160MG JR
WAL-TUSSIN SYP 15MG/5ML
WAL-TUSSIN LIQ 100/5ML
WAL-TUSSIN CAP COUGH
WAL-TUSSIN SYP DM
WAL-VERT TAB 10MG
TUSSI-PRES LIQ
CORICIDIN CAP CONG/CGH
CALCIUM CIT TAB 200MG
NICOTINE POL GUM 2MG STRT
NICOTINE POL GUM 2MG REF
NICOTINE POL GUM 4MG STRT
NICOTINE POL GUM 4MG REF
ULTRA CHOICE CHW KIDS
SUPR AYTINAL TAB 50 PLUS
ONCE DAILY TAB
VASOFLEX HD TAB
ANIMAL SHAPE CHW COMPLETE
COQ-10 CAP 30MG
COQ-10 CAP 150MG
ZINC OXIDE OIN 40%
VITAMIN B-12 TAB 50MCG
DAIRY DIGEST TAB 9000UNIT
LICE TREATMT LIQ 1%
THERABATH OIL
SB DOCUSATE TAB 8.6-50MG
BLIS-TO-SOL LIQ 1%
VITAMIN A&D CAP
BALANCED TAB B-100 TR
BALANCED TAB B-100
SUPR AYTINAL TAB
EYE LUBRICAN OIN OP
ALAVERT TAB 10MG
EX-LAX ULTRA TAB 5MG EC
SENNA SMOOTH TAB 15MG
ANTACID CHW 1000MG
RA NASAL 12H SPR 0.05%
RA COD LIVER CAP
LUBRICNT EYE DRO
RA COUGH DRO LOZ 7MG

NDC Name
RA CHLORPHEN TAB 4MG
RA ALLERGY CRE 2%
RA ANTI-ITCH OIN 1%
ALLERGY MED CAP 25MG
RA NOSE DRO 1%
TUSSIN COUGH LIQ 10-100/5
RA TUSSIN DM LIQ 100-10/5
RA MINERAL OIL
CVS NICOTINE GUM 2MG ORIG
CVS NICOTINE GUM 2MG MINT
CVS NICOTINE GUM 4MG ORIG
RA ACETAMIN TAB 325MG
CVS LUBRICNT DRO 0.5% OP
D3-1000 CAP 1000UNIT
CALDYPHEN LOT CLEAR
QC SEVERE TAB ALLERGY
QC COLD TAB RELIEF
MEDI-FIRST CRE HYDROCOR
ALLERCLEAR TAB 10MG
LORADAMED TAB 10MG
BIOTIN CAP 5000MCG
SUPER B-COMP TAB /FA/VITC
RA DRAW OUT OIN SALVE
ASCORBIC ACD TAB 1000MG
CVS NICOTINE LOZ 2MG MINT
CVS NICOTINE LOZ 4MG MINT
CALCIUM/D3 TAB 500-400
CALCIUM PLUS CAP D3
RA MAGNESIUM CAP 500MG
CO Q-10 CAP 200MG
CO Q-10 CAP 400MG
MELATONIN TAB 1MG
SINUS PAIN TAB DAYTIME
ACIDOPHILUS TAB
GNP GAS RELF CHW 125MG
FISH OIL CAP 1200MG
COQ10 CAP 30MG
ALLERGY LIQ 12.5/5ML
RA COLD/CGH LIQ DM
QC GAS RELF CHW 125MG
OYS SHELL CA TAB 500MG
FISH OIL CAP 500MG

NDC Name
COLD RELIEF TAB PLUS
D3 CAP 25MCG
FISH/FLAX/ CAP BORAGE
STOOL SOFTNR CAP 250MG
VITAMIN D3 CAP 400UNIT
MELATONIN/ TAB VIT B-6
COLD MULT-SY TAB SEVR DAY
NIACINAMIDE TAB 500MG
GLUCOSAMINE CAP MSM
SM LORATADIN TAB 10MG
SM ANTIBIOTI CRE PLUS
WAL-PHED TAB 120MG ER
SENNA CAP 8.6MG
DIAPER RASH OIN 40%
NASOGEL GEL
STOMACH RELF CHW 262MG
COLD/ALLERGY ELX
NIGHTTIME LIQ COLD MED
CHLD MLTIVIT CHW /MINERAL
PHARBETOL TAB 500MG
RA BALANCED TAB B-100
RA FLAX SEED CAP 1000MG
VITAMIN D TAB 1000UNIT
RA STERILE DRO EYE
SENNA SYP 8.8MG/5
DOCUSOL MINI ENE
CHEST CONGES TAB 20-400MG
PED ELCTRLYT SOL FREEZPOP
ITCH RELIEF LIQ MAX ST
TUSSI-PRES LIQ B
PHARBEDRYL CAP 25MG
PHARBEDRYL CAP 50MG
SIMPLY SALIN AER BABY
D3-50 CAP 50000UNT
REDNESS RELI SOL EYE DROP
RA SALINE SOL
REFENESEN TAB 400MG
REFENESEN DM TAB 400-20MG
LYSIPLEX TAB PLUS
BORO-PACKS POW
CETIRIZINE TAB 5MG
CETIRIZINE TAB 10MG

NDC Name
4-WAY FAST SPR 1%
BUCKLEYS LIQ CHEST
CRITIC-AID OIN 2%
VITAMIN B-2 TAB 50MG
SOOTHE XP DRO
GNP ALL DAY TAB ALLERGY
OMEPRAZOLE TAB 20MG
CALAGESIC LOT 1-8%
CALACLEAR LOT 1-0.1%
EARWAX REMV SOL 6.5% OT
CHILDRENS LIQ 5-100MG
SCALP RELIEF SOL 1%
MULTI TAB FOR HER
SORBUTUSS NR LIQ 10-100/5
CETIRIZINE CHW 5MG
CETIRIZINE CHW 10MG
OMEGA 3 CAP 1200MG
A.E.R. PAD TRAVELER
BENZPHETAMIN TAB 50MG
ALL DAY ALLG TAB 10MG
B1 TAB 100MG
ESSENTIAL TAB BALANCE
DAILY COMBO TAB
GERI-LANTA SUS
DRS CHOICE PAD 40%
CETIRIZINE SOL 1MG/ML
ACETAMIN LIQ 160/5ML
MELATONIN TAB 5MG
HYDROLATUM OIN
NIACIN CAP 500MG
RA CETIRI-D TAB 5-120MG
SENNOSIDES TAB 8.6MG
MULTIPLE VIT TAB PLAIN
GNP FIBER POW 43%
WAL-ZYR TAB 10MG
RA HEMORRHOI CRE
CVS ANTACID SUS ANTIGAS
STOMACH RELF SUS 262/15ML
CALCIUM 600 TAB +D/MNRLS
PED ELCTRLYT SOL MANGO
GG/PE TAB 400-10MG
A THRU Z TAB ADVANCED

NDC Name
A THRU Z CHW SELECT
EYE ITCH REL DRO 0.035%OP
ALUM/MAGNES/ SUS SIMETH
DAYTIME CLD/ SOL CGH CHLD
QC AZO TAB 95MG
QC ASPIRIN TAB 325MG EC
PHARBETOL TAB 325MG
VITAMIN D CAP 2000UNIT
EASY-C TAB 500MG
CALCIUM TAB VIT D
TART CHERRY CAP ADVANCED
COMPLEX B-50 TAB
CA ASCORBATE TAB 500MG
DAILY VIT TAB
MULTI TAB FOR HIM
MULTI 50+ TAB FOR HIM
MULTI 50+ TAB FOR HER
DIMETHICREME CRE 2%
COENZYME Q10 CAP 60MG
C 1000 TAB 1000MG
FLORANEX GRA
EQL VIT E CAP 400UNIT
GAS RELIEF CAP 180MG
LAX/STL SOFT TAB 8.6-50MG
ALLERGY D TAB 5-120MG
EQL B-6 TAB 100MG
EQL VIT C/RH TAB 1000MG
EQL B COMPLX TAB 50
EQL VISION TAB FORMULA
EQL FISH OIL CAP 1000MG
COUGHTAB TAB 200MG
COLD/ALLERGY ELX CHILDREN
RISANOID TAB PLUS
VITAMIN B12 TAB 1000 TR
SLOW REL FE TAB 160MG CR
MICONAZOLE 3 KIT COMBINAT
CHEST/SINUS TAB RELIEF
DAY-TIME LIQ COLD/FLU
CENTURY TAB MATURE
CENTURY TAB
MUCUS RELIEF TAB D
TUSSIN CF LIQ CGH/COLD

NDC Name
SM MULTI-PUR SOL
RENO CAP
WAL-ITIN SOL 5MG/5ML
CALCIUM/VITD TAB 500-400
BABY OIL
ANTISEPTIC LIQ FRESH MN
D3 CAP 50MCG
VERY FINEST LIQ FISH OIL
ANTISEPTIC LIQ ORIGINAL
ANTISEPTIC LIQ SPR MINT
WAL-ZYR SOL 1MG/ML
A THRU Z SEL TAB ADVANCED
CA CITRATE TAB + D
DANDRUFF SHA 1%
VITAMIN E OIL 56000UNT
MOTION SICK CHW 25MG
FLUTICASONE SPR 50MCG
CVS STRESS TAB FORM/ZN
CALCIUM SOFT CHW CHEWS
CALCIUM 600 CHW +D/MNRLS
DAY-TIME PE CAP COLD/FLU
TUSSIN COUGH SYP 15MG/5ML
TERBINAFINE CRE 1%
UREA CRE 20%
VITAMIN D3 TAB 2000UNIT
PINK BISMUTH CHW 262MG
THERAFLU SEV TAB COLD/CGH
PHARBECHLOR TAB 4MG
SENNA-TABS TAB 8.6MG
OMEGA-3 FISH CAP 1000MG
QC ALLERGY TAB 10MG
ALLERGY CHLD SOL 1MG/ML
REFENESEN PE TAB 10-400MG
STRESS PLUS TAB ZINC
SYSTANE OIN
PSEUDOEPHEDR TAB 120MG ER
8 HOUR PAIN TAB 650MG
ACID CONTROL CHW COMPLETE
CALCIDOL DRO 8000/ML
CALCIUM 600 CHW W/VIT D
TUSSI-PRES LIQ PE PED

NDC Name
SM BABY OIL
NICOTINE POL GUM 2MGFRUIT
TRIPLE FLEX TAB
ANTI-DIARRHE CAP 2MG
HEADACHE REL TAB
CHEW CALCIUM CHW
LIQUID B12 LIQ
CHOLESTEROL CAP RELIEF
JOINT RELIEF CAP
CVS NICOTINE GUM 2MGFRUIT
QC SUPHEDRIN TAB 120MG SR
TN DICKINSON LIQ WITCH HZ
TN DICKINSON PAD WITCH HZ
WITCH HAZEL PAD CLEANSNG
GLUCOSAMINE TAB 1000MG
CVS ASPIRIN TAB 81MG EC
CVS FIBER LA TAB 625MG
B-6 TAB 100MG
B COMPLEX TAB PLUS C
ARTIFICIAL DRO TEARS
CVS ENEMA ENE DISPOSAB
SINUS WSH SQ KIT BOTTLE
VITAMIN D3 CAP 2000UNIT
ASTHMA TAB RELIEF
FOLATE TAB 400MCG
RA COUGH DRO LOZ 6.5MG
VITAMIN D3 CAP 1000UNIT
IRON SLOW TAB 45MG
REFRESHING LOT ALOE
DRY SKIN OIN
MOISTURIZING CRE
CVS ANTACID SUS SUPREME
DUAL ACTION CHW COMPLETE
CVS NICOTINE DIS 14MG/24H
VITAMIN B-12 SUB 1000MCG
ALLER-TEC TAB 10MG
MECLIZINE CHW 25MG
BENZOYL PER GEL 10%
IBUPROFEN PM TAB 200-38MG
PETROLATUM OIN LANOLIN
CORICIDIN LIQ HBP
MINERAL OIL ENE

NDC Name
GLYCERIN SUP 1.2GM
EAR HEALTH TAB FORMULA
E-OIL OIL 70000UNT
CALCIUM/VITD CAP 600-500
ANTI-ITCH CRE 1%
GERI-MOX SUS
ITCH RELIEF CRE EX ST
FISH OIL CAP ODR LESS
COLD/COUGH LIQ CHILD
EQ NICOTINE GUM 2MGFRUIT
SM NICOTINE LOZ 2MG MINT
DAILY BETIC TAB
CORVITA 150 TAB
SM NICOTINE LOZ 4MG MINT
CVS NICOTINE GUM 4MGFRUIT
B-100 TAB COMPLEX
RA CALCIUM TAB VIT D
VITAMIN B12 TAB 2000MCG
MUCUS RELIEF LIQ 400/20ML
DAILY MULTI TAB VIT/IRON
DAILY MULTI TAB VIT/MIN
MULTIVITAMIN TAB WOMENS
MULTI-VITE TAB 50&OVER
DAILY MULTI TAB VIT/MENS
QC EPSOM GRA SALT
QC THERIN-M TAB
SM ANTI-ITCH CRE 2-0.1%
SUDAFED PE SOL COLD/CGH
QC ESSENTIAL TAB
TUMS SMOOTHI CHW 750MG
QC MINERAL OIL HEAVY
QC CHILDRENS CHW EXTRA C
QC CHILDRENS CHW COMPLETE
QC CHILDRENS CHW IRON
QC CALCIUM TAB 600MG
TRIPHROCAPS CAP
OMEGA-3 CAP 1200MG
AVEENO CRE 1%
COUGH & SORE LIQ NGT TIME
RELIEF DROPS SOL
SKIN RELIEF LOT 1.3%
WAL-FLU LIQ NIGHTTIME

NDC Name
CHROMIUM GTF TAB 200MCG
SB ALLERGY TAB 25MG
SB SALINE SPR 0.65%
SB COUGHTAB TAB 200MG
SINUS/ALERGY TAB MAX ST
SB LAXATIVE SUP 10MG
SB SENNA-LAX TAB 8.6MG
SB ASPIRIN TAB 325MG EC
SB TRIPLE OIN ANTIBIOT
ANTI-FUNGAL CRE 1%
SB HYDROCORT OIN 1%
SB BISACODYL TAB 5MG EC
SB BISMUTH TAB 262MG
SB LACTASE TAB 3300UNIT
SB GAS RELF CHW 125MG
SB MULTI-PUR SOL
SB SALINE SOL SENSITIV
SB FIBER LAX TAB 625MG
SB SLEEP TAB 25MG
SB CHILD ASA CHW 81MG
SB ITCH RELF SPR 2%
SB ANALGESIC CRE RUB
SB ANALGESIC CRE
LICE TRTMNT LIQ 1%
ALLERGY CAP 25MG
SB COLD/CGH TAB HBP
STOOL SOFTNR CAP 240MG
SB ANTI-NAUS SOL
SB NON-ASA TAB 25-500MG
SB NON-ASA CHW 160MG
NON-ASA JR TAB 160MG QM
SB IBUPROFEN TAB 200MG
ALLERGY MED LIQ 12.5/5ML
ASPIRIN EC TAB 81MG
PAIN RELIEVE SUS 160/5ML
ALLERGY RELF TAB /NSL DEC
SB ASPIRIN TAB 325MG
SB NON-ASA CHW 80MG FRT
CHLD NON-ASA TAB 80MG QM
SB HEMORRHOI PAD
SB ALLERGY TAB 10MG
SB NASAL SPR 0.05%

NDC Name
SB SINUS REL SPR 0.05%
SB CGH CONTR LIQ 100/5ML
SB SINUS CNG TAB /PAIN DT
SB CLD/ALRGY ELX CHILDREN
SB SINUS CNG TAB /PAIN
SB ALLERGY TAB MULTI-SY
SB SINUS CNG PAK /PAIN
SB FLU RELF LIQ NIGHTIME
SB NIGHTTME LIQ COUGH
SB COLD/CGH LIQ DM CHILD
SB CHILDRENS SUS PLS COLD
SB COLD MULT PAK DAY/NGHT
SB BRONCHIAL TAB 12.5-200
SB FLU RELF LIQ DAYTIME
SB CGH CONTR LIQ CF
SB COLD MULT TAB SYMP SEV
SB COLD HEAD TAB CONGEST
NIGHT TIME LIQ COLD/FLU
SB MILK MAGN SUS MINT
DAIRY RELIEF TAB 9000UNIT
SB NON-ASA CHW 80MG GRP
SB PAIN RELF TAB X-STR
ASA FREE CHW 160MG JR
ANTI HISTAMIN CAP 25MG
ASPIRIN FREE TAB 325MG
CHLD ASAFREE ELX 80/2.5ML
B-COMPLEX TAB 100 TR
ADVANCED TAB FORMULA
CA CITRATE + TAB
SE-TAN PLUS CAP
ZINC OXIDE OIN 20%
PEDIACARE AL LIQ 12.5/5ML
PEDIACARE LIQ CHILDREN
SIMPLY SLEEP TAB 25MG
GERI-MUCIL POW
STOOL SOFTNR TAB 100MG
GAS RELIEF CHW 80MG
NIGHT TIME TAB 25-500MG
ONE DAILY TAB MULTI-VI
OPTI-FREE SOL SUPRACLE
TOLNAFTATE POW 1%
HEMORRHOIDAL CRE

NDC Name
NIACIN TAB 250MG PR
MEDI-TABS TAB 500MG
COUGH DROPS LOZ MENTHOL
MENTHOL COUG LOZ DROPS
MAG CITRATE SOL CHERRY
MEDI-LAX TAB 15MG
MEDI-NATURAL TAB 8.6-50MG
MULT VITAMIN TAB WOMENS
INTENSE COUG LIQ RELIEVER
POLYETH GLYC POW 3350
NICOTINE POL GUM 2MG CINN
NICOTINE POL GUM 4MG
ANTIOXIDANT TAB VITAMINS
POLYETH GLYC POW 3350 NF
MEDI-TABS ELX 80/2.5ML
DECONGESTANT TAB 120MG ER
TUSSIN COUGH CAP 15MG
CHEST CONGES TAB 400MG
GAVILAX POW
MEDI-TABS JR CHW 160MG
MEDI-SOOTHE LOT
B COMPLEX/C TAB
SENSI-CARE LIQ PERINEAL
ALOE VESTA LIQ PERINEAL
ALOE VESTA LIQ FOAM
CLEARLAX POW
MULT VITAMIN TAB ESSENT
MULTI-VITAMN TAB
VISION PLUS CAP
ANTIOXIDANT CAP
MULTI VITAMN TAB MINERALS
ANECREAM CRE 4%
MEDI-PROFEN SUS 40MG/ML
MEDI-PROFEN SUS 100/5ML
SUPER BIOTIN TAB 5000MCG
VITAMIN D CHW 1000UNIT
BIOFLEX TAB
BIOCEL TAB
B-12 TAB 1000 CR
CREAMIES CHW 600-400
B-12 TR TAB 1000 MCG
DIAPER RASH CRE 10%

NDC Name
THRIVE GUM 2MG MINT
MAPAP APAP LIQ 500/15ML
DIMETAPP LIQ NIGHTTIM
NICOTINE POL GUM 2MG ORIG
SENTRY TAB
NICOTINE POL GUM 4MG ORIG
MULTIVITAMIN LIQ
VITAMIN D3 DRO 400UNIT
SLOW IRON TAB 160MG ER
RECHARGE CAP
DIALYVITE TAB 800/D
CVS LAXATIVE CHW 15MG
MOTRIN PM TAB 200-38MG
GLYCOLAX POW 3350 NF
BIOCOTRON LIQ 100-10/5
PEDIALAX FBR CHW GUMMIES
MOTION SICK TAB 25MG
MUCUS RELIEF TAB DM COUGH
ASPIRIN 81 TAB 81MG EC
EYE DROPS DRO
WAL-MUCIL POW 58.6%
EAR HEALTH TAB PLUS
CA CIT/VIT D TAB 315/200
EAR WAX KIT SOL 6.5% OT
GLUCOSAMINE CAP 1000MG
GLUCOSAMINE TAB MSM
MV-ONE CAP
MULTI COMPLT TAB /IRON
SALESE/ LOZ XYLITOL
WAL-ZYR CHW 10MG
CO Q10 CAP 30MG
WAL-ZYR CHW 5MG
PEROX-A-MINT SOL 1.5%
VITAMIN D3 TAB 5000UNIT
AIRAVITE TAB
GLUCOS/CHOND CAP VIT D3
BEDDING SPRA AER 0.5%
FINEST FISH LIQ OIL/KIDS
VITAMIN K TAB 100MCG
BAYER ASA TAB 325MG
GLUCOSE GEL 40%
B-100 TR TAB

NDC Name
OCUTABS TAB LUTEIN
ONE DAILY TAB MEN
HEMORRHOIDAL CRE MAX ST
SENNA S TAB 8.6-50MG
NICOTINE GUM 2MGFRUIT
NICOTINE GUM 4MG
DIABETS HLTH TAB FORMULA
CAPSAICIN CRE 0.1%
SYNOVACIN CAP 500MG
LAXACLEAR POW
CHLORPHENIR TAB 12MG CR
CORTIZONE-10 LOT ECZEMA
OMEPRAZOLE CAP 20.6MGDR
VITAMIN B-12 LOZ 500MCG
UREA CRE 10%
UREA LOT 10%
VITAMINS A&D TAB
ANTI-ALLERGY TAB
DAILY VALUE TAB MULTIVIT
QUINTABS-M TAB
WEE CARE SUS 15/1.25
BETATEMP SUS 160/5ML
VITAMIN B1 TAB 100MG
VITAMIN B1 TAB 250MG
CA PANTOTHEN TAB 500MG
VITAMIN B6 TAB 250MG
THERAPEUTIC- TAB M
ULTRA FREEDA TAB /IRON
SUPER CAL/ TAB MAG
CHELATED MG TAB 100MG
CVS GLUCOSE GEL 40%
RA IBU-PROFE TAB COLD/SIN
RA COL-RITE CAP 250MG
VITAMIN B 6 TAB 50MG
VIT A-D-E/ TAB SELENIUM
RA LAXATIVE POW
D3 TAB 2000UNIT
CIDAFLEX TAB 500-400
RA SLEEP AID CAP 50MG
RA DAIRY AID TAB 3000UNIT
SMOOTH LAX POW
RA BIOTIN CAP 2500MCG

NDC Name
RA VITAMIN CAP 2000UNIT
CVS BIOTIN CAP 5000MCG
A THRU Z TAB ULTIMATE
WAL-MUCIL POW 28.3%
NAUSEA CONTR SOL
ANTI-FUNGAL SOL 1%
REDNESS DRO RELIEF
COMFORT GEL SUS ANTI-GAS
WAL-ZYR D TAB 5-120MG
SINUS WASH PAK REFILL
SINUS WASH KIT NETI POT
VITAMIN D3 CHW 400UNIT
TRIGELS-F CAP FORTE
GNP CLEARLAX POW
OYS SHELL CA TAB /VIT D
WAL-SLEEP Z LIQ 50MG/30
ALL DAY ALLG SOL 1MG/ML
GAS-X CAP 180MG
MELATONIN LIQ 5MG/15ML
RA CA/VIT D3 CHW MINERALS
ENEMA ENE SINGLE
COMP MULTIVI LIQ MINERAL
NO DRIP NASL SPR 0.05%
PAIN RELIEF SUS PLS COLD
MUCUS RELIEF LIQ 5-100MG
CALCIUM/D CAP 600MG
LUBRICANT DRO EYE
CO Q-10 CAP 300MG
MICONAZOLE 1 KIT
EQL ASPIRIN TAB 325MG EC
SB DAYTIME LIQ
SB URINARY TAB PAIN MAX
CENTRAL-VITE TAB WMNS MAT
NASAL NODRIP SPR 0.05%
NASAL SINUS SPR 0.05%
ALLERGY-D TAB 5-120MG
DAYTIME LIQ COLD/FLU
GENTLELAX POW
PAIN/FEVER SUP 120MG
ALL DAY RELF TAB 220MG
B-COMPLEX TAB BALANCED
FERROUS SULF DRO 15MG/ML

NDC Name
ANTACID/GAS SUS REL MAX
COQ10 CAP 100MG
COQ10 CAP 200MG
COQ10 CAP 400MG
EQL COQ10 CAP 100MG
EQL COQ10 CAP 200MG
RA HI CAL TAB 500-200
MELATONIN TAB 5-10MG
PED ELCTRLYT SOL FREEZER
HYDROCORT CRE 1% PLUS
ALLRGY RELF TAB 12.5MG
AMORYN MOOD CAP BOOSTER
BLOOD SUGAR CAP 360
SEREDYN CAP
CHAPSTICK CRE RENEWAL
CO Q 10 CAP 100MG
LYCOPENE CAP 10MG
PHILLIPS CAP 100MG
GLYCERIN SUP 2GM
NICOTINE POL LOZ 2MG CINN
WOMENS 50+ CAP ADVANCED
WOMENS CAP MULTI
CALCIUM TAB 500+D
PED ELCTRLYT SOL STRAWBRY
RYNEX DM LIQ
NOHIST-LQ LIQ 4-10/5ML
NOHIST-DM LIQ
COSAMIN ASU CAP ADVANCED
ED CHLORPED SYP JR
RESTONE CAP 3-100MG
SKIN TRTMENT LOT 12%
ITCH RELIEF LOT 1-0.1%
RYNEX PSE LIQ
ED A-HIST DM LIQ
SENTRY TAB SENIOR
FAST RELIEF SUP 10MG
NUTRAPLUS CRE 10%
PRES GEN LIQ
MULTI CAP FOR HER
MULTI 50+ CAP FOR HER
COENZYME Q10 CAP 100MG
RA MELATONIN TAB 5MG

NDC Name
RA VITAMIN C TAB 1000MG
ONE DAILY TAB 50+
WAL-PHED PE TAB NITE CLD
ONE DAILY TAB MEN 50+
ONE DAILY TAB WOMEN 50
ONE DAILY TAB WOMEN
EYE DROPS DRO MAX RELF
SALINE SOL
CAPSAICIN DIS HOT PTCH
ANTISEPTIC SOL SKIN CLN
QC MEDIFIN LIQ MUCUS RL
VITAMIN D3 CAP 10000UNT
KLS ALLERGY TAB 25MG
KLS IBUPROFN TAB 200MG
MENOPAUSE TAB SUPPORT
CALCIUM CITR TAB PLUS D-3
D3 CAP 400UNIT
MULTI-PURPOS SOL NO-RUB
RA NIACIN TAB 500MG
GNP IRON TAB 45MG
D3 CAP 1000UNIT
D3 CAP 2000UNIT
ONE DLY HLTH TAB WGHT ADV
CALCIUM/D TAB 500-200
B-12 TAB 500MCG
GNP BIOTIN CAP 5000MCG
CVS ALLERGY TAB 180MG
NIGHTTIME TAB 25MG
ONE-A-DAY TAB TEEN/HER
RYNEX PE ELX
RA ANTI-ITCH CRE 1%
SLOW IRON TAB 50MG
EQL ALLERGY TAB 25MG
KP B COMPLEX TAB /C
KP CA/MG/ZN TAB
KP FISH OIL CAP 1200MG
KP MELATONIN TAB 3MG
A-10000 CAP
E200 CAP 200UNIT
E400 CAP 400UNIT
E 1000 CAP 1000UNIT
A & D CAP

NDC Name
COD LIVER CAP OIL/A&D
B COMPLEX CAP
WAL-MUCIL CAP 0.52GM
BDY/HAIR/SKN CAP NAILS
MGO TAB 400MG
VITAMIN D CHW 400UNIT
KP VITAMIN E CAP 100UNIT
KP ADULT 50+ TAB DAILY
KP MENS TAB DAILY
KP MENS 50+ TAB DAILY
KP WOMENS TAB DAILY
KP WOMEN 50+ TAB DAILY
KP ADULTS TAB DAILY
KP CALCIUM CAP 600+D
KP CALCIUM TAB 600+D
KP OMEGA-3 CAP 1200MG
LIDOCAINE CRE 3%
B-1 TAB 100MG
B-1 TAB 250MG
B-2 TAB 100MG
B-6 TAB 50MG
C 500 CHW 500MG
K 100 TAB 100MCG
SUPER MULTIP TAB
STRESS B-COM TAB ANTIO/ZN
DAILY MULTI TAB MINERALS
ULTRA FREEDA TAB
LITTLE CHW ANIMALS
ULTRA B-100 TAB COMPLEX
B-12 TAB 50MCG
B-12 TAB 100MCG
B-12 TAB 250MCG
GLUCOS/CHOND TAB
COLON HERBAL CAP
CLEANSER
WAL-FEX ALLR TAB 180MG
FLUORIDE CHW 1MG F
ZINC SULFATE TAB 220MG
B-6 TAB 250MG
MULTIVIT/FL CHW 0.25MG
MULTIVIT/FL CHW 0.5MG
MULTIVIT/FL CHW 1MG
VITAMIN A CAP 3000MCG

NDC Name
B-COMPLEX TAB /VIT C
GNP FISH OIL CAP 1000MG
GNP FISH OIL CAP 1200MG
GNP VIT C TAB 1000MG
GNP VIT C TAB 500MG PR
GNP VIT C CHW 500MG
GNP CALC +D3 TAB 500-15
GNP CALC +D3 TAB 600-20
CALCIUM/D3 TAB 600-20
CALCIUM +D3 TAB MAXIMUM
CALCIUM 600 CHW +D/MINER
GNP CO Q10 CAP 60MG
GNP CO Q10 CAP 100MG
GNP CO Q10 CAP 200MG
GNP B-50 TAB COMPLEX
GNP B-100 TAB COMPLEX
GNP VIT B-6 TAB 100MG
GNP VIT C TAB 250MG
GNP VIT C/RH TAB 1000MG
VITAMIN D3 TAB 10MCG
GNP VIT D TAB 1000UNIT
GNP VIT D TAB 5000UNIT
GNP VIT E CAP 200UNIT
GNP VIT E CAP 400UNIT
GNP VIT E CAP 1000UNIT
ZINC CHELATE TAB 50MG
GNP VIT B-12 TAB 500MCG
GNP VIT B-12 TAB 1000 PR
GNP FLAXSEED CAP 1000MG
GNP HEALTHY TAB EYES
MEGA MULTI TAB MEN
MEGA MULTI TAB WOMEN
GNP IRON TAB 65MG
GNP VIT D3 TAB 1000UNIT
SUPER CALCIU TAB 600MG
CALCIUM/MAGN TAB ZINC
ZINC TAB 100MG
IRON SUPPLEM TAB THERAPY
8HR PAIN REL TAB 650MG
LUBRICNT EYE DRO 0.5% OP
FIBER SELECT CHW GUMMIES
PUREVIT DUAL CAP FE PLUS

NDC Name
BIOTIN TAB 5000MCG
D3 TAB 1000UNIT
D3 KIDS CHW 400UNIT
STRESS B COM TAB VIT C/ZN
ODOR CONTROL AER POWD 1%
GNP LITTLE CHW ONES
CHILD CHEW/ CHW EXTRA C
CHILDRENS CHW /IRON
GNP CALCIUM TAB CIT +D3
TAB TUSSIN TAB 400MG
TAB TUSSIN TAB DM
EQL CENTURY TAB
EQL CENTURY TAB MATURE
EQL CALCIUM TAB W/VIT D
CALCIUM CITR TAB W/VIT D3
SOOTHE DRO HYDRATIO
THERA-D TAB 2000UNIT
VITAMIN D3 DRO 10MCG/ML
WAL-MUCIL POW 43%
SIMILASE CAP
BETAINE HCL CAP
OSTEOPRIME TAB ULTRA
SINUS HEADCH TAB PE 5-325
ESSENTIA TAB
COMPANION TAB
THEROMEGA CAP 1000MG
OPTIFLEX-G TAB 750MG
DIPHEN TAB 25MG
CONDROLITE TAB
GNP VIT C LOZ 60MG
IBU/DIPHENHY CAP 200-25MG
MULTI-VITE TAB
VITAMIN A CAP 25000UNT
B-COMPLEET- TAB 50
B-COMPLEET- TAB 100
CHILD PLUS SUS MS COLD
CHILDRENS SUS PLUS FLU
BACK & BODY TAB 500-32.5
LITTLE REMED LIQ 160/5ML
BIOTIN TAB 5MG
SENIOR TABS TAB
WOMENS DAILY TAB FORMULA

NDC Name
VICK DAYQUIL CAP COLD/FLU
VICKS NYQUIL CAP COLD/FLU
PRAMOXINE AER 1%
QC MEDICATD PAD PADS
VITAMIN D3 CHW 2000UNIT
LAXACIN TAB 8.6-50MG
TOPROPHAN CAP
DOCUPRENE TAB 100MG
SIMILASE CAP SENSITIV
IRON COMPLEX CAP
NIGHTTIME LIQ COLD/FLU
BP WASH LIQ 5%
BP WASH LIQ 10%
SLEEP AID CAP 50MG
ANTI-ITCH OIN 1%
DIARRHEA SUS 262/15ML
MELATONIN TR TAB 5-10MG
ALLERGY RELF TAB 12MG CR
EQL CLEARLAX POW
PEDIACARE SUS 160/5ML
GNP MUSCLE CRE RUB
ADVIL JR STR CHW 100MG
FEXOFENADINE TAB 60MG
SUPER BIOTIN CAP 5000MCG
DIGESTIVE CAP ENZYMES
MICONAZOLE 7 CRE
FLEXGEN TAB
GENICIN CAP 500MG
NAT VEG LAX TAB 8.6MG
CALCIUM 500 TAB /VIT D3
D3 ADULT CHW 1000UNIT
SUPER B-COMP TAB VIT C/FA
MULTI CAP COMPLETE
MULTI CAP FOR HIM
PREPARATIO H PAD TOTABLE
FISH OIL CAP VIT D
OCUVITE EYE CAP HEALTH
PROMOLAXIN TAB 100MG
SINUS/CONGES TAB 10MG
DESPEC EDA DRO 2.5-5-50
VITALEE TAB
WAL-TUSSIN LIQ 15MG/5ML

NDC Name
ACNE MAX STR CRE 10%
MOISTURIZING LOT
GLU/CHOND PM TAB 500-400
MS COLD PLUS SUS CHILD
BEAUTY LOT LOTION
SINUS CONGST TAB /PAIN
RA LAXATIVE CHW 15MG
RA BIOTIN TAB 1000MCG
VITAMIN D-3 TAB 1000UNIT
RA VITAMIN E CAP 1000UNIT
RA BALANCED TAB B-50 TR
CENTRAL-VITE TAB MENS MAT
CHILDRENS CHW COMPLETE
CALCIUM/VITA TAB D3
CAL SOFT CHW CHW MLK CHOC
RA ANTIBIOTI CRE PLUS
FLU RELIEF SUS CHILDRENS
ANTACID MAX CHW 1000MG
ANT/ANTI-GAS CHW 1000-60
CVS DAILY CHW GUMMIES
COLD & HOT CRE PAIN REL
BAYER ADV TAB 500MG
SPECTRA ULTR TAB HLTH MEN
WOMNS ACTIVE TAB DAILY
NICOTINE POL LOZ 4MG CHRY
SPECTR WOMEN TAB HLTH SEN
FRUIT C CHW 500MG
ZINC TAB 30MG
ORTHO-NESIC GEL 0.2-3.5%
GERITOL TAB COMPLETE
RA COLD/CGH LIQ CHILD
RA VIT B-12 TAB 100MCG
CLD SINU RLF TAB 30-200MG
CVS FISH OIL CAP 1000MG
EASY FIBER/ CHW CALCIUM
CVS BIOTIN TAB 1000MCG
MELATONIN TR TAB 10-10MG
RA P COL-RIT TAB 8.6-50MG
D3 CAP 250MCG
RA CA/VIT D3 TAB 600-400
MYCOCIDE NS SOL 1%

NDC Name
HM COLD/CGH LIQ CHILDREN
RA VITAMIN E CAP 200UNIT
DR GS CLEAR SOL NAIL 1%
ALLERGY RELF TAB D12
VICK DAYQUIL LIQ COLD/FLU
RA REWETTING DRO
FOOT CARE CRE 1%
VITAMIN D3 TAB 50000UNT
ESSENTL ONE TAB DAILY
APHEN TAB 325MG
B-12 SUB 2500MCG
ANECREAM5 CRE 5%
SOLUBLE FIB TAB THERAPY
ENDACOF-DM LIQ 2.5-1-5
SLOW RELEASE TAB 143MG
HM BABY OIL
EQ NICOTINE DIS 21MG/24H
EQL B-100 TAB COMPLEX
EQL FISH OIL CAP 1200MG
VITAMIN E OIL 20000UNT
SV B12 SUB 500MCG
NASAL MIST AER 0.9%
MOISTURE LOT RECOVERY
RA VIT B-6 TAB 100MG
COENZYME Q10 CAP 200MG
RA MELATONIN TAB 10MG
LUTEIN/ZEAXA CAP 25-5MG
ALL DAY ALLG SOL 5MG/5ML
MULTI-VITAMI CHW GUMMIES
CALCIUM 600 TAB +D3
MOISTURE LOT
CVS FIBER CAP 0.52GM
THRIVE FOR TAB WOMEN
SCAR GEL
SKIN OIL TREATMNT
ONE DAILY TAB MENS 50+
ONE DAILY TAB WOM 50+
OMEGA-3 FISH CAP 1000 MG
RA TUSSIN LIQ DM MAX
RA NAT VIT E CAP 400UNIT
VITAMIN E OIL 100UNIT
FISH OIL CAP 300MG

NDC Name
VITAMIN B-12 SUB 5000MCG
BP WASH LIQ 2.5%
HYDROCORT CRE 1% ALOE
MOISTURIZING LOT SENSITIV
B-12 SUB 3000MCG
CVS MIGRAINE TAB RELIEF
CVS HEADACHE TAB REL/RR
NAPROXEN SOD CAP 220MG
KLS QUIT2 GUM 2MG
KLS QUIT4 GUM 4MG
EQL COUGH DM SUS 30MG/5ML
DAYQUIL/NYQU MIS COLD/FLU
RA ANTACID SUS ANTIGAS
VITAMIN D-3 CAP 2000UNIT
D3 CHW 400UNIT
ONE DAILY TAB MAXIMUM
COMPLETE LOT MOISTURE
ALLERGY RELF TAB 180MG
ALLERGY/CONG TAB 5-120MG
TENS HEADACH TAB 500-65
RA LUBRICANT DRO 0.4-0.3%
CLEAN/DISINF SOL LENS
FISH OIL CAP + D3
SUPER-D3+ CAP
ALAWAY CHILD DRO 0.035%OP
MG217 GEL 1%
IRON 100/C TAB 100-250
CVS ALLERGY CAP 25MG
CVS B-12 LIQ 1000/15
CVS DRY EYE DRO RELIEF
CVS REDNESS DRO RELIEF
NEUTROGENA PAD RPD CLR
CORN REMOVER PAD 40%
ALLRGY RLF-D TAB 5-120MG
CALC CITR/D3 TAB 200-250
KOBEE TAB
CHELATED ZN TAB 50MG
WAL-ZYR SOL 5MG/5ML
SINUS CONGST TAB 5-325MG
SPAN C TAB
PAN-C 500 TAB BIOFLAVO
HI-KOVITE TAB 2-PART

NDC Name
DAY COLD/FLU CAP 10-5-325
COMFORT GEL SUS ANTACID
ITCH RELIEF GEL 2%
A-S PLS NGHT CAP CLD/FLU
ASTHMA RELF TAB 12.5-200
MUCUS & CONG CAP 10-200
COQ-10 CAP 400MG
WAL-PROFEN TAB 30-200MG
NIACIN TAB 500MG ER
A THRU Z SEL TAB 50+ ADVA
B-12 TAB 2000MCG
WART REMOVER GEL 17%
BOUDREAUXS OIN 40%
REDNESS RLF SOL 0.03-0.5
ANTI-ITCH CRE 1-01%
WITCH HAZEL SOL 86%
CRAN-MAX CAP 500MG
MELATONIN TAB 10-10MG
GLUCOSAMINE TAB COMPLEX
CETIRIZINE SOL 5MG/5ML
B-12 SUB 1000MCG
QUIN B STRON TAB B-25
SUPER DEC TAB B-100
SLOW RELEASE TAB IRON 45
BACITRAYCIN OIN 500/GM
ICAPS CAP
ICAPS LUTEIN CAP /OMEGA-3
NUTRAPLUS LOT 10%
FEXOFENADINE TAB 180MG
VITAMIN B-1 TAB 50MG
EVAC-U-GEN TAB 8.6MG
JH MCLEANS LIQ VOLCANIC
TRI SUPER TAB FLAVONS
ALLRGY RELF TAB 5-120MG
KP BISACODYL TAB 5MG EC
KP ASPIRIN TAB 81MG EC
CVS MOISTURI LOT
CALCIUM+D3 TAB GRAD REL
OATMEAL BATH PAK TREATMNT
GLYCERIN SUP 1GM
BENFOTIAMINE CAP MULTI-B
WITCH HAZEL PAD

NDC Name
MEDIFIN 400 TAB 400MG
A-S PLS ALRG TAB 25MG
A-S PLS SINU CAP ALLR/CGH
SINUS & CGH CAP 10-5-325
BAYER ADV TAB 325MG
DEXTROMETHOR SUS 30MG/5ML
VASELINE GEL
SINUS/ALLERG TAB 4-10MG
EQL LAXATIVE TAB 25MG
EQL FIBER POW SUPLMNT
ANTI-ITCH CRE 1%PLS 10
COLD & COUGH SOL 2.5-5/5
MUCUS-DM TAB 30-600MG
MUCUS-DM MAX TAB 60-1200
BAYER LOW CHW 81MG
BAYER LOW TAB 81MG EC
SYSTANE DRO CONTACTS
VITAMIN D TAB 5000UNIT
ACNE CONTROL CRE CLNS 10%
FLINTSTONES CHW OMEGA-3
FLINTSTONES CHW COMPLETE
CONTAC TAB 5-500MG
CASTOR LAXAT OIL 100%
EQL SMOOTH POW 51.7%
CHILD SOOTHE CHW 400MG
OMEPRABICAR CAP 20-1100
EQL GAS GONE CHW 125MG
ASPIRIN-81 CHW 81MG
CALCIUM + D CHW
LUBRICANT OIN EYE
LUBRICNT EYE OIN FAST ACT
ATHLETE FOOT AER 2%
CALCIUM + D TAB 600-200
SKARJEL GEL
COUGH DM SUS 30MG/5ML
CALCIUM+D3 TAB 600-800
FOAMING FACE LIQ WSH 10%
HEADACHE TAB RELIEF
MELATONIN LIQ 1MG/ML
ANTIB + PAIN CRE RELIEF
CLR SOLUBLE POW FIBER
NICOTINE LOZ 4MG CINN

NDC Name
RA SLEEP AID TAB 25MG
RA COUGH DM SUS 30MG/5ML
RA DAY/NIGHT PAK COLD/FLU
COLD/FLU RLF CAP DAYTIME
COLD/FLU RLF CAP NIGHTTIM
RA CAPSICUM DIS HOT PTCH
ADLT MULTIVI CHW GUMMIES
SINUS CONGES MIS DAY/NGHT
FLU/COLD DAY LIQ 10-5-325
CVS GAS RELF CHW 125MG
ANTIFUNGAL CRE 2%
FOOT&SNEAKER AER 1%
ANTIBIOTIC OIN PAIN RLF
MULTI-SYMPT PAK DAY/NGHT
ANTI-ITCH LOT 0.5-0.5%
LUBRICNT GEL DRO 1%
B-COMPLEX TAB VIT C
OYST SHELL/D TAB 500-400
L-METHYLFOLA TAB 7.5MG
L-METHYLFOLA TAB 15MG
CVS COLD RLF PAK DAY/NGHT
GNP COUGH DM SUS 30MG/5ML
GNP BEST POW FIBER
GNP ALLERGY CAP 25MG
SOOTHE CHW 262MG
WAL-TUSS CF LIQ 5-10-200
MELATONIN CAP 10MG
SINUS WASH PAK 2300-700
WAL-FLU LIQ 10-5-325
SMOOTH LAX POW 3350
THROAT DROPS LOZ 2.8MG
SINUS RELIEF SOL 0.05%
ED A-HIST TAB 4-10MG
COLD/FLU RLF LIQ NIGHTTIM
VITAMIN C LOZ 60MG
BENZOYL PER LIQ 5% WASH
SALINE PAK 2300-700
NETI POT KIT 2300-700
CALCIUM+D TAB 600-400
RA TRIPLE OIN ANTIBIOT
NIGHT TIME LIQ COUGH
GOODSENSE SOL ELECTROL

NDC Name
GNP DAY TIME CAP COLD/FLU
SKIN CLEANSR SOL 4%
GNP NASAL SPR 1%
GNP ANTACID CHW 160-105
LUVENA MIS 1%
BENZOYL PER LIQ 10%
PRESGEN B LIQ 10-4-20
VAP STEAM LIQ 6.2%
MUCUS REL DM LIQ 5-100/5
MUCUS RELIEF LIQ CONG/CGH
SENN-EXTRA TAB 17.2MG
ESSENT ONE TAB DAILY
LIQUID B12 LIQ 1000/15
CA/VIT/MIN CHW 600-400
HYDRO PEROX SOL LENS CAR
HEMORRHOIDAL PAD
GNP DRY LIQ MOUTH
VASELINE PUR GEL ULT WHT
BIOTIN CAP 5MG
PROBIOTIC CHW
VITAMIN D3 CHW 1000UNIT
NIACIN TAB 500MG PR
CALCIUM+D3 TAB 600-400
ANTIOX FORM/ CAP MINERALS
HM COUGH DM SUS 30MG/5ML
MELATONIN CHW 2.5MG
NATURA-LAX POW 3350 NF
NAT VIT E CAP 1000UNIT
VISION FORM/ TAB LUTEIN
VITAMIN E OIL 12000UNT
DAY COLD/FLU LIQ 10-5-325
COUGH CHILD LIQ 5-100/5
COLD/FLU REL LIQ NITETIME
ACID REDUCER CHW COMPLETE
EQ NICOTINE LOZ 4MG MINT
ARTIFI TEARS DRO 1-0.3%
FIRST AID SOL 10%
RA ONE DAILY TAB MENS/D3
COLD & COUGH LIQ 6.25-2.5
EFFERVESCENT TAB COLD RLF
ECOTRIN LOW TAB 81MG EC
OCUVITE EYE TAB + MULTI

NDC Name
SM ANTACID SUS ADVANCED
EXTRAPRIN TAB EX STR
EQ ENEMA ENE DOUBLE
CAL-MAG-ZINC TAB -D3
GLUCOSAMINE TAB 1500MG
D3 SUPER STR CAP 2000UNIT
SM DAY TIME LIQ COLD/FLU
SM NITE TIME LIQ CLD/FLU
ANTACID EXTR CHW 750MG
ALLERGY REL SOL 1MG/ML
COLD/CGH DM LIQ 2.5-1-5
SM NITE TIME LIQ COLD/FLU
EQ NICOTINE GUM 2MG MINT
EQ NICOTINE GUM 2MG CINN
EQ NICOTINE GUM 4MG MINT
EQ NICOTINE GUM 4MG CINN
EQ NICOTINE GUM 4MGFRUIT
EQ NICOTINE LOZ 2MG MINT
EQ TRIPLE OIN ANTIBIOT
HPA LANOLIN CRE
VITAMIN D3 CAP 50MCG
MULTIVI ADLT CHW GUMMIES
EQ ALLERGY CAP 25MG
EQ COUGH DM SUS 30MG/5ML
TEO-TUS LIQ
COLD/FLU REL LIQ NIGHTTIM
CVS GLYCERIN SUP 2.1GM
EQ SLEEP AID CAP 50MG
VITAMIN B12 TAB 500MCG
SLOW-RELEASE TAB IRON 45
BALANC B-50 TAB
CALCIUM/D3 TAB 600-400
CHEST CONGST TAB 10-400MG
EQ NICOTINE DIS 14MG/24H
SUDAFED PE TAB 5-325MG
SUDAFED SINU TAB PRS/PAIN
TYLENOL SINU TAB 5-325MG
PEROX SORE SOL MTH 1.5%
EQ FIBER POW
DAIRY DIGEST CHW 9000UNIT
EQ LUBRICANT DRO EYE DROP
CLEAR EYES DRO 0.5-0.6%

NDC Name
CLEAR EYES DRO 0.03-0.5
CLEAR EYES SOL 0.03-0.5
EQ EAR WAX SOL REMOVAL
VITAMIN D-3 CAP 1000UNIT
NYQUIL SEV LIQ COLD/FLU
DAYQUIL SEV TAB COLD/FLU
EQ ACETAMIN TAB 500MG
GLUCOS/CHOND TAB MSM
EQ ANTACID CHW 1000MG
GERI-LANTA SUS MAX ST
ESTROBLEND TAB MENOPAUS
EQ HYGIENIC PAD CLEANSNG
SAW PALMETTO CAP 450MG
GRAPE SEED CAP COMPLEX
TUSSIN CHEST LIQ 100/5ML
NIACIN CAP 400-100
SALMON OIL CAP 1000MG
EQ EYE DROPS SOL 0.05% OP
PAIN RELIEVG CRE 4-10-30%
COLD MS WARM LIQ NIGHTTIM
WAL-SLEEP Z CAP 25MG
GEL CALLUS PAD REMOVERS
CORN REMOVER MIS 40%
COOL N HEAT CRE EX STR
PAIN RELIEV PAD MEDICATE
GLUCOS/CHOND CHW 750-600
COMPOUND W MIS 40%
C/ROSE HIPS TAB 500MG
GNP GLYCERIN SUP 1.2GM
GNP GLYCERIN SUP 2.1GM
EQ FIBER CHW SUPPLMNT
CALC 600+D+ TAB MINERALS
CVS DAY/NGHT LIQ COUGH
CVS NIGHTTIM LIQ COUGH
ACT DRY LOZ MOUTH
ORAL RELIEF LOZ DRY MOUT
EQ NASAL SPR 0.05%
SUPER-B TAB COMPLEX
HEALTHY EYES TAB
LUBRICATING DRO 0.5%
E-400 CAP 400UNIT
SENAZON SYP 8.8MG/5

NDC Name
VITAMIN C LIQ 500/5ML
PEDIA D-VITE DRO 400UNIT
COMPLE MULTI TAB ADLT 50+
BPROTECTED LIQ MULTI-VI
COMPL MULTIV CHW CHILDRNS
CA CIT/VIT D TAB 315/250
PEDIA IRON DRO 15MG/ML
B6 NATURAL TAB 100MG
EQ CALCIUM TAB CITR+D
G-SUPPRESS DX DRO PEDIATRC
ALLER/CONGES TAB 10-240MG
HM NICOTINE LOZ 2MG MINT
EQ CLEARLAX POW
ABATRON AF TAB
1-DAY 6.5% OIN MONISTAT
DOK CAP 100MG
EQ IBUPROFEN TAB 200-38MG
Q-SORB CO-Q CAP 100MG
Q-SORB CO Q CAP 200MG
MEIJER SUS ANTACID
EQ ANTACID SUS MAX ST
SM ASPIRIN TAB 81MG EC
BREWERS YEAS TAB 500MG
D3 MAXIMUM CAP 5000UNIT
SUPER B- TAB COMPLEX
BIOTIN CAP 10MG
FIBER THERAP CAP 0.52GM
ACID REDUCER TAB 200MG
CRANBERRY TAB 300MG
SM DRY EYE SOL RELIEF
Q-SORB CAP 100MG
NRS NASAL SPR 0.05%
OMEGA-3 FISH CAP OIL/D3
NIACIN TAB 500MG TD
KONSYL DAILY POW 28.3%
SINUS/COLD-D TAB 120-220
SENNA PLUS TAB 8.6-50MG
WRESTONE CAP 3-100MG
MEDERMA PM CRE 2%
CALYPXO CRE
DECARA CAP 50000UNT
NICOTINE POL LOZ 2MG CHRY

NDC Name
NICOTINE POL LOZ 4MG CINN
CVS PURELAX POW
PERDIEM TAB 15MG
NIGHT TIME CAP COLD/FLU
WAL-ITIN D TAB 5-120MG
ACETAMINOPHN SUS 160/5ML
TUSSIN MUCUS LIQ 200/10ML
DAY/NITE MIS CLD/FLU
ALLERCLEAR D TAB 5-120MG
OPTIMAL D3 CAP 50000UNT
EQL ACETAMIN TAB 325MG
WAL-TUSSIN LIQ 10-100/5
NASAL DECONG TAB 120MG ER
EQL ANTACID CHW 1000MG
EQL ACETAMIN TAB 500MG
EQL ALLERGY TAB 4MG
EQ DAY/NIGHT MIS COLD
GNP NICOTINE LOZ 2MG MINT
EQ 1% HYDROC CRE
EQ CIMETIDIN TAB 200MG
DESGEN PED DRO 2.5-5-50
B COMPLEX TAB FORM 1
DIGESTIVE CAP ENZYME
COLON CAP CLEANSE
COCOA BUTTER CRE SKIN
PROSTATE CAP CONTROL
HEALTHY HAIR TAB SKN/NAIL
MULT VITAMIN TAB NO IRON
GLUCOS/CHOND TAB COMPLEX
ROBIT CGH DM CAP 10-200MG
BENADRYL ITC GEL 2%
MUCINEX DM LIQ 20-400
DELSYM COUGH LIQ CONGS DM
MUCUS RELIEF TAB 600MG ER
COOL N HEAT CRE
EQ LIQUID LIQ WART 17%
EQ STOOL CAP SOFTENER
CVS NICOTINE GUM 4MG CINN
KLS ASPIRIN TAB 81MG EC
STOOL SOFTEN CAP 100MG
GNP NICOTINE LOZ 4MG MINT
STOMACH RELF SUS 525/15ML

NDC Name
GNP B-12 SUB 2500MCG
DRAMAMINE TAB 25MG
C-500 CHW 500MG
COD LIVER CAP OIL
C-500 TAB 500MG
C-1000 TAB 1000MG
C-250 TAB 250MG
STRESS B/ TAB ZINC
C-1000/RH TAB 1000MG
NIACINAMIDE TAB 500MG PR
CVS ALLERGY DRO 0.035%OP
E-200 CAP 200UNIT
CALCIUM+D3 TAB 315-250
RETAIN PM OIN
CVS ALLERGY TAB 10MG
SHAKE ACHE TAB 500MG
MOVE ALONG TAB 100MG
EAZZZE PAIN TAB 25-500MG
TAME FLAME CHW 500MG
FERATE TAB 27MG
ACNE CLEANSI BAR 10%
OYS SHELL CA TAB /D3
MUCUS RELIEF TAB SINUS
WAL-ITIN D TAB 10-240MG
URINARY PAIN TAB 97.5MG
CORN REMOVER PAD 40% THIN
DIABETIC TUS LIQ 20-400MG
ALLRGY REL D TAB 4MG/60MG
COLD&ALLERGY TAB 2.5-60MG
QC ALLERGY TAB MULTI-SY
QC APAP 8 HR TAB 650MG
GOODSENSE CHW DUAL ACT
ALLER-TEC D TAB 5-120MG
WAL-PHED D TAB 120MG
SINUS SEVERE TAB
8 HR PAIN TAB 650MG ER
PAIN RELIEF TAB 25-500MG
TUSSIN DM LIQ 20-400ML
MUCUS+CHST LIQ 100/5ML
TUSSIN MUCUS LIQ 100/5ML
SUMMERS EVE SOL 0.3%
DIALYVITE D CAP 5000UNIT

NDC Name
B COMPLEX/ CAP VIT C
GNP CHILDREN SUS PAIN&FEV
CALCIUM 600 TAB + D
STOMACH RELF SUS 1050/30
DIABETIC TUS LIQ DM
DIABETIC TUS LIQ COUGH DM
QC ANTACID CHW 500MG
QC ANTACID CHW 1000MG
QC ASPIRIN CHW 81MG
QC FIBER TAB 625MG
MUSCLE RUB CRE 10-15%
QC FIBER POW 43%
QC FIBER THE POW 51.7%
QC STOMACH CHW 262MG
METAMUCIL CAP 400MG
FT LAXATIVE TAB 5MG EC
QC PAIN RLF TAB 25-500MG
LITTLE REMED DRO 20/0.3ML
REST SIMPLY TAB 25MG
EQL NASAL SPR 1%
EQL GAS RLF CAP 180MG
EQL COLD TAB RELIEF
EQL LAXATIVE TAB 5MG EC
EQ DAILY FIB POW 25%
FIBER THERAP TAB 625MG
PAIN RELIEVR TAB 500MG
EQ DAILY CAP FIBER
EQ ANTACID CHW 160-105
ALLRGY RLF D TAB 10-240MG
CVS NATURAL POW FIBER
GLYCERIN PED SUP 1GM
FE C TAB TAB 100-250
WAL-DRYL ALR TAB 12.5MG
CVS NICOTINE LOZ 2MG
SLEEP-AID CAP 50MG
QC ALLERGY CAP 25MG
CAL-GEST CHW 500MG
AIRBORNE CHW
CVS FISH OIL CAP 1200MG
FEVERALL SUP 120MG
FEVERALL SUP 650MG
KLS QUIT2 LOZ 2MG

NDC Name
KLS QUIT4 LOZ 4MG
QLEARQUIL SPR 0.05%
VITAMIN D CAP 50000UNT
SORBUGEN NR LIQ
ALLER-CHLOR TAB 4MG
OMEGA-3 FISH CAP 300MG
POVIDONE IOD SOL 10%
DAYTME COUGH LIQ 15/15ML
NIGHTTME CGH LIQ 6.25-15
COLD & FLU LIQ NIGHTTIM
CORN/CALLUS LIQ RMVR 17%
ACNE FOAMING LIQ WASH 10%
HEAD CONGEST PAK DAY/NGHT
DAY/NITE MS MIS CLD/FLU
COLD MULTI PAK DAY/NGHT
COLD & FLU TAB SEVERE
WAL-DRYL SPR 2-0.1%
WAL-DRYL CRE 2-0.1%
ISOPROPYL SPR 70%
HYDROGEN SPR PEROX 3%
STOP LICE SPR 0.5%
LIP BALM OIN STRAWBER
NATURAL VITA CAP A
VITAMIN D TAB 2000UNIT
ERGOCALCIFER SOL 8000/ML
VITAMIN D3 CAP 50000UNT
VITAMIN D TAB 5000IU
FERROTABS TAB
CALCIUM + D TAB 600MG
MEGA COQ-10 CAP 400MG
SUPER DHA CAP GEMS
ONE-DAILY TAB /IRON
CALCIUM/D TAB 500MG
FERRIC X-150 CAP 150MG
NARAMIN LIQ
TENDER CARE CRE LANOLIN
LIDOPIN CRE 3%
PEDIA VANCE SOL GRAPE
PEDIA VANCE SOL APPLE
MOTION-TIME CHW 25MG
GLUCOSAMINE TAB CHONDROI
CALCITRATE TAB PLUS D

NDC Name
ACIDOPHILUS/ CHW BIFIDUS
OMEGA-3 FISH CAP OIL CONC
EZ FLEX GC TAB
NICOTINE LOZ MINI 2MG
DAILY FIBER POW 43%
BIO-RYTUSS LIQ 5-2-10/5
EUCERIN ECZM CRE RLF 1%
LIMENCIN PAD 4-4%
CELACYN GEL
DESGEN DM LIQ 5-10-100
SALINE NASAL GEL
ZERUVIA PAD 4-1%
SM LUBRICANT DRO 0.4-0.3%
OPCICON TAB 1.5MG
ARTHRICREAM CRE RUB 10%
EQ ALLERGY SOL 5MG/5ML
SIMETHICONE CAP 125MG
SIMETHICONE CAP 180MG
ANTISEPTIC SOL CLNSR 4%
QC ARTHRITIS CRE 10%
PED ELCTRLYT SOL
PEG 3350 POW
ALLERGY RLF SUS 30/5ML
ONE DAILY TAB
EQ NICOTINE DIS 7MG/24HR
ACNE MEDICAT GEL 5%
ACNE MEDICAT GEL 10%
ACNE MEDICAT LOT 10%
PROLIDA PAD 4-1%
ANTI-DIARRHL SUS 262/15ML
RESTORE TEAR DRO 0.5% OP
MAGNESIUM TAB 400MG
EQ MINERAL OIL
EQ ONE DAILY TAB WOMENS
CVS COUGH DM SUS 30MG/5ML
BEROCCA TAB
PAIN RELIEVE TAB 325MG
ZOO FRIENDS CHW EXTRA C
DERMAREST LOT 1%
K-TAN PLUS CAP
MULTI ADULT CHW GUMMIES
FLAVOR CHEWS CHW 750MG

NDC Name
MENS DAILY CHW GUMMIES
WOMENS DAILY CHW GUMMIES
CVS FIBR LAX TAB 625MG
EYE DROPS SOL 0.05% OP
ANTACID KIDS CHW 750MG
HEARTBRN RLF CHW 160-105
OVEGA-3 CAP 500MG
AZO CRANBERY CHW 250MG
CALC ANTACID CHW 750MG
LUBRICNT EYE DRO 0.4-0.3%
GERI-LANTA SUS SUPREME
ACNE MEDICAT LOT 5%
COUGH DROPS LOZ SF 7.6MG
50+ ADULT CAP EYE HLTH
DRY SKIN ADV OIN THERAPY
EYE DROPS DRO 0.5-0.9%
LUBRICANT DRO EYE 0.6%
CVS D3 CAP 1000UNIT
LUBRICNT EYE DRO 0.6%
ADVANCED CHW MULTI EA
A THRU Z SEL TAB 50+ MENS
A THRU Z ULT TAB MENS
ONE DAILY MV TAB /IRON
MULTI GUMMIE CHW MENS
MULTI GUMMIE CHW WOMENS
NETI POT KIT KIT 2300-700
ATHLETE FOOT POW 2%
ULTRA MULTI CAP /IRON
ADV HEALING OIN BABY
MULTIVITAMIN TAB ADLT 50+
STOP LICE 3 SPR 0.5%
CVS B-1 TAB 100MG
EQ ANTACID CHW 750MG
CO-ENZYME Q1 CAP 10MG
CREAMY FACE LIQ WASH 4%
WAL-ZYR CHLD SOL 5MG/5ML
ABANEU-SL SUB
GENCONTUSS LIQ
SM COLD&FLU TAB SEVERE
CVS FIBER CHW GUMMIES
MULTSYM COLD LIQ CHILDRNS
DIAPER RASH PST 40%

NDC Name
CALC CITR+D3 TAB 200-250
VITAJoy DALY CHW D 1000IU
CVS ALLERGY LIQ 25/10ML
ALLERGY RELF LIQ 50/20ML
ALLERGY TAB 180MG
CVS ITCH REL CRE 1%
ASTRINGENT POW SOLUTION
SKIN PROTECT OIN ALL-PURP
ACNE TREATME BAR 10%
ORAL ELECTRO SOL H-E-B
VENIA PAD 4%-4%
STOOL SOFTNR CAP 50MG
VIRT-CAPS CAP
MICONAZOLE 1 KIT 1200-2%
3-IN-1 CLEAN LIQ 5%
AIRBORNE TAB
HVVEE IBUPRO SUS 100MG/5M
STUFFY NOSE LIQ & COLD
CVS IRON TAB 325MG
MELATONIN TAB 10MG
SLEEP-AID TAB 25MG
DIMAPHEN DM LIQ 2.5-1-5
VIT C GUMMIE CHW 125MG
12HR DECONGE TAB 120MG CR
CVS BIOTIN CAP 10000MCG
CVS BLACK CAP 40MG
SCOT-TUSSIN LIQ EXPCT SF
VITAMIN D-3 TAB 5000UNIT
PAIN RELIEVE TAB 25-500
CVS PURELAX PAK
PRO-EX ANTIF CRE 1%
LUBRICATING SOL 0.4-0.3%
ETHYL ALCOHO LIQ 70%
WAL-ITIN CHL SOL 5MG/5ML
FIBER TAB 500MG
DM MAX ADULT LIQ 20-400
RENAL VITAMN TAB
ACETAMINOPHN TAB 500MG
SIMETHICONE CHW 125MG
SODIUM BICAR TAB 10GR
OYST SHELL/D TAB 500-200
BENEFIBER ON POW THE GO

NDC Name
FENESIN DM TAB 20-400
CALCIUM/D3 TAB 500-600
LUBRIFRESH OIN P.M.
ROBAFEN CF LIQ 5-10-100
VITAMIN B12 TAB 1000MCG
LICE KILLING SHA
CALC CIT+D3 TAB 200-250
LOPERAMIDE TAB 2MG
MULTIVITAMIN TAB IRON-FRE
D3 2000 TAB 2000UNIT
AIRBORNE CHW GUMMIES
BABY SUPER DRO DAILY D3
PROBIOTIC PAK CHILDREN
CVS CALAMINE LOT PLUS
CVS SINUS PE TAB DECONGES
CVS NASAL CAP DECONGES
FORMULA 3 SOL TREATMEN
GLUCOSAMINE CAP CHONDROI
VITAMIN B6 TAB 50MG
VITAMIN B6 TAB 100MG
MUCUS D TAB 120/1200
MULTI+OMEGA3 CHW ADULT
ACETAMINOPHE TAB 650MG
ALLER-EASE TAB 180MG
Q-TUSSIN DM SYP 100-10/5
MUCUS RELF D TAB 60-600MG
MUCUS RLF D TAB 120-1200
CVS WART REM GEL 17%
FEMININE WIP MIS 1%
BIOLLE TEARS DRO 0.5% OP
BUDESONIDE SUS 32MCG
GLYCERN CHLD SUP 1.2GM
CVS QUALITY CAP SLEEP
PEDIATRIC ENE ENEMA
MUCUS RELIEF LIQ MULTI SY
ADV PROBIOTC CHW GUMMIES
YOGURT+FIBER CHW GUMMIES
LIDOCAINE CRE 4%
ZOSTRIX HP CRE 0.1%
MUCUS RELIEF TAB PLUS
MUCUS RLF DM TAB 20-400MG
CALC 600+D3 TAB MINERALS

NDC Name
MULTIV WOMEN TAB 50+
BIOLLE GEL 1%
NICOTINE LOZ 4MG MINT
ST JOSEPH CHW LOW 81MG
NASAL SPRAY SOL 0.05%
SM ENEMA ENE
REACT TAB 1.5MG
TUSSIN CGH/ LIQ COLD CF
PAIN CRE RELIEVNG
RA RENEWAL CRE 1%
HAIR SKIN TAB NAILS
BABY VIT D DRO 400/.028
HM ENEMA ENE R-T-U
RECTASMOOTH CRE 5%
600+D3 PLUS CHW MINERALS
OCUVITE EYE CHW HEATHLH
MELATONIN SUB 10MG
MAG OXIDE TAB 250MG
CVS PAIN- PAD RELIEVNG
CVS ANTACID SUS ANTI-GAS
SINUS RELIEF TAB PRS/PAIN
CVS EYE DRO ORIGINAL
MULTI-PURPOS OIN
UREA 20 INTN CRE 20%
ALL-NITE LIQ COLD/FLU
GOODSENSE MIS CONG/PAI
CALCIUM/D TAB 600-200
ANTACID SUS ADVANCED
SYSTANE ICAP CAP AREDS2
CVS SINUS KIT WASH
ZIMS MAX- PAD FREEZE
GNP D CHW 2000UNIT
DIAPER RASH CRE 13%
GG/DM SYP 100-10/5
GENTEAL TEAR SOL MODERATE
SUNKST VIT C CHW 500MG
NICOTINE LOZ 2MG MINT
VITACHEW VIT CHW C 125MG
SOOTHE XP DRO 1%-4.5%
ASPERCREME PAD LIDO 4%
SALIVASURE LOZ
NASAL ALLRGY SPR 55MCG/AC

NDC Name
SM ALCOHOL SOL 70%
SM CLEARLAX POW
OMEGA-3 FISH CAP OIL 1000
ANTACID SUS REG ST
DOCQLACE CAP 100MG
HM FISH OIL CAP 1000MG
ALLERGY RELF SPR 50MCG
LUBRICNT EYE OIN NIGHTTIM
MULTIVITAMIN TAB WOMEN
HGH-POT IRON TAB 325MG
ONE DAILY TAB IRON-FRE
ALLERGY RELF TAB 5-120MG
ALLERGY RELF TAB D
GNP URINARY TAB 97.5MG
DIGESTIVE CHW ADVANTAG
IRON TAB 27MG
VITAJoy GUMM CHW 2.5MG
GNP RUBBING SOL ALCOHOL
AIRBORNE CHW IMMUNE
ANTIFUNGAL CRE FOOT 1%
ALIGN CHW
AZO URINARY TAB TRACT
ALIGN JR CHW FOR KIDS
GOODSENSE CRE MUSCLE
NEOSPORIN OIN
GNP NICOTINE GUM 4MG ORIG
GOODSENSE OIL MINERAL
EQL EYE DROP DRO A/C
EQL ABSOLUTE LOT MOISTURE
FISH OIL CHW GUMMIES
ITCH ERASER SPR 2%
GOODSENSE LIQ MOUTHWAS
OYSTER CALC TAB 500MG
RA NICOTINE GUM 4MG
ANTISEPTIC LIQ MOUTHRIN
VITAMIN B-12 TAB 5000MCG
ITCH ERASER GEL 2%
TUSSIN LONG LIQ 15MG/5ML
SCARAWAY GEL
VITAMIN D-3 TAB 2000UNIT
EQL CASTOR OIL 100%
ANTI-ITCH LOT 1-0.1%

NDC Name
EQL STOMACH CHW 262MG
FOLIC ACID CAP 800MCG
APAP RAPID TAB TAB 80MG
CALLUS REMOV PAD XTR THCK
MELATONIN/B6 TAB 5-1MG
EQL B-12 TAB 1000MCG
SUPER B COMP TAB /VIT C
OMEGA-3 FISH CAP 1200MG
EQL COQ10 CAP 400MG
THERA TAB VITAL-M
EYE-VITES TAB
IRON TAB 50MG ER
ZINC-VITES TAB
MULT VITAMIN TAB
MULTI VITAMI TAB W/IRON
EQL FIRTAID OIN ANTIBIOT
OPTIC-VITES TAB LUTEIN
DAYTIME CAP COLD/FLU
VITAMIN D3 CAP 2000 UNT
VITAMIN D3 CAP US 5000U
ADVANCED OIN HEALING
SCALP RELIEF LIQ 3%
GNP NICOTINE DIS 21MG/24H
CLARISPRAY SPR 50MCG
EQL DAYTIME LIQ COLD/FLU
ERGOCALCIFER CAP 50000UNT
SV MELATONIN TAB 10MG
MAX-FREEZE PAD 4%-1%
HAND WASH SOL 2%
MUCUS RELIEF TAB 60-1200
EQL PROBIOTI CAP ACIDOPHI
EQL CALCIUM TAB CITR/D3
MELATONIN TAB VIT B-6
EQL COUGH LOZ 7.6MG
EQL VITAMIN CAP D3
EQL NIACIN CAP 500MG
G-LEVOCARNIT SOL 1GM/10ML
ROBITUSSIN SUS 30MG/5ML
WAL-ZYR CAP 10MG
ONE DAILY TAB 50+ ADV
EQL BIOTIN CAP 5000MCG
VIT D3 GUMM CHW 1000UNIT

NDC Name
EQL AIR TAB PROTECTR
CARBONYL TAB FE 45MG
MTX TOPICAL PAD PAIN
MECLIZINE 25 TAB
MOUTHWASH LIQ /GARGLE
AIR PROTECT TAB ORANGE
ALLERGY NASA SPR 50MCG
IBUPROFEN TAB COLD/SIN
MELATONIN CHW 5MG
MELATONIN CHW QUIK DIS
CALAMINE MED LOT 1-8%
EQL LAXATIVE CHW 15MG
ALLER-TEC SOL 1MG/ML
B12 TAB 1000MCG
THERACRAN CAP ONE
DIALYVITE CHW PROBIOTI
MUCUS RLF DM LIQ 5-100/5
OPTION 2 TAB 1.5MG
THERAFLU LIQ EXPRSMX
EQL FIBER LA TAB 625MG
HM CLEARLAX POW
MUCUS RELIEF TAB 20-400MG
MUCUS RLF PE TAB 10-400MG
TAB TUSSIN TAB 20-400MG
MULTI VITAMI TAB MINERALS
TROPICAL LIQ NUTRITIO
ENTERIC ASA TAB 325MG EC
PAIN RELIEF LIQ 500/15ML
EQL IBU PM TAB 200-38MG
EQL ANTACID CHW FRUIT
EQL ANTACID CHW PEPPRMNT
GLUCOSAMINE TAB /VIT D3
EQL SLEEPaid LIQ 50MG/30M
EQL DAY/NGHT MIS CLD/FLU
EQL COLD/CGH LIQ CHILDREN
EQL FIBER POW 28.3%
EQL PRESSURE TAB PAIN/MUC
EQL NIGHT LIQ COLD/FLU
EQL MUCUS-DM TAB 30-600CR
CHROMAGEN CAP
EQL EYE DROP SOL 0.05% OP
EQL ADVANCED DRO RELIEF

NDC Name
EQL ADVANCED LOT THERAPY
EQL ADVANCED LOT RECOVERY
EQL FLU PAK SEV COLD
EQ HEADACHE TAB RELIEF
RESTORE PLUS DRO 0.5% OP
EQ MS COLD LIQ CHILDREN
LORATADINE CAP 10MG
ALOE AFTER LOT SUN
EQL HYDRATIN LOT BEAUTY
ESTER-C TAB 1000MG
EQL NIGHTTIM CAP SLEEP
EQL MOTION TAB SICKNESS
EQL NASAL SPR NO DRIP
EQL CLEANING SOL DISINFEC
EQL ALLERGY TAB CHLDRN
MULTI-VIT/FE DRO /FL 0.25
SENOKOT EXTR TAB 17.2MG
MUCOSA TAB 400MG
GNP NICOTINE LOZ MINI 2MG
EAR DROPS DRO 6.5%
ACETAMINOPHE CAP 325MG
PAIN RELIEVR LIQ 500/15ML
VITAMIN D3 CAP 125MCG
CHOC LAXATIV CHW 15MG
ANTACID & SUS ANTIGAS
ADVANCED EYE CAP HEALTH
ORAL ELECTRO SOL CHERRY
VIT C IMMUNE WAF 500MG
IRON TAB 45MG
NICOTINE DIS 7MG/24HR
NICOTINE DIS STEP 1
PROBIOTIC CHW CHILDREN
PROB CHOCOL CHW BEARS
MULTIVITAMIN TAB MEN 50+
ENEMA READY- ENE TO-USE
SINUS RELIEF SPR 0.05%
MUCUS CONGES LIQ & COUGH
ACNE TREATMN GEL 10%
SPOT ACNE CRE 2.5%
THERAFLU EXP TAB COLD/CGH
ACETAMIN SOL 325MG
ACETAMIN SOL 650/20.3

NDC Name
A THRU Z ADV TAB ADULT
ALLRGY RLF-D TAB 10-240MG
ALLERGY CHLD SOL 5MG/5ML
GNP D CAP 1000UNIT
ASPERCREME PAD LID 4%
CALC ACETATE TAB 667MG
ALL-DAY ALLG SOL 5MG/5ML
D3 HIGH POTE CAP 1000UNIT
D3 HIGH POTE TAB 400UNIT
FERROCITE TAB 324MG
CORTISONE CRE 1%
CHILD CHEW CHW VITAMINS
CAL CIT+D3 TAB MAXIMUM
GLUCOSAMINE TAB VITA D3
ONE DAILY TAB MULTIVIT
MULTIVITAMIN CHW CHILDREN
MYLANTA SUS MAX ST
PHOSPHO-TRIN TAB 250 NEUT
LIQUID C LIQ 500/5ML
THERAPEUTIC TAB -M
24 HR NASAL SPR ALLERGY
CVS B6 TAB 100MG
VITAMIN B-12 SUB 3000MCG
RA NICOTINE DIS 21MG/24H
CVS ANTACID/ SUS ANTI-GAS
SLOW MAG/CAL TAB 70-117MG
ALLERGY 24HR TAB 10MG
OCUVITE CAP LUTEIN
EQ NICOTINE LOZ 2MG CINN
EQ VITAMINS OIN A & D
ROBITUSSIN LIQ 20-400
ALLERGY REL CAP 25MG
COLACE 2IN1 TAB 8.6-50MG
CALADRYL CLR LOT 1-0.1%
MYNEPHRON CAP
EARWAX SOL REMOVAL
STOMACH RELF SUS 525/30ML
HM MIGRAINE TAB FORMULA
LIDOCAINE CRE 5%
SM FIBER POW 51.7%
ALLERCLEAR D TAB 10-240MG
CLEARASIL CRE ACNE

NDC Name
VITAMIN B12 SUB 3000MCG
COSAMIN ASU CAP
MUCUS RELIEF TAB 1200 ER
ALLERGY NASA SPR 24HR
WAL-FEX ALRG TAB 60MG 12H
PAIN RELIEF LIQ ROLL-ON
ELECTROLYTE SOL
GNP URINARY TAB 95MG
GNP NICOTINE DIS 7MG/24HR
VITA C/BIOFL TAB ROSE HIP
OYST CA/D3 TAB 500-200
HAIR/SKIN CAP NAILS
GLUCOSAMINE CAP 3000MG
FINEST FISH LIQ OIL
CERALYTE 70 SOL
TUSSIN DM LIQ 10-100/5
MY WAY TAB 1.5MG
LAXATIVE SUP 10MG
MACULAR HLTH CAP FORMULA
DRY EYE CAP FORMULA
DAILY CHEW CHW BERRY
ONE DAILY TAB ESSENTL
VITAMIN D3 TAB 1250MCG
LACTOBACILLU TAB
KP SENNA TAB 8.6MG
EQL ASPIRIN CHW 81MG
EQ CETIRIZIN SOL 5MG/5ML
CORN&CALLUS KIT 17%
ARTH PAIN CRE 0.075%
CONG/COUGH LIQ 5-100/5
TENSION TAB 500-65MG
RA NICOTINE GUM 2MG
RA URINARY TAB 95MG
MAPAP CHW 160MG
SM NIGHTTIME TAB 25MG
HM IBUPROFEN TAB PM
HM PAIN RLF TAB 650MG
HIGH POTENCY TAB FE 27MG
RA ANTACID CHW 500MG
CALC CITR+D3 TAB 315-250
KP NIACIN TAB 500MG
SINUS WASH KIT 2300-700

NDC Name
RA ANORECTAL CRE 5%
CVS IBUPROF DRO 50/1.25
MULTIHEALTH POW FIBER
CALCIUM/D3 CHW 600-800
RA ONE DAILY TAB MENS 50+
RA NICOTINE GUM 4MG MINT
PAIN RELIEF CRE 4%
RA PROBIOTIC CHW GUMMIES
RA IBUPROFEN CAP 200MG
PAIN RELF PM TAB 25-500MG
HEARTBURN SUS RELIEF
KP VISION TAB FOR/LTN
KP VISION TAB FORMULA
EQ HYDROCORT CRE 1%
MINERAL OIL OIL
VISION FORMU CAP 50+
RA EPSOM GRA SALT
PAIN RELIEVR TAB EX ST
KP MAG-OXIDE TAB 200MG
MENS DAILY TAB FORMULA
CALC CITRA+D TAB 315-250
CALC 600+D3 CAP 600-500
MUCUS RELIEF TAB COLD/FLU
VITAMIN E OIL 28000UNT
RA NICOTINE GUM 2MG MINT
RA CLD/SINUS TAB MAX
RA CONG/COLD TAB MAX
RA COLD/FLU TAB SORE THR
CVS CASTOR OIL 100%
CVS INNER TAB EAR PLUS
THERAFLU EM TAB SEV C/F
SV B12 TAB 5000MCG
CVS D3 CAP 5000UNIT
GUAIFEN/DM TAB 20-400MG
ACNE PADS PAD 2%
AMPLIFY CRE RELIEF
BUDESONIDE SUS NASAL
SURE RESULT CRE SR 0.025
KP CALCIUM TAB +D
RENAPLEX TAB
RA LICE LIQ 1%
PAIN RELIEF TAB 650MG

NDC Name
GEL HAMMER PAD TOE CUSH
ACETAMINOPHE CHW 160MG
RA DAYTIME LIQ COLD/FLU
RA NIGHTTIME LIQ COLD/FLU
RA NASAL SPR ALLERGY
GLUTOSE 15 GEL 40%
SLEEPTIME CAP 25MG
SLEEPTIME LIQ 50MG/30
ZINC OXIDE OIN 25%
SMOOTH ANTAC CHW 750MG
CVS ALLERGY TAB CHLDRN
COLD/FLU LIQ DAYTIME
SINUS SEVERE TAB DAYTIME
PRESSURE PAI TAB MUCUS
COLD & HEAD TAB CONGEST
SINUS RELIEF TAB 5-325MG
FLU/COLD POW DAYTIME
MUCUS RELIEF LIQ CHILD
DAYTIME COLD CAP FLU
CVS VIT C TAB 1000MG
CVS CORN PAD REMOVERS
CVS MICONAZO CRE 7
MICONAZOLE 3 KIT COMBO
DAYTIME CAP 10-5-325
ACETAMINOPHE TAB 160MG
GNP CLEARLAX PAK 3350
GNP NAUSEA SOL RELIEF
NASAL DECONG CAP 30MG
CVS C-LAX TAB 5MG
STYE OIN
ACID REDUCER CHW ANTACID
ICY HOT PAD 4-1%
FIBER GUMMY CHW BEARS
TUSSIN CF LIQ 5-10-100
MUCUS RELIEF TAB 10-400MG
ACID REDUCER CAP 20.6MGDR
PAIN & FEVER CHW 160MG
ALLERGY TAB MULTI-SY
RA NICOTINE DIS 14MG/24H
EQ MUCUS ER TAB 600MG
DAIRY RELIEF TAB 3000UNIT
BANOPHEN CAP 25MG

NDC Name
GOLD BOND CRE MULTI-SY
FIBER ADULT CHW GUMMIES
IBUPROFN 100 CHW JR 100MG
MULTSYM COLD LIQ CHILDR +
ORAL ELECTRO SOL FREEZER
CGH CONG DM LIQ 5-100/5
IBUPROFEN PM CAP 200-25MG
COLD & FLU TAB SEVR DAY
MUCUS RELIEF TAB CONG/CLD
COUGH & COLD TAB 4-30MG
ANTACID FLAV CHW 750MG
EQL FIBER POW THERAPY
GNP HEADACHE TAB EXTRA ST
CVS ALLERGY CHW 12.5MG
EQ DIAPER RA OIN 40%
TUSSIN ADULT LIQ 100/5ML
CVS COQ-10 CAP 200MG
WART REMOVER MIS 40%
CVS COQ-10 CAP 400MG
SEVERE CONG LIQ COUGH
NAT-RUL CAL TAB /D 500MG
NAT-RUL DAIL TAB VIT/IRON
NAT-RUL IRON TAB 325MG
SIGNACAL TAB
DOUBLE OIN ANTIBIOT
MELATONIN TAB MAX ST
ASPIR-LOW TAB 81MG EC
CVS MUCUS TAB 1200 ER
SV VIT B-12 TAB 1000 TR
CORTISONE GEL 1%
CORTISONE LOT 1%
VITAMIN D3 TAB 10000UNT
MIDOL TAB 650MG
CVS BALANCED TAB B50
EQ NICOTINE LOZ 4MG CINN
EARWAX REMOV SOL 6.5%
LAXATIVE TAB 5MG EC
BENZOYL PERO GEL 8%
BENZOYL PER AER 9.8%
SV MELATONIN TAB 3MG
SLEEP-AID CAP 25MG
ASPERCREME LIQ 4% LIDO

NDC Name
BUTENAFINE CRE 1%
MUSCLE RUB CRE 4-10-30%
SM NICOTINE DIS 7MG/24HR
SM NICOTINE DIS 14MG/24H
SM NICOTINE DIS 21MG/24H
CALTRATE+D3 CHW 600-800
PROBIOTIC CHW CHILD
CVS DRY SKIN LOT THERAPY
VITAMIN D3 CAP 10000
ITCH RELIEF CRE 2-0.1%
DEXIFOL TAB
TRIAMCINOLON AER 55MCG/AC
CVS NICOTINE DIS 21MG/24H
DAILY FIBER CAP 0.52GM
MUCUS RELIEF TAB 60-600MG
LIDOZENPATCH PAD
LEVOCETIRIZI TAB 5MG
PAIN RELIEVI CRE 10%
GILTUSS CGH LIQ & COLD
GILTUSS CGH LIQ CLD CHLD
GILTUSS CGH LIQ & CHEST
MUCUS RELIEF TAB 1200MG
QC DAYTIME LIQ COLD/FLU
NICOTINE POL GUM 4MG CINN
D3 CAP 10000
VITAMIN E CAP 180MG
MELATONIN TR TAB VIT B6
CHEWABLE CHW CHILDREN
CVS PAIN CRE 4%
CVS NICOTINE DIS 7MG/24HR
OMEPRAZOLE CAP 20MG
ACIDOPHILUS TAB 0.5 MG
CLEARASIL PAD DEEP 2%
NASAL WASH PAK 2300-700
MY CHOICE TAB 1.5MG
GNP IMMUNE TAB SUPPORT
SINUS RELIEF SOL 1%
SLEEP AID LIQ 50MG/30
ACETAMIN JR CHW 160MG
SM TRIPLE OIN ANTIBIOT
WAL-FEX TAB 180MG
B-100 TAB B-100

NDC Name
B COMPLEX TAB VIT C
MINTOX PLUS CHW
ENDUR-AMIDE TAB 500MG
PLAIN NIACIN TAB 500MG
GNP CLD MAX TAB DAYTIME
GNP CLD MAX MIS DAY/NGHT
GNP SIN SEVE TAB DAYTIME
GNP TRIPLE OIN ANTIBIOT
GNP CLD/HEAD TAB SEVERE
GNP MUCUS ER TAB 600MG
GNP CLD/FLU TAB SVR
ANTIFUNGAL POW 2%
ENDUR-ACIN TAB 250MG
ENDUR-ACIN TAB 500MG
ENDUR-ACIN TAB 750MG
PLAIN NIACIN TAB 250MG
COLD & COUGH LIQ CHILDREN
CVS VIT B-12 TAB 1000 TR
CETIRIZ/PSE TAB 5-120MG
GG/PSE ER TAB 600-60MG
ENDUR-C/ROSE TAB 500MG
ENDUR-C/ROSE TAB 1000MG
ENDUR-AMIDE TAB 750MG
ENDUR-B TAB
ECONTRA OS TAB 1.5MG
MAG L-LACTAT TAB 84MG
CHLOROCAPS CAP
RA CRANBERRY CAP 500MG
EQ LAXATIVE TAB 25MG
LACTOBACILLU PAK
RA COENZYME CAP 100MG
COQ10 CAP 50MG
PAIN RELIEF CHW 160MG
GNP ALLERGY CHW 12.5MG
GNP DECONGE TAB 30MG
GNP LAXATIVE TAB 5MG EC
GNP ACETAMIN TAB 325MG
GNP ANTACID SUS ORIGINAL
GNP ANTACID SUS CHERRY
GNP ANTACID SUS REG ST
GNP ANTACID SUS COOLMINT
GNP MILK MAG SUS CHERRY

NDC Name
GNP MILK MAG SUS MINT
GNP MILK MAG SUS ORIGINAL
CVS B1 TAB 100MG
CVS VIT A&D OIN
EARWAX REMOV DRO SYSTEM
PSYLLIUM FIB POW 51.7%
B-12 TAB 1000MCG
LORATADINE-D TAB 5-120MG
PHOSPHORUS POW SUPPLEME
PHOSPHOROUS TAB
GNP NICOTINE DIS 14MG/24H
THERABREATH LOZ DRY MOUT
MUCUS+CHST LIQ 200/10ML
CORTISONE OIN 1%
MM MELATONIN TAB 10MG TR
VITAMIN E CAP 400 UNIT
MILK OF MAGN SUS 2400/30
CORN & CALLU LIQ
ASTRINGENT DRO EYE DROP
PHARBINEX TAB 400MG
PHARBINEX-DM TAB 20-400MG
PHARBINEX-PE TAB 10-400MG
RA ANTACID CHW 1000MG
RA ALLERGY TAB 4MG
PAIN RELIEF TAB 200MG
MUCUS RELIEF TAB 600MG
MUCUS RLF DM TAB 30-600ER
ALLERGY RLF CHW 5MG
REGULOID POW 43%
BISMATROL CHW 262MG
EYE DROPS DRO 0.25%
TRONVITE TAB
ANTIFUNGAL CRE 1% FOOT
ALLERGY RELF TAB 5MG
HOT & COLD PAD 4-1%
GNP LIDOCAIN PAD 4%
EQL MUCUS-ER TAB 1200MG
TRI ANTIBIOT OIN PAIN REL
BACITR ZINC OIN 500UNIT
8HR PAIN ER TAB 650MG
CHILD ALLRGY SOL 5MG/5ML
HEMORRHIDAL CRE MAX FORM

NDC Name
VITAMIN D DRO 400UNIT
COUGH/CHEST LIQ 20-400
LORATADINE D TAB 5-120MG
VALIHIST TAB
RA LIDOCAINE PAD 4%
SUDOGEST TAB 60MG
NEW DAY TAB 1.5MG
PSYLLIUM FIB CAP 0.52GM
SV MELATONIN TAB 5MG
EQ RESTORE OIN PM
LORATADINE CHW 5MG
APRODINE TAB 2.5-60MG
MAPAP CHW 80MG
NIACIN TAB 750MG TR
BIOTIN TAB 10000MCG
SOOTHE NIGHT OIN OP
MICONAZORB POW AF 2%
24HR ALLERGY TAB 180MG
VITAMIN D CAP 50000
ELECTROLYTE SOL UNFLAVOR
CVS SENNA TAB 8.6MG
EYE DROP SOL 0.5% OP
NULIDO PAD 4-1%
LAXATIVE TAB 25MG
PED ELCTRLYT SOL APPLE
PED ELCTRLYT SOL PINEAPPL
POLY BACITRA OIN
DRY EYE RELF OIN NIGHT
NASAL MIST SPR 0.05%
SUDOGEST PE TAB 10MG
DOLOGESIC LIQ 4%
DAILY FIBER POW 51.7%
LIDOCAINE CRE HCL 4%
KIDS VIT D3 CHW 1000UNIT
EARWAX REMOV DRO KIT
VITAMIN D-3 CAP 5000UNIT
CVS VIT E CAP 400UNIT
AFTERA TAB 1.5MG
TAKE ACTION TAB 1.5MG
OMEGA III CAP EPA+DHA
CVS VIT A CAP 8000UNIT
CVS LECITHIN CAP 1200MG

NDC Name
CVS CA/MG/ZN TAB
GERI-KOT TAB 8.6MG
NEPHRO TAB VITAMINS
QC LIDOCAINE PAD RLF 4%
CVS SUPER B TAB COMPLX/C
IRON SUPPMNT SOL 220/5ML
OYS SHEL CAL TAB VIT D
VITAMIN E CAP 200 UNIT
12HOUR NASAL SPR 0.05%
THERACARE PAD 4%
NICORELIEF GUM 2MG MINT
LEVONORGESTR TAB 1.5MG
NYQUIL SEVER LIQ VAPOCOOL
GENICIN TAB VITA-S
LIDOCAINE CRE 4% PLUS
MINTOX SUS
ICY HOT CRE EX ST
AMEDA CRE LANOLIN
CVS VIT B12 TAB 1000 TR
EYE HEALTH & TAB LUTEIN
CVS IRON TAB 27MG
CALC 600+D/ CHW 600-800
HYLAVITE TAB
DAILY MULTI TAB MEN
DAILY MULTI TAB WOMN 50+
AIRSHIELD TAB
CRANBERRY CAP 500MG
EARWAX AID SOL REMOVAL
GUAIFENESIN TAB 600MG ER
NICOTINE POL GUM 4MGFRUIT
MUCUS RELIEF TAB 30-600ER
CVS ZINC TAB 50MG
SINEX SEVERE LIQ NIGHT
NYQUIL SEV CAP COLD/FLU
DOK TAB 100MG
DESENEX POW 2%
PANOXYL WASH LIQ 4%
PANOXYL WASH LIQ 10%
SARNA SENSIT LOT 1%
ZEASORB-AF POW 2%
DOCUZEN TAB 8.6-50MG
OMEPRAZOLE TAB ODT 20MG

NDC Name
ANTI-DIARRHE SOL 1MG/7.5
BONINE CHW 25MG
VAGISTAT-3 KIT COMBO PK
SMARTY PANTS CHW KIDS
ANTACID MAX SUS ANTI-GAS
MM VITAMIN B TAB 5000 MCG
SV FISH OIL CAP 500MG
SODIUM CHLOR SPR 0.65%
ASPIRIN EC TAB 325MG EC
SM EPSOM GRA SALT
SM TUSSIN DM LIQ 5-100/5
SM MUCUS REL TAB 600MG ER
SM MUCUS REL TAB 1200 ER
SM ANTI-DIAR SOL 1MG/7.5
PAIN RELIEVI PAD LIDOCAIN
MUCINEX CGH LIQ 5-100MG
EQL DAY/NIGH PAK COLD/FLU
CVS HYDROGEN SOL 3%
CVS LUBRICAT OIN
CVS ANTIBIOT OIN 1%
GENTEAL TEAR SOL MILD
SILTUSSIN-DM LIQ DIABETIC
HM ANTI-DIAR SOL 1MG/7.5
CVS NAPROXEN TAB 220MG
CVS SENNA PL TAB 8.6-50MG
PED ELCTRLYT SOL UNFLAVOR
ATHLETES FT AER 1% POW
DAILY LOT MOISTURI
GNP EARWAX SOL REMOVAL
TUSSIN DM LIQ 20-400MG
FUNGAL NAIL SOL ERASE 1%
FOOT REPAIR SOL SERUM 1%
PEG3350 POW
ANTISEPTIC SOL 4%
SM ALLERGY SOL 5MG/5ML
CVS ECZEMA CRE 1%
CVS LIDOCAIN CRE 4%
GUAIF/DM HYD TAB 60-1200
ALLERGY REL CAP 10MG
VITAMIN D CAP 5000UNIT
UREA 10 HYDR CRE 10%
OMEPRAZOLE TAB 20MG DR

NDC Name
EQ LIDOCAINE CRE PAIN REL
ARTIFICIAL SOL 0.5-0.6%
EQ MUCUS DM TAB 60-1200
VITAMIN D CAP 1.25MG
ERGOCALCIFER DRO 8000/ML
EQ LORATADIN TAB 10MG
IRON SLOW TAB 45MG ER
GG/DM LIQ 100-10/5
VIT C BIOF/R TAB 500MG
BIOTIN HP TAB 1000MCG
VIT D3 HP CAP 2000UNIT
CLEARCANAL DRO 6.5%
HEMORRHOIDAL GEL 0.25-50%
EARWAX REMVL DRO 6.5% OT
LUBRICAT EYE DRO 0.4-0.3%
ACNE CLEANSE CRE CVS CONT
OYST SHELL/D TAB 500-5MCG
DESITIN OIN
NEOSPORIN OIN BURN RLF
BANOPHEN LIQ 12.5/5ML
EARWAX TRMNT DRO 6.5% OT
MAG-OXIDE TAB 200MG
GLUTOSE 45 GEL
HEALTHY EYES CAP SUPERV 2
MEDI-PADS PAD 50%
RA ALCOHOL SOL 70% RUB
POVIDONE/IOD MIS 10%
EQ IBUPROFEN SUS 100/5ML
GILTUSS DIAB LIQ CGH/COLD
GILTUSS ALRG LIQ CGH/CONG
GILTUSS CHLD LIQ 5-2-10/5
HEALTHYLAX POW
SUDOGEST MAX TAB 30MG
LANOLIN MINI CRE
MOTRIN IB CAP 200MG
LANOLIN CRE
LUBRICANT SOL EYE DROP
8 HR PAIN TAB 650MG
BIOTENE DRY LOZ MOUTH
PAIN RELIEF TAB 220MG
CVS NATURAL DRO TEARS
ANTIBIOTIC OIN

NDC Name
GNP EPSOM GRA SALT
GNP GNTL LAX TAB 5MG EC
VITASURE TAB
GNP EARWAX SOL 6.5% OT
OMEPRAZOLE TAB 20MG ODT
ROBITUSSIN LIQ 20-400MG
SUDOGEST 12 TAB 120MG ER
COLD & FLU CAP NIGHTTIME
LOPERAMIDE SOL 1MG/7.5
CVS ALCOHOL SOL 70% RUB
CVS ALCOHOL SOL 91%
MEDICATED PAD PADS
HM STOOL SOF TAB 8.6-50MG
MAGDELAY TAB 64MG
REGULOID POW 51.7%
NAPROXEN TAB 220MG
TUSSIN DM LIQ 5-100MG
BAYER ASPIRI TAB 325MG EC
VITAMIN C TR CAP 500MG
PAIN RELIEF LIQ 160/5ML
GERI-TUSSIN SYP DM
GERI-TUSSIN LIQ 100/5ML
GUAIASORB DM LIQ 100-10/5
ALLERGY RELF SOL 1MG/ML
QC VIT B1 TAB 100MG
QC COD LIVER CAP
QC FISH OIL CAP 1000MG
QC VIT D3 CAP 1000UNIT
QC MAGNESIUM TAB 250MG
QC VIT B12 TAB 500MCG
QC VIT B6 TAB 100MG
QC VIT D3 TAB 400UNIT
QC MELATONIN TAB 5MG
QC VIT B12 TAB 1000MCG
QC VIT D3 CAP 2000UNIT
QC VIT D3 TAB 2000UNIT
QC VITAMIN C TAB 500MG
QC VITAMIN C CHW 500MG
QC VITAMIN E CAP 400UNIT
VIT C/ROSE TAB 500MG
QC ZINC TAB 50MG
QC BIOTIN TAB 800MCG

NDC Name
QC NIACIN CAP 500MG
MUCINEX NASL SPR 0.05%
B-COMP/VIT C TAB
QC B50 TAB PR
QC VIT D3 TAB 1000UNIT
QC VIT D3 TAB 5000UNIT
ACTIVITE TAB
QC HAIR/SKIN TAB NAILS
QC VITAMIN C TAB 1000MG
GNP MINERAL OIL
EARWAX REMOV SOL 6.5% OT
NASAL SPRAY SPR 0.05%
ALLGY RELIEF SPR 50MCG
SUDAFED 12HR TAB 120MG ER
OCUVITE BLUE CAP 25-5MG
GNP ASPIRIN TAB 325MG EC
HEARTBRN REL SUS CHERRY
CALAMINE CLE LOT 1-0.1%
ANTACID MAX SUS CHERRY
STOOL SOFT CAP 250MG
BALMEX MULTI OIN PURPOSE
GENTEAL TEAR OIN NT-TIME
M-PAP LIQ 160/5ML
M-DRYL LIQ 12.5/5ML
PAIN RELIEF CAP 500MG
A&D OIN
CALAMINE PLS LOT 1-8%
LAXATIVE REG TAB 15MG
HEMORRHOIDAL PAD 50%
ULTRA EYE DRO 0.4-0.3%
ST JOSEPH TAB LOW 81MG
CULTURELLE CHW
STOOL SOFTEN LIQ 50MG/5ML
SINUS 12 HR TAB 120MG ER
CAPSAICIN XL DIS 0.025%
DOCUSATE MIN ENE 283MG
ANTACID CHW
LIDOCAINE PA PAD 4%
EYE DROPS DRO ADV RELF
READY TO USE ENE
CASTOR OIL 100%
ANTI-ITCH LOT CLEAR

NDC Name
ANTISEPTIC LIQ MTH RNSE
EAR WAX REM DRO KIT 6.5%
SEV CLD/CGH LIQ DAY RLF
ULT LUB EYE DRO 0.4-0.3%
MUSCLE RUB CRE ULT STR
ANTACID ULTR CHW 1000MG
STOMACH RELF SUS MAX STR
MEDICATED PAD 50%
EYE DROPS DRO RELIEF
ALLERGY RELF CAP 10MG
CAPZIX CRE 0.1%
CITROMA SOL LEMONY
D3 HIGH POT CAP 125MCG
PROBIOTIC + CHW PREBIOTI
PROBIOTIC CHW CHILDRNS
EQ SENNA-S TAB 8.6-50MG
GERI-DRYL LIQ 12.5/5ML
MUCUS DM TAB 30-600MG
EQ LIDOCAINE PAD 4%
SUDAFED PE TAB MUCUS
UP4 PROBIOTI CHW GUMMIES
UP4 PROBIOTI CHW KIDS CUB
MUCINEX MAX TAB SINUS
ITCH RELIEF SPR 2-0.1%
SENEXON-S TAB 8.6-50MG
IRON COMPLEX CAP 150MG
MAGNESIUM OX TAB 400MG
D3 HIGH POTE CAP 50MCG
MAGNESIUM-OX TAB 400MG
CVS ITCH REL LOT 1-0.1%
CVS IBUPROFE SUS 100/5ML
CVS ITCH REL LIQ SPRAY
CVS COLD/FLU LIQ DAYTIME
CVS COLD/FLU LIQ NIGHTIME
CVS EYE DRO
CVS OMEPRAZO TAB ODT 20MG
GG/PSE ER TAB 120/1200
LIDOZENPATCH PAD 4-1%
CVS NICOTINE GUM 2MG CINN
MAGNESIUM OX TAB 250MG
MUCUS D MAX TAB 120-1200
CVS NICOTINE GUM 4MG

NDC Name
EQ GAS RELIE CAP 125MG
COLD/FLU CAP DAYTIME
ALLERGY RELF TAB 60MG
ACIDOPH/PROB TAB FORMULA
CVS B12 QUIC LOZ 500MCG
SEV ALLERGY TAB SINUS
FEVR REDUCNG SUP 120MG
WESTAB ONE TAB 2.5-25-1
LIDO KING PAD 4%
OYST SHELL/D TAB 500-125
ANTI-ITCH LOT 1%
CVS SLOW REL TAB FE 45MG
CVS BEAUTY OIL SHOWER
SINUS/ALLERG TAB MAX ST
SENNALIQ 8.8/5ML
STIMULANT LX TAB 8.6-50MG
HEMORRHOIDAL PAD HYGIENE
SENNALIQ 8.8/5ML
D-VITE PEDIA DRO 400UNIT
TRI-VITE DRO PEDIATRI
THERATEARS GEL 1% OPTH
GAS RELIEF LIQ INFANTS
EQ URINARY TAB 97.5MG
GNP OMEPRAZO TAB 20MG ODT
ACETAMINOPHN SUS 325MG
VITAMIN D3 CHW 25MCG
ACETAMIN LIQ 500/15ML
CVS PAIN REL PAD 4%
CVS COLD/HOT PAD 4-1%
CENT MATURE TAB WOMN 50+
LIDOCAINE PAD 4%
CAPSAICIN DIS 0.025%
EQL SMOOTH POW TEXTURE
WEEKLY-D CAP 50000UNT
ASPERCREME CRE LIDOC 4%
ICY HOT MAX LIQ 4%
POLYSAC-IRON CAP 150MG
CVS URINARY TAB 97.5MG
INTENSE HYDR CRE 2%
WOMENS MULT TAB
MUCUS REL DM LIQ
DRY EYE RLF DRO

NDC Name
MUCUS DM TAB 60-1200
TRIPLE ANTIB OIN FRST AID
NON-ASA PM TAB 25-500MG
CVS E OIL OIL 30000UNT
CALC CITR+D3 TAB 400-12.5
CVSTUSSIN DM LIQ 20-400MG
FIRST CARE PAD 4%
EQ FAMOTIDIN TAB 20MG
PAIN RELIEF PAD 4% MAX
FERROUS SULF SOL 44MG/5ML
MUCUS DM MAX TAB 60-1200
AIRBORNE TAB ORIGINAL
CVS D3 CAP 50MCG
CVS D3 CAP 10MCG
CVS E CAP 200IU
AIRBORNE CHW KIDS
HYDROPHOR OIN
VITAMIN D3 CAP 25MCG
QC URINARY TAB 97.5MG
CVS COQ-10 CAP 50MG
SM NICOTINE LOZ 4MG
SODIUM CHLOR SOL 0.9% IRR
POVIDONE-ION SOL 10%
HM NICOTINE GUM 2MG
HM NICOTINE GUM 4MG FRT
CVS LUBRICAN DRO 0.5%
NU-IRON 150 CAP
NON-ASPIRIN CHW 160MG
BIOPETIT ELX
LIPOCAINE 5 CRE 5%
QC NIGHTTIME LIQ COLD&FLU
TRAVEL EASE CHW 25MG
QC IBUPROFEN CAP 200MG
QC SLEEP-AID CAP 50MG
PINK BISMUTH SUS 525/30ML
QC ALLERGY TAB 25MG
GNP EYE DROP DRO 0.4-0.3%
BENGAY LID CRE 4%
8 HR ARTHRITS TAB 650MG
CALCIUM + D3 TAB
CALCIUM+D3 TAB 600-20
CHEWABLE C CHW ROSE HIP

NDC Name
SENNAPLUS TAB 8.6-50MG
VIT B COMPLX TAB /VIT C
REGULOID CAP 400MG
CA CIT/VIT D TAB 315-200
LUBRICANT PM OIN
IBUPROFEN CHW 100MG
GNP CORN PAD REMOVERS
MUCUS RLF DM LIQ 20-400MG
MUCUS/COUGH LIQ 5-100MG
QC RELIEF PAD 3.1-6-10
MUCUS RELIEF LIQ 100/5ML
ZINC CAP 220MG
KLS D3 CAP 50MCG
STIMULANT TAB 8.6-50MG
CVS DAYTIME LIQ COLD/FLU
RA CHILDRENS SUS 160/5ML
KLS IBUPROFN TAB IB 200MG
RAPID RELEAS TAB 25-500MG
MM FEXOFENAD TAB 180MG
CYSTEX URIN TAB PAIN REL
SOOTHE SUS 525/30ML
FERROUS SULF TAB 324MG EC
PANADOL SUS 160/5ML
PANADOL PM TAB 25-500MG
VITAMIN D TAB 50MCG
VITAMIN D3 TAB 25MCG
PANADOL TAB CLD/FLU
PANADOL EXTR TAB 500-65MG
PANADOL TAB 500MG
CVS LUTEIN CAP 25-5MG
CVS COQ-10 CAP 100MG
TUSNEL-EX LIQ 100/5ML
SINUS CNG/PN TAB 5-325MG
ACETAMINOPHE LIQ 160/5ML
COLD/FLU REL CAP DAYTIME
COLD/FLU REL CAP NITETIME
CALCIUM/D3 TAB
MULTIPRO CAP
LOPERAMIDE SOL 1/7.5ML
LOPERAMIDE SOL 2MG/15ML
AMLACTIN LOT DAILY
VISINE RED SOL EYE HYDR

NDC Name
VISINE RED DRO EYE HYDR
GNP ASPIRIN TAB 81MG EC
EQ EARWAX SOL 6.5% OT
GOODSENSE SOL NAUSEA
BLUE-EMU DRY PAD RLF 4%
CVS FISH OIL CAP 1/2 SIZE
DRY-EYE RELF OIN NIGHTTIM
BENZEFOAM AER 5.3%
TUSSIN DM MX LIQ 5-100/5
CVS EPSOM GRA SALT
MAXI-TUSS G LIQ
IS-ZC 50 TAB 50MG
IS-D 10000 CAP 250MCG
AIRSHIELD CHW
HM URINARY TAB 99.5MG
ACNE MEDICAT GEL 2.5%
EQ DIAPER PST RASH 40%
DAILY VIT TAB IRON
ALLRGY D-12 TAB 5-120MG
DULCOLAX SUS
LIPO FLAVONO TAB PLUS
TAB-A-VITE TAB
CALCIUM PLS TAB 500-200
MAXI-TUSS LIQ GMX
ALLERGY 24HR TAB 180MG
SM URINARY TAB 99.5MG
ADVIL MINIS CAP 200MG
RA ANTIBIOT+ OIN PAIN RLF
ALLERGY RELF TAB 10-240MG
ACETAMIN ER TAB 650MG
RA PAIN RELI PAD 4%
NASAL NO DRP SPR 0.05%
REGULOID POW ORANGE
DERMACINRX CRE PENETRAL
ASPERFLEX PAD 4%
MULTIVITAMIN TAB ADULTS
SUPER B COMP TAB + VIT C
SALONPAS GEL PAD 4%
STRATA TRIZ GEL
CALCIUM/D3 TAB 600-10
TUSSIN DM MX LIQ
CALCIUM/D3 TAB 600MG

NDC Name
NICOTINE TD DIS STEP 3
NICOTINE TD DIS STEP 1
LIDOCANNA PAD 4%
D-VITAMIN DRO 400UNIT
URINARY TAB 99.5MG
PHENYLEPHRIN TAB 10MG
VITAMIN E CAP 45MG
ASPERCREME LIQ 4% E OIL
CVS MUCUS ER TAB 600MG
VITAMIN D3 TAB 50MCG
DIPHENHYDRAM LIQ 25/10ML
ALLERGY RELF TAB 4MG
CALCIUM/D3 TAB 600-5
URISTAT ULTR TAB 99.5MG
PED TRI-VIT DRO
PEDIATRIC DRO IRON
LIDOCAINE CRE PAIN 4%
DULCOLAX SUS 1200MG
IRON HP TAB 27MG
EUCERIN BABY CRE ECZM RLF
EQ STOOL SOF CAP 100MG
GUAIF/DM HBR SYP 100-10/5
LUBRICANT OIN EYE PM
TAB-A-VITE TAB /IRON
ANTI-DIARRHE TAB ANTI-GAS
MELATONIN TAB 12MG
DOCUSATE SOD LIQ 50MG/5ML
CHEST CONGES SYP REL DM
CHEST CONGES LIQ 100/5ML
ACID REDUCER TAB 20MG DR
GNP NAPROXEN CAP 220MG
CVS ACETAMIN TAB 325MG
HEMATOGEN CAP FORTE
HEMATOGEN CAP
SOD/POTASS/ POW PHOSPHOR
VITAMIN D3 CAP 1.25MG
CERAVE ITCH LOT RELIEF
CERAVE ACNE LIQ FOAMING
FIBER POW 28.3%
DQZATE CAP 100MG
CHLORPHENIR TAB MAL 4MG
FERGON TAB 27MG

NDC Name
MULTIV/IRON TAB ADULT
SINUS CNGST TAB 30MG
EQ NICOTINE GUM 4MG ORIG
SM NICOTINE LOZ 2MG CHRY
MUCINEX SEVR TAB CONG/PN
MUCINEX FAST LIQ CST CONG
MUCINEX TAB COLD/FLU
WAL-ITIN CHW 5MG
MUCINEX COLD TAB FLU&SORE
MUCINEX DM LIQ MAX STR
PURE CALCIUM TAB CARBONAT
CHILDRENS CHW MULTIVIT
PHOSPHORUS POW NA/K
VITAMIN C CHW 125MG
VISION FORM CAP 2
NUTRITIONAL TAB SUPPORT
GERI-DRYL TAB 25MG
ARTHRTS PAIN TAB 650MG ER
HM ASPIRIN TAB 325MG
PAIN RELIEVE TAB EXT STR
LIQUID ALLER LIQ 12.5/5ML
CARBOXYMETHY SOL 0.5%
SM ANTISEPTI SOL CLNSR 4%
CALYPXO HP CRE 10-15%
MM CLEARLAX POW
MYCOZYL AP POW 2%
MM ACID-PEP TAB 20MG
UP4 PROBIOTI CHW KIDS
ORALYTE SOL BUBL GUM
DSS/SENNA TAB 50-8.6MG
VITAMIN D3 CHW 50MCG
EQ 12 HR MUC TAB 600MG
CULTRL TOTAL CAP BALANCE
GILTUSS HON LIQ CHG/CHST
GILTUSS SINU SPR 0.05%
ANTACID SUS ANTIGAS
HABITROL DIS 21MG/24H
KIDS PROBIOT CHW MULTIVIT
ORALYTE SOL UNFLAVOR
HM ANTACID CHW 750MG
QC EYE DROPS DRO 0.05%
QC PETROLEUM GEL JELLY

NDC Name
FERROUS SULF LIQ 44MG/5ML
PAIN REL/LID CRE 4%
VIT C/ROSE TAB 1000MG
VAPOR STEAM LIQ 6.2%
DIGESTIVE AD CHW KIDS
LIDOCAINE PAD RELIEVIN
BLUE-EMU CRE 10% HEMP
SIMETHICONE DRO INFANTS
CAPASIL CRE
FE-VITE IRON SOL 15MG/ML
ORALYTE SOL FRUIT
ASPIRIN LOW TAB 81MG
CHEST RUB OIN BABY
SLEEP CHILD/ LIQ MELATONI
VITAMIN E CAP 90MG
CHEST RUB OIN EUC/LAV
MEDPURA HC CRE 1%
LENZAPRO FLE PAD 4-4%
MULTIVITAMIN TAB ADULT
VITEYES CLAS CAP ZINC FRE
ANTACID & SUS GAS RELF
DIGESTIVE AD CHW DGS/IMMN
GNP NICOTINE LOZ 4MG CHER
GNP NICOTINE GUM 4MG FRT
GAS RELIEF DRO INFANTS
SINUS+HEADAC TAB 5-325MG
ANALGESIC CRE BALM
MELATONIN TAB MAX STR
GNP NICOTINE GUM 2MG MINT
ALLERGY RELF TAB 5/120MG
CLEARASIL CRE SPOT 10%
SWEET CHEEKS GEL 40%
CHLORHEXIDIN SOL 2%
MUCUS RELIEF TAB D 40-400
CVS ADVANCED OIN HEALING
SM IBUPROFEN CHW 100MG
COOL N HEAT PAD 4-1%
GNP ALLERGY TAB 4MG
CVS ANTACID CHW 1000MG
CVS ARTHRITI CRE 10%
DERMEND LOT ANTI-ITC
LIDOSPOT PAD 4-1%

NDC Name
ICY HOT ORIG CRE PAIN REL
ACIDOPHILUS TAB PROBIOTI
CVS SCAR GEL
COLD & SINUS CAP 30-200MG
SM NICOTINE LOZ 2MG CINN
SM NICOTINE LOZ 4MG CINN
CVS LAXATIVE TAB 25MG
ASPERCREME CRE 10%
KERI MOISTUR OIL RICH
ITCH RELIEF CRE 1-0.1%
MED HEAT DIS 0.025%
QC NICOTINE DIS 14MG/24H
QC NICOTINE DIS 21MG/24H
ANTACID SUS MAX ST
NICOTINE POL LOZ 2MG MINI
GNP MUCUS ER TAB 1200MG
NICOTINAMIDE TAB
ORALYTE SOL GRAPE
ZANTAC 360 TAB 20MG
VITAMIN D3 CHW EX STR
GAS RELIEF SUS INFANTS
HEARTBURN TAB 200MG
GUMMY FISH CHW OMEGA-3
HOT & COLD CRE PAIN REL
DRY MOUTH LOZ MELON
DRY MOUTH LOZ CHERRY
DRY MOUTH LOZ MINT
GNP ANTACID CHW 750MG
LICE/BEDBUG AER 0.5%
CVS GAS RELF CHW 80MG
CVS NETI POT KIT 2300-700
CVS ANTIBIOT CRE PAIN REL
CHEST CONGST TAB RLF PE
DIPHENHYDRAM CHW 12.5MG
CULTUREL KID CHW IMMUNE
CULTURELLE CHW IMMUNE
ANTIBIOTIC OIN 500UNIT
GNP RELIEF PAD 3.1-6-10
FIBR LAX+CAL TAB 625MG
ANTACID SUS MINT
LAXATIVE MAX TAB 25MG
D3 CHW 50MCG

NDC Name
MICONAZOLE 7 SUP 100MG
GNP ASPIRIN TAB 325MG
SPECTRAVITE TAB WOMEN 50
SPECTRAVITE TAB MEN
SPECTRAVITE TAB MEN 50+
GNP ZINC OXI OIN 20%
FORMULA 7 SOL
SOOTHNG BATH POW TREATMNT
ACETAMIN PM TAB 500-25MG
CVS PROBIOTI CHW CHILDREN
ATHLETE FOOT AER 1%
SM NASAL DEC TAB 10MG PE
PAIN RELIEVR TAB PLUS
CERAVE BABY OIN HEALING
LICE/BEDBUG SPR DUST MIT
STOOL SOFT CAP 240MG
ALL DAY ALRG TAB 5-120MG
MUCUS ER MAX TAB 1200MG
ALL DAY ALLG CAP 10MG
URINARY RLF TAB 99.5MG
SOOTHE XP SOL
LIDOC/MENTHO PAD 4-1%
LOPER/SIMETH TAB 2-125MG
LIDOC/MENTH PAD 4-4%
LOTRIMIN AF POW 1%
ISO RUB ALC SOL WINTERGR
NAUSEA RELIE SOL CHERRY
EQ DAILY FIB POW 51.7%
GOODSENSE TAB 81MG EC
QC HEMORROI CRE ALOE
GNP ALCOHOL SOL 91%
MYCOZYL AL SOL 1%
ASPIRIN TAB 81MG
IRON/VIT C TAB
SM MILK MAGN SUS ORIGINAL
EYE DROPS SOL OP
HEMORRHOIDAL GEL COOLING
EYE DROPS SOL RELIEF
GNP REDNESS SOL RELIEF
ANTI-DIARRHE TAB 2-125MG
ANTIBCTERIAL TAB PAIN RLF
CVS VITAM E CAP 180MG

NDC Name
MUCUS REL DM LIQ 20-400MG
ZYLOTROL PAD 4-1%
HEALTHY EYES CAP
VITAMIN D3 TAB 125MCG
SINUS RELIEF TAB SEVERE
ACETAMINOPHE SOL 160/5ML
RELIEF PATCH PAD 3.1-6-10
GNP ANORCTAL CRE 5%
EQ PAIN RELI TAB 500MG
ALLERGY CHIL CHW 12.5MG
B-COMPLEX + TAB B-12
AQUA-CERIN CRE
LAN-O-SMOOTH CRE
ALLERGY TAB 10MG
GNP CO Q-10 CAP 100MG
GNP ANTI-GAS CAP 180MG
AQUA-NU OIN 42%
ASPIRIN ADLT TAB 81MG EC
ADVANCED GEL SCAR
GNP SINUS TAB 5-325MG
ALLER-FEX TAB 180MG
COLD & HOT PAD MENTHOL
MYCOZYL AC CRE 1%
GNP VITAMN C CHW 125MG
WAL-MUCIL POW 51.7%
MUCUS RELIEF TAB 30-600MG
ACETAMIN TAB 650MG
WELMATE PAD 4%
METAMUCIL CHW GUMMIES
SINUS/CONGES TAB 120MG
COLD & SINUS TAB 30-200MG
LUBRICNT EYE DRO 0.1-0.3%
MELATONIN TAB EX STR
FLUTICASONE SUS 50MCG
ALLERGY RLF LIQ 50/20ML
GNP HEADACH TAB RELIEF
NASAL SPRAY SOL 1%
MOTION SICKN TAB 25 MG
PEROX SORE SOL 1.5%
MICOTRIN AC CRE 1%
MICOTRIN AL LIQ 1%
MICOTRIN AP POW 2%

NDC Name
FIBERCON TAB 625MG
DRISTAN SPR 0.05%
DIMETAPP LIQ
ALLER-FLO SPR 50MCG
GENUINE ASPR TAB 325MG
SPECTRAVITE TAB WOMEN
CHEST/CONGES CAP 10-200MG
ONELAX SUP 10MG
GNP OMEPRAZO CAP 20MG
AFTERPILL TAB 1.5MG
ASPERFLEX PAD 4-1%
ASPERFLEX PAD ADVANCE
BENZOYL PER LIQ 5%
HEALTHWISE PAD 4%
SM ALLERGY TAB 60MG
SINUS 12-HR TAB 120MG ER
GOODSENSE SUS ANTACID
GOODSENSE SUS ANT/GAS
ROBAFEN LIQ 200/10ML
B-50 COMPLEX TAB
MULTI 50+ WM TAB ADVANCED
FINEST NUTRT CAP VIT D3
CAPSAICIN CRE 0.075%
DEXTROMETHOR CAP 15MG
VITAJoy DAY CHW 125MG
ONELAX FIBER POW 25%
EQVEGETABLE TAB 8.6MG
CARBOXYMETHL GEL 1%
SIMETHICONE SUS 40/0.6ML
CARBOXMETHYL GEL 1% OP
CARBOXYMETHY SOL 0.5% OP
WESCAPS CAP
DAILY FIB POW 51.7%
EQ MUCUS REL LIQ DM
EQ ASPIRIN CHW 81MG
GAS RELIEF SUS
CVS NETI POT KIT SOFT TIP
SALINE SINUS PAK WASH REF
COUGH RELIEF LIQ 15MG/5ML
QC ANTI-ITCH CRE 2-0.1%
ALAVERT D-12 TAB 5-120MG
TRIPLE PASTE OIN 2%

NDC Name
DAY/NIGHT PAK COLD/FLU
B-SURE WITCH PAD HAZEL
ATHLETES FT CRE 1%
GNP TUSSI DM LIQ 20-200MG
GOODSENSE LIQ LICE RIN
DIMETAPP LIQ COLD/CGH
TRUBIOTICS CHW DIG+IMMU
TRUBIOTICS CHW KIDS
HIGH POTENCY CAP E
PAIN RELIEVI PAD 3.1-6-10
DAILY FIBER CAP
LIDOCAINE PAD 3.5%
GLUTOSE 5 GEL 40%
SENNA SYP 8.8MG
GENUINE ASA TAB 325MG
MILK OF MAGN SUS CHERRY
DODEX INJ
D3 2000 CAP 2000UNIT
D3 5000 CAP 5000UNIT
GNP PAIN REL TAB 500MG
PRAMOXINE LOT 1%
B12 SUB 5000MCG
PAC CRANBERR CAP 500MG
A 10000 HIGH CAP POTENCY
CVS MUCUS D TAB 60-600MG
GILTUSS HONE LIQ 30/10ML
HONEY DM CHI LIQ 15MG/5ML
MUCINEX CONG CAP HEADACHE
HEAD CONGEST TAB MUCUS
MUCINEX SINU CAP CONG/PN
600+D3 TAB CAL/VITD
GLUCOSAMINE TAB DAILY
QC ITCH STOP GEL 2%
WAL-ZYR CHLD SOL 1MG/ML
CVS MUCUS DM TAB 30-600MG
QC CLOTRIMAZ CRE 1%
QC TRIPLE OIN ANTIBIOT
QC ZINC OXID OIN 20%
MUCUS ER TAB 600MG
METHYLCOBALA TAB 5000MCG
STYE DRO 0.5-0.6%
QC ANTI-ITCH CRE 1% ALOE

NDC Name
ROBAFEN DM LIQ 10-100/5
VITACHEW D3 CHW 25MCG
ULTRA EYE PF DRO 0.4-0.3%
FLINTSTONES CHW MULTIVIT
SMOOTH ANTA CHW FRUIT
NYTOL QUICK TAB 25MG
B-COMPLEX TAB ELECTROL
AQUAPHOR OIN ITCH RLF
PEROXYL SOL 1.5%
NIGHT TUSSIN LIQ DM MAX
SUDOGEST PSE TAB 60MG
IRON SUPPLMT DRO 15MG/ML
ROBAFEN DM LIQ 20-200MG
ALKA-SELTZER CHW 750MG
TUSSIN COUGH LIQ CHEST
PROBIOTIC CHW GUMMIES
MAGNESIUM TAB 100MG
DRAMAMINE CHW MOTION
AQUAPHOR PST RASH 40%
ALLERGY CHLD SUS 30MG/5ML
MELATONIN TAB 5-1MG
MINI MULTI TAB VIT/IRON
TRAVEL-EASE TAB 25MG
LIDOCAINE CRE 4% PAIN
12HR ALLERGY TAB 60MG
STOMACH RELE TAB 262MG
CVS ALLERGY SOL 5MG/5ML
CVS RINGWORM CRE 1%
GNP SENNA LX TAB 8.6MG
EQ ANTI-ITCH SPR 2-0.1%
RE-LIEVED PAD 4%
SUDOGEST PSE TAB 30MG
STOOL SOFTEN LIQ 100/10ML
QC ACETAMINO SUS 160/5ML
QC PAIN-LIDO CRE 4%
QC IBUPROFEN SUS 100/5ML
8HR ARTHRITS TAB 650MG ER
QC 8 HR PAIN TAB 650MG ER
SV IRON TAB 325MG
VITAMIN D DRO 10MCG
IRON INF-TOD DRO 15MG
QC MUCUS REL LIQ CONG/CGH

NDC Name
QC ACETAM PM TAB 25-500MG
QC DIBROMM LIQ CLD/CGH
QC TUSSIN EX LIQ 100/5ML
QC MUCUS REL TAB 1200 ER
QC PAIN RELI CRE 4-10-30%
QC SLEEP-AID CAP 25MG
QC PAIN RELI LIQ 500/15ML
DIPHENHIST CAP 25MG
SM TUSSIN DM LIQ 20-200MG
WAL-PROFEN CAP 30-200MG
MUCUS RLF D TAB 60-600MG
CYANOCOBALAM INJ 10000MCG
CYANOCOBALAM INJ 30000MCG
QC PINK BISM SUS 525/15ML
QC STOMACH SUS 525/15ML
QC STOMACH SUS 525/30ML
PSEUDOFED TAB 30MG
QC LORATADIN TAB 10MG
QC IBUPROFEN CAP 200-25MG
QC NAPROXEN CAP 220MG
QC ALLERGY TAB 4MG
IRON INF/TOD DRO 15MG
QC ALL DAY CAP 10MG
QC ALLERGY CAP RELIEF
QC OMEPRAZA TAB 20MG
QC FAMOTIDIN TAB ACID RED
SM ALLERGY-D TAB 5-120MG
SM ARTHRITS P TAB 650MG
QC CORN/CALL LIQ REMOVER
QC WART REMO LIQ 17%
QC ANTIFUNGA CRE 1%
QC MEDICATD PAD WIPES
QC FIBER POW 25%
QC VEGE LAXA TAB 8.6MG
QC HEMORRHOI OIN
DAILY PSYLLI POW 25%
STOOL SOFTEN CAP 250MG
QC GAS RELIE CAP 250MG
QC ANTACID CHW 750MG
CULTURELLE CHW GUMMIES
PROBIOTIC CHW KIDS
CULTURELLE CHW WOMENS

NDC Name
QC VIT D3 TAB 25MCG
LACTASE ENZY TAB 9000UNIT
EQ ALRG/CONG TAB 5-120MG
MELATONIN CR TAB 5MG
MM ACETAMINO TAB 500MG
COLD + FLU TAB SEVERE
QC MUCUS RLF TAB COLD/FLU
HEAD CONGEST TAB MUCUS PE
COLD + HEAD TAB CONGESTI
MUCUS RELIEF TAB SINUS SV
KLS HEADACHE TAB RELIEF
SM PAIN REL TAB 500MG
TUSSIN DM LIQ 20-200MG
CAPSIMIDE PAD 0.025%
ACIDOPHILUS CHW PROBIOTC
MM ALLER-BEN TAB 25MG
MM ASPIRIN TAB LOW DOSE
YUM-YUM DOPH CHW PROBIOTI
SECURA PROTE CRE 10%
SOMINEX NIGH TAB 25MG
ASPIRIN REGI TAB 81MG
MUCINEX CGH/ CAP CHST CON
SALONPAS PAD PAIN REL
CLINERE LIQ EARWAX
OMEGAPURE CAP 600 EC
TRIPLE ANTIB OIN MULTI 1%
NUMBCREAM CRE 5%
ONELAX SENNA SYP 8.8/5ML
COUGH CONG LIQ 5-100/5
NIAVASC TAB 500MG SR
DOCUSATE SOD LIQ 100/10ML
CHILD ALLRGY SOL 1MG/ML
NIAVASC 750 TAB
DR SCHOLLS PAD CORN RMV
IRON DROPS DRO 15MG/ML
ALLERGY RELF LIQ 25/10ML
MULTIV/MINER LIQ ADULTS
QC URINARY TAB PAIN
DYNARUB CRE 10-15%
CVS SPOT ACN CRE 2.5%
CVS ACNE TRE CRE 10%
CVS URINARY TAB 95MG

NDC Name
CVS GLUC/CHO TAB MSM DS
HER STYLE TAB 1.5MG
XCELLENT A CAP 3000
B12 LIQ 1000/15
MM IBUPROFEN TAB 200MG
RA IRON TAB 65MG
KAOPECTATE SUS 262/15ML
LIDOCAINE LIQ 4% PAIN
BISACODYL TAB 5MG DR
MELATONIN TAB ADV SLEE
TRIPLE PASTE PST 40%
CVS ALLERGY TAB 5-120MG
KIDS ALLERGY LIQ 12.5/5ML
SAFE TUSSIN LIQ PM
SAFETUSSIN LIQ DM
PAIN RELIEF ELX
PAIN RELIEF ELX 480/15ML
PAIN RELIEF ELX 80MG/2.5
PAIN RELIEF ELX 160/5ML
TUSSIN DM LIQ 10-100MG
HEMORRHOIDAL CRE 5%
CVS NASAL SPR 1%
RID LICE KIL SHA 0.33-4%
CLD MAX MS MIS DAY/NGHT
YUMVSKIDS CHW PROBIOTI
YUMVS PREBIO CHW FIBER ZE
YUMVS MELATO CHW 2.5MG
YUMVS VIT C CHW 125MG
YUMVS VIT D3 CHW 25MCG
YUMVS PROBIO CHW ZERO
YUMVS MELATO CHW 5MG
CORTIZONE-10 OIN 1%
CORTIZONE-10 CRE ULTRA 1%
CORTIZONE-10 CRE ALOE 1%
CORTIZONE-10 CRE MOISTURE
CORTIZONE-10 CRE PLUS
CORTIZONE-10 GEL COOLING
VITAMIN D CAP 1250MCG
ASPERCREME CRE 4% LIDO
GNP ARTHRITI CRE 10%
FRESHMELTS LOZ MINT
VITAMIN B CAP COMPLEX

NDC Name
APAP EX STR LIQ 500/15ML
MENCYLATE CRE 2%-10%
APAP CHILD SUS 160/5ML
TM-TOLNAFTAT LIQ 1%
PREBIOTIC CHW FIBER
YUMVS PREBIO CHW FIBER
GNP PETROLEU GEL JELLY
TM-CLOTRIMAZ CRE 1%
ATHLETE FOOT SPR 1%
NASAL MIST SOL 0.05%
TUSSIN DM MX LIQ 5-100MG
GUAIFEN/DM TAB 400-20MG
ALLEGRA HIVE TAB 180MG
GLUCO TO GO GEL 40%
D3 CHW 2000UNIT
GOLD BOND CRE 4%
GNP IBUPROFE TAB 200-38MG
MAXTUSSIN DM LIQ 200-20MG
MAX RELIEFJR LIQ 160/5ML
MAX TUSSIN LIQ 200/10ML
GERI-TUSSIN LIQ DM
GUAIASORB DM LIQ
KLS MUCUS-DM TAB 60-1200
COUGH CHEST LIQ CONGEST
UNISOM SLEEP CAP 25MG
FUNGI NAIL LIQ 1%
XCELLENT A CAP 7500
SWEEN MOIST CRE BODY
MOTRIN DUAL TAB ACTION
MINI ENEMA ENE 20-283MG
CVS INTENSE LOT DRY SKIN
CVS B12 LIQ 1000/15
CURAE TAB 1.5MG
EQL TUSSIN LIQ 20-200MG
DM/GUAIFEN LIQ 10-100MG
DM/GUAIFEN LIQ 20-200MG
ANTI-DIA/GAS TAB 2-125MG
ALLERGY RELI CHW CETIRIZI
LIDOCORE PAD 4%
TOLNAFTATE LIQ 1%
TM-VITE RX TAB
NOVITE CAP MULTIVIT

NDC Name
ALLERGY RLF LIQ CHILDREN
COQ-10 CAP 200MG
ACETAMIN SOL 650MG
YUM-YUM CHW DOPHILUS
PROBIOTIC + CHW IMMUNE
FLINTSTONES CHW EXT IRON
FT ALLERGY TAB MULTI-SY
FT SINUS TAB SEVERE
FT ALRGY RLF LIQ 12.5/5ML
FT MUCUS RLF TAB 600MG ER
FT CHEST CON TAB RLF PE
VITAMIN A/D OIN
ARTHRITIS PAD PAIN RLF
FT ALLERGY TAB 10MG
FT ALLR RLF TAB 60MG
FT ALRGY RLF CAP 25MG
QC ITCH RELF SPR 2-0.01%
FT ALRGY RLF TAB 180MG
FT MUCUS RLF TAB 60-600MG
FT ALRGY RLF TAB 25MG
FT ALRGY RLF TAB 4MG
FT NSL DECON TAB 30MG
FT IBU CHILD SUS 100/5ML
FT TUSSIN LIQ 200/10ML
FT TUSSIN CF LIQ ADULT
TUSSIN DM LIQ 20-400
ACETAMINOPHN SUS 80/2.5ML
ONELAX LIQ 50MG/5ML
FERROUS SUL SOL 220/5ML
TEENY TUMMY DRO 20/0.3ML
FT GNTLE LAX SUP 10MG
CALC+VIT D3 TAB 500-5
PAIN RELIEF PAD 4%
FT ANTACID CHW 500MG
FT FIBER LAX TAB 625MG
FT STL SOFT TAB 8.6-50MG
FT SENNA LAX TAB 8.6MG
BLUE-EMU MAX CRE 10%
FT MUCUS REL TAB 60-1200
FT MUCUS REL TAB 30-600MG
FT MUCUS REL TAB 1200 ER
FT CHEST CON TAB 400MG

NDC Name
FT CHEST CON TAB 20-400MG
FT NASAL DEC TAB 10MG
LINTERA WASH MIS 10%
MAGNES/ALUM/ SUS SIMETH
FT ANTI-DIAR CAP 2MG
FT SENNA-S TAB 8.6-50MG
FT ANTACID CHW 750MG
FT GAS RELIE CHW 125MG
FT STOMACH CHW 262MG
FT FIBER LAX TAB 500MG
FT CASTOR OIL 100%
FT MAG CITRA SOL LEMON
FT MAG CITRA SOL CHERRY
FT PAIN RELI TAB 500MG
FT SLEEP AID TAB 25MG
TOLNAFI-AL LIQ 1%
FT ANTACID SUS ANTIGAS
FT CLEARLAX POW
FT 8HR PAIN TAB 650MG
ASPERFLEX LI CRE 4%
FT MOTION TAB 25MG
FT MINERAL OIL
EQ CORN/CALL LIQ RMVR 17%
GUAIFENESIN TAB 1200MG
GNP PINK BIS SUS 525/15ML
GNP SLEEP LIQ 50/30ML
APAP-IBU TAB 250-125
GNP OMEPRAZ TAB 20MG
RECTOPROTECT CRE 5%
GNP MAG CITR SOL CHERRY
GNP LUBR EYE DRO 0.5% OP
NIGHTTIME EYE OIN RELIEF
GNP SQUEEZE KIT BOTTLE
CHLORHEX GLU LIQ 4%
EQ LUBRICANT DRO EYE 0.6%
MICOMITIN LIQ 1%
FT ANTIFUNGA CRE 2%
FT ANTIFUNGA CRE 1%
FT GAS RELF CHW 80MG
FT EARWAX SOL REMOVAL
SOMINEX TAB 25MG
QC ATH FOOT AER 2%

NDC Name
CVS VIT E OIL MOISTURI
FT COLD&FLU LIQ NIGHTTIM
FT CHLD PAIN CHW 160MG
FT NITE SLP TAB 25MG
FT ASPIRIN TAB 325MG
FT IBUPROFEN CAP 200MG
FT ASPIRIN TAB 81MG
FT ASPIRIN TAB 325MG EC
FT NAPROXEN CAP 220MG
COLD/FLU TAB SEVERE
EQ GAS RELIE CAP 180MG
FT PAIN RELI TAB 25-500MG
FT SLEEP-AID CAP 50MG
EQ LAXATIVE POW 3350
LIDOCAINE TO PAD 4%
CVS TOE AREA SOL 1%
ASPERFLEX CRE
GUAIFEN/DM SYP 100-10MG
FRESKARO SOL MAG CIT
FT COLD&FLU PAK DAY/NGHT
ACID REDUCER CHW +ANTACID
FT IBUPROFEN TAB 200MG
DM/GG LIQ 5-100/5
DM/GG LIQ
FT NASAL SPR 0.05%
FT ANTI-DIAR TAB 2MG
FT MIGRAINE TAB RELIEF
MENTICAM GEL 4-10-30%
FT FIBER POW 43%
FT FIBER POW 51.7%
FT FIBER POW 25%
UTRA CALCIUM TAB + VIT D3
FT COUGH REL SUS 30MG/5ML
FT ANTI-DIAR SOL 1/7.5ML
IBUPROFEN IB CHW 100MG
GG/DM SYP 200-10MG
MUSCLE RUB CRE 10%-15%
FT TUSSIN DM LIQ 20-400MG
FT NICOTINE LOZ 2MG
FT NICOTINE LOZ 4MG
GLYCERIN CHL SUP 1.2GM
VENTIVA TEAR DRO 0.5% OP

NDC Name
SENTIA DRO 0.6% OP
CVS MOIST LOT
CVS D3 CAP 250MCG
EQ MUCUS REL TAB 600MG ER
CVS ANTACID CHW 750MG
LICE SHAMPOO SHA MAX STR
TRUE VIT D3 TAB 10MCG
TRUE VIT D3 TAB 25MCG
TRUE VIT D3 TAB 125MCG
TRUE VIT D3 TAB 250MCG
TRUE VIT D3 TAB 1250MCG
TRUE VIT D3 CAP 10MCG
TRUE VIT D3 CAP 25MCG
TRUE VIT D3 CAP 125MCG
TRUE VIT D3 CAP 250MCG
TRUE VIT D3 CAP 1250MCG
TRUE MAG OX TAB 400MG
TRUE MAG OX TAB 500MG
TRUE VIT C TAB 250MG
TRUE VIT C TAB 500MG
TRUE VIT C TAB 1000MG
TRUE VIT E CAP 90MG
TRUE VIT E CAP 180MG
TRUE VIT E CAP 450MG
ARTHRITIS RF CRE 10%
GOODSENSE TAB COLD RLF
CORN & CALUS KIT RMVR 17%
TRUE VIT B6 TAB 25MG
TRUE VIT B6 TAB 50MG
TRUE VIT B6 TAB 100MG
TRUE VIT B2 TAB 25MG
TRUE VIT B2 TAB 50MG
TRUE VIT B2 TAB 100MG
TRUE VIT B1 TAB 100MG
TRUE VIT B3 TAB 50MG
TRUE VIT D3 TAB 50MCG
TRUE VIT B3 TAB 250MG
TRUE VIT B3 TAB 500MG
TRUE FER SUL TAB 324MG EC
FOLIKA-BC TAB
SLEEP-AID MS CAP 50MG
MUCUS RELIEF TAB CONG/PN

NDC Name
TRUE VIT B12 TAB 500MCG
TRUE VIT B12 TAB 1000MCG
TRUE VIT A CAP 8000UNIT
GNP COLD/CGH TAB 4-30MG
PAIN RELF NT TAB 25-500MG
APAP-IBU TAB 125-250
LUBRICATING DRO 0.5% OP
LAXATIVE PLS TAB 8.6-50MG
TRIAMCINOLON SPR 55MCG/AC
CVS FISH OIL CAP 500MG
LIDOSYNC PAD 4-1%
ALIGN DUAL CHW BIOTIC
DUAL PAIN RF TAB 125-250
ALIGN KIDS CHW PROBIOTI
FT EYE DROPS DRO ADV RELF
FT EYE DROPS DRO 0.05%
FT TUSSIN DM LIQ 20-200MG
CURANEX DM TAB 20-400MG
VIT B CMLPX TAB B-12
TRITONACIDE SOL 1%
FT REDNESS SOL RELIEF
FT EPSOM GRA SALT
FT ISOPROPYL SOL 70% RUB
FT ISOPROPYL SOL 91% RUB
GLITCH ADVAN DRO RELIEF
METAMUCIL POW 43%
FT VITAMIN CAP D3 50MCG
FT VITAMIN CAP D3 25MCG
URO-PAIN TAB 99.5MG
URO-PAIN TAB 95MG
URO-PAIN TAB DUAL ACT
GS IBUPROFEN CHW CHILDREN
LIDOPRO PAD 4-1%
D3 EXTRA STR CAP 125MCG
CVS MUCUS DM TAB 60-1200
C GUMMIES CHW 125MG
BIOTIN MAX CAP 5000MCG
ANTIFUNGAL LIQ 1%
MELATONIN QD TAB 10MG
C EXTRA STR TAB 1000MG
A-S NIGHT CAP CLD/FLU
PROPRINAL CAP 200MG

NDC Name
D3 MAX STR CAP 250MCG
MAXALLERGY LIQ 12.5/5ML
ARTHRITIS CRE HOT
CVS POVIDONE MIS 10%
A-S SINUS CAP ALRGY
PHENAZOPYRID TAB 95MG
TRUE VIT A CAP 10000UNT
CURELIEF LIQ 12.5/5ML
CURANOL LIQ 160/5ML
FT PAIN RELF TAB 325MG
MAXRELIEF JR SUS 160/5ML
A+D FIRST OIN AID
FT VITAMIN TAB D3 50MCG
THERAWORX LIQ 4%
APAP EX STR TAB 500MG
TRUE NASAL SPR 0.65%
THERAWORX LIQ DIABETIC
PAIN & FEVER LIQ 160/5ML
LIDOTHOL PAD 4-1%
BETA CAROTEN CAP 7500MCG
D3 HP CAP 250MCG
C 500/ROSE TAB 500MG
FUNGICURE SOL 1%
FT 24 HOUR SPR 55MCG
FT MINERAL ENE
FT OMEPRAZOL TAB 20MG
FT ANTIBIOTI OIN
FT DOUBLE OIN ANTIBIOT
FT ANTI-ITCH CRE 2-0.1%
FT PAIN RELI TAB 200MG
NICOTINE LOZ 2MG
NICOTINE LOZ 4MG
EQ ALRGY REL TAB 180MG
FT ALLERGY D TAB 5-120MG
FT NICOTINE GUM 2MG
FT NICOTINE GUM 4MG
FT ITCH RELF OIN 1%
FT ITCH RELF CRE 1%
FT ITCH RELF CRE /ALOE 1%
FT TRIPLE OIN ANTIBIOT
ANTIBIOTIC + CRE PAIN RLF
AIRBORNE CHW CITRUS

NDC Name
TRUE LIDO CRE 4%
LORATADINE LIQ 5MG/5ML
LIDOREAL PAD 4%-1%
MUCUS/CHEST LIQ 200/10ML
FLANAX TAB 220MG
FT MAGNES OX TAB 400MG
FT PETROLEUM GEL JELLY
PRIMADOPHILU CHW KIDS
EYES ALIVE SOL 0.5%
TECNU RASH SPR RELIEF
TRUE DAILY TAB VITE
TRUE VIT D3 CAP 50MCG
ORALYTE SOL STRAWBRY
QC GLYCERIN SUP 2.1GM
MAX SLEEP JR LIQ 1MG/ML
MICONAZOLE POW 2%
EQ FAMOTIDIN TAB 10MG
SINUS & CONG TAB 30MG
EQ SLEEP-AID TAB 25MG
FT MELATONIN TAB 10MG
FT IBUPROFEN TAB 200-38MG
FT ASPIRIN CHW 81MG
EQ ALLERGY R SUS 30/5ML
EQ MICONAZ 7 CRE 2%
EQ SINUS/CLD TAB 120-220
FT MICONAZ 3 KIT COMBO PK
EQ LAXATIVE CHW 15MG
EQ ALLERGY SPR 50MCG
EQ STOOL SOF CAP 250MG
EQ ALLERGY TAB 4MG
EQ STOMACH CHW 262MG
HEMORRHOID CRE 5%
EQ MUCUS-D TAB 60-600MG
EQ ALLERGY TAB 5-120MG
FT NIGHTTIME LIQ COLD/FLU
AMINOFEN TAB 325MG
ADDAPRIN TAB 200MG
FT CLOTRIMAZ CRE 1%
FT CLOTRIMAZ CRE 2%
FT ALRGY CHD SOL 1MG/ML
MYGREX TAB 5-500MG
EQ ARTHRITS TAB 650MG

NDC Name
EQ ARTIFICIA SOL TEARS
EQ PAIN RELI SUS 160MG/5
MAXRELIEF JR LIQ 160/5ML
CVS LIDOCAIN CRE PAIN 4%
MUCINEX FAST CAP MAX
EQ ALLERGY CHW 12.5MG
EQ OMEPRAZ TAB 20MG
OYSTER SHELL TAB 1250MG
GUAIFEN/DM SYP 100-10/5
GUAIFEN/DM SYP 20-200MG
EYE ITCH REF DRO 0.035%OP
CVS BIOTIN TAB 5000MCG
QC ANTACID SUS ANTIGAS
CVS C/ROSE TAB 500MG
MUCINEX CONG LIQ COUGH
TRUE LAXATIV POW 3350
DR JH MCLEAN LIQ VOLCANIC
CVS LIDOCAIN PAD 4%
FT DAYTIME LIQ COLD&FLU
CVS LIDOCAIN LIQ 4% PAIN
CVS LIDOCAIN PAD 4% XL
CVS SENNA CAP 8.6MG
GNP D3 CAP 250MCG
GNP LICE KIL SHA 0.33-4%
EQ GAS RELIF CAP 125MG
SV VIT D3 CAP 25MCG
SV VIT D3 CAP 50MCG
GENTLE LAXAT SUS 1200/15
ANTACID & SUS ANTI-GAS
EQ MUCUS D TAB 60-600MG
TRITOLNACIDE CRE 1%
VITAMIN K2 CAP 100MCG
FISH OIL CAP MINIS
SV MAGNESIUM TAB 250MG
SV VITAMIN D CHW 25MCG
CVS WITCH H SOL 86%
CVS ANTACID SUS
CVS FIBER TH TAB 500MG
CVS LICE KIL SHA 0.33-4%
CVS GLYCERIN SUP 2GM
LICE/BEDBUG/ AER MITE .5%
ULTRA LIDO CRE 4%

NDC Name
TRIMAZOLE CRE 1%
TRICYLATE CRE 2%-10%
LIDOTRODE PAD 4%
FT MAGNESIUM TAB 250MG
FT MELATONIN TAB 3MG
ULTRA LIDO PAD 4%
FT CALC CITR TAB VIT D3
FLAVOVIT EAR TAB HEALTH
FT URINARY TAB 95MG
FT URINARY TAB 99.5MG
BLACK-DRAUGH TAB LAX-SENN
ORAJEL SOL 1.5%
FT FIBER CAP 400MG
THERAWORX LIQ 4% NIGHT
FT VIT B-12 SUB 5000MCG
FT VIT B-1 TAB 100MG
FT B-100 TAB COMPLEX
FT VITAMIN C TAB 500MG
FT VITAMIN E CAP 180MG
FT IBUPROFEN DRO 50/1.25
SLEEP GUMMIE CHW 5MG
GNP D3 CAP 50MCG
FT VIT B-12 TAB MCG
FT VIT B-12 SUB 2500MCG
FT FOLIC ACI TAB 400MCG
FT VIT D3 CAP 250MCG
FT ANTISEPTI LIQ MOUTHWSH
FT BABY OIL
FT VIT B-6 TAB 100MG
FT VIT D3 TAB 25MCG
FT VIT D3 CAP 125MCG
FT VIT D3 TAB 250MCG
FT VIT D3 TAB 125MCG
FT VITAMIN C TAB 1000MG
FT VIT B-12 TAB 1000MCG
FT IRON SLOW TAB 45MG
FT VITAMIN C CHW 500MG
FT BIOTIN TAB 10000MCG
FT BIOTIN CAP 5000MCG
FT CO Q-10 CAP 200MG
FT CO Q-10 CAP 100MG
FT NICOTINE DIS 21MG/24H

NDC Name
FLEET LAXATI OIL MINERAL
FLEET STIMUL TAB 5MG
FLEET STOOL CAP 100MG
LACTEOL DIAR PAK KIDS
CAPSAID ES CRE 0.1%
GS DUAL ACT TAB 125-250
FT NICOTINE DIS 7MG/24HR
FT NICOTINE DIS 14MG/24H
GUAIF/DM HYD TAB 1200-60
FLONASE TAB
FT MELATONIN CHW 5MG
FT MELATONIN CHW 2.5MG
GUAIFENESIN LIQ 200/10ML
GUAIFENESIN LIQ 300/15ML
PEVIDERM LOT 1%
GNP SLEEP TAB 25MG
MI-VITE RX TAB
KAOPECTATE TAB 262MG
CALCIUM + D3 TAB 600-10
MELATOL PEDI LIQ 1MG/ML
VITAFUSION CHW FIBER WE
A+D PREVENT OIN
GAS-X MAX ST CAP 250MG
FT CAL/D3 TAB 600-20
FT CAL CITR+ TAB VIT D3
FT FISH OIL CAP 300MG
FIBER CHW GUMMIES
EQ MUCUS REL TAB 30-600MG
FT CALC/MAGN TAB /ZINC+D3
FT MELATONIN TAB 5MG
FT CALCIUM TAB 600MG
FT IRON TAB 325MG
FT CALC CITR TAB +VITA D3
NUTRALOX CHW 420MG
8HR PAIN REL TAB 650MG ER
VANQUISH TAB EXT STR
FT FLAXSEED CAP 1000MG
QC LUBRICANT DRO 0.6%
TINACTIN CRE 1%
AMLACTIN DAY LOT NOURISH
QC FISH OIL CAP 1200MG
QC MELATONIN TAB 10MG

NDC Name
QC B12 SUB 2500MCG
FT B-COMPLEX TAB + VIT C
LIDOZALL CRE 4%
GNP CENTURY TAB ADULT
ATHLETE FOOT SOL 1%
QC EFFERVESC TAB PAIN RLF
ACETAMINOPHN LIQ 1000MG
FT NIACIN CAP 400-100
WELL VITAMIN CAP D3 25MCG
WELL VITAMIN TAB C
WELL VITAMIN CAP D3 50MCG
WELL VITAMIN TAB C 500MG
WELL VIT D3 CAP 125MCG
WELL MAGNESI TAB 400MG
LIDOCAINE PAD 4% PAIN
RECTALIEF CRE 5%
GG/DM LIQ 200-10/5
GNP TUSSIN LIQ 200/10ML
GNP ASPIRIN TAB 81MG
MICONAZOLE KIT COMBO PK
DIMETAPP CHW CGH/ALLE
ASCORBIC ACD LIQ 500/5ML
SUPERIOR CAP OMEGA3
LIDOZALL PLU CRE 4%
LIDOCORE CRE 4%
FIBER CHW DELIGHTS
EQ LIDO/MENT PAD 4-1%
ACETAMINOPHN LIQ 500/15ML
RETAIN CMC SOL 0.5%
MONISTAT 1 OIN 6.5%
TYLENOL PREC CRE 4%
PUREVITA SUP CAP B-COMPLE
MAXTUSSIN DM LIQ 10-100MG
PAXLYTE CAP
BACTOSHIELD SOL CHG 2%
DESENEX CRE 2%
FT PROBIOTIC CHW CHILDREN
E-OIL OIL 45MG
PAIN RELIEVE SUP 120MG
PAIN RELIEVE SUP 650MG
ANTI-FUNGAL SPR 2%
QC ART TEARS DRO 0.5-0.6%

NDC Name
FT MUCUS RLF TAB 120-1200
DUAL ACTION TAB 125-250
GNP K2 CAP 100MCG
PED ELCTRLYT SOL BERRY FR
FT VITAMIN A CAP 3000MCG
FT VIT K2 CAP 100MCG
ALRGY & HIVE TAB 180MG
CVS ANTACID SUS MAX STR
GNP D3 TAB
CALC CIT+D3 TAB 200-6.25
PANOXYL ACNE BAR 10%
GNP BIOTIN TAB 10000MCG
CENT MATURE TAB MEN 50+
FIBER POW 25%
FIBER POW 51.7%
WE CARE ENE ENEMA
QC ANTI-ITCH LOT 1-0.1%
GUAIFENESIN LIQ 100-10/5
GNP MAGNESIU TAB OXIDE
CYSTEX MAX TAB UTI PAIN
RECTAEASE CRE 5%
EARWAX REMOV DRO 6.5% OT
PROLAXA CAP 250MG
FT MOTION CHW 25MG
EQ PAIN PM TAB 25-500MG
LACTOBACILLU TAB PROBIOTI
OMEGA 3 FISH CAP 1000MG
MINERAL OIL OIL LAXATIVE
QC TUSSIN CF LIQ ADULT
FT FISH OIL CAP 1000MG
MAG/ALUM/SIM SUS
FT AMMONIUM LOT 12%
SALZIX WART LIQ 17%
HEMORRHOIDAL CRE PAIN RLF
COUGH RELIEF LIQ 5-100MG
GNP HEMORRHO SUP
SUPERIORSOUR SUB B-12/FA
LIDOGUARD PAD 4%
A+D INCONTIN OIN SUPPORT
FT PHENOLATE LOT CALAMINE
FT CALDYPHEN LOT 1-8%
FT POVID-IOD SOL 10%

NDC Name
B-100 TAB B-COMPLE
GNP MOTION CHW 25MG
FT CALDYPHEN LOT 1-0.1%
ACETAMINOPHN TAB 650MG ER
RE-LIEVED PAD 4-1%
FT 7 DAY VAG CRE 1%
ERGOCALCIFER DRO 10MCG
FLORAMAX TAB
IROFOL LIQ 100/5ML
SYNC REL PRO CRE 4-10-30%
ALTIPRES-B LIQ 10-4-20
ALTIPRES LIQ
ALTITUSS LIQ
PROCTOZONE-B SUP 10MG
APAP/ASA/ TAB CAFFEINE
ASPIRIN ADLT TAB 81MG
B-12 SR TAB 1000MCG
TUSSIN COUGH LIQ 15MG/5ML
LORATADINE-D TAB 5-120 ER
GUAIFED-DM LIQ 20-200MG
GNP MULTI SOL PURPOSE
GNP D3 CAP 125MCG
GNP MELATONI CHW 5MG
VITAMIN D CAP 125MCG
GNP MUCUS DM TAB 30-600MG
LIDOGUARD CRE
GUAIFED LIQ 200/10
GNP PREBIOTI CHW FIBER
GNP MELATONI TAB 12MG
GUAIFENESIN TAB 1200 ER
EQ VEGE LAXA TAB 8.6MG
DAILY ENERGY CAP B COMPLE
NEXALIFE CAP
SLEEP AID TAB ULTRA
ACETAMINOPHN TAB 650MG
DERMACINRX CRE LIDOCAIN
GNP B-12 SUB 5000MCG
HEMORR/FISS CRE 5%
ALLERGY-D 12 TAB 5-120MG
ODOR-X ATHLE AER 1%
SIMETHICONE SUS 20/0.3ML
ONEVITE TAB 500-5MCG

NDC Name
ONEVITE TAB 600-5
CRANRX CAP 500MG
NICOTINE TD DIS STEP 2
ANLIDO 24 PAD 4%
TUSSIN LIQ 100/5ML
MAGNESIUM CAP 125MG
ALUM/MAG/SIM SUS
PROBISTOR CAP
IBU-D/R TEST TAB 2025
PROCTOZONE-G SUP 2GM
CHLORPAP PEH TAB 4-10MG
MAXI-TUSS DM LIQ 2.5-1-5
CHLOR A-HIST LIQ DM
SENNA SYP 17.6/10
SENNA SYP 26.4/15
DONA TAB 750MG
THERAFLU SEV SPR 0.05%
QC IBUPROFEN DRO 50/1.25
QC FAMOTIDIN TAB 20MG
SHEWISE TAB 1.5MG
INSTALAX POW
ZYNALOX PAD 4% TAPE
MAG-AL PLUS SUS
MAG-AL PLUS SUS XS
MUCUS D TAB 60/600
ALLERGY-D 24 TAB 10/240
SOOTHE TAB 262MG
DUAL ACTION TAB 125/250
NEUROCOOL PAD 4/1%
QC ANTACID SUS MAX STR
MUCOLYTE LIQ 100/5ML
MUCOLYTE-DM LIQ 10-100/5
DYNASHIELD CRE
KAOPECTATE SUS 525/15ML
KAOPECTATE CHW 262MG
ALLERGY RELI SPR 50MCG
EAR WAX REM DRO 6.5% OT
PAINQUIL LIQ 1000MG
UREVEX CRE 20%
MONISTAT 7 CRE 2%
DICLOFENAC GEL 1%
GOODSENSE GEL ART PAIN

NDC Name
ARTHR PAIN GEL 1%
QC DICLOFENA GEL 1%
ASPERCRM ART GEL 1% PAIN
KLS DICLOFEN GEL 1%
MOTRIN ARTHR GEL PAIN 1%
EQ ARTHRITIS GEL 1%
GNP DICLOFEN GEL 1%
KLS ARTHRITI GEL 1%
FT ARTHRITIS GEL 1%
ALEVE ARTHRI GEL PAIN 1%

Senior Whole Health SCO (HMO D-SNP) and Senior Whole Health SCO NHC (HMO D-SNP)

This formulary was updated on 04/01/2026.

For more recent information or other questions, contact us at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.