



Medicaid List of Covered Drugs (Formulary)

HealthPartners
HealthPartners® Families and Children*
HealthPartners® MinnesotaCare
HealthPartners® Inspire (SNBC)
HealthPartners® Minnesota Senior Care Plus (MSC+)

HealthPartners® Families and Children/MinnesotaCare counties: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Stearns, Washington, Wright

HealthPartners® SNBC/MSC+ counties: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Washington, Wright

HealthPartners
8170 33rd Ave. S.
P.O. Box 1309
Bloomington, MN 55425
healthpartners.com/spp

Member Services: 952-967-7998 or 1-866-885-8880 (TTY 711) Monday – Friday, 8 a.m. to 6 p.m. CT (year-round)

The information included in this list of covered drugs was correct as of 4/2024. To get the most current information, visit healthpartners.com/mhcpdruglist. If you have questions, contact Member Services at the number listed on this page. You can ask for a printed copy of this Medicaid List of Covered Drugs at any time.

DHS Accepted Date 11/16/2023

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. Members must use HealthPartners network pharmacies to receive prescription drug benefits.

This list is subject to change and is not all-inclusive. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. Note to existing members: This list of covered drugs has changed since last year and may change throughout the year. Please review this document to make sure the drugs you take are still on the list. Please contact Member Services at the number listed on this page with questions. You can also find updates to this list at healthpartners.com/mhcpdruglist.

If you have Medicare, you need to get most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan to get prescription drug benefits.

**This is also known as the Prepaid Medical Assistance Program (PMAP)*

HPCare_003944

23-2533356 DHS Accepted Date 11/16/2023

Updated 4/2024

1-866-885-8880 (TTY:711)

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶክመንት የሚተረጎምሎ አስተርጓሚ ክፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုၣ်ဟ်သးဘၣ်တက့ၢ်. ဝဲန့ၣ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လိၣ် တီလိၣ်စီတခါအံၤန့ၣ်,ကိးဘၣ်လီၤတံၢ်နီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣຄຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປຣໂປຣໂຟຣມາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.



Civil Rights Notice

Discrimination is against the law. HealthPartners does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by HealthPartners. You may file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator, MS 21103K
 Office of Integrity and Compliance
 HealthPartners
 P.O. Box 1309
 Minneapolis, MN 55440-1309

1-844-363-8732 (toll free)
 711 (TTY)
 952-883-5522 (fax)
 integrityandcompliance@healthpartners.com (email)

Auxiliary Aids and Services

HealthPartners provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** 1-866-885-8880.

Language Assistance Services

HealthPartners provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** 1-866-885-8880.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by HealthPartners. You may also contact any of the following agencies directly to file a discrimination complaint:

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights
 U.S. Department of Health and Human Services
 Midwest Region
 233 N. Michigan Avenue, Suite 240
 Chicago, IL 60601

Customer Response Center:
 800-368-1019 (toll free)
 800-537-7697 (TTY)
 ocrmail@hhs.gov (email)

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Fairview Avenue North
Suite 201
St. Paul, MN 55104

651-539-1100 (voice) 540
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- religion (in some cases)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services Equal
Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

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IMPORTANT INFORMATION

What is a list of covered drugs?

A list of covered drugs includes the prescription drugs covered by HealthPartners. The drugs on the list are selected by HealthPartners with the help of a team of doctors and pharmacists. HealthPartners will generally cover the drugs listed in the list of covered drugs as long as the drug is medically necessary, the prescription is filled at a HealthPartners network pharmacy, and other requirements related to the drug are followed.

Most drugs and certain supplies are available up to a 30-day supply. Certain drugs you take on a regular basis for a chronic or long-term condition are available up to a 90-day supply and are listed on the DHS 90-day Supply Prescription Drug List at https://mn.gov/dhs/assets/90-day-supply-list_tcm1053-490928.pdf.

Does the list of covered drugs ever change?

The HealthPartners list of covered drugs can change during the course of a calendar year. If changes affect the coverage of a drug you are taking, HealthPartners will make reasonable efforts to contact you and your prescriber to tell you about the change. HealthPartners will also tell you about alternative drugs that are covered.

Examples of some changes that may occur are:

- A drug you are taking is no longer preferred. (Refer to “What is a Preferred Drug List?”)
- A drug is removed from the list of covered drugs for safety reasons.
- Prior authorization requirements have changed. (Refer to “Are there any restrictions on my coverage?”)

How are drugs listed in the list of covered drugs?

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by drug type.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it in the back of this book. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs, generic drugs, and over-the-counter (OTC) drugs are listed in the index.

To search **by drug type**, find the list of covered drugs starting on page 7. The drugs in this section are grouped into categories by type. A category starts with a title in a gray row. Drugs are listed below the category. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category title in gray. That is where you will find drugs that treat migraines.

What is a Preferred Drug List?

In Minnesota, all health plans are required to use the Minnesota Department of Human Services’ (DHS) Preferred Drug List (PDL). The PDL is created by DHS, in consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are cost effective. Generally, drugs that are “preferred” are more cost effective and drugs that are “non-preferred” are less cost effective. Preferred drugs are available to members with fewer restrictions. Non-preferred drugs require a prior authorization. To get a non-preferred drug, your doctor or health care provider must get prior authorization. The PDL is included as part of HealthPartners’ list of covered drugs. HealthPartners’ complete list of covered drugs includes other drugs in

addition to those on the PDL. The PDL is available on DHS's website at <http://minnesota.magellanmedicaid.com/pdl.asp>.

What are generic or biosimilar drugs?

A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredients as the brand name drug. It produces the same clinical effect as the brand name drug.

A biosimilar drug is an FDA-approved biologic drug (most often an injectable prescription drug) that is highly similar to an already-approved biological product. It has no clinically meaningful differences in terms of safety and effectiveness. Biosimilar drugs are not the same as generic drugs, but like generics, biosimilar drugs may offer more affordable treatment options.

Generic or biosimilar substitution means a generic version or biosimilar version of a drug is given instead of the brand name or non-biosimilar version of the drug.

HealthPartners will cover the brand name or non-biosimilar version of the drug only when:

1. Your prescriber informs HealthPartners in writing that the brand name or non-biosimilar version of the drug is medically necessary; OR
2. HealthPartners may prefer the dispensing of certain brand name versions over the generic or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota law requires the dispensing of the brand name or non-biosimilar version of the drug.

Within the list of covered drugs, brand name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *atorvastatin*).

What are over-the-counter drugs?

Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, HealthPartners may cover it. Within the list of covered drugs, OTC drugs and products are marked with an OTC symbol.

What are specialty drugs?

Specialty drugs are used by people with complex or chronic diseases. These drugs often require special handling, dispensing, or monitoring by a specially trained pharmacist.

If you are prescribed a drug that is on the HealthPartners Specialty Drug List, your prescriber will need to send the prescription to one of HealthPartners' specialty pharmacies listed here.

Name of Specialty Pharmacy: **Cystic Fibrosis & Hemophilia Medications**

Fairview Specialty Pharmacy

Phone: 612-672-5260 Toll-free: 1-800-595-7140 TTY: 711

Fax: 1-866-347-4939

Hours of Operation: Mon-Fri: 8 a.m. – 7 p.m. (CST) ***call center only**

Sat: 8 a.m. – 4 p.m. (CST) ***call center only**

Sun: Closed

On-site prescription pick-up

Mon-Fri: 8 a.m. - 4 p.m. (CST)

Sat: Closed

Sun: Closed

<https://specialtypharmacy.fairview.org/>

Name of Specialty Pharmacy: **Hemophilia Medications**

Fairview Pharmacy – Center for Bleeding and Clotting Disorders

Phone: 612-273-5006 Toll-free: 1-833-310-1499 TTY: 711

Fax: 612-273-5010

Hours of Operation: Mon-Fri: 8:30 a.m. – 4:30 p.m. (CST)

Sat: Closed

Sun: Closed

Name of Specialty Pharmacy: **Cystic Fibrosis & Hemophilia Medications**

Children’s Home Care Pharmacy

Phone: 612-813-7206 Toll-free: 1-866-656-1020 TTY: 711

Fax: 612-813-7207

Hours of Operation: Mon-Fri: 8 a.m. – 4:30 p.m. (CST)

Sat: Closed

Sun: Closed

Name of Specialty Pharmacy: **Pulmonary Arterial Hypertension (PAH)**

Accredo Specialty Pharmacy

Phone: 1-866-344-4874 TTY: 711

Fax: 1-888-302-1028

Hours of Operation: Mon-Fri: 7 a.m. – 10 p.m. (CST)

Sat: 7 a.m. – 4:30 p.m. (CST)

Sun: Closed

<https://www.accredo.com>

All other specialty medications

Name of Specialty Pharmacy: **CVS Caremark Specialty Pharmacy**

Phone: 1-800-368-1624 TTY: 711

Fax: 1-800-441-5809

Hours of Operation: Mon-Fri: 9 a.m. – 9 p.m. CST

Sat: 10 a.m. – 2 p.m. CST

Sun: Closed

<https://www.cvsspecialty.com/wps/portal/specialty>

You will also need to call the specialty pharmacy where your prescription is sent to set up an account. You will need to have your HealthPartners member identification card when you call the specialty pharmacy.

What if a drug is not on the list of covered drugs?

Not all drugs are covered. If a drug you want to take is not listed in the list of covered drugs, you can call Member Services at **952-967-7998** or **1-866-885-8880**, TTY **711**, and ask if the drug is covered. If not, it is considered a “non-formulary” drug. If you need a drug that is not included in the list of covered drugs, you can ask HealthPartners to make an exception to cover it. You can also ask us to change the rules on your drug. For example, HealthPartners may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more. You can also ask us to drop step therapy restrictions or prior authorization requirements.

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. Once a complete request is submitted by your provider, we will give you a decision on your exception request within 24 hours.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include the following:

- **Prior authorization:** HealthPartners requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from HealthPartners before you fill your prescription. If you don't get approval, HealthPartners may not cover the drug.
- **Quantity limits:** For certain drugs, HealthPartners limits the amount of the drug that we will cover.
- **Age requirements:** Some drugs have age requirements. A prior authorization may be needed depending on your age and the specific drug prescribed.

You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking in this list of covered drugs. An exception to a drug restriction or limit can be made if your doctor submits a statement or documentation supporting the request. Refer to *Prescription Drugs* in Section 7: Covered Services of your Member Handbook for more information. You can also get more information about the restrictions applied to specific covered drugs by calling Member Services at **952-967-7998** or **1-866-885-8880**, TTY **711**, or by visiting our website at healthpartners.com/mhcpdruglist. Also refer to “Can I ask for an exception to the coverage restrictions?”

● **Excluded drugs:** Some drugs are excluded from the list of covered drugs. This means they are not covered.

Excluded drugs include the following:

- Drugs used to treat sexual or erectile dysfunction
- Drugs used to enhance fertility
- Drugs used for cosmetic purposes, including drugs to treat hair loss
- Drugs excluded from coverage by federal or state law
- Experimental drugs, investigational drugs, or drugs not approved or authorized by the Food and Drug Administration (FDA)
- Medical cannabis

Can I ask for an exception to the coverage restrictions?

Yes. You or your health care provider can get the Pharmacy Administration – Prior Authorization/Exception Form from <https://www.healthpartners.com/hp/pharmacy/forms/index.html> or by calling Member Services at **952-967-7998** or **1-866-885-8880**, TTY **711**. Your provider must return this form to the fax number or address listed on the document. To allow for a thorough review and to ensure that you or your health care provider gets a response within 24 hours, all information requested in the form should be provided, including documentation of which medications have been tried and failed, including the dosages used, and the reason for failure (e.g., side effects).

What will a prescription cost?

As of January 1, 2024, Medical Assistance covered drugs no longer have copays. You do not have cost sharing for drugs covered under Medical Assistance. MinnesotaCare members do have copays. All copay information for prescriptions is listed in the Member Handbook in Section 6: Cost-Sharing. If you have additional questions, call Member Services at **952-967-7998** or **1-866-885-8880**, TTY **711**, or visit our website at [healthpartners.com/mhcpdruglist](https://www.healthpartners.com/mhcpdruglist).

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>phenoxybenzamine hcl</i>	C	PA
<i>TRUDHESA</i>	NP	QL 4 ml / 28 day(s) PA
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin hcl er</i>	P	
<i>FLOMAX</i>	NP	PA
<i>RAPAFLO</i>	NP	PA
<i>silodosin</i>	NP	PA
<i>tamsulosin hcl</i>	P	
ANALGESICS AND ANTIPYRETICS		
ANALGESICS AND ANTIPYRETICS, MISC.		
<i>8HR ARTHRITIS PAIN</i>	OTC	C
<i>acetaminophen 120 mg suppos</i>	OTC	C
<i>acetaminophen 160 mg/5 ml cup</i>	OTC	C
<i>acetaminophen 160 mg/5 ml liq</i>	OTC	C
<i>acetaminophen 160 mg/5 ml sol</i>	OTC	C
<i>acetaminophen 160 mg/5 ml soln</i>	OTC	C
<i>acetaminophen 160 mg/5 ml susp</i>	OTC	C
<i>acetaminophen 325 mg gelcap</i>	OTC	C
<i>acetaminophen 325 mg tablet</i>	OTC	C
<i>acetaminophen 500 mg caplet</i>	OTC	C
<i>acetaminophen 500 mg gelcap</i>	OTC	C
<i>acetaminophen 500 mg tablet</i>	OTC	C

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>acetaminophen 650 mg suppos</i>	OTC	C	
<i>acetaminophen er 650 mg caplet</i>	OTC	C	
<i>acetaminophen er 650 mg tablet</i>	OTC	C	
<i>ARTHRITIS PAIN ER 650 MG CAPLT</i>	OTC	C	
<i>butalb-acetamin-caff 50-325-40</i>		C	QL 6 TABS / 1 DAY
<i>butalbital-acetaminophn 50-325</i>		C	QL 6 TABS / 1 DAY
<i>child pain rlf 160 mg/5 ml elx</i>	OTC	C	
<i>child pain-fever 160 mg/5 ml</i>	OTC	C	
<i>chld acetaminophen 160 mg/5 ml</i>	OTC	C	
<i>eq arthritis pain er 650 mg</i>	OTC	C	
<i>eq chld acetaminophen 160 mg/5</i>	OTC	C	
<i>FEVERALL</i>	OTC	C	
<i>FT 8 HOUR PAIN RLF ER 650 MG</i>	OTC	C	
<i>FT ARTHRITIS PAIN ER 650 MG TB</i>	OTC	C	
<i>ft child pain-fever 160 mg/5ml</i>	OTC	C	
<i>ft infant pain-fever 160 mg/5</i>	OTC	C	
<i>ft pain relief 500 mg caplet</i>	OTC	C	
<i>ft pain relief 500 mg gelcap</i>	OTC	C	
<i>ft pain relief 500 mg tablet</i>	OTC	C	
<i>GNP 8 HOUR PAIN RELIEF 650 MG</i>	OTC	C	
<i>gnp acetaminophen 500 mg tab</i>	OTC	C	
<i>gnp infant pain-fever 160 mg/5</i>	OTC	C	
<i>gnp pain relief 500 mg caplet</i>	OTC	C	
<i>gnp pain relief 500 mg gelcap</i>	OTC	C	
<i>GRALISE ER 300 MG TABLET</i>		NP	QL 1 TAB / 1 DAY PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>GRALISE ER 450 MG TABLET</i>		NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1 TAB / 1 DAY </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>GRALISE ER 600 MG TABLET</i>		NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1 TAB / 1 day(s) </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>GRALISE ER 750 MG TABLET</i>		NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1 TAB / 1 day(s) </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>GRALISE ER 900 MG TABLET</i>		NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 2 TABS / 1 DAY </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>GS ARTHRITIS PAIN ER 650 MG</i>	OTC	C	
<i>gs infant pain-fever 160 mg/5</i>	OTC	C	
<i>hm pain relief 325 mg tablet</i>	OTC	C	
<i>hm pain relief 500 mg gelcap</i>	OTC	C	
<i>hm pain relief 500 mg tablet</i>	OTC	C	
<i>infant pain-fever 160 mg/5 ml</i>	OTC	C	
<i>kindermed infants pain-fever</i>	OTC	C	
<i>kindermed kids pain-fever</i>	OTC	C	
<i>LYRICA CR 165 MG TABLET</i>		NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1 TAB / 1 DAY </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>LYRICA CR 330 MG TABLET</i>		NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 2 TABS / 1 DAY </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>LYRICA CR 82.5 MG TABLET</i>		NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1 TAB / 1 DAY </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>m-pap</i>	OTC	C	
<i>mapap</i>	OTC	C	
<i>maxrelief junior</i>	OTC	C	
<i>pain relief 325 mg tablet</i>	OTC	C	
<i>pain reliever</i>	OTC	C	
<i>pregabalin er 165 mg tablet</i>		NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1 TAB / 1 DAY </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>pregabalin er 330 mg tablet</i>		NP	QL 2 TABS / 1 DAY PA
<i>pregabalin er 82.5 mg tablet</i>		NP	QL 1 TAB / 1 DAY PA
<i>PUB ARTHRITIS PAIN ER 650 MG</i>	OTC	C	
<i>qc infant pain-fever 160 mg/5</i>	OTC	C	
<i>silapap</i>	OTC	C	
<i>SM ARTHRITIS PAIN ER 650 MG TB</i>	OTC	C	
<i>TENCON</i>		C	QL 6 TABS / 1 DAY
<i>ZEBUTAL</i>		C	QL 6 CAPS / 1 DAY
OPIATE AGONISTS			
<i>acetamin-codein 300-30 mg/12.5</i>		C	AQ1 At least 12 yrs old; 60 / 1 DAY OP
<i>acetaminop-codeine 120-12 mg/5</i>		C	QL 40 ML / 1 DAY AQ1 At least 12 yrs old; 60 / 1 DAY OP
<i>acetaminophen-cod #2 tablet</i>		C	AQ1 At least 12 yrs old; 8 / 1 DAY OP
<i>acetaminophen-cod #3 tablet</i>		C	AQ1 At least 12 yrs old; 8 / 1 DAY OP
<i>acetaminophen-cod #4 tablet</i>		C	AQ1 At least 12 yrs old; 8 / 1 DAY OP
<i>asa-butalb-caffeine-codeine</i>		C	QL 6 CAPS / 1 DAY AL1 At least 12 yrs old OP
<i>ASCOMP WITH CODEINE</i>		C	QL 6 CAPS / 1 DAY AL1 At least 12 yrs old OP

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>butalb-acetamin-caf-cod 50-325</i>	C	AQ1 At least 12 yrs old; 6 / 1 DAY OP
<i>butalbital compound-codeine</i>	C	AQ1 At least 12 yrs old; 6 / 1 DAY OP
<i>codeine sulfate</i>	C	AQ1 At least 12 yrs old; 8 / 1 DAY OP
<i>ENDOCET 5-325 MG TABLET</i>	C	QL 8 TABS / 1 DAY OP
<i>ENDOCET 7.5-325 MG TABLET</i>	C	QL 7 TABS / 1 DAY OP
<i>fentanyl 100 mcg/hr patch</i>	NP	QL 10 PATCHES / 30 DAYS PA
<i>fentanyl 12 mcg/hr patch</i>	NP	QL 10 PATCHES / 30 DAYS PA
<i>fentanyl 25 mcg/hr patch</i>	P	QL 10 PATCHES / 30 DAYS PA
<i>fentanyl 37.5 mcg/hr patch</i>	NP	QL 10 PATCHES / 30 DAYS PA
<i>fentanyl 50 mcg/hr patch</i>	P	QL 10 PATCHES / 30 DAYS PA
<i>fentanyl 62.5 mcg/hr patch</i>	NP	QL 10 PATCHES / 30 DAYS PA
<i>fentanyl 75 mcg/hr patch</i>	NP	QL 10 PATCHES / 30 DAYS PA
<i>fentanyl 87.5 mcg/hr patch</i>	NP	QL 10 PATCHES / 30 DAYS PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>hydrocodone er 10 mg capsule</i>	NP	QL 4 CAPS / 1 DAY PA OP
<i>hydrocodone er 100 mg tablet</i>	NP	PA
<i>hydrocodone er 120 mg tablet</i>	NP	PA
<i>hydrocodone er 15 mg capsule</i>	NP	QL 4 CAPS / 1 DAY PA OP
<i>hydrocodone er 20 mg capsule</i>	NP	QL 4 CAPS / 1 DAY PA OP
<i>hydrocodone er 20 mg tablet</i>	NP	QL 4 TABS / 1 DAY PA
<i>hydrocodone er 30 mg capsule</i>	NP	QL 2 CAPS / 1 DAY PA OP
<i>hydrocodone er 30 mg tablet</i>	NP	QL 2 TABS / 1 DAY PA
<i>hydrocodone er 40 mg capsule</i>	NP	QL 2 CAPS / 1 DAY PA OP
<i>hydrocodone er 40 mg tablet</i>	NP	QL 2 TABS / 1 DAY PA
<i>hydrocodone er 50 mg capsule</i>	NP	QL 1 CAP / 1 DAY PA OP
<i>hydrocodone er 60 mg tablet</i>	NP	QL 1 TAB / 1 DAY PA
<i>hydrocodone er 80 mg tablet</i>	NP	QL 1 TAB / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>hydrocodone-acetamin 10-325 mg</i>	C	QL 8 TABS / 1 DAY OP
<i>hydrocodone-acetamin 2.5-108/5</i>	C	QL 120 ML / 1 DAY OP
<i>hydrocodone-acetamin 5-217/10</i>	C	QL 120 ML / 1 DAY OP
<i>hydrocodone-acetamin 5-325 mg</i>	C	QL 8 TABS / 1 DAY OP
<i>hydrocodone-acetamin 7.5-325</i>	C	QL 8 TABS / 1 DAY OP
<i>hydrocodone-acetamin 7.5-325/15</i>	C	QL 120 ML / 1 DAY OP
<i>hydrocodone-ibuprofen 7.5-200</i>	C	QL 8 TABS / 1 DAY OP
<i>hydromorphone 1 mg/ml solution</i>	C	QL 20 ML / 1 DAY OP
<i>hydromorphone 2 mg tablet</i>	C	QL 8 TABS / 1 DAY OP
<i>hydromorphone 3 mg suppos</i>	C	QL 4 SUPP / 1 DAY OP
<i>hydromorphone 4 mg tablet</i>	C	QL 5 TABS / 1 DAY OP
<i>hydromorphone 5 mg/5 ml soln</i>	C	QL 20 ML / 1 DAY OP
<i>hydromorphone 8 mg tablet</i>	C	QL 2 TABS / 1 DAY OP
<i>hydromorphone hcl er 12 mg tab</i>	NP	QL 1 TAB / 1 DAY PA
<i>hydromorphone hcl er 16 mg tab</i>	NP	QL 2 TABS / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>hydromorphone hcl er 32 mg tab</i>	NP	QL 1 TAB / 1 DAY PA
<i>hydromorphone hcl er 8 mg tab</i>	NP	QL 4 TABS / 1 DAY PA
<i>HYSINGLA ER 100 MG TABLET</i>	NP	PA
<i>HYSINGLA ER 120 MG TABLET</i>	NP	PA
<i>HYSINGLA ER 20 MG TABLET</i>	NP	QL 4 TABS / 1 DAY PA
<i>HYSINGLA ER 30 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>HYSINGLA ER 40 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>HYSINGLA ER 60 MG TABLET</i>	NP	QL 1 TAB / 1 DAY PA
<i>HYSINGLA ER 80 MG TABLET</i>	NP	QL 1 TAB / 1 DAY PA
<i>methadone 10 mg/5 ml solution</i>	C	QL 10 ML / 1 DAY
<i>methadone 10 mg/ml oral conc</i>	C	QL 2 ML / 1 DAY
<i>methadone 5 mg/5 ml solution</i>	C	QL 20 ML / 1 DAY
<i>methadone hcl 10 mg tablet</i>	NP	QL 2 TABS / 1 DAY PA
<i>methadone hcl 5 mg tablet</i>	NP	QL 4 TABS / 1 DAY PA
<i>METHADONE INTENSOL</i>	C	QL 2 ML / 1 DAY
<i>METHADOSE 40 MG TABLET DISPR</i>	C	QL 1 TAB / 1 DAY PA
<i>morphine sulf 10 mg suppos</i>	C	QL 6 SUPP / 1 DAY OP
<i>morphine sulf 10 mg/5 ml cup</i>	C	QL 30 ML / 1 DAY OP

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>morphine sulf 10 mg/5 ml soln</i>	C	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 30 ML / 1 DAY </div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">OP</div>
<i>morphine sulf 100 mg/5 ml conc</i>	C	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 4 ML / 1 DAY </div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">OP</div>
<i>morphine sulf 20 mg suppos</i>	C	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 6 SUPP / 1 DAY </div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">OP</div>
<i>morphine sulf 20 mg/5 ml soln</i>	C	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 20 ML / 1 DAY </div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">OP</div>
<i>morphine sulf 30 mg suppos</i>	C	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 6 SUPP / 1 DAY </div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">OP</div>
<i>morphine sulf 5 mg suppos</i>	C	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 6 SUPP / 1 DAY </div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">OP</div>
<i>morphine sulf er 100 mg tablet</i>	P	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1 TAB / 1 DAY </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">PA</div>
<i>morphine sulf er 15 mg tablet</i>	P	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 4 TABS / 1 DAY </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">PA</div>
<i>morphine sulf er 200 mg tablet</i>	P	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1 TAB / 1 DAY </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">PA</div>
<i>morphine sulf er 30 mg tablet</i>	P	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 2 TABS / 1 DAY </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">PA</div>
<i>morphine sulf er 60 mg tablet</i>	P	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1 TAB / 1 DAY </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">PA</div>
<i>morphine sulfate er 10 mg cap</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 4 CAPS / 1 DAY </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">PA</div>
<i>morphine sulfate er 100 mg cap</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1 CAP / 1 DAY </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">PA</div>
<i>morphine sulfate er 120 mg cap</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1 CAP / 1 DAY </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">PA</div>
<i>morphine sulfate er 20 mg cap</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 4 CAPS / 1 DAY </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; display: inline-block;">PA</div>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>morphine sulfate er 30 mg cap</i>	NP	QL 2 CAPS / 1 DAY PA
<i>morphine sulfate er 45 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>morphine sulfate er 50 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>morphine sulfate er 60 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>morphine sulfate er 75 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>morphine sulfate er 80 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>morphine sulfate er 90 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>morphine sulfate ir 15 mg tab</i>	C	QL 5 TABS / 1 DAY OP
MORPHINE SULFATE IR 15 MG TAB (BRAND)	C	QL 5 TABS / 1 DAY OP
<i>morphine sulfate ir 30 mg tab</i>	C	QL 2 TABS / 1 DAY OP
MORPHINE SULFATE IR 30 MG TAB (BRAND)	C	QL 2 TABS / 1 DAY OP
MS CONTIN ER 100 MG TABLET	NP	QL 1 TAB / 1 DAY PA
MS CONTIN ER 15 MG TABLET	NP	QL 4 TABS / 1 DAY PA
MS CONTIN ER 200 MG TABLET	NP	QL 1 TAB / 1 DAY PA
MS CONTIN ER 30 MG TABLET	NP	QL 2 TABS / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>MS CONTIN ER 60 MG TABLET</i>	NP	QL 1 TAB / 1 DAY PA
<i>NUCYNTA ER 100 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>NUCYNTA ER 150 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>NUCYNTA ER 200 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>NUCYNTA ER 250 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>NUCYNTA ER 50 MG TABLET</i>	NP	QL 4 TABS / 1 DAY PA
<i>oxycodone hcl (ir) 10 mg tab</i>	C	QL 5 TABS / 1 DAY OP
<i>oxycodone hcl (ir) 15 mg tab</i>	C	QL 3 TABS / 1 DAY OP
<i>oxycodone hcl (ir) 20 mg tab</i>	C	QL 2 TABS / 1 DAY OP
<i>oxycodone hcl (ir) 30 mg tab</i>	C	QL 2 TABS / 1 DAY PA OP
<i>oxycodone hcl (ir) 5 mg cap</i>	C	QL 8 CAPS / 1 DAY OP
<i>oxycodone hcl (ir) 5 mg tablet</i>	C	QL 8 TABS / 1 DAY OP
<i>oxycodone hcl 100 mg/5 ml conc</i>	C	QL 2 ML / 1 DAY OP
<i>oxycodone hcl 5 mg/5 ml cup</i>	C	QL 40 ML / 1 DAY OP
<i>oxycodone hcl 5 mg/5 ml soln</i>	C	QL 40 ML / 1 DAY OP

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>oxycodone hcl er 10 mg tablet</i>	NP	QL 4 TABS / 1 DAY PA
<i>oxycodone hcl er 20 mg tablet</i>	NP	QL 2 TABS / 1 DAY PA
<i>oxycodone hcl er 40 mg tablet</i>	NP	QL 2 TABS / 1 DAY PA
<i>oxycodone hcl er 80 mg tablet</i>	NP	QL 2 TABS / 1 DAY PA
<i>oxycodone-acetaminophen 10-325</i>	C	QL 5 TABS / 1 DAY OP
<i>oxycodone-acetaminophen 5-325</i>	C	QL 8 TABS / 1 DAY OP
<i>oxycodone-acetaminophn 7.5-325</i>	C	QL 7 TABS / 1 DAY OP
<i>OXYCONTIN ER 10 MG TABLET</i>	NP	QL 4 TABS / 1 DAY PA
<i>OXYCONTIN ER 15 MG TABLET</i>	NP	QL 4 TABS / 1 day(s) PA
<i>OXYCONTIN ER 20 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>OXYCONTIN ER 30 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>OXYCONTIN ER 40 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>OXYCONTIN ER 60 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>OXYCONTIN ER 80 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>oxymorphone hcl er 10 mg tab</i>	NP	QL 2 TABS / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>oxymorphone hcl er 15 mg tab</i>	NP	QL 2 TABS / 1 DAY PA
<i>oxymorphone hcl er 20 mg tab</i>	NP	QL 2 TABS / 1 DAY PA
<i>oxymorphone hcl er 30 mg tab</i>	NP	QL 2 TABS / 1 DAY PA
<i>oxymorphone hcl er 40 mg tab</i>	NP	QL 2 TABS / 1 DAY PA
<i>oxymorphone hcl er 5 mg tablet</i>	NP	QL 4 TABS / 1 DAY PA
<i>oxymorphone hcl er 7.5 mg tab</i>	NP	QL 3 TABS / 1 DAY PA
<i>tramadol hcl 50 mg tablet</i>	C	QL 8 TABS / 1 DAY AL1 At least 12 yrs old OP
<i>tramadol hcl-acetaminophen</i>	C	QL 8 TABS / 1 DAY AL1 At least 12 yrs old OP
XTAMPZA ER	NP	QL 2 CAPS / 1 DAY PA
OPIATE PARTIAL AGONISTS		
<i>BELBUCA 150 MCG FILM</i>	P	QL 4 FILMS / 1 DAY PA
<i>BELBUCA 300 MCG FILM</i>	P	QL 4 FILMS / 1 DAY PA
<i>BELBUCA 450 MCG FILM</i>	P	QL 4 FILMS / 1 DAY PA
<i>BELBUCA 600 MCG FILM</i>	P	QL 3 FILMS / 1 DAY PA
<i>BELBUCA 75 MCG FILM</i>	P	QL 4 FILMS / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>BELBUCA 750 MCG FILM</i>	P	QL 2 FILMS / 1 DAY PA
<i>BELBUCA 900 MCG FILM</i>	P	QL 2 FILMS / 1 DAY PA
<i>BRIXADI</i>	NP	PA MED Medical Drug
<i>buprenorphine</i>	NP	QL 4 PATCHES / 28 DAYS PA
<i>buprenorphine 2 mg tablet sl</i>	NP	QL 12 TABS / 1 DAY PA
<i>buprenorphine 8 mg tablet sl</i>	NP	QL 3 TABS / 1 DAY PA
<i>buprenorphine-nalox 12-3mg film</i>	NP	QL 2 FILMS / 1 DAY PA
<i>buprenorphine-nalox 2-0.5mg fm</i>	NP	QL 3 FILMS / 1 DAY PA
<i>buprenorphine-nalox 2-0.5mg tb</i>	P	QL 3 TABS / 1 DAY
<i>buprenorphine-nalox 4-1mg film</i>	NP	QL 3 FILMS / 1 DAY PA
<i>buprenorphine-nalox 8-2 mg tab</i>	P	QL 3 TABS / 1 DAY
<i>buprenorphine-nalox 8-2mg film</i>	NP	QL 3 FILMS / 1 DAY PA
<i>SUBLOCADE</i>	NP	PA MED Medical Drug
<i>SUBOXONE 12 MG-3 MG SL FILM</i>	P	QL 2 FILMS / 1 DAY
<i>SUBOXONE 2 MG-0.5 MG SL FILM</i>	P	QL 3 FILMS / 1 DAY
<i>SUBOXONE 4 MG-1 MG SL FILM</i>	P	QL 3 FILMS / 1 DAY
<i>SUBOXONE 8 MG-2 MG SL FILM</i>	P	QL 3 FILMS / 1 DAY

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ZUBSOLV 0.7-0.18 MG TABLET SL	NP	QL 12 TABS / 1 DAY PA
ZUBSOLV 1.4-0.36 MG TABLET SL	NP	QL 12 TABS / 1 DAY PA
ZUBSOLV 11.4-2.9 MG TABLET SL	NP	QL 1 TAB / 1 DAY PA
ZUBSOLV 2.9-0.71 MG TABLET SL	NP	QL 4 TABS / 1 DAY PA
ZUBSOLV 5.7-1.4 MG TABLET SL	NP	QL 3 TABS / 1 DAY PA
ZUBSOLV 8.6-2.1 MG TABLET SL	NP	QL 2 TABS / 1 DAY PA
ANOREXIGENIC AGENTS		
AMPHETAMINE DERIVATIVES		
LOMAIRA	C	QL 3 TABS / 1 day(s)
phentermine 15 mg capsule	C	QL 2 CAPS / 1 day(s)
phentermine 30 mg capsule	C	QL 1 CAP / 1 day(s)
phentermine 37.5 mg capsule	C	QL 1 CAP / 1 day(s)
phentermine 37.5 mg tablet	C	QL 1 TAB / 1 day(s)
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS		
AMPHETAMINES		
ADDERALL XR 10 MG CAPSULE	P	QL 4 CAPS / 1 day(s)
ADDERALL XR 15 MG CAPSULE	P	QL 4 CAPS / 1 day(s)
ADDERALL XR 20 MG CAPSULE	P	QL 3 CAPS / 1 day(s)
ADDERALL XR 25 MG CAPSULE	P	QL 2 CAPS / 1 DAY
ADDERALL XR 30 MG CAPSULE	P	QL 2 CAPS / 1 DAY
ADDERALL XR 5 MG CAPSULE	P	QL 4 CAPS / 1 day(s)
ADZENYS XR-ODT 12.5 MG TABLET	NP	QL 1 TAB / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ADZENYS XR-ODT 15.7 MG TABLET	NP	QL 1 TAB / 1 DAY PA
ADZENYS XR-ODT 18.8 MG TABLET	NP	QL 1 TAB / 1 DAY PA
ADZENYS XR-ODT 3.1 MG TABLET	NP	QL 2 TABS / 1 DAY PA
ADZENYS XR-ODT 6.3 MG TABLET	NP	QL 2 TABS / 1 DAY PA
ADZENYS XR-ODT 9.4 MG TABLET	NP	QL 2 TABS / 1 DAY PA
amphetamine	NP	QL 15 ML / 1 DAY PA
amphetamine sulfate 10 mg tab	NP	QL 6 TABS / 1 DAY PA
amphetamine sulfate 5 mg tab	NP	QL 4 TABS / 1 DAY PA
dextroamp-amphet er 10 mg cap	P	QL 4 CAPS / 1 day(s)
dextroamp-amphet er 15 mg cap	P	QL 4 CAPS / 1 day(s)
dextroamp-amphet er 20 mg cap	P	QL 3 CAPS / 1 day(s)
dextroamp-amphet er 25 mg cap	P	QL 2 CAPS / 1 DAY
dextroamp-amphet er 30 mg cap	P	QL 2 CAPS / 1 DAY
dextroamp-amphet er 5 mg cap	P	QL 4 CAPS / 1 day(s)
dextroamp-amphetam 12.5 mg tab	P	QL 3 TABS / 1 DAY
dextroamp-amphetam 7.5 mg tab	P	QL 3 TABS / 1 DAY
dextroamp-amphetamin 10 mg tab	P	QL 3 TABS / 1 DAY
dextroamp-amphetamin 15 mg tab (generic adderall)	P	QL 3 TABS / 1 DAY
dextroamp-amphetamin 20 mg tab (generic adderall)	P	QL 3 TABS / 1 DAY
dextroamp-amphetamin 30 mg tab	P	QL 2 TABS / 1 DAY

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>dextroamp-amphetamine 5 mg tab</i>	P	QL 3 TABS / 1 DAY
<i>dextroamphetamine 10 mg tab</i>	P	QL 3 TABS / 1 DAY
<i>dextroamphetamine 15 mg tab</i>	P	QL 3 TABS / 1 DAY
<i>dextroamphetamine 20 mg tab</i>	P	QL 3 TABS / 1 DAY
<i>dextroamphetamine 30 mg tab</i>	P	QL 2 TABS / 1 day(s)
<i>dextroamphetamine 5 mg tab</i>	P	QL 3 TABS / 1 DAY
<i>dextroamphetamine 5 mg/5 ml</i>	NP	QL 60 ML / 1 DAY PA
<i>dextroamphetamine sulfate er</i>	P	QL 4 CAPS / 1 DAY
<i>DYANAVEL XR 10 MG TABLET</i>	NP	QL 1 TABLET / 1 day(s) PA
<i>DYANAVEL XR 15 MG TABLET</i>	NP	QL 1 TABLET / 1 day(s) PA
<i>DYANAVEL XR 2.5 MG/ML SUSP</i>	NP	QL 8 ML / 1 DAY PA
<i>DYANAVEL XR 20 MG TABLET</i>	NP	QL 1 TABLET / 1 day(s) PA
<i>DYANAVEL XR 5 MG TABLET</i>	NP	QL 1 TABLET / 1 day(s) PA
<i>EVEKEO 10 MG TABLET</i>	NP	QL 4 TABS / 1 day(s) PA
<i>EVEKEO 5 MG TABLET</i>	NP	QL 4 TABS / 1 DAY PA
<i>EVEKEO ODT 10 MG</i>	NP	QL 3 TABS / 1 DAY PA
<i>EVEKEO ODT 15 MG</i>	NP	QL 2 TABS / 1 DAY PA
<i>EVEKEO ODT 20 MG</i>	NP	QL 2 TABS / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>EVEKEO ODT 5 MG</i>	NP	QL 3 TABS / 1 DAY PA
<i>lisdexamfetamine 10 mg capsule</i>	P	QL 2 CAPS / 1 day(s)
<i>lisdexamfetamine 20 mg capsule</i>	P	QL 2 CAPS / 1 day(s)
<i>lisdexamfetamine 30 mg capsule</i>	P	QL 2 CAPS / 1 day(s)
<i>lisdexamfetamine 40 mg capsule</i>	P	QL 1 CAP / 1 day(s)
<i>lisdexamfetamine 50 mg capsule</i>	P	QL 1 CAP / 1 day(s)
<i>lisdexamfetamine 60 mg capsule</i>	P	QL 1 CAP / 1 day(s)
<i>lisdexamfetamine 70 mg capsule</i>	P	QL 1 CAP / 1 day(s)
<i>MYDAYIS</i>	NP	QL 1 CAP / 1 DAY PA
<i>PROCENTRA</i>	NP	QL 60 ML / 1 DAY PA
<i>VYVANSE 10 MG CAPSULE</i>	P	QL 2 CAPS / 1 DAY
<i>VYVANSE 10 MG CHEWABLE TABLET</i>	NP	QL 2 CHEW TABS / 1 DAY PA
<i>VYVANSE 20 MG CAPSULE</i>	P	QL 2 CAPS / 1 DAY
<i>VYVANSE 20 MG CHEWABLE TABLET</i>	NP	QL 2 CHEW TABS / 1 DAY PA
<i>VYVANSE 30 MG CAPSULE</i>	P	QL 2 CAPS / 1 DAY
<i>VYVANSE 30 MG CHEWABLE TABLET</i>	NP	QL 2 CHEW TABS / 1 DAY PA
<i>VYVANSE 40 MG CAPSULE</i>	P	QL 1 CAP / 1 DAY
<i>VYVANSE 40 MG CHEWABLE TABLET</i>	NP	QL 1 CHEW TAB / 1 DAY PA
<i>VYVANSE 50 MG CAPSULE</i>	P	QL 1 CAP / 1 DAY
<i>VYVANSE 50 MG CHEWABLE TABLET</i>	NP	QL 1 CHEW TAB / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
VYVANSE 60 MG CAPSULE	P	QL 1 CAP / 1 DAY
VYVANSE 60 MG CHEWABLE TABLET	NP	QL 1 CHEW TAB / 1 DAY PA
VYVANSE 70 MG CAPSULE	P	QL 1 CAP / 1 DAY
XELSTRYM	NP	PA
ZENZEDI 10 MG TABLET	NP	QL 3 TABS / 1 DAY PA
ZENZEDI 15 MG TABLET	NP	QL 3 TABS / 1 DAY PA
ZENZEDI 2.5 MG TABLET	NP	QL 3 TABS / 1 DAY PA
ZENZEDI 20 MG TABLET	NP	QL 3 TABS / 1 DAY PA
ZENZEDI 30 MG TABLET	NP	QL 2 TABS / 1 DAY PA
ZENZEDI 5 MG TABLET	NP	QL 3 TABS / 1 DAY PA
ZENZEDI 7.5 MG TABLET	NP	QL 3 TABS / 1 DAY PA
RESPIRATORY AND CNS STIMULANTS		
ADHANSIA XR 25 MG CAPSULE	NP	QL 2 CAPS / 1 DAY PA
ADHANSIA XR 35 MG CAPSULE	NP	QL 2 CAPS / 1 DAY PA
ADHANSIA XR 45 MG CAPSULE	NP	QL 1 CAP / 1 DAY PA
ADHANSIA XR 55 MG CAPSULE	NP	QL 1 CAP / 1 DAY PA
ADHANSIA XR 70 MG CAPSULE	NP	QL 1 CAP / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>ADHANSIA XR 85 MG CAPSULE</i>	NP	QL 1 CAP / 1 DAY PA
<i>APTENSIO XR 10 MG CAPSULE</i>	NP	QL 2 CAPS / 1 DAY PA
<i>APTENSIO XR 15 MG CAPSULE</i>	NP	QL 2 CAPS / 1 DAY PA
<i>APTENSIO XR 20 MG CAPSULE</i>	NP	QL 2 CAPS / 1 DAY PA
<i>APTENSIO XR 30 MG CAPSULE</i>	NP	QL 2 CAPS / 1 DAY PA
<i>APTENSIO XR 40 MG CAPSULE</i>	NP	QL 1 CAP / 1 DAY PA
<i>APTENSIO XR 50 MG CAPSULE</i>	NP	QL 1 CAP / 1 DAY PA
<i>APTENSIO XR 60 MG CAPSULE</i>	NP	QL 1 CAP / 1 DAY PA
<i>AZSTARYS</i>	NP	QL 1 CAP / 1 DAY PA
<i>CONCERTA ER 18 MG TABLET</i>	P	QL 2 TABS / 1 DAY
<i>CONCERTA ER 27 MG TABLET</i>	P	QL 2 TABS / 1 DAY
<i>CONCERTA ER 36 MG TABLET</i>	P	QL 2 TABS / 1 DAY
<i>CONCERTA ER 54 MG TABLET</i>	P	QL 1 TAB / 1 DAY
<i>COTEMPLA XR-ODT</i>	NP	QL 2 TABS / 1 DAY PA
<i>DAYTRANA</i>	NP	QL 1 PATCH / 1 DAY PA
<i>dexmethylphenidate er 10 mg cp</i>	P	QL 2 CAPS / 1 DAY
<i>dexmethylphenidate er 15 mg cp</i>	P	QL 2 CAPS / 1 DAY
<i>dexmethylphenidate er 20 mg cp</i>	P	QL 2 CAPS / 1 DAY

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>dexmethylphenidate er 25 mg cp</i>	P	QL 1 CAP / 1 DAY
<i>dexmethylphenidate er 30 mg cp</i>	P	QL 1 CAP / 1 DAY
<i>dexmethylphenidate er 35 mg cp</i>	P	QL 1 CAP / 1 DAY
<i>dexmethylphenidate er 40 mg cp</i>	P	QL 1 CAP / 1 DAY
<i>dexmethylphenidate er 5 mg cap</i>	P	QL 2 CAPS / 1 DAY
<i>dexmethylphenidate hcl</i>	P	QL 2 TABS / 1 DAY
<i>FOCALIN</i>	NP	QL 2 TABS / 1 DAY PA
<i>FOCALIN XR 10 MG CAPSULE</i>	NP	QL 2 CAPS / 1 DAY PA
<i>FOCALIN XR 15 MG CAPSULE</i>	NP	QL 2 CAPS / 1 DAY PA
<i>FOCALIN XR 20 MG CAPSULE</i>	NP	QL 2 CAPS / 1 DAY PA
<i>FOCALIN XR 25 MG CAPSULE</i>	NP	QL 1 CAP / 1 DAY PA
<i>FOCALIN XR 30 MG CAPSULE</i>	NP	QL 1 CAP / 1 DAY PA
<i>FOCALIN XR 35 MG CAPSULE</i>	NP	QL 1 CAP / 1 DAY PA
<i>FOCALIN XR 40 MG CAPSULE</i>	NP	QL 1 CAP / 1 DAY PA
<i>FOCALIN XR 5 MG CAPSULE</i>	NP	QL 2 CAPS / 1 DAY PA
<i>JORNAY PM</i>	NP	QL 1 CAP / 1 DAY PA
<i>METADATE ER</i>	C	QL 3 TABS / 1 DAY
<i>METHYLIN 10 MG/5 ML SOLUTION</i>	P	QL 30 ML / 1 DAY

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
METHYLIN 5 MG/5 ML SOLUTION	P	QL 60 ML / 1 DAY
<i>methylphenidate</i>	NP	QL 1 PATCH / 1 day(s) PA
<i>methylphenidate 10 mg chew tab</i>	NP	QL 6 CHEW TABS / 1 DAY PA
<i>methylphenidate 10 mg tablet</i>	P	QL 3 TABS / 1 DAY
<i>methylphenidate 10 mg/5 ml sol</i>	P	QL 30 ML / 1 DAY
<i>methylphenidate 2.5 mg chew tb</i>	NP	QL 4 CHEW TABS / 1 DAY PA
<i>methylphenidate 20 mg tablet</i>	P	QL 3 TABS / 1 DAY
<i>methylphenidate 5 mg chew tab</i>	NP	QL 4 CHEW TABS / 1 DAY PA
<i>methylphenidate 5 mg tablet</i>	P	QL 3 TABS / 1 DAY
<i>methylphenidate 5 mg/5 ml soln</i>	P	QL 60 ML / 1 DAY
<i>methylphenidate cd 10 mg cap</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate cd 20 mg cap</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate cd 30 mg cap</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate cd 40 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>methylphenidate cd 50 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>methylphenidate cd 60 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>methylphenidate er 10 mg cap</i>	NP	QL 2 CAPS / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>methylphenidate er 10 mg tab</i>	C	QL 4 TABS / 1 DAY
<i>methylphenidate er 15 mg cap</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate er 18 mg tab</i>	P	QL 2 TABS / 1 DAY
<i>methylphenidate er 20 mg cap</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate er 20 mg tab (generic for metadate er)</i>	P	QL 3 TABS / 1 DAY
<i>methylphenidate er 27 mg tab</i>	P	QL 2 TABS / 1 DAY
<i>methylphenidate er 30 mg cap</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate er 36 mg tab</i>	P	QL 2 TABS / 1 DAY
<i>methylphenidate er 40 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>methylphenidate er 50 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>methylphenidate er 54 mg tab</i>	P	QL 1 TAB / 1 DAY
<i>methylphenidate er 60 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>methylphenidate er 72 mg tab</i>	NP	QL 1 TAB / 1 DAY PA
<i>methylphenidate er(cd) 10mg cp</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate er(cd) 20mg cp</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate er(cd) 30mg cp</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate er(cd) 40mg cp</i>	NP	QL 1 CAP / 1 DAY PA
<i>methylphenidate er(cd) 50mg cp</i>	NP	QL 1 CAP / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>methylphenidate er(cd) 60mg cp</i>	NP	QL 1 CAP / 1 DAY PA
<i>methylphenidate er(la) 10mg cp</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate er(la) 20mg cp</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate er(la) 30mg cp</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate er(la) 40mg cp</i>	NP	QL 1 CAP / 1 DAY PA
<i>methylphenidate la 10 mg cap</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate la 20 mg cap</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate la 30 mg cap</i>	NP	QL 2 CAPS / 1 DAY PA
<i>methylphenidate la 40 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
<i>methylphenidate la 60 mg cap</i>	NP	QL 1 CAP / 1 DAY PA
QUILLICHEW ER 20 MG CHEW TAB	NP	QL 2 TABLETS / 1 day(s) PA
QUILLICHEW ER 30 MG CHEW TAB	NP	QL 2 CHEW TABS / 1 DAY PA
QUILLICHEW ER 40 MG CHEW TAB	NP	QL 1 CHEW TAB / 1 DAY PA
QUILLIVANT XR	NP	QL 12 ML / 1 DAY PA
RITALIN	NP	QL 3 TABS / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>RITALIN LA 10 MG CAPSULE</i>	P	QL 2 CAPS / 1 DAY
<i>RITALIN LA 20 MG CAPSULE</i>	P	QL 2 CAPS / 1 DAY
<i>RITALIN LA 30 MG CAPSULE</i>	P	QL 2 CAPS / 1 DAY
<i>RITALIN LA 40 MG CAPSULE</i>	P	QL 1 CAP / 1 DAY
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil 150 mg tablet</i>	C	QL 1 TAB / 1 DAY
<i>armodafinil 200 mg tablet</i>	C	QL 1 TAB / 1 DAY
<i>armodafinil 250 mg tablet</i>	C	QL 1 TAB / 1 DAY
<i>armodafinil 50 mg tablet</i>	C	QL 2 TABS / 1 DAY
<i>modafinil</i>	C	QL 2 TABS / 1 DAY
<i>SUNOSI</i>	C	QL 1 TAB / 1 DAY PA
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	C	
<i>ivermectin 3 mg tablet</i>	C	QL 40 TABLETS / rx
<i>pinaway</i>	OTC	C
<i>praziquantel</i>		C
<i>reese's pinworm</i>	OTC	C
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	C	QL 1 PACKET / Rx
<i>methenamine hippurate</i>	C	
<i>nitrofurantoin 25 mg/5 ml susp</i>	C	AL1 Up to 12 yrs old
<i>nitrofurantoin mcr 100 mg cap</i>	C	
<i>nitrofurantoin mcr 25 mg cap</i>	C	AL1 Up to 12 yrs old
<i>nitrofurantoin mcr 50 mg cap</i>	C	
<i>nitrofurantoin mono-macro</i>	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>trimethoprim</i>	C	
ANTI-INFECTIVES (EENT)		
ANTIBACTERIALS (EENT)		
AK-POLY-BAC	C	
AZASITE	NP	PA
<i>bacitracin 500 unit/gm ophth</i>	NP	PA
<i>bacitracin-polymyxin</i>	C	
BESIVANCE	NP	PA
CILOXAN	NP	PA
CIPRO HC	P	
<i>ciprofloxacin 0.2% otic soln</i>	NP	PA
<i>ciprofloxacin 0.3% eye drop</i>	P	
<i>ciprofloxacin hcl-fluocinolone</i>	NP	PA
<i>ciprofloxacin-dexamethasone</i>	P	
CORTISPORIN-TC	NP	PA
<i>doxycycline 25 mg/5 ml susp</i>	C	
<i>doxycycline hyclate 100 mg cap</i>	C	
<i>doxycycline hyclate 100 mg tab</i>	C	
<i>doxycycline hyclate 20 mg tab</i>	C	
<i>doxycycline hyclate 50 mg cap</i>	C	
<i>doxycycline mono 100 mg cap</i>	C	
<i>doxycycline mono 100 mg tablet</i>	C	
<i>doxycycline mono 50 mg cap</i>	C	
<i>doxycycline mono 50 mg tablet</i>	C	
<i>erythromycin 0.5% eye ointment</i>	C	
<i>gatifloxacin</i>	NP	PA
GENTAK	C	
<i>gentamicin 0.3% eye drop</i>	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>levofloxacin 0.5% eye drops</i>	C	PA
<i>levofloxacin 1.5% eye drops</i>	C	PA
<i>moxifloxacin 0.5% eye drops</i>	P	
<i>moxifloxacin 0.5% eye drops (generic for moxeza)</i>	NP	PA
<i>moxifloxacin hcl</i>	NP	PA
NEO-POLYCIN	C	
<i>neomycin-bacitracin-polymyxin</i>	C	
<i>neomycin-polymyxin-dexameth</i>	C	
<i>neomycin-polymyxin-gramicidin</i>	C	
<i>neomycin-polymyxin-hc ear susp</i>	P	
<i>neomycin-polymyxin-hydrocort</i>	P	
OCUFLOX	NP	PA
<i>ofloxacin 0.3% ear drops</i>	P	
<i>ofloxacin 0.3% eye drops</i>	P	
POLYCIN	C	
<i>polymyxin b sul-trimethoprim</i>	C	
<i>sulfacetamide 10% eye drops</i>	C	
<i>sulfacetamide 10% eye ointment</i>	NP	PA
<i>sulfacetamide-prednisolone</i>	C	
<i>tobramycin 0.3% eye drop</i>	C	
<i>tobramycin-dexamethasone</i>	C	
VIGAMOX	NP	PA
ANTIFUNGALS (EENT)		
NATACYN	NP	PA
ANTIVIRALS (EENT)		
<i>trifluridine</i>	C	
ZIRGAN	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
EENT ANTI-INFECTIVES, MISCELLANEOUS			
<i>acetic acid 2% ear solution</i>		C	
<i>chlorhexidine 0.12% 15 ml cup</i>		C	
<i>chlorhexidine 0.12% rinse</i>		C	
<i>clearcanal earwax softener</i>	OTC	C	
<i>clinere ear wax removal</i>	OTC	C	
<i>ear wax removal 6.5% drop</i>	OTC	C	
<i>ear wax removal 6.5% kit</i>	OTC	C	
<i>eq ear wax removal aid kit</i>	OTC	C	
<i>ft ear wax removal 6.5% drop</i>	OTC	C	
<i>ft ear wax removal 6.5% kit</i>	OTC	C	
<i>gs ear wax removal 6.5% kit</i>	OTC	C	
<i>hm ear wax removal 6.5% drop</i>	OTC	C	
<i>hm ear wax removal 6.5% kit</i>	OTC	C	
<i>hydrocortisone-acetic acid</i>		C	
<i>PAROEX</i>		C	
<i>PERIOGARD</i>		C	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)			
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)			
<i>ACANYA</i>		NP	PA
<i>AMZEEQ</i>		NP	PA
<i>bacitracin 500 unit/gm ointmnt</i>	OTC	C	
<i>bacitracin zn 500 unit/gm oint</i>	OTC	C	
<i>CENTANY</i>		NP	PA
<i>CENTANY AT</i>		NP	PA
<i>CLEOCIN 100 MG VAGINAL OVULE</i>		C	
<i>CLEOCIN T</i>		NP	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
CLINDACIN P		NP	PA
CLINDACIN PAC		NP	PA
CLINDAGEL		NP	PA
clindamycin 2% vaginal cream		C	
clindamycin ph 1% gel (generic for cleocin t)		P	
clindamycin ph 1% solution		P	
clindamycin phos 1% pledget		P	
clindamycin phos-benzoyl perox		P	
clindamycin phos-tretinoin		NP	PA
clindamycin phosp 1% lotion		P	
clindamycin phosphate 1% foam		NP	PA
clindamycin phosphate 1% gel (generic for clindagel)		NP	PA
clindamycin-benzoyl perox 1-5%		P	
clindamycin-bnz perox 1-5% pmp		NP	PA
eq bacitracin zn 500 unit/gm	OTC	C	
ERY		C	
erythromycin 2% gel		P	
erythromycin 2% solution		P	QL 60 ML / 30 DAYS
erythromycin-benzoyl peroxide		P	
first aid antibiotic	OTC	C	
gentamicin 0.1% cream		C	
gentamicin 0.1% ointment		C	
hm triple antibiotic ointment	OTC	C	
metronidazole 0.75% cream		C	
metronidazole 0.75% lotion		C	
metronidazole topical 0.75% gl		C	
metronidazole topical 1% gel		C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>metronidazole vaginal 0.75% gl</i>		C	
<i>mupirocin 2% cream</i>		NP	QL 30 GM / 30 DAYS PA
<i>mupirocin 2% ointment</i>		P	
NEUAC 1.2-5% KIT		NP	PA
NEUAC GEL		NP	PA
ONEXTON		NP	PA
ROSADAN 0.75% CREAM		C	
TRIPLE ANTIBIOTIC OINTMENT	OTC	C	
TRIPLE ANTIBIOTIC OINTMENT PKT	OTC	C	
<i>triple antibiotic-pain relief</i>	OTC	C	
XEPI		NP	PA
ZIANA		NP	PA
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)			
<i>acyclovir 5% cream</i>		NP	QL 5 GM / RX PA
<i>acyclovir 5% ointment</i>		P	
DENAVIR		P	
<i>penciclovir</i>		C	
XERESE		NP	PA
ZOVIRAX 5% CREAM		NP	PA
ZOVIRAX 5% OINTMENT		NP	PA
LOCAL ANTI-INFECTIVES, MISCELLANEOUS			
ALCOHOL PREP PADS	OTC	C	
BETADINE 10% SOLUTION	OTC	C	
<i>hydrocortisone-iodoquinol</i>		C	
<i>ovace plus 10% cream</i>		NP	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
OVACE PLUS 10% SHAMPOO		NP	PA
povidone-iodine 10% ointment	OTC	C	
povidone-iodine 10% solution	OTC	C	
readyprep pvp	OTC	C	
selenium sulfide 2.5% lotion		C	
silver sulfadiazine		C	
sod sulfacet-sulfur 10-5% clsr		C	
sodium sulfacetamide 10% lotn		P	
sodium sulfacetamide 10% wash		P	
SSD		C	
sulfacetamide sod 10% top susp		P	
SCABICIDES AND PEDICULICIDES			
complete lice treatment	OTC	NP	PA
CROTAN		NP	PA
EURAX 10% LOTION		NP	PA
lice killing	OTC	P	
LICE TREATMENT	OTC	P	
lindane		NP	PA
malathion		NP	PA
NATROBA		P	
OVIDE		NP	PA
permethrin		P	
spinosad		NP	PA
ANTI-INFLAMMATORY AGENTS (EENT)			
CORTICOSTEROIDS (EENT)			
24 HOUR ALLERGY	OTC	C	
24 HOUR NASAL ALLERGY	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
ALLER-CORT	OTC	C	
ALLER-FLO	OTC	C	
ALREX		NP	PA
BECONASE AQ		NP	PA
dexamethasone 0.1% eye drop		C	
DEXTENZA		NP	PA
DEXYCU		NP	PA MED Medical Drug
difluprednate		NP	PA
DUREZOL		NP	PA
flunisolide		NP	PA
fluocinolone acetonide oil		C	
fluorometholone		P	
fluticasone prop 50 mcg spray	OTC	C	
fluticasone prop 50 mcg spray (rx only)		P	
FT ALLERGY RELIEF 50 MCG SPRAY	OTC	C	
gnp fluticasone prop 50 mcg sp	OTC	C	
HM ALLERGY RELIEF 50 MCG SPRAY	OTC	C	
ILUVIEN		NP	PA MED Medical Drug
INVELTYS		NP	PA
LOTEMAX		NP	PA
loteprednol 0.5% ophthalmc gel		NP	PA
loteprednol etabonate 0.2% drp		NP	PA
loteprednol etabonate 0.5% drp		NP	PA
mometasone furoate 50 mcg spry	OTC	P	
OMNARIS		NP	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>prednisolone ac 1% eye drop (generic pred forte)</i>		P	
<i>prednisolone sod 1% eye drop</i>		C	
QNASL		NP	PA
QNASL CHILDREN		NP	PA
RETISERT		NP	PA MED Medical Drug
SINUVA		NP	PA MED Medical Drug
SM ALLERGY RELIEF 50 MCG SPRAY	OTC	C	
TICANASE		NP	PA
<i>triamcinolone 55 mcg nasal spr</i>	OTC	C	
TRIESENCE		P	MED Medical Drug
XHANCE		NP	PA
YUTIQ		NP	PA MED Medical Drug
ZETONNA		NP	PA
EENT ANTI-INFLAMMATORY AGENTS, MISC.			
<i>cyclosporine 0.05% eye emuls</i>		C	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS			
ACULAR		NP	PA
ACULAR LS		NP	PA
ACUVAIL		NP	PA
<i>bromfenac sod 0.075% eye drop</i>		NP	PA
<i>bromfenac sodium 0.07% eye drp</i>		NP	PA
<i>bromfenac sodium 0.09% eye drp</i>		NP	PA
BROMSITE		NP	PA
<i>diclofenac 0.1% eye drops</i>		P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>flurbiprofen sodium</i>	NP	PA
ILEVRO	NP	PA
<i>ketorolac 0.4% ophth solution</i>	P	
<i>ketorolac 0.5% ophth solution</i>	P	
NEVANAC	NP	PA
PROLENSA	NP	PA
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
INTERLEUKIN ANTAGONISTS		
<i>FASENRA PEN</i>	C	QL 1 PEN / 56 day(s) PA S Specialty Drug
<i>NUCALA 100 MG/ML AUTO-INJECTOR</i>	C	QL 3 AUTO INJECTORS / 28 day(s) PA S Specialty Drug
<i>NUCALA 100 MG/ML SYRINGE</i>	C	QL 3 SYRINGES / 28 day(s) PA S Specialty Drug
<i>NUCALA 40 MG/0.4 ML SYRINGE</i>	C	QL 1 SYRINGE / 28 day(s) PA S Specialty Drug
LEUKOTRIENE MODIFIERS		
ACCOLATE	NP	PA
<i>montelukast sod 10 mg tablet</i>	P	
<i>montelukast sod 4 mg granules</i>	NP	PA
<i>montelukast sod 4 mg tab chew</i>	P	
<i>montelukast sod 5 mg tab chew</i>	P	
SINGULAIR	NP	PA
<i>zafirlukast</i>	P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>zileuton er</i>	NP	PA
ZYFLO	NP	PA
MAST-CELL STABILIZERS		
ALOCRIIL	NP	PA
<i>cromolyn 20 mg/2 ml neb soln</i>	C	
<i>cromolyn 4% eye drops</i>	P	
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
ANTI-INFLAMMATORY AGENTS, MISC (SKIN)		
EUCRISA	NP	QL 60 GM / 30 DAYS PA
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
<i>alclometasone dipropionate</i>	C	
<i>anucort-hc</i>	C	
<i>aquanil hc</i>	OTC	C
<i>aquaphor itch relief</i>	OTC	C
<i>betamethasone dipropionate</i>	C	
<i>betamethasone dp aug 0.05% crm</i>	C	
<i>betamethasone dp aug 0.05% gel</i>	C	
<i>betamethasone dp aug 0.05% lot</i>	C	
<i>betamethasone dp aug 0.05% oin</i>	C	
<i>betamethasone va 0.1% cream</i>	C	
<i>betamethasone va 0.1% lotion</i>	C	
<i>betamethasone valer 0.1% ointm</i>	C	
<i>clobetasol 0.05% cream</i>	C	
<i>clobetasol 0.05% gel</i>	C	
<i>clobetasol 0.05% ointment</i>	C	
<i>clobetasol 0.05% solution</i>	C	
<i>clobetasol emollient 0.05% crm</i>	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>cortizone-10 feminine itch</i>	OTC	C	
<i>cortizone-10 with aloe</i>	OTC	C	
<i>desonide 0.05% cream</i>		C	
<i>desonide 0.05% lotion</i>		C	
<i>desonide 0.05% ointment</i>		C	
<i>desoximetasone 0.05% cream</i>		C	
<i>desoximetasone 0.05% gel</i>		C	
<i>desoximetasone 0.25% cream</i>		C	
<i>desoximetasone 0.25% ointment</i>		C	
<i>eq hydrocortisone 1% cream</i>	OTC	C	
<i>fluocinolone 0.01% body oil</i>		C	
<i>fluocinolone 0.01% cream</i>		C	
<i>fluocinolone 0.01% scalp oil</i>		C	
<i>fluocinolone 0.01% solution</i>		C	QL 60 ML / 30 DAYS
<i>fluocinolone 0.025% cream</i>		C	
<i>fluocinolone 0.025% ointment</i>		C	
<i>fluocinonide</i>		C	
<i>fluocinonide-e</i>		C	
<i>fluticasone prop 0.005% oint</i>		C	
<i>fluticasone prop 0.05% cream</i>		C	
<i>gs anti-itch 1% cream</i>	OTC	C	
<i>halobetasol prop 0.05% cream</i>		C	
<i>halobetasol prop 0.05% ointmnt</i>		C	
<i>hydrocort-pramoxine 1%-1% crm</i>		C	
<i>hydrocort-pramoxine 2.5-1% crm</i>		C	
<i>hydrocortisone 0.5% cream</i>	OTC	C	
<i>hydrocortisone 1% cream</i>	OTC	C	
<i>hydrocortisone 1% cream packet</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>hydrocortisone 1% ointment</i>	OTC	C	
<i>hydrocortisone 100 mg/60 ml</i>		C	
<i>hydrocortisone 2.5% cream</i>		C	
<i>hydrocortisone 2.5% lotion</i>		C	
<i>hydrocortisone 2.5% ointment</i>		C	
<i>hydrocortisone ac 25 mg supp</i>		C	
<i>hydrocortisone buty 0.1% cream</i>		C	
<i>hydrocortisone butyr 0.1% oint</i>		C	
<i>hydrocortisone valerate</i>		C	
<i>hydrocortisone-1% ointment</i>		C	
<i>hydrocortisone-aloe 1% cream</i>	OTC	C	
<i>lidocaine-hc 3-0.5% cream</i>		C	
<i>mometasone furoate 0.1% cream</i>		C	
<i>mometasone furoate 0.1% oint</i>		C	
<i>mometasone furoate 0.1% soln</i>		C	
ORALONE		C	
PROCTO-MED HC		C	
PROCTOCORT 1% CREAM		C	
PROCTOSOL-HC		C	
PROCTOZONE-HC		C	
<i>qc anti-itch 1% cream</i>	OTC	C	
<i>sm hydrocortisone 1% ointment</i>	OTC	C	
<i>triamcinolone 0.025% cream</i>		C	
<i>triamcinolone 0.025% lotion</i>		C	
<i>triamcinolone 0.025% oint</i>		C	
<i>triamcinolone 0.1% cream</i>		C	
<i>triamcinolone 0.1% lotion</i>		C	
<i>triamcinolone 0.1% ointment</i>		C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>triamcinolone 0.1% paste</i>	C	
<i>triamcinolone 0.5% cream</i>	C	
<i>triamcinolone 0.5% ointment</i>	C	
IMMUNOMODULATORY AGENT(S)		
<i>ADBRY</i>	NP	QL 4 SYRINGES / 28 day(s) PA S Specialty Drug
<i>BIMZELX</i>	NP	QL 2 SYRINGES (2 ML) / 56 day(s) PA S Specialty Drug
<i>BIMZELX AUTOINJECTOR</i>	NP	QL 2 AUTO INJECTORS (2 ML) / 56 day(s) PA S Specialty Drug
<i>ILUMYA</i>	NP	PA S Specialty Drug MED Medical Drug
<i>pimecrolimus</i>	C	QL 100 / 30 day(s)
<i>SILIQ</i>	NP	QL 2 SYRINGES (3 ML) / 28 day(s) PA S Specialty Drug
<i>SKYRIZI (2 SYRINGES) KIT</i>	NP	PA S Specialty Drug
<i>SKYRIZI 150 MG/ML SYRINGE</i>	NP	PA S Specialty Drug
<i>SKYRIZI 75 MG/0.83 ML SYRINGE</i>	NP	PA S Specialty Drug
<i>SKYRIZI PEN</i>	NP	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>tacrolimus 0.03% ointment</i>	C	QL 100 / 30 day(s)
<i>tacrolimus 0.1% ointment</i>	C	QL 100 / 30 day(s)
<i>TREMFYA 100 MG/ML INJECTOR</i>	NP	QL 1 AUTOINJECTOR (1 ML) / 28 day(s) PA S Specialty Drug
<i>TREMFYA 100 MG/ML SYRINGE</i>	NP	QL 1 SYRINGE (1 ML) / 28 day(s) PA S Specialty Drug

ANTIANEMIA DRUGS

IRON PREPARATIONS

<i>children's ferrous sulfate</i>	OTC	C
<i>fergon</i>	OTC	C
<i>ferosul</i>	OTC	C
<i>ferrex 150 plus</i>	OTC	C
<i>ferrous fumarate</i>	OTC	C
<i>ferrous gluconate</i>	OTC	C
<i>ferrous sulf 15 mg iron/ml drp</i>	OTC	C
<i>ferrous sulf 220 mg/5 ml elix</i>	OTC	C
<i>ferrous sulf 300 mg/5 ml cup</i>	OTC	C
<i>ferrous sulf ec 324 mg tablet</i>	OTC	C
<i>ferrous sulf ec 325 mg tablet</i>	OTC	C
<i>ferrous sulfate 325 mg tablet</i>	OTC	C
<i>infant iron 15 mg/ml drop</i>	OTC	C
<i>iron 65 mg tablet</i>	OTC	C
<i>NU-IRON 150</i>	OTC	C
<i>pediatric fe-vite</i>	OTC	C
<i>pediatric iron</i>	OTC	C

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>polysaccharide iron</i>	OTC	C
<i>true ferrous sulf ec 324 mg tb</i>	OTC	C
ANTIARRHYTHMIC AGENTS		
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate</i>		C
<i>NORPACE CR</i>		C
<i>quinidine sulfate</i>		C
CLASS IB ANTIARRHYTHMICS		
<i>mexiletine hcl</i>		C
CLASS IC ANTIARRHYTHMICS		
<i>flecainide acetate</i>		C
<i>propafenone hcl</i>		C
CLASS III ANTIARRHYTHMICS		
<i>amiodarone hcl 100 mg tablet</i>		C
<i>amiodarone hcl 200 mg tablet</i>		C
<i>amiodarone hcl 400 mg tablet</i>		C
<i>dofetilide</i>		C
<i>MULTAQ</i>		C
<i>PACERONE 100 MG TABLET</i>		C
<i>PACERONE 200 MG TABLET</i>		C
ANTIBACTERIALS		
AMINOGLYCOSIDE ANTIBIOTICS		
<i>BETHKIS</i>	P	S Specialty Drug
<i>gentamicin 80 mg/2 ml vial</i>		C
<i>gentamicin 800 mg/20 ml vial</i>		C
<i>KITABIS PAK</i>	P	S Specialty Drug
<i>neomycin sulfate</i>		C
<i>TOBI</i>	NP	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>TOBI PODHALER</i>	NP	PA S Specialty Drug
<i>tobramycin 300 mg/4 ml ampule</i>	NP	PA S Specialty Drug
<i>tobramycin 300 mg/5 ml ampule</i>	P	S Specialty Drug
<i>tobramycin pak 300 mg/5 ml</i>	NP	PA S Specialty Drug
QUINOLONE ANTIBIOTICS		
<i>BAXDELA 450 MG TABLET</i>	NP	PA
<i>CIPRO 10% SUSPENSION</i>	NP	PA
<i>CIPRO 250 MG TABLET</i>	NP	PA
<i>CIPRO 5% SUSPENSION</i>	NP	PA
<i>CIPRO 500 MG TABLET</i>	NP	PA
<i>ciprofloxacin</i>	NP	PA
<i>ciprofloxacin hcl 100 mg tab</i>	P	
<i>ciprofloxacin hcl 250 mg tab</i>	P	
<i>ciprofloxacin hcl 500 mg tab</i>	P	
<i>ciprofloxacin hcl 750 mg tab</i>	P	
<i>levofloxacin 25 mg/ml solution</i>	P	
<i>levofloxacin 250 mg tablet</i>	P	
<i>levofloxacin 500 mg tablet</i>	P	
<i>levofloxacin 750 mg tablet</i>	P	
<i>ofloxacin 300 mg tablet</i>	NP	PA
<i>ofloxacin 400 mg tablet</i>	NP	PA
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
<i>AZULFIDINE</i>	NP	PA
<i>sulfamethoxazole-tmp 20 ml cup</i>	C	
<i>sulfamethoxazole-tmp ds tablet</i>	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>sulfamethoxazole-tmp ss tablet</i>	C	
<i>sulfamethoxazole-tmp susp</i>	C	
<i>sulfasalazine</i>	P	
<i>sulfasalazine dr</i>	P	
SULFATRIM	C	
TETRACYCLINE ANTIBIOTICS		
<i>demeclocycline hcl</i>	C	
<i>minocycline 100 mg capsule</i>	C	
<i>minocycline 50 mg capsule</i>	C	
<i>minocycline 75 mg capsule</i>	C	
ANTIBACTERIALS, MISCELLANEOUS		
GLYCOPEPTIDE ANTIBIOTICS		
<i>vancomycin hcl 125 mg capsule</i>	C	
<i>vancomycin hcl 250 mg capsule</i>	C	
LINCOMYCIN ANTIBIOTICS		
<i>clindamycin (pediatric)</i>	C	AL1 Up to 12 yrs old
<i>clindamycin hcl</i>	C	
OXAZOLIDINONE ANTIBIOTICS		
<i>linezolid 100 mg/5 ml susp</i>	C	PA
<i>linezolid 600 mg tablet</i>	C	
SIVEXTRO 200 MG TABLET	C	PA
PLEUROMUTILINS		
XENLETA 600 MG TABLET	C	QL 10 TABS / RX PA
RIFAMYCIN ANTIBIOTICS		
XIFAXAN	C	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
ANORO ELLIPTA	P	
ATROVENT HFA	P	
BEVESPI AEROSPHERE	NP	PA
COMBIVENT RESPIMAT	P	
CUVPOSA	C	PA
dicyclomine 10 mg capsule	C	
dicyclomine 10 mg/5 ml soln	C	
dicyclomine 20 mg tablet	C	
DUAKLIR PRESSAIR	NP	PA
ed-spaz	C	
glycopyrrolate 1 mg tablet	C	
glycopyrrolate 1 mg/5 ml soln	C	PA
glycopyrrolate 2 mg tablet	C	
hyoscyamine 0.125 mg odt	C	
hyoscyamine 0.125 mg tab sl	C	
hyoscyamine 0.125 mg/5 ml elix	C	
hyoscyamine 0.125 mg/ml drop	C	
hyoscyamine sulf 0.125 mg tab	C	
hyoscyamine sulfate er	C	
hyoscyamine sulfate sr	C	
hyosyne	C	
INCRUSE ELLIPTA	NP	PA
ipratropium br 0.02% soln	P	
ipratropium-albuterol	P	
oscimin	C	
oscimin sl	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>SPIRIVA HANDIHALER</i>	P	
<i>SPIRIVA RESPIMAT</i>	P	
<i>STIOLTO RESPIMAT</i>	P	
<i>symax-sr</i>	C	
<i>tiotropium bromide</i>	NP	PA
<i>TUDORZA PRESSAIR</i>	P	
<i>YUPELRI</i>	NP	PA
ANTICOAGULANTS		
ANTICOAGULANTS, MISCELLANEOUS		
<i>ARIXTRA</i>	NP	PA
<i>fondaparinux sodium</i>	NP	PA
<i>THROMBATE III</i>	C	S Specialty Drug MED Medical Drug
COUMARIN DERIVATIVES		
<i>jantoven</i>	P	
<i>warfarin sodium</i>	P	
DIRECT FACTOR XA INHIBITORS		
<i>ELIQUIS</i>	P	
<i>SAVAYSA</i>	NP	PA
<i>XARELTO 1 MG/ML SUSPENSION</i>	NP	QL 20 ML / 1 day(s) PA
<i>XARELTO 10 MG TABLET</i>	P	
<i>XARELTO 15 MG TABLET</i>	P	
<i>XARELTO 2.5 MG TABLET</i>	P	
<i>XARELTO 20 MG TABLET</i>	P	
<i>XARELTO DVT-PE TREAT START 30D</i>	P	
DIRECT THROMBIN INHIBITORS		
<i>dabigatran etexilate</i>	NP	QL 2 CAPS / 1 day(s) PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>PRADAXA 110 MG CAPSULE</i>	P	
<i>PRADAXA 110 MG PELLETT PACK</i>	NP	QL 120 PACKS / 30 day(s) PA
<i>PRADAXA 150 MG CAPSULE</i>	P	
<i>PRADAXA 150 MG PELLETT PACK</i>	NP	QL 60 PACKS / 30 day(s) PA
<i>PRADAXA 20 MG PELLETT PACK</i>	NP	QL 120 PACKS / 30 day(s) PA
<i>PRADAXA 30 MG PELLETT PACK</i>	NP	QL 120 PACKS / 30 day(s) PA
<i>PRADAXA 40 MG PELLETT PACK</i>	NP	QL 120 PACKS / 30 day(s) PA
<i>PRADAXA 50 MG PELLETT PACK</i>	NP	QL 120 PACKS / 30 day(s) PA
<i>PRADAXA 75 MG CAPSULE</i>	P	
HEPARINS		
<i>enoxaparin sodium</i>	P	
<i>FRAGMIN 10,000 UNIT/4 ML VIAL</i>	P	
<i>FRAGMIN 10,000 UNIT/ML SYRINGE</i>	NP	QL 10 ML / 14 DAYS PA
<i>FRAGMIN 12,500 UNIT/0.5 ML SYR</i>	NP	QL 14 ML / 14 DAYS PA
<i>FRAGMIN 15,000 UNIT/0.6 ML SYR</i>	NP	QL 16.8 ML / 14 DAYS PA
<i>FRAGMIN 18,000 UNIT/0.72 ML</i>	NP	QL 20.16 ML / 14 DAYS PA
<i>FRAGMIN 2,500 UNIT/0.2 ML SYR</i>	NP	QL 5.6 ML / 14 DAYS PA
<i>FRAGMIN 5,000 UNIT/0.2 ML SYR</i>	NP	QL 5.6 ML / 14 DAYS PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>FRAGMIN 7,500 UNIT/0.3 ML SYR</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 8.4 ML / 14 DAYS </div> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 10px;">PA</div>
<i>FRAGMIN 95,000 UNIT/3.8 ML VL</i>	P	
<i>heparin 10,000 unit/10 ml vial</i>	C	
<i>heparin 30,000 unit/30 ml vial</i>	C	
<i>heparin 40,000 unit/4 ml vial</i>	C	
<i>heparin 5,000 unit/ml carpuct</i>	C	
<i>heparin 50,000 unit/10 ml vial</i>	C	
<i>heparin 50,000 unit/5 ml vial</i>	C	
<i>heparin sod 1,000 unit/ml vial</i>	C	
<i>heparin sod 10,000 unit/ml vl</i>	C	
<i>heparin sod 20,000 unit/ml vl</i>	C	
<i>heparin sod 5,000 unit/0.5 ml</i>	C	
<i>heparin sod 5,000 unit/ml syrg</i>	C	
<i>heparin sod 5,000 unit/ml vial</i>	C	
<i>LOVENOX 100 MG/ML SYRINGE</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 28 ML / 14 DAYS </div> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 10px;">PA</div>
<i>LOVENOX 120 MG/0.8 ML SYRINGE</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 28 ML / 14 DAYS </div> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 10px;">PA</div>
<i>LOVENOX 150 MG/ML SYRINGE</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 28 ML / 14 DAYS </div> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 10px;">PA</div>
<i>LOVENOX 30 MG/0.3 ML SYRINGE</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 8.4 ML / 14 DAYS </div> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 10px;">PA</div>
<i>LOVENOX 300 MG/3 ML VIAL</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 84 ML / 14 DAYS </div> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 10px;">PA</div>
<i>LOVENOX 40 MG/0.4 ML SYRINGE</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 11.2 ML / 14 DAYS </div> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 10px;">PA</div>
<i>LOVENOX 60 MG/0.6 ML SYRINGE</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 16.8 ML / 14 DAYS </div> <div style="background-color: #a0522d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px; margin-left: 10px;">PA</div>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>LOVENOX 80 MG/0.8 ML SYRINGE</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 28 ML / 14 DAYS </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
ANTICONVULSANTS		
ANTICONVULSANTS, MISCELLANEOUS		
<i>APTIOM</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>BANZEL 200 MG TABLET</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 16 TABS / 1 DAY </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>BANZEL 40 MG/ML SUSPENSION</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 80 ML / 1 DAY </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>BANZEL 400 MG TABLET</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 8 TABS / 1 DAY </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>BRIVIACT 10 MG TABLET</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 2 TABLETS / 1 day(s) </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>BRIVIACT 10 MG/ML ORAL SOLN</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 10 ML / 1 day(s) </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>BRIVIACT 100 MG TABLET</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 2 TABLETS / 1 day(s) </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>BRIVIACT 25 MG TABLET</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 2 TABLETS / 1 day(s) </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>BRIVIACT 50 MG TABLET</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 2 TABLETS / 1 day(s) </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>BRIVIACT 75 MG TABLET</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 2 TABLETS / 1 day(s) </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>carbamazepine 100 mg tab chew</i>	P	
<i>carbamazepine 100 mg/5 ml susp</i>	P	
<i>carbamazepine 200 mg tablet</i>	P	
<i>carbamazepine 200 mg/10 ml cup</i>	C	
<i>carbamazepine er 100 mg cap</i>	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>carbamazepine er 100 mg tablet</i>	P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>carbamazepine er 200 mg cap</i>	NP	PA
<i>carbamazepine er 200 mg tablet</i>	P	
<i>carbamazepine er 300 mg cap</i>	NP	PA
<i>carbamazepine er 400 mg tablet</i>	P	
CARBATROL	NP	PA
DEPAKOTE	NP	PA
DEPAKOTE ER	NP	PA
DEPAKOTE SPRINKLE	NP	PA
DIACOMIT 250 MG CAPSULE	NP	QL 12 CAPS / 1 DAY PA S Specialty Drug
DIACOMIT 250 MG POWDER PACKET	NP	QL 12 PACKETS / 1 DAY PA S Specialty Drug
DIACOMIT 500 MG CAPSULE	NP	QL 6 CAPS / 1 DAY PA S Specialty Drug
DIACOMIT 500 MG POWDER PACKET	NP	QL 6 PACKETS / 1 DAY PA S Specialty Drug
<i>divalproex sodium</i>	P	
<i>divalproex sodium er</i>	P	
ELEPSIA XR	NP	PA
EPIDIOLEX	NP	QL 20 ML / 1 DAY PA S Specialty Drug
EPITOL	C	
EPRONTIA	NP	PA
EQUETRO	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>felbamate</i>	P	
FELBATOL 400 MG TABLET	NP	PA
FELBATOL 600 MG TABLET	NP	PA
FELBATOL 600 MG/5 ML SUSP	P	
FINTEPLA	NP	PA S Specialty Drug
FYCOMPA 0.5 MG/ML ORAL SUSP	NP	QL 8 ML / 1 day(s) PA
FYCOMPA 10 MG TABLET	NP	QL 1 TABLET / 1 day(s) PA
FYCOMPA 12 MG TABLET	NP	QL 1 TABLET / 1 day(s) PA
FYCOMPA 2 MG TABLET	NP	QL 2 TABLETS / 1 day(s) PA
FYCOMPA 4 MG TABLET	NP	QL 1 TABLET / 1 day(s) PA
FYCOMPA 6 MG TABLET	NP	QL 1 TABLET / 1 day(s) PA
FYCOMPA 8 MG TABLET	NP	QL 1 TABLET / 1 day(s) PA
<i>gabapentin</i>	P	
GABITRIL	P	
HORIZANT ER 300 MG TABLET	NP	QL 1 TAB / 1 DAY PA
HORIZANT ER 600 MG TABLET	NP	QL 2 TABS / 1 DAY PA
KEPPRA 1,000 MG TABLET	NP	PA
KEPPRA 100 MG/ML ORAL SOLN	NP	PA
KEPPRA 250 MG TABLET	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
KEPPRA 500 MG TABLET	NP	PA
KEPPRA 750 MG TABLET	NP	PA
KEPPRA XR	NP	PA
lacosamide 10 mg/ml solution	C	QL 40 MLS / 1 day(s)
lacosamide 100 mg tablet	P	
lacosamide 100 mg/10 ml cup	C	QL 40 MLS / 1 day(s)
lacosamide 150 mg tablet	P	
lacosamide 150 mg/15 ml cup	C	QL 40 MLS / 1 day(s)
lacosamide 200 mg tablet	P	
lacosamide 200 mg/20 ml cup	C	QL 40 MLS / 1 day(s)
lacosamide 50 mg tablet	P	
lacosamide 50 mg/5 ml cup	C	QL 40 MLS / 1 day(s)
LAMICTAL	NP	PA
LAMICTAL (BLUE)	NP	PA
LAMICTAL (GREEN)	NP	PA
LAMICTAL (ORANGE)	NP	PA
LAMICTAL ODT	NP	PA
LAMICTAL ODT (BLUE)	NP	PA
LAMICTAL ODT (GREEN)	NP	PA
LAMICTAL ODT (ORANGE)	NP	PA
LAMICTAL XR	NP	PA
LAMICTAL XR (BLUE)	NP	PA
LAMICTAL XR (GREEN)	NP	PA
LAMICTAL XR (ORANGE)	NP	PA
lamotrigine	P	
lamotrigine (blue)	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>lamotrigine (green)</i>	NP	PA
<i>lamotrigine (orange)</i>	NP	PA
<i>lamotrigine er</i>	P	
<i>lamotrigine odt</i>	NP	PA
<i>lamotrigine odt (blue)</i>	NP	PA
<i>lamotrigine odt (green)</i>	NP	PA
<i>lamotrigine odt (orange)</i>	NP	PA
<i>levetiracetam 1,000 mg tablet</i>	P	
<i>levetiracetam 1,000mg/10ml cup</i>	P	
<i>levetiracetam 100 mg/ml soln</i>	P	
<i>levetiracetam 250 mg tablet</i>	P	
<i>levetiracetam 500 mg tablet</i>	P	
<i>levetiracetam 500 mg/5 ml cup</i>	P	
<i>levetiracetam 500 mg/5 ml soln</i>	P	
<i>levetiracetam 750 mg tablet</i>	P	
<i>levetiracetam er</i>	P	
<i>LYRICA 100 MG CAPSULE</i>	NP	QL 6 CAPS / 1 day(s) PA
<i>LYRICA 150 MG CAPSULE</i>	NP	QL 4 CAPS / 1 day(s) PA
<i>LYRICA 20 MG/ML ORAL SOLUTION</i>	NP	PA
<i>LYRICA 200 MG CAPSULE</i>	NP	QL 3 CAPS / 1 DAY PA
<i>LYRICA 225 MG CAPSULE</i>	NP	QL 2 CAPS / 1 DAY PA
<i>LYRICA 25 MG CAPSULE</i>	NP	QL 6 CAPS / 1 day(s) PA
<i>LYRICA 300 MG CAPSULE</i>	NP	QL 2 CAPS / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>LYRICA 50 MG CAPSULE</i>	NP	QL 6 CAPS / 1 day(s) PA
<i>LYRICA 75 MG CAPSULE</i>	NP	QL 6 CAPS / 1 day(s) PA
<i>MOTPOLY XR</i>	NP	PA
<i>NEURONTIN 100 MG CAPSULE</i>	NP	QL 12 CAPS / 1 DAY PA
<i>NEURONTIN 250 MG/5 ML SOLUTION</i>	NP	QL 72 ML / 1 DAY PA
<i>NEURONTIN 300 MG CAPSULE</i>	NP	QL 12 CAPS / 1 DAY PA
<i>NEURONTIN 400 MG CAPSULE</i>	NP	QL 9 CAPS / 1 DAY PA
<i>NEURONTIN 600 MG TABLET</i>	NP	QL 6 TABS / 1 DAY PA
<i>NEURONTIN 800 MG TABLET</i>	NP	QL 4 TABS / 1 DAY PA
<i>oxcarbazepine</i>	P	
<i>OXTELLAR XR</i>	NP	PA
<i>pregabalin 100 mg capsule</i>	P	
<i>pregabalin 150 mg capsule</i>	P	
<i>pregabalin 20 mg/ml solution</i>	NP	QL 30 ML / 1 DAY PA
<i>pregabalin 200 mg capsule</i>	P	
<i>pregabalin 225 mg capsule</i>	P	
<i>pregabalin 25 mg capsule</i>	P	
<i>pregabalin 300 mg capsule</i>	P	
<i>pregabalin 50 mg capsule</i>	P	
<i>pregabalin 75 mg capsule</i>	P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
QUDEXY XR	NP	PA
ROWEEPRA	P	
ROWEEPRA XR	P	
rufinamide 200 mg tablet	NP	QL 16 TABS / 1 DAY PA
rufinamide 40 mg/ml suspension	NP	QL 80 ML / 1 DAY PA
rufinamide 400 mg tablet	NP	QL 8 TABS / 1 DAY PA
SABRIL	NP	PA S Specialty Drug
SPRITAM	NP	PA
SUBVENITE	C	
SUBVENITE (BLUE)	C	
SUBVENITE (GREEN)	C	
SUBVENITE (ORANGE)	C	
TEGRETOL	NP	PA
TEGRETOL XR	NP	PA
tiagabine hcl	NP	PA
TOPAMAX	NP	PA
topiramate	P	
topiramate er	NP	PA
topiramate er 100 mg capsule (generic trokendi xr)	NP	PA
topiramate er 25 mg capsule (generic trokendi xr)	NP	PA
topiramate er 50 mg capsule (generic trokendi xr)	NP	PA
topiramate er 200 mg capsule (generic trokendi xr)	NP	PA
TRILEPTAL	NP	PA
TROKENDI XR	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>valproic acid 250 mg capsule</i>	P	
<i>valproic acid 250 mg/5 ml cup</i>	P	
<i>valproic acid 250 mg/5 ml soln</i>	P	
<i>valproic acid 500 mg/10 ml cup</i>	P	
<i>valproic acid 500 mg/10 ml sol</i>	P	
<i>vigabatrin</i>	NP	PA S Specialty Drug
VIGADRONE	C	PA S Specialty Drug
VIGPODER	C	PA S Specialty Drug
VIMPAT 10 MG/ML SOLUTION	NP	QL 40 ML / 1 DAY PA
VIMPAT 100 MG TABLET	NP	QL 4 TABS / 1 DAY PA
VIMPAT 150 MG TABLET	NP	QL 2 TABS / 1 DAY PA
VIMPAT 200 MG TABLET	NP	QL 2 TABS / 1 DAY PA
VIMPAT 50 MG TABLET	NP	QL 8 TABS / 1 DAY PA
XCOPRI 100 MG TABLET	NP	QL 1 TAB / 1 DAY PA
XCOPRI 12.5-25 MG TITRATION PK	NP	QL 1 TAB / 1 DAY PA
XCOPRI 150 MG TABLET	NP	QL 1 TAB / 1 DAY PA
XCOPRI 150-200 MG TITRATION PK	NP	QL 1 TAB / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>XCOPRI 200 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>XCOPRI 250 MG DAILY DOSE PACK</i>	NP	QL 2 TABS / 1 day(s) PA
<i>XCOPRI 350 MG DAILY DOSE PACK</i>	NP	QL 2 TABS / 1 DAY PA
<i>XCOPRI 50 MG TABLET</i>	NP	QL 1 TAB / 1 DAY PA
<i>XCOPRI 50-100 MG TITRATION PAK</i>	NP	QL 1 TAB / 1 DAY PA
<i>ZONEGRAN</i>	NP	PA
<i>ZONISADE</i>	NP	PA
<i>zonisamide</i>	P	
BARBITURATES (ANTICONVULSANTS)		
<i>MYSOLINE</i>	NP	PA
<i>primidone</i>	P	
BENZODIAZEPINES (ANTICONVULSANTS)		
<i>clobazam 10 mg tablet</i>	P	
<i>clobazam 2.5 mg/ml suspension</i>	NP	QL 16 ML / 1 DAY PA
<i>clobazam 20 mg tablet</i>	P	
<i>clonazepam 0.125 mg dis tab</i>	C	QL 6 TABS / 1 DAY
<i>clonazepam 0.125 mg odt</i>	C	QL 6 TABS / 1 DAY
<i>clonazepam 0.25 mg odt</i>	C	QL 6 TABS / 1 DAY
<i>clonazepam 0.5 mg dis tablet</i>	C	QL 6 TABS / 1 DAY
<i>clonazepam 0.5 mg odt</i>	C	QL 6 TABS / 1 DAY
<i>clonazepam 0.5 mg tablet</i>	C	QL 6 TABS / 1 DAY
<i>clonazepam 1 mg dis tablet</i>	C	QL 4 TABS / 1 DAY

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>clonazepam 1 mg odt</i>	C	QL 4 TABS / 1 DAY
<i>clonazepam 1 mg tablet</i>	C	QL 4 TABS / 1 DAY
<i>clonazepam 2 mg odt</i>	C	QL 2 TABS / 1 DAY
<i>clonazepam 2 mg tablet</i>	C	QL 2 TABS / 1 DAY
NAYZILAM	P	
ONFI 10 MG TABLET	NP	QL 4 TABS / 1 DAY PA
ONFI 2.5 MG/ML SUSPENSION	NP	QL 16 ML / 1 DAY PA
ONFI 20 MG TABLET	NP	QL 2 TABS / 1 DAY PA
SYMPAZAN	NP	PA
HYDANTOINS		
DILANTIN 100 MG CAPSULE	P	
DILANTIN 30 MG CAPSULE	P	
DILANTIN 50 MG INFATAB	NP	PA
DILANTIN-125	NP	PA
PHENYTEK	P	
<i>phenytoin</i>	P	
<i>phenytoin sodium extended</i>	P	
SUCCINIMIDES		
CELONTIN	P	
<i>ethosuximide</i>	P	
<i>methsuximide</i>	C	
ZARONTIN	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, MISCELLANEOUS		
APLENZIN	NP	PA
AUVELITY	NP	QL 2 TABLETS / 1 day(s) PA
<i>bupropion hcl</i>	P	
<i>bupropion hcl sr</i>	P	
<i>bupropion hcl xl 150 mg tablet</i>	P	
<i>bupropion hcl xl 300 mg tablet</i>	P	
<i>bupropion hcl xl 450 mg tablet</i>	NP	PA
FORFIVO XL	NP	PA
<i>mirtazapine</i>	P	
REMERON	NP	PA
WELLBUTRIN SR	NP	PA
WELLBUTRIN XL	NP	PA
MONOAMINE OXIDASE INHIBITORS		
<i>phenelzine sulfate</i>	C	
<i>tranylcypromine sulfate</i>	C	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
CYMBALTA 20 MG CAPSULE	NP	QL 2 CAPS / 1 DAY PA
CYMBALTA 30 MG CAPSULE	NP	QL 3 CAPS / 1 DAY PA
CYMBALTA 60 MG CAPSULE	NP	QL 2 CAPS / 1 DAY PA
<i>desvenlafaxine er</i>	NP	PA
<i>desvenlafaxine suc er 100 mg tablet (generic for Pristiq)</i>	NP	PA
<i>desvenlafaxine suc er 25 mg tablet (generic for Pristiq)</i>	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>desvenlafaxine suc er 50 mg tablet (generic for Pristiq)</i>	NP	PA
DRIZALMA SPRINKLE	NP	PA
<i>duloxetine hcl dr 20 mg cap</i>	P	
<i>duloxetine hcl dr 30 mg cap</i>	P	
<i>duloxetine hcl dr 40 mg cap</i>	NP	PA
<i>duloxetine hcl dr 60 mg cap</i>	P	
EFFEXOR XR	NP	PA
FETZIMA	NP	PA
PRISTIQ	NP	PA
<i>venlafaxine hcl</i>	P	
<i>venlafaxine hcl er 150 mg cap</i>	P	
<i>venlafaxine hcl er 150 mg tab</i>	NP	PA
<i>venlafaxine hcl er 225 mg tab</i>	NP	PA
<i>venlafaxine hcl er 37.5 mg cap</i>	P	
<i>venlafaxine hcl er 37.5 mg tab</i>	NP	PA
<i>venlafaxine hcl er 75 mg cap</i>	P	
<i>venlafaxine hcl er 75 mg tab</i>	NP	PA
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
BRISDELLE	NP	PA
CELEXA	NP	PA
<i>citalopram hbr 10 mg tablet</i>	P	
<i>citalopram hbr 10 mg/5 ml soln</i>	P	
<i>citalopram hbr 20 mg tablet</i>	P	
<i>citalopram hbr 20 mg/10 ml cup</i>	P	
<i>citalopram hbr 30 mg capsule</i>	NP	PA
<i>citalopram hbr 40 mg tablet</i>	P	
<i>escitalopram 10 mg tablet</i>	P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>escitalopram 20 mg tablet</i>	P	
<i>escitalopram 5 mg tablet</i>	P	
<i>escitalopram oxalate 5 mg/5 ml</i>	NP	PA
<i>fluoxetine 20 mg/5 ml soln cup</i>	P	
<i>fluoxetine 20 mg/5 ml solution</i>	P	
<i>fluoxetine dr</i>	NP	PA
<i>fluoxetine hcl 10 mg capsule</i>	P	
<i>fluoxetine hcl 10 mg tablet</i>	NP	PA
<i>fluoxetine hcl 20 mg capsule</i>	P	
<i>fluoxetine hcl 20 mg tablet</i>	NP	PA
<i>fluoxetine hcl 40 mg capsule</i>	P	
<i>fluoxetine hcl 60 mg tablet</i>	NP	PA
<i>fluvoxamine maleate</i>	P	
<i>fluvoxamine maleate er</i>	NP	PA
LEXAPRO	NP	PA
<i>olanzapine-fluoxetine hcl</i>	NP	PA
<i>paroxetine cr</i>	NP	PA
<i>paroxetine er</i>	NP	PA
<i>paroxetine hcl 10 mg tablet</i>	P	
<i>paroxetine hcl 10 mg/5 ml susp</i>	NP	PA
<i>paroxetine hcl 20 mg tablet</i>	P	
<i>paroxetine hcl 30 mg tablet</i>	P	
<i>paroxetine hcl 40 mg tablet</i>	P	
<i>paroxetine mesylate</i>	NP	PA
PAXIL	NP	PA
PAXIL CR	NP	PA
PEXEVA	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>PROZAC</i>	NP	PA
<i>sertraline 150 mg capsule</i>	NP	PA
<i>sertraline 20 mg/ml oral conc</i>	P	
<i>sertraline 200 mg capsule</i>	NP	PA
<i>sertraline hcl 100 mg tablet</i>	P	
<i>sertraline hcl 25 mg tablet</i>	P	
<i>sertraline hcl 50 mg tablet</i>	P	
<i>SYMBYAX</i>	NP	PA
<i>ZOLOFT</i>	NP	PA
SEROTONIN MODULATORS		
<i>nefazodone hcl</i>	P	
<i>trazodone hcl</i>	P	
<i>TRINTELLIX</i>	NP	PA
<i>VIIBRYD 10 MG TABLET</i>	P	
<i>VIIBRYD 20 MG TABLET</i>	P	
<i>VIIBRYD 40 MG TABLET</i>	P	
<i>vilazodone hcl</i>	NP	PA
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline hcl</i>	C	
<i>amoxapine</i>	C	
<i>clomipramine hcl</i>	C	
<i>desipramine hcl</i>	C	
<i>doxepin 10 mg capsule</i>	C	
<i>doxepin 10 mg/ml oral conc</i>	C	
<i>doxepin 100 mg capsule</i>	C	
<i>doxepin 150 mg capsule</i>	C	
<i>doxepin 25 mg capsule</i>	C	
<i>doxepin 50 mg capsule</i>	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>doxepin 75 mg capsule</i>	C	
<i>imipramine hcl</i>	C	
<i>nortriptyline hcl</i>	C	
<i>protriptyline hcl</i>	C	
<i>trimipramine maleate</i>	C	
ANTIDIABETIC AGENTS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	P	
<i>miglitol</i>	NP	PA
PRECOSE	NP	PA
AMYLINOMIMETICS		
SYMLINPEN 120	P	PA
SYMLINPEN 60	P	PA
BIGUANIDES		
<i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>	C	
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	C	
<i>metformin hcl 850 mg tablet</i>	C	
<i>metformin hcl er</i>	C	
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
<i>alogliptin</i>	NP	QL 1 TAB / 1 DAY PA
<i>alogliptin-metformin</i>	NP	QL 2 TABS / 1 DAY PA
<i>alogliptin-pioglitazone</i>	NP	QL 1 TAB / 1 DAY PA
JANUMET	P	PA
JANUMET XR	P	PA
JANUVIA	P	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
JENTADUETO	P	PA
JENTADUETO XR	P	PA
KAZANO	NP	QL 2 TABS / 1 DAY PA
KOMBIGLYZE XR	P	PA
NESINA	P	PA
ONGLYZA	P	PA
OSENI	NP	QL 1 TAB / 1 DAY PA
saxagliptin hcl	NP	QL 1 TAB / 1 day(s) PA
saxagliptin-metformin er	NP	QL 2 TABLETS / 1 day(s) PA
TRADJENTA	P	PA
INCRETIN MIMETICS		
ADLYXIN 10-20 MCG STARTER PACK	NP	QL 2 PENS (6 ML) / 28 day(s) PA
ADLYXIN 20 MCG MAINTENANCE PK	NP	QL 3 PENS (6 ML) / 28 day(s) PA
BYDUREON BCISE	P	PA
BYETTA	P	PA
MOUNJARO	NP	QL 4 PENS (2 ML) / 28 day(s) PA
OZEMPIC	P	PA
RYBELSUS	NP	QL 1 TAB / 1 DAY PA
SAXENDA	P	QL 5 PENS (15 ML) / 30 day(s) PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>TRULICITY</i>	NP	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">4 PENS (2 ML) / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>VICTOZA 2-PAK</i>	P	<div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
<i>VICTOZA 3-PAK</i>	P	<div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
<i>WEGOVY 0.25 MG/0.5 ML PEN</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">4 PENS (2 ML) / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>WEGOVY 0.5 MG/0.5 ML PEN</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">4 PENS (2 ML) / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>WEGOVY 1 MG/0.5 ML PEN</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">4 PENS (2 ML) / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>WEGOVY 1.7 MG/0.75 ML PEN</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">4 PENS (3 ML) / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>WEGOVY 2.4 MG/0.75 ML PEN</i>	P	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">4 PENS (3 ML) / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>ZEPBOUND</i>	C	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">4 PENS (2 ML) / 28 day(s)</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
INSULINS		
<i>FIASP PUMPCART</i>	NP	<div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>
MEGLITINIDES		
<i>nateglinide</i>	C	
<i>repaglinide</i>	C	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
<i>dapagliflozin</i>	C	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">1 TAB / 1 day(s)</div> </div>
<i>FARXIGA</i>	P	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">1 TAB / 1 DAY</div>
<i>GLYXAMBI</i>	NP	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">1 TAB / 1 DAY</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>INVOKAMET</i>	NP	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-top: 2px;">2 TABS / 1 DAY</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>INVOKAMET XR</i>	NP	QL 2 TABS / 1 DAY PA
<i>INVOKANA</i>	P	QL 1 TAB / 1 DAY
<i>JARDIANCE</i>	P	QL 1 TAB / 1 DAY
<i>QTERN</i>	NP	QL 1 TAB / 1 DAY PA
<i>SEGLUROMET</i>	NP	QL 2 TABS / 1 DAY PA
<i>STEGLATRO</i>	NP	QL 1 TAB / 1 DAY PA
<i>STEGLUJAN</i>	NP	QL 1 TAB / 1 DAY PA
<i>SYNJARDY</i>	NP	QL 2 TABS / 1 DAY PA
<i>SYNJARDY XR</i>	NP	QL 2 TABS / 1 DAY PA
<i>TRIJARDY XR 10-5-1,000 MG TAB</i>	NP	QL 1 TAB / 1 DAY PA
<i>TRIJARDY XR 12.5-2.5-1,000 MG</i>	NP	QL 2 TABS / 1 DAY PA
<i>TRIJARDY XR 25-5-1,000 MG TAB</i>	NP	QL 1 TAB / 1 DAY PA
<i>TRIJARDY XR 5-2.5-1,000 MG TAB</i>	NP	QL 2 TABS / 1 DAY PA
<i>XIGDUO XR 10 MG-1,000 MG TAB</i>	NP	QL 1 TAB / 1 DAY PA
<i>XIGDUO XR 10 MG-500 MG TABLET</i>	NP	QL 1 TAB / 1 DAY PA
<i>XIGDUO XR 2.5 MG-1,000 MG TAB</i>	NP	QL 1 TAB / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>XIGDUO XR 5 MG-1,000 MG TABLET</i>	NP	QL 2 TABS / 1 day(s) PA
<i>XIGDUO XR 5 MG-500 MG TABLET</i>	NP	QL 1 TAB / 1 DAY PA
SULFONYLUREAS		
<i>glimepiride</i>	C	
<i>glipizide</i>	C	
<i>glipizide er</i>	C	
<i>glipizide xl</i>	C	
<i>glipizide-metformin</i>	C	
<i>glyburide</i>	C	
<i>glyburide micronized</i>	C	
<i>glyburide-metformin hcl</i>	C	
THIAZOLIDINEDIONES		
<i>DUETACT</i>	NP	PA
<i>pioglitazone hcl</i>	P	
<i>pioglitazone-glimepiride</i>	NP	PA
<i>pioglitazone-metformin</i>	NP	PA
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>ANZEMET</i>	NP	PA
<i>granisetron hcl 1 mg tablet</i>	NP	PA
<i>ondansetron 4 mg/5 ml soln cup</i>	P	
<i>ondansetron 4 mg/5 ml solution</i>	P	
<i>ondansetron hcl 4 mg tablet</i>	P	
<i>ondansetron hcl 8 mg tablet</i>	P	
<i>ondansetron odt</i>	P	
<i>SANCUSO</i>	NP	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
ANTIEMETICS, MISCELLANEOUS			
<i>dronabinol</i>		C	
<i>scopolamine</i>		NP	PA
TRANSDERM-SCOP		P	
ANTIHISTAMINES (GI DRUGS)			
COMPRO		C	
<i>dramamine 25 mg tablet</i>	OTC	C	
<i>dramamine 25 mg tablet chew</i>	OTC	C	
<i>meclizine 12.5 mg caplet</i>	OTC	C	
<i>meclizine 12.5 mg tablet</i>	OTC	C	
<i>meclizine 25 mg tablet</i>	OTC	C	
<i>meclizine 25 mg tablet chew</i>	OTC	C	
<i>prochlorperazine</i>		C	
<i>prochlorperazine maleate</i>		C	
<i>trimethobenzamide hcl</i>		C	
NEUROKININ-1 RECEPTOR ANTAGONISTS			
AKYNZEO 300-0.5 MG CAPSULE		NP	PA
<i>aprepitant</i>		C	
EMEND 125 MG POWDER PACKET		C	
ANTIFUNGAL (SYSTEMIC)			
ALLYLAMINE ANTIFUNGALS			
<i>terbinafine hcl</i>		P	
ANTIFUNGALS, MISCELLANEOUS			
BREXAFEMME		NP	PA
<i>griseofulvin</i>		NP	PA
<i>griseofulvin ultramicrosize</i>		NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
AZOLE ANTIFUNGALS		
<i>CRESEMBA 186 MG CAPSULE</i>	NP	PA
<i>CRESEMBA 74.5 MG CAPSULE</i>	NP	PA
<i>DIFLUCAN 10 MG/ML SUSPENSION</i>	NP	PA
<i>DIFLUCAN 40 MG/ML SUSPENSION</i>	NP	PA
<i>fluconazole</i>	P	
<i>itraconazole</i>	NP	PA
<i>ketoconazole 200 mg tablet</i>	NP	PA
<i>NOXAFIL 300 MG POWDERMIX SUSP</i>	C	PA
<i>NOXAFIL 40 MG/ML SUSPENSION</i>	NP	PA
<i>NOXAFIL DR 100 MG TABLET</i>	NP	PA
<i>posaconazole 200 mg/5 ml susp</i>	NP	PA
<i>posaconazole dr 100 mg tablet</i>	NP	PA
<i>SPORANOX 10 MG/ML SOLUTION</i>	NP	PA
<i>SPORANOX 100 MG CAPSULE</i>	NP	PA
<i>TOLSURA</i>	NP	PA
<i>VIVJOA</i>	NP	QL 18 CAPSULES / 84 day(s) PA
<i>voriconazole 200 mg tablet</i>	C	PA
<i>voriconazole 40 mg/ml susp</i>	C	PA
<i>voriconazole 50 mg tablet</i>	C	PA
POLYENE ANTIFUNGALS		
<i>nystatin 100,000 unit/ml susp</i>	P	
<i>nystatin 500,000 unit oral tab</i>	NP	PA
<i>nystatin 500,000 unit/5 ml cup</i>	P	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
PYRIMIDINE ANTIFUNGALS			
ANCOBON		NP	PA
flucytosine		NP	PA
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)			
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)			
ATHLETE'S FOOT 1% CREAM	OTC	C	
EQ ATHLETE'S FOOT 1% CREAM	OTC	C	
eq terbinafine 1% cream	OTC	P	
FT ATHLETE'S FOOT 1% CREAM	OTC	C	
LAMISIL	OTC	C	
naftifine hcl 1% cream		NP	PA
naftifine hcl 2% cream		NP	QL 60 GM / 30 DAYS PA
naftifine hcl 2% gel		NP	PA
NAFTIN		NP	PA
terbinafine 1% cream	OTC	P	
AZOLES (SKIN AND MUCOUS MEMBRANE)			
1-day	OTC	C	
antifungal 1% topical cream	OTC	P	
antifungal 2% powder	OTC	P	
antifungal 2% topical cream	OTC	P	
antifungal extra thick	OTC	P	
clotrimazole 1% solution	OTC	NP	PA
clotrimazole 1% topical cream	OTC	P	
clotrimazole 1% vaginal cream	OTC	C	
clotrimazole 10 mg troche		C	
clotrimazole-1% solution		P	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>clotrimazole-3 2% cream</i>	OTC	C	
<i>clotrimazole-7</i>	OTC	C	
<i>clotrimazole-betamethasone crm</i>		P	
<i>clotrimazole-betamethasone lot</i>		NP	PA
<i>desenex 2% powder</i>	OTC	P	
<i>econazole nitrate</i>		P	
EXELDERM		NP	PA
<i>ft antifungal 2% topical cream</i>	OTC	P	
<i>ft miconazole 7 cream</i>	OTC	C	
<i>ft tioconazole-1 6.5% ointment</i>	OTC	C	
FUNGOID TINCTURE	OTC	C	
<i>gs athlete's foot 1% cream</i>	OTC	P	
JUBLIA		NP	PA
<i>ketoconazole 2% cream</i>		P	
<i>ketoconazole 2% foam</i>		NP	PA
<i>ketoconazole 2% shampoo</i>		P	
KETODAN 2% FOAM		C	
<i>lotrimin af 2% powder</i>	OTC	P	
<i>luliconazole</i>		NP	PA
LUZU		NP	PA
<i>micatin</i>	OTC	P	
<i>miconazole 100 mg vag supp</i>	OTC	C	
<i>miconazole 2% topical cream</i>	OTC	P	
<i>miconazole 3 combo pack</i>	OTC	C	
<i>miconazole 7 100 mg vag supp</i>	OTC	C	
<i>miconazole 7 cream</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>miconazole nitrate 2% powder</i>	OTC	P	
<i>miconazole-7</i>	OTC	C	
<i>miconazole-zinc oxide-petroltm</i>		NP	PA
<i>miconazorb af</i>	OTC	P	
<i>micro-guard</i>	OTC	P	
<i>monistat 3</i>	OTC	C	
<i>MONISTAT 7</i>	OTC	C	
<i>mycozyl ac</i>	OTC	P	
<i>mycozyl ap</i>	OTC	P	
<i>oxiconazole nitrate</i>		NP	QL 60 GM / 30 DAYS PA
<i>OXISTAT 1% CREAM</i>		NP	QL 60 GM / 30 DAYS PA
<i>remedy antifungal</i>	OTC	P	
<i>remedy phytoplex antifungal 2%</i>	OTC	P	
<i>sm clotrimazole 1% vag cream</i>	OTC	C	
<i>sm miconazole 7 100 mg vag sup</i>	OTC	C	
<i>sm tioconazole-1 6.5% ointment</i>	OTC	C	
<i>sulconazole nitrate</i>		NP	PA
<i>terconazole</i>		C	
<i>thera antifungal 2% cream</i>	OTC	P	
<i>thera antifungal 2% powder</i>	OTC	P	
<i>ting 2% spray powder</i>	OTC	C	
<i>tioconazole-1 6.5% ointment</i>	OTC	C	
<i>tm-clotrimazole 1% top cream</i>	OTC	P	
<i>triple paste af</i>	OTC	C	
<i>VUSION</i>		NP	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
BENZYLAMINES (SKIN AND MUCOUS MEMBRANE)			
<i>MENTAX</i>		C	PA
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)			
<i>CICLODAN 0.77% CREAM</i>		NP	PA
<i>CICLODAN 8% SOLUTION</i>		NP	PA
<i>ciclopirox 0.77% cream</i>		P	
<i>ciclopirox 0.77% gel</i>		NP	PA
<i>ciclopirox 0.77% topical susp</i>		P	
<i>ciclopirox 1% shampoo</i>		NP	PA
<i>ciclopirox 8% solution</i>		P	
<i>LOPROX 0.77% CREAM</i>		NP	PA
<i>LOPROX 0.77% TOPICAL SUSP</i>		NP	PA
<i>LOPROX 1% SHAMPOO</i>		NP	PA
OXABOROLES			
<i>KERYDIN</i>		NP	PA
<i>tavaborole</i>		NP	PA
POLYENES (SKIN AND MUCOUS MEMBRANE)			
<i>NYAMYC</i>		C	QL 240 GM / Rx
<i>nystatin 100,000 unit/gm cream</i>		P	
<i>nystatin 100,000 unit/gm oint</i>		P	
<i>nystatin 100,000 unit/gm powd</i>		P	QL 240 GM / Rx
<i>nystatin-triamcinolone</i>		P	
<i>NYSTOP</i>		C	QL 240 GM / Rx
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE)			
<i>antifungal 1% liquid</i>	OTC	NP	PA
<i>antifungal 1% liquid spray</i>	OTC	C	
<i>ft antifungal 1% cream</i>	OTC	P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>micomitin</i>	OTC NP	PA
<i>micotrin al</i>	OTC NP	PA
<i>mycozyl al</i>	OTC NP	PA
<i>qc antifungal 1% cream</i>	OTC P	
<i>ting 1% cream</i>	OTC C	
<i>ting 1% liquid spray</i>	OTC C	
<i>tm-tolnaftate 1% liquid</i>	OTC NP	PA
<i>tm-tolnaftate lr 1% liquid</i>	OTC NP	PA
<i>tolcylen</i>	OTC NP	PA
<i>tolnafi-al</i>	OTC NP	PA
<i>tolnaftate 1% cream</i>	OTC P	
<i>tolnaftate 1% powder</i>	OTC C	
<i>tritolnacide s</i>	OTC NP	PA
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT)		
<i>ALPHAGAN P</i>	P	
<i>brimonidine 0.2% eye drop</i>	P	
<i>brimonidine tartrate 0.1% drop</i>	P	
<i>brimonidine tartrate 0.15% drp</i>	NP	PA
<i>brimonidine tartrate-timolol</i>	NP	PA
<i>COMBIGAN</i>	P	
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
<i>betaxolol hcl 0.5% eye drop</i>	NP	PA
<i>BETIMOL</i>	NP	PA
<i>BETOPTIC S</i>	NP	PA
<i>carteolol hcl</i>	NP	PA
<i>ISTALOL</i>	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>levobunolol hcl</i>	NP	PA
<i>timolol 0.25% gel-solution</i>	P	
<i>timolol 0.5% eye drop (generic for istalol)</i>	NP	PA
<i>timolol 0.5% gel-solution</i>	P	
<i>timolol 0.5% gfs gel-solution</i>	P	
<i>timolol maleate 0.25% eye drop</i>	NP	PA
<i>timolol maleate 0.25% eye drop (generic for timoptic)</i>	P	
<i>timolol maleate 0.5% eye drops (generic for timoptic)</i>	P	
<i>timolol maleate/pf 0.5% eye drop (generic for ocudose)</i>	NP	PA
TIMOPTIC	NP	PA
TIMOPTIC OCUDOSE	NP	PA
TIMOPTIC-XE	NP	PA
CARBONIC ANHYDRASE INHIBITORS (EENT)		
<i>acetazolamide</i>	C	
<i>acetazolamide er</i>	C	
AZOPT	NP	PA
<i>brinzolamide</i>	NP	PA
COSOPT	NP	PA
COSOPT PF	NP	PA
<i>dorzolamide</i>	P	
<i>dorzolamide hcl</i>	P	
<i>dorzolamide-timolol 2%-0.5%</i>	NP	PA
<i>dorzolamide-timolol eye drops</i>	P	
<i>methazolamide</i>	C	
SIMBRINZA	NP	PA
<i>timolol-dorzolamide</i>	NP	PA
TRUSOPT	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
MIOTICS		
<i>pilocarpine 1% eye drops</i>	C	
<i>pilocarpine 2% eye drops</i>	C	
<i>pilocarpine 4% eye drops</i>	C	
PROSTAGLANDIN ANALOGS		
<i>bimatoprost 0.03% eye drops</i>	NP	PA
<i>latanoprost</i>	P	
LUMIGAN	NP	PA
<i>tafluprost</i>	C	PA
TRAVATAN Z	P	
<i>travoprost</i>	NP	PA
VYZULTA	NP	PA
XALATAN	NP	PA
XELPROS	NP	PA
ZIOPTAN	NP	PA
RHO KINASE INHIBITORS		
RHOPRESSA	NP	PA
ROCKLATAN	NP	PA
ANTIHEMORRHAGIC AGENTS		
HEMOSTATICS		
ADVATE	P	PA S Specialty Drug
ADYNOVATE	P	PA S Specialty Drug
AFSTYLA	P	PA S Specialty Drug
ALPHANATE	P	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ALPHANINE SD	P	PA S Specialty Drug
ALPROLIX	P	PA S Specialty Drug
ALTUVIIIIO	C	PA
aminocaproic acid 0.25 gram/ml	C	
aminocaproic acid 1,000 mg tab	C	
aminocaproic acid 500 mg tab	C	
BENEFIX	P	PA S Specialty Drug
COAGADEX	P	PA S Specialty Drug
CORIFACT	P	PA S Specialty Drug
ELOCTATE	P	PA S Specialty Drug
ESPEROCT	P	PA S Specialty Drug
FEIBA NF	P	PA S Specialty Drug
HEMLIBRA	C	PA S Specialty Drug
HEMOFIL M	P	PA S Specialty Drug
HUMATE-P	P	PA S Specialty Drug
IDELVION	P	PA S Specialty Drug
IXINITY	P	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>JIVI</i>	P	PA S Specialty Drug
<i>KOATE</i>	P	PA S Specialty Drug
<i>KOGENATE FS</i>	P	PA S Specialty Drug
<i>KOVALTRY</i>	P	PA S Specialty Drug
<i>MONONINE</i>	P	PA S Specialty Drug
<i>NOVOEIGHT</i>	P	PA S Specialty Drug
<i>NOVOSEVEN RT</i>	P	PA S Specialty Drug
<i>NUWIQ</i>	P	PA S Specialty Drug
<i>OBIZUR</i>	P	PA S Specialty Drug
<i>PROFILNINE</i>	P	PA S Specialty Drug
<i>REBINYN</i>	P	PA S Specialty Drug
<i>RECOMBINATE</i>	P	PA S Specialty Drug
<i>RIXUBIS</i>	P	PA S Specialty Drug
<i>SEVENFACT</i>	P	PA S Specialty Drug
<i>tranexamic acid 650 mg tablet</i>	C	QL 30 TABS / RX

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
TRETTEN		P	PA S Specialty Drug
VONVENDI		P	PA S Specialty Drug
WILATE		P	PA S Specialty Drug
XYNTHA		P	PA S Specialty Drug
XYNTHA SOLOFUSE		P	PA S Specialty Drug
ANTIHISTAMINE DRUGS			
SECOND GENERATION ANTIHISTAMINES			
12 HOUR ALLERGY-D	OTC	C	
ALAVERT	OTC	P	
alavert d-12	OTC	C	
ALL DAY ALLERGY	OTC	P	
ALL DAY ALLERGY-D 5-120 MG TAB	OTC	C	
ALL DAY ALLERGY-D TABLET	OTC	C	
ALLER-TEC D	OTC	C	
ALLERGY (LORATADINE) 10 MG TAB	OTC	P	
ALLERGY 10 MG TABLET	OTC	P	
ALLERGY COMPLETE-D	OTC	C	
ALLERGY RELIEF 10 MG TABLET	OTC	P	
ALLERGY RELIEF D-12	OTC	P	
ALLERGY RELIEF NASAL DECONGEST	OTC	P	
ALLERGY RELIEF-D TABLET	OTC	P	
ALLERGY RLF (CETRZN) 10 MG TAB	OTC	P	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
ALLERGY RLF (CETRZN) 5 MG TAB	OTC	P	
ALLERGY-CONGESTION RLF 12H TAB	OTC	P	
cetirizine hcl 1 mg/ml soln	OTC	P	
cetirizine hcl 1 mg/ml syrup		P	
cetirizine hcl 10 mg chew tab	OTC	NP	PA
cetirizine hcl 10 mg tablet	OTC	P	
cetirizine hcl 5 mg chew tab	OTC	NP	PA
cetirizine hcl 5 mg tablet	OTC	P	
cetirizine hcl 5 mg/5 ml cup	OTC	P	
cetirizine-pseudoephedrine er	OTC	P	
CHILD ALLERGY RELIEF 1 MG/ML	OTC	P	
CHILD ALLERGY RELIEF 5 MG/5 ML	OTC	C	
child loratadine 5 mg tab chew	OTC	C	
child loratadine 5 mg/5 ml sol	OTC	P	
child loratadine 5 mg/5 ml syr	OTC	P	
CHILD ZYRTEC 10 MG CHEW TABLET	OTC	NP	PA
CHILDREN'S ALL DAY ALLERGY	OTC	C	
CHILDREN'S ALLER-TEC	OTC	P	
children's cetirizine hcl	OTC	C	
CLARINEX		NP	PA
CLARINEX-D 12 HOUR		NP	PA
desloratadine		NP	PA
EQ ALLERGY (LORAT) 10 MG TAB	OTC	P	
EQ ALLERGY RELIEF 10 MG TABLET	OTC	P	
EQ CHILD ALLERGY 5 MG/5 ML SOL	OTC	C	
eq loratadine 10 mg odt	OTC	P	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>FT AD ALLERGY (LORAT) 10 MG TB</i>	OTC	P	
<i>FT ALL DY ALLERGY-D 5-120MG TB</i>	OTC	C	
<i>FT ALLERGY (CETRZN) 10 MG TAB</i>	OTC	P	
<i>FT ALLERGY (LORAT) 10 MG TAB</i>	OTC	P	
<i>FT CHILD ALLERGY 5 MG/5 ML SOL</i>	OTC	C	
<i>FT CHILD ALLERGY RLF 1 MG/ML</i>	OTC	P	
<i>FT CHILD ALLERGY RLF 5 MG CHEW</i>	OTC	C	
<i>GNP ALLERGY RELIEF 5 MG TABLET</i>	OTC	C	
<i>gnp loratadine 10 mg odt</i>	OTC	P	
<i>gnp loratadine 10 mg tablet</i>	OTC	P	
<i>GS ALL DAY ALLERGY-D TABLET</i>	OTC	C	
<i>GS ALLERGY RELIEF 10 MG TABLET</i>	OTC	P	
<i>GS CHILD ALLERGY RLF 5 MG/5 ML</i>	OTC	C	
<i>HM ALLERGY RELIEF 10 MG TABLET</i>	OTC	P	
<i>HM ALLERGY-CONGESTION 12HR TAB</i>	OTC	P	
<i>HM CHILD ALLERGY RLF 5 MG CHEW</i>	OTC	C	
<i>hm child loratadine 5 mg/5 ml</i>	OTC	P	
<i>hm loratadine 10 mg tablet</i>	OTC	P	
<i>levocetirizine 2.5 mg/5 ml sol</i>		P	
<i>levocetirizine 5 mg tablet</i>	OTC	P	
<i>levocetirizine 5 mg tablet (rx)</i>		P	
<i>loratadine 10 mg odt</i>	OTC	P	
<i>loratadine 10 mg tablet</i>	OTC	P	
<i>loratadine 5 mg/5 ml solution</i>	OTC	P	
<i>loratadine 5 mg/5 ml syrup</i>	OTC	P	
<i>loratadine allergy</i>	OTC	P	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
LORATADINE-D 12 HOUR TABLET	OTC	P	
LORATADINE-D 24HR TABLET	OTC	P	
QC ALLERGY (LORAT) 10 MG TAB	OTC	P	
SM ALL DAY ALLERGY 10 MG TAB	OTC	P	
SM ALL DAY ALLERGY-D TABLET	OTC	C	
sm loratadine 10 mg tablet	OTC	P	
sm loratadine 5 mg/5 ml syrup	OTC	P	
SM LORATADINE-D 12 HOUR TABLET	OTC	P	
ANTIHYPOLYCEMIC AGENTS			
GLYCOGENOLYTIC AGENTS			
BAQSIMI		C	QL 4 Bottles / fill(s)
GLUCAGON EMERGENCY KIT		C	QL 4 VIALS / rx
glucagon hcl		C	QL 4 Vials / rx
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML		C	QL 0.8 MLS / rx
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML		C	QL 0.4 MLS / rx
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML		C	QL 0.8 MLS / rx
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML		C	QL 0.4 MLS / rx
GVOKE PFS 1-PK 1 MG/0.2 ML SYR		C	QL 0.8 MLS / rx
GVOKE PFS 1PK 0.5MG/0.1 ML SYR		C	QL 0.4 MLS / rx
GVOKE PFS 2-PK 1 MG/0.2 ML SYR		C	QL 0.8 MLS / rx
GVOKE PFS 2PK 0.5MG/0.1 ML SYR		C	QL 0.4 MLS / rx
ZEGALOGUE AUTOINJECTOR		C	QL 2.4 MLS / rx
ZEGALOGUE SYRINGE		C	QL 2.4 MLS / rx
ANTILIPEMIC AGENTS			
ANTILIPEMIC AGENTS, MISCELLANEOUS			
EVKEEZA		NP	PA MED Medical Drug

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>fish oil 1,000 mg capsule</i>	OTC	C	
<i>icosapent ethyl</i>		NP	PA
<i>JUXTAPID</i>		C	PA S Specialty Drug
<i>LEQVIO</i>		NP	PA MED Medical Drug
<i>LOVAZA</i>		NP	PA
<i>NEXLETOL</i>		NP	PA
<i>NEXLIZET</i>		NP	PA
<i>niacin 100 mg tablet</i>	OTC	P	
<i>niacin 250 mg tablet</i>	OTC	P	
<i>niacin 50 mg tablet</i>	OTC	P	
<i>niacin 500 mg capsule sa</i>	OTC	P	
<i>niacin 500 mg tablet</i>	OTC	P	
<i>niacin 500 mg tablet (rx only)</i>		C	
<i>niacin er</i>		P	
<i>niacin er 1,000 mg tablet</i>	OTC	P	
<i>niacin er 500 mg tablet</i>	OTC	P	
<i>niacin sa 250 mg capsule</i>	OTC	P	
<i>niacin tr 500 mg tablet</i>	OTC	P	
<i>NIACOR</i>		NP	PA
<i>niavasc</i>	OTC	C	
<i>omega-3 acid ethyl esters</i>		NP	PA
<i>plain niacin</i>	OTC	P	
<i>SLO-NIACIN</i>	OTC	P	
<i>VASCEPA</i>		NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
BILE ACID SEQUESTRANTS		
<i>cholestyramine</i>	P	
<i>cholestyramine light</i>	P	
<i>colesevelam hcl</i>	NP	PA
COLESTID	NP	PA
<i>colestipol hcl</i>	P	
PREVALITE	C	
QUESTRAN	NP	PA
QUESTRAN LIGHT	NP	PA
WELCHOL	NP	PA
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	P	
<i>ezetimibe-simvastatin</i>	NP	PA
VYTORIN	NP	PA
ZETIA	NP	PA
FIBRIC ACID DERIVATIVES		
ANTARA	NP	PA
<i>fenofibrate 120 mg tablet</i>	NP	PA
<i>fenofibrate 130 mg capsule</i>	NP	PA
<i>fenofibrate 134 mg capsule</i>	P	
<i>fenofibrate 145 mg tablet</i>	P	
<i>fenofibrate 150 mg capsule</i>	NP	PA
<i>fenofibrate 160 mg tablet</i>	P	
<i>fenofibrate 200 mg capsule</i>	P	
<i>fenofibrate 30 mg capsule</i>	NP	PA
<i>fenofibrate 40 mg tablet</i>	NP	PA
<i>fenofibrate 43 mg capsule</i>	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>fenofibrate 48 mg tablet</i>	P	
<i>fenofibrate 50 mg capsule</i>	NP	PA
<i>fenofibrate 54 mg tablet</i>	P	
<i>fenofibrate 67 mg capsule</i>	P	
<i>fenofibrate 90 mg capsule</i>	NP	PA
<i>fenofibric acid 105 mg tablet</i>	NP	PA
<i>fenofibric acid 35 mg tablet</i>	NP	PA
<i>fenofibric acid dr 135 mg cap</i>	NP	PA
<i>fenofibric acid dr 45 mg cap</i>	NP	PA
FENOGLIDE	NP	PA
<i>gemfibrozil</i>	P	
LIPOFEN	NP	PA
LOPID	NP	PA
TRICOR	NP	PA
TRILIPIX	NP	PA
HMG-COA REDUCTASE INHIBITORS		
ALTOPREV	NP	PA
<i>amlodipine-atorvastatin</i>	NP	PA
<i>atorvastatin calcium</i>	P	
CADUET	NP	PA
CRESTOR	NP	PA
EZALLOR SPRINKLE	NP	PA
<i>fluvastatin er</i>	NP	PA
<i>fluvastatin sodium</i>	NP	PA
LESCOL XL	NP	PA
LIPITOR	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
LIVALO	NP	PA
<i>lovastatin</i>	P	
<i>pravastatin sodium</i>	P	
<i>rosuvastatin calcium</i>	P	
<i>simvastatin</i>	P	
ZOCOR	NP	PA
ZYPITAMAG	NP	PA
PCSK9 INHIBITORS		
PRALUENT PEN	NP	QL 2 PENS (2 ML) / 28 day(s) PA
REPATHA PUSHTRONEX	NP	QL 3.5 ML / 28 DAYS PA
REPATHA SURECLICK	NP	QL 2 ML / 28 DAYS PA
REPATHA SYRINGE	NP	QL 2 ML / 28 DAYS PA
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG AUTOINJECTOR	NP	QL 1 ML / 28 day(s) PA S Specialty Drug
AJOVY AUTOINJECTOR	P	S Specialty Drug
AJOVY SYRINGE	P	S Specialty Drug
EMGALITY 100 MG/ML SYR(1 OF 3)	C	QL 1 SYRINGE / 28 day(s) S Specialty Drug
EMGALITY 120 MG/ML SYRINGE	P	S Specialty Drug
EMGALITY 300 MG (100 MG X3SYR)	C	QL 1 SYRINGE / 28 day(s) S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>EMGALITY PEN</i>	P	S Specialty Drug
<i>NURTEC ODT</i>	NP	QL 8 TABS / 30 DAYS PA
<i>QULIPTA</i>	NP	QL 1 TAB / 1 day(s) PA S Specialty Drug
<i>UBRELVY</i>	P	
<i>VYEPTI</i>	NP	PA MED Medical Drug
SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate</i>	NP	QL 3 TABLETS / 7 day(s) PA
<i>AMERGE</i>	NP	QL 12 TABS / 30 DAYS PA
<i>eletriptan hbr</i>	NP	QL 18 TABS / 28 DAYS PA
<i>FROVA</i>	NP	QL 12 TABS / 28 DAYS PA
<i>frovatriptan succinate</i>	NP	QL 12 TABS / 28 DAYS PA
<i>IMITREX 100 MG TABLET</i>	NP	QL 18 TABS / 28 DAYS PA
<i>IMITREX 25 MG TABLET</i>	NP	QL 18 TABS / 28 DAYS PA
<i>IMITREX 4 MG/0.5 ML CARTRIDGES</i>	P	QL 5 ML / 30 DAYS
<i>IMITREX 4 MG/0.5 ML PEN INJECT</i>	P	QL 5 ML / 30 DAYS
<i>IMITREX 50 MG TABLET</i>	NP	QL 18 TABS / 28 DAYS PA
<i>IMITREX 6 MG/0.5 ML CARTRIDGES</i>	P	QL 5 ML / 30 DAYS

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>IMITREX 6 MG/0.5 ML PEN INJECT</i>	P	QL 5 ML / 30 DAYS
<i>IMITREX 6 MG/0.5 ML VIAL</i>	P	QL 5 ML / 30 DAYS
<i>MAXALT</i>	NP	QL 18 TABS / 28 DAYS PA
<i>MAXALT MLT</i>	NP	QL 18 TABS / 28 DAYS PA
<i>naratriptan hcl</i>	NP	QL 12 TABS / 30 DAYS PA
<i>RELPAX</i>	P	QL 18 TABS / 28 DAYS
<i>REYVOW</i>	NP	QL 8 TABS / 30 DAYS PA
<i>rizatriptan</i>	P	QL 18 TABS / 28 DAYS
<i>sumatriptan 20 mg nasal spray</i>	NP	QL 12 SPRAYS / 30 day(s) PA
<i>sumatriptan 4 mg/0.5 ml cart</i>	NP	QL 5 ML / 30 DAYS PA
<i>sumatriptan 4 mg/0.5 ml inject</i>	NP	QL 5 ML / 30 DAYS PA
<i>sumatriptan 5 mg nasal spray</i>	NP	QL 18 SPRAYS / 30 day(s) PA
<i>sumatriptan 6 mg/0.5 ml cart</i>	NP	QL 5 ML / 30 DAYS PA
<i>sumatriptan 6 mg/0.5 ml syrng</i>	NP	QL 5 ML / 30 DAYS PA
<i>sumatriptan 6 mg/0.5 ml vial</i>	NP	QL 5 ML / 30 DAYS PA
<i>sumatriptan 6 mg/0.5ml autoinj</i>	NP	QL 5 ML / 30 DAYS PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>sumatriptan succ 100 mg tablet</i>	P	QL 18 TABS / 28 DAYS
<i>sumatriptan succ 25 mg tablet</i>	P	QL 18 TABS / 28 DAYS
<i>sumatriptan succ 50 mg tablet</i>	P	QL 18 TABS / 28 DAYS
<i>sumatriptan succ-naproxen sod</i>	NP	QL 18 / 28 day(s) PA
TOSYMRA	NP	QL 6 DOSES / 30 DAYS PA
TREXIMET	NP	QL 18 / 28 day(s) PA
ZEMBRACE SYMTOUCH	NP	QL 4 ML / 30 DAYS PA
<i>zolmitriptan 2.5 mg nasal spry</i>	NP	QL 12 SPRAYS / 30 day(s) PA
<i>zolmitriptan 2.5 mg tablet</i>	P	QL 12 TABS / 28 DAYS
<i>zolmitriptan 5 mg nasal spray</i>	NP	QL 12 SPRAYS / 30 day(s) PA
<i>zolmitriptan 5 mg tablet</i>	P	QL 12 TABS / 28 DAYS
<i>zolmitriptan odt</i>	NP	QL 12 TABS / 28 DAYS PA
ZOMIG 2.5 MG NASAL SPRAY	P	QL 12 SPRAYS / 30 day(s)
ZOMIG 2.5 MG TABLET	NP	QL 12 TABS / 28 DAYS
ZOMIG 5 MG NASAL SPRAY	P	QL 12 SPRAYS / 30 day(s)
ZOMIG 5 MG TABLET	NP	QL 12 TABS / 28 DAYS
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, MISCELLANEOUS		
<i>dapsone 100 mg tablet</i>	C	
<i>dapsone 25 mg tablet</i>	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ANTITUBERCULOSIS AGENTS		
<i>cycloserine</i>	C	PA
<i>ethambutol hcl</i>	C	
<i>isoniazid 100 mg tablet</i>	C	
<i>isoniazid 300 mg tablet</i>	C	
<i>isoniazid 50 mg/5 ml solution</i>	C	
<i>pretomanid</i>	C	PA
PRIFTIN	C	
<i>pyrazinamide</i>	C	
<i>rifabutin</i>	C	
<i>rifampin 150 mg capsule</i>	C	
<i>rifampin 300 mg capsule</i>	C	
SIRTURO	C	PA
TRECTOR	C	PA
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	C	PA S Specialty Drug TD ONC
AKEEGA	C	PA S Specialty Drug TD
<i>anastrozole</i>	C	
BALVERSA	C	PA S Specialty Drug TD ONC
BESREMI	C	PA ONC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>bexarotene 1% gel</i>	C	PA S Specialty Drug ONC
<i>bexarotene 75 mg capsule</i>	C	PA S Specialty Drug TD ONC
<i>bicalutamide</i>	C	
<i>BRUKINSA</i>	C	PA S Specialty Drug TD ONC
<i>capecitabine</i>	C	S Specialty Drug ONC
<i>CAPRELSA</i>	C	PA S Specialty Drug ONC
<i>COMETRIQ</i>	C	PA S Specialty Drug TD ONC
<i>COTELLIC</i>	C	PA S Specialty Drug ONC
<i>CYCLOPHOSPHAMIDE 25 MG CAPSULE</i>	C	
<i>cyclophosphamide 25 mg capsule</i>	C	
<i>cyclophosphamide 25 mg tablet</i>	C	
<i>CYCLOPHOSPHAMIDE 50 MG CAPSULE</i>	C	
<i>cyclophosphamide 50 mg capsule</i>	C	
<i>cyclophosphamide 50 mg tablet</i>	C	
<i>diclofenac sodium 3% gel</i>	C	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>DROXIA</i>	P	PA
<i>EMCYT</i>	C	
<i>ERIVEDGE</i>	C	PA S Specialty Drug TD ONC
<i>ERLEADA</i>	C	PA S Specialty Drug ONC
<i>erlotinib hcl</i>	C	PA S Specialty Drug TD ONC
<i>etoposide 50 mg capsule</i>	C	
<i>everolimus 10 mg tablet</i>	C	PA S Specialty Drug TD ONC
<i>everolimus 2 mg tab for susp</i>	C	PA S Specialty Drug TD ONC
<i>everolimus 2.5 mg tablet</i>	C	PA S Specialty Drug TD ONC
<i>everolimus 3 mg tab for susp</i>	C	PA S Specialty Drug TD ONC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>everolimus 5 mg tablet</i>	C	PA S Specialty Drug TD ONC
<i>everolimus 7.5 mg tablet</i>	C	PA S Specialty Drug TD ONC
<i>exemestane</i>	C	
<i>fluorouracil 2% topical soln</i>	C	
<i>fluorouracil 5% cream</i>	C	
<i>fluorouracil 5% topical soln</i>	C	
<i>flutamide</i>	C	
<i>gefitinib</i>	C	PA S Specialty Drug TD
<i>GILOTRIF</i>	C	PA S Specialty Drug ONC
<i>HYCAMTIN 0.25 MG CAPSULE</i>	C	S Specialty Drug ONC
<i>HYCAMTIN 1 MG CAPSULE</i>	C	S Specialty Drug ONC
<i>hydroxyurea</i>	C	
<i>IBRANCE</i>	C	PA S Specialty Drug ONC
<i>IDHIFA</i>	C	PA S Specialty Drug ONC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>imatinib mesylate</i>	C	S Specialty Drug TD ONC
<i>IMBRUVICA 140 MG CAPSULE</i>	C	PA S Specialty Drug ONC
<i>IMBRUVICA 420 MG TABLET</i>	C	PA S Specialty Drug ONC
<i>IMBRUVICA 560 MG TABLET</i>	C	PA S Specialty Drug ONC
<i>IMBRUVICA 70 MG/ML SUSPENSION</i>	C	PA S Specialty Drug ONC
<i>INLYTA</i>	C	PA S Specialty Drug TD ONC
<i>JAKAFI</i>	C	PA S Specialty Drug TD ONC
<i>KISQALI</i>	C	PA S Specialty Drug ONC
<i>KISQALI FEMARA CO-PACK</i>	C	PA S Specialty Drug ONC
<i>KOSELUGO 10 MG CAPSULE</i>	C	QL 8 CAPS / 1 DAY PA S Specialty Drug ONC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>KOSELUGO 25 MG CAPSULE</i>	C	QL 4 CAPS / 1 DAY PA S Specialty Drug ONC
<i>KRAZATI</i>	C	PA S Specialty Drug TD ONC
<i>lapatinib</i>	C	PA S Specialty Drug ONC
<i>lenalidomide</i>	C	S Specialty Drug ONC
<i>letrozole</i>	C	
<i>LEUKERAN 2 MG TABLET</i>	C	
<i>LONSURF</i>	C	PA S Specialty Drug ONC
<i>LUMAKRAS 120 MG TABLET</i>	C	PA S Specialty Drug TD ONC
<i>LUMAKRAS 320 MG TABLET</i>	C	PA S Specialty Drug TD
<i>LYNPARZA</i>	C	PA S Specialty Drug TD ONC
<i>LYSODREN</i>	C	PA S Specialty Drug TD ONC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>LYTGOBI</i>	C	PA S Specialty Drug ONC
<i>MATULANE</i>	C	PA S Specialty Drug ONC
<i>MEKINIST 0.05 MG/ML SOLUTION</i>	C	PA S Specialty Drug
<i>MEKINIST 0.5 MG TABLET</i>	C	PA S Specialty Drug ONC
<i>MEKINIST 2 MG TABLET</i>	C	PA S Specialty Drug ONC
<i>melphalan</i>	C	
<i>mercaptopurine</i>	C	
<i>methotrexate 2.5 mg tablet</i>	C	
<i>methotrexate 250 mg/10 ml vial</i>	C	
<i>methotrexate 50 mg/2 ml vial</i>	C	
<i>methotrexate sodium</i>	C	
<i>MYLERAN 2 MG TABLET</i>	C	
<i>NEXAVAR</i>	C	PA S Specialty Drug TD ONC
<i>nilutamide</i>	C	PA ONC
<i>NINLARO</i>	C	PA S Specialty Drug ONC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>NUBEQA</i>	C	PA S Specialty Drug TD ONC
<i>ODOMZO</i>	C	PA S Specialty Drug TD ONC
<i>ONUREG</i>	C	PA S Specialty Drug ONC
<i>POMALYST</i>	C	PA S Specialty Drug ONC
<i>RASUVO</i>	C	PA
<i>RETEVMO</i>	C	PA S Specialty Drug TD ONC
<i>ROZLYTREK 100 MG CAPSULE</i>	C	PA S Specialty Drug TD ONC
<i>ROZLYTREK 200 MG CAPSULE</i>	C	PA S Specialty Drug TD ONC
<i>ROZLYTREK 50 MG PELLETT PACKET</i>	C	PA S Specialty Drug TD
<i>SIKLOS</i>	NP	QL 2 TABS / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>sorafenib</i>	C	PA S Specialty Drug TD ONC
<i>SPRYCEL</i>	C	PA S Specialty Drug TD ONC
<i>STIVARGA</i>	C	PA S Specialty Drug ONC
<i>sunitinib malate</i>	C	PA S Specialty Drug ONC
<i>TAFINLAR 10 MG TABLET FOR SUSP</i>	C	PA S Specialty Drug
<i>TAFINLAR 50 MG CAPSULE</i>	C	PA S Specialty Drug ONC
<i>TAFINLAR 75 MG CAPSULE</i>	C	PA S Specialty Drug ONC
<i>TAGRISSO</i>	C	PA S Specialty Drug TD ONC
<i>TASIGNA</i>	C	PA S Specialty Drug TD ONC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>temozolomide</i>	C	S Specialty Drug ONC
<i>tretinoin 10 mg capsule</i>	C	S Specialty Drug ONC
<i>TURALIO 125 MG CAPSULE</i>	C	PA S Specialty Drug
<i>TURALIO 200 MG CAPSULE</i>	C	PA S Specialty Drug ONC
<i>VALCHLOR</i>	C	PA S Specialty Drug ONC
<i>VANFLYTA</i>	C	PA S Specialty Drug
<i>VERZENIO</i>	C	PA S Specialty Drug TD ONC
<i>VONJO</i>	C	PA S Specialty Drug TD ONC
<i>XPOVIO 100 MG ONCE WEEKLY DOSE</i>	C	PA S Specialty Drug TD
<i>XPOVIO 40 MG ONCE WEEKLY DOSE</i>	C	PA S Specialty Drug TD
<i>XPOVIO 40 MG TWICE WEEKLY DOSE</i>	C	PA S Specialty Drug TD

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>XPOVIO 60 MG ONCE WEEKLY DOSE</i>	C	PA S Specialty Drug TD
<i>XPOVIO 60 MG TWICE WEEKLY DOSE</i>	C	PA S Specialty Drug TD ONC
<i>XPOVIO 80 MG ONCE WEEKLY DOSE</i>	C	PA S Specialty Drug TD
<i>XPOVIO 80 MG TWICE WEEKLY DOSE</i>	C	PA S Specialty Drug TD ONC
<i>XTANDI</i>	C	PA S Specialty Drug TD ONC
<i>ZEJULA 100 MG CAPSULE</i>	C	PA S Specialty Drug TD ONC
<i>ZEJULA 100 MG TABLET</i>	C	PA S Specialty Drug TD
<i>ZEJULA 200 MG TABLET</i>	C	PA S Specialty Drug TD
<i>ZEJULA 300 MG TABLET</i>	C	PA S Specialty Drug TD

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ZELBORAF	C	PA S Specialty Drug ONC
ZOLINZA	C	PA S Specialty Drug TD ONC
ZTALMY	NP	PA S Specialty Drug
ZYKADIA	C	PA S Specialty Drug TD ONC
ANTIPARKINSONIAN AGENTS (CNS)		
ADAMANTANES (CNS)		
amantadine	C	
GOCOVRI	NP	PA S Specialty Drug
ANTICHOLINERGIC AGENTS (CNS)		
benztropine mes 0.5 mg tab	C	
benztropine mes 1 mg tablet	C	
benztropine mes 2 mg tablet	C	
trihexyphenidyl hcl	C	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
entacapone	P	
ONGENTYS	NP	PA
tolcapone	NP	PA
DOPAMINE PRECURSORS		
carbidopa-levodopa	P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>carbidopa-levodopa er</i>	P	
<i>carbidopa-levodopa-entacapone</i>	P	
INBRIJA	NP	PA S Specialty Drug
RYTARY	NP	PA
SINEMET 10-100	NP	PA
SINEMET 25-100	NP	PA
STALEVO 100	NP	PA
STALEVO 125	NP	PA
STALEVO 150	NP	PA
STALEVO 200	NP	PA
STALEVO 50	NP	PA
STALEVO 75	NP	PA
MONOAMINE OXIDASE B INHIBITORS		
<i>rasagiline mesylate</i>	C	
<i>selegiline hcl</i>	C	
XADAGO	NP	PA
ANTIPROTOZOALS		
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	C	
<i>chloroquine phosphate</i>	C	
COARTEM	C	PA
<i>hydroxychloroquine 200 mg tab</i>	C	
<i>mefloquine hcl</i>	C	
ANTIPROTOZOALS, MISCELLANEOUS		
<i>atovaquone</i>	C	
<i>benznidazole</i>	C	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>LAMPIT</i>	C	PA
<i>metronidazole 250 mg tablet</i>	C	
<i>metronidazole 500 mg tablet</i>	C	
<i>nitazoxanide</i>	C	QL 6 TABS / rx PA
<i>tinidazole</i>	C	
ANTIPSYCHOTIC AGENTS		
ANTIPSYCHOTICS, MISCELLANEOUS		
<i>loxapine</i>	C	AL1 At least 7 yrs old
<i>pimozide</i>	C	AL1 At least 7 yrs old
ATYPICAL ANTIPSYCHOTICS		
<i>ABILIFY</i>	NP	PA
<i>ABILIFY ASIMTUFII</i>	P	AL1 At least 7 yrs old
<i>ABILIFY MAINTENA</i>	P	AL1 At least 7 yrs old
<i>ABILIFY MYCITE</i>	NP	PA
<i>aripiprazole</i>	P	AL1 At least 7 yrs old
<i>aripiprazole odt</i>	NP	PA
<i>ARISTADA</i>	NP	PA
<i>ARISTADA INITIO</i>	NP	PA
<i>asenapine maleate</i>	NP	PA
<i>CAPLYTA 10.5 MG CAPSULE</i>	NP	QL 1 CAPSULE / 1 day(s) PA
<i>CAPLYTA 21 MG CAPSULE</i>	NP	QL 1 CAPSULE / 1 day(s) PA
<i>CAPLYTA 42 MG CAPSULE</i>	NP	QL 1 CAP / 1 DAY PA
<i>clozapine</i>	P	AL1 At least 7 yrs old

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>clozapine odt</i>	P	AL1 At least 7 yrs old
CLOZARIL	NP	PA
FANAPT	NP	PA
GEODON 20 MG CAPSULE	NP	PA
GEODON 20 MG/ML VIAL	NP	PA
GEODON 40 MG CAPSULE	NP	PA
GEODON 60 MG CAPSULE	NP	PA
GEODON 80 MG CAPSULE	NP	PA
INVEGA	NP	PA
INVEGA HAFYERA	P	AL1 At least 7 yrs old
INVEGA SUSTENNA	P	AL1 At least 7 yrs old
INVEGA TRINZA	P	AL1 At least 7 yrs old
LATUDA	NP	QL 1 TABLET / 1 day(s) PA
<i>lurasidone hcl</i>	P	AL1 At least 7 yrs old
LYBALVI	NP	QL 1 TAB / 1 DAY PA
NUPLAZID	NP	PA S Specialty Drug TD
<i>olanzapine</i>	P	AL1 At least 7 yrs old
<i>olanzapine odt</i>	NP	PA
<i>paliperidone er</i>	NP	PA
PERSERIS	P	AL1 At least 7 yrs old
<i>quetiapine fumarate</i>	P	AL1 At least 7 yrs old
<i>quetiapine fumarate er</i>	P	AL1 At least 7 yrs old
REXULTI	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>RISPERDAL</i>	NP	PA
<i>RISPERDAL CONSTA</i>	P	AL1 At least 7 yrs old
<i>risperidone</i>	P	AL1 At least 7 yrs old
<i>risperidone er</i>	C	AL1 At least 7 yrs old
<i>risperidone odt</i>	P	AL1 At least 7 yrs old
<i>RYKINDO</i>	NP	PA
<i>SAPHRIS</i>	NP	PA
<i>SECUADO</i>	NP	PA
<i>SEROQUEL</i>	NP	PA
<i>SEROQUEL XR</i>	NP	PA
<i>UZEDY</i>	NP	PA
<i>VERSACLOZ</i>	NP	PA
<i>VRAYLAR 1.5 MG CAPSULE</i>	NP	QL 2 CAPS / 1 DAY PA
<i>VRAYLAR 1.5 MG-3 MG PACK</i>	NP	QL 2 CAPS / 1 DAY PA
<i>VRAYLAR 3 MG CAPSULE</i>	NP	QL 1 CAP / 1 DAY PA
<i>VRAYLAR 4.5 MG CAPSULE</i>	NP	QL 1 CAP / 1 DAY PA
<i>VRAYLAR 6 MG CAPSULE</i>	NP	QL 1 CAP / 1 DAY PA
<i>ziprasidone hcl</i>	P	AL1 At least 7 yrs old
<i>ziprasidone mesylate</i>	NP	PA AL1 At least 13 yrs old
<i>ZYPREXA</i>	NP	PA
<i>ZYPREXA RELPREVV</i>	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ZYPREXA ZYDIS	NP	PA
BUTYROPHENONES		
HALDOL DECANOATE 100	C	
HALDOL DECANOATE 50	C	
haloperidol	C	AL1 At least 7 yrs old
haloperidol decanoate	C	
haloperidol decanoate 100	C	
haloperidol lactate	C	AL1 At least 7 yrs old
PHENOTHIAZINES		
chlorpromazine 10 mg tablet	C	PA
chlorpromazine 100 mg tablet	C	PA
chlorpromazine 100 mg/ml conc	C	PA
chlorpromazine 200 mg tablet	C	PA
chlorpromazine 25 mg tablet	C	PA
chlorpromazine 30 mg/ml conc	C	PA
chlorpromazine 50 mg tablet	C	PA
fluphenazine 1 mg tablet	C	AL1 At least 7 yrs old
fluphenazine 10 mg tablet	C	AL1 At least 7 yrs old
fluphenazine 2.5 mg tablet	C	AL1 At least 7 yrs old
fluphenazine 2.5 mg/5 ml elix	C	AL1 At least 7 yrs old
fluphenazine 5 mg tablet	C	AL1 At least 7 yrs old
fluphenazine 5 mg/ml conc	C	AL1 At least 7 yrs old
fluphenazine decanoate	C	
perphenazine	C	AL1 At least 7 yrs old
thioridazine hcl	C	AL1 At least 7 yrs old
trifluoperazine hcl	C	AL1 At least 7 yrs old

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
THIOXANTHENES		
<i>thiothixene</i>	C	AL1 At least 7 yrs old
ANTIRETROVIRALS		
HIV ENTRY AND FUSION INHIBITORS		
<i>FUZEON</i>	C	S Specialty Drug
<i>maraviroc</i>	C	
<i>RUKOBIA</i>	C	PA
<i>SELZENTRY 20 MG/ML ORAL SOLN</i>	C	
<i>SELZENTRY 25 MG TABLET</i>	C	
<i>SELZENTRY 75 MG TABLET</i>	C	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
<i>DOVATO</i>	C	
<i>ISENTRESS</i>	C	
<i>ISENTRESS HD</i>	C	
<i>JULUCA</i>	C	
<i>TIVICAY</i>	C	
<i>TIVICAY PD</i>	C	
<i>VOCABRIA</i>	C	
HIV NONNUCLEOSIDE REV.TRANScriP. INHIB.		
<i>DELSTRIGO</i>	C	
<i>EDURANT</i>	C	
<i>efavirenz</i>	C	
<i>etravirine</i>	C	
<i>INTELENCE 25 MG TABLET</i>	C	
<i>nevirapine</i>	C	
<i>nevirapine er</i>	C	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir</i>	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>abacavir-lamivudine</i>	C	
BIKTARVY	C	
COMPLERA	C	
DESCOVY	C	PA
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	C	
<i>emtricitabine</i>	C	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	C	
EPIVIR HBV	P	
GENVOYA	C	
<i>lamivudine</i>	C	
<i>lamivudine hbv</i>	P	
<i>lamivudine-zidovudine</i>	C	
ODEFSEY	C	
STRIBILD	C	
<i>tenofovir disoproxil fumarate</i>	C	
TRIUMEQ	C	
TRIUMEQ PD	C	
VIREAD 150 MG TABLET	C	
VIREAD 200 MG TABLET	C	
VIREAD 250 MG TABLET	C	
VIREAD POWDER	C	
<i>zidovudine</i>	C	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS	C	
<i>atazanavir sulfate</i>	C	
<i>darunavir</i>	C	
EVOTAZ	C	
<i>fosamprenavir calcium</i>	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>LEXIVA 50 MG/ML SUSPENSION</i>	C	
<i>lopinavir-ritonavir</i>	C	
<i>NORVIR 80 MG/ML SOLUTION</i>	C	
<i>PREZCOBIX</i>	C	
<i>PREZISTA 100 MG/ML SUSPENSION</i>	C	
<i>PREZISTA 150 MG TABLET</i>	C	
<i>PREZISTA 75 MG TABLET</i>	C	
<i>REYATAZ 50 MG POWDER PACKET</i>	C	
<i>ritonavir</i>	C	
<i>SYMTUZA</i>	C	
ANTITHROMBOTIC AGENTS		
ANTITHROMBOTIC AGENTS, MISCELLANEOUS		
<i>CABLIVI 11 MG KIT</i>	C	PA S Specialty Drug
PLATELET-AGGREGATION INHIBITORS		
<i>BRILINTA</i>	P	
<i>cilostazol</i>	C	
<i>clopidogrel</i>	P	
<i>EFFIENT</i>	NP	PA
<i>PLAVIX</i>	NP	PA
<i>prasugrel hcl</i>	P	
<i>ZONTIVITY</i>	NP	PA
PLATELET-REDUCING AGENTS		
<i>anagrelide hcl</i>	C	
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES		
ALLERGENIC EXTRACTS (THERAPEUTIC)		
<i>GRASTEK</i>	C	PA
<i>ODACTRA</i>	C	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PALFORZIA	C	PA S Specialty Drug
RAGWITEK	C	PA
TOXOIDS		
ADACEL TDAP	C	AL1 At least 19 yrs old
BOOSTRIX TDAP	C	AL1 At least 19 yrs old
diphtheria-tetanus toxoids-ped	C	
tdvax	C	AL1 At least 19 yrs old
TENIVAC	C	AL1 At least 19 yrs old
VACCINES		
ABRYSVO	C	
ACAM2000 (NATIONAL STOCKPILE)	C	
adenovirus type 4	C	
adenovirus type 4 and type 7	C	
adenovirus type 7	C	
AFLURIA QUAD 2021-2022	C	
AFLURIA QUAD 2021-22 (3YR UP)	C	
AFLURIA QUAD 2021-22 (6-35MO)	C	
AFLURIA QUAD 2022-2023	C	
AFLURIA QUAD 2022-23 (3YR UP)	C	
AFLURIA QUAD 2023-2024	C	AL1 At least 19 yrs old
AFLURIA QUAD 2023-24 (3YR UP)	C	AL1 At least 19 yrs old
AREXVY	C	
AREXVY ADJUVANT COMPONENT	C	
AREXVY ANTIGEN COMPONENT	C	
bcg vaccine (tice strain)	C	
BEXSERO	C	AL1 At least 19 yrs old
BIOTHRAX	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
COMIRNATY	C	
COMIRNATY 2023-2024	C	
CYFENDUS (NATIONAL STOCKPILE)	C	
ENGERIX-B ADULT	C	
ERVEBO (NATIONAL STOCKPILE)	C	
FLUAD QUAD 2021-2022	C	
FLUAD QUAD 2022-2023	C	
FLUAD QUAD 2023-2024	C	
FLUARIX QUAD 2021-2022	C	
FLUARIX QUAD 2022-2023	C	
FLUARIX QUAD 2023-2024	C	AL1 At least 19 yrs old
FLUBLOK QUAD 2021-2022	C	
FLUBLOK QUAD 2022-2023	C	
FLUBLOK QUAD 2023-2024	C	
FLUCELVAX QUAD 2021-2022 SYR	C	
FLUCELVAX QUAD 2021-2022 VIAL	C	
FLUCELVAX QUAD 2022-2023 SYR	C	
FLUCELVAX QUAD 2022-2023 VIAL	C	
FLUCELVAX QUAD 2023-2024 SYR	C	AL1 At least 19 yrs old
FLUCELVAX QUAD 2023-2024 VIAL	C	AL1 At least 19 yrs old
FLULAVAL QUAD 2021-2022	C	
FLULAVAL QUAD 2022-2023	C	
FLULAVAL QUAD 2023-2024	C	AL1 At least 19 yrs old
FLUMIST QUAD 2021-2022	C	
FLUMIST QUAD 2022-2023	C	
FLUMIST QUAD 2023-2024	C	AL1 At least 19 yrs old
FLUZONE HIGH-DOSE QUAD 2021-22	C	
FLUZONE HIGH-DOSE QUAD 2022-23	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
FLUZONE HIGH-DOSE QUAD 2023-24	C	
FLUZONE QUAD 2021-2022	C	
FLUZONE QUAD 2022-2023	C	
FLUZONE QUAD 2023-2024 SYRINGE	C	AL1 At least 19 yrs old
FLUZONE QUAD 2023-2024 VIAL	C	AL1 At least 19 yrs old
FLUZONE QUAD SOUTH HEM 2021 VL	C	
FLUZONE QUAD SOUTH HEM2021 SYR	C	
GARDASIL 9	C	AL1 At least 19 yrs old
HAVRIX 1,440 UNIT/ML SYRINGE	C	
HEPLISAV-B	C	
IMOVAX RABIES VACCINE	C	
IPOL	C	AL1 At least 19 yrs old
IXIARO	C	
JANSSEN COVID-19 VACCINE (EUA)	C	
JYNNEOS	C	
JYNNEOS (NATIONAL STOCKPILE)	C	
M-M-R II VACCINE	C	AL1 At least 19 yrs old
MENACTRA	C	
MENQUADFI	C	AL1 At least 19 yrs old
MENVEO A-C-Y-W-135-DIP	C	AL1 At least 19 yrs old
MENVEO MENA COMPONENT	C	AL1 At least 19 yrs old
MENVEO MENCYW-135 COMPONENT	C	AL1 At least 19 yrs old
MODERNA COVID (12Y UP)VAC(EUA)	C	
MODERNA COVID 23-24(6M-11Y)EUA	C	
MODERNA COVID BIVAL(6MO UP)EUA	C	
MODERNA COVID BIVAL(6MO-5Y)EUA	C	
MODERNA COVID(6M-5Y) VACC(EUA)	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
MODERNA COVID-19 BOOSTER (EUA)	C	
NOVAVAX COVID 2023-2024 (EUA)	C	
NOVAVAX COVID-19 VACC,ADJ(EUA)	C	
PENBRAYA	C	AL1 At least 19 yrs old
PENBRAYA MENACWY COMPONENT	C	AL1 At least 19 yrs old
PENBRAYA MENB COMPONENT	C	AL1 At least 19 yrs old
PFIZER COVID (12Y UP) VAC(EUA)	C	
PFIZER COVID (5-11Y) VAC (EUA)	C	
PFIZER COVID (6M-4Y) VACC(EUA)	C	
PFIZER COVID 2023-24(5-11Y)EUA	C	
PFIZER COVID 2023-24(6M-4Y)EUA	C	
PFIZER COVID BIVAL (12Y UP)EUA	C	
PFIZER COVID BIVAL (5-11YR)EUA	C	
PFIZER COVID BIVAL (6MO-4Y)EUA	C	
PFIZER COVID-19 VACCINE (EUA)	C	
PNEUMOVAX 23	C	AL1 At least 19 yrs old
PREHEVBRIO	C	
PRIORIX	C	AL1 At least 19 yrs old
RABAVERT	C	
RECOMBIVAX HB 10 MCG/ML SYR	C	AL1 At least 19 yrs old
RECOMBIVAX HB 10 MCG/ML VIAL	C	AL1 At least 19 yrs old
RECOMBIVAX HB 40 MCG/ML VIAL	C	
SHINGRIX	C	QL 1 DOSE / RX
SHINGRIX GE ANTIGEN COMPONENT	C	QL 1 DOSE / RX
SPIKEVAX 2023-2024	C	
SPIKEVAX COVID (18Y UP) VACC	C	
STAMARIL	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
TWINRIX		C	
TYPHIM VI		C	
VAQTA 50 UNITS/ML SYRINGE		C	
VAQTA 50 UNITS/ML VIAL		C	
VARIVAX VACCINE		C	AL1 At least 19 yrs old
VAXNEUVANCE		C	AL1 At least 19 yrs old
VIVOTIF		C	
YF-VAX		C	
ANTIULCER AGENTS AND ACID SUPPRESSANTS			
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC			
TALICIA		C	PA
HISTAMINE H2-ANTAGONISTS			
ACID REDUCER 10 MG TABLET	OTC	C	
ACID REDUCER 20 MG TABLET	OTC	C	
ACID-PEP	OTC	C	
cimetidine 200 mg tablet	OTC	C	
cimetidine 300 mg tablet		C	
cimetidine 300 mg/5 ml soln		C	
cimetidine 400 mg tablet		C	
cimetidine 400 mg/6.67 ml soln		C	
famotidine 10 mg tablet	OTC	C	
famotidine 20 mg tablet	OTC	C	
famotidine 40 mg tablet		C	
famotidine 40 mg/5 ml susp		C	AL1 Up to 12 yrs old
FT ACID REDUCER 10 MG TABLET	OTC	C	
FT ACID REDUCER 20 MG TABLET	OTC	C	
GNP ACID REDUCER 10 MG TABLET	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>GNP ACID REDUCER 20 MG TABLET</i>	OTC	C	
<i>GS ACID REDUCER 10 MG TABLET</i>	OTC	C	
<i>GS ACID REDUCER 20 MG TABLET</i>	OTC	C	
<i>HEARTBURN RELIEF 200 MG TABLET</i>	OTC	C	
<i>pub acid reducer 10 mg tablet</i>	OTC	C	
<i>SM ACID REDUCER 10 MG TABLET</i>	OTC	C	
<i>zantac-360 (famotidine)</i>	OTC	C	
PROSTAGLANDINS			
<i>misoprostol</i>		C	
PROTECTANTS			
<i>sucralfate 1 gm tablet</i>		C	
PROTON-PUMP INHIBITORS			
<i>ACIPHEX DR 20 MG TABLET</i>		NP	PA
<i>ACIPHEX SPRINKLE</i>		NP	PA
<i>DEXILANT</i>		NP	PA
<i>esomeprazole dr 10 mg packet</i>		NP	PA
<i>esomeprazole dr 20 mg packet</i>		NP	PA
<i>esomeprazole dr 40 mg packet</i>		NP	PA
<i>esomeprazole mag dr 20 mg cap</i>	OTC	P	
<i>esomeprazole mag dr 20 mg tab</i>	OTC	C	
<i>esomeprazole mag dr 40 mg cap</i>		P	
<i>gnp esomeprazole mag dr 20 mg</i>	OTC	C	
<i>gs esomeprazole mag dr 20 mg</i>	OTC	C	
<i>hm esomeprazole mag dr 20 mg</i>	OTC	C	
<i>lansoprazole dr 15 mg capsule</i>	OTC	P	
<i>lansoprazole dr 15 mg capsule (rx only)</i>		P	
<i>lansoprazole dr 15 mg odt</i>	OTC	NP	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>lansoprazole dr 30 mg capsule</i>		P	
<i>lansoprazole dr 30 mg odt</i>		NP	PA
<i>NEXIUM DR 10 MG PACKET</i>		P	
<i>NEXIUM DR 2.5 MG PACKET</i>		P	
<i>NEXIUM DR 20 MG CAPSULE</i>		NP	PA
<i>NEXIUM DR 20 MG PACKET</i>		P	
<i>NEXIUM DR 40 MG CAPSULE</i>		NP	PA
<i>NEXIUM DR 40 MG PACKET</i>		P	
<i>NEXIUM DR 5 MG PACKET</i>		P	
<i>omeprazole dr 10 mg capsule</i>		P	
<i>omeprazole dr 20 mg capsule</i>		P	
<i>omeprazole dr 40 mg capsule</i>		P	
<i>omeprazole-bicarb 20-1,100 cap</i>	OTC	NP	PA
<i>omeprazole-bicarb 20-1,680 pkt</i>		NP	PA
<i>omeprazole-bicarb 40-1,100 cap</i>		NP	PA
<i>omeprazole-bicarb 40-1,680 pkt</i>		NP	PA
<i>pantoprazole dr 40 mg susp pkt</i>		NP	PA
<i>pantoprazole sod dr 20 mg tab</i>		P	
<i>pantoprazole sod dr 40 mg tab</i>		P	
<i>PREVACID</i>		NP	PA
<i>PRILOSEC</i>		NP	PA
<i>PROTONIX</i>		NP	PA
<i>qc esomeprazole mag dr 20 mg</i>	OTC	C	
<i>rabeprazole sod dr 20 mg tab</i>		NP	PA
<i>sm esomeprazole mag dr 20 mg</i>	OTC	C	
<i>ZEGERID</i>		NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ANTIVIRALS (SYSTEMIC)		
ADAMANTANE ANTIVIRALS		
<i>rimantadine hcl</i>	C	
ANTIRETROVIRALS		
<i>SUNLENCA 4- 300 MG TABLET</i>	C	PA S Specialty Drug
<i>SUNLENCA 5- 300 MG TABLET</i>	C	PA S Specialty Drug
ANTIVIRALS, MISCELLANEOUS		
<i>PAXLOVID 150-100 MG DOSE PACK</i>	C	QL 20 TABLETS / 5 day(s)
<i>PAXLOVID 150-100 MG PACK (EUA)</i>	C	QL 20 TABLETS / 5 day(s)
<i>PAXLOVID 300-100 MG DOSE PACK</i>	C	QL 30 TABLETS / 5 day(s)
<i>PAXLOVID 300-100 MG PACK (EUA)</i>	C	QL 30 TABLETS / 5 day(s)
<i>PREVYMIS 240 MG TABLET</i>	C	PA
<i>PREVYMIS 480 MG TABLET</i>	C	PA
<i>TPOXX 200 MG CAP (STOCKPILE)</i>	C	MED Medical Drug
<i>XOFLUZA 20 MG TAB (40 MG DOSE)</i>	NP	PA
<i>XOFLUZA 40 MG TAB (80 MG DOSE)</i>	NP	PA
<i>XOFLUZA 40 MG TABLET</i>	NP	PA
<i>XOFLUZA 80 MG TABLET</i>	NP	PA
INTERFERON ANTIVIRALS		
<i>ALFERON N</i>	C	S Specialty Drug
<i>INTRON A</i>	C	S Specialty Drug
<i>PEGASYS</i>	P	S Specialty Drug
NEURAMINIDASE INHIBITOR ANTIVIRALS		
<i>oseltamivir 6 mg/ml suspension</i>	P	QL 180 ML / FILL
<i>oseltamivir phos 30 mg capsule</i>	P	QL 20 CAPS / FILL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>oseltamivir phos 45 mg capsule</i>	P	QL 10 CAPS / FILL
<i>oseltamivir phos 75 mg capsule</i>	P	QL 10 CAPS / FILL
RELENZA	P	QL 20 CAPS / FILL
TAMIFLU 30 MG CAPSULE	P	QL 20 CAPS / FILL
TAMIFLU 45 MG CAPSULE	P	QL 10 CAPS / FILL
TAMIFLU 6 MG/ML SUSPENSION	P	QL 180 ML / FILL
TAMIFLU 75 MG CAPSULE	P	QL 10 CAPS / FILL
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
<i>acyclovir 200 mg capsule</i>	P	
<i>acyclovir 200 mg/5 ml susp</i>	P	
<i>acyclovir 400 mg tablet</i>	P	
<i>acyclovir 800 mg tablet</i>	P	
<i>adefovir dipivoxil</i>	NP	PA
BARACLUDE 0.05 MG/ML SOLUTION	P	
BARACLUDE 0.5 MG TABLET	NP	PA
BARACLUDE 1 MG TABLET	NP	PA
<i>entecavir</i>	P	
<i>famciclovir</i>	NP	PA
HEPSERA	P	
LAGEVRIO (EUA)	C	QL 40 CAPSULES / 5 day(s)
<i>ribavirin 200 mg capsule</i>	P	S Specialty Drug
<i>ribavirin 200 mg tablet</i>	P	S Specialty Drug
SITAVIG	NP	PA
<i>valacyclovir</i>	P	
<i>valganciclovir hcl</i>	C	
VALTREX	NP	PA
VEMLIDY	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ZOVIRAX 200 MG/5 ML SUSP	NP	PA
ANXIOLYTICS, SEDATIVES AND HYPNOTICS		
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC		
AMBIEN	NP	PA
AMBIEN CR	NP	PA
buspirone hcl	C	
EDLUAR	NP	PA
eszopiclone	P	
HETLIOZ	NP	PA S Specialty Drug
HETLIOZ LQ	NP	PA S Specialty Drug
hydroxyzine 10 mg/5 ml soln	C	
hydroxyzine 10 mg/5 ml syrup	C	
hydroxyzine 50 mg/25 ml cup	C	
hydroxyzine hcl 10 mg tablet	C	
hydroxyzine hcl 25 mg tablet	C	
hydroxyzine hcl 50 mg tablet	C	
hydroxyzine pamoate	C	
LUNESTA 1 MG TABLET	NP	PA
LUNESTA 2 MG TABLET	NP	PA
LUNESTA 3 MG TABLET	NP	PA
ramelteon	NP	QL 1 TAB / 1 DAY PA
ROZEREM	P	
zaleplon	P	
zolpidem tart 1.75 mg tab sl	NP	PA
zolpidem tart 3.5 mg tablet sl	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>zolpidem tartrate 10 mg tablet</i>	P	
<i>zolpidem tartrate 5 mg tablet</i>	P	
<i>zolpidem tartrate er</i>	NP	PA
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>phenobarbital</i>	C	
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>alprazolam 0.25 mg tablet</i>	C	QL 6 TABS / 1 DAY
<i>alprazolam 0.5 mg tablet</i>	C	QL 6 TABS / 1 DAY
<i>alprazolam 1 mg tablet</i>	C	QL 6 TABS / 1 DAY
<i>alprazolam 2 mg tablet</i>	C	QL 3 TABS / 1 DAY
<i>alprazolam er 0.5 mg tablet</i>	C	QL 6 TABS / 1 DAY
<i>alprazolam er 1 mg tablet</i>	C	QL 6 TABS / 1 DAY
<i>alprazolam er 2 mg tablet</i>	C	QL 3 TABS / 1 DAY
<i>alprazolam er 3 mg tablet</i>	C	QL 2 TABS / 1 DAY
<i>alprazolam xr 0.5 mg tablet</i>	C	QL 6 TABS / 1 DAY
<i>alprazolam xr 1 mg tablet</i>	C	QL 6 TABS / 1 DAY
<i>alprazolam xr 2 mg tablet</i>	C	QL 3 TABS / 1 DAY
<i>alprazolam xr 3 mg tablet</i>	C	QL 2 TABS / 1 DAY
<i>chlordiazepoxide 10 mg capsule</i>	C	QL 6 CAPS / 1 DAY
<i>chlordiazepoxide 25 mg capsule</i>	C	QL 4 CAPS / 1 DAY
<i>chlordiazepoxide 5 mg capsule</i>	C	QL 6 CAPS / 1 DAY
<i>DIASTAT</i>	P	QL 4 KITS / 30 DAYS
<i>DIASTAT ACUDIAL</i>	P	QL 4 KITS / 30 DAYS
<i>diazepam 10 mg rectal gel syst</i>	P	QL 4 KIT / 30 DAYS
<i>diazepam 10 mg tablet</i>	C	QL 4 TABS / 1 DAY
<i>diazepam 2 mg tablet</i>	C	QL 6 TABS / 1 DAY

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>diazepam 2.5 mg rectal gel sys</i>	P	QL 4 KITS / 30 DAYS
<i>diazepam 20 mg rectal gel syst</i>	P	QL 4 KIT / 30 DAYS
<i>diazepam 25 mg/5 ml oral conc</i>	C	QL 8 ML / 1 DAY
<i>diazepam 5 mg tablet</i>	C	QL 6 TABS / 1 DAY
<i>diazepam 5 mg/5 ml solution</i>	C	QL 40 ML / 1 DAY
<i>diazepam 5 mg/ml oral conc</i>	C	QL 8 ML / 1 DAY
<i>lorazepam 0.5 mg tablet</i>	C	QL 6 TABS / 1 DAY
<i>lorazepam 1 mg tablet</i>	C	QL 6 TABS / 1 DAY
<i>lorazepam 2 mg tablet</i>	C	QL 5 TABS / 1 DAY
<i>lorazepam 2 mg/ml oral concent</i>	C	QL 5 ML / 1 DAY
LORAZEPAM INTENSOL	C	QL 5 ML / 1 DAY
<i>temazepam 15 mg capsule</i>	C	QL 2 CAPS / 1 DAY
<i>temazepam 30 mg capsule</i>	C	QL 1 CAP / 1 DAY
<i>triazolam 0.125 mg tablet</i>	C	QL 4 TABS / 1 DAY
<i>triazolam 0.25 mg tablet</i>	C	QL 2 TABS / 1 DAY
VALTOCO	P	QL 2 doses / rx
OREXIN RECEPTOR ANTAGONISTS		
<i>BELSOMRA 10 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
<i>BELSOMRA 15 MG TABLET</i>	NP	QL 1 TAB / 1 DAY PA
<i>BELSOMRA 20 MG TABLET</i>	NP	QL 1 TAB / 1 DAY PA
<i>BELSOMRA 5 MG TABLET</i>	NP	QL 2 TABS / 1 DAY PA
DAYVIGO	NP	QL 1 TAB / 1 DAY PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
QUVIVIQ	NP	QL 1 TABLET / 1 day(s) PA
AUTONOMIC DRUGS		
AUTONOMIC DRUGS, MISCELLANEOUS		
TYRVAYA	C	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
ARICEPT	NP	PA
<i>bethanechol chloride</i>	C	
<i>cevimeline hcl</i>	C	
<i>donepezil hcl 10 mg tablet</i>	P	
<i>donepezil hcl 23 mg tablet</i>	NP	PA
<i>donepezil hcl 5 mg tablet</i>	P	
<i>donepezil hcl odt</i>	P	
EXELON	NP	PA
<i>galantamine er</i>	NP	PA
<i>galantamine hbr</i>	NP	PA
<i>galantamine hydrobromide</i>	NP	PA
<i>pilocarpine hcl 5 mg tablet</i>	C	
<i>pilocarpine hcl 7.5 mg tablet</i>	C	
<i>pyridostigmine br 30 mg tablet</i>	C	QL 1 TAB / 1 DAY
<i>pyridostigmine br 60 mg tablet</i>	C	
<i>pyridostigmine bromide er</i>	C	PA
RAZADYNE ER	NP	PA
<i>rivastigmine 1.5 mg capsule</i>	NP	PA
<i>rivastigmine 13.3 mg/24hr ptch</i>	NP	PA
<i>rivastigmine 3 mg capsule</i>	NP	PA
<i>rivastigmine 4.5 mg capsule</i>	NP	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>rivastigmine 4.6 mg/24hr patch</i>		NP	PA
<i>rivastigmine 6 mg capsule</i>		NP	PA
<i>rivastigmine 9.5 mg/24hr patch</i>		NP	PA
SMOKING CESSATION AGENTS			
<i>eq nicotine 14 mg/24hr patch</i>	OTC	C	
<i>eq nicotine 2 mg chewing gum</i>	OTC	C	
<i>eq nicotine 2 mg lozenge</i>	OTC	C	
<i>eq nicotine 21 mg/24hr patch</i>	OTC	C	
<i>eq nicotine 4 mg chewing gum</i>	OTC	C	
<i>eq nicotine 4 mg lozenge</i>	OTC	C	
<i>eq nicotine 7 mg/24hr patch</i>	OTC	C	
<i>ft nicotine 2 mg lozenge</i>	OTC	C	
<i>ft nicotine 2 mg mini lozenge</i>	OTC	C	
<i>ft nicotine 4 mg lozenge</i>	OTC	C	
<i>ft nicotine 4 mg mini lozenge</i>	OTC	C	
<i>gnp nicotine 2 mg chewing gum</i>	OTC	C	
<i>gnp nicotine 2 mg lozenge</i>	OTC	C	
<i>gnp nicotine 2 mg mini lozenge</i>	OTC	C	
<i>gnp nicotine 21 mg/24hr patch</i>	OTC	C	
<i>gnp nicotine 4 mg chewing gum</i>	OTC	C	
<i>gnp nicotine 4 mg lozenge</i>	OTC	C	
<i>gnp nicotine 4 mg mini lozenge</i>	OTC	C	
<i>gs nicotine 2 mg chewing gum</i>	OTC	C	
<i>gs nicotine 2 mg mini lozenge</i>	OTC	C	
<i>gs nicotine 4 mg chewing gum</i>	OTC	C	
<i>gs nicotine 4 mg lozenge</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>gs nicotine 4 mg mini lozenge</i>	OTC	C	
<i>hm nicotine 14 mg/24hr patch</i>	OTC	C	
<i>hm nicotine 2 mg chewing gum</i>	OTC	C	
<i>hm nicotine 2 mg lozenge</i>	OTC	C	
<i>hm nicotine 2 mg mini lozenge</i>	OTC	C	
<i>hm nicotine 21 mg/24hr patch</i>	OTC	C	
<i>hm nicotine 4 mg chewing gum</i>	OTC	C	
<i>hm nicotine 4 mg lozenge</i>	OTC	C	
<i>hm nicotine 4 mg mini lozenge</i>	OTC	C	
<i>hm nicotine 7 mg/24hr patch</i>	OTC	C	
<i>kro nicotine 14 mg/24hr patch</i>	OTC	C	
<i>kro nicotine 21 mg/24hr patch</i>	OTC	C	
<i>kro nicotine 7 mg/24hr patch</i>	OTC	C	
NICORETTE 2 MG LOZENGE	OTC	P	
<i>nicotine 14 mg/24hr patch</i>	OTC	C	
<i>nicotine 2 mg chewing gum</i>	OTC	C	
<i>nicotine 2 mg lozenge</i>	OTC	C	
<i>nicotine 2 mg mini lozenge</i>	OTC	C	
<i>nicotine 21 mg/24hr patch</i>	OTC	C	
<i>nicotine 4 mg chewing gum</i>	OTC	C	
<i>nicotine 4 mg lozenge</i>	OTC	C	
<i>nicotine 4 mg mini lozenge</i>	OTC	C	
<i>nicotine 7 mg/24hr patch</i>	OTC	C	
<i>nicotine transdermal system</i>	OTC	C	
NICOTROL		C	
NICOTROL NS		C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>quit 2</i>	OTC	C
<i>quit 4</i>	OTC	C
<i>sm nicotine 14 mg/24hr patch</i>	OTC	C
<i>sm nicotine 2 mg chewing gum</i>	OTC	C
<i>sm nicotine 2 mg lozenge</i>	OTC	C
<i>sm nicotine 21 mg/24hr patch</i>	OTC	C
<i>sm nicotine 4 mg chewing gum</i>	OTC	C
<i>sm nicotine 4 mg lozenge</i>	OTC	C
<i>sm nicotine 7 mg/24hr patch</i>	OTC	C
<i>sw nicotine 2 mg chewing gum</i>	OTC	C
<i>sw nicotine 2 mg lozenge</i>	OTC	C
<i>sw nicotine 4 mg chewing gum</i>	OTC	C
<i>sw nicotine 4 mg lozenge</i>	OTC	C
<i>varenicline 0.5 mg tablet</i>		C
<i>varenicline 1 mg cont month bx</i>		C
<i>varenicline 1 mg tablet</i>		C
<i>varenicline starting month box</i>		C
BETA-3-ADRENERGIC AGONISTS		
SELECTIVE BETA-3-ADRENERGIC AGONISTS		
<i>GEMTESA</i>	NP	PA
<i>MYRBETRIQ ER 25 MG TABLET</i>	NP	QL 1 TABLET / 1 day(s) PA
<i>MYRBETRIQ ER 50 MG TABLET</i>	NP	PA
<i>MYRBETRIQ ER 8 MG/ML SUSP</i>	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
BETA-ADRENERGIC AGONISTS		
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol 100 mg/20 ml soln</i>	P	
<i>albuterol 15 mg/3 ml solution</i>	P	
<i>albuterol 2.5 mg/0.5 ml sol</i>	P	
<i>albuterol 25 mg/5 ml solution</i>	P	
<i>albuterol 5 mg/ml solution</i>	P	
<i>albuterol 75 mg/15 ml soln</i>	P	
<i>albuterol sul 0.63 mg/3 ml sol</i>	P	
<i>albuterol sul 1.25 mg/3 ml sol</i>	P	
<i>albuterol sul 2.5 mg/3 ml soln</i>	P	
<i>albuterol sulf 2 mg/5 ml syrup</i>	P	
<i>albuterol sulfate 2 mg tab</i>	NP	PA
<i>albuterol sulfate 4 mg tab</i>	NP	PA
<i>albuterol sulfate 90 mcg hfa aer ad (generic proair)</i>	NP	PA
<i>Albuterol Sulfate 90 mcg hfa aer ad (Generic ProAir)</i>	NP	PA
<i>albuterol sulfate 90 mcg hfa aer ad (generic proventil)</i>	NP	PA
<i>albuterol sulfate 90 mcg hfa aer ad (generic ventolin)</i>	NP	PA
<i>albuterol sulfate er 4 mg tab</i>	NP	PA
<i>albuterol sulfate er 8 mg tab</i>	NP	PA
<i>albuterol sulfate hfa</i>	NP	PA
<i>arformoterol tartrate</i>	NP	PA
<i>BROVANA</i>	NP	PA
<i>formoterol fumarate</i>	NP	PA
<i>levalbuterol concentrate</i>	NP	PA
<i>levalbuterol hcl</i>	NP	PA
<i>levalbuterol tartrate hfa</i>	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>PERFOROMIST</i>	NP	PA
<i>PROAIR DIGIHALER</i>	NP	PA
<i>PROAIR RESPICLICK</i>	NP	PA
<i>SEREVENT DISKUS</i>	P	
<i>STRIVERDI RESPIMAT</i>	NP	PA
<i>terbutaline sulfate 2.5 mg tab</i>	C	
<i>terbutaline sulfate 5 mg tab</i>	C	
<i>VENTOLIN HFA</i>	P	
<i>XOPENEX HFA</i>	P	
BLOOD FORMATION, COAGULATION, THROMBOSIS		
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.		
<i>ADAKVEO</i>	P	PA S Specialty Drug MED Medical Drug
<i>OXBRYTA</i>	P	PA S Specialty Drug
<i>PYRUKYND</i>	C	QL 56 TABLETS / 28 day(s) PA S Specialty Drug
HEMATOPOIETIC AGENTS		
<i>ALVAIZ</i>	C	PA S Specialty Drug
<i>ARANESP</i>	P	S Specialty Drug
<i>EPOGEN</i>	P	S Specialty Drug
<i>FULPHILA</i>	C	PA
<i>FYLNETRA</i>	C	PA
<i>GRANIX</i>	C	S Specialty Drug
<i>LEUKINE</i>	C	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>NYVEPRIA</i>	C	PA
<i>PROCRIT</i>	NP	PA S Specialty Drug
<i>PROMACTA</i>	C	PA S Specialty Drug
<i>REBLOZYL</i>	NP	PA MED Medical Drug
<i>RETACRIT</i>	P	S Specialty Drug
<i>UDENYCA</i>	C	PA
<i>UDENYCA AUTOINJECTOR</i>	C	PA
<i>UDENYCA ONBODY</i>	C	PA
<i>ZIEXTENZO</i>	C	PA
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	C	
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
<i>CALAN SR</i>	NP	PA
<i>CARDIZEM</i>	NP	PA
<i>CARDIZEM CD</i>	NP	PA
<i>CARDIZEM LA</i>	NP	PA
<i>CARTIA XT</i>	C	
<i>DILT-XR</i>	C	
<i>diltiazem 120 mg tablet</i>	P	
<i>diltiazem 12hr er</i>	P	
<i>diltiazem 24h er(cd) 120 mg cp</i>	P	
<i>diltiazem 24h er(cd) 180 mg cp</i>	P	
<i>diltiazem 24h er(cd) 240 mg cp</i>	P	
<i>diltiazem 24h er(cd) 300 mg cp</i>	P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>diltiazem 24hr er</i>	P	
<i>diltiazem 24hr er (xr)</i>	P	
<i>diltiazem 24hr er 360 mg cap (generic for cardizem cd)</i>	P	
<i>diltiazem 30 mg tablet</i>	P	
<i>diltiazem 60 mg tablet</i>	P	
<i>diltiazem 90 mg tablet</i>	P	
<i>MATZIM LA 180 MG TABLET</i>	NP	PA
<i>MATZIM LA 240 MG TABLET</i>	NP	PA
<i>MATZIM LA 300 MG TABLET</i>	NP	PA
<i>MATZIM LA 360 MG TABLET (GENERIC FOR CARDIZEM LA)</i>	NP	PA
<i>MATZIM LA 420 MG TABLET</i>	NP	PA
<i>TAZTIA XT</i>	C	
<i>TIADYLT ER</i>	C	
<i>TIAZAC</i>	NP	PA
<i>verapamil 120 mg tablet</i>	P	
<i>verapamil 40 mg tablet</i>	P	
<i>verapamil 80 mg tablet</i>	P	
<i>verapamil er</i>	P	
<i>verapamil er pm</i>	P	
<i>verapamil sr</i>	P	
<i>VERELAN</i>	NP	PA
<i>VERELAN PM</i>	NP	PA
DIHYDROPYRIDINES		
<i>amlodipine besylate</i>	P	
<i>amlodipine besylate-benazepril</i>	P	
<i>amlodipine-olmesartan</i>	NP	PA
<i>amlodipine-valsartan</i>	P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>amlodipine-valsartan-hctz</i>	P	
AZOR	NP	PA
EXFORGE	NP	PA
EXFORGE HCT	NP	PA
<i>felodipine er</i>	P	
<i>isradipine</i>	P	
LOTREL	NP	PA
<i>nicardipine 20 mg capsule</i>	P	
<i>nicardipine 30 mg capsule</i>	P	
<i>nifedipine</i>	P	
<i>nifedipine er</i>	P	
<i>nimodipine</i>	NP	PA
<i>nisoldipine</i>	NP	PA
NORVASC	NP	PA
NYMALIZE	NP	PA
PROCARDIA XL	NP	PA
SULAR	NP	PA
CARDIAC DRUGS		
CARDIAC DRUGS, MISCELLANEOUS		
CORLANOR	C	PA
<i>ranolazine er</i>	C	
VYNDAMAX	C	PA S Specialty Drug
VYNDAQEL	C	PA S Specialty Drug
CARDIOTONIC AGENTS		
DIGITEK 125 MCG TABLET	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>DIGITEK 250 MCG TABLET</i>	C	AL1 Up to 64 yrs old
<i>DIGOX</i>	C	
<i>digoxin 0.05 mg/ml solution</i>	C	
<i>digoxin 0.125 mg tablet</i>	C	
<i>digoxin 0.25 mg tablet</i>	C	
<i>digoxin 125 mcg tablet</i>	C	
<i>digoxin 250 mcg tablet</i>	C	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>CARDURA</i>	NP	PA
<i>CARDURA XL</i>	NP	PA
<i>carvedilol</i>	P	
<i>carvedilol er</i>	NP	PA
<i>COREG 12.5 MG TABLET</i>	NP	PA
<i>COREG 25 MG TABLET</i>	NP	PA
<i>COREG 3.125 MG TABLET</i>	NP	PA
<i>COREG 6.25 MG TABLET</i>	NP	PA
<i>COREG CR 10 MG CAPSULE</i>	NP	PA
<i>COREG CR 20 MG CAPSULE</i>	NP	PA
<i>COREG CR 40 MG CAPSULE</i>	NP	PA
<i>COREG CR 80 MG CAPSULE</i>	NP	PA
<i>doxazosin mesylate</i>	P	
<i>prazosin hcl</i>	C	
<i>terazosin hcl</i>	P	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	NP	PA
<i>atenolol</i>	P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>atenolol-chlorthalidone</i>	NP	PA
BETAPACE	NP	PA
BETAPACE AF	NP	PA
<i>betaxolol 10 mg tablet</i>	NP	PA
<i>betaxolol 20 mg tablet</i>	NP	PA
<i>bisoprolol fumarate</i>	P	
<i>bisoprolol-hydrochlorothiazide</i>	NP	PA
BYSTOLIC	NP	PA
CORGARD	NP	PA
HEMANGEOL	NP	PA
INDERAL LA	NP	PA
INDERAL XL	NP	PA
INNOPRAN XL	NP	PA
KAPSPARGO SPRINKLE	NP	PA
<i>labetalol hcl 100 mg tablet</i>	P	
<i>labetalol hcl 200 mg tablet</i>	P	
<i>labetalol hcl 300 mg tablet</i>	P	
LOPRESSOR	NP	PA
<i>metoprolol succinate</i>	P	
<i>metoprolol tartrate 100 mg tab</i>	P	
<i>metoprolol tartrate 25 mg tab</i>	P	
<i>metoprolol tartrate 37.5 mg tb</i>	P	
<i>metoprolol tartrate 50 mg tab</i>	P	
<i>metoprolol tartrate 75 mg tab</i>	P	
<i>metoprolol-hydrochlorothiazide</i>	NP	PA
<i>nadolol</i>	P	
<i>nebivolol hcl</i>	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>pindolol</i>	P	
<i>propranolol 10 mg tablet</i>	P	
<i>propranolol 20 mg tablet</i>	P	
<i>propranolol 20 mg/5 ml soln</i>	P	
<i>propranolol 40 mg tablet</i>	P	
<i>propranolol 40 mg/5 ml soln</i>	P	
<i>propranolol 60 mg tablet</i>	P	
<i>propranolol 80 mg tablet</i>	P	
<i>propranolol hcl er</i>	P	
<i>propranolol-hydrochlorothiazid</i>	C	
SORINE	C	
<i>sotalol</i>	P	
SOTALOL AF	P	
SOTYLIZE	NP	PA
TENORETIC 100	NP	PA
TENORETIC 50	NP	PA
TENORMIN	NP	PA
<i>timolol maleate 10 mg tablet</i>	NP	PA
<i>timolol maleate 20 mg tablet</i>	NP	PA
<i>timolol maleate 5 mg tablet</i>	NP	PA
TOPROL XL	NP	PA
ZIAC	NP	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate</i>	C	
<i>lithium carbonate er</i>	C	
<i>lithium citrate</i>	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate calcium</i>	C	
<i>atomoxetine hcl 10 mg capsule</i>	P	QL 2 CAPS / 1 DAY
<i>atomoxetine hcl 100 mg capsule</i>	P	QL 1 CAP / 1 DAY
<i>atomoxetine hcl 18 mg capsule</i>	P	QL 2 CAPS / 1 DAY
<i>atomoxetine hcl 25 mg capsule</i>	P	QL 2 CAPS / 1 DAY
<i>atomoxetine hcl 40 mg capsule</i>	P	QL 2 CAPS / 1 DAY
<i>atomoxetine hcl 60 mg capsule</i>	P	QL 1 CAP / 1 DAY
<i>atomoxetine hcl 80 mg capsule</i>	P	QL 1 CAP / 1 DAY
<i>guanfacine hcl er 1 mg tablet</i>	P	QL 3 TABS / 1 DAY
<i>guanfacine hcl er 2 mg tablet</i>	P	QL 2 TABS / 1 DAY
<i>guanfacine hcl er 3 mg tablet</i>	P	QL 1 TAB / 1 DAY
<i>guanfacine hcl er 4 mg tablet</i>	P	QL 1 TAB / 1 DAY
INTUNIV ER 1 MG TABLET	NP	QL 3 TABS / 1 DAY PA
INTUNIV ER 2 MG TABLET	NP	QL 2 TABS / 1 DAY PA
INTUNIV ER 3 MG TABLET	NP	QL 1 TAB / 1 DAY PA
INTUNIV ER 4 MG TABLET	NP	QL 1 TAB / 1 DAY PA
<i>memantine 5-10 mg titration pk</i>	P	
<i>memantine hcl 10 mg tablet</i>	P	
<i>memantine hcl 2 mg/ml solution</i>	NP	PA
<i>memantine hcl 5 mg tablet</i>	P	
<i>memantine hcl er</i>	NP	PA
NAMENDA 10 MG TABLET	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
NAMENDA 5 MG TABLET	NP	PA
NAMENDA 5-10 MG TITRATION PK	NP	PA
NAMENDA XR 14 MG CAPSULE	NP	PA
NAMENDA XR 21 MG CAPSULE	NP	PA
NAMENDA XR 28 MG CAPSULE	NP	PA
NAMENDA XR 7 MG CAPSULE	NP	PA
NAMENDA XR TITRATION PACK	NP	PA
NAMZARIC	NP	PA
NOURIANZ	NP	PA S Specialty Drug
QELBREE	NP	PA
RADICAVA ORS	C	QL 70 MLS / 28 day(s) PA S Specialty Drug
riluzole	C	
sodium oxybate	C	QL 18 ML / 1 day(s) PA S Specialty Drug
STRATTERA 10 MG CAPSULE	NP	QL 2 CAPS / 1 DAY PA
STRATTERA 100 MG CAPSULE	NP	QL 1 CAP / 1 DAY PA
STRATTERA 18 MG CAPSULE	NP	QL 2 CAPS / 1 DAY PA
STRATTERA 25 MG CAPSULE	NP	QL 2 CAPS / 1 DAY PA
STRATTERA 40 MG CAPSULE	NP	QL 2 CAPS / 1 DAY PA
STRATTERA 60 MG CAPSULE	NP	QL 1 CAP / 1 DAY PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
STRATTERA 80 MG CAPSULE		NP	QL 1 CAP / 1 DAY PA
XYWAV		C	QL 18 ML / 1 DAY PA S Specialty Drug
FIBROMYALGIA AGENTS			
SAVELLA		P	
OPIATE ANTAGONISTS			
KLOXXADO		NP	PA
naloxone 0.4 mg/ml carpject		P	QL 1 CARTRIDGE (1 ML) / 1 day(s)
naloxone 0.4 mg/ml vial		P	QL 1 VIAL (1 ML) / 1 day(s)
naloxone 2 mg/2 ml syringe		P	QL 1 SYRINGE (1 ML) / 1 day(s)
naloxone 4 mg/10 ml vial		P	QL 1 VIAL (1 ML) / 1 day(s)
naloxone hcl 4 mg nasal spray	OTC	NP	PA
naloxone hcl 4 mg nasal spray (rx)		NP	PA
naltrexone hcl		C	
NARCAN	OTC	P	QL 2 NASAL SPRAYS / 30 day(s)
OPVEE		NP	PA
VIVITROL		C	PA
ZIMHI		NP	PA MED Medical Drug
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR			
AUSTEDO 12 MG TABLET		C	QL 4 TABLETS / 1 day(s) PA S Specialty Drug
AUSTEDO 12MG START TITR(WK1-4)		C	QL 1 DOSE PACK / 28 day(s) PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>AUSTEDO 6 MG TABLET</i>	C	<p>QL 2 TABLETS / 1 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>AUSTEDO 9 MG TABLET</i>	C	<p>QL 4 TABLETS / 1 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>AUSTEDO TD TITRATN PK (WK 1-2)</i>	C	<p>QL 1 DOSE PACK / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>AUSTEDO XR 12 MG TABLET</i>	C	<p>QL 1 TABLET / 1 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>AUSTEDO XR 24 MG TABLET</i>	C	<p>QL 2 TABLETS / 1 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>AUSTEDO XR 6 MG TABLET</i>	C	<p>QL 3 TABLETS / 1 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>AUSTEDO XR TITRATION KT(WK1-4)</i>	C	<p>QL 1 DOSE PACK / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>INGREZZA</i>	C	<p>QL 1 CAPSULE / 1 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>INGREZZA INITIATION PACK</i>	C	<p>QL 1 PACK / 365 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>tetrabenazine</i>	C	<p>PA</p> <p>S Specialty Drug</p>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
CEPHALOSPORIN ANTIBIOTICS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefadroxil 1 gm tablet</i>	NP	PA
<i>cefadroxil 250 mg/5 ml susp</i>	P	
<i>cefadroxil 500 mg capsule</i>	P	
<i>cefadroxil 500 mg/5 ml susp</i>	P	
<i>cephalexin 125 mg/5 ml susp</i>	P	
<i>cephalexin 250 mg capsule</i>	P	
<i>cephalexin 250 mg tablet</i>	NP	PA
<i>cephalexin 250 mg/5 ml susp</i>	P	
<i>cephalexin 500 mg capsule</i>	P	
<i>cephalexin 500 mg tablet</i>	NP	PA
<i>cephalexin 750 mg capsule</i>	P	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefaclor</i>	P	
<i>cefaclor er</i>	NP	PA
<i>cefprozil</i>	P	
<i>cefuroxime</i>	P	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefdinir</i>	P	
<i>cefixime</i>	NP	PA
<i>cefpodoxime 100 mg tablet</i>	NP	QL 20 TABS / rx PA
<i>cefpodoxime 100 mg/5 ml susp</i>	NP	QL 100 ML / RX PA
<i>cefpodoxime 200 mg tablet</i>	NP	QL 20 TABS / rx PA
<i>cefpodoxime 50 mg/5 ml susp</i>	NP	QL 100 ML / RX PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>ceftriaxone 1 gm add-vant vial</i>	C	MED Medical Drug
<i>SUPRAX 100 MG/5 ML SUSPENSION</i>	NP	PA
<i>SUPRAX 200 MG/5 ML SUSPENSION</i>	NP	PA
<i>SUPRAX 400 MG CAPSULE</i>	P	
CORTICOSTEROIDS (RESPIRATORY TRACT) ORALLY INHALED PREPARATIONS (STEROIDS)		
<i>ADVAIR DISKUS</i>	P	
<i>ADVAIR HFA</i>	P	
<i>AIRDUO DIGIHALER</i>	NP	PA
<i>AIRDUO RESPICLICK</i>	NP	PA
<i>AIRSUPRA</i>	NP	PA
<i>ALVESCO</i>	NP	PA
<i>ARMONAIR DIGIHALER</i>	NP	PA
<i>ARNUITY ELLIPTA</i>	P	
<i>ASMANEX</i>	P	
<i>ASMANEX HFA</i>	NP	PA
<i>BREO ELLIPTA</i>	NP	PA
<i>BREYNA</i>	NP	PA
<i>BREZTRI AEROSPHERE</i>	NP	PA
<i>budesonide 0.25 mg/2 ml susp</i>	P	
<i>budesonide 0.5 mg/2 ml susp</i>	P	
<i>budesonide 1 mg/2 ml inh susp</i>	P	
<i>budesonide-formoterol fumarate</i>	NP	PA
<i>DULERA</i>	P	
<i>fluticasone prop 100mcg diskus</i>	C	
<i>fluticasone prop 250 mcg disk</i>	C	
<i>fluticasone prop 50 mcg diskus</i>	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>fluticasone propionate hfa</i>	P	
<i>fluticasone-salmeterol 100-50</i>	NP	PA
<i>fluticasone-salmeterol 113-14 (generic for airduo respiclick)</i>	NP	PA
<i>fluticasone-salmeterol 232-14 (generic for airduo respiclick)</i>	NP	PA
<i>fluticasone-salmeterol 250-50</i>	NP	PA
<i>fluticasone-salmeterol 500-50</i>	NP	PA
<i>fluticasone-salmeterol 55-14 (generic for airduo respiclick)</i>	NP	PA
<i>fluticasone-salmeterol hfa</i>	NP	PA
<i>fluticasone-vilanterol</i>	NP	PA
PULMICORT	NP	PA
PULMICORT FLEXHALER	P	
QVAR REDIHALER	NP	PA
SYMBICORT	P	
TRELEGY ELLIPTA	NP	PA
WIXELA INHUB	NP	PA
CYSTIC FIBROSIS (CFTR) MODULATORS		
CYSTIC FIBROSIS (CFTR) CORRECTORS		
<i>SYMDEKO 100/150 MG-150 MG TABS</i>	C	PA S Specialty Drug
<i>SYMDEKO 50/75 MG-75 MG TABLETS</i>	C	PA
TRIKAFTA	C	PA S Specialty Drug
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO	C	PA S Specialty Drug
ORKAMBI	C	PA S Specialty Drug

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
DEPIGMENTING AND PIGMENTING AGENTS			
PIGMENTING AGENTS			
<i>methoxsalen</i>		C	PA
DEVICES			
<i>0.3 ML INSULIN SYRINGE</i>	OTC	C	
<i>0.5 ML INSULIN SYRINGE</i>	OTC	C	
<i>1 ML INSULIN SYRINGE</i>	OTC	C	
<i>ACCU-CHEK AVIVA PLUS METER</i>	OTC	P	
<i>ACCU-CHEK AVIVA SOLUTION</i>	OTC	C	
<i>ACCU-CHEK FASTCLIX LANCING DEV</i>	OTC	C	
<i>ACCU-CHEK GUIDE CONTROL SOLN</i>	OTC	C	
<i>ACCU-CHEK GUIDE ME GLUCOSE MTR</i>	OTC	P	
<i>ACCU-CHEK GUIDE MONITOR SYSTEM</i>	OTC	P	
<i>ACCU-CHEK MULTICLIX LANCET KIT</i>	OTC	C	
<i>ACCU-CHEK SMARTVIEW CONTRL SOL</i>	OTC	C	
<i>ACCU-CHEK SOFTCLIX LANCET KIT</i>	OTC	C	
<i>ACCU-CHEK SOFTCLIX LANCETS</i>	OTC	C	
<i>ADJUSTABLE LANCING DEVICE</i>	OTC	C	
<i>ADVOCATE SAFETY LANCET</i>	OTC	C	
<i>ASSURE LANCE</i>	OTC	C	
<i>AUTOLET LANCING DEVICE</i>	OTC	C	
<i>BIOTEL CARE BGM-4</i>	OTC	C	QL 1 METER / 365 DAYS PA
<i>biotene moisturizing mouth</i>	OTC	C	
<i>BUTTERFLY TOUCH LANCET</i>	OTC	C	
<i>CARESENS LANCET</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
CARESOFTE LANCING DEVICE	OTC	C	
CARETOUCH CONTROL SOLUTION	OTC	C	
CARETOUCH SAFETY LANCETS	OTC	C	
CARETOUCH TWIST 28G LANCET	OTC	C	
CHOSEN LANCET	OTC	C	
CHOSEN LANCING DEVICE	OTC	C	
CHOSEN SAFETY LANCET	OTC	C	
COMFORT EZ	OTC	C	
COMFORT TOUCH PLUS SAFETY LANC	OTC	C	
COMFORT TOUCH ULT THIN LANCET	OTC	C	
CONTOUR	OTC	P	
CONTOUR NEXT	OTC	P	
CONTOUR NEXT EZ	OTC	P	
CONTOUR NEXT GEN METER KIT	OTC	C	QL 1 METER / 365 day(s) PA
CONTOUR NEXT GLUCOSE METER	OTC	P	
CONTOUR NEXT LINK	OTC	P	
CONTOUR NEXT LINK 2.4	OTC	P	
CONTOUR NEXT ONE	OTC	P	
DEXCOM G6 RECEIVER		P	
DEXCOM G6 SENSOR		P	QL 3 SENSORS / 30 day(s)
DEXCOM G6 TRANSMITTER		P	QL 1 TRANSMITTER / 90 day(s)
DEXCOM G7 RECEIVER		C	QL 1 RECEIVER / 365 day(s)
DEXCOM G7 SENSOR		C	QL 3 SENSORS / 30 day(s)
DROPLET GENTEEL LANCING DEVICE	OTC	C	

DRUG DESCRIPTION (RX)	OTC	TYPE	LIMITS & RESTRICTIONS
<i>DROPLET LANCETS</i>	OTC	C	
<i>EASY TALK PLUS II LOW CTRL SLN</i>	OTC	C	
<i>EASY TOUCH BLU LINK CTRL SOLN</i>	OTC	C	
<i>EASY TOUCH BLU LINK GLUC SYST</i>	OTC	C	QL 1 METER / 365 DAYS PA
<i>EASY TOUCH LANCING DEVICE</i>	OTC	C	
<i>EASY TOUCH PEN NEEDLE</i>	OTC	C	
<i>EASY TRAK II</i>	OTC	C	QL 1 METER / 365 day(s) PA
<i>EASY TRAK II CONTROL SOLUTION</i>	OTC	C	
<i>EMBRACE 21G SAFETY LANCET</i>	OTC	C	
<i>EMBRACE LANCING DEVICE</i>	OTC	C	
<i>EMBRACE PRO BLOOD GLUCOSE MTR</i>	OTC	C	QL 1 METER / 365 DAYS PA
<i>EMBRACE WAVE PLUS GLUCOSE MTR</i>	OTC	C	QL 1 METER / 365 day(s) PA
<i>EZ-LETS</i>	OTC	C	
<i>FORA G20 BLOOD GLUCOSE SYSTEM</i>	OTC	NP	QL 1 METER / 365 DAYS PA
<i>FORA KETONE CONTROL SOLUTION</i>	OTC	C	
<i>FORA TN'G ADVANCE PRO MONITOR</i>	OTC	C	QL 1 METER / 365 DAYS PA
<i>FORTISCARE T1 BLOOD GLUC SYS</i>	OTC	C	QL 1 METER / 365 DAYS PA
<i>FREESTYLE FREEDOM LITE</i>	OTC	NP	QL 1 METER / 365 DAYS PA
<i>FREESTYLE INSULINX GLUCOSE SYS</i>	OTC	NP	QL 1 METER / 365 DAYS PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>FREESTYLE LIBRE 14 DAY READER</i>		P	
<i>FREESTYLE LIBRE 14 DAY SENSOR</i>		P	QL 2 SENSORS / 28 day(s)
<i>FREESTYLE LIBRE 2 READER</i>		P	
<i>FREESTYLE LIBRE 2 SENSOR</i>		P	QL 2 SENSORS / 28 day(s)
<i>FREESTYLE LIBRE 3 READER</i>		C	QL 1 READER / 365 day(s)
<i>FREESTYLE LIBRE 3 SENSOR</i>		P	QL 2 SENSORS / 28 day(s)
<i>FREESTYLE LITE METER</i>	OTC	NP	QL 1 METER / 365 DAYS PA
<i>GE100 BLOOD GLUCOSE SYSTEM</i>	OTC	C	
<i>GE333 BLOOD GLUCOSE SYSTEM</i>	OTC	C	QL 1 METER / 365 DAYS PA
<i>GE333 CONTROL SOLUTION NORMAL</i>	OTC	C	
<i>GLUCOCARD EXPRESSION METER</i>	OTC	NP	QL 1 METER / 365 DAYS PA
<i>GLUCOCARD EXPRESSION METER KIT</i>	OTC	NP	QL 1 METER / 365 DAYS PA
<i>GLUCOCARD SHINE METER</i>	OTC	NP	QL 1 METER / 365 DAYS PA
<i>GLUCOCARD SHINE METER KIT</i>	OTC	NP	QL 1 METER / 365 DAYS PA
<i>GLUCOCARD SHINE XL</i>	OTC	NP	QL 1 METER / 365 DAYS PA
<i>GLUCOCOM BLOOD GLUCOSE</i>	OTC	C	QL 1 METER / 365 day(s) PA
<i>GOJJI GLUCOSE CONTROL SOLUTION</i>	OTC	C	
<i>GOJJI KETONE CONTROL SOLUTION</i>	OTC	C	
<i>GOJJI LANCET-GLUCOSE TEST STRP</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
GOJJI LANCETS	OTC	C	
GOJJI MULTIFUNCTIONAL METER KT	OTC	C	QL 1 METER / 365 DAYS PA
ILET INFUSION KIT-INSET		C	
ILET INFUSION-CONTACT DETACH		C	
LANCETS	OTC	C	
LANCING DEVICE	OTC	C	
MICRO THIN LANCET	OTC	C	
MICRODOT SAFETY LANCET	OTC	C	
MICROLET	OTC	C	
ONETOUCH DELICA PLUS 30G LANCT	OTC	C	
ONETOUCH DELICA PLUS LANC DEV	OTC	C	
ONETOUCH DELICA SAFETY LANCET	OTC	C	
ONETOUCH SOLUTIONS COMPLETE	OTC	C	QL 1 meter / 365 day(s) PA
ONETOUCH SOLUTIONS FIT	OTC	C	QL 1 meter / 365 day(s) PA
ONETOUCH SOLUTIONS REFILL	OTC	C	
ONETOUCH SOLUTIONS STARTER	OTC	C	QL 1 / 365 day(s) PA
ONETOUCH ULTRA2	OTC	NP	QL 1 METER / 365 DAYS PA
ONETOUCH ULTRASOFT 2 LANCET	OTC	C	
ONETOUCH VERIO FLEX METER	OTC	NP	QL 1 METER / 365 DAYS PA
ONETOUCH VERIO FLEX STARTR KIT	OTC	NP	QL 1 METER / 365 DAYS PA
ONETOUCH VERIO IQ METER	OTC	NP	QL 1 METER / 365 DAYS PA

DRUG DESCRIPTION (RX)	OTC	TYPE	LIMITS & RESTRICTIONS
ONETOUCH VERIO IQ SYSTEM KIT	OTC	NP	QL 1 METER / 365 DAYS PA
ONETOUCH VERIO METER	OTC	NP	QL 1 METER / 365 DAYS PA
ONETOUCH VERIO REFLECT METER	OTC	C	QL 1 METER / 365 DAYS PA
ONETOUCH VERIO REFLECT STR KIT	OTC	C	QL 1 METER / 365 DAYS PA
PIP BLOOD GLUCOSE MONITOR	OTC	C	QL 1 UNIT / 365 day(s) PA
PIP GLUCOSE CONTROL SOLUTION	OTC	C	
PIP LANCET	OTC	C	
POGO AUTOMATIC BLOOD GLUC SYS	OTC	C	QL 1 METER / 365 DAYS PA
POGO AUTOMATIC TEST CARTRIDGE	OTC	C	
PRECISION XTRA KETONE-GLUCOSE	OTC	C	QL 1 METER / 365 DAYS PA
PRECISION XTRA MONITOR	OTC	NP	QL 1 METER / 365 DAYS PA
PREMIER CLASSIC GLUCOSE METER	OTC	C	QL 1 METER / 365 DAYS PA
PRO COMFORT SAFETY LANCET	OTC	C	
PRODIGY	OTC	NP	QL 1 METER / 365 DAYS PA
PRODIGY AUTOCODE	OTC	NP	QL 1 METER / 365 DAYS PA
PRODIGY POCKET	OTC	NP	QL 1 METER / 365 DAYS PA
PRODIGY VOICE	OTC	NP	QL 1 METER / 365 DAYS PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
PURE COMFORT LANCETS	OTC	C	
PURE COMFORT SAFETY LANCETS	OTC	C	
PUSH BUTTON SAFETY LANCET	OTC	C	
RIGHTTEST GC700 LEV 2 CTRL SOLN	OTC	C	
RIGHTTEST GM700SB GLUCOSE METER	OTC	C	QL 1 METER / 365 DAYS PA
RIGHTTEST GT333 GLUCOSE METER	OTC	C	QL 1 METER / 365 DAYS PA
RIGHTTEST GT333 LEV 2 CTRL SOLN	OTC	C	
RIGHTTEST MAX PLUS GLUCOSE MTR	OTC	C	QL 1 METER / 365 DAYS PA
SOFT TOUCH	OTC	C	
SUPER THIN LANCET	OTC	C	
THIN LANCET	OTC	C	
THIN LANCETS	OTC	C	
TRUE COMFORT LANCET	OTC	C	
TRUE COMFORT SAFETY LANCET	OTC	C	
TRUE METRIX AIR GLUCOSE METER	OTC	NP	QL 1 METER / 365 DAYS PA
TRUE METRIX BLOOD GLUCOSE MTR	OTC	NP	QL 1 METER / 365 DAYS PA
TRUE METRIX BLOOD GLUCOSE MTR	OTC	NP	QL 1 meter / 365 day(s) PA
TRUE METRIX GO	OTC	NP	QL 1 METER / 365 DAYS PA
TRUE METRIX LEVEL 1 CTRL SOLN	OTC	C	
TRUE METRIX LEVEL 2 CTRL SOLN	OTC	C	
TRUE METRIX LEVEL 3 CTRL SOLN	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
TWIST TOP LANCET	OTC	C	
ULTRA THIN LANCET	OTC	C	
UNILET LANCETS	OTC	C	
VERIFINE PEN NEEDLE 31G X 6MM	OTC	C	
VERIFINE PEN NEEDLE 31G X 8MM	OTC	C	
VERIFINE PEN NEEDLE 32G X 5MM	OTC	C	
VERIFINE SAFETY 28G LANCT MINI	OTC	C	
VERIFINE UNIVERSAL LANCET	OTC	C	
VIVAGUARD INO CTRL SOLN-L1, L3	OTC	C	
VIVAGUARD INO CTRL SOLN-L2	OTC	C	
VIVAGUARD INO SMART GLUC METER	OTC	C	QL 1 METER / 365 DAYS PA
VIVAGUARD LANCING DEVICE	OTC	C	
WAVESENSE PRESTO SYSTEM KIT	OTC	NP	QL 1 METER / 365 DAYS PA
DIAGNOSTIC AGENTS			
ADRENOCORTICAL INSUFFICIENCY			
ACTHAR		C	PA S Specialty Drug
CORTROPHIN		C	PA S Specialty Drug
DIABETES MELLITUS			
ACCU-CHEK AVIVA PLUS TEST STRP	OTC	P	
ACCU-CHEK GUIDE TEST STRIP	OTC	P	
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	P	
AGAMATRIX PRESTO	OTC	C	QL 10 STRIPS / 1 DAY PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>ASSURE PLATINUM TEST STRIP</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>BREEZE 2</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>CARETOUCH TEST STRIP</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>CONTOUR NEXT TEST STRIP</i>	OTC	P	
<i>CONTOUR TEST STRIP</i>	OTC	P	
<i>DARIO BLOOD GLUCOSE TEST STRIP</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>EASY TALK PLUS II TEST STRIP</i>	OTC	C	QL 10 STRIPS / 1 day(s) PA
<i>EASY TOUCH BLU LINK TEST STRIP</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>EASY TRAK II TEST STRIP</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>EMBRACE PRO TEST STRIP</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>FORA G20 GLUCOSE TEST STRIPS</i>	OTC	NP	QL 10 STRIPS / 1 DAY PA
<i>FORA TN'G ADVAN PRO TEST STRIP</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>FORA V10-V12-D10-D20</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>FORTISCARE G1 TEST STRIP</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>FREESTYLE INSULINX TEST STRIP</i>	OTC	NP	QL 10 STRIPS / 1 DAY PA
<i>FREESTYLE INSULINX TEST STRIPS</i>	OTC	NP	QL 10 STRIPS / 1 DAY PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>FREESTYLE LITE TEST STRIP</i>	OTC	NP	QL 10 STRIPS / 1 DAY PA
<i>FREESTYLE PRECISION NEO</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>FREESTYLE TEST STRIPS</i>	OTC	NP	QL 10 STRIPS / 1 DAY PA
<i>GE100 BLOOD GLUCOSE TEST STRIP</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>GE333 BLOOD GLUCOSE TEST STRIP</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>GLUCO NAVII</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>GLUCOCARD EXPRESSION TEST STRP</i>	OTC	NP	QL 10 STRIPS / 1 DAY PA
<i>GLUCOCARD SHINE TEST STRIPS</i>	OTC	NP	QL 10 STRIPS / 1 DAY PA
<i>GOJJI BLOOD GLUCOSE TEST STRIP</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>HEALTHPRO GLUCOSE TEST STRIPS</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>HUMANA TRUE METRIX TEST STRIP</i>	OTC	NP	QL 10 STRIPS / 1 DAY PA
<i>NOVA MAX GLUCOSE TEST STRIPS</i>	OTC	C	QL 10 STRIPS / 1 DAY PA
<i>ONETOUCH ULTRA TEST STRIP</i>	OTC	NP	QL 10 STRIPS / 1 DAY PA
<i>ONETOUCH VERIO TEST STRIP</i>	OTC	NP	QL 10 STRIPS / 1 DAY PA
<i>PIP BLOOD GLUCOSE TEST STRIP</i>	OTC	C	QL 10 strips / 1 day(s) PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>PRECISION XTRA TEST STRIPS</i>	OTC	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 STRIPS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>PREMIER TEST STRIP</i>	OTC	C	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 STRIPS / 1 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>PRODIGY NO CODING</i>	OTC	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 STRIPS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>RELION TRUE METRIX TEST STRIP</i>	OTC	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 STRIPS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>RIGHTEST GS700 TEST STRIP</i>	OTC	C	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 STRIPS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>RIGHTEST GT333 TEST STRIP</i>	OTC	C	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 STRIPS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>RIGHTEST MAX TEST STRIP</i>	OTC	C	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 STRIPS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>TRUE METRIX GLUCOSE TEST STRIP</i>	OTC	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 STRIPS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>ULTIMA</i>	OTC	C	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 STRIPS / 1 DAY</div> </div>
<i>VIVAGUARD INO TEST STRIP</i>	OTC	C	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 STRIPS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>WAVESENSE PRESTO TEST STRIPS</i>	OTC	NP	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 STRIPS / 1 DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
DIURETICS			
LOOP DIURETICS			
<i>bumetanide 0.5 mg tablet</i>		C	
<i>bumetanide 1 mg tablet</i>		C	
<i>bumetanide 2 mg tablet</i>		C	
<i>furosemide 10 mg/ml solution</i>		C	
<i>furosemide 20 mg tablet</i>		C	
<i>furosemide 40 mg tablet</i>		C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>furosemide 40 mg/5 ml soln</i>	C	
<i>furosemide 80 mg tablet</i>	C	
<i>torseamide</i>	C	
POTASSIUM-SPARING DIURETICS		
<i>amiloride hcl</i>	C	
<i>amiloride-hydrochlorothiazide</i>	C	
<i>triamterene-hydrochlorothiazid</i>	C	
THIAZIDE DIURETICS		
<i>hydrochlorothiazide</i>	C	
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	C	
<i>indapamide</i>	C	
<i>metolazone</i>	C	
DOPAMINE RECEPTOR AGONISTS		
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>bromocriptine mesylate</i>	C	
<i>cabergoline</i>	C	
CYCLOSET	C	PA
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
<i>KYNMOBI</i>	NP	PA
<i>MIRAPEX ER</i>	NP	PA
<i>NEUPRO</i>	NP	PA
<i>pramipexole dihydrochloride</i>	P	
<i>pramipexole er</i>	NP	PA
<i>ropinirole er</i>	NP	PA
<i>ropinirole hcl</i>	P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
<i>wes-phos 250 neutral</i>	OTC	C
ALKALINIZING AGENTS		
<i>potassium citrate er</i>		C
AMMONIA DETOXICANTS		
<i>CARBAGLU</i>	C	PA S Specialty Drug
<i>carglumic acid</i>	C	PA S Specialty Drug
<i>CONSTULOSE</i>	C	
<i>ENULOSE</i>	C	
<i>GENERLAC</i>	C	
<i>lactulose 10 gm/15 ml soln cup</i>	C	
<i>lactulose 10 gm/15 ml solution</i>	C	
<i>sodium phenylbutyrate powder</i>	C	PA S Specialty Drug
CALORIC AGENTS		
<i>cvs glucose 4 gram tablet chew</i>	OTC	C
<i>CYCLINEX-1</i>	OTC	C PA
<i>CYCLINEX-2</i>	OTC	C PA
<i>DOJOLVI</i>	C	PA S Specialty Drug
<i>drug mart glucose 4 gm tab chw</i>	OTC	C
<i>ELECARE</i>	OTC	C PA
<i>eql glucose 4 gram tablet chew</i>	OTC	C
<i>ESSENTIAL AMINO ACID MIX</i>	OTC	C PA
<i>fifty50 glucose 4 gm tablet</i>	OTC	C

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>glucose 4 gram tablet chew</i>	OTC	C	
<i>glucose gel</i>	OTC	C	
GLUTAREX-1	OTC	C	PA
GLUTAREX-2	OTC	C	PA
GLYTACTIN 20PE BETTERMILK LITE		C	
GLYTACTIN BUILD 20-20		C	
GLYTACTIN BURST 10-10		C	
GLYTACTIN BURST 20-20		C	
GLYTACTIN RTD 10 PE		C	
GLYTACTIN RTD 15 PE		C	
GLYTACTIN SWIRL 15-15		C	
<i>gnp glucose 4 gram tablet chew</i>	OTC	C	
<i>gnp quick dissolve glucose tab</i>	OTC	C	
<i>gs glucose 4 gram tablet chew</i>	OTC	C	
HCU EXPRESS POWDER	OTC	C	PA
HOMINEX-1	OTC	C	PA
HOMINEX-2	OTC	C	PA
I-VALEX-1	OTC	C	PA
I-VALEX-2	OTC	C	PA
JUVEN	OTC	C	PA
KETONEX-1	OTC	C	PA
KETONEX-2	OTC	C	PA
<i>kro glucose 4 gram tablet chew</i>	OTC	C	
<i>kroger glucose 4 gram tab chew</i>	OTC	C	
LANAFLEX	OTC	C	
<i>leader glucose 4 gm tab chew</i>	OTC	C	
<i>leader quick dissolve gluc tab</i>	OTC	C	

DRUG DESCRIPTION (RX)	OTC	TYPE	LIMITS & RESTRICTIONS
<i>levocarnitine 330 mg tablet</i>	OTC	C	
<i>longs glucose 4 gram tab chew</i>	OTC	C	
<i>LOPHLEX</i>	OTC	C	
<i>meijer glucose 4 gram tab chew</i>	OTC	C	
<i>ms glucose 4 gram tablet chew</i>	OTC	C	
<i>ms quick dissolve glucose tab</i>	OTC	C	
<i>MSUD AID</i>	OTC	C	PA
<i>MSUD EXPRESS COOLER</i>	OTC	C	PA
<i>MSUD EXPRESS15</i>	OTC	C	
<i>NEOCATE INFANT DHA-ARA</i>	OTC	C	PA
<i>NEOCATE JUNIOR</i>	OTC	C	PA
<i>NEOPHE</i>	OTC	C	
<i>nutramine</i>	OTC	C	PA
<i>PERIFLEX ADVANCE</i>	OTC	C	
<i>PERIFLEX LQ PKU</i>	OTC	C	
<i>PHENEX-1</i>	OTC	C	
<i>PHENEX-2</i>	OTC	C	
<i>PHENYL-FREE 2</i>	OTC	C	
<i>PHENYL-FREE 2HP</i>	OTC	C	
<i>PHENYLADE AMINO ACID POWDER</i>	OTC	C	
<i>PHENYLADE GMP</i>	OTC	C	
<i>PHLEXY-10 DRINK MIX POWDER</i>	OTC	C	
<i>PHLEXY-10 TABLET</i>	OTC	C	
<i>PKU COOLER 10</i>	OTC	C	
<i>PKU COOLER 15</i>	OTC	C	
<i>PKU COOLER 20</i>	OTC	C	

DRUG DESCRIPTION (RX)	OTC	C	LIMITS & RESTRICTIONS
PKU EASY	OTC	C	
PKU EASY SHAKE AND GO	OTC	C	
PKU EXPLORE10	OTC	C	
PKU EXPRESS15	OTC	C	
PKU EXPRESS20	OTC	C	
PKU GEL	OTC	C	
PKU GOLIKE 10 GRAM PE BAR	OTC	C	
PKU GOLIKE PLUS (16 YR UP)	OTC	C	
PKU GOLIKE PLUS (4-16 YR)	OTC	C	
PKU LOPHLEX	OTC	C	
PKU MAXAMUM	OTC	C	
PKU PERIFLEX JUNIOR PLUS	OTC	C	
PKU SPHERE15	OTC	C	
PKU SPHERE20	OTC	C	
PKU START	OTC	C	
preferred plus glucose tab chw	OTC	C	
PREKUNIL	OTC	C	
PRO-PHREE	OTC	C	PA
PROPIMEX-1	OTC	C	PA
pub glucose 4 gram tablet chew	OTC	C	
ra glucose 4 gram tablet chew	OTC	C	
relion glucose 4 gram tab chew	OTC	C	
sm glucose 4 gram tab chew	OTC	C	
smart sense glucose 4 gram tab	OTC	C	
TYR EXPRESS	OTC	C	PA
TYREX-1	OTC	C	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
TYREX-2	OTC	C	PA
up&up glucose 4 gram tab chew	OTC	C	
VILACTIN AA PLUS 20 PE		C	
XPHE MAXAMUM	OTC	C	
IRRIGATING SOLUTIONS			
sodium chloride 0.9% irrig		C	
sodium chloride 0.9% irrig.		C	
sodium chloride 0.9% prcss sol		C	
REPLACEMENT PREPARATIONS			
calcium 500 mg tablet	OTC	C	
calcium 500-vit d3	OTC	C	
calcium 600 mg tablet	OTC	C	
calcium 600-vit d3 200 tablet	OTC	C	
calcium 600-vit d3 400 tablet	OTC	C	
calcium acetate 668 mg tablet	OTC	P	
calcium carb 1,250 mg/5 ml cup	OTC	C	
calcium carb 1,250 mg/5 ml sus	OTC	C	
calcium citrate - vit d caplet	OTC	C	
calcium citrate 200 mg tablet	OTC	C	
calcium citrate-vit d3	OTC	C	
hydralyte electrolyte soln	OTC	C	
kinderlyte electrolyte soln	OTC	C	
KLOR-CON M10		C	
KLOR-CON M15		C	
KLOR-CON M20		C	
magnesium gluconate	OTC	C	
mouthkote	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>os-cal 500-vit d3</i>	OTC	C	
<i>oysco 500-vit d3</i>	OTC	C	
<i>oyster shell 500-vit d3 200 tb</i>	OTC	C	
<i>PEDIALYTE</i>	OTC	C	
<i>PHOS-NAK</i>	OTC	C	
<i>potassium cl 10% (20 meq/15ml)</i>		C	
<i>potassium cl 10% (40 meq/30ml)</i>		C	
<i>potassium cl 20 meq packet</i>		C	
<i>potassium cl 20% (40 meq/15ml)</i>		C	
<i>potassium cl er 10 meq capsule</i>		C	
<i>potassium cl er 10 meq tablet</i>		C	
<i>potassium cl er 15 meq tablet</i>		C	
<i>potassium cl er 20 meq tablet</i>		C	
<i>potassium cl er 8 meq capsule</i>		C	
<i>potassium cl er 8 meq tablet</i>		C	
<i>potassium cl10%(20meq/15ml)cup</i>		C	
<i>potassium cl10%(40meq/30ml)cup</i>		C	
<i>potassium cl20%(40meq/15ml)cup</i>		C	
<i>sodium phosphate-potassium pho</i>	OTC	C	
<i>super calcium 600-vit d3</i>	OTC	C	
<i>THERMOTABS</i>	OTC	C	
<i>ultra calcium 600-vit d3</i>	OTC	C	
<i>zinc sulfate 50 mg (220 mg) tb</i>	OTC	C	
URICOSURIC AGENTS			
<i>probenecid</i>		C	
<i>probenecid-colchicine</i>		C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
BASIC LOTIONS AND LINIMENTS		
<i>ammonium lactate 12% lotion</i>	OTC	C
<i>calamine lotion</i>	OTC	C
<i>calamine suspension</i>	OTC	C
<i>gs calamine lotion</i>	OTC	C
<i>hm calamine lotion</i>	OTC	C
LAC-HYDRIN FIVE	OTC	C
<i>qc calamine lotion</i>	OTC	C
<i>sm calamine lotion</i>	OTC	C
BASIC OINTMENTS AND PROTECTANTS		
<i>ameriphor</i>	OTC	C
<i>ammonium lactate 12% cream</i>	OTC	C
<i>aquagard 41% hydrating oint</i>	OTC	C
<i>baza protect</i>	OTC	C
<i>dermaphor</i>	OTC	C
EUCERIN	OTC	C
LANTISEPTIC	OTC	C
<i>petrolatum base ointment</i>	OTC	C
<i>skin protectant 50% cream</i>	OTC	C
<i>white petrolatum ointment</i>	OTC	C
<i>zinc oxide paste</i>		C
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD	C	QL 14 CAPS / 28 DAYS PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>sapropterin dihydrochloride</i>	C	PA S Specialty Drug
ENZYME INHIBITORS		
CERDELGA	C	PA S Specialty Drug
<i>miglustat</i>	C	PA S Specialty Drug
ZOKINVY	C	PA S Specialty Drug
STRENSIQ	C	PA S Specialty Drug
SUCRAID	C	PA S Specialty Drug
ESTROGENS AND ANTIESTROGENS ESTROGEN AGONIST-ANTAGONISTS		
EVISTA	NP	PA
<i>raloxifene hcl</i>	P	
SOLTAMOX	C	
<i>tamoxifen citrate</i>	C	
<i>toremifene citrate</i>	C	PA
ESTROGENS		
AMABELZ 1 MG-0.5 MG TABLET	C	
DEPO-ESTRADIOL	C	
DOTTI	C	
<i>estradiol (once weekly)</i>	C	
<i>estradiol (twice weekly)</i>	C	
<i>estradiol 0.01% cream</i>	C	
<i>estradiol 0.5 mg tablet</i>	C	
<i>estradiol 1 mg tablet</i>	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>estradiol 10 mcg vaginal insrt</i>		C	
<i>estradiol 2 mg tablet</i>		C	
<i>estradiol valerate</i>		C	
<i>estradiol-noreth 1-0.5 mg tab</i>		C	
<i>FYAVOLV 1 MG-5 MCG TABLET</i>		C	
<i>JINTELI</i>		C	
<i>MIMVEY</i>		C	
<i>norethin-eth estrad 1 mg-5 mcg</i>		C	
<i>YUVAFEM</i>		C	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.			
ANTIALLERGIC AGENTS			
<i>ALOMIDE</i>		NP	PA
<i>azelastine 0.1% (137 mcg) spry</i>		P	
<i>azelastine 0.15% nasal spray</i>		P	
<i>azelastine hcl 0.05% drops</i>		NP	PA
<i>azelastine-fluticasone</i>		NP	PA
<i>bepotastine besilate</i>		NP	PA
<i>BEPREVE</i>		NP	PA
<i>CLEAR EYES ONCE DAILY ALLERGY</i>	OTC	C	
<i>DYMISTA</i>		NP	PA
<i>epinastine hcl</i>		NP	PA
<i>EYE ALLERGY ITCH RLF 0.2% DROP</i>	OTC	C	
<i>EYE ALLERGY ITCH-RED 0.1% DROP</i>	OTC	C	
<i>EYE ITCH RELIEF</i>	OTC	P	
<i>FT EYE ALLERGY ITCH RLF 0.2%</i>	OTC	C	
<i>FT EYE ALLERGY ITCH-RED 0.1%</i>	OTC	C	
<i>gnp olopatadine 0.1% eye drops</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>gnp olopatadine 0.2% eye drop</i>	OTC	C	
<i>HM EYE ALLERGY ITCH RLF 0.2%</i>	OTC	C	
<i>HM EYE ALLERGY ITCH-RED 0.1%</i>	OTC	C	
<i>ketotifen fumarate</i>	OTC	P	
<i>olopatadine 665 mcg nasal spry</i>		NP	PA
<i>olopatadine hcl 0.1% eye drop</i>	OTC	C	
<i>olopatadine hcl 0.1% eye drops</i>	OTC	C	
<i>olopatadine hcl 0.2% eye drop</i>	OTC	P	
<i>PATANASE</i>		NP	PA
<i>qc olopatadine 0.2% eye drop</i>	OTC	C	
<i>RYALTRIS</i>		NP	PA
<i>sm olopatadine 0.2% eye drop</i>	OTC	C	
<i>ZADITOR</i>	OTC	NP	PA
<i>ZERVIATE</i>		NP	PA
EENT DRUGS, MISCELLANEOUS			
<i>apraclonidine hcl</i>		NP	PA
<i>artificial eye lubricant</i>	OTC	C	
<i>AYR</i>	OTC	C	
<i>AYR SALINE</i>	OTC	C	
<i>carboxymethylcell 0.5% eye drp</i>	OTC	C	
<i>carboxymethylcell 1% eye drop</i>	OTC	C	
<i>carboxymethylcell 1% eye gel</i>	OTC	C	
<i>CYSTADROPS</i>		C	QL 5 ML / RX PA S Specialty Drug
<i>CYSTARAN</i>		C	QL 15 ML / RX PA S Specialty Drug

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>for sty relief</i>	OTC	C	
<i>ft lubricant 0.4-0.3% eye drop</i>	OTC	C	
<i>ft lubricant 0.5% eye drop</i>	OTC	C	
<i>GENTEAL TEARS 0.1%-0.2%-0.3%</i>	OTC	C	
<i>GENTEAL TEARS 0.1%-0.3% DROP</i>	OTC	C	
<i>GENTEAL TEARS SEVERE 0.3% GEL</i>	OTC	C	
<i>gnp lubricant 0.5% eye drop</i>	OTC	C	
<i>IOPIDINE</i>		NP	PA
<i>ipratropium 0.03% spray</i>		P	
<i>ipratropium 0.06% spray</i>		P	
<i>little remedies saline</i>	OTC	C	
<i>lubricant 0.4-0.3% eye drop</i>	OTC	C	
<i>lubricant 0.5% eye drop</i>	OTC	C	
<i>lubricant eye drops</i>	OTC	C	
<i>lubricant eye ointment</i>	OTC	C	
<i>lubricant pm</i>	OTC	C	
<i>lubricating tears</i>	OTC	C	
<i>muro-128</i>	OTC	C	
<i>nasal moisturizing</i>	OTC	C	
<i>nighttime relief lubricant eye</i>	OTC	C	
<i>OXERVATE</i>		C	QL 1 ML / 1 DAY PA S Specialty Drug
<i>polyvinyl alcohol</i>	OTC	C	
<i>pure & gentle eye drops</i>	OTC	C	
<i>REFRESH CELLUVISC</i>	OTC	C	
<i>REFRESH CLASSIC</i>	OTC	C	

DRUG DESCRIPTION (RX)	OTC	C	LIMITS & RESTRICTIONS
REFRESH LIQUIGEL	OTC	C	
REFRESH OPTIVE	OTC	C	
REFRESH OPTIVE SENSITIVE	OTC	C	
REFRESH P.M.	OTC	C	
REFRESH RELIEVA	OTC	C	
saline 0.65% nasal spray	OTC	C	
sodium chloride 5% eye drop	OTC	C	
sodium chloride 5% eye oint	OTC	C	
SYSTANE GEL	OTC	C	
THERA TEARS 0.25% EYE DROPS	OTC	C	
thera tears 1% liquid gel	OTC	C	
LOCAL ANESTHETICS (EENT)			
GLYDO		C	
lidocaine 2% viscous soln		C	
lidocaine hcl 2% jel urojet ac		C	
lidocaine hcl 2% jelly		C	
lidocaine hcl 2% jelly uro-jet		C	
lidocaine hcl 4% solution		C	
MOUTHWASHES AND GARGLES			
ft hydrogen peroxide 3% soln	OTC	C	
gs hydrogen peroxide 3% soln	OTC	C	
hm hydrogen peroxide 3% soln	OTC	C	
hydrogen peroxide 3% solution	OTC	C	
pub hydrogen peroxide 3% soln	OTC	C	
sm hydrogen peroxide 3% soln	OTC	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
MYDRIATICS		
<i>atropine 1% eye drops</i>	C	
<i>atropine 1% eye ointment</i>	C	
<i>cyclopentolate 1% eye drop</i>	C	
<i>cyclopentolate 1% eye drops</i>	C	
<i>homatropaire</i>	C	
VASOCONSTRICTORS		
<i>12 hour nasal relief</i>	OTC	C
<i>child mucinex stuffy nose spray</i>	OTC	C
<i>dristan</i>	OTC	C
<i>eye drops</i>	OTC	C
<i>eye drops advanced relief</i>	OTC	C
<i>mucinex sinus-max</i>	OTC	C
<i>NAPHCON-A</i>	OTC	C
<i>nasal decongestant 0.05% spray</i>	OTC	C
<i>phenylephrine 10% eye drops</i>		C
<i>phenylephrine 2.5% eye drop</i>		C
<i>pv allergy eye drops</i>	OTC	C
FIRST GENERATION ANTIHISTAMINES		
ETHANOLAMINE DERIVATIVES		
<i>allergy 50 mg/20 ml solution</i>	OTC	C
<i>allergy relief 12.5 mg/5 ml</i>	OTC	C
<i>allergy relief 25 mg capsule</i>	OTC	C
<i>allergy relief 25 mg softgel</i>	OTC	C
<i>allergy rlf (diphen) 25 mg chw</i>	OTC	C
<i>benadryl allergy 25 mg ultratb</i>	OTC	C
<i>benadryl allergy 50 mg tablet</i>	OTC	C

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>child allergy 12.5 mg/5 ml</i>	OTC	C
<i>child allergy rlf 12.5 mg/5 ml</i>	OTC	C
<i>diphenhydramine 12.5 mg/5 ml</i>	OTC	C
<i>diphenhydramine 12.5mg/5ml cup</i>	OTC	C
<i>diphenhydramine 25 mg caplet</i>	OTC	C
<i>diphenhydramine 25 mg capsule</i>	OTC	C
<i>diphenhydramine 25 mg tablet</i>	OTC	C
<i>diphenhydramine 25 mg/10ml cup</i>	OTC	C
<i>diphenhydramine 50 mg capsule</i>	OTC	C
<i>eq allergy relief 25 mg tablet</i>	OTC	C
EQ SLEEP AID 25 MG TABLET	OTC	C
<i>ft allergy (diphen) 25 mg cap</i>	OTC	C
<i>ft allergy (diphen) 25 mg chew</i>	OTC	C
<i>ft allergy (diphen) 25 mg tab</i>	OTC	C
<i>ft child allergy 12.5 mg/5 ml</i>	OTC	C
<i>ft nighttime sleep 25 mg cplt</i>	OTC	C
FT SLEEP AID 25 MG TABLET	OTC	C
<i>ft sleep aid 50 mg softgel</i>	OTC	C
<i>gnp allergy relief 25 mg lq cp</i>	OTC	C
<i>gnp allergy relief 25 mg sfgl</i>	OTC	C
<i>gnp allergy relief 25 mg tab</i>	OTC	C
<i>gnp allergy relief 50 mg/20 ml</i>	OTC	C
<i>gnp child allergy 12.5 mg/5 ml</i>	OTC	C
<i>gnp nighttime sleep aid 50 mg</i>	OTC	C
<i>gnp sleep aid 25 mg caplet</i>	OTC	C
<i>gs allergy relief 25 mg tablet</i>	OTC	C

DRUG DESCRIPTION (RX)	OTC	TYPE	LIMITS & RESTRICTIONS
<i>gs nighttime sleep aid 25 mg</i>	OTC	C	
<i>GS SLEEP AID 25 MG TABLET</i>	OTC	C	
<i>hm allergy relief 25 mg cap</i>	OTC	C	
<i>hm allergy relief 25 mg tablet</i>	OTC	C	
<i>hm nighttime sleep 25 mg cplt</i>	OTC	C	
<i>hm nighttime sleep aid 50 mg</i>	OTC	C	
<i>HM SLEEP AID 25 MG TABLET</i>	OTC	C	
<i>m-dryl</i>	OTC	C	
<i>maxallergy kids</i>	OTC	C	
<i>nighttime severe cough-cold</i>	OTC	C	
<i>qc child allergy 12.5 mg/5 ml</i>	OTC	C	
<i>rest simply</i>	OTC	C	
<i>sleep aid 25 mg caplet</i>	OTC	C	
<i>SLEEP AID 25 MG TABLET</i>	OTC	C	
<i>sleep aid 50 mg softgel</i>	OTC	C	
<i>sleep-aid</i>	OTC	C	
<i>sm allergy (diphen) 25 mg cap</i>	OTC	C	
<i>sm allergy (diphen) 25 mg chew</i>	OTC	C	
<i>sm child allergy 12.5 mg/5 ml</i>	OTC	C	
<i>SM SLEEP AID 25 MG TABLET</i>	OTC	C	
<i>sominex</i>	OTC	C	
<i>sominex max strength</i>	OTC	C	
<i>unisom sleepminis</i>	OTC	C	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.			
<i>cyproheptadine hcl</i>		C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PHENOTHIAZINE DERIVATIVES		
<i>promethazine 12.5 mg suppos</i>	C	
<i>promethazine 12.5 mg tablet</i>	C	
<i>promethazine 25 mg suppository</i>	C	
<i>promethazine 25 mg tablet</i>	C	
<i>promethazine 50 mg suppository</i>	C	
<i>promethazine 50 mg tablet</i>	C	
<i>promethazine 6.25 mg/5 ml soln</i>	C	
<i>promethazine 6.25 mg/5 ml syrp</i>	C	
<i>promethazine vc</i>	C	
<i>promethazine-phenylephrine</i>	C	
PROMETHEGAN	C	
PROPYLAMINE DERIVATIVES		
<i>allergy relief 4 mg tablet</i>	OTC	C
<i>child's dibromm cold-allergy</i>	OTC	C
<i>children's cold-allergy</i>	OTC	C
DIMETAPP	OTC	C
DIMETAPP COLD-ALLERGY	OTC	C
<i>ft allergy (chlorphen) 4 mg tb</i>	OTC	C
<i>gnp allergy relief 4 mg tablet</i>	OTC	C
<i>gs allergy relief 4 mg tablet</i>	OTC	C
<i>hm allergy relief 4 mg tablet</i>	OTC	C
<i>rynex pse</i>	OTC	C
<i>sinus-allergy pe</i>	OTC	C
<i>suphedrine pe sinus-allergy</i>	OTC	C
<i>valu-tapp</i>	OTC	C

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
<i>ACTIDOSE-AQUA 15 GM LIQUID</i>	OTC	C
<i>al-mag hydrox-simeth max susp</i>	OTC	C
<i>alka-seltzer heartburn chew</i>	OTC	C
<i>alum-mag hydroxide-simeth cup</i>	OTC	C
<i>alum-mag hydroxide-simeth susp</i>	OTC	C
<i>aluminum hydroxide</i>	OTC	C
<i>antacid 500 mg chew tablet</i>	OTC	C
<i>antacid 750 mg chewable tablet</i>	OTC	C
<i>antacid anti-gas liquid</i>	OTC	C
<i>antacid anti-gas max str liq</i>	OTC	C
<i>antacid ex-str 750 mg tab chew</i>	OTC	C
<i>antacid ex-str tablet chew</i>	OTC	C
<i>antacid ultra str 1,000 mg chw</i>	OTC	C
ANTACID-ANTIGAS LIQUID	OTC	C
<i>antacid-gas relief</i>	OTC	C
<i>calcium antacid 750 mg tb chew</i>	OTC	C
<i>calcium carbonate 648 mg tab</i>	OTC	C
<i>cvs antacid ex-str 750 mg chew</i>	OTC	C
<i>eq antacid ex-str 750 mg chew</i>	OTC	C
<i>eq antacid ultra str tab chew</i>	OTC	C
EZ CHAR	OTC	C
<i>ft antacid 500 mg chew tablet</i>	OTC	C
<i>ft antacid ex-str 750 mg chew</i>	OTC	C
<i>ft antacid-antigas liquid</i>	OTC	C

DRUG DESCRIPTION (RX)	OTC	C	LIMITS & RESTRICTIONS
GAVISCON	OTC	C	
GELUSIL	OTC	C	
gnp antacid ex-str 750 mg chew	OTC	C	
gs antacid 500 mg chew tablet	OTC	C	
gs antacid ex-str 750 mg chew	OTC	C	
gs antacid plus gas relief liq	OTC	C	
gs antacid ultra 1,000 mg chew	OTC	C	
hm antacid 500 mg chew tablet	OTC	C	
hm antacid ex-str 750 mg chew	OTC	C	
hm cal antacid 750 mg chew tab	OTC	C	
insta-char	OTC	C	
maalox maximum strength	OTC	C	
magnesium oxide 400 mg tablet	OTC	C	
MAGOX 400	OTC	C	
mintox plus	OTC	C	
mylanta maximum strength	OTC	C	
pub calcium carb 1,000 mg tab	OTC	C	
qc antacid 500 mg chew tablet	OTC	C	
sm antacid 500 mg chew tablet	OTC	C	
sm antacid 750 mg chew tablet	OTC	C	
sm antacid-antigas liquid	OTC	C	
sm cal antacid 750 mg chew tab	OTC	C	
sodium bicarb 10 grain tablet	OTC	C	
sodium bicarb 325 mg tablet	OTC	C	
sodium bicarb 650 mg tablet	OTC	C	
sw antacid plus gas relief liq	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>true magnesium oxide 400 mg tb</i>	OTC	C	
ANTI-INFLAMMATORY AGENTS (GI DRUGS)			
<i>alosetron hcl</i>		C	PA
APRISO		P	
ASACOL HD		NP	PA
<i>balsalazide disodium</i>		P	
CANASA		P	
COLAZAL		NP	PA
DELZICOL		P	
DIPENTUM		NP	PA
LIALDA		P	
<i>mesalamine 1,000 mg supp</i>		NP	PA
<i>mesalamine 4 gm/60 ml enema</i>		NP	PA
<i>mesalamine 4 gm/60 ml kit</i>		NP	PA
<i>mesalamine 800 mg dr tablet</i>		NP	PA
<i>mesalamine dr</i>		NP	PA
<i>mesalamine dr 1.2 gm tablet</i>		NP	PA
<i>mesalamine er</i>		NP	PA
PENTASA		P	
ROWASA 4 GM/60 ML ENEMA		P	
ROWASA 4 GM/60 ML ENEMA KIT		P	
SFROWASA		P	
ANTIDIARRHEA AGENTS			
ANTI-DIARRHEAL 2 MG CAPLET	OTC	C	
<i>anti-diarrheal 2 mg softgel</i>	OTC	C	
<i>bismuth</i>	OTC	C	
<i>bismuth 262 mg tablet chew</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>bismuth 525 mg/30 ml susp</i>	OTC	C	
<i>diphenoxylat-atrop 2.5-0.025/5</i>		C	QL 40 ML / 1 DAY
<i>diphenoxylate-atrop 2.5-0.025</i>		C	QL 8 TABS / 1 DAY
<i>eq anti-diarrheal 2 mg sftgel</i>	OTC	C	
<i>eq loperamide 1 mg/7.5 ml susp</i>	OTC	C	
<i>eq stomach rlf 262 mg chew tab</i>	OTC	C	
<i>FT ANTI-DIARRHEAL 1 MG/7.5 ML</i>	OTC	C	
<i>FT ANTI-DIARRHEAL 2 MG CAPLET</i>	OTC	C	
<i>ft anti-diarrheal 2 mg softgel</i>	OTC	C	
<i>ft stomach relief 525 mg/30 ml</i>	OTC	C	
<i>ft stomach rlf 262 mg chew tab</i>	OTC	C	
<i>GNP ANTI-DIARRHEAL 2 MG TABLET</i>	OTC	C	
<i>gnp pink bismuth 525 mg/15 ml</i>	OTC	C	
<i>gnp stomach relief 525mg/15 ml</i>	OTC	C	
<i>gnp stomach rlf 525 mg/30 ml</i>	OTC	C	
<i>GS ANTI-DIARRHEAL 1 MG/7.5 ML</i>	OTC	C	
<i>gs stomach rlf 262 mg chew tab</i>	OTC	C	
<i>hm anti-diarrheal 2 mg softgel</i>	OTC	C	
<i>hm stomach relief 525 mg/15 ml</i>	OTC	C	
<i>hm stomach relief 525 mg/30 ml</i>	OTC	C	
<i>hm stomach rlf 262 mg chew tab</i>	OTC	C	
<i>IMODIUM A-D</i>	OTC	C	
<i>kaopectate</i>	OTC	C	
<i>loperamide 1 mg/7.5 ml soln</i>	OTC	C	
<i>loperamide 1 mg/7.5 ml susp</i>	OTC	C	
<i>loperamide 1 mg/7.5ml soln cup</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>loperamide 2 mg capsule</i>		C	
<i>loperamide 2 mg/15 ml soln cup</i>	OTC	C	
<i>pub stomach rlf 262 mg chew tb</i>	OTC	C	
<i>qc stomach rlf 262 mg chew tab</i>	OTC	C	
<i>sm stomach relief 525 mg/30 ml</i>	OTC	C	
<i>sm stomach rlf 262 mg chew tab</i>	OTC	C	
<i>stomach relief 262 mg chew tab</i>	OTC	C	
<i>stomach relief 525 mg/15 ml</i>	OTC	C	
<i>stomach relief 525 mg/30 ml</i>	OTC	C	
<i>stomach rlf 525 mg/30 ml susp</i>	OTC	C	
XERMELO		C	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #c08040; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">S</div> Specialty Drug </div>
ANTIFLATULENTS			
<i>anti-gas</i>	OTC	C	
<i>ft gas relief 125 mg chew tab</i>	OTC	C	
<i>ft gas relief(simeth) 80mg chw</i>	OTC	C	
GAS RELIEF (SIMETH) 80 MG CHEW	OTC	C	
<i>gas relief 180 mg softgel</i>	OTC	C	
GAS-X EX-STR 125 MG TAB CHEW	OTC	C	
<i>gas-x extra strength softgel</i>	OTC	C	
<i>gnp gas rlf(simeth) 80 mg chew</i>	OTC	C	
<i>gs simethicone 20 mg/0.3 ml</i>	OTC	C	
<i>hm gas relief 125 mg chew tab</i>	OTC	C	
<i>hm gas relief(simeth) 80mg chw</i>	OTC	C	
<i>infant gas relief</i>	OTC	C	
<i>infants' gas relief</i>	OTC	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>infants' simethicone</i>	OTC	C
<i>little remedies gas relief</i>	OTC	C
<i>mi-acid</i>	OTC	C
<i>simethicone 180 mg softgel</i>	OTC	C
<i>simethicone 80 mg tab chew</i>	OTC	C
<i>sm gas relief(simeth) 80mg chw</i>	OTC	C
<i>teeny tummy infant gas relief</i>	OTC	C
CATHARTICS AND LAXATIVES		
<i>adult glycerin</i>	OTC	C
<i>bisacodyl</i>	OTC	C
<i>child glycerin 1.2 gm supp</i>	OTC	C
<i>child glycerin suppository</i>	OTC	C
CITROMA	OTC	C
CITRUCEL	OTC	C
CLEARLAX POWDER	OTC	C
CLEARLAX POWDER PACKET	OTC	C
<i>docusate sod 100 mg/10 ml cup</i>	OTC	C
<i>docusate sod 60 mg/15 ml syr</i>	OTC	C
<i>docusate sodium 100 mg softgel</i>	OTC	C
<i>docusate sodium 250 mg capsule</i>	OTC	C
<i>docusate sodium 250 mg softgel</i>	OTC	C
<i>docusate sodium 50 mg/5 ml cup</i>	OTC	C
<i>docusate sodium 50 mg/5 ml liq</i>	OTC	C
<i>docusol</i>	OTC	C
<i>dulcolax 1,200 mg/15 ml liquid</i>	OTC	C
EQ CLEARLAX POWDER	OTC	C

DRUG DESCRIPTION (RX)	OTC	TYPE	LIMITS & RESTRICTIONS
<i>eq fiber therapy 625 mg caplet</i>	OTC	C	
<i>eq fiber therapy caplet</i>	OTC	C	
<i>eq laxative 25 mg tablet</i>	OTC	C	
<i>eq mineral oil</i>	OTC	C	
<i>eq natural laxative 8.6 mg tab</i>	OTC	C	
<i>eq senna-s tablet</i>	OTC	C	
<i>eq stool softener 100 mg sftgl</i>	OTC	C	
<i>eq stool softener-stim lax tab</i>	OTC	C	
<i>evac-u-gen</i>	OTC	C	
EX-LAX MAXIMUM STRENGTH	OTC	C	
<i>fiber laxative 625 mg caplet</i>	OTC	C	
<i>fiber laxative 625 mg tablet</i>	OTC	C	
<i>fiber therapy 500 mg caplet</i>	OTC	C	
FIBERCON 625 MG CAPLET	OTC	C	
FLEET BISACODYL 10 MG ENEMA	OTC	C	
<i>fleet glycerin 2 gm adult supp</i>	OTC	C	
FT CLEARLAX POWDER	OTC	C	
<i>ft fiber laxative 625 mg cplt</i>	OTC	C	
<i>ft gentle laxative 10 mg supp</i>	OTC	C	
<i>ft laxative 5 mg tablet</i>	OTC	C	
<i>ft laxative ec 5 mg tablet</i>	OTC	C	
<i>ft milk of magnesia suspension</i>	OTC	C	
<i>ft mineral oil</i>	OTC	C	
<i>ft senna laxative 8.6 mg tab</i>	OTC	C	
<i>ft senna-s 8.6-50 mg tablet</i>	OTC	C	
<i>ft stool softener 100 mg sftgl</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>ft stool softener 250 mg sftgl</i>	OTC	C	
<i>ft stool softener-stim lax tab</i>	OTC	C	
GAVILYTE-C		C	
GAVILYTE-G		C	
<i>gentle laxative 10 mg supp</i>	OTC	C	
<i>gentle laxative 10 mg supposit</i>	OTC	C	
<i>gentle laxative 5 mg tablet</i>	OTC	C	
<i>gentle laxative ec 5 mg tablet</i>	OTC	C	
<i>glycerin 2 gm suppository</i>	OTC	C	
<i>gnp gentle laxative 10 mg supp</i>	OTC	C	
<i>gnp gentle laxative ec 5 mg tb</i>	OTC	C	
<i>gnp senna lax 8.6 mg tablet</i>	OTC	C	
<i>gnp stool softener 100 mg sftgl</i>	OTC	C	
<i>gnp stool softener 250 mg sftgl</i>	OTC	C	
<i>gnp stool softener-stim lax tb</i>	OTC	C	
<i>gs milk of magnesia suspension</i>	OTC	C	
<i>gs mineral oil</i>	OTC	C	
<i>gs senna laxative 8.6 mg tab</i>	OTC	C	
HEALTHYLAX	OTC	C	
<i>hm gentle laxative 10 mg supp</i>	OTC	C	
<i>hm laxative ec 5 mg tablet</i>	OTC	C	
<i>hm milk of magnesia suspension</i>	OTC	C	
<i>hm senna 8.6 mg tablet</i>	OTC	C	
<i>hm senna-s tablet</i>	OTC	C	
<i>hm stool softener 100 mg sftgl</i>	OTC	C	
<i>hm stool softener 250 mg sftgl</i>	OTC	C	

DRUG DESCRIPTION (RX)	OTC	TYPE	LIMITS & RESTRICTIONS
<i>hm stool softener-stim lax tab</i>	OTC	C	
<i>hv milk of magnesia suspension</i>	OTC	C	
HYDROCIL INSTANT	OTC	C	
KONSYL DAILY FIBER POWDER PKT	OTC	C	
KONSYL ORIGINAL 6 GM POWD PKT	OTC	C	
KONSYL ORIGINAL FIBER POWDER	OTC	C	
<i>konsyl psyllium fiber powder</i>	OTC	C	
LAXACLEAR	OTC	C	
<i>laxative 25 mg pill</i>	OTC	C	
<i>laxative 25 mg tablet</i>	OTC	C	
<i>laxative 5 mg tablet</i>	OTC	C	
<i>laxative ec 5 mg tablet</i>	OTC	C	
<i>laxative maximum strength</i>	OTC	C	
<i>lubiprostone</i>		C	QL 2 CAPS / 1 DAY ST
<i>magnesium citrate</i>	OTC	C	
<i>milk of magnesia susp 30ml cup</i>	OTC	C	
<i>milk of magnesia suspension</i>	OTC	C	
<i>mineral oil</i>	OTC	C	
<i>mineral oil 30 ml cup</i>	OTC	C	
MINERAL OIL ENEMA	OTC	C	
<i>natural fiber laxative capsule</i>	OTC	C	
<i>natural fiber powder</i>	OTC	C	
<i>natural laxative 8.6 mg tablet</i>	OTC	C	
<i>natural vegetable laxative</i>	OTC	C	
<i>onelax</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>onelax docusate sodium</i>	OTC	C	
<i>onelax fiber therapy</i>	OTC	C	
<i>onelax magnesium citrate</i>	OTC	C	
<i>onelax senna</i>	OTC	C	
<i>PEDIA-LAX</i>	OTC	C	
<i>PEDIA-LAX ENEMA</i>	OTC	C	
<i>peg 3350-electrolyte</i>		C	
<i>peg-3350 and electrolytes</i>		C	
<i>polyethylene glycol 3350 powd</i>	OTC	C	
<i>POWDERLAX</i>	OTC	C	
<i>pub docusate sodium 100 mg cap</i>	OTC	C	
<i>pub laxative ec 5 mg tablet</i>	OTC	C	
<i>pub milk of magnesia susp</i>	OTC	C	
<i>pure and gentle mineral oil</i>	OTC	C	
<i>pure and gentle saline enema</i>	OTC	C	
<i>qc gentle laxative 10 mg supp</i>	OTC	C	
<i>qc laxative 25 mg tablet</i>	OTC	C	
<i>qc milk of magnesia suspension</i>	OTC	C	
<i>qc stool softener 100 mg sftgl</i>	OTC	C	
<i>reguloid laxative powder</i>	OTC	C	
<i>sen-o-tab</i>	OTC	C	
<i>senexon-s</i>	OTC	C	
<i>senna 8.6 mg tablet</i>	OTC	C	
<i>senna 8.8 mg/5 ml liquid</i>	OTC	C	
<i>senna 8.8 mg/5 ml syrup</i>	OTC	C	
<i>senna lax 8.6 mg tablet</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>senna laxative 8.6 mg tablet</i>	OTC	C	
<i>senna plus</i>	OTC	C	
<i>senna-lax 8.6 mg tablet</i>	OTC	C	
<i>senna-s 8.6-50 mg tablet</i>	OTC	C	
<i>senna-s laxative</i>	OTC	C	
<i>senna-s tablet</i>	OTC	C	
<i>senna-time 8.6 mg tablet</i>	OTC	C	
<i>senno</i>	OTC	C	
SENOKOT 8.6 MG TABLET	OTC	C	
<i>sm milk of magnesia suspension</i>	OTC	C	
<i>sm senna laxative 8.6 mg tab</i>	OTC	C	
<i>sm senna-s tablet</i>	OTC	C	
<i>sm stool softener 100 mg sftgl</i>	OTC	C	
<i>sod sulf-potass sulf-mag sulf</i>		C	
SODIUM PHOSPHATE, MONO-DIBASIC ENEMA	OTC	C	
SORBITOL	OTC	C	
<i>stimulant laxative plus</i>	OTC	C	
STOOL SOFTENER 100 MG SOFTGEL	OTC	C	
<i>stool softener-laxative</i>	OTC	C	
<i>stool softener-stim lax tablet</i>	OTC	C	
<i>vegetable lax-stool softener</i>	OTC	C	
<i>vegetable laxative</i>	OTC	C	
CHOLELITHOLYTIC AGENTS			
<i>ursodiol 250 mg tablet</i>		C	
<i>ursodiol 300 mg capsule</i>		C	
<i>ursodiol 500 mg tablet</i>		C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
DIGESTANTS		
CREON	P	
dairy aid	OTC C	
LACTAID FAST ACT	OTC C	
lactase	OTC C	
PERTZYE	NP	PA
VIKACE	NP	PA
ZENPEP	P	
GI DRUGS, MISCELLANEOUS		
CHOLBAM	C	PA S Specialty Drug
ENDARI	P	PA S Specialty Drug
HUMIRA(CF) PEDI CROHN 80-40 MG	P	QL 2 SYRINGES / 28 DAYS PA S Specialty Drug
LINZESS	C	QL 1 CAP / 1 DAY ST
MOVANTIK	C	QL 1 TAB / 1 DAY PA
orlistat	NP	PA
SYMPROIC	C	PA
XENICAL	NP	PA
IMMUNOMODULATORY AGENT		
ENTYVIO	NP	PA S Specialty Drug MED Medical Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PROKINETIC AGENTS		
<i>GIMOTI</i>	NP	PA
<i>metoclopramide 10 mg tablet</i>	C	
<i>metoclopramide 10 mg/10 ml cup</i>	C	
<i>metoclopramide 10 mg/10 ml sol</i>	C	
<i>metoclopramide 5 mg tablet</i>	C	
<i>metoclopramide 5 mg/5 ml soln</i>	C	
<i>metoclopramide hcl odt</i>	NP	PA
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
<i>darifenacin er</i>	NP	PA
<i>DETROL</i>	NP	PA
<i>DETROL LA</i>	NP	PA
<i>DITROPAN XL</i>	NP	PA
<i>flavoxate hcl</i>	NP	PA
<i>GELNIQUE</i>	NP	PA
<i>oxybutynin chloride</i>	P	
<i>oxybutynin chloride er</i>	P	
<i>OXYTROL</i>	P	
<i>solifenacin succinate</i>	P	
<i>tolterodine tartrate</i>	P	
<i>tolterodine tartrate er</i>	P	
<i>TOVIAZ</i>	P	
<i>tropium chloride</i>	NP	PA
<i>tropium chloride er</i>	NP	PA
<i>VESICARE</i>	NP	PA
<i>VESICARE LS</i>	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
GOLD COMPOUNDS		
RIDAURA	C	
GONADOTROPINS AND ANTIGONADOTROPINS		
ANTIGONADTROPINS		
MYFEMBREE	C	QL 28 TABS / 28 DAYS PA S Specialty Drug
ORGOVYX	C	PA S Specialty Drug ONC
ORIAHNN	C	QL 2 CAPS / 1 DAY PA S Specialty Drug
ORILISSA 150 MG TABLET	C	QL 28 TABS / 28 DAYS PA S Specialty Drug
ORILISSA 200 MG TABLET	C	QL 56 TABS / 28 DAYS PA S Specialty Drug
HCV ANTIVIRALS		
HCV POLYMERASE INHIBITOR ANTIVIRALS		
EPCLUSA	NP	PA S Specialty Drug
HARVONI	NP	PA S Specialty Drug
ledipasvir-sofosbuvir	NP	PA S Specialty Drug
sofosbuvir-velpatasvir	NP	PA S Specialty Drug
SOVALDI	NP	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
VOSEVI	P	PA S Specialty Drug
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET	P	PA S Specialty Drug
HCV REPLICATION COMPLEX INHIBITORS		
ZEPATIER	NP	PA S Specialty Drug
HEAVY METAL ANTAGONISTS		
CHEMET	C	
D-PENAMINE	C	PA
deferasirox 125 mg tb for susp	C	PA S Specialty Drug TD
deferasirox 180 mg tablet	C	PA S Specialty Drug TD
deferasirox 250 mg tb for susp	C	PA S Specialty Drug TD
deferasirox 360 mg tablet	C	PA S Specialty Drug TD
deferasirox 500 mg tb for susp	C	PA S Specialty Drug TD
deferasirox 90 mg tablet	C	PA S Specialty Drug TD
deferiprone	C	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>deferiprone (3 times a day)</i>	C	PA S Specialty Drug
<i>FERRIPROX 100 MG/ML SOLUTION</i>	C	PA S Specialty Drug
<i>penicillamine 250 mg tablet</i>	C	PA S Specialty Drug
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
<i>budesonide dr</i>	NP	PA
<i>budesonide ec</i>	NP	PA
<i>budesonide er</i>	NP	PA
<i>dexamethasone 0.5 mg tablet</i>	C	
<i>dexamethasone 0.5 mg/5 ml elx</i>	C	
<i>dexamethasone 0.5 mg/5 ml liq</i>	C	
<i>dexamethasone 0.75 mg tablet</i>	C	
<i>dexamethasone 1 mg tablet</i>	C	
<i>dexamethasone 1.5 mg tablet</i>	C	
<i>dexamethasone 10 mg/ml syring</i>	C	
<i>dexamethasone 120 mg/30 ml vl</i>	C	
<i>dexamethasone 2 mg tablet</i>	C	
<i>dexamethasone 20 mg/5 ml vial</i>	C	
<i>dexamethasone 4 mg tablet</i>	C	
<i>dexamethasone 4 mg/ml vial</i>	C	
<i>dexamethasone 6 mg tablet</i>	C	
<i>dexamethasone 8 mg/2 ml-water</i>	C	
<i>DEXAMETHASONE INTENSOL</i>	C	
<i>fludrocortisone acetate</i>	C	
<i>hydrocortisone 10 mg tablet</i>	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>hydrocortisone 20 mg tablet</i>	C	
<i>hydrocortisone 5 mg tablet</i>	C	
MEDROL 2 MG TABLET	C	
<i>methylprednisolone</i>	C	
<i>prednisolone</i>	C	
<i>prednisolone 15 mg/5 ml soln</i>	C	
<i>prednisolone 5 mg/5 ml soln</i>	C	
<i>prednisolone sod ph 25 mg/5 ml</i>	C	
<i>prednisone</i>	C	
PREDNISONO INTENSOL	C	
SOLU-CORTEF 100 MG ACT-O-VIAL	C	
SOLU-CORTEF 100 MG VIAL	C	
SOLU-CORTEF 250 MG ACT-O-VIAL	C	
SOLU-CORTEF 500 MG ACT-O-VIAL	C	
UCERIS	NP	PA
ANDROGENS		
<i>danazol</i>	C	
FORTESTA	NP	PA
NATESTO	NP	PA
<i>oxandrolone</i>	C	PA
TESTIM	NP	PA
<i>testosterone 1% (25mg/2.5g) pk</i>	NP	PA
<i>testosterone 1% (50 mg/5 g) pk</i>	NP	PA
<i>testosterone 1.62% (2.5 g) pkt</i>	NP	PA
<i>testosterone 1.62% gel pump (generic for Androgel 20.25/1.25 g)</i>	P	
<i>testosterone 1.62%(1.25 g) pkt</i>	NP	PA
<i>testosterone 10 mg gel pump</i>	NP	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>testosterone 12.5 mg/1.25 gram (generic for Vogelxo gel pump)</i>		NP	PA
<i>testosterone 30 mg/1.5 ml pump</i>		NP	PA
<i>testosterone 50 mg/5 gram gel</i>		NP	PA
<i>testosterone 50 mg/5 gram pkt</i>		NP	PA
<i>testosterone cypionate</i>		C	PA
<i>testosterone enanthate</i>		C	PA
VOGELXO		NP	PA
CONTRACEPTIVES			
AFIRMELLE		C	
AFTER PILL	OTC	C	QL 3 TABLETS / rx
ALTAVERA		C	
ALYACEN		C	
AMETHIA		C	
AMETHYST		C	
APRI		C	
ARANELLE		C	
ASHLYNA		C	
AUBRA		C	
AUBRA EQ		C	
AUROVELA		C	
AUROVELA 24 FE		C	
AUROVELA FE		C	
AVIANE		C	
AYUNA		C	
AZURETTE		C	
BALZIVA		C	
BLISOVI 24 FE		C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
BLISOVI FE		C	
BRIELLYN		C	
CAMILA		C	
CAMRESE		C	
CAMRESE LO		C	
CAZIAN		C	
CHATEAL		C	
CHATEAL EQ		C	
CRYSELLE		C	
CURAE	OTC	C	QL 3 TABLETS / rx
CYCLAFEM		C	
CYRED		C	
CYRED EQ		C	
DASETTA		C	
DAYSEE		C	
DEBLITANE		C	
desogestr-eth estrad eth estra		C	
desogestrel-ethinyl estradiol		C	
DOLISHALE		C	
drospirenone-ethinyl estradiol		C	
ECONTRA ONE-STEP	OTC	C	QL 3 TABLETS / rx
ELINEST		C	
ELLA		C	QL 3 TABLETS / rx
ELURYNG		C	
EMOQUETTE		C	
EMZAHH		C	
ENILLORING		C	
ENPRESSE		C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
ENSKYCE		C	
ERRIN		C	
ESTARYLLA		C	
ethynodiol-ethinyl estradiol		C	
etonogestrel-ethinyl estradiol		C	
FALMINA		C	
FEMYNOR		C	
HAILEY		C	
HAILEY 24 FE		C	
HAILEY FE		C	
HALOETTE		C	
HEATHER		C	
HER STYLE	OTC	C	QL 3 TABLETS / rx
ICLEVIA		C	
INCASSIA		C	
INTROVALE		C	
ISIBLOOM		C	
JAIMIESS		C	
JASMIEL		C	
JENCYCLA		C	
JOLESSA		C	
JULEBER		C	
JULIE	OTC	C	QL 3 TABLETS / rx
JUNEL		C	
JUNEL FE		C	
JUNEL FE 24		C	
KALLIGA		C	
KARIVA		C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>KELNOR 1-35</i>	C	
<i>KELNOR 1-50</i>	C	
<i>KURVELO</i>	C	
<i>LARIN</i>	C	
<i>LARIN 24 FE</i>	C	
<i>LARIN FE</i>	C	
<i>LARISSIA</i>	C	
<i>LEENA</i>	C	
<i>LESSINA</i>	C	
<i>LEVONEST</i>	C	
<i>levono-e estrad 0.15-0.03-0.01</i>	C	
<i>levonor-e estrad 0.1-0.02-0.01</i>	C	
<i>levonorgestrel</i>	OTC C	QL 3 TABLETS / rx
<i>levonorgestrel-eth estradiol</i>	C	
<i>LEVORA-28</i>	C	
<i>LILLOW</i>	C	
<i>LO-ZUMANDIMINE</i>	C	
<i>LOJAIMIESS</i>	C	
<i>LORYNA</i>	C	
<i>LOW-OGESTREL</i>	C	
<i>LUTERA</i>	C	
<i>LYLEQ</i>	C	
<i>LYZA</i>	C	
<i>MARLISSA</i>	C	
<i>MICROGESTIN</i>	C	
<i>MICROGESTIN 24 FE</i>	C	
<i>MICROGESTIN FE</i>	C	
<i>MILI</i>	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
MONO-LINYAH		C	
MY WAY	OTC	C	QL 3 TABLETS / rx
NECON		C	
NIKKI		C	
NORA-BE		C	
norelgestromin-eth estradiol		C	
noreth-ee-fe 1 mg/20-30-35 mcg		C	
noreth-ee-fe 1-0.02(21)-75 tab		C	
noreth-ee-fe 1.5-0.03mg(21)-75		C	
norethin-ee 1.5-0.03 mg(21) tb		C	
norethind-eth estrad 1-0.02 mg		C	
norethindrone		C	
norgestimate-ethinyl estradiol		C	
NORLYDA		C	
NORTREL		C	
NYLIA		C	
NYMYO		C	
OCELLA		C	
ORSYTHIA		C	
PHILITH		C	
PIMTREA		C	
PIRMELLA		C	
PLAN B ONE-STEP	OTC	C	QL 3 TABLETS / rx PA
PORTIA		C	
PREVIFEM		C	
RECLIPSEN		C	
SETLAKIN		C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SHAROBEL	C	
SIMLIYA	C	
SIMPESSE	C	
SPRINTEC	C	
SRONYX	C	
SYEDA	C	
TARINA 24 FE	C	
TARINA FE	C	
TARINA FE 1-20 EQ	C	
TILIA FE	C	
TRI FEMYNOR	C	
TRI-ESTARYLLA	C	
TRI-LEGEST FE	C	
TRI-LINYAH	C	
TRI-LO-ESTARYLLA	C	
TRI-LO-MARZIA	C	
TRI-LO-MILI	C	
TRI-LO-SPRINTEC	C	
TRI-MILI	C	
TRI-NYMYO	C	
TRI-SPRINTEC	C	
TRI-VYLIBRA	C	
TRI-VYLIBRA LO	C	
TRIVORA-28	C	
TULANA	C	
TURQOZ	C	
TYBLUME	C	
VELIVET	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
VESTURA	C	
VIENVA	C	
VIORELE	C	
VOLNEA	C	
VYFEMLA	C	
VYLIBRA	C	
WERA	C	
XULANE	C	
ZAFEMY	C	
ZARAH	C	
ZOVIA 1-35	C	
ZUMANDIMINE	C	
PITUITARY		
<i>desmopressin 0.01% solution</i>	C	PA
<i>desmopressin 10 mcg/0.1 ml spr</i>	C	PA
<i>desmopressin acetate 0.1 mg tb</i>	C	AL1 At least 8 yrs old
<i>desmopressin acetate 0.2 mg tb</i>	C	AL1 At least 8 yrs old
GENOTROPIN	NP	PA S Specialty Drug
HUMATROPE	NP	PA S Specialty Drug
NORDITROPIN FLEXPPO	P	PA S Specialty Drug
NUTROPIN AQ NUSPIN	P	PA S Specialty Drug
OMNITROPE	NP	PA S Specialty Drug
SAIZEN	NP	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SAIZEN-SAIZENPREP	NP	PA S Specialty Drug
SEROSTIM	NP	PA S Specialty Drug
ZOMACTON	NP	PA S Specialty Drug
ZORBTIVE	NP	PA S Specialty Drug
PROGESTINS		
DEPO-SUBQ PROVERA 104	C	
medroxyprogesterone acetate	C	
megestrol 20 mg tablet	P	
megestrol 40 mg tablet	P	
megestrol 400 mg/10 ml cup	P	
megestrol 400 mg/10ml susp cup	P	
megestrol 625 mg/5 ml susp	NP	PA
megestrol acet 40 mg/ml susp	P	
megestrol acet 400 mg/10 ml	P	
norethindrone acetate	C	
progesterone 100 mg capsule	C	
progesterone 200 mg capsule	C	
HYPOTENSIVE AGENTS		
CENTRAL ALPHA-AGONISTS		
clonidine	C	
clonidine hcl 0.1 mg tablet	C	
clonidine hcl 0.2 mg tablet	C	
clonidine hcl 0.3 mg tablet	C	
clonidine hcl er 0.1 mg tablet	C	QL 4 TABS / 1 DAY

DRUG DESCRIPTION (RX)	TYPE		LIMITS & RESTRICTIONS
<i>guanfacine hcl</i>	C		
<i>methyldopa</i>	C		
DIRECT VASODILATORS			
<i>hydralazine 10 mg tablet</i>	C		
<i>hydralazine 100 mg tablet</i>	C		
<i>hydralazine 25 mg tablet</i>	C		
<i>hydralazine 50 mg tablet</i>	C		
<i>minoxidil 10 mg tablet</i>	C		
<i>minoxidil 2.5 mg tablet</i>	C		
INSULINS			
INTERMEDIATE-ACTING INSULINS			
<i>HUMULIN 70-30</i>	OTC	P	
<i>HUMULIN 70/30 KWIKPEN</i>	OTC	P	
<i>HUMULIN N</i>	OTC	P	
<i>HUMULIN N KWIKPEN</i>	OTC	NP	PA
<i>NOVOLIN 70-30 100 UNIT/ML VIAL</i>	OTC	NP	PA
<i>NOVOLIN 70-30 FLEXPEN</i>	OTC	NP	PA
<i>NOVOLIN N 100 UNIT/ML FLEXPEN</i>	OTC	NP	PA
<i>NOVOLIN N 100 UNIT/ML VIAL</i>	OTC	P	
<i>relion novolin 70-30 flexpen</i>	OTC	NP	PA
<i>relion novolin 70-30 vial</i>	OTC	NP	PA
<i>relion novolin n 100 unit/ml</i>	OTC	P	
<i>relion novolin n u-100 flexpen</i>	OTC	NP	PA
LONG-ACTING INSULINS			
<i>BASAGLAR KWIKPEN U-100</i>	NP		PA
<i>BASAGLAR TEMPO PEN U-100</i>	NP		PA
<i>insulin degludec</i>	NP		PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>insulin degludec pen (u-100)</i>	NP	PA
<i>insulin degludec pen (u-200)</i>	NP	PA
INSULIN GLARGINE 100 UNIT/ML	NP	PA
INSULIN GLARGINE SOLOSTAR U100	NP	PA
INSULIN GLARGINE-YFGN U100 PEN	NP	PA
INSULIN GLARGINE-YFGN U100 VL	NP	PA
LANTUS	P	
LANTUS SOLOSTAR	P	
LEVEMIR	P	
LEVEMIR FLEXPEN	P	
LEVEMIR FLEXTOUCH	P	
REZVOGLAR KWIKPEN	NP	PA
SEMGLEE (YFGN)	NP	PA
SEMGLEE (YFGN) PEN	NP	PA
SOLIQUA 100-33	NP	PA
TOUJEO MAX SOLOSTAR	NP	PA
TOUJEO SOLOSTAR	NP	PA
TRESIBA	NP	PA
TRESIBA FLEXTOUCH U-100	NP	PA
TRESIBA FLEXTOUCH U-200	NP	PA
XULTOPHY 100-3.6	NP	PA
RAPID-ACTING INSULINS		
ADMELOG	NP	PA
ADMELOG SOLOSTAR	NP	PA
AFREZZA	NP	PA
APIDRA	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
APIDRA SOLOSTAR	NP	PA
FIASP	NP	PA
FIASP FLEXTOUCH	NP	PA
FIASP PENFILL	NP	PA
HUMALOG	P	
HUMALOG JUNIOR KWIKPEN	P	
HUMALOG KWIKPEN U-100	P	
HUMALOG KWIKPEN U-200	NP	PA
HUMALOG MIX 50-50	P	
HUMALOG MIX 50-50 KWIKPEN	P	
HUMALOG MIX 75-25	P	
HUMALOG MIX 75-25 KWIKPEN	P	
HUMALOG TEMPO PEN U-100	NP	PA
INSULIN ASPART 100 UNIT/ML CRT	P	
INSULIN ASPART 100 UNIT/ML PEN	P	
INSULIN ASPART 100 UNIT/ML VL	P	
INSULIN ASPART PROT-INSULN ASP	P	
INSULIN LISPRO 100 UNIT/ML PEN	P	
INSULIN LISPRO 100 UNIT/ML VL	P	
INSULIN LISPRO JR 100 UNIT/ML	P	
INSULIN LISPRO MIX 75-25 KWKPN	NP	PA
LYUMJEV	NP	PA
LYUMJEV KWIKPEN U-100	NP	PA
LYUMJEV KWIKPEN U-200	NP	PA
NOVOLOG 100 UNIT/ML FLEXPEN	P	
NOVOLOG 100 UNIT/ML VIAL	P	
NOVOLOG MIX 70-30 FLEXPEN	P	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>NOVOLOG MIX 70-30 VIAL</i>		P	
<i>NOVOLOG PENFILL</i>		P	
<i>relion novolog 100 unit/ml vl</i>		P	
<i>relion novolog mix 70-30 flxpn</i>		P	
<i>relion novolog mix 70-30 vial</i>		P	
<i>relion novolog u-100 flexpen</i>		P	
SHORT-ACTING INSULINS			
<i>HUMULIN R</i>	OTC	P	
<i>HUMULIN R U-500</i>		P	
<i>HUMULIN R U-500 KWIKPEN</i>		P	
<i>NOVOLIN R 100 UNIT/ML FLEXPEN</i>	OTC	NP	PA
<i>NOVOLIN R 100 UNIT/ML VIAL</i>	OTC	P	
<i>relion novolin r 100 unit/ml</i>	OTC	P	
<i>relion novolin r u-100 flexpen</i>	OTC	NP	PA
ION-REMOVING AGENTS			
PHOSPHATE-REMOVING AGENTS			
<i>AURYXIA</i>		NP	PA
<i>calcium acetate 667 mg capsule</i>		P	
<i>calcium acetate 667 mg gelcap</i>		P	
<i>calcium acetate 667 mg tablet</i>	OTC	P	
<i>FOSRENOL</i>		NP	PA
<i>lanthanum carbonate</i>		NP	PA
<i>PHOSLYRA</i>		C	
<i>RENVELA</i>		P	
<i>sevelamer 0.8 gm powder packet</i>		NP	PA
<i>sevelamer 2.4 gm powder packet</i>		NP	PA
<i>sevelamer carbonate 800 mg tab</i>		P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>sevelamer hcl</i>	NP	PA
VELPHORO	NP	PA
POTASSIUM-REMOVING AGENTS		
LOKELMA	C	
<i>sodium polystyrene sulfonate</i>	C	
SPS 15 GM/60 ML SUSPENSION	C	
KALLIKREIN-KININ SYSTEM INHIBITORS BRADYKININ RECEPTOR ANTAGONISTS		
FIRAZYR	NP	PA S Specialty Drug
<i>icatibant</i>	P	PA S Specialty Drug
SAJAZIR	NP	PA S Specialty Drug
COMPLEMENT INHIBITORS		
BERINERT	P	PA S Specialty Drug
CINRYZE	P	PA S Specialty Drug
HAEGARDA	NP	PA S Specialty Drug
RUCONEST	NP	PA S Specialty Drug
KALLIKREIN INHIBITORS		
KALBITOR	NP	PA S Specialty Drug
ORLADEYO	NP	QL 1 CAP / 1 DAY PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>TAKHZYRO 150 MG/ML SYRINGE</i>	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px; border-radius: 3px;">S</div> </div> 2 SYRINGES (2 ML) / 28 day(s) Specialty Drug
<i>TAKHZYRO 300 MG/2 ML SYRINGE</i>	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px; border-radius: 3px;">S</div> </div> 1 SYRINGE (2 ML) / 28 day(s) Specialty Drug
<i>TAKHZYRO 300 MG/2 ML VIAL</i>	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #9900cc; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #8b4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #a52a2a; color: white; padding: 2px; border-radius: 3px;">S</div> </div> 1 VIAL (2 ML) / 28 day(s) Specialty Drug
LOCAL ANESTHETICS (PARENTERAL)		
<i>ropivacaine hcl-nacl</i>	C	
MACROLIDE ANTIBIOTICS		
ERYTHROMYCIN ANTIBIOTICS		
<i>E.E.S. 200</i>	NP	PA
<i>E.E.S. 400</i>	P	
<i>ERY-TAB</i>	NP	PA
<i>ERYPED 200</i>	NP	PA
<i>ERYPED 400</i>	NP	PA
<i>ERYTHROCIN STEARATE</i>	NP	PA
<i>erythromycin 250 mg tablet</i>	NP	PA
<i>erythromycin 500 mg tablet</i>	NP	PA
<i>erythromycin dr 250 mg cap</i>	P	
<i>erythromycin dr 250 mg tablet</i>	NP	PA
<i>erythromycin dr 333 mg tablet</i>	NP	PA
<i>erythromycin dr 500 mg tablet</i>	NP	PA
<i>erythromycin ethylsuccinate</i>	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
OTHER MACROLIDE ANTIBIOTICS		
<i>azithromycin 1 gm pwd packet</i>	P	
<i>azithromycin 100 mg/5 ml susp</i>	P	
<i>azithromycin 200 mg/5 ml susp</i>	P	
<i>azithromycin 250 mg tablet</i>	P	
<i>azithromycin 500 mg tablet</i>	P	
<i>azithromycin 600 mg tablet</i>	P	
<i>clarithromycin 125 mg/5 ml sus</i>	NP	PA
<i>clarithromycin 250 mg tablet</i>	P	
<i>clarithromycin 250 mg/5 ml sus</i>	NP	PA
<i>clarithromycin 500 mg tablet</i>	P	
<i>clarithromycin er</i>	NP	PA
<i>DIFICID</i>	C	PA
<i>ZITHROMAX 1 GM POWDER PACKET</i>	NP	PA
<i>ZITHROMAX 100 MG/5 ML SUSP</i>	NP	PA
<i>ZITHROMAX 200 MG/5 ML SUSP</i>	NP	PA
<i>ZITHROMAX 250 MG TABLET</i>	NP	PA
<i>ZITHROMAX 250 MG Z-PAK TABLET</i>	NP	PA
<i>ZITHROMAX 500 MG TABLET</i>	NP	PA
<i>ZITHROMAX TRI-PAK</i>	NP	PA
MISC. BETA-LACTAM ANTIBIOTICS		
MONOBACTAM ANTIBIOTICS		
<i>CAYSTON</i>	NP	PA S Specialty Drug
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>AVODART 0.5 MG SOFTGEL</i>	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>dutasteride</i>	P	
<i>dutasteride-tamsulosin</i>	NP	PA
<i>finasteride 5 mg tablet</i>	P	
JALYN	NP	PA
PROSCAR	NP	PA
ALCOHOL DETERRENTS		
<i>disulfiram</i>	C	
ANTIDOTES		
<i>leucovorin calcium 10 mg tab</i>	C	
<i>leucovorin calcium 15 mg tab</i>	C	
<i>leucovorin calcium 25 mg tab</i>	C	
<i>leucovorin calcium 5 mg tab</i>	C	
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tablet</i>	C	
<i>allopurinol 300 mg tablet</i>	C	
<i>colchicine</i>	C	
<i>febuxostat</i>	C	
BONE ANABOLIC AGENTS		
EVENTITY	NP	PA S Specialty Drug MED Medical Drug
EVENTITY (2 SYRINGES)	NP	PA S Specialty Drug MED Medical Drug
BONE RESORPTION INHIBITORS		
ACTONEL	NP	PA
<i>alendronate sodium</i>	P	
AELVIA	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
BONIVA	NP	PA
FOSAMAX	NP	PA
FOSAMAX PLUS D	NP	PA
ibandronate 3 mg/3 ml vial	C	
ibandronate sodium 150 mg tab	P	
PROLIA	NP	PA MED Medical Drug
risedronate sodium	NP	PA
risedronate sodium dr	NP	PA
CARIOSTATIC AGENTS		
denta 5000 plus	C	
dentagel	C	
FLORIVA 0.25 MG/ML DROPS	C	
fluoride	C	AL1 Up to 6 yrs old
sf	C	
sf 5000 plus	C	
sodium fluoride 0.25 (0.55) mg	C	AL1 Up to 6 yrs old
sodium fluoride 0.5 mg(1.1 mg)	C	AL1 Up to 6 yrs old
sodium fluoride 0.5 mg/ml drop	OTC	AL1 Up to 6 yrs old
sodium fluoride 1 mg (2.2 mg)	C	AL1 Up to 6 yrs old
sodium fluoride 1.1% cream	C	
sodium fluoride 1.1% gel	C	
sodium fluoride 5000 plus	C	
sodium fluoride 5000 ppm cream	C	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ABRILADA(CF) 20 MG/0.4 ML SYRN	NP	QL 2 SYRINGES (0.8 ML) / 28 day(s) PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>ABRILADA(CF) 40 MG/0.8 ML SYRN</i>	NP	<p>QL 2 SYRINGES (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>ABRILADA(CF) PEN</i>	NP	<p>QL 2 PENS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>ACTEMRA 162 MG/0.9 ML SYRINGE</i>	NP	<p>QL 4 SYRINGES (3.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>ACTEMRA 200 MG/10 ML VIAL</i>	NP	<p>PA</p> <p>S Specialty Drug</p> <p>MED Medical Drug</p>
<i>ACTEMRA 400 MG/20 ML VIAL</i>	NP	<p>PA</p> <p>S Specialty Drug</p> <p>MED Medical Drug</p>
<i>ACTEMRA 80 MG/4 ML VIAL</i>	NP	<p>PA</p> <p>S Specialty Drug</p> <p>MED Medical Drug</p>
<i>ACTEMRA ACTPEN</i>	NP	<p>PA</p> <p>S Specialty Drug</p>
<i>adalimumab-adaz(cf)</i>	NP	<p>QL 2 SYRINGES (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>adalimumab-adaz(cf) pen</i>	NP	<p>QL 2 PENS (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>adalimumab-adbm(cf) 10 mg syrg</i>	NP	<p>QL 2 SYRINGES (0.4 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>adalimumab-adbm(cf) 20 mg syrg</i>	NP	<p>QL 2 SYRINGES (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>adalimumab-adbm(cf) 40 mg syrg</i>	NP	<p>QL 2 SYRINGES (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>adalimumab-adbm(cf) pen crohns</i>	NP	<p>QL 2 PENS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>adalimumab-adbm(cf) pen ps-uv</i>	NP	<p>QL 2 PENS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>adalimumab-adbm(cf)pen</i>	NP	<p>QL 2 PENS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>adalimumab-fkjp(cf) 20 mg syrg</i>	NP	<p>QL 2 SYRINGES (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>adalimumab-fkjp(cf) 40 mg syrg</i>	NP	<p>QL 2 SYRINGES (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>adalimumab-fkjp(cf) pen</i>	NP	<p>QL 2 PENS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>AMJEVITA 40 MG/0.8 ML AUTOINJ (LABELER 72511)</i>	NP	<p>QL 2 AUTOINJECTORS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
AMJEVITA(CF) 20MG/0.2ML SYRING	NP	<p>QL 2 SYRINGES (0.4 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
AMJEVITA(CF) 20MG/0.4ML SYRING	NP	<p>QL 2 SYRINGES (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
AMJEVITA(CF) 40MG/0.4ML AUTOIN	NP	<p>QL 2 AUTOINJECTORS (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
AMJEVITA(CF) 40MG/0.4ML SYRING	NP	<p>QL 2 SYRINGES (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
AMJEVITA(CF) 40MG/0.8ML AUTOIN	NP	<p>QL 2 AUTOINJECTORS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
AMJEVITA(CF) 40MG/0.8ML SYRING	NP	<p>QL 2 SYRINGES (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
AMJEVITA(CF) 80MG/0.8ML AUTOIN	NP	<p>QL 2 AUTOINJECTORS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
AVSOLA	NP	<p>PA</p> <p>S Specialty Drug</p> <p>MED Medical Drug</p>
cdv hyrimoz(cf) 20mg/0.2ml syr	NP	<p>QL 2 SYRINGES (0.4 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
cdv hyrimoz(cf) 40mg/0.4ml syr	NP	<p>QL 2 SYRINGES (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>cdv hyrimoz(cf) pen 40mg/0.4ml</i>	NP	<p>QL 2 PENS (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>cdv hyrimoz(cf) pen 80mg/0.8ml</i>	NP	<p>QL 2 PENS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>cdv hyrimoz(cf) pen crohn 80mg</i>	NP	<p>QL 1 STARTER PACK (2.4 ML) / 365 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>cdv hyrimoz(cf) pen psor 80-40</i>	NP	<p>QL 1 STARTER PACK (1.6 ML) / 365 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>CIMZIA 200 MG VIAL KIT</i>	NP	<p>QL 1 KIT / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p> <p>MED Medical Drug</p>
<i>CIMZIA 2X200 MG/ML SYRINGE KIT</i>	NP	<p>QL 1 KIT / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>CIMZIA 2X200 MG/ML(X3)START KT</i>	NP	<p>QL 1 KIT / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>COSENTYX (2 SYRINGES)</i>	NP	<p>QL 2 SYRINGES (2 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>COSENTYX 150 MG/ML SYRINGE</i>	NP	<p>QL 1 SYRINGE (1 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
COSENTYX SENSOREADY (2 PENS)	NP	PA S Specialty Drug
COSENTYX SENSOREADY PEN	NP	PA S Specialty Drug
COSENTYX UNOREADY PEN	NP	QL 1 PEN (2 ML) / 28 day(s) PA S Specialty Drug
CYLTEZO(CF) 10 MG/0.2 ML SYRNG	NP	QL 2 SYRINGES (0.4 ML) / 28 day(s) PA S Specialty Drug
CYLTEZO(CF) 20 MG/0.4 ML SYRNG	NP	QL 2 SYRINGES (0.8 ML) / 28 day(s) PA S Specialty Drug
CYLTEZO(CF) 40 MG/0.8 ML SYRNG	NP	QL 2 SYRINGES (1.6 ML) / 28 day(s) PA S Specialty Drug
CYLTEZO(CF) PEN	NP	QL 2 PENS (1.6 ml) / 28 day(s) PA S Specialty Drug
CYLTEZO(CF) PEN CROHN'S-UC-HS	NP	QL 2 PENS (1.6 ML) / 28 day(s) PA S Specialty Drug
CYLTEZO(CF) PEN PSORIASIS-UV	NP	QL 2 PENS (1.6 ML) / 28 day(s) PA S Specialty Drug
ENBREL 25 MG KIT	P	QL 8 VIALS (8 ML) / 28 DAYS PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>ENBREL 25 MG/0.5 ML SYRINGE</i>	P	<p>QL 4 ML (8 DOSES) / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>ENBREL 25 MG/0.5 ML VIAL</i>	P	<p>QL 4 ML (8 DOSES) / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>ENBREL 50 MG/ML SYRINGE</i>	P	<p>QL 4 ML (4 DOSES) / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>ENBREL MINI</i>	P	<p>QL 4 ML (4 DOSES) / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>ENBREL SURECLICK</i>	P	<p>QL 4 ML (4 DOSES) / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HADLIMA</i>	NP	<p>QL 2 SYRINGES (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HADLIMA PUSHTOUCH</i>	NP	<p>QL 2 AUTOINJECTORS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HADLIMA(CF)</i>	NP	<p>QL 2 SYRINGES (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HADLIMA(CF) PUSHTOUCH</i>	NP	<p>QL 2 AUTOINJECTORS (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>HULIO(CF) PEN</i>	NP	<p>QL 2 PENS / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HUMIRA</i>	P	<p>QL 2 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HUMIRA PEN</i>	P	<p>QL 2 PENS / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HUMIRA PEN CROHN'S-UC-HS</i>	P	<p>QL 2 PENS / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HUMIRA PEN PSOR-UVEITS-ADOL HS</i>	P	<p>QL 2 PENS / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HUMIRA(CF) 10 MG/0.1 ML SYRING</i>	P	<p>QL 2 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HUMIRA(CF) 20 MG/0.2 ML SYRING</i>	P	<p>QL 2 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HUMIRA(CF) 40 MG/0.4 ML SYRING</i>	P	<p>QL 2 syringes / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HUMIRA(CF) PEDI CROHN 80MG/0.8</i>	P	<p>QL 3 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HUMIRA(CF) PEN 40 MG/0.4 ML</i>	P	<p>QL 2 PENS / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>HUMIRA(CF) PEN 80 MG/0.8 ML</i>	P	<p>QL 3 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HUMIRA(CF) PEN CROHN'S-UC-HS</i>	P	<p>QL 3 SYRINGES / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HUMIRA(CF) PEN PEDIATRIC UC</i>	P	<p>QL 3 PENS / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HUMIRA(CF) PEN PSOR-UV-ADOL HS</i>	P	<p>QL 3 PENS / 28 DAYS</p> <p>PA</p> <p>S Specialty Drug</p>
<i>hyrimoz</i>	NP	<p>QL 2 SYRINGES (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>hyrimoz pen</i>	NP	<p>QL 2 PENS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HYRIMOZ(CF) 10 MG/0.1 ML SYRNG</i>	NP	<p>QL 2 SYRINGES (0.2 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HYRIMOZ(CF) 20 MG/0.2 ML SYRNG</i>	NP	<p>QL 2 SYRINGES (0.4 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HYRIMOZ(CF) 40 MG/0.4 ML SYRNG</i>	NP	<p>QL 2 SYRINGES (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HYRIMOZ(CF) PEDI CROHN 80 MG</i>	NP	<p>QL 1 STARTER PACK (2.4 ML) / 365 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>HYRIMOZ(CF) PEDI CROHN 80-40MG</i>	NP	<p>QL 1 STARTER PACK (1.2 ML) / 365 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HYRIMOZ(CF) PEN 40 MG/0.4 ML</i>	NP	<p>QL 2 PENS (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HYRIMOZ(CF) PEN 80 MG/0.8 ML</i>	NP	<p>QL 2 PENS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HYRIMOZ(CF) PEN CROHN-UC 80 MG</i>	NP	<p>QL 1 STARTER PACK (2.4 ML) / 365 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>HYRIMOZ(CF) PEN PSORIA 80-40MG</i>	NP	<p>QL 1 STARTER PACK (1.6 ML) / 365 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>IDACIO(CF)</i>	NP	<p>QL 2 SYRINGES (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>IDACIO(CF) PEN</i>	NP	<p>QL 2 PENS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>IDACIO(CF) PEN CROHN'S-UC</i>	NP	<p>QL 2 PENS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>IDACIO(CF) PEN PSORIASIS</i>	NP	<p>QL 2 PENS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>INFLECTRA</i>	NP	<p>PA</p> <p>S Specialty Drug</p> <p>MED Medical Drug</p>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>infliximab</i>	P	<ul style="list-style-type: none"> QL 14 VIALS / 56 day(s) PA S Specialty Drug MED Medical Drug
<i>KEVZARA 150 MG/1.14 ML PEN INJ</i>	NP	<ul style="list-style-type: none"> QL 2 PENS (2.28 ML) / 28 day(s) PA S Specialty Drug
<i>KEVZARA 150 MG/1.14 ML SYRINGE</i>	NP	<ul style="list-style-type: none"> QL 2 SYRINGES (2.28 ML) / 28 day(s) PA S Specialty Drug
<i>KEVZARA 200 MG/1.14 ML PEN INJ</i>	NP	<ul style="list-style-type: none"> QL 2 PENS (2.28 ML) / 28 day(s) PA S Specialty Drug
<i>KEVZARA 200 MG/1.14 ML SYRINGE</i>	NP	<ul style="list-style-type: none"> QL 2 SYRINGES (2.28 ML) / 28 day(s) PA S Specialty Drug
<i>KINERET</i>	NP	<ul style="list-style-type: none"> QL 28 SYRINGES (18.76 ML) / 28 day(s) PA S Specialty Drug
<i>leflunomide</i>	C	
<i>OLUMIANT 1 MG TABLET</i>	NP	<ul style="list-style-type: none"> QL 1 TAB / 1 DAY PA S Specialty Drug
<i>OLUMIANT 2 MG TABLET</i>	NP	<ul style="list-style-type: none"> QL 1 TAB / 1 DAY PA S Specialty Drug
<i>OLUMIANT 4 MG TABLET</i>	NP	<ul style="list-style-type: none"> QL 1 TABLET / 1 day(s) PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>ORENCIA 250 MG VIAL</i>	NP	PA MED Medical Drug
<i>ORENCIA 50 MG/0.4 ML SYRINGE</i>	NP	QL 1.6 ML / 28 DAYS PA S Specialty Drug
<i>ORENCIA 87.5 MG/0.7 ML SYRINGE</i>	NP	QL 2.8 ML / 28 DAYS PA S Specialty Drug
<i>ORENCIA CLICKJECT</i>	NP	QL 4 ML / 28 DAYS PA S Specialty Drug
<i>OTEZLA 28 DAY STARTER PACK</i>	P	QL 55 TABS / 28 DAYS PA S Specialty Drug
<i>OTEZLA 30 MG TABLET</i>	P	QL 2 TABS / 1 DAY PA S Specialty Drug
<i>OTEZLA STARTER PACK</i>	P	QL 2 PACKS (54 TABS) / 28 day(s) PA S Specialty Drug
<i>REMICADE</i>	NP	PA S Specialty Drug MED Medical Drug
<i>RENFLEXIS</i>	NP	PA S Specialty Drug MED Medical Drug
<i>RINVOQ</i>	NP	QL 1 TABLET / 1 day(s) PA S Specialty Drug
<i>SIMPONI 100 MG/ML PEN INJECTOR</i>	NP	QL 1 PEN (1 ML) / 28 day(s) PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>SIMPONI 100 MG/ML SYRINGE</i>	NP	<p>QL 1 SYRINGE (1 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>SIMPONI 50 MG/0.5 ML PEN INJEC</i>	NP	<p>QL 1 PEN (0.5 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>SIMPONI 50 MG/0.5 ML SYRINGE</i>	NP	<p>QL 1 SYRINGE (0.5 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>SIMPONI ARIA</i>	NP	<p>QL 6 VIALS (24 ML) / 56 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>XELJANZ 1 MG/ML SOLUTION</i>	NP	<p>QL 10 ML / 1 DAY</p> <p>PA</p> <p>S Specialty Drug</p>
<i>XELJANZ 10 MG TABLET</i>	P	<p>QL 2 TABS / 1 DAY</p> <p>PA</p> <p>S Specialty Drug</p>
<i>XELJANZ 5 MG TABLET</i>	P	<p>QL 2 TABS / 1 DAY</p> <p>PA</p> <p>S Specialty Drug</p>
<i>XELJANZ XR</i>	NP	<p>QL 1 TAB / 1 DAY</p> <p>PA</p> <p>S Specialty Drug</p>
<i>YUFLYMA(CF) 20 MG/0.2 ML SYRNG</i>	NP	<p>QL 2 SYRINGES / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
<i>YUFLYMA(CF) 40 MG/0.4 ML SYRNG</i>	NP	<p>QL 2 SYRINGES (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
YUFLYMA(CF) 40MG/0.4ML AUTOINJ	NP	<p>QL 2 AUTOINJECTORS (0.8 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
YUFLYMA(CF) 80MG/0.8ML AUTOINJ	NP	<p>QL 2 AUTOINJECTORS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
YUFLYMA(CF) AI CROHN'S-UC-HS	NP	<p>QL 2 AUTOINJECTORS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
YUSIMRY(CF) PEN	NP	<p>QL 2 PENS (1.6 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
IMMUNOMODULATORY AGENTS		
ACTIMMUNE	C	<p>PA</p> <p>S Specialty Drug</p>
AUBAGIO	NP	<p>QL 1 TAB / 1 DAY</p> <p>PA</p> <p>S Specialty Drug</p>
AVONEX 30 MCG/0.5 ML SYRINGE	P	<p>QL 4 syringes / 28 day(s)</p> <p>S Specialty Drug</p>
AVONEX PEN	P	<p>QL 1 KIT / 28 DAYS</p> <p>S Specialty Drug</p>
AVONEX PREFILLED SYR 30 MCG KT	P	<p>QL 1 KIT / 28 DAYS</p> <p>S Specialty Drug</p>
BAFIERTAM	NP	<p>QL 4 CAPS / 1 DAY</p> <p>PA</p> <p>S Specialty Drug</p>
BETASERON	P	<p>QL 15 ML / 30 DAYS</p> <p>S Specialty Drug</p>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>BRIUMVI</i>	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px;">S</div> Specialty Drug <div style="background-color: #4169E1; color: white; padding: 2px;">MED</div> Medical Drug </div>
<i>COPAXONE 20 MG/ML SYRINGE</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL</div> 30 ML / 30 DAYS <div style="background-color: #A52A2A; color: white; padding: 2px;">S</div> Specialty Drug </div>
<i>COPAXONE 40 MG/ML SYRINGE</i>	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL</div> 12 ML / 28 DAYS <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px;">S</div> Specialty Drug </div>
<i>dimethyl fumarate 30d start pk</i>	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL</div> 2 CAPS / 1 DAY <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px;">S</div> Specialty Drug </div>
<i>dimethyl fumarate dr 120 mg cp</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL</div> 2 CAPS / 1 DAY <div style="background-color: #A52A2A; color: white; padding: 2px;">S</div> Specialty Drug </div>
<i>dimethyl fumarate dr 240 mg cp</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL</div> 2 CAPS / 1 DAY <div style="background-color: #A52A2A; color: white; padding: 2px;">S</div> Specialty Drug </div>
<i>ENSPRYNG</i>	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px;">S</div> Specialty Drug </div>
<i>EXTAVIA</i>	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL</div> 15 ML / 30 DAYS <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px;">S</div> Specialty Drug </div>
<i> fingolimod</i>	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL</div> 1 CAPSULE / 1 day(s) <div style="background-color: #A52A2A; color: white; padding: 2px;">S</div> Specialty Drug </div>
<i>GILENYA 0.25 MG CAPSULE</i>	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL</div> 1 CAP / 1 DAY <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px;">S</div> Specialty Drug </div>
<i>GILENYA 0.5 MG CAPSULE</i>	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL</div> 1 CAP / 1 DAY <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px;">S</div> Specialty Drug </div>
<i>glatiramer 20 mg/ml syringe</i>	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px;">QL</div> 30 SYRINGES (30 ML) / 30 day(s) <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A52A2A; color: white; padding: 2px;">S</div> Specialty Drug </div>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>glatiramer 40 mg/ml syringe</i>	NP	<ul style="list-style-type: none"> QL 12 SYRINGES (12 ML) / 28 day(s) PA S Specialty Drug
<i>GLATOPA 20 MG/ML SYRINGE</i>	NP	<ul style="list-style-type: none"> QL 30 SYRINGES (30 ML) / 30 day(s) PA S Specialty Drug
<i>GLATOPA 40 MG/ML SYRINGE</i>	NP	<ul style="list-style-type: none"> QL 12 SYRINGES (12 ML) / 28 day(s) PA S Specialty Drug
<i>KESIMPTA PEN</i>	NP	<ul style="list-style-type: none"> QL 1 PEN (0.4 ML) / 28 day(s) PA S Specialty Drug
<i>LEMTRADA</i>	NP	<ul style="list-style-type: none"> PA S Specialty Drug MED Medical Drug
<i>MAYZENT 0.25 MG TABLET</i>	NP	<ul style="list-style-type: none"> QL 4 TABS / 1 DAY PA S Specialty Drug
<i>MAYZENT 0.25MG START-1MG MAINT</i>	NP	<ul style="list-style-type: none"> QL 7 TABLETS / 4 day(s) PA S Specialty Drug
<i>MAYZENT 0.25MG START-2MG MAINT</i>	NP	<ul style="list-style-type: none"> QL 12 / 5 day(s) PA S Specialty Drug
<i>MAYZENT 1 MG TABLET</i>	NP	<ul style="list-style-type: none"> QL 1 TABLET / 1 day(s) PA S Specialty Drug
<i>MAYZENT 2 MG TABLET</i>	NP	<ul style="list-style-type: none"> QL 1 TAB / 1 DAY PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
OCREVUS	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #C0392B; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #34495E; color: white; padding: 2px 5px; border-radius: 3px;">MED</div> <div style="margin-left: 5px;">Medical Drug</div> </div> </div>
PLEGRIDY 125 MCG/0.5 ML PEN	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #9B59B6; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 PENS (1 ML) / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #C0392B; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> </div>
PLEGRIDY 125 MCG/0.5 ML SYRINGE	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #9B59B6; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 SYRINGES (1 ML) / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #C0392B; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> </div>
PLEGRIDY 125 MCG/0.5 ML SYRINGE (IM)	C	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #9B59B6; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 SYRINGES (1 ML) / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #C0392B; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> </div>
PLEGRIDY PEN INJ STARTER PACK	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #9B59B6; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 STARTER PACK (1 ML) / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #C0392B; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> </div>
PLEGRIDY SYRINGE STARTER PACK	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #9B59B6; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 STARTER PACK (1 ML) / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #C0392B; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> </div>
PONVORY 14-DAY STARTER PACK	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #9B59B6; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">14 TABS / 14 DAYS</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #C0392B; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> </div>
PONVORY 20 MG TABLET	NP	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #9B59B6; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 TAB / 1 DAY</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #C0392B; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> </div>
REBIF 22 MCG/0.5 ML SYRINGE	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #9B59B6; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">12 SYRINGES (6 ML) / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #C0392B; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> </div>
REBIF 44 MCG/0.5 ML SYRINGE	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #9B59B6; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">12 SYRINGES (6 ML) / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #C0392B; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> </div>
REBIF REBIDOSE 22 MCG/0.5 ML	P	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="background-color: #9B59B6; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">12 PENS (6 ML) / 28 day(s)</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #C0392B; color: white; padding: 2px 5px; border-radius: 3px;">S</div> <div style="margin-left: 5px;">Specialty Drug</div> </div> </div>

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
REBIF REBIDOSE 44 MCG/0.5 ML	P	<ul style="list-style-type: none"> QL 12 PENS (6 ML) / 28 day(s) S Specialty Drug
REBIF REBIDOSE TITRATION PACK	P	<ul style="list-style-type: none"> QL 1 TITRATION PACK (4.2 ML) / 28 day(s) S Specialty Drug
REBIF TITRATION PACK	P	<ul style="list-style-type: none"> QL 1 TITRATION PACK (4.2 ML) / 28 day(s) S Specialty Drug
REDITREX	C	<ul style="list-style-type: none"> PA
TASCENSO ODT 0.25 MG TABLET	NP	<ul style="list-style-type: none"> QL 1 TABLET / 1 day(s) PA S Specialty Drug
TASCENSO ODT 0.5 MG TABLET	NP	<ul style="list-style-type: none"> QL 1 TABLET / 1 day(s) PA S Specialty Drug
TECFIDERA	NP	<ul style="list-style-type: none"> QL 2 CAPS / 1 DAY PA S Specialty Drug
teriflunomide	P	<ul style="list-style-type: none"> QL 1 TABLET / 1 day(s) S Specialty Drug
THALOMID	C	<ul style="list-style-type: none"> S Specialty Drug ONC
TYSABRI	NP	<ul style="list-style-type: none"> PA S Specialty Drug MED Medical Drug
UPLIZNA	NP	<ul style="list-style-type: none"> PA S Specialty Drug MED Medical Drug
VUMERITY	NP	<ul style="list-style-type: none"> PA S Specialty Drug
ZEPOSIA 0.92 MG CAPSULE	NP	<ul style="list-style-type: none"> QL 1 CAPSULE / 1 day(s) PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>ZEPOSIA STARTER KIT (28-DAY)</i>	NP	PA S Specialty Drug
<i>ZEPOSIA STARTER KIT (37-DAY)</i>	NP	PA S Specialty Drug
<i>ZEPOSIA STARTER PACK (7-DAY)</i>	NP	PA S Specialty Drug
IMMUNOSUPPRESSIVE AGENTS		
<i>ASTAGRAF XL</i>	NP	PA
<i>AZASAN</i>	NP	PA
<i>azathioprine</i>	P	
<i>CELLCEPT 200 MG/ML ORAL SUSP</i>	P	
<i>CELLCEPT 250 MG CAPSULE</i>	NP	PA
<i>CELLCEPT 500 MG TABLET</i>	NP	PA
<i>cyclosporine 100 mg capsule</i>	P	
<i>cyclosporine 25 mg capsule</i>	P	
<i>cyclosporine modified</i>	P	
<i>ENVARUSUS XR</i>	NP	PA
<i>everolimus 0.25 mg tablet</i>	NP	PA
<i>everolimus 0.5 mg tablet</i>	NP	PA
<i>everolimus 0.75 mg tablet</i>	NP	PA
<i>everolimus 1 mg tablet</i>	NP	PA
<i>GENGRAF</i>	C	
<i>IMURAN</i>	NP	PA
<i>MAVENCLAD</i>	NP	PA S Specialty Drug
<i>mycophenolate 200 mg/ml susp</i>	NP	PA
<i>mycophenolate 250 mg capsule</i>	P	
<i>mycophenolate 500 mg tablet</i>	P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>mycophenolic acid</i>	NP	PA
MYFORTIC	NP	PA
NEORAL	NP	PA
PROGRAF 0.2 MG GRANULE PACKET	NP	PA
PROGRAF 0.5 MG CAPSULE	NP	PA
PROGRAF 1 MG CAPSULE	NP	PA
PROGRAF 1 MG GRANULE PACKET	NP	PA
PROGRAF 5 MG CAPSULE	NP	PA
SANDIMMUNE 100 MG CAPSULE	NP	PA
SANDIMMUNE 100 MG/ML SOLN	NP	PA
SANDIMMUNE 25 MG CAPSULE	NP	PA
<i>sirolimus</i>	P	
<i>tacrolimus 0.5 mg capsule (ir)</i>	P	
<i>tacrolimus 1 mg capsule (ir)</i>	P	
<i>tacrolimus 5 mg capsule (ir)</i>	P	
ZORTRESS	NP	PA
KALLIKREIN-KININ SYSTEM INHIBITORS		
TAVNEOS	NP	QL 6 CAPSULES / 1 day(s) PA S Specialty Drug
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AMPYRA	NP	QL 2 TABS / 1 DAY PA S Specialty Drug
ARCALYST	NP	PA S Specialty Drug
CARNITOR SF	C	
<i>co q-10 100 mg capsule</i>	OTC	C

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>co q-10 100 mg softgel</i>	OTC	C	
<i>co q-10 200 mg capsule</i>	OTC	C	
<i>co q-10 200 mg softgel</i>	OTC	C	
<i>coenzyme q-10 30 mg softgel</i>	OTC	C	
<i>coenzyme q-10 100 mg capsule</i>	OTC	C	
<i>coenzyme q-10 100 mg softgel</i>	OTC	C	
<i>coenzyme q-10 200 mg softgel</i>	OTC	C	
<i>coenzyme q-10 30 mg softgel</i>	OTC	C	
<i>coenzyme q10 100 mg capsule</i>	OTC	C	
<i>coenzyme q10 200 mg capsule</i>	OTC	C	
CYSTAGON		C	
<i>cytotine powder</i>	OTC	C	
<i>dalfampridine er</i>		NP	QL 2 TABS / 1 DAY PA S Specialty Drug
EVRYSDI		C	PA S Specialty Drug
ILARIS		NP	QL 1 ML / 56 day(s) PA S Specialty Drug
<i>levocarnitine 1 g/10 ml cup</i>		C	
<i>levocarnitine 1 g/10 ml soln</i>		C	
<i>levocarnitine 500 mg/5 ml cup</i>		C	
<i>levocarnitine sf</i>		C	
NATROL 5-HTP	OTC	C	
PRESERVISION AREDS 2	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>sodium chloride 1 gm tablet</i>	OTC	C	
<i>sodium chloride 1,000 mg tab</i>	OTC	C	
<i>THIOLA</i>		C	PA S Specialty Drug
<i>THIOLA EC</i>		C	PA S Specialty Drug
<i>tiopronin</i>		C	PA S Specialty Drug
<i>TYBOST</i>		C	
<i>VOWST</i>		C	QL 12 CAPS / 3 day(s) PA S Specialty Drug
PROTECTIVE AGENTS			
<i>ELMIRON</i>		C	
<i>MESNEX 400 MG TABLET</i>		C	
NONHORMONAL CONTRACEPTIVES			
<i>CAYA CONTOURED</i>		C	
<i>CONDOMS</i>	OTC	C	
<i>FEMCAP 22 MM CERVICAL CAP</i>		C	
<i>OMNIFLEX DIAPHRAGM</i>		C	
<i>WIDE SEAL DIAPHRAGM</i>		C	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS CYCLOOXYGENASE-2 (COX-2) INHIBITORS			
<i>CELEBREX</i>		NP	PA
<i>celecoxib</i>		P	
<i>ELYXYB</i>		NP	QL 4.8 MLS / 1 day(s) PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS			
<i>ALL DAY PAIN RELIEF 220 MG TAB</i>	OTC	C	
<i>ALL DAY PAIN RLF 220 MG CAPLET</i>	OTC	C	
<i>ALL DAY RELIEF</i>	OTC	C	
<i>ARTHRITIS PAIN RELIEF 1% GEL</i>	OTC	C	
<i>ARTHRITIS PAIN RELIEVER 1% GEL</i>	OTC	C	
<i>ARTHROTEC 50</i>		NP	PA
<i>ARTHROTEC 75</i>		NP	PA
<i>child ibuprofen 100 mg/5ml cup</i>	OTC	C	
<i>child ibuprofen 100mg/5ml syrg</i>	OTC	C	
<i>child ibuprofen 200mg/10ml cup</i>	OTC	C	
<i>CHILD MOTRIN 100 MG CHEW TAB</i>	OTC	C	
<i>children ibuprof 100mg/5ml cup</i>	OTC	C	
<i>children ibuprofen 100 mg/5 ml</i>	OTC	C	
<i>diclofenac epolamine</i>		NP	PA
<i>diclofenac pot 50 mg tablet</i>		C	
<i>diclofenac sod dr 25 mg tab</i>		P	
<i>diclofenac sod dr 50 mg tab</i>		P	
<i>diclofenac sod dr 75 mg tab</i>		P	
<i>diclofenac sod ec 25 mg tab</i>		P	
<i>diclofenac sod ec 50 mg tab</i>		P	
<i>diclofenac sod ec 75 mg tab</i>		P	
<i>diclofenac sodium 1% gel</i>	OTC	P	
<i>diclofenac sodium 1% gel (rx)</i>		P	
<i>diclofenac sodium er</i>		P	
<i>diclofenac sodium-misoprostol</i>		NP	PA
<i>DUEXIS</i>		NP	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>ec-naproxen</i>		P	
<i>EQ ARTHRITIS PAIN 1% GEL</i>	OTC	C	
<i>eq child ibuprofen 100 mg/5 ml</i>	OTC	C	
<i>eq ibuprofen 200 mg caplet</i>	OTC	C	
<i>eq ibuprofen 200 mg softgel</i>	OTC	C	
<i>eq ibuprofen 200 mg tablet</i>	OTC	C	
<i>eq inf ibuprofen 50 mg/1.25 ml</i>	OTC	C	
<i>etodolac</i>		C	
<i>etodolac er</i>		C	
<i>fenoprofen calcium</i>		NP	PA
<i>FLECTOR</i>		NP	PA
<i>flurbiprofen</i>		P	
<i>FT ALL DAY PAIN RLF 220 MG CAP</i>	OTC	C	
<i>FT ARTHRITIS PAIN 1% GEL</i>	OTC	C	
<i>ft child ibuprofen 100 mg/5 ml</i>	OTC	C	
<i>ft ibuprofen 200 mg caplet</i>	OTC	C	
<i>ft ibuprofen 200 mg mini sfgl</i>	OTC	C	
<i>ft ibuprofen 200 mg softgel</i>	OTC	C	
<i>ft ibuprofen 200 mg tablet</i>	OTC	C	
<i>ft ibuprofen ib 100 mg chew tb</i>	OTC	C	
<i>GNP ARTHRITIS PAIN 1% GEL</i>	OTC	C	
<i>gnp diclofenac sodium 1% gel</i>	OTC	C	
<i>gnp ibuprofen 100 mg chew tab</i>	OTC	C	
<i>gnp ibuprofen 200 mg mini sfgl</i>	OTC	C	
<i>gnp ibuprofen 200 mg softgel</i>	OTC	C	
<i>gnp ibuprofen 200 mg tablet</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
GS ARTHRITIS PAIN 1% GEL	OTC	C	
gs child ibuprofen 100 mg/5 ml	OTC	C	
gs ibuprofen 100 mg chew tab	OTC	C	
gs ibuprofen 200 mg caplet	OTC	C	
gs ibuprofen 200 mg liquid gel	OTC	C	
gs ibuprofen 200 mg softgel	OTC	C	
gs ibuprofen 200 mg tablet	OTC	C	
gs inf ibuprofen 50 mg/1.25 ml	OTC	C	
HM ARTHRITIS PAIN 1% GEL	OTC	C	
hm ibuprofen 200 mg caplet	OTC	C	
hm ibuprofen 200 mg softgel	OTC	C	
hm ibuprofen 200 mg tablet	OTC	C	
hm ibuprofen ib 100 mg chew tb	OTC	C	
hm inf ibuprofen 50 mg/1.25 ml	OTC	C	
IBU		C	
ibuprofen 100 mg/5 ml susp		C	
ibuprofen 200 mg caplet	OTC	C	
ibuprofen 200 mg capsule	OTC	C	
ibuprofen 200 mg softgel	OTC	C	
ibuprofen 200 mg tablet	OTC	C	
ibuprofen 400 mg tablet		P	
ibuprofen 600 mg tablet		P	
ibuprofen 800 mg tablet		P	
ibuprofen jr str 100 mg tb chw	OTC	C	
ibuprofen-famotidine		NP	PA
indomethacin 25 mg capsule		P	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>indomethacin 50 mg capsule</i>		P	
<i>indomethacin er</i>		C	
<i>infant ibuprofen 50 mg/1.25 ml</i>	OTC	C	
<i>ketoprofen 25 mg capsule</i>		P	
<i>ketoprofen 50 mg capsule</i>		P	
<i>ketoprofen 75 mg capsule</i>		P	
<i>ketoprofen er 200 mg capsule</i>		NP	PA
<i>ketorolac 10 mg tablet</i>		P	QL 20 TABS / RX
<i>ketorolac 15.75 mg nasal spray</i>		NP	PA
LICART		NP	PA
<i>mb ibuprofen 200 mg tablet</i>	OTC	C	
<i>meclofenamate sodium</i>		NP	PA
<i>mefenamic acid</i>		NP	PA
<i>meloxicam 10 mg capsule</i>		NP	PA
<i>meloxicam 15 mg tablet</i>		P	
<i>meloxicam 5 mg capsule</i>		NP	PA
<i>meloxicam 7.5 mg tablet</i>		P	
<i>nabumetone</i>		P	
NALFON		NP	PA
NAPRELAN		NP	PA
<i>naproxen 250 mg tablet</i>		P	
<i>naproxen 375 mg tablet</i>		P	
<i>naproxen 500 mg kit</i>		P	
<i>naproxen 500 mg tablet</i>		P	
<i>naproxen dr 375 mg tablet</i>		P	
<i>naproxen dr 500 mg tablet</i>		P	
<i>naproxen sodium</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>naproxen sodium cr</i>		NP	PA
<i>naproxen sodium er</i>		NP	PA
<i>naproxen-esomeprazole mag</i>		NP	PA
<i>oxaprozin 300 mg capsule</i>		NP	PA
<i>oxaprozin 600 mg caplet</i>		NP	PA
<i>oxaprozin 600 mg tablet</i>		NP	PA
<i>piroxicam</i>		C	
<i>pub ibuprofen 200 mg tablet</i>	OTC	C	
<i>qc child ibuprofen 100 mg/5 ml</i>	OTC	C	
<i>qc diclofenac sodium 1% gel</i>	OTC	C	
<i>qc ibuprofen 200 mg caplet</i>	OTC	C	
<i>qc ibuprofen 200 mg mini sfgl</i>	OTC	C	
<i>qc ibuprofen 200 mg tablet</i>	OTC	C	
<i>RELAFEN DS</i>		NP	PA
<i>SM ARTHRITIS PAIN 1% GEL</i>	OTC	C	
<i>sm child ibuprofen 100 mg/5 ml</i>	OTC	C	
<i>sm ibuprofen 200 mg caplet</i>	OTC	C	
<i>sm ibuprofen 200 mg softgel</i>	OTC	C	
<i>sm ibuprofen 200 mg tablet</i>	OTC	C	
<i>sm ibuprofen ib 100 mg chew tb</i>	OTC	C	
<i>sm inf ibuprofen 50 mg/1.25 ml</i>	OTC	C	
<i>sulindac</i>		P	
<i>VIMOVO</i>		NP	PA
<i>ZIPSOR</i>		NP	PA
<i>ZORVOLEX</i>		NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SALICYLATES		
<i>aspirin 300 mg suppository</i>	OTC	C
<i>aspirin 325 mg tablet</i>	OTC	C
<i>aspirin 81 mg chewable tablet</i>	OTC	C
<i>aspirin ec 325 mg tablet</i>	OTC	C
<i>aspirin ec 81 mg tablet</i>	OTC	C
<i>aspirin regimen</i>	OTC	C
BAYER ASPIRIN 325 MG TABLET	OTC	C
<i>bayer aspirin ec 325 mg tablet</i>	OTC	C
BAYER CHEWABLE ASPIRIN	OTC	C
<i>bufferin</i>	OTC	C
<i>butalbital-aspirin-caffeine cp</i>		C QL 6 CAPS / 1 DAY
<i>eq aspirin 325 mg tablet</i>	OTC	C
<i>eq aspirin 81 mg chewable tab</i>	OTC	C
<i>eq aspirin ec 325 mg tablet</i>	OTC	C
<i>eq aspirin ec 81 mg tablet</i>	OTC	C
EXCEDRIN EXTRA STRENGTH	OTC	C
<i>extraprin</i>	OTC	C
<i>ft aspirin 325 mg tablet</i>	OTC	C
<i>ft aspirin ec 325 mg tablet</i>	OTC	C
<i>ft aspirin ec 81 mg tablet</i>	OTC	C
<i>gnp aspirin 325 mg tablet</i>	OTC	C
<i>gnp aspirin ec 81 mg tablet</i>	OTC	C
<i>gs aspirin 325 mg tablet</i>	OTC	C
<i>gs aspirin 81 mg chewable tab</i>	OTC	C
<i>gs aspirin ec 325 mg tablet</i>	OTC	C

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>gs aspirin ec 81 mg tablet</i>	OTC	C	
<i>headache relief</i>	OTC	C	
<i>hm aspirin 325 mg tablet</i>	OTC	C	
<i>hm aspirin 81 mg chewable tab</i>	OTC	C	
<i>hm aspirin ec 325 mg tablet</i>	OTC	C	
<i>hm aspirin ec 81 mg tablet</i>	OTC	C	
<i>pub aspirin 325 mg tablet</i>	OTC	C	
<i>pub aspirin 81 mg chewable tab</i>	OTC	C	
<i>qc aspirin 325 mg tablet</i>	OTC	C	
<i>qc aspirin 81 mg chewable tab</i>	OTC	C	
<i>qc aspirin ec 325 mg tablet</i>	OTC	C	
<i>qc aspirin ec 81 mg tablet</i>	OTC	C	
<i>salsalate 500 mg tablet</i>		C	
<i>salsalate 750 mg tablet</i>		C	
<i>sm aspirin 325 mg tablet</i>	OTC	C	
<i>sm aspirin 81 mg chewable tab</i>	OTC	C	
<i>sm aspirin ec 325 mg tablet</i>	OTC	C	
<i>sm aspirin ec 81 mg tablet</i>	OTC	C	
<i>st. joseph aspirin</i>	OTC	C	
<i>st. joseph aspirin ec</i>	OTC	C	
OXYTOCICS			
<i>methylergonovine 0.2 mg tablet</i>		C	
<i>mifepristone 200 mg tablet</i>		C	
PARATHYROID AND ANTIPARATHYROID AGENTS			
ANTIPARATHYROID AGENTS			
<i>calcitonin-salmon 200 unit spr</i>		P	
<i>cinacalcet hcl</i>		C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PARATHYROID AGENTS		
<i>FORTEO</i>	P	S Specialty Drug
<i>teriparatide</i>	NP	PA S Specialty Drug
<i>TYMLOS</i>	NP	PA S Specialty Drug
PENICILLIN ANTIBIOTICS		
AMINOPENICILLIN ANTIBIOTICS		
<i>amox-clav 200-28.5 mg tab chew</i>	NP	PA
<i>amox-clav 200-28.5 mg/5 ml sus</i>	P	
<i>amox-clav 250-125 mg tablet</i>	P	
<i>amox-clav 250-62.5 mg/5 ml sus</i>	P	
<i>amox-clav 400-57 mg tab chew</i>	NP	PA
<i>amox-clav 400-57 mg/5 ml susp</i>	P	
<i>amox-clav 500-125 mg tablet</i>	P	
<i>amox-clav 600-42.9 mg/5 ml sus</i>	P	
<i>amox-clav 875-125 mg tablet</i>	P	
<i>amoxicillin</i>	C	
<i>amoxicillin-clavulanate pot er</i>	NP	PA
<i>ampicillin trihydrate</i>	C	
<i>AUGMENTIN XR</i>	NP	PA
NATURAL PENICILLIN ANTIBIOTICS		
<i>penicillin v potassium</i>	C	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	C	
PHARMACEUTICAL AIDS		
<i>AQUA GLYCOLIC</i>	OTC	C
<i>DILUENT FOR IMOVAX</i>		C

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>DILUENT FOR NOVOSEVEN RT</i>	C	S Specialty Drug
<i>DILUENT FOR RABAVERT</i>	C	
<i>DILUENT FOR VIVITROL</i>	C	PA
<i>DILUENT FOR YF-VAX</i>	C	
<i>DILUENT-MERCK LIVE VIRUS VACC</i>	C	
<i>SHINGRIX ADJUVANT COMPONENT</i>	C	QL 1 DOSE / RX
<i>STERILE DILUENT FOR HUMALOG</i>	C	
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB		
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>ATACAND</i>	NP	PA
<i>ATACAND HCT</i>	NP	PA
<i>AVALIDE</i>	NP	PA
<i>AVAPRO</i>	NP	PA
<i>BENICAR</i>	NP	PA
<i>BENICAR HCT</i>	NP	PA
<i>candesartan cilexetil</i>	NP	PA
<i>candesartan-hydrochlorothiazid</i>	NP	PA
<i>COZAAR</i>	NP	PA
<i>DIOVAN</i>	NP	PA
<i>DIOVAN HCT</i>	NP	PA
<i>EDARBI</i>	NP	PA
<i>EDARBYCLOR</i>	NP	PA
<i>ENTRESTO</i>	P	
<i>eprosartan mesylate</i>	NP	PA
<i>HYZAAR</i>	NP	PA
<i>irbesartan</i>	P	
<i>irbesartan-hydrochlorothiazide</i>	P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>losartan potassium</i>	P	
<i>losartan-hydrochlorothiazide</i>	P	
MICARDIS	NP	PA
MICARDIS HCT	NP	PA
<i>olmesartan medoxomil</i>	P	
<i>olmesartan-amlodipine-hctz</i>	NP	PA
<i>olmesartan-hydrochlorothiazide</i>	P	
<i>telmisartan</i>	NP	PA
<i>telmisartan-amlodipine</i>	NP	PA
<i>telmisartan-hydrochlorothiazid</i>	NP	PA
TRIBENZOR	NP	PA
<i>valsartan</i>	P	
<i>valsartan-hydrochlorothiazide</i>	P	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
ACCUPRIL	NP	PA
ALTACE	NP	PA
<i>benazepril hcl</i>	P	
<i>benazepril-hydrochlorothiazide</i>	P	
<i>captopril</i>	P	
<i>captopril-hydrochlorothiazide</i>	P	
<i>enalapril 1 mg/ml oral soln</i>	NP	PA
<i>enalapril maleate 10 mg tab</i>	P	
<i>enalapril maleate 2.5 mg tab</i>	P	
<i>enalapril maleate 20 mg tab</i>	P	
<i>enalapril maleate 5 mg tablet</i>	P	
<i>enalapril-hydrochlorothiazide</i>	P	
EPANED	NP	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>fosinopril sodium</i>	P	
<i>fosinopril-hydrochlorothiazide</i>	P	
<i>lisinopril</i>	P	
<i>lisinopril-hydrochlorothiazide</i>	P	
LOTENSIN	NP	PA
LOTENSIN HCT	NP	PA
<i>moexipril hcl</i>	P	
<i>perindopril erbumine</i>	P	
QBRELIS	NP	PA
<i>quinapril hcl</i>	P	
<i>quinapril-hydrochlorothiazide</i>	P	
<i>ramipril</i>	P	
<i>trandolapril</i>	P	
<i>trandolapril-verapamil er</i>	NP	PA
VASERETIC	NP	PA
VASOTEC	NP	PA
ZESTORETIC	NP	PA
ZESTRIL	NP	PA
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
<i>eplerenone</i>	C	
<i>spironolactone 100 mg tablet</i>	C	
<i>spironolactone 25 mg tablet</i>	C	
<i>spironolactone 50 mg tablet</i>	C	
<i>spironolactone-hctz</i>	C	
RENIN INHIBITORS		
<i>aliskiren</i>	NP	PA
TEKTURNA	NP	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
TEKTRNA HCT		P	
RESPIRATORY TRACT AGENTS			
ANTIFIBROTIC AGENTS			
OFEV		C	PA S Specialty Drug
ANTITUSSIVES			
adult tussin cough congest dm	OTC	C	
benzonatate		C	
chest congestion relief dm syr	OTC	C	
child delsym cough-chest dm	OTC	C	
child mucinex freefrom day cgh	OTC	C	
child mucus-cough relief	OTC	C	
children's giltuss cough-chest	OTC	C	
codeine-guaifenesin	OTC	C	QL 60 ML / 1 DAY AL1 At least 12 yrs old
cold head congestion nighttime	OTC	C	
cold max daytime	OTC	C	
DELSYM	OTC	C	
ft tussin dm 400-20 mg/20 ml	OTC	C	
giltuss cough-congestion	OTC	C	
giltuss diabetic	OTC	C	
giltuss hbp	OTC	C	
giltuss honey dm cough	OTC	C	
gnp tussin dm max liquid	OTC	C	
gs tussin dm max liquid	OTC	C	
guaifenesin-codeine	OTC	C	QL 60 ML / 1 DAY AL1 At least 12 yrs old

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>guaifenesin-dm 100-10 mg/5 ml</i>	OTC	C	
<i>guaifenesin-dm 200-20 mg/10 ml</i>	OTC	C	
<i>guaifenesn-dm 100-10mg/5ml cup</i>	OTC	C	
<i>guaifensn-dm 200-20mg/10ml cup</i>	OTC	C	
<i>hm tussin dm 400-20 mg/20 ml</i>	OTC	C	
<i>kindermed kids cough-congest</i>	OTC	C	
<i>maxi-tuss ac</i>	OTC	C	QL 60 ML / 1 DAY AL1 At least 12 yrs old
<i>maxi-tuss g</i>	OTC	C	
<i>maxtussin dm</i>	OTC	C	
<i>mucinex fast-max dm max</i>	OTC	C	
<i>mucus relief dm</i>	OTC	C	
<i>mucus relief dm max</i>	OTC	C	
<i>nighttime cough</i>	OTC	C	
<i>pharbinex-dm</i>	OTC	C	
<i>promethazine-dm</i>		C	
<i>robitussin cough-chest-cong dm</i>	OTC	C	
ROBITUSSIN ER	OTC	C	
<i>robitussin honey max dm</i>	OTC	C	
TUSNEL PED 5-50-15 MG/5 ML LIQ	OTC	C	
<i>tussin cough liquid</i>	OTC	C	
<i>tussin dm 400-20 mg/20 ml liq</i>	OTC	C	
<i>tussin dm clear</i>	OTC	C	
<i>tussin dm max 400-20mg/20ml lq</i>	OTC	C	
EXPECTORANTS			
<i>adult tussin</i>	OTC	C	

DRUG DESCRIPTION (RX)	OTC	TYPE	LIMITS & RESTRICTIONS
<i>chest congest rlf 400 mg tab</i>	OTC	C	
CHEST CONGESTION RELIEF SOLN	OTC	C	
CHILD MUCINEX STUFFY NOSE-CHST	OTC	C	
CVS MUCUS ER 600 MG TABLET	OTC	C	
<i>diabetic tussin</i>	OTC	C	
EQ MUCUS RELIEF ER 600 MG TAB	OTC	C	
<i>ft chest congest 400 mg caplet</i>	OTC	C	
FT MUCUS RELIEF ER 1,200 MG TB	OTC	C	
FT MUCUS RELIEF ER 600 MG TAB	OTC	C	
GNP MUCUS ER 600 MG TABLET	OTC	C	
GS MUCUS ER 600 MG CAPLET	OTC	C	
<i>guaifenesin 100 mg/5 ml cup</i>	OTC	C	
<i>guaifenesin 100 mg/5 ml liquid</i>	OTC	C	
<i>guaifenesin 100mg/5ml soln</i>	OTC	C	
<i>guaifenesin 100mg/5ml soln cup</i>	OTC	C	
<i>guaifenesin 200 mg tablet</i>	OTC	C	
<i>guaifenesin 200 mg/10 ml cup</i>	OTC	C	
<i>guaifenesin 200mg/10ml cup</i>	OTC	C	
<i>guaifenesin 300 mg/15 ml cup</i>	OTC	C	
<i>guaifenesin 400 mg caplet</i>	OTC	C	
<i>guaifenesin 400 mg tablet</i>	OTC	C	
<i>guaifenesin er</i>	OTC	C	
<i>guaifenesin-pse er 600-60 mg</i>	OTC	C	
HM MUCUS RELIEF ER 1,200 MG TB	OTC	C	
HM MUCUS RELIEF ER 600 MG TAB	OTC	C	
<i>maxi-tuss pe max</i>	OTC	C	

DRUG DESCRIPTION (RX)	OTC	TYPE	LIMITS & RESTRICTIONS
<i>maxtussin</i>	OTC	C	
<i>MUCINEX ER 1,200 MG TABLET</i>	OTC	C	
<i>mucinex fast-max chest-congest</i>	OTC	C	
<i>mucosa</i>	OTC	C	
<i>mucus relief 400 mg mini cplt</i>	OTC	C	
<i>mucus relief 400 mg tablet</i>	OTC	C	
<i>MUCUS RELIEF D</i>	OTC	C	
<i>MUCUS RELIEF ER 1,200 MG TAB</i>	OTC	C	
<i>MUCUS RELIEF ER 600 MG TABLET</i>	OTC	C	
<i>qc mucus relief 400 mg caplet</i>	OTC	C	
<i>QC MUCUS RELIEF ER 600 MG TAB</i>	OTC	C	
<i>sm guaifenesin-pse er 600-60</i>	OTC	C	
<i>tusnel-ex</i>	OTC	C	
<i>tussin mucus-chest congestion</i>	OTC	C	
MUCOLYTIC AGENTS			
<i>acetylcysteine 10% vial</i>		C	
<i>acetylcysteine 20% vial</i>		C	
<i>PULMOZYME</i>		C	QL 150 ML / 30 DAYS PA S Specialty Drug
PHOSPHODIESTERASE TYPE 4 INHIBITORS			
<i>DALIRESP</i>		NP	PA
<i>roflumilast</i>		P	
VASODILATING AGENTS (RESPIRATORY TRACT)			
<i>ADEMPAS</i>		NP	PA S Specialty Drug
<i>ambrisentan</i>		P	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>bosentan</i>	NP	PA S Specialty Drug
<i>epoprostenol sodium</i>	C	PA S Specialty Drug
<i>FLOLAN 1.5 MG VIAL</i>	C	PA S Specialty Drug
<i>LETAIRIS</i>	NP	PA S Specialty Drug
<i>OPSUMIT</i>	NP	PA S Specialty Drug
<i>OPSYNVI</i>	C	PA S Specialty Drug
<i>ORENITRAM ER</i>	NP	PA S Specialty Drug
<i>ORENITRAM MONTH 1 TITRATION KT</i>	NP	PA S Specialty Drug
<i>ORENITRAM MONTH 2 TITRATION KT</i>	NP	PA S Specialty Drug
<i>ORENITRAM MONTH 3 TITRATION KT</i>	NP	PA S Specialty Drug
<i>TRACLEER 125 MG TABLET</i>	P	PA S Specialty Drug
<i>TRACLEER 32 MG TABLET FOR SUSP</i>	NP	PA S Specialty Drug
<i>TRACLEER 62.5 MG TABLET</i>	P	PA S Specialty Drug
<i>treprostinil</i>	C	PA S Specialty Drug
<i>TYVASO</i>	NP	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>TYVASO DPI</i>	NP	PA S Specialty Drug
<i>TYVASO REFILL KIT</i>	NP	PA S Specialty Drug
<i>TYVASO STARTER KIT</i>	NP	PA S Specialty Drug
<i>UPTRAVI 1,000 MCG TABLET</i>	NP	PA S Specialty Drug
<i>UPTRAVI 1,200 MCG TABLET</i>	NP	PA S Specialty Drug
<i>UPTRAVI 1,400 MCG TABLET</i>	NP	PA S Specialty Drug
<i>UPTRAVI 1,600 MCG TABLET</i>	NP	PA S Specialty Drug
<i>UPTRAVI 200 MCG TABLET</i>	NP	PA S Specialty Drug
<i>UPTRAVI 200-800 TITRATION PACK</i>	NP	PA S Specialty Drug
<i>UPTRAVI 400 MCG TABLET</i>	NP	PA S Specialty Drug
<i>UPTRAVI 600 MCG TABLET</i>	NP	PA S Specialty Drug
<i>UPTRAVI 800 MCG TABLET</i>	NP	PA S Specialty Drug
<i>VELETRI</i>	C	PA S Specialty Drug
<i>VENTAVIS</i>	NP	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SKELETAL MUSCLE RELAXANTS		
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT		
<i>carisoprodol 350 mg tablet</i>	C	QL 4 TABS / 1 DAY
<i>chlorzoxazone 500 mg tablet</i>	C	
<i>cyclobenzaprine 10 mg tablet</i>	C	
<i>cyclobenzaprine 5 mg tablet</i>	C	
<i>metaxalone</i>	C	PA
<i>methocarbamol 500 mg tablet</i>	C	
<i>methocarbamol 750 mg tablet</i>	C	
<i>tizanidine hcl 2 mg tablet</i>	C	
<i>tizanidine hcl 4 mg tablet</i>	C	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
<i>dantrolene sodium 100 mg cap</i>	C	
<i>dantrolene sodium 25 mg cap</i>	C	
<i>dantrolene sodium 50 mg cap</i>	C	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen 10 mg tablet</i>	C	
<i>baclofen 20 mg tablet</i>	C	
<i>baclofen 5 mg tablet</i>	C	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>anodyne lpt</i>	C	
<i>asperflex lidocaine</i>	OTC	C
<i>lidocaine 4% cream</i>	OTC	C
<i>lidocaine 5% ointment</i>	C	
<i>lidocaine 5% patch</i>	NP	QL 1 PATCH / 1 DAY PA
<i>lidocaine-hc 2.8-0.55% gel</i>	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>lidocaine-hc 3-0.5% cream kit</i>	C	
<i>lidocaine-hc 3-1% cream kit</i>	C	
<i>lidocaine-hc 3-2.5% gel kit</i>	C	
<i>lidocaine-hydrocort 3-2.5% gel</i>	C	
<i>lidocaine-prilocaine</i>	C	QL 60 GM / FILL
LIDODERM	NP	QL 1 PATCH / 1 DAY PA
<i>phenazopyridine 100 mg tab</i>	C	
<i>phenazopyridine 200 mg tab</i>	C	
ZTLIDO	NP	PA
ASTRINGENTS		
DRYSOL	C	
XERAC AC	OTC	C
CELL STIMULANTS AND PROLIFERANTS		
ATRALIN	NP	PA
AVITA	NP	PA
RETIN-A	P	
RETIN-A MICRO	NP	PA
RETIN-A MICRO PUMP	NP	PA
<i>tretinoin 0.01% gel</i>	NP	PA
<i>tretinoin 0.025% cream</i>	NP	PA
<i>tretinoin 0.025% gel</i>	NP	PA
<i>tretinoin 0.05% cream</i>	NP	PA
<i>tretinoin 0.05% gel</i>	NP	PA
<i>tretinoin 0.1% cream</i>	NP	PA
<i>tretinoin gel micro 0.04% pump</i>	NP	PA
<i>tretinoin gel micro 0.04% tube</i>	NP	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>tretinoin gel micro 0.1% pump</i>		NP	PA
<i>tretinoin gel micro 0.1% tube</i>		NP	PA
KERATOLYTIC AGENTS			
<i>ACNE MEDICATION 10% GEL</i>	OTC	C	
<i>acne medication 2.5% gel</i>	OTC	C	
<i>ACNE MEDICATION 5% GEL</i>	OTC	C	
<i>ACNE MEDICATION 5% LOTION</i>	OTC	P	
<i>avar</i>		NP	PA
<i>bensal hp</i>		NP	PA
<i>BENZEFOAM</i>	OTC	NP	PA
<i>benzoyl peroxide 10% gel</i>	OTC	P	
<i>benzoyl peroxide 10% wash</i>	OTC	P	
<i>benzoyl peroxide 2.5% gel</i>	OTC	P	
<i>benzoyl peroxide 5% gel</i>	OTC	P	
<i>benzoyl peroxide 5% wash</i>	OTC	P	
<i>benzoyl peroxide 6% cleanser</i>	OTC	P	
<i>benzoyl peroxide 9.5% cloth</i>	OTC	NP	PA
<i>bp 10-1</i>		NP	PA
<i>bpo 6% foaming cloths</i>	OTC	NP	PA
<i>bpo 8% gel</i>		P	
<i>clean-clear continuous control</i>	OTC	NP	PA
<i>compound w</i>	OTC	C	
<i>dhs sal</i>	OTC	C	
<i>duragel callus removers</i>	OTC	C	
<i>eq liquid wart remover 17% liq</i>	OTC	C	
<i>lintera</i>	OTC	NP	PA

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>liquid wart remover 17% liquid</i>	OTC	C	
OC8	OTC	P	
<i>salicylic acid 6% gel</i>		C	
<i>sebex</i>	OTC	C	
<i>sod sulfac-sulfur 9.8-4.8% crm</i>		P	
<i>sod sulfac-sulfur 9.8-4.8% lot</i>		P	
<i>sod sulfac-sulf 9.8-4.8% clsr</i>		P	
<i>sod sulfac-sulfur 9-4.5% wash</i>		P	
<i>sod sulfacet-sulfur 10-2% clsr</i>		P	
<i>sod sulfacet-sulfur 10-4% pad</i>		P	
<i>sss 10-5 cream</i>		P	
<i>sulfacet-sulfur 9%-4.25% susp</i>		NP	PA
<i>sulfacetamide sodium-sulfur</i>		P	
<i>sulfacetamide-sulfur 10-2% crm</i>		P	
<i>sulfacetamide-sulfur 10-5% crm</i>		P	
<i>sulfacetamide-sulfur 10-5% lot</i>		P	
<i>sulfacetamide-sulfur 10-5% sus</i>		NP	PA
<i>sulfacetamide-sulfur 8-4% susp</i>		NP	PA
<i>sulfacetamide-sulfur 9-4% clsr</i>		P	
<i>therapeutic dandruff shampoo</i>	OTC	C	
<i>urea 40% cream</i>		C	
<i>urea 40% lotion</i>		C	
<i>wart remover 17% liquid</i>	OTC	C	
KERATOPLASTIC AGENTS			
DHS TAR	OTC	C	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.			
<i>acitretin</i>		C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>adapalene 0.1% cream</i>		NP	PA
<i>adapalene 0.1% gel</i>	OTC	C	
<i>adapalene 0.3% gel</i>		P	
<i>adapalene 0.3% gel pump</i>		NP	PA
<i>adapalene-bnzyl perox 0.1-2.5%</i>		NP	PA
AKLIEF		NP	PA
AMNESTEEM		C	
<i>anti-itch 0.5%-0.5% lotion</i>	OTC	C	
<i>arthritis and muscle</i>	OTC	C	
<i>arthritis pain relieving</i>	OTC	C	
<i>azelaic acid</i>		C	
<i>calcipotriene 0.005% cream</i>		C	QL 120 GM / 30 DAYS
<i>calcipotriene 0.005% ointment</i>		C	QL 120 GM / 30 DAYS
<i>calcipotriene 0.005% solution</i>		C	QL 120 GM / 30 DAYS
<i>capsaicin 0.025% cream</i>	OTC	C	
<i>capsaicin 0.1% cream</i>	OTC	C	
<i>capsaicin hp</i>	OTC	C	
<i>capzix</i>	OTC	C	
CLARAVIS		C	
<i>dapsone 5% gel</i>		NP	PA
<i>dapsone 7.5% gel pump</i>		NP	PA
DUPIXENT PEN		P	QL 2 PENS / 28 day(s) PA S Specialty Drug
DUPIXENT SYRINGE		P	QL 2 SYRINGES / 28 day(s) PA S Specialty Drug

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>effaclar adapalene</i>	OTC	C	
FABIOR		NP	QL 50 GM / 30 DAYS PA
<i>imiquimod 5% cream packet</i>		C	
<i>isotretinoin 10 mg capsule</i>		C	
<i>isotretinoin 20 mg capsule</i>		C	
<i>isotretinoin 30 mg capsule</i>		C	
<i>isotretinoin 40 mg capsule</i>		C	
MYORISAN		C	
OPZELURA		NP	QL 60 GRAMS / 30 day(s) PA
<i>podofilox 0.5% topical soln</i>		C	
QUTENZA		NP	PA
SANTYL		C	PA
SKYRIZI 600 MG/10 ML VIAL		NP	PA S Specialty Drug MED Medical Drug
SKYRIZI ON-BODY		NP	PA S Specialty Drug
SOTYKTU		NP	QL 1 TABLET / 1 day(s) PA S Specialty Drug
STELARA 130 MG/26 ML VIAL		NP	QL 4 VIALS (104 ML) / 365 day(s) PA S Specialty Drug MED Medical Drug
STELARA 45 MG/0.5 ML SYRINGE		NP	QL 1 SYRINGE (0.5 ML) / 84 day(s) PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
STELARA 45 MG/0.5 ML VIAL	NP	<p>QL 1 VIAL (0.5 ML) / 84 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
STELARA 90 MG/ML SYRINGE	NP	<p>QL 1 SYRINGE (1 ML) / 56 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
TALTZ AUTOINJECTOR	NP	<p>QL 1 SYRINGE (1 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
TALTZ AUTOINJECTOR (2 PACK)	NP	<p>QL 1 SYRINGE (1 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
TALTZ AUTOINJECTOR (3 PACK)	NP	<p>QL 1 SYRINGE (1 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
TALTZ SYRINGE	NP	<p>QL 1 SYRINGE (1 ML) / 28 day(s)</p> <p>PA</p> <p>S Specialty Drug</p>
tazarotene 0.1% cream	NP	PA
WINLEVI	NP	PA
ZENATANE	C	
SMOOTH MUSCLE RELAXANTS		
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
theophylline er	C	
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
SOMATOSTATIN AGONISTS		
octreotide acetate	C	S Specialty Drug
SIGNIFOR	C	<p>PA</p> <p>S Specialty Drug</p>

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
SYMPATHOMIMETIC (ADRENERGIC) AGENTS			
ALPHA- AND BETA-ADRENERGIC AGONISTS			
AUVI-Q		NP	PA
<i>epinephrine 0.15 mg auto-injct</i>		NP	PA
<i>epinephrine 0.15 mg auto-injct (generic for adrenaclick)</i>		NP	PA
<i>epinephrine 0.15 mg auto-injct (generic for epi-pen jr / mylan)</i>		P	
<i>epinephrine 0.15 mg auto-injct (teva)</i>		NP	PA
<i>epinephrine 0.3 mg auto-inject (generic for adrenaclick)</i>		NP	PA
<i>epinephrine 0.3 mg auto-inject (generic for epi-pen / mylan)</i>		P	
<i>epinephrine 0.3 mg auto-inject (teva)</i>		NP	PA
EPIPEN		P	
EPIPEN 2-PAK		P	
EPIPEN JR		P	
EPIPEN JR 2-PAK		P	
<i>ft nasal decongest 30 mg tab</i>	OTC	C	
<i>nasal decongestant 30 mg tab</i>	OTC	C	
<i>pseudoephedrine hcl</i>	OTC	C	
<i>qc nasal decongest 30 mg tab</i>	OTC	C	
SINUS 12 HOUR	OTC	C	
SUDAFED 12 HOUR	OTC	C	
SUDOGEST 12 HOUR 120 MG CAPLET	OTC	C	
<i>sudogest 30 mg tablet</i>	OTC	C	
<i>sudogest 60 mg tablet</i>	OTC	C	
SYMJEPI		P	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC AGONISTS		
<i>midodrine hcl</i>	C	
TETRACYCLINE ANTIBIOTICS		
AMINOMETHYLCYCLINES		
<i>NUZYRA 150 MG TABLET</i>	C	PA
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	C	
<i>propylthiouracil</i>	C	
THYROID AGENTS		
<i>euthyrox</i>	C	
<i>EUTHYROX</i>	C	
<i>levothyroxine 100 mcg tablet</i>	C	
<i>levothyroxine 112 mcg tablet</i>	C	
<i>levothyroxine 125 mcg tablet</i>	C	
<i>levothyroxine 137 mcg tablet</i>	C	
<i>levothyroxine 150 mcg tablet</i>	C	
<i>levothyroxine 175 mcg tablet</i>	C	
<i>levothyroxine 200 mcg tablet</i>	C	
<i>levothyroxine 25 mcg tablet</i>	C	
<i>levothyroxine 300 mcg tablet</i>	C	
<i>levothyroxine 50 mcg tablet</i>	C	
<i>levothyroxine 75 mcg tablet</i>	C	
<i>levothyroxine 88 mcg tablet</i>	C	
<i>liothyronine sod 25 mcg tab</i>	C	
<i>liothyronine sod 5 mcg tab</i>	C	
<i>liothyronine sod 50 mcg tab</i>	C	
<i>SYNTHROID</i>	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
URINE AND FECES CONTENTS		
KETONES		
<i>KETONE TEST STRIP</i>	OTC	C
<i>KETOSTIX REAGENT</i>	OTC	C
<i>TRUEPLUS KETONE TEST STRIP</i>	OTC	C
SUGAR		
<i>DIASTIX REAGENT</i>	OTC	C
Uncategorized		
Unclassified		
<i>hm fiber powder</i>	OTC	C
<i>MULTILEX</i>	OTC	C
<i>sm fiber powder</i>	OTC	C
<i>SUPRAX 100 MG TABLET CHEWABLE</i>	NP	PA
<i>SUPRAX 200 MG TABLET CHEWABLE</i>	NP	PA
<i>SUPRAX 500 MG/5 ML SUSPENSION</i>	NP	PA
<i>VITAL HIGH NITROGEN</i>	OTC	C PA
VASODILATING AGENTS		
NITRATES AND NITRITES		
<i>isosorbide dinitrate 10 mg tab</i>		C
<i>isosorbide dinitrate 20 mg tab</i>		C
<i>isosorbide dinitrate 30 mg tab</i>		C
<i>isosorbide dinitrate 5 mg tab</i>		C
<i>isosorbide mononitrate</i>		C
<i>isosorbide mononitrate er</i>		C
<i>NITRO-BID</i>		C
<i>nitroglycerin 0.3 mg tablet sl</i>		C
<i>nitroglycerin 0.4 mg tablet sl</i>		C

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
<i>nitroglycerin 0.6 mg tablet sl</i>	C	
<i>nitroglycerin patch</i>	C	
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
ADCIRCA	NP	QL 2 TABS / 1 DAY PA S Specialty Drug
ALYQ	C	QL 2 TABS / 1 DAY PA S Specialty Drug
REVATIO 10 MG/ML ORAL SUSP	NP	PA S Specialty Drug
REVATIO 20 MG TABLET	NP	PA S Specialty Drug
<i>sildenafil 10 mg/ml oral susp</i>	P	PA
<i>sildenafil 20 mg tablet (generic for revatio)</i>	P	PA
<i>tadalafil 20 mg tablet (generic for adcirca)</i>	NP	QL 2 TABS / 1 DAY PA
VASODILATING AGENTS, MISCELLANEOUS		
<i>aspirin-dipyridamole er</i>	NP	PA
<i>dipyridamole</i>	P	
VERQUVO	C	PA
VITAMINS		
MULTIVITAMIN PREPARATIONS		
AQUADEKS	OTC	C
CADEAU DHA	OTC	C
CEROVITE JR	OTC	C
<i>certavite-antioxidant</i>	OTC	C
<i>children's chew multivitamin</i>	OTC	C

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>CITRANATAL B-CALM</i>		C	
<i>complete natal dha</i>		C	
<i>completenate</i>	OTC	C	
<i>CONCEPT DHA</i>		C	
<i>CONCEPT OB</i>		C	
<i>daily multi vitamin-iron tab</i>	OTC	C	
<i>daily multivit-minerals tab</i>	OTC	C	
<i>DAILY VITE WITH IRON TABLET</i>	OTC	C	
<i>DAILY-VITE</i>	OTC	C	
<i>DAILY-VITES WITH IRON TABLET</i>	OTC	C	
<i>DUET DHA 400</i>		C	
<i>DUET DHA BALANCED</i>		C	
<i>elite-ob</i>		C	
<i>ENBRACE HR</i>		C	
<i>FLORIVA 0.25 MG CHEW TABLET</i>		C	
<i>FLORIVA 0.5 MG CHEWABLE TABLET</i>		C	
<i>FLORIVA 1 MG CHEWABLE TABLET</i>		C	
<i>hair vitamin</i>	OTC	C	
<i>infant-toddler vitamin a-c-d</i>	OTC	C	
<i>KENWOOD THERAPEUTIC</i>	OTC	C	
<i>LIQUID MULTIVITAMIN</i>	OTC	C	
<i>m-natal plus</i>		C	
<i>mega multivit-chelated min tab</i>	OTC	C	
<i>multi-vitamin w-fluoride-iron</i>		C	
<i>multiple vitamin w-minerals tb</i>	OTC	C	
<i>multivit-fluor 0.25 mg/ml drop</i>	OTC	C	
<i>multivit-fluor 0.5 mg/ml drop</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>multivitamin-iron-fluoride</i>	OTC	C	
<i>multivitamin-minerals tablet</i>	OTC	C	
<i>multivitamin-multimineral</i>	OTC	C	
<i>MVC-FLUORIDE</i>		C	
<i>my favorite multiple</i>	OTC	C	
<i>mynatal plus</i>		C	
<i>mynatal-z</i>		C	
<i>NATACHEW</i>		C	
<i>NEEVODHA</i>		C	
<i>NESTABS</i>		C	
<i>NESTABS ABC</i>		C	
<i>NESTABS DHA</i>		C	
<i>NESTABS ONE</i>		C	
<i>niva-plus</i>		C	
<i>OB COMPLETE</i>		C	
<i>OB COMPLETE ONE</i>		C	
<i>OB COMPLETE PETITE</i>		C	
<i>OB COMPLETE PREMIER</i>		C	
<i>OB COMPLETE WITH DHA</i>		C	
<i>oncovite</i>	OTC	C	
<i>ONE DAILY COMPLETE</i>	OTC	C	
<i>ONE DAILY PLUS MINERALS</i>	OTC	C	
<i>one daily with iron</i>	OTC	C	
<i>one-a-day maximum formula</i>	OTC	C	
<i>onevite daily multivitamin</i>	OTC	C	
<i>pediatric poly-vitamin</i>	OTC	C	
<i>pediatric tri-vitamin</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>pediatric tri-vite</i>	OTC	C	
<i>pnv prenatal plus multivit tab</i>		C	
<i>pnv-dha</i>		C	
<i>poly-vita</i>	OTC	C	
<i>PRENATA</i>		C	
<i>PRENATABS FA</i>		C	
<i>PRENATABS RX</i>		C	
<i>prenatal 19</i>	OTC	C	
<i>prenatal plus-dha</i>		C	
<i>prenatal tablet</i>	OTC	C	
<i>prenatal vitamin plus low iron</i>	OTC	C	
<i>prenatal vitamin tablet</i>	OTC	C	
<i>prenatal vitamins tablet</i>	OTC	C	
<i>prenatal-u</i>		C	PA
<i>PRENATE AM</i>		C	
<i>PRENATE CHEWABLE</i>		C	
<i>PRENATE DHA</i>		C	
<i>PRENATE ELITE</i>		C	
<i>PRENATE ENHANCE</i>		C	
<i>PRENATE ESSENTIAL</i>		C	
<i>PRENATE MINI</i>		C	
<i>PRENATE PIXIE</i>		C	
<i>PRENATE RESTORE</i>		C	
<i>PRENATE STAR</i>		C	
<i>preplus</i>		C	
<i>PRESERVISION LUTEIN</i>	OTC	C	
<i>PRIMACARE</i>		C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>PROVIDA OB</i>		C	
<i>QUFLORA PED 0.25 MG/ML DROP</i>		C	
<i>QUFLORA PED 0.5 MG/ML DROP</i>		C	
<i>se-natal 19</i>		C	
<i>SE-NATAL-19</i>		C	
<i>SELECT-OB + DHA</i>		C	
<i>sm multivitamin w-iron tab</i>	OTC	C	
<i>STRESS FORMULA TABLET</i>	OTC	C	
<i>STRESS FORMULA WITH ZINC TAB</i>	OTC	C	
<i>STRESS-C WITH ZINC TABLET</i>	OTC	C	
<i>super multiple</i>	OTC	C	
<i>tab-a-vite multivit with iron (generic)</i>	OTC	C	
<i>taron-c dha</i>		C	
<i>thrivite rx</i>		C	
<i>TRI-VI-FLOR</i>	OTC	C	
<i>tri-vitamin with fluoride</i>		C	
<i>TRICARE</i>		C	
<i>trinatal rx 1</i>		C	
<i>TRINATE</i>		C	
<i>TRISTART DHA</i>		C	
<i>UNICOMPLEX-M</i>	OTC	C	
<i>v-c forte</i>	OTC	C	
<i>virt-c dha</i>		C	
<i>virt-pn dha</i>		C	
<i>vision</i>	OTC	C	
<i>vision plus lutein</i>	OTC	C	
<i>VITAFOL GUMMIES</i>		C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
VITAFOL ULTRA		C	
VITAFOL-OB		C	
VITAFOL-ONE		C	
VITAMEDMD ONE RX		C	
VITAMEDMD REDICHEW RX		C	
vitamins a,c,d and fluoride	OTC	C	
VITAPEARL		C	
VITATRUE		C	
vitrum 50 plus	OTC	C	
wescap-c dha		C	
wescap-pn dha		C	
wesnatal dha complete		C	
westab plus		C	
women's daily formula	OTC	C	
zatean-pn dha		C	
VITAMIN A			
beta-carotene 25,000 unit sfgl	OTC	C	
vitamin a 10,000 unit capsule	OTC	C	
vitamin a 10,000 unit softgel	OTC	C	
vitamin a 3,000 mcg softgel	OTC	C	
vitamin a 8,000 unit capsule	OTC	C	
VITAMIN B COMPLEX			
b complex number 1 tablet	OTC	C	
b complex tablet	OTC	C	
b-12 1,000 mcg tablet	OTC	C	
b-complex w-vitamin c caplet	OTC	C	
b-complex with b12 tablet	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>balance b-100 tablet</i>	OTC	C	
<i>balance b-50 tablet</i>	OTC	C	
<i>balanced b-50</i>	OTC	C	
<i>cyanocobalamin injection</i>		C	
<i>DIALYVITE</i>		C	
<i>DODEX 1,000 MCG/ML VIAL</i>		C	
<i>dodex 10,000 mcg/10 ml vial</i>		C	
<i>dodex 30,000 mcg/30 ml vial</i>		C	
<i>folbee</i>	OTC	C	
<i>folbee plus</i>	OTC	C	
<i>folic acid 0.4 mg tablet</i>	OTC	C	
<i>folic acid 0.8 mg tablet</i>	OTC	C	
<i>folic acid 1 mg tablet</i>		C	
<i>folic acid 1,000 mcg tablet</i>	OTC	C	
<i>folic acid 400 mcg tablet</i>	OTC	C	
<i>folic acid 800 mcg tablet</i>	OTC	C	
<i>foltabs 800</i>	OTC	C	
<i>l-methylfolate 7.5 mg tablet</i>	OTC	C	
<i>riboflavin</i>	OTC	C	
<i>super quints</i>	OTC	C	
<i>sv vitamin b-6 100 mg tablet</i>	OTC	C	
<i>sv vitamin b12 tr 1,000 mcg tb</i>	OTC	C	
<i>thiamine hcl</i>		C	
<i>true folic acid 1600mcg dfe tb</i>	OTC	C	
<i>true folic acid 667 mcg dfe tb</i>	OTC	C	
<i>true vitamin b-12 1000 mcg tab</i>	OTC	C	
<i>true vitamin b-6 100 mg tablet</i>	OTC	C	

DRUG DESCRIPTION (RX)		TYPE	LIMITS & RESTRICTIONS
<i>true vitamin b-6 50 mg tablet</i>	OTC	C	
<i>true vitamin b2 100 mg tablet</i>	OTC	C	
<i>vitamin b complex tablet</i>	OTC	C	
<i>vitamin b-1</i>	OTC	C	
<i>vitamin b-12 1,000 mcg tablet</i>	OTC	C	
<i>vitamin b-12 250 mcg tablet</i>	OTC	C	
<i>vitamin b-12 500 mcg tablet</i>	OTC	C	
<i>vitamin b-12 tr 1,000 mcg tab</i>	OTC	C	
<i>vitamin b-2</i>	OTC	C	
<i>vitamin b-6 100 mg tablet</i>	OTC	C	
<i>vitamin b-6 25 mg tablet</i>	OTC	C	
<i>vitamin b-6 50 mg tablet</i>	OTC	C	
<i>vitamin b12</i>	OTC	C	
<i>vitamin b12 1,000 mcg tab sa</i>	OTC	C	
<i>vitamin b12 500 mcg tablet</i>	OTC	C	
<i>westab max</i>	OTC	C	
<i>westab mini</i>		C	
<i>westab one</i>	OTC	C	
VITAMIN C			
<i>vitamin c 1,000 mg tablet</i>	OTC	C	
<i>vitamin c 250 mg tablet</i>	OTC	C	
<i>vitamin c 250 mg tablet chew</i>	OTC	C	
<i>vitamin c 500 mg capsule sa</i>	OTC	C	
<i>vitamin c 500 mg tablet</i>	OTC	C	
<i>vitamin c 500 mg tablet chew</i>	OTC	C	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
VITAMIN D		
<i>calcidol</i>	OTC	C
<i>calcitriol 0.25 mcg capsule</i>		C
<i>calcitriol 0.5 mcg capsule</i>		C
<i>calcitriol 1 mcg/ml solution</i>		C
<i>d-vi-sol</i>	OTC	C
<i>ergocalciferol</i>	OTC	C
<i>pediatric d-vite</i>	OTC	C
<i>pediatric vitamin d3</i>	OTC	C
<i>qc vitamin d3 25 mcg tablet</i>	OTC	C
<i>true vitamin d3 25 mcg capsule</i>	OTC	C
<i>true vitamin d3 25 mcg tablet</i>	OTC	C
<i>true vitamin d3 50 mcg tablet</i>	OTC	C
<i>vitamin d2 1.25mg(50,000 unit)</i>		C
<i>vitamin d3 1,000 unit softgel</i>	OTC	C
<i>vitamin d3 1,000 unit tablet</i>	OTC	C
<i>vitamin d3 10 mcg/ml drop</i>	OTC	C
<i>vitamin d3 125 mcg (5000 unit) softgel</i>	OTC	C
<i>vitamin d3 2,000 unit softgel</i>	OTC	C
<i>vitamin d3 2,000 unit tablet</i>	OTC	C
<i>vitamin d3 25 mcg (1,000 unit)</i>	OTC	C
<i>vitamin d3 25 mcg softgel</i>	OTC	C
<i>vitamin d3 25 mcg tablet</i>	OTC	C
<i>vitamin d3 400 unit tablet</i>	OTC	C
<i>vitamin d3 50 mcg tablet</i>	OTC	C

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
VITAMIN E		
<i>sv vitamin e 180 mg softgel</i>	OTC C	
<i>true vitamin e 180 mg capsule</i>	OTC C	
<i>true vitamin e 90 mg capsule</i>	OTC C	
<i>vitamin e 1,000 unit softgel</i>	OTC C	
<i>vitamin e 15 unit/0.3 ml drop</i>	OTC C	
<i>vitamin e 180 mg softgel</i>	OTC C	
<i>vitamin e 180mg(400 unit) sfgl</i>	OTC C	
<i>vitamin e 268 mg softgel</i>	OTC C	
<i>vitamin e 400 unit capsule</i>	OTC C	
<i>vitamin e 400 unit softgel</i>	OTC C	
<i>vitamin e 45 mg softgel</i>	OTC C	
<i>vitamin e 450 mg softgel</i>	OTC C	
<i>vitamin e 90 mg softgel</i>	OTC C	
VITAMIN K ACTIVITY		
<i>MEPHYTON</i>	C	QL 3 TABS / FILL PA
<i>phytonadione 5 mg tablet</i>	C	QL 3 TABS / FILL

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