

Generic Choices Medication Guide

April 2025

Please consider talking to your doctor about prescribing one of the covered generic or brand medications that are indicated as covered under your plan; that may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug formulary is regularly updated. Please visit www.floridablue.com for the most up-to-date information.

Contents

Introduction	II
Medication List	III
Your Share of Expenses	IV
Pharmacy Benefits	IV
Utilization Management Programs	IX
Notice	XI
Using the Medication Guide	XI
Abbreviation/acronym key	XII

To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

Introduction

Florida Blue is pleased to present the Generic Choices Medication Guide. This is a general guide that includes a comprehensive listing of medications that are covered under your plan. Since coverage for medication varies by the plan purchased by you or your employer, it's important that you refer to your plan documents for complete coverage details. When we refer to "plan documents" we are referring to one or more of the following: Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement.

The Generic Choices Medication Guide provides helpful tips on how to make the most of your pharmacy benefits and details about the various coverage programs that are designed to provide safe and appropriate medication when you need it. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Generic Choices Medication Guide online at www.floridablue.com or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

If you are a current member, we encourage you to log on to your member account for plan specific details about your medication coverage. Go to www.floridablue.com, click on the Members tab. Once registered, you can look up a medication by name and compare your cost at different pharmacies. You'll see notes that indicate if a medication requires a prior authorization or is not covered by your plan.

Si de se a hablar sobre esta guía en español con uno de nuestros representantes, por favor llame al número de atención al cliente indicado en su tarjeta de asegurado y pida ser transferido a un representante bilingüe.

NOTE: The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgment or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating physician in accordance with the patient/physician relationship.

Key Tips and Coverage Guidelines

By following these simple guidelines, you will be assured that you are getting the maximum benefit from your plan.

- When you have your prescriptions filled, ask your pharmacist if a generic equivalent is available. Generic medications are usually less expensive, and most generics are covered unless specifically excluded under your plan documents. Medications that are not covered may be found at [Medications Not Covered List](#).
- Brand name medications are covered on your plan only if they are included in the medication list. Brand name medications not listed in the medication list are not covered.
- If you are currently taking a medication, take a moment to review the medication list to determine if it is covered. If you or your provider request a covered brand name medication when there is a generic available; you will be responsible for: (1) the difference in cost between the generic medication and the brand name medication you received; and (2) the cost share applicable to the brand name medication you received, as indicated on your Schedule of Benefits.

Medication List

What you need to know about generic medications

Florida Blue encourages the use of generic medications as a way to provide high-quality medications at reduced costs. Generic medications are as safe and effective as their brand name counterparts and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved generic medication may be substituted for its brand name counterpart because it:

- Contains the same active ingredient(s) as the Brand medication.
- Is identical in strength, dosage form, and route of administration.
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

Changes to the formulary

This guide includes the medication list which reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee. Florida Blue reserves the right to add or remove or change the tier of any medication in this Medication Guide at any time.

The medication list is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness, and current use in therapy.

There are varying reasons changes are made to the medications listed in the Generic Choices Medication Guide:

- The tier level of a brand name medication included on the medication list may increase (change to a higher tier or non-covered) when an FDA-approved bioequivalent generic medication becomes available.
- Newly marketed prescription medications may not be covered until the Pharmacy & Therapeutics Committee has had an opportunity to review the medication, to determine whether the medication will be covered and if so, which tier will apply based on safety, efficacy and the availability of other products within that class of medications.

The most up-to-date information about modifications to the medications listed in this medication guide can be found by going to www.floridablue.com.

Going to www.floridablue.com.

- Click on the **Members** tab.
- Click on the **Login Now** button and either **Login** or **Register**.
- Once Logged in, click on **My Plan**, then select **Pharmacy** under Additional Items.
- Under Pharmacy Resources, click on **Medication Guide & Specialty Pharmacy**
- Under **Medication Guide/Approved Drug Lists**, click [Generic Choices Medication Guide](#). Medication Guides are posted every January, April, July, and October.

Formulary addition request

Physicians may request the addition of a medication to the formulary list by submitting a written request to Florida Blue.

Please mail to:

Florida Blue

Attn: Pharmacy Programs

P.O. Box 1798

Jacksonville, FL 32231-0014

Your Share of Expenses

Your cost share will depend on which cost share tier the medication is assigned. You can determine your out-of-pocket amount for medication by reviewing your Schedule of Benefits. For HSA plans, the cost share applies only after your deductible is satisfied.

Pharmacy Benefits

The pharmacy benefit has two parts/components, called Tiers. This means that covered medications must be included in one of the following Tiers:

Tier 1: Generic Prescription Drugs, Covered OTC Drugs and Covered Prescription Supplies.

Tier 2: Only those Brand Name Drugs indicated as covered in the Medication Guide.

Medications that are not covered

Generic Choices is a generic and limited brand formulary pharmacy plan. This means any medications not on the formulary (included in the medication list) are not covered. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives.
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative.
- The medication is no longer marketed.
- The medication has a widely available/distributed AB rated generic equivalent formulation.
- The medication has not been approved by the FDA.
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC.
- The medication is not covered because of safety or effectiveness concerns.

In addition to any drug not listed in the medication guide, a list of certain medications that are not covered may be found at [Medications Not Covered List](#).

NOTE: To determine the medication exclusions that apply to your plan, check your plan documents. Coverage details are also available to you by logging into the member section of www.floridablue.com.

Generic drugs

Florida Blue encourages the use of generic medications as a way to provide high-quality medications at a reduced cost. Generic medications are as safe and effective as their brand name counterparts and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved generic medication may be substituted for its brand name counterpart because it:

- Contains the same active ingredient(s) as the brand name medication.
- Is identical in strength, dosage form, and route of administration.
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile.

Oral Chemotherapy Drugs

Oral chemotherapy drugs are drugs prescribed by a physician to kill or slow the growth of cancerous cells in a manner consistent with the national accepted standards of practice. A list of these drugs can be found at: [Oral Chemotherapy Drug List](#).

Over-the-counter (OTC) medications

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications. Some groups may customize their pharmacy plan to exclude coverage for OTC medications, so it is important to check your plan documents to determine if OTC medications are covered under your plan. Only those OTC medications prescribed by your physician and designated on the formulary with “OTC” in parenthesis following the medication name are eligible for coverage.

NOTE: Check your plan documents to determine if this benefit applies to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com.

Patient Protection and Affordable Care Act (ACA) Preventive Services

- Preventive Medications – Certain preventive care services, medications, and immunizations are covered at no cost share when purchased at a participating pharmacy.

A list of medications covered under this benefit may be found at: [Preventive Medications List](#).

A list of medications covered under this benefit for HSA plans may be found at: [HSA Preventive List](#).

- Immunizations - Certain vaccines which are covered under your preventive benefits can be administered by pharmacists that are certified. Not all pharmacies provide services for vaccine administration. It is important to contact the pharmacy prior to your visit to ensure availability and administration of the vaccine. Otherwise, contact your doctor for availability and administration of the vaccine.

A list of vaccines that are covered under your pharmacy benefits may be found at: [Pharmacy Benefit Vaccines List](#).

- Women's Preventive Services – Certain contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy. A list of medications and devices covered under this benefit may be found at: [Women's Preventive Services List](#).

Tier Exception Requests for Contraceptives & HIV Pre-Exposure Prophylaxis (PrEP)

If, for medical reasons, you need a contraceptive or HIV PrEP medication that is not included on these Preventive Service list(s), you may request an exception to waive the otherwise applicable cost sharing for your medication. To request an exception, your doctor must complete and submit request online at covermy meds.com or by fax using the Exception Request Forms in links below.

[Contraceptives Tier Exception Request Form](#)

[HIV PrEP Tier Exception Request Form](#)

Specialty Pharmacy medications

Specialty Pharmacy medications are high-cost injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of the patient's therapy.

NOTE: Check your plan documents for information on how Specialty Pharmacy medications are covered on your plan. Specialty Medications are divided into two categories:

- **Self-Administered Specialty Medications** – Patients administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician's office. If these medications are not obtained from a participating specialty pharmacy, out-of-network coverage is not available. [A current listing of Self-Administered Specialty Medications can be found here](#)
 - Self-administered injectable medications are designated in the Medication List with "inj" following the medication name (e.g., enoxaparin inj). No other Self-administered injectables will be covered unless such injectable is identified as a Specialty Drug in this Medication Guide. Self-administered injectables will be subject to the Brand or Generic cost share, as described in your Schedule of Benefits. Florida Blue reserves the right to change the Self-administered injectables covered through your plan at any time and for any reason.
- **Provider-Administered Specialty Medications** – These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider-administered Specialty Pharmacy medications are covered under your medical benefit. These medications can be obtained from any in-network health care provider. [A current listing of Provider-Administered Specialty Medications can be found here](#)

NOTE: Only generic or certain brand name Self-Administered and/or Provider-Administered Specialty Pharmacy products, as listed in the Generic Choices Medication Guide, are covered under the Generic Choices Pharmacy Plan. We have noted medications that may be covered as either Self-Administered and/or Provider-Administered. These generic or brand equivalents Specialty Pharmacy products can be obtained in either setting.

Pharmacy Options

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled: retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled, you should confirm which pharmacy is considered 'in-network' for that particular medication.

Participating Pharmacy

- Retail Pharmacy Network – Non-Specialty 'Generic' medications and 'Brand Name' medications listed in the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.
- Specialty Pharmacy Network – We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drug' in this Medication Guide. To be covered under your pharmacy program at the in-network cost share, they must be purchased at a preferred Specialty Pharmacy. These pharmacies are **different** than the retail pharmacies and are identified in both the Provider Directory and this Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.
 - Limited Distribution (LD) Pharmacy – Drug manufacturers will choose one or a limited number of specialty pharmacies to handle and dispense certain specialty drugs. Typically, these drugs are costly and require special monitoring and prior authorization (pre-approval). To find the pharmacy that dispenses your limited distribution drug, can be found here follow these steps: [Limited Distribution Drugs](#)

Non-Participating Pharmacy

- If your plan offers out-of-network pharmacy coverage, choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim for benefit determination. Our payment will be based on our Non-Participating Pharmacy Allowance minus your cost share. You will be responsible for your cost share and the difference between our Allowance and the cost of the medication.
- If your plan doesn't offer out-of-network pharmacy coverage, choosing a non-participating pharmacy may risk your ability to be reimbursed. You may have to pay the full cost of the medication.

Participating Specialty Pharmacy Providers

Your network for Specialty Pharmacies is limited to the following participating Specialty Pharmacy providers. Unless indicated below, any other pharmacy is considered a non-participating Specialty Pharmacy even if it participates in Florida Blue's networks for non-Specialty Pharmacy medications. You may pay more out of pocket if you use a different specialty pharmacy.

CVS/Caremark Specialty Pharmacy Services

Generic Provider-Administered and Self-Administered Products; excluding hemophilia
Telephone: (866) 278-5108
Fax: (800) 323-2445
[CVS/Caremark Specialty Pharmacy](#)

Accredo

Generic Self-Administered Products; excluding hemophilia
Telephone: (888) 425-5970
Fax: (888) 302-1028
[Accredo](#)

NOTE: Specialty Pharmacy medications are not covered when purchased through the Mail Order pharmacy.

Self-administered specialty medications as classified by Florida Blue outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy providers [Accredo](#) or [CVS/Caremark Specialty](#).

If a member resides or is traveling outside the state of Florida and needs to receive a provider-administered specialty medication, the prescribing physician should coordinate with the participating specialty pharmacy provider for their area or contact the local BlueCross and BlueShield Plan. This coordination can help ensure members receive their medications at the in-network cost share.

If you receive a written prescription directly from your provider for a provider-administered specialty medication you should contact customer service for further assistance.

Home Delivery Pharmacy

Most plans home delivery pharmacy is serviced by [Amazon Pharmacy](#). To confirm your home delivery pharmacy provider, log into [floridablue.com](#) and view the home delivery section in your member account for additional details.

NOTE: If the original prescription was filled at a pharmacy other than the home delivery pharmacy, a new, original three-month supply prescription with a quantity of up to a three-month supply and not less than a two-month supply will be required. Prescriptions may not be transferred from a retail pharmacy to the home delivery pharmacy.

Three-month supply at Retail Pharmacy

In addition to being able to obtain up to a three-month supply of medication through our home delivery pharmacy, you may be able to receive up to a three-month supply of your medication through a participating retail pharmacy. Please refer to your plan documents to determine if your plan includes this benefit.

Utilization Management Programs

Prior Authorization Program

The Prior Authorization Program encourages the appropriate, safe and cost-effective use of medications. If you are currently taking or are prescribed a medication that is included in the Prior Authorization Program, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. Medications that require prior authorization for coverage are indicated in the prior authorization column following the product name in the medication list.

Florida Blue reserves the right to change the medications that require Prior Authorization at any time and for any reason.

NOTE: Some groups may customize their pharmacy plan to exclude prior authorization requirements, so it is important to check your plan documents to determine if prior authorization requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com.

NOTE: Prior Authorizations expire on the earlier of, but not to exceed 12 months for most medications:

- The termination date of your policy or
- The period authorized by us, as indicated in the letter you received from us.

Obtaining Prior Authorization

Information about prior authorization and forms for how to obtain a prior authorization approval can be found here: [Prior Authorization Program Information and Forms](#)

NOTE: Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a participating pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Prior authorization approval does not waive your cost share.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or Over-the-Counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

NOTE: You have the right to request an appeal if prior authorization is denied. Please refer to the 'How to Appeal an Adverse Benefit Determination' subsection of the Complaint and Grievance Process section in your current Benefit Booklet or Contract for information on how to file an appeal.

Responsible Quantity Program

The Responsible Quantity Program encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations. Medications that are subject to this program are indicated in the quantity limits column following the product name in the medication list.

Information about the Responsible Quantity Program and steps for how to obtain an exception can be found here:

[Responsible Quantity Program Information](#)

[Responsible Quantity Authorization Form](#)

Responsible Steps Program

The Responsible Steps Program promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical evidence, and research. Prescription medications included in the Responsible Steps Program are not covered unless you have tried one or more covered alternative medications first.

A list of current drugs included in the Responsible Steps Program may be found here:

[Responsible Steps Program Information and Authorization Forms](#)

Responsible Steps Program for Medical Pharmacy

Certain physician-administered prescription drugs which are rendered in a physician's office may be included in the Responsible Steps for Medical Pharmacy Program. If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

If, due to medical reasons, you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

A list of current drugs included in the Responsible Steps Program for Medical Pharmacy may be found here: [Responsible Steps Program for Medical Pharmacy Information and Authorization Forms](#)

NOTE: Check your plan documents to determine if Responsible Steps requirements apply to your plan. Coverage details are also available to you by logging into the member section of www.floridablue.com or by calling the customer service number listed on your ID card.

Coverage Protocol Exemption

Your doctor may want to prescribe a medication for a condition that is different from the step-therapy protocol developed by Florida Blue. If this is the case, either you or your doctor can request an exemption by submitting a [Coverage Protocol Exemption Request](#).

Notice

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Benefit Booklet, Contract, or prescription drug endorsement. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Benefit Booklet, Contract or prescription drug endorsement, the provisions contained in the Benefit Booklet, Contract or prescription drug endorsement shall control to the extent necessary to effectuate the intent of Florida Blue and Florida Blue HMO.

How to use this Drug list

Column 1: Drug Category

The drug list is organized into broad categories (e.g., HORMONES, DIABETES AND RELATED DRUGS).

Column 2: Drug Name

Please use the drug search function (Ctrl+F) to find current information for drugs on the drug list. Generic drugs are shown in lower-case **boldface** type. Brand prescription drugs are shown in capital letters. The Requirements/Limits column displays information about whether that drug requires prior authorization, responsible step, limited distribution, or quantity limits. Below are the meanings of the indicators used in the Drug Tier and Requirements/Limits columns.

Column 3: Drug Tier

Indicates the formulary tier level for each drug.

Column 4: Specialty (SP)

Indicates this is a self-administered specialty drug.

Note: Additional information about specialty drugs can be found in this document under Specialty Pharmacy medications, Self-Administered.

Column 5: Prior Authorization (PA)

Some drugs require prior authorization to ensure appropriate use and prescribing before a drug will be covered. Coverage may be approved after certain criteria are met. Approval is required for claims to process at network pharmacies. If the PA indicator is present, then the PA program noted is possibly applied to your benefit.

Column 6: Limited Distribution (LD)

Drug manufacturers will choose one or limited number of specialty pharmacies to dispense drugs. Additional information about limited distribution drugs can be found in this document under Participating Pharmacy.

Column 7: Quantity Limits (QL)

Certain drugs have quantity limits to encourage safe and appropriate use. The quantity limit is the maximum quantity that can be dispensed over a given period of time. If the QL indicator is present, then the QL program noted is possibly applied to your benefit.

Some plans may have Utilization Management (UM) programs (e.g., PA, QL, and ST) on additional drugs beyond those noted in this document.

Abbreviation/acronym key

capscapsules
chew tabschewable tablets
concconcentrate
crm..... cream
ext-release extended-release
inhalinhalation
inj injection
lotn..... lotion
NP non-preferred
ODT.....orally disintegrating tablets
oint..... ointment
OSM osmotic-release

OTC..... over-the-counter
PA Prior Authorization required
QLResponsible Quantity Program —
quantity limit applies
SI Self- Administered Injectable
SL..... sublingual
SP..... Specialty Pharmacy
soln solution
supp.....suppositories
suspsuspension
tabstablets

To determine if your drug is covered and/or find drug pricing, please login to Your Account on Florida Blue website at www.floridablue.com. In Your Account choose My Plan, then Pharmacy Resources, and click on Compare Drug Prices.

Section 1557 Notification: Discrimination is Against the Law

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, sex, age, or disability. We do not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

We provide:

- Free auxiliary aids, reasonable modifications, and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (e.g., large print, audio, and accessible electronic formats)
- Free language assistance services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program (FEP): 1-800-333-2227

If you believe that we have failed to provide these services or have discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can file a grievance with:

Health and vision coverage (including FEP members):

Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
Section1557Coordinator@bcbsfl.com

Dental, life, and disability coverage:

Civil Rights
Coordinator 17500
Chenal Parkway Little
Rock, AR 72223 1-
800-260-0331
1-800-955-8770 (TTY)
civilrightscordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator or Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room
509F, HHH Building Washington,
D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

Visit www.floridablue.com/disclaimer/ndnotice to view an electronic version of this notice.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resewva yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

CHÚ Ý: Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

ATENÇÃO: Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583(TTY: 1-800-955-8770)。FEP:請致電1-800-333-2227

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

ATTENZIONE: Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

ફોન કરો 1-800-352-2583 (TTY: 1-800-955-8770). FEP: ફોન કરો 1-800-333-2227

ประกาศ:ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583 (TTY: 1-800-955-8770) まで、お電話にてご連絡ください。FEP: 1-800-333-2227

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود. با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

Baa ákonínzin: Diné bizaad bee yáníłti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojj' hodíłnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éí kojji' hodíłnih 1-800-333-2227.

1 ANTI-INFECTIVE AGENTS					
1.1.1.1 PENICILLINS		SP	PA	LD	QL
	amoxicillin (trihydrate) cap 250 mg, 500 mg	1			
	amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1			
	amoxicillin (trihydrate) tab 500 mg, 875 mg	1			
	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	1			
	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1			
	amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	1			
	amoxicillin & k clavulanate tab 500-125 mg	1			
	ampicillin cap 500 mg	1			
	dicloxacillin sodium cap 250 mg, 500 mg	1			
	penicillin v potassium tab 250 mg, 500 mg	1			
1.2.1.1 CEPHALOSPORINS					
	cefadroxil cap 500 mg	1			
	cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1			
	cefdinir cap 300 mg	1			
	cefdinir for susp 125 mg/5ml, 250 mg/5ml	1			
	cefixime cap 400 mg	1			
	cefixime for susp 100 mg/5ml	1			
	cefixime for susp 200 mg/5ml	1			
	cefepodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	1			
	cefepodoxime proxetil tab 100 mg, 200 mg	1			
	cefprozil for susp 125 mg/5ml, 250 mg/5ml	1			
	cefprozil tab 250 mg, 500 mg	1			
	cefuroxime axetil tab 250 mg, 500 mg	1			
	cephalexin cap 250 mg, 500 mg	1			
	cephalexin for susp 125 mg/5ml, 250 mg/5ml	1			
	cephalexin tab 250 mg, 500 mg	1			
1.3.1.1 MACROLIDES					
	azithromycin for susp 100 mg/5ml, 200 mg/5ml	1			
	azithromycin tab 250 mg, 500 mg	1			
	azithromycin tab 600 mg	1			
	clarithromycin tab er 24hr 500 mg	1			
	clarithromycin tab 250 mg, 500 mg	1			
	erythromycin ethylsuccinate for susp 200 mg/5ml	1			
	erythromycin ethylsuccinate for susp 400 mg/5ml	1			
	erythromycin tab delayed release 250 mg, 333 mg, 500 mg	1			
	erythromycin tab 250 mg, 500 mg	1			
1.4.1.1 TETRACYCLINES					
	demeclocycline hcl tab 150 mg, 300 mg	1			
	doxycycline hyclate cap 100 mg	1			
	doxycycline hyclate cap 50 mg	1			
	doxycycline hyclate tab 20 mg, 100 mg	1			
	doxycycline monohydrate cap 50 mg, 100 mg	1			
	doxycycline monohydrate for susp 25 mg/5ml	1			
	doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	1			
	minocycline hcl cap 50 mg, 75 mg, 100 mg	1			
	tetracycline hcl cap 250 mg, 500 mg	1			
1.5.1.1 FLUOROQUINOLONES					
	ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)	1			
	ciprofloxacin hcl tab 750 mg (base equiv)	1			
	levofloxacin oral soln 25 mg/ml	1			
	levofloxacin tab 250 mg, 500 mg, 750 mg	1			
	moxifloxacin hcl tab 400 mg (base equiv)	1			
	ofloxacin tab 400 mg	1			
1.6.1.1 AMINOGLYCOSIDES					
	neomycin sulfate tab 500 mg	1			
	tobramycin nebu soln 300 mg/4ml	1	SP		
	tobramycin nebu soln 300 mg/5ml	1	SP		
1.7.1.1 SULFONAMIDES					
	sulfadiazine tab 500 mg	1			
1.8.1.1 ANTIMYCOBACTERIAL AGENTS					
	cycloserine cap 250 mg	1			
	ethambutol hcl tab 100 mg	1			
	ethambutol hcl tab 400 mg	1			
	isoniazid syrup 50 mg/5ml	1			
	isoniazid tab 100 mg, 300 mg	1			
	pyrazinamide tab 500 mg	1			
	rifabutin cap 150 mg	1			
	rifampin cap 150 mg, 300 mg	1			
1.9.1.1 ANTIFUNGALS					

	fluconazole for susp 10 mg/ml, 40 mg/ml	1			
	fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg	1			
	flucytosine cap 250 mg, 500 mg	1			
	griseofulvin microsize susp 125 mg/5ml	1			
	griseofulvin microsize tab 500 mg	1			
	griseofulvin ultramicrosize tab 125 mg, 250 mg	1			
	itraconazole cap 100 mg	1	PA		QL
	itraconazole oral soln 10 mg/ml	1	PA		QL
	ketoconazole tab 200 mg	1			
	nystatin tab 500000 unit	1			
	posaconazole susp 40 mg/ml	1	PA		
	posaconazole tab delayed release 100 mg	1	PA		
	terbinafine hcl tab 250 mg	1			QL
	voriconazole for susp 40 mg/ml	1	PA		
	voriconazole tab 50 mg, 200 mg	1	PA		
1.10.1.1 ANTIVIRALS					
	abacavir sulfate soln 20 mg/ml (base equiv)	1			QL
	abacavir sulfate tab 300 mg (base equiv)	1			QL
	abacavir sulfate-lamivudine tab 600-300 mg	1			QL
	acyclovir cap 200 mg	1			
	acyclovir susp 200 mg/5ml	1			
	acyclovir tab 400 mg, 800 mg	1			
	adefovir dipivoxil tab 10 mg	1			QL
	APTIVUS	2			QL
	atazanavir sulfate cap 150 mg (base equiv)	1			QL
	atazanavir sulfate cap 200 mg (base equiv)	1			QL
	atazanavir sulfate cap 300 mg (base equiv)	1			QL
	BARACLUDE	2			QL
	BIKTARVY	2			QL
	CIMDUO	2			QL
	COMPLERA	2			QL
	darunavir tab 600 mg	1			QL
	darunavir tab 800 mg	1			QL
	DELSTRIGO	2			QL
	DESCOVY	2			QL
	DOVATO	2			QL
	EDURANT	2			QL
	efavirenz tab 600 mg	1			QL
	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1			QL
	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1			QL
	efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1			QL
	emtricitabine caps 200 mg	1			QL
	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg	1			QL
	emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	P			QL
	EMTRIVA	2			QL
	entecavir tab 0.5 mg, 1 mg	1			QL
	EPCLUSA	2	SP	PA	QL
	etravirine tab 100 mg, 200 mg	1			QL
	EVOTAZ	2			QL
	famciclovir tab 125 mg, 250 mg, 500 mg	1			
	fosamprenavir calcium tab 700 mg (base equiv)	1			QL
	FUZEON	2	SP		QL
	GENVOYA	2			QL
	HARVONI	2	SP	PA	QL
	INTELENCE	2			QL
	ISENTRESS	2			QL
	ISENTRESS HD	2			QL
	JULUCA	2			QL
	lamivudine oral soln 10 mg/ml	1			QL
	lamivudine tab 100 mg (hbv)	1			QL
	lamivudine tab 150 mg	1			QL
	lamivudine tab 300 mg	1			QL
	lamivudine-zidovudine tab 150-300 mg	1			QL
	LEDIPASVIR/SOFOSBUVIR	2	SP	PA	QL
	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1			QL
	lopinavir-ritonavir tab 100-25 mg	1			QL
	lopinavir-ritonavir tab 200-50 mg	1			QL
	maraviroc tab 150 mg	1			QL
	maraviroc tab 300 mg	1			QL
	MAVYRET	2	SP	PA	QL
	NEVIRAPINE	2			QL
	nevirapine tab er 24hr 400 mg	1			QL
	nevirapine tab 200 mg	1			QL
	NORVIR	2			QL

	ODEFSEY	2				QL
	oseltamivir phosphate cap 30 mg (base equiv)	1				QL
	oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)	1				QL
	oseltamivir phosphate for susp 6 mg/ml (base equiv)	1				QL
	PAXLOVID	2				QL
	PIFELTRO	2				QL
	PREZCOBIX	2				QL
	PREZISTA	2				QL
	REYATAZ	2				QL
	RIBAVIRIN	2				
	ritonavir tab 100 mg	1				QL
	RUKOBIA	2				QL
	SELZENTRY	2				QL
	SOFOSBUVIR/VELPATASVIR	2	SP	PA		QL
	SOVALDI	2	SP	PA		QL
	STRIBILD	2				QL
	SUNLENCA	2			LD	QL
	SYMTUZA	2				QL
	tenofovir disoproxil fumarate tab 300 mg	P				QL
	TIVICAY	2				QL
	TIVICAY PD	2				QL
	TRIUMEQ	2				QL
	TRIUMEQ PD	2				QL
	TYBOST	2				QL
	valacyclovir hcl tab 500 mg, 1 gm	1				
	valganciclovir hcl for soln 50 mg/ml (base equiv)	1				
	valganciclovir hcl tab 450 mg (base equivalent)	1				
	VEMLIDY	2				QL
	VIRACEPT	2				QL
	VIREAD	2				QL
	VOSEVI	2	SP	PA		QL
	zidovudine cap 100 mg	1				QL
	zidovudine syrup 10 mg/ml	1				QL
	zidovudine tab 300 mg	1				QL
1.11.1.1 ANTIMALARIALS						
	atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg	1				
	chloroquine phosphate tab 250 mg, 500 mg	1				
	hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	1				
	hydroxychloroquine sulfate tab 200 mg	1				
	mefloquine hcl tab 250 mg	1				
	primaquine phosphate tab 26.3 mg (15 mg base)	1				
	pyrimethamine tab 25 mg	1	SP	PA		QL
	quinine sulfate cap 324 mg	1				QL
1.13.1.1 ANTHELMINTICS						
	albendazole tab 200 mg	1		PA		QL
	ivermectin tab 3 mg	1				
	praziquantel tab 600 mg	1				
1.14.1.1 ANTI-INFECTIVE AGENTS - MISC.						
	atovaquone susp 750 mg/5ml	1				
	clindamycin hcl cap 75 mg, 150 mg, 300 mg	1				
	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1				
	colistimethate sod for inj 150 mg (colistin base activity)	1				
	dapsone tab 25 mg, 100 mg	1				
	fosfomycin tromethamine powd pack 3 gm (base equivalent)	1				
	linezolid for susp 100 mg/5ml	1				
	linezolid tab 600 mg	1				
	methenamine hippurate tab 1 gm	1				
	metronidazole tab 250 mg, 500 mg	1				
	nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg	1				
	nitrofurantoin monohydrate macrocrystalline cap 100 mg	1				
	nitrofurantoin susp 25 mg/5ml	1				
	pentamidine isethionate for nebulization soln 300 mg	1				
	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1				
	sulfamethoxazole-trimethoprim tab 400-80 mg	1				
	sulfamethoxazole-trimethoprim tab 800-160 mg	1				
	tinidazole tab 250 mg, 500 mg	1				
	trimethoprim tab 100 mg	1				
	vancomycin hcl cap 125 mg (base equivalent)	1				QL
	vancomycin hcl cap 250 mg (base equivalent)	1				QL
	vancomycin hcl for oral soln 25 mg/ml (base equivalent)	1				
	vancomycin hcl for oral soln 50 mg/ml (base equivalent)	1				QL
2 BIOLOGICALS						
2.1.1.1 VACCINES						
	ABRYSVO	P				

	ACTHIB	P				
	AFLURIA 2024-2025	P				QL
	AREXVY	P				
	BEXSERO	P				
	CAPVAXIVE	P				QL
	COMIRNATY 2024-25	P				
	ENGERIX-B	P				
	FLUAD 2024-2025	P				QL
	FLUARIX 2024-2025	P				QL
	FLUBLOK 2024-2025	P				QL
	FLUCELVAX 2024-2025	P				QL
	FLULAVAL 2024-2025	P				QL
	FLUMIST NASAL VACCINE 202	P				QL
	FLUZONE HIGH-DOSE 2024-20	P				QL
	FLUZONE 2024-2025	P				QL
	GARDASIL 9	P				
	HAVRIX	P				
	HEPLISAV-B	P				
	HIBERIX	P				
	IPOL INACTIVATED IPV	P				
	JYNNEOS	P				
	M-M-R II	P				
	MENQUADFI	P				
	MENVEO	P				
	MODERNA COVID-19 VACCINE	P				
	MRESVIA	P				
	NOVAVAX COVID-19 VACCINE/	P				
	PEDVAX HIB	P				
	PENBRAYA	P				
	PFIZER-BIONTECH COVID-19	P				
	PNEUMOVAX 23	P				QL
	PREHEVBRIO	P				
	PREVNAR 20	P				QL
	PRIORIX	P				
	PROQUAD	P				
	RECOMBIVAX HB	P				
	ROTARIX	P				
	ROTATEQ	P				
	SHINGRIX	P				QL
	SPIKEVAX COVID-19 VACCINE	P				
	TRUMENBA	P				
	TWINRIX	P				
	VAQTA	P				
	VARIVAX	P				
	VAXNEUVANCE	P				QL
2.2.1.1 TOXOIDS						
	ADACEL	P				
	BOOSTRIX	P				
	DAPTACEL	P				
	INFANRIX	P				
	KINRIX	P				
	PEDIARIX	P				
	PENTACEL	P				
	QUADRACEL	P				
	TDVAX	P				
	TENIVAC	P				
	VAXELIS	P				
3 ANTINEOPLASTIC AGENTS						
3.1.1.1 ANTINEOPLASTICS						
	abiraterone acetate tab 250 mg		1 SP	PA		QL
	abiraterone acetate tab 500 mg		1 SP	PA		QL
	ACTIMMUNE		2 SP	PA	LD	
	AKEEGA		2 SP	PA	LD	QL
	ALECENSA		2 SP	PA	LD	QL
	ALUNBRIG		2 SP	PA	LD	QL
	anastrozole tab 1 mg	P				
	AUGTYRO		2 SP	PA		QL
	AYVAKIT		2 SP	PA	LD	QL
	BALVERSA		2 SP	PA	LD	QL
	BESREMI		2 SP	PA	LD	QL
	bexarotene cap 75 mg		1 SP	PA		
	bicalutamide tab 50 mg		1			
	BOSULIF		2 SP	PA	LD	QL
	BRAFTOVI		2 SP	PA	LD	QL
	BRUKINSA		2 SP	PA	LD	QL
	CABOMETYX		2 SP	PA	LD	QL

	CALQUENCE	2	SP	PA	LD	QL
	capecitabine tab 150 mg, 500 mg	1	SP			
	CAPRELSA	2	SP	PA	LD	QL
	COMETRIQ	2	SP	PA	LD	QL
	COPIKTRA	2	SP	PA	LD	QL
	COTELLIC	2	SP	PA	LD	QL
	CYCLOPHOSPHAMIDE	2				
	cyclophosphamide cap 25 mg, 50 mg	1				
	dasatinib tab 20 mg	1	SP	PA		QL
	dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	1	SP	PA		QL
	DAURISMO	2	SP	PA	LD	QL
	ERIVEDGE	2	SP	PA	LD	QL
	ERLEADA	2	SP	PA	LD	QL
	erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)	1	SP	PA		QL
	erlotinib hcl tab 25 mg (base equivalent)	1	SP	PA		QL
	ETOPOSIDE	2				
	everolimus tab for oral susp 2 mg, 5 mg	1	SP	PA		QL
	everolimus tab for oral susp 3 mg	1	SP	PA		QL
	everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	1	SP	PA		QL
	exemestane tab 25 mg	1				
	FOTIVDA	2	SP	PA	LD	QL
	FRUZAQLA	2	SP	PA		QL
	GAVRETO	2	SP	PA	LD	QL
	gefitinib tab 250 mg	1	SP	PA		QL
	GILOTRIF	2	SP	PA	LD	QL
	GLEOSTINE	2	SP			
	HYCAMTIN	2	SP	PA		
	hydroxyurea cap 500 mg	1				
	IBRANCE	2	SP	PA	LD	QL
	ICLUSIG	2	SP	PA	LD	QL
	IDHIFA	2	SP	PA	LD	QL
	imatinib mesylate tab 100 mg (base equivalent)	1	SP	PA		QL
	imatinib mesylate tab 400 mg (base equivalent)	1	SP	PA		QL
	IMBRUVICA	2	SP	PA	LD	QL
	INLYTA	2	SP	PA	LD	QL
	INQOVI	2	SP	PA	LD	QL
	INREBIC	2	SP	PA	LD	QL
	ITOVEBI	2	SP			
	IWILFIN	2	SP	PA		QL
	JAKAFI	2	SP	PA	LD	QL
	JAYPIRCA	2	SP	PA	LD	QL
	KISQALI	2	SP	PA		QL
	KOSELUGO	2	SP	PA	LD	QL
	KRAZATI	2	SP	PA	LD	QL
	lapatinib ditosylate tab 250 mg (base equiv)	1	SP	PA		QL
	LAZCLUZE	2	SP	PA		QL
	LENVIMA 10 MG DAILY DOSE	2	SP	PA	LD	QL
	LENVIMA 12MG DAILY DOSE	2	SP	PA	LD	QL
	LENVIMA 14 MG DAILY DOSE	2	SP	PA	LD	QL
	LENVIMA 18 MG DAILY DOSE	2	SP	PA	LD	QL
	LENVIMA 20 MG DAILY DOSE	2	SP	PA	LD	QL
	LENVIMA 24 MG DAILY DOSE	2	SP	PA	LD	QL
	LENVIMA 4 MG DAILY DOSE	2	SP	PA	LD	QL
	LENVIMA 8 MG DAILY DOSE	2	SP	PA	LD	QL
	letrozole tab 2.5 mg	1				
	leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg	1				
	LEUKERAN	2				
	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	SP	PA		QL
	LONSURF	2	SP	PA	LD	QL
	LORBRENA	2	SP	PA	LD	QL
	LUMAKRAS	2	SP	PA	LD	QL
	LYNPARZA	2	SP	PA	LD	QL
	LYSODREN	2	SP		LD	
	LYTGOBI	2	SP	PA	LD	QL
	MATULANE	2	SP		LD	
	megestrol acetate susp 40 mg/ml	1				
	megestrol acetate tab 20 mg, 40 mg	1				
	MEKINIST	2	SP	PA		QL
	MEKTOVI	2	SP	PA	LD	QL
	mercaptopurine tab 50 mg	1				
	MESNEX	2				
	methotrexate sodium for inj 1 gm	1				
	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	1				
	methotrexate sodium tab 2.5 mg (base equiv)	1				
	MYLERAN	2				

	NERLYNX	2 SP	PA	LD	QL
	nilutamide tab 150 mg	1			
	NINLARO	2 SP	PA	LD	QL
	NUBEQA	2 SP	PA		QL
	ODOMZO	2 SP	PA	LD	QL
	OGSIVEO	2 SP	PA	LD	QL
	OJEMDA	2 SP	PA		QL
	OJJAARA	2 SP	PA	LD	QL
	ONUREG	2 SP	PA		QL
	ORGOVYX	2 SP	PA	LD	QL
	ORSERDU	2 SP	PA	LD	QL
	pazopanib hcl tab 200 mg (base equiv)	1 SP	PA		QL
	PEMAZYRE	2 SP	PA	LD	QL
	PIQRAY 200MG DAILY DOSE	2 SP	PA		QL
	PIQRAY 250MG DAILY DOSE	2 SP	PA		QL
	PIQRAY 300MG DAILY DOSE	2 SP	PA		QL
	POMALYST	2 SP	PA	LD	QL
	PURIXAN	2 SP		LD	
	QINLOCK	2 SP	PA	LD	QL
	RETEVMO	2 SP	PA	LD	QL
	REVUFORJ	2	PA		QL
	REZLIDHIA	2 SP	PA	LD	QL
	ROZLYTREK	2 SP	PA	LD	QL
	RUBRACA	2 SP	PA	LD	QL
	RYDAPT	2 SP	PA		QL
	SCEMBLIX	2 SP	PA	LD	QL
	sorafenib tosylate tab 200 mg (base equivalent)	1 SP	PA		QL
	STIVARGA	2 SP	PA	LD	QL
	sunitinib malate cap 12.5 mg (base equivalent)	1 SP	PA		QL
	sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)	1 SP	PA		QL
	TABLÖID	2			
	TABRECTA	2 SP	PA		QL
	TAFINLAR	2 SP	PA		QL
	TAGRISSO	2 SP	PA	LD	QL
	TALZENNA	2 SP	PA	LD	QL
	tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	P			
	TASIGNA	2 SP	PA		QL
	TAZVERIK	2 SP	PA	LD	QL
	temozolomide cap 250 mg	1 SP	PA		
	temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg	1 SP	PA		
	TEPMETKO	2 SP	PA	LD	QL
	TIBSOVO	2 SP	PA	LD	QL
	toremifene citrate tab 60 mg (base equivalent)	1			
	tretinoin cap 10 mg	1 SP	PA		
	TRUQAP	2 SP	PA	LD	QL
	TUKYSA	2 SP	PA	LD	QL
	TURALIO	2 SP	PA	LD	QL
	VANFLYTA	2 SP	PA	LD	QL
	VENCLEXTA	2 SP	PA	LD	QL
	VENCLEXTA STARTING PACK	2 SP	PA	LD	QL
	VERZENIO	2 SP	PA	LD	QL
	VITRAKVI	2 SP	PA	LD	QL
	VIZIMPRO	2 SP	PA	LD	QL
	VONJO	2 SP	PA	LD	QL
	VORANIGO	2 SP	PA		QL
	WELIREG	2 SP	PA	LD	QL
	XALKORI	2 SP	PA	LD	QL
	XOSPATA	2 SP	PA	LD	QL
	XPOVIO	2 SP	PA	LD	QL
	XPOVIO 60 MG TWICE WEEKLY	2 SP	PA	LD	QL
	XPOVIO 80 MG TWICE WEEKLY	2 SP	PA	LD	QL
	XTANDI	2 SP	PA	LD	QL
	YONSA	2 SP	PA	LD	QL
	ZEJULA	2 SP	PA	LD	QL
	ZELBORAF	2 SP	PA	LD	QL
	ZOLINZA	2 SP	PA	LD	QL
	ZYDELIG	2 SP	PA	LD	QL
	ZYKADIA	2 SP	PA	LD	QL
4 ENDOCRINE AND METABOLIC DRUGS					
4.1.1.1 CORTICOSTEROIDS					
	budesonide delayed release particles cap 3 mg	1			
	budesonide tab er 24hr 9 mg	1			
	deflazacort susp 22.75 mg/ml	1 SP	PA	LD	
	deflazacort tab 18 mg	1 SP	PA	LD	QL
	deflazacort tab 30 mg, 36 mg	1 SP	PA	LD	

	deflazacort tab 6 mg	1	SP	PA	LD	QL
	dexamethasone elixir 0.5 mg/5ml	1				
	dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1				
	fludrocortisone acetate tab 0.1 mg	1				
	hydrocortisone tab 5 mg, 10 mg, 20 mg	1				
	methylprednisolone tab therapy pack 4 mg (21)	1				
	methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg	1				
	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1				
	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1				
	prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1				
	prednisolone soln 15 mg/5ml	1				
	prednisolone tab 5 mg	1				
	prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	1				
	prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1				
4.2.1.1 ANDROGEN-ANABOLIC						
	danazol cap 50 mg, 100 mg, 200 mg	1		PA		
	methyltestosterone cap 10 mg	1		PA		QL
	testosterone cypionate im inj in oil 100 mg/ml	1				QL
	testosterone cypionate im inj in oil 200 mg/ml	1				QL
	testosterone td gel 12.5 mg/act (1%)	1		PA		QL
	testosterone td gel 20.25 mg/act (1.62%)	1		PA		QL
	testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1		PA		QL
	testosterone td soln 30 mg/act	1		PA		QL
4.3.1.1 ESTROGENS						
	estradiol & norethindrone acetate tab 0.5-0.1 mg	1				
	estradiol & norethindrone acetate tab 1-0.5 mg	1				
	estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	1				QL
	estradiol tab 0.5 mg, 1 mg, 2 mg	1				
	estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)	1				QL
	estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1				QL
	estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1				QL
	estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	SP			
	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	1				
4.4.1.1 CONTRACEPTIVES						
	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	P				
	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	P				
	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	P				
	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	P				
	drospirenone-ethinyl estradiol tab 3-0.02 mg	P				
	drospirenone-ethinyl estradiol tab 3-0.03 mg	P				
	ELLA	P				
	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	P				
	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	P				
	levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	P				
	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	P				
	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	P				
	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	P				
	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	P				
	levonorgestrel tab 1.5 mg	P				
	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	P				
	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	P				
	LO LOESTRIN FE	2				
	medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	P				
	medroxyprogesterone acetate im susp 150 mg/ml	P				
	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	P				
	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	P				
	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	P				
	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	P				
	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	P				
	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	P				
	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	P				
	norethindrone tab 0.35 mg	P				
	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	P				
	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	P				

	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	P			
	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	P			
	NUVARING	P			
	OPILL	P			
	VELIVET		2		
4.5.1.1 PROGESTINS					
	medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg		1		
	norethindrone acetate tab 5 mg		1		
	progesterone cap 100 mg, 200 mg		1		
4.6.1.1 ANTIDIABETICS					
4.6.2.1 Antidiabetics					
	acarbose tab 25 mg, 50 mg, 100 mg		1		
	BAQSIMI ONE PACK		2		
	BAQSIMI TWO PACK		2		
	diazoxide susp 50 mg/ml		1		
	glimepiride tab 1 mg, 2 mg, 4 mg		1		
	glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg		1		
	glipizide tab 5 mg, 10 mg		1		
	glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg		1		
	GLUCAGON EMERGENCY KIT FO		2		
	glyburide tab 1.25 mg, 2.5 mg, 5 mg		1		
	glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg		1		
	GVOKE HYPOPEN 1-PACK		2		
	GVOKE HYPOPEN 2-PACK		2		
	GVOKE KIT		2		
	GVOKE PFS		2		
	metformin hcl tab er 24hr 500 mg, 750 mg		1		
	metformin hcl tab 500 mg, 850 mg, 1000 mg		1		
	mifepristone tab 300 mg	1	SP	PA	QL
	nateglinide tab 60 mg, 120 mg		1		
	pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)		1		
	pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg		1		
	repaglinide tab 0.5 mg, 1 mg, 2 mg		1		
	saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv)		1		QL
	saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg		1		QL
	saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg		1		QL
	ZEGALOGUE		2		
4.6.2.2 Rapid-Acting Insulins					
	FIASP		2		
	FIASP FLEXTOUCH		2		
	FIASP PENFILL		2		
	HUMALOG		2		
	HUMALOG JUNIOR KWIKPEN		2		
	HUMALOG KWIKPEN		2		
	HUMALOG TEMPO PEN		2		
	LYUMJEV		2		
	LYUMJEV KWIKPEN		2		
	LYUMJEV TEMPO PEN		2		
	NOVOLOG		2		
	NOVOLOG FLEXPEN		2		
	NOVOLOG FLEXPEN RELION		2		
	NOVOLOG PENFILL		2		
	NOVOLOG RELION		2		
4.6.2.3 Short-Acting Insulins					
	HUMULIN R		2		
	HUMULIN R U-500 (CONCENTR)		2		
	HUMULIN R U-500 KWIKPEN		2		
	NOVOLIN R		2		
	NOVOLIN R FLEXPEN		2		
	NOVOLIN R FLEXPEN RELION		2		
	NOVOLIN R RELION		2		
	RELION R		2		
4.6.2.4 Intermediate-Acting Insulins					
	HUMALOG MIX 50/50		2		
	HUMALOG MIX 50/50 KWIKPEN		2		
	HUMALOG MIX 75/25		2		
	HUMALOG MIX 75/25 KWIKPEN		2		
	HUMULIN N		2		
	HUMULIN N KWIKPEN		2		
	HUMULIN 70/30		2		
	HUMULIN 70/30 KWIKPEN		2		
	NOVOLIN N		2		
	NOVOLIN N FLEXPEN		2		

	NOVOLIN N FLEXPEN RELION	2				
	NOVOLIN N RELION	2				
	NOVOLIN 70/30	2				
	NOVOLIN 70/30 FLEXPEN	2				
	NOVOLIN 70/30 FLEXPEN REL	2				
	NOVOLIN 70/30 RELION	2				
	NOVOLOG MIX 70/30	2				
	NOVOLOG MIX 70/30 PREFILL	2				
	NOVOLOG MIX 70/30 RELION	2				
4.6.2.5 Basal Insulins						
	INSULIN DEGLUDEC	2				
	INSULIN DEGLUDEC FLEXTUOC	2				
	LANTUS	2				
	LANTUS SOLOSTAR	2				
	LEVEMIR	2				
	TOUJEO MAX SOLOSTAR	2				
	TOUJEO SOLOSTAR	2				
	TRESIBA	2				
	TRESIBA FLEXTOUCH	2				
4.7.1.1 THYROID AGENTS						
	levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	1				
	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	1				
	methimazole tab 5 mg, 10 mg	1				
	propylthiouracil tab 50 mg	1				
4.8.1.1 OXYTOCICS						
	methylergonovine maleate tab 0.2 mg	1				QL
4.9.1.1 ENDOCRINE and METABOLIC AGENTS - MISC.						
	alendronate sodium oral soln 70 mg/75ml	1				
	alendronate sodium tab 10 mg, 35 mg	1				
	alendronate sodium tab 70 mg	1				
	betaine powder for oral solution	1	SP	PA		
	cabergoline tab 0.5 mg	1				
	calcitonin (salmon) inj 200 unit/ml	1				
	calcitonin (salmon) nasal soln 200 unit/act	1				
	calcitriol cap 0.25 mcg, 0.5 mcg	1				
	calcitriol oral soln 1 mcg/ml	1				
	carglumic acid soluble tab 200 mg	1	SP			
	cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)	1		PA		
	desmopressin acetate inj 4 mcg/ml	1				
	desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%	1				
	desmopressin acetate preservative free (pf) inj 4 mcg/ml	1				
	desmopressin acetate tab 0.1 mg, 0.2 mg	1				
	doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	1				
	ibandronate sodium tab 150 mg (base equivalent)	1				
	levocarnitine oral soln 1 gm/10ml (10%)	1				
	levocarnitine tab 330 mg	1				
	mifepristone tab 200 mg	1				
	nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg	1	SP	PA		LD
	octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	1	SP			
	octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)	1	SP			
	paricalcitol cap 1 mcg, 2 mcg	1				
	paricalcitol cap 4 mcg	1				
	raloxifene hcl tab 60 mg		P			
	risedronate sodium tab delayed release 35 mg	1				
	risedronate sodium tab 35 mg, 150 mg	1				
	risedronate sodium tab 5 mg, 30 mg	1				
	sapropterin dihydrochloride powder packet 100 mg, 500 mg	1	SP	PA		LD
	sapropterin dihydrochloride tab 100 mg	1	SP	PA		LD
	sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	SP	PA		QL
	sodium phenylbutyrate tab 500 mg	1	SP	PA		QL
	teriparatide soln pen-inj 600 mcg/2.4ml	1	SP	PA		
	tolvaptan tab 15 mg	1	SP			QL
	tolvaptan tab 30 mg	1	SP			QL
5 CARDIOVASCULAR AGENTS						
5.1.1.1 CARDIOTONICS						
	digoxin oral soln 0.05 mg/ml	1				
	digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1				
5.2.1.1 ANTIANGINAL AGENTS						
	isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	1				
	isosorbide dinitrate tab 5 mg, 40 mg	1				

	isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1				
	isosorbide mononitrate tab 10 mg, 20 mg	1				
	nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg	1				
	nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1				
	nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1				
	ranolazine tab er 12hr 500 mg, 1000 mg	1				
5.3.1.1 BETA BLOCKERS						
	acebutolol hcl cap 200 mg, 400 mg	1				
	atenolol tab 25 mg, 50 mg, 100 mg	1				
	betaxolol hcl tab 10 mg, 20 mg	1				
	bisoprolol fumarate tab 5 mg, 10 mg	1				
	carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	1				
	labetalol hcl tab 100 mg, 200 mg, 300 mg	1				
	metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	1				
	metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	1				
	metoprolol tartrate tab 50 mg, 100 mg	1				
	nadolol tab 20 mg, 40 mg, 80 mg	1				
	nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)	1				
	pindolol tab 5 mg, 10 mg	1				
	propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg	1				
	propranolol hcl oral soln 20 mg/5ml	1				
	propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1				
	sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg	1				
	sotalol hcl tab 240 mg	1				
	sotalol hcl tab 80 mg, 120 mg, 160 mg	1				
	timolol maleate tab 5 mg, 10 mg, 20 mg	1				
5.4.1.1 CALCIUM CHANNEL BLOCKERS						
	amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1				
	diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	1				
	diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1				
	diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1				
	diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1				
	diltiazem hcl tab er 24hr 420 mg	1				
	diltiazem hcl tab 30 mg, 60 mg, 120 mg	1				
	diltiazem hcl tab 90 mg	1				
	felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1				
	isradipine cap 2.5 mg, 5 mg	1				
	nicardipine hcl cap 20 mg, 30 mg	1				
	nifedipine cap 10 mg, 20 mg	1				
	nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg	1				
	nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1				
	nimodipine cap 30 mg	1				
	nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	1				
	verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg	1				
	verapamil hcl tab er 120 mg, 180 mg, 240 mg	1				
	verapamil hcl tab 40 mg, 80 mg, 120 mg	1				
5.5.1.1 ANTIARRHYTHMICS						
	amiodarone hcl tab 100 mg, 200 mg, 400 mg	1				
	disopyramide phosphate cap 100 mg, 150 mg	1				
	dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)	1				
	flecainide acetate tab 50 mg, 100 mg, 150 mg	1				
	mexiletine hcl cap 150 mg, 200 mg, 250 mg	1				
	propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg	1				
	propafenone hcl tab 150 mg, 225 mg, 300 mg	1				
	quinidine gluconate tab er 324 mg	1				
5.6.1.1 ANTIHYPERTENSIVES						
	aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	1				QL
	amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	1				
	amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg	1				
	amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	1				QL
	amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	1				QL
	amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	1				QL
	atenolol & chlorthalidone tab 100-25 mg	1				

	atenolol & chlorthalidone tab 50-25 mg	1				
	benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	1				
	benazepril & hydrochlorothiazide tab 5-6.25 mg	1				
	benazepril hcl tab 10 mg, 20 mg, 40 mg	1				
	benazepril hcl tab 5 mg	1				
	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	1				
	candesartan cilexetil tab 32 mg	1				QL
	candesartan cilexetil tab 4 mg, 8 mg, 16 mg	1				QL
	candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg	1				QL
	captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1				
	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1				
	clonidine td patch weekly 0.1 mg/24hr	1				
	clonidine td patch weekly 0.2 mg/24hr	1				
	clonidine td patch weekly 0.3 mg/24hr	1				
	doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg	1				
	enalapril maleate & hydrochlorothiazide tab 10-25 mg	1				
	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1				
	enalapril maleate oral soln 1 mg/ml	1				
	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	1				
	eplerenone tab 25 mg, 50 mg	1				
	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1				
	fosinopril sodium tab 10 mg, 20 mg, 40 mg	1				
	guanfacine hcl tab 1 mg, 2 mg	1				
	hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1				
	irbesartan tab 75 mg, 150 mg, 300 mg	1				QL
	irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	1				QL
	lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	1				
	lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	1				
	losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg	1				QL
	losartan potassium tab 100 mg	1				QL
	losartan potassium tab 25 mg, 50 mg	1				QL
	metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1				
	minoxidil tab 2.5 mg, 10 mg	1				
	moexipril hcl tab 7.5 mg, 15 mg	1				
	olmesartan medoxomil tab 20 mg, 40 mg	1				QL
	olmesartan medoxomil tab 5 mg	1				QL
	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	1				QL
	olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg	1				QL
	perindopril erbumine tab 4 mg	1				
	phenoxybenzamine hcl cap 10 mg	1				
	prazosin hcl cap 1 mg, 2 mg, 5 mg	1				
	quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	1				
	quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1				
	ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg	1				
	telmisartan tab 20 mg, 40 mg, 80 mg	1				QL
	telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg	1				QL
	telmisartan-hydrochlorothiazide tab 80-12.5 mg	1				QL
	terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1				
	trandolapril tab 1 mg, 2 mg, 4 mg	1				
	valsartan tab 320 mg	1				QL
	valsartan tab 40 mg, 80 mg, 160 mg	1				QL
	valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	1				QL
5.7.1.1 DIURETICS						
	acetazolamide cap er 12hr 500 mg	1				
	acetazolamide tab 125 mg, 250 mg	1				
	amiloride hcl tab 5 mg	1				
	bumetanide tab 0.5 mg	1				
	bumetanide tab 1 mg, 2 mg	1				
	chlorthalidone tab 25 mg, 50 mg	1				
	dichlorphenamide tab 50 mg	1	SP	PA		QL
	ethacrynic acid tab 25 mg	1				
	furosemide oral soln 10 mg/ml	1				
	furosemide tab 20 mg, 40 mg, 80 mg	1				
	hydrochlorothiazide cap 12.5 mg	1				

	hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1				
	indapamide tab 1.25 mg, 2.5 mg	1				
	methazolamide tab 25 mg, 50 mg	1				
	metolazone tab 2.5 mg, 5 mg, 10 mg	1				
	spironolactone & hydrochlorothiazide tab 25-25 mg	1				
	spironolactone tab 25 mg, 50 mg, 100 mg	1				
	torseamide tab 5 mg, 10 mg, 20 mg, 100 mg	1				
	triamterene & hydrochlorothiazide cap 37.5-25 mg	1				
	triamterene & hydrochlorothiazide tab 37.5-25 mg	1				
	triamterene & hydrochlorothiazide tab 75-50 mg	1				
	triamterene cap 50 mg, 100 mg	1				
5.8.1.1 VASOPRESSORS						
	epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1				
	epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1				
	midodrine hcl tab 2.5 mg, 5 mg, 10 mg	1				
5.9.1.1 ANTIHYPERLIPIDEMICS						
	atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)	1				QL
	atorvastatin calcium tab 80 mg (base equivalent)	1				QL
	cholestyramine light powder packets 4 gm	1				
	cholestyramine light powder 4 gm/dose	1				
	cholestyramine powder packets 4 gm	1				
	cholestyramine powder 4 gm/dose	1				
	choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv)	1				
	colesevelam hcl packet for susp 3.75 gm	1				
	colesevelam hcl tab 625 mg	1				
	colestipol hcl granule packets 5 gm	1				
	colestipol hcl granules 5 gm	1				
	colestipol hcl tab 1 gm	1				
	ezetimibe tab 10 mg	1				
	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1				QL
	fenofibrate micronized cap 43 mg, 67 mg, 130 mg, 134 mg, 200 mg	1				
	fenofibrate tab 48 mg, 145 mg	1				
	fenofibrate tab 54 mg, 160 mg	1				
	fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	1				QL
	fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	1				QL
	gemfibrozil tab 600 mg	1				
	lovastatin tab 10 mg	1				QL
	lovastatin tab 20 mg, 40 mg	P				QL
	niacin tab er 1000 mg (antihyperlipidemic)	1				
	niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic)	1				
	omega-3-acid ethyl esters cap 1 gm	1				
	pitavastatin calcium tab 1 mg, 2 mg	1				QL
	pitavastatin calcium tab 4 mg	1				QL
	pravastatin sodium tab 10 mg, 20 mg, 40 mg	P				QL
	pravastatin sodium tab 80 mg	P				QL
	rosuvastatin calcium tab 40 mg	1				QL
	rosuvastatin calcium tab 5 mg, 10 mg, 20 mg	1				QL
	simvastatin tab 10 mg, 40 mg	1				QL
	simvastatin tab 20 mg	1				QL
	simvastatin tab 5 mg	1				QL
	simvastatin tab 80 mg	1				QL
5.10.1.1 CARDIOVASCULAR AGENTS - MISC.						
	ambrisentan tab 5 mg, 10 mg	1	SP	PA	LD	QL
	bosentan tab 62.5 mg, 125 mg	1	SP	PA		QL
	isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1				
	ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	1				
	sildenafil citrate for suspension 10 mg/ml	1		PA		QL
	sildenafil citrate tab 20 mg	1		PA		QL
	tadalafil tab 20 mg (pah)	1	SP	PA		QL
	treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml)	1	SP	PA		
5.11.1.1 ERECTILE DYSFUNCTION						
	tadalafil tab 2.5 mg, 5 mg	1				QL
6 RESPIRATORY AGENTS						
6.1.1.1 ANTIHISTAMINES						
	carbinoxamine maleate tab 4 mg	1				
	cyproheptadine hcl syrup 2 mg/5ml	1				
	cyproheptadine hcl tab 4 mg	1				
	desloratadine tab 5 mg	1				
	levocetirizine dihydrochloride tab 5 mg	1				
	loratadine oral soln 5 mg/5ml	1				

	loratadine rapidly-disintegrating tab 10 mg	1			
	loratadine tab 10 mg	1			
	promethazine hcl oral soln 6.25 mg/5ml	1			
	promethazine hcl suppos 12.5 mg, 25 mg	1			
	promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1			
6.2.1.1 NASAL AGENTS - SYSTEMIC and TOPICAL					
	azelastine hcl nasal spray 0.1% (137 mcg/spray)	1			
	flunisolide nasal soln 25 mcg/act (0.025%)	1			
	fluticasone propionate nasal susp 50 mcg/act	1			
	ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)	1			
	olopatadine hcl nasal soln 0.6%	1			
6.3.1.1 COUGH/COLD/ALLERGY					
	acetylcysteine inhal soln 10%, 20%	1			
	benzonatate cap 100 mg, 200 mg	1			
	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1			
	hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1			
	loratadine & pseudoephedrine tab er 12hr 5-120 mg	1			
	loratadine & pseudoephedrine tab er 24hr 10-240 mg	1			
	promethazine & phenylephrine syrup 6.25-5 mg/5ml	1			
	promethazine w/ codeine syrup 6.25-10 mg/5ml	1			
	promethazine-dm syrup 6.25-15 mg/5ml	1			
	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1			
	sodium chloride soln nebu 3%, 10%	1			
	sodium chloride soln nebu 7%	1			
6.4.1.1 ANTI-ASTHMATIC and BRONCHODILATOR AGENTS					
	albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1			QL
	albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1			
	albuterol sulfate syrup 2 mg/5ml	1			
	albuterol sulfate tab 2 mg, 4 mg	1			
	arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1			
	budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1			
	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	1			QL
	cromolyn sodium soln nebu 20 mg/2ml	1			
	fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1			QL
	ipratropium bromide inhal soln 0.02%	1			
	ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1			
	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1			
	levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1			
	montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)	1			
	montelukast sodium tab 10 mg (base equiv)	1			
	roflumilast tab 250 mcg, 500 mcg	1			
	terbutaline sulfate tab 2.5 mg, 5 mg	1			
	theophylline elixir 80 mg/15ml	1			
	theophylline soln 80 mg/15ml	1			
	theophylline tab er 12hr 300 mg, 450 mg	1			
	theophylline tab er 24hr 400 mg, 600 mg	1			
	tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	1			QL
	zafirlukast tab 10 mg, 20 mg	1			
	zileuton tab er 12hr 600 mg	1	PA		QL
6.5.1.1 RESPIRATORY AGENTS - MISC.					
	pirfenidone cap 267 mg	1	SP	PA	QL
	pirfenidone tab 267 mg	1	SP	PA	QL
	pirfenidone tab 801 mg	1	SP	PA	QL
7. GASTROINTESTINAL AGENTS					
7.1.1.1 LAXATIVES					
	lactulose solution 10 gm/15ml	1			
	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	P			
	peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	1			
	peg 3350-kcl-sod bicarb-nacl for soln 420 gm	P			
	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1			
7.2.1.1 ANTIDIARRHEALS					
	diphenoxylate w/ atropine tab 2.5-0.025 mg	1			
7.4.1.1 ULCER DRUGS					
	dicyclomine hcl cap 10 mg	1			
	dicyclomine hcl oral soln 10 mg/5ml	1			
	dicyclomine hcl tab 20 mg	1			
	esomeprazole magnesium cap delayed release 40 mg (base eq)	1			QL

	esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg	1			QL
	famotidine for susp 40 mg/5ml	1			
	famotidine tab 20 mg, 40 mg	1			
	glycopyrrolate oral soln 1 mg/5ml	1			
	glycopyrrolate tab 1 mg	1			
	glycopyrrolate tab 2 mg	1			
	lansoprazole cap delayed release 30 mg	1			QL
	methscopolamine bromide tab 2.5 mg, 5 mg	1			
	misoprostol tab 100 mcg, 200 mcg	1			
	omeprazole cap delayed release 10 mg, 40 mg	1			QL
	omeprazole cap delayed release 20 mg	1			
	pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv)	1			QL
	pantoprazole sodium for delayed release susp packet 40 mg	1			QL
	rabeprazole sodium ec tab 20 mg	1			QL
	sucralfate tab 1 gm	1			
7.5.1.1 ANTIEMETICS					
	aprepitant capsule therapy pack 80 & 125 mg	1			QL
	aprepitant capsule 125 mg	1			QL
	aprepitant capsule 40 mg	1			
	aprepitant capsule 80 mg	1			QL
	doxylamine-pyridoxine tab delayed release 10-10 mg	1	PA		QL
	dronabinol cap 2.5 mg	1			
	dronabinol cap 5 mg, 10 mg	1			
	granisetron hcl tab 1 mg	1			QL
	meclizine hcl tab 12.5 mg, 25 mg	1			
	ondansetron hcl oral soln 4 mg/5ml	1			
	ondansetron hcl tab 4 mg, 8 mg	1			
	ondansetron orally disintegrating tab 4 mg, 8 mg	1			
	scopolamine td patch 72hr 1 mg/3days	1			
	trimethobenzamide hcl cap 300 mg	1			
7.6.1.1 DIGESTIVE AIDS					
7.7.1.1 GASTROINTESTINAL AGENTS- MISC.					
	alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)	1	PA		QL
	balsalazide disodium cap 750 mg	1			
	calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1			
	calcium acetate (phosphate binder) tab 667 mg	1			
	cromolyn sodium oral conc 100 mg/5ml	1			
	lactulose (encephalopathy) solution 10 gm/15ml	1			
	lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental)	1			
	lubiprostone cap 24 mcg	1	PA		QL
	lubiprostone cap 8 mcg	1	PA		QL
	mesalamine cap dr 400 mg	1			
	mesalamine cap er 24hr 0.375 gm	1			
	mesalamine enema 4 gm	1			
	mesalamine suppos 1000 mg	1			
	mesalamine tab delayed release 1.2 gm	1			
	mesalamine tab delayed release 800 mg	1			
	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1			
	metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	1			
	sevelamer carbonate packet 0.8 gm, 2.4 gm	1			
	sevelamer carbonate tab 800 mg	1			
	sevelamer hcl tab 400 mg	1			
	sevelamer hcl tab 800 mg	1			
	sulfasalazine tab delayed release 500 mg	1			
	sulfasalazine tab 500 mg	1			
	ursodiol cap 300 mg	1			
	ursodiol tab 250 mg	1			
	ursodiol tab 500 mg	1			
8 GENITOURINARY AGENTS					
8.2.1.1 URINARY ANTISPASMODICS					
	bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	1			
	darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	1			QL
	fesoterodine fumarate tab er 24hr 4 mg, 8 mg	1			QL
	flavoxate hcl tab 100 mg	1			
	oxybutynin chloride solution 5 mg/5ml	1			QL
	oxybutynin chloride tab er 24hr 10 mg	1			QL
	oxybutynin chloride tab er 24hr 15 mg	1			QL
	oxybutynin chloride tab er 24hr 5 mg	1			QL
	oxybutynin chloride tab 5 mg	1			
	solifenacin succinate tab 5 mg, 10 mg	1			QL

	tolterodine tartrate cap er 24hr 2 mg, 4 mg	1				QL
	tolterodine tartrate tab 1 mg, 2 mg	1				QL
	trosipium chloride cap er 24hr 60 mg	1				QL
	trosipium chloride tab 20 mg	1				QL
8.3.1.1 VAGINAL PRODUCTS						
	clindamycin phosphate vaginal cream 2%	1				
	ENCARE	P				
	estradiol vaginal cream 0.1 mg/gm	1				
	estradiol vaginal tab 10 mcg	1				
	metronidazole vaginal gel 0.75%	1				
	OPTIONS GYNOL II VAGINAL	P				
	PHEXXI	P				
	terconazole vaginal cream 0.4%, 0.8%	1				
	terconazole vaginal suppos 80 mg	1				
	TODAY SPONGE	P				
	VCF VAGINAL CONTRACEPTIVE	P				
8.4.1.1 GENITOURINARY AGENTS - MISC.						
	acetic acid irrigation soln 0.25%	1				
	alfuzosin hcl tab er 24hr 10 mg	1				
	dutasteride cap 0.5 mg	1				
	dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1				
	finasteride tab 5 mg	1				
	potassium citrate tab er 10 meq (1080 mg)	1				
	potassium citrate tab er 15 meq (1620 mg)	1				
	potassium citrate tab er 5 meq (540 mg)	1				
	silodosin cap 4 mg, 8 mg	1				
	sodium chloride irrigation soln 0.9%	1				
	sodium citrate & citric acid soln 500-334 mg/5ml	1				
	tamsulosin hcl cap 0.4 mg	1				
	tiopronin tab delayed release 100 mg	1	SP	PA	LD	QL
	tiopronin tab delayed release 300 mg	1	SP	PA	LD	QL
	tiopronin tab 100 mg	1	SP	PA	LD	QL
9 CENTRAL NERVOUS SYSTEM DRUGS						
9.1.1.1 ANTIANXIETY AGENTS						
	alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	1				
	alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg	1				
	alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	1				
	buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	1				
	chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1				
	clorazepate dipotassium tab 3.75 mg, 15 mg	1				
	clorazepate dipotassium tab 7.5 mg	1				
	diazepam conc 5 mg/ml	1				
	diazepam oral soln 1 mg/ml	1				
	diazepam tab 2 mg, 5 mg, 10 mg	1				
	hydroxyzine hcl syrup 10 mg/5ml	1				
	hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1				
	hydroxyzine pamoate cap 25 mg, 50 mg	1				
	lorazepam conc 2 mg/ml	1				
	lorazepam tab 0.5 mg, 1 mg, 2 mg	1				
	meprobamate tab 200 mg, 400 mg	1				
	oxazepam cap 10 mg, 15 mg, 30 mg	1				
9.2.1.1 ANTIDEPRESSANTS						
	amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1				
	amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg	1				
	bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg	1				
	bupropion hcl tab er 24hr 150 mg, 300 mg	1				
	bupropion hcl tab 75 mg, 100 mg	1				
	citalopram hydrobromide oral soln 10 mg/5ml	1				
	citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv)	1				
	clomipramine hcl cap 25 mg, 50 mg, 75 mg	1				
	desipramine hcl tab 10 mg, 25 mg	1				
	desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	1				
	desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	1				QL
	doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1				
	doxepin hcl conc 10 mg/ml	1				
	duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq)	1				
	escitalopram oxalate soln 5 mg/5ml (base equiv)	1				
	escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	1				
	fluoxetine hcl cap 10 mg, 20 mg, 40 mg	1				

	fluoxetine hcl solution 20 mg/5ml	1			
	fluoxetine hcl tab 60 mg	1			
	fluvoxamine maleate tab 100 mg	1			QL
	fluvoxamine maleate tab 25 mg, 50 mg	1			QL
	imipramine hcl tab 10 mg, 25 mg, 50 mg	1			
	mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg	1			QL
	mirtazapine tab 15 mg, 30 mg	1			QL
	mirtazapine tab 7.5 mg, 45 mg	1			QL
	nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg	1			
	nortriptyline hcl soln 10 mg/5ml	1			
	paroxetine hcl oral susp 10 mg/5ml (base equiv)	1			
	paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg	1			
	protriptyline hcl tab 5 mg, 10 mg	1			
	sertraline hcl oral concentrate for solution 20 mg/ml	1			
	sertraline hcl tab 25 mg, 50 mg, 100 mg	1			
	tranylcypromine sulfate tab 10 mg	1			
	trazodone hcl tab 50 mg, 100 mg, 150 mg	1			
	trimipramine maleate cap 25 mg, 50 mg, 100 mg	1			
	venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent)	1			
	venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1			
	vilazodone hcl tab 10 mg, 20 mg, 40 mg	1			QL
9.3.1.1 ANTIPSYCHOTICS					
	aripiprazole oral solution 1 mg/ml	1			QL
	aripiprazole orally disintegrating tab 10 mg, 15 mg	1			QL
	aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	1			QL
	asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	1			QL
	chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	1			
	clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	1			
	clozapine tab 25 mg, 50 mg, 100 mg, 200 mg	1			
	fluphenazine decanoate inj 25 mg/ml	1	SP		
	fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1			
	haloperidol decanoate im soln 100 mg/ml	1	SP		
	haloperidol decanoate im soln 50 mg/ml	1	SP		
	haloperidol lactate oral conc 2 mg/ml	1			
	haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1			
	lithium carbonate cap 150 mg, 300 mg, 600 mg	1			
	lithium carbonate tab er 300 mg	1			
	lithium carbonate tab er 450 mg	1			
	lithium carbonate tab 300 mg	1			
	lithium oral solution 8 meq/5ml	1			
	loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1			
	lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	1			QL
	lurasidone hcl tab 80 mg	1			QL
	olanzapine for im inj 10 mg	1	SP		
	olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg	1			QL
	olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg	1			QL
	paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg	1			QL
	paliperidone tab er 24hr 6 mg	1			QL
	perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1			
	prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1			
	prochlorperazine suppos 25 mg	1			
	quetiapine fumarate tab er 24hr 150 mg, 200 mg	1			QL
	quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg	1			QL
	quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg	1			QL
	quetiapine fumarate tab 300 mg, 400 mg	1			QL
	risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	SP		
	risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	1			QL
	risperidone orally disintegrating tab 4 mg	1			QL
	risperidone soln 1 mg/ml	1			QL
	risperidone tab 0.25 mg	1			QL
	risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg	1			QL
	risperidone tab 4 mg	1			QL
	thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1			
	thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	1			
	trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1			
	ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg	1			QL
	ziprasidone mesylate for inj 20 mg (base equivalent)	1	SP		

9.4.1.1 HYPNOTICS					
	doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)	1			QL
	estazolam tab 1 mg, 2 mg	1			
	eszopiclone tab 1 mg, 2 mg, 3 mg	1			QL
	phenobarbital elixir 20 mg/5ml	1			
	phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	1			
	ramelteon tab 8 mg	1			QL
	tasimelteon capsule 20 mg	1	SP	PA	QL
	temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg	1			
	zaleplon cap 5 mg, 10 mg	1			QL
	zolpidem tartrate tab er 6.25 mg, 12.5 mg	1			QL
	zolpidem tartrate tab 5 mg, 10 mg	1			QL
9.5.1.1 ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS					
	amphetamine-dextroamphetamine cap er 24hr 20 mg, 25 mg, 30 mg	1			QL
	amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg	1			QL
	amphetamine-dextroamphetamine tab 20 mg	1			QL
	amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	1			QL
	armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	1			QL
	atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)	1			QL
	atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)	1			QL
	caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1			
	clonidine hcl tab er 12hr 0.1 mg	1			QL
	dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1			QL
	dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg	1			QL
	dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg	1			QL
	dextroamphetamine sulfate cap er 24hr 5 mg	1			QL
	dextroamphetamine sulfate oral solution 5 mg/5ml	1			QL
	dextroamphetamine sulfate tab 10 mg	1			QL
	dextroamphetamine sulfate tab 5 mg	1			QL
	guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)	1			QL
	lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1			QL
	lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1			QL
	methamphetamine hcl tab 5 mg	1			QL
	methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	1			QL
	methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la)	1			QL
	methylphenidate hcl chew tab 10 mg	1			QL
	methylphenidate hcl chew tab 2.5 mg, 5 mg	1			QL
	methylphenidate hcl soln 10 mg/5ml	1			QL
	methylphenidate hcl soln 5 mg/5ml	1			QL
	methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg	1			QL
	methylphenidate hcl tab er osmotic release (osm) 36 mg	1			QL
	methylphenidate hcl tab er 10 mg, 20 mg	1			QL
	methylphenidate hcl tab 5 mg, 10 mg, 20 mg	1			QL
	modafinil tab 100 mg, 200 mg	1			QL
9.6.1.1 PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.					
	acamprosate calcium tab delayed release 333 mg	1			
	bupropion hcl (smoking deterrent) tab er 12hr 150 mg	P			
	dalfampridine tab er 12hr 10 mg	1		PA	QL
	dimethyl fumarate capsule delayed release 120 mg	1	SP		QL
	dimethyl fumarate capsule delayed release 240 mg	1	SP		QL
	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	SP		QL
	disulfiram tab 250 mg, 500 mg	1			
	donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1			
	donepezil hydrochloride tab 5 mg, 10 mg, 23 mg	1			
	fingolimod hcl cap 0.5 mg (base equiv)	1	SP		QL
	galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	1			
	galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	1			
	glatiramer acetate soln prefilled syringe 20 mg/ml	1	SP		QL
	glatiramer acetate soln prefilled syringe 40 mg/ml	1	SP		QL
	lofexidine hcl tab 0.18 mg (base equivalent)	1		PA	QL
	mementine hcl oral solution 2 mg/ml	1			
	mementine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1			
	mementine hcl tab 5 mg, 10 mg	1			

	nicotine polacrilex gum 2 mg, 4 mg	P			
	nicotine polacrilex lozenges 2 mg, 4 mg	P			
	nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	P			
	NICOTROL INHALER	P			
	NICOTROL NS	P			
	paroxetine mesylate cap 7.5 mg (base equiv)	1			
	rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	1			
	rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	1			
	teriflunomide tab 7 mg, 14 mg	1 SP			QL
	tetrabenazine tab 12.5 mg	1 SP	PA		QL
	tetrabenazine tab 25 mg	1 SP	PA		QL
	varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	P			
	varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	P			
10 ANALGESICS AND ANESTHETICS					
10.1.1.1 ANALGESICS - NON-NARCOTIC					
	aspirin chew tab 81 mg	P			
	aspirin tab delayed release 81 mg	P			
	butalbital-acetaminophen cap 50-300 mg	1			QL
	butalbital-acetaminophen tab 50-325 mg	1			QL
	butalbital-acetaminophen-caffeine tab 50-325-40 mg	1			QL
	butalbital-aspirin-caffeine cap 50-325-40 mg	1			QL
	diflunisal tab 500 mg	1			
10.2.1.1 ANALGESICS - NARCOTIC					
	acetaminophen w/ codeine tab 300-15 mg	1	PA		QL
	acetaminophen w/ codeine tab 300-30 mg	1	PA		QL
	acetaminophen w/ codeine tab 300-60 mg	1	PA		QL
	buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1			QL
	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1			QL
	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv)	1			QL
	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1			QL
	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1			QL
	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1			QL
	buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr	1	PA		QL
	butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	PA		QL
	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	PA		QL
	butorphanol tartrate nasal soln 10 mg/ml	1	PA		QL
	codeine sulfate tab 30 mg	1	PA		QL
	fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	PA		QL
	hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA		QL
	hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	1	PA		QL
	hydrocodone-acetaminophen tab 5-325 mg	1	PA		QL
	hydrocodone-ibuprofen tab 7.5-200 mg	1	PA		QL
	hydromorphone hcl liqd 1 mg/ml	1	PA		QL
	hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	1	PA		QL
	hydromorphone hcl tab 2 mg, 4 mg, 8 mg	1	PA		QL
	levorphanol tartrate tab 2 mg	1	PA		QL
	methadone hcl conc 10 mg/ml	1	PA		QL
	methadone hcl soln 10 mg/5ml	1	PA		QL
	methadone hcl soln 5 mg/5ml	1	PA		QL
	methadone hcl tab for oral susp 40 mg	1	PA		QL
	methadone hcl tab 5 mg, 10 mg	1	PA		QL
	morphine sulfate oral soln 10 mg/5ml	1	PA		QL
	morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA		QL
	morphine sulfate tab er 100 mg, 200 mg	1	PA		QL
	morphine sulfate tab er 15 mg, 30 mg, 60 mg	1	PA		QL
	morphine sulfate tab 15 mg	1	PA		QL
	morphine sulfate tab 30 mg	1	PA		QL
	oxycodone hcl cap 5 mg	1	PA		QL
	oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA		QL
	oxycodone hcl soln 5 mg/5ml	1	PA		QL
	oxycodone hcl tab 10 mg	1	PA		QL
	oxycodone hcl tab 15 mg, 30 mg	1	PA		QL
	oxycodone hcl tab 20 mg	1	PA		QL
	oxycodone hcl tab 5 mg	1	PA		QL
	oxycodone w/ acetaminophen tab 10-325 mg	1	PA		QL
	oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg	1	PA		QL
	oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA		QL
	pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA		QL
	tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	1	PA		QL
	tramadol hcl tab 50 mg	1	PA		QL

	tramadol-acetaminophen tab 37.5-325 mg	1		PA		QL
10.3.1.1 ANALGESICS - ANTI-INFLAMMATORY						
	celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg	1				
	diclofenac potassium tab 50 mg	1				
	diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	1				
	diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1				
	diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1				
	etodolac cap 200 mg, 300 mg	1				
	etodolac tab er 24hr 400 mg, 500 mg, 600 mg	1				
	etodolac tab 400 mg	1				
	etodolac tab 500 mg	1				
	fenoprofen calcium tab 600 mg	1				
	flurbiprofen tab 100 mg	1				
	ibuprofen tab 400 mg, 600 mg, 800 mg	1				
	indomethacin cap er 75 mg	1				
	indomethacin cap 25 mg, 50 mg	1				
	ketorolac tromethamine tab 10 mg	1				QL
	leflunomide tab 10 mg, 20 mg	1				
	meloxicam tab 7.5 mg, 15 mg	1				
	nabumetone tab 500 mg, 750 mg	1				
	naproxen sodium tab 275 mg	1				
	naproxen sodium tab 550 mg	1				
	naproxen tab 250 mg, 375 mg	1				
	naproxen tab 500 mg	1				
	oxaprozin tab 600 mg	1				
	piroxicam cap 10 mg, 20 mg	1				
	sulindac tab 150 mg, 200 mg	1				
10.4.1.1 MIGRAINE PRODUCTS						
	almotriptan malate tab 6.25 mg, 12.5 mg	1				QL
	dihydroergotamine mesylate inj 1 mg/ml	1		PA		QL
	dihydroergotamine mesylate nasal spray 4 mg/ml	1		PA		QL
	eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent)	1				QL
	frovatriptan succinate tab 2.5 mg (base equivalent)	1				QL
	naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)	1				QL
	rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1				QL
	rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1				QL
	rizatriptan benzoate tab 10 mg (base equivalent)	1				QL
	rizatriptan benzoate tab 5 mg (base equivalent)	1				QL
	sumatriptan nasal spray 20 mg/act	1				QL
	sumatriptan nasal spray 5 mg/act	1				QL
	sumatriptan succinate inj 6 mg/0.5ml	1				QL
	sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1				QL
	sumatriptan succinate tab 25 mg	1				QL
	sumatriptan succinate tab 50 mg, 100 mg	1				QL
	zolmitriptan nasal spray 5 mg/spray unit	1				QL
	zolmitriptan orally disintegrating tab 2.5 mg, 5 mg	1				QL
	zolmitriptan tab 2.5 mg, 5 mg	1				QL
10.5.1.1 GOUT AGENTS						
	allopurinol tab 100 mg, 300 mg	1				
	colchicine tab 0.6 mg	1				
	colchicine w/ probenecid tab 0.5-500 mg	1				
	febuxostat tab 40 mg, 80 mg	1				
	probenecid tab 500 mg	1				
11 NEUROMUSCULAR DRUGS						
11.1.1.1 ANTICONVULSANTS						
	carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	1				
	carbamazepine chew tab 100 mg	1				
	carbamazepine susp 100 mg/5ml	1				
	carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	1				
	carbamazepine tab 200 mg	1				
	clobazam suspension 2.5 mg/ml	1				
	clobazam tab 10 mg, 20 mg	1				
	clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1				
	clonazepam tab 0.5 mg, 1 mg, 2 mg	1				
	diazepam rectal gel delivery system 10 mg, 20 mg	1				
	divalproex sodium cap delayed release sprinkle 125 mg	1				
	divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	1				
	divalproex sodium tab er 24 hr 250 mg, 500 mg	1				
	ethosuximide cap 250 mg	1				
	ethosuximide soln 250 mg/5ml	1				
	felbamate susp 600 mg/5ml	1				

	felbamate tab 400 mg, 600 mg	1				
	gabapentin cap 100 mg, 300 mg, 400 mg	1				
	gabapentin oral soln 250 mg/5ml	1				
	gabapentin tab 600 mg, 800 mg	1				
	lacosamide oral solution 10 mg/ml	1				
	lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	1				
	lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	1				
	lamotrigine tab chewable dispersible 5 mg, 25 mg	1				
	lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1				
	lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1				
	lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1				
	lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	1				
	lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1				
	lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	1				
	lamotrigine tab 35 x 25 mg starter kit	1				
	lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1				
	levetiracetam oral soln 100 mg/ml	1				
	levetiracetam tab er 24hr 500 mg, 750 mg	1				
	levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg	1				
	methsuximide cap 300 mg	1				
	oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1				
	oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg	1				
	oxcarbazepine tab 150 mg, 300 mg, 600 mg	1				
	phenytoin chew tab 50 mg	1				
	phenytoin sodium extended cap 100 mg	1				
	phenytoin sodium extended cap 200 mg, 300 mg	1				
	phenytoin susp 125 mg/5ml	1				
	pregabalin cap 225 mg, 300 mg	1				QL
	pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	1				QL
	pregabalin soln 20 mg/ml	1				QL
	primidone tab 50 mg, 250 mg	1				
	rufinamide susp 40 mg/ml	1				
	rufinamide tab 200 mg, 400 mg	1				
	tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg	1				
	topiramate cap er 24hr sprinkle 200 mg	1		PA		QL
	topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg	1		PA		QL
	topiramate cap er 24hr 200 mg	1		PA		QL
	topiramate cap er 24hr 25 mg, 50 mg, 100 mg	1		PA		QL
	topiramate sprinkle cap 15 mg, 25 mg	1				
	topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	1				
	valproate sodium oral soln 250 mg/5ml (base equiv)	1				
	valproic acid cap 250 mg	1				
	vigabatrin powd pack 500 mg	1	SP			LD
	vigabatrin tab 500 mg	1	SP			LD
	zonisamide cap 25 mg, 100 mg	1				
	zonisamide cap 50 mg	1				
11.2.1.1 ANTIPARKINSON AGENTS						
	amantadine hcl cap 100 mg	1				
	amantadine hcl soln 50 mg/5ml	1				
	amantadine hcl tab 100 mg	1				
	apomorphine hcl soln cartridge 30 mg/3ml	1	SP	PA		
	benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1				
	bromocriptine mesylate cap 5 mg (base equivalent)	1				
	bromocriptine mesylate tab 2.5 mg (base equivalent)	1				
	carbidopa & levodopa tab er 25-100 mg, 50-200 mg	1				
	carbidopa & levodopa tab 10-100 mg, 25-100 mg	1				
	carbidopa & levodopa tab 25-250 mg	1				
	carbidopa tab 25 mg	1				
	carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1				
	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1				
	carbidopa-levodopa-entacapone tabs 25-100-200 mg	1				
	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1				
	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1				
	carbidopa-levodopa-entacapone tabs 50-200-200 mg	1				
	entacapone tab 200 mg	1				
	pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1				
	pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1				
	rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)	1				
	ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent), 8 mg (base equivalent), 12 mg (base equivalent)	1				

	ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1				
	selegiline hcl cap 5 mg	1				
	selegiline hcl tab 5 mg	1				
	tolcapone tab 100 mg	1				
	trihexyphenidyl hcl tab 2 mg, 5 mg	1				
11.3.1.1 NEUROMUSCULAR AGENTS						
	riluzole tab 50 mg	1				
11.4.1.1 MUSCULOSKELETAL THERAPY AGENTS						
	baclofen susp 25 mg/5ml	1				
	baclofen tab 10 mg, 20 mg	1				
	carisoprodol tab 350 mg	1				
	chlorzoxazone tab 500 mg	1				
	cyclobenzaprine hcl tab 5 mg, 10 mg	1				
	dantrolene sodium cap 25 mg	1				
	dantrolene sodium cap 50 mg, 100 mg	1				
	metaxalone tab 400 mg, 800 mg	1				
	methocarbamol tab 500 mg, 750 mg	1				
	orphenadrine citrate tab er 12hr 100 mg	1				
	orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	1				
	tizanidine hcl tab 2 mg (base equivalent)	1				
	tizanidine hcl tab 4 mg (base equivalent)	1				
11.5.1.1 ANTIMYASTHENIC AGENTS						
	pyridostigmine bromide oral soln 60 mg/5ml	1				
	pyridostigmine bromide tab er 180 mg	1				
	pyridostigmine bromide tab 60 mg	1				
12 NUTRITIONAL PRODUCTS						
12.1.1.1 VITAMINS						
	cholecalciferol cap 1.25 mg (50000 unit)	1				
	ergocalciferol cap 1.25 mg (50000 unit)	1				
	phytonadione tab 5 mg	1				
12.3.1.1 MINERALS and ELECTROLYTES						
	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1				
	potassium chloride cap er 8 meq, 10 meq	1				
	potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1				
	potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	1				
	potassium chloride tab er 10 meq, 20 meq (1500 mg)	1				
	potassium chloride tab er 8 meq (600 mg)	1				
	potassium phosphate monobasic tab 500 mg	1				
	SODIUM FLUORIDE	P				
	sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	P				
13 HEMATOLOGICAL AGENTS						
13.1.1.1 HEMATOPOIETIC AGENTS						
	carbonyl iron susp 15 mg/1.25ml (elemental iron)	P				
	cyanocobalamin inj 1000 mcg/ml	1				
	ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	P				
	folic acid tab 400 mcg, 800 mcg	P				
	folic acid tab 1 mg	1				
	glutamine (sickle cell) powd pack 5 gm	1 SP	PA			
	miglustat cap 100 mg	1 SP	PA	LD	QL	
13.2.1.1 ANTICOAGULANTS						
	dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1				QL
	dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)	1				QL
	enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml	1				
	enoxaparin sodium inj 300 mg/3ml	1				
	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml	1				
	heparin sodium (porcine) inj 5000 unit/ml, 10000 unit/ml	1				
	warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1				
13.3.1.1 HEMOSTATICS						
	aminocaproic acid oral soln 0.25 gm/ml	1				
	aminocaproic acid tab 500 mg, 1000 mg	1				
	tranexamic acid tab 650 mg	1				
13.4.1.1 HEMATOLOGICAL AGENTS - MISC.						
	anagrelide hcl cap 0.5 mg	1				
	anagrelide hcl cap 1 mg	1				
	aspirin-dipyridamole cap er 12hr 25-200 mg	1				

	cilostazol tab 50 mg, 100 mg	1				
	clopidogrel bisulfate tab 300 mg (base equiv)	1				
	clopidogrel bisulfate tab 75 mg (base equiv)	1				
	dipyridamole tab 25 mg, 50 mg, 75 mg	1				
	icatibant acetate subcutaneous soln pref syr 30 mg/3ml	1	SP	PA	LD	QL
	pentoxifylline tab er 400 mg	1				
	prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)	1				
14 TOPICAL PRODUCTS						
14.1.1.1 OPHTHALMIC AGENTS						
	atropine sulfate ophth soln 1%	1				
	azelastine hcl ophth soln 0.05%	1				
	bacitracin-polymyxin b ophth oint	1				
	bacitracin-polymyxin-neomycin-hc ophth oint 1%	1				
	bepotastine besilate ophth soln 1.5%	1				
	bimatoprost ophth soln 0.03%	1				QL
	brimonidine tartrate ophth soln 0.15%	1				
	brimonidine tartrate ophth soln 0.2%	1				
	brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1				
	bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1				
	ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1				
	cyclopentolate hcl ophth soln 1%	1				
	diclofenac sodium ophth soln 0.1%	1				
	difluprednate ophth emulsion 0.05%	1				
	dorzolamide hcl ophth soln 2%	1				
	dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1				
	dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1				
	epinastine hcl ophth soln 0.05%	1				
	erythromycin ophth oint 5 mg/gm	1				
	fluorometholone ophth susp 0.1%	1				
	gatifloxacin ophth soln 0.5%	1				
	gentamicin sulfate ophth soln 0.3%	1				
	ketorolac tromethamine ophth soln 0.4%	1				
	ketorolac tromethamine ophth soln 0.5%	1				
	latanoprost ophth soln 0.005%	1				QL
	loteprednol etabonate ophth gel 0.5%	1				
	loteprednol etabonate ophth susp 0.2%	1				
	loteprednol etabonate ophth susp 0.5%	1				
	moxifloxacin hcl ophth soln 0.5% (base equiv)	1				
	neomycin-bacitracin-zn-polymyxin 5(3.5)mg-400unit-10000unit op oin	1				
	neomycin-polymyxin-dexamethasone ophth oint 0.1%	1				
	neomycin-polymyxin-dexamethasone ophth susp 0.1%	1				
	ofloxacin ophth soln 0.3%	1				
	phenylephrine hcl ophth soln 2.5%, 10%	1				
	pilocarpine hcl ophth soln 1%, 2%, 4%	1				
	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1				
	prednisolone acetate ophth susp 1%	1				
	proparacaine hcl ophth soln 0.5%	1				
	sulfacetamide sodium ophth soln 10%	1				
	tafluprost preservative free (pf) ophth soln 0.0015%	1				QL
	tetracaine hcl ophth soln 0.5%	1				
	timolol maleate ophth gel forming soln 0.25%, 0.5%	1				
	timolol maleate ophth soln 0.25%, 0.5%	1				
	timolol maleate ophth soln 0.5% (once-daily)	1				
	timolol maleate preservative free ophth soln 0.25%, 0.5%	1				
	timolol ophth soln 0.5%	1				
	tobramycin ophth soln 0.3%	1				
	tobramycin-dexamethasone ophth susp 0.3-0.1%	1				
	travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1				QL
	tropicamide ophth soln 0.5%	1				
	tropicamide ophth soln 1%	1				
14.2.1.1 OTIC AGENTS						
	acetic acid otic soln 2%	1				
	ciprofloxacin hcl otic soln 0.2% (base equivalent)	1				
	ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1				
	fluocinolone acetonide (otic) oil 0.01%	1				
	hydrocortisone w/ acetic acid otic soln 1-2%	1				
	neomycin-polymyxin-hc otic soln 1%	1				
	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1				
	ofloxacin otic soln 0.3%	1				
14.3.1.1 MOUTH/THROAT/DENTAL AGENTS						
	cevimeline hcl cap 30 mg	1				
	chlorhexidine gluconate soln 0.12%	1				
	clotrimazole troche 10 mg	1				

	lidocaine hcl viscous soln 2%	1			
	nystatin susp 100000 unit/ml	1			
	pilocarpine hcl tab 5 mg, 7.5 mg	1			
	sodium fluoride cream 1.1%	P			
	sodium fluoride gel 1.1% (0.5% f)	P			
	sodium fluoride paste 1.1%	P			
	sodium fluoride rinse 0.2%	P			
	SODIUM FLUORIDE 5000 PPM	P			
	SODIUM FLUORIDE/POTASSIUM	P			
	stannous fluoride gel 0.4%	P			
	triamcinolone acetonide dental paste 0.1%	1			
14.4.1.1 ANORECTAL AGENTS					
	hydrocortisone enema 100 mg/60ml	1			
	hydrocortisone perianal cream 1%	1			
	hydrocortisone perianal cream 2.5%	1			
	nitroglycerin oint 0.4%	1			
14.5.1.1 DERMATOLOGICALS					
	acitretin cap 10 mg, 17.5 mg, 25 mg	1			
	acyclovir oint 5%	1			
	adapalene gel 0.1%	1			
	alclometasone dipropionate cream 0.05%	1			QL
	alclometasone dipropionate oint 0.05%	1			QL
	azelaic acid gel 15%	1			
	benzoyl peroxide-erythromycin gel 5-3%	1			
	betamethasone dipropionate augmented cream 0.05%	1			QL
	betamethasone dipropionate augmented lotion 0.05%	1			QL
	betamethasone dipropionate augmented oint 0.05%	1			QL
	betamethasone dipropionate cream 0.05%	1			QL
	betamethasone dipropionate lotion 0.05%	1			QL
	betamethasone dipropionate oint 0.05%	1			QL
	betamethasone valerate cream 0.1% (base equivalent)	1			QL
	betamethasone valerate lotion 0.1% (base equivalent)	1			QL
	betamethasone valerate oint 0.1% (base equivalent)	1			QL
	bexarotene gel 1%	1	SP	PA	
	brimonidine tartrate gel 0.33% (base equivalent)	1			
	calcipotriene cream 0.005%	1			QL
	calcipotriene oint 0.005%	1			QL
	calcipotriene-betamethasone dipropionate oint 0.005-0.064%	1			QL
	calcipotriene-betamethasone dipropionate susp 0.005-0.064%	1			QL
	ciclopirox gel 0.77%	1			
	ciclopirox olamine cream 0.77% (base equiv)	1			
	ciclopirox olamine susp 0.77% (base equiv)	1			
	ciclopirox shampoo 1%	1			
	ciclopirox solution 8%	1			QL
	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1			
	clindamycin phosphate gel 1%	1			
	clindamycin phosphate lotion 1%	1			
	clindamycin phosphate soln 1%	1			QL
	clindamycin phosphate swab 1%	1			
	clindamycin phosphate-benzoyl peroxide gel 1-5%	1			
	clobetasol propionate cream 0.05%	1			QL
	clobetasol propionate emollient base cream 0.05%	1			QL
	clobetasol propionate gel 0.05%	1			QL
	clobetasol propionate oint 0.05%	1			QL
	clobetasol propionate soln 0.05%	1			QL
	clocortolone pivalate cream 0.1%	1			QL
	clotrimazole w/ betamethasone cream 1-0.05%	1			
	desonide cream 0.05%	1			QL
	desonide oint 0.05%	1			QL
	desoximetasone cream 0.05%, 0.25%	1			QL
	desoximetasone gel 0.05%	1			QL
	desoximetasone oint 0.05%, 0.25%	1			QL
	desoximetasone spray 0.25%	1			QL
	diclofenac sodium soln 1.5%	1			QL
	doxepin hcl cream 5%	1		PA	QL
	econazole nitrate cream 1%	1			QL
	erythromycin gel 2%	1			
	erythromycin soln 2%	1			
	fluocinolone acetonide cream 0.01%	1			QL
	fluocinolone acetonide cream 0.025%	1			QL
	fluocinolone acetonide oil 0.01% (body oil)	1			QL
	fluocinolone acetonide oil 0.01% (scalp oil)	1			QL
	fluocinolone acetonide oint 0.025%	1			QL
	fluocinolone acetonide soln 0.01%	1			QL

	fluocinonide cream 0.05%	1			QL
	fluocinonide emulsified base cream 0.05%	1			QL
	fluocinonide oint 0.05%	1			QL
	fluocinonide soln 0.05%	1			QL
	fluorouracil cream 5%	1			QL
	fluorouracil soln 5%	1			
	fluticasone propionate cream 0.05%	1			QL
	fluticasone propionate oint 0.005%	1			QL
	gentamicin sulfate cream 0.1%	1			QL
	gentamicin sulfate oint 0.1%	1			
	halcinonide cream 0.1%	1			QL
	halobetasol propionate cream 0.05%	1			QL
	hydrocortisone cream 2.5%	1			QL
	hydrocortisone oint 2.5%	1			QL
	hydrocortisone valerate cream 0.2%	1			QL
	hydrocortisone valerate oint 0.2%	1			QL
	imiquimod cream 5%	1			QL
	isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	1			
	ivermectin cream 1%	1			
	ketoconazole cream 2%	1			QL
	ketoconazole shampoo 2%	1			
	lidocaine hcl soln 4%	1			
	lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1			
	lidocaine oint 5%	1			QL
	lidocaine patch 5%	1	PA		QL
	lidocaine-prilocaine cream 2.5-2.5%	1			QL
	malathion lotion 0.5%	1			
	metronidazole cream 0.75%	1			
	metronidazole gel 0.75%	1			
	metronidazole gel 1%	1			
	metronidazole lotion 0.75%	1			
	mometasone furoate cream 0.1%	1			QL
	mometasone furoate oint 0.1%	1			QL
	mometasone furoate solution 0.1% (lotion)	1			QL
	mupirocin oint 2%	1			
	nystatin cream 100000 unit/gm	1			
	nystatin oint 100000 unit/gm	1			
	nystatin topical powder 100000 unit/gm	1			
	nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1			
	nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1			
	oxiconazole nitrate cream 1%	1	PA		
	penciclovir cream 1%	1			
	permethrin cream 5%	1			
	pimecrolimus cream 1%	1			QL
	podofilox gel 0.5%	1			
	selenium sulfide lotion 2.5%	1			
	silver sulfadiazine cream 1%	1			
	sulfacetamide sodium lotion 10% (acne)	1			
	tacrolimus oint 0.03%, 0.1%	1			QL
	tazarotene cream 0.05%, 0.1%	1			QL
	tazarotene gel 0.05%, 0.1%	1			QL
	tretinoin cream 0.025%, 0.05%, 0.1%	1			
	tretinoin gel 0.01%, 0.025%	1			
	triamcinolone acetonide aerosol soln 0.147 mg/gm	1			QL
	triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1			QL
	triamcinolone acetonide lotion 0.025%, 0.1%	1			QL
	triamcinolone acetonide oint 0.025%, 0.1%	1			QL
	triamcinolone acetonide oint 0.5%	1			QL
15 MISCELLANEOUS PRODUCTS					
15.2.1.1 ANTIDOTES					
	deferasirox granules packet 90 mg, 180 mg, 360 mg	1	SP		
	deferasirox tab for oral susp 125 mg, 250 mg, 500 mg	1	SP		
	deferasirox tab 90 mg, 180 mg, 360 mg	1	SP		
	deferiprone tab 500 mg, 1000 mg	1	SP		
	naloxone hcl inj 0.4 mg/ml	1			QL
	naloxone hcl inj 4 mg/10ml	1			QL
	naloxone hcl nasal spray 4 mg/0.1ml	1			QL
	naloxone hcl soln prefilled syringe 2 mg/2ml	1			QL
	naltrexone hcl tab 50 mg	1			
15.3.1.1 DIAGNOSTIC PRODUCTS					
	CHEMSTRIP-K	2			
	CONTOUR BLOOD GLUCOSE TES	2			QL
	CONTOUR NEXT BLOOD GLUCOS	2			QL
	CONTOUR PLUS BLOOD GLUCOS	2			QL

	KETOCARE	2				
	KETONE	2				
	KETONE TEST STRIPS	2				
	KETOSTIX	2				
	ONETOUCH ULTRA	2				QL
	ONETOUCH ULTRA BLUE TEST	2				QL
	ONETOUCH ULTRA TEST STRIP	2				QL
	ONETOUCH VERIO TEST STRIP	2				QL
	RELION KETONE TEST STRIPS	2				
15.6.1.1 MEDICAL DEVICES						
	ACCU-CHEK FASTCLIX LANCET	2				
	ACCU-CHEK SAFE-T-PRO LANC	2				
	ACCU-CHEK SAFE-T-PRO PLUS	2				
	ACCU-CHEK SOFTCLIX LANCET	2				
	ACTI-LANCE LANCETS 28G	2				
	ACTI-LANCE LITE SAFETY LA	2				
	ACTI-LANCE SPECIAL SAFETY	2				
	ACTI-LANCE UNIVERSAL SAFE	2				
	ADJUSTABLE LANCING DEVICE	2				
	ADVANCED MOBILE LANCET 30	2				
	ADVOCATE INSULIN PEN NEED	2				
	ADVOCATE INSULIN SYRINGE/	2				
	ADVOCATE LANCETS	2				
	ADVOCATE LANCETS 30G	2				
	ADVOCATE LANCING DEVICE	2				
	ADVOCATE RAPID-SAFE LANCI	2				
	ADVOCATE SAFETY LANCETS 2	2				
	AEROCHAMBER HOLDING CHAMB	2				
	AEROCHAMBER MINI AEROSOL	2				
	AEROCHAMBER MV	2				
	AEROCHAMBER PLUS FLOW VU	2				
	AEROCHAMBER PLUS FLOW-VU/	2				
	AEROCHAMBER Z-STAT PLUS V	2				
	AEROCHAMBER Z-STAT PLUS/F	2				
	AEROCHAMBER Z-STAT PLUS/L	2				
	AEROCHAMBER Z-STAT PLUS/M	2				
	AEROCHAMBER Z-STAT PLUS/S	2				
	AF LANCETS SUPER THIN	2				
	AGAMATRIX ULTRA-THIN LANC	2				
	AIMSCO LUBRICATED	P				
	AIMSCO TWIST LANCETS 32G	2				
	AIMSCO TWIST LANCETS 33G	2				
	AQ INSULIN SYRINGE/0.5ML/	2				
	AQ INSULIN SYRINGE/1ML/29	2				
	AQ INSULIN SYRINGE/1ML/31	2				
	AQINJECT PEN NEEDLE/31G X	2				
	AQINJECT PEN NEEDLE/32G X	2				
	ASSURE COMFORT LANCETS UL	2				
	ASSURE ID DUO PRO SAFETY	2				
	ASSURE ID PRO SAFETY PEN	2				
	ASSURE ID SAFETY PEN NEED	2				
	ASSURE LANCE LANCETS	2				
	ASSURE LANCE LANCETS 21G	2				
	ASSURE LANCE PLUS SAFETY	2				
	ASSURE LANCE SAFETY LANCE	2				
	AT LAST LANCETS	2				
	AUM INSULIN SAFETY PEN NE	2				
	AUM MINI INSULIN PEN NEED	2				
	AUM PEN NEEDLE/32GX4MM	2				
	AUM PEN NEEDLE/32GX5MM	2				
	AUM PEN NEEDLE/32GX6MM	2				
	AUM PEN NEEDLE/33GX4MM	2				
	AUM PEN NEEDLE/33GX5MM	2				
	AUM PEN NEEDLE/33GX6MM	2				
	AUM READYGARD DUO SAFETY	2				
	AUM SAFETY PEN NEEDLE/31	2				
	AURORA LANCET SUPER THIN	2				
	AURORA LANCET THIN 23G	2				
	AURORA PEN NEEDLES 29GX12	2				
	AURORA PEN NEEDLES 31G X	2				
	AUTO-LANCET	2				
	AUTO-LANCET MINI	2				
	AUTOLET IMPRESSION LANCIN	2				
	AUTOLET LANCING DEVICE	2				
	AUTOLET MINI	2				
	AUTOLET PLUS	2				

B-D INSULIN SYRINGE MICRO	2				
B-D INSULIN SYRINGE ULTRA	2				
BD LO-DOSE INSULIN SYRIN	2				
BD AUTOSHIELD DUO 30G X 5	2				
BD DISPOSABLE NEEDLE REGU	2				
BD DISPOSABLE NEEDLE 23GX	2				
BD ECLIPSE NEEDLE 25GX1"	2				
BD HYPODERMIC NEEDLE REGU	2				
BD HYPODERMIC NEEDLES 18G	2				
BD HYPODERMIC NEEDLES 21G	2				
BD HYPODERMIC NEEDLES 22G	2				
BD HYPODERMIC NEEDLES 26G	2				
BD INSULIN SYRINGE LUER-L	2				
BD INSULIN SYRINGE MICROF	2				
BD INSULIN SYRINGE SAFETY	2				
BD INSULIN SYRINGE ULTRA	2				
BD INSULIN SYRINGE ULTRA-	2				
BD INSULIN SYRINGE ULTRAF	2				
BD INSULIN SYRINGE/U-100/	2				
BD INSULIN SYRINGE/U-500/	2				
BD INSULIN SYRINGE/0.3ML/	2				
BD INSULIN SYRINGE/0.5ML/	2				
BD INSULIN SYRINGE/1ML/27	2				
BD INSULIN SYRINGE/1ML/29	2				
BD INTEGRA SYRINGE/3ML/22	2				
BD LUER LOCK SYRINGE/1ML/	2				
BD MICROTAINER LANCETS	2				
BD NEEDLE/18G 1-1/2"	2				
BD NEEDLE/20G X 1"	2				
BD NEEDLE/21G 1-1/2"	2				
BD NEEDLE/22G X 1-1/2"	2				
BD NEEDLE/25G X 5/8"	2				
BD NEEDLE/25G X 7/8"	2				
BD NEEDLE/27G X 1/2"	2				
BD NEEDLE/30G X 1/2"	2				
BD PEN NEEDLE/MICRO/ULTRA	2				
BD PEN NEEDLE/MINI/ULTRA-	2				
BD PEN NEEDLE/NANO 2ND GE	2				
BD PEN NEEDLE/NANO/ULTRA	2				
BD PEN NEEDLE/ORIGINAL/UL	2				
BD PEN NEEDLE/SHORT/ULTRA	2				
BD SAFETY-GLIDE INSULIN S	2				
BD SAFETYGLIDE HYPODERMIC	2				
BD SAFETYGLIDE INSULIN SY	2				
BD SAFETYGLIDE SYRINGE 5M	2				
BD SYRINGE BLUNT PLASTIC	2				
BD SYRINGE LUER-LOK/1ML	2				
BD SYRINGE 10ML/20G X 1"	2				
BD VEO INSULIN SYRINGE UL	2				
BD 1ML SLIP TIP SYRINGE 2	2				
BD 1ML TUBERCULIN SYRINGE	2				
BD 10ML LUER-LOK SYRINGE	2				
BD 10ML SYRINGE/DUAL CANN	2				
BD 3ML LUER-LOK SYRINGE 1	2				
BD 3ML LUER-LOK SYRINGE/2	2				
BD 3ML SYRINGE LUER-LOK 2	2				
BD 5ML LUER-LOK SYRINGE/2	2				
CARDIOCOM LANCING DEVICE	2				
CAREFINE PEN NEEDLE 32GX4	2				
CAREFINE PEN NEEDLES 29GX	2				
CAREFINE PEN NEEDLES 30GX	2				
CAREFINE PEN NEEDLES 31GX	2				
CAREFINE PEN NEEDLES 32GX	2				
CAREONE ADVANCED LANCING	2				
CAREONE INSULIN SYRINGES/	2				
CAREONE LANCET SUPER THIN	2				
CAREONE LANCET THIN	2				
CAREONE LANCET ULTRA THIN	2				
CAREONE UNIFINE PENTIPS P	2				
CARESENS LANCETS	2				
CARETOUCH INSULIN SYRINGE	2				
CARETOUCH LANCING DEVICE	2				
CARETOUCH PEN NEEDLE 29GX	2				
CARETOUCH PEN NEEDLE 33GX	2				
CARETOUCH PEN NEEDLES 31	2				
CARETOUCH PEN NEEDLES 31G	2				
CARETOUCH PEN NEEDLES 32G	2				

	CARETOUCH SAFETY LANCETS/	2				
	CARETOUCH TWIST LANCETS M	2				
	CARETOUCH TWIST LANCETS 2	2				
	CARETOUCH TWIST LANCETS 3	2				
	CAYA	P				
	CHOSEN LANCETS 30G	2				
	CHOSEN LANCING DEVICE	2				
	CHOSEN SAFETY LANCETS 28G	2				
	CLEANLET LANCETS 28G	2				
	CLEVER CHEK LANCETS ULTRA	2				
	CLEVER CHOICE COMFORT EZ	2				
	CLICKFINE PEN NEEDLE UNIV	2				
	CLICKFINE PEN NEEDLE 32GX	2				
	CLICKFINE PEN NEEDLES 31G	2				
	CLICKFINE PEN NEEDLES 32G	2				
	CLICKFINE UNIVERSAL PEN N	2				
	COAGUCHEK LANCETS	2				
	COMFORT ASSIST INSULIN SY	2				
	COMFORT ASSURED LANCETS M	2				
	COMFORT ASSURED LANCETS S	2				
	COMFORT EZ INSULIN SYRING	2				
	COMFORT EZ MICRO/32G X 4M	2				
	COMFORT EZ PRO SAFETY PEN	2				
	COMFORT EZ SHORT/31G X 8M	2				
	COMFORT EZ/31G X 5MM	2				
	COMFORT EZ/31G X 6MM	2				
	COMFORT LANCETS	2				
	COMFORT TOUCH LANCETS ULT	2				
	COMFORT TOUCH PEN NEEDLES	2				
	COMFORT TOUCH PLUS SAFETY	2				
	COMFORT TOUCH TWIST LANCE	2				
	CONDOMS	P				
	CONTOUR BLOOD GLUCOSE MON	2				
	CONTOUR NEXT BLOOD GLUCOS	2				
	CONTOUR NEXT EZ BLOOD GLU	2				
	CONTOUR NEXT GEN BLOOD GL	2				
	CONTOUR NEXT LINK BLOOD G	2				
	CONTOUR NEXT LINK WIRELES	2				
	CONTOUR NEXT ONE BLOOD GL	2				
	CONTOUR PLUS BLUE BLOOD G	2				
	CVS LANCETS MICRO THIN 33	2				
	CVS LANCETS MICRO-THIN 33	2				
	CVS LANCETS ORIGINAL	2				
	CVS LANCETS THIN 26G	2				
	CVS LANCETS ULTRA THIN 30	2				
	CVS LANCETS ULTRA-THIN 30	2				
	CVS LANCETS 21G	2				
	CVS LANCING DEVICE	2				
	CVS ULTRA THIN LANCETS	2				
	DEXCOM G6 RECEIVER	2				QL
	DEXCOM G6 SENSOR	2				QL
	DEXCOM G6 TRANSMITTER	2				QL
	DEXCOM G7 RECEIVER	2				QL
	DEXCOM G7 SENSOR	2				QL
	DIATHRIVE LANCETS	2				
	DIATHRIVE LANCETS ULTRA T	2				
	DIATHRIVE LANCING DEVICE	2				
	DIATHRIVE PEN NEEDLE/31 G	2				
	DIATHRIVE PEN NEEDLE/31G	2				
	DIATHRIVE PEN NEEDLE/32G	2				
	DROPLET GENTEEL LANCING D	2				
	DROPLET INSULIN SYRINGE U	2				
	DROPLET INSULIN SYRINGE 0	2				
	DROPLET INSULIN SYRINGE 1	2				
	DROPLET INSULIN SYRINGE/U	2				
	DROPLET LANCETS ULTRA THI	2				
	DROPLET LANCING DEVICE	2				
	DROPLET MICRON 34G X 9/64	2				
	DROPLET PEN NEEDLE/MICRON	2				
	DROPLET PEN NEEDLES 29G X	2				
	DROPLET PEN NEEDLES 29GX1	2				
	DROPLET PEN NEEDLES 30G X	2				
	DROPLET PEN NEEDLES 31G X	2				
	DROPLET PEN NEEDLES 31GX5	2				
	DROPLET PEN NEEDLES 31GX6	2				
	DROPLET PEN NEEDLES 31GX8	2				
	DROPLET PEN NEEDLES 32G X	2				

	DROPLET PEN NEEDLES 32GX4	2							
	DROPLET PEN NEEDLES 32GX5	2							
	DROPLET PEN NEEDLES 32GX6	2							
	DROPLET PEN NEEDLES 32GX8	2							
	DROPLET PERSONAL LANCETS	2							
	DROPSAFE INSULIN SAFETY S	2							
	DROPSAFE SAFETY PEN NEEDL	2							
	DROPSAFE SAFTEY PEN NEEDL	2							
	DRUG MART LANCETS THIN	2							
	DRUG MART LANCETS ULTRA T	2							
	DRUG MART ON-THE-GO LANCE	2							
	DRUG MART UNIFINE PENTIPS	2							
	DRUG MART UNILET LANCETS	2							
	DRUG MART UNILET MICRO TH	2							
	DUANE READE LANCET ALTERN	2							
	DUANE READE LANCET SUPER	2							
	DUANE READE LANCET ULTRA	2							
	DUANE READE UNIFINE PENTI	2							
	DUREX EXTRA SENSITIVE THI	P							
	DUREX REALFEEL NON-LATEX	P							
	DUREX TROPICAL	P							
	E-Z JECT LANCETS	2							
	E-Z JECT LANCETS COLOR	2							
	E-Z JECT LANCETS SUPER TH	2							
	E-Z JECT LANCETS THIN 26G	2							
	E-Z JECT LANCETS 21G	2							
	E-ZJECT LANCETS MICRO-THI	2							
	EASY COMFORT INSULIN SYRI	2							
	EASY COMFORT PEN NEEDLES	2							
	EASY COMFORT SAFETY PEN N	2							
	EASY GLIDE PEN NEEDLES 33	2							
	EASY MINI EJECT LANCING D	2							
	EASY MINI LANCING DEVICE	2							
	EASY TOUCH FLIPLock SAFET	2							
	EASY TOUCH INSULIN SYRING	2							
	EASY TOUCH LANCETS 21G/PR	2							
	EASY TOUCH LANCETS 23G/PR	2							
	EASY TOUCH LANCETS 26G/PR	2							
	EASY TOUCH LANCETS 26G/PU	2							
	EASY TOUCH LANCETS 28G/PR	2							
	EASY TOUCH LANCETS 28G/PU	2							
	EASY TOUCH LANCETS 28G/TW	2							
	EASY TOUCH LANCETS 30G/BU	2							
	EASY TOUCH LANCETS 30G/PR	2							
	EASY TOUCH LANCETS 30G/PU	2							
	EASY TOUCH LANCETS 30G/TW	2							
	EASY TOUCH LANCETS 32G/PR	2							
	EASY TOUCH LANCETS 32G/PU	2							
	EASY TOUCH LANCETS 32G/TW	2							
	EASY TOUCH LANCETS 33G/TW	2							
	EASY TOUCH LANCING DEVICE	2							
	EASY TOUCH PEN NEEDLE 30	2							
	EASY TOUCH PEN NEEDLE/30	2							
	EASY TOUCH PEN NEEDLES 29	2							
	EASY TOUCH PEN NEEDLES 31	2							
	EASY TOUCH PEN NEEDLES 32	2							
	EASY TOUCH PEN NEEDLES/31	2							
	EASY TOUCH SAFETY LANCETS	2							
	EASY TOUCH SAFETY PEN NEE	2							
	EASY TOUCH SHEATHLOCK SAF	2							
	EASY TOUCH 32GX5MM	2							
	EASY TOUCH 32GX6MM	2							
	EMBRACE LANCETS ULTRA THI	2							
	EMBRACE LANCING DEVICE WI	2							
	EMBRACE PEN NEEDLES/29G X	2							
	EMBRACE PEN NEEDLES/30G X	2							
	EMBRACE PEN NEEDLES/31G X	2							
	EMBRACE PEN NEEDLES/32G X	2							
	EMBRACE PRESSURE ACTIVATE	2							
	EQL COLOR LANCETS MICRO T	2							
	EQL COLOR LANCETS 21G	2							
	EQL INSULIN SYRINGE/0.3ML	2							
	EQL INSULIN SYRINGE/0.5ML	2							
	EQL INSULIN SYRINGE/1ML/2	2							
	EQL INSULIN SYRINGE/1ML/3	2							
	EQL SHORT PEN NEEDLES 31G	2							
	EQL SUPER THIN LANCETS 30	2							

	EQL THIN LANCETS 26G	2				
	EQL ULTRA SHORT PEN NEEDL	2				
	EZ-LETS LANCETS 21G	2				
	EZ-LETS LANCETS 26G SUPER	2				
	EZ-LETS LANCETS 28G ULTRA	2				
	EZ-LETS LANCETS 30G	2				
	FANTASY LUBRICATED	P				
	FANTASY LUBRICATED/SPERMI	P				
	FC2 FEMALE CONDOM	P				
	FEMCAP	P				
	FIFTY50 PEN NEEDLES 31G X	2				
	FIFTY50 PEN NEEDLES 31GX5	2				
	FIFTY50 PEN NEEDLES/31GX8	2				
	FIFTY50 PEN NEEDLES/32GX4	2				
	FIFTY50 PEN NEEDLES/32GX6	2				
	FIFTY50 SAFETY SEAL LANCE	2				
	FIFTY50 SUPERIOR COMFORT	2				
	FIFTY50 UNILET LANCETS 33	2				
	FINGERSTIX LANCETS	2				
	FORA LANCETS	2				
	FORA LANCING DEVICE	2				
	FORA LANCING DEVICE/CLEAR	2				
	FREESTYLE LANCETS	2				
	FREESTYLE LIBRE 14 DAY/RE	2				QL
	FREESTYLE LIBRE 14 DAY/SE	2				QL
	FREESTYLE LIBRE 2 PLUS/SE	2				QL
	FREESTYLE LIBRE 2/READER/	2				QL
	FREESTYLE LIBRE 2/SENSOR/	2				QL
	FREESTYLE LIBRE 3 PLUS/SE	2				QL
	FREESTYLE LIBRE 3/READER/	2				QL
	FREESTYLE LIBRE 3/SENSOR/	2				QL
	FREESTYLE LIBRE/READER/FL	2				QL
	FREESTYLE UNISTICK II LAN	2				
	GENTEEL BUTTERFLY TOUCH L	2				
	GENTEEL PLUS LANCING DEVI	2				
	GENTLE-LET LANCETS GENERA	2				
	GENTLE-LET LANCETS SAFETY	2				
	GLOBAL EASE INJECT PEN NE	2				
	GLOBAL EASY GLIDE INSULIN	2				
	GLOBAL EASY GLIDE PEN NEE	2				
	GLOBAL INJECT EASE INSULI	2				
	GLOBAL INJECT EASE LANCET	2				
	GLOBAL INSULIN SYRINGE/U-	2				
	GLOBAL INSULIN SYRINGES/U	2				
	GLOBAL LANCING DEVICE	2				
	GLUCOCOM LANCETS 28G	2				
	GLUCOCOM LANCETS 30G	2				
	GLUCOCOM LANCETS 33G	2				
	GLUCOPRO INSULIN SYRINGE/	2				
	GNP CLICKFINE UNIVERSAL P	2				
	GNP INSULIN SYRINGE/0.3ML	2				
	GNP INSULIN SYRINGE/0.5ML	2				
	GNP INSULIN SYRINGE/1ML/2	2				
	GNP INSULIN SYRINGE/1ML/3	2				
	GNP INSULIN SYRINGES/0.3M	2				
	GNP INSULIN SYRINGES/1/2M	2				
	GNP INSULIN SYRINGES/1ML/	2				
	GNP INSULIN SYRINGES/3ML/	2				
	GNP LANCETS THIN 26G	2				
	GNP LANCETS 21G	2				
	GNP LANCING SYSTEM DEVICE	2				
	GNP STERILE LANCETS 28G	2				
	GNP STERILE LANCETS 30G	2				
	GNP STERILE LANCETS 33G	2				
	GNP ULTICARE PEN NEEDLES	2				
	GNP ULTICARE PEN NEEDLES/	2				
	GNP ULTIGUARD SAFEPACK/MI	2				
	GNP ULTIGUARD SAFEPACK/SH	2				
	GNP ULTRA COMFORT INSULIN	2				
	GOJJI LANCING DEVICE/CLEA	2				
	GOJJI STERILE LANCETS 30G	2				
	GOODSENSE CLICKFINE SAFET	2				
	GOODSENSE COLOR LANCETS M	2				
	GOODSENSE LANCETS MICRO-T	2				
	GOODSENSE LANCETS ULTRA-T	2				
	GOODSENSE LANCING DEVICE	2				
	GOODSENSE PEN NEEDLE/PENF	2				

	H-E-B IN CONTROL PEN NEED	2				
	H-E-B IN CONTROL UNIFINE	2				
	H-E-B INCONTROL ADVANCED	2				
	H-E-B INCONTROL LANCETS M	2				
	H-E-B INCONTROL LANCETS S	2				
	H-E-B INCONTROL LANCETS U	2				
	H-E-B INCONTROL PEN NEEDL	2				
	HAEMOLANCE	2				
	HAEMOLANCE LOW FLOW LANCE	2				
	HAEMOLANCE PLUS	2				
	HAEMOLANCE PLUS HIGH FLOW	2				
	HAEMOLANCE PLUS LOW FLOW	2				
	HAEMOLANCE PLUS MAX FLOW	2				
	HAEMOLANCE PLUS PEDIATRIC	2				
	HEALTH CARE LANCING DEVIC	2				
	HEALTHWISE INSULIN SYRING	2				
	HEALTHWISE MICRON PEN NEE	2				
	HEALTHWISE MINI PEN NEEDL	2				
	HEALTHWISE PEN NEEDLES 29	2				
	HEALTHWISE SHORT PEN NEED	2				
	HM ULTICARE INSULIN SYRIN	2				
	HM ULTICARE MINI PEN NEED	2				
	HM ULTICARE SHORT PEN NEE	2				
	HY-VEE LANCETS	2				
	HY-VEE THIN LANCETS	2				
	IHEALTH LANCING DEVICE	2				
	IN TOUCH DIABETES MANAGEM	2				
	IN TOUCH LANCING DEVICE	2				
	IN TOUCH STERILE LANCETS	2				
	INCONTROL ULTICARE MINI P	2				
	INSULIN SYRINGE 1ML/31G X	2				
	INSULIN SYRINGE/NEEDLE 0.	2				
	INSULIN SYRINGE/NEEDLE 1M	2				
	INSULIN SYRINGE/U-100/0.3	2				
	INSULIN SYRINGE/U-100/0.5	2				
	INSULIN SYRINGE/U-100/1ML	2				
	INSULIN SYRINGE/0.3ML/30G	2				
	INSULIN SYRINGE/0.3ML/31G	2				
	INSULIN SYRINGE/0.5ML/28G	2				
	INSULIN SYRINGE/0.5ML/30G	2				
	INSULIN SYRINGE/0.5ML/31G	2				
	INSULIN SYRINGE/1ML/29G X	2				
	INSULIN SYRINGE/1ML/30G X	2				
	INSULIN SYRINGES 0.3ML/31	2				
	INSULIN SYRINGES 0.5ML/31	2				
	INSULIN SYRINGES/U-100/0.	2				
	INSULIN SYRINGES/U-100/1M	2				
	INSUPEN 29G X 12MM	2				
	INSUPEN 31G X 5MM	2				
	INSUPEN 31G X 8MM	2				
	INSUPEN 32G X 4MM	2				
	INSUPEN 33GX4MM	2				
	KAMELEON LUBRICATED	P				
	KIMONO COLORS	P				
	KIMONO LUBRICATED	P				
	KIMONO MAXX/LARGE FLARE	P				
	KIMONO MICRO THIN	P				
	KIMONO MICRO THIN PLUS SP	P				
	KIMONO PLUS SPERMICIDE LU	P				
	KIMONO PLUS SPERMICIDE/LU	P				
	KIMONO PS LUBRICATED	P				
	KIMONO PS PLUS SPERMICIDE	P				
	KIMONO SENSATION LUBRICAT	P				
	KIMONO SENSATION PLUS SPE	P				
	KIMONO SPECIAL	P				
	KINNEY LANCETS	2				
	KINNEY THIN LANCETS	2				
	KINRAY INSULIN SYRINGE PR	2				
	KINRAY INSULIN SYRINGE/0.	2				
	KMART VALU PLUS INSULIN S	2				
	KROGER AUTOLET LANCING DE	2				
	KROGER HEALTHPRO TWIST LA	2				
	KROGER INSULIN SYRINGE/U-	2				
	KROGER INSULIN SYRINGE/0.	2				
	KROGER INSULIN SYRINGE/1M	2				
	KROGER LANCETS	2				
	KROGER LANCETS MICRO THIN	2				

	KROGER LANCETS SUPER THIN	2				
	KROGER LANCETS THIN	2				
	KROGER LANCETS THIN 26G	2				
	KROGER LANCETS ULTRATHIN	2				
	KROGER LANCETS 21G	2				
	KROGER LANCING DEVICE	2				
	KROGER PEN NEEDLES 29G X	2				
	KROGER PEN NEEDLES 31G X	2				
	KROGER PEN NEEDLES 31GX1/	2				
	KROGER PEN NEEDLES/31G X	2				
	KROGER PEN NEEDLES/32G X	2				
	KROGER PEN NEEDLES/33G X	2				
	LANCET DEVICE ADJUSTABLE	2				
	LANCET DEVICE WITH EJECTO	2				
	LANCETS	2				
	LANCETS MICRO THIN 33G	2				
	LANCETS SUPER THIN 28G	2				
	LANCETS THIN	2				
	LANCETS ULTRA THIN 30G	2				
	LANCETS 28G	2				
	LANCETS 30G	2				
	LANCETS 30G TWIST TOP	2				
	LANCETS 30G/TWIST TOP	2				
	LANCETS 33G EXTRA FINE	2				
	LANCETS 33G UNIVERSAL DES	2				
	LANCING DEVICE	2				
	LANZO	2				
	LEADER ADVANCED LANCING D	2				
	LEADER INSULIN SYRINGE/0.	2				
	LEADER INSULIN SYRINGE/1M	2				
	LEADER LANCETS COLORED	2				
	LEADER SUPER THIN LANCET	2				
	LEADER THIN LANCETS	2				
	LEADER UNIFINE PENTIPS PL	2				
	LEADER UNIFINE PENTIPS/MI	2				
	LEADER UNIFINE PENTIPS/NA	2				
	LEADER UNIFINE PENTIPS/PL	2				
	LIBERTY MEDICAL LANCETS 3	2				
	LIBERTY MINI LANCING DEVI	2				
	LIFESCAN UNISTIK 2 DEEP P	2				
	LITE TOUCH LANCETS	2				
	LITE TOUCH LANCING PEN	2				
	LITETOUCH INSULIN PEN NEE	2				
	LITETOUCH INSULIN SYRINGE	2				
	LITETOUCH LANCETS MICRO T	2				
	LITETOUCH PEN NEEDLES 29G	2				
	LITETOUCH PEN NEEDLES 31G	2				
	LITETOUCH PEN NEEDLES/31	2				
	LITETOUCH PEN NEEDLES/31G	2				
	LIVE BETTER ADVANCED LANC	2				
	LIVE BETTER LANCET SUPER	2				
	LIVE BETTER LANCET ULTRA	2				
	LIVE BETTER PEN NEEDLES 2	2				
	LIVE BETTER PEN NEEDLES 3	2				
	LONGS INSULIN SYRINGE/0.5	2				
	LONGS LANCETS STANDARD	2				
	LONGS LANCETS THIN	2				
	LONGS LANCETS ULTRA THIN	2				
	MAGELLAN INSULIN SAFETY S	2				
	MARATHON MEDICAL PENTIPS	2				
	MAXI-COMFORT INSULIN SYRI	2				
	MAXI-COMFORT SAFETY PEN N	2				
	MAXICOMFORT II PEN NEEDLE	2				
	MAXICOMFORT INSULIN SYRIN	2				
	MAXX LUBRICATED	P				
	MAXX PLUS SPERMICIDE LUBR	P				
	MEDIC INSULIN SYRINGE/0.3	2				
	MEDIC INSULIN SYRINGE/0.5	2				
	MEDICHOICE PRE-SET SAFETY	2				
	MEDICHOICE SAFETY LANCET	2				
	MEDICINE SHOPPE LANCETS	2				
	MEDICINE SHOPPE LANCETS T	2				
	MEDICINE SHOPPE PEN NEEDL	2				
	MEDLANCE PLUS EXTRA LANCE	2				
	MEDLANCE PLUS LANCETS LIT	2				
	MEDLANCE PLUS LITE LANCET	2				
	MEDLANCE PLUS SPECIAL LAN	2				

	MEDLANCE PLUS SUPERLITE 3	2			
	MEDLANCE PLUS UNIVERSAL L	2			
	MEDLANCE PLUS/LITE 25G	2			
	MEIJER COLOR LANCETS UNIV	2			
	MEIJER LANCETS	2			
	MEIJER LANCETS THIN	2			
	MEIJER LANCETS UNIVERSAL	2			
	MEIJER PEN NEEDLES 29G X	2			
	MEIJER PEN NEEDLES 31G X	2			
	MEIJER SUPER THIN LANCETS	2			
	MICRODOT PEN NEEDLE/31G X	2			
	MICRODOT PEN NEEDLE/32G X	2			
	MICRODOT PEN NEEDLE/33G X	2			
	MICROLET LANCETS	2			
	MICROLET NEXT	2			
	MINI LANCING DEVICE	2			
	MM INSULIN SYRINGE/U-100/	2			
	MM LANCING DEVICE	2			
	MM PEN NEEDLES 31G X 1/4"	2			
	MM PEN NEEDLES 31G X 3/16	2			
	MM PEN NEEDLES 31G X 5/16	2			
	MM PEN NEEDLES 32G X 5/32	2			
	MM TWIST LANCETS	2			
	MONOJECT HYPO/ALUM HUB/LU	2			
	MONOJECT HYPO/ALUM HUB/18	2			
	MONOJECT INSULIN SYRINGE	2			
	MONOJECT INSULIN SYRINGE/	2			
	MONOJECT MAGELLAN SAFETY	2			
	MONOJECT SYRINGE PHARMACY	2			
	MONOJECT TUBERCULIN SYRIN	2			
	MONOJECT ULTRA COMFORT IN	2			
	MONOJECT 1ML LUER LOCK TU	2			
	MONOLET LANCETS	2			
	MONOLET OPD LANCETS	2			
	MONOLETTOR SAFETY LANCETS	2			
	MS INSULIN SYRINGE/0.3ML/	2			
	MS INSULIN SYRINGE/0.5ML/	2			
	MS INSULIN SYRINGE/1ML/29	2			
	MS INSULIN SYRINGE/1ML/30	2			
	MS INSULIN SYRINGE/1ML/31	2			
	MULTI-LANCET DEVICE	2			
	MYGLUCOHEALTH MGH SOFTLAN	2			
	NOVA SAFETY LANCETS 23G	2			
	NOVA SAFETY LANCETS 28G	2			
	NOVA SUREFLEX LANCETS	2			
	NOVA SUREFLEX LANCING DEV	2			
	NOVOFINE PEN NEEDLE 32G X	2			
	NOVOFINE PLUS PEN NEEDLE	2			
	OMNIFLEX DIAPHRAGM	P			
	ONETOUCH DELICA LANCETS E	2			
	ONETOUCH DELICA LANCETS F	2			
	ONETOUCH DELICA LANCING D	2			
	ONETOUCH DELICA PLUS LANC	2			
	ONETOUCH DELICA SAFETY LA	2			
	ONETOUCH LANCETS	2			
	ONETOUCH ULTRA 2	2			
	ONETOUCH ULTRASOFT 2 LANC	2			
	ONETOUCH VERIO	2			
	ONETOUCH VERIO FLEX BLOOD	2			
	ONETOUCH VERIO IQ BLOOD G	2			
	ONETOUCH VERIO REFLECT	2			
	PC UNIFINE PENTIPS 29G X	2			
	PC UNIFINE PENTIPS 31G X	2			
	PEN NEEDLE/5-BEVEL TIP/32	2			
	PEN NEEDLES	2			
	PEN NEEDLES 29GX12MM	2			
	PEN NEEDLES 30GX5MM	2			
	PEN NEEDLES 30GX8MM	2			
	PEN NEEDLES 31G X 3/16"	2			
	PEN NEEDLES 31G X 5MM	2			
	PEN NEEDLES 31G X 6MM	2			
	PEN NEEDLES 31G X 8MM	2			
	PEN NEEDLES 31GX5/16"	2			
	PEN NEEDLES 31GX5MM	2			
	PEN NEEDLES 31GX6MM (1/4"	2			
	PEN NEEDLES 31GX8MM	2			
	PEN NEEDLES 31GX8MM (5/16	2			

	PEN NEEDLES 32G X 4MM	2				
	PEN NEEDLES 32G X 5MM	2				
	PEN NEEDLES 32G X 6MM	2				
	PEN NEEDLES 32GX4MM	2				
	PEN NEEDLES 33G X 5/32"	2				
	PEN NEEDLES/29G X 1/2"	2				
	PEN NEEDLES/31G X 1/4"	2				
	PEN NEEDLES/31G X 3/16"	2				
	PEN NEEDLES/31G X 5/16"	2				
	PEN NEEDLES/31G X 6MM	2				
	PEN NEEDLES/32G X 5/32"	2				
	PENTIPS GENERIC PEN NEEDL	2				
	PENTIPS 29G X 12MM	2				
	PENTIPS 29GX12MM	2				
	PENTIPS 31G X 5MM	2				
	PENTIPS 31G X 8MM	2				
	PENTIPS 31GX5MM	2				
	PENTIPS 31GX6MM	2				
	PENTIPS 31GX8MM	2				
	PENTIPS 32G X 4MM	2				
	PENTIPS 32GX4MM	2				
	PERFECT LANCETS 30G	2				
	PERFECT POINT SAFETY LANC	2				
	PERFECT PRESSURE ACTIVATE	2				
	PHARMACIST CHOICE SELECT	2				
	PHARMACIST CHOICE ULTRA T	2				
	PHARMACY COUNTER LANCETS	2				
	PIP LANCETS/28G	2				
	PIP LANCETS/30G	2				
	PIP PEN NEEDLES 31G X 5MM	2				
	PIP PEN NEEDLES 32G X 4MM	2				
	PRECISION SURE-DOSE INSUL	2				
	PREFERRED PLUS INSULIN SY	2				
	PREFERRED PLUS LANCETS CO	2				
	PREFERRED PLUS LANCETS SU	2				
	PREFERRED PLUS LANCETS TH	2				
	PREFERRED PLUS UNIFINE PE	2				
	PREVENT DROPSAFE SAFETY P	2				
	PREVENT SAFETY PEN NEEDLE	2				
	PRO COMFORT INSULIN SYRIN	2				
	PRO COMFORT PEN NEEDLES/	2				
	PRO COMFORT SAFETY LANCET	2				
	PRODIGY INSULIN SYRINGE/U-	2				
	PRODIGY INSULIN SYRINGE/1	2				
	PRODIGY LANCING DEVICE	2				
	PRODIGY PRESSURE ACTIVATE	2				
	PRODIGY SAFETY LANCETS	2				
	PRODIGY TWIST TOP LANCETS	2				
	PURE COMFORT PEN NEEDLE 3	2				
	PURE COMFORT PEN NEEDLE/3	2				
	PURE COMFORT SAFETY PEN N	2				
	PX ADVANCED LANCING DEVIC	2				
	PX EXTRA SHORT PEN NEEDLE	2				
	PX INSULIN SYRINGE/U-100/	2				
	PX LANCETS MICROTHIN 33G	2				
	PX LANCETS ULTRA THIN	2				
	PX LANCETS ULTRA THIN 28G	2				
	PX MINI PEN NEEDLES 31GX5	2				
	PX PEN NEEDLE 29GX12MM	2				
	PX PEN NEEDLE 31GX8MM	2				
	QC ADVANCED LANCING DEVIC	2				
	QC INSULIN SYRINGE/0.3ML/	2				
	QC INSULIN SYRINGE/0.5ML/	2				
	QC INSULIN SYRINGE/1ML/29	2				
	QC INSULIN SYRINGE/1ML/31	2				
	QC LANCETS SUPER THIN	2				
	QC LANCETS ULTRA THIN	2				
	QC PEN NEEDLES 29G X 12MM	2				
	QC PEN NEEDLES 31G X 6MM	2				
	QC PEN NEEDLES 31G X 8MM	2				
	QC UNIFINE PENTIPS 32GX4M	2				
	QC UNILET LANCETS 28G/ULT	2				
	QC UNILET LANCETS 33G/MIC	2				
	RA E-ZJECT LANCETS THIN 2	2				
	RA E-ZJECT LANCETS ULTRA	2				
	RA E-ZJECT LANCETS 28G	2				
	RA INSULIN SYRINGE/U-100/	2				

	SURE COMFORT LANCETS 30G	2				
	SURE COMFORT LANCING PEN	2				
	SURE COMFORT PEN NEEDLES	2				
	SURELITE LANCETS	2				
	TECHLITE AST LANCETS	2				
	TECHLITE INSULIN SYRINGE	2				
	TECHLITE LANCETS	2				
	TECHLITE LANCETS 26G	2				
	TECHLITE PEN NEEDLES 29G	2				
	TECHLITE PEN NEEDLES 31G	2				
	TECHLITE PEN NEEDLES/31G	2				
	TECHLITE PEN NEEDLES/32G	2				
	TECHLITE PLUS PEN NEEDLES	2				
	TGT ADVANCED LANCING DEVI	2				
	TGT LANCET ALTERNATE SITE	2				
	TGT LANCET MICRO THIN 33G	2				
	TGT LANCET SUPER THIN 30G	2				
	TGT LANCET THIN 23G	2				
	TGT LANCET THIN 26G	2				
	TGT LANCET ULTRA THIN 28G	2				
	TGT LANCET ULTRA THIN 30G	2				
	TGT LANCING DEVICE	2				
	TODAYS HEALTH ADVANCED LA	2				
	TODAYS HEALTH ORIGINAL PE	2				
	TODAYS HEALTH SHORT PEN N	2				
	TODAYS HEALTH SUPER THIN	2				
	TODAYS HEALTH ULTRA THIN	2				
	TOPCARE CLICKFINE UNIVERS	2				
	TOPCARE LANCETS MICRO-THI	2				
	TOPCARE ULTRA COMFORT INS	2				
	TRAVEL LANCETS ADVANCED 2	2				
	TRUE COMFORT INSULIN SYRI	2				
	TRUE COMFORT PEN NEEDLES	2				
	TRUE COMFORT PRO INSULIN	2				
	TRUE COMFORT PRO PEN NEED	2				
	TRUE COMFORT SAFETY INSUL	2				
	TRUE COMFORT SAFETY LANCE	2				
	TRUE COMFORT SAFETY PEN N	2				
	TRUE COMFORT TWIST TOP LA	2				
	TRUE COVER	P				
	TRUEDRAW LANCING DEVICE	2				
	TRUEPLUS INSULIN SYRINGE	2				
	TRUEPLUS INSULIN SYRINGE/	2				
	TRUEPLUS LANCETS 26G	2				
	TRUEPLUS LANCETS 28G	2				
	TRUEPLUS LANCETS 28G SUPE	2				
	TRUEPLUS LANCETS 30G	2				
	TRUEPLUS LANCETS 30G ULTR	2				
	TRUEPLUS LANCETS 33G	2				
	TRUEPLUS LANCETS 33G MICR	2				
	TRUEPLUS PEN NEEDLES 29GX	2				
	TRUEPLUS PEN NEEDLES 31GX	2				
	TRUEPLUS PEN NEEDLES 32GX	2				
	TRUEPLUS SAFETY LANCETS 2	2				
	TRUEPLUS 5-BEVEL PEN NEED	2				
	TRUSTEX COLOR CONDOMS + L	P				
	TRUSTEX LUBRICATED	P				
	TRUSTEX LUBRICATED EXTRA	P				
	TRUSTEX LUBRICATED/RIBBED	P				
	TRUSTEX LUBRICATED/SPERMI	P				
	TRUSTEX NATURAL CONDOMS +	P				
	TRUSTEX NON-LUBRICATED	P				
	TRUSTEX WITH NONOXYNOL-9/	P				
	TRUSTEX/RIA LUBRICATED	P				
	TRUSTEX/RIA LUBRICATED SP	P				
	TRUSTEX/RIA LUBRICATED/SP	P				
	TRUSTEX/RIA NON-LUBRICATE	P				
	TWIST TOP LANCETS 30G	2				
	ULTI-LANCE AUTOMATIC/ CLE	2				
	ULTICARE INSULIN SAFETY S	2				
	ULTICARE INSULIN SYRINGE	2				
	ULTICARE INSULIN SYRINGE/	2				
	ULTICARE MICRO PEN NEEDLE	2				
	ULTICARE MINI PEN NEEDLES	2				
	ULTICARE MINI SAFETY PEN	2				
	ULTICARE ORIGINAL PEN NEE	2				
	ULTICARE PEN NEEDLES 31G	2				

	ULTICARE PEN NEEDLES/29G	2				
	ULTICARE SHORT PEN NEEDLE	2				
	ULTICARE SHORT SAFETY PEN	2				
	ULTICARE TUBERCULIN SAFET	2				
	ULTICARE U-100 INSULIN SY	2				
	ULTIGUARD INSULIN SYRINGE	2				
	ULTIGUARD SAFEPACK INSULI	2				
	ULTIGUARD SAFEPACK MINI P	2				
	ULTIGUARD SAFEPACK PEN NE	2				
	ULTIGUARD SAFEPACK/MICRO	2				
	ULTIGUARD SAFEPACK/MINI P	2				
	ULTIGUARD SAFEPACK/SHORT	2				
	ULTIGUARD SAFEPACK/SYRING	2				
	ULTIGUARD SAFEPACK/TINY P	2				
	ULTILET CLASSIC LANCETS	2				
	ULTILET LANCETS	2				
	ULTILET LANCETS 33G	2				
	ULTILET PEN NEEDLE 29GX12	2				
	ULTILET PEN NEEDLE 31GX5M	2				
	ULTILET PEN NEEDLE 31GX8M	2				
	ULTILET PEN NEEDLE 32GX4M	2				
	ULTILET SAFETY LANCETS 21	2				
	ULTILET SAFETY LANCETS 23	2				
	ULTILET SHORT PEN NEEDLES	2				
	ULTRA COMFORT INSULIN SYR	2				
	ULTRA FLO INSULIN PEN NEE	2				
	ULTRA FLO INSULIN SYRINGE	2				
	ULTRA INSULIN SYRINGE/U-1	2				
	ULTRA THIN LANCETS 28G	2				
	ULTRA THIN LANCETS 31G	2				
	ULTRA THIN PEN NEEDLES 32	2				
	ULTRA-THIN II AUTO LANCET	2				
	ULTRA-THIN II INSULIN SYR	2				
	ULTRA-THIN II LANCETS 28G	2				
	ULTRA-THIN II LANCETS 30G	2				
	ULTRA-THIN II MINI PEN NE	2				
	ULTRA-THIN II PEN NEEDLES	2				
	ULTRACARE INSULIN SYRINGE	2				
	ULTRACARE PEN NEEDLES/31G	2				
	ULTRACARE PEN NEEDLES/32G	2				
	ULTRACARE PEN NEEDLES/33G	2				
	UNIFINE PENTIPS PLUS 29GX	2				
	UNIFINE PENTIPS PLUS 31GX	2				
	UNIFINE PENTIPS PLUS 32GX	2				
	UNIFINE PENTIPS PLUS 33G	2				
	UNIFINE PENTIPS PLUS 33GX	2				
	UNIFINE PENTIPS PLUS/30G	2				
	UNIFINE PENTIPS 29GX12MM	2				
	UNIFINE PENTIPS 31G X 3/1	2				
	UNIFINE PENTIPS 31G X 6MM	2				
	UNIFINE PENTIPS 31G X 8MM	2				
	UNIFINE PENTIPS 31GX5MM	2				
	UNIFINE PENTIPS 31GX6MM	2				
	UNIFINE PENTIPS 31GX8MM	2				
	UNIFINE PENTIPS 32GX4MM	2				
	UNIFINE PENTIPS 32GX6MM	2				
	UNIFINE PENTIPS 33GX4MM	2				
	UNIFINE PENTIPS/30G X 3/1	2				
	UNIFINE PROTECT SAFETY PE	2				
	UNIFINE SAFECONTROL PEN N	2				
	UNIFINE ULTRA PEN NEEDLE/	2				
	UNILET COMFORTOUCH LANCET	2				
	UNILET EXCELITE	2				
	UNILET EXCELITE II	2				
	UNILET G.P. LANCET	2				
	UNILET G.P. SUPERLITE LAN	2				
	UNILET GP 28 ULTRA THIN	2				
	UNILET LANCET	2				
	UNILET LANCETS MICRO-THIN	2				
	UNILET LANCETS SUPER-THIN	2				
	UNILET LANCETS ULTRA-THIN	2				
	UNILET SUPERLITE LANCET	2				
	UNISTIK CZT COMFORT	2				
	UNISTIK CZT NORMAL	2				
	UNISTIK NORMAL	2				
	UNISTIK PRO SAFETY LANCET	2				
	UNISTIK SAFETY LANCETS 28	2				

	UNISTIK SAFETY LANCETS 30	2				
	UNISTIK TOUCH SAFETY LANC	2				
	UNISTIK 1	2				
	UNISTIK 2	2				
	UNISTIK 2 COMFORT	2				
	UNISTIK 2 EXTRA	2				
	UNISTIK 2 NEONATAL	2				
	UNISTIK 2 NORMAL	2				
	UNISTIK 2 SUPER	2				
	UNISTIK 3	2				
	UNISTIK 3 COMFORT	2				
	UNISTIK 3 EXTRA	2				
	UNISTIK 3 GENTLE	2				
	UNISTIK 3 NEONATAL	2				
	UNISTIK 3 NORMAL	2				
	UNIVERSAL 1 LANCETS THIN	2				
	UNIVERSAL 1 LANCETS ULTRA	2				
	UNIVERSAL 1 LANCETS/33G/M	2				
	VALUE HEALTH INSULIN SYRI	2				
	VALUE PLUS LANCETS STANDA	2				
	VALUE PLUS LANCETS SUPER	2				
	VALUE PLUS LANCETS THIN 2	2				
	VALUE PLUS LANCING DEVICE	2				
	VALUMARK LANCET SUPER THI	2				
	VALUMARK LANCET ULTRA THI	2				
	VALUMARK PEN NEEDLES 29GX	2				
	VALUMARK PEN NEEDLES 31G	2				
	VANISHPOINT INSULIN SYRIN	2				
	VANISHPOINT SAFETY SYRING	2				
	VERIFINE INSULIN PEN NEED	2				
	VERIFINE INSULIN SYRINGE	2				
	VERIFINE INSULIN SYRINGE/	2				
	VERIFINE PLUS INSULIN PEN	2				
	VERIFINE PLUS PEN NEEDLE/	2				
	VERIFINE SAFETY LANCET MI	2				
	VERIFINE UNIVERSAL LANCET	2				
	VIVAGUARD LANCETS	2				
	VIVAGUARD LANCETS 30G	2				
	VIVAGUARD LANCING DEVICE	2				
	VIVAGUARD SAFETY LANCETS	2				
	VIVAGUARD SAFETY LANCETS/	2				
	VP INSULIN SYRINGE/U-100/	2				
	WALGREENS COMFORT ASSURED	2				
	WALGREENS LANCETS	2				
	WALGREENS THIN LANCETS	2				
	WALGREENS ULTRA THIN LANC	2				
	WEGMANS UNIFINE PENTIPS P	2				
	WIDE-SEAL SILICONE DIAPHR	P				
	ZEV RX INSULIN SYRINGE/0.5	2				
	ZEV RX INSULIN SYRINGE/1ML	2				
	ZEV RX PEN NEEDLES 31G X 5	2				
	ZEV RX PEN NEEDLES 31G X 6	2				
	ZEV RX PEN NEEDLES 31G X 8	2				
	ZEV RX PEN NEEDLES 32G X 4	2				
	ZEV RX TWIST TOP LANCETS 3	2				
	1ML VANISHPOINT TUBERCULI	2				
	1ST CHOICE LANCETS SUPER	2				
	1ST CHOICE LANCETS THIN	2				
	1ST CHOICE LANCETS ULTRA	2				
	1ST TIER UNIFINE PENTIPS	2				
	10ML SYRINGE LUER-LOK TIP	2				
15.8.1.1 ASSORTED CLASSES						
	azathioprine tab 50 mg	1				
	cyclosporine cap 25 mg, 100 mg	1				
	cyclosporine modified cap 25 mg, 100 mg	1				
	cyclosporine modified cap 50 mg	1				
	cyclosporine modified oral soln 100 mg/ml	1				
	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1				
	irrigation solution, physiological	1				
	lactated ringer's for irrigation	1				
	lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	1	SP	PA		QL
	lenalidomide caps 2.5 mg	1	SP	PA		QL
	mycophenolate mofetil cap 250 mg	1				
	mycophenolate mofetil for oral susp 200 mg/ml	1				
	mycophenolate mofetil tab 500 mg	1				

	mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	1				
	penicillamine tab 250 mg	1	SP	PA		
	ringer's solution for irrigation	1				
	sirolimus oral soln 1 mg/ml	1				
	sirolimus tab 0.5 mg, 1 mg, 2 mg	1				
	sodium polystyrene sulfonate powder	1				
	sodium polystyrene sulfonate susp 15 gm/60ml	1				
	tacrolimus cap 0.5 mg, 1 mg, 5 mg	1				
	trientine hcl cap 250 mg	1	SP	PA		
	water for irrigation, sterile irrigation soln	1				