

CONNECTICUT MEDICAID	ACNE AGENTS, TOPICAL (SEE DX CODE REQ.) ‡	ANGIOTENSIN MODULATORS, CONT.	ANTICONVULSANTS
<b>Preferred Drug List (PDL)</b>	(STEP THERAPY CATEGORY)	RAMIPRIL CAPSULE (ORAL)	CARBAMAZEPINE TAB CHEW, IR TABLET (not ER) (ORAL)
	(DX CODE REQUIRED - DIFFERIN, EPIDUO and RETIN-A)	VALSARTAN TABLET (ORAL)	CARBATROL ER CAPSULE (ORAL)
	ACNE MEDICATION 5% & 10% GEL (OTC BENZOYL PEROXIDE)	VALSARTAN / HCTZ TABLET (ORAL)	CLOBAZAM SUSPENSION (ORAL)*
	ACNE MEDICATION LOTION (OTC BENZOYL PEROXIDE) (TOPICAL)		CLOBAZAM TABLET (ORAL)
<ul style="list-style-type: none"> <li>The Connecticut Medicaid Preferred Drug List (PDL) is a listing of prescription products selected by the Pharmaceutical and Therapeutics Committee as efficacious, safe and cost effective choices when prescribing for HUSKY A, HUSKY C, HUSKY D, EMDS, Tuberculosis (TB) and Family Planning (FAMPL) clients.</li> <li>Preferred or Non-Preferred status ONLY applies to those medications that fall within the drug classes listed on this PDL</li> <li>HIV medications are excluded from the PDL and do not require prior authorization</li> <li>"OTC" notation will appear for OTC Products Covered for clients over the age of 21</li> </ul>	ADAPALENE/BENZOYL PEROXIDE 0.1 - 2.5% (EPIDUO) (TOPICAL)	<b>ANGIOTENSIN MODULATOR COMBINATIONS</b>	CLONAZEPAM IR TABLET (not ODT or ER) (ORAL)
	ADAPALENE 0.1% GEL (OTC)(TOPICAL) (DX CODE REQ.)	AMLODIPINE / BENAZEPRIL CAPSULE (ORAL)	<b>DEPAKOTE SPRINKLE CAPSULE (not TABLET) (ORAL)</b>
	BENZOYL PEROXIDE 2.5%, 5%, 10% GEL (OTC) (TOPICAL)	AMLODIPINE / OLMESARTAN TABLET (ORAL)	DIAZEPAM RECTAL GEL SYSTEM (RECTAL)
	BENZOYL PEROXIDE 5%, 10% WASH (OTC) (TOPICAL)	AMLODIPINE / VALSARTAN TABLET (ORAL)	DIVALPROEX SOD DR TABLET (not SPRINKLE) (ORAL)
	CLINDAMYCIN PH 1% PLEGET (TOPICAL)		DIVALPROEX SOD ER TABLET (ORAL)
	CLINDAMYCIN PH 1% GEL (not GENERIC CLINDAGEL) (TOPICAL)		EPIDIOLEX SOLUTION (ORAL)
	CLINDAMYCIN PH 1% LOTION, SOLUTION (TOPICAL)	<b>ANTHELMINTICS</b>	EPITOL TABLET (ORAL)
	CLINDAMYCIN / BENZOYL PEROXIDE 1.2 - 5% (generic DUAC)	ALBENDAZOLE TABLET (ORAL)	ETHOSUXIMIDE CAPSULE, SOLUTION (ORAL)
	ERYTHROMYCIN 2% GEL, SOLUTION (TOPICAL)	BILTRICIDE TABLET (ORAL)	LACOSAMIDE TABLET, SOLUTION (not CUP)
	<b>RETIN-A CREAM (DX CODE REQ.) (TOPICAL)</b>	IVERMECTIN TABLET (ORAL)	LAMOTRIGINE CHEW DISPERS TAB (not ODT) (ORAL)
<b>RETIN-A GEL (not MICRO) (DX CODE REQ.) (TOPICAL)</b>	PRAZICUANTEL TABLET (ORAL)	LAMOTRIGINE TABLET (not ER) (ORAL)	
<b>OTC Expansion Coverage List</b>	<b>ALZHEIMER'S AGENTS</b>	<b>ANTI-ALLERGENS, ORAL</b>	LEVETIRACETAM SOLUTION, IR TABLET (not ER) (ORAL)
<ul style="list-style-type: none"> <li>Preferred brand-name medications with non-preferred generic equivalents are listed in <b>BOLD (LAST UPDATED 1/1/2025)</b></li> </ul>	DONEPEZIL ODT (ORAL)	All agents require non-PDL PA	NAYZILAM NASAL SPRAY (NASAL)
	DONEPEZIL 5MG & 10MG TABLET (not 23MG) (ORAL)		OXCARBAMAZEPINE TABLET (ORAL)
	<b>EXELON PATCH (TRANSDERMAL)</b>	<b>ANTIBIOTICS, GI</b>	PHENOBARBITAL ELIXIR, SOLUTION, TABLET (ORAL)
<ul style="list-style-type: none"> <li>"DX CODE REQUIRED" notation will appear for preferred agents that require ICD-10 code for reimbursement</li> </ul>	MEMANTINE IR TABLET (not ER CAPSULES) (ORAL)	METRONIDAZOLE TABLET (not CAPSULE) (ORAL)	PHENYTOIN CHEW TABLET, SUSPENSION (ORAL)
	MEMANTINE 5-10MG TITRATION PACK (ORAL)	TINIDAZOLE TABLET (ORAL)	PHENYTOIN SOD EXT 100 MG CAPS (not 200MG, 300MG) (ORAL)
	RIVASTIGMINE CAPSULES (ORAL)	VANCOMYCIN CAPSULE (ORAL)	PRIMIDONE TABLET (ORAL)
<b>HUSKY Therapeutic Class ICD-10 Diagnosis List</b>	<b>ANALGESICS, NARCOTICS SHORT</b>	VANCOMYCIN 25 MG/ML SOLUTION (FIRVANQ) (ORAL)	ROWEEPRA TABLET (ORAL)
<ul style="list-style-type: none"> <li>"CHEWABLE" notation will appear for chewable preferred agents</li> </ul>	*** OPIOIDS MAY REQUIRE CLINICAL MEDICALLY NECESSARY PA BASED ON CLIENT MME LEVEL***		<b>SABRIL 500 MG POWDER PACK (ORAL)</b>
	***OPIOID CLINICAL PRIOR AUTHORIZATION FORM***		<b>SABRIL 500 MG TABLET (ORAL)</b>
** New Therapeutic Class added to PDL effective 1/1/25 * New Drug added to the PDL effective 1/1/25		<b>ANTIBIOTICS, INHALED</b>	SUBVENITE TABLET (not START KIT) (ORAL)
<b>Non - PDL PA Requirements</b>	APAP / CODEINE 300-30 MG/12.5 ML SOLUTION (ORAL)	<b>BETHKIS 300 MG/4 ML AMPULE (INHALATION)</b>	<b>TEGRETOL 100 MG/5 ML SUSPENSION (ORAL)</b>
<a href="#">Connecticut Medicaid PDL PA Form</a>	APAP / CODEINE 120-12 MG/5 ML SOLUTION (ORAL)	<b>KITABIS PAK 300 MG/5 ML (INHALATION)</b>	<b>TEGRETOL XR TABLET (ORAL)</b>
<ul style="list-style-type: none"> <li>Intolerance of the preferred agents</li> <li>Adverse reaction to the preferred agents</li> <li>Inadequate response from the preferred agents</li> <li>Determined medically necessary appropriate</li> <li>Absence of appropriate formulation of the preferred agent</li> </ul>	APAP / CODEINE #2, #3, #4 TABLET (ORAL)	TOBI PODHALER 28MG INHALE CAPS (49502-0401-24) (INHALATION)	TIAGABINE TABLET (ORAL)
	ENDOCET TABLET (ORAL)	TOBRAMYCIN 300 MG/5 ML AMPULE (00093-4085-63) (INHALATION)	TOPIRAMATE SPRINKLE CAPSULE (ORAL)
	HYDROCODONE / APAP SOLUTION (ORAL)		TOPIRAMATE TABLET (not ER) (ORAL)
	HYDROCODONE / APAP TABLET (ORAL)	<b>ANTIBIOTICS, TOPICAL</b>	<b>TRILEPTAL 300 MG/5 ML SUSPENSION (ORAL)</b>
	HYDROMORPHONE TABLET (IR) (ORAL)	GENTAMICIN 0.1% CREAM (TOPICAL)	VALPROIC ACID CAPSULE, SOLUTION (ORAL)
	MORPHINE CONC, SOLUTION, SYRUP (ORAL)	GENTAMICIN 0.1% OINTMENT (TOPICAL)	VALTOGO NASAL SPRAY (NASAL)
<b>Step Therapy PA Requirements</b>	MORPHINE IR TABLET (ORAL)	MUPIROCIIN 2% OINTMENT (not CREAM) (TOPICAL)	ZONISAMIDE CAPSULE (ORAL)
<b>STEP THERAPY PA FORM</b>	OXYCODONE / APAP CAPSULE, TABLET (ORAL)		<b>ANTIDEPRESSANTS, OTHER</b>
‡ Agents from the following FIVE categories:	OXYCODONE TABLET (not CAPSULE) (ORAL)		BUPROPION HCL TABLET (ORAL)
ACNE AGENTS, TOPICAL, ANTIMIGRAINE AGENTS, CYTOKINE/CAM ANTAGONISTS, LIPOTROPICS, STATINS, PROTON PUMP INHIBITORS	OXYCODONE 5 MG/5 ML SOLUTION (ORAL)	<b>ANTIBIOTICS, VAGINAL</b>	BUPROPION SR TABLET (ORAL)
		CLEOCIN OVULES (VAGINAL)	BUPROPION XL TABLET (NOT 450MG) (ORAL)
	TRAMADOL 50 MG TABLET (ORAL)	CLINDAMYCIN 2% VAGINAL CREAM (VAGINAL)	DESVENLAFAXINE SUCC ER TABLET (ORAL)
	TRAMADOL / APAP TABLET (ORAL)	METRONIDAZOLE VAGINAL 0.75% GEL (VAGINAL)	MIRTAZAPINE TABLET, ODT (ORAL)
<b>Important Connecticut Medicaid Phone Numbers</b>	<b>ANDROGENIC AGENTS</b>	<b>NUVESSA VAGINAL 1.3% GEL (VAGINAL)</b>	TRAZODONE TABLET (ORAL)
Gainwell Technologies Pharmacy Prior Authorization Center Phone #: 1-866-409-8386 (toll-free) Fax #: 1-866-759-4110 (toll-free)	ANDROGEL 1.62% GEL PUMP (TRANSDERMAL)		TRINTELLIX TABLET (ORAL)
	TESTOSTERONE 1.62% GEL PUMP (TRANSDERMAL)		VENLAFAXINE ER CAPSULES (not ER TABLET) (ORAL)
		<b>ANTICOAGULANTS</b>	VENLAFAXINE IR TABLET (ORAL)*
<b>PA forms are available on our website:</b> <a href="http://www.CTDSSMAP.com">http://www.CTDSSMAP.com</a> Navigate to: <i>Pharmacy Information</i> or: <i>information &gt; publications &gt; forms</i>	<b>ANGIOTENSIN MODULATORS</b>	ELIQUIS STARTER PACK (ORAL)	VILAZODONE TABLET (ORAL)
	BENAZEPRIL TABLET (ORAL)	ELIQUIS TABLET (ORAL)	<b>ANTIDEPRESSANTS, SSRIs</b>
	BENAZEPRIL / HCTZ (ORAL)	ENOXAPARIN SYRINGE (SUBCUTANEOUS)	CITALOPRAM TABLET, SOLUTION (not CAPS) (ORAL)
	ENALAPRIL, ENALAPRIL / HCTZ (not SOLUTION) (ORAL)	ENOXAPARIN VIAL (SUBCUTANEOUS)	ESCITALOPRAM TABLET, SOLUTION (ORAL)
	<b>ENTRESTO TABLET (ORAL)</b>	JANTOVEN TABLET (ORAL)	FLUOXETINE 20 MG/5 ML SOLUTION (ORAL)
Gainwell Technologies Provider Assistance Center 1-800-842-8440 (toll-free)	IRBESARTAN, IRBESARTAN / HCTZ (ORAL)	<b>PRADAXA CAPSULE (not PELLETT PACK) (ORAL)</b>	FLUOXETINE CAPSULE (not 90 MG) (ORAL)
	LISINAPRIL, LISINAPRIL / HCTZ (ORAL)	WARFARIN TABLET (ORAL)	FLUOXETINE 10 MG TABLET (not 20 MG or 60 MG) (ORAL)
Dept of Social Services Rx Consultant 1-860-424-5150	LOSARTAN, LOSARTAN / HCTZ (ORAL)	XARELTO TABLET (ORAL)	FLUVOXAMINE IR TABLET (not ER or CAPS) (ORAL)
	OLMESARTAN, OLMESARTAN / HCTZ (ORAL)	XARELTO STARTER PACK (ORAL)	PAROXETINE TABLET (IR only) (ORAL)
			SERTRALINE TABLET, ORAL CONC (not CAPSULE) (ORAL)

ANTIEMETIC / ANTIVERTIGO AGENTS	ANTIMIGRAINE AGENTS, TRIPTANS ‡	ANTIPSYCHOTICS, CONT.	BLADDER RELAXANT PREPARATIONS
APREPITANT CAPSULE (not PACK) (ORAL)	(STEP THERAPY CATEGORY)	LURASIDONE TABLET (ORAL)	FESOTERODINE ER TABLET (ORAL)
BONJESTA ER TABLET (ORAL)	<b>RELPAK TABLET (ORAL)</b>	MOLINDONE TABLET (ORAL)	<b>MYRBETRIQ ER TABLET (ORAL)</b>
<b>DICLEGIS TABLET (ORAL)</b>	RIZATRIPTAN ODT (ORAL)	OLANZAPINE TABLET, ODT (ORAL)	OXYBUTYNYN ER TABLET (ORAL)
DRONABINOL CAPSULE (ORAL)	RIZATRIPTAN TABLET (ORAL)	OLANZAPINE / FLUOXETINE CAPSULE (ORAL)	OXYBUTYNYN SOLUTION, TABLET (not 2.5MG) (ORAL)
EMEND 80 MG CAPSULE (not TRIPACK) (ORAL)	SUMATRIPTAN NASAL SPRAY (NASAL)	PALIPERIDONE ER TABLET (ORAL)	SOLIFENACIN TABLET (ORAL)
ONDANSETRON ODT (4MG & 8MG only) (ORAL)	SUMATRIPTAN TABLET (ORAL)	PERPHENAZINE TABLET (ORAL)	<b>BONE RESORPTION SUPPRESSION &amp; RELATED AGENTS</b>
ONDANSETRON SOLUTION, TABLET (ORAL)	SUMATRIPTAN VIAL (not AUTOINJECT) (SUBCUTANEOUS)	PERPHENAZINE / AMITRIPTYLINE TABLET (ORAL)	ALENDRONATE TABLET (ORAL)
<b>TRANSDERM-SCOP PATCH (TRANSDERM)</b>		PERSERIS ER SYRINGE KIT (SUBCUTANEOUS)	CALCITONIN-SALMON 200 UNITS SPRAY (NASAL)
<b>ANTIFUNGALS, ORAL</b>	<b>ANTIPARASITICS, TOPICAL</b>	PIMOZIDE TABLET (ORAL)	<b>FORTEO 600 MCG/2.4 ML PEN INJ (SUBCUTANE.)</b>
CLOTRIMAZOLE 10 MG TROCHE (MUCOUS MEM)	<b>NATROBA 0.9% SUSPENSION (TOPICAL)</b>	QUETIAPINE TABLET, ER TABLET (ORAL)	IBANDRONATE TABLETS (ORAL)
FLUCONAZOLE SUSPENSION, TABLET (ORAL)	PERMETHRIN 1% CREAM RINSE (OTC) (TOPICAL)	REXULTI TABLET (not PACK) (ORAL)	
GRISEOFULVIN SUSPENSION (not TABLET) (ORAL)	PERMETHRIN 5% CREAM (TOPICAL)	<b>RISPERDAL CONSTA VIAL (INTRAMUSC.)</b>	<b>BOTULINUM TOXINS</b>
NYSTATIN SUSPENSION (not TABLET) (ORAL)	PIPERONYL BUTOXIDE / PYRETHRINS LICE KILLING SHAMPO	RISPERIDONE ODT, SOLUTION, TABLET (ORAL)	BOTOX VIAL (not COSMETIC) (INTRAMUSC)
POSACONAZOLE DR TABLET (ORAL)		THIORIDAZINE TABLET (ORAL)	DYSPORE VIAL (INTRAMUSC)
TERBINAFINE TABLET (ORAL)	<b>ANTIPARKINSON'S AGENTS</b>	THIOTHIXENE CAPSULE (ORAL)	
	AMANTADINE CAPSULE, SOLUTION, TABLET (ORAL)	TRIFLUOPERAZINE TABLET (ORAL)	<b>BPH TREATMENTS (SEE DX CODE REQ.)</b>
<b>ANTIFUNGALS, TOPICAL</b>	BENZTROPINE MES TABLET (ORAL)	UZEDY ER SYRINGE (SUBCUTANEOUS)	(DX CODE REQUIRED - TADALAFIL)
CICLOPIROX 0.77% CREAM (not GEL) (TOPICAL)	CARBIDOPA / LEVODOPA TABLET (not ODT) (ORAL)	VRAYLAR CAPSULE, PACK (ORAL)	ALFUZOSIN ER TABLET (ORAL)
CLOTRIMAZOLE 1% SOLUTION (TOPICAL)	CARBIDOPA / LEVODOPA ER TABLET (ORAL)	ZIPRASIDONE CAPSULE (ORAL)	DOXAZOSIN MESYLATE TABLET (ORAL)
CLOTRIMAZOLE-BETAMETHASONE CREAM (not LOTION) (TOPICAL)	CARBIDOPA / LEVODOPA / ENTACAPONE TABLET (ORAL)		DUTASTERIDE CAPSULE (ORAL)
KETOCONAZOLE 2% CREAM (not FOAM) (TOPICAL)	PRAMIPEXOLE IR TABLET (not ER) (ORAL)	<b>ANTIVIRALS, ORAL</b>	FINASTERIDE 5 MG TABLET (not 1 MG) (ORAL)
KETOCONAZOLE 2% SHAMPOO (TOPICAL)	ROPINIROLE IR TABLET (not ER) (ORAL)	ACYCLOVIR CAPSULE, TABLET (ORAL)	TAMSULOSIN CAPSULE (ORAL)
MICONAZOLE 2% CREAM (OTC) (TOPICAL)	SELEGILINE CAPSULE, TABLET (ORAL)	ACYCLOVIR SUSPENSION (ORAL)	TERAZOSIN CAPSULE (ORAL)
MICONAZOLE 2% POWDER (OTC) (TOPICAL)	TRIHEXYPHENIDYL ELIXIR, TABLET (ORAL)	FAMCICLOVIR TABLET (ORAL)	
NYSTATIN CREAM, OINTMENT, POWDER (TOPICAL)		OSELTAMIVIR CAPSULE (ORAL)	<b>BRONCHODILATORS, BETA AGONIST</b>
NYSTATIN-TRIAMCINOLONE CREAM, OINTMENT (TOPICAL)	<b>ANTIPSORIATICS, ORAL</b>	OSELTAMIVIR SUSPENSION (ORAL)	ALBUTEROL NEB SOLN 0.63, 1.25, 2.5 MG/3 ML (INHALATION)
	ACITRETIN CAPSULE (ORAL)	VALACYCLOVIR TABLET (ORAL)	ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)
<b>ANTIHISTAMINES, MINIMALLY SEDATING</b>			ALBUTEROL SULF 2 MG/5 ML SYRUP (ORAL)
CETIRIZINE SOFTGEL (OTC) (ORAL)*	<b>ANTIPSORIATICS, TOPICAL</b>	<b>ANTIVIRALS, TOPICAL</b>	PROAIR RESPICLICK (INHALATION)
CETIRIZINE TABLET (OTC) (not CHEWABLE) (ORAL)	CALCIPOTRIENE 0.005% CREAM, OINTMENT (TOPICAL)	ACYCLOVIR 5% CREAM (TOPICAL)	SEREVENT DISKUS (INHALATION)
CETIRIZINE SOLUTION, SYRUP (not CUP) (RX & OTC) (ORAL)	CALCIPOTRIENE 0.005% SOLUTION (TOPICAL)	ACYCLOVIR 5% OINTMENT (TOPICAL)	<b>VENTOLIN HFA (INHALATION)</b>
CETIRIZINE-PSE ER TABLET (OTC) (ORAL)	CALCIPOTRIENE-BETAMETH DP OINTMENT (TOPICAL)		<b>XOPENEX HFA (INHALATION)</b>
FEXOFENADINE 30 MG/5 ML SUSP (OTC) (ORAL)	<b>VECTICAL 3 MCG/G OINTMENT*</b>	ALPRAZOLAM IR TABLET (not ER or ODT) (ORAL)	
FEXOFENADINE-PSE 12H 60-120MG TABLET (OTC) (ORAL)		BUSPIRONE TABLET (ORAL)	<b>CALCIUM CHANNEL BLOCKERS</b>
LEVOCETIRIZINE TABLETS (RX & OTC) (ORAL)	<b>ANTIPSYCHOTICS</b>	CHLORDIAZEPOXIDE CAPSULE (ORAL)	AMLODIPINE TABLET (ORAL)
LORATADINE SOLUTION, SYRUP (OTC) (ORAL)	ABILIFY ASIMTUFI (INTRAMUSC)	DIAZEPAM 5 MG/5 ML SOLUTION (not 5 MG/ML CONC) (ORAL)	CARTIA XT CAPSULE (ORAL)
LORATADINE OTC TABLET (not ODT or CHEW) (ORAL)	ABILIFY MAINTENA ER SYRINGE, VIAL (INTRAMUSC.)	DIAZEPAM TABLET (ORAL)	DILT XR CAPSULE (ORAL)
<b>ANTIHYPERTENSIVES, SYMPATHOLYTICS</b>	ADASUVE 10 MG INHALATION POWDER (INHALATION)	LORAZEPAM TABLET, 2MG/ML INTENSOL (ORAL)	DILTIAZEM 12HR ER CAPSULE (ORAL)
CLONIDINE PATCH (TRANSDERM)	ARIPIPRAZOLE SOLUTION, TABLET (not ODT) (ORAL)		DILTIAZEM 24HR ER (CD or XR) CAPSULE (not TABS) (ORAL)
CLONIDINE TABLET (not ER 0.17 MG) (ORAL)	ARISTADA ER (INTRAMUSC)	<b>BETA-BLOCKERS</b>	DILTIAZEM IR TABLET (ORAL)
GUANFACINE TABLET (ORAL)	ARISTADA INITIO (INTRAMUSC)	ATENOLOL TABLET (ORAL)	FELODIPINE ER TABLET (ORAL)
METHYLDOPA TABLET (ORAL)	CAPLYTA CAPSULE (ORAL)	ATENOLOL / CHLOROTHALIDONE (ORAL)	NIFEDIPINE ER TABLET (not IR CAP) (ORAL)
	CHLORPROMAZINE AMPULE, VIAL (INJECTION)	BISOPROLOL TABLET (ORAL)	TAZTIA XT CAPSULE (ORAL)
<b>ANTIHYPERTENSIVES, SYMPATHOLYTICS</b>	CHLORPROMAZINE ORAL CONC, TABLET (ORAL)	BISOPROLOL / HCTZ TABLET (ORAL)	TIADYLT ER CAPSULE (ORAL)
ALLOPURINOL TABLET (not 200MG) (ORAL)	CLOZAPINE TABLET (not ODT) (ORAL)	CARVEDILOL TABLET (not ER) (ORAL)	VERAPAMIL TABLET (ORAL)
COLCHICINE TABLET (not CAPSULE) (ORAL)	FLUPHENAZINE DECANOATE (INJECTION)	HEMANGEOL SOLUTION (ORAL)	VERAPAMIL TABLET ER TABLET (not ER CAPS) (ORAL)
FEBUXOSTAT TABLET (ORAL)	FLUPHENAZINE ELIXIR/SOLN, TABLET, VIAL (ORAL)	LABELTOL TABLET (ORAL)	
PROBENECID TABLET (ORAL)	FLUPHENAZINE VIAL (INJECTION)	METOPROLOL SUCCINATE ER TABLET (ORAL)	
PROBENECID / COLCHICINE TABLET (ORAL)	HALOPERIDOL TABLET (ORAL)	METOPROLOL TARTRATE TABLET (ORAL)	<b>CEPHALOSPORINS AND RELATED ANTIBIOTICS</b>
	HALOPERIDOL DECANOATE AMPULE, VIAL (INJECTION)	PROPRANOLOL SOLUTION, TABLET (ORAL)	AMOXICILLIN / CLAV SUSPENSION (ORAL)
<b>ANTIMIGRAINE AGENTS, OTHER</b>	HALOPERIDOL LACTATE SYRINGE, VIAL (INJECTION)	PROPRANOLOL ER CAPSULE (ORAL)	AMOXICILLIN / CLAV TABLET (not CHEW TAB or ER) (ORAL)
AJOVY AUTOINJECT, SYRINGE (SUBCUTANEOUS)	HALOPERIDOL LACTATE 2 MG/ML CONC (ORAL)	SORINE TABLET (ORAL)	CEFAZOLIN CAPSULE (not SUSPENSION) (ORAL)
EMGALITY 120 MG/ML PEN (SUBCUTANEOUS)	INVEGA HAFYERA (INTRAMUSC)	SOTALOL AF TABLET (ORAL)	CEFADROXIL CAPSULE, SUSPENSION (not 1G TAB) (ORAL)
EMGALITY 120MG SYRINGE (not 100 MG) (SUBCUTANEOUS)	INVEGA SUSTENNA (INTRAMUSC)	SOTALOL TABLET	CEFDINIR CAPSULE, SUSPENSION (ORAL)
NURTEC ODT (ORAL)	INVEGA TRINZA (INTRAMUSC)	<b>BILE SALTS</b>	CEFPROZIL SUSPENSION, TABLET (ORAL)
UBRELVY TABLET (ORAL)	LOXAPINE CAPSULE (ORAL)	URSODIOL 250MG, 500MG TABLET (ORAL)	CEFUROXIME AXETIL TABLET (ORAL)
		URSODIOL 300MG CAPSULE (ORAL)	CEPHALEXIN CAPSULE, SUSPENSION (not TABLET) (ORAL)

COLONY STIMULATING FACTORS	CONTRACEPTIVES, ORAL, CONT.	COPD AGENTS, CONT.	GLUCAGON AGENTS, CONT.
FYLNETRA SYRINGE (SUBCUTANEOUS)	LEVONOR-E ESTRAD 0.1-0.02-0.01 (91) (ORAL)	IPRATROPIUM BR 0.02% SOLUTION (INHALATION)	ZEGALOGUE AUTOINJECTOR (SUBCUTAN.)
NEUPOGEN DISP SYRINGE, VIAL (INJECTION)	LEVONOR-ETH ESTRAD 0.1-0.02 MG (28) (ORAL)	ROFLUMILAST TABLET (ORAL)	ZEGALOGUE SYRINGE (SUBCUTANEOUS)
	LEVONOR-ETH ESTRAD 0.15-0.03 (28) (ORAL)	<b>SPIRIVA HANDIHALER (INHALATION)</b> (not RESPIMAT)	
	LEVORA-28 TABLET (ORAL)	STIOLTO RESPIMAT (INHALATION)	<b>GLUCOCORTICIODS, INHALED</b>
	LO LOESTRIN FE 1-10 TABLET (ORAL)		<b>ADVAIR DISKUS (INHALATION)</b>
<b>CONTRACEPTIVES, ORAL</b>	LOESTRIN 21 1.5-30 TABLET (ORAL)	<b>CYTOKINE &amp; CAM ANTAGONISTS ‡</b>	<b>ADVAIR HFA (INHALATION)</b>
<b>*** PREFERRED EMERGENCY CONTRACEPTIVES ***</b>	LOESTRIN 21 1-20 TABLET (ORAL)	<a href="#">(STEP THERAPY CATEGORY)</a>	ARNUITY ELLIPTA (INHALATION)
	LOESTRIN FE 1.5-30 TABLET (ORAL)	ADALIMUMAB-ADAZ (INJECTION)*	ASMANEX HFA (INHALATION)*
ELLA 30 MG TABLET (ORAL)	LOESTRIN FE 1-20 TABLET (ORAL)	ADALIMUMAB-ADB (not QALLEN Brand) (INJECTION)*	ASMANEX TWISTHALER (INHALATION)
OPCICON ONE-STEP 1.5 MG TABLET (ORAL)	LOJAIMIESS 0.1-0.02-0.01 TABLET (ORAL)	CYLTEZO SYRINGE (INJECTION)*	<b>BREO ELLIPTA (INHALATION)</b>
	LORYNA 3 MG-0.02 MG TABLET (ORAL)	ENBREL DISP SYRINGE, KIT, PEN (INJECTION)	BUDESONIDE 0.25, 0.5, 1 MG RESPULES (INHALATION)
ALTAVERA-28 TABLET (ORAL)	LOW-OGESTREL-28 TABLET (ORAL)	ENBREL MINI CARTRIDGE (SUBCUTANE.)	DULERA INHALER (INHALATION)
ALYACEN 1-35 28 TABLET (ORAL)	LO-ZUMANDIMINE 3 MG-0.02 MG TB	ENBREL VIAL (SUBCUTANEOUS)	FLOVENT DISKUS (INHALATION)
AMETHIA 0.15-0.03-0.01 MG TABLET (ORAL)	MARLISSA-28 TABLET (ORAL)	HADLIMA PUSHTOUCH, SYRINGE (INJECTION)*	FLOVENT HFA (INHALATION)
APRI 28 DAY TABLET (ORAL)	MICROGESTIN FE 1.5-30 TABLET (ORAL)	HUMIRA KIT, PEN INJ KIT (INJECTION)	FLUTICASONE DISKUS (INHALATION)
ASHLYNA 0.15-0.03-0.01 MG TABLET (ORAL)	MICROGESTIN FE 1-20 TABLET (ORAL)	INFLIXIMAB VIAL (INJECTION)	FLUTICASONE HFA (INHALATION)
AUBRA-28 TABLET (ORAL)	MILI 0.25-0.035 MG TABLET (ORAL)	ORENCIA CLICKJET, SYRINGE (SUBCUTANE.)*	PULMICORT FLEXHALER (INHALATION)
AUROVELA 1 MG-20 MCG TABLET (ORAL)	MONO-LINYAH 28 TABLET (ORAL)	OTEZLA STARTER PACK, TABLET (ORAL)	QVAR REDHALER (INHALATION)*
AUROVELA 21 1.5-30 TABLET (ORAL)	NATAZIA 28 TABLET (ORAL)	TYENNE AUTOINJECT, SYRINGE (SUBCUTANE.)*	<b>SYMBICORT INHALER (INHALATION)</b>
AUROVELA FE 1.5 MG-30 MCG TABLET (ORAL)	NIKKI 3 MG-0.02 MG TABLET (ORAL)	TYENNE VIAL (INTRAVENOUS)*	TRELEGY ELLIPTA (INHALATION)
AUROVELA FE 1-20 TABLET (ORAL)	NORETHIND-ETH ESTRAD 1-0.02 MG	XELJANZ IR TABLET (not XR or SOLUTION) (ORAL)	
AVIANE-28 TABLET (ORAL)	NORETHINDRONE 0.35 MG TABLET (ORAL)		<b>GLUCOCORTICIODS, ORAL</b>
BLISOVI FE 1.5-30 TABLET (ORAL)	NORETHIN-EE 1.5-0.03 MG(21) TB	<b>EMOLLIENTS</b>	BUDESONIDE DR & EC CAPSULE (ORAL)
BLISOVI FE 1-20 TABLET (ORAL)	NORG-EE 0.18-0.215-0.25/0.035	AMMONIUM LACTATE 12% CREAM (TOPICAL)	DEXAMETHASONE TABLET (not DOSE PACK) (ORAL)
CAMILA 0.35 MG TABLET (ORAL)	NORG-ETHIN ESTRA 0.25-0.035 MG	AMMONIUM LACTATE 12% LOTION (TOPICAL)	HYDROCORTISONE TABLET (ORAL)
CAMRESE 0.15-0.03-0.01 MG TABLET (ORAL)	NORTREL 7-7-7-28 TABLET (ORAL)		METHYLPREDNISOLONE DOSE PACK (4 MG) (ORAL)
CAMRESE LO TABLET (ORAL)	PHILITH 0.4-0.035 MG TABLET (ORAL)	<b>ENZYME REPLACEMENT, GAUCHERS DISEASE</b>	PREDNISOLONE 15 MG/5 ML SOLUTION (ORAL)
CHARLOTTE 24 FE CHEWABLE TABLET (ORAL)	PIMTREA 28 DAY TABLET (ORAL)	<b>ZAVESCA 100 MG CAPSULE (ORAL)</b>	PREDNISOLONE 5 MG/5 ML SOLUTION (ORAL)
CHATEAL-28 TABLET (ORAL)	PORTIA-28 TABLET (ORAL)		PREDNISOLONE SOD PH 25MG/5 ML SOLUTION (ORAL)
DASETTA 1-35-28 TABLET (ORAL)	RECLIPSEN 28 DAY TABLET (ORAL)	<b>EPINEPHRINE, SELF-INJECTED</b>	PREDNISONE TABLET (not DOSE PACK) (ORAL)
DAYSEE 0.15-0.03-0.01 MG TABLET (ORAL)	SHAROBEL 0.35 MG TABLET (ORAL)	EPINEPHRINE 0.15 MG (49502-0101-02) (INJECTION)	
DEBLITANE 0.35 MG TABLET (ORAL)	SIMPESSE 0.15-0.03-0.01 MG TABLET (ORAL)	EPINEPHRINE 0.3 MG (49502-0102-02) (INJECTION)	<b>GROWTH FACTORS</b>
DESOGESTREL-EE 0.15-0.03 MG TB	SPRINTEC 28 DAY TABLET (ORAL)	EPIPEN AUTO-INJECTOR (INTRAMUSC)	INCRELEX VIAL (SUBCUTANEOUS)
DESOGESTR-ETH ESTRAD ETH ESTRA	SRONYX 0.10-0.02 MG TABLET (ORAL)	EPIPEN JR AUTO-INJECTOR (INTRAMUSC)	
DROSPIRENONE-EE 3-0.02 MG TABLET (ORAL)	SYEDA 28 TABLET (ORAL)		<b>GROWTH HORMONE</b>
DROSPIRENONE-EE 3-0.03 MG TABLET (ORAL)	TRI-LINYAH TABLET (ORAL)	<b>ERYTHROPOIESIS STIMULATING PROTEINS</b>	GENOTROPIN CARTRIDGE (INJECTION)
ELINEST-28 TABLET (ORAL)	TRI-LO-ESTARYLLA TABLET (ORAL)	<a href="#">(DX CODE REQUIRED - ARANESP and RETACRIT)</a>	GENOTROPIN MINIQUICK (INJECTION)
ENSKYCE 28 TABLET (ORAL)	TRI-LO-MARZIA TABLET (ORAL)	ARANESP DISP SYRIN, VIAL (INJECTION) (DX CODE REQ.)	NORDITROPIN FLEXPRO (INJECTION)
ERRIN 0.35 MG TABLET (ORAL)	TRI-LO-MILI TABLET (ORAL)	EPOGEN VIAL (INJECTION) (DX CODE REQ.)	
ESTARYLLA 0.25-0.035 MG TABLET (ORAL)	TRI-LO-SPRINTEC TABLET (ORAL)	RETACRIT VIAL (PFIZER Brand Only) (INJECTION) (DX CODE REQ.)	<b>H. PYLORI TREATMENT</b>
FALMINA-28 TABLET (ORAL)	TRI-SPRINTEC TABLET (ORAL)		<b>PYLERA CAPSULE (ORAL)</b>
GIANVI 3 MG-0.02 MG TABLET (ORAL)	<b>TRIVORA-28 TABLET (ORAL)</b>	<b>FLUOROQUINOLONES, ORAL</b>	
HEATHER 0.35 MG TABLET (ORAL)	VIENVA-28 TABLET (ORAL)	<b>CIPRO SUSPENSION (ORAL)</b>	<b>HEMOPHILIA TREATMENT</b>
ISIBLOOM 28 DAY TABLET (ORAL)	ZOVIA 1-35 TABLET (ORAL)	CIPROFLOXACIN TABLET (ORAL)	ALPHANATE VIAL (not ALPHANATE SD) (INTRAVEN.)
JAIMIESS 0.15-0.03-0.01 MG TABLET (ORAL)		LEVOFLOXACIN TABLET (ORAL)	<b>BENEFIX KIT (INTRAVEN.)</b>
JENCYCLA 0.35 MG TABLET (ORAL)			COAGADEX VIAL (INTRAVEN)
JULEBER 28 DAY TABLET (ORAL)	<b>CONTRACEPTIVES, OTHER</b>	<b>GI MOTILITY, CHRONIC</b>	CORIFACT KIT (INTRAVEN)
JUNEL 1 MG-20 MCG TABLET (ORAL)	<b>NUVARING (VAGINAL)</b>	AMITIZA CAPSULE (ORAL)	FEIBA NF (INTRAVEN)
JUNEL 1.5 MG-30 MCG TABLET (ORAL)	TWIRLA PATCH (TRANSDERM)	LINZESS CAPSULE (ORAL)	HEMLIBRA VIAL (SUBCUTANE.)
JUNEL FE 1 MG-20 MCG TABLET (ORAL)	ZAFEMY PATCH (not XULANE) (TRANSDERM)	LUBIPROSTONE CAPSULE (ORAL)	HUMATE-P KIT (INTRAVEN.)
JUNEL FE 1.5 MG-30 MCG TABLET (ORAL)			NOVOEIGHT VIAL (INTRAVEN)
KURVELO-28 TABLET (ORAL)	<b>COPD AGENTS</b>	<b>GLUCAGON AGENTS</b>	NUWIQ VIAL (INTRAVEN)
LARIN FE 1.5-30 TABLET (ORAL)	ANORO ELLIPTA (INHALATION)	BAQSIMI SPRAY (NASAL)	SEVENFACT VIAL (INTRAVEN)
LARIN FE 1-20 TABLET (ORAL)	ATROVENT 17 MCG HFA (INHALATION)	GLUCAGON 1 MG EMERGENCY KIT (00548-5850-00) (INJECTION)	WILATE VIAL (INTRAVEN)
LESSINA-28 TABLET (ORAL)	COMBIVENT RESPIMAT (INHALATION)	GLUCAGON 1 MG VIAL (00002-7529-01) (INJECTION)	XYNTHA KIT (INTRAVEN)
LEVONO-E ESTRAD 0.15-0.03-0.01 (91) (ORAL)	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML (INHALATION)	<b>PROGLYCEM SUSPENSION (ORAL)</b>	XYNTHA SOLOFUSE SYRINGE KIT (INTRAVEN.)

HEPATITIS C AGENTS	HYPOGLYCEMICS, METFORMINS	INTRANASAL RHINITIS AGENTS	METHOTREXATE
MAVYRET TABLET, PELLETT PACKET (ORAL)	GLIPIZIDE-METFORMIN TABLET (ORAL)	AZELASTINE 0.1% SPRAY 137MCG (not 0.15%) (NASAL)	METHOTREXATE SODIUM PF VIAL (INJECTION)
PEGASYS SYRINGE, VIAL (SUBCUTANEOUS)	GLUMETZA ER 500MG & 1,000MG (ORAL)	FLUTICASON PROPR 50 MCG SPRAY (RX & OTC) (NASAL)	METHOTREXATE TABLET, VIAL (ORAL)
RIBAVIRIN 200 MG TABLET (not CAPSULE) (ORAL)	GLYBURIDE-METFORMIN TABLET (ORAL)	IPRATROPIUM 0.03%, 0.06% SPRAY (NASAL)	<b>MOVEMENT DISORDERS</b>
SOFOSBUVIR / VELPATASVIR TABLET (ORAL)	METFORMIN TABLET (not 625MG) (ORAL)	TRIAMCINOLONE 55 MCG SPRAY OTC (NASAL)	AUSTEDO TABLET (ORAL)
VOSEVI TABLET (ORAL)	METFORMIN ER 500MG & 750MG TAB (generic GLUCOPHAGE)	<b>IRON, ORAL</b>	AUSTEDO XR TABLET (ORAL)
		FEOSOL 65 MG TABLET (OTC) (ORAL)	AUSTEDO XR TITR PK (68546-0477-29) (ORAL)
		FERATE 27 MG TABLET (OTC) (ORAL)	INGREZZA CAPSULE (ORAL)
<b>HISTAMINE II RECEPTOR BLOCKER</b>	<b>HYPOGLYCEMICS, SGLT2</b>	FEROSUL 325 MG TABLET (OTC) (ORAL)	INGREZZA INITIATION PACK (ORAL)
FAMOTIDINE SUSPENSION (ORAL)	FARXIGA TABLET (ORAL)	FERRO-TIME 325 MG TABLET (OTC) (ORAL)	INGREZZA SPRINKLE CAPSULE (ORAL)*
FAMOTIDINE TABLET (not CHEW) (Rx and OTC) (ORAL)	INVOKAMET TABLET (not XR) (ORAL)	FERROUS FUMARATE 324 MG TABLET (OTC) (ORAL)	TETRABENAZINE TABLET (ORAL)
	INVOKANA TABLET (ORAL)	FERROUS GLUCONATE 324 MG TAB (OTC) (ORAL)	<b>MULTIPLE SCLEROSIS AGENTS</b>
<b>HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS</b>	JARDIANCE TABLET (ORAL)	FERROUS SULF 15 MG IRON/ML DRP (OTC) (ORAL)	AVONEX PEN, PREFILLED SYRINGE (INTRAMUSC.)
ACARBOSE TABLET (ORAL)	SYNJARDY TABLET (not XR) (ORAL)	FERROUS SULF 220 MG/5 ML ELIX (OTC) (ORAL)	BETASERON 0.3 MG KIT (50419-0524-35) (SUBCUTANEOUS)
	XIGDUO XR TABLET (ORAL)	FERROUS SULF 300 MG/5 ML CUP (OTC) (ORAL)	<b>COPAXONE 20 MG/ML SYRINGE (not 40 MG/ML) (SUBCUTANEOUS)</b>
<b>HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS (SEE DX CODE REQ.)</b>		FERROUS SULF 300 MG/6.8ML SOLN (OTC) (ORAL)	DALFAMPRIDINE ER TABLET (ORAL)
<i>(DX CODE REQUIRED - (Combination GIP and GLP-1))</i>	<b>HYPOGLYCEMICS, TZD</b>	FERROUS SULF 44 MG IRON/5ML LQ (OTC) (ORAL)	DIMETHYL FUMARATE DR CAPSULE (ORAL)
BYETTA DOSE PEN (SUBCUTANE.) (DX CODE REQ.)	PIOGLITAZONE TABLET (ORAL)	FERROUS SULF EC 324 MG TABLET (OTC) (ORAL)	DIMETHYL FUMARATE DR STARTER PACK (ORAL)
JANUMET TABLET (ORAL)		FERROUS SULF EC 325 MG TABLET (OTC) (ORAL)	FINGOLIMOD CAPSULE (ORAL)
JANUMET XR TABLET (ORAL)	<b>IDIOPATHIC PULMONARY FIBROSIS</b>	FERROUS SULFATE 325 MG TABLET (OTC) (ORAL)	KESIMPTA PEN (SUBCUTANEOUS)
JANUVIA TABLET (ORAL)	PIRPHENDONE CAPSULE, TABLET (ORAL)	INFANT IRON 15 MG/ML DROP (OTC) (ORAL)	TERIFLUNOMIDE TABLET (ORAL)
JENTADUETO TABLET (ORAL)		IRON 45 MG TABLET, 65MG TABLET (not CHEW) (OTC) (ORAL)	
JENTADUETO XR TABLET (ORAL)	<b>IMMUNOMODULATORS, ASTHMA</b>	POLYSACCHARIDE IRON 150 MG CAP (OTC) (ORAL)	<b>NEUROPATHIC PAIN</b>
OZEMPIC DOSE PEN, SYRINGE (SUBCUTANE.) (DX CODE REQ.)	FASENRA PEN, SYRINGE (SUBCUTANEOUS)	TRUE FERROUS SULF EC 324 MG TB (OTC) (ORAL)	CAPSAICIN 0.025%, 0.075%, 0.1% CREAM (OTC) (TOPICAL)
SAXAGLIPTIN TABLET (ORAL)	XOLAIR AUTOINJECTOR, SYRINGE, VIAL (SUBCUTANEOUS)	WELL FERROUS SULF EC 324 MG TB (OTC) (ORAL)	CAPSAICIN 0.15% LIQUID (OTC) (TOPICAL)
TRADJENTA TABLET (ORAL)		<b>LEUKOTRIENE MODIFIERS</b>	DULOXETINE 20MG, 30MG, 60MG CAPSULES (not 40MG) (ORAL)
TRULICITY PEN (SUBCUTANE.) (DX CODE REQ.)	<b>IMMUNOMODULATORS, ATOPIC DERMATITIS</b>	MONTELUKAST CHEW TABLET (not GRANULES) (ORAL)	GABAPENTIN CAPSULE (ORAL)
VICTOZA PEN (SUBCUTANEOUS) (DX CODE REQ.)	*** ADBRY & DUPIXENT REQUIRE CLINICAL PRIOR AUTHORIZATION***	MONTELUKAST TABLET (ORAL)	GABAPENTIN TABLET (ORAL)
			LIDOCAINE 5% PATCH (not LIDOCAN II/III/V) (TOPICAL)*
		<b>LIPOTROPICS, OTHER</b>	LIDODERM 5% PATCH (TOPICAL)
<b>HYPOGLYCEMICS, INSULIN &amp; RELATED AGENTS</b>	***ADBRY MN PA FORM***	CHOLESTYRAMINE PACKET (with SUCROSE) (not LIGHT) (ORAL)	LYRICA CAPSULE (IR) (not CR) (ORAL)
APIDRA SOLOSTAR PEN (SUBCUTANEOUS)	ADBRY AUTOINJECTOR, SYRINGE (SUBCUTANE.)*	COLESEVELAM TABLET (ORAL)	PREGABALIN CAPSULE (IR) (ORAL)
APIDRA VIAL (SUBCUTANEOUS)		COLESTIPOL TABLET (not GRANULES) (ORAL)	
HUMALOG 100 UNIT/ML CARTRIDGE (SUBCUTANEOUS)	***DUPIXENT MN PA FORM***	EZETIMIBE TABLET (ORAL)	<b>NSAIDS</b>
HUMALOG 100 UNIT/ML KWIKPEN (not 200 UNIT/ML) (SUBCUTANEOUS)	DUPIXENT PEN (SUBCUTANE.)	FENOFIBRATE 67MG, 134MG, 200MG CAPSULE (ORAL)	CELECOXIB CAPSULES (ORAL)
HUMALOG 100 UNIT/ML VIAL (not 200 UNIT/ML) (SUBCUTANEOUS)	DUPIXENT SYRINGE (SUBCUTANE.)	FENOFIBRATE 48MG, 54MG, 145MG, 160MG TABLET (ORAL)	DICLOFENAC 1% GEL (not SOLUTION) (TOPICAL)
HUMALOG JR 100 UNIT/ML KWIKPEN (SUBCUTANEOUS)		GEMFIBROZIL TABLET (ORAL)	DICLOFENAC SODIUM DR & EC TABLET (not ER 100 MG) (ORAL)
HUMALOG MIX 50-50 KWIKPEN (SUBCUTANEOUS)	ELIDEL 1% CREAM (TOPICAL)	NIACIN CAPSULE, TABLET (RX & OTC) (ORAL)	IBUPROFEN INFANT DROP 50 MG/1.25 ML (OTC) (ORAL)
HUMALOG MIX 75-25 KWIKPEN, VIAL (SUBCUTANEOUS)	EUCRISA 2% OINTMENT (TOPICAL)	NIACIN ER TABLET (ORAL)	IBUPROFEN SUSPENSION, TABLET (OTC and Rx) (ORAL)
HUMULIN 70/30 KWIKPEN OTC (SUBCUTANE.)	PIMECROLIMUS 1% CREAM (OCEANSIDE Brand Only) (TOPICAL)	OMEGA-3 ACID ETHYL ESTERS 1GM CAPSULE (ORAL)	INDOMETHACIN IR CAPSULE (not ER 75 MG) (ORAL)
HUMULIN 70/30 VIAL OTC (SUBCUTANEOUS)	TACROLIMUS 0.03% OINTMENT (TOPICAL)	SLO-NIACIN TABLET (OTC) (ORAL)	MELOXICAM TABLET (not CAPSULE) (ORAL)
HUMULIN N 100 UNITS/ML VIAL (not KWIKPEN) (SUBCUTANEOUS)	TACROLIMUS 0.1% OINTMENT (TOPICAL)		NABUMETONE TABLET (ORAL)
HUMULIN R 100 UNITS/ML VIAL (SUBCUTANEOUS)		<b>LIPOTROPICS, STATINS ‡</b>	NAPROXEN 250MG, 375MG, 500MG TABLET (not DR or ER) (ORAL)
HUMULIN R 500 UNITS/ML KWIKPEN, VIAL (SUBCUTANEOUS)	<b>IMMUNOMODULATORS, TOPICAL</b>	<i>(STEP THERAPY CATEGORY)</i>	NAPROXEN SUSPENSION (ORAL)
INSULIN ASPART 100 UNIT/ML CARTRIDGE, PEN, VIAL (SUBCUTANEOUS)	IMIQUIMOD 5% CREAM PACKET (not 3.75%) (TOPICAL)	ATORVASTATIN TABLET (ORAL)	<b>PENNSAID 2% PUMP (not SOLUTION PACKET) (TOPICAL)</b>
INSULIN ASPART PROT (MIX 70-30) PEN, VIAL (SUBCUTANEOUS)	PODOFILOX 0.5% SOLUTION (TOPICAL)	LOVASTATIN TABLET (ORAL)	SULINDAC TABLET (ORAL)
INSULIN LISPRO 100 UNIT/ML PEN (SUBCUTANEOUS)		PRAVASTATIN TABLET (ORAL)	
INSULIN LISPRO 100 UNIT/ML VIAL (SUBCUTANEOUS)	<b>IMMUNOSUPPRESSIVES, ORAL</b>	ROSUVASTATIN TABLET (ORAL)	
INSULIN LISPRO JR 100 UNIT/ML KWIKPEN (SUBCUTANEOUS)	AZATHIOPRINE TABLET (ORAL)	SIMVASTATIN TABLET (ORAL)	<b>ONCOLOGY, ORAL - BREAST</b>
LANTUS SOLOSTAR (00088-2219-05) (SUBCUTANE.)	CELLCEPT 200 MG/ML SUSPENSION (ORAL)		ANASTROZOLE TABLET (ORAL)
LANTUS VIAL (00088-2220-33) (SUBCUTANE.)	CYCLOSPORINE MODIFIED CAPSULE (not 50MG) (ORAL)	<b>MACROLIDES/KETOLIDES</b>	CAPECITABINE TABLET (ORAL)
NOVOLOG 100 UNIT/ML FLEXPEN, VIAL (SUBCUTANEOUS)	CYCLOSPORINE MODIFIED SOLUTION (ORAL)	AZITHROMYCIN 1 GM POWDER PACKET (ORAL)	CYCLOPHOSPHAMIDE CAPSULE, TABLET (ORAL)
NOVOLOG MIX 70-30 FLEXPEN (not VIAL) (SUBCUTANEOUS)	EVEROLIMUS TABLET (ORAL)	AZITHROMYCIN SUSPENSION, TABLET (ORAL)	EXEMESTANE TABLET (ORAL)
RELION NOVOLOG FLEXPEN, VIAL (SUBCUTANE.)	GENGRAF CAPSULE, SOLUTION (ORAL)	CLARITHROMYCIN IR TABLET (not ER) (ORAL)	FULVESTRANT SYRINGE (INTRAMUSC)
TOUJEO MAX SOLOSTAR PEN (00024-5871-02) (SUBCUTANE.)	MYCOPHENOLATE MOFETIL CAPSULE, TABLET (ORAL)	ERYTHROCI 250 MG FILM-COATED TAB (ORAL)	IBRANCE CAPSULE (not TABLET) (ORAL)
TOUJEO SOLOSTAR PEN (00024-5869-03) (SUBCUTANE.)	SIROLIMUS 1 MG/ML SOLUTION (not TABLET)	ERYTHROMYCIN 200 MG/5 ML SUSPENSION (ORAL)	LETROZOLE TABLET (ORAL)
TRESIBA FLEXTOUCH (not VIAL) (SUBCUTANEOUS)	TACROLIMUS CAPSULE (IR) (ORAL)	ERYTHROMYCIN DR TABLET (not IR or ES 400MG) (ORAL)	TAMOXIFEN CITRATE TABLET (ORAL)

ONCOLOGY, ORAL - HEMATOLOGIC	ONCOLOGY, ORAL - LUNG, CONT.	ONCOLOGY, ORAL - SKIN	OPHTHALMICS, GLAUCOMA AGENTS
BOSULIF TABLET (ORAL)	TARCEVA TABLET (ORAL)	BRAFTOVI CAPSULE (ORAL)	ALPHAGAN P 0.15% EYE DROP (not 0.1%) (OPHTHALMIC)
BRUKINSA CAPSULE (ORAL)	TEPMETKO TABLET (ORAL)	COTELLIC TABLET (ORAL)	BETOPTIC S 0.25% EYE DROP (OPHTHALMIC)
CALQUENCE CAPSULE (ORAL)	VIZIMPRO TABLET (ORAL)	ERIVEDGE CAPSULE (ORAL)	BRIMONIDINE 0.2% EYE DROP (not 0.15% or 0.1%) (OPHTHALM)
COPIKTRA CAPSULE (ORAL)	XALKORI CAPSULE, PELLETT (ORAL)	MEKINIST TABLET (ORAL)	CARTEOLOL 1% EYE DROP (OPHTHALMIC)
DANZITEN TABLET (ORAL)*	ZYKADIA CAPSULE (ORAL)	MEKTOVI TABLET (ORAL)	COMBIGAN 0.2%-0.5% DROP (OPHTHALMIC)
DAURISMO TABLET (ORAL)		ODOMZO CAPSULE (ORAL)	DORZOLAMIDE 2% DROP (OPHTHALMIC)
HYDROXYUREA CAPSULE (ORAL)		OJEMDA SUSP, TABLET (ORAL)	DORZOLAMIDE / TIMOLOL EYE DROP (OPHTHALMIC)
ICLUSIG TABLET (ORAL)	<b>ONCOLOGY, ORAL - OTHER</b>	LATANOPROST CAPSULE (ORAL)	LATANOPROST 0.005% DROP (OPHTHALMIC)
IDHIFA TABLET (ORAL)	AYVAKIT TABLET (ORAL)	ZELBORAF TABLET (ORAL)	LEVOBUNOLOL 0.5% EYE DROP (OPHTHALMIC)
IMATINIB TABLET (ORAL)	BALVERSA TABLET (ORAL)		PILOCARPINE 1%, 2%, 4% EYE DROPS (OPHTHALMIC)
IMBRUVICA CAPSULE, SUSP, TABLET (ORAL)	CAPRELSA TABLET (ORAL)		RHOPRESSA 0.02% EYE DROP (OPHTHALMIC)
INQOVI TABLET (ORAL)	COMETRIQ DAILY-DOSE PACK (ORAL)	<b>OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS</b>	ROCKLATAN 0.02%-0.005% EYE DROP (OPHTHALMIC)
INREBIC CAPSULE (ORAL)	FRUZAQLA CAPSULE (ORAL)	ALREX 0.2% EYE DROP (OPHTHALMIC)	TIMOLOL 0.25% EYE DROP (not OCUDOSE) (OPHTHALMIC)
JAKAFI TABLET (ORAL)	IWILFIN TABLET (ORAL)	AZELASTINE HCL 0.05% DROPS (OPHTHALMIC)*	TIMOLOL 0.5% EYE DROP (not ONCE DAILY or PF) (OPHTHALM)
LEUKERAN TABLET (ORAL)	JAYPIRCA TABLET (ORAL)	CROMOLYN SODIUM 4% DROPS (OPHTHALMIC)	TIMOLOL 0.25%, 0.5% GEL-SOLUTION (OPHTHALMIC)
MATULANE CAPSULE (ORAL)	KOSELUGO CAPSULE (ORAL)	OLOPATADINE OTC 0.1% EYE DROP (OTC only) (OPHTHALMIC)	TRAVATAN Z 0.004% EYE DROP (OPHTHALMIC)
MERCAPTOPYRINE TABLET (ORAL)	LONSURF TABLET (ORAL)	OLOPATADINE OTC 0.2% EYE DROP (OTC only) (OPHTHALMIC)	
NINLARO CAPSULE (ORAL)	LYNPARZA TABLET (ORAL)	PATADAY ONCE DAILY 0.7% DROPS (OTC) (OPHTHALMIC)	
OJJAARA TABLET (ORAL)	LYTGOBI DAILY DOSE PACK (ORAL)		<b>OPIATE DEPENDENCE TREATMENTS</b>
ONUREG TABLET (ORAL)	OGSIVEO TABLET (ORAL)		BRIXADI MONTHLY, WEEKLY SYR (SUBCUTANEOUS)
POMALYST CAPSULE (ORAL)	PEMAZYRE TABLET (ORAL)	<b>OPHTHALMIC ANTIBIOTICS</b>	BUPRENORPHINE SL TABLET (SUBLINGUAL)
REVLIMID CAPSULE (ORAL)	QINLOCK TABLET (ORAL)	BACITRACIN-POLYMYXIN B SULFATE OINTMENT (OPHTHALM)	BUPRENORPHINE / NALOXONE TABLETS (not FILM) (SUBLING)
REZLIDHIA CAPSULE (ORAL)	RUBRACA TABLET (ORAL)	CIPROFLOXACIN 0.3% SOLUTION (OPHTHALMIC)	KLOXXADO SPRAY (NASAL)
RYDAPT CAPSULE (ORAL)	STIVARGA TABLET (ORAL)	ERYTHROMYCIN 0.5% OINTMENT (OPHTHALMIC)	LIFEMS NALOXONE 2 MG/2 ML KIT (INJECTION)
SCSEMBLIX TABLET (ORAL)	TAZVERIK TABLET (ORAL)	GENTAMICIN 0.3% SOLUTION (OPHTHALMIC)	NALOXONE CARPUJECT, SYRINGE, VIAL (INJECTION)
SPRYCEL TABLET (ORAL)	TEMOZOLAMIDE CAPSULE (ORAL)	MOXIFLOXACIN 0.5% DROPS (not VISC) (OPHTHALMIC)	NALTREXONE TABLET (ORAL)
TABLOID TABLET (ORAL)	TURALIO CAPSULE (ORAL)	OFLOXACIN 0.3% SOLUTION (OPHTHALMIC)	NARCAN NASAL SPRAY (NASAL)
TASIGNA CAPSULE (ORAL)	VITRAKVI CAPSULE, SOLUTION (ORAL)	POLYMYXIN B-TMP DROP (OPHTHALMIC)	SUBLOCADE SYRINGE (SUBCUTANEOUS)
THALOMID CAPSULE (ORAL)	VORANIGO TABLET (ORAL)*	TOBRAMYCIN 0.3% Soluton (OPHTHALMIC)	SUBOXONE FILM (SUBLINGUAL)
TIBSOVO TABLET (ORAL)	ZEJULA CAPSULE (ORAL)	TOBREX 0.3% EYE OINTMENT (OPHTHALMIC)	VIVITROL VIAL (65757-0300-01) (SUBCUTANEOUS)
TRETINOIN CAPSULE (ORAL)			
VANFLYTA TABLET (ORAL)			
VENCLEXTA TABLET, STARTING PACK (ORAL)		<b>OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS</b>	<b>OTIC ANTIBIOTICS</b>
VONJO CAPSULE (ORAL)	<b>ONCOLOGY, ORAL - PROSTATE</b>	NEOMYCIN / POLY / DEXAMETHASONE OINTMENT (OPHTHALM)	CIPROFLOX-DEXAMETH OTIC SUSPENSION (OTIC)
XOSPATA TABLET (ORAL)	ABIRATERONE TABLET (ORAL)	NEOMYCIN / POLY / DEXAMETHASONE DROP (OPHTHALMIC)	NEOMYCIN / POLYMYXIN / HC EAR SOLUTION, SUSPENSION (
XPOVIO WEEKLY DOSE (ORAL)	AKEEGA TABLET (ORAL)	SULFACETAMIDE / PREDNISOLONE 10-0.23% (OPHTHALMIC)	OFLOXACIN 0.3% EAR DROP (OTIC)
ZOLINZA CAPSULE (ORAL)	BICALUTAMIDE TABLET (ORAL)	TOBRADEX EYE DROP (OPHTHALMIC)	
ZYDELIG TABLET (ORAL)	ERLEADA TABLET (ORAL)	TOBRADEX EYE OINTMENT (OPHTHALMIC)	
	FLUTAMIDE CAPSULE (ORAL)	TOBRAMYCIN-DEXAMETH OPPTH SUSP (OPHTHALMIC)	
<b>ONCOLOGY, ORAL - LUNG</b>	NILUTAMIDE TABLET (ORAL)		<b>OTIC ANTI-INFECTIVES &amp; ANESTHETICS</b>
ALECENSA CAPSULE (ORAL)	NUBEQA TABLET (ORAL)		ACETIC ACID 2% EAR SOLUTION (OTIC)
ALUNBRIG TABLET, TABLET PACK (ORAL)	ORGOVYX TABLET (ORAL)		
AUGTYRO CAPSULE (ORAL)	XTANDI CAPSULE, TABLET (ORAL)	<b>OPHTHALMIC, ANTI-INFLAMMATORIES</b>	
ERLOTINIB TABLET (ORAL)	YONSA TABLET (ORAL)	DICLOFENAC 0.1% DROP (OPHTHALMIC)	<b>PAH AGENTS, ORAL AND INHALED (SEE DX CODE REQ.)</b>
EXKIVITY CAPSULE (ORAL)		DUREZOL 0.05% EYE DROPS (OPHTHALMIC)	<a href="#">(DX CODE REQUIRED - SILDENAFIL &amp; TADALAFIL)</a>
GAVRETO CAPSULE (ORAL)	<b>ONCOLOGY, ORAL - RENAL CELL</b>	FLUOROMETHOLONE 0.1% DROP (OPHTHALMIC)	ALYQ 20 MG TABLET (ORAL) (DX CODE REQ.)
GILOTRIF TABLET (ORAL)	CABOMETYX TABLET (ORAL)	FML FORTE 0.25% DROP (not LIQUIFILM) (OPHTHALMIC)	AMBRISENTAN TABLET (ORAL)
HYCANTIN CAPSULE (ORAL)	EVEROLIMUS TABLET (not DISPERZ TABS) (ORAL)	KETOROLAC 0.5% SOLUTION (not 0.4%) (OPHTHALMIC)	SILDENAFIL 20 MG TABLET (ORAL) (DX CODE REQ.)
IRESSA TABLET (ORAL)	FOTIVDA CAPSULE (ORAL)	LOTEMAX 0.5% EYE DROP (not GEL) (OPHTHALMIC)	TADALAFIL 20 MG TABLET (ADCIRCA) (ORAL) (DX CODE REQ.)
KRAZATI TABLET (ORAL)	INLYTA TABLET (ORAL)	NEVANAC 0.1% DROPTAINER (OPHTHALMIC)	TRACLEER 62.5 MG & 125 MG TABLET (ORAL)
LORBRENA TABLET (ORAL)	LENVIMA CAPSULE, DAILY DOSE (ORAL)	PRED MILD 0.12% EYE DROP (not FORTE) (OPHTHALMIC)	VENTAVIS SOLUTION (INHALATION)
LUMAKRAS TABLET (ORAL)	NEXAVAR TABLET (ORAL)	PREDNISOLONE AC 1% EYE DROP (OPHTHALMIC)	
RETEVMO CAPSULE (ORAL)	SUTENT CAPSULE (ORAL)		
ROZLYTREK CAPSULE, PELLETT PACKET (ORAL)	TORPENZ TABLET (ORAL)	<b>OPHTHALMIC, ANTI-INFLAMMATORY/IMMUNOMODULATOR</b>	<b>PANCREATIC ENZYMES</b>
TABRECTA TABLET (ORAL)	VOTRIENT TABLET (ORAL)	RESTASIS 0.05% EYE EMULSION (OPHTHALMIC)	CREON CAPSULE (ORAL)
TAGRISSO TABLET (ORAL)	WELIREG TABLET (ORAL)	XIIDRA 5% DROPS (OPHTHALMIC)	ZENPEP CAPSULE (ORAL)

PHOSPHATE BINDERS	PROGESTATIONAL AGENTS	STEROIDS, TOPICAL HIGH POTENCY	STIMULANTS AND RELATED AGENTS (SEE DX CODE REQ.)
CALCIUM ACETATE CAPSULE, GELCAP (not TAB) (ORAL)	GALLIFREY TABLET (ORAL)	BETAMETHASONE DP AUG 0.05% CREAM (TOPICAL)	(DX CODE REQUIRED - SEE SELECT AGENTS)
CALCIUM ACETATE TABLET OTC (not RX) (ORAL)	MEDROXYPROGESTERONE TABLET (ORAL)	BETAMETHASONE VALERATE 0.1% CREAM (TOPICAL)	ADDERALL TABLET (ORAL) (DX CODE REQ.)
SEVELAMER CARBONATE TABLET (ORAL)	NORETHINDRONE TABLET (ORAL)	BETAMETHASONE VALERATE 0.1% LOTION (TOPICAL)	AMPHETAMINE SALT COMBO TABLET (IR) (ORAL) (DX CODE REQ.)
	PROGESTERONE CAPSULE (ORAL)	BETAMETHASONE VALERATE 0.1% OINTMENT (TOPICAL)	ATOMOXETINE CAPSULE (ORAL)
	PROGESTERONE VIAL (INTRAMUSC)	FLUOCINONIDE 0.05% OINTMENT (TOPICAL)*	CLONIDINE ER TABLET (ORAL)
		TRIAMCINOLONE ACETONIDE 0.025%, 0.1%, 0.5% CREAM (TOPICAL)	CLONIDINE TABLET (ORAL)
PITUITARY SUPPRESSIVE AGENTS, LHRH		TRIAMCINOLONE ACETONIDE 0.025%, 0.1% LOTION (TOPICAL)	DEXMETHYLPHENIDATE ER CAPSULE (ORAL)(DX CODE REQ.)
ELIGARD SYRINGE (SUBCUTANEOUS)		TRIAMCINOLONE ACETONIDE 0.05%, 0.1%, 0.5% OINTMENT (TOPICAL)	DEXMETHYLPHENIDATE IR (FOCALIN)(ORAL)(DX CODE REQ.)
FENSOLVI SYRINGE (SUBCUTANEOUS)			DEXTROAMPHETAMINE TABLET (not ER) (ORAL)(DX CODE REQ.)
LEUPROLIDE ACETATE KIT (SUBCUTANEOUS)	PROTON PUMP INHIBITORS ‡		DEXTROAMPHETAMINE / AMPHETAMINE ER CAPSULE (ORAL)
LEUPROLIDE ACETATE VIAL (not DEPOT) (SUBCUTANEOUS)	(STEP THERAPY CATEGORY)		DEXTROAMPHETAMINE / AMPHETAMINE TABLET (IR) (ORAL) (DX CODE REQ.)
LUPRON DEPOT KIT (INJECTION)	ESOMEPRAZOLE 20MG CAPSULE (OTC & RX) (ORAL)		FOCALIN XR CAPSULE (ORAL) (DX CODE REQ.)
LUPRON DEPOT-PED KIT (INJECTION)	ESOMEPRAZOLE 40MG CAPSULE (ORAL)		GUANFACINE ER TABLET (ORAL)
SYNAREL NASAL SPRAY (NASAL)	<b>NEXIUM PACKET SUSPENSION (not CAPSULE) (ORAL)</b>		LISDEXAMFETAMINE CHEWABLE TABLET (ORAL)(DX CODE REQ.)
	OMEPRAZOLE 10MG, 20MG, 40MG CAPSULE (Rx ONLY) (ORAL)	STEROIDS, TOPICAL LOW POTENCY	METHYLPHENIDATE IR TABLET (RITALIN) (ORAL) (DX CODE REQ.)
PLATELET AGGREGATION INHIBITORS	PANTOPRAZOLE TABLET (ORAL)	ANUSOL-HC 2.5% CREAM (TOPICAL)	METHYLPHENIDATE CHEWABLE TABLET (ORAL) (DX CODE REQ.)
BRILINTA TABLET (ORAL)	<b>PROTONIX SUSPENSION (ORAL)</b>	CAPEX SHAMPOO (TOPICAL)	METHYLPHENIDATE ER TABLET (CONCERTA) (ORAL) (DX CODE REQ.)
CLOPIDOGREL TABLET (ORAL)		<b>DERMA-SMOOTH-FS BODY OIL (TOPICAL)</b>	METHYLPHENIDATE ER TABLET (METADATE ER) (ORAL) (DX CODE REQ.)
DIPYRIDAMOLE TABLET (ORAL)		<b>DERMA-SMOOTH-FS SCALP OIL (TOPICAL)</b>	METHYLPHENIDATE SOLUTION (ORAL) (DX CODE REQ.)
PRASUGREL TABLET (ORAL)		DESONIDE CREAM (TOPICAL)	MODAFINIL TABLET (ORAL) (DX CODE REQ.)
		DESONIDE 0.05% OINTMENT (not LOTION) (TOPICAL)	QUILLICHEW ER CHEWABLE TABLET (ORAL)(DX CODE REQ.)
POTASSIUM BINDERS	SEDATIVE HYPNOTICS	HYDROCORTISONE 0.5% CREAM (OTC) (TOPICAL)*	QUILLIVANT XR SUSPENSION (ORAL) (DX CODE REQ.)
	ESZOPICLONE TABLET (ORAL)	HYDROCORTISONE 1% CREAM (RX or OTC) (TOPICAL)*	<b>VYVANSE CAPSULE (ORAL) (DX CODE REQ.)</b>
	TEMAZEPAM 15MG, 30MG CAPSULE (not 7.5MG or 22.5MG) (ORAL)	HYDROCORTISONE 1% OINTMENT (RX or OTC) (TOPICAL)	TETRACYCLINES
LOKELMA 5 GM POWDER PACKET (00310-1105-30) (ORAL)	ZALEPLON CAPSULE (ORAL)	HYDROCORTISONE 2.5% CREAM (TOPICAL)	DOXYCYCLINE HYCLATE CAPSULE (not DR) (ORAL)
LOKELMA 10 GM POWDER PACKET (00310-1110-30) (ORAL)	ZOLPIDEM TARTRATE 5MG, 10MG TABLET (not ER or SL) (ORAL)	HYDROCORTISONE 2.5% LOTION (TOPICAL)	DOXYCYCLINE HYCLATE TABLET (not DR) (ORAL)
SODIUM POLYSTYRENE SULF POWDER (ORAL)		HYDROCORTISONE 2.5% OINTMENT (TOPICAL)	DOXYCYCLINE MONOHYDRATE 50 MG, 100 MG CAPSULE (ORAL)
VELTASSA POWDER PACKET (ORAL)		HYDROCORTISONE (PROCTO) RECTAL CREAM 2.5% (TOPICAL)	DOXYCYCLINE MONOHYDRATE TABLET (ORAL)
		PROCTOCORT 1% CREAM (TOPICAL)	MINOCYCLINE CAPSULE (not TABLET) (not ER) (ORAL)
			MORGIDOX CAPSULE (not KIT) (ORAL)
PRENATAL VITAMINS	SICKLE CELL ANEMIA TREATMENTS		
CLASSIC PRENATAL TABLET (00536-4063-01) (OTC) (ORAL)	ADAKVEO VIAL (INTRAVENOUS)		THROMBOPOIESIS STIMULATING PROTEINS
COMPLETE NATAL DHA (OTC) (ORAL)	ENDARI POWDER PACKET(ORAL)		DOPTELET TABLET (ORAL)
COMPLETENATE CHEW TABLET (OTC) (ORAL)	SIKLOS TABLET (ORAL)		PROMACTA TABLET (not SUSPENSION PACKET) (ORAL)
FOLIVANE-OB CAPSULE (OTC) (ORAL)			
M-NATAL PLUS TABLET (OTC) (ORAL)		STEROIDS, TOPICAL MEDIUM POTENCY	ULCERATIVE COLITIS AGENTS
NIVA-PLUS TABLET (OTC) (ORAL)		FLUTICASONE PROPIONATE 0.005% OINTMENT (TOPICAL)	<b>APRISO ER CAPSULE (ORAL)</b>
PNV-DHA SOFTGEL (42192-0321-30) (OTC) (ORAL)	SKELETAL MUSCLE RELAXANTS	FLUTICASONE PROPIONATE 0.05% CREAM (TOPICAL)	MESALAMINE DR TABLET (ORAL)
PRENATAL VITAMIN PLUS LOW IRON (OTC) (ORAL)	BACLOFEN TABLET (not SOLUTION) (ORAL)	MOMETASONE FUROATE 0.1% CREAM (TOPICAL)	MESALAMINE SUPPOSITORY (CANASA) (RECTAL)
PRENATAL VITAMINS TABLET (46122-0098-78) (OTC) (ORAL)	CYCLOBENZAPRINE TABLET (not ER CAPS) (ORAL)	MOMETASONE FUROATE 0.1% OINTMENT (TOPICAL)	PENTASA 250MG CAPSULE (ORAL)
SELECT-OB + DHA PACK (OTC) (ORAL)	METHOCARBAMOL TABLET (ORAL)	MOMETASONE FUROATE 0.1% SOLUTION (TOPICAL)	<b>PENTASA 500MG CAPSULE (ORAL)</b>
SE-NATAL-19 TABLET (OTC) (ORAL)	TIZANIDINE TABLET (not CAPSULE ) (ORAL)		SULFASALAZINE TABLET (ORAL)
THRIVITE RX TABLET (OTC) (ORAL)			SULFASALAZINE DR TABLET (ORAL)
TRICARE PRENATAL TABLET (67112-0101-00) (OTC) (ORAL)			
TRINATAL RX 1 TABLET (OTC) (ORAL)			UTERINE DISORDER TREATMENTS
VITAFOL FE PLUS SOFTGEL (ORAL)			MYFEMBREE TABLET (ORAL)
VITAFOL GUMMIES (OTC) (ORAL)	SMOKING CESSATION	STEROIDS, TOPICAL VERY HIGH POTENCY	ORIAHNN CAPSULE (ORAL)
VITAFOL NANO TABLET (OTC) (ORAL)	BUPROPION HCL SR 150 MG TABLET (ORAL)	CLOBEX / CLODAN 0.05% SHAMPOO (TOPICAL)	ORLISSA TABLET (ORAL)
VITAFOL ULTRA SOFTGEL (OTC) (ORAL)	CHANTIX TABLET (ORAL)	CLOBETASOL EMOLLIENT 0.05% CREAM (TOPICAL)	
VITAFOL-OB CAPLET (OTC) (ORAL)	CHANTIX STARTING MONTH BOX, CONT MONTH BOX (ORAL)	CLOBETASOL PROPIONATE 0.05% CREAM (TOPICAL)	VASODILATORS, CORONARY
VITAFOL-OB+DHA COMBO PACK (OTC) (ORAL)	NICOTINE GUM OTC (not BRAND) (BUCCAL)	CLOBETASOL PROPIONATE 0.05% GEL (TOPICAL)	ISOSORBIDE DINITRATE TABS (not OCEANSIDE BRAND) (ORAL)
VITAFOL-ONE CAPSULE (OTC) (ORAL)	NICOTINE LOZENGE OTC (not BRAND) (MUCOUS MEM)	CLOBETASOL PROPIONATE 0.05% OINTMENT (TOPICAL)	ISOSORBIDE MONONITRATE TABLET (ORAL)
WESCAP-PN DHA CAPSULE (OTC) (ORAL)	NICOTINE PATCH OTC (not BRAND) (TRANSDERMAL)	CLOBETASOL PROPIONATE 0.05% SHAMPOO (TOPICAL)	ISOSORBIDE MONONITRATE ER / SR TABLET (ORAL)
WESNATAL DHA COMPLETE (OTC) (ORAL)	NICOTINE TRANSDERMAL SYSTEM OTC (TRANSDERMAL)	CLOBETASOL PROPIONATE 0.05% SOLUTION (TOPICAL)	NITRO-BID 2% OINTMENT (TRANSDERM)
WESTAB PLUS TABLET (69367-0267-01) (OTC) (ORAL)	VARENICLINE TABLET (ORAL)	HALOBETASOL PROPIONATE 0.05% CREAM (TOPICAL)	NITROGLYCERIN PATCH (TRANSDERM)
ZATEAN-PN DHA CAPSULE (OTC) (ORAL)	VARENICLINE STARTING MONTH BOX, CONT MONTH BOX (ORAL)	HALOBETASOL PROPIONATE OINTMENT (TOPICAL)	NITROGLYCERIN SL TABLET (SUBLINGUAL)