

CONNECTICUT MEDICAID	ACNE AGENTS, TOPICAL (SEE DX CODE REQ.) ‡	ANGIOTENSIN MODULATORS, CONT.	ANTICONVULSANTS
	(STEP THERAPY CATEGORY)		
<b>Preferred Drug List (PDL)</b>  • The Connecticut Medicaid <i>Preferred Drug List</i> (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.  • <i>Preferred or Non-Preferred</i> status ONLY applies to those medications that fall within the drug classes listed on this PDL  • HIV medications are excluded from the PDL and do not require prior authorization  • "OTC" notation will appear for OTC Products Covered for clients over the age of 21	<b>DX CODE REQUIRED - DIFFERIN, EPIDUO and RETIN-A</b> ACNE MEDICATION 5% & 10% GEL (OTC BENZOYL PEROXIDE) ACNE MEDICATION LOTION (OTC BENZOYL PEROXIDE) (TOPICAL) ADAPALENE/BENZOYL PEROXIDE 0.1 - 2.5% (EPIDUO) (TOPICAL) ADAPALENE 0.1% GEL (OTC)(TOPICAL) (DX CODE REQ.) BENZOYL PEROXIDE 2.5%, 5%, 10% GEL (OTC) (TOPICAL) BENZOYL PEROXIDE 5%, 10% WASH (OTC) (TOPICAL) CLINDAMYCIN PH 1% PLEGET (TOPICAL) CLINDAMYCIN PH 1% GEL (not GENERIC CLINDAGEL) (TOPICAL) CLINDAMYCIN PH 1% LOTION, SOLUTION (TOPICAL) CLINDAMYCIN / BENZOYL PEROXIDE 1.2 - 5% (generic DUAC) ERYTHROMYCIN 2% GEL, SOLUTION (TOPICAL) <b>RETIN-A CREAM (DX CODE REQ.) (TOPICAL)</b> <b>RETIN-A GEL (not MICRO) (DX CODE REQ.) (TOPICAL)</b>	RAMIPRIL CAPSULE (ORAL) VALSARTAN TABLET (ORAL) VALSARTAN / HCTZ TABLET (ORAL)  <b>ANGIOTENSIN MODULATOR COMBINATIONS</b> AMLODIPINE / BENAZEPRIL CAPSULE (ORAL) AMLODIPINE / OLMESARTAN TABLET (ORAL) AMLODIPINE / VALSARTAN TABLET (ORAL)  <b>ANTHELMINTICS</b> ALBENDAZOLE TABLET (ORAL) BILTRICIDE TABLET (ORAL) IVERMECTIN TABLET (ORAL) PRAZICUANTEL TABLET (ORAL)	CARBAMAZEPINE TAB CHEW, IR TABLET (not ER) (ORAL) <b>CARBATROL ER CAPSULE (ORAL)</b> CLOBAZAM SUSPENSION (ORAL)* CLOBAZAM TABLET (ORAL) CLONAZEPAM IR TABLET (not ODT or ER) (ORAL) <b>DEPAKOTE SPRINKLE CAPSULE (not TABLET) (ORAL)</b> DIAZEPAM RECTAL GEL SYSTEM (RECTAL) DIVALPROEX SOD DR TABLET (not SPRINKLE) (ORAL) DIVALPROEX SOD ER TABLET (ORAL) EPIDIOLEX SOLUTION (ORAL) EPITOL TABLET (ORAL) ETHOSUXIMIDE CAPSULE, SOLUTION (ORAL) LACOSAMIDE TABLET, SOLUTION (not CUP) LAMOTRIGINE CHEW DISPERS TAB (not ODT) (ORAL) LAMOTRIGINE TABLET (not ER) (ORAL) LEVETIRACETAM SOLUTION, IR TABLET (not ER) (ORAL) NAYZILAM NASAL SPRAY (NASAL) OXCARBAZEPINE TABLET (ORAL) PHENOBARBITAL ELIXIR, SOLUTION, TABLET (ORAL) <b>PHENYTOIN CHEW TABLET, SUSPENSION (ORAL)</b>
	OTC Expansion Coverage List	ALZHEIMER'S AGENTS	ANTI-ALLERGENS, ORAL
	• Preferred brand-name medications with non-preferred generic equivalents are listed in <b>BOLD (LAST UPDATED 6/1/2025)</b>  • "DX CODE REQUIRED" notation will appear for preferred agents that require ICD-10 code for reimbursement	DONEPEZIL ODT (ORAL) DONEPEZIL 5MG & 10MG TABLET (not 23MG) (ORAL) <b>EXELON PATCH (TRANSDERMAL)</b> MEMANTINE IR TABLET (not ER CAPSULES) (ORAL) MEMANTINE 5-10MG TITRATION PACK (ORAL) RIVASTIGMINE CAPSULES (ORAL)	All agents require non-PDL PA  <b>ANTIBIOTICS, GI</b> METRONIDAZOLE TABLET (not CAPSULE) (ORAL) TINIDAZOLE TABLET (ORAL) VANCOMYCIN CAPSULE (ORAL) VANCOMYCIN 25 MG/ML SOLUTION (FIRVANQ) (ORAL)
	<b>HUSKY Therapeutic Class ICD-10 Diagnosis List</b> • "CHEWABLE" notation will appear for chewable preferred agents  ** New Therapeutic Class added to PDL effective 1/1/25 * New Drug added to the PDL effective 1/1/25	<b>ANALGESICS, NARCOTICS SHORT</b> *** OPIOIDS MAY REQUIRE CLINICAL MEDICALLY NECESSARY PA BASED ON CLIENT MME LEVEL *** <b>**OPIOID CLINICAL PRIOR AUTHORIZATION FORM**</b>	PHENYTOIN SOD EXT 100 MG CAPS (not 200MG, 300MG) (ORAL) PRIMIDONE TABLET (ORAL) ROWEEPRAL TABLET (ORAL) <b>SABRIL 500 MG POWDER PACK (ORAL)</b> <b>SABRIL 500 MG TABLET (ORAL)</b> SUBVENITE TABLET (not START KIT) (ORAL) <b>TEGRETOL 100 MG/5 ML SUSPENSION (ORAL)</b> <b>TEGRETOL XR TABLET (ORAL)</b>
	Non - PDL PA Requirements	APAP / CODEINE 300-30 MG/12.5 ML SOLUTION (ORAL) APAP / CODEINE 120-12 MG/5 ML SOLUTION (ORAL) APAP / CODEINE #2, #3, #4 TABLET (ORAL) ENDOCET TABLET (ORAL) HYDROCODONE / APAP SOLUTION (ORAL) HYDROCODONE / APAP TABLET (ORAL) HYDROMORPHONE TABLET (IR) (ORAL) MORPHINE CONC, SOLUTION, SYRUP (ORAL) MORPHINE IR TABLET (ORAL)	<b>ANTIBIOTICS, INHALED</b> BETHKIS 300 MG/4 ML AMPULE (INHALATION) <b>KITABIS PAK 300 MG/5 ML (INHALATION)</b> TOBI PODHALER 28MG INHALE CAPS (49502-0401-24) (INHALATION) TOBRAMYCIN 300 MG/5 ML AMPULE (00093-4085-63) (INHALATION) <b>TRILEPTAL 300 MG/5 ML SUSPENSION (ORAL)</b> VALPROIC ACID CAPSULE, SOLUTION (ORAL) <b>ANTIBIOTICS, TOPICAL</b> VALTOCO NASAL SPRAY (NASAL) ZONISAMIDE CAPSULE (ORAL)
	<b>Step Therapy PA Requirements</b> <b>STEP THERAPY PA FORM</b> ‡ Agents from the following FIVE categories:	OXYCODONE / APAP CAPSULE, TABLET (ORAL) OXYCODONE TABLET (not CAPSULE) (ORAL) OXYCODONE 5 MG/5 ML SOLUTION (ORAL)  <b>ANTIBIOTICS, VAGINAL</b> CLEOCIN OVULES (VAGINAL) CLINDAMYCIN 2% VAGINAL CREAM (VAGINAL) METRONIDAZOLE VAGINAL 0.75% GEL (VAGINAL) <b>NUVESSA VAGINAL 1.3% GEL (VAGINAL)</b>	<b>ANTIDEPRESSANTS, OTHER</b> BUPROPION HCL TABLET (ORAL) BUPROPION SR TABLET (ORAL) BUPROPION XL TABLET (NOT 450MG) (ORAL) DESVENLAFAXINE SUCC ER TABLET (ORAL) MIRTAZAPINE TABLET, ODT (ORAL) TRAZODONE TABLET (ORAL) TRINTELLIX TABLET (ORAL)
	ACNE AGENTS, TOPICAL, ANTIMIGRAINE AGENTS, CYTOKINE/CAM ANTAGONISTS, LIPOTROPICS, STATINS, PROTON PUMP INHIBITORS	ANDROGEL 1.62% GEL PUMP (TRANSDERMAL) TESTOSTERONE 1.62% GEL PUMP (TRANSDERMAL)  <b>ANGIOTENSIN MODULATORS</b> BENAZEPRIL TABLET (ORAL) BENAZEPRIL / HCTZ (ORAL) ENALAPRIL, ENALAPRIL / HCTZ (not SOLUTION) (ORAL) <b>ENTRESTO TABLET (ORAL)</b> IRBESARTAN, IRBESARTAN / HCTZ (ORAL) LISINAPRIL, LISINAPRIL / HCTZ (ORAL) LOSARTAN, LOSARTAN / HCTZ (ORAL) OLMESARTAN, OLMESARTAN / HCTZ (ORAL)	VENLAFAXINE ER CAPSULES (not ER TABLET) (ORAL) VENLAFAXINE IR TABLET (ORAL)* <b>ANTICOAGULANTS</b> VILAZODONE TABLET (ORAL)  <b>ANTIDEPRESSANTS, SSRIs</b> CITALOPRAM TABLET, SOLUTION (not CAPS) (ORAL) ESCITALOPRAM TABLET, SOLUTION (ORAL) FLUOXETINE 20 MG/5 ML SOLUTION (ORAL) FLUOXETINE CAPSULE (not 90 MG) (ORAL) FLUOXETINE 10 MG TABLET (not 20 MG or 60 MG) (ORAL) FLUVOXAMINE IR TABLET (not ER or CAPS) (ORAL) PAROXETINE TABLET (IR only) (ORAL) SERTRALINE TABLET, ORAL CONC (not CAPSULE) (ORAL)
	<b>Important Connecticut Medicaid Phone Numbers</b>  Gainwell Technologies Pharmacy Prior Authorization Center Phone #: 1-866-409-8386 (toll-free) Fax #: 1-866-759-4110 (toll-free)		
	<b>PA forms are available on our website:</b> <b>http://www.CTDSSMAP.com</b> Navigate to: <i>Pharmacy Information</i> or: <i>information &gt; publications &gt; forms</i>  Gainwell Technologies Provider Assistance Center 1-800-842-8440 (toll-free)		
	Dept of Social Services Rx Consultant 1-860-424-5150		

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)	RELPAKX TABLET (ORAL)	MOLINDONE TABLET (ORAL)	MYRBETRIQ ER TABLET (ORAL)
DICLEGIS TABLET (ORAL)	RIZATRIPTAN ODT (ORAL)	OLANZAPINE TABLET, ODT (ORAL)	OXYBUTYNIN ER TABLET (ORAL)
DRONABINOL CAPSULE (ORAL)	RIZATRIPTAN TABLET (ORAL)	OLANZAPINE / FLUOXETINE CAPSULE (ORAL)	OXYBUTYNIN 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)	BONE RESORPTION SUPPRESSION & RELATED AGENTS
ONDANSETRON SOLUTION, TABLET (ORAL)	SUMATRIPTAN VIAL (not AUTOINJECT) (SUBCUTANEOUS)	PERPHENAZINE / AMITRIPTYLINE TABLET (ORAL)	ALENDRONATE TABLET (ORAL)
TRANSDERM-SCOP PATCH (TRANSDERM)		PERSERIS ER SYRINGE KIT (SUBCUTANEOUS)	CALCITONIN-SALMON 200 units SPRAY (NASAL)
ANTIFUNGALS, ORAL	ANTIPARASITICS, TOPICAL	PIMOZIDE TABLET (ORAL)	FORTEO 600 MCG/2.4 ML PEN INJ (SUBCUTANE.)
CLOTTRIMAZOLE 10 MG TROCHE (MUCOUS MEM)	NATROBA 0.9% SUSPENSION (TOPICAL)	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)	RISPERDAL CONSTA VIAL (INTRAMUSC.)	BOTULINUM TOXINS
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)	ANTIPARKINSON'S AGENTS	THIOTHIXENE CAPSULE (ORAL)	
	AMANTADINE CAPSULE, SOLUTION, TABLET (ORAL)	TRIFLUOPERAZINE TABLET (ORAL)	BPH TREATMENTS (SEE DX CODE REQ.)
ANTIFUNGALS, TOPICAL	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)
CLOTTRIMAZOLE 1% SOLUTION (TOPICAL)	CARBIDOPA / LEVODOPA ER TABLET (ORAL)	ZIPRASIDONE CAPSULE (ORAL)	DOXAZOSIN MESYLATE TABLET (ORAL)
CLOTTRIMAZOLE-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)	ANTIVIRALS, ORAL	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)	BRONCHODILATORS, BETA AGONIST
NYSTATIN-TRIAMCINOLONE CREAM, OINTMENT (TOPICAL)	ANTIPSORIATICS, ORAL	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)
ANTI HISTAMINES, MINIMALLY SEDATING			ALBUTEROL SULF 2 MG/5 ML SYRUP (ORAL)
CETIRIZINE SOFTGEL (OTC) (ORAL)*	ANTIPSORIATICS, TOPICAL	ANTIVIRALS, TOPICAL	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)	VENTOLIN HFA (INHALATION)
CETIRIZINE-PSE ER TABLET (OTC) (ORAL)	CALCIPOTRIENE-BETAMETH DP OINTMENT (TOPICAL)	ANXIOLYTICS	XOPENEX HFA (INHALATION)
FEXOFENADINE 30 MG/5 ML SUSP (OTC) (ORAL)	VECTICAL 3 MCG/G OINTMENT*	ALPRAZOLAM IR TABLET (not ER or ODT) (ORAL)	
FEXOFENADINE-PSE 12H 60-120MG TABLET (OTC) (ORAL)		BUSPIRONE TABLET (ORAL)	CALCIUM CHANNEL BLOCKERS
LEVOCETIRIZINE TABLETS (RX & OTC) (ORAL)	ANTIPSYCHOTICS	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)
ANTIHYPERTENSIVES, SYMPATHOLYTICS	ADASUVE 10 MG INHALATION POWDER (INHALATION)	LORAZEPAM TABLET, 2MG/ML INTENSOL (ORAL)	DILTIAZEM 12HR ER CAPSULE (ORAL)
CLONIDINE PATCH (TRANSDERM)	ARIPRAZOLE SOLUTION, TABLET (not ODT) (ORAL)	BETA-BLOCKERS	DILTIAZEM 24HR ER (CD or XR) CAPSULE (not TABS) (ORAL)
CLONIDINE TABLET (not ER 0.17 MG) (ORAL)	ARISTADA ER (INTRAMUSC)	ATENOLOL TABLET (ORAL)	DILTIAZEM IR TABLET (ORAL)
GUANFACINE TABLET (ORAL)	ARISTADA INITIO (INTRAMUSC)	ATENOLOL / CHLORTHALIDONE (ORAL)	FELODIPINE ER TABLET (ORAL)
METHYLDOPA TABLET (ORAL)	CAPLYTA CAPSULE (ORAL)	BISOPROLOL TABLET (ORAL)	NIFEDIPINE ER TABLET (not IR CAP) (ORAL)
	CHLORPROMAZINE AMPULE, VIAL (INJECTION)	BISOPROLOL / HCTZ TABLET (ORAL)	TAZTIA XT CAPSULE (ORAL)
ANTIHYPERTENSIVES, SYMPATHOLYTICS	CHLORPROMAZINE ORAL CONC, TABLET (ORAL)	CARVEDILOL TABLET (not ER) (ORAL)	TIADYLT ER CAPSULE (ORAL)
ALLOPURINOL TABLET (not 200MG) (ORAL)	CLOZAPINE TABLET (not ODT) (ORAL)	HEMANGEOL SOLUTION (ORAL)	VERAPAMIL TABLET (ORAL)
COLCHICINE TABLET (not CAPSULE) (ORAL)	FLUPHENAZINE DECANOATE (INJECTION)	LABETALOL TABLET (ORAL)	VERAPAMIL TABLET ER TABLET (not ER CAPS) (ORAL)
FEBUXOSTAT TABLET (ORAL)	FLUPHENAZINE ELIXIR/SOLN, TABLET, VIAL (ORAL)	METOPROLOL SUCCINATE ER TABLET (ORAL)	
PROBENECID TABLET (ORAL)	FLUPHENAZINE VIAL (INJECTION)	METOPROLOL TARTRATE TABLET (ORAL)	CEPHALOSPORINS AND RELATED ANTIBIOTICS
PROBENECID / COLCHICINE TABLET (ORAL)	HALOPERIDOL TABLET (ORAL)	PROPRANOLOL SOLUTION, TABLET (ORAL)	AMOXICILLIN / CLAV SUSPENSION (ORAL)
	HALOPERIDOL DECANOATE AMPULE, VIAL (INJECTION)	PROPRANOLOL ER CAPSULE (ORAL)	AMOXICILLIN / CLAV TABLET (not CHEW TAB or ER) (ORAL)
ANTIMIGRAINE AGENTS, OTHER	HALOPERIDOL LACTATE SYRINGE, VIAL (INJECTION)	SORINE TABLET (ORAL)	CEFAZOLIN CAPSULE (not SUSPENSION) (ORAL)
AJOVY AUTOINJECT, SYRINGE (SUBCUTANEOUS)	HALOPERIDOL LACTATE 2 MG/ML CONC (ORAL)	SOTALOL AF TABLET (ORAL)	CEFADROXIL CAPSULE, SUSPENSION (not 1G TAB) (ORAL)
EMGALITY 120 MG/ML PEN (SUBCUTANEOUS)	INVEGA HAFYERA (INTRAMUSC)	SOTALOL TABLET	CEFDINIR CAPSULE, SUSPENSION (ORAL)
EMGALITY 120MG SYRINGE (not 100 MG) (SUBCUTANEOUS)	INVEGA SUSTENNA (INTRAMUSC)	BILE SALTS	CEFPROZIL SUSPENSION, TABLET (ORAL)
NURTEC ODT (ORAL)	INVEGA TRINZA (INTRAMUSC)	URSODIOL 250MG, 500MG TABLET (ORAL)	CEFUROXIME AXETIL TABLET (ORAL)
UBRELVY TABLET (ORAL)	LOXAPINE CAPSULE (ORAL)	URSODIOL 300MG CAPSULE (ORAL)	CEPHELEXIN 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)	GLUCOCORTICOIDS, INHALED
	LO LOESTRIN FE 1-10 TABLET (ORAL)		<b>ADVAIR DISKUS (INHALATION)</b>
CONTRACEPTIVES, ORAL	LOESTRIN 21 1.5-30 TABLET (ORAL)	CYTOKINE & CAM ANTAGONISTS ‡	<b>ADVAIR HFA (INHALATION)</b>
*** PREFERRED EMERGENCY CONTRACEPTIVES ***	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 QUALLENT 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 REDIHALER (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)		GLUCOCORTICOIDS, ORAL
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)	GROWTH FACTORS
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)		GROWTH HORMONE
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 MINIQUEL (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.)	H. PYLORI TREATMENT
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>	HEMOPHILIA TREATMENT
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)	CONTRACEPTIVES, OTHER	GI MOTILITY, CHRONIC	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)	COPD AGENTS	GLUCAGON AGENTS	NUWIQ VIAL (INTRAVEN)
LARIN FE 1.5-30 TABLET (ORAL)	<b>ANORO ELLIPTA (INHALATION)</b>	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	IMMUNOSUPPRESSIVES, ORAL	MACROLIDES/KETOLIDES
MAVYRET TABLET, PELLET PACKET (ORAL)	GLIPIZIDE-METFORMIN TABLET (ORAL)	AZATHIOPRINE TABLET (ORAL)	AZITHROMYCIN 1 GM POWDER PACKET (ORAL)
PEGASYS SYRINGE, VIAL (SUBCUTANEOUS)	GLUMETZA ER 500MG & 1,000MG (ORAL)	CELLCEPT 200 MG/ML SUSPENSION (ORAL)	AZITHROMYCIN SUSPENSION, TABLET (ORAL)
RIBAVIRIN 200 MG TABLET (not CAPSULE) (ORAL)	GLYBURIDE-METFORMIN TABLET (ORAL)	CYCLOSPORINE MODIFIED CAPSULE (not 50MG) (ORAL)	CLARITHROMYCIN IR TABLET (not ER) (ORAL)
SOFOSBUVIR / VELPATASVIR TABLET (ORAL)	METFORMIN TABLET (not 625MG) (ORAL)	CYCLOSPORINE MODIFIED SOLUTION (ORAL)	ERYTHROCIN 250 MG FILM-COATED TAB (ORAL)
VOSEVI TABLET (ORAL)	METFORMIN ER 500MG & 750MG TAB (generic GLUCOPHAGE)	EVEROLIMUS TABLET (ORAL)	ERYTHROMYCIN 200 MG/5 ML SUSPENSION (ORAL)
		GENGRAF CAPSULE, SOLUTION (ORAL)	ERYTHROMYCIN DR TABLET (not IR or ES 400MG) (ORAL)
		MYCOPHENOLATE MOFETIL CAPSULE, TABLET (ORAL)	
HISTAMINE II RECEPTOR BLOCKER	HYPOGLYCEMICS, SGLT2	SIROLIMUS 1 MG/ML SOLUTION (not TABLET)	METHOTREXATE
FAMOTIDINE SUSPENSION (ORAL)	FARXIGA TABLET (ORAL)	TACROLIMUS CAPSULE (IR) (ORAL)	METHOTREXATE SODIUM PF VIAL (INJECTION)
FAMOTIDINE TABLET (not CHEW) (Rx and OTC) (ORAL)	INVOKAMET TABLET (not XR) (ORAL)	INTRANASAL RHINITIS AGENTS	METHOTREXATE TABLET, VIAL (ORAL)
	INVOKANA TABLET (ORAL)	AZELASTINE 0.1% SPRAY 137MCG (not 0.15%) (NASAL)	
HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS	JARDIANCE TABLET (ORAL)	FLUTICASONE PROP 50 MCG SPRAY (RX & OTC) (NASAL)	
ACARBOSE TABLET (ORAL)	SYNJARDY TABLET (not XR) (ORAL)	IPRATROPIUM 0.03%, 0.06% SPRAY (NASAL)	MOVEMENT DISORDERS
	XIGDUO XR TABLET (ORAL)	TRIAMCINOLONE 55 MCG SPRAY OTC (NASAL)	AUSTEDO TABLET (ORAL)
GLYCEMICS, INCRETIN MIMETICS/ENHANCERS (SEE DX CODE REQ.)		IRON, ORAL	AUSTEDO XR TABLET (ORAL)
<a href="#">(DX CODE REQUIRED - (Combination GLP and GLP-1))</a>		FEOSOL 65 MG TABLET (OTC) (ORAL)	AUSTEDO XR TITR PK (68546-0477-29) (ORAL)
BYETTA DOSE PEN (SUBCUTANE.) (DX CODE REQ.)	HYPOGLYCEMICS, TZD	FERATE 27 MG TABLET (OTC) (ORAL)	INGREZZA CAPSULE (ORAL)
JANUMET TABLET (ORAL)	PIOGLITAZONE TABLET (ORAL)	FEROSUL 325 MG TABLET (OTC) (ORAL)	INGREZZA INITIATION PACK (ORAL)
JANUMET XR TABLET (ORAL)		FERRO-TIME 325 MG TABLET (OTC) (ORAL)	INGREZZA SPRINKLE CAPSULE (ORAL)*
JANUVIA TABLET (ORAL)		FERROUS FUMARATE 324 MG TABLET (OTC) (ORAL)	TETRABENAZINE TABLET (ORAL)
JENTADUETO TABLET (ORAL)	IDIOPATHIC PULMONARY FIBROSIS	FERROUS GLUCONATE 324 MG TAB (OTC) (ORAL)	
JENTADUETO XR TABLET (ORAL)	PIRFENIDONE CAPSULE, TABLET (ORAL)	FERROUS SULF 15 MG IRON/ML DRP (OTC) (ORAL)	MULTIPLE SCLEROSIS AGENTS
OZEMPIC DOSE PEN, SYRINGE (SUBCUTANE.) (DX CODE REQ.)		FERROUS SULF 220 MG/5 ML ELIX (OTC) (ORAL)	AVONEX PEN, PREFILLED SYRINGE (INTRAMUSC.)
SAXAGLIPTIN TABLET (ORAL)		FERROUS SULF 300 MG/5 ML CUP (OTC) (ORAL)	BETASERON 0.3 MG KIT (50419-0524-35) (SUBCUTANEOUS)
TRADJENTA TABLET (ORAL)	IMMUNOMODULATORS, ASTHMA	FERROUS SULF 300 MG/6.8ML SOLN (OTC) (ORAL)	COPAXONE 20 MG/ML SYRINGE (not 40 MG/ML) (SUBCUTANE)
TRULICITY PEN (SUBCUTANE.) (DX CODE REQ.)	*** FASENRA & XOLAIR REQUIRE CLINICAL PRIOR AUTHORIZATION***	FERROUS SULF 44 MG IRON/5ML LQ (OTC) (ORAL)	DALFAMPRIDINE ER TABLET (ORAL)
VICTOZA PEN (SUBCUTANEOUS) (DX CODE REQ.)		FERROUS SULF EC 324 MG TABLET (OTC) (ORAL)	DIMETHYL FUMARATE DR CAPSULE (ORAL)
		FERROUS SULF EC 325 MG TABLET (OTC) (ORAL)	DIMETHYL FUMARATE DR STARTER PACK (ORAL)
		FERROUS SULFATE 325 MG TABLET (OTC) (ORAL)	FINGOLIMOD CAPSULE (ORAL)
HYPOGLYCEMICS, INSULIN & RELATED AGENTS	FASENRA PEN, SYRINGE (SUBCUTANEOUS)	INFANT IRON 15 MG/ML DROP (OTC) (ORAL)	KESIMPTA PEN (SUBCUTANEOUS)
APIDRA SOLOSTAR PEN (SUBCUTANEOUS)		IRON 45 MG TABLET, 65MG TABLET (not CHEW) (OTC) (ORAL)	TERIFLUNOMIDE TABLET (ORAL)
APIDRA VIAL (SUBCUTANEOUS)		POLYSACCHARIDE IRON 150 MG CAP (OTC) (ORAL)	
HUMALOG 100 UNIT/ML CARTRIDGE (SUBCUTANEOUS)	XOLAIR AUTOINJECTOR, SYRINGE, VIAL (SUBCUTANEOUS)	TRUE FERROUS SULF EC 324 MG TB (OTC) (ORAL)	NEUROPATHIC PAIN
HUMALOG 100 UNIT/ML KWIKPEN (not 200 UNIT/ML) (SUBCUTANEOUS)		WELL FERROUS SULF EC 324 MG TB (OTC) (ORAL)	CAPSAICIN 0.025%, 0.075%, 0.1% CREAM (OTC) (TOPICAL)
HUMALOG 100 UNIT/ML VIAL (not 200 UNIT/ML) (SUBCUTANEOUS)		LEUKOTRIENE MODIFIERS	CAPSAICIN 0.15% LIQUID (OTC) (TOPICAL)
HUMALOG JR 100 UNIT/ML KWIKPEN (SUBCUTANEOUS)	IMMUNOMODULATORS, ATOPIC DERMATITIS	MONTELUKAST CHEW TABLET (not GRANULES) (ORAL)	DULOXETINE 20MG, 30MG, 60MG CAPSULES (not 40MG) (ORAL)
HUMALOG MIX 50-50 KWIKPEN (SUBCUTANEOUS)	*** ADBRY & DUPIXENT REQUIRE CLINICAL PRIOR AUTHORIZATION***	MONTELUKAST TABLET (ORAL)	GABAPENTIN CAPSULE (ORAL)
HUMALOG MIX 75-25 KWIKPEN, VIAL (SUBCUTANEOUS)		LIPOTROPICS, OTHER	GABAPENTIN TABLET (ORAL)
HUMULIN 70/30 KWIKPEN OTC (SUBCUTANE.)		CHOLESTYRAMINE PACKET (with SUCROSE) (not LIGHT) (ORAL)	LIDOCAINE 5% PATCH (not LIDOCAN II/III/V) (TOPICAL)*
HUMULIN 70/30 VIAL OTC (SUBCUTANEOUS)	***ADBRY MN PA FORM***	COLESEVELAM TABLET (ORAL)	LIDODERM 5% PATCH (TOPICAL)
HUMULIN N 100 UNITS/ML VIAL (not KWIKPEN) (SUBCUTANEOUS)	ADBRY AUTOINJECTOR, SYRINGE (SUBCUTANE.)*	COLESTIPOL TABLET (not GRANULES) (ORAL)	LYRICA CAPSULE (IR) (not CR) (ORAL)
HUMULIN R 100 UNITS/ML VIAL (SUBCUTANEOUS)		EZETIMIBE TABLET (ORAL)	PREGABALIN CAPSULE (IR) (ORAL)
HUMULIN R 500 UNITS/ML KWIKPEN, VIAL (SUBCUTANEOUS)	***DUPIXENT MN PA FORM***	FENOFIBRATE 67MG, 134MG, 200MG CAPSULE (ORAL)	
INSULIN ASPART 100 UNIT/ML CARTRIDGE, PEN, VIAL (SUBCUTANEOUS)	DUPIXENT PEN (SUBCUTANE.)	FENOFIBRATE 48MG, 54MG, 145MG, 160MG TABLET (ORAL)	NSAIDS
INSULIN ASPART PROT (MIX 70-30) PEN, VIAL (SUBCUTANEOUS)	DUPIXENT SYRINGE (SUBCUTANE.)	GEMFIBROZIL TABLET (ORAL)	CELECOXIB CAPSULES (ORAL)
INSULIN LISPRO 100 UNIT/ML PEN (SUBCUTANEOUS)		NIACIN CAPSULE, TABLET (RX & OTC) (ORAL)	DICLOFENAC 1% GEL (not SOLUTION) (TOPICAL)
INSULIN LISPRO 100 UNIT/ML VIAL (SUBCUTANEOUS)	ELIDEL 1% CREAM (TOPICAL)	NIACIN ER TABLET (ORAL)	DICLOFENAC SODIUM DR & EC TABLET (not ER 100 MG) (ORAL)
INSULIN LISPRO JR 100 UNIT/ML KWIKPEN (SUBCUTANEOUS)	EUCRISA 2% OINTMENT (TOPICAL)	OMEGA-3 ACID ETHYL ESTERS 1GM CAPSULE (ORAL)	IBUPROFEN INFANT DROPS 50 MG/1.25 ML (OTC) (ORAL)
LANTUS SOLOSTAR (00088-2219-05) (SUBCUTANE.)	PIMECROLIMUS 1% CREAM (OCEANSIDE Brand Only) (TOPICAL)	SLO-NIACIN TABLET (OTC) (ORAL)	IBUPROFEN SUSPENSION, TABLET (OTC and Rx) (ORAL)
LANTUS VIAL (00088-2220-33) (SUBCUTANE.)	TACROLIMUS 0.03% OINTMENT (TOPICAL)	LIPOTROPICS, STATINS ‡	INDOMETHACIN IR CAPSULE (not ER 75 MG) (ORAL)
NOVOLOG 100 UNIT/ML FLEXPEN, VIAL (SUBCUTANEOUS)	TACROLIMUS 0.1% OINTMENT (TOPICAL)	<a href="#">(STEP THERAPY CATEGORY)</a>	MELOXICAM TABLET (not CAPSULE) (ORAL)
NOVOLOG MIX 70-30 FLEXPEN (not VIAL) (SUBCUTANEOUS)		ATORVASTATIN TABLET (ORAL)	NABUMETONE TABLET (ORAL)
RELION NOVOLOG FLEXPEN, VIAL (SUBCUTANE.)		LOVASTATIN TABLET (ORAL)	NAPROXEN 250MG, 375MG, 500MG TABLET (not DR or ER) (ORAL)
TOUJEO MAX SOLOSTAR PEN (00024-5871-02) (SUBCUTANE.)	IMMUNOMODULATORS, TOPICAL	PRAVASTATIN TABLET (ORAL)	NAPROXEN SUSPENSION (ORAL)
TOUJEO SOLOSTAR PEN (00024-5869-03) (SUBCUTANE.)	IMIQUIMOD 5% CREAM PACKET (not 3.75%) (TOPICAL)	ROSUVASTATIN TABLET (ORAL)	PENNSAID 2% PUMP (not SOLUTION PACKET) (TOPICAL)
TRESIBA FLEXTOUCH (not VIAL) (SUBCUTANEOUS)	PODOFILOX 0.5% SOLUTION (TOPICAL)	SIMVASTATIN TABLET (ORAL)	SULINDAC TABLET (ORAL)



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

PANCREATIC ENZYMES	PROGESTATIONAL AGENTS	STEROIDS, TOPICAL HIGH POTENCY	STIMULANTS AND RELATED AGENTS (SEE DX CODE REQ.)
CREON CAPSULE (ORAL)	GALLIFREY TABLET (ORAL)	BETAMETHASONE DP AUG 0.05% CREAM (TOPICAL)	<b>(DX CODE REQUIRED - SEE SELECT AGENTS)</b>
ZENPEP CAPSULE (ORAL)	MEDROXYPROGESTERONE TABLET (ORAL)	BETAMETHASONE VALERATE 0.1% CREAM (TOPICAL)	ADDERALL TABLET (ORAL) (DX CODE REQ.)
PHOSPHATE BINDERS	NORETHINDRONE TABLET (ORAL)	BETAMETHASONE VALERATE 0.1% LOTION (TOPICAL)	AMPHETAMINE SALT COMBO TABLET (IR) (ORAL) (DX CODE REQ.)
CALCIUM ACETATE CAPSULE, GELCAP (not TAB) (ORAL)	PROGESTERONE CAPSULE (ORAL)	BETAMETHASONE VALERATE 0.1% OINTMENT (TOPICAL)	ATOMOXETINE CAPSULE (ORAL)
CALCIUM ACETATE TABLET OTC (not RX) (ORAL)	PROGESTERONE VIAL (INTRAMUSC)	FLUOCINONIDE 0.05% OINTMENT (TOPICAL)*	CLONIDINE ER TABLET (ORAL)
SEVELAMER CARBONATE 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)	<b>(STEP THERAPY CATEGORY)</b>		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.)
<b>BRILINTA TABLET (ORAL)</b>	<b>PROTONIX SUSPENSION (ORAL)</b>	CAPEX SHAMPOO (TOPICAL)	METHYLPHENIDATE ER TABLET (CONCERTA) (ORAL) (DX CODE REQ.)
CLOPIDOGREL TABLET (ORAL)		<b>DERMA-SMOOTHIE-FS BODY OIL (TOPICAL)</b>	METHYLPHENIDATE ER TABLET (METADATE ER) (ORAL) (DX CODE REQ.)
DIPYRIDAMOLE TABLET (ORAL)		<b>DERMA-SMOOTHIE-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.)
LOKELMA 5 GM POWDER PACKET (00310-1105-30) (ORAL)	ESZOPICLONE TABLET (ORAL)	HYDROCORTISONE 1% CREAM (RX or OTC) (TOPICAL)*	<b>VYVANSE CAPSULE (ORAL) (DX CODE REQ.)</b>
LOKELMA 10 GM POWDER PACKET (00310-1110-30) (ORAL)	TEMAZEPAM 15MG, 30MG CAPSULE (not 7.5MG or 22.5MG) (ORAL)	HYDROCORTISONE 1% OINTMENT (RX or OTC) (TOPICAL)	TETRACYCLINES
SODIUM POLYSTYRENE SULF POWDER (ORAL)	ZALEPLON CAPSULE (ORAL)	HYDROCORTISONE 2.5% CREAM (TOPICAL)	DOXYCYCLINE HYCLATE CAPSULE (not DR) (ORAL)
VELTASSA POWDER PACKET (ORAL)	ZOLPIDEM TARTRATE 5MG, 10MG TABLET (not ER or SL) (ORAL)	HYDROCORTISONE 2.5% LOTION (TOPICAL)	DOXYCYCLINE HYCLATE TABLET (not DR) (ORAL)
		HYDROCORTISONE 2.5% OINTMENT (TOPICAL)	DOXYCYCLINE MONOHYDRATE 50 MG, 100 MG CAPSULE (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)		DOPTLET TABLET (ORAL)
COMPLETENATE CHEW TABLET (OTC) (ORAL)	SIKLOS TABLET (ORAL)		<b>PROMACTA TABLET (not SUSPENSION PACKET) (ORAL)</b>
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)	ORILISSA 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)