

Maryland

Medicaid-Approved Preferred Drug List

Effective January 1, 2023

Legend

In each class, drugs are listed alphabetically by either brand name or generic name.

Brand name drug: Uppercase in bold type

Generic drug: Lowercase in plain type

AL: Age Limit Restrictions

DO: Dose Optimization Program

GR: Gender Restriction

OTC: Over the counter medication available with a prescription. (Prescribers please indicate OTC on the prescription)

PA: Prior authorization is required. Prior authorization is the process of obtaining approval of benefits before certain prescriptions are filled.

QL: Quantity limits; certain prescription medications have specific quantity limits per prescription or per month.

SP: Specialty Pharmacy

ST: Step therapy is required. You may need to use one medication before benefits for the use of another medication can be authorized.

| Drug Name | Reference | Notes |
|---|-----------------|---------------------------------------|
| *ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* | | |
| *ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** | | |
| clonidine hcl er oral tablet extended release 12 hour | Kapvay | PA; AL (Minimum Age: 6 years); QL |
| guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg | Intuniv | PA; DO; AL (Minimum Age: 6 years); QL |
| guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg | Intuniv | PA; AL (Minimum Age: 6 years); QL |
| *ANALEPTICS*** | | |
| caffeine citrate intravenous solution | Cafcit | |
| caffeine citrate oral solution | | |
| *LIPASE INHIBITORS*** | | |
| ALLI ORAL CAPSULE | | PA; OTC; QL |
| *ALTERNATIVE MEDICINES* | | |
| *ALTERNATIVE MEDICINE - ME'S*** | | |
| cvs melatonin extra strength oral liquid | | OTC; QL |
| cvs melatonin gummies oral tablet chewable | VitaJoy Gummies | OTC; QL |
| cvs melatonin oral capsule | | OTC; QL |
| cvs melatonin oral liquid | | OTC; QL |
| cvs melatonin oral tablet | | OTC; QL |
| cvs melatonin oral tablet dispersible | | OTC; QL |
| cvs melatonin sublingual tablet sublingual | | OTC; QL |
| cvs quality sleep oral capsule | | OTC; QL |
| gnp melatonin maximum strength oral tablet | | OTC; QL |
| gnp melatonin oral tablet | | OTC; QL |
| gnp melatonin oral tablet chewable | VitaJoy Gummies | OTC; QL |
| gnp melatonin oral tablet extended release | | OTC; QL |
| gnp melatonin sublingual tablet sublingual | | OTC; QL |
| hm melatonin oral tablet | | OTC; QL |
| hm melatonin oral tablet extended release | | OTC; QL |
| hm melatonin quick dissolve oral tablet dispersible | | OTC; QL |
| hm melatonin sublingual tablet sublingual | | OTC; QL |
| kp melatonin oral tablet | | OTC; QL |
| max melatonin oral tablet dispersible | | OTC; QL |

| Drug Name | Reference | Notes |
|---|-------------------------------|--------------|
| melatonin childrens oral tablet chewable | Zarbees Sleep Child/Melatonin | OTC; QL |
| melatonin er oral tablet extended release | | OTC; QL |
| melatonin extra strength oral liquid | | OTC; QL |
| melatonin extra strength oral tablet | | OTC; QL |
| melatonin fast dissolve oral tablet dispersible | | OTC; QL |
| melatonin gummies oral tablet chewable | VitaJoy Gummies | OTC; QL |
| melatonin kids oral tablet chewable | Zarbees Sleep Child/Melatonin | OTC; QL |
| melatonin maximum strength oral tablet | | OTC; QL |
| melatonin oral capsule | | OTC; QL |
| melatonin oral liquid | Zarbees Sleep Child/Melatonin | OTC; QL |
| melatonin oral tablet | | OTC; QL |
| melatonin oral tablet chewable | VitaJoy Gummies | OTC; QL |
| melatonin oral tablet dispersible | | OTC; QL |
| melatonin quick dissolve sublingual tablet sublingual | | OTC; QL |
| melatonin sublingual tablet sublingual | | OTC; QL |
| melatonin tr oral tablet extended release | | OTC; QL |
| mm melatonin oral tablet extended release | | OTC; QL |
| qc melatonin max st oral tablet | | OTC; QL |
| qc melatonin quick dissolve oral tablet dispersible | | OTC; QL |
| ra melatonin oral tablet | | OTC; QL |
| sm melatonin oral tablet | | OTC; QL |
| sm melatonin oral tablet dispersible | | OTC; QL |
| sv melatonin oral tablet | | OTC; QL |
| sv melatonin oral tablet dispersible | | OTC; QL |
| VITAJoy Gummies Oral Tablet Chewable | | OTC; QL |
| ZARBEES SLEEP CHILD/MELATONIN ORAL LIQUID | | OTC; QL |
| *AMINOGLYCOSIDES* | | |
| *AMINOGLYCOSIDES*** | | |
| neomycin sulfate oral tablet | | |
| paromomycin sulfate oral capsule | Humatin | |
| tobramycin inhalation nebulization solution | Bethkis | SP; QL |

| Drug Name | Reference | Notes |
|--|-----------------------|------------|
| *ANALGESICS - ANTI-INFLAMMATORY* | | |
| *ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** | | |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT | | PA; SP; QL |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | | PA; SP; QL |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT | | PA; SP; QL |
| HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT | | PA; SP; QL |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT | | PA; SP; QL |
| HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT | | PA; SP; QL |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT | | PA; SP; QL |
| *GOLD COMPOUNDS*** | | |
| RIDAURA ORAL CAPSULE | | |
| *NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** | | |
| ADVIL JUNIOR STRENGTH ORAL TABLET | | OTC; QL |
| ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE | | OTC; QL |
| ADVIL LIQUI-GELS MINIS ORAL CAPSULE | | OTC; QL |
| all day pain relief oral tablet | Mediproxen | OTC; QL |
| all day relief oral tablet | Mediproxen | OTC; QL |
| childrens ibuprofen 100 oral suspension | Childrens Medi-Profen | OTC; QL |
| childrens ibuprofen oral suspension | Childrens Medi-Profen | OTC; QL |
| CHILDRENS MEDI-PROFEN ORAL SUSPENSION | | OTC; QL |
| cvs all day pain relief oral tablet | Mediproxen | OTC; QL |
| cvs childrens ibuprofen oral suspension | Childrens Medi-Profen | OTC; QL |
| cvs ibuprofen childrens oral suspension | Childrens Medi-Profen | OTC; QL |
| cvs ibuprofen infants oral suspension | Medi-Profen | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------------|--------------|
| cvs ibuprofen junior strength oral tablet chewable | Advil Junior Strength | OTC; QL |
| cvs ibuprofen oral capsule | Advil Liqui-Gels minis | OTC; QL |
| cvs ibuprofen oral tablet | Medi-Profen | OTC; QL |
| cvs naproxen sodium oral capsule | Aleve | OTC; QL |
| cvs naproxen sodium oral tablet | Mediproxen | OTC; QL |
| diclofenac potassium oral tablet | | QL |
| diclofenac sodium er oral tablet extended release 24 hour | | QL |
| diclofenac sodium oral tablet delayed release | | QL |
| eq all day pain relief oral tablet | Mediproxen | OTC; QL |
| eq ibuprofen childrens oral suspension | Childrens Medi-Profen | OTC; QL |
| eq ibuprofen junior oral tablet chewable | Advil Junior Strength | OTC; QL |
| eq ibuprofen oral capsule | Advil Liqui-Gels minis | OTC; QL |
| eq ibuprofen oral tablet | Medi-Profen | OTC; QL |
| eq naproxen sodium oral capsule | Aleve | OTC; QL |
| eq naproxen sodium oral tablet | Mediproxen | OTC; QL |
| eql childrens ibuprofen oral suspension | Childrens Medi-Profen | OTC; QL |
| eql ibuprofen infants oral suspension | Medi-Profen | OTC; QL |
| eql ibuprofen oral capsule | Advil Liqui-Gels minis | OTC; QL |
| eql ibuprofen oral tablet | Medi-Profen | OTC; QL |
| eql naproxen sodium oral tablet | Mediproxen | OTC; QL |
| etodolac er oral tablet extended release 24 hour | | QL |
| etodolac oral capsule | | QL |
| etodolac oral tablet | Lodine | QL |
| fenoprofen calcium oral capsule | Nalfon | QL |
| flurbiprofen oral tablet | | QL |
| gnp childrens ibuprofen oral suspension | Childrens Medi-Profen | OTC; QL |
| gnp ibuprofen childrens oral tablet chewable | Advil Junior Strength | OTC; QL |
| gnp ibuprofen infants oral suspension | Medi-Profen | OTC; QL |
| gnp ibuprofen oral capsule | Advil Liqui-Gels minis | OTC; QL |
| gnp ibuprofen oral tablet | Medi-Profen | OTC; QL |
| gnp naproxen sodium oral capsule | Aleve | OTC; QL |
| gnp naproxen sodium oral tablet | Mediproxen | OTC; QL |
| goodsense ibuprofen childrens oral suspension | Childrens Medi-Profen | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------------|--------------|
| goodsense ibuprofen infants oral suspension | Medi-Profen | OTC; QL |
| goodsense ibuprofen oral capsule | Advil Liqui-Gels minis | OTC; QL |
| goodsense ibuprofen oral tablet | Medi-Profen | OTC; QL |
| goodsense naproxen sodium oral tablet | Mediproxen | OTC; QL |
| hm ibuprofen childrens oral suspension | Childrens Medi-Profen | OTC; QL |
| hm ibuprofen ib oral tablet | Medi-Profen | OTC; QL |
| hm ibuprofen oral capsule | Advil Liqui-Gels minis | OTC; QL |
| hm ibuprofen oral tablet | Medi-Profen | OTC; QL |
| hm naproxen sodium oral capsule | Aleve | OTC; QL |
| hm naproxen sodium oral tablet | Mediproxen | OTC; QL |
| hy-vee all day relief oral tablet | Mediproxen | OTC; QL |
| HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION | | OTC; QL |
| IBU ORAL TABLET | | QL |
| ibu-200 oral tablet | Medi-Profen | OTC; QL |
| ibuprofen 100 junior strength oral tablet chewable | Advil Junior Strength | OTC; QL |
| ibuprofen childrens oral suspension | Childrens Medi-Profen | OTC; QL |
| ibuprofen infants oral suspension | Medi-Profen | OTC; QL |
| ibuprofen junior strength oral tablet chewable | Advil Junior Strength | OTC; QL |
| ibuprofen oral capsule | Advil Liqui-Gels minis | OTC; QL |
| ibuprofen oral suspension | Childrens Medi-Profen | QL |
| ibuprofen oral tablet 200 mg | Medi-Profen | OTC; QL |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | IBU | QL |
| indomethacin er oral capsule extended release | | QL |
| indomethacin oral capsule | | QL |
| infants ibuprofen oral suspension | Medi-Profen | OTC; QL |
| ketoprofen er oral capsule extended release 24 hour | | QL |
| ketoprofen oral capsule | | QL |
| ketorolac tromethamine oral tablet | | QL |
| kls ibuprofen ib oral tablet | Medi-Profen | OTC; QL |
| kls ibuprofen oral tablet | Medi-Profen | OTC; QL |
| meclofenamate sodium oral capsule | | QL |
| MEDI-PROFEN ORAL CAPSULE | | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------------|--------------|
| MEDI-PROFEN ORAL SUSPENSION | | OTC; QL |
| MEDI-PROFEN ORAL TABLET | | OTC; QL |
| MEDIPROXEN ORAL TABLET | | OTC; QL |
| meijer ibuprofen oral tablet | Medi-Profen | OTC; QL |
| meloxicam oral tablet | Mobic | |
| MOTRIN IB ORAL CAPSULE | | OTC; QL |
| MOTRIN IB ORAL TABLET | | OTC; QL |
| nabumetone oral tablet | | QL |
| naproxen oral tablet | Naprosyn | QL |
| naproxen sodium oral capsule | Aleve | OTC; QL |
| naproxen sodium oral tablet 220 mg | Mediproxen | OTC; QL |
| naproxen sodium oral tablet 275 mg | | QL |
| naproxen sodium oral tablet 550 mg | Anaprox DS | QL |
| oxaprozin oral tablet | Daypro | QL |
| PAMPRIN ALL DAY RELIEF MAX ST ORAL TABLET | | OTC; QL |
| piroxicam oral capsule | Feldene | QL |
| px all day relief oral tablet | Mediproxen | OTC; QL |
| px childrens profen ib oral suspension | Childrens Medi-Profen | OTC; QL |
| px ibuprofen junior strength oral tablet chewable | Advil Junior Strength | OTC; QL |
| px ibuprofen oral tablet | Medi-Profen | OTC; QL |
| px infants profen ib oral suspension | Medi-Profen | OTC; QL |
| qc childrens ibuprofen oral suspension | Childrens Medi-Profen | OTC; QL |
| qc ibuprofen ib oral tablet | Medi-Profen | OTC; QL |
| qc ibuprofen oral capsule | Advil Liqui-Gels minis | OTC; QL |
| qc ibuprofen oral tablet | Medi-Profen | OTC; QL |
| qc naproxen sodium oral capsule | Aleve | OTC; QL |
| qc naproxen sodium oral tablet | Mediproxen | OTC; QL |
| ra ibuprofen childrens oral suspension | Childrens Medi-Profen | OTC; QL |
| ra ibuprofen infants oral suspension | Medi-Profen | OTC; QL |
| ra ibuprofen junior strength oral tablet chewable | Advil Junior Strength | OTC; QL |
| ra ibuprofen oral capsule | Advil Liqui-Gels minis | OTC; QL |
| ra ibuprofen oral tablet | Medi-Profen | OTC; QL |
| ra naproxen sodium oral tablet | Mediproxen | OTC; QL |
| ra pain relief ibuprofen oral tablet | Medi-Profen | OTC; QL |
| sb ibuprofen oral tablet | Medi-Profen | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------------|--------------|
| sb infants ibuprofen oral suspension | Medi-Profen | OTC; QL |
| sb naproxen sodium oral tablet | Mediproxen | OTC; QL |
| sm ibuprofen ib childrens oral tablet chewable | Advil Junior Strength | OTC; QL |
| sm ibuprofen ib oral tablet | Medi-Profen | OTC; QL |
| sm ibuprofen jr oral tablet | Advil Junior Strength | OTC; QL |
| sm ibuprofen oral capsule | Advil Liqui-Gels minis | OTC; QL |
| sm ibuprofen oral tablet | Medi-Profen | OTC; QL |
| sm infants ibuprofen oral suspension | Medi-Profen | OTC; QL |
| sm naproxen sodium oral tablet | Mediproxen | OTC; QL |
| sulindac oral tablet | | QL |
| WAL-PROFEN ORAL CAPSULE | | OTC; QL |
| WAL-PROFEN ORAL TABLET | | OTC; QL |
| *PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** | | |
| OTEZLA ORAL TABLET | | PA; SP; QL |
| OTEZLA ORAL TABLET THERAPY PACK | | PA; SP; QL |
| *PYRIMIDINE SYNTHESIS INHIBITORS*** | | |
| leflunomide oral tablet | Arava | QL |
| *SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** | | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | | PA; SP; QL |
| ENBREL SUBCUTANEOUS SOLUTION | | PA; SP; QL |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | PA; SP; QL |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | PA; SP; QL |
| *ANALGESICS - NONNARCOTIC* | | |
| *ANALGESIC COMBINATIONS*** | | |
| added strength headache relief oral tablet | Bayer Migraine | OTC |
| back & body extra strength oral tablet | Bayer Back & Body | OTC |
| BAYER MIGRAINE ORAL TABLET | | OTC |
| cvs back & body extra strength oral tablet | Bayer Back & Body | OTC |
| cvs headache relief oral tablet | Bayer Migraine | OTC |
| cvs menstrual relief oral tablet | Midol Complete | OTC |
| cvs migraine relief oral tablet | Bayer Migraine | OTC |

| Drug Name | Reference | Notes |
|---|-------------------|--------------|
| eq headache relief oral tablet | Bayer Migraine | OTC |
| eql menstrual relief max st oral tablet | Midol Complete | OTC |
| eql migraine formula oral tablet | Bayer Migraine | OTC |
| extraprin oral tablet | Bayer Migraine | OTC |
| gnp headache relief extra str oral tablet | Bayer Migraine | OTC |
| gnp migraine relief oral tablet | Bayer Migraine | OTC |
| goodsense headache relief oral tablet | Bayer Migraine | OTC |
| goodsense migraine formula oral tablet | Bayer Migraine | OTC |
| headache formula oral tablet | Bayer Migraine | OTC |
| headache relief oral tablet | Bayer Migraine | OTC |
| hm migraine relief oral tablet | Bayer Migraine | OTC |
| kls migraine headache relief oral tablet | Bayer Migraine | OTC |
| meijer migraine formula oral tablet | Bayer Migraine | OTC |
| menstrual relief max strength oral tablet | Midol Complete | OTC |
| migraine formula oral tablet | Bayer Migraine | OTC |
| migraine relief oral tablet | Bayer Migraine | OTC |
| pain reliever extra strength oral tablet | Bayer Migraine | OTC |
| pain reliever plus oral tablet | Bayer Migraine | OTC |
| pain-off oral tablet | Bayer Migraine | OTC |
| PAMPRIN MAX ORAL TABLET | | OTC |
| px headache relief added st oral tablet | Bayer Migraine | OTC |
| px migraine relief oral tablet | Bayer Migraine | OTC |
| qc headache relief oral tablet | Bayer Migraine | OTC |
| qc menstrual complete max st oral tablet | Midol Complete | OTC |
| ra back & body pain relief oral tablet | Bayer Back & Body | OTC |
| ra headache formula oral tablet | Bayer Migraine | OTC |
| ra menstrual relief oral tablet | Midol Complete | OTC |
| ra migraine relief oral tablet | Bayer Migraine | OTC |
| ra pain reliever ex st oral tablet | Bayer Migraine | OTC |
| sb pain relief x-str oral tablet | Bayer Migraine | OTC |
| sm migraine relief oral tablet | Bayer Migraine | OTC |
| *ANALGESICS OTHER*** | | |
| 8 hour arthritis pain oral tablet extended release | Midol | OTC; QL |
| 8 hour arthritis pain reliever oral tablet extended release | Midol | OTC; QL |
| 8 hour pain reliever oral tablet extended release | Midol | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------------------|--------------|
| 8 hr arthritis pain relief oral tablet extended release | Midol | OTC; QL |
| acetaminophen 8 hour oral tablet extended release | Midol | OTC; QL |
| acetaminophen childrens oral solution | | OTC; QL |
| acetaminophen childrens oral suspension | Panadol Childrens | OTC; QL |
| acetaminophen childrens oral tablet chewable | Mapap Childrens | OTC |
| acetaminophen er oral tablet extended release | Midol | OTC; QL |
| acetaminophen extra strength oral capsule | | OTC; QL |
| acetaminophen extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| acetaminophen infants oral suspension | Panadol Childrens | OTC; QL |
| acetaminophen junior strength oral tablet dispersible | | OTC |
| acetaminophen oral liquid | Little Remedies for Fever | OTC; QL |
| acetaminophen oral solution | | OTC; QL |
| acetaminophen oral suspension | Panadol Childrens | OTC; QL |
| acetaminophen oral tablet 325 mg | Aphen | OTC |
| acetaminophen oral tablet 500 mg | Healthy Mama Shake That Ache | OTC; QL |
| acetaminophen oral tablet chewable | Mapap Childrens | OTC |
| acetaminophen rapid tabs child oral tablet dispersible | | OTC |
| acetaminophen rectal suppository | FeverAll Adults | OTC |
| APHEN ORAL TABLET | | OTC |
| apra oral elixir | Medi-Tabs Childrens | OTC |
| arthritis pain relief oral tablet extended release | Midol | OTC; QL |
| arthritis pain reliever oral tablet extended release | Midol | OTC; QL |
| betatemp childrens oral suspension | Panadol Childrens | OTC; QL |
| childrens acetaminophen oral suspension | Panadol Childrens | OTC; QL |
| childrens apap oral tablet chewable | Childrens Medi-Tabs | OTC |
| childrens aspirin free oral elixir | Medi-Tabs Childrens | OTC |
| CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE | | OTC |
| childrens non-aspirin oral suspension | Panadol Childrens | OTC; QL |
| childrens non-aspirin oral tablet chewable | Childrens Medi-Tabs | OTC |

| Drug Name | Reference | Notes |
|--|-------------------------------|--------------|
| childrens pain reliever oral tablet chewable | Childrens Medi-Tabs | OTC |
| childrens silapap oral liquid | Little Remedies for Fever | OTC; QL |
| cvs 8hr arthritis pain relief oral tablet extended release | Midol | OTC; QL |
| cvs 8hr muscle aches & pain oral tablet extended release | Midol | OTC; QL |
| cvs acetaminophen ex st oral liquid | Mapap Acetaminophen Extra Str | OTC |
| cvs acetaminophen ex st oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| cvs acetaminophen oral capsule | Tylenol | OTC |
| cvs acetaminophen oral liquid | Mapap Acetaminophen Extra Str | OTC |
| cvs acetaminophen oral tablet | Aphen | OTC |
| cvs arthritis pain relief oral tablet extended release | Midol | OTC; QL |
| cvs childs non-aspirin oral tablet chewable | Childrens Medi-Tabs | OTC |
| cvs fever reducing childrens rectal suppository | FeverAll Childrens | OTC |
| cvs infants pain relief drops oral suspension | Panadol Childrens | OTC; QL |
| cvs non-aspirin childrens oral tablet chewable | Childrens Medi-Tabs | OTC |
| cvs non-aspirin extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| cvs pain & fever childrens oral suspension | Panadol Childrens | OTC; QL |
| cvs pain & fever infants oral suspension | Panadol Childrens | OTC; QL |
| cvs pain relief childrens oral tablet chewable | Mapap Childrens | OTC |
| cvs pain relief extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| cvs pain relief oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| cvs pain relief oral tablet extended release | Midol | OTC; QL |
| cvs pain relief regular st oral tablet | Aphen | OTC |
| ed-apap oral liquid | Little Remedies for Fever | OTC; QL |
| eq 8hr arthritis pain relief oral tablet extended release | Midol | OTC; QL |
| eq acetaminophen oral tablet 325 mg | Aphen | OTC |
| eq acetaminophen oral tablet 500 mg | Healthy Mama Shake That Ache | OTC; QL |
| eq arthritis pain oral tablet extended release | Midol | OTC; QL |

| Drug Name | Reference | Notes |
|--|-------------------------------|--------------|
| eq pain & fever childrens oral suspension | Panadol Childrens | OTC; QL |
| eq pain & fever childrens oral tablet chewable | Mapap Childrens | OTC |
| eq pain & fever infants oral suspension | Panadol Childrens | OTC; QL |
| eq pain relief/rapid burst oral liquid | Mapap Acetaminophen Extra Str | OTC |
| eq pain reliever ex st oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| eq pain reliever oral tablet 325 mg | Aphen | OTC |
| eq pain reliever oral tablet 500 mg | Healthy Mama Shake That Ache | OTC; QL |
| eql acetaminophen childrens oral suspension | Panadol Childrens | OTC; QL |
| eql acetaminophen ex st oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| eql acetaminophen oral tablet | Aphen | OTC |
| FEVERALL ADULTS RECTAL SUPPOSITORY | | OTC |
| FEVERALL CHILDRENS RECTAL SUPPOSITORY | | OTC |
| FEVERALL INFANTS RECTAL SUPPOSITORY | | OTC |
| gnp 8 hour arthritis relief oral tablet extended release | Midol | OTC; QL |
| gnp 8 hour pain relief oral tablet extended release | Midol | OTC; QL |
| gnp 8 hour pain reliever oral tablet extended release | Midol | OTC; QL |
| gnp acetaminophen ex st oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| gnp acetaminophen oral tablet | Aphen | OTC |
| gnp acetaminophen oral tablet chewable | Mapap Childrens | OTC |
| gnp infants pain/fever oral suspension | Panadol Childrens | OTC; QL |
| gnp pain & fever childrens oral suspension | Panadol Childrens | OTC; QL |
| gnp pain & fever infants oral suspension | Panadol Childrens | OTC; QL |
| gnp pain relief extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| gnp pain relief oral tablet | Aphen | OTC |
| goodsense arthritis pain oral tablet extended release | Midol | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------------------|--------------|
| goodsense pain & fever child oral suspension | Panadol Childrens | OTC; QL |
| goodsense pain & fever infants oral suspension | Panadol Childrens | OTC; QL |
| goodsense pain relief extra st oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| goodsense pain relief oral tablet | Aphen | OTC |
| HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET | | OTC; QL |
| hm acetaminophen childrens oral tablet chewable | Mapap Childrens | OTC |
| hm arthritis pain relief oral tablet extended release | Midol | OTC; QL |
| hm pain & fever childrens oral suspension | Panadol Childrens | OTC; QL |
| hm pain relief extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| hm pain relief oral tablet extended release | Midol | OTC; QL |
| hm pain relieve child dye-free oral suspension | Panadol Childrens | OTC; QL |
| hm pain reliever childrens oral suspension | Panadol Childrens | OTC; QL |
| hm pain reliever oral tablet | Aphen | OTC |
| infants pain & fever oral suspension | Panadol Childrens | OTC; QL |
| kls acetaminophen ex st oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| liquid acetaminophen oral liquid | Little Remedies for Fever | OTC; QL |
| liquid pain relief oral liquid | Little Remedies for Fever | OTC; QL |
| LITTLE REMEDIES FOR FEVER ORAL LIQUID | | OTC; QL |
| MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID | | OTC |
| mapap arthritis pain oral tablet extended release | Midol | OTC; QL |
| MAPAP CHILDRENS ORAL TABLET CHEWABLE | | OTC |
| mapap oral capsule | | OTC; QL |
| mapap oral tablet | Aphen | OTC |
| MEDI-TABS CHILDRENS ORAL ELIXIR | | OTC |
| MEDI-TABS EXTRA STRENGTH ORAL TABLET | | OTC; QL |
| MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE | | OTC |

| Drug Name | Reference | Notes |
|---|----------------------------------|--------------|
| meijer aspirin free oral tablet 325 mg | Aphen | OTC |
| meijer aspirin free oral tablet 500 mg | Healthy Mama Shake That Ache | OTC; QL |
| meijer jr st aspirin free oral tablet chewable | Mapap Childrens | OTC |
| MIDOL ORAL TABLET EXTENDED RELEASE | | OTC; QL |
| MM ACETAMINOPHEN EX STR ORAL TABLET | | OTC; QL |
| mm arthritis pain oral tablet extended release | Midol | OTC; QL |
| m-pap oral liquid | Little Remedies for Fever | OTC; QL |
| non-aspirin extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| non-aspirin jr strength oral tablet chewable | Mapap Childrens | OTC |
| non-aspirin oral tablet 325 mg | Aphen | OTC |
| non-aspirin oral tablet 500 mg | Healthy Mama Shake That Ache | OTC; QL |
| non-aspirin pain relief oral tablet | Aphen | OTC |
| pain & fever childrens oral suspension | Panadol Childrens | OTC; QL |
| pain & fever childrens oral tablet chewable | Mapap Childrens | OTC |
| pain & fever infants oral suspension | Panadol Childrens | OTC; QL |
| pain relief childrens oral elixir | Medi-Tabs Childrens | OTC |
| pain relief childrens oral suspension | Panadol Childrens | OTC; QL |
| pain relief extra strength oral capsule | | OTC; QL |
| pain relief extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| pain relief oral liquid | Mapap Acetaminophen Extra Str | OTC |
| pain relief regular strength oral tablet | Aphen | OTC |
| pain reliever extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| pain reliever for adults oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| pain reliever oral liquid | Mapap Acetaminophen Extra Str | OTC |
| pain reliever oral tablet | Aphen | OTC |
| pain reliever/fever reducer rectal suppository | FeverAll Childrens | OTC |
| PANADOL CHILDRENS ORAL SUSPENSION | | OTC; QL |

| Drug Name | Reference | Notes |
|---|-------------------------------|--------------|
| PANADOL EXTRA STRENGTH ORAL TABLET | | OTC; QL |
| PANADOL INFANTS ORAL SUSPENSION | | OTC; QL |
| PEDIACARE CHILDREN ORAL SUSPENSION | | OTC; QL |
| PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION | | OTC; QL |
| PEDIACARE INFANTS ORAL SUSPENSION | | OTC; QL |
| PHARBETOL EXTRA STRENGTH ORAL TABLET | | OTC; QL |
| PHARBETOL ORAL TABLET | | OTC |
| px arthritis pain relief oral tablet extended release | Midol | OTC; QL |
| px childrens pain relief oral suspension | Panadol Childrens | OTC; QL |
| px pain relief extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| qc 8 hour pain relief oral tablet extended release | Midol | OTC; QL |
| qc acetaminophen 8 hours oral tablet extended release | Midol | OTC; QL |
| qc acetaminophen 8hr arth pain oral tablet extended release | Midol | OTC; QL |
| qc acetaminophen 8hr musc ache oral tablet extended release | Midol | OTC; QL |
| qc acetaminophen infants oral suspension | Panadol Childrens | OTC; QL |
| qc arthritis pain relief oral tablet extended release | Midol | OTC; QL |
| qc non-aspirin 8 hour oral tablet extended release | Midol | OTC; QL |
| qc non-aspirin childrens oral suspension | Panadol Childrens | OTC; QL |
| qc non-aspirin childrens oral tablet chewable | Mapap Childrens | OTC |
| qc non-aspirin extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| qc pain relief childrens oral suspension | Panadol Childrens | OTC; QL |
| qc pain relief extra strength oral liquid | Mapap Acetaminophen Extra Str | OTC |
| qc pain relief extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| qc pain relief infants oral suspension | Panadol Childrens | OTC; QL |
| qc pain relief oral tablet | Aphen | OTC |

| Drug Name | Reference | Notes |
|---|-------------------------------|--------------|
| ra 8 hour pain relief oral tablet extended release | Midol | OTC; QL |
| ra acetaminophen childrens oral tablet chewable | Mapap Childrens | OTC |
| ra acetaminophen ex st oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| ra acetaminophen oral tablet | Aphen | OTC |
| ra arthritis pain relief oral tablet extended release | Midol | OTC; QL |
| ra childrens fever/pain oral suspension | Panadol Childrens | OTC; QL |
| ra fever reducer/pain reliever oral suspension | Panadol Childrens | OTC; QL |
| ra pain relief acetaminophen oral tablet 325 mg | Aphen | OTC |
| ra pain relief acetaminophen oral tablet 500 mg | Healthy Mama Shake That Ache | OTC; QL |
| ra pain reliever ex st oral liquid | Mapap Acetaminophen Extra Str | OTC |
| sb arthritis pain relief oral tablet extended release | Midol | OTC; QL |
| sb childrens non-aspirin oral tablet dispersible | | OTC |
| sb non-aspirin extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| sb non-aspirin jr strength oral tablet dispersible | | OTC |
| sb non-aspirin oral tablet | Aphen | OTC |
| sb non-aspirin oral tablet chewable | Childrens Medi-Tabs | OTC |
| sb pain reliever childrens oral suspension | Panadol Childrens | OTC; QL |
| sb pain reliever ex st oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| sm 8 hour pain relief oral tablet extended release | Midol | OTC; QL |
| sm arthritis pain relief oral tablet extended release | Midol | OTC; QL |
| sm arthritis pain reliever oral tablet extended release | Midol | OTC; QL |
| sm pain & fever childrens oral suspension | Panadol Childrens | OTC; QL |
| sm pain & fever infants oral suspension | Panadol Childrens | OTC; QL |
| sm pain relief extra strength oral tablet | Healthy Mama Shake That Ache | OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------------------|--------------|
| sm pain relief oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| sm pain reliever childrens oral suspension | Panadol Childrens | OTC; QL |
| sm pain reliever ex st oral tablet | Healthy Mama Shake That Ache | OTC; QL |
| sm pain reliever oral tablet | Aphen | OTC |
| sm rapid melts junior oral tablet dispersible | | OTC |
| tactinal oral tablet | Aphen | OTC |
| *ANALGESICS-SEDATIVES*** | | |
| BAC ORAL TABLET | | QL |
| butalbital-acetaminophen oral tablet | Tencon | QL |
| butalbital-apap-caffeine oral tablet | Bac | QL |
| butalbital-aspirin-caffeine oral capsule | | QL |
| menstrual pain relief oral tablet | Premsyn PMS | OTC |
| PREMSYN PMS ORAL TABLET | | OTC |
| qc menstrual pain relief oral tablet | Premsyn PMS | OTC |
| ra menstrual pain relief oral tablet | Premsyn PMS | OTC |
| TENCON ORAL TABLET | | QL |
| *SALICYLATE COMBINATIONS*** | | |
| cvs antacid & pain reliever oral tablet effervescent | Alka-Seltzer | OTC |
| effervescent antacid/pain oral tablet effervescent | Alka-Seltzer | OTC |
| effervescent pain relief oral tablet effervescent | Alka-Seltzer | OTC |
| eq antacid & pain relief oral tablet effervescent | Alka-Seltzer | OTC |
| eql antacid/pain relief oral tablet effervescent | Alka-Seltzer | OTC |
| goodsense antacid/pain relief oral tablet effervescent | Alka-Seltzer | OTC |
| medi-seltzer oral tablet effervescent | Alka-Seltzer | OTC |
| px effervescent oral tablet effervescent | Alka-Seltzer | OTC |
| qc effervescent antacid/pain oral tablet effervescent | Alka-Seltzer | OTC |
| sb effervescent pain relief oral tablet effervescent | Alka-Seltzer | OTC |
| sm aspirin tri-buffered oral tablet | Bufferin | OTC |
| sm effervescent pain relief oral tablet effervescent | Alka-Seltzer | OTC |

| Drug Name | Reference | Notes |
|--|-------------------------------|--------------|
| tri-buffered aspirin oral tablet | Bufferin | OTC |
| *SALICYLATES*** | | |
| adult aspirin regimen oral tablet delayed release | Aspir-Low | OTC; QL |
| aspirin 81 oral tablet chewable | Bayer Low Dose | OTC; QL |
| aspirin 81 oral tablet delayed release | Aspir-Low | OTC; QL |
| aspirin adult low dose oral tablet delayed release | Aspir-Low | OTC; QL |
| aspirin adult low strength oral tablet delayed release | Aspir-Low | OTC; QL |
| aspirin childrens oral tablet chewable | Bayer Low Dose | OTC; QL |
| aspirin ec low dose oral tablet delayed release | Aspir-Low | OTC; QL |
| aspirin ec low strength oral tablet delayed release | Aspir-Low | OTC; QL |
| aspirin ec oral tablet delayed release | Aspir-Low | OTC; QL |
| aspirin low dose oral tablet chewable | Bayer Low Dose | OTC; QL |
| aspirin low dose oral tablet delayed release | Aspir-Low | OTC; QL |
| aspirin low strength oral tablet chewable | Bayer Low Dose | OTC; QL |
| aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| aspirin oral tablet chewable | Bayer Low Dose | OTC; QL |
| aspirin oral tablet delayed release | Aspir-Low | OTC; QL |
| aspirin rectal suppository | | OTC |
| aspirin regimen oral tablet delayed release | Aspir-Low | OTC; QL |
| ASPIR-LOW ORAL TABLET DELAYED RELEASE | | OTC; QL |
| BAYER ADVANCED ASPIRIN EX ST ORAL TABLET | | OTC |
| BAYER ADVANCED ASPIRIN REG ST ORAL TABLET | | OTC |
| BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE | | OTC; QL |
| BAYER ASPIRIN ORAL TABLET | | OTC |
| BAYER LOW DOSE ORAL TABLET CHEWABLE | | OTC; QL |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE | | OTC; QL |
| childrens aspirin oral tablet chewable | Bayer Low Dose | OTC; QL |

| Drug Name | Reference | Notes |
|--|-------------------------------|--------------|
| cvs aspirin adult low dose oral tablet chewable | Bayer Low Dose | OTC; QL |
| cvs aspirin adult low strength oral tablet delayed release | Aspir-Low | OTC; QL |
| cvs aspirin ec oral tablet delayed release | Aspir-Low | OTC; QL |
| cvs aspirin low dose oral tablet delayed release | Aspir-Low | OTC; QL |
| cvs aspirin low strength oral tablet delayed release | Aspir-Low | OTC; QL |
| cvs aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| cvs genuine aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| diflunisal oral tablet | | |
| ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE | | OTC; QL |
| ECPIRIN ORAL TABLET DELAYED RELEASE | | OTC; QL |
| eq aspirin adult low dose oral tablet delayed release | Aspir-Low | OTC; QL |
| eq aspirin low dose oral tablet chewable | Bayer Low Dose | OTC; QL |
| eq aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| eql aspirin ec oral tablet delayed release | EcPirin | OTC; QL |
| eql aspirin low dose oral tablet chewable | Bayer Low Dose | OTC; QL |
| eql aspirin low dose oral tablet delayed release | Aspir-Low | OTC; QL |
| genuine aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| gnp adult aspirin low strength oral tablet chewable | Bayer Low Dose | OTC; QL |
| gnp aspirin low dose oral tablet delayed release | Aspir-Low | OTC; QL |
| gnp aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| gnp aspirin oral tablet delayed release | Aspir-Low | OTC; QL |
| goodsense aspirin adults oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| goodsense aspirin low dose oral tablet delayed release | Aspir-Low | OTC; QL |

| Drug Name | Reference | Notes |
|--|-------------------------------|--------------|
| goodsense aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| goodsense aspirin oral tablet chewable | Bayer Low Dose | OTC; QL |
| goodsense aspirin oral tablet delayed release | EcPirin | OTC; QL |
| h-e-b aspirin oral tablet delayed release | Aspir-Low | OTC; QL |
| hm adult aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| hm aspirin ec low dose oral tablet delayed release | Aspir-Low | OTC; QL |
| hm aspirin ec oral tablet delayed release | EcPirin | OTC; QL |
| hm aspirin oral tablet chewable | Bayer Low Dose | OTC; QL |
| hm aspirin oral tablet delayed release | EcPirin | OTC; QL |
| kls aspirin low dose oral tablet delayed release | Aspir-Low | OTC; QL |
| kp aspirin oral tablet delayed release | Aspir-Low | OTC; QL |
| meijer aspirin ec oral tablet delayed release | EcPirin | OTC; QL |
| mm aspirin oral tablet delayed release | Aspir-Low | OTC; QL |
| px aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| px aspirin oral tablet chewable | Bayer Low Dose | OTC; QL |
| px enteric aspirin oral tablet delayed release | Aspir-Low | OTC; QL |
| qc aspirin low dose oral tablet chewable | Bayer Low Dose | OTC; QL |
| qc aspirin low dose oral tablet delayed release | Aspir-Low | OTC; QL |
| qc aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| qc aspirin oral tablet delayed release | EcPirin | OTC; QL |
| qc childrens aspirin oral tablet chewable | Bayer Low Dose | OTC; QL |
| qc enteric aspirin oral tablet delayed release | EcPirin | OTC; QL |
| ra aspirin adult low dose oral tablet chewable | Bayer Low Dose | OTC; QL |
| ra aspirin adult low strength oral tablet chewable | Bayer Low Dose | OTC; QL |
| ra aspirin childrens oral tablet chewable | Bayer Low Dose | OTC; QL |
| ra aspirin ec adult low st oral tablet delayed release | Aspir-Low | OTC; QL |
| ra aspirin ec oral tablet delayed release | Aspir-Low | OTC; QL |
| ra aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |

| Drug Name | Reference | Notes |
|--|----------------------------------|--------------|
| ra pain relief aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| sb aspirin ec oral tablet delayed release | EcPirin | OTC; QL |
| sb aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| sb childrens aspirin oral tablet chewable | Bayer Low Dose | OTC; QL |
| sb low dose asa ec oral tablet delayed release | Aspir-Low | OTC; QL |
| sm aspirin adult low strength oral tablet delayed release | Aspir-Low | OTC; QL |
| sm aspirin ec low strength oral tablet delayed release | Aspir-Low | OTC; QL |
| sm aspirin ec oral tablet delayed release | EcPirin | OTC; QL |
| sm aspirin low dose oral tablet chewable | Bayer Low Dose | OTC; QL |
| sm aspirin low dose oral tablet delayed release | Aspir-Low | OTC; QL |
| sm aspirin oral tablet | Bayer Advanced Aspirin Reg St | OTC |
| sm childrens aspirin oral tablet chewable | Bayer Low Dose | OTC; QL |
| ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE | | OTC; QL |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE | | OTC; QL |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE | | OTC; QL |

| Drug Name | Reference | Notes |
|--------------------------------------|-----------|---|
| *ANALGESICS - OPIOID* | | |
| *CODEINE COMBINATIONS*** | | |
| acetaminophen-codeine #2 oral tablet | | AL (Minimum Age: 12 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL |
| acetaminophen-codeine #3 oral tablet | | QL |
| acetaminophen-codeine #4 oral tablet | | QL |
| acetaminophen-codeine oral solution | | QL |

| Drug Name | Reference | Notes |
|--|------------------------|---|
| acetaminophen-codeine oral tablet 300-15 mg | | AL (Minimum Age: 12 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL |
| acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg | | QL |
| ASCOMP-CODEINE ORAL CAPSULE | | QL |
| butalbital-apap-caff-cod oral capsule | Fioricet/Codeine | QL |
| butalbital-asa-caff-codeine oral capsule | Ascomp-Codeine | QL |
| *HYDROCODONE COMBINATIONS*** | | |
| hydrocodone-acetaminophen oral solution | | QL |
| hydrocodone-acetaminophen oral tablet | Xodol | QL |
| hydrocodone-ibuprofen oral tablet | | QL |
| *OPIOID AGONISTS*** | | |
| codeine sulfate oral tablet | | QL |
| fentanyl citrate buccal lozenge on a handle | Actiq | PA; QL |
| fentanyl transdermal patch 72 hour | | PA; QL |
| hydromorphone hcl oral liquid | Dilaudid | QL |
| hydromorphone hcl oral tablet | Dilaudid | QL |
| meperidine hcl oral solution | | QL |
| meperidine hcl oral tablet | | QL |
| METHADONE HCL INTENSOL ORAL CONCENTRATE | | PA; QL |
| methadone hcl oral concentrate | Methadone HCl Intensol | PA; QL |

| Drug Name | Reference | Notes |
|---|-------------------|--------------|
| methadone hcl oral solution | | PA; QL |
| methadone hcl oral tablet | | PA; QL |
| methadone hcl oral tablet soluble | Methadose | PA; QL |
| METHADOSE ORAL TABLET SOLUBLE | | PA; QL |
| morphine sulfate (concentrate) oral solution | | QL |
| morphine sulfate er oral tablet extended release | MS Contin | PA; QL |
| morphine sulfate oral solution | | QL |
| morphine sulfate oral tablet | | QL |
| oxycodone hcl oral capsule | | QL |
| oxycodone hcl oral concentrate | | QL |
| oxycodone hcl oral solution | | QL |
| oxycodone hcl oral tablet | Oxaydo | QL |
| tramadol hcl oral tablet | | PA; QL |
| *OPIOID COMBINATIONS*** | | |
| ENDOCET ORAL TABLET | | QL |
| oxycodone-acetaminophen oral tablet | Endocet | QL |
| *OPIOID PARTIAL AGONISTS*** | | |
| butorphanol tartrate nasal solution | | QL |
| pentazocine-naloxone hcl oral tablet | | QL |
| *TRAMADOL COMBINATIONS*** | | |
| tramadol-acetaminophen oral tablet | | PA; QL |
| *ANDROGENS-ANABOLIC* | | |
| *ANDROGENS*** | | |
| testosterone cypionate intramuscular solution | Depo-Testosterone | PA |
| testosterone enanthate intramuscular solution | | PA |
| testosterone transdermal gel | AndroGel | PA; QL |
| *ANORECTAL AND RELATED PRODUCTS* | | |
| *INTRARECTAL STEROIDS*** | | |
| hydrocortisone rectal enema | Cortenema | |
| *RECTAL COMBINATIONS - MISC.*** | | |
| AVEDANA HEMORRHOID PAIN RELIEF RECTAL OINTMENT | | OTC |
| AVEDANA HEMORRHOIDAL RECTAL SUPPOSITORY | | OTC |

| Drug Name | Reference | Notes |
|---|--------------------------------|--------------|
| cvs hemorrhoidal rectal ointment | Avedana Hemorrhoid Pain Relief | OTC |
| cvs hemorrhoidal rectal suppository | Avedana Hemorrhoidal | OTC |
| eq hemorrhoidal rectal suppository | | OTC |
| eql hemorrhoidal rectal ointment | Avedana Hemorrhoid Pain Relief | OTC |
| eql hemorrhoidal rectal suppository | Avedana Hemorrhoidal | OTC |
| gnp hemorrhoidal rectal ointment | Avedana Hemorrhoid Pain Relief | OTC |
| goodsense hemorrhoidal rectal ointment | Avedana Hemorrhoid Pain Relief | OTC |
| goodsense hemorrhoidal rectal suppository | Avedana Hemorrhoidal | OTC |
| hemorrhoidal rectal ointment | Avedana Hemorrhoid Pain Relief | OTC |
| hemorrhoidal rectal suppository | Avedana Hemorrhoidal | OTC |
| hm hemorrhoidal rectal ointment | Avedana Hemorrhoid Pain Relief | OTC |
| PREPARATION H RECTAL SUPPOSITORY | | OTC |
| px hemorrhoidal rectal ointment | | OTC |
| px hemorrhoidal rectal suppository | | OTC |
| qc hemorrhoidal rectal ointment | Avedana Hemorrhoid Pain Relief | OTC |
| qc hemorrhoidal rectal suppository | Avedana Hemorrhoidal | OTC |
| ra hemorrhoidal rectal ointment | | OTC |
| ra hemorrhoidal rectal suppository | | OTC |
| sb hemorrhoid rectal ointment | | OTC |
| sm hemorrhoidal rectal ointment | Avedana Hemorrhoid Pain Relief | OTC |
| sm hemorrhoidal rectal suppository | | OTC |
| *RECTAL STEROIDS*** | | |
| hydrocortisone (perianal) external cream | Procto-Med HC | QL |
| PROCTO-MED HC EXTERNAL CREAM | | QL |
| PROCTOSOL HC EXTERNAL CREAM | | QL |
| PROCTOZONE-HC EXTERNAL CREAM | | QL |
| *ANTACIDS* | | |
| *ANTACID & SIMETHICONE*** | | |
| ALMACONE DOUBLE STRENGTH ORAL SUSPENSION | | OTC |

| Drug Name | Reference | Notes |
|--|--------------------------|--------------|
| antacid & antigas oral suspension | Mintox | OTC |
| antacid advanced oral suspension | Almacone Double Strength | OTC |
| antacid anti-gas max strength oral suspension | Almacone Double Strength | OTC |
| antacid anti-gas oral suspension | Mintox | OTC |
| antacid extra strength oral suspension | Almacone Double Strength | OTC |
| antacid fast relief oral suspension | Mintox | OTC |
| antacid i oral suspension | Mintox | OTC |
| antacid iii oral suspension | Almacone Double Strength | OTC |
| antacid liquid oral suspension | Mintox | OTC |
| antacid m oral suspension | Mintox | OTC |
| antacid maximum strength oral suspension | Almacone Double Strength | OTC |
| antacid oral suspension | Mintox | OTC |
| antacid regular strength oral suspension | Mintox | OTC |
| antacid/antigas oral suspension | Mintox | OTC |
| antacid/simethicone ds oral suspension | Almacone Double Strength | OTC |
| comfort gel antacid & anti-gas oral suspension | Mintox | OTC |
| comfort gel antacid anti-gas oral suspension | Almacone Double Strength | OTC |
| comfort gel oral suspension | Mintox | OTC |
| cvs antacid plus antigas oral suspension | Almacone Double Strength | OTC |
| cvs antacid/anti-gas oral suspension | Almacone Double Strength | OTC |
| eq antacid maximum strength oral suspension | Almacone Double Strength | OTC |
| eq antacid/anti-gas oral suspension | Mintox | OTC |
| eql antacid/anti-gas oral suspension | Mintox | OTC |
| geri-lanta maximum strength oral suspension | Almacone Double Strength | OTC |
| geri-lanta oral suspension | Mintox | OTC |
| geri-mox oral suspension | Mintox | OTC |
| gnp antacid & anti-gas oral suspension | Almacone Double Strength | OTC |

| Drug Name | Reference | Notes |
|--|--------------------------|--------------|
| gnp antacid regular strength oral suspension | Mintox | OTC |
| goodsense advanced antacid oral suspension | Mintox | OTC |
| goodsense antacid & gas relief oral suspension | Almacone Double Strength | OTC |
| hm antacid anti-gas ex st oral suspension | Almacone Double Strength | OTC |
| hm antacid oral suspension | Mintox | OTC |
| MAALOX MAX ORAL SUSPENSION | | OTC |
| MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION | | OTC |
| mag-al plus oral liquid | Mintox | OTC |
| mag-al plus xs oral liquid | Almacone Double Strength | OTC |
| meijer antacid anti-gas oral suspension | Mintox | OTC |
| meijer antacid oral suspension | Almacone Double Strength | OTC |
| mintox maximum strength oral suspension | Almacone Double Strength | OTC |
| MINTOX PLUS ORAL TABLET CHEWABLE | | OTC |
| MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION | | OTC |
| px antacid maximum strength oral suspension | Almacone Double Strength | OTC |
| px antacid regular strength oral suspension | Mintox | OTC |
| qc antacid oral suspension | Mintox | OTC |
| qc antacid/anti-gas oral suspension | Almacone Double Strength | OTC |
| ra antacid/anti-gas max st oral suspension | Almacone Double Strength | OTC |
| ra antacid/anti-gas oral suspension | Mintox | OTC |
| ra antacid/gas relief max st oral suspension | Almacone Double Strength | OTC |
| sb antacid anti-gas oral suspension | Mintox | OTC |
| sm antacid advanced max st oral suspension | Almacone Double Strength | OTC |
| sm antacid advanced oral suspension | Mintox | OTC |
| sm antacid anti-gas oral suspension | Mintox | OTC |
| sm antacid maximum strength oral suspension | Almacone Double Strength | OTC |

| Drug Name | Reference | Notes |
|---|------------------------|---------|
| sm antacid oral suspension | Mintox | OTC |
| *ANTACID COMBINATIONS*** | | |
| ACID GONE ORAL SUSPENSION | | OTC |
| ACID GONE ORAL TABLET CHEWABLE | | OTC |
| antacid extra strength oral tablet chewable | Acid Gone | OTC |
| antacid ultra strength oral tablet chewable | Rolaids Ultra Strength | OTC |
| cvs antacid supreme oral suspension | | OTC |
| cvs heartburn relief oral tablet chewable | Acid Gone | OTC |
| geri-lanta supreme oral suspension | | OTC |
| gnp antacid extra strength oral tablet chewable | Acid Gone | OTC |
| heartburn antacid ex st oral tablet chewable | Acid Gone | OTC |
| qc heartburn antacid oral tablet chewable | Acid Gone | OTC |
| ROLAIDS ULTRA STRENGTH ORAL TABLET CHEWABLE | | OTC |
| *ANTACIDS - ALUMINUM SALTS*** | | |
| aluminum hydroxide gel oral suspension | | OTC |
| *ANTACIDS - BICARBONATE*** | | |
| sodium bicarbonate oral tablet | | OTC |
| *ANTACIDS - CALCIUM SALTS*** | | |
| ALKA-SELTZER HEARTBURN ORAL TABLET CHEWABLE | | OTC |
| antacid calcium oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| antacid calcium rich oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| antacid extra strength oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| ANTACID FLAVOR CHEWS ORAL TABLET CHEWABLE | | OTC |
| antacid maximum oral tablet chewable | Tums Ultra 1000 | OTC; QL |
| antacid oral tablet chewable 500 mg | Cal-Gest Antacid | OTC; QL |
| antacid oral tablet chewable 750 mg | Alka-Seltzer Heartburn | OTC |
| antacid regular strength oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| antacid ultra strength oral tablet chewable | Tums Ultra 1000 | OTC; QL |
| calcium antacid extra strength oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| calcium antacid oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| calcium carbonate antacid oral suspension | | OTC |
| calcium carbonate antacid oral tablet | | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------------|--------------|
| calcium carbonate antacid oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| CAL-GEST ANTACID ORAL TABLET CHEWABLE | | OTC; QL |
| childrens pepto oral tablet chewable | Childrens Soothe | OTC |
| CHILDRENS SOOTHE ORAL TABLET CHEWABLE | | OTC |
| cvs antacid extra strength oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| cvs antacid kids oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| cvs antacid maximum strength oral tablet chewable | Tums Ultra 1000 | OTC; QL |
| cvs antacid ultra strength oral tablet chewable | Tums Ultra 1000 | OTC; QL |
| CVS CHEWY NOT CHALKY FLAVOR ORAL TABLET CHEWABLE | | OTC |
| cvs smooth antacid extra st oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| eq antacid extra strength oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| eq antacid oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| eq antacid ultra strength oral tablet chewable | Tums Ultra 1000 | OTC; QL |
| eql antacid oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| eql antacid ultra strength oral tablet chewable | Tums Ultra 1000 | OTC; QL |
| gnp antacid extra strength oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| gnp antacid oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| gnp antacid ultra strength oral tablet chewable | Tums Ultra 1000 | OTC; QL |
| goodsense antacid oral tablet chewable 1000 mg | Tums Ultra 1000 | OTC; QL |
| goodsense antacid oral tablet chewable 500 mg | Cal-Gest Antacid | OTC; QL |
| goodsense antacid oral tablet chewable 750 mg | Alka-Seltzer Heartburn | OTC |
| HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE | | OTC; QL |
| hm antacid extra strength oral tablet chewable | Alka-Seltzer Heartburn | OTC |

| Drug Name | Reference | Notes |
|--|------------------------|--------------|
| hm calcium antacid ex st oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| long lasting antacid oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| MAALOX CHILDRENS ORAL TABLET CHEWABLE | | OTC |
| px antacid extra strength oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| px antacid maximum strength oral tablet chewable | Tums Ultra 1000 | OTC; QL |
| px calcium antacid oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| qc antacid extra strength oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| qc antacid oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| qc antacid ultra strength oral tablet chewable | Tums Ultra 1000 | OTC; QL |
| ra antacid oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| ra antacid ultra strength oral tablet chewable | Tums Ultra 1000 | OTC; QL |
| sb antacid extra strength oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| sb antacid oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| sm antacid oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| sm calcium antacid ex st oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| sm calcium antacid oral tablet chewable | Cal-Gest Antacid | OTC; QL |
| sm smooth antacid ex st oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| smooth antacid extra strength oral tablet chewable | Alka-Seltzer Heartburn | OTC |
| TITRALAC ORAL TABLET CHEWABLE | | OTC |
| *ANTACIDS - MAGNESIUM SALTS*** | | |
| gnp magnesium oxide oral tablet | | OTC |
| magnesium oxide (antacid) oral capsule | | OTC |
| magnesium oxide (antacid) oral tablet | | OTC; QL |
| magnesium oxide oral tablet 250 mg | | OTC |
| magnesium oxide oral tablet 400 mg | | OTC; QL |
| magnesium oxide oral tablet 420 mg | Maax | OTC |
| MAOX ORAL TABLET | | OTC |
| qc magnesium oral tablet | | OTC |

| Drug Name | Reference | Notes |
|--|-------------------|--------|
| *ANTHELMINTICS* | | |
| *ANTHELMINTICS*** | | |
| cvs pinworm treatment oral suspension | | OTC |
| ivermectin oral tablet | Stromectol | PA; QL |
| pin-away oral suspension | | OTC |
| pinworm medicine oral suspension | | OTC |
| praziquantel oral tablet | Biltricide | |
| reeses pinworm medicine oral suspension | | OTC |
| *ANTIANGINAL AGENTS* | | |
| *NITRATES*** | | |
| isosorbide dinitrate oral tablet | Isordil Titradose | |
| isosorbide mononitrate er oral tablet extended release 24 hour | | |
| isosorbide mononitrate oral tablet | | |
| NITRO-BID TRANSDERMAL OINTMENT | | |
| nitroglycerin sublingual tablet sublingual | Nitrostat | |
| nitroglycerin transdermal patch 24 hour | Nitro-Dur | |
| *ANTIARRHYTHMICS* | | |
| *ANTIARRHYTHMICS TYPE I-A*** | | |
| disopyramide phosphate oral capsule | Norpace | |
| quinidine gluconate er oral tablet extended release | | |
| quinidine sulfate oral tablet | | |
| *ANTIARRHYTHMICS TYPE I-B*** | | |
| mexiletine hcl oral capsule | | |
| *ANTIARRHYTHMICS TYPE I-C*** | | |
| flecainide acetate oral tablet | | QL |
| propafenone hcl er oral capsule extended release 12 hour | Rythmol SR | |
| propafenone hcl oral tablet | | |
| *ANTIARRHYTHMICS TYPE III*** | | |
| amiodarone hcl oral tablet 200 mg | Pacerone | QL |
| amiodarone hcl oral tablet 400 mg | Pacerone | |
| PACERONE ORAL TABLET 200 MG | | QL |
| PACERONE ORAL TABLET 400 MG | | |

| Drug Name | Reference | Notes |
|---|--------------------------|--------|
| *ANTIASTHMATIC AND BRONCHODILATOR AGENTS* | | |
| *ADRENERGIC COMBINATIONS*** | | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | | QL |
| budesonide-formoterol fumarate inhalation aerosol | Symbicort | QL |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | | QL |
| fluticasone-salmeterol inhalation aerosol powder breath activated | AirDuo RespiClick 113/14 | QL |
| ipratropium-albuterol inhalation solution | | QL |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION | | QL |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED | | QL |
| *ANTI-IGE MONOCLONAL ANTIBODIES*** | | |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | PA; SP |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | | PA; SP |
| *ANTI-INFLAMMATORY AGENTS*** | | |
| cromolyn sodium inhalation nebulization solution | | |
| *BETA ADRENERGICS*** | | |
| albuterol sulfate hfa inhalation aerosol solution | Proventil HFA | QL |
| albuterol sulfate inhalation nebulization solution | | QL |
| albuterol sulfate oral syrup | | |
| albuterol sulfate oral tablet | | |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED | | QL |
| terbutaline sulfate oral tablet | | |
| *BRONCHODILATORS - ANTICHOLINERGICS*** | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION | | QL |

| Drug Name | Reference | Notes |
|---|------------------|--------------|
| ipratropium bromide inhalation solution | | QL |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION | | QL |
| *LEUKOTRIENE RECEPTOR ANTAGONISTS*** | | |
| montelukast sodium oral packet | Singulair | QL |
| montelukast sodium oral tablet | Singulair | QL |
| montelukast sodium oral tablet chewable | Singulair | QL |
| zafirlukast oral tablet | Accolate | QL |
| *STEROID INHALANTS*** | | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | | QL |
| budesonide inhalation suspension | Pulmicort | QL |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED | | QL |
| fluticasone propionate hfa inhalation aerosol | Flovent HFA | QL |
| *XANTHINES*** | | |
| theophylline er oral tablet extended release 12 hour | | QL |
| theophylline er oral tablet extended release 24 hour | | QL |
| theophylline oral elixir | Elixophyllin | QL |
| theophylline oral solution | | QL |
| *ANTICOAGULANTS* | | |
| *COUMARIN ANTICOAGULANTS*** | | |
| JANTOVEN ORAL TABLET | | |
| warfarin sodium oral tablet | Jantoven | |
| *DIRECT FACTOR XA INHIBITORS*** | | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | | QL |
| ELIQUIS ORAL TABLET | | |
| *HEPARINS AND HEPARINOID-LIKE AGENTS*** | | |
| heparin sodium (porcine) injection solution | | |
| heparin sodium (porcine) pf injection solution | | |

| Drug Name | Reference | Notes |
|---|--------------------|--------|
| *LOW MOLECULAR WEIGHT HEPARINS*** | | |
| enoxaparin sodium injection solution | Lovenox | SP; QL |
| enoxaparin sodium injection solution prefilled syringe | Lovenox | SP; QL |
| *ANTICONVULSANTS* | | |
| *ANTICONVULSANTS - MISC.*** | | |
| primidone oral tablet | Mysoline | QL |
| *HYDANTOINS*** | | |
| PHENYTOIN INFATABS ORAL TABLET CHEWABLE | | |
| phenytoin oral suspension | Dilantin | |
| phenytoin oral tablet chewable | Phenytoin Infatabs | |
| phenytoin sodium extended oral capsule | Dilantin | |
| *SUCCINIMIDES*** | | |
| ethosuximide oral capsule | Zarontin | QL |
| ethosuximide oral solution | Zarontin | QL |
| *ANTIDIABETICS* | | |
| *ALPHA-GLUCOSIDASE INHIBITORS*** | | |
| acarbose oral tablet | | QL |
| *ANTIDIABETIC - AMYLIN ANALOGS*** | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | | PA; QL |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | | PA; QL |
| *BIGUANIDES*** | | |
| metformin hcl er oral tablet extended release 24 hour | | QL |
| metformin hcl oral tablet | | QL |
| *DIABETIC OTHER - COMBINATIONS*** | | |
| cvs glucose oral tablet chewable | Dex4 | OTC |
| DEX4 GLUCOSE ORAL TABLET CHEWABLE | | OTC |
| DEX4 NATURALS ORAL TABLET CHEWABLE | | OTC |
| DEX4 ORAL TABLET CHEWABLE | | OTC |

| Drug Name | Reference | Notes |
|--|-----------------------------|--------------|
| DEX4 POUCH PACK ORAL TABLET CHEWABLE | | OTC |
| glucose instant energy oral tablet chewable | Dex4 | OTC |
| glucose oral tablet chewable | Dex4 | OTC |
| gnp glucose oral tablet chewable | Dex4 | OTC |
| goodsense glucose oral tablet chewable | Dex4 | OTC |
| hy-vee glucose oral tablet chewable | Dex4 | OTC |
| kroger glucose oral tablet chewable | Dex4 | OTC |
| leader glucose oral tablet chewable | Dex4 | OTC |
| longs glucose oral tablet chewable | Dex4 | OTC |
| meijer glucose oral tablet chewable | Dex4 | OTC |
| preferred plus glucose oral tablet chewable | Dex4 | OTC |
| px glucose oral tablet chewable | Dex4 | OTC |
| ra glucose oral tablet chewable | Dex4 | OTC |
| RELION GLUCOSE ORAL TABLET CHEWABLE | | OTC |
| sm glucose oral tablet chewable | Dex4 | OTC |
| SMART SENSE GLUCOSE ORAL TABLET CHEWABLE | | OTC |
| tgt glucose oral tablet chewable | Dex4 | OTC |
| up & up glucose oral tablet chewable | Dex4 | OTC |
| value plus glucose oral tablet chewable | Dex4 | OTC |
| walgreens glucose oral tablet chewable | Dex4 | OTC |
| *DIABETIC OTHER*** | | |
| cvs glucose bits oral tablet chewable | | OTC |
| cvs glucose oral gel | Glucose 15 | OTC |
| cvs glucose oral tablet chewable | Dex4 Quick Dissolve Glucose | OTC |
| cvs soft glucose oral tablet chewable | Dex4 Quick Dissolve Glucose | OTC |
| DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE | | OTC |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED | | QL |
| glucose oral gel | Glucose 15 | OTC |
| glucose oral tablet chewable | Dex4 Quick Dissolve Glucose | OTC |
| GLUTOSE 15 ORAL GEL | | OTC |
| GLUTOSE 45 ORAL GEL | | OTC |

| Drug Name | Reference | Notes |
|---|-----------------------------|--------------|
| GLUTOSE 5 ORAL GEL | | OTC |
| gnp glucose oral tablet chewable | Dex4 Quick Dissolve Glucose | OTC |
| gnp quick dissolve glucose oral tablet chewable | Dex4 Quick Dissolve Glucose | OTC |
| leader quick dissolve glucose oral tablet chewable | Dex4 Quick Dissolve Glucose | OTC |
| RELION GLUCOSE ORAL GEL | | OTC |
| sm glucose oral tablet chewable | Dex4 Quick Dissolve Glucose | OTC |
| SWEET CHEEKS ORAL GEL | | OTC |
| TRUEPLUS GLUCOSE ON THE GO ORAL TABLET CHEWABLE | | OTC |
| TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE | | OTC |
| value plus glucose oral gel | Glucose 15 | OTC |
| walgreens glucose oral tablet chewable | Dex4 Quick Dissolve Glucose | OTC |
| *DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** | | |
| JANUVIA ORAL TABLET | | PA; QL |
| *DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** | | |
| JANUMET ORAL TABLET | | PA; QL |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | PA; QL |
| *HUMAN INSULIN*** | | |
| ADMELOG INJECTION SOLUTION | | QL |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | | QL |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | | QL |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | | QL |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION | | QL |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | | PA; QL |

| Drug Name | Reference | Notes |
|--|------------------------------|--------------|
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | | OTC; QL |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | | OTC; QL |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | | OTC; QL |
| HUMULIN N SUBCUTANEOUS SUSPENSION | | OTC; QL |
| HUMULIN R INJECTION SOLUTION | | OTC; QL |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | | PA; QL |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | | PA; QL |
| insulin asp prot & asp flexpen subcutaneous suspension pen-injector | NovoLOG 70/30 FlexPen ReliOn | QL |
| insulin aspart prot & aspart subcutaneous suspension | NovoLOG Mix 70/30 | QL |
| insulin glargine-yfgn subcutaneous solution | Semglee (yfgn) | QL |
| insulin glargine-yfgn subcutaneous solution pen-injector | Semglee (yfgn) | QL |
| insulin lispro (1 unit dial) subcutaneous solution pen-injector | Admelog SoloStar | QL |
| insulin lispro injection solution | Admelog | QL |
| insulin lispro junior kwikpen subcutaneous solution pen-injector | HumaLOG Junior KwikPen | QL |
| insulin lispro prot & lispro subcutaneous suspension pen-injector | HumaLOG Mix 75/25 KwikPen | QL |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR | | OTC; QL |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | | OTC; QL |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION | | OTC; QL |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION | | OTC; QL |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR | | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------|--------------|
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | | OTC; QL |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION | | OTC; QL |
| NOVOLIN N SUBCUTANEOUS SUSPENSION | | OTC; QL |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR | | OTC; QL |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR | | OTC; QL |
| NOVOLIN R INJECTION SOLUTION | | OTC; QL |
| NOVOLIN R RELION INJECTION SOLUTION | | OTC; QL |
| *INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** | | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | | PA; QL |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | | PA; QL |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | | PA; QL |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR | | PA; QL |
| *MEGLITINIDE ANALOGUES*** | | |
| nateglinide oral tablet | | PA; QL |
| repaglinide oral tablet | | PA; QL |
| *SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** | | |
| JARDIANCE ORAL TABLET | | PA; QL |
| *SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** | | |
| SYNJARDY ORAL TABLET | | PA; QL |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | PA; QL |
| *SULFONYLUREA-BIGUANIDE COMBINATIONS*** | | |
| glipizide-metformin hcl oral tablet | | PA; QL |
| glyburide-metformin oral tablet | | PA; QL |

| Drug Name | Reference | Notes |
|--|---------------------------|---------|
| *SULFONYLUREAS*** | | |
| glimepiride oral tablet | Amaryl | PA; QL |
| glipizide er oral tablet extended release 24 hour | Glucotrol XL | PA; QL |
| glipizide oral tablet | | PA; QL |
| glipizide xl oral tablet extended release 24 hour | Glucotrol XL | PA; QL |
| glyburide micronized oral tablet | Glynase | PA; QL |
| glyburide oral tablet | | PA; QL |
| *SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** | | |
| pioglitazone hcl-glimepiride oral tablet | Duetact | PA; QL |
| *THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*** | | |
| pioglitazone hcl-metformin hcl oral tablet | Actoplus Met | PA; QL |
| *THIAZOLIDINEDIONES*** | | |
| pioglitazone hcl oral tablet | Actos | PA; QL |
| *ANTIDIARRHEAL/PROBIOTIC AGENTS* | | |
| *ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** | | |
| bismatrol oral suspension | Kaopectate | OTC; QL |
| bismatrol oral tablet chewable | Soothe | OTC |
| bismuth oral tablet chewable | Soothe | OTC |
| bismuth subsalicylate oral tablet chewable | Soothe | OTC |
| cvs anti-diarrheal oral suspension | Kaopectate | OTC; QL |
| cvs stomach relief max st oral suspension | Kaopectate Extra Strength | OTC |
| cvs stomach relief oral suspension 525 mg/15ml | Kaopectate Extra Strength | OTC |
| cvs stomach relief oral suspension 525 mg/30ml | Kaopectate | OTC; QL |
| cvs stomach relief oral tablet | Kaopectate | OTC |
| cvs stomach relief oral tablet chewable | Soothe | OTC |
| diarrhea oral suspension | Kaopectate | OTC; QL |
| diotame instydose oral suspension | Kaopectate | OTC; QL |
| eq pink-bismuth oral tablet chewable | Soothe | OTC |
| eq stomach relief oral suspension | Kaopectate | OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------------|--------------|
| eql stomach relief oral suspension | Kaopectate | OTC; QL |
| eql stomach relief oral tablet chewable | Soothe | OTC |
| gnp pink bismuth oral tablet | Kaopectate | OTC |
| gnp pink bismuth oral tablet chewable | Soothe | OTC |
| gnp stomach relief oral suspension | Kaopectate | OTC; QL |
| gnp stomach relief ultra oral suspension | Kaopectate Extra Strength | OTC |
| goodsense stomach relief oral suspension 1050 mg/30ml | Kaopectate Extra Strength | OTC |
| goodsense stomach relief oral suspension 525 mg/30ml | Kaopectate | OTC; QL |
| hm stomach relief oral suspension | Kaopectate | OTC; QL |
| hm stomach relief oral tablet chewable | Soothe | OTC |
| hm stomach relief ultra oral suspension | Kaopectate Extra Strength | OTC |
| KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION | | OTC |
| KAOPECTATE ORAL SUSPENSION | | OTC; QL |
| KAOPECTATE ORAL TABLET | | OTC |
| medi-bismuth oral tablet chewable | Soothe | OTC |
| pink bismuth maximum strength oral suspension | Kaopectate Extra Strength | OTC |
| pink bismuth oral suspension | Kaopectate | OTC; QL |
| px stomach relief max st oral suspension | Kaopectate Extra Strength | OTC |
| px stomach relief oral suspension | Kaopectate | OTC; QL |
| px stomach relief oral tablet chewable | Soothe | OTC |
| qc diarrhea relief oral suspension | Kaopectate | OTC; QL |
| qc pink bismuth oral suspension 262 mg/15ml | Kaopectate | OTC; QL |
| qc pink bismuth oral suspension 525 mg/15ml | Kaopectate Extra Strength | OTC |
| qc pink bismuth oral tablet | Kaopectate | OTC |
| qc stomach relief oral suspension | Kaopectate | OTC; QL |
| qc stomach relief oral tablet | Kaopectate | OTC |
| qc stomach relief oral tablet chewable | Soothe | OTC |
| qc stomach relief ultra oral suspension | Kaopectate Extra Strength | OTC |
| ra stomach relief oral suspension | Kaopectate | OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------------|--------------|
| sb bismuth oral tablet | Kaopectate | OTC |
| sm stomach relief oral suspension | Kaopectate | OTC; QL |
| sm stomach relief oral tablet | Kaopectate | OTC |
| sm stomach relief oral tablet chewable | Soothe | OTC |
| SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION | | OTC |
| SOOTHE ORAL SUSPENSION | | OTC; QL |
| SOOTHE ORAL TABLET | | OTC |
| SOOTHE ORAL TABLET CHEWABLE | | OTC |
| stomach relief extra strength oral suspension | Kaopectate Extra Strength | OTC |
| stomach relief oral suspension 525 mg/15ml | Kaopectate Extra Strength | OTC |
| stomach relief oral suspension 525 mg/30ml, 527 mg/30ml | Kaopectate | OTC; QL |
| stomach relief oral tablet | Kaopectate | OTC |
| stomach relief oral tablet chewable | Soothe | OTC |
| stomach relief plus oral suspension | Kaopectate Extra Strength | OTC |
| stomach relief ultra oral suspension | Kaopectate Extra Strength | OTC |
| *ANTIPERISTALTIC AGENTS*** | | |
| anti-diarrheal oral capsule | Imodium A-D | OTC; QL |
| anti-diarrheal oral tablet | Imodium A-D | OTC; QL |
| cvs anti-diarrheal oral capsule | Imodium A-D | OTC; QL |
| cvs anti-diarrheal oral tablet | Imodium A-D | OTC; QL |
| diamode oral tablet | Imodium A-D | OTC; QL |
| diphenoxylate-atropine oral liquid | | |
| diphenoxylate-atropine oral tablet | Lomotil | |
| eq anti-diarrheal oral capsule | Imodium A-D | OTC; QL |
| eq anti-diarrheal oral tablet | Imodium A-D | OTC; QL |
| eql anti-diarrheal oral tablet | Imodium A-D | OTC; QL |
| gnp anti-diarrheal oral capsule | Imodium A-D | OTC; QL |
| gnp anti-diarrheal oral tablet | Imodium A-D | OTC; QL |
| hm anti-diarrheal oral capsule | Imodium A-D | OTC; QL |
| hm anti-diarrheal oral tablet | Imodium A-D | OTC; QL |
| loperamide hcl oral capsule | Imodium A-D | QL |
| loperamide hcl oral tablet | Imodium A-D | OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------------------|--------------|
| meijer anti-diarrheal oral tablet | Imodium A-D | OTC; QL |
| px anti-diarrheal oral tablet | Imodium A-D | OTC; QL |
| qc anti-diarrheal oral capsule | Imodium A-D | OTC; QL |
| qc anti-diarrheal oral tablet | Imodium A-D | OTC; QL |
| ra anti-diarrheal oral tablet | Imodium A-D | OTC; QL |
| sb anti-diarrhea oral tablet | Imodium A-D | OTC; QL |
| sm anti-diarrheal oral capsule | Imodium A-D | OTC; QL |
| sm anti-diarrheal oral tablet | Imodium A-D | OTC; QL |
| *DIARRHEA COMBINATIONS - OPIATES*** | | |
| gnp anti-diarrheal/anti-gas oral tablet | Imodium Multi-Symptom Relief | OTC |
| goodsense anti-diarr/ant-gas oral tablet | Imodium Multi-Symptom Relief | OTC |
| hm anti-diarrheal anti-gas oral tablet | Imodium Multi-Symptom Relief | OTC |
| loperamide-simethicone oral tablet | Imodium Multi-Symptom Relief | OTC |
| *ANTIDOTES AND SPECIFIC ANTAGONISTS* | | |
| *ANTIDOTES AND SPECIFIC ANTAGONISTS*** | | |
| deferoxamine mesylate injection solution reconstituted | Desferal | SP |
| *ANTIEMETICS* | | |
| *5-HT3 RECEPTOR ANTAGONISTS*** | | |
| ondansetron hcl oral solution | | PA; QL |
| ondansetron hcl oral tablet | | QL |
| ondansetron oral tablet dispersible | | QL |
| *ANTIEMETIC COMBINATIONS*** | | |
| anti-nausea oral solution | Emetrol | OTC |
| cvs nausea relief oral solution | Emetrol | OTC |
| eql anti-nausea oral solution | Emetrol | OTC |
| gnp nausea relief oral solution | Emetrol | OTC |
| goodsense nausea relief oral solution | Emetrol | OTC |
| nausea control oral solution | Emetrol | OTC |
| nausea relief oral solution | Emetrol | OTC |
| ra anti-nausea oral solution | Emetrol | OTC |

| Drug Name | Reference | Notes |
|---|------------------|--------------|
| sb anti-nausea oral solution | Emetrol | OTC |
| sm anti-nausea oral solution | Emetrol | OTC |
| *ANTIEMETICS - ANTICHOLINERGIC*** | | |
| BONINE ORAL TABLET CHEWABLE | | OTC |
| cvs motion sickness ii oral tablet | Dramamine | OTC |
| cvs motion sickness less drows oral tablet | Dramamine | OTC |
| cvs motion sickness oral tablet | Driminate | OTC |
| cvs motion sickness relief oral tablet chewable | Bonine | OTC |
| DRAMAMINE LESS DROWSY ORAL TABLET | | OTC |
| DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE | | OTC |
| DRAMAMINE ORAL TABLET | | OTC |
| DRIMINATE ORAL TABLET | | OTC |
| eq motion sickness relief oral tablet | Driminate | OTC |
| eql motion sickness relief oral tablet | Dramamine | OTC |
| gnp motion sickness relief oral tablet | Dramamine | OTC |
| hm motion sickness oral tablet | Driminate | OTC |
| meclizine hcl oral tablet | Dramamine | |
| meclizine hcl oral tablet chewable | Bonine | |
| motion sickness relief oral tablet | Dramamine | OTC |
| motion sickness relief oral tablet chewable | Bonine | OTC |
| motion-time oral tablet chewable | Bonine | OTC |
| qc motion sickness relief oral tablet | Driminate | OTC |
| qc travel ease oral tablet chewable | Bonine | OTC |
| ra motion sickness relief oral tablet | Driminate | OTC |
| ra motion sickness relief oral tablet chewable | Bonine | OTC |
| sb motion sickness oral tablet | Driminate | OTC |
| sm motion sickness oral tablet | Dramamine | OTC |
| travel-ease oral tablet | Dramamine | OTC |
| trav-tabs oral tablet | Driminate | OTC |
| trimethobenzamide hcl oral capsule | | |
| WAL-DRAM ORAL TABLET | | OTC |

| Drug Name | Reference | Notes |
|--|-------------------------|--------|
| *ANTIFUNGALS* | | |
| *ANTIFUNGALS*** | | |
| flucytosine oral capsule | Ancobon | PA |
| griseofulvin microsize oral suspension | | |
| griseofulvin ultramicrosize oral tablet | | |
| nystatin oral tablet | | |
| terbinafine hcl oral tablet | | QL |
| *IMIDAZOLES*** | | |
| ketoconazole oral tablet | | QL |
| *TRIAZOLES*** | | |
| fluconazole oral suspension reconstituted 10 mg/ml | Diflucan | |
| fluconazole oral suspension reconstituted 40 mg/ml | Diflucan | QL |
| fluconazole oral tablet 100 mg, 150 mg, 50 mg | Diflucan | |
| fluconazole oral tablet 200 mg | Diflucan | QL |
| itraconazole oral capsule | Sporanox | PA; QL |
| voriconazole intravenous solution reconstituted | Vfend IV | |
| voriconazole oral suspension reconstituted | Vfend | PA |
| voriconazole oral tablet | Vfend | PA |
| *ANTIHISTAMINES* | | |
| *ANTIHISTAMINES - ALKYLAMINES*** | | |
| aller-chlor oral tablet | Wal-finate | OTC |
| allergy oral tablet | Wal-finate | OTC |
| allergy relief oral tablet | Wal-finate | OTC |
| chlorhist oral tablet | Wal-finate | OTC |
| chlorpheniramine maleate er oral tablet extended release | Chlor-Trimeton Allergy | OTC |
| chlorpheniramine maleate oral tablet | Wal-finate | OTC |
| cvs allergy relief oral tablet | Wal-finate | OTC |
| cvs allergy relief oral tablet extended release | Chlor-Trimeton Allergy | OTC |
| DIABETIC TUSSIN ALLERGY ORAL SYRUP | | OTC |
| ed chlorped jr oral syrup | Diabetic Tussin Allergy | OTC |
| eq chlortabs oral tablet | Wal-finate | OTC |
| eql allergy oral tablet | Wal-finate | OTC |

| Drug Name | Reference | Notes |
|---|--------------------------------|--------------|
| gnp allergy relief oral tablet | Wal-finate | OTC |
| hm allergy relief oral tablet | Wal-finate | OTC |
| pharbechlor oral tablet | Wal-finate | OTC |
| qc allergy relief oral tablet | Wal-finate | OTC |
| qc chlor-pheniramine oral tablet | Wal-finate | OTC |
| ra allergy relief oral tablet | Wal-finate | OTC |
| ra chlorpheniramine maleate oral tablet | Wal-finate | OTC |
| sb chlorpheniramine oral tablet | Wal-finate | OTC |
| sm allergy 4 hour oral tablet | Wal-finate | OTC |
| WAL-FINATE ORAL TABLET | | OTC |
| *ANTIHISTAMINES - ETHANOLAMINES*** | | |
| aler-cap oral capsule | Banophen | OTC; QL |
| alertab oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| ALKA-SELTZER PLUS ALLERGY ORAL TABLET | | OTC; QL |
| allergy childrens oral liquid | Naramin | OTC; QL |
| allergy relief childrens oral liquid | Naramin | OTC; QL |
| allergy relief childrens oral tablet dispersible | Wal-Dryl Allergy Rel Childrens | OTC |
| allergy relief oral capsule | Banophen | OTC; QL |
| allergy relief oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| allergy relief oral tablet chewable | | OTC |
| anti-hist allergy oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| BANOPHEN ORAL CAPSULE 25 MG | | OTC; QL |
| BANOPHEN ORAL CAPSULE 50 MG | | OTC |
| BANOPHEN ORAL TABLET | | OTC; QL |
| carbinoxamine maleate oral solution | | |
| carbinoxamine maleate oral tablet | | |
| complete allergy medicine oral capsule | Banophen | OTC; QL |
| complete allergy medicine oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| complete allergy relief oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| cvs allergy oral capsule | Banophen | OTC; QL |
| cvs allergy relief adult oral liquid | Naramin | OTC; QL |
| cvs allergy relief childrens oral liquid | Naramin | OTC; QL |
| cvs allergy relief childrens oral tablet chewable | Benadryl Allergy Childrens | OTC |

| Drug Name | Reference | Notes |
|--|--------------------------------|--------------|
| cvs allergy relief childrens oral tablet dispersible | Wal-Dryl Allergy Rel Childrens | OTC |
| cvs allergy relief oral capsule | Banophen | OTC; QL |
| cvs allergy relief oral liquid | Naramin | OTC; QL |
| cvs allergy relief oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| cvs allergy relief oral tablet chewable | | OTC |
| cvs childrens allergy oral liquid | Naramin | OTC; QL |
| DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET | | OTC; QL |
| diphen oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| diphenhist oral capsule | Banophen | OTC; QL |
| diphenhydramine hcl oral capsule 25 mg | Banophen | QL |
| diphenhydramine hcl oral capsule 50 mg | Banophen | |
| diphenhydramine hcl oral liquid | Naramin | OTC; QL |
| diphenhydramine hcl oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| diphenhydramine hcl oral tablet chewable | Benadryl Allergy Childrens | OTC |
| eq allergy relief childrens oral liquid | Naramin | OTC; QL |
| eq allergy relief oral capsule | Banophen | OTC; QL |
| eq allergy relief oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| eql allergy oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| eql allergy relief childrens oral tablet dispersible | Wal-Dryl Allergy Rel Childrens | OTC |
| eql allergy relief oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| eql childrens allergy oral liquid | Naramin | OTC; QL |
| geri-dryl oral liquid | Naramin | OTC; QL |
| geri-dryl oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| gnp allergy childrens oral liquid | Naramin | OTC; QL |
| gnp allergy oral capsule | Banophen | OTC; QL |
| gnp allergy oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| gnp allergy relief max st oral liquid | Naramin | OTC; QL |
| gnp allergy relief oral capsule | Banophen | OTC; QL |
| gnp allergy relief oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| gnp allergy relief oral tablet chewable | Benadryl Allergy Childrens | OTC |
| gnp childrens allergy oral liquid | Naramin | OTC; QL |
| h-e-b childrens allergy oral liquid | Naramin | OTC; QL |
| hm allergy relief oral capsule | Banophen | OTC; QL |

| Drug Name | Reference | Notes |
|---|--------------------------------|--------------|
| hm allergy relief oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| kp diphenhydramine hcl oral capsule | Banophen | OTC |
| liquid allergy relief oral liquid | Naramin | OTC; QL |
| m-dryl oral liquid | Naramin | OTC; QL |
| MEDI-PHEDRYL ORAL CAPSULE | | OTC; QL |
| meijer antihistamine allergy oral capsule | Banophen | OTC; QL |
| MM ALLER-BEN ORAL TABLET | | OTC; QL |
| NARAMIN ORAL LIQUID | | OTC; QL |
| PEDIACARE CHILDRENS ALLERGY ORAL LIQUID | | OTC; QL |
| pharbedryl oral capsule 25 mg | Banophen | OTC; QL |
| pharbedryl oral capsule 50 mg | Banophen | OTC |
| px allergy oral capsule | Banophen | OTC; QL |
| px allergy oral liquid | Naramin | OTC; QL |
| px allergy oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| PX DAYHIST ALLERGY ORAL TABLET | | OTC; QL |
| qc allergy childrens oral liquid | Naramin | OTC; QL |
| qc allergy relief oral capsule | Banophen | OTC; QL |
| qc allergy relief oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| qc complete allergy medicine oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| ra allergy medication oral capsule | Banophen | OTC; QL |
| ra allergy medication oral liquid | Naramin | OTC; QL |
| ra allergy medication oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| ra allergy oral liquid | Naramin | OTC; QL |
| ra allergy oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| ra allergy relief childrens oral liquid | Naramin | OTC; QL |
| ra allergy relief childrens oral tablet dispersible | Wal-Dryl Allergy Rel Childrens | OTC |
| ra allergy relief oral capsule | Banophen | OTC; QL |
| ra complete allergy oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| RA DIPHEDRYL ALLERGY ORAL LIQUID | | OTC; QL |
| sb allergy medicine oral liquid | Naramin | OTC; QL |
| sb allergy medicine oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| sb allergy oral capsule | Banophen | OTC; QL |
| siladryl allergy oral liquid | Naramin | OTC; QL |
| sm allergy relief childrens oral liquid | Naramin | OTC; QL |
| sm allergy relief oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |

| Drug Name | Reference | Notes |
|---|----------------------------|--------------|
| SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET | | OTC; QL |
| TOTAL ALLERGY MEDICINE ORAL LIQUID | | OTC; QL |
| total allergy oral tablet | Alka-Seltzer Plus Allergy | OTC; QL |
| WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID | | OTC; QL |
| WAL-DRYL ALLERGY ORAL CAPSULE | | OTC; QL |
| WAL-DRYL ALLERGY ORAL LIQUID | | OTC; QL |
| WAL-DRYL ALLERGY ORAL TABLET | | OTC; QL |
| WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE | | OTC |
| *ANTIHISTAMINES - NON-SEDATING*** | | |
| 12hr allergy relief oral tablet | Wal-Fex Allergy | OTC; QL |
| 24hr allergy relief oral tablet | KLS Aller-Fex | PA; OTC; QL |
| ALAVERT ORAL TABLET DISPERSIBLE | | OTC; QL |
| ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE | | OTC; QL |
| allergy 24-hr oral tablet | KLS Aller-Fex | PA; OTC; QL |
| allergy childrens oral suspension | Allegra Allergy Childrens | OTC; QL |
| allergy childrens oral syrup | Wal-itin | OTC; QL |
| allergy rel child (loratadine) oral solution | Wal-itin | OTC; QL |
| allergy relief (loratadine) oral tablet | KLS AllerClear | OTC; QL |
| allergy relief 24-hr oral tablet | KLS AllerClear | OTC; QL |
| allergy relief childrens oral syrup | Wal-itin | OTC; QL |
| allergy relief oral tablet 10 mg | KLS AllerClear | OTC; QL |
| allergy relief oral tablet 180 mg | KLS Aller-Fex | PA; OTC; QL |
| allergy relief oral tablet 60 mg | Wal-Fex Allergy | OTC; QL |
| allergy relief/indoor/outdoor oral tablet | KLS Aller-Fex | OTC; QL |
| childrens loratadine oral solution | Wal-itin | OTC; QL |
| childrens loratadine oral syrup | Wal-itin | OTC; QL |
| cvs allergy childrens oral syrup | Wal-itin | PA; OTC; QL |
| cvs allergy relief childrens oral suspension | Allegra Allergy Childrens | OTC; QL |
| cvs allergy relief childrens oral syrup | Wal-itin | OTC; QL |
| cvs allergy relief childrens oral tablet chewable | Wal-itin Allergy Childrens | OTC; QL |
| cvs allergy relief oral tablet 10 mg | KLS AllerClear | OTC; QL |
| cvs allergy relief oral tablet 180 mg | KLS Aller-Fex | PA; OTC; QL |

| Drug Name | Reference | Notes |
|---|----------------------------|--------------|
| cvs allergy relief oral tablet 60 mg | Wal-Fex Allergy | PA; OTC; QL |
| cvs allergy relief oral tablet dispersible | Alavert | OTC; QL |
| eq allergy childrens oral syrup | Wal-itin | PA; OTC; QL |
| eq allergy relief childrens oral syrup | Wal-itin | OTC; QL |
| eq allergy relief oral tablet 10 mg | KLS AllerClear | OTC; QL |
| eq allergy relief oral tablet 180 mg | KLS Aller-Fex | PA; OTC; QL |
| eq loratadine childrens oral tablet chewable | Wal-itin Allergy Childrens | OTC; QL |
| eq loratadine oral tablet | KLS AllerClear | OTC; QL |
| eq loratadine oral tablet dispersible | Alavert | OTC; QL |
| eql aller-ease oral tablet | KLS Aller-Fex | PA; OTC; QL |
| eql allergy relief oral tablet | KLS AllerClear | OTC; QL |
| fexofenadine hcl oral tablet | KLS Aller-Fex | OTC; QL |
| gnp allergy relief oral tablet | KLS Aller-Fex | PA; OTC; QL |
| gnp loratadine childrens oral solution | Wal-itin | OTC; QL |
| gnp loratadine oral syrup | Wal-itin | OTC; QL |
| gnp loratadine oral tablet | KLS AllerClear | OTC; QL |
| gnp loratadine oral tablet dispersible | Alavert | OTC; QL |
| goodsense aller-ease oral tablet | KLS Aller-Fex | PA; OTC; QL |
| goodsense allergy relief oral capsule | Claritin | OTC; QL |
| goodsense allergy relief oral tablet | KLS AllerClear | OTC; QL |
| hm allergy relief oral tablet 180 mg | KLS Aller-Fex | PA; OTC; QL |
| hm allergy relief oral tablet 60 mg | Wal-Fex Allergy | OTC; QL |
| hm fexofenadine hcl oral tablet | KLS Aller-Fex | OTC; QL |
| hm loratadine childrens oral syrup | Wal-itin | OTC; QL |
| hm loratadine oral tablet | KLS AllerClear | OTC; QL |
| KLS ALLERCLEAR ORAL TABLET | | OTC; QL |
| KLS ALLER-FEX ORAL TABLET | | PA; OTC; QL |
| kp fexofenadine hcl oral tablet | Wal-Fex Allergy | OTC; QL |
| loradamed oral tablet | KLS AllerClear | OTC; QL |
| loratadine childrens oral syrup | Wal-itin | OTC; QL |
| loratadine childrens oral tablet chewable | Wal-itin Allergy Childrens | OTC; QL |
| loratadine oral capsule | Claritin | OTC; QL |
| loratadine oral syrup | Wal-itin | OTC; QL |
| loratadine oral tablet | KLS AllerClear | OTC; QL |
| loratadine oral tablet dispersible | Alavert | OTC; QL |
| meijer allergy relief oral tablet | KLS AllerClear | OTC; QL |
| meijer allergy relief oral tablet dispersible | Alavert | OTC; QL |

| Drug Name | Reference | Notes |
|--|----------------------------|--------------|
| meijer loratadine oral syrup | Wal-itin | PA; OTC; QL |
| mm fexofenadine hcl oral tablet | KLS Aller-Fex | OTC; QL |
| px allergy relief loratadine oral tablet | KLS AllerClear | OTC; QL |
| px allergy relief oral tablet | KLS Aller-Fex | PA; OTC; QL |
| px allergy relief oral tablet dispersible | Alavert | OTC; QL |
| qc allergy relief childrens oral syrup | Wal-itin | PA; OTC; QL |
| qc allergy relief oral capsule | Claritin | OTC; QL |
| qc allergy relief oral tablet 180 mg | KLS Aller-Fex | OTC; QL |
| qc allergy relief oral tablet 60 mg | Wal-Fex Allergy | PA; OTC; QL |
| qc allergy relief oral tablet dispersible | Alavert | OTC; QL |
| qc loratadine allergy relief oral tablet | KLS AllerClear | OTC; QL |
| ra allergy relief (loratadine) oral tablet | KLS AllerClear | OTC; QL |
| ra allergy relief childrens oral tablet chewable | Wal-itin Allergy Childrens | OTC; QL |
| ra allergy relief oral tablet | KLS Aller-Fex | PA; OTC; QL |
| ra loratadine oral syrup | Wal-itin | OTC; QL |
| ra loratadine oral tablet | KLS AllerClear | OTC; QL |
| sb allergy relief oral tablet dispersible | Alavert | OTC; QL |
| sb loratadine allergy relief oral tablet | KLS AllerClear | OTC; QL |
| sb loratadine oral syrup | Wal-itin | PA; OTC; QL |
| sb loratadine oral tablet | KLS AllerClear | OTC; QL |
| sm all day allergy relief oral tablet | KLS AllerClear | OTC; QL |
| sm allergy childrens oral syrup | Wal-itin | PA; OTC; QL |
| sm allergy relief oral tablet | Wal-Fex Allergy | OTC; QL |
| sm allergy relief oral tablet dispersible | Alavert | OTC; QL |
| sm childrens loratadine oral syrup | Wal-itin | OTC; QL |
| sm fexofenadine hcl oral tablet | KLS Aller-Fex | OTC; QL |
| sm loratadine allergy relief oral tablet dispersible | Alavert | OTC; QL |
| sm loratadine oral syrup | Wal-itin | OTC; QL |
| sm loratadine oral tablet | KLS AllerClear | OTC; QL |
| TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE | | OTC; QL |
| WAL-FEX ALLERGY ORAL TABLET | | PA; OTC; QL |
| WAL-FEX ORAL TABLET | | PA; OTC; QL |
| WAL-ITIN ALLERGY CHILDRENS ORAL TABLET CHEWABLE | | OTC; QL |

| Drug Name | Reference | Notes |
|---|-----------|--|
| WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE | | OTC; QL |
| WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE | | OTC; QL |
| WAL-ITIN CHILDRENS ORAL SOLUTION | | OTC; QL |
| WAL-ITIN ORAL SYRUP | | OTC; QL |
| WAL-ITIN ORAL TABLET | | OTC; QL |
| WAL-ITIN ORAL TABLET DISPERSIBLE | | OTC; QL |
| WAL-VERT ORAL TABLET DISPERSIBLE | | OTC; QL |
| *ANTIHISTAMINES - PHENOTHIAZINES*** | | |
| promethazine hcl oral solution | | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL |

| Drug Name | Reference | Notes |
|---|-----------|--|
| promethazine hcl oral syrup | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| promethazine hcl oral tablet 12.5 mg, 50 mg | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| promethazine hcl oral tablet 25 mg | | <p>AL (Minimum Age: 2 Years); QL</p> |

| Drug Name | Reference | Notes |
|---|-------------|--|
| promethazine hcl rectal suppository | Promethegan | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| PROMETHEGAN RECTAL SUPPOSITORY | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| *ANTIHISTAMINES - PIPERIDINES*** | | |
| cyproheptadine hcl oral syrup | | |
| cyproheptadine hcl oral tablet | | |

| Drug Name | Reference | Notes |
|--|-----------|--------|
| *ANTIHYPERLIPIDEMICS* | | |
| *BILE ACID SEQUESTRANTS*** | | |
| cholestyramine light oral packet | Prevalite | QL |
| cholestyramine light oral powder | Prevalite | QL |
| cholestyramine oral packet | Questran | QL |
| cholestyramine oral powder | Questran | QL |
| colestipol hcl oral granules | Colestid | QL |
| colestipol hcl oral packet | Colestid | QL |
| colestipol hcl oral tablet | Colestid | QL |
| PREVALITE ORAL PACKET | | QL |
| PREVALITE ORAL POWDER | | QL |
| *FIBRIC ACID DERIVATIVES*** | | |
| fenofibrate micronized oral capsule | | QL |
| fenofibrate oral capsule | | QL |
| fenofibrate oral tablet | Tricor | QL |
| fenofibric acid oral capsule delayed release | Trilipix | QL |
| gemfibrozil oral tablet | Lopid | QL |
| *HMG COA REDUCTASE INHIBITORS*** | | |
| atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg | Lipitor | DO; QL |
| atorvastatin calcium oral tablet 80 mg | Lipitor | QL |
| lovastatin oral tablet 10 mg, 20 mg | | DO; QL |
| lovastatin oral tablet 40 mg | | QL |
| pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg | | DO; QL |
| pravastatin sodium oral tablet 80 mg | | QL |
| rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg | Crestor | DO; QL |
| rosuvastatin calcium oral tablet 40 mg | Crestor | QL |
| simvastatin oral tablet 10 mg, 20 mg | Zocor | DO; QL |
| simvastatin oral tablet 40 mg | Zocor | QL |
| simvastatin oral tablet 5 mg | | DO; QL |
| simvastatin oral tablet 80 mg | | PA; QL |
| *PCSK9 INHIBITORS*** | | |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE | | PA; QL |

| Drug Name | Reference | Notes |
|---|--------------|--------|
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | PA; QL |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | PA; QL |
| *ANTIHYPERTENSIVES* | | |
| *ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** | | |
| amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg | Lotrel | QL |
| amlodipine besy-benazepril hcl oral capsule 2.5-10 mg | | DO; QL |
| amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg | Lotrel | DO; QL |
| amlodipine besy-benazepril hcl oral capsule 5-40 mg | | QL |
| *ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** | | |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg | Lotensin HCT | DO; QL |
| benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg | Lotensin HCT | QL |
| benazepril-hydrochlorothiazide oral tablet 5-6.25 mg | | DO; QL |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg | Vaseretic | QL |
| enalapril-hydrochlorothiazide oral tablet 5-12.5 mg | | DO; QL |
| fosinopril sodium-hctz oral tablet | | QL |
| lisinopril-hydrochlorothiazide oral tablet | Zestoretic | QL |
| quinapril-hydrochlorothiazide oral tablet 10-12.5 mg | Accuretic | DO; QL |
| quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg | Accuretic | QL |
| *ACE INHIBITORS*** | | |
| benazepril hcl oral tablet 10 mg, 20 mg | Lotensin | DO; QL |
| benazepril hcl oral tablet 40 mg | Lotensin | QL |
| benazepril hcl oral tablet 5 mg | | DO; QL |
| captopril oral tablet 100 mg | | QL |
| captopril oral tablet 12.5 mg, 25 mg, 50 mg | | DO; QL |

| Drug Name | Reference | Notes |
|---|-------------|--------|
| enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg | Vasotec | DO; QL |
| enalapril maleate oral tablet 20 mg | Vasotec | QL |
| fosinopril sodium oral tablet 10 mg, 20 mg | | DO; QL |
| fosinopril sodium oral tablet 40 mg | | QL |
| lisinopril oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg | Zestril | QL |
| lisinopril oral tablet 2.5 mg | Zestril | DO; QL |
| moexipril hcl oral tablet 15 mg | | QL |
| moexipril hcl oral tablet 7.5 mg | | DO; QL |
| perindopril erbumine oral tablet 2 mg, 4 mg | | DO; QL |
| perindopril erbumine oral tablet 8 mg | | QL |
| quinapril hcl oral tablet 10 mg, 20 mg, 5 mg | Accupril | DO; QL |
| quinapril hcl oral tablet 40 mg | Accupril | QL |
| ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg | Altace | DO; QL |
| ramipril oral capsule 10 mg | Altace | QL |
| trandolapril oral tablet 1 mg, 2 mg | | DO; QL |
| trandolapril oral tablet 4 mg | Mavik | QL |
| *ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** | | |
| candesartan cilexetil-hctz oral tablet | Atacand HCT | QL |
| irbesartan-hydrochlorothiazide oral tablet | Avalide | QL |
| losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg | Hyzaar | QL |
| losartan potassium-hctz oral tablet 50-12.5 mg | Hyzaar | DO; QL |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg | Diovan HCT | DO; QL |
| valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg | Diovan HCT | QL |
| *ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| candesartan cilexetil oral tablet 16 mg, 32 mg | Atacand | QL |
| candesartan cilexetil oral tablet 4 mg, 8 mg | Atacand | DO; QL |
| irbesartan oral tablet 150 mg, 75 mg | Avapro | DO; QL |
| irbesartan oral tablet 300 mg | Avapro | QL |
| losartan potassium oral tablet 100 mg, 50 mg | Cozaar | QL |

| Drug Name | Reference | Notes |
|---|---------------------|--------|
| losartan potassium oral tablet 25 mg | Cozaar | DO; QL |
| valsartan oral tablet 160 mg, 320 mg | Diovan | QL |
| valsartan oral tablet 40 mg, 80 mg | Diovan | DO; QL |
| *ANTIADRENERGICS - CENTRALLY ACTING*** | | |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg | | DO; QL |
| clonidine hcl oral tablet 0.3 mg | | QL |
| guanfacine hcl oral tablet 1 mg | | DO; QL |
| guanfacine hcl oral tablet 2 mg | | QL |
| *ANTIADRENERGICS - PERIPHERALLY ACTING*** | | |
| doxazosin mesylate oral tablet | Cardura | QL |
| prazosin hcl oral capsule | Minipress | |
| terazosin hcl oral capsule | | QL |
| *BETA BLOCKER & DIURETIC COMBINATIONS*** | | |
| atenolol-chlorthalidone oral tablet | Tenoretic 100 | QL |
| bisoprolol-hydrochlorothiazide oral tablet | Ziac | QL |
| metoprolol-hydrochlorothiazide oral tablet | | QL |
| *VASODILATORS*** | | |
| hydralazine hcl oral tablet | | |
| minoxidil oral tablet | | |
| *ANTI-INFECTIVE AGENTS - MISC.* | | |
| *ANTI-INFECTIVE AGENTS - MISC.*** | | |
| metronidazole oral capsule | Flagyl | |
| metronidazole oral tablet | | |
| tinidazole oral tablet | | QL |
| trimethoprim oral tablet | | |
| *ANTI-INFECTIVE MISC. - COMBINATIONS*** | | |
| sulfamethoxazole-trimethoprim oral suspension | Sulfatrim Pediatric | |
| sulfamethoxazole-trimethoprim oral tablet | Bactrim | |
| SULFATRIM PEDIATRIC ORAL SUSPENSION | | |
| *GLYCOPEPTIDES*** | | |
| vancomycin hcl oral capsule | Vancocin | PA; QL |

| Drug Name | Reference | Notes |
|--|--------------|--------|
| *LEPROSTATICS*** | | |
| dapsone oral tablet | | |
| *LINCOSAMIDES*** | | |
| clindamycin hcl oral capsule | Cleocin | QL |
| clindamycin palmitate hcl oral solution reconstituted | Cleocin | |
| *OXAZOLIDINONES*** | | |
| linezolid oral suspension reconstituted | Zyvox | PA; QL |
| linezolid oral tablet | Zyvox | PA; QL |
| *URINARY ANTI-INFECTIVES*** | | |
| methenamine hippurate oral tablet | Hiprex | |
| nitrofurantoin macrocrystal oral capsule | Macrochantin | QL |
| nitrofurantoin monohyd macro oral capsule | Macrobid | QL |
| *ANTIMALARIALS* | | |
| *ANTIMALARIAL COMBINATIONS*** | | |
| atovaquone-proguanil hcl oral tablet | Malarone | |
| *ANTIMALARIALS*** | | |
| chloroquine phosphate oral tablet | | |
| hydroxychloroquine sulfate oral tablet | Plaquenil | QL |
| mefloquine hcl oral tablet | | QL |
| primaquine phosphate oral tablet | | |
| *ANTIMYASTHENIC/CHOLINERGIC AGENTS* | | |
| *ANTIMYASTHENIC/CHOLINERGIC AGENTS*** | | |
| pyridostigmine bromide er oral tablet extended release | Mestinon | |
| pyridostigmine bromide oral solution | Mestinon | |
| pyridostigmine bromide oral tablet | Mestinon | |
| *ANTIMYCOBACTERIAL AGENTS* | | |
| *ANTIMYCOBACTERIAL AGENTS*** | | |
| ethambutol hcl oral tablet | Myambutol | |
| isoniazid oral syrup | | |
| isoniazid oral tablet | | |
| PRIFTIN ORAL TABLET | | |
| pyrazinamide oral tablet | | |
| rifabutin oral capsule | Mycobutin | |

| Drug Name | Reference | Notes |
|---|-----------|------------|
| rifampin oral capsule | | |
| *ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* | | |
| *ALKYLATING AGENTS*** | | |
| MYLERAN ORAL TABLET | | SP |
| *ANTIANDROGENS*** | | |
| bicalutamide oral tablet | Casodex | QL |
| flutamide oral capsule | Eulexin | |
| *ANTIESTROGENS*** | | |
| tamoxifen citrate oral tablet | | |
| *ANTIMETABOLITES*** | | |
| methotrexate sodium (pf) injection solution | | |
| methotrexate sodium injection solution | | |
| *ANTINEOPLASTIC - ANTI-HER2 AGENTS*** | | |
| KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED | | SP |
| *ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** | | |
| imatinib mesylate oral tablet | Gleevec | PA; SP; QL |
| *ANTINEOPLASTIC - EGFR INHIBITORS*** | | |
| IRESSA ORAL TABLET | | PA; SP; QL |
| *ANTINEOPLASTIC ANTIBIOTICS*** | | |
| ELLECE INTRAVENOUS SOLUTION | | PA; SP |
| *ANTINEOPLASTICS MISC.*** | | |
| hydroxyurea oral capsule | Hydrea | |
| *AROMATASE INHIBITORS*** | | |
| anastrozole oral tablet | Arimidex | QL |
| exemestane oral tablet | Aromasin | QL |
| letrozole oral tablet | Femara | QL |
| *ESTROGENS-ANTINEOPLASTIC*** | | |
| EMCYT ORAL CAPSULE | | PA; SP |
| *FOLIC ACID ANTAGONISTS RESCUE AGENTS*** | | |
| leucovorin calcium injection solution reconstituted | | |
| leucovorin calcium oral tablet | | |

| Drug Name | Reference | Notes |
|---|-------------|------------|
| *NITROGEN MUSTARDS AND RELATED ANALOGUES*** | | |
| cyclophosphamide oral capsule | | SP |
| LEUKERAN ORAL TABLET | | |
| melphalan oral tablet | Alkeran | SP |
| *PROGESTINS-ANTINEOPLASTIC*** | | |
| hydroxyprogesterone caproate intramuscular solution | | PA; SP; QL |
| megestrol acetate oral suspension | | PA |
| megestrol acetate oral tablet | | PA |
| *RETINOIDS*** | | |
| tretinoin oral capsule | | |
| *URINARY TRACT PROTECTIVE AGENTS*** | | |
| MESNEX ORAL TABLET | | |
| | | PA |
| *ANTIPARKINSON AND RELATED THERAPY AGENTS* | | |
| *ANTIPARKINSON DOPAMINERGICS*** | | |
| amantadine hcl oral capsule | | QL |
| amantadine hcl oral solution | | QL |
| amantadine hcl oral tablet | | QL |
| bromocriptine mesylate oral capsule | Parlodel | |
| bromocriptine mesylate oral tablet | Parlodel | |
| *ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** | | |
| selegiline hcl oral capsule | | |
| selegiline hcl oral tablet | | |
| *LEVODOPA COMBINATIONS*** | | |
| carbidopa-levodopa er oral tablet extended release | | |
| carbidopa-levodopa oral tablet | Dhivy | |
| carbidopa-levodopa oral tablet dispersible | | |
| carbidopa-levodopa-entacapone oral tablet | Stalevo 100 | |
| *NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** | | |
| pramipexole dihydrochloride oral tablet | | QL |
| ropinirole hcl oral tablet | | |

| Drug Name | Reference | Notes |
|--|------------------------------|-------|
| *PERIPHERAL COMT INHIBITORS*** | | |
| entacapone oral tablet | Comtan | QL |
| *ANTIPSYCHOTICS/ANTIMANIC AGENTS* | | |
| *BENZISOXAZOLES*** | | |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | |
| *PHENOTHIAZINES*** | | |
| COMPRO RECTAL SUPPOSITORY | | |
| prochlorperazine edisylate injection solution | | |
| prochlorperazine maleate oral tablet | | |
| prochlorperazine rectal suppository | Compro | |
| *ANTISEPTICS & DISINFECTANTS* | | |
| *ANTISEPTICS & DISINFECTANTS*** | | |
| cvs hydrogen peroxide external solution | Medi-First Hydrogen Peroxide | OTC |
| eq hydrogen peroxide external solution | Medi-First Hydrogen Peroxide | OTC |
| eql hydrogen peroxide external solution | Medi-First Hydrogen Peroxide | OTC |
| gnp hydrogen peroxide external solution | Medi-First Hydrogen Peroxide | OTC |
| goodsense hydrogen peroxide external solution | Medi-First Hydrogen Peroxide | OTC |
| hm hydrogen peroxide external solution | Medi-First Hydrogen Peroxide | OTC |
| hydrogen peroxide external solution | Medi-First Hydrogen Peroxide | OTC |
| MEDI-FIRST HYDROGEN PEROXIDE EXTERNAL SOLUTION | | OTC |
| meijer hydrogen peroxide external solution | Medi-First Hydrogen Peroxide | OTC |
| px hydrogen peroxide external solution | Medi-First Hydrogen Peroxide | OTC |
| ra hydrogen peroxide external solution | Medi-First Hydrogen Peroxide | OTC |
| sm hydrogen peroxide external solution | Medi-First Hydrogen Peroxide | OTC |

| Drug Name | Reference | Notes |
|---|------------|------------|
| *CHLORINE ANTISEPTICS*** | | |
| antiseptic skin cleanser external solution | Dyna-Hex 4 | OTC; QL |
| BETASEPT SURGICAL SCRUB EXTERNAL LIQUID | | OTC; QL |
| cvs antiseptic skin cleanser external solution | Dyna-Hex 4 | OTC; QL |
| DYNA-HEX 4 EXTERNAL SOLUTION | | OTC; QL |
| gnp antiseptic skin cleanser external solution | Dyna-Hex 4 | OTC; QL |
| hm antiseptic skin cleanser external solution | Dyna-Hex 4 | OTC; QL |
| qc antiseptic skin cleanser external solution | Dyna-Hex 4 | OTC; QL |
| ra antiseptic skin cleanser external solution | Dyna-Hex 4 | OTC; QL |
| sm antiseptic skin cleanser external solution | Dyna-Hex 4 | OTC; QL |
| *ANTIVIRALS* | | |
| *ANTIRETROVIRAL COMBINATIONS*** | | |
| abacavir sulfate-lamivudine oral tablet | Epzicom | SP; QL |
| BIKTARVY ORAL TABLET | | SP; QL |
| CIMDUO ORAL TABLET | | SP; QL |
| DOVATO ORAL TABLET | | SP; QL |
| emtricitabine-tenofovir df oral tablet | Truvada | SP; QL |
| EVOTAZ ORAL TABLET | | SP; QL |
| GENVOYA ORAL TABLET | | SP; QL |
| JULUCA ORAL TABLET | | PA; SP; QL |
| lamivudine-zidovudine oral tablet | Combivir | SP; QL |
| lopinavir-ritonavir oral solution | Kaletra | SP; QL |
| PREZCOBIX ORAL TABLET | | SP; QL |
| STRIBILD ORAL TABLET | | SP; QL |
| TRIUMEQ ORAL TABLET | | SP; QL |
| *ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** | | |
| maraviroc oral tablet | Selzentry | SP; QL |
| SELZENTRY ORAL SOLUTION | | SP; QL |
| SELZENTRY ORAL TABLET | | SP; QL |
| *ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR*** | | |
| TROGARZO INTRAVENOUS SOLUTION | | PA; SP; QL |

| Drug Name | Reference | Notes |
|--|-----------|---------------------------------------|
| *ANTIRETROVIRALS - FUSION INHIBITORS*** | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | | PA; SP; QL |
| *ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR | | PA; SP; QL |
| *ANTIRETROVIRALS - INTEGRASE INHIBITORS*** | | |
| ISENTRESS HD ORAL TABLET | | SP; QL |
| ISENTRESS ORAL PACKET | | SP; QL |
| ISENTRESS ORAL TABLET | | SP; QL |
| ISENTRESS ORAL TABLET CHEWABLE | | SP; QL |
| TIVICAY ORAL TABLET | | SP; QL |
| TIVICAY PD ORAL TABLET SOLUBLE | | SP; QL |
| *ANTIRETROVIRALS - PROTEASE INHIBITORS*** | | |
| APTIVUS ORAL CAPSULE | | PA; SP; QL |
| atazanavir sulfate oral capsule | Reyataz | SP; QL |
| NORVIR ORAL SOLUTION | | SP; QL |
| PREZISTA ORAL SUSPENSION | | SP; QL |
| PREZISTA ORAL TABLET | | SP; QL |
| REYATAZ ORAL PACKET | | SP; QL |
| ritonavir oral tablet | Norvir | SP; QL |
| *ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** | | |
| EDURANT ORAL TABLET | | PA; SP; QL |
| etravirine oral tablet | Intelence | PA; SP; AL (Minimum Age: 5 years); QL |
| INTELLENCE ORAL TABLET | | PA; SP; AL (Minimum Age: 5 years); QL |
| nevirapine er oral tablet extended release 24 hour | | SP; QL |
| nevirapine oral suspension | | SP; QL |
| nevirapine oral tablet | | SP; QL |
| PIFELTRO ORAL TABLET | | SP; QL |

| Drug Name | Reference | Notes |
|---|------------|------------|
| *ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** | | |
| abacavir sulfate oral solution | Ziagen | SP; QL |
| abacavir sulfate oral tablet | Ziagen | SP; QL |
| *ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** | | |
| emtricitabine oral capsule | Emtriva | SP; QL |
| EMTRIVA ORAL SOLUTION | | SP; QL |
| lamivudine oral solution | Epivir | SP; QL |
| lamivudine oral tablet | Epivir | SP; QL |
| *ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** | | |
| RETROVIR INTRAVENOUS SOLUTION | | SP |
| stavudine oral capsule | | SP; QL |
| zidovudine oral capsule | Retrovir | SP; QL |
| zidovudine oral syrup | Retrovir | SP; QL |
| zidovudine oral tablet | | SP; QL |
| *ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** | | |
| tenofovir disoproxil fumarate oral tablet | Viread | PA; SP; QL |
| VIREAD ORAL POWDER | | PA; SP; QL |
| VIREAD ORAL TABLET | | PA; SP; QL |
| *ANTIRETROVIRALS ADJUVANTS*** | | |
| TYBOST ORAL TABLET | | SP; QL |
| *CMV AGENTS*** | | |
| valganciclovir hcl oral solution reconstituted | Valcyte | SP |
| valganciclovir hcl oral tablet | Valcyte | SP |
| *HEPATITIS B AGENTS*** | | |
| adefovir dipivoxil oral tablet | | PA; SP; QL |
| BARACLUDGE ORAL SOLUTION | | PA; SP; QL |
| entecavir oral tablet | Baraclude | PA; SP; QL |
| EPIVIR HBV ORAL SOLUTION | | PA; SP; QL |
| lamivudine oral tablet | Epivir HBV | PA; SP; QL |

| Drug Name | Reference | Notes |
|--|-----------|------------|
| *HEPATITIS C AGENT - COMBINATIONS*** | | |
| MAVYRET ORAL PACKET | | PA; SP; QL |
| MAVYRET ORAL TABLET | | PA; SP; QL |
| sofosbuvir-velpatasvir oral tablet | Epclusa | PA; SP; QL |
| *HEPATITIS C AGENTS*** | | |
| PEGASYS SUBCUTANEOUS SOLUTION | | SP; QL |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | SP; QL |
| ribavirin oral capsule | | SP; QL |
| ribavirin oral tablet | | SP; QL |
| *HERPES AGENTS - PURINE ANALOGUES*** | | |
| acyclovir oral capsule | | |
| acyclovir oral suspension | Zovirax | |
| acyclovir oral tablet | | |
| valacyclovir hcl oral tablet | Valtrex | QL |
| *HERPES AGENTS - THYMIDINE ANALOGUES*** | | |
| famciclovir oral tablet | | QL |
| *INFLUENZA AGENTS*** | | |
| rimantadine hcl oral tablet | | |
| *NEURAMINIDASE INHIBITORS*** | | |
| oseltamivir phosphate oral capsule | Tamiflu | QL |
| oseltamivir phosphate oral suspension reconstituted | Tamiflu | QL |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | | QL |
| *PA ENDONUCLEASE INHIBITORS*** | | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK | | QL |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK | | QL |
| *BETA BLOCKERS* | | |
| *ALPHA-BETA BLOCKERS*** | | |
| carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg | Coreg | DO; QL |
| carvedilol oral tablet 25 mg | Coreg | QL |

| Drug Name | Reference | Notes |
|---|-------------|--------|
| labetalol hcl oral tablet 100 mg, 200 mg | | DO; QL |
| labetalol hcl oral tablet 300 mg | | QL |
| *BETA BLOCKERS CARDIO-SELECTIVE*** | | |
| acebutolol hcl oral capsule | | QL |
| atenolol oral tablet 100 mg | Tenormin | QL |
| atenolol oral tablet 25 mg, 50 mg | Tenormin | DO; QL |
| betaxolol hcl oral tablet 10 mg | | DO; QL |
| betaxolol hcl oral tablet 20 mg | | QL |
| bisoprolol fumarate oral tablet 10 mg | | QL |
| bisoprolol fumarate oral tablet 5 mg | | DO; QL |
| metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg | Toprol XL | DO; QL |
| metoprolol succinate er oral tablet extended release 24 hour 200 mg | Toprol XL | QL |
| metoprolol tartrate oral tablet 100 mg | Lopressor | QL |
| metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg | | DO; QL |
| metoprolol tartrate oral tablet 50 mg | Lopressor | DO; QL |
| *BETA BLOCKERS NON-SELECTIVE*** | | |
| nadolol oral tablet 20 mg, 40 mg | Corgard | DO; QL |
| nadolol oral tablet 80 mg | Corgard | QL |
| pindolol oral tablet 10 mg | | QL |
| pindolol oral tablet 5 mg | | DO; QL |
| propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg | Inderal LA | DO; QL |
| propranolol hcl er oral capsule extended release 24 hour 160 mg | Inderal LA | QL |
| propranolol hcl oral solution | | QL |
| propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg | | DO; QL |
| propranolol hcl oral tablet 80 mg | | QL |
| SORINE ORAL TABLET | | QL |
| sotalol hcl (af) oral tablet 120 mg | Betapace AF | QL |
| sotalol hcl (af) oral tablet 160 mg, 80 mg | Betapace AF | |
| sotalol hcl oral tablet | Sorine | QL |
| timolol maleate oral tablet 10 mg, 20 mg | | QL |
| timolol maleate oral tablet 5 mg | | DO; QL |

| Drug Name | Reference | Notes |
|---|-------------|--------|
| *CALCIUM CHANNEL BLOCKERS* | | |
| *CALCIUM CHANNEL BLOCKERS*** | | |
| amlodipine besylate oral tablet 10 mg | Norvasc | QL |
| amlodipine besylate oral tablet 2.5 mg, 5 mg | Norvasc | DO; QL |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | | DO; QL |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG | | QL |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg | Taztia XT | DO; QL |
| diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg | Taztia XT | QL |
| diltiazem hcl er beads oral capsule extended release 24 hour 420 mg | Tiadylt ER | QL |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg | Cartia XT | DO; QL |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg | Cartia XT | QL |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg | Cardizem CD | QL |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg | | DO; QL |
| diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg | | QL |
| diltiazem hcl oral tablet 120 mg | Cardizem | QL |
| diltiazem hcl oral tablet 30 mg, 60 mg | Cardizem | DO; QL |
| diltiazem hcl oral tablet 90 mg | | QL |
| dilt-xr oral capsule extended release 24 hour 120 mg | | DO; QL |
| dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg | | QL |
| felodipine er oral tablet extended release 24 hour 10 mg | | QL |
| felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg | | DO; QL |
| isradipine oral capsule 2.5 mg | | DO; QL |
| isradipine oral capsule 5 mg | | QL |
| nicardipine hcl oral capsule | | QL |

| Drug Name | Reference | Notes |
|--|------------------|--------------|
| nifedipine er oral tablet extended release 24 hour 30 mg | Afeditab CR | DO; QL |
| nifedipine er oral tablet extended release 24 hour 60 mg | Afeditab CR | QL |
| nifedipine er oral tablet extended release 24 hour 90 mg | | QL |
| nifedipine er osmotic release oral tablet extended release 24 hour 30 mg | Procardia XL | DO; QL |
| nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg | Procardia XL | QL |
| nifedipine oral capsule 10 mg | | DO; QL |
| nifedipine oral capsule 20 mg | | QL |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | | DO; QL |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG | | QL |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | | DO; QL |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | | QL |
| verapamil hcl er oral capsule extended release 24 hour 100 mg | Verelan PM | DO; QL |
| verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg | Verelan | DO; QL |
| verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg | Verelan PM | QL |
| verapamil hcl er oral capsule extended release 24 hour 240 mg, 360 mg | Verelan | QL |
| verapamil hcl er oral tablet extended release 120 mg | Calan SR | DO; QL |
| verapamil hcl er oral tablet extended release 180 mg, 240 mg | Calan SR | QL |
| verapamil hcl oral tablet 120 mg | | QL |
| verapamil hcl oral tablet 40 mg, 80 mg | | DO; QL |
| *CARDIOTONICS* | | |
| *CARDIAC GLYCOSIDES*** | | |
| DIGITEK ORAL TABLET 125 MCG | | DO; QL |
| DIGITEK ORAL TABLET 250 MCG | | QL |
| DIGOX ORAL TABLET 125 MCG | | DO; QL |

| Drug Name | Reference | Notes |
|---|-----------|------------|
| DIGOX ORAL TABLET 250 MCG | | QL |
| digoxin oral solution | | |
| digoxin oral tablet 125 mcg | Digitek | DO; QL |
| digoxin oral tablet 250 mcg | Digitek | QL |
| *CARDIOVASCULAR AGENTS - MISC.* | | |
| *PERIPHERAL VASODILATORS*** | | |
| eql niacin flush free oral capsule | | OTC |
| niacin flush free oral capsule | | OTC |
| qc niacin oral capsule | | OTC |
| *PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** | | |
| ambrisentan oral tablet | Letairis | PA; SP; QL |
| *PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** | | |
| ALYQ ORAL TABLET | | PA; SP; QL |
| sildenafil citrate oral tablet | Revatio | PA; SP; QL |
| tadalafil (pah) oral tablet | Alyq | PA; SP; QL |
| *CEPHALOSPORINS* | | |
| *CEPHALOSPORINS - 1ST GENERATION*** | | |
| cefadroxil oral capsule | | |
| cefadroxil oral suspension reconstituted | | |
| cefadroxil oral tablet | | |
| cephalexin oral capsule | | |
| cephalexin oral suspension reconstituted | | |
| cephalexin oral tablet | | |
| *CEPHALOSPORINS - 2ND GENERATION*** | | |
| cefaclor er oral tablet extended release 12 hour | | |
| cefaclor oral capsule | | |
| cefaclor oral suspension reconstituted | | |
| cefprozil oral suspension reconstituted | | |
| cefprozil oral tablet | | |
| cefuroxime axetil oral tablet | | |

| Drug Name | Reference | Notes |
|---|-----------|-------|
| *CEPHALOSPORINS - 3RD GENERATION*** | | |
| cefdinir oral capsule | | QL |
| cefdinir oral suspension reconstituted | | QL |
| cefepodoxime proxetil oral suspension reconstituted | | |
| cefepodoxime proxetil oral tablet | | |
| ceftriaxone sodium injection solution reconstituted | | QL |
| ceftriaxone sodium intravenous solution reconstituted | | QL |
| *CHEMICALS* | | |
| *SOLVENTS*** | | |
| cvs rubbing alcohol solution | | OTC |
| eql isopropyl rubbing alcohol solution | | OTC |
| gnp isopropyl alc/wintergreen solution | | OTC |
| gnp isopropyl rubbing alcohol solution | | OTC |
| goodsense isopropyl alcohol solution | | OTC |
| hm isopropyl alcohol solution | | OTC |
| isopropanol solution | | |
| isopropyl alcohol (rubbing) solution | | OTC |
| isopropyl alcohol solution | | |
| isopropyl alcohol, rubbing solution | | OTC |
| ra isopropyl rubbing alcohol solution | | OTC |
| rubbing alcohol solution | | OTC |
| sm isopropyl alcohol solution | | OTC |

| Drug Name | Reference | Notes |
|---|-----------|---|
| *CONTRACEPTIVES* | | |
| *BIPHASIC CONTRACEPTIVES - ORAL*** | | |
| AZURETTE ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| desogestrel-ethinyl estradiol oral tablet | Azurette | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|-----------------------------------|-----------|---|
| <p>KARIVA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>PIMTREA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---------------------|-----------|---|
| SIMLIYA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| viorele oral tablet | Azurette | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| VOLNEA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| *COMBINATION CONTRACEPTIVES - ORAL *** | | |
| AFIRMELLE ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--------------------------|--------------|---|
| ALTAVERA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| alyacen 1/35 oral tablet | Dasetta 1/35 | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|------------------------------------|-----------|---|
| <p>APRI ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>AUBRA EQ ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>AUBRA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>AUROVELA 1.5/30 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>AUROVELA 1/20 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>AUROVELA 24 FE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>AUROVELA FE 1.5/30 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>AUROVELA FE 1/20 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|----------------------------------|-----------|---|
| <p>AVIANE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>AYUNA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>BALZIVA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>BLISOVI 24 FE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>BLISOVI FE 1.5/30 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>BLISOVI FE 1/20 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|--|
| briellyn oral tablet | Balziva | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); QL |
| <p>CHARLOTTE 24 FE ORAL TABLET CHEWABLE</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); QL |

| Drug Name | Reference | Notes |
|------------------------|-----------|---|
| CHATEAL EQ ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| CHATEAL ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>CRYSSELLE-28 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>CYRED EQ ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>CYRED ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>DASETTA 1/35 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| DELYLA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| desogestrel-ethinyl estradiol oral tablet | Apri | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| drospiren-eth estrad-levomefol oral tablet | Beyaz | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); QL |
| drospirenone-ethinyl estradiol oral tablet | Jasmiel | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); QL |

| Drug Name | Reference | Notes |
|-----------------------------------|-----------|---|
| <p>ELINEST ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>ENSKYCE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-------------|---|
| ESTARYLLA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| ethynodiol diac-eth estradiol oral tablet | Kelnor 1/35 | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|-------------------------------------|-----------|---|
| FALMINA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| FEMYNOR ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| FINZALA ORAL TABLET CHEWABLE | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>GEMMILY ORAL CAPSULE</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>HAILEY 1.5/30 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>HAILEY 24 FE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>HAILEY FE 1.5/30 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>HAILEY FE 1/20 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>ISIBLOOM ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|-----------------------------------|-----------|---|
| <p>JASMIEL ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>JULEBER ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>JUNEL 1.5/30 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>JUNEL 1/20 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>JUNEL FE 1.5/30 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>JUNEL FE 1/20 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>JUNEL FE 24 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>KAITLIB FE ORAL TABLET CHEWABLE</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---------------------------------------|-----------|---|
| <p>KALLIGA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>KELNOR 1/35 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---------------------------------------|-----------|---|
| <p>KELNOR 1/50 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>KURVELO ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>LARIN 1.5/30 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>LARIN 1/20 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>LARIN 24 FE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>LARIN FE 1.5/30 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>LARIN FE 1/20 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>LAYOLIS FE ORAL TABLET CHEWABLE</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| LESSINA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| levonorgestrel-ethinyl estrad oral tablet | Afirmelle | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>LEVORA 0.15/30 (28) ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>LOESTRIN 1.5/30 (21) ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>LOESTRIN 1/20 (21) ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>LOESTRIN FE 1.5/30 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>LOESTRIN FE 1/20 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>LORYNA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>LOW-OGESTREL ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>LO-ZUMANDIMINE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|----------------------|-----------|---|
| LUTERA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| marlissa oral tablet | Altavera | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>MERZEE ORAL CAPSULE</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>MICROGESTIN 1.5/30 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>MICROGESTIN 1/20 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>MICROGESTIN 24 FE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>MICROGESTIN FE 1.5/30 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>MICROGESTIN FE 1/20 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---------------------------------------|-----------|---|
| <p>MILI ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>MONO-LINYAH ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|-------------------------------|-----------|---|
| NECON 0.5/35 (28) ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| NIKKI ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|--------------------|---|
| norethin ace-eth estrad-fe oral capsule | Gemmyly | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); QL |
| norethin ace-eth estrad-fe oral tablet | Aurovela Fe 1.5/30 | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); QL |

| Drug Name | Reference | Notes |
|---|-----------------|---|
| norethin ace-eth estrad-fe oral tablet chewable | Charlotte 24 Fe | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| norethindrone acet-ethinyl est oral tablet | Aurovela 1.5/30 | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|------------|---|
| norethin-eth estradiol-fe oral tablet chewable | Kaitlib Fe | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); QL |
| norgestimate-eth estradiol oral tablet | Estarylla | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); QL |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>NORTREL 0.5/35 (28) ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>NORTREL 1/35 (21) ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>NORTREL 1/35 (28) ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>NYLIA 1/35 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|----------------------------------|-----------|---|
| <p>NYMYO ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>OCELLA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|------------------------------------|-----------|---|
| <p>ORSYTHIA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>PHILITH ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>PIRMELLA 1/35 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>PORTIA-28 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---------------------------------------|-----------|---|
| <p>RECLIPSEN ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>SPRINTEC 28 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|----------------------------------|-----------|---|
| <p>SRONYX ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>SYEDA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>TARINA 24 FE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>TARINA FE 1/20 EQ ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>TARINA FE 1/20 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>TAYSOFY ORAL CAPSULE</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|-----------------------------------|-----------|---|
| <p>TYDEMY ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>VESTURA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---------------------|-----------|---|
| VIENVA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| VYFEMLA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|-----------------------------------|-----------|---|
| <p>VYLIBRA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>WERA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>WYMZYA FE ORAL TABLET CHEWABLE</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>ZOVIA 1/35 (28) ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>ZUMANDIMINE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>*COMBINATION CONTRACEPTIVES - TRANSDERMAL ***</p> | | |
| <p>XULANE TRANSDERMAL PATCH WEEKLY</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>ZAFEMY TRANSDERMAL PATCH WEEKLY</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>*COMBINATION CONTRACEPTIVES - VAGINAL ***</p> | | |
| <p>ELURYNG VAGINAL RING</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| etonogestrel-ethinyl estradiol vaginal ring | EluRyng | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| *CONTINUOUS CONTRACEPTIVES - ORAL *** | | |
| AMETHYST ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| DOLISHALE ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); QL |
| levonorgestrel-ethinyl estrad oral tablet | Amethyst | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); QL |
| *EMERGENCY CONTRACEPTIVES*** | | |
| AFTERA ORAL TABLET | | OTC; QL |
| AFTERPILL ORAL TABLET | | OTC; QL |

| Drug Name | Reference | Notes |
|--|-----------|---|
| ECONTRA EZ ORAL TABLET | | OTC; QL |
| ECONTRA ONE-STEP ORAL TABLET | | OTC; QL |
| ELLA ORAL TABLET | | QL |
| levonorgestrel oral tablet | Aftera | OTC; QL |
| MY CHOICE ORAL TABLET | | OTC; QL |
| MY WAY ORAL TABLET | | OTC; QL |
| NEW DAY ORAL TABLET | | OTC; QL |
| OPCICON ONE-STEP ORAL TABLET | | OTC; QL |
| OPTION 2 ORAL TABLET | | OTC; QL |
| REACT ORAL TABLET | | OTC; QL |
| TAKE ACTION ORAL TABLET | | OTC; QL |
| *EXTENDED-CYCLE CONTRACEPTIVES - ORAL *** | | |
| AMETHIA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--------------------------------------|-----------|---|
| <p>ASHLYNA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>CAMRESE LO ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|-----------------------------------|-----------|---|
| <p>CAMRESE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>DAYSEE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|-----------------------------------|-----------|---|
| <p>FAYOSIM ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>ICLEVIA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|-----------------------|-----------|---|
| INTROVALE ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| JAIMIESS ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| JOLESSA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| levonorgest-eth est & eth est oral tablet | Fayosim | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| levonorgest-eth estrad 91-day oral tablet | Amethia | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| LOJAIMIESS ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|------------------------------------|-----------|---|
| <p>RIVELSA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>SETLAKIN ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|--------------|---|
| SIMPESSSE ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| *PROGESTIN CONTRACEPTIVES - INJECTABLE*** | | |
| medroxyprogesterone acetate intramuscular suspension | Depo-Provera | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|--------------|---|
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | Depo-Provera | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| *PROGESTIN CONTRACEPTIVES - ORAL *** | | |
| CAMILA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|-------------------------------------|-----------|---|
| <p>DEBLITANE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>ERRIN ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|----------------------|-----------|---|
| HEATHER ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| INCASSIA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|----------------------|-----------|---|
| JENCYCLA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| LYLEQ ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|-----------------------------------|-----------|---|
| <p>LYZA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>NORA-BE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|----------------------------|-----------|---|
| norethindrone oral tablet | Camila | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| NORLYDA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|------------------------------------|-----------|---|
| <p>NORLYROC ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>SHAROBEL ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|---------------|---|
| *TRIPHASIC CONTRACEPTIVES - ORAL*** | | |
| alyacen 7/7/7 oral tablet | Dasetta 7/7/7 | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| ARANELLE ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>DASETТА 7/7/7 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>ENPRESSE-28 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|----------------------|-----------|---|
| LEENA ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| LEVONEST ORAL TABLET | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-------------|---|
| levonorg-eth estrad triphasic oral tablet | Enpresse-28 | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| norethindron-ethinyl estrad-fe oral tablet | Tilia Fe | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE); QL</p> |
| norgestim-eth estrad triphasic oral tablet | Tri Femynor | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>NORTREL 7/7/7 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>NYLIA 7/7/7 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>PIRMELLA 7/7/7 ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>TILIA FE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>TRI FEMYNOR ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>TRI-ESTARYLLA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>TRI-LEGEST FE ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>TRI-LINYAH ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>TRI-LO-ESTARYLLA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>TRI-LO-MARZIA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>TRI-LO-MILI ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>TRI-LO-SPRINTEC ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|-------------------------------------|-----------|---|
| <p>TRI-MILI ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>TRI-NYMYO ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>TRI-SPRINTEC ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>TRIVORA (28) ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>TRI-VYLIBRA LO ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| <p>TRI-VYLIBRA ORAL TABLET</p> | | <p>AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---------------------|-----------|--|
| VELIVET ORAL TABLET | | AL (Minimum Age: 10 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL |

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS**

| | | |
|---|-------------|----|
| budesonide oral capsule delayed release particles | | QL |
| dexamethasone oral elixir | | |
| dexamethasone oral solution | | |
| dexamethasone oral tablet | | |
| dexamethasone oral tablet therapy pack | HiDex 6-Day | |
| dexamethasone sod phosphate pf injection solution | | |
| dexamethasone sodium phosphate injection solution | | |
| HIDEX 6-DAY ORAL TABLET THERAPY PACK | | |
| hydrocortisone oral tablet | Cortef | |
| methylprednisolone acetate injection suspension | Depo-Medrol | |
| methylprednisolone oral tablet | Medrol | |
| methylprednisolone oral tablet therapy pack | Medrol | |
| methylprednisolone sodium succ injection solution reconstituted | SOLU-medrol | |

| Drug Name | Reference | Notes |
|--|--------------------|--------------|
| MILLIPRED ORAL TABLET | | |
| prednisolone oral solution | | |
| prednisolone sodium phosphate oral solution | Pediapred | |
| prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg | Orapred ODT | QL |
| prednisolone sodium phosphate oral tablet dispersible 15 mg | Orapred ODT | DO; QL |
| PREDNISONE INTENSOL ORAL CONCENTRATE | | |
| prednisone oral solution | | |
| prednisone oral tablet | | |
| prednisone oral tablet therapy pack | | |
| TAPERDEX 12-DAY ORAL TABLET THERAPY PACK | | |
| TAPERDEX 6-DAY ORAL TABLET THERAPY PACK | | |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK | | |
| triamcinolone acetonide injection suspension | Kenalog | |
| *MINERALOCORTICOID*** | | |
| fludrocortisone acetate oral tablet | | |
| *STEROID COMBINATIONS*** | | |
| betamethasone sod phos & acet injection suspension | Celestone Soluspan | |

| Drug Name | Reference | Notes |
|---|----------------------------------|---|
| *COUGH/COLD/ALLERGY* | | |
| *ANTIHISTAMINE-ANALGESICS*** | | |
| <p>PERCOGESIC EXTRA STRENGTH ORAL TABLET</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| <p>qc cold relief oral tablet</p> | <p>Percogesic Extra Strength</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|--------------------------------------|---------------------------|--|
| qc severe allergy oral tablet | Percogesic Extra Strength | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| severe allergy oral tablet | Percogesic Extra Strength | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| *ANTITUSSIVE - NONNARCOTIC*** | | |
| benzonatate oral capsule | | AL (Minimum Age: 2 years) |

| Drug Name | Reference | Notes |
|---|------------------------------|-------------------------------------|
| cough dm childrens oral suspension extended release | Robitussin 12 Hour Cough | AL (Maximum Age: 20 years); OTC; QL |
| cough dm oral suspension extended release | Robitussin 12 Hour Cough | AL (Maximum Age: 20 years); OTC; QL |
| cvs cough dm childrens oral suspension extended release | Robitussin 12 Hour Cough | AL (Maximum Age: 20 years); OTC; QL |
| cvs cough dm oral suspension extended release | Robitussin 12 Hour Cough | AL (Maximum Age: 20 years); OTC; QL |
| cvs tussin long-acting oral liquid | Giltuss Honey DM | AL (Maximum Age: 20 years); OTC |
| cvs tussin maximum strength oral syrup | Wal-Tussin Cough Long Acting | AL (Maximum Age: 20 years); OTC |
| daytime cough oral liquid | Vicks DayQuil Cough | AL (Maximum Age: 20 years); OTC |
| dextromethorphan polistirex er oral suspension extended release | Robitussin 12 Hour Cough | AL (Maximum Age: 20 years); OTC; QL |
| eq cough dm oral suspension extended release | Robitussin 12 Hour Cough | AL (Maximum Age: 20 years); OTC; QL |
| eql cough dm oral suspension extended release | Robitussin 12 Hour Cough | AL (Maximum Age: 20 years); OTC; QL |
| eql tussin cough long-acting oral syrup | Wal-Tussin Cough Long Acting | AL (Maximum Age: 20 years); OTC |
| GILTUSS HONEY DM CHILDRENS ORAL LIQUID | | AL (Maximum Age: 20 years); OTC |
| GILTUSS HONEY DM ORAL LIQUID | | AL (Maximum Age: 20 years); OTC |
| gnp cough dm er oral suspension extended release | Robitussin 12 Hour Cough | AL (Maximum Age: 20 years); OTC; QL |
| gnp tussin cough long acting oral syrup | Wal-Tussin Cough Long Acting | AL (Maximum Age: 20 years); OTC |
| goodsense cough dm childrens oral suspension extended release | Robitussin 12 Hour Cough | AL (Maximum Age: 20 years); OTC; QL |
| goodsense cough dm oral suspension extended release | Robitussin 12 Hour Cough | AL (Maximum Age: 20 years); OTC; QL |
| hm cough dm oral suspension extended release | Robitussin 12 Hour Cough | AL (Maximum Age: 20 years); OTC; QL |
| px tussin max oral syrup | Wal-Tussin Cough Long Acting | AL (Maximum Age: 20 years); OTC |
| qc cough relief oral liquid | Giltuss Honey DM | AL (Maximum Age: 20 years); OTC |
| ra cough dm oral suspension extended release | Robitussin 12 Hour Cough | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------------------|---|
| ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE | | AL (Maximum Age: 20 years); OTC; QL |
| ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE | | AL (Maximum Age: 20 years); OTC; QL |
| sm cough relief oral syrup | Wal-Tussin Cough Long Acting | AL (Maximum Age: 20 years); OTC |
| tussin cough oral syrup | Wal-Tussin Cough Long Acting | AL (Maximum Age: 20 years); OTC |
| WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID | | AL (Maximum Age: 20 years); OTC |
| WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP | | AL (Maximum Age: 20 years); OTC |
| *ANTITUSSIVE - OPIOID*** | | |
| hydrocodone bit-homatrop mbr oral solution | Hycodan | AL (Minimum Age: 18 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds) |

| Drug Name | Reference | Notes |
|--|-----------|--|
| hydrocodone bit-homatrop mbr oral tablet | Hycodan | <p>AL (Minimum Age: 18 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds)</p> |
| hydromet oral solution | Hycodan | <p>AL (Minimum Age: 18 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds)</p> |

| Drug Name | Reference | Notes |
|--|-------------------------------|--|
| *ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC*** | | |
| cold & flu severe daytime oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| eq cold flu & sore throat oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---|-------------------------------|---|
| eql cold multi-symptom severe oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| eql mucus relief max strength oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---------------------------------|-------------------------------|---|
| gnp cold max severe oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| gnp cold/flu severe oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|---|--------------------------------------|---|
| <p>hm daytime cold & flu oral tablet</p> | <p>Mucinex Fast-Max Cld Flu Thrt</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| <p>MUCINEX FAST-MAX CLD FLU THRT ORAL TABLET</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>MUCINEX FAST-MAX COLD/FLU ORAL TABLET</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| <p>MUCINEX SINUS-MAX ORAL TABLET</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---|-------------------------------|---|
| mucus relief plus oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| mucus relief severe cong/cold oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|--|-------------------------------|---|
| px severe cold oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| qc mucus cold flu & throat oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|--|-------------------------------|---|
| qc mucus relief sinus pressure oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| qc severe cold & flu oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---|-------------------------------|---|
| ra cold multi-symptom daytime oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| ra cold/flu/sore throat max oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|--|-------------------------------|--|
| ra severe congestion/cold max oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| sb cold head congestion severe oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|--|-------------------------------|---|
| sb cold multi-symptom severe oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| severe cold & flu oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---|-------------------------------|--|
| sm cold & flu severe oral tablet | Mucinex Fast-Max Cld Flu Thrt | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| THERAFLU EXPRESSMAX SEV CLD/FL ORAL TABLET | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>VICKS DAYQUIL SEVERE COLD/FLU ORAL TABLET</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

ANTITUSSIVE-EXPECTORANT**

| | | |
|---------------------------------|----------------------------------|---|
| <p>altarussin dm oral syrup</p> | <p>Wal-Tussin Cough/Chest DM</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
|---------------------------------|----------------------------------|---|

| Drug Name | Reference | Notes |
|---------------------------------------|---------------------------|---|
| biocotron oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| chest congestion relief dm oral syrup | Wal-Tussin Cough/Chest DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|--|--------------------------------|---|
| childrens cough oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| childrens mucus relief cough oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---|--------------------------------|---|
| cough & chest congestion dm oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| cvs chest congest/cough child oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|--|--------------------------------|---|
| cvs cough & chest congestion oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| cvs dm maximum adult oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---|---------------------------------------|---|
| <p>cvx mucos dm extended release oral tablet extended release 12 hour</p> | <p>Mucinex DM</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| <p>cvx tussin dm max st oral liquid</p> | <p>Delsym Cgh/Chest Cong DM Child</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---|--------------------|---|
| cvs tussin dm oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---|----------------------------------|---|
| <p>DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| <p>dextromethorphan-guaifenesin oral syrup</p> | <p>Wal-Tussin Cough/Chest DM</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|---------------------------------------|---|
| <p>DIABETIC TUSSIN DM ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>eq cough childrens oral liquid</p> | <p>Delsym Cgh/Chest Cong DM Child</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---|--------------------------------|---|
| eq mucus relief dm oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| eq mucus relief dm oral tablet extended release 12 hour | Mucinex DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|-------------------------------------|--------------------------------|---|
| eq tussin dm cough/chest oral syrup | Wal-Tussin Cough/Chest DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| eq tussin dm max adult oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|---|--------------------------------|---|
| eq tussin dm max daytime oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| eql mucus-dm oral tablet extended release 12 hour | Mucinex DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|---|---------------------------|--|
| eql tussin dm cough/chest cong oral syrup | Wal-Tussin Cough/Chest DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| g tussin ac oral solution | | <p>AL (Minimum Age: 12 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|---------------------------|---|
| geri-tussin dm oral syrup | Wal-Tussin Cough/Chest DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|---|-----------|---|
| <p>GILTUSS COUGH & CHEST ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>GILTUSS DIABETIC COUGH & COLD ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|-------------------------------------|--------------------------------|---|
| gnp mucus relief dm max oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| gnp tussin dm cough oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|-------------------------------|--------------------------------|---|
| gnp tussin dm max oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| gnp tussin dm oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|-------------------------------------|--------------------------------|---|
| goodsense tussin dm max oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); <p>OTC</p> |
| guaiasorb dm oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); <p>OTC; QL</p> |

| Drug Name | Reference | Notes |
|----------------------------|---------------------------|--|
| guaiaatussin ac oral syrup | | <p>AL (Minimum Age: 12 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| guaicon dms oral syrup | Wal-Tussin Cough/Chest DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|-----------------------------------|-----------|---|
| guaifenesin ac oral syrup | | <p>AL (Minimum Age: 12 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| guaifenesin-codeine oral solution | | <p>AL (Minimum Age: 12 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|----------------------------|---------------------------|---|
| guaifenesin-dm oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| guaifenesin-dm oral syrup | Wal-Tussin Cough/Chest DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|------------------------------------|-----------|--|
| intense cough reliever oral liquid | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| maxi-tuss ac oral solution | | <p>AL (For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|--------------------------|--------------------|---|
| maxi-tuss g oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| m-clear wc oral solution | | <p>AL (Minimum Age: 12 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|--|---------------------------|---|
| medi-tussin dm double strength oral liquid | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| medi-tussin dm oral syrup | Wal-Tussin Cough/Chest DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>MUCINEX CHILDRENS FREEFROM ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| <p>MUCINEX COUGH CHILDRENS ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|--|-------------------|---|
| <p>MUCINEX FAST-MAX DM MAX ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| <p>mucus dm oral tablet extended release 12 hour</p> | <p>Mucinex DM</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|--|--------------------------------|---|
| mucus relief cough childrens oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| mucus relief dm max oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|--|--------------------------------|---|
| mucus relief dm oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| mucus relief dm oral tablet extended release 12 hour | Mucinex DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|---|------------|---|
| mucus-dm oral tablet extended release 12 hour | Mucinex DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| PEDIACARE COUGH/CONGESTION ORAL LIQUID | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|---|--------------------------------|---|
| px tussin dm oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| qc mucus & cough relief child oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---|--------------------------------|---|
| qc mucus relief dm max oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| qc tussin dm cough/congestion oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|--|---------------------------|---|
| <p>ra mucus relief dm oral tablet extended release 12 hour</p> | <p>Mucinex DM</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| <p>ra tussin cgh/chest congest dm oral liquid</p> | <p>Diabetic Tussin DM</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|---------------------------|---|
| ra tussin cough dm sugar free oral syrup | Wal-Tussin Cough/Chest DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| ra tussin cough oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|---|--------------------|--|
| ra tussin dm oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>ROBAFEN DM COUGH ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|--------------------------------------|---------------------------|---|
| siltussin dm das oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| siltussin-dm alcohol free oral syrup | Wal-Tussin Cough/Chest DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|--------------------------------|---|
| sm mucus relief cough children oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); <p>OTC</p> |
| sm tussin cough/chest congest oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); <p>OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|--------------------------------|--|
| sm tussin cough/chest congest oral syrup | Wal-Tussin Cough/Chest DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| sm tussin dm max oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|--------------------------------|---------------------------|---|
| sm tussin dm oral syrup | Wal-Tussin Cough/Chest DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| SORBUGEN NR ORAL LIQUID | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--------------------------|------------------------|--|
| sorbutuss nr oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| trymine cg oral liquid | Mar-Cof CG Expectorant | <p>AL (Minimum Age: 12 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|---|--------------------|---|
| tusnel diabetic oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| tussin cough+chest cong dm sf oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|---|--------------------|---|
| tussin cough+chest congest dm oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| tussin dm cough + chest oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|---------------------------------|--------------------------------|---|
| tussin dm max adult oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| tussin dm max oral liquid | Delsym Cgh/Chest Cong DM Child | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|-----------------------|---------------------------|---|
| tussin dm oral liquid | Diabetic Tussin DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| tussin dm oral syrup | Wal-Tussin Cough/Chest DM | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|--|
| virtussin a/c oral solution | | <p>AL (Minimum Age: 12 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|---------------------------------|---|
| <p>WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***</p> | | |
| <p>biogtuss oral liquid</p> | <p>Giltuss Cough & Cold</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|--|-------------------------|---|
| <p>DESGEN PEDIATRIC ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| <p>despec eda oral liquid</p> | <p>Desgen Pediatric</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|--|-----------|---|
| <p>GILTUSS COUGH & COLD CHILDRENS ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| <p>GILTUSS COUGH & COLD ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|------------------------------------|------------------|---|
| g-supress dx pediatric oral liquid | Desgen Pediatric | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| sm tussin cf oral liquid | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|----------------------------------|------------------|--|
| supress-dx pediatric oral liquid | Desgen Pediatric | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| TUSNEL C ORAL SYRUP | | <p>AL (Minimum Age: 12 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|--|--------------------------------|---|
| wal-tussin cf oral liquid | | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| *DECONGESTANT & ANTIHISTAMINE*** | | |
| 12hr allergy & congestion oral tablet extended release 12 hour | Wal-Fex D Allergy & Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|--|--------------------------------|--|
| 24hr allergy & congestion reli oral tablet extended release 24 hour | Wal-Fex D Allergy & Congestion | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR | | OTC; QL |

| Drug Name | Reference | Notes |
|---|--------------------------------|---|
| allergy relief d oral tablet extended release 24 hour | EQ Allergy Relief Nasal Decong | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| allergy relief d12 oral tablet extended release 12 hour | Alavert Allergy/Sinus | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|--|--------------------------------|---|
| allergy relief d-12 oral tablet extended release 12 hour | Alavert Allergy/Sinus | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| allergy relief d-24 oral tablet extended release 24 hour | EQ Allergy Relief Nasal Decong | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|--------------------------------|---|
| allergy relief/nasal decongest oral tablet extended release 24 hour | EQ Allergy Relief Nasal Decong | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| allergy relief-d oral tablet extended release 12 hour | Alavert Allergy/Sinus | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|--------------------------------|--|
| allergy relief-d oral tablet extended release 24 hour | EQ Allergy Relief Nasal Decong | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| allergy/congestion relief oral tablet extended release 12 hour | Alavert Allergy/Sinus | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|--------------------------------|--|
| antihistamine & nasal deconges oral tablet extended release 12 hour | Wal-Fex D Allergy & Congestion | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| APRODINE ORAL TABLET | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |

| Drug Name | Reference | Notes |
|---|--------------------------------|---|
| cvs allergy relief d oral tablet extended release 12 hour | Wal-Fex D Allergy & Congestion | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| cvs allergy relief-d oral tablet extended release 24 hour | EQ Allergy Relief Nasal Decong | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|-----------------------|--|
| cvs allergy relief-d12 oral tablet extended release 12 hour | Alavert Allergy/Sinus | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| eq allergy & congestion relief oral tablet extended release 12 hour | Alavert Allergy/Sinus | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|---|--|
| <p>EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>eql allergy/congestion relief oral tablet extended release 24 hour</p> | <p>EQ Allergy Relief Nasal Decong</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|-----------------------------------|---|
| fexofenadine-pseudoephed er oral tablet extended release 12 hour | Wal-Fex D Allergy & Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| fexofenadine-pseudoephed er oral tablet extended release 24 hour | Wal-Fex D Allergy & Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|--|--------------------------------|--|
| gnp allergy & congestion oral tablet extended release 24 hour | EQ Allergy Relief Nasal Decong | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| gnp allergy/congestion relief oral tablet extended release 24 hour | EQ Allergy Relief Nasal Decong | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|--|---|---|
| <p>gnp allergy-d allergy & conges oral tablet extended release 12 hour</p> | <p>Wal-Fex D Allergy & Congestion</p> | <p>PA; AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>gnp fexofenadine/pse er oral tablet extended release 12 hour</p> | <p>Wal-Fex D Allergy & Congestion</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|---------------------------------------|--|
| <p>hm allergy & congestion oral tablet extended release 12 hour</p> | <p>Alavert Allergy/Sinus</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>hm allergy relief/nasal decong oral tablet extended release 24 hour</p> | <p>EQ Allergy Relief Nasal Decong</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|--|
| <p>KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|------------------------------|--|
| <p>LOHIST-D ORAL LIQUID</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| <p>loratadine-d 12hr oral tablet extended release 12 hour</p> | <p>Alavert Allergy/Sinus</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|--------------------------------|---|
| loratadine-d 24hr oral tablet extended release 24 hour | EQ Allergy Relief Nasal Decong | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| meijer allergy relief-d oral tablet extended release 12 hour | Alavert Allergy/Sinus | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---------------------------------------|-----------|--|
| promethazine vc oral syrup | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| promethazine-phenylephrine oral syrup | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------------------------------|---|
| px allergy relief d (loratid) oral tablet extended release 12 hour | Alavert Allergy/Sinus | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| px allergy relief d oral tablet extended release 24 hour | EQ Allergy Relief Nasal Decong | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|--|---------------------------------------|--|
| <p>qc loratadine-d oral tablet extended release 24 hour</p> | <p>EQ Allergy Relief Nasal Decong</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE) Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>ra allergy relf & nasal decong oral tablet extended release 24 hour</p> | <p>EQ Allergy Relief Nasal Decong</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE) Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|---|---|
| <p>ra allergy rlf/nasal decongest oral tablet extended release 24 hour</p> | <p>EQ Allergy Relief Nasal Decong</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE) Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>ra allergy/congestion oral tablet extended release 12 hour</p> | <p>Wal-Fex D Allergy & Congestion</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE) Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|---------------------------------------|---|
| <p>ra allergy/congestion relief oral tablet extended release 12 hour</p> | <p>Alavert Allergy/Sinus</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE) Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>ra lorata-d oral tablet extended release 24 hour</p> | <p>EQ Allergy Relief Nasal Decong</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE) Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|-----------------------------------|--|
| rynex pse oral liquid | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| sb allergy relief/nasal decong oral tablet extended release 24 hour | EQ Allergy Relief Nasal Decong | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|-----------------------|--|
| sm cold & allergy childrens oral elixir | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC</p> |
| sm loratadine d 12hr oral tablet extended release 12 hour | Alavert Allergy/Sinus | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|--------------------------------|--|
| sm lorata-dine d oral tablet extended release 24 hour | EQ Allergy Relief Nasal Decong | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| WAL-ACT ORAL TABLET | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |

| Drug Name | Reference | Notes |
|---|-----------|--|
| <p>WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|--|
| <p>WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|---------------------------|---|
| wal-tap cold/allergy oral elixir | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC |
| *EXPECTORANTS*** | | |
| 12 hr mucus relief max oral tablet extended release 12 hour | EQ Mucus ER | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| altarussin oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|---------------------------|---|
| BUCKLEYS CHEST CONGESTION ORAL LIQUID | | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| chest congestion childrens oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| chest congestion relief oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years); OTC; QL |
| chest congestion relief oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |
| coughtab oral tablet | | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| cvs chest congestion relief oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|---------------------------|--|
| cvs mucus extended release oral tablet extended release 12 hour | EQ Mucus ER | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| cvs tussin adult chest congest oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| DIABETIC TUSSIN CHEST/CONGEST ORAL LIQUID | | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| DIABETIC TUSSIN EX ORAL LIQUID | | AL (Minimum Age: 2 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|--------------------------------------|---|
| <p>EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>eq mucus relief 12 hour max st oral tablet extended release 12 hour</p> | <p>EQ Mucus ER</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>eql tussin mucus/chest congest oral liquid</p> | <p>Buckleys Chest Congestion</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|---------------------------|---|
| geri-tussin oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| gnp mucus er oral tablet extended release 12 hour | EQ Mucus ER | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| gnp mucus relief oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------------|--|
| gnp mucus relief oral tablet extended release 12 hour | EQ Mucus ER | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| gnp tab tussin oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |
| gnp tussin mucus & chest cong oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------------|--|
| goodsense mucus er maximum str oral tablet extended release 12 hour | EQ Mucus ER | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| goodsense mucus relief oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |
| guaifenesin oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |

| Drug Name | Reference | Notes |
|--|-----------|--|
| guaifenesin oral tablet 200 mg | | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| guaifenesin oral tablet 400 mg | Xpect | AL (Minimum Age: 2 years); OTC; QL |
| hm chest congestion relief oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------------|--|
| hm mucus relief max st oral tablet extended release 12 hour | EQ Mucus ER | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| kls mucus relief chest oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |
| MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID | | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| mucosa oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |
| mucus & chest congestion oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| mucus relief chest congestion oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| mucus relief chest congestion oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|-------------|--|
| mucus relief er oral tablet extended release 12 hour | EQ Mucus ER | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| mucus relief max st oral tablet extended release 12 hour | EQ Mucus ER | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| mucus relief oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------------|---|
| mucus+chest congestion oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| pharbinex oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |
| px tussin oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| qc medifin 400 oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |
| qc medifin mucus relief child oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| qc mucus relief childrens oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| qc mucus relief er oral tablet extended release 12 hour | EQ Mucus ER | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------------|--|
| qc mucus relief max st oral tablet extended release 12 hour | EQ Mucus ER | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| qc tussin expectorant adult oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| qc tussin mucus/congestion oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------------|--|
| ra mucus relief max st oral tablet extended release 12 hour | EQ Mucus ER | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| ra tussin chest congestion oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years); OTC; QL |
| ra tussin oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years); OTC; QL |
| refenesen 400 oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |
| ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID | | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| sb cough control oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|---------------------------|--|
| sb coughtab oral tablet | | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| sb mucus relief oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |
| scot-tussin expectorant oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| siltussin sa oral liquid | Buckleys Chest Congestion | OTC |
| sm chest congestion relief oral tablet | Xpect | AL (Minimum Age: 2 years); OTC; QL |
| sm mucus relief childrens oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------------|--|
| sm mucus relief max strength oral tablet extended release 12 hour | EQ Mucus ER | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| sm tussin mucus+chest congest oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| TUSNEL-EX ORAL LIQUID | | AL (Minimum Age: 2 years); OTC; QL |
| tussin mucus & chest congest oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| tussin mucus+chest congest sf oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| tussin mucus+chest congestion oral liquid | Buckleys Chest Congestion | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| WAL-TUSSIN CHEST CONGESTION ORAL LIQUID | | AL (Minimum Age: 2 years; For details on drug coverage click HERE); OTC; QL |
| XPECT ORAL TABLET | | AL (Minimum Age: 2 years); OTC; QL |
| *MISC. RESPIRATORY INHALANTS*** | | |
| nasal mist inhalation aerosol solution | Simply Saline Baby | OTC |
| NEBUSAL INHALATION NEBULIZATION SOLUTION | | |

| Drug Name | Reference | Notes |
|---|-----------|--|
| PULMOSAL INHALATION NEBULIZATION SOLUTION | | |
| SIMPLY SALINE BABY INHALATION AEROSOL SOLUTION | | OTC |
| sodium chloride inhalation nebulization solution | Nebusal | |
| *MUCOLYTICS*** | | |
| acetylcysteine inhalation solution | | |
| *NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** | | |
| promethazine-dm oral syrup | | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL |

| Drug Name | Reference | Notes |
|---|-----------|---|
| *OPIOID ANTITUSSIVE-ANTIHISTAMINE*** | | |
| promethazine-codeine oral solution | | <p>AL (Minimum Age: 12 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| promethazine-codeine oral syrup | | <p>AL (Minimum Age: 12 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|-----------|---|
| *OPIOID ANTITUSSIVE- DECONGESTANT-ANTIHISTAMINE*** | | |
| promethazine vc/codeine oral syrup | | <p>AL (Minimum Age: 12 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |
| promethazine-phenyleph-codeine oral syrup | | <p>AL (Minimum Age: 12 years; For details on drug coverage click HERE)</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); QL</p> |

| Drug Name | Reference | Notes |
|---|--------------------------------|-------------|
| *DERMATOLOGICALS* | | |
| *ACNE ANTIBIOTICS*** | | |
| CLINDACIN ETZ EXTERNAL SWAB | | QL |
| CLINDACIN-P EXTERNAL SWAB | | QL |
| clindamycin phosphate external gel | Clindagel | QL |
| clindamycin phosphate external solution | | QL |
| clindamycin phosphate external swab | Clindacin ETZ | QL |
| ery external pad | | QL |
| erythromycin external solution | | QL |
| *ACNE COMBINATIONS*** | | |
| clindamycin phos-benzoyl perox external gel | Neuac | QL |
| *ACNE PRODUCTS*** | | |
| ACCUTANE ORAL CAPSULE | | PA; QL |
| acne foaming wash external liquid | Medpura Benzoyl Peroxide | OTC; QL |
| acne maximum strength external cream | Clearasil Daily Clear Acne | OTC; QL |
| acne medication 10 external gel | Clean & Clear Persa-Gel Max St | OTC; QL |
| acne medication 10 external lotion | | OTC; QL |
| acne medication 2.5 external gel | | OTC; QL |
| acne medication 5 external gel | Medpura Benzoyl Peroxide | QL |
| acne medication 5 external lotion | | OTC; QL |
| acne treatment external bar | | OTC; QL |
| acne treatment external gel | Clean & Clear Persa-Gel Max St | OTC; QL |
| acne-clear external gel | Clean & Clear Persa-Gel Max St | OTC; QL |
| adapalene external gel | Differin | QL |
| adapalene treatment external gel | Differin | PA; OTC; QL |
| advanced acne wash external liquid extended release | | OTC; QL |
| AMNESTEEM ORAL CAPSULE | | PA; QL |
| AVITA EXTERNAL GEL | | PA; QL |
| BENZEFOAM EXTERNAL FOAM | | |
| benzoyl peroxide external gel 10 % | Clean & Clear Persa-Gel Max St | QL |
| benzoyl peroxide external gel 2.5 % | | OTC; QL |

| Drug Name | Reference | Notes |
|--|--------------------------------|--------------|
| benzoyl peroxide external gel 5 % | Medpura Benzoyl Peroxide | OTC; QL |
| benzoyl peroxide wash external liquid 10 % | Medpura Benzoyl Peroxide | QL |
| benzoyl peroxide wash external liquid 5 % | Differin Cleanser | OTC; QL |
| bp gel external gel | Clean & Clear Persa-Gel Max St | OTC; QL |
| bp wash external liquid 10 % | Medpura Benzoyl Peroxide | OTC; QL |
| bp wash external liquid 2.5 % | PanOxyl | OTC; QL |
| bp wash external liquid 5 % | Differin Cleanser | OTC; QL |
| bp wash external liquid 7 % | BenzePrO Creamy Wash | OTC |
| bpo foaming cloths external | BenzePrO Foaming Cloths | OTC |
| CERAVE ACNE FOAMING CREAM EXTERNAL LIQUID | | OTC; QL |
| CLARAVIS ORAL CAPSULE | | PA; QL |
| CLEAN & CLEAR PERSA-GEL MAX ST EXTERNAL GEL | | OTC; QL |
| CLEARASIL DAILY CLEAR ACNE EXTERNAL CREAM | | OTC; QL |
| CLEARASIL RAPID RESCUE SPOT EXTERNAL CREAM | | OTC; QL |
| CLEARSKIN EXTERNAL CREAM | | OTC; QL |
| cvs acne cleansing external bar | | OTC; QL |
| cvs acne control cleanser external cream | Clearasil Daily Clear Acne | OTC; QL |
| cvs acne external cream | Clearasil Daily Clear Acne | OTC; QL |
| cvs acne foaming face wash external liquid | Medpura Benzoyl Peroxide | OTC; QL |
| cvs acne treatment external gel | Clean & Clear Persa-Gel Max St | OTC; QL |
| cvs advanced 3-in-1 cleanser external liquid | Differin Cleanser | OTC; QL |
| cvs creamy acne face wash external liquid | CeraVe Acne Foaming Cream | OTC; QL |
| cvs foaming acne face wash external liquid | Medpura Benzoyl Peroxide | OTC; QL |
| cvs targeted acne spot external cream | Neutrogena On-The-Spot | OTC; QL |
| DIFFERIN CLEANSER EXTERNAL LIQUID | | OTC; QL |
| effaclar duo external solution | | OTC; QL |
| isotretinoin oral capsule | Accutane | PA; QL |

| Drug Name | Reference | Notes |
|--|--------------------------------|------------------------------------|
| MEDPURA BENZOYL PEROXIDE EXTERNAL GEL | | OTC; QL |
| MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID | | OTC; QL |
| MYORISAN ORAL CAPSULE | | PA; QL |
| NEUTROGENA CLEAR PORE EXTERNAL LIQUID | | OTC; QL |
| NEUTROGENA ON-THE-SPOT EXTERNAL CREAM | | OTC; QL |
| PANOXYL CREAMY WASH EXTERNAL LIQUID | | OTC; QL |
| PANOXYL EXTERNAL LIQUID | | OTC; QL |
| PANOXYL FOAMING WASH EXTERNAL LIQUID | | OTC; QL |
| ra daylogic acne foaming wash external foam | | OTC; QL |
| spot acne treatment external cream | Neutrogena On-The-Spot | OTC; QL |
| tretinoin external cream | Avita | PA; QL |
| tretinoin external gel | Avita | PA; QL |
| tretinoin microsphere external gel | Retin-A Micro | PA; AL (Maximum Age: 34 Years); QL |
| ZENATANE ORAL CAPSULE | | PA; QL |
| *ANALGESICS - TOPICAL*** | | |
| blue gel external gel | Mineral Ice | OTC |
| cvs therapeutic menthol external gel | Mineral Ice | OTC |
| ice blue external gel | Mineral Ice | OTC |
| MINERAL ICE EXTERNAL GEL | | OTC |
| *ANTIBIOTIC MIXTURES TOPICAL*** | | |
| cvs antibiotic external ointment | Lanabiotic | OTC; QL |
| cvs antibiotic pain/scar external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| cvs poly bacitracin external ointment | Neosporin | OTC |
| cvs triple antibiotic/pain external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| double antibiotic external ointment | Neosporin | OTC |
| eq triple antibiotic external ointment | Lanabiotic | OTC; QL |
| eql first aid antibiotic external ointment | Lanabiotic | OTC; QL |
| first aid antibiotic external ointment | Lanabiotic | OTC; QL |
| gnp triple antibiotic external ointment | Lanabiotic | OTC; QL |

| Drug Name | Reference | Notes |
|---|--------------------------------|--------------|
| gnp triple antibiotic plus external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| hm double antibiotic external ointment | Neosporin | OTC |
| hm triple antibiotic external ointment | Lanabiotic | OTC; QL |
| hm triple antibiotic max st external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| LANABIOTIC EXTERNAL OINTMENT | | OTC; QL |
| medi-first triple antibiotic external ointment | Lanabiotic | OTC; QL |
| meijer triple antibiotic external ointment | Lanabiotic | OTC; QL |
| NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT | | OTC; QL |
| NEOSPORIN + PAIN/ITCH/SCAR EXTERNAL OINTMENT | | OTC; QL |
| NEOSPORIN EXTERNAL OINTMENT | | OTC |
| NEOSPORIN/BURN RELIEF EXTERNAL OINTMENT | | OTC; QL |
| poly bacitracin external ointment | Neosporin | OTC |
| px triple external ointment | Lanabiotic | OTC; QL |
| qc triple antibiotic external ointment | Lanabiotic | OTC; QL |
| qc triple antibiotic max st external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| qc triple antibiotic multi-act external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| qc triple antibiotic pain rlf external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| ra antibiotic + pain relief external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| ra antibiotic/pain relief external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| ra double antibiotic external ointment | Neosporin | OTC |
| ra triple antibiotic external ointment | Lanabiotic | OTC; QL |
| sb triple antibiotic external ointment | Lanabiotic | OTC; QL |
| sm double antibiotic external ointment | Neosporin | OTC |
| sm triple antibiotic external ointment | Lanabiotic | OTC; QL |
| sm triple antibiotic max st external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| sm triple antibiotic original external ointment | Lanabiotic | OTC; QL |
| triple antibiotic external ointment | Lanabiotic | OTC; QL |
| triple antibiotic pain relief external ointment | Neosporin + Pain Relief Max St | OTC; QL |

| Drug Name | Reference | Notes |
|---|--------------------------------|--------------|
| triple antibiotic plus external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| triple antibiotic plus max st external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| triple antibiotic+pain relief external ointment | Neosporin + Pain Relief Max St | OTC; QL |
| wal-sporin external ointment | Neosporin | OTC |
| *ANTIBIOTICS - TOPICAL*** | | |
| antibiotic external ointment | Bacitraycin Plus | OTC; QL |
| bacitracin external ointment | Bacitraycin Plus | OTC; QL |
| bacitracin zinc external ointment | | OTC; QL |
| bacitracin zinc-aloe external ointment | | OTC; QL |
| BACITRAYCIN PLUS EXTERNAL OINTMENT | | OTC; QL |
| cvs bacitracin external ointment | | OTC; QL |
| cvs bacitracin zinc external ointment | | OTC; QL |
| eq bacitracin zinc external ointment | | OTC; QL |
| eql bacitracin zinc external ointment | | OTC; QL |
| gentamicin sulfate external cream | | QL |
| gentamicin sulfate external ointment | | QL |
| gnp bacitracin zinc external ointment | | OTC; QL |
| hm bacitracin zinc external ointment | | OTC; QL |
| mupirocin external ointment | Centany | QL |
| qc bacitracin external ointment | Bacitraycin Plus | OTC; QL |
| ra bacitracin external ointment | | OTC; QL |
| ra bacitracin zinc first aid external ointment | | OTC; QL |
| sb bacitracin external ointment | Bacitraycin Plus | OTC; QL |
| sm antibiotic external ointment | | OTC; QL |
| *ANTIFUNGALS - TOPICAL COMBINATIONS*** | | |
| BREEZEE MIST EXTERNAL AEROSOL POWDER | | OTC |
| clotrimazole-betamethasone external cream | | QL |
| clotrimazole-betamethasone external lotion | | QL |
| g-myco nail external solution | Myco Nail | OTC |
| MYCO NAIL EXTERNAL SOLUTION | | OTC |
| *ANTIFUNGALS - TOPICAL*** | | |
| antifungal (tolnaftate) external cream | Tinactin | OTC; QL |

| Drug Name | Reference | Notes |
|--|--------------------------------|--------------|
| anti-fungal external liquid | Elon Dual Defense Anti-Fungal | OTC |
| anti-fungal external powder | Lotrimin AF | OTC; QL |
| athletes foot (terbinafine) external cream | LamISIL AT | OTC; QL |
| athletes foot powder spray external aerosol powder | Odor Eaters Foot/Sneaker Spray | OTC; QL |
| BLIS-TO-SOL EXTERNAL LIQUID | | OTC; QL |
| CICLODAN EXTERNAL SOLUTION | | PA; QL |
| ciclopirox external solution | Ciclodan | PA; QL |
| ciclopirox olamine external cream | Loprox | QL |
| ciclopirox olamine external suspension | Loprox | QL |
| cvs antifungal maximum str external liquid | Elon Dual Defense Anti-Fungal | OTC |
| cvs athletes foot (tolnaftate) external aerosol powder | Odor Eaters Foot/Sneaker Spray | OTC; QL |
| cvs athletes foot (tolnaftate) external cream | Tinactin | OTC; QL |
| cvs athletes foot external cream | LamISIL AT | OTC; QL |
| cvs foot & sneaker external aerosol powder | Odor Eaters Foot/Sneaker Spray | OTC; QL |
| cvs jock itch external cream | LamISIL AT | OTC; QL |
| DR GS CLEAR NAIL EXTERNAL SOLUTION | | OTC; QL |
| ELON DUAL DEFENSE ANTI-FUNGAL EXTERNAL LIQUID | | OTC |
| eq athletes foot (terbinafine) external cream | LamISIL AT | OTC; QL |
| eq athletes foot (tolnaftate) external cream | Tinactin | OTC; QL |
| eql athletes foot(terbinafine) external cream | LamISIL AT | OTC; QL |
| FOOT REPAIR SERUM EXTERNAL SOLUTION | | OTC; QL |
| FORMULA 3 THE TREATMENT EXTERNAL SOLUTION | | OTC; QL |
| FORMULA 7 THE SOLUTION EXTERNAL SOLUTION | | OTC; QL |
| FUNGAL NAIL ERASER EXTERNAL SOLUTION | | OTC; QL |
| fungi-guard external cream | Tinactin | OTC; QL |
| gnp terbinafine hydrochloride external cream | LamISIL AT | OTC; QL |
| gnp tolnaftate external cream | Tinactin | OTC; QL |
| GORDOCHOM EXTERNAL SOLUTION | | OTC |

| Drug Name | Reference | Notes |
|---|-----------------------------------|--------------|
| jock itch spray powder external aerosol powder | Odor Eaters Foot/Sneaker Spray | OTC; QL |
| LOTRIMIN AF EXTERNAL POWDER | | OTC; QL |
| medicated anti-fungal external solution | Blis-To-Sol | OTC; QL |
| MICOTRIN AL EXTERNAL SOLUTION | | OTC; QL |
| MYCO NAIL A EXTERNAL SOLUTION | | OTC |
| MYCOCIDE CLINICAL NS EXTERNAL SOLUTION | | OTC; QL |
| MYCOZYL AL EXTERNAL SOLUTION | | OTC; QL |
| NYAMYC EXTERNAL POWDER | | QL |
| nystatin external cream | | QL |
| nystatin external ointment | | QL |
| nystatin external powder | Nyamyc | QL |
| NYSTOP EXTERNAL POWDER | | QL |
| odor control foot & sneaker external aerosol powder | Odor Eaters Foot/Sneaker Spray | OTC; QL |
| ODOR EATERS ANTIFUNGAL EXTERNAL POWDER | | OTC; QL |
| ODOR EATERS FOOT/SNEAKER SPRAY EXTERNAL AEROSOL POWDER | | OTC; QL |
| qc antifungal (tolnaftate) external cream | Tinactin | OTC; QL |
| qc athletes foot external cream | LamISIL AT | OTC; QL |
| qc tolnaftate external cream | Tinactin | OTC; QL |
| ra antifungal foot care external cream | LamISIL AT | OTC; QL |
| ra anti-fungal foot care external solution | Gordochoom | OTC |
| ra antifungal pen external liquid | Elon Dual Defense Anti-Fungal | OTC |
| ra foot care (terbinafine) external cream | LamISIL AT | OTC; QL |
| ra foot care (tolnaftate) external cream | Tinactin | OTC; QL |
| ra jock itch max st external aerosol powder | Odor Eaters Foot/Sneaker Spray | OTC; QL |
| sb anti-fungal external cream | Tinactin | OTC; QL |
| sm antifungal tolnaftate external cream | Tinactin | OTC; QL |
| sm athletes foot external cream | LamISIL AT | OTC; QL |
| terbinafine hcl external cream | LamISIL AT | OTC; QL |
| tinaspore external solution | Blis-To-Sol | OTC; QL |
| tolnaftate antifungal external cream | Tinactin | OTC; QL |
| tolnaftate external aerosol powder | Odor Eaters Foot/Sneaker Spray | OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------------|------------|
| tolnaftate external cream | Tinactin | OTC; QL |
| tolnaftate external powder | Lotrimin AF | OTC; QL |
| *ANTI-INFLAMMATORY AGENTS - TOPICAL*** | | |
| arthritis pain reliever external gel | Aspercreme Arthritis Pain | OTC; QL |
| ASPERCREME ARTHRITIS PAIN EXTERNAL GEL | | OTC; QL |
| cvs diclofenac sodium external gel | Aspercreme Arthritis Pain | OTC; QL |
| diclofenac sodium external solution | | QL |
| eq arthritis pain reliever external gel | Aspercreme Arthritis Pain | OTC; QL |
| gnp arthritis pain external gel | Aspercreme Arthritis Pain | OTC; QL |
| goodsense arthritis pain external gel | Aspercreme Arthritis Pain | OTC; QL |
| kls diclofenac sodium external gel | Aspercreme Arthritis Pain | OTC; QL |
| MOTRIN ARTHRITIS PAIN EXTERNAL GEL | | OTC; QL |
| qc diclofenac sodium external gel | Aspercreme Arthritis Pain | OTC; QL |
| sm arthritis pain external gel | Aspercreme Arthritis Pain | OTC; QL |
| *ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** | | |
| fluorouracil external cream | Efudex | QL |
| fluorouracil external solution | | QL |
| *ANTIPSORIATICS - SYSTEMIC*** | | |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | PA; SP; QL |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | PA; SP; QL |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | PA; SP; QL |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | PA; SP; QL |
| *ANTIPSORIATICS*** | | |
| calcipotriene external cream | Dovonex | QL |
| calcipotriene external ointment | Calcitrene | QL |
| calcipotriene external solution | | QL |
| CALCITRENE EXTERNAL OINTMENT | | QL |

| Drug Name | Reference | Notes |
|--|-----------------------|---------|
| *ANTISEBORRHEIC PRODUCTS*** | | |
| anti-dandruff external shampoo | Selsun Blue | OTC |
| cvs anti-dandruff external lotion | Selsun Blue | OTC |
| dandruff shampoo external lotion | Selsun Blue | OTC |
| eql medicated dandruff external lotion | Selsun Blue | OTC |
| selenium sulfide external lotion | | QL |
| *ANTIVIRALS - TOPICAL*** | | |
| acyclovir external cream | Zovirax | PA; QL |
| acyclovir external ointment | Zovirax | PA; QL |
| docosanol external cream | Abreva | OTC; QL |
| gnp docosanol external cream | Abreva | OTC; QL |
| hm docosanol external cream | Abreva | OTC; QL |
| *ASTRINGENTS*** | | |
| BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT | | OTC; QL |
| calamine phenolated external lotion | | OTC |
| cvs diaper rash external ointment | Boudreauxs Butt Paste | OTC; QL |
| cvs zinc oxide external ointment | Medpura Zinc Oxide | OTC; QL |
| diaper rash external ointment | Boudreauxs Butt Paste | OTC; QL |
| eq diaper rash external ointment | Boudreauxs Butt Paste | OTC; QL |
| eql baby basics diaper rash external ointment | Boudreauxs Butt Paste | OTC; QL |
| gnp calamine phenolated external lotion | | OTC |
| gnp zinc oxide external ointment | Medpura Zinc Oxide | OTC; QL |
| MEDPURA ZINC OXIDE EXTERNAL OINTMENT | | OTC; QL |
| meijer zinc oxide external ointment | Medpura Zinc Oxide | OTC; QL |
| qc calamine external lotion | | OTC |
| qc diaper rash external ointment | Boudreauxs Butt Paste | OTC; QL |
| qc zinc oxide external ointment | Medpura Zinc Oxide | OTC; QL |
| ra zinc oxide external ointment | Medpura Zinc Oxide | OTC; QL |
| sm calamine phenolated external lotion | | OTC |
| zinc oxide external ointment | Boudreauxs Butt Paste | OTC; QL |
| *BATH PRODUCTS*** | | |
| ALPHASOFT EXTERNAL OIL | | OTC |
| CAMEO OIL EXTERNAL OIL | | OTC |
| cvs beauty 360 shower bath oil external oil | AlphaSoft | OTC |

| Drug Name | Reference | Notes |
|---|-------------------------|-------------|
| KERI MOISTURE RICH EXTERNAL OIL | | OTC |
| MAPO BATH EXTERNAL OIL | | OTC |
| *BURN PRODUCTS*** | | |
| silver sulfadiazine external cream | SSD | |
| SSD (SILVER SULFADIAZINE) EXTERNAL CREAM | | |
| SSD EXTERNAL CREAM | | |
| *CORTICOSTEROIDS - TOPICAL*** | | |
| ala-cort external cream 1 % | Aveeno Anti-Itch Max St | QL |
| ala-cort external cream 2.5 % | | PA; QL |
| anti-itch maximum strength external cream | Aveeno Anti-Itch Max St | OTC; QL |
| AQUANIL HC EXTERNAL LOTION | | PA; OTC; QL |
| AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT | | OTC; QL |
| AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM | | OTC; QL |
| beta hc external lotion | Aquanil HC | PA; OTC; QL |
| betamethasone dipropionate aug external cream | | QL |
| betamethasone dipropionate external lotion | | QL |
| betamethasone valerate external cream | | QL |
| betamethasone valerate external ointment | | QL |
| clobetasol prop emollient base external cream | | QL |
| clobetasol propionate e external cream | | QL |
| clobetasol propionate external cream | | QL |
| clobetasol propionate external gel | | QL |
| clobetasol propionate external ointment | | QL |
| clobetasol propionate external solution | | QL |
| CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION | | PA; OTC; QL |
| CORTIZONE-10 ECZEMA EXTERNAL LOTION | | PA; OTC; QL |
| CORTIZONE-10 EXTERNAL GEL | | PA; OTC; QL |
| CORTIZONE-10 EXTERNAL OINTMENT | | PA; OTC; QL |
| CORTIZONE-10 FEMININE ITCH EXTERNAL CREAM | | OTC; QL |
| CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION | | PA; OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------------------|--------------|
| CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM | | PA; OTC; QL |
| CORTIZONE-10 OVERNIGHT ITCH EXTERNAL CREAM | | OTC; QL |
| CORTIZONE-10 PLUS EXTERNAL CREAM | | PA; OTC; QL |
| CORTIZONE-10 PSORIASIS EXTERNAL LOTION | | PA; OTC; QL |
| CORTIZONE-10/ALOE EXTERNAL CREAM | | PA; OTC; QL |
| cvs anti-itch maximum strength external cream | Aveeno Anti-Itch Max St | OTC; QL |
| cvs cortisone intense healing external cream | Aveeno Anti-Itch Max St | OTC; QL |
| cvs cortisone maximum strength external cream | Aveeno Anti-Itch Max St | OTC; QL |
| cvs cortisone maximum strength external gel | Cortizone-10 | PA; OTC; QL |
| cvs cortisone maximum strength external lotion | Aquanil HC | PA; OTC; QL |
| cvs cortisone maximum strength external ointment | Aquaphor Itch Relief Max Str | PA; OTC; QL |
| cvs eczema anti-itch external cream | Aveeno Anti-Itch Max St | OTC; QL |
| cvs hydrocortisone anti-itch external cream | Aveeno Anti-Itch Max St | OTC; QL |
| cvs hydrocortisone max st external cream | Aveeno Anti-Itch Max St | OTC; QL |
| DERMAREST ECZEMA EXTERNAL LOTION | | PA; OTC; QL |
| DESRX EXTERNAL GEL | | QL |
| eq hydrocortisone external cream | Aveeno Anti-Itch Max St | OTC; QL |
| eq hydrocortisone max st external cream | Aveeno Anti-Itch Max St | OTC; QL |
| eql anti-itch intensive heal external cream | Aveeno Anti-Itch Max St | OTC; QL |
| eql anti-itch maximum strength external cream | Aveeno Anti-Itch Max St | OTC; QL |
| eql anti-itch maximum strength external ointment | Aquaphor Itch Relief Max Str | OTC; QL |
| fluocinonide emulsified base external cream | | QL |
| fluocinonide external cream | | QL |
| fluocinonide external gel | | QL |
| fluocinonide external ointment | | QL |
| fluocinonide external solution | | QL |
| fluticasone propionate external cream | | QL |
| fluticasone propionate external ointment | | QL |

| Drug Name | Reference | Notes |
|--|------------------------------|--------------|
| gnp hydrocortisone external cream | | OTC; QL |
| gnp hydrocortisone max st external ointment | Aquaphor Itch Relief Max Str | OTC; QL |
| gnp hydrocortisone plus external cream | Aveeno Anti-Itch Max St | OTC; QL |
| gnp hydrocortisone/aloe external cream | Aveeno Anti-Itch Max St | OTC; QL |
| goodsense anti-itch maximum st external ointment | Aquaphor Itch Relief Max Str | OTC; QL |
| GYNECORT 10 EXTERNAL CREAM | | OTC; QL |
| halobetasol propionate external cream | | QL |
| halobetasol propionate external ointment | | QL |
| hm hydrocortisone plus external cream | Aveeno Anti-Itch Max St | OTC; QL |
| hm hydrocortisone-aloe max st external cream | Aveeno Anti-Itch Max St | OTC; QL |
| hydrocortisone acetate external cream | Gynecort 10 | OTC; QL |
| hydrocortisone anti-itch external cream | Aveeno Anti-Itch Max St | OTC; QL |
| hydrocortisone external cream 0.5 % | | OTC; QL |
| hydrocortisone external cream 1 % | Aveeno Anti-Itch Max St | QL |
| hydrocortisone external cream 2.5 % | | QL |
| hydrocortisone external lotion 1 % | Aquanil HC | PA; OTC; QL |
| hydrocortisone external lotion 2.5 % | | PA; QL |
| hydrocortisone external ointment 0.5 % | | OTC; QL |
| hydrocortisone external ointment 1 % | Aquaphor Itch Relief Max Str | QL |
| hydrocortisone external ointment 2.5 % | | QL |
| hydrocortisone max st external cream | Aveeno Anti-Itch Max St | OTC; QL |
| hydrocortisone max st external ointment | Aquaphor Itch Relief Max Str | OTC; QL |
| hydrocortisone max st/12 moist external cream | Aveeno Anti-Itch Max St | OTC; QL |
| hydrocortisone plus external cream | Aveeno Anti-Itch Max St | OTC; QL |
| hydrocortisone/aloe max str external cream | Aveeno Anti-Itch Max St | OTC; QL |
| instacort 5 external cream | | OTC; QL |
| KERICORT 10 EXTERNAL CREAM | | OTC; QL |
| LANACORT 10 EXTERNAL CREAM | | OTC; QL |
| MEDPURA HYDROCORTISONE EXTERNAL CREAM | | OTC; QL |
| meijer hydrocortisone external cream | Aveeno Anti-Itch Max St | OTC; QL |
| MG217 PSORIASIS ANIT-ITCH EXTERNAL GEL | | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------------------|--------------|
| mometasone furoate external cream | | QL |
| mometasone furoate external ointment | | QL |
| mometasone furoate external solution | | QL |
| PREPARATION H EXTERNAL CREAM | | OTC; QL |
| px hydrocream external cream | Aveeno Anti-Itch Max St | OTC; QL |
| qc anti-itch aloe external cream | Aveeno Anti-Itch Max St | OTC; QL |
| qc anti-itch intensive healing external cream | Aveeno Anti-Itch Max St | OTC; QL |
| qc hydrocortisone max st external cream | Aveeno Anti-Itch Max St | OTC; QL |
| ra anti-itch maximum strength external cream | Aveeno Anti-Itch Max St | OTC; QL |
| ra anti-itch maximum strength external ointment | Aquaphor Itch Relief Max Str | OTC; QL |
| ra hydrocortisone plus 12 external cream | Aveeno Anti-Itch Max St | OTC; QL |
| ra hydrocortisone plus external cream | Aveeno Anti-Itch Max St | OTC; QL |
| SARNOL-HC EXTERNAL LOTION | | PA; OTC; QL |
| sb hydrocortisone external cream | Aveeno Anti-Itch Max St | OTC; QL |
| sb hydrocortisone max st external ointment | Aquaphor Itch Relief Max Str | OTC; QL |
| scalp relief maximum strength external solution | Scalpicin Maximum Strength | OTC; QL |
| SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION | | OTC; QL |
| sm hydrocortisone external cream | Aveeno Anti-Itch Max St | OTC; QL |
| sm hydrocortisone external ointment | | OTC; QL |
| sm hydrocortisone max st external ointment | Aquaphor Itch Relief Max Str | OTC; QL |
| sm hydrocortisone plus external cream | Aveeno Anti-Itch Max St | OTC; QL |
| sm hydrocortisone-aloe max st external cream | Aveeno Anti-Itch Max St | OTC; QL |
| triamcinolone acetonide external cream | Triderm | QL |
| triamcinolone acetonide external lotion | | QL |
| triamcinolone acetonide external ointment | | QL |
| TRIDERM EXTERNAL CREAM 0.1 % | | QL |
| TRIDERM EXTERNAL CREAM 0.5 % | | PA; QL |
| VAGISIL EXTERNAL CREAM | | OTC; QL |
| *DIAPER RASH PRODUCTS*** | | |
| AVEENO BABY SOOTHING MULTI-PUR EXTERNAL OINTMENT | | OTC |

| Drug Name | Reference | Notes |
|--|--------------------------------|---------------------------------|
| BALMEX MULTI-PURPOSE EXTERNAL OINTMENT | | OTC |
| CERAVE BABY HEALING OINTMENT EXTERNAL OINTMENT | | OTC |
| cvs all-purpose skin protect external ointment | Aveeno Baby Soothing Multi-Pur | OTC |
| cvs pediatric ointment external ointment | Aveeno Baby Soothing Multi-Pur | OTC |
| DESITIN MULTI-PURPOSE HEALING EXTERNAL OINTMENT | | OTC |
| FLANDERS BUTTOCKS EXTERNAL OINTMENT | | OTC; QL |
| MEDI-PASTE EXTERNAL OINTMENT | | OTC |
| PALADIN EXTERNAL OINTMENT | | OTC |
| PINXAV EXTERNAL OINTMENT | | OTC |
| *EMOLLIENT COMBINATIONS*** | | |
| mineral oil-hydrophil petrolat external ointment | | OTC |
| *EMOLLIENT/KERATOLYTIC AGENTS*** | | |
| gormel external cream | | OTC |
| urea 20 intensive hydrating external cream | | OTC |
| ureacin-20 external cream | | OTC |
| *EMOLLIENTS*** | | |
| a&d external ointment | A+D Prevent | OTC |
| A+D PREVENT EXTERNAL OINTMENT | | OTC |
| advanced healing/baby external ointment | Aqua-Nu | OTC; QL |
| AL12 EXTERNAL LOTION | | OTC |
| AMLACTIN DAILY EXTERNAL LOTION | | OTC |
| ammonium lactate external cream | | QL |
| ammonium lactate external lotion | AL12 | |
| AQUA-NU EXTERNAL OINTMENT | | OTC; QL |
| baby vitamin a & d external ointment | A+D Prevent | OTC |
| beauty lotion external lotion | DML | OTC; QL |
| complete moisture external lotion | DML | OTC; QL |
| cvs advanced healing external ointment | Aqua-Nu | OTC; QL |
| cvs beauty 360 pure glycerin external liquid | | OTC |
| cvs beauty 360 pure vitamin e external oil | | AL (Maximum Age: 20 years); OTC |

| Drug Name | Reference | Notes |
|--|----------------------------|---------------------------------|
| cvs beauty 360 soothing bath external packet | Aveeno Baby Bath Treatment | OTC |
| cvs dry skin therapy external lotion | DML | OTC; QL |
| cvs extra moisturizing external lotion | DML | OTC; QL |
| cvs gentle skin cleanser external lotion | DML | OTC; QL |
| cvs hydrating skin treatment external lotion | AL12 | OTC |
| cvs moisturizing external lotion | DML | OTC; QL |
| cvs skin treatment external lotion | AL12 | OTC |
| cvs special care external lotion | DML | OTC; QL |
| cvs vitamin a&d external ointment | A+D Prevent | OTC |
| cvs vitamin e moisturizing external cream | Palmers Natural Vitamin E | OTC |
| cvs vitamin e moisturizing external oil | | AL (Maximum Age: 20 years); OTC |
| DML EXTERNAL LOTION | | OTC; QL |
| dry skin treatment adv therapy external ointment | Aqua-Nu | OTC; QL |
| dry skin treatment external ointment | Aqua-Nu | OTC; QL |
| e-cream complex external cream | | OTC |
| e-oil external oil | | AL (Maximum Age: 20 years); OTC |
| e-ointment external ointment | Aqua-Nu | OTC; QL |
| eq vitamins a & d external ointment | A+D Prevent | OTC |
| eql absolute moisture dry skin external lotion | DML | OTC; QL |
| eql advanced healing external ointment | Aqua-Nu | OTC; QL |
| eql advanced recovery external lotion | DML | OTC; QL |
| eql advanced skin therapy external lotion | DML | OTC; QL |
| eql aloe after sun external lotion | DML | OTC; QL |
| eql vitamin e ultra strength external oil | | AL (Maximum Age: 20 years); OTC |
| glycerin external liquid | | OTC |
| gnp vitamin a & d external ointment | A+D Prevent | OTC |
| gordomatic external lotion | DML | OTC; QL |
| GORDONS-VITE A EXTERNAL CREAM | | OTC |
| gordons-vite e external cream | Palmers Natural Vitamin E | OTC |
| hm glycerin external liquid | | OTC |
| HYDROLATUM EXTERNAL OINTMENT | | OTC; QL |
| hydrophor external ointment | Aqua-Nu | OTC; QL |

| Drug Name | Reference | Notes |
|---|----------------------------|---------------------------------|
| lubricating lotion external lotion | DML | OTC; QL |
| MEDPURA VITAMIN A & D EXTERNAL OINTMENT | | OTC |
| MINERIN EXTERNAL LOTION | | OTC; QL |
| moisture external lotion | DML | OTC; QL |
| moisturizing lotion external lotion | DML | OTC; QL |
| moisturizing sensitive skin external lotion | DML | OTC; QL |
| natural oatmeal bath treatment external packet | Aveeno Baby Bath Treatment | OTC |
| PALMERS NATURAL VITAMIN E EXTERNAL CREAM | | OTC |
| qc glycerin external liquid | | OTC |
| ra glycerin external liquid | | OTC |
| ra renewal soothing bath external packet | Aveeno Baby Bath Treatment | OTC |
| refreshing aloe external lotion | DML | OTC; QL |
| sm dry skin therapy external lotion | DML | OTC; QL |
| sm glycerin external liquid | | OTC |
| sm oatmeal bath external packet | Aveeno Baby Bath Treatment | OTC |
| thera-derm external lotion | DML | OTC; QL |
| vitamin a & d external ointment | A+D Prevent | OTC |
| vitamin a & d skin protectant external ointment | A+D Prevent | OTC |
| vitamin e beauty external oil | | AL (Maximum Age: 20 years); OTC |
| vitamin e external cream | Palmers Natural Vitamin E | OTC |
| vitamin e external oil | | AL (Maximum Age: 20 years); OTC |
| vitamin e skin external cream | | OTC |
| vitamin e skin external oil | | AL (Maximum Age: 20 years); OTC |
| vitamin e-vit a & d external cream | | OTC |
| vitamins a & d external ointment | A+D Prevent | OTC |
| *IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL *** | | |
| alevazol external ointment | | OTC; QL |
| antifungal (clotrimazole) external cream | Desenex | OTC; QL |

| Drug Name | Reference | Notes |
|--|-----------------------------|--------------|
| antifungal clotrimazole external cream | Desenex | OTC; QL |
| antifungal external cream | Cavilon | OTC; QL |
| anti-fungal external cream | Desenex | OTC; QL |
| antifungal external powder | Desenex | OTC; QL |
| athletes foot (clotrimazole) external cream | Desenex | OTC; QL |
| athletes foot external powder | Desenex | OTC; QL |
| athletes foot powder spray external aerosol powder | Cruex Prescription Strength | OTC; QL |
| CAVILON EXTERNAL CREAM | | OTC; QL |
| clotrimazole af external cream | Desenex | OTC; QL |
| clotrimazole anti-fungal external cream | Desenex | QL |
| clotrimazole athletes foot external cream | Desenex | OTC; QL |
| clotrimazole external cream | Desenex | QL |
| clotrimazole external solution | | QL |
| CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER | | OTC; QL |
| cvs athletes foot external aerosol powder | Cruex Prescription Strength | OTC; QL |
| cvs athletes foot spray external aerosol | Lotrimin AF | OTC; QL |
| cvs clotrimazole external cream | Desenex | OTC; QL |
| cvs clotrimazole external solution | | OTC; QL |
| cvs itch relief external cream | Desenex | OTC; QL |
| cvs ringworm external cream | Desenex | OTC; QL |
| DESENEK EXTERNAL CREAM | | OTC; QL |
| DESENEK EXTERNAL POWDER | | OTC; QL |
| DESENEK JOCK ITCH EXTERNAL AEROSOL POWDER | | OTC; QL |
| eq antifungal external cream | Desenex | OTC; QL |
| eq athletes foot external cream | Desenex | OTC; QL |
| eq jock itch external cream | Desenex | OTC; QL |
| eql athletes foot external cream | Desenex | OTC; QL |
| gnp athletes foot external cream | Desenex | OTC; QL |
| gnp miconazorb af external powder | Desenex | OTC; QL |
| goodsense athletes foot external cream | Desenex | OTC; QL |
| jock itch external cream | Desenex | OTC; QL |
| jock itch relief external cream | Desenex | OTC; QL |
| ketoconazole external cream | | QL |
| ketoconazole external shampoo | | QL |

| Drug Name | Reference | Notes |
|---|-----------------------------|---------|
| LOTRIMIN AF DEODORANT POWDER EXTERNAL AEROSOL POWDER | | OTC; QL |
| LOTRIMIN AF JOCK ITCH POWDER EXTERNAL AEROSOL POWDER | | OTC; QL |
| micaderm external cream | Cavilon | OTC; QL |
| miconazole antifungal external cream | Cavilon | OTC; QL |
| miconazole nitrate external cream | Cavilon | QL |
| miconazorb af external powder | Desenex | OTC; QL |
| MICOTRIN AC EXTERNAL CREAM | | OTC; QL |
| MICOTRIN AP EXTERNAL POWDER | | OTC; QL |
| MYCOZYL AC EXTERNAL CREAM | | OTC; QL |
| MYCOZYL AP EXTERNAL POWDER | | OTC; QL |
| pro-ex antifungal external cream | Desenex | OTC; QL |
| px athletic foot external cream | Desenex | OTC; QL |
| qc clotrimazole external cream | Desenex | OTC; QL |
| ra atheletes foot external aerosol powder | Cruex Prescription Strength | OTC; QL |
| ra athletes foot external cream | Desenex | OTC; QL |
| ra clotrimazole external cream | Desenex | OTC; QL |
| ra jock itch external cream | Desenex | OTC; QL |
| sb clotrimazole foot external cream | Desenex | OTC; QL |
| sm antifungal clotrimazole external cream | Desenex | OTC; QL |
| sm antifungal miconazole external cream | Cavilon | OTC; QL |
| TINEACIDE EXTERNAL CREAM | | OTC; QL |
| TRIPLE PASTE AF EXTERNAL OINTMENT | | OTC; QL |
| ZEASORB-AF EXTERNAL POWDER | | OTC; QL |
| *IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** | | |
| imiquimod external cream | | PA; QL |
| *KERATOLYTIC/ANTIMITOTIC AGENTS*** | | |
| acne external pad | Neutrogena Rapid Clear | OTC |
| COMPOUND W FOR KIDS EXTERNAL STRIP | | OTC |
| COMPOUND W ONE STEP INVISIBLE EXTERNAL STRIP | | OTC |

| Drug Name | Reference | Notes |
|--|--------------------------------|--------------|
| corn & callus remover external liquid | Gets-It Corn/Callus Remover | OTC |
| corn remover one-step external strip | Compound W for Kids | OTC |
| cvs corn/callus remover external kit | | OTC |
| cvs wart remover external liquid | Gets-It Corn/Callus Remover | OTC |
| cvs wart remover one step external strip | Compound W for Kids | OTC |
| cvs wart remover pen external gel | Compound W Fast Acting/Conseal | OTC |
| GETS-IT CORN/CALLUS REMOVER EXTERNAL LIQUID | | OTC |
| gnp wart remover external liquid | Gets-It Corn/Callus Remover | OTC |
| liquid corn & callus remover external liquid | Gets-It Corn/Callus Remover | OTC |
| liquid wart remover external liquid | Gets-It Corn/Callus Remover | OTC |
| NEUTROGENA RAPID CLEAR EXTERNAL PAD | | OTC |
| podofilox external solution | | PA; QL |
| qc corn and callus remover external liquid | Gets-It Corn/Callus Remover | OTC |
| qc wart remover external liquid | Gets-It Corn/Callus Remover | OTC |
| ra wart remover external gel | Compound W Fast Acting/Conseal | OTC |
| ra wart remover max strength external liquid | Gets-It Corn/Callus Remover | OTC |
| wart remover external gel | Compound W Fast Acting/Conseal | OTC |
| wart remover maximum strength external gel | Compound W Fast Acting/Conseal | OTC |
| wart remover maximum strength external liquid | Gets-It Corn/Callus Remover | OTC |
| wart remover maximum strength external strip | Compound W for Kids | OTC |
| *LINIMENT COMBINATIONS*** | | |
| DOULEURIN EXTERNAL LOTION | | OTC |
| *LOCAL ANESTHETICS - TOPICAL*** | | |
| afterburn external gel | | OTC |

| Drug Name | Reference | Notes |
|--|----------------------|--------------|
| ALOCANE EMERGENCY BURN MAX STR EXTERNAL AEROSOL | | OTC |
| ALOCANE EMERGENCY BURN MAX STR EXTERNAL GEL | | OTC |
| ALOCANE EMERGENCY BURN MAX STR EXTERNAL PAD | | OTC |
| aloe vera burn relief external aerosol | Solarcaine Cool Aloe | OTC |
| aloe/lidocaine pain reliever external gel | | OTC |
| ANECREAM EXTERNAL CREAM | | OTC |
| ASPERCREME LIDOCAINE ESSENTIAL EXTERNAL LIQUID | | OTC |
| ASPERCREME LIDOCAINE EXTERNAL CREAM | | OTC |
| ASPERCREME LIDOCAINE EXTERNAL LIQUID | | OTC |
| ASPERCREME LIDOCAINE EXTERNAL PATCH | | OTC |
| ASPERCREME MAX STRENGTH EXTERNAL AEROSOL | | OTC |
| ASPERCREME W/LIDOCAINE EXTERNAL CREAM | | OTC |
| ASPERFLEX LIDOCAINE EXTERNAL OINTMENT | | OTC |
| asperflex max st external patch | Aspercreme Lidocaine | OTC |
| ASPERFLEX PAIN RELIEVING EXTERNAL PATCH | | OTC |
| BENGAY LIDOCAINE EXTERNAL CREAM | | OTC |
| blue tube/ aloe external cream | AneCream | OTC |
| BLUE-EMU PAIN RELIEF DRY EXTERNAL PATCH | | OTC |
| burn relief external aerosol | Solarcaine Cool Aloe | OTC |
| burn relief external gel | | OTC |
| capsaicin external cream | DermacinRx Penetral | OTC |
| capsaicin external patch | Salonpas-Hot | OTC |
| capsaicin heat patch external patch | Salonpas-Hot | OTC |
| capsaicin hot patch external patch | Salonpas-Hot | OTC |
| capsaicin pain relief external cream | Zostrix HP | OTC |
| capsaicin topical pain patch external patch | Salonpas-Hot | OTC |
| capsimide external patch | Salonpas-Hot | OTC |
| capzix external cream | Zostrix HP | OTC |

| Drug Name | Reference | Notes |
|--|--------------------------------|--------------|
| cooling external gel | | OTC |
| cvs aftersun aloe/lidocaine external gel | | OTC |
| cvs burn relief spray external aerosol | Solarcaine Cool Aloe | OTC |
| cvs capsaicin hp external cream | Zostrix HP | OTC |
| cvs lidocaine maximum strength external cream | Aspercreme Lidocaine | OTC |
| cvs lidocaine pain relief maxs external aerosol | Alocane Emergency Burn Max Str | OTC |
| cvs medicated heat patch external patch | Salonpas-Hot | OTC |
| cvs pain relief external cream | Aspercreme Lidocaine | OTC |
| cvs pain relief external patch | Aspercreme Lidocaine | OTC |
| DOLOGESIC PAIN RELIEF ROLL-ON EXTERNAL LIQUID | | OTC |
| eq capsaicin patch external patch | Salonpas-Hot | OTC |
| eq lidocaine pain relieving external patch | Aspercreme Lidocaine | OTC |
| eq pain relieving external cream | Aspercreme Lidocaine | OTC |
| FIRST CARE PAIN RELIEF EXTERNAL PATCH | | OTC |
| gnp burn relief external aerosol | Solarcaine Cool Aloe | OTC |
| gnp burn relief external gel | | OTC |
| gnp burn relief spray external aerosol | Solarcaine Cool Aloe | OTC |
| gnp lidocaine pain relief external patch | Aspercreme Lidocaine | OTC |
| gnp lidocaine pain relieving external cream | Aspercreme Lidocaine | OTC |
| GOLD BOND MULTI-SYMP TOM EXTERNAL CREAM | | OTC |
| HEALTHWISE PAIN RELIEF EXTERNAL PATCH | | OTC |
| hm lidocaine patch external patch | Aspercreme Lidocaine | OTC |
| LANSINOH PAIN RELIEF SPRAY EXTERNAL SOLUTION | | OTC |
| LIDAFLEX EXTERNAL PATCH | | OTC |
| LIDO KING EXTERNAL PATCH | | OTC |
| lidocaine external cream | AneCream | OTC |
| lidocaine external patch 4 % | Aspercreme Lidocaine | OTC |
| lidocaine external patch 5 % | Lidoderm | PA; QL |
| lidocaine hcl external cream | Aspercreme Lidocaine | OTC |
| lidocaine hcl external solution | | PA; QL |
| lidocaine hcl urethral/mucosal external gel | | |
| lidocaine max st 24 hours external patch | Aspercreme Lidocaine | OTC |

| Drug Name | Reference | Notes |
|---|----------------------|--------------|
| lidocaine pain relief external patch | Aspercreme Lidocaine | OTC |
| lidocaine pain relief max st external cream | Aspercreme Lidocaine | OTC |
| lidocaine pain relieving external patch | Aspercreme Lidocaine | OTC |
| lidocaine plus external cream | Aspercreme Lidocaine | OTC |
| LIDODOSE EXTERNAL GEL | | OTC |
| LIDODOSE PEDIATRIC BULK PACK EXTERNAL GEL | | OTC |
| LIDOFOR FLEXIPATCH EXTERNAL PATCH | | OTC |
| numbcream external cream | | OTC |
| pain relief maximum strength external patch | Aspercreme Lidocaine | OTC |
| pain relief roll-on external liquid | Aspercreme Lidocaine | OTC |
| pain relieving + lidocaine external cream | Aspercreme Lidocaine | OTC |
| pain relieving lidocaine external patch | Aspercreme Lidocaine | OTC |
| qc lidocaine pain relief external patch | Aspercreme Lidocaine | OTC |
| qc pain relieving + lidocaine external cream | Aspercreme Lidocaine | OTC |
| ra capsicum hot patch external patch | Salonpas-Hot | OTC |
| ra lidocaine pain relieving external patch | Aspercreme Lidocaine | OTC |
| ra pain relief external cream | Aspercreme Lidocaine | OTC |
| ra pain relieving external patch | Aspercreme Lidocaine | OTC |
| REGENECARE HA EXTERNAL GEL | | OTC |
| REGENECARE HA EXTERNAL LIQUID | | OTC |
| RE-LIEVED MAXIMUM STRENGTH EXTERNAL PATCH | | OTC |
| SALONPAS PAIN RELIEVING EXTERNAL PATCH | | OTC |
| SOLARCAINE COOL ALOE EXTERNAL AEROSOL | | OTC |
| SUN BURNT PLUS EXTERNAL GEL | | OTC |
| sure result sr relief external cream | DermacinRx Penetral | OTC |
| theracare pain relief external patch | Aspercreme Lidocaine | OTC |
| WELMATE LIDOCAINE PAIN RELIEV EXTERNAL PATCH | | OTC |
| xolido external cream | | OTC |
| xolido xp external cream | Aspercreme Lidocaine | OTC |
| ZOSTRIX HP EXTERNAL CREAM | | OTC |

| Drug Name | Reference | Notes |
|---|--------------------------|------------------------------------|
| *MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** | | |
| pimecrolimus external cream | Elidel | PA; AL (Minimum Age: 2 years); QL |
| tacrolimus external ointment 0.03 % | Protopic | PA; AL (Minimum Age: 2 years); QL |
| tacrolimus external ointment 0.1 % | Protopic | PA; AL (Minimum Age: 16 years); QL |
| *ROSACEA AGENTS*** | | |
| metronidazole external cream | Rosadan | QL |
| metronidazole external gel | Metrogel | QL |
| metronidazole external lotion | MetroLotion | QL |
| ROSADAN EXTERNAL CREAM | | QL |
| ROSADAN EXTERNAL GEL | | QL |
| *SCABICIDE COMBINATIONS*** | | |
| cvs lice killing external shampoo | Rid Lice Killing Shampoo | OTC |
| CVS LICE SOLUTION COMBINATION KIT | | OTC; QL |
| eq lice killing max st external shampoo | Rid Lice Killing Shampoo | OTC |
| eql lice killing max st external shampoo | Rid Lice Killing Shampoo | OTC |
| gnp lice treatment external shampoo | Rid Lice Killing Shampoo | OTC |
| lice killing external shampoo | Rid Lice Killing Shampoo | OTC |
| lice killing maximum strength external shampoo | Rid Lice Killing Shampoo | OTC |
| ra lice maximum strength external shampoo | Rid Lice Killing Shampoo | OTC |
| ra lice solution combination kit | CVS Lice Solution | OTC; QL |
| RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO | | OTC |
| sb lice killing max st external shampoo | Rid Lice Killing Shampoo | OTC |
| sm lice killing external shampoo | RID | OTC; QL |
| sm lice killing max strength external shampoo | Rid Lice Killing Shampoo | OTC |
| stop lice complete treatment combination kit | CVS Lice Solution | OTC; QL |
| stop lice maximum strength external liquid | RID | OTC; QL |
| *SCABICIDES & PEDICULICIDES*** | | |
| bedding spray lice treatment aerosol | RID | OTC |
| cvs lice treatment external liquid | Nix Creme Rinse | OTC; QL |
| cvs lice-bedbug-mite aerosol | RID | OTC |
| gnp home lice/bedbug/dust mite aerosol | RID | OTC |

| Drug Name | Reference | Notes |
|---|---------------------------|--------------|
| gnp lice treatment external liquid | Nix Creme Rinse | OTC; QL |
| goodsense lice killing external liquid | Nix Creme Rinse | OTC; QL |
| lice treatment creme rinse external liquid | Nix Creme Rinse | OTC; QL |
| lice treatment external liquid | Nix Creme Rinse | OTC; QL |
| lice treatment external lotion | | OTC; QL |
| permethrin external cream | | QL |
| ra lice treatment external lotion | | OTC; QL |
| sb lice treatment external liquid | Nix Creme Rinse | OTC; QL |
| sm bedding lice treatment aerosol | RID | OTC |
| sm lice treatment external lotion | | OTC; QL |
| spinosad external suspension | Natroba | QL |
| stop lice aerosol | RID | OTC |
| stop lice step 3 aerosol | RID | OTC |
| *SKIN PROTECTANTS*** | | |
| AMEDA TRIPLE ZERO LANOLIN EXTERNAL CREAM | | OTC |
| AMERICERIN EXTERNAL CREAM | | OTC; QL |
| AMERISTORE EXTERNAL LOTION | | OTC |
| eql hydrating beauty external lotion | Ameristore | OTC |
| HPA LANOLIN EXTERNAL CREAM | | OTC |
| lan-o-smooth external cream | Ameda Triple Zero Lanolin | OTC |
| LANSINOH LANOLIN EXTERNAL CREAM | | OTC |
| LANSINOH LANOLIN MINIS NIPPLE EXTERNAL CREAM | | OTC |
| LANSINOH LANOLIN NIPPLE EXTERNAL CREAM | | OTC |
| MEDELA TENDER CARE LANOLIN EXTERNAL CREAM | | OTC |
| medi-soothe external lotion | Ameristore | OTC |
| MINERIN CREME EXTERNAL CREAM | | OTC; QL |
| SUPERSOFT EXTERNAL LOTION | | OTC |
| THERATEIN EXTERNAL LOTION | | OTC |
| *TOPICAL ANESTHETIC COMBINATIONS*** | | |
| allevess external patch | | OTC |
| lidocaine-prilocaine external cream | | QL |
| reliever external patch | | OTC |

| Drug Name | Reference | Notes |
|---|------------------|---------|
| *DIAGNOSTIC PRODUCTS* | | |
| *DIAGNOSTIC DRUGS*** | | |
| cosyntropin injection solution reconstituted | Cortrosyn | QL |
| GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED | | |
| *DIAGNOSTIC TESTS*** | | |
| GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP | | OTC; QL |
| RELION TRUE METRIX TEST STRIPS IN VITRO STRIP | | OTC; QL |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP | | OTC; QL |
| *MULTIPLE URINE TESTS*** | | |
| CHEMSTRIP UGK IN VITRO STRIP | | OTC; QL |
| CVS KETONE CARE IN VITRO STRIP | | OTC; QL |
| KETO-DIASTIX IN VITRO STRIP | | OTC; QL |
| *DIGESTIVE AIDS* | | |
| *DIGESTIVE ENZYMES*** | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES | | PA; QL |
| cvs dairy relief fast acting oral tablet | Lactaid Fast Act | OTC |
| cvs dairy relief oral tablet | Lactaid | OTC |
| cvs dairy relief oral tablet chewable | Lactaid Fast Act | OTC |
| cvs lactase enzyme ultra str oral tablet | Lactaid Fast Act | OTC |
| dairy digestive oral tablet | Lactaid Fast Act | OTC |
| dairy digestive supplement oral tablet | Lactaid Fast Act | OTC |
| dairy digestive ultra oral tablet | Lactaid Fast Act | OTC |
| dairy relief oral tablet | Lactaid | OTC |
| dairy-digestive oral tablet chewable | Lactaid Fast Act | OTC |
| eq dairy digestive fast acting oral tablet | Lactaid Fast Act | OTC |
| eq dairy digestive fast acting oral tablet chewable | Lactaid Fast Act | OTC |
| eql dairy digest fast acting oral tablet | Lactaid Fast Act | OTC |
| gnp dairy relief oral tablet | Lactaid | OTC |
| gnp fast acting dairy relief oral tablet chewable | Lactaid Fast Act | OTC |
| lactase enzyme oral tablet | Lactaid | OTC |
| lactase fast acting oral tablet | Lactaid Fast Act | OTC |

| Drug Name | Reference | Notes |
|---|------------------|--------|
| lactose fast acting relief oral tablet | Lactaid Fast Act | OTC |
| lactose fast acting relief oral tablet chewable | Lactaid Fast Act | OTC |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES | | PA; QL |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES | | PA; QL |
| px dairy digestive oral tablet | Lactaid Fast Act | OTC |
| ra dairy aid oral tablet | Lactaid | OTC |
| ra dairy relief fast acting oral tablet | Lactaid Fast Act | OTC |
| ra dairy relief fast acting oral tablet chewable | Lactaid Fast Act | OTC |
| sb dairy relief oral tablet | Lactaid Fast Act | OTC |
| sb lactase oral tablet | Lactaid | OTC |
| sm ultra dairy digestive oral tablet | Lactaid Fast Act | OTC |
| surelac oral tablet | Lactaid | OTC |
| *DIURETICS* | | |
| *CARBONIC ANHYDRASE INHIBITORS*** | | |
| acetazolamide er oral capsule extended release 12 hour | | |
| acetazolamide oral tablet | | |
| methazolamide oral tablet | | |
| *DIURETIC COMBINATIONS*** | | |
| amiloride-hydrochlorothiazide oral tablet | | |
| spironolactone-hctz oral tablet | Aldactazide | DO; QL |
| triamterene-hctz oral capsule | | |
| triamterene-hctz oral tablet | Maxzide | |
| *LOOP DIURETICS*** | | |
| bumetanide oral tablet | Bumex | |
| furosemide oral solution | | |
| furosemide oral tablet | Lasix | |
| torseamide oral tablet | Soanz | PA |
| *POTASSIUM SPARING DIURETICS*** | | |
| amiloride hcl oral tablet | | |
| spironolactone oral tablet 100 mg | Aldactone | QL |
| spironolactone oral tablet 25 mg, 50 mg | Aldactone | DO; QL |
| *THIAZIDES AND THIAZIDE-LIKE DIURETICS*** | | |
| chlorthalidone oral tablet | | |

| Drug Name | Reference | Notes |
|--|-----------|------------|
| hydrochlorothiazide oral capsule | | |
| hydrochlorothiazide oral tablet | | |
| indapamide oral tablet | | |
| metolazone oral tablet | | |
| *ENDOCRINE AND METABOLIC AGENTS - MISC.* | | |
| *BISPHOSPHONATES*** | | |
| alendronate sodium oral solution | | QL |
| alendronate sodium oral tablet | Fosamax | QL |
| *CALCITONINS*** | | |
| calcitonin (salmon) nasal solution | | QL |
| *CARNITINE REPLENISHER - AGENTS*** | | |
| levocarnitine oral solution | Carnitor | |
| levocarnitine oral tablet | Carnitor | |
| levocarnitine sf oral solution | Carnitor | |
| *DOPAMINE RECEPTOR AGONISTS*** | | |
| cabergoline oral tablet | | QL |
| *GROWTH HORMONES*** | | |
| HUMATROPE INJECTION CARTRIDGE | | PA; SP; QL |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED | | PA; SP; QL |
| *HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** | | |
| calcitriol oral capsule | Rocaltrol | PA |
| calcitriol oral solution | Rocaltrol | PA |
| *LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** | | |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT | | PA; SP; QL |
| *SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** | | |
| raloxifene hcl oral tablet | Evista | QL |
| *SOMATOSTATIC AGENTS*** | | |
| octreotide acetate subcutaneous solution prefilled syringe | | PA; SP |

| Drug Name | Reference | Notes |
|--|----------------------------|------------|
| *UREA CYCLE DISORDER - AGENTS*** | | |
| sodium phenylbutyrate oral powder | Buphenyl | PA; SP; QL |
| sodium phenylbutyrate oral tablet | Buphenyl | PA; SP; QL |
| *VASOPRESSIN*** | | |
| desmopressin ace spray refrig nasal solution | | |
| desmopressin acetate oral tablet 0.1 mg | DDAVP | DO; QL |
| desmopressin acetate oral tablet 0.2 mg | DDAVP | QL |
| desmopressin acetate spray nasal solution | | |
| *ESTROGENS* | | |
| *ESTROGEN & PROGESTIN*** | | |
| AMABELZ ORAL TABLET | | |
| estradiol-norethindrone acet oral tablet | Amabelz | |
| FYAVOLV ORAL TABLET | | |
| JINTELI ORAL TABLET | | |
| MIMVEY ORAL TABLET | | |
| norethindrone-eth estradiol oral tablet | Fyavolv | |
| *ESTROGENS*** | | |
| estradiol oral tablet | Estrace | |
| estradiol transdermal patch weekly | Climara | QL |
| *FLUOROQUINOLONES* | | |
| *FLUOROQUINOLONES*** | | |
| ciprofloxacin hcl oral tablet | Cipro | QL |
| levofloxacin oral solution | | QL |
| levofloxacin oral tablet | Levaquin | QL |
| ofloxacin oral tablet | | QL |
| *GASTROINTESTINAL AGENTS - MISC.* | | |
| *ANTIFLATULENTS*** | | |
| cvs gas relief extra strength oral tablet chewable | Phazyme | OTC |
| cvs gas relief infants oral suspension | Little Remedies for Tummys | OTC |
| cvs gas relief oral tablet chewable | | OTC |
| cvs gas relief ultra strength oral capsule | Gas-X Ultra Strength | OTC |
| cvs infants gas relief oral suspension | Little Remedies for Tummys | OTC |

| Drug Name | Reference | Notes |
|--|----------------------------|--------------|
| drxchoice gas relief oral tablet chewable | | OTC |
| eq gas relief extra strength oral capsule | Gas-X Extra Strength | OTC |
| eq gas relief extra strength oral tablet chewable | Phazyme | OTC |
| eq gas relief oral capsule | Gas-X Extra Strength | OTC |
| eq infants gas relief oral suspension | Little Remedies for Tummys | OTC |
| eql gas gone oral tablet chewable | Phazyme | OTC |
| eql gas relief oral capsule | Gas-X Extra Strength | OTC |
| eql gas relief ultra strength oral capsule | Gas-X Ultra Strength | OTC |
| eql infants gas relief oral suspension | Little Remedies for Tummys | OTC |
| gas relief drops infants oral suspension | Little Remedies for Tummys | OTC |
| gas relief extra strength oral capsule | Gas-X Extra Strength | OTC |
| gas relief extra strength oral tablet chewable | Phazyme | OTC |
| gas relief infants oral liquid | Gas-X Infant Drops | OTC |
| gas relief infants oral suspension | Little Remedies for Tummys | OTC |
| gas relief oral liquid | Gas-X Infant Drops | OTC |
| gas relief oral tablet chewable | | OTC |
| gas relief ultra strength oral capsule | Gas-X Ultra Strength | OTC |
| GAS-X EXTRA STRENGTH ORAL CAPSULE | | OTC |
| GAS-X INFANT DROPS ORAL LIQUID | | OTC |
| GAS-X ULTRA STRENGTH ORAL CAPSULE | | OTC |
| gnp anti-gas oral capsule | Gas-X Ultra Strength | OTC |
| gnp gas relief extra strength oral capsule | Gas-X Extra Strength | OTC |
| gnp gas relief extra strength oral tablet chewable | Phazyme | OTC |
| gnp gas relief oral tablet chewable | | OTC |
| gnp infant gas relief oral suspension | Little Remedies for Tummys | OTC |
| goodsense gas relief oral tablet chewable | Phazyme | OTC |
| heartland gas relief oral tablet chewable | | OTC |
| hm gas relief extra strength oral capsule | Gas-X Extra Strength | OTC |
| hm gas relief infants drops oral suspension | Little Remedies for Tummys | OTC |

| Drug Name | Reference | Notes |
|---|----------------------------|--------------|
| hm gas relief oral tablet chewable | Phazyme | OTC |
| infants gas relief oral suspension | Little Remedies for Tummys | OTC |
| LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION | | OTC |
| LITTLE REMEDIES GAS RELIEF ORAL SUSPENSION | | OTC |
| MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION | | OTC |
| PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION | | OTC |
| PHAZYME ORAL TABLET CHEWABLE | | OTC |
| px gas relief extra strength oral capsule | Gas-X Extra Strength | OTC |
| px gas relief infants oral suspension | Little Remedies for Tummys | OTC |
| px gas relief ultra strength oral capsule | Gas-X Ultra Strength | OTC |
| qc anti-gas oral capsule | Gas-X Ultra Strength | OTC |
| qc gas relief extra strength oral capsule | Gas-X Extra Strength | OTC |
| qc gas relief extra strength oral tablet chewable | Phazyme | OTC |
| qc gas relief oral tablet chewable | | OTC |
| ra gas relief extra strength oral tablet chewable | Phazyme | OTC |
| ra gas relief oral capsule | Gas-X Extra Strength | OTC |
| ra gas relief oral tablet chewable | | OTC |
| ra gas relief ultra strength oral capsule | Gas-X Ultra Strength | OTC |
| sb anti-gas oral capsule | Gas-X Ultra Strength | OTC |
| sb gas relief oral suspension | Little Remedies for Tummys | OTC |
| sb gas relief oral tablet chewable | Phazyme | OTC |
| simeped oral suspension | Little Remedies for Tummys | OTC |
| simethicone drops infants oral suspension | Little Remedies for Tummys | OTC |
| simethicone extra strength oral capsule | Gas-X Extra Strength | OTC |
| simethicone oral capsule | Gas-X Extra Strength | OTC |
| simethicone oral suspension | Little Remedies for Tummys | OTC |
| simethicone oral tablet chewable | Phazyme | OTC |
| simethicone ultra strength oral capsule | Gas-X Ultra Strength | OTC |

| Drug Name | Reference | Notes |
|---|----------------------------|-------------|
| sm gas relief antifatulent oral capsule | Gas-X Ultra Strength | OTC |
| sm gas relief extra strength oral capsule | Gas-X Extra Strength | OTC |
| sm gas relief infants drops oral suspension | Little Remedies for Tummys | OTC |
| sm gas relief infants oral suspension | Little Remedies for Tummys | OTC |
| sm gas relief oral capsule | Gas-X Ultra Strength | OTC |
| sm gas relief oral tablet chewable | Phazyme | OTC |
| *GALLSTONE SOLUBILIZING AGENTS*** | | |
| ursodiol oral capsule | | |
| ursodiol oral tablet | Urso 250 | |
| *GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** | | |
| lubiprostone oral capsule | Amitiza | PA; QL |
| *GASTROINTESTINAL STIMULANTS*** | | |
| metoclopramide hcl oral solution | | QL |
| metoclopramide hcl oral tablet | Reglan | QL |
| *INFLAMMATORY BOWEL AGENTS*** | | |
| balsalazide disodium oral capsule | Colazal | QL |
| mesalamine er oral capsule extended release 24 hour | Apriso | QL |
| mesalamine rectal enema | | QL |
| mesalamine-cleanser rectal kit | Rowasa | QL |
| sulfasalazine oral tablet | Azulfidine | QL |
| sulfasalazine oral tablet delayed release | Azulfidine EN-tabs | QL |
| *INTESTINAL ACIDIFIERS*** | | |
| enulose oral solution | | QL |
| generlac oral solution | | QL |
| lactulose encephalopathy oral solution | | QL |
| *PHOSPHATE BINDER AGENTS*** | | |
| calcium acetate (phos binder) oral capsule | | QL |
| calcium acetate (phos binder) oral tablet | Calphron | QL |
| calcium acetate oral tablet | Calphron | QL |
| CALPHRON ORAL TABLET | | PA; OTC; QL |
| lanthanum carbonate oral tablet chewable | Fosrenol | QL |
| sevelamer carbonate oral packet | Renvela | QL |

| Drug Name | Reference | Notes |
|---|-------------------------|-------|
| sevelamer carbonate oral tablet | Renvela | QL |
| *GENITOURINARY AGENTS - MISCELLANEOUS* | | |
| *5-ALPHA REDUCTASE INHIBITORS*** | | |
| finasteride oral tablet | Proscar | QL |
| *ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** | | |
| alfuzosin hcl er oral tablet extended release 24 hour | Uroxatral | QL |
| tamsulosin hcl oral capsule | Flomax | QL |
| *CITRATES*** | | |
| potassium citrate er oral tablet extended release | Urocit-K 10 | |
| *GENITOURINARY IRRIGANTS*** | | |
| ARGYLE STERILE SALINE IRRIGATION SOLUTION | | |
| CURITY STERILE SALINE IRRIGATION SOLUTION | | |
| sodium chloride irrigation solution | Argyle Sterile Saline | |
| *URINARY ANALGESICS*** | | |
| azo tabs oral tablet | AZO Urinary Pain Relief | OTC |
| AZO URINARY PAIN RELIEF ORAL TABLET | | OTC |
| cvs urinary pain relief max st oral tablet | | OTC |
| cvs urinary pain relief oral tablet | AZO Urinary Pain Relief | OTC |
| eq urinary pain relief max st oral tablet | | OTC |
| eq urinary pain relief oral tablet | AZO Urinary Pain Relief | OTC |
| gnp urinary pain relief oral tablet | AZO Urinary Pain Relief | OTC |
| hm urinary pain relief oral tablet | AZO Urinary Pain Relief | OTC |
| PHENAZO ORAL TABLET | | OTC |
| qc azo oral tablet | AZO Urinary Pain Relief | OTC |
| qc urinary pain relief max st oral tablet | | OTC |
| qc urinary pain relief oral tablet | AZO Urinary Pain Relief | OTC |
| ra urinary pain relief oral tablet | AZO Urinary Pain Relief | OTC |
| sb urinary pain relief max st oral tablet | | OTC |
| sb urinary pain relief oral tablet | AZO Urinary Pain Relief | OTC |
| sm urinary pain relief max st oral tablet | | OTC |

| Drug Name | Reference | Notes |
|---|-------------------------|------------|
| sm urinary pain relief oral tablet | AZO Urinary Pain Relief | OTC |
| urinary pain relief max st oral tablet | | OTC |
| urinary pain relief oral tablet | AZO Urinary Pain Relief | OTC |
| *GOUT AGENTS* | | |
| *GOUT AGENT COMBINATIONS*** | | |
| colchicine-probenecid oral tablet | | |
| *GOUT AGENTS*** | | |
| allopurinol oral tablet | Zyloprim | |
| *URICOSURICS*** | | |
| probenecid oral tablet | | |
| *HEMATOLOGICAL AGENTS - MISC.* | | |
| *BRADYKININ B2 RECEPTOR ANTAGONISTS*** | | |
| icatibant acetate subcutaneous solution | Sajazir | PA; SP; QL |
| SAJAZIR SUBCUTANEOUS SOLUTION | | PA; SP; QL |
| *C1 ESTERASE INHIBITORS*** | | |
| BERINERT INTRAVENOUS KIT | | PA; SP; QL |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED | | PA; SP; QL |
| *HEMATORHEOLOGIC AGENTS*** | | |
| pentoxifylline er oral tablet extended release | | |
| *PHOSPHODIESTERASE III INHIBITORS*** | | |
| cilostazol oral tablet | | |
| *PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION | | PA; SP; QL |
| *PLATELET AGGREGATION INHIBITORS*** | | |
| dipyridamole oral tablet | | |
| *QUINAZOLINE AGENTS*** | | |
| anagrelide hcl oral capsule | Agrylin | QL |
| *THIENOPYRIDINE DERIVATIVES*** | | |
| clopidogrel bisulfate oral tablet | Plavix | QL |
| *HEMATOPOIETIC AGENTS* | | |
| *COBALAMINS*** | | |
| B-12 DOTS ORAL TABLET DISPERSIBLE | | OTC |

| Drug Name | Reference | Notes |
|---|-------------------|-------|
| B-12 MICROLOZENGE SUBLINGUAL TABLET SUBLINGUAL | | OTC |
| b-12 oral tablet | | OTC |
| b-12 oral tablet extended release | | OTC |
| b-12 sublingual tablet sublingual | B-12 Microlozenge | OTC |
| b-12 tr oral tablet extended release | | OTC |
| b-12-sl sublingual tablet sublingual | | OTC |
| cvs b-12 oral liquid | | OTC |
| cvs b-12 oral tablet | | OTC |
| cvs b12 quick dissolve oral lozenge | | OTC |
| cvs vitamin b12 oral tablet | | OTC |
| cvs vitamin b-12 oral tablet | | OTC |
| cvs vitamin b12 oral tablet extended release | | OTC |
| cvs vitamin b-12 oral tablet extended release | | OTC |
| cvs vitamin b-12 sublingual tablet sublingual | | OTC |
| cyanocobalamin injection solution | Dodex | |
| DODEX INJECTION SOLUTION | | |
| eql b-12 oral tablet | | OTC |
| eql vitamin b-12 oral tablet | | OTC |
| eql vitamin b-12 tr oral tablet extended release | | OTC |
| gnp b-12 sublingual tablet sublingual | | OTC |
| gnp vitamin b-12 oral tablet | | OTC |
| gnp vitamin b-12 oral tablet extended release | | OTC |
| hm vitamin b-12 oral tablet | | OTC |
| hydroxocobalamin acetate intramuscular solution | | |
| kp vitamin b-12 oral tablet | | OTC |
| qc vitamin b12 oral tablet | | OTC |
| qc vitamin b12 oral tablet extended release | | OTC |
| qc vitamin b12 sublingual tablet sublingual | | OTC |
| ra vitamin b-12 oral tablet | | OTC |
| ra vitamin b12 oral tablet extended release | | OTC |
| ra vitamin b-12 tr oral tablet extended release | | OTC |
| sm vitamin b-12 oral tablet | | OTC |

| Drug Name | Reference | Notes |
|--|-------------------|------------|
| sm vitamin b12 tr oral tablet extended release | | OTC |
| sv vitamin b-12 er oral tablet extended release | | OTC |
| vitamin b 12 oral tablet | | OTC |
| vitamin b-12 er oral tablet extended release | | OTC |
| vitamin b-12 oral liquid | | OTC |
| vitamin b-12 oral lozenge | | OTC |
| vitamin b12 oral tablet | | OTC |
| vitamin b-12 oral tablet | | OTC |
| vitamin b12 oral tablet extended release | | OTC |
| vitamin b12 sublingual liquid | | OTC |
| vitamin b-12 sublingual liquid | | OTC |
| vitamin b-12 sublingual tablet sublingual | B-12 Microlozenge | OTC |
| vitamin b12 tr oral tablet extended release | | OTC |
| *CYTOTOXIC AGENTS*** | | |
| DROXIA ORAL CAPSULE | | |
| *ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION | | PA; SP; QL |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | | PA; SP; QL |
| EPOGEN INJECTION SOLUTION | | PA; SP; QL |
| RETACRIT INJECTION SOLUTION | | PA; SP; QL |
| *FOLIC ACID/FOLATE COMBINATIONS*** | | |
| fa-vitamin b-6-vitamin b-12 oral tablet | | |
| FOLTABS 800 ORAL TABLET | | OTC |
| MILLGUARD ORAL TABLET | | OTC |
| *FOLIC ACID/FOLATES*** | | |
| cvs folic acid oral tablet | | OTC |
| folate oral tablet | | OTC |
| folic acid injection solution | | |
| folic acid oral tablet 1 mg | | |
| folic acid oral tablet 400 mcg, 800 mcg | | OTC |
| gnp folic acid oral tablet | | OTC |
| hm folic acid oral tablet | | OTC |

| Drug Name | Reference | Notes |
|---|------------------------|--------------|
| kp folic acid oral tablet | | OTC |
| px folic acid oral tablet | | OTC |
| qc folic acid oral tablet | | OTC |
| ra folic acid oral tablet | | OTC |
| sm folic acid oral tablet | | OTC |
| yl folic acid oral tablet | | OTC |
| *GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** | | |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT | | PA; SP; QL |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | PA; SP; QL |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | PA; SP; QL |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | | PA; SP |
| *IRON COMBINATIONS*** | | |
| ABATRON AF ORAL TABLET | | OTC |
| fe c tab oral tablet | Icar-C | OTC |
| fe c tab plus oral tablet | Icar-C Plus | OTC; QL |
| gentle iron oral capsule | | OTC |
| HEMATOGEN ORAL CAPSULE | | |
| HEMAX ORAL TABLET | | OTC |
| iron 100 plus oral tablet | Icar-C Plus | OTC; QL |
| iron 100/c oral tablet | Icar-C | OTC |
| iron complex oral capsule | Hematogen | OTC |
| iron-vitamin c oral tablet | Icar-C | OTC |
| *IRON*** | | |
| BPROTECTED PEDIA IRON ORAL SOLUTION | | OTC |
| cvs iron oral tablet | Ferate | OTC; QL |
| cvs slow release iron oral tablet extended release | | OTC |
| easy iron oral capsule | | OTC |
| eq slow-release iron oral tablet extended release | | OTC |
| eql carbonyl iron oral tablet | Feosol Natural Release | OTC |
| eql iron supplement therapy oral tablet | FeroSul | OTC; QL |

| Drug Name | Reference | Notes |
|--|-----------------------|------------|
| eql slow release iron oral tablet extended release | | OTC |
| fe tabs oral tablet delayed release | | OTC; QL |
| FERATE ORAL TABLET | | OTC; QL |
| FERGON ORAL TABLET | | OTC; QL |
| FEROSUL ORAL TABLET | | OTC; QL |
| ferretts oral tablet | | OTC |
| FERREX 150 ORAL CAPSULE | | OTC |
| ferric x-150 oral capsule | Ferrex 150 | OTC |
| FERROCITE ORAL TABLET | | OTC |
| ferrotabs oral tablet | Ferate | OTC; QL |
| ferrous fumarate oral tablet | Ferrocite | OTC |
| ferrous gluconate oral tablet | Ferate | OTC; QL |
| ferrous sulfate er oral tablet extended release | | OTC |
| ferrous sulfate oral elixir | | OTC |
| ferrous sulfate oral solution | BProtected Pedia Iron | OTC |
| ferrous sulfate oral syrup | | OTC |
| ferrous sulfate oral tablet 27 mg | | OTC |
| ferrous sulfate oral tablet 325 (65 fe) mg | FeroSul | OTC; QL |
| ferrous sulfate oral tablet delayed release | | OTC; QL |
| ferumoxytol intravenous solution | Feraheme | PA; SP; QL |
| fe-vite iron oral solution | BProtected Pedia Iron | OTC |
| gnp iron oral tablet | Feosol | OTC; QL |
| gnp iron oral tablet extended release | Slow Fe | OTC |
| GOODSENSE IRON ORAL TABLET | | OTC; QL |
| IFEREX 150 ORAL CAPSULE | | OTC |
| INFED INJECTION SOLUTION | | PA; SP |
| iron (ferrous sulfate) oral tablet | FeroSul | OTC; QL |
| iron 27 oral tablet | Ferate | OTC; QL |
| iron high-potency oral tablet | FeroSul | OTC; QL |
| iron high-potency oral tablet extended release | Slow Fe | OTC |
| iron infant & toddler oral solution | BProtected Pedia Iron | OTC |
| iron infant/toddler oral solution | BProtected Pedia Iron | OTC |
| iron oral tablet | Ferate | OTC; QL |
| iron slow release oral tablet extended release | Slow Fe | OTC |

| Drug Name | Reference | Notes |
|---|-----------------------|--------------|
| iron supplement childrens oral solution | BProtected Pedia Iron | OTC |
| iron supplement oral elixir | | OTC |
| iron supplement oral solution | BProtected Pedia Iron | OTC |
| kp ferrous gluconate oral tablet | | OTC; QL |
| kp ferrous sulfate oral tablet | FeroSul | OTC; QL |
| meijer ferrous sulfate oral tablet | FeroSul | OTC; QL |
| na ferric gluc cplx in sucrose intravenous solution | Ferrlecit | PA; SP; QL |
| nat-rul iron oral tablet | FeroSul | OTC; QL |
| NU-IRON ORAL CAPSULE | | OTC |
| pc pediatric iron drops oral solution | BProtected Pedia Iron | OTC |
| POLY-IRON 150 ORAL CAPSULE | | OTC |
| polysaccharide iron complex oral capsule | Ferrex 150 | OTC |
| polysaccharide-iron complex oral capsule | Ferrex 150 | OTC |
| px iron oral tablet 200 (65 fe) mg | Feosol | OTC; QL |
| px iron oral tablet 27 mg | | OTC |
| qc ferrous sulfate oral tablet | FeroSul | OTC; QL |
| ra high potency iron oral tablet | | OTC |
| ra iron oral tablet 27 mg | | OTC |
| ra iron oral tablet 325 (65 fe) mg | FeroSul | OTC; QL |
| ra slow release iron oral tablet extended release | | OTC |
| slow iron oral tablet extended release | | OTC |
| slow release iron oral tablet extended release | | OTC |
| sm iron oral tablet | FeroSul | OTC; QL |
| sm iron slow release oral tablet extended release | | OTC |
| sm slow release iron oral tablet extended release | Slow Fe | OTC |
| sv iron oral tablet | FeroSul | OTC; QL |
| VENOFER INTRAVENOUS SOLUTION | | PA; SP; QL |
| wee care oral suspension | Icar | OTC; QL |
| *HEMOSTATICS* | | |
| *HEMOSTATICS - SYSTEMIC*** | | |
| aminocaproic acid oral tablet | Amicar | QL |
| tranexamic acid oral tablet | Lysteda | QL |

| Drug Name | Reference | Notes |
|--|------------------------------|-------|
| *HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* | | |
| *ANTI-HISTAMINE HYPNOTIC COMBINATIONS*** | | |
| acetaminophen pm ex st oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| acetaminophen pm oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| cvs acetaminophen pm ext st oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| cvs ibuprofen pm oral tablet | Motrin PM | OTC |
| cvs non-aspirin headache pm oral tablet | Excedrin PM | OTC |
| cvs pain relief pm ex st oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| eq acetaminophen pm oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| eq ibuprofen pm oral tablet | Motrin PM | OTC |
| eql acetaminophen pm oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| eql ibuprofen pm oral tablet | Motrin PM | OTC |
| eql pain relief pm ex st oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| gnp pain relief pm ex st oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| goodsense ibuprofen pm oral tablet | Motrin PM | OTC |
| goodsense pain relief pm ex st oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| headache relief pm oral tablet | Excedrin PM | OTC |
| HEALTHY MAMA EAZZZE THE PAIN ORAL TABLET | | OTC |
| hm ibuprofen pm oral tablet | Motrin PM | OTC |
| hm pain reliever pm ex st oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| ibuprofen pm oral tablet | Motrin PM | OTC |
| kls rapid release apap pm oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| MEDI-TABS PM EXTRA STRENGTH ORAL TABLET | | OTC |
| MOTRIN PM ORAL TABLET | | OTC |
| night time pain medicine ex st oral tablet | Healthy Mama eaZZZe the Pain | OTC |

| Drug Name | Reference | Notes |
|--|---------------------------------|--------------|
| non-aspirin pm extra strength oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| non-aspirin pm oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| pain relief pm extra strength oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| pain reliever pm ex st oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| pain reliever pm oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| PANADOL PM EXTRA STRENGTH ORAL TABLET | | OTC |
| px pain relief pm ex st oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| qc acetaminophen pm ex st oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| qc headache relief pm oral tablet | Excedrin PM | OTC |
| qc pain relief extra strength oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| ra acetaminophen pm ex st oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| ra ibuprofen pm oral tablet | Motrin PM | OTC |
| sb non-asa night time oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| sb non-aspirin nighttime oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| sb pain reliever pm oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| sm headache relief pm oral tablet | Excedrin PM | OTC |
| sm ibuprofen pm oral tablet | Motrin PM | OTC |
| sm pain reliever pm ex st oral tablet | Healthy Mama eaZZZe the Pain | OTC |
| *ANTIHISTAMINE HYPNOTICS*** | | |
| cvs sleep aid nighttime oral tablet | Nytol QuickCaps | OTC |
| cvs sleep aid oral tablet | Nytol QuickCaps | OTC |
| cvs sleepaid (diphenhydramine) oral tablet | Nytol QuickCaps | OTC |
| cvs sleep-aid (doxylamine) oral tablet | Unisom SleepTabs | OTC |
| cvs sleep-aid nighttime oral capsule | Unisom Sleepgels | OTC |
| cvs ultra sleep oral tablet | Unisom SleepTabs | OTC |
| diphenhydramine hcl (sleep) oral tablet | | OTC |

| Drug Name | Reference | Notes |
|---|------------------|--------------|
| eq nighttime sleep aid max st oral capsule | Unisom Sleepgels | OTC |
| eql nighttime sleep aid oral tablet | Nytol QuickCaps | OTC |
| eql sleep aid oral capsule | Unisom Sleepgels | OTC |
| gnp sleep aid nighttime oral tablet | Nytol QuickCaps | OTC |
| gnp sleep aid oral tablet | Unisom SleepTabs | OTC |
| goodsense sleep aid oral capsule | Unisom Sleepgels | OTC |
| hm nighttime sleep aid oral tablet | Nytol QuickCaps | OTC |
| kls sleep aid oral tablet | Unisom SleepTabs | OTC |
| night time sleep aid oral tablet | Nytol QuickCaps | OTC |
| nighttime sleep aid oral tablet | Nytol QuickCaps | OTC |
| NYTOL QUICKCAPS ORAL TABLET | | OTC |
| qc rest simply oral tablet | Nytol QuickCaps | OTC |
| qc sleep aid max st oral capsule | Unisom Sleepgels | OTC |
| qc sleep-aid max st oral capsule | Unisom Sleepgels | OTC |
| ra night sleep aid oral tablet | Unisom SleepTabs | OTC |
| ra nighttime sleep aid oral tablet | Nytol QuickCaps | OTC |
| ra sleep aid (diphenhydramine) oral tablet | Nytol QuickCaps | OTC |
| ra sleep aid oral capsule | Unisom Sleepgels | OTC |
| ra sleep aid oral tablet | Unisom SleepTabs | OTC |
| sb sleep oral tablet | Nytol QuickCaps | OTC |
| SIMPLY SLEEP ORAL TABLET | | OTC |
| sleep aid (diphenhydramine) oral tablet | Nytol QuickCaps | OTC |
| sleep aid oral tablet | Unisom SleepTabs | OTC |
| sleep tabs oral tablet | Nytol QuickCaps | OTC |
| sleep-aid oral capsule | Unisom Sleepgels | OTC |
| sleep-aid oral tablet | Unisom SleepTabs | OTC |
| sleep-tabs oral tablet | Nytol QuickCaps | OTC |
| sm nighttime sleep aid oral tablet | Nytol QuickCaps | OTC |
| sm sleep aid oral tablet | Unisom SleepTabs | OTC |
| wal-som maximum strength oral capsule | Unisom Sleepgels | OTC |
| wal-som oral tablet | Unisom SleepTabs | OTC |
| *BARBITURATE HYPNOTICS*** | | |
| phenobarbital oral elixir | | QL |
| phenobarbital oral tablet 100 mg, 15 mg, 60 mg | | |
| phenobarbital oral tablet 16.2 mg, 30 mg, 32.4 mg, 64.8 mg, 97.2 mg | | QL |

| Drug Name | Reference | Notes |
|---|--------------------------|---------|
| *LAXATIVES* | | |
| *BOWEL EVACUANT COMBINATIONS*** | | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED | | QL |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED | | QL |
| peg 3350-kcl-na bicarb-nacl oral solution reconstituted | | QL |
| peg-3350/electrolytes oral solution reconstituted | GaviLyte-G | QL |
| *BULK LAXATIVES*** | | |
| clear fiber powder oral powder | | OTC |
| cvs daily fiber oral capsule | Medi-Mucil | OTC |
| cvs daily fiber oral packet | | OTC |
| cvs easy fiber oral powder | | OTC |
| cvs fiber gummies oral tablet chewable | Fiber Select Gummies | OTC |
| cvs fiber gummy bears children oral tablet chewable | Fiber Select Gummies | OTC |
| cvs fiber laxative oral tablet | FiberCon | OTC; QL |
| cvs fiber oral capsule | Medi-Mucil | OTC |
| cvs natural daily fiber oral powder | Metamucil Smooth Texture | OTC |
| cvs soluble fiber therapy oral tablet | Citrucel | OTC |
| cvs yogurt + fiber gummies oral tablet chewable | Fiber Select Gummies | OTC |
| daily fiber oral capsule | | OTC |
| daily fiber oral powder | Reguloid | OTC |
| eq daily fiber oral capsule | | OTC |
| eq daily fiber oral powder | Reguloid | OTC |
| eq fiber supplement oral tablet chewable | Fiber Select Gummies | OTC |
| eq fiber therapy oral capsule | Medi-Mucil | OTC |
| eq fiber therapy oral tablet 500 mg | Citrucel | OTC |
| eq fiber therapy oral tablet 625 mg | FiberCon | OTC; QL |
| eql fiber laxative oral tablet | FiberCon | OTC; QL |
| eql fiber supplement oral powder | | OTC |
| eql fiber therapy oral powder | Metamucil Smooth Texture | OTC |
| eql fiber therapy oral tablet | Citrucel | OTC |

| Drug Name | Reference | Notes |
|--|-----------------------------|--------------|
| eql natural fiber oral powder | Metamucil Smooth Texture | OTC |
| eql smooth texture fiber oral powder | Reguloid | OTC |
| fiber (corn dextrin) oral powder | | OTC |
| fiber adult gummies oral tablet chewable | Fiber Select Gummies | OTC |
| fiber laxative + calcium oral tablet | FiberCon | OTC; QL |
| fiber laxative oral tablet | FiberCon | OTC; QL |
| fiber oral powder | Metamucil Smooth Texture | OTC |
| fiber oral tablet | FiberCon | OTC; QL |
| FIBER SELECT GUMMIES ORAL TABLET CHEWABLE | | OTC |
| fiber therapy oral tablet | Citrucel | OTC |
| FIBERCON ORAL TABLET | | OTC; QL |
| fiber-lax oral tablet | FiberCon | OTC; QL |
| gnp fiber therapy oral tablet | Citrucel | OTC |
| gnp fiber-caps oral tablet | FiberCon | OTC; QL |
| gnp natural fiber oral capsule | Medi-Mucil | OTC |
| gnp natural fiber oral powder | Metamucil Smooth Texture | OTC |
| goodsense fiber oral tablet | Citrucel | OTC |
| goodsense psyllium fiber oral powder | Reguloid | OTC |
| hm fiber oral capsule | | OTC |
| hm fiber oral powder | Reguloid | OTC |
| hm fiber powder oral powder | Konsyl Daily Psyllium Fiber | OTC |
| hm trueplus fiber oral tablet chewable | Fiber Select Gummies | OTC |
| konsyl daily fiber oral powder | Metamucil Smooth Texture | OTC |
| KONSYL DAILY PSYLLIUM FIBER ORAL POWDER | | OTC |
| MEDI-MUCIL ORAL CAPSULE | | OTC |
| METAMUCIL FIBER ORAL TABLET CHEWABLE | | OTC |
| METAMUCIL SMOOTH TEXTURE ORAL POWDER | | OTC |
| natural fiber laxative oral powder | Metamucil Smooth Texture | OTC |
| natural fiber oral powder | Metamucil Smooth Texture | OTC |

| Drug Name | Reference | Notes |
|---|-----------------------------|--------------|
| natural vegetable fiber oral powder | Reguloid | OTC |
| ONELAX FIBER THERAPY ORAL POWDER | | OTC |
| PEDIA-LAX FIBER GUMMIES ORAL TABLET CHEWABLE | | OTC |
| psyllium fiber oral capsule | Medi-Mucil | OTC |
| px fiber oral capsule | Medi-Mucil | OTC |
| px fiber oral tablet | FiberCon | OTC; QL |
| qc fiber laxative oral capsule | Medi-Mucil | OTC |
| qc fiber therapy oral powder | Konsyl Daily Psyllium Fiber | OTC |
| qc fiber therapy oral tablet | Citrucel | OTC |
| qc natural vegetable oral powder | Hydrocil | OTC |
| ra multihealth fiber oral powder | Metamucil Smooth Texture | OTC |
| REGULOID ORAL CAPSULE | | OTC |
| REGULOID ORAL POWDER | | OTC |
| sb fiber laxative oral powder | Reguloid | OTC |
| sb fiber laxative oral tablet | FiberCon | OTC; QL |
| sm fiber laxative oral tablet | Citrucel | OTC |
| sm fiber oral capsule | | OTC |
| sm fiber oral powder | Metamucil Smooth Texture | OTC |
| sm fiber oral tablet | FiberCon | OTC; QL |
| sm fiber powder oral powder | Konsyl Daily Psyllium Fiber | OTC |
| SOLUBLE FIBER THERAPY ORAL POWDER | | OTC |
| WAL-MUCIL ORAL CAPSULE | | OTC |
| WAL-MUCIL ORAL POWDER | | OTC |
| *LAXATIVES - MISCELLANEOUS*** | | |
| AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY | | OTC |
| CLEARLAX ORAL POWDER | | OTC; QL |
| constulose oral solution | | QL |
| cvs glycerin adult rectal suppository | Avedana Glycerin (Adult) | OTC |
| cvs glycerin child rectal suppository | | OTC |
| CVS PURELAX ORAL PACKET | | OTC; QL |
| CVS PURELAX ORAL POWDER | | OTC; QL |

| Drug Name | Reference | Notes |
|--|--------------------------|--------------|
| EQ CLEARLAX ORAL POWDER | | OTC; QL |
| EQL CLEARLAX ORAL POWDER | | OTC; QL |
| gavilax oral powder | ClearLax | OTC; QL |
| gentlelax oral powder | ClearLax | OTC; QL |
| glycerin (adult) rectal suppository | | OTC |
| glycerin (child) rectal suppository | | OTC |
| glycerin (infants & children) rectal suppository | | OTC |
| glycerin (pediatric) rectal suppository | | OTC |
| glycerin adult rectal suppository | Avedana Glycerin (Adult) | OTC |
| glycerin childrens rectal suppository | | OTC |
| GLYCOLAX ORAL POWDER | | OTC; QL |
| GNP CLEARLAX ORAL PACKET | | OTC; QL |
| GNP CLEARLAX ORAL POWDER | | OTC; QL |
| gnp glycerin (adult) rectal suppository | | OTC |
| gnp glycerin child rectal suppository | | OTC |
| GOODSENSE CLEARLAX ORAL POWDER | | OTC; QL |
| HEALTHYLAX ORAL PACKET | | OTC; QL |
| HM CLEARLAX ORAL POWDER | | OTC; QL |
| KLS LAXACLEAR ORAL POWDER | | OTC; QL |
| lactulose oral solution | | QL |
| MM CLEARLAX ORAL POWDER | | OTC; QL |
| peg 3350 oral packet | CVS Purelax | OTC; QL |
| peg 3350 oral powder | ClearLax | OTC; QL |
| polyethylene glycol 3350 oral packet | CVS Purelax | QL |
| polyethylene glycol 3350 oral powder | ClearLax | QL |
| px glycerin rectal suppository | | OTC |
| qc natura-lax oral powder | ClearLax | OTC; QL |
| ra glycerin adult rectal suppository | | OTC |
| ra glycerin child rectal suppository | | OTC |
| ra laxative oral powder | ClearLax | OTC; QL |
| sb glycerin adult rectal suppository | | OTC |
| sb glycerin pediatric rectal suppository | | OTC |
| sb polyethylene glycol 3350 oral powder | ClearLax | OTC; QL |
| SM CLEARLAX ORAL POWDER | | OTC; QL |
| sm glycerin pediatric rectal suppository | | OTC |

| Drug Name | Reference | Notes |
|--|------------------|--------------|
| SMOOTH LAX ORAL PACKET | | OTC; QL |
| SMOOTH LAX ORAL POWDER | | OTC; QL |
| *LAXATIVES & DSS*** | | |
| COLACE 2-IN-1 ORAL TABLET | | OTC |
| cvs senna plus oral tablet | Colace 2-IN-1 | OTC |
| cvs stool softener/laxative oral tablet | Colace 2-IN-1 | OTC |
| docuzen oral tablet | Colace 2-IN-1 | OTC |
| easy-lax plus oral tablet | Colace 2-IN-1 | OTC |
| eq senna-s oral tablet | Colace 2-IN-1 | OTC |
| eq stool softener/laxative oral tablet | Colace 2-IN-1 | OTC |
| eql senna-s oral tablet | Colace 2-IN-1 | OTC |
| gnp senna plus oral tablet | Colace 2-IN-1 | OTC |
| gnp stool softener/laxative oral tablet | Colace 2-IN-1 | OTC |
| goodsense stimulant laxative oral tablet | Colace 2-IN-1 | OTC |
| hm senna-s oral tablet | Colace 2-IN-1 | OTC |
| hm stool softener/laxative oral tablet | Colace 2-IN-1 | OTC |
| laxacin oral tablet | Colace 2-IN-1 | OTC |
| medi-laxx oral capsule | | OTC |
| medi-natural plus oral tablet | Colace 2-IN-1 | OTC |
| qc senna-s oral tablet | Colace 2-IN-1 | OTC |
| qc stool softener pls laxative oral tablet | Colace 2-IN-1 | OTC |
| ra 2-in-1 lax/stool softener oral tablet | Colace 2-IN-1 | OTC |
| ra p col-rite oral tablet | Colace 2-IN-1 | OTC |
| sb docusate sodium/senna oral tablet | Colace 2-IN-1 | OTC |
| SENEXON-S ORAL TABLET | | OTC |
| senna plus oral capsule | | OTC |
| senna plus oral tablet | Colace 2-IN-1 | OTC |
| senna s oral tablet | Colace 2-IN-1 | OTC |
| senna-docusate sodium oral tablet | Colace 2-IN-1 | OTC |
| senna-plus oral tablet | Colace 2-IN-1 | OTC |
| senna-s oral tablet | Colace 2-IN-1 | OTC |
| senna-time s oral tablet | Colace 2-IN-1 | OTC |
| sennosides-docusate sodium oral tablet | Colace 2-IN-1 | OTC |
| sm natural laxative/stool soft oral tablet | Colace 2-IN-1 | OTC |
| sm senna-s oral tablet | Colace 2-IN-1 | OTC |
| sm stool softener/laxative oral tablet | Colace 2-IN-1 | OTC |
| stimulant laxative oral tablet | Colace 2-IN-1 | OTC |

| Drug Name | Reference | Notes |
|--|-----------------|-------|
| stool softener laxative oral tablet | Colace 2-IN-1 | OTC |
| stool softener plus laxative oral tablet | Colace 2-IN-1 | OTC |
| stool softener/laxative oral capsule | | OTC |
| stool softener/laxative oral tablet | Colace 2-IN-1 | OTC |
| vegetable lax+stool softener oral tablet | Colace 2-IN-1 | OTC |
| *LUBRICANT LAXATIVES*** | | |
| cvs mineral oil enema rectal enema | Fleet Oil | OTC |
| cvs mineral oil oral oil | | OTC |
| enema mineral oil rectal enema | Fleet Oil | OTC |
| eq mineral oil oral oil | | OTC |
| gnp mineral oil oral oil | | OTC |
| goodsense mineral oil oral oil | | OTC |
| hm enema mineral oil rectal enema | Fleet Oil | OTC |
| hm mineral oil oral oil | | OTC |
| mineral oil oral oil | | OTC |
| qc mineral oil heavy oral oil | | OTC |
| ra mineral oil oral oil | | OTC |
| sm mineral oil oral oil | | OTC |
| sm mineral oil rectal enema | Fleet Oil | OTC |
| *SALINE LAXATIVE MIXTURES*** | | |
| cvs enema disposable rectal enema | Fleet Enema | OTC |
| cvs enema ready-to-use rectal enema | Fleet Enema | OTC |
| enema disposable rectal enema | Fleet Enema | OTC |
| enema pediatric rectal enema | Fleet Pediatric | OTC |
| enema ready-to-use rectal enema | Fleet Enema | OTC |
| enema rectal enema | Fleet Enema | OTC |
| eq enema rectal enema | Fleet Enema | OTC |
| eql ready-to-use enema rectal enema | Fleet Enema | OTC |
| goodsense enema rectal enema | Fleet Enema | OTC |
| hm enema rectal enema | Fleet Enema | OTC |
| qc enema rectal enema | Fleet Enema | OTC |
| ra enema rectal enema | Fleet Enema | OTC |
| ra saline enema rectal enema | Fleet Enema | OTC |
| sm enema rectal enema | Fleet Enema | OTC |
| *SALINE LAXATIVES*** | | |
| citrate of magnesia oral solution | Citroma | OTC |
| CITROMA ORAL SOLUTION | | OTC |

| Drug Name | Reference | Notes |
|--|------------------|--------------|
| cvs epsom salt oral granules | | OTC |
| cvs laxative dietary supplement oral tablet | Phillips | OTC |
| cvs magnesium citrate oral solution | Citroma | OTC |
| cvs milk of magnesia oral suspension | Dulcolax | OTC |
| DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION | | OTC |
| DULCOLAX ORAL SUSPENSION | | OTC |
| epsom salt oral granules | | OTC |
| eq magnesium citrate oral solution | Citroma | OTC |
| eql milk of magnesia oral suspension | Dulcolax | OTC |
| gnp epsom salt oral granules | | OTC |
| gnp milk of magnesia oral suspension | Dulcolax | OTC |
| goodsense epsom salt oral granules | | OTC |
| goodsense magnesium citrate oral solution | Citroma | OTC |
| goodsense milk of magnesia oral suspension | Dulcolax | OTC |
| hm magnesium citrate oral solution | Citroma | OTC |
| hm milk of magnesia oral suspension | Dulcolax | OTC |
| magnesium citrate oral solution | Citroma | OTC |
| milk of magnesia oral suspension | Dulcolax | OTC |
| ONELAX MAGNESIUM CITRATE ORAL SOLUTION | | OTC |
| PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION | | OTC |
| px milk of magnesia oral suspension | Dulcolax | OTC |
| qc epsom salt oral granules | | OTC |
| qc magnesium citrate oral solution | Citroma | OTC |
| qc milk of magnesia oral suspension | Dulcolax | OTC |
| ra epsom salt oral granules | | OTC |
| ra magnesium citrate oral solution | Citroma | OTC |
| ra milk of magnesia oral suspension | Dulcolax | OTC |
| sb magnesium citrate oral solution | Citroma | OTC |
| sb milk of magnesia oral suspension | Dulcolax | OTC |
| sm epsom salt oral granules | | OTC |
| sm magnesium citrate oral solution | Citroma | OTC |
| sm milk of magnesia oral suspension | Dulcolax | OTC |

| Drug Name | Reference | Notes |
|--|-------------------------|---------|
| *STIMULANT LAXATIVES*** | | |
| ALOPHEN ORAL TABLET DELAYED RELEASE | | OTC; QL |
| bisacodyl ec oral tablet delayed release | Alophen | QL |
| bisacodyl laxative rectal suppository | OneLAX | OTC |
| bisacodyl rectal suppository | OneLAX | OTC |
| chocolated laxative oral tablet chewable | Ex-Lax | OTC |
| CORRECTOL ORAL TABLET DELAYED RELEASE | | OTC; QL |
| cvs chocolate laxative pieces oral tablet chewable | Ex-Lax | OTC |
| cvs c-lax laxative oral tablet delayed release | Alophen | OTC; QL |
| cvs gentle laxative oral tablet delayed release | Alophen | OTC; QL |
| cvs gentle laxative rectal suppository | OneLAX | OTC |
| cvs gentle laxative womens oral tablet delayed release | Alophen | OTC; QL |
| cvs laxative pills max st oral tablet | Ex-Lax Maximum Strength | OTC; QL |
| cvs senna oral tablet | Evac-U-Gen | OTC |
| cvs senna-extra oral tablet | Senokot Extra Strength | OTC |
| eq gentle laxative oral tablet delayed release | Alophen | OTC; QL |
| eq laxative maximum strength oral tablet | Ex-Lax Maximum Strength | OTC; QL |
| eq natural laxative oral tablet | Evac-U-Gen | OTC |
| eq natural vegetable laxative oral tablet | Evac-U-Gen | OTC |
| eq vegetable laxative oral tablet | Evac-U-Gen | OTC |
| eql gentle laxative oral tablet delayed release | Alophen | OTC; QL |
| eql laxative maximum strength oral tablet | Ex-Lax Maximum Strength | OTC; QL |
| eql laxative oral tablet chewable | Ex-Lax | OTC |
| eql laxative oral tablet delayed release | Alophen | OTC; QL |
| eql senna laxative oral tablet | Evac-U-Gen | OTC |
| EVAC-U-GEN ORAL TABLET | | OTC |
| EX-LAX MAXIMUM STRENGTH ORAL TABLET | | OTC; QL |
| EX-LAX ULTRA ORAL TABLET DELAYED RELEASE | | OTC; QL |

| Drug Name | Reference | Notes |
|--|-------------------------|--------------|
| FEENAMINT ORAL TABLET DELAYED RELEASE | | OTC; QL |
| gentle laxative oral tablet delayed release | Alophen | OTC; QL |
| gentle laxative rectal suppository | OneLAX | OTC |
| geri-kot oral tablet | Evac-U-Gen | OTC |
| gnp gentle laxative oral tablet delayed release | Alophen | OTC; QL |
| gnp gentle laxative rectal suppository | OneLAX | OTC |
| gnp senna lax oral tablet | Evac-U-Gen | OTC |
| gnp womens gentle laxative oral tablet delayed release | Alophen | OTC; QL |
| goodsense bisacodyl ec oral tablet delayed release | Alophen | OTC; QL |
| goodsense bisacodyl laxative oral tablet delayed release | Alophen | OTC; QL |
| goodsense laxative pills oral tablet | Ex-Lax Maximum Strength | OTC; QL |
| goodsense senna laxative oral tablet | Evac-U-Gen | OTC |
| goodsense womens laxative oral tablet delayed release | Alophen | OTC; QL |
| hm gentle laxative rectal suppository | OneLAX | OTC |
| hm laxative oral tablet delayed release | Alophen | OTC; QL |
| hm senna oral tablet | Evac-U-Gen | OTC |
| kp bisacodyl oral tablet delayed release | Alophen | OTC; QL |
| kp senna oral tablet | Evac-U-Gen | OTC |
| laxative max str oral tablet | Ex-Lax Maximum Strength | OTC; QL |
| laxative oral tablet delayed release | Alophen | OTC; QL |
| laxative pills oral tablet | Medi-Lax | OTC |
| laxative rectal suppository | OneLAX | OTC |
| laxative regular strength oral tablet | Medi-Lax | OTC |
| MEDI-LAX ORAL TABLET | | OTC |
| medi-natural oral tablet | Evac-U-Gen | OTC |
| natural senna laxative oral tablet | Evac-U-Gen | OTC |
| ONELAX RECTAL SUPPOSITORY | | OTC |
| ONELAX SENNA ORAL SYRUP | | OTC |
| PERDIEM OVERNIGHT RELIEF ORAL TABLET | | OTC |
| px laxative oral tablet delayed release | Alophen | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------|--------------|
| px vegetable laxative oral tablet | Evac-U-Gen | OTC |
| qc chocolated laxative oral tablet chewable | Ex-Lax | OTC |
| qc gentle laxative oral tablet delayed release | Alophen | OTC; QL |
| qc gentle laxative rectal suppository | OneLAX | OTC |
| qc gentle laxative womens oral tablet delayed release | Alophen | OTC; QL |
| qc laxative oral tablet delayed release | Alophen | OTC; QL |
| qc senna oral tablet | Evac-U-Gen | OTC |
| qc vegetable laxative oral tablet | Evac-U-Gen | OTC |
| ra fast relief laxative rectal suppository | OneLAX | OTC |
| ra laxative oral tablet chewable | Ex-Lax | OTC |
| ra laxative oral tablet delayed release | Alophen | OTC; QL |
| ra womens laxative oral tablet delayed release | Alophen | OTC; QL |
| sb bisacodyl laxative ec oral tablet delayed release | Alophen | OTC; QL |
| sb gentle lax-women oral tablet delayed release | Alophen | OTC; QL |
| sb laxative rectal suppository | OneLAX | OTC |
| sb senna-lax oral tablet | Evac-U-Gen | OTC |
| senna laxative oral tablet | Evac-U-Gen | OTC |
| senna oral capsule | | OTC |
| senna oral liquid | OneLAX Senna | OTC |
| senna oral syrup | OneLAX Senna | |
| senna oral tablet | Evac-U-Gen | OTC |
| SENNA SMOOTH ORAL TABLET | | OTC |
| senna-lax oral tablet | Evac-U-Gen | OTC |
| senna-tabs oral tablet | Evac-U-Gen | OTC |
| senna-time oral tablet | Evac-U-Gen | OTC |
| sennazon oral syrup | OneLAX Senna | OTC |
| SENOKOT EXTRA STRENGTH ORAL TABLET | | OTC |
| sm gentle laxative oral tablet delayed release | Alophen | OTC; QL |
| sm laxative rectal suppository | OneLAX | OTC |
| sm senna laxative oral tablet | Evac-U-Gen | OTC |
| THE MAGIC BULLET RECTAL SUPPOSITORY | | OTC |
| womans laxative oral tablet delayed release | Alophen | OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------------|--------------|
| womens laxative oral tablet delayed release | Alophen | OTC; QL |
| *SURFACTANT LAXATIVES*** | | |
| CORRECTOL EXTRA GENTLE ORAL CAPSULE | | OTC; QL |
| cvs stool softener oral capsule 100 mg | Correctol Extra Gentle | OTC; QL |
| cvs stool softener oral capsule 240 mg | Surfak | OTC |
| cvs stool softener oral capsule 250 mg | | OTC |
| cvs stool softener oral capsule 50 mg | Colace Clear | OTC; QL |
| DOCU LIQUID ORAL LIQUID | | OTC |
| docu oral liquid | Docu Liquid | OTC |
| docusate calcium oral capsule | Surfak | OTC |
| docusate sodium oral capsule 100 mg | Correctol Extra Gentle | OTC; QL |
| docusate sodium oral capsule 250 mg | | |
| docusate sodium oral liquid | Docu Liquid | OTC |
| docusate sodium oral tablet | DOK | OTC; QL |
| DOK ORAL CAPSULE | | OTC; QL |
| DOK ORAL TABLET | | OTC; QL |
| dss oral capsule 100 mg | Correctol Extra Gentle | OTC; QL |
| dss oral capsule 250 mg | | OTC |
| DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE | | OTC; QL |
| DULCOLAX STOOL SOFTENER ORAL CAPSULE | | OTC; QL |
| easy-lax oral capsule | Correctol Extra Gentle | OTC; QL |
| eq stool softener oral capsule 100 mg | Correctol Extra Gentle | OTC; QL |
| eq stool softener oral capsule 250 mg | | OTC |
| eql stool softener oral capsule | Correctol Extra Gentle | OTC; QL |
| gnp stool softener oral capsule 100 mg | Correctol Extra Gentle | OTC; QL |
| gnp stool softener oral capsule 240 mg | Surfak | OTC |
| gnp stool softener oral capsule 250 mg | | OTC |
| HEALTHY MAMA MOVE IT ALONG ORAL TABLET | | OTC; QL |
| hm stool softener oral capsule 100 mg | Correctol Extra Gentle | OTC; QL |
| hm stool softener oral capsule 250 mg | | OTC |
| mm stool softener laxative oral capsule | Correctol Extra Gentle | OTC; QL |
| PHILLIPS STOOL SOFTENER ORAL CAPSULE | | OTC; QL |
| PROMOLAXIN ORAL TABLET | | OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------------|--------------|
| px docusate sodium oral capsule | Correctol Extra Gentle | OTC; QL |
| qc docusate calcium oral capsule | Surfak | OTC |
| qc stool softener oral capsule 100 mg | Correctol Extra Gentle | OTC; QL |
| qc stool softener oral capsule 250 mg | | OTC |
| ra col-rite oral capsule 100 mg | Correctol Extra Gentle | OTC; QL |
| ra col-rite oral capsule 250 mg | | OTC |
| ra stool softener oral capsule | Correctol Extra Gentle | OTC; QL |
| sb docusate sodium oral capsule | Correctol Extra Gentle | OTC; QL |
| sb stool softener oral capsule | Surfak | OTC |
| silace oral liquid | Docu Liquid | OTC |
| sm docusate calcium oral capsule | Surfak | OTC |
| sm stool softener oral capsule 100 mg | Correctol Extra Gentle | OTC; QL |
| sm stool softener oral capsule 250 mg | | OTC |
| sm stool softener oral tablet | DOK | OTC; QL |
| stool softener laxative oral capsule | Correctol Extra Gentle | OTC; QL |
| stool softener oral capsule 100 mg | Correctol Extra Gentle | OTC; QL |
| stool softener oral capsule 240 mg | Surfak | OTC |
| stool softener oral capsule 250 mg | | OTC |
| stool softener oral liquid | Docu Liquid | OTC |
| stool softener oral tablet | DOK | OTC; QL |
| SURFAK ORAL CAPSULE | | OTC |
| *MACROLIDES* | | |
| *AZITHROMYCIN*** | | |
| azithromycin oral packet | Zithromax | QL |
| azithromycin oral suspension reconstituted | Zithromax | QL |
| azithromycin oral tablet | Zithromax | QL |
| *CLARITHROMYCIN*** | | |
| clarithromycin er oral tablet extended release 24 hour | | QL |
| clarithromycin oral suspension reconstituted | | QL |
| clarithromycin oral tablet | | QL |
| *ERYTHROMYCINS*** | | |
| E.E.S. 400 ORAL TABLET | | |
| ERY-TAB ORAL TABLET DELAYED RELEASE | | |
| ERYTHROCIN STEARATE ORAL TABLET | | |

| Drug Name | Reference | Notes |
|--|----------------------------|--------------|
| erythromycin base oral capsule delayed release particles | | |
| erythromycin base oral tablet | | |
| erythromycin base oral tablet delayed release | Ery-Tab | |
| erythromycin ethylsuccinate oral tablet | E.E.S. 400 | |
| erythromycin oral tablet delayed release | Ery-Tab | |
| *MEDICAL DEVICES AND SUPPLIES* | | |
| *APPLICATORS,COTTON BALLS,ETC*** | | |
| alcohol prep pad | BD Swab Single Use Regular | OTC |
| alcohol prep pads pad | BD Swab Single Use Regular | OTC |
| alcohol swabs pad | BD Swab Single Use Regular | OTC |
| BD SWAB SINGLE USE REGULAR PAD | | OTC |
| CURITY ALCOHOL PREPS PAD | | OTC |
| cvs alcohol prep pads pad | BD Swab Single Use Regular | OTC |
| cvs prep pad | BD Swab Single Use Regular | OTC |
| EASY TOUCH ALCOHOL PREP MEDIUM PAD | | OTC |
| FIFTY50 ALCOHOL PREP PAD | | OTC |
| gnp alcohol swabs pad | BD Swab Single Use Regular | OTC |
| hm sterile alcohol prep pad | BD Swab Single Use Regular | OTC |
| qc alcohol swabs pad | BD Swab Single Use Regular | OTC |
| RELION ALCOHOL SWABS PAD | | OTC |
| sm alcohol prep pad | BD Swab Single Use Regular | OTC |
| true comfort alcohol prep pads pad | BD Swab Single Use Regular | OTC |
| ULTICARE ALCOHOL SWABS PAD | | OTC |
| WEBCOL ALCOHOL PREP LARGE PAD | | OTC |
| WEBCOL ALCOHOL PREP MEDIUM PAD | | OTC |

| Drug Name | Reference | Notes |
|---|------------------------|---------|
| *CERVICAL CAPS*** | | |
| FEMCAP VAGINAL DEVICE | | |
| *CONDOMS - FEMALE*** | | |
| FC2 FEMALE CONDOM | | OTC; QL |
| *CONDOMS - MALE*** | | |
| aimsco lubricated | Fantasy Lubricated | OTC |
| condoms | | OTC |
| DUREX REALFEEL DEVICE | | OTC |
| FANTASY LUBRICATED | | OTC |
| FANTASY LUBRICATED/SPERMICIDE | | OTC |
| KAMELEON LUBRICATED | | OTC |
| kimono | Fantasy Lubricated | OTC |
| KIMONO COLORS DEVICE | | OTC |
| kimono micro thin | Trustex Non-Lubricated | OTC |
| kimono micro thin plus | Fantasy Lubricated | OTC |
| kimono plus | Fantasy Lubricated | OTC |
| kimono ps | Fantasy Lubricated | OTC |
| kimono ps plus | Fantasy Lubricated | OTC |
| kimono sensation | Fantasy Lubricated | OTC |
| kimono sensation plus | Fantasy Lubricated | OTC |
| KIMONO SPECIAL DEVICE | | OTC |
| K-Y ME & YOU EXTRA LUBRICATED DEVICE | | OTC |
| K-Y ME & YOU INTENSE DEVICE | | OTC |
| maxx | Fantasy Lubricated | OTC |
| maxx plus | Fantasy Lubricated | OTC |
| REALITY LATEX CONDOMS | | OTC |
| REALITY LATEX/ULTRA TEXTURED DEVICE | | OTC |
| REALITY LATEX/ULTRA THIN DEVICE | | OTC |
| TRUSTEX COLOR CONDOMS + LUBE | | OTC |
| TRUSTEX LUB/RIBBED/STUDDED | | OTC |
| TRUSTEX LUB/SPERMICIDE EX ST | | OTC |
| TRUSTEX LUB/SPERMICIDE XL | | OTC |
| TRUSTEX LUBRICATED | | OTC |
| TRUSTEX LUBRICATED EX LARGE | | OTC |
| TRUSTEX LUBRICATED EXTRA ST | | OTC |

| Drug Name | Reference | Notes |
|---|------------------------------|--------------|
| TRUSTEX LUBRICATED/SPERMICIDE | | OTC |
| TRUSTEX NATURAL CONDOMS + LUBE | | OTC |
| TRUSTEX NON-LUBRICATED | | OTC |
| TRUSTEX RIA LUB/SPERMICIDE | | OTC |
| TRUSTEX RIA LUBRICATED | | OTC |
| TRUSTEX RIA NON-LUBRICATED | | OTC |
| TRUSTEX-NONOXYNOL-9/RIB/STUD | | OTC |
| *DIAPHRAGMS*** | | |
| CAYA VAGINAL DIAPHRAGM | | |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM | | |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM | | |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM | | |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM | | |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM | | |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM | | |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM | | |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM | | |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM | | |
| *FOOT CARE PRODUCTS*** | | |
| DESENEX FOOT/SNEAKER SPRAY EXTERNAL AEROSOL | | OTC |
| JOHNSONS FOOT SPRAY EXTERNAL AEROSOL | | OTC |
| *GLUCOSE MONITORING TEST SUPPLIES*** | | |
| 1st tier unilet comfortouch | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| acti-lance 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| acti-lance lite lancets 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |

| Drug Name | Reference | Notes |
|---------------------------------------|------------------------------|--------------|
| acti-lance special lancets 17g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| acti-lance universal 23g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| adjustable lancing device | Auto-Lancet | OTC; QL |
| advanced mobile lancet | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| AGAMATRIX ULTRA-THIN LANCETS | | OTC; QL |
| aimsco twist lancets 32g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| AIMSCO TWIST LANCETS 33G | | OTC; QL |
| ASSURE HAEMOLANCE PLUS HIGH | | OTC; QL |
| ASSURE HAEMOLANCE PLUS LOW | | OTC; QL |
| ASSURE HAEMOLANCE PLUS MICRO | | OTC; QL |
| ASSURE HAEMOLANCE PLUS NORMAL | | OTC; QL |
| ASSURE HAEMOLANCE PLUS PED | | OTC; QL |
| ASSURE LANCE LANCETS | | OTC; QL |
| ASSURE LANCE LANCETS 21G | | OTC; QL |
| ASSURE LANCE PLUS SAFETY 25G | | OTC; QL |
| ASSURE LANCE PLUS SAFETY 30G | | OTC; QL |
| ASSURE LANCE SAFETY LANCET 28G | | OTC; QL |
| aurora lancet super thin 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| aurora lancet thin 23g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| AUTO-LANCET | | PA; OTC; QL |
| AUTO-LANCET MINI | | OTC; QL |
| AUTOLET II CLINISAFE KIT | | OTC |
| AUTOLET LANCING DEVICE | | OTC; QL |
| AUTOLET LITE CLINISAFE KIT | | OTC |
| AUTOLET LITE STARTER PACK KIT | | OTC |
| AUTOLET MINI | | PA; OTC; QL |
| AUTOLET PLATFORMS | | OTC; QL |
| AUTOLET PLUS | | OTC; QL |
| CARDIOCOM LANCING DEVICE | | PA; OTC; QL |
| careone advanced lancing dev | Auto-Lancet | OTC; QL |
| CAREONE LANCET SUPER THIN 30G | | OTC; QL |
| careone lancet thin 23g | AgaMatrix Ultra-Thin Lancets | OTC; QL |

| Drug Name | Reference | Notes |
|---------------------------------------|------------------------------|--------------|
| CARESENS LANCETS | | OTC; QL |
| CLEANLET LANCETS 28G | | OTC; QL |
| comfort assured lancets 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| comfort assured lancets 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| comfort lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| cvs lancets 21g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| cvs lancets original | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| cvs lancets ultra thin 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| cvs ultra thin lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| DEXCOM G6 RECEIVER DEVICE | | PA; QL |
| DEXCOM G6 SENSOR | | PA; QL |
| DEXCOM G6 TRANSMITTER | | PA; QL |
| DIATHRIVE LANCET ULTRA THIN 30 | | OTC; QL |
| DIATHRIVE LANCETS | | OTC; QL |
| DIATHRIVE LANCING DEVICE | | PA; OTC; QL |
| DROPLET LANCETS ULTRA THIN 30G | | OTC; QL |
| DROPLET LANCING DEVICE | | OTC; QL |
| DROPLET PERSONAL LANCETS 30G | | OTC; QL |
| drug mart lancets thin 26g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| DRUG MART LANCING DEVICE | | OTC; QL |
| DRUG MART ON-THE-GO LANCET 30G | | OTC; QL |
| DRUG MART UNILET LANCETS 28G | | OTC; QL |
| DRUG MART UNILET LANCETS 30G | | OTC; QL |
| EASY TOUCH LANCETS 21G | | OTC; QL |
| EASY TOUCH LANCETS 23G | | OTC; QL |
| EASY TOUCH LANCETS 26G | | OTC; QL |
| EASY TOUCH LANCETS 28G | | OTC; QL |
| EASY TOUCH LANCETS 28G/TWIST | | OTC; QL |
| EASY TOUCH LANCETS 30G | | OTC; QL |
| EASY TOUCH LANCETS 30G/TWIST | | OTC; QL |
| EASY TOUCH LANCETS 32G | | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------------------|--------------|
| EASY TOUCH LANCETS 32G/TWIST | | OTC; QL |
| EASY TOUCH LANCETS 33G/TWIST | | OTC; QL |
| EASY TOUCH LANCING DEVICE | | OTC; QL |
| EASY TOUCH SAFETY LANCETS 21G | | OTC; QL |
| EASY TOUCH SAFETY LANCETS 23G | | OTC; QL |
| EASY TOUCH SAFETY LANCETS 26G | | OTC; QL |
| EASY TOUCH SAFETY LANCETS 28G | | OTC; QL |
| eql color lancets 21g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| eql color lancets micro 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| eql super thin lancets 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| eql thin lancets 26g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| E-Z JECT LANCET MICRO-THIN 33G | | OTC; QL |
| E-Z JECT LANCET SUPER THIN 30G | | OTC; QL |
| E-Z JECT LANCETS | | OTC; QL |
| E-Z JECT LANCETS 21G | | OTC; QL |
| E-Z JECT LANCETS THIN 26G | | OTC; QL |
| EZ-LETS LANCETS 21G | | OTC; QL |
| EZ-LETS LANCETS 26G | | OTC; QL |
| EZ-LETS LANCETS 28G | | OTC; QL |
| EZ-LETS LANCETS 30G | | OTC; QL |
| FIFTY50 SAFETY SEAL LANCETS | | OTC; QL |
| FIFTY50 UNILET LANCETS 33G | | OTC; QL |
| FINE 30 | | OTC; QL |
| FORA LANCING DEVICE | | OTC; QL |
| freds pharmacy autolet lancing | Auto-Lancet | OTC; QL |
| freds pharmacy unilet lanc 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| freds pharmacy unilet lanc 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| FREESTYLE LIBRE 14 DAY READER DEVICE | | PA; QL |
| FREESTYLE LIBRE 14 DAY SENSOR | | PA; QL |
| FREESTYLE LIBRE 2 READER DEVICE | | PA; QL |
| FREESTYLE LIBRE 2 SENSOR | | PA; QL |
| freestyle libre 3 sensor | Dexcom G6 Sensor | PA |

| Drug Name | Reference | Notes |
|--|------------------------------|--------------|
| FREESTYLE LIBRE READER DEVICE | | PA; QL |
| GENTEEL BUTTERFLY TOUCH LANCET | | OTC; QL |
| GENTEEL CONTACT TIPS (BLUE) | | OTC; QL |
| GENTEEL CONTACT TIPS (CLEAR) | | OTC; QL |
| GENTEEL CONTACT TIPS (GREEN) | | OTC; QL |
| GENTEEL CONTACT TIPS (ORANGE) | | OTC; QL |
| GENTEEL CONTACT TIPS (RAINBOW) | | OTC; QL |
| GENTEEL CONTACT TIPS (VIOLET) | | OTC; QL |
| GENTEEL CONTACT TIPS (YELLOW) | | OTC; QL |
| GENTEEL LANCING KIT (BLUE) KIT | | OTC |
| GENTEEL NOZZLES | | OTC; QL |
| GENTEEL PLUS LANCING (BLACK) | | OTC; QL |
| GENTEEL PLUS LANCING (PURPLE) | | OTC; QL |
| GENTEEL PLUS LANCING (WHITE) | | OTC; QL |
| GENTEEL PLUS LANCING DEV(BLUE) | | OTC; QL |
| GENTEEL PLUS LANCING DEV(PINK) | | OTC; QL |
| GENTLE-LET GP LANCETS | | OTC; QL |
| GENTLE-LET LANCETS | | OTC; QL |
| GENTLE-LET PLATFORMS | | OTC; QL |
| GLUCOCOM LANCETS 28G | | OTC; QL |
| GLUCOCOM LANCETS 30G | | OTC; QL |
| GLUCOCOM LANCETS 33G | | OTC; QL |
| gnp lancets 21g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| gnp lancets thin 26g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| gnp sterile lancets 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| gnp sterile lancets 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| gnp sterile lancets 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| GNP TRUE METRIX AIR METER KIT | | OTC |
| GNP TRUE METRIX GLUCOSE METER KIT | | OTC |
| goodsense color lancets 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| goodsense lancets 26g univ | AgaMatrix Ultra-Thin Lancets | OTC; QL |

| Drug Name | Reference | Notes |
|---------------------------------------|------------------------------|--------------|
| goodsense lancets 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| goodsense lancets 30g univ | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| goodsense lancets 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| goodsense lancets 33g univ | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| HAEMOLANCE | | OTC; QL |
| HAEMOLANCE LOW FLOW LANCETS | | OTC; QL |
| HAEMOLANCE PLUS | | OTC; QL |
| HAEMOLANCE PLUS HIGH FLOW | | OTC; QL |
| HAEMOLANCE PLUS LOW FLOW | | OTC; QL |
| HAEMOLANCE PLUS MAX FLOW | | OTC; QL |
| HAEMOLANCE PLUS PEDIATRIC FLOW | | OTC; QL |
| healthy accents lancing device | Auto-Lancet | OTC; QL |
| healthy accents unilet lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| h-e-b incontrol adv lancing | Auto-Lancet | OTC; QL |
| h-e-b incontrol lancets 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| h-e-b incontrol lancets 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| h-e-b incontrol lancets 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| HY-VEE LANCETS | | OTC; QL |
| hy-vee thin lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| IN TOUCH LANCING DEVICE | | PA; OTC; QL |
| IN TOUCH STERILE LANCETS 30G | | OTC; QL |
| kinney lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| kinney thin lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| KROGER AUTOLET LANCING DEVICE | | OTC; QL |
| KROGER HEALTHPRO LANCET 26G | | OTC; QL |
| croger lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| croger lancets 21g | AgaMatrix Ultra-Thin Lancets | OTC; QL |

| Drug Name | Reference | Notes |
|------------------------------------|------------------------------|--------------|
| croger lancets micro thin 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| croger lancets super thin | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| croger lancets thin | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| croger lancets thin 26g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| lancet transporter case | Autolet Platforms | OTC; QL |
| lancets 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| lancets micro thin 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| lancets super thin 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| lancets ultra thin 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| lancing device | Auto-Lancet | PA; OTC; QL |
| LANZO | | OTC; QL |
| leader advanced lancing device | Auto-Lancet | OTC; QL |
| LIBERTY MINI LANCING DEVICE | | PA; OTC; QL |
| lite touch lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| LITE TOUCH LANCING PEN | | OTC; QL |
| LITETOUCH LANCETS | | OTC; QL |
| live better lancet super thin | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| longs lancets standard | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| longs lancets ultra thin | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| medichoice safety lancet | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| medichoice safety lancet extra | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| medichoice safety lancet norm | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| MEDLANCE EXTRA 21G | | OTC; QL |
| MEDLANCE LITE 25G | | OTC; QL |
| MEDLANCE PLUS EXTRA 21G | | OTC; QL |
| MEDLANCE PLUS LANCETS | | OTC; QL |

| Drug Name | Reference | Notes |
|-------------------------------------|------------------------------|--------------|
| MEDLANCE PLUS LITE 25G | | OTC; QL |
| MEDLANCE PLUS SPECIAL 0.8MM | | OTC; QL |
| MEDLANCE PLUS SUPERLITE 30G | | OTC; QL |
| MEDLANCE PLUS UNIVERSAL 21G | | OTC; QL |
| MEDLANCE UNIVERSAL 21G | | OTC; QL |
| MEIJER LANCETS | | OTC; QL |
| MEIJER LANCETS THIN | | OTC; QL |
| MEIJER LANCETS UNIVERSAL 21G | | OTC; QL |
| MEIJER LANCETS UNIVERSAL 30G | | OTC; QL |
| MEIJER LANCETS UNIVERSAL 33G | | OTC; QL |
| MEIJER SUPER THIN LANCETS | | OTC; QL |
| mini lancing device | Auto-Lancet | OTC; QL |
| MM LANCING DEVICE | | OTC; QL |
| MM TWIST LANCETS | | OTC; QL |
| MONOLET LANCETS | | OTC; QL |
| MONOLET OPD LANCETS | | OTC; QL |
| MONOLETTOR SAFETY LANCETS | | OTC; QL |
| mpd safety lancet 21g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| mpd safety lancet 23g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| mpd safety lancet 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| mpd safety lancet 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| multi-lancet device | Auto-Lancet | PA; OTC; QL |
| MYGLUCOHEALTH LANCETS 30G | | OTC; QL |
| NOVA SAFETY LANCETS 23G | | OTC; QL |
| NOVA SAFETY LANCETS 28G | | OTC; QL |
| NOVA SUREFLEX LANCETS | | OTC; QL |
| NOVA SUREFLEX LANCING DEVICE | | PA; OTC; QL |
| pc lancets super thin 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| PERFECT LANCETS 28G | | OTC; QL |
| PERFECT LANCETS 30G | | OTC; QL |
| PHARMACY COUNTER LANCETS | | OTC; QL |
| pip lancets 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |

| Drug Name | Reference | Notes |
|--------------------------------------|------------------------------|--------------|
| pip lancets 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| PRECISION THINS GP LANCETS | | OTC; QL |
| preferred plus lancets colored | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| preferred plus lancets thin | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| PSS SELECT GP LANCETS | | OTC; QL |
| PSS SELECT PLATFORMS | | OTC; QL |
| PSS SELECT SAFETY LANCETS | | OTC; QL |
| px advanced lancing device | Auto-Lancet | OTC; QL |
| px lancets microthin 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| px lancets ultra thin 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| qc advanced lancing device | Auto-Lancet | PA; OTC; QL |
| qc lancets super thin 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| qc lancets ultra thin | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| qc unilet lancets 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| qc unilet lancets micro thin | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| RA E-ZJECT LANCETS 28G | | OTC; QL |
| RA E-ZJECT LANCETS THIN 26G | | OTC; QL |
| RA E-ZJECT LANCETS THIN 28G | | OTC; QL |
| RA E-ZJECT LANCETS ULTRA THIN | | OTC; QL |
| READYLANCE SAFETY LANCETS | | OTC; QL |
| reality lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| reality trigger lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| RELION LANCET DEVICES 30G | | OTC; QL |
| RELION LANCETS MICRO-THIN 33G | | OTC; QL |
| RELION LANCETS THIN 26G | | OTC; QL |
| RELION LANCETS ULTRA-THIN 30G | | OTC; QL |
| RELION LANCING DEVICE | | OTC; QL |
| RELION LANCING DEVICE KIT | | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------------------|--------------|
| RELION TRUE MET AIR GLUC METER KIT | | OTC |
| RELION ULTRA THIN LANCETS 30G | | OTC; QL |
| RELION ULTRA THIN PLUS LANCETS | | OTC; QL |
| REXALL LANCETS ULTRA THIN 30G | | OTC; QL |
| RIGHTEST ALTERNATE SITE ADAPT | | OTC; QL |
| RIGHTEST GD500 LANCING DEVICE | | OTC; QL |
| RIGHTEST GL300 LANCETS | | OTC; QL |
| SAFE-T-LANCE | | OTC; QL |
| SAFE-T-LANCE PLUS | | OTC; QL |
| SAFETY LANCETS 21G | | OTC; QL |
| sb lancets thin | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| sb lancets ultra thin | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| select-lite device/lancets kit | Autolet II Clinisafe | OTC |
| select-lite lancing device | Auto-Lancet | PA; OTC; QL |
| SHOPKO AUTOLET LANCING DEVICE | | OTC; QL |
| SHOPKO ON-THE-GO LANCETS 30G | | OTC; QL |
| SHOPKO UNILET LANCETS 28G | | OTC; QL |
| SHOPKO UNILET LANCETS 30G | | OTC; QL |
| sm lancets 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| SMART SENSE COLOR LANCETS 33G | | OTC; QL |
| SMART SENSE STANDARD LANCETS | | OTC; QL |
| SMART SENSE SUPER THIN LANCETS | | OTC; QL |
| SMART SENSE THIN LANCETS 26G | | OTC; QL |
| SMARTEST LANCETS 28G | | OTC; QL |
| STERILANCE PA | | OTC; QL |
| super thin lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| sure comfort lancets 18g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| sure comfort lancets 21g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| sure comfort lancets 23g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| sure comfort lancets 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------------------|--------------|
| sure comfort lancets 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| sure comfort lancing pen | Auto-Lancet | OTC; QL |
| SURELITE LANCETS | | OTC; QL |
| TECHLITE AST LANCETS | | OTC; QL |
| TECHLITE LANCETS | | OTC; QL |
| TECHLITE LANCETS 30G | | OTC; QL |
| tgt lancet micro thin 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| tgt lancet thin 26g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| tgt lancet ultra thin 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| THINLETS GP LANCETS | | OTC; QL |
| todays health lancing device | Auto-Lancet | OTC; QL |
| todays health thin lancets 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| todays health thin lancets 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| topcare lancets micro-thin 33g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| travel lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| TRAVEL LANCETS ADVANCED 28G | | OTC; QL |
| TRUE METRIX AIR GLUCOSE METER DEVICE | | PA; OTC |
| TRUE METRIX AIR GLUCOSE METER KIT | | OTC |
| TRUE METRIX GO GLUCOSE METER KIT | | OTC |
| TRUE METRIX LEVEL 1 IN VITRO SOLUTION | | OTC |
| TRUE METRIX LEVEL 2 IN VITRO SOLUTION | | OTC |
| TRUE METRIX LEVEL 3 IN VITRO SOLUTION | | OTC |
| TRUE METRIX METER DEVICE | | OTC |
| TRUE METRIX METER KIT | | OTC |
| TRUEDRAW LANCING DEVICE | | OTC; QL |
| TRUEPLUS LANCETS 26G | | OTC; QL |
| TRUEPLUS LANCETS 28G | | OTC; QL |
| TRUEPLUS LANCETS 30G | | OTC; QL |

| Drug Name | Reference | Notes |
|-------------------------------|------------------|--------------|
| TRUEPLUS LANCETS 33G | | OTC; QL |
| TRUEPLUS SAFETY LANCETS 28G | | OTC; QL |
| ULTRA-THIN II AUTO LANCET | | OTC; QL |
| ULTRA-THIN II LANCETS | | OTC; QL |
| UNILET COMFORTOUCH LANCET | | OTC; QL |
| UNILET EXCELITE | | OTC; QL |
| UNILET EXCELITE II | | OTC; QL |
| UNILET G.P. LANCET | | OTC; QL |
| UNILET G.P. SUPERLITE LANCET | | OTC; QL |
| UNILET GP 28 ULTRA THIN | | OTC; QL |
| UNILET LANCET | | OTC; QL |
| UNILET MICRO-THIN 33G | | OTC; QL |
| UNILET SUPERLITE LANCET | | OTC; QL |
| UNILET SUPER-THIN 30G | | OTC; QL |
| UNILET ULTRA-THIN 28G | | OTC; QL |
| UNISTIK 1 | | OTC; QL |
| UNISTIK 2 | | OTC; QL |
| UNISTIK 2 COMFORT | | OTC; QL |
| UNISTIK 2 EXTRA | | OTC; QL |
| UNISTIK 2 NEONATAL | | OTC; QL |
| UNISTIK 2 NORMAL | | OTC; QL |
| UNISTIK 2 SUPER | | OTC; QL |
| UNISTIK 3 | | OTC; QL |
| UNISTIK 3 COMFORT | | OTC; QL |
| UNISTIK 3 EXTRA | | OTC; QL |
| UNISTIK 3 GENTLE | | OTC; QL |
| UNISTIK 3 NEONATAL | | OTC; QL |
| UNISTIK 3 NORMAL | | OTC; QL |
| UNISTIK CZT COMFORT | | OTC; QL |
| UNISTIK CZT NORMAL | | OTC; QL |
| UNISTIK NORMAL | | OTC; QL |
| UNISTIK PRO SAFETY LANCET | | OTC; QL |
| UNISTIK SAFETY LANCETS 28G | | OTC; QL |
| UNISTIK SAFETY LANCETS 30G | | OTC; QL |
| UNISTIK TOUCH SAFETY LANC 21G | | OTC; QL |
| UNISTIK TOUCH SAFETY LANC 23G | | OTC; QL |
| UNISTIK TOUCH SAFETY LANC 28G | | OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------------------|--------------|
| UNISTIK TOUCH SAFETY LANC 30G | | OTC; QL |
| UNIVERSAL 1 LANCETS THIN 26G | | OTC; QL |
| UNIVERSAL 1 LANCETS THIN 33G | | OTC; QL |
| UNIVERSAL 1 LANCETS ULTRA THIN | | OTC; QL |
| value plus lancet standard 21g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| value plus lancets super thin | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| value plus lancets thin 26g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| valumark lancet super thin 30g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| valumark lancet ultra thin 28g | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| VIDA MIA AUTOLET LANCING DEV | | OTC; QL |
| VIDA MIA UNILET LANCETS 28G | | OTC; QL |
| VIDA MIA UNILET LANCETS 30G | | OTC; QL |
| VIVAGUARD LANCETS | | OTC; QL |
| VIVAGUARD LANCING DEVICE | | OTC; QL |
| walgreens adv travel lancets | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| WALGREENS LANCETS | | OTC; QL |
| walgreens lancets micro thin | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| walgreens lancets super thin | AgaMatrix Ultra-Thin Lancets | OTC; QL |
| WALGREENS THIN LANCETS | | OTC; QL |
| *INSULIN ADMINISTRATION SUPPLIES*** | | |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT | | PA; QL |
| OMNIPOD 5 G6 POD (GEN 5) | | PA; QL |
| OMNIPOD CLASSIC PDM (GEN 3) KIT | | PA; QL |
| OMNIPOD CLASSIC PODS (GEN 3) | | PA; QL |
| OMNIPOD DASH INTRO (GEN 4) KIT | | PA; QL |
| OMNIPOD DASH PDM (GEN 4) KIT | | PA; QL |
| OMNIPOD DASH PODS (GEN 4) | | PA; QL |
| OMNIPOD POD PALS | | PA; OTC; QL |
| *NEEDLES & SYRINGES*** | | |
| BD AUTOSHIELD | | OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------|--------------|
| BD AUTOSHIELD DUO | | OTC; QL |
| BD DISP NEEDLES | | OTC |
| BD HYPODERMIC NEEDLE | | OTC |
| BD INSULIN SYR ULTRAFINE II | | OTC; QL |
| BD INSULIN SYRINGE | | OTC; QL |
| BD INSULIN SYRINGE HALF-UNIT | | OTC; QL |
| BD INSULIN SYRINGE MICROFINE | | OTC; QL |
| BD INSULIN SYRINGE U/F | | OTC; QL |
| BD INSULIN SYRINGE U/F 1/2UNIT | | OTC; QL |
| BD INSULIN SYRINGE U-500 | | QL |
| BD INSULIN SYRINGE ULTRAFINE | | OTC; QL |
| BD PEN NEEDLE MICRO U/F | | OTC; QL |
| BD PEN NEEDLE MINI U/F | | OTC; QL |
| BD PEN NEEDLE NANO 2ND GEN | | OTC; QL |
| BD PEN NEEDLE NANO U/F | | QL |
| BD PEN NEEDLE ORIGINAL U/F | | OTC; QL |
| BD PEN NEEDLE SHORT U/F | | OTC; QL |
| BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML | | OTC; QL |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML | | QL |
| BD SAFETYGLIDE NEEDLE | | OTC |
| BD SAFETY-LOK INSULIN SYRINGE | | OTC; QL |
| BD VEO INSULIN SYR U/F 1/2UNIT | | OTC; QL |
| BD VEO INSULIN SYRINGE U/F | | OTC; QL |
| *SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES*** | | |
| AEROVENT PLUS DEVICE | | QL |
| COMPACT SPACE CHAMBER DEVICE | | QL |
| COMPACT SPACE CHAMBER/LG MASK DEVICE | | QL |
| COMPACT SPACE CHAMBER/MED MASK DEVICE | | QL |
| EASIVENT MASK LARGE | | QL |
| EASIVENT MASK MEDIUM | | QL |
| EASIVENT MASK SMALL | | QL |
| MICROCHAMBER DEVICE | | QL |

| Drug Name | Reference | Notes |
|--|-------------------------|--------|
| MICROSPACER | | QL |
| OPTICHAMBER DIAMOND | | QL |
| OPTICHAMBER DIAMOND DEVICE | | QL |
| OPTICHAMBER DIAMOND-LG MASK DEVICE | | QL |
| OPTICHAMBER DIAMOND-MD MASK | | QL |
| OPTICHAMBER DIAMOND-SM MASK | | QL |
| POCKET CHAMBER DEVICE | | QL |
| RITEFLO DEVICE | | QL |
| VORTEX VALVED HOLDING CHAMBER DEVICE | | QL |
| *MIGRAINE PRODUCTS* | | |
| *CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** | | |
| NURTEC ORAL TABLET DISPERSIBLE | | PA; QL |
| *CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | PA; QL |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | PA; QL |
| *ERGOT COMBINATIONS*** | | |
| ergotamine-caffeine oral tablet | Cafergot | |
| MIGERGOT RECTAL SUPPOSITORY | | |
| *SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** | | |
| naratriptan hcl oral tablet | | QL |
| sumatriptan nasal solution | Imitrex | PA; QL |
| sumatriptan succinate oral tablet | Imitrex | QL |
| sumatriptan succinate refill subcutaneous solution cartridge | Imitrex STATdose Refill | PA; QL |
| sumatriptan succinate subcutaneous solution | | PA; QL |

| Drug Name | Reference | Notes |
|---|------------------------------|---------|
| sumatriptan succinate subcutaneous solution auto-injector | Imitrex STATdose System | PA; QL |
| *MINERALS & ELECTROLYTES* | | |
| *CALCIUM COMBINATIONS*** | | |
| 600+d3 oral tablet | Pronutrients Calcium+D3 | OTC; QL |
| calcitrate plus d oral tablet | | OTC |
| calcium + d oral tablet | | OTC |
| calcium + vitamin d3 oral tablet 600-10 mg-mcg | | OTC; QL |
| calcium + vitamin d3 oral tablet 600-5 mg-mcg | | OTC |
| calcium 500 + d oral tablet | Os-Cal Calcium + D3 | OTC |
| calcium 500 + d3 oral tablet | Os-Cal Calcium + D3 | OTC |
| calcium 500 +d oral tablet | | OTC |
| calcium 500/d oral tablet | Os-Cal Calcium + D3 | OTC |
| calcium 500/d oral tablet chewable | | OTC |
| calcium 500/vitamin d oral tablet | | OTC |
| calcium 500+d high potency oral tablet | | OTC |
| calcium 500+d oral tablet | Os-Cal Calcium + D3 | OTC |
| calcium 500+d3 oral tablet | Os-Cal Calcium + D3 | OTC |
| calcium 600 + d oral tablet | | OTC; QL |
| calcium 600 + minerals oral tablet | | OTC |
| calcium 600/vitamin d oral tablet | | OTC; QL |
| calcium 600/vitamin d oral tablet chewable | | OTC; QL |
| calcium 600/vitamin d3 oral tablet | Pronutrients Calcium+D3 | OTC; QL |
| calcium 600+d high potency oral tablet | | OTC; QL |
| calcium 600+d oral tablet | Pronutrients Calcium+D3 | OTC; QL |
| calcium 600+d plus minerals oral tablet | | OTC; QL |
| calcium 600+d plus minerals oral tablet chewable | | OTC; QL |
| calcium 600+d3 oral tablet 600-10 mg-mcg | | OTC; QL |
| calcium 600+d3 oral tablet 600-20 mg-mcg | Pronutrients Calcium+D3 | OTC; QL |
| calcium 600+d3 oral tablet 600-5 mg-mcg | | OTC |
| calcium 600+d3 plus minerals oral tablet | Caltrate 600+D Plus Minerals | OTC |
| calcium 600+d3 plus minerals oral tablet chewable | Caltrate 600+D Plus Minerals | OTC; QL |
| calcium carb-cholecalciferol oral tablet 500-10 mg-mcg | | OTC |

| Drug Name | Reference | Notes |
|--|----------------------------|---------------------------------|
| calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg | | OTC; QL |
| calcium carb-cholecalciferol oral tablet 600-20 mg-mcg | Pronutrients Calcium+D3 | OTC; QL |
| calcium carb-cholecalciferol oral tablet chewable | | OTC |
| calcium carbonate-vitamin d oral capsule | | OTC; QL |
| calcium carbonate-vitamin d oral tablet | | OTC; QL |
| calcium citrate + d oral tablet | | OTC |
| calcium citrate + d3 maximum oral tablet | Calcitrate | OTC |
| calcium citrate + d3 oral tablet | Calcitrate | OTC |
| calcium citrate + oral tablet | | OTC |
| calcium citrate +d oral tablet | Calcitrate | OTC |
| calcium citrate+d3 oral tablet | Calcitrate | OTC |
| calcium citrate+d3 petites oral tablet | Citracal Petites/Vitamin D | OTC |
| calcium citrate-vitamin d oral tablet | Calcitrate | OTC |
| calcium citrate-vitamin d3 oral tablet | Calcitrate | OTC |
| calcium creamies oral tablet chewable | | OTC; QL |
| calcium for women oral tablet chewable | | OTC |
| calcium high potency/vitamin d oral tablet | | OTC; QL |
| calcium magnesium zinc oral tablet | | AL (Maximum Age: 20 years); OTC |
| calcium plus vitamin d oral tablet | Os-Cal Calcium + D3 | OTC |
| calcium plus vitamin d3 oral capsule | | OTC |
| calcium plus vitamin d3 oral tablet | Pronutrients Calcium+D3 | OTC; QL |
| calcium/c/d oral tablet chewable | | OTC; QL |
| calcium+d3 gradual release oral tablet extended release 24 hour | Citracal Slow Release | OTC |
| calcium+d3 oral tablet 500-10 mg-mcg | | OTC |
| calcium+d3 oral tablet 500-15 mg-mcg | Os-Cal Extra D3 | OTC |
| calcium+d3 oral tablet 600-20 mg-mcg | Pronutrients Calcium+D3 | OTC; QL |
| calcium-magnesium oral tablet | Cal-Mag | OTC |
| calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg | | AL (Maximum Age: 20 years); OTC |
| calcium-magnesium-zinc oral tablet 333-133-8.3 mg | | OTC |
| calcium-vitamin d3 oral capsule 600-10 mg-mcg | | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------------------|---------------------------------|
| calcium-vitamin d3 oral capsule 600-12.5 mg-mcg | | OTC |
| calcium-vitamin d3 oral tablet | | OTC; QL |
| calcium-vitamin d-minerals oral tablet chewable | Caltrate 600+D Plus Minerals | OTC; QL |
| CAL-MAG ORAL TABLET | | OTC |
| chewable calcium oral tablet chewable | | OTC |
| citrus calcium/vitamin d oral tablet | Citracal Petites/Vitamin D | OTC |
| cvs calcium + d3 oral tablet | Pronutrients Calcium+D3 | OTC; QL |
| cvs calcium 600 & vitamin d3 oral tablet | Pronutrients Calcium+D3 | OTC; QL |
| cvs calcium 600 + d/minerals oral tablet | Caltrate 600+D Plus Minerals | OTC |
| cvs calcium 600 + d/minerals oral tablet chewable | Caltrate 600+D Plus Minerals | OTC; QL |
| cvs calcium 600+d oral tablet | Pronutrients Calcium+D3 | OTC; QL |
| cvs calcium citrate+d3 petites oral tablet | Citracal Petites/Vitamin D | OTC |
| cvs calcium-magnesium-zinc oral tablet | | AL (Maximum Age: 20 years); OTC |
| cvs oyster shell calcium-vit d oral tablet | | OTC |
| eq calcium 500+d oral tablet | Os-Cal Calcium + D3 | OTC |
| eq calcium 600+d oral tablet | Pronutrients Calcium+D3 | OTC; QL |
| eq calcium 600+d+minerals oral tablet | Caltrate 600+D Plus Minerals | OTC |
| eq calcium citrate+d oral tablet | Calcitrate | OTC |
| eq calcium citrate+d3 oral tablet | Calcitrate | OTC |
| eq calcium citrate+d3 petites oral tablet | Citracal Petites/Vitamin D | OTC |
| eql calcium citrate/vitamin d oral tablet | Calcitrate | OTC |
| eql calcium citrate/vitamin d3 oral tablet | Calcitrate | OTC |
| eql calcium soft chews oral tablet chewable | | OTC |
| eql calcium/vitamin d oral tablet | | OTC; QL |
| eql calcium/vitamin d3 oral tablet | Pronutrients Calcium+D3 | OTC; QL |
| finest nutrition calcium/vit d oral capsule | | OTC |
| gnp calcium 500 +d3 oral tablet | Os-Cal Extra D3 | OTC |
| gnp calcium 600 +d/minerals oral tablet | Caltrate 600+D Plus Minerals | OTC |
| gnp calcium 600 +d3 oral tablet | Pronutrients Calcium+D3 | OTC; QL |
| gnp calcium 600 +d3/minerals oral tablet chewable | Caltrate 600+D Plus Minerals | OTC; QL |
| gnp calcium citrate +d3 oral tablet | Calcitrate | OTC |

| Drug Name | Reference | Notes |
|---|------------------------------|---------------------------------|
| hm calcium citrate+d3 petite oral tablet | Citracal Petites/Vitamin D | OTC |
| hm calcium-vitamin d-minerals oral tablet | | OTC; QL |
| kp calcium 600+d oral capsule | | OTC |
| kp calcium 600+d oral tablet | Pronutrients Calcium+D3 | OTC; QL |
| kp calcium 600+d3 oral capsule | | OTC |
| kp calcium citrate+d oral tablet | Calcitrate | OTC |
| kp calcium-magnesium-zinc oral tablet | | AL (Maximum Age: 20 years); OTC |
| liquid calcium with d3 oral capsule | | OTC |
| liquid calcium/vitamin d oral capsule | | OTC; QL |
| nat-rul oyster calcium+vit d oral tablet | | OTC |
| OS-CAL CALCIUM + D3 ORAL TABLET | | OTC |
| OS-CAL EXTRA D3 ORAL TABLET | | OTC |
| OYSCO 500+D ORAL TABLET | | OTC |
| oyster calcium/d3 oral tablet | Os-Cal Calcium + D3 | OTC |
| oyster shell calcium + d oral tablet | Os-Cal Calcium + D3 | OTC |
| oyster shell calcium + d3 oral tablet | | OTC |
| oyster shell calcium 250+d oral tablet | | OTC; QL |
| oyster shell calcium 500+d oral tablet chewable | | OTC |
| oyster shell calcium oral tablet | | OTC |
| oyster shell calcium plus d oral tablet | Os-Cal Calcium + D3 | OTC |
| oyster shell calcium w/d oral tablet | Os-Cal Calcium + D3 | OTC |
| oyster shell calcium/d oral tablet 250-3.125 mg-mcg | | OTC; QL |
| oyster shell calcium/d oral tablet 500-10 mg-mcg | | OTC |
| oyster shell calcium/d3 oral tablet | Os-Cal Calcium + D3 | OTC |
| oyster shell calcium/vit d oral tablet | Os-Cal Calcium + D3 | OTC |
| oyster shell calcium/vit d3 oral tablet | | OTC; QL |
| oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg | | OTC; QL |
| oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg | Os-Cal Calcium + D3 | OTC |
| PRONUTRIENTS CALCIUM+D3 ORAL TABLET | | OTC; QL |
| px calcium&d oral tablet | | OTC; QL |
| qc calcium 600 +d3/minerals oral tablet chewable | Caltrate 600+D Plus Minerals | OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------------------|---------------------------------|
| qc calcium/minerals/vitamin d oral tablet | | OTC; QL |
| ra calcium 600/vit d/minerals oral tablet | | OTC |
| ra calcium 600/vit d/minerals oral tablet chewable | | OTC; QL |
| ra calcium 600/vitamin d-3 oral tablet | | OTC; QL |
| ra calcium cit plus vit d-3 oral tablet | Calcitrate | OTC |
| ra calcium citrate plus vit d oral tablet | | OTC |
| ra calcium cit-vit d-3 petites oral tablet | Citracal Petites/Vitamin D | OTC |
| ra calcium plus vitamin d oral tablet | | OTC; QL |
| ra calcium plus vitamin d3 oral tablet | | OTC; QL |
| ra calcium/vitamin d/minerals oral tablet | | OTC; QL |
| RA HI CAL ORAL TABLET | | OTC |
| risacal-d oral tablet | | OTC |
| sb calcium + d oral tablet | | OTC; QL |
| sm calcium 500/vitamin d3 oral tablet | | OTC |
| sm calcium 600/vitamin d oral tablet | | OTC; QL |
| sm calcium 600+d plus minerals oral tablet chewable | Caltrate 600+D Plus Minerals | OTC; QL |
| sm calcium 600+d3 oral tablet | Pronutrients Calcium+D3 | OTC; QL |
| sm calcium citrate+/vit d3 oral tablet | Calcitrate | OTC |
| sm calcium citrate+d3 petite oral tablet | Citracal Petites/Vitamin D | OTC |
| sm calcium citrate+vit d3 max oral tablet | Calcitrate | OTC |
| sm calcium citrate-vit d oral tablet | | OTC |
| sm calcium soft chews oral tablet chewable | | OTC |
| sm calcium/vitamin d oral tablet 500-5 mg-mcg | Os-Cal Calcium + D3 | OTC |
| sm calcium/vitamin d oral tablet 600-20 mg-mcg | Pronutrients Calcium+D3 | OTC; QL |
| sm calcium/vitamin d3 oral tablet | Caltrate 600+D Plus Minerals | OTC |
| sm calcium-magnesium-zinc oral tablet 333-133-5 mg | | AL (Maximum Age: 20 years); OTC |
| sm calcium-magnesium-zinc oral tablet 333-133-8.3 mg | | OTC |
| sm calcium-vitamin d oral tablet 500-5 mg-mcg | Os-Cal Calcium + D3 | OTC |
| sm calcium-vitamin d oral tablet 600-10 mg-mcg | | OTC; QL |
| sm oyster shell calcium/vit d oral tablet | | OTC |

| Drug Name | Reference | Notes |
|--|--------------------------------|--------------|
| sm oyster shell calcium/vit d3 oral tablet | | OTC |
| super calcium 600 + d 400 oral tablet | | OTC; QL |
| super calcium 600 + d3 oral tablet | | OTC; QL |
| *CALCIUM*** | | |
| calcium 600 high potency oral tablet | | OTC |
| calcium 600 oral tablet | | OTC |
| calcium carbonate oral tablet 1250 (500 ca) mg | | OTC; QL |
| calcium carbonate oral tablet 1500 (600 ca) mg, 600 mg | | OTC |
| calcium citrate oral tablet | | OTC |
| calcium high potency oral tablet | | OTC |
| calcium oyster shell oral tablet | | OTC; QL |
| cvs calcium carbonate oral tablet | | OTC; QL |
| cvs calcium oral tablet | | OTC |
| gnp calcium oral tablet | | OTC |
| hm calcium oral tablet | | OTC |
| oyster shell calcium oral tablet | | OTC; QL |
| pure calcium carbonate oral tablet | | OTC |
| qc calcium fast dissolution oral tablet | | OTC |
| ra calcium 600 oral tablet | | OTC |
| ra calcium high potency oral tablet | | OTC |
| sb oyster shell calcium oral tablet | | OTC; QL |
| super calcium oral tablet | | OTC |
| *ELECTROLYTES ORAL *** | | |
| ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION | | OTC; QL |
| CERALYTE 70 ORAL SOLUTION | | OTC; QL |
| cvs electrolyte solution oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| cvs ped electrolyte freeze pop oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| cvs pediatric electrolyte oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| gnp electrolyte solution oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| h-e-b oral electrolyte oral solution | Advantage Care Electrolyte Ped | OTC; QL |

| Drug Name | Reference | Notes |
|---|--------------------------------|----------------------------|
| oral electrolyte freezer pops oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| oral electrolytes oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| ORALYTE ORAL SOLUTION | | OTC; QL |
| ped electrolyte freeze pops oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| ped electrolyte freezer pops oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| PEDIA VANCE ORAL SOLUTION | | OTC; QL |
| pediatric electrolyte oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| pediatric electrolyte-zinc oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| ra pediatric electrolyte oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| REHYDRALYTE ORAL SOLUTION | | OTC; QL |
| sb pediatric electrolyte oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| sm pediatric electrolyte oral solution | Advantage Care Electrolyte Ped | OTC; QL |
| *FLUORIDE*** | | |
| fluoritab oral solution | NaFrinse Drops | AL (Maximum Age: 20 years) |
| NAFRINSE DROPS ORAL SOLUTION | | AL (Maximum Age: 20 years) |
| NAFRINSE ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years) |
| sodium fluoride oral solution | | AL (Maximum Age: 20 years) |
| sodium fluoride oral tablet chewable | NaFrinse | AL (Maximum Age: 20 years) |
| *MAGNESIUM*** | | |
| cvs magnesium oral tablet | | OTC |
| cvs magnesium oxide oral tablet | | OTC |
| kp mag-oxide magnesium oral tablet | Mag-Oxide | OTC |
| MAGDELAY ORAL TABLET DELAYED RELEASE | | OTC; QL |
| magnesium gluconate oral tablet | | OTC |
| magnesium oral tablet 200 mg, 250 mg | | OTC |
| magnesium oral tablet 400 mg | | OTC; QL |
| magnesium oxide -mg supplement oral tablet | | OTC |
| magnesium oxide oral capsule | | OTC |

| Drug Name | Reference | Notes |
|--|------------------------------|---------------------------------|
| magnesium oxide oral tablet 200 mg | Mag-Oxide | OTC |
| magnesium oxide oral tablet 400 (240 mg) mg | MAGnesium-Oxide | OTC; QL |
| magnesium oxide oral tablet 500 mg | | OTC |
| MAGNESIUM-OXIDE ORAL TABLET | | OTC; QL |
| MAG-OXIDE ORAL TABLET | | OTC |
| mgo oral tablet | MAGnesium-Oxide | OTC; QL |
| natrul magnesium oral tablet | | OTC |
| ra magnesium oral capsule | | OTC |
| ra natural magnesium oral tablet | | OTC |
| sm magnesium oral tablet | | OTC |
| sm magnesium oxide oral tablet | | OTC |
| *MINERAL COMBINATIONS*** | | |
| calcium citrate + oral tablet | Advanced Calcium/D/Magnesium | AL (Maximum Age: 20 years); OTC |
| calcium citrate plus oral tablet | Advanced Calcium/D/Magnesium | AL (Maximum Age: 20 years); OTC |
| calcium citrate plus/magnesium oral tablet | Advanced Calcium/D/Magnesium | AL (Maximum Age: 20 years); OTC |
| calcium citrate-mag-minerals oral tablet | Advanced Calcium/D/Magnesium | AL (Maximum Age: 20 years); OTC |
| gnp cal mag zinc +d3 oral tablet | Advanced Calcium/D/Magnesium | AL (Maximum Age: 20 years); OTC |
| *PHOSPHATE*** | | |
| PHOSPHA 250 NEUTRAL ORAL TABLET | | |
| phosphorous oral tablet | Phospha 250 Neutral | |
| PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET | | |
| wes-phos 250 neutral oral tablet | Phospha 250 Neutral | OTC |
| *POTASSIUM*** | | |
| cvs potassium gluconate oral tablet | | OTC; QL |
| gnp potassium gluconate oral tablet | | OTC; QL |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE | | |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE | | |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE | | |

| Drug Name | Reference | Notes |
|---|--------------|---------|
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE | | |
| KLOR-CON ORAL PACKET | | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE | | |
| potassium chloride crys er oral tablet extended release | Klor-Con M10 | |
| potassium chloride er oral capsule extended release | | |
| potassium chloride er oral tablet extended release | K-Tab | |
| potassium chloride oral packet | Klor-Con | |
| potassium chloride oral solution | | |
| potassium gluconate oral tablet | | OTC; QL |
| qc potassium oral tablet | | OTC; QL |
| ra potassium gluconate oral tablet | | OTC; QL |
| sd potassium gluconate oral tablet | | OTC; QL |
| sm potassium oral tablet | | OTC; QL |
| *ZINC*** | | |
| chelated zinc oral tablet | IS-ZC 50 | OTC; QL |
| cvs zinc gluconate oral tablet | | OTC; QL |
| eql natural zinc oral tablet | IS-ZC 50 | OTC; QL |
| gnp zinc chelated oral tablet | IS-ZC 50 | OTC; QL |
| IS-ZC 50 ORAL TABLET | | OTC; QL |
| ORAZINC ORAL CAPSULE | | OTC |
| qc zinc oral tablet | IS-ZC 50 | OTC; QL |
| ra zinc oral tablet | | OTC; QL |
| sm zinc gluconate oral tablet | | OTC; QL |
| sm zinc oral tablet | IS-ZC 50 | OTC; QL |
| zinc gluconate oral tablet 100 mg, 30 mg | | OTC |
| zinc gluconate oral tablet 50 mg | | OTC; QL |
| zinc oral capsule | Orazinc | OTC |
| zinc oral tablet 30 mg | | OTC |
| zinc oral tablet 50 mg | IS-ZC 50 | OTC; QL |
| zinc sulfite oral capsule | Orazinc | OTC |
| zinc sulfite oral tablet | | OTC |

| Drug Name | Reference | Notes |
|---|-----------------|------------|
| *MISCELLANEOUS THERAPEUTIC CLASSES* | | |
| *CHELATING AGENTS*** | | |
| penicillamine oral tablet | Depen Titratabs | PA; SP; QL |
| trientine hcl oral capsule | Syprine | PA; SP; QL |
| *CYCLOSPORINE ANALOGS*** | | |
| cyclosporine modified oral capsule | Gengraf | SP |
| cyclosporine modified oral solution | Gengraf | SP |
| cyclosporine oral capsule | SandIMMUNE | SP |
| GENGRAF ORAL CAPSULE | | SP |
| GENGRAF ORAL SOLUTION | | SP |
| SANDIMMUNE ORAL SOLUTION | | SP |
| *INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** | | |
| mycophenolate mofetil oral capsule | CellCept | SP |
| mycophenolate mofetil oral suspension reconstituted | CellCept | SP |
| mycophenolate mofetil oral tablet | CellCept | SP |
| mycophenolate sodium oral tablet delayed release | Myfortic | SP |
| *MACROLIDE IMMUNOSUPPRESSANTS*** | | |
| sirolimus oral solution | Rapamune | SP |
| sirolimus oral tablet | Rapamune | SP |
| tacrolimus oral capsule | Prograf | SP |
| *POTASSIUM REMOVING AGENTS*** | | |
| SPS ORAL SUSPENSION | | |
| *PURINE ANALOGS*** | | |
| AZASAN ORAL TABLET | | SP |
| azathioprine oral tablet | Azasan | SP |
| *MOUTH/THROAT/DENTAL AGENTS* | | |
| *ANESTHETICS TOPICAL ORAL - COMBINATIONS*** | | |
| sore throat lozenges mouth/throat lozenge | Chloraseptic | OTC |
| sore throat mouth/throat lozenge | Chloraseptic | OTC |
| ultra throat mouth/throat lozenge | Chloraseptic | OTC |
| *ANESTHETICS TOPICAL ORAL *** | | |
| lidocaine hcl mouth/throat solution | | QL |

| Drug Name | Reference | Notes |
|--|------------------|--------------|
| lidocaine viscous hcl mouth/throat solution | | QL |
| *ANTI-INFECTIVES - THROAT*** | | |
| clotrimazole mouth/throat troche | | QL |
| nystatin mouth/throat suspension | | QL |
| *ANTISEPTICS - MOUTH/THROAT*** | | |
| CHLORASEPTIC MOUTH/THROAT LIQUID | | OTC |
| CHLORASEPTIC WARM SORE THROAT MOUTH/THROAT LIQUID | | OTC |
| chlorhexidine gluconate mouth/throat solution | Periogard | QL |
| cvs sore throat spray mouth/throat liquid | Chloraseptic | OTC |
| DIABETIC TUSSIN SORE THROAT MOUTH/THROAT LIQUID | | OTC |
| eql sore throat spray mouth/throat liquid | Chloraseptic | OTC |
| gnp sore throat spray mouth/throat liquid | Chloraseptic | OTC |
| goodsense sore throat spray mouth/throat liquid | Chloraseptic | OTC |
| hm sore throat spray mouth/throat liquid | Chloraseptic | OTC |
| ora relief mouth/throat liquid | Chloraseptic | OTC |
| oral relief mouth/throat liquid | Chloraseptic | OTC |
| oralseptic mouth/throat liquid | Chloraseptic | OTC |
| PERIOGARD MOUTH/THROAT SOLUTION | | QL |
| phenaseptic mouth/throat liquid | Chloraseptic | OTC |
| px sore throat mouth/throat liquid | Chloraseptic | OTC |
| ra sore throat mouth/throat liquid | Chloraseptic | OTC |
| sb sore throat spray mouth/throat liquid | Chloraseptic | OTC |
| sm sore throat spray mouth/throat liquid | Chloraseptic | OTC |
| sore throat mouth/throat liquid | Chloraseptic | OTC |
| sore throat spray mouth/throat liquid | Chloraseptic | OTC |
| *FLUORIDE DENTAL PRODUCTS*** | | |
| CAVAREST DENTAL GEL | | QL |
| DENTA 5000 PLUS DENTAL CREAM | | QL |
| DENTAGEL DENTAL GEL | | QL |
| PERIOMED MOUTH/THROAT CONCENTRATE | | OTC |
| sf 5000 plus dental cream | Denta 5000 Plus | QL |

| Drug Name | Reference | Notes |
|---|---------------------|-----------------------------------|
| sf dental gel | Cavarest | QL |
| sodium fluoride 5000 plus dental cream | Denta 5000 Plus | QL |
| sodium fluoride 5000 ppm dental cream | Denta 5000 Plus | QL |
| sodium fluoride 5000 ppm dental gel | Cavarest | QL |
| sodium fluoride dental cream | Denta 5000 Plus | QL |
| sodium fluoride dental gel | Cavarest | QL |
| *LOZENGES*** | | |
| cherry cough drops mouth/throat lozenge | Dentiva | AL (Minimum Age: 2 years); OTC |
| cough drops menthol mouth/throat lozenge | Dentiva | AL (Minimum Age: 2 years); OTC |
| cough drops mouth/throat lozenge | Dentiva | AL (Minimum Age: 2 years); OTC |
| cvs cherry menthol drops mouth/throat lozenge | Dentiva | AL (Minimum Age: 2 years); OTC |
| cvs cough drops sugar free mouth/throat lozenge | | AL (Minimum Age: 2 years); OTC |
| cvs honey lemon drops mouth/throat lozenge | Dentiva | AL (Minimum Age: 2 years); OTC |
| cvs menthol drops mouth/throat lozenge | Dentiva | AL (Minimum Age: 2 years); OTC |
| eql cough drops mouth/throat lozenge | | AL (Minimum Age: 2 years); OTC |
| gnp throat drops mouth/throat lozenge | Ludens Throat Drops | AL (Minimum Age: 2 years); OTC |
| medikoff drops mouth/throat lozenge | | AL (Minimum Age: 2 years); OTC |
| menthol cough drops mouth/throat lozenge | Dentiva | AL (Minimum Age: 2 years); OTC |
| natural herb cough drops mouth/throat lozenge | Dentiva | AL (Minimum Age: 2 years); OTC |
| qc sore throat mouth/throat lozenge | Dentiva | AL (Minimum Age: 2 years); OTC |
| ra cough drops mouth/throat lozenge | | AL (Minimum Age: 2 years); OTC |
| sm cough drops mouth/throat lozenge | | AL (Minimum Age: 2 years); OTC |
| throat discs mouth/throat lozenge | Dentiva | AL (Minimum Age: 2 years); OTC |
| *SALIVA STIMULANTS*** | | |
| pilocarpine hcl oral tablet | Salagen | QL |

| Drug Name | Reference | Notes |
|--|-----------|-------------------------------------|
| *STEROIDS - MOUTH/THROAT/DENTAL*** | | |
| ORALONE MOUTH/THROAT PASTE | | |
| triamcinolone acetonide mouth/throat paste | Oralone | |
| *MULTIVITAMINS* | | |
| *B-COMPLEX VITAMINS*** | | |
| b complex oral capsule | | OTC |
| b complex vitamins oral capsule | | OTC |
| b-complex plus b-12 oral tablet | | OTC |
| b-complex/b-12 oral tablet | | OTC |
| ra b-complex oral tablet | | OTC |
| ra b-complex with b-12 oral tablet | | OTC |
| vitamin b complex oral tablet | | OTC |
| vitamin b-complex oral tablet | | OTC |
| vitamin-b complex oral tablet | | OTC |
| *B-COMPLEX W/ C & CALCIUM*** | | |
| gnp b-complex plus vitamin c oral tablet | | OTC; QL |
| qc b-complex/vitamin c oral tablet | | OTC; QL |
| *B-COMPLEX W/ C & E + ZN*** | | |
| bec/zinc oral tablet | | AL (Maximum Age: 20 years); OTC; QL |
| cvs stress formula/zinc oral tablet | | AL (Maximum Age: 20 years); OTC; QL |
| eql stress b-complex c/zinc oral tablet | | AL (Maximum Age: 20 years); OTC; QL |
| stress b/zinc oral tablet | | AL (Maximum Age: 20 years); OTC; QL |
| stress b-complex/vit c/zinc oral tablet | | AL (Maximum Age: 20 years); OTC; QL |
| stress formula/zinc (b-compl) oral tablet | | AL (Maximum Age: 20 years); OTC; QL |
| stress plus zinc oral tablet | | AL (Maximum Age: 20 years); OTC; QL |
| zinc-vites oral tablet | | AL (Maximum Age: 20 years); OTC; QL |
| *B-COMPLEX W/ C & FOLIC ACID*** | | |
| b complex-c-folic acid oral tablet | | OTC; QL |
| b-complex balanced oral tablet | | OTC; QL |
| b-complex/vitamin c oral tablet | | OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------|---------|
| b-complex-c (w/folic acid) oral tablet | | OTC; QL |
| DIALYVITE 800 ORAL TABLET | | OTC |
| eql super b complex/vitamin c oral tablet | | OTC; QL |
| kp b complex-c oral tablet | | OTC; QL |
| nephro vitamins oral tablet | Dialyvite 800 | OTC |
| NEPHRONEX ORAL LIQUID | | OTC |
| px b complex/vitamin c oral tablet | | OTC; QL |
| renal vitamin oral tablet | Dialyvite 800 | OTC |
| renal-vite oral tablet | Dialyvite 800 | OTC |
| rena-vite oral tablet | Dialyvite 800 | OTC |
| rena-vite rx oral tablet | Dialyvite | OTC |
| reno caps oral capsule | Mynephron | |
| sm b super vitamin complex oral tablet | | OTC; QL |
| stress formula (folic acid) oral tablet | | OTC; QL |
| super b complex/fa/vit c oral tablet | | OTC; QL |
| super b-complex/vit c/fa oral tablet | | OTC; QL |
| *B-COMPLEX W/ C*** | | |
| ALLBEE/C ORAL TABLET | | OTC; QL |
| b complex-c oral capsule | | OTC; QL |
| b complex-c oral tablet | Allbee/C | OTC; QL |
| b complex-vitamin c oral capsule | | OTC; QL |
| b-complex-c oral tablet | Allbee/C | OTC; QL |
| better b complex oral tablet | Allbee/C | OTC; QL |
| cvs b complex plus c oral tablet | Allbee/C | OTC; QL |
| cvs super b complex/c oral tablet | Allbee/C | OTC; QL |
| hm b complex/c oral tablet | Allbee/C | OTC; QL |
| sm super b complex/c oral tablet | Allbee/C | OTC; QL |
| sm vitamin b complex/vitamin c oral tablet | Allbee/C | OTC; QL |
| super b complex/vitamin c oral tablet | Allbee/C | OTC; QL |
| super b/c oral capsule | | OTC; QL |
| super b-complex + vitamin c oral tablet | Allbee/C | OTC; QL |
| vitamin b + c complex oral tablet | Allbee/C | OTC; QL |
| vitamin b complex-c oral capsule | | OTC; QL |
| *B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID*** | | |
| b complex-c-biotin-e-fa oral tablet | | OTC |

| Drug Name | Reference | Notes |
|---|------------------|-------------------------------------|
| *B-COMPLEX W/ FOLIC ACID*** | | |
| b complex (folic acid) oral tablet | Big 100 | OTC; QL |
| b complex formula 1 (w/ fa) oral tablet | Big 100 | OTC; QL |
| b complex vitamins (w/ fa) oral capsule | | OTC |
| b-complex (folic acid) oral tablet | Big 100 | OTC; QL |
| b-complex/electrolytes oral tablet | Big 100 | OTC; QL |
| benfotiamine multi-b oral capsule | | OTC |
| BIG 100 ORAL TABLET | | OTC |
| kobee oral tablet | Big 100 | OTC; QL |
| sm balanced b-100 oral tablet | Big 100 | OTC; QL |
| sm balanced b-50 oral tablet | Big 100 | OTC; QL |
| *B-COMPLEX W/ IRON*** | | |
| APETIGEN-PLUS ORAL SOLUTION | | OTC |
| *B-COMPLEX W/ MINERALS*** | | |
| ELDERTONIC ORAL LIQUID | | AL (Maximum Age: 20 years); OTC; QL |
| *B-COMPLEX W/BIOTIN & FOLIC ACID*** | | |
| b complex 100 tr oral tablet extended release | Endur-B | OTC |
| b-100 b-complex oral tablet | Big 100 (Biotin) | OTC |
| b-100 complex cr oral tablet extended release | Endur-B | OTC |
| b-100 tr oral tablet extended release | Endur-B | OTC |
| b-50 complex oral tablet | Big 100 (Biotin) | OTC |
| balance b-50 oral tablet | Big 100 (Biotin) | OTC |
| balanced b complex oral tablet | Big 100 (Biotin) | OTC |
| balanced b-100 oral tablet | Big 100 (Biotin) | OTC; QL |
| balanced b-100 oral tablet extended release | Endur-B | OTC |
| balanced b-50/fa oral tablet | Big 100 (Biotin) | OTC |
| b-compleet-100 oral tablet | Big 100 (Biotin) | OTC |
| b-compleet-50 oral tablet | Big 100 (Biotin) | OTC |
| b-complex oral tablet | Big 100 (Biotin) | OTC |
| BIG 100 (BIOTIN) ORAL TABLET | | OTC |
| complex b-100 oral tablet extended release | Endur-B | OTC |
| complex b-50 prolonged release oral tablet extended release | Endur-B | OTC |

| Drug Name | Reference | Notes |
|---|--------------------------|--------------|
| ENDUR-B ORAL TABLET EXTENDED RELEASE | | OTC |
| eql b complex 50 oral tablet | Big 100 (Biotin) | OTC |
| eql b-100 complex oral tablet extended release | Endur-B | OTC |
| gnp b-100 complex oral tablet extended release | Endur-B | OTC |
| gnp b-50 complex oral tablet extended release | Endur-B | OTC |
| qc b50 prolonged release oral tablet extended release | Endur-B | OTC |
| quin b strong b-25 oral tablet | Big 100 (Biotin) | OTC |
| ra balanced b-100 cr oral tablet extended release | Endur-B | OTC |
| ra balanced b-100 oral tablet | Big 100 (Biotin) | OTC |
| ra balanced b-50 oral tablet | Big 100 (Biotin) | OTC |
| ra balanced b-50 tr oral tablet extended release | Endur-B | OTC |
| sm b100 complex oral tablet | Big 100 (Biotin) | OTC |
| sm b-complex oral tablet | Big 100 (Biotin) | OTC |
| super b-100 oral tablet | Big 100 (Biotin) | OTC |
| super b-50 oral tablet | Big 100 (Biotin) | OTC |
| super b-complex oral tablet | Big 100 (Biotin) | OTC |
| SUPER DEC B-100 ORAL TABLET | | OTC |
| SUPER QUINTS B-50 ORAL TABLET | | OTC |
| yl balanced b-100 oral tablet | Big 100 (Biotin) | OTC |
| *BIOFLAVONOID PRODUCTS*** | | |
| c complex oral tablet extended release | Ester-C | OTC |
| c1000 tr/rose hip/bioflavonoid oral tablet extended release | Ester-C | OTC |
| c1500 tr/rose hip/bioflavonoid oral tablet extended release | Ester-C | OTC |
| ESTER-C ORAL TABLET EXTENDED RELEASE | | OTC |
| ra vitamin c cr oral tablet extended release | Ester-C | OTC |
| vitamin c-bioflavonoids oral tablet extended release | Ester-C | OTC |
| *MULTIPLE VITAMINS W/ CALCIUM*** | | |
| eql one daily womens oral tablet | One-A-Day Womens Formula | OTC; QL |

| Drug Name | Reference | Notes |
|--|-------------------------------|-------------------------------------|
| essential one daily multivit oral tablet | One-A-Day Womens Formula | OTC; QL |
| gnp one daily womens health oral tablet | One-A-Day Womens Formula | OTC; QL |
| signacal oral tablet | One-A-Day Womens Formula | OTC; QL |
| *MULTIPLE VITAMINS W/ IRON*** | | |
| daily vitamin formula+iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| daily vite multivitamin/iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| daily-vitamin/iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| multiple vitamins/iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| multivitamin plus iron adult oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| multi-vitamin/iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| nat-rul daily-vite+iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| one daily multivitamin/iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| one-daily multi-vitamin/iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| one-daily/iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| qc daily multivitamins/iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| sm multiple vitamins/iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| stress b complex/iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| stress formula/iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| tab-a-vite/iron oral tablet | Tab-A-Vite/Iron/Beta Carotene | AL (Maximum Age: 20 years); OTC; QL |
| *MULTIPLE VITAMINS W/ MINERALS*** | | |
| 50+ adult eye health oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|---------------------|-------------------------------------|
| a thru z advanced adult oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| a thru z advanced oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| a thru z high potency oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| a thru z select 50+ advanced oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| a thru z select 50+ mens oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| a thru z select advanced oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| a thru z select oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| a thru z select ultimate women oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| a thru z ultimate mens oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| advanced eye health oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| AMORYN MOOD BOOSTER ORAL CAPSULE | | AL (Maximum Age: 20 years); OTC; QL |
| antioxidant a/c/e/selenium oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| antioxidant formula/minerals oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| antioxidant oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| antioxidant protection formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| antioxidant vitamins oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| body/hair/skin/nails oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| BPROTECTED MULTI-VITE ORAL LIQUID | | AL (Maximum Age: 20 years); OTC |
| centavite a-z complete-mineral oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| centravites 50 plus oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| centravites oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|-----------------------|-------------------------------------|
| century mature oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| century oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| CEROVITE SENIOR ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| certa plus oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| CERTAVITE/ANTIOXIDANTS ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| companion oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| COMPETE ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| complete multivitamin/mineral oral liquid | BProtected Multi-Vite | AL (Maximum Age: 20 years); OTC |
| coral calcium plus oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| cvs daily multiple for men oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs daily multiple women 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs eye health & lutein oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs one daily essential oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs one daily mens formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs one daily womens formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs spectravite advanced oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs spectravite men 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs spectravite men oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs spectravite senior oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs spectravite ultra mens oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs spectravite women 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|---------------------|-------------------------------------|
| cvs spectravite women oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs spectravite womens senior oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| cvs womens active daily oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| daily betic oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| daily combo multi vitamins oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| daily mens health formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| daily multiple vitamins/min oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| daily multivitamin oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| daily vitamin formula+minerals oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| daily vitamin plus oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| daily womens health formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| daily-vitamin maximum formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| diabetes health formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| dialyvite 800/ultra d oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| DRY EYE FORMULA ORAL CAPSULE | | AL (Maximum Age: 20 years); OTC; QL |
| eq complete multivit adult 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| eq vision formula 50+ oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| eql century mature men 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| eql century mature oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| eql century mature women 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| eql century oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------|-------------------------------------|
| eql one daily mens 50+ advance oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| eql one daily mens health oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| eql one daily womens 50+ adv oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| eql vision formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| ESSENTIA ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| essential balance oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| EYE VITAMINS ORAL CAPSULE | | AL (Maximum Age: 20 years); OTC; QL |
| eyeprotect oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| EYE-VITES ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| gerivite complete oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| glucoten oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| gnp century mature women's 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| gnp hair/skin/nails oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| gnp healthy eyes oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| gnp healthy eyes supervision 2 oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| gnp healthy eyes supervision oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| gnp mega multi for men oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| gnp mega multi for women oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| gnp one daily mens health 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| gnp one daily mens/lycopene oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| gnp one daily womens 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|---------------------|-------------------------------------|
| gnp one daily womens oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| gnp therapeutic-m oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| hair skin and nails formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| hair skin nails oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| hair/skin/nails oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| healthy eyes oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| healthy eyes/lutein-zeaxanthin oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| hi-kovite 2-part formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| hi-potency multi-vitamin oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| hm complete women oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| hm womens 50+ advanced daily oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE | | AL (Maximum Age: 20 years); OTC; QL |
| ICAPS MV ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| ICAPS ORAL CAPSULE | | AL (Maximum Age: 20 years); OTC; QL |
| i-vite oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| kp adults 50+ daily formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| kp adults daily formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| kp mens 50+ daily formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| kp mens daily formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| KP VISION FORMULA ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| KP VISION FORMULA/LUTEIN ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------|-------------------------------------|
| kp womens 50+ daily formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| kp womens daily formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| LYSIPLEX PLUS ORAL LIQUID | | AL (Maximum Age: 20 years); OTC |
| MACULAR HEALTH FORMULA ORAL CAPSULE | | AL (Maximum Age: 20 years); OTC; QL |
| MACUVITE EYE CARE ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| MACUVITE ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| MACUVITE/LUTEIN ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| magnum-75 oral tablet extended release | Endur-VM | OTC; QL |
| maximum daily green oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| mega-marathon 100 tr oral tablet extended release | Endur-VM | OTC; QL |
| meijer advanced formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| mens daily formula/lycopene oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| MENS LIFE PACK ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| MILLTRIUM ADVANCED FORMULA ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| MILLTRIUM CARDIO ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| MILLTRIUM SENIOR ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| MULTI COMPLETE ORAL CAPSULE | | AL (Maximum Age: 20 years); OTC; QL |
| multi complete/iron oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| multi for her 50+ oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| multi for her 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| multi for her oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|-----------------------|-------------------------------------|
| multi for her oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| multi for him 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| MULTI FOR HIM ORAL CAPSULE | | AL (Maximum Age: 20 years); OTC; QL |
| MULTI FOR HIM ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| multi vitamin/minerals oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| MULTI-LEAN ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| multiple vit/minerals/no iron oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| multiple vitamins/womens oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| multivitamin & mineral oral liquid | BProtected Multi-Vite | AL (Maximum Age: 20 years); OTC |
| multivitamin adults 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| multivitamin adults oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| multivitamin men 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| multi-vitamin menopausal oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| multivitamin oral liquid | BProtected Multi-Vite | AL (Maximum Age: 20 years); OTC |
| multivitamin women 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| multivitamin women oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| multivitamin womens 50+ adv oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| multi-vitamin/minerals oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| myamulti oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| ocutabs oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| ocutabs-lutein oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------|-------------------------------------|
| OCUVITE EXTRA ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| OCUVITE EYE + MULTI ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| OCUVITE EYE HEALTH FORMULA ORAL CAPSULE | | AL (Maximum Age: 20 years); OTC; QL |
| OCUVITE-LUTEIN ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| one daily 50 plus oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily adults 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily calcium/iron oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily complete for men oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily complete oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily for men 50+ advanced oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily for men/lycopene oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily for women 50+ adv oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily for women oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily healthy weight adv oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily healthy weight oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily maximum oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily mens 50+ multivit oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily mens 50+/lycopene oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily mens health oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily mens oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily multivit/iron-free oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------|-------------------------------------|
| one daily multivitamin men oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily multivitamin women oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily womens 50 plus oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily womens 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| one daily/minerals oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| one-daily multi-vit/mineral oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| optic-vites oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| optic-vites with lutein oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| optimum pms oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| OSTEOPRIME ULTRA ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| PROSIGHT ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| px advanced formula multivits oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| px complete senior multivits oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| px mens multivitamins oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| qc daily multivit/multimineral oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| qc hair skin & nails oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| qc mens daily multivitamin oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| qc multi-vite 50 & over oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| qc therin-m oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| qc womens daily multivitamin oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------|-------------------------------------|
| ra central-vite mens mature oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| ra central-vite womens mature oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| ra one daily maximum oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| ra one daily mens 50+ w/vit d3 oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| ra one daily mens multi oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| ra one daily mens/vit d-3 oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| RENAPLEX ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| senior tabs oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| sentry oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| sentry senior oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| sm antioxidant vitamins oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| sm complete 50+ oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| sm complete 50+ ultimate mens oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| sm complete 50+ ultimate women oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| sm complete advanced formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| sm complete oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| sm complete senior formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| sm daily diet support oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| sm hair/skin/nails oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| sm opti-vitamins oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| stress b complex/antioxid/zinc oral tablet | Cerovite Senior | OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------|-------------------------------------|
| stress formula/zinc oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| STRESSTABS ADVANCED ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| super antioxidants protector oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| super aytinal 50 plus oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| super aytinal oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| super multiple oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| super natrul-100 oral tablet extended release | Endur-VM | OTC; QL |
| super thera vite m oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| super vita-mins oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| superior 35 oral tablet extended release | Endur-VM | OTC; QL |
| SYSTANE ICAPS AREDS2 ORAL CAPSULE | | AL (Maximum Age: 20 years); OTC; QL |
| thera vital m oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| thera vital-m oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| therabasic-m oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| THERADEX M ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| THERADEX M/BETA CAROTENE ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| thera-m oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| THERA-MILL M ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| therapeutic formula/hematinics oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| therapeutic-m oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| therapeutic-m/lutein oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|-----------------------|-------------------------------------|
| THERATRUM COMPLETE 50 PLUS ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| THERATRUM COMPLETE ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| THRIVE FOR LIFE WOMENS ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| totalday multiple oral tablet extended release | Endur-VM | OTC; QL |
| tropical liquid nutrition oral liquid | BProtected Multi-Vite | AL (Maximum Age: 20 years); OTC |
| ultra freeda oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| ultra freeda/iron oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| ultra multi formula/iron oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| ULTRACHOICE ADV FORMULA MATURE ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| ULTRACHOICE ADVANCED FORMULA ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| ultra-mega oral tablet extended release | Endur-VM | OTC; QL |
| vision formula 2 oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| vision formula/lutein oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| vision plus oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| vision vitamins oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| visivites oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| visivites/lutein oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| vita hair oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| vitabasic complete oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| vitabasic senior oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| vita-min oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); QL |
| vitamins a-d-e/selenium oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|---------------------|-------------------------------------|
| VITATRUM COMPLETE ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| VITEYES COMPLETE ORAL CAPSULE | | AL (Maximum Age: 20 years); OTC; QL |
| VITRUM SENIOR ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| womens 50+ advanced oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| womens daily form/fa/ca/fe oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| womens daily formula oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| WOMENS LIFE PACK ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| womens multi oral capsule | Amoryn Mood Booster | AL (Maximum Age: 20 years); OTC; QL |
| womens multivitamin oral tablet | Cerovite Senior | AL (Maximum Age: 20 years); OTC; QL |
| *MULTIVITAMINS*** | | |
| anti-oxidant oral tablet | One Daily Essential | OTC; QL |
| daily multiple vitamins oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| daily value multivitamin oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| daily vitamin oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| daily vitamins oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| daily vite oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| daily vites oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| daily-vitamin oral tablet | One Daily Essential | OTC; QL |
| daily-vite multivitamin oral tablet | One Daily Essential | OTC; QL |
| daily-vite oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| gnp essential one daily oral tablet | One Daily Essential | OTC; QL |
| healthy hair/skin/nails oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| multi vitamin daily oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------|-------------------------------------|
| multiple vitamin-folic acid oral tablet | One Daily Essential | OTC; QL |
| multiple vitamins essential oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| multiple vitamins oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| multi-vitamin daily oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| multivitamin iron-free oral tablet | One Daily Essential | OTC; QL |
| multi-vitamin oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| multi-vitamins oral tablet | One Daily Essential | OTC; QL |
| once daily oral tablet | One Daily Essential | OTC; QL |
| ONE DAILY ESSENTIAL ORAL TABLET | | OTC; QL |
| one daily multivitamin adult oral tablet | One Daily Essential | OTC; QL |
| one daily oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| one-daily multi vitamins oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| one-daily multi-vitamin oral tablet | One Daily Essential | OTC; QL |
| qc essentials oral tablet | One Daily Essential | OTC; QL |
| sm multiple vitamins essential oral tablet | One Daily Essential | AL (Maximum Age: 20 years); OTC; QL |
| stress formula oral tablet | One Daily Essential | OTC; QL |
| STRESSTABS ENERGY ORAL TABLET | | OTC; QL |
| TAB-A-VITE ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| TAB-A-VITE/BETA CAROTENE ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| thera-mill oral tablet | One Daily Essential | OTC; QL |
| thera-tabs oral tablet | One Daily Essential | OTC; QL |
| vit e-vit c-beta carotene oral tablet | One Daily Essential | OTC; QL |
| vitalee oral tablet | One Daily Essential | OTC; QL |
| *NIACIN W/ INOSITOL*** | | |
| cvs niacin flush free oral capsule | | OTC |
| gnp niacin flush free oral capsule | | OTC |
| niacin flush free oral capsule | | OTC |
| no flush niacin oral capsule | | OTC |
| *PED MULTI VITAMINS W/FL & FE*** | | |
| multi-vitamin/fluoride/iron oral solution | | AL (Maximum Age: 20 years) |

| Drug Name | Reference | Notes |
|--|----------------------------|---------------------------------|
| *PED MULTIPLE VITAMINS W/ MINERALS & C*** | | |
| ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| childrens gummies oral tablet chewable | Alive Gummies for Children | AL (Maximum Age: 20 years); OTC |
| cvs gummy dinos oral tablet chewable | Alive Gummies for Children | AL (Maximum Age: 20 years); OTC |
| cvs gummy multivitamin kids oral tablet chewable | Alive Gummies for Children | AL (Maximum Age: 20 years); OTC |
| eq multivitamin gummies oral tablet chewable | Alive Gummies for Children | AL (Maximum Age: 20 years); OTC |
| eq multivitamins gummy child oral tablet chewable | Alive Gummies for Children | AL (Maximum Age: 20 years); OTC |
| eql gummies childrens oral tablet chewable | Alive Gummies for Children | AL (Maximum Age: 20 years); OTC |
| FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| multivit-min gummies childrens oral tablet chewable | Alive Gummies for Children | AL (Maximum Age: 20 years); OTC |
| MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| vitachew multiple vitamin oral tablet chewable | Alive Gummies for Children | AL (Maximum Age: 20 years); OTC |
| ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| *PED MV W/ FLUORIDE*** | | |
| multivitamin/fluoride oral solution | Floriva Plus | AL (Maximum Age: 20 years); OTC |
| multi-vitamin/fluoride oral solution | Floriva Plus | AL (Maximum Age: 20 years) |

| Drug Name | Reference | Notes |
|---|-------------------------------|-------------------------------------|
| multivitamin/fluoride oral tablet chewable | Multi-Vit-Flor | |
| *PED MV W/ IRON*** | | |
| bite-a-mins/iron oral tablet chewable | Land Before Time Multivitamin | AL (Maximum Age: 20 years); OTC; QL |
| BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION | | OTC; QL |
| CEROVITE JR ORAL TABLET CHEWABLE | | OTC |
| childrens animal shapes oral tablet chewable | Cerovite Jr | OTC |
| childrens multivitamin/iron oral tablet chewable | Land Before Time Multivitamin | AL (Maximum Age: 20 years); OTC; QL |
| cvs chewable childrens vitamin oral tablet chewable | Cerovite Jr | OTC |
| cvs childrens complete oral tablet chewable | Cerovite Jr | OTC |
| eq complete multivitamin child oral tablet chewable | Cerovite Jr | OTC |
| eql child multivit/minerals oral tablet chewable | Cerovite Jr | OTC |
| FLINTSTONES COMPLETE ORAL TABLET CHEWABLE | | OTC |
| FLINTSTONES W/IRON ORAL TABLET CHEWABLE | | OTC |
| fruity chews/iron oral tablet chewable | Land Before Time Multivitamin | AL (Maximum Age: 20 years); OTC; QL |
| gnp childrens chewables/iron oral tablet chewable | Land Before Time Multivitamin | AL (Maximum Age: 20 years); OTC; QL |
| LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC; QL |
| multivitamin drops/iron oral solution | Poly-Vi-Sol/Iron | OTC; QL |
| multivitamin infant & toddler oral solution | Poly-Vi-Sol/Iron | OTC; QL |
| pc pediatric poly-vita/fe drop oral solution | BProtected Pedia Poly-Vite/Fe | OTC; QL |
| POLY-VI-SOL/IRON ORAL SOLUTION | | OTC; QL |
| poly-vita/iron oral solution | BProtected Pedia Poly-Vite/Fe | OTC; QL |
| poly-vite/iron oral solution | Poly-Vi-Sol/Iron | OTC; QL |
| PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE | | OTC |
| qc childrens complete oral tablet chewable | Cerovite Jr | OTC |

| Drug Name | Reference | Notes |
|--|-------------------------------|-------------------------------------|
| qc childrens vitamins/iron oral tablet chewable | Land Before Time Multivitamin | AL (Maximum Age: 20 years); OTC; QL |
| ra vitamins complete childrens oral tablet chewable | Cerovite Jr | OTC |
| sm animal shapes complete oral tablet chewable | Cerovite Jr | OTC |
| ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE | | OTC |
| *PED VITAMINS ACD W/ FLUORIDE*** | | |
| adc/f (0.5mg/ml) oral solution | | AL (Maximum Age: 20 Years) |
| tri-vite/fluoride oral solution | | AL (Maximum Age: 20 Years) |
| vitamins acd-fluoride oral solution | | AL (Maximum Age: 20 Years) |
| *PEDIATRIC MULTIPLE VITAMINS*** | | |
| animal chews oral tablet chewable | Culturelle Kids Complete | AL (Maximum Age: 20 years); OTC |
| bite-a-mins oral tablet chewable | Culturelle Kids Complete | AL (Maximum Age: 20 years); OTC |
| BPROTECTED PEDIA POLY-VITE ORAL SOLUTION | | OTC |
| childrens chew multivitamin oral tablet chewable | Culturelle Kids Complete | AL (Maximum Age: 20 years); OTC |
| childrens chewable multi vits oral tablet chewable | Culturelle Kids Complete | AL (Maximum Age: 20 years); OTC |
| childrens chewable vitamins oral tablet chewable | Culturelle Kids Complete | AL (Maximum Age: 20 years); OTC |
| CULTURELLE KIDS COMPLETE ORAL TABLET CHEWABLE | | OTC |
| CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET CHEWABLE | | OTC |
| FLINSTONES GUMMIES OMEGA-3 DHA ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| FLINTSTONES MULTIVITAMIN ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| fruity chews oral tablet chewable | Culturelle Kids Complete | AL (Maximum Age: 20 years); OTC |

| Drug Name | Reference | Notes |
|---|----------------------------|--|
| GERBER GROW MIGHTY ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| GERBER LIL' BRAINIES ORAL TABLET CHEWABLE | | OTC |
| gnp childrens chewables/ex c oral tablet chewable | Culturelle Kids Complete | AL (Maximum Age: 20 years); OTC |
| gnp little ones childrens oral tablet chewable | Culturelle Kids Complete | AL (Maximum Age: 20 years); OTC |
| LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| little animals oral tablet chewable | Culturelle Kids Complete | AL (Maximum Age: 20 years); OTC |
| multivitamin childrens (w/ fa) oral tablet chewable | Culturelle Kids Complete | AL (Maximum Age: 20 years); OTC |
| multivitamin childrens oral tablet chewable | Culturelle Kids Complete | OTC |
| multivitamin infant & toddler oral solution | BProtected Pedia Poly-Vite | OTC |
| pc pediatric poly-vitamin drop oral solution | BProtected Pedia Poly-Vite | OTC |
| POLY-VI-SOL ORAL SOLUTION | | OTC |
| poly-vita oral solution | BProtected Pedia Poly-Vite | OTC |
| poly-vite pediatric oral solution | BProtected Pedia Poly-Vite | OTC |
| qc childrens vitamins/extra c oral tablet chewable | Culturelle Kids Complete | AL (Maximum Age: 20 years); OTC |
| sm animal shapes kids first oral tablet chewable | Culturelle Kids Complete | AL (Maximum Age: 20 years); OTC |
| ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE | | AL (Maximum Age: 20 years); OTC |
| *PEDIATRIC VITAMINS A & D W/ C*** | | |
| BPROTECTED PEDIA TRI-VITE ORAL SOLUTION | | OTC |
| pc pediatric tri-vitamin drops oral solution | BProtected Pedia Tri-Vite | OTC |
| tri-vite pediatric oral solution | BProtected Pedia Tri-Vite | OTC |
| *PRENATAL MV & MIN W/FE-FA & COENZYME Q10*** | | |
| THERANATAL OVAVITE ORAL THERAPY PACK | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------|---|
| *PRENATAL MV & MIN W/FE-FA*** | | |
| ATABEX ORAL TABLET CHEWABLE | | AL (Minimum Age: 12 years, Maximum Age: 65 years); OTC; QL |
| classic prenatal oral tablet | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| cvs prenatal oral tablet | NeoNatal Vitamin | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| eql prenatal formula oral tablet | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| gnp prenatal oral tablet | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK | | AL (Minimum Age: 12 years, Maximum Age: 65 years); OTC; QL |
| kp prenatal multivitamins oral tablet | | AL (Minimum Age: 12 years, Maximum Age: 65 years); OTC; QL |
| kpn prenatal oral tablet | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| masonatal oral tablet | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| multi prenatal oral tablet | NeoNatal Vitamin | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| neonatal prenatal oral tablet | NeoNatal Vitamin | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| NEONATAL VITAMIN ORAL TABLET | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| NESTABS ORAL TABLET | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); QL |
| OBTREX ORAL TABLET | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------|--|
| one vite womens oral tablet | NeoNatal Vitamin | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| ONE-A-DAY WOMENS PRENATAL ORAL | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| PERRY PRENATAL ORAL CAPSULE | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatabs fa oral tablet | Co-Natal FA | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatal (w/iron & fa) oral tablet | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| prenatal 19 oral tablet | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| prenatal complete oral tablet | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatal formula a-free oral tablet | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatal formula oral capsule | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatal forte oral tablet | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| prenatal multi +dha oral capsule | | AL (Minimum Age: 12 years, Maximum Age: 65 years); OTC; QL |
| prenatal one daily oral tablet | NeoNatal Vitamin | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatal oral tablet 27-0.8 mg | NeoNatal Vitamin | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); QL |

| Drug Name | Reference | Notes |
|--|---------------------------|--|
| prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatal vitamin and mineral oral tablet | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| prenatal vitamin oral tablet | NeoNatal Vitamin | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatal vitamins oral tablet | | AL (Minimum Age: 12 years, Maximum Age: 65 years); OTC; QL |
| prenatal/iron oral tablet | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| px prenatal multivitamins oral tablet | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| qc prenatal oral tablet | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| ra prenatal formula oral tablet | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| ra prenatal oral tablet | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| RIGHT STEP PRENATAL ORAL TABLET | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| sm one daily prenatal oral | One-A-Day Womens Prenatal | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| sm prenatal vitamins oral tablet | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| THERANATAL CORE NUTRITION ORAL TABLET | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| UPSPRING PRENATAL COMPLETE ORAL CAPSULE | | AL (Minimum Age: 12 years, Maximum Age: 65 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|-----------|--|
| VINATE CARE ORAL TABLET CHEWABLE | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| *PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL *** | | |
| prenatal + complete multi oral therapy pack | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| *PRENATAL MV & MIN W/FE-FA-DHA *** | | |
| BRAINSTRONG PRENATAL ORAL | | AL (Minimum Age: 12 years, Maximum Age: 65 years); OTC; QL |
| cadeau dha oral capsule | | AL (Minimum Age: 12 years, Maximum Age: 65 years); OTC; QL |
| CENTRUM SPECIALIST PRENATAL ORAL | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| cvs prenatal multi+dha oral capsule | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| cvs womens prenatal+dha oral | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| ENFAMIL EXPECTA ORAL | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatal multi +dha oral capsule 27-0.8-200 mg | | AL (Minimum Age: 12 years, Maximum Age: 65 years); OTC; QL |
| prenatal multi +dha oral capsule 27-0.8-250 mg | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| PRENATAL MULTIVITAMIN + DHA ORAL | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatal multivitamin plus dha oral capsule | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| prenatal vitamin/min +dha oral capsule | | AL (Minimum Age: 12 years, Maximum Age: 65 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|--------------------------------|--|
| prenatal/folic acid+dha oral capsule | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| prenatal+dha oral | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| SIMILAC PRENATAL EARLY SHIELD ORAL | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| STUART ONE ORAL CAPSULE | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| THERANATAL COMPLETE ORAL | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| THERANATAL ONE ORAL CAPSULE | | AL (Minimum Age: 12 years; Maximum Age: 65 years); OTC; QL |
| ultra prenatal + dha oral capsule | | AL (Minimum Age: 12 years; Maximum Age: 65 years); OTC; QL |
| *PRENATAL MV & MINERALS W/ FA WITHOUT IRON*** | | |
| cvs prenatal gummy oral tablet chewable | | AL (Minimum Age: 12 years; Maximum Age: 65 years); OTC |
| *PRENATAL MV & MINERALS W/ FA- OMEGA FATTY ACIDS W/O IRON*** | | |
| cvs prenatal gummy oral tablet chewable | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| *PRENATAL MV & MINERALS W/FA WITHOUT IRON*** | | |
| ALIVE DAILY SUP PRENATAL GUMMI ORAL TABLET CHEWABLE | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| ALIVE PRENATAL ORAL TABLET CHEWABLE | | OTC; QL |
| cvs prenatal gummy oral tablet chewable 0.18-25 mg | Alive Daily Sup Prenatal Gummi | AL (Minimum Age: 12 years; Maximum Age: 65 years); OTC |

| Drug Name | Reference | Notes |
|---|--------------------------------|--|
| cvs prenatal gummy oral tablet chewable 0.4-25 mg | One A Day Prenatal | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| GOOD START PRENATAL NOURISH ORAL TABLET CHEWABLE | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| ONE A DAY PRENATAL ORAL TABLET CHEWABLE | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatal + complete multi oral therapy pack | | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatal adult gummy/dha/fa oral tablet chewable | One A Day Prenatal | AL (Minimum Age: 12 years; Maximum Age: 65 Years); OTC; QL |
| prenatal gummies oral tablet chewable | Alive Daily Sup Prenatal Gummi | AL (Minimum Age: 12 years; Maximum Age: 65 years); OTC |
| prenatal gummies/dha & fa oral tablet chewable | | AL (Minimum Age: 12 Years; Maximum Age: 65 Years); OTC; QL |
| *SPECIALTY VITAMINS PRODUCTS*** | | |
| a thru z advantage oral tablet | Milltrium Stamina Plus | AL (Maximum Age: 20 years); OTC; QL |
| cvs menopause support oral tablet | Milltrium Stamina Plus | AL (Maximum Age: 20 years); OTC; QL |
| MILLTRIUM STAMINA PLUS ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| ultimate fat burner oral tablet | Milltrium Stamina Plus | AL (Maximum Age: 20 years); OTC; QL |
| varisan vitality oral tablet | Milltrium Stamina Plus | AL (Maximum Age: 20 years); OTC; QL |
| vitamins for hair oral tablet | Milltrium Stamina Plus | AL (Maximum Age: 20 years); OTC; QL |
| weight loss daily multi oral tablet | Milltrium Stamina Plus | AL (Maximum Age: 20 years); OTC; QL |
| *VITAMINS W/ LIPOTROPICS*** | | |
| b complex (lipotropics) oral tablet | CVS Balanced B50 | AL (Maximum Age: 20 years); OTC; QL |
| b complex formula 1 (lipotrop) oral tablet | CVS Balanced B50 | AL (Maximum Age: 20 years); OTC; QL |
| balance b-100 oral tablet | CVS Balanced B50 | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------|-------------------------------------|
| balanced b-50 complex oral capsule | | OTC |
| balanced b-50 complex oral tablet | CVS Balanced B50 | AL (Maximum Age: 20 years); OTC; QL |
| b-stress oral capsule | | OTC |
| CVS BALANCED B50 ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| cvs inner ear plus oral tablet | CVS Balanced B50 | AL (Maximum Age: 20 years); OTC; QL |
| ear health formula oral tablet | CVS Balanced B50 | AL (Maximum Age: 20 years); OTC; QL |
| ear health plus oral tablet | CVS Balanced B50 | AL (Maximum Age: 20 years); OTC; QL |
| LIPO FLAVONOID PLUS ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| LIPOFLAVOVIT ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| mega multiple/chelated mineral oral tablet | CVS Balanced B50 | AL (Maximum Age: 20 years); OTC; QL |
| multi-vitamin hp/minerals oral capsule | | OTC |
| nat-rul b-50 oral tablet | CVS Balanced B50 | AL (Maximum Age: 20 years); OTC; QL |
| PX B-50 ORAL TABLET | | AL (Maximum Age: 20 years); OTC; QL |
| risanoid plus oral tablet | CVS Balanced B50 | AL (Maximum Age: 20 years); OTC; QL |
| ultra b-100 complex oral tablet | CVS Balanced B50 | AL (Maximum Age: 20 years); OTC; QL |
| *MUSCULOSKELETAL THERAPY AGENTS* | | |
| *CENTRAL MUSCLE RELAXANTS*** | | |
| baclofen oral tablet | | QL |
| carisoprodol oral tablet | Soma | QL |
| chlorzoxazone oral tablet | | QL |
| cyclobenzaprine hcl oral tablet | | QL |
| methocarbamol oral tablet | | QL |
| orphenadrine citrate er oral tablet extended release 12 hour | | QL |
| tizanidine hcl oral tablet | Zanaflex | QL |
| VANADOM ORAL TABLET | | QL |

| Drug Name | Reference | Notes |
|---|-------------------------|-------------------------------------|
| *DIRECT MUSCLE RELAXANTS*** | | |
| dantrolene sodium oral capsule | Dantrium | |
| *NASAL AGENTS - SYSTEMIC AND TOPICAL* | | |
| *NASAL AGENTS - MISC.*** | | |
| AFRIN SALINE NASAL MIST NASAL SOLUTION | | AL (Maximum Age: 20 years); OTC; QL |
| altamist spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| AYR NASAL SOLUTION | | AL (Maximum Age: 20 years); OTC; QL |
| AYR SALINE NASAL DROPS NASAL SOLUTION | | OTC; QL |
| BABY AYR SALINE NASAL SOLUTION | | AL (Maximum Age: 20 years); OTC; QL |
| cvs saline nasal spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| deep sea nasal spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| eq saline nasal spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| eql saline nasal spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| gnp nasal moisturizing nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| hm saline nasal spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| meijer saline nasal spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| NASAL MOIST NASAL SOLUTION | | AL (Maximum Age: 20 years); OTC; QL |
| nasal moisturizing spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| OCEAN FOR KIDS NASAL SOLUTION | | AL (Maximum Age: 20 years); OTC; QL |
| px saline nasal spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| qc saline nasal relief nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| qc saline nasal spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|-------------------------|-------------------------------------|
| ra saline nasal spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| saline mist spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| saline nasal spray nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| sb saline nose nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| sm nasal spray saline nasal solution | Afrin Saline Nasal Mist | AL (Maximum Age: 20 years); OTC; QL |
| *NASAL ANTICHOLINERGICS*** | | |
| ipratropium bromide nasal solution | | QL |
| *NASAL ANTIHISTAMINES*** | | |
| ASTEPRO CHILDRENS NASAL SOLUTION | | OTC; QL |
| ASTEPRO NASAL SOLUTION | | OTC; QL |
| azelastine hcl nasal solution | | QL |
| *NASAL MAST CELL STABILIZERS*** | | |
| cromolyn sodium nasal aerosol solution | NasalCrom | OTC |
| *NASAL STEROIDS*** | | |
| allergy relief nasal suspension | ClariSpray | OTC; QL |
| allergy spray 24 hour nasal aerosol | KLS Aller-Cort | OTC; QL |
| allergy spray 24 hour nasal suspension | ClariSpray | OTC; QL |
| budesonide nasal suspension | | OTC; QL |
| CLARISPRAY NASAL SUSPENSION | | OTC; QL |
| cvs budesonide nasal suspension | | OTC; QL |
| cvs fluticasone propionate nasal suspension | ClariSpray | OTC; QL |
| cvs nasal allergy spray nasal aerosol | KLS Aller-Cort | OTC; QL |
| eq allergy relief nasal suspension | ClariSpray | OTC; QL |
| eq budesonide nasal nasal suspension | | OTC; QL |
| eq nasal allergy nasal aerosol | KLS Aller-Cort | OTC; QL |
| eq fluticasone childrens nasal suspension | ClariSpray | OTC; QL |
| eq fluticasone propionate nasal suspension | ClariSpray | OTC; QL |
| fluticasone propionate nasal suspension | ClariSpray | QL |
| gnp 24 hour nasal allergy nasal aerosol | KLS Aller-Cort | OTC; QL |
| gnp budesonide nasal spray nasal suspension | | OTC; QL |
| gnp fluticasone propionate nasal suspension | ClariSpray | OTC; QL |

| Drug Name | Reference | Notes |
|---|-------------------------------|---|
| goodsense nasal allergy spray nasal aerosol | KLS Aller-Cort | OTC; QL |
| hm 24 hour nasal allergy nasal aerosol | KLS Aller-Cort | OTC; QL |
| hm allergy relief nasal suspension | ClariSpray | OTC; QL |
| KLS ALLER-CORT NASAL AEROSOL | | OTC; QL |
| KLS ALLER-FLO NASAL SUSPENSION | | OTC; QL |
| nasal allergy 24 hour nasal aerosol | KLS Aller-Cort | OTC; QL |
| qc allergy relief nasal suspension | ClariSpray | OTC; QL |
| ra budesonide nasal suspension | | OTC; QL |
| ra nasal allergy nasal aerosol | KLS Aller-Cort | OTC; QL |
| sm allergy relief nasal suspension | ClariSpray | OTC; QL |
| triamcinolone acetonide nasal aerosol | KLS Aller-Cort | OTC; QL |
| *SYSTEMIC DECONGESTANTS*** | | |
| 12 hour decongestant oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|---|-------------------------------|--|
| 12 hour nasal decongestant oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); <p>OTC; QL</p> |
| cvs 12 hour nasal decongestant oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <ul style="list-style-type: none"> ;Log in to Surescripts ;Log in to CoverMyMeds); <p>OTC; QL</p> |
| cvs nasal decongestant oral capsule | | AL (Minimum Age: 2 years); OTC |

| Drug Name | Reference | Notes |
|---|-------------------------------|---|
| cvs nasal decongestant oral tablet | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |
| decongestant oral tablet | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |
| eq sinus 12-hour oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| eql nasal decongestant oral tablet | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |
| gnp nasal decongestant oral tablet | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|--|-------------------------------|---|
| gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| hm nasal decongestant 12 hour oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| hm nasal decongestant oral tablet | SudoGest | <p>AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|-------------------------------|---|
| kp pseudoephedrine hcl oral tablet | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |
| meijer nasal decongestant oral tablet | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |
| nasal decongestant 12hr oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| nasal decongestant oral tablet | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|-------------------------------|---|
| pseudoephedrine hcl er oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| pseudoephedrine hcl oral tablet 30 mg | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC |
| pseudoephedrine hcl oral tablet 60 mg | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); QL |
| px nasal decongestant oral tablet | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|-------------------------------|---|
| px nasal decongestant oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| qc nasal decongestant pe oral tablet | SudoGest | <p>AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL</p> |
| qc suphedrine maximum strength oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE</p> <p>Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites:</p> <p>;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|-------------------------------|---|
| ra sinus/congestion relief oral tablet | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |
| ra sinus/congestion relief oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| ra suphedrine oral tablet | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |

| Drug Name | Reference | Notes |
|---|--------------------------------------|---|
| <p>ra suphedrine oral tablet extended release 12 hour</p> | <p>Sudafed Sinus Congestion 12HR</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>sinus 12 hour oral tablet extended release 12 hour</p> | <p>Sudafed Sinus Congestion 12HR</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>sinus congestion max strength oral tablet</p> | <p>SudoGest</p> | <p>AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL</p> |

| Drug Name | Reference | Notes |
|---|-------------------------------|---|
| sm nasal decongestant max st oral tablet | SudoGest | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |
| sm nasal decongestant oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR | | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |

| Drug Name | Reference | Notes |
|---|-------------------------------|--|
| sudogest 12 hour oral tablet extended release 12 hour | Sudafed Sinus Congestion 12HR | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| SUDOGEST MAXIMUM STRENGTH ORAL TABLET | | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |
| SUDOGEST ORAL TABLET 30 MG | | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |
| SUDOGEST ORAL TABLET 60 MG | | AL (Minimum Age: 13 years; Maximum Age: 20 years); QL |

| Drug Name | Reference | Notes |
|---|--------------------------------------|---|
| <p>suphedrine 12hour oral tablet extended release 12 hour</p> | <p>Sudafed Sinus Congestion 12HR</p> | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |
| <p>WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR</p> | | <p>AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL</p> |

| Drug Name | Reference | Notes |
|--|-----------|--|
| WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR | | AL (Minimum Age: 2 years; For details on drug coverage click HERE Our electronic prior authorization (ePA) process is the preferred method for submitting pharmacy prior authorization requests. Creating an account is free, easy and helps patients get their medications sooner. You can complete the process through your current electronic health record/electronic medical record (EHR/EMR) system or by using one of these ePA sites: ;Log in to Surescripts ;Log in to CoverMyMeds); OTC; QL |
| WAL-PHED ORAL TABLET | | AL (Minimum Age: 13 years; Maximum Age: 20 years); OTC; QL |
| *NEUROMUSCULAR AGENTS* | | |
| *BENZATHIAZOLES*** | | |
| riluzole oral tablet | Rilutek | PA; SP; QL |
| *NUTRIENTS* | | |
| *CARBOHYDRATES*** | | |
| GERBER GOOD START WATER ORAL SOLUTION | | OTC |
| GOOD START 5% GLUCOSE WATER ORAL SOLUTION | | OTC |
| SIMILAC GLUCOSE WATER ORAL SOLUTION | | OTC |
| *LIPOTROPIC COMBINATIONS*** | | |
| cvs lecithin oral capsule | | OTC |
| gram-o-leci oral tablet chewable | | OTC |
| lecithin oral capsule | | OTC |
| sm soya lecithin oral capsule | | OTC |
| soya lecithin oral capsule | | OTC |

| Drug Name | Reference | Notes |
|---|---------------------------|-------|
| *LIPOTROPICS*** | | |
| inositol oral tablet | | OTC |
| *MISC. NUTRITIONAL SUBSTANCES COMBINATIONS*** | | |
| kelp-b6-lecithin-vinegar oral capsule | | OTC |
| *MISC. NUTRITIONAL SUBSTANCES*** | | |
| algal omega-3 dha oral capsule | | OTC |
| atabex dha 200 oral capsule | | OTC |
| dha complete oral capsule | | OTC |
| lifes dha adult oral capsule | | OTC |
| prenatal dha oral capsule | | OTC |
| *OPHTHALMIC AGENTS* | | |
| *ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS*** | | |
| ALTALUBE OPHTHALMIC OINTMENT | | OTC |
| artificial eye ophthalmic ointment | Altalube | OTC |
| artificial tears ophthalmic ointment | Altalube | OTC |
| artificial tears ophthalmic solution | Clear Eyes Natural Tears | OTC |
| artificial tears pf ophthalmic solution | GenTeal Tears Moderate PF | OTC |
| CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION | | OTC |
| cvs artificial tears ophthalmic solution | Moisture Eyes | OTC |
| cvs dry eye relief ophthalmic solution | | OTC |
| cvs dry-eye relief nighttime ophthalmic ointment | Altalube | OTC |
| cvs eye lubricant ophthalmic ointment | Altalube | OTC |
| cvs lubricant drops fast act ophthalmic solution | Systane | OTC |
| cvs lubricant drops long last ophthalmic solution | Systane | OTC |
| cvs lubricant eye drops (pf) ophthalmic solution | Systane Hydration PF | OTC |
| cvs lubricant eye drops ophthalmic solution | Systane | OTC |
| cvs lubricating eye/overnight ophthalmic ointment | Altalube | OTC |
| cvs lubricating/dry eye ophthalmic solution | Refresh Optive | OTC |

| Drug Name | Reference | Notes |
|---|---------------------------|--------------|
| cvs natural tears pf ophthalmic solution | GenTeal Tears Moderate PF | OTC |
| cvs nighttime dry-eye relief ophthalmic ointment | Altalube | OTC |
| dry eye relief drops ophthalmic solution | | OTC |
| eq artificial tears ophthalmic solution | Moisture Eyes | OTC |
| eq lubricant eye drops ophthalmic solution | Systane | OTC |
| EQ RESTORE PM OPHTHALMIC OINTMENT | | OTC |
| eye lubricant ophthalmic ointment | Altalube | OTC |
| for sty relief ophthalmic ointment | Altalube | OTC |
| GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT | | OTC |
| GENTEAL TEARS OPHTHALMIC SOLUTION | | OTC |
| gnp artificial tears ophthalmic solution | Clear Eyes Natural Tears | OTC |
| gnp eye drops long lasting ophthalmic solution | Systane | OTC |
| gnp eye drops ophthalmic solution | | OTC |
| goodsense artificial tears ophthalmic solution | Clear Eyes Natural Tears | OTC |
| goodsense ultra lubricant drop ophthalmic solution | Systane | OTC |
| hm dry eye relief ophthalmic solution | | OTC |
| hm lubricating tears ophthalmic solution | Systane | OTC |
| HYPOTEARs OPHTHALMIC OINTMENT | | OTC |
| lubricant drops/dual-action ophthalmic solution | Refresh Optive | OTC |
| lubricant eye drops (pf) ophthalmic solution | GenTeal Tears Moderate PF | OTC |
| lubricant eye drops ophthalmic solution | Systane | OTC |
| lubricant eye fast acting ophthalmic ointment | Altalube | OTC |
| lubricant eye nighttime ophthalmic ointment | Altalube | OTC |
| lubricant eye ophthalmic ointment | Altalube | OTC |
| lubricant eye pm ophthalmic ointment | Altalube | OTC |
| lubricant pm ophthalmic ointment | Altalube | OTC |
| lubricating eye drops ophthalmic solution | Systane | OTC |
| lubricating tears eye drops ophthalmic solution | GenTeal Tears | OTC |
| lubrifresh p.m. ophthalmic ointment | Altalube | OTC |

| Drug Name | Reference | Notes |
|--|--------------------------|--------------|
| px artificial tears ophthalmic solution | Clear Eyes Natural Tears | OTC |
| qc artificial tears ophthalmic solution | Clear Eyes Natural Tears | OTC |
| ra artificial tears ophthalmic solution | Moisture Eyes | OTC |
| ra lubricant eye ophthalmic solution | Moisture Eyes | OTC |
| REFRESH LACRI-LUBE OPHTHALMIC OINTMENT | | OTC |
| RETAIN PM OPHTHALMIC OINTMENT | | OTC |
| sm dry eye relief ophthalmic solution | | OTC |
| sm lubricant eye drops ophthalmic solution | Systane | OTC |
| sm lubricating tears ophthalmic solution | Systane | OTC |
| SOOTHE NIGHTTIME OPHTHALMIC OINTMENT | | OTC |
| STYE OPHTHALMIC OINTMENT | | OTC |
| STYE OPHTHALMIC SOLUTION | | OTC |
| SYSTANE NIGHTTIME OPHTHALMIC OINTMENT | | OTC |
| ULTRA FRESH PM OPHTHALMIC OINTMENT | | OTC |
| ultra lubricating eye drops ophthalmic solution | Systane | OTC |
| ultra lubricating eye drops pf ophthalmic solution | Systane Hydration PF | OTC |
| *ARTIFICIAL TEAR SOLUTIONS*** | | |
| GENTEAL TEARS OPHTHALMIC SOLUTION | | OTC |
| just tears eye drops ophthalmic solution | GenTeal Tears | OTC |
| sm artificial tears ophthalmic solution | GenTeal Tears | OTC |
| SOOTHE HYDRATION OPHTHALMIC SOLUTION | | OTC |
| SOOTHE XP OPHTHALMIC SOLUTION | | OTC |
| SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION | | OTC |
| SYSTANE CONTACTS OPHTHALMIC SOLUTION | | OTC |
| *ARTIFICIAL TEARS AND LUBRICANTS*** | | |
| artificial tears ophthalmic solution | | OTC |
| BIOLLE TEARS OPHTHALMIC SOLUTION | | OTC |
| carboxymethylcellulose sodium ophthalmic solution | Ultra Fresh | OTC |

| Drug Name | Reference | Notes |
|--|-----------------|-------|
| cvs lubricant drops ophthalmic solution | Systane Balance | OTC |
| cvs lubricant eye drops (pf) ophthalmic solution | Biolle Tears | OTC |
| cvs lubricant eye drops ophthalmic solution | Systane Balance | OTC |
| eq restore plus lubricant eye ophthalmic solution | Biolle Tears | OTC |
| eq restore tears ophthalmic solution | Ultra Fresh | OTC |
| gnp lubricating plus eye drops ophthalmic solution | Biolle Tears | OTC |
| goodsense lubricating eye drop ophthalmic solution | Biolle Tears | OTC |
| hm lubricating plus ophthalmic solution | Biolle Tears | OTC |
| lubricant eye drops ophthalmic solution | Systane Balance | OTC |
| lubricant eye drops pf ophthalmic solution | Biolle Tears | OTC |
| lubricating plus eye drops ophthalmic solution | Biolle Tears | OTC |
| moisturizing lubricant eye ophthalmic solution | Theratears | OTC |
| polyvinyl alcohol ophthalmic solution | | |
| ra lubricant eye drops ophthalmic solution | Systane Balance | OTC |
| RETAIN CMC OPHTHALMIC SOLUTION | | OTC |
| sm lubricating plus ophthalmic solution | Biolle Tears | OTC |
| ULTRA FRESH OPHTHALMIC SOLUTION | | OTC |
| *BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** | | |
| dorzolamide hcl-timolol mal ophthalmic solution | Cosopt | QL |
| *BETA-BLOCKERS - OPHTHALMIC*** | | |
| betaxolol hcl ophthalmic solution | | QL |
| carteolol hcl ophthalmic solution | | |
| levobunolol hcl ophthalmic solution | | |
| timolol maleate ophthalmic gel forming solution | Timoptic-XE | QL |
| timolol maleate ophthalmic solution | Timoptic | QL |
| *CYCLOPLEGIC MYDRIATICS*** | | |
| atropine sulfate ophthalmic solution | Isopto Atropine | QL |
| phenylephrine hcl ophthalmic solution | Altafrin | |
| *MIOTICS - DIRECT ACTING*** | | |
| pilocarpine hcl ophthalmic solution | | |

| Drug Name | Reference | Notes |
|---|-----------|---------|
| *OPHTHALMIC ANTIALLERGIC*** | | |
| ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION | | OTC; QL |
| ALAWAY OPHTHALMIC SOLUTION | | OTC; QL |
| azelastine hcl ophthalmic solution | | QL |
| CLARITIN EYE OPHTHALMIC SOLUTION | | OTC; QL |
| cromolyn sodium ophthalmic solution | | QL |
| cvs allergy eye drops ophthalmic solution | Alaway | OTC; QL |
| cvs eye itch relief ophthalmic solution | Alaway | OTC; QL |
| cvs olopatadine hcl ophthalmic solution | Pataday | OTC; QL |
| epinastine hcl ophthalmic solution | | QL |
| eq eye itch relief ophthalmic solution | Alaway | OTC; QL |
| eye allergy itch relief ophthalmic solution | Pataday | OTC; QL |
| eye allergy itch/redness rel ophthalmic solution | Pataday | OTC; QL |
| eye itch relief ophthalmic solution | Alaway | OTC; QL |
| gnp olopatadine hcl ophthalmic solution | Pataday | OTC; QL |
| hm eye allergy itch/red relief ophthalmic solution | Pataday | OTC; QL |
| ketotifen fumarate ophthalmic solution | Alaway | QL |
| olopatadine hcl ophthalmic solution | Pataday | QL |
| PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.7 % | | OTC; QL |
| PATADAY OPHTHALMIC SOLUTION 0.2 % | | QL |
| qc olopatadine hcl ophthalmic solution | Pataday | OTC; QL |
| ra eye itch relief ophthalmic solution | Alaway | OTC; QL |
| sm eye itch relief ophthalmic solution | Alaway | OTC; QL |
| sm olopatadine hcl ophthalmic solution | Pataday | OTC; QL |
| *OPHTHALMIC ANTIBIOTICS*** | | |
| bacitracin ophthalmic ointment | | QL |
| ciprofloxacin hcl ophthalmic solution | | QL |
| erythromycin ophthalmic ointment | | QL |
| gatifloxacin ophthalmic solution | Zymaxid | QL |
| GENTAK OPHTHALMIC OINTMENT | | QL |
| gentamicin sulfate ophthalmic solution | | QL |
| levofloxacin ophthalmic solution | | QL |
| moxifloxacin hcl ophthalmic solution | Vigamox | QL |

| Drug Name | Reference | Notes |
|--|-------------|---------|
| ofloxacin ophthalmic solution | Ocuflox | QL |
| tobramycin ophthalmic solution | | QL |
| *OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** | | |
| ak-poly-bac ophthalmic ointment | Polycin | QL |
| bacitracin-polymyxin b ophthalmic ointment | Polycin | QL |
| neomycin-bacitracin zn-polymyx ophthalmic ointment | Neo-Polycin | QL |
| neomycin-polymyxin-gramicidin ophthalmic solution | | QL |
| NEO-POLYCYN OPHTHALMIC OINTMENT | | QL |
| POLYCYN OPHTHALMIC OINTMENT | | QL |
| polymyxin b-trimethoprim ophthalmic solution | Polytrim | QL |
| *OPHTHALMIC ANTIVIRALS*** | | |
| trifluridine ophthalmic solution | | QL |
| *OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** | | |
| dorzolamide hcl ophthalmic solution | Trusopt | QL |
| *OPHTHALMIC DECONGESTANT COMBINATIONS*** | | |
| allergy eye ophthalmic solution | Visine | OTC; QL |
| cvs astringent eye drops ophthalmic solution | Visine-AC | OTC; QL |
| cvs eye allergy relief ophthalmic solution | Opcon-A | OTC |
| cvs eye drops ophthalmic solution | | OTC |
| cvs redness relief ophthalmic solution | | OTC |
| eq eye allergy relief ophthalmic solution | Opcon-A | OTC |
| eql advanced relief ophthalmic solution | | OTC |
| eql eye drops ac ophthalmic solution | Visine-AC | OTC; QL |
| eye allergy relief ophthalmic solution 0.025-0.3 % | Visine | OTC; QL |
| eye allergy relief ophthalmic solution 0.027-0.315 % | Opcon-A | OTC |
| eye drops advanced relief ophthalmic solution | | OTC |
| eye drops ar ophthalmic solution | Visine-AC | OTC; QL |
| eye drops maximum relief ophthalmic solution | | OTC |
| eye drops ophthalmic solution | | OTC |

| Drug Name | Reference | Notes |
|---|------------------------|---------|
| gnp eye drops ophthalmic solution 0.05-0.1-1-1 % | | OTC |
| gnp eye drops ophthalmic solution 0.05-0.25 % | Visine-AC | OTC; QL |
| goodsense eye drops ophthalmic solution | | OTC |
| goodsense relief eye drops ophthalmic solution | Visine-AC | OTC; QL |
| hm eye drops advanced relief ophthalmic solution | | OTC |
| qc eye drops ophthalmic solution | | OTC |
| ra eye allergy relief ophthalmic solution | Opcon-A | OTC |
| ra sterile eye drops ophthalmic solution | | OTC |
| relief drops ophthalmic solution | Visine-AC | OTC; QL |
| relief eye drops ophthalmic solution | Visine-AC | OTC; QL |
| sm eye drops ophthalmic solution | | OTC |
| VISINE OPHTHALMIC SOLUTION | | OTC; QL |
| VISINE-AC OPHTHALMIC SOLUTION | | OTC; QL |
| *OPHTHALMIC DECONGESTANTS*** | | |
| cvs eye drops ophthalmic solution | Visine Red Eye Comfort | OTC; QL |
| eq eye drops ophthalmic solution | Visine Red Eye Comfort | OTC; QL |
| eql eye drops ophthalmic solution | Visine Red Eye Comfort | OTC; QL |
| eye drops ophthalmic solution | Visine Red Eye Comfort | OTC; QL |
| gnp eye drops ophthalmic solution | Visine Red Eye Comfort | OTC; QL |
| goodsense eye drops ophthalmic solution | Visine Red Eye Comfort | OTC; QL |
| hm eye drops ophthalmic solution | Visine Red Eye Comfort | OTC; QL |
| px sterile eye drops ophthalmic solution | Visine Red Eye Comfort | OTC; QL |
| qc eye drops ophthalmic solution | Visine Red Eye Comfort | OTC; QL |
| redness reliever eye drops ophthalmic solution | Visine Red Eye Comfort | OTC; QL |
| sm eye drops ophthalmic solution | Visine Red Eye Comfort | OTC; QL |
| *OPHTHALMIC IMMUNOMODULATORS*** | | |
| cyclosporine ophthalmic emulsion | Restasis | PA; QL |
| *OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** | | |
| diclofenac sodium ophthalmic solution | | QL |
| flurbiprofen sodium ophthalmic solution | | QL |

| Drug Name | Reference | Notes |
|---|----------------|-------|
| *OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** | | |
| apraclonidine hcl ophthalmic solution | | |
| brimonidine tartrate ophthalmic solution | Alphagan P | QL |
| *OPHTHALMIC STEROID COMBINATIONS*** | | |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment | Neo-Polycin HC | QL |
| neomycin-polymyxin-dexameth ophthalmic ointment | Maxitrol | QL |
| neomycin-polymyxin-dexameth ophthalmic suspension | Maxitrol | QL |
| neomycin-polymyxin-hc ophthalmic suspension | | QL |
| NEO-POLYICIN HC OPHTHALMIC OINTMENT | | QL |
| sulfacetamide-prednisolone ophthalmic solution | | QL |
| tobramycin-dexamethasone ophthalmic suspension | TobraDex | QL |
| *OPHTHALMIC STEROIDS*** | | |
| dexamethasone sodium phosphate ophthalmic solution | | |
| fluorometholone ophthalmic suspension | FML Liquifilm | |
| prednisolone acetate ophthalmic suspension | Pred Forte | QL |
| prednisolone sodium phosphate ophthalmic solution | | QL |
| *OPHTHALMIC SULFONAMIDES*** | | |
| sulfacetamide sodium ophthalmic ointment | | QL |
| sulfacetamide sodium ophthalmic solution | | QL |
| *PROSTAGLANDINS - OPHTHALMIC*** | | |
| latanoprost ophthalmic solution | Xalatan | QL |
| *OTIC AGENTS* | | |
| *OTIC AGENTS - MISCELLANEOUS*** | | |
| acetic acid otic solution | | |
| CLEARCANAL EARWAX SOFTENER OTIC SOLUTION | | OTC |
| CLINERE EARWAX REMOVAL KIT OTIC SOLUTION | | OTC |

| Drug Name | Reference | Notes |
|--|----------------------------|--------------|
| cvs ear drops otic solution | Clearcanal Earwax Softener | OTC |
| cvs ear wax removal system otic solution | Clearcanal Earwax Softener | OTC |
| cvs earwax removal kit otic solution | Clearcanal Earwax Softener | OTC |
| ear drops earwax aid otic solution | Clearcanal Earwax Softener | OTC |
| ear drops otic solution | Clearcanal Earwax Softener | OTC |
| ear wax removal drops otic solution | Clearcanal Earwax Softener | OTC |
| ear wax removal kit otic solution | Clearcanal Earwax Softener | OTC |
| ear wax removal system otic solution | Clearcanal Earwax Softener | OTC |
| earwax removal kit otic solution | Clearcanal Earwax Softener | OTC |
| earwax removal otic solution | Clearcanal Earwax Softener | OTC |
| eq ear wax removal aid otic solution | Clearcanal Earwax Softener | OTC |
| eq earwax removal aid otic solution | Clearcanal Earwax Softener | OTC |
| gnp earwax removal drops otic solution | Clearcanal Earwax Softener | OTC |
| gnp earwax removal kit otic solution | Clearcanal Earwax Softener | OTC |
| goodsense ear wax kit otic solution | Clearcanal Earwax Softener | OTC |
| goodsense ear wax removal otic solution | Clearcanal Earwax Softener | OTC |
| hm earwax removal kit otic solution | Clearcanal Earwax Softener | OTC |
| hm earwax removal otic solution | Clearcanal Earwax Softener | OTC |
| MURINE EAR OTIC SOLUTION | | OTC |
| MURINE EAR WAX REMOVAL SYSTEM OTIC SOLUTION | | OTC |
| qc ear wax removal otic solution | Clearcanal Earwax Softener | OTC |

| Drug Name | Reference | Notes |
|---|----------------------------|--------------|
| qc earwax removal kit otic solution | Clearcanal Earwax Softener | OTC |
| qc earwax removal otic solution | Clearcanal Earwax Softener | OTC |
| ra ear drops otic solution | Clearcanal Earwax Softener | OTC |
| ra earwax removal kit otic solution | Clearcanal Earwax Softener | OTC |
| sm ear drops otic solution | Clearcanal Earwax Softener | OTC |
| *OTIC ANTI-INFECTIVES*** | | |
| ciprofloxacin hcl otic solution | Cetraxal | QL |
| ofloxacin otic solution | | QL |
| *OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** | | |
| neomycin-polymyxin-hc otic solution | | |
| neomycin-polymyxin-hc otic suspension | | |
| *OXYTOCICS* | | |
| *OXYTOCICS*** | | |
| METHERGINE ORAL TABLET | | |
| methylergonovine maleate injection solution | | |
| methylergonovine maleate oral tablet | Methergine | |
| *PASSIVE IMMUNIZING AND TREATMENT AGENTS* | | |
| *ANTIVIRAL MONOCLONAL ANTIBODIES*** | | |
| SYNAGIS INTRAMUSCULAR SOLUTION | | PA; SP |
| *IMMUNE SERUMS*** | | |
| BIVIGAM INTRAVENOUS SOLUTION | | PA; SP |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION | | PA; SP |
| GAMMAPLEX INTRAVENOUS SOLUTION | | PA; SP |
| GAMUNEX-C INJECTION SOLUTION | | PA; SP |
| OCTAGAM INTRAVENOUS SOLUTION | | PA; SP |
| PRIVIGEN INTRAVENOUS SOLUTION | | PA; SP |
| *PENICILLINS* | | |
| *AMINOPENICILLINS*** | | |
| amoxicillin oral capsule | | |

| Drug Name | Reference | Notes |
|---|------------------|------------|
| amoxicillin oral suspension reconstituted | | QL |
| amoxicillin oral tablet | | |
| amoxicillin oral tablet chewable | | |
| ampicillin oral capsule | | |
| *NATURAL PENICILLINS*** | | |
| penicillin v potassium oral solution reconstituted | | |
| penicillin v potassium oral tablet | | |
| *PENICILLIN COMBINATIONS*** | | |
| amoxicillin-pot clavulanate er oral tablet extended release 12 hour | | QL |
| amoxicillin-pot clavulanate oral suspension reconstituted | Augmentin ES-600 | |
| amoxicillin-pot clavulanate oral tablet | Augmentin | |
| amoxicillin-pot clavulanate oral tablet chewable | | |
| *PENICILLINASE-RESISTANT PENICILLINS*** | | |
| dicloxacillin sodium oral capsule | | |
| *PHARMACEUTICAL ADJUVANTS* | | |
| *SEMI SOLID VEHICLES*** | | |
| cvs petroleum jelly external gel | | OTC |
| petroleum jelly external gel | | OTC |
| qc petroleum jelly external gel | | OTC |
| white petrolatum external ointment | | OTC |
| white petroleum jelly external gel | | OTC |
| *PROGESTINS* | | |
| *PROGESTINS*** | | |
| hydroxyprogesterone caproate intramuscular oil | Makena | PA; SP; QL |
| MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | PA; SP; QL |
| medroxyprogesterone acetate oral tablet | Provera | QL |
| norethindrone acetate oral tablet | Aygestin | |
| progesterone oral capsule | Prometrium | QL |

| Drug Name | Reference | Notes |
|---|-------------|------------|
| *PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* | | |
| *CHOLINOMIMETICS - ACHE INHIBITORS*** | | |
| donepezil hcl oral tablet 10 mg, 5 mg | Aricept | QL |
| donepezil hcl oral tablet 23 mg | Aricept | PA; QL |
| donepezil hcl oral tablet dispersible | | QL |
| galantamine hydrobromide er oral capsule extended release 24 hour | Razadyne ER | QL |
| galantamine hydrobromide oral solution | | QL |
| galantamine hydrobromide oral tablet | | QL |
| rivastigmine tartrate oral capsule | | QL |
| *MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** | | |
| AUBAGIO ORAL TABLET | | PA; SP; QL |
| *MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | | PA; SP; QL |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | | PA; SP; QL |
| BETASERON SUBCUTANEOUS KIT | | PA; SP; QL |
| EXTAVIA SUBCUTANEOUS KIT | | PA; SP; QL |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | PA; SP; QL |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | PA; SP; QL |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | PA; SP; QL |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | PA; SP; QL |
| *MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** | | |
| dimethyl fumarate oral capsule delayed release | Tecfidera | PA; SP; QL |
| dimethyl fumarate starter pack oral | Tecfidera | PA; SP; QL |

| Drug Name | Reference | Notes |
|---|-----------------------|------------|
| *MULTIPLE SCLEROSIS AGENTS*** | | |
| glatiramer acetate subcutaneous solution prefilled syringe | Glatopa | PA; SP; QL |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | PA; SP; QL |
| *N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** | | |
| memantine hcl oral solution | | QL |
| memantine hcl oral tablet 10 mg | Namenda | QL |
| memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg | Namenda Titration Pak | QL |
| memantine hcl oral tablet 5 mg | Namenda | DO; QL |
| *RESPIRATORY AGENTS - MISC.* | | |
| *HYDROLYTIC ENZYMES*** | | |
| PULMOZYME INHALATION SOLUTION | | PA; SP; QL |
| *SULFONAMIDES* | | |
| *SULFONAMIDES*** | | |
| sulfadiazine oral tablet | | |
| *TETRACYCLINES* | | |
| *TETRACYCLINES*** | | |
| demeclocycline hcl oral tablet | | |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED | | QL |
| doxycycline hyclate intravenous solution reconstituted | Doxy 100 | QL |
| doxycycline hyclate oral capsule | Vibramycin | QL |
| doxycycline hyclate oral tablet | Acticlate | QL |
| doxycycline hyclate oral tablet delayed release | Doryx | QL |
| doxycycline monohydrate oral capsule | Mondoxyne NL | QL |
| doxycycline monohydrate oral suspension reconstituted | Vibramycin | QL |
| doxycycline monohydrate oral tablet | | QL |
| LYMEPAK ORAL TABLET | | QL |
| minocycline hcl oral capsule | Minocin | QL |
| minocycline hcl oral tablet | | QL |
| MONDOXYNE NL ORAL CAPSULE | | QL |
| TARGADOX ORAL TABLET | | QL |

| Drug Name | Reference | Notes |
|---|-----------|--|
| *THYROID AGENTS* | | |
| *ANTITHYROID AGENTS*** | | |
| methimazole oral tablet | | |
| propylthiouracil oral tablet | | |
| *THYROID HORMONES*** | | |
| EUTHYROX ORAL TABLET | | |
| LEVO-T ORAL TABLET | | |
| levothyroxine sodium oral tablet | Euthyrox | |
| LEVOXYL ORAL TABLET | | |
| liothyronine sodium oral tablet | Cytomel | |
| UNITHROID ORAL TABLET | | |
| *TOXOIDS* | | |
| *TOXOID COMBINATIONS*** | | |
| ADACEL INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| BOOSTRIX INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| DAPTACEL INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| diphtheria-tetanus toxoids dt intramuscular suspension | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| INFANRIX INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| QUADRACEL INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| TDVAX INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| TENIVAC INTRAMUSCULAR INJECTABLE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |

| Drug Name | Reference | Notes |
|---|------------------------------|--|
| tetanus-diphtheria toxoids td intramuscular suspension | TDVAX | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| VAXELIS INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years) |
| VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years) |
| *ULCER DRUGS/ANTISPASMODICS/ANTICHO LINERGICS* | | |
| *ANTISPASMODICS*** | | |
| dicyclomine hcl oral capsule | | |
| dicyclomine hcl oral solution | | |
| dicyclomine hcl oral tablet | | |
| *H-2 ANTAGONIST-ANTACID COMBINATIONS*** | | |
| acid reducer complete oral tablet chewable | Duo Fusion | OTC |
| cvs dual action complete oral tablet chewable | Duo Fusion | OTC |
| DUO FUSION ORAL TABLET CHEWABLE | | OTC |
| eq acid reducer complete oral tablet chewable | Duo Fusion | OTC |
| eql dual action complete oral tablet chewable | Duo Fusion | OTC |
| hm dual action complete oral tablet chewable | Duo Fusion | OTC |
| kls acid controller complete oral tablet chewable | Duo Fusion | OTC |
| px dual action oral tablet chewable | Duo Fusion | OTC |
| ra acid reducer plus antacid oral tablet chewable | Duo Fusion | OTC |
| ra dual action complete oral tablet chewable | Duo Fusion | OTC |
| *H-2 ANTAGONISTS*** | | |
| acid control maximum strength oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| acid controller max st oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| acid controller oral tablet | Zantac 360 | OTC; QL |
| acid reducer maximum strength oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| acid reducer oral tablet | Zantac 360 | OTC; QL |

| Drug Name | Reference | Notes |
|---|------------------------------|--------------|
| cvs acid controller max st oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| cvs acid controller oral tablet | Zantac 360 | OTC; QL |
| eq acid reducer oral tablet | Zantac 360 | OTC; QL |
| eq famotidine max st oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| eql heartburn prevention oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| famotidine (pf) intravenous solution | | |
| famotidine maximum strength oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| famotidine oral suspension reconstituted | | PA; QL |
| famotidine oral tablet 10 mg | Zantac 360 | OTC; QL |
| famotidine oral tablet 40 mg | Pepcid | QL |
| famotidine orig st oral tablet | Zantac 360 | OTC; QL |
| gnp acid reducer max st oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| gnp acid reducer oral tablet | Zantac 360 | OTC; QL |
| heartburn relief max st oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| heartburn relief oral tablet | Zantac 360 | OTC; QL |
| hm famotidine oral tablet | Zantac 360 | OTC; QL |
| kls acid controller max st oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET | | OTC; QL |
| nizatidine oral capsule | | QL |
| px acid reducer max st oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| px acid reducer oral tablet | Zantac 360 | OTC; QL |
| qc acid controller max st oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| qc acid controller oral tablet | Zantac 360 | OTC; QL |
| qc famotidine acid reducer oral tablet 10 mg | Zantac 360 | DO; OTC; QL |
| qc famotidine acid reducer oral tablet 20 mg | MM Acid-Pep Maximum Strength | OTC; QL |
| ra acid reducer max st oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| ra acid reducer oral tablet | Zantac 360 | OTC; QL |

| Drug Name | Reference | Notes |
|--|------------------------------|---------|
| sb acid controller max st oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| sb acid controller oral tablet | Zantac 360 | OTC; QL |
| sb acid reducer oral tablet | Zantac 360 | OTC; QL |
| sm acid reducer max st oral tablet | MM Acid-Pep Maximum Strength | OTC; QL |
| sm acid reducer oral tablet | Zantac 360 | OTC; QL |
| ZANTAC 360 MAX ST ORAL TABLET | | OTC; QL |
| ZANTAC 360 ORAL TABLET | | OTC; QL |
| *MISC. ANTI-ULCER*** | | |
| sucralfate oral tablet | Carafate | |
| *PROTON PUMP INHIBITOR-ANTACID COMBINATIONS*** | | |
| cvs omeprazole-sod bicarbonate oral capsule | Zegerid | OTC; QL |
| omeprazole-sodium bicarbonate oral capsule | Zegerid | QL |
| *PROTON PUMP INHIBITORS*** | | |
| acid reducer oral capsule delayed release | | OTC |
| acid reducer oral tablet delayed release | PriLOSEC OTC | OTC; QL |
| cvs esomeprazole magnesium oral capsule delayed release | GoodSense Esomeprazole | OTC; QL |
| cvs lansoprazole oral capsule delayed release | Prevacid 24HR | OTC; QL |
| cvs lansoprazole oral tablet delayed release dispersible | Prevacid SoluTab | OTC; QL |
| cvs omeprazole magnesium oral capsule delayed release | | OTC |
| cvs omeprazole oral tablet delayed release | | OTC |
| cvs omeprazole oral tablet delayed release dispersible | | OTC |
| eq esomeprazole magnesium oral capsule delayed release | GoodSense Esomeprazole | OTC; QL |
| eq lansoprazole oral capsule delayed release | Prevacid 24HR | OTC; QL |
| eq omeprazole magnesium oral capsule delayed release | | OTC |
| eq omeprazole oral tablet delayed release | | OTC |
| eq omeprazole oral tablet delayed release dispersible | | OTC |

| Drug Name | Reference | Notes |
|---|---------------------------|--------------|
| eql lansoprazole oral capsule delayed release | Prevacid 24HR | OTC; QL |
| eql omeprazole oral tablet delayed release | | OTC |
| esomeprazole magnesium oral capsule delayed release | GoodSense Esomeprazole | PA; QL |
| esomeprazole magnesium oral tablet delayed release | NexIUM 24HR | OTC; QL |
| gnp esomeprazole magnesium oral capsule delayed release | GoodSense Esomeprazole | OTC; QL |
| gnp lansoprazole oral capsule delayed release | Prevacid 24HR | OTC; QL |
| gnp omeprazole oral capsule delayed release | | OTC |
| gnp omeprazole oral tablet delayed release | | OTC |
| gnp omeprazole oral tablet delayed release dispersible | | OTC |
| GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE | | OTC; QL |
| goodsense lansoprazole oral capsule delayed release | Prevacid 24HR | OTC; QL |
| hm esomeprazole magnesium dr oral capsule delayed release | GoodSense Esomeprazole | OTC; QL |
| hm lansoprazole oral capsule delayed release | Prevacid 24HR | OTC; QL |
| hm omeprazole oral tablet delayed release | | OTC |
| kls esomeprazole magnesium oral capsule delayed release | GoodSense Esomeprazole | OTC; QL |
| kp omeprazole magnesium oral capsule delayed release | | OTC |
| lansoprazole oral capsule delayed release | Prevacid 24HR | QL |
| NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE | | OTC; QL |
| NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE | | OTC; QL |
| NEXIUM 24HR ORAL TABLET DELAYED RELEASE | | OTC; QL |
| omeprazole magnesium oral capsule delayed release | | OTC |
| omeprazole magnesium oral tablet delayed release | PriLOSEC OTC | OTC; QL |

| Drug Name | Reference | Notes |
|---|---------------------------|---|
| omeprazole oral capsule delayed release | | PA; Preferred for Members less than 6 years of age. PA required for members greater than 6.; QL |
| omeprazole oral tablet delayed release | | OTC |
| omeprazole oral tablet delayed release dispersible | | OTC |
| PREVACID 24HR ORAL CAPSULE DELAYED RELEASE | | OTC; QL |
| PRILOSEC OTC ORAL TABLET DELAYED RELEASE | | OTC; QL |
| px omeprazole oral tablet delayed release | | OTC |
| qc esomeprazole magnesium oral capsule delayed release | GoodSense Esomeprazole | OTC; QL |
| qc lansoprazole oral capsule delayed release | Prevacid 24HR | OTC; QL |
| qc omeprazole magnesium oral capsule delayed release | | OTC |
| qc omeprazole oral tablet delayed release | | OTC |
| ra esomeprazole magnesium oral capsule delayed release | GoodSense Esomeprazole | OTC; QL |
| ra omeprazole oral tablet delayed release | | OTC |
| sb omeprazole oral tablet delayed release | | OTC |
| sm esomeprazole magnesium oral capsule delayed release | GoodSense Esomeprazole | OTC; QL |
| sm lansoprazole oral capsule delayed release | Prevacid 24HR | OTC; QL |
| sm omeprazole oral tablet delayed release | | OTC |
| *QUATERNARY ANTICHOLINERGICS*** | | |
| glycopyrrolate oral tablet | Robinul | |
| *ULCER DRUGS - PROSTAGLANDINS*** | | |
| misoprostol oral tablet | Cytotec | |
| *URINARY ANTISPASMODICS* | | |
| *URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** | | |
| darifenacin hydrobromide er oral tablet extended release 24 hour | | QL |

| Drug Name | Reference | Notes |
|---|------------------|--|
| oxybutynin chloride er oral tablet extended release 24 hour | Ditropan XL | QL |
| oxybutynin chloride oral syrup | | QL |
| oxybutynin chloride oral tablet | | QL |
| OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY | | OTC; QL |
| tolterodine tartrate er oral capsule extended release 24 hour | Detrol LA | QL |
| tolterodine tartrate oral tablet | Detrol | QL |
| tropium chloride er oral capsule extended release 24 hour | | QL |
| tropium chloride oral tablet | | QL |
| *URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** | | |
| bethanechol chloride oral tablet | | |
| *URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** | | |
| flavoxate hcl oral tablet | | |
| *VACCINES* | | |
| *BACTERIAL VACCINES*** | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| HIBERIX INJECTION SOLUTION RECONSTITUTED | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| MENACTRA INTRAMUSCULAR SOLUTION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| MENQUADFI INTRAMUSCULAR SOLUTION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| MENVEO INTRAMUSCULAR SOLUTION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| PNEUMOVAX 23 INJECTION INJECTABLE | | AL (Minimum Age: 3 years); QL |
| PREVNAR 13 INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years); QL |

| Drug Name | Reference | Notes |
|--|------------------|--|
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 Years) |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 Years) |
| *VIRAL VACCINE COMBINATIONS*** | | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| *VIRAL VACCINES*** | | |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years); QL |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years); QL |
| COMIRNATY INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 16 years) |
| ENGERIX-B INJECTION SUSPENSION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE | | AL (Minimum Age: 3 years); QL |
| FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years); QL |
| FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | | AL (Minimum Age: 3 years); QL |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years); QL |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years); QL |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years); QL |

| Drug Name | Reference | Notes |
|--|---------------------------|---|
| FLUMIST QUADRIVALENT NASAL SUSPENSION | | QL |
| FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years); QL |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years); QL |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years); QL |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| HAVRIX INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| IPOL INJECTION INJECTABLE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| janssen covid-19 vaccine intramuscular suspension | | |
| moderna covid-19 bival 6m-5y intramuscular suspension | | |
| moderna covid-19 bival booster intramuscular suspension | | |
| moderna covid-19 vac (booster) intramuscular suspension | | |
| moderna covid-19 vacc 6m-5y intramuscular suspension | | |
| moderna covid-19 vaccine intramuscular suspension | Spikevax COVID-19 Vaccine | AL (Minimum Age: 16 years) |
| novavax covid-19 vaccine intramuscular suspension | | |
| pfizer covid-19 bival 6mo-4yr intramuscular suspension | | |
| pfizer covid-19 vac bival 5-11 intramuscular suspension | | |
| pfizer covid-19 vac bivalent intramuscular suspension | | |
| pfizer covid-19 vac-tris 5-11y intramuscular suspension | | AL (Minimum Age: 16 years) |

| Drug Name | Reference | Notes |
|---|---------------------------|--|
| pfizer covid-19 vac-tris 6m-4y intramuscular suspension | | AL (Minimum Age: 16 years) |
| pfizer-biont covid-19 vac-tris intramuscular suspension | Comirnaty | AL (Minimum Age: 16 years) |
| pfizer-biontech covid-19 vacc intramuscular suspension | | AL (Minimum Age: 16 years) |
| RECOMBIVAX HB INJECTION SUSPENSION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| ROTARIX ORAL SUSPENSION RECONSTITUTED | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| ROTATEQ ORAL SOLUTION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED | | AL (Minimum Age: 50 years); QL |
| SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 16 years) |
| VAQTA INTRAMUSCULAR SUSPENSION | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| VARIVAX SUBCUTANEOUS INJECTABLE | | AL (Minimum Age: 3 years; Maximum Age: 18 years) |
| *VAGINAL AND RELATED PRODUCTS* | | |
| *IMIDAZOLE-RELATED ANTIFUNGALS*** | | |
| 3 day vaginal vaginal cream | Gyne-Lotrimin 3 | OTC |
| clotrimazole 3 vaginal cream | Gyne-Lotrimin 3 | OTC |
| clotrimazole vaginal cream | Gyne-Lotrimin | OTC; QL |
| clotrimazole-7 vaginal cream | Gyne-Lotrimin | OTC; QL |
| cvs clotrimazole 3 vaginal cream | Gyne-Lotrimin 3 | OTC |
| cvs miconazole 1 combo pack vaginal kit | Monistat 1 Combo Pack | OTC |
| cvs miconazole 1 combo-wipes vaginal kit | | OTC |
| cvs miconazole 3 combo pack vaginal kit | Monistat 3 Combo Pack App | OTC; QL |
| cvs miconazole 3 combo-supp vaginal kit | Vagistat-3 | OTC |
| cvs miconazole 7 vaginal cream | Monistat 7 Simply Cure | OTC |
| cvs tioconazole 1 vaginal ointment | Monistat 1-Day | OTC |
| eq miconazole 1 vaginal kit | Monistat 1 Combo Pack | OTC |

| Drug Name | Reference | Notes |
|---|---------------------------|--------------|
| eq miconazole 7 day treatment vaginal cream | Monistat 7 Simply Cure | OTC |
| eq tioconazole 1 vaginal ointment | Monistat 1-Day | OTC |
| eql miconazole 3 vaginal kit | Vagistat-3 | OTC |
| eql miconazole 7 vaginal cream | Monistat 7 Simply Cure | OTC |
| eql tioconazole-1 vaginal ointment | Monistat 1-Day | OTC |
| gnp clotrimazole 3 vaginal cream | Gyne-Lotrimin 3 | OTC |
| gnp miconazole 1 vaginal kit | Monistat 1 Combo Pack | OTC |
| gnp miconazole 3 vaginal kit | Vagistat-3 | OTC |
| gnp miconazole 7 vaginal cream | Monistat 7 Simply Cure | OTC |
| miconazole 1 vaginal kit | Monistat 1 Combo Pack | OTC |
| miconazole 3 combo pack app vaginal kit | Monistat 3 Combo Pack App | OTC; QL |
| miconazole 3 combo pack vaginal kit | Monistat 3 Combo Pack App | OTC; QL |
| miconazole 3 combo-supp vaginal kit | Vagistat-3 | OTC |
| miconazole 3 vaginal suppository | | |
| miconazole 7 vaginal cream | Monistat 7 Simply Cure | OTC |
| miconazole 7 vaginal suppository | | OTC |
| miconazole nitrate vaginal cream | Monistat 7 Simply Cure | OTC |
| MONISTAT 1-DAY VAGINAL OINTMENT | | OTC |
| px miconazole 3-day combo vaginal kit | Vagistat-3 | OTC |
| qc 3 day vaginal cream | Monistat 3 | OTC |
| qc clotrimazole vaginal cream | Gyne-Lotrimin | OTC; QL |
| qc miconazole 7 vaginal cream | Monistat 7 Simply Cure | OTC |
| ra clotrimazole 7 vaginal cream | Gyne-Lotrimin | OTC; QL |
| ra miconazole 3 combo pack app vaginal kit | Monistat 3 Combo Pack App | OTC; QL |
| ra miconazole 3 combo pack vaginal kit | Vagistat-3 | OTC |
| ra miconazole 7 vaginal cream | Monistat 7 Simply Cure | OTC |
| ra tioconazole 1 vaginal ointment | Monistat 1-Day | OTC |
| sm 3-day vaginal vaginal cream | Gyne-Lotrimin 3 | OTC |
| sm clotrimazole vaginal vaginal cream | Gyne-Lotrimin | OTC; QL |
| sm miconazole 3 applicator vaginal kit | Monistat 3 Combo Pack App | OTC; QL |
| sm miconazole 3 vaginal kit | Vagistat-3 | OTC |
| sm miconazole 7 vaginal cream | Monistat 7 Simply Cure | OTC |
| sm miconazole 7 vaginal suppository | | OTC |

| Drug Name | Reference | Notes |
|---|----------------|-------|
| sm tioconazole-1 vaginal ointment | Monistat 1-Day | OTC |
| terconazole vaginal cream | | QL |
| terconazole vaginal suppository | | QL |
| tioconazole-1 vaginal ointment | Monistat 1-Day | OTC |
| VAGISTAT-3 VAGINAL KIT | | OTC |
| *SPERMICIDES*** | | |
| ENCARE VAGINAL SUPPOSITORY | | OTC |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL | | OTC |
| SHUR-SEAL CONTRACEPTIVE VAGINAL GEL | | OTC |
| TODAY SPONGE VAGINAL | | OTC |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM | | OTC |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM | | OTC |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL | | OTC |
| *VAGINAL ANTI-INFECTIVES*** | | |
| CLEOCIN VAGINAL SUPPOSITORY | | |
| clindamycin phosphate vaginal cream | Cleocin | |
| metronidazole vaginal gel | Vandazole | |
| VANDAZOLE VAGINAL GEL | | |
| *VAGINAL ESTROGENS*** | | |
| estradiol vaginal tablet | Yuvafem | |
| YUVAFEM VAGINAL TABLET | | |
| *VASOPRESSORS* | | |
| *ANAPHYLAXIS THERAPY AGENTS*** | | |
| epinephrine injection solution auto-injector | Auvi-Q | QL |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE | | QL |
| *VASOPRESSORS*** | | |
| midodrine hcl oral tablet | | |
| *VITAMINS* | | |
| *BIOTIN*** | | |
| biotin maximum strength oral capsule | Meribin | OTC |
| biotin oral capsule | Meribin | OTC |
| biotin oral tablet | | OTC |

| Drug Name | Reference | Notes |
|-------------------------------------|------------|-------|
| cvs biotin high potency oral tablet | | OTC |
| cvs biotin oral capsule | Meribin | OTC |
| eql biotin oral capsule | Meribin | OTC |
| gnp biotin oral capsule | Meribin | OTC |
| hm biotin oral capsule | Meribin | OTC |
| MERIBIN ORAL CAPSULE | | OTC |
| qc biotin oral tablet | | OTC |
| ra biotin oral capsule | Hard Nails | OTC |
| ra biotin oral tablet | | OTC |
| sm biotin oral capsule | Meribin | OTC |
| super biotin oral capsule | Meribin | OTC |
| *VITAMIN A*** | | |
| a-10000 oral capsule | | OTC |
| cvs vitamin a oral capsule | | OTC |
| gnp vitamin a oral capsule | | OTC |
| natural vitamin a oral capsule | | OTC |
| px vitamin a oral capsule | | OTC |
| ra vitamin a oral capsule | | OTC |
| vitamin a oral capsule | | OTC |
| *VITAMIN B-1*** | | |
| b1 oral tablet | | OTC |
| b-1 oral tablet | | OTC |
| cvs b-1 oral tablet | | OTC |
| gnp vitamin b-1 oral tablet | | OTC |
| qc vitamin b1 oral tablet | | OTC |
| ra vitamin b-1 oral tablet | | OTC |
| sm vitamin b1 oral tablet | | OTC |
| thiamine hcl injection solution | | |
| thiamine hcl oral tablet | | OTC |
| thiamine mononitrate oral tablet | | OTC |
| vitamin b1 oral tablet | | OTC |
| vitamin b-1 oral tablet | | OTC |
| *VITAMIN B-2*** | | |
| b-2 oral tablet | | OTC |
| cvs vitamin b-2 oral tablet | | OTC |
| vitamin b-2 oral tablet | | OTC |

| Drug Name | Reference | Notes |
|--|-------------------|---------|
| *VITAMIN B-3*** | | |
| ENDUR-ACIN ORAL TABLET EXTENDED RELEASE | | OTC |
| kp niacin oral tablet | | OTC |
| niacin er oral capsule extended release | | OTC; QL |
| niacin er oral tablet extended release | Endur-Acin | OTC |
| niacin oral tablet | | OTC |
| niacinamide oral tablet | | OTC |
| plain niacin oral tablet | | OTC |
| px niacin oral tablet | | OTC |
| qc niacin oral tablet | | OTC |
| ra niacin oral tablet | | OTC |
| ra no flush niacin oral tablet | | OTC |
| sm niacin cr oral tablet extended release | Endur-Acin | OTC |
| *VITAMIN B-5*** | | |
| calcium pantothenate oral tablet | | OTC |
| *VITAMIN B-6*** | | |
| b6 natural oral tablet | | OTC |
| b-6 oral tablet | | OTC |
| cvs b6 oral tablet | | OTC |
| eql b-6 oral tablet | | OTC |
| gnp vitamin b-6 oral tablet | | OTC |
| kp vitamin b-6 oral tablet | | OTC |
| pyridoxine hcl injection solution | | |
| pyridoxine hcl oral tablet | | OTC |
| qc vitamin b6 oral tablet | | OTC |
| ra vitamin b-6 oral tablet | | OTC |
| sm vitamin b6 oral tablet | | OTC |
| sm vitamin b-6 oral tablet | | OTC |
| vitamin b6 oral tablet | | OTC |
| vitamin b-6 oral tablet | | OTC |
| yl vitamin b-6 oral tablet | | OTC |
| *VITAMIN C*** | | |
| ACEROLA C 500 ORAL WAFER | | OTC |
| acerola c-500 oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| ascorbic acid oral tablet 1000 mg | | OTC |
| ascorbic acid oral tablet 500 mg | PureWay-C | OTC; QL |

| Drug Name | Reference | Notes |
|---|-------------------|---------|
| BPROTECTED VITAMIN C ORAL LIQUID | | OTC |
| c 1000 oral tablet | | OTC |
| c 250 oral tablet | | OTC; QL |
| c 500 oral tablet | PureWay-C | OTC; QL |
| c 500 oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| c 500/rose hips oral tablet | PureWay-C | OTC; QL |
| c-1000 oral tablet | | OTC |
| c-1000 oral tablet extended release | Endur-C | OTC |
| c-1000 sr oral tablet extended release | Endur-C | OTC |
| c-1000/rose hips oral tablet | | OTC |
| c-1000/rose hips sr oral tablet extended release | Endur-C | OTC |
| c-1500/rose hips sr oral tablet extended release | | OTC |
| c-250 oral tablet | | OTC; QL |
| c-250 oral tablet chewable | | OTC |
| c-500 non-acid oral tablet | | OTC; QL |
| c-500 oral tablet | PureWay-C | OTC; QL |
| c-500 oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| c-500 oral tablet extended release | Endur-C | OTC |
| c-500 sr oral capsule extended release | | OTC |
| c-500 sr oral tablet extended release | Endur-C | OTC |
| c-500/rose hips oral tablet | PureWay-C | OTC; QL |
| calcium ascorbate oral tablet | | OTC; QL |
| c-chewable oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| CRUSH VITAMIN C DROPS MOUTH/THROAT LOZENGE | | OTC |
| cvs chewable c with rose hips oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| cvs vitamin c oral tablet 1000 mg | | OTC |
| cvs vitamin c oral tablet 250 mg | | OTC; QL |
| cvs vitamin c oral tablet 500 mg | PureWay-C | OTC; QL |
| cvs vitamin c-rose hips oral tablet 1000 mg | | OTC |
| cvs vitamin c-rose hips oral tablet 500 mg | PureWay-C | OTC; QL |
| ENDUR-C ORAL TABLET EXTENDED RELEASE | | OTC |
| eql vitamin c oral tablet 1000 mg | | OTC |
| eql vitamin c oral tablet 500 mg | PureWay-C | OTC; QL |

| Drug Name | Reference | Notes |
|--|-----------------------|---------|
| eql vitamin c/rose hips oral tablet 1000 mg | | OTC |
| eql vitamin c/rose hips oral tablet 500 mg | PureWay-C | OTC; QL |
| fruit c 500 oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| fruit c oral tablet chewable | | OTC |
| fruity c oral tablet chewable | | OTC |
| gnp vitamin c drops mouth/throat lozenge | Crush Vitamin C Drops | OTC |
| gnp vitamin c oral tablet 1000 mg | | OTC |
| gnp vitamin c oral tablet 250 mg | | OTC; QL |
| gnp vitamin c oral tablet 500 mg | PureWay-C | OTC; QL |
| gnp vitamin c oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| gnp vitamin c oral tablet extended release | Endur-C | OTC |
| gnp vitamin c w/rose hips oral tablet | PureWay-C | OTC; QL |
| gnp vitamin c/rose hips oral tablet | | OTC |
| hm vitamin c oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| liquid c oral liquid | BProtected Vitamin C | OTC |
| meijer c oral tablet | PureWay-C | OTC; QL |
| natural c/rose hips oral tablet 1000 mg | | OTC |
| natural c/rose hips oral tablet 500 mg | PureWay-C | OTC; QL |
| PUREWAY-C ORAL TABLET | | OTC; QL |
| px vitamin c oral tablet | PureWay-C | OTC; QL |
| qc vitamin c oral tablet 1000 mg | | OTC |
| qc vitamin c oral tablet 500 mg | PureWay-C | OTC; QL |
| qc vitamin c oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| qc vitamin c with rose hips oral tablet | PureWay-C | OTC; QL |
| ra vitamin c cr oral tablet extended release | Endur-C | OTC |
| ra vitamin c oral tablet | PureWay-C | OTC; QL |
| ra vitamin c oral tablet chewable 250 mg | | OTC |
| ra vitamin c oral tablet chewable 500 mg | Sunkist Vitamin C | OTC; QL |
| ra vitamin c/acerola oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| ra vitamin c/rose hips oral tablet 1000 mg | | OTC |
| ra vitamin c/rose hips oral tablet 500 mg | PureWay-C | OTC; QL |
| sb vitamin c oral tablet | PureWay-C | OTC; QL |
| sm chewable c oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| sm chewable vitamin c oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| sm vit c/rose hips oral tablet | | OTC |
| sm vitamin c cr oral tablet extended release | Endur-C | OTC |
| sm vitamin c oral tablet 1000 mg | | OTC |

| Drug Name | Reference | Notes |
|---|-----------------------|--------------|
| sm vitamin c oral tablet 250 mg | | OTC; QL |
| sm vitamin c oral tablet 500 mg | PureWay-C | OTC; QL |
| sm vitamin c oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| sm vitamin c/rose hips oral tablet | PureWay-C | OTC; QL |
| SUNKIST VITAMIN C ORAL TABLET CHEWABLE | | OTC; QL |
| vita-c oral crystals | | OTC |
| vitamin c drops mouth/throat lozenge | Crush Vitamin C Drops | OTC |
| vitamin c er oral capsule extended release | | OTC |
| vitamin c er oral tablet extended release | Endur-C | OTC |
| vitamin c immune health oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| vitamin c oral liquid | BProtected Vitamin C | OTC |
| vitamin c oral tablet 100 mg, 1000 mg | | OTC |
| vitamin c oral tablet 250 mg | | OTC; QL |
| vitamin c oral tablet 500 mg | PureWay-C | OTC; QL |
| vitamin c oral tablet chewable 100 mg, 250 mg | | OTC |
| vitamin c oral tablet chewable 500 mg | Sunkist Vitamin C | OTC; QL |
| vitamin c plus wild rose hips oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| vitamin c/bioflavonoids/rosehp oral tablet | PureWay-C | OTC; QL |
| vitamin c/natural rose hips oral tablet | | OTC |
| vitamin c/rose hips oral tablet | PureWay-C | OTC; QL |
| vitamin c/rose hips tr oral tablet extended release | Endur-C | OTC |
| vitamin c-acerola oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| vitamin c-rose hips er oral tablet extended release | Endur-C | OTC |
| vitamin c-rose hips oral tablet 1000 mg | | OTC |
| vitamin c-rose hips oral tablet 500 mg | PureWay-C | OTC; QL |
| vitamin c-rose hips oral tablet chewable | Sunkist Vitamin C | OTC; QL |
| vitamin c-rose hips tr oral tablet extended release | Endur-C | OTC |
| yl vitamin c oral tablet 1000 mg | | OTC |
| yl vitamin c oral tablet 500 mg | PureWay-C | OTC; QL |
| yl vitamin c-rose hips oral tablet 1000 mg | | OTC |
| yl vitamin c-rose hips oral tablet 500 mg | PureWay-C | OTC; QL |

| Drug Name | Reference | Notes |
|--|-------------------------------|---------|
| *VITAMIN D*** | | |
| aqueous vitamin d oral liquid | BProtected Pedia D-Vite | OTC |
| BPROTECTED PEDIA D-VITE ORAL LIQUID | | OTC |
| CALCIDOL ORAL SOLUTION | | OTC |
| cvs d3 oral capsule | Dialyvite Vitamin D 5000 | OTC; QL |
| cvs vitamin d3 oral capsule | IS-D 10,000 | OTC; QL |
| cvs vitamin d3 oral tablet chewable | Kids First Vitamin D3 Gummies | OTC |
| d 1000 oral capsule | Pronutrients Vitamin D3 | OTC; QL |
| d 1000 oral tablet chewable | Kids First Vitamin D3 Gummies | OTC |
| d 10000 oral capsule | IS-D 10,000 | OTC; QL |
| d 400 oral tablet | | OTC; QL |
| d 5000 oral capsule | Dialyvite Vitamin D 5000 | OTC; QL |
| d-1000 extra strength oral tablet | Vitamin D-1000 Max St | OTC |
| d-1000 oral tablet | Vitamin D-1000 Max St | OTC |
| d2000 ultra strength oral capsule | | OTC; QL |
| d3 2000 oral capsule | | OTC; QL |
| d3 5000 oral capsule | Dialyvite Vitamin D 5000 | OTC; QL |
| d3 adult oral tablet chewable | Kids First Vitamin D3 Gummies | OTC |
| d3 high potency oral capsule | Dialyvite Vitamin D 5000 | OTC; QL |
| d3 high potency oral tablet | | OTC; QL |
| d3 kids oral tablet chewable | Healthy Kids Vitamin D3 | OTC |
| d3 maximum strength oral capsule | Dialyvite Vitamin D 5000 | OTC; QL |
| d3 oral tablet | Thera-D 2000 | OTC |
| d3 oral tablet chewable | Healthy Kids Vitamin D3 | OTC |
| d3 super strength oral capsule | | OTC; QL |
| d3-1000 oral capsule | Pronutrients Vitamin D3 | OTC; QL |
| d3-1000 oral tablet | Vitamin D-1000 Max St | OTC |
| d-3-5 oral capsule | Dialyvite Vitamin D 5000 | OTC; QL |
| D3-50 ORAL CAPSULE | | OTC; QL |
| d-400 oral tablet | | OTC; QL |
| d-5000 oral tablet | Radiance Platinum Vitamin D3 | OTC |
| DECARA ORAL CAPSULE | | OTC; QL |
| delta d3 oral tablet | | OTC; QL |

| Drug Name | Reference | Notes |
|---|-------------------------------|--------------|
| DIALYVITE VITAMIN D 5000 ORAL CAPSULE | | OTC; QL |
| DIALYVITE VITAMIN D3 MAX ORAL TABLET | | OTC |
| d-vite pediatric oral liquid | BProtected Pedia D-Vite | OTC |
| eql vitamin d3 gummies oral tablet chewable | Kids First Vitamin D3 Gummies | OTC |
| eql vitamin d3 oral capsule | Dialyvite Vitamin D 5000 | OTC; QL |
| ergocalciferol oral capsule | Drisdol | |
| ergocalciferol oral solution | Calcidol | OTC |
| finest nutrition vitamin d3 oral capsule | Pronutrients Vitamin D3 | OTC |
| gnp d 1000 oral capsule | Pronutrients Vitamin D3 | OTC; QL |
| gnp d 2000 oral tablet chewable | Kids First Vitamin D3 Gummies | OTC |
| gnp vitamin d maximum strength oral tablet | Thera-D 2000 | OTC |
| gnp vitamin d oral tablet | Vitamin D-1000 Max St | OTC |
| gnp vitamin d oral tablet chewable | Healthy Kids Vitamin D3 | OTC |
| gnp vitamin d super strength oral tablet | Radiance Platinum Vitamin D3 | OTC |
| gnp vitamin d3 extra strength oral tablet | Vitamin D-1000 Max St | OTC |
| gnp vitamin d-400 oral tablet | | OTC; QL |
| HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE | | OTC |
| hm vitamin d3 oral tablet | Vitamin D-1000 Max St | OTC |
| IS-D 10,000 ORAL CAPSULE | | OTC; QL |
| KIDS FIRST VITAMIN D3 GUMMIES ORAL TABLET CHEWABLE | | OTC |
| kls d3 oral capsule | | OTC; QL |
| kp vitamin d oral capsule | Pronutrients Vitamin D3 | OTC; QL |
| kp vitamin d oral tablet chewable | Healthy Kids Vitamin D3 | OTC |
| kp vitamin d3 oral capsule | Pronutrients Vitamin D3 | OTC; QL |
| nat-rul vitamin d oral tablet | Radiance Platinum Vitamin D3 | OTC |
| natural vitamin d-3 oral tablet | Radiance Platinum Vitamin D3 | OTC |
| OPTIMAL D3 ORAL CAPSULE | | OTC; QL |
| pharmacist choice d-vitamin oral liquid | BProtected Pedia D-Vite | OTC |
| PRONUTRIENTS VITAMIN D3 ORAL CAPSULE | | OTC; QL |

| Drug Name | Reference | Notes |
|---|-------------------------------|--------------|
| qc vitamin d3 oral capsule | Pronutrients Vitamin D3 | OTC; QL |
| qc vitamin d3 oral tablet 10 mcg (400 unit) | | OTC; QL |
| qc vitamin d3 oral tablet 125 mcg (5000 ut) | Radiance Platinum Vitamin D3 | OTC |
| qc vitamin d3 oral tablet 25 mcg (1000 ut) | Vitamin D-1000 Max St | OTC |
| qc vitamin d3 oral tablet 50 mcg (2000 ut) | Thera-D 2000 | OTC |
| ra vitamin d-3 oral capsule | Dialyvite Vitamin D 5000 | OTC; QL |
| ra vitamin d-3 oral tablet | Vitamin D-1000 Max St | OTC |
| RADIANCE PLATINUM VITAMIN D3 ORAL TABLET | | OTC |
| REPLESTA ORAL WAFER | | OTC |
| sm vitamin d oral tablet | | OTC; QL |
| sm vitamin d3 oral capsule | Dialyvite Vitamin D 5000 | OTC; QL |
| sm vitamin d3 oral tablet | Vitamin D-1000 Max St | OTC |
| THERA-D 2000 ORAL TABLET | | OTC |
| THERA-D RAPID REPLETION ORAL TABLET | | OTC |
| vitachew vitamin d3 oral tablet chewable | Kids First Vitamin D3 Gummies | OTC |
| VITAJOY DAILY D GUMMIES ORAL TABLET CHEWABLE | | OTC |
| vitamin d (cholecalciferol) oral capsule | Pronutrients Vitamin D3 | OTC; QL |
| vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) | | OTC; QL |
| vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) | Vitamin D-1000 Max St | OTC |
| vitamin d (cholecalciferol) oral tablet chewable | Healthy Kids Vitamin D3 | OTC |
| vitamin d (ergocalciferol) oral capsule | Drisdol | |
| vitamin d high potency oral capsule | Pronutrients Vitamin D3 | OTC; QL |
| vitamin d infant oral liquid | BProtected Pedia D-Vite | OTC |
| vitamin d oral capsule | | OTC; QL |
| vitamin d oral liquid | BProtected Pedia D-Vite | OTC |
| vitamin d oral tablet | Thera-D 2000 | OTC |
| VITAMIN D-1000 MAX ST ORAL TABLET | | OTC |
| vitamin d2 oral tablet | | OTC |
| vitamin d3 adult gummies oral tablet chewable | Kids First Vitamin D3 Gummies | OTC |

| Drug Name | Reference | Notes |
|---|-------------------------------|---------------------------------|
| vitamin d3 extra strength oral tablet chewable | Kids First Vitamin D3 Gummies | OTC |
| vitamin d3 gummies adult oral tablet chewable | Kids First Vitamin D3 Gummies | OTC |
| vitamin d3 gummies oral tablet chewable | Kids First Vitamin D3 Gummies | OTC |
| vitamin d3 maximum strength oral capsule | Dialyvite Vitamin D 5000 | OTC; QL |
| vitamin d3 oral capsule | D3-50 | OTC; QL |
| vitamin d-3 oral capsule | Pronutrients Vitamin D3 | OTC; QL |
| vitamin d3 oral liquid | BProtected Pedia D-Vite | OTC |
| vitamin d-3 oral tablet | Radiance Platinum Vitamin D3 | OTC |
| vitamin d3 oral tablet 10 mcg (400 unit) | | OTC; QL |
| vitamin d3 oral tablet 125 mcg (5000 ut) | Radiance Platinum Vitamin D3 | OTC |
| vitamin d3 oral tablet 25 mcg, 25 mcg (1000 ut) | Vitamin D-1000 Max St | OTC |
| vitamin d3 oral tablet 50 mcg (2000 ut) | Thera-D 2000 | OTC |
| vitamin d3 oral tablet chewable | Healthy Kids Vitamin D3 | OTC |
| vitamin d3 ultra potency oral tablet | Dialyvite Vitamin D3 Max | OTC |
| WEEKLY-D ORAL CAPSULE | | OTC; QL |
| *VITAMIN E*** | | |
| aqueous vitamin e oral solution | SoluVita E | AL (Maximum Age: 20 years); OTC |
| cvs e oral capsule | | OTC |
| cvs vitamin e oral capsule | | OTC |
| e 1000 oral capsule | | OTC |
| e-1000 oral capsule | | OTC |
| e200 oral capsule | | OTC |
| e-200 oral capsule | | OTC |
| e400 oral capsule | | OTC |
| e-400 oral capsule | | OTC |
| e-400-clear oral capsule | | OTC |
| eql vitamin e oral capsule | | OTC |
| gnp vitamin e oral capsule | | OTC |
| high potency e oral capsule | | OTC |
| hm e vitamin oral capsule | | OTC |
| kp vitamin e oral capsule | | OTC |
| natural vitamin e oral capsule | | OTC |

| Drug Name | Reference | Notes |
|--|------------------|---------------------------------|
| px vitamin e oral capsule | | OTC |
| qc vitamin e oral capsule | | OTC |
| ra natural vitamin e oral capsule | | OTC |
| ra vitamin e natural oral capsule | | OTC |
| ra vitamin e oral capsule | | OTC |
| sm vitamin e oral capsule | | OTC |
| SOLUVITA E ORAL SOLUTION | | AL (Maximum Age: 20 years); OTC |
| vitamin e blend oral capsule | | OTC |
| vitamin e high potency oral capsule | | OTC |
| vitamin e oral capsule | | OTC |
| vitamin e oral solution | SoluVita E | AL (Maximum Age: 20 years); OTC |
| vitamin e water soluble oral capsule | | OTC |
| vitamin e/d-alpha natural oral capsule | | OTC |
| vitamin e/d-alpha oral capsule | | OTC |
| *VITAMIN K*** | | |
| k 100 oral tablet | | OTC |
| phytonadione injection solution | | |
| phytonadione oral tablet | Mephyton | |
| vitamin k (phytonadione) oral tablet | | OTC |
| vitamin k oral tablet | | OTC |
| vitamin k1 injection solution | | |

