Preferred Drug List

The PA Health & Wellness Health Plan utilizes a combination of the Pennsylvania Medical Assistance Program Statewide Preferred Drug List (PDL) as well as PA Health & Wellness supplemental drug list to determine drugs covered. These lists are updated often and may change. You may view the Statewide PDL at https://papdl.com. To view the latest supplemental drug list, visit our website at www.PAHealthWellness.com, or call us at 1-844-626-6813 (TTY/TDD: 711).

Supplemental Drug List Medication Locator Instructions:

1. With the PDF open, click CTRL + F
2. In the Find box type the name of the medication you want to locate
3. Click the Next button until you find the medication(s) you are looking for

OR Search name or medication at https://formulary-search.envolverx.com/pahw

PA Health & Wellness Health Plan Pharmacy Program

PA Health & Wellness Health Plan, Inc. (PA Health & Wellness) is committed to providing appropriate, high quality, and cost-effective drug therapy to all PA Health & Wellness participants. PA Health & Wellness works with providers and pharmacists to ensure that drugs and products used to treat a variety of conditions and diseases are covered according to Centers for Medicare & Medicaid (CMS) designation of an outpatient covered drug. PA Health & Wellness covers prescription drugs and products and certain over- the-counter (OTC) products when ordered by a prescriber. The pharmacy program covers all outpatient drugs as defined by CMS. Some drugs require prior authorization (PA) or have limitations on age, cost, dosage, and maximum quantities. This section provides an overview of the PA Health & Wellness pharmacy program. For more detailed information, please visit our website at www.PAHealthWellness.com.

Phone Numbers for PA Health & Wellness Health Plan Participant Services

PA Health & Wellness Participant Services may be reached at 1-844-626-6813 (TTY 711).

Plan Preferred Drug List and Prior Authorization List

PA Health & Wellness utilizes a combination of the Pennsylvania Medical Assistance Program Statewide Preferred Drug List (PDL) as well as a supplemental drug list. To view the Statewide PDL, visit https://papdl.com or visit www.PAHealthWellness.com and follow the links to the Statewide PDL. The Statewide PDL lists all drugs available and includes the restrictions that apply to each drug, such as Age Limits (AL), Quantity Limits (QL), and prior authorization requirements. The Statewide PDL applies to drugs you receive in outpatient setting. The supplemental drug list is continually evaluated by the PA Health & Wellness Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of drugs. The Committee is composed of the PA Health & Wellness Medical Director, PA Health & Wellness Pharmacy Director, and several Pennsylvania prescribers, pharmacists, and specialists and participant representatives.

Participant Copay Responsibility

- Generics - $0
- Brands - $3

No copay applies to the following categories:

- Participants under age 18
- Participants in long-term care, hospice, women in the Breast and Cervical Cancer Program, Foster Care, Pregnant women
- Antihypertensive agents
- Anticonvulsants
- Antineoplastic agents

No copay applies to the following categories, continued:

- Antiglaucoma agents
- Antipsychotic agents, except those that are also Schedule C-IV antianxiety agents
- Antidiabetic agents
- Cardiovascular preparations
- HIV/AIDs
- Antiparkinson drugs
- Naloxone

Pharmacy Benefit Manager (PBM)

PA Health & Wellness works with Express Scripts to pay for pharmacy claims. Express Scripts (ESI) is our Pharmacy Benefit Manager.

Filling a Prescription

You can have prescriptions filled at any PA Health & Wellness network pharmacy. You can locate a pharmacy near you by using the Provider-Lookup tool on our website at https://www.pahealthwellness.com/FindaDoctor.html. You may also contact PA Health & Wellness Participant Services to help you locate a pharmacy. At the pharmacy, you will need to provide the pharmacist with your prescription and your PA Health & Wellness ID card.

Transition Period

PA Health & Wellness participants age 21 and older, new to PA Health & Wellness will be able to receive their prescription with no new prior authorization requirements for first 60 days they are enrolled in our plan. Participants under the age of 21 will be allowed to complete the course of treatment without any new prior authorization requirements. This will allow you and your doctor time to consider other drugs or products that do not require prior authorization and to learn the steps to getting a prior authorization. The Pennsylvania Medical Assistance Program's Statewide PDL and the PA Health & Wellness supplemental drug list identify the drugs that will require prior authorization. If you are not sure when you will need to have your drug or product prior authorized or you have other questions about continuing to get your drugs or products, call participant services at 1-844-626-6813 (TTY 711).

Prior Authorization Process

The Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list include a broad spectrum of brand name and generic drugs. Providers are encouraged to prescribe from these preferred drug lists for participants of PA Health & Wellness. Some drugs will require prior authorization and are listed below for the supplemental drug list as needing a prior authorization (PA) and

on the Pennsylvania Medical Assistance Program's Statewide PDL. In addition, all name brand drugs not listed on either the PDL or Pennsylvania Medical Assistance Program's Statewide PDL will require prior authorization. A prior authorization request should be sent by your provider using the secure electronic prior authorization portal by Cover My Meds at www.covermymeds.com. A request can also be sent by your provider or pharmacy to Centene Pharmacy Services on the Medication Prior Authorization Form. This form is on the PA Health & Wellness website at www.PAHealthWellness.com. The completed form and provider notes to show your history should be faxed to the Pharmacy Department at 1-844-205-3386.

PA Health & Wellness will cover the drug or product if it is determined that:

1. There is a medical reason you need the specific drug or product.

2. Depending on the drug or product, other drugs or products on the PDL have not worked or cannot be tried.

The following situations may require prior authorization:

- Non-formulary drugs and products
- New to market drugs and products
- Drugs or products noted as **PA** on the formulary
- Exceeding plan limits: quantity limit (**QL**), days supply (**DS**) and cost (**CL**)
- Age Limits (**AL**)
- Compound drug
- Brand name drugs where there is a generic alternative and not preferred on the Statewide PDL
- Long-Acting Opioids
- Short-Acting Opioids over 10 day supply or 50 Morphine Milligram Equivalents (MME) for 18 years or older
- Short-Acting Opioids over 5 day supply or 50 Morphine Milligram Equivalents (MME) for less than 18 years old

All requests will be completed within 24 hours. Clinical review staff use the standards set by PA Health & Wellness and/or Pennsylvania Department of Human Services (DHS) Pharmacy & Therapeutics Committee. If the request is approved, the Pharmacy Department sends your provider a fax an you a letter. If it is not approved, the Pharmacy Department will send a letter to you and a fax to your provider. The letter will have a list of other similar drugs or products that are covered. It will also tell you about the appeal process.

Medical Necessity Requests

If you require a drug or product that does not appear on either the Pennsylvania Medical Assistance Program's Statewide PDL or the PA Health & Wellness supplemental drug

list, you or your prescriber can make a medical necessity request for the drug or product by submitting a request for prior authorization.

All requests will be completed within 24 hours. Clinical review staff use the standards set by PHW and/or Pennsylvania Department of Human Services (DHS) Pharmacy & Therapeutics Committee. If the request is approved, the Pharmacy Department sends you a letter and your provider a fax. If it is not approved, the Pharmacy Department will send a letter to you and a fax to your provider. The letter will have a list of other similar drugs or products that are covered. It will also tell you about the appeal process.

Participants started and stabilized on drugs in the following classes will not be required to try a PDL medication, unless a therapeutically equivalent brand/generic or corresponding biosimilar/brand biologic/unbranded biologic that is preferred on the Preferred Drug List (PDL).

- Antipsychotics
- Antidepressants
- Anticonvulsants
- Hepatitis C antivirals
- MS Treatments
- Human Immunodeficiency Virus (HIV)
- Cytokine and CAM Antagonists
- Dupixent
- Hereditary Angioedema Treatments
- Oral Immunosuppressives
- MABs, Anti-IL, Anti-IgE, Anti-TSLP
- Pancreatic Enzymes
- Pulmonary Arterial Hypertension Agents
- Stimulants and Related Agents
- Ulcerative Colitis Agents
- Antifibrotic Respiratory Agents
- Oral Oncology Agents
- Thalidomide and Derivatives
- Antiparkinson's Agents

72-Hour and 15-Day Supply Policy

State and federal law require that a pharmacy dispense a 72-hour (3-day) supply of a new drug or 15-day supply for an ongoing drugs to any patient awaiting a prior authorization, unless the pharmacist determines the prescribed drug, either alone or along with other drugs you are taking or may be taking, would jeopardize your health or safety. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy.

Centene Pharmacy Services

PA Health & Wellness works with Centene Pharmacy Services to review prior authorizations. Follow these guidelines for efficient processing of your authorization requests:

1. Complete the PA Health & Wellness Health Plan form: Medication Prior Authorization Request Form.

2. Prior authorization can be submitted in one of the following ways:
    - Fax for Pharmacy Requests: 844-205-3386
    - Fax for Prescriber Billing Requests: 833-541-2294
    - Mail: Pharmacy Department
      5 River Park Place East, Suite 210
      Fresno, CA 93720
    - Online: covermymeds.com
    - Phone: 1-866-399-0928

3. Prior Authorization decisions will be completed within 24 hours of receipt.

4. Once approved, notification will be sent to the prescriber and you.

5. If the clinical information provided does not explain the medical necessity for the requested prior authorization drug or product, the request will be denied and the prescriber and you will be notified.

6. A pharmacy can provide up to a 72-hour supply of a new or 15-day supply for ongoing drug or product.

Dispensing Limits

You may receive up to a maximum 34-day supply for each new or refill a drug, unless designated as a maintenance product (see Maintenance Products-90 Day Supply section below). A total of 90 percent (90%) of the days supplied must have elapsed before the prescription for a drug can be refilled. For example with a 30-day supply, you must have taken 27 days of the drug before you can get the next refill.

Quantity Limits and Age Limits

Prescriptions that exceed the Quantity Limit (QL) allowed or Age Limits (AL) require prior authorization. PA Health & Wellness may limit how much of a drug or product you can get at one time. If the prescriber feels you have a medical reason for getting a larger amount, a prior authorization may be sent to the Pharmacy Department. Some drugs on the PDL may have AL. These are set for certain drugs based on Food and Drug Administration (FDA) approved labeling and for safety concerns and quality

standards of care. The AL aligns with current FDA alerts for the appropriate use of drugs or products.

Cost Limits

PA Health & Wellness has a high-cost limit (CL) on certain multivitamins of $50. If your provider feels you need a multivitamin over $50, they can submit a prior authorization with the reason for your need of the high-cost multivitamin.

Newly Approved Products

We review new drugs for safety and effectiveness before adding them to the PA Health & Wellness's supplemental drug list, if not added to Pennsylvania Medical Assistance Program's Statewide PDL. During this period, access to these drugs will need a prior authorization. If PA Health & Wellness does not grant prior authorization, we will notify you and your provider and provide information regarding the appeal process.

Opioid Drugs

Opioid drugs are subject to a cumulative daily morphine milligram equivalent (MME) limit of 50MME daily. Prescriptions exceeding that dose will require a prior authorization. Note: all prescriptions for long-acting opioids require prior authorization. Exceptions to the above requirements will be made for those participants with an active cancer, sickle cell with crisis, or those in hospice or palliative care.

Oral Cancer Drugs

Certain oral cancer drugs will be limited to a 15-day supply until you and your prescriber determine you are able to tolerate the drug. A list of these drugs is located at www.PAHealthWellness.com.

Maintenance Products-90 Day Supply

PA Health & Wellness offers participants a longer day supply of maintenance drugs and products by mail and at retail pharmacies. You can receive up to 90 days of these drugs or products at a time. These drugs and products are used to treat long-term conditions or illnesses. You can find a list of covered drug and products in the Maintenance Drug Pharmacy Program document located on the PA Health & Wellness website at www.PAHealthWellness.com. You can ask your provider to write for a 90 day-supply. Your provider may make sure you do not have side effects and the dose is correct before allowing for a 90 day supply.

Please contact a PA Health & Wellness Participant Services Representative if you have any questions.

Appropriate Use and Safety Edits

Your health and safety is a priority for PA Health & Wellness. One of the ways we address your safety is through Point-of-Sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective drug utilization.

DUR (Drug Utilization Review) Programs

PA Health & Wellness will monitor ongoing prescribing of drugs or products for clinical appropriateness. PA Health & Wellness reviews prescribing retrospectively to review for both safety and efficacy. PA Health & Wellness will work with Centene Pharmacy Services to review for such things as disease management, fraud and abuse, and prescriber profiling. Prescriber or participant outreach may occur based on prescribing/dispensing patterns. PA Health & Wellness will continue to monitor for issues going forward and take action as needed.

Items Not Covered

As part of Pennsylvania Community HealthChoices, the items below will not be covered (excluded) by the Department of Human Services (DHS). The following drug categories are not part of the PA Health & Wellness benefit and are not covered by the 72-hour supply policy:

- Drugs used for fertility
- Drugs used for cosmetic reasons
- Drugs for sexual/erectile dysfunction
- Drugs from manufacturers that have not entered into a rebate agreement with a Federal Drug Rebate Program with the Center for Medicare and Medicaid Services (CMS)
- DESI (Drug Efficacy Study Implementation) drugs, drugs created before 1962 that have not shown to be effective
- Over-the-counter (OTC) drugs in the form of troches, lozenges, throat tablets, cough drops, chewing gum, mouthwashes and similar products (except tobacco cessation products)
- Pharmaceutical services provided during hospital stay
- Products classified as experimental or not approved by the FDA (Food Drug Administration)
- Placebos
- Soaps, cleaning agents, dentifrices, mouthwashes, douche solutions, diluents, ear wax removal agents, deodorants, liniments, antiseptics, irrigants and other personal care and medicine cabinet items
- Anything prescribed by a prescriber barred or suspended from the MA (medical assistance) program

Medicare Eligible Participants

Participants that are also eligible for Medicare must bill the pharmacy claim to Medicare first. The pharmacy will bill Medicare first and then bill the PA Health & Wellness. PA Health & Wellness will cover certain drugs and products, like OTC drugs, that Medicare does not cover. If the drug is part of the Medicare benefit but Medicare denies coverage PA Health & Wellness will not cover the drug.

Over-The-Counter (OTC) Products

The pharmacy program covers a selection of OTC products as allowed by Pennsylvania rules. All covered OTC products appear on the Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list. All OTC products must be written on a valid prescription by a licensed prescriber in order to be reimbursed. OTC categories covered:

- Analgesics except long-acting products
- Antacids
- Antidiarrheal
- Antiflatulent
- Antinauseant
- Bronchodilators
- Cough and cold preparations
- Contraceptives
- Hematinics (low iron)
- Insulin and insulin syringes
- Laxatives and stool softeners
- Nasal preparations
- Ophthalmic preparations
- Topical products containing anesthetics, antibacterial, dermatological baths, fungicidal, rectal preparations, tar preparations, wet dressing
- Vitamins and minerals
- Vitamins for prenatal use
- Vitamins containing Nicotinic acid and Calcium salts
- Diagnostic agents
- Quinine

Unapproved Use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and

evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by PA Health & Wellness. Experimental drugs and investigational drugs are not eligible for coverage.

DME/Home Health Benefits

The following medical services are a part of the PA Health & Wellness medical benefit and are not available at the retail pharmacy:

1. Enteral products
2. Nebulizers
3. Medical supplies – this does not include diabetic supplies, as those are available at the retail pharmacy.

Contacts for Pharmacy Appeals/Grievances

In the event that you disagree with the decision regarding coverage of a drug or product, you may file an appeal with PA Health & Wellness by calling PA Health & Wellness Participant Services at 1-844-626-6813 (TTY 711).

A decision will be made, you will be called and sent a letter. Your provider will be notified with a faxed response.

Abbreviations

The following notations and abbreviations may be found throughout the supplemental drug listing in the limitations and restrictions column.

AL: Age Limit

CL: Cost Limit

PA: Prior Authorization

QL: Quantity Limit

SP: Specialty Medication

MP: Maintenance Product

Drug Tier Definitions

P: Preferred These drugs are covered on the preferred drug list

Drug Name	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Sleep and Eating Disorders	
Analeptics-Stimulants	
caffeine citrate SOLN OR	QL(45 ml per fill)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	
Allergenic Extracts	
ORALAIR ADULT STARTER PACK SUBL	QL(1 ea daily); AL(At least 5 yrs-up to 65 yrs old)
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	QL(3 ea daily); AL(At least 5 yrs-up to 65 yrs old)
ORALAIR SUBL	QL(1 ea daily); AL(At least 5 yrs-up to 65 yrs old)
ALTERNATIVE MEDICINES	
Sleep Aid-Melatonin	
melatonin CAPS	
melatonin LIQD	
melatonin SUBL	
melatonin TABS	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections	
Aminoglycosides	
tobramycin sulfate SOLN IJ	
tobramycin sulfate SOLR	
ANALGESICS – Non-Narcotic Muscle and Joint Conditions	
Analgesics Other	
acetaminophen CAPS 500 MG	QL(6 ea daily)
acetaminophen CHEW 160 MG	QL(20 ea daily)
acetaminophen CHEW 80 MG	
acetaminophen LIQD 160 MG/5ML	QL(75 ml daily)
acetaminophen LIQD 500 MG/15ML	QL(90 ml daily)
acetaminophen SOLN	QL(75 ml daily)
acetaminophen SUPP 120 MG	QL(20 ea daily)
acetaminophen SUPP 650 MG	QL(6 ea daily)
acetaminophen SUSP	QL(75 ml daily)
acetaminophen TABS 325 MG	QL(10 ea daily)
acetaminophen TABS 500 MG	QL(6 ea daily)
FEVERALL INFANTS SUPP	
FEVERALL JUNIOR STRENGTH SUPP	QL(10 ea daily)
Salicylates	
aspirin buffered (cal carb- mag carb-mag oxide)	QL(12 ea daily)
aspirin CHEW	QL(12 ea daily)
aspirin SUPP 300 MG	QL(6 ea daily)
aspirin TABS 325 MG	QL(12 ea daily)
aspirin TBEC 81 MG, 325 MG	QL(12 ea daily)
salsalate	QL(4 ea daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching	
Intrarectal Steroids	
hydrocortisone (intrarectal)	
Rectal Steroids	
hydrocortisone (rectal) EX 2.5 %	
ANTACIDS	
Antacid Combinations	
alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG	
alum & mag hydrox-simethicone LIQD	
alum & mag hydrox-simethicone SUSP	
Antacids - Aluminum Salts	
aluminum hydroxide SUSP 320 MG/5ML	
Antacids - Bicarbonate	
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	
Antacids - Calcium Salts	
calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	
calcium carbonate (antacid) SUSP	
Antacids - Magnesium Salts	
magnesium oxide TABS 400 MG	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety	
Antianxiety Agents - Misc.	
droperidol SOLN 2.5 MG/ML	
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms	
Antiarrhythmics Type I-A	
disopyramide phosphate CAPS	MP
NORPACE CR CP12 150 MG	
quinidine gluconate TBCR	
quinidine sulfate TABS	
Antiarrhythmics Type I-B	
mexiletine hcl	MP
Antiarrhythmics Type I-C	
flecainide acetate	MP
propafenone hcl TABS	MP
Antiarrhythmics Type III	

Drug Name	Requirements/ Limits
amiodarone hcl TABS	MP
dofetilide	QL(2 ea daily)
TIKOSYN (dofetilide)	QL(2 ea daily)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions	
Anti-Inflammatory Agents	
cromolyn sodium NEBU	QL(8 ml daily)
Xanthines	
THEO-24 CP24	
theophylline ELIX	
theophylline SOLN	QL(475 ml per fill retail; 1425 per fill mail); MP
theophylline TB12	MP
theophylline TB24	MP
ANTICOAGULANTS - Blood Thinners	
Heparins And Heparinoid-Like Agents	
heparin sodium (porcine) SOLN IJ	
Heparin sodium (porcine) SOSY IJ	
ANTICONVULSANTS - Drugs to Treat Seizures	
Anticonvulsants - Misc.	
levetiracetam SOLN IV 500 MG/5ML	QL(30 ml daily)
Valproic Acid	
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea	
Antidiarrheal/Probiotic Agents - Misc.	
bismuth subsalicylate CHEW 262 MG	
bismuth subsalicylate SUSP	
bismuth subsalicylate TABS	
Antiperistaltic Agents	
diphenoxylate w/ atropine LIQD	
diphenoxylate w/ atropine TABS	
loperamide hcl CAPS	QL(8 ea daily)
loperamide hcl TABS	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS	
Antidotes - Chelating Agents	
CHEMET	
ANTIHISTAMINES - Drugs to Treat Allergies	
Antihistamines - Alkylamines	
chlorpheniramine maleate SYRP	QL(60 ml daily)
chlorpheniramine maleate TABS	QL(120 ea per fill)
dexchlorpheniramine maleate SOLN	
Antihistamines - Ethanolamines	
clemastine fumarate TABS 1.34 MG	
diphenhydramine hcl CAPS 50 MG	QL(6 ea daily)
diphenhydramine hcl CAPS 25 MG	QL(12 ea daily)
diphenhydramine hcl ELIX 12.5 MG/5ML	QL(240 ml per fill retail)
diphenhydramine hcl LIQD 12.5 MG/5ML	QL(240 ml per fill retail)
diphenhydramine hcl TABS 25 MG	QL(12 ea daily)
Antihistamines - Piperidines	
cyproheptadine hcl SYRP	
cyproheptadine hcl TABS	
ANTIHYPERTENSIVES - drugs to Treat High Blood Pressure	
Vasodilators	
hydralazine hcl TABS	MP
minoxidil 2.5 MG, 10 MG	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections	
Anti-infective Agents - Misc.	
trimethoprim TABS	
Anti-infective Misc. - Combinations	
sulfamethoxazole- trimethoprim SUSP	
sulfamethoxazole- trimethoprim TABS	
Glycopeptides	
vancomycin hcl SOLR IV 1 GM, 500 MG, 1000 MG	
Leprostatics	
dapsone	PA
Lincosamides	
clindamycin hcl 150 MG, 300 MG	
clindamycin palmitate hydrochloride	
Oxazolidinones	
SIVEXTRO TABS	QL(1 ea daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
Antimyasthenic/Cholinergic Agents	
pyridostigmine bromide TABS 60 MG	
pyridostigmine bromide TBCR	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)	
Antimycobacterial Agents	
ethambutol hcl TABS	MP
isoniazid SYRP	MP
isoniazid TABS	MP
pyrazinamide	
rifampin CAPS	

Drug Name	Requirements/ Limits
TRECATOR	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer	
Alkylating Agents	
cyclophosphamide CAPS	
LEUKERAN	
melphalan	SP
MYLERAN TABS	
TEMODAR SOLR	SP; PA
Antimetabolites	
mercaptopurine TABS	
PURIXAN SUSP	
Antineoplastic - Hormonal and Related Agents	
EMCYT	SP
flutamide	QL(6 ea daily)
LYSODREN	SP
megestrol acetate SUSP	
megestrol acetate TABS	
Antineoplastic Enzyme Inhibitors	
ISTODAX SOLR *(romidepsin)*	PA
romidepsin SOLR	PA
Antineoplastics Misc.	
bexarotene	SP; PA
MATULANE	SP
tretinoin (chemotherapy)	SP
Chemotherapy Rescue/Antidote/Protective Agents	
leucovorin calcium TABS	
MESNEX TABS	SP
Mitotic Inhibitors	
etoposide CAPS	SP
Topoisomerase I Inhibitors	
HYCAMTIN CAPS	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease	
Antiparkinson Anticholinergics	
benztropine mesylate SOLN	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders	
Antimanic Agents	
lithium	AL(At least 18 yrs old)
lithium carbonate CAPS	
lithium carbonate TABS	
lithium carbonate TBCR	
ANTIVIRALS - Drugs to Treat Viral Infections	
Antiviral Combinations	
PAXLOVID	
Misc. Antivirals	
LAGEVRIO	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm	
Cardiac Glycosides	
digoxin SOLN OR 0.05 MG/ML	MP
digoxin TABS 125 MCG, 250 MCG	MP
LANOXIN TABS 125 MCG, 250 MCG *(digoxin)*	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions	
Prostaglandin Vasodilators	
epoprostenol sodium	SP
REMODULIN SOLN IJ 20 MG/20ML, 50 MG/20ML	SP; PA
treprostinil SOLN IJ 20 MG/20ML, 50 MG/20ML	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors	
sildenafil citrate (pulmonary hypertension) SOLN	SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections	
Cephalosporins - 3rd Generation	
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	QL(4 ea aily)
CHEMICALS	
Liquids	
castor oil	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy	
Emergency Contraceptives	
ELLA	
levonorgestrel (emergency oc) 1.5 MG	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions	
DEPO-MEDROL SUSP *(methylprednisolone acetate)*	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	
KENALOG-10, 40 SUSP *(triamcinolone acetonide)*	
methylprednisolone acetate SUSP 40 MG/ML, 80 MG/ML	
SOLU-MEDROL (PF) 40 MG *(methylprednisolone sodium succinate)*	

Drug Name	Requirements/ Limits
triamcinolone acetonide SUSP 40 MG/ML, 50 MG/ML	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms	
Antitussives	
benzonatate 100 MG, 200 MG	AL(At least 10 yrs old)
dextromethorphan polistirex SUER	
hydrocodone bitartrate-homatropine methylbromide SOLN	QL(30 ml daily)
Cough/Cold/Allergy Combinations	
brompheniramine & phenyleph ELIX	QL(120 ml per fill)
brompheniramine & pseudoeph ELIX	QL(120 ml per fill)
brompheniramine & pseudoeph LIQD	QL(120 ml per fill)
dextromethorphan- doxylamine-acetaminophen LIQD	
dextromethorphan- guaifenesin LIQD	
dextromethorphan- guaifenesin SYRP	
dextromethorphan- guaifenesin TABS	
dextromethorphan- guaifenesin TB12 600 MG-30 MG	
dextromethorphan-phenylephrine-acetaminophen CAPS	
guaifenesin-codeine SOLN	QL(60 ml daily)
guaifenesin-codeine SYRP	QL(60 ml daily)
LOHIST-D LIQD	
phenylephrine-chlorphen- dm LIQD	
phenylephrine- doxylamine-dextromethorphan-acetaminophen MISC	
phenylephrine-dm LIQD	
phenylephrine-dm SOLN	
promethazine w/codeine SOLN	QL(30 ml daily); AL(At least 2 yrs old)
promethazine w/codeine SYRP	QL(30 ml daily); AL(At least 2 yrs old)
promethazine & phenylephrine SYRP	QL(240 ml per fill); AL(At least 2 yrs old)
promethazine-dm SYRP	QL(240 ml per fill retail)
promethazine-phenylephrine-codeine	QL(30 ml daily); AL(At least 2 yrs old)
pseudoephed-bromphen- dm SYRP	
pseudoephedrine- guaifenesin TB12	
pseudoephedrine- ibuprofen TABS	
SM COLD & ALLERGY CHILDRENS LIQD	QL(120 ml per fill)
Expectorants	
guaifenesin LIQD	
guaifenesin SYRP	
guaifenesin TB12	
Misc. Respiratory Inhalants	
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	
Mucolytics	
acetylcysteine SOLN	
DERMATOLOGICALS – Drugs to Treat Skin Conditions	
Antineoplastic or Premalignant Lesion Agents - Topical	
fluorouracil (topical) CREA 0.5 %	QL(30 gm per fill)
fluorouracil (topical) CREA 5 %	QL(40 gm per fill)
fluorouracil (topical) SOLN	QL(10 ml per fill)
Antiseborrheic Products	
selenium sulfide LOTN 2.5 %	QL(120 ml per fill)
Burn Products	
silver sulfadiazine	
Corticosteroids - Topical	
EPIFOAM FOAM	
Emollient/Keratolytic Agents	
urea CREA 40 %	QL(210 gm per fill)
urea LOTN 40 %	QL(240 gm per fill)
Emollients	
lactic acid (ammonium lactate) CREA	RX/OTC
lactic acid (ammonium lactate) LOTN 12 %	RX/OTC
Keratolytic/Antimitotic/Vesicant Agents	
podofilox SOLN	QL(4 ml per fill retail)
salicylic acid GEL 6 %	QL(40 gm per fill)
Local Anesthetics - Topical	
dibucaine	QL(30 gm per fill)
Misc. Topical	
DRYSOL SOLN	

Drug Name	Requirements/ Limits
INSECT REPELLENT - AEROSOL	
INSECT REPELLENT - LIQUID	
INSECT REPELLENT - LOTION	
isopropyl alcohol (skin cleanser) MISC	
zinc oxide (topical) OINT 20 %, 40 %	QL(60 gm per fill)
Rosacea Agents	
metronidazole (topical) CREA	
metronidazole (topical) GEL 0.75 %	
metronidazole (topical) LOTN	
Tar Products	
coal tar extract SHAM 0.5 %, 1 %	
Wound Care Products	
CALCIUM ALGINATE WOUND DRESSING	
DIAGNOSTIC PRODUCTS	
Diagnostic Tests	
CHEMSTRIP-K STRP	QL(1 ea daily)
FORA GTEL BLOOD KETONE TEST STRIPS	QL(1 ea daily)
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	QL(1 ea daily)
GOJJI BLOOD KETONE TEST STRIPS	QL(1 ea daily)
KETONE TEST STRIPS STRP	QL(1 ea daily)
KETONE STRP KETOSTIX STRP	QL(1 ea daily)
NOVA MAX PLUS KETONE TESTSTRIPS	QL(1 ea daily)
PRECISION XTRA	QL(1 ea daily)
RELION KETONE TEST STRIPS STRP	QL(1 ea daily)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	
Dietary Management Products	
l-methylfolate calcium TABS	
l-methylfolate calcium CAPS	
l-methylfolate forte CAPS	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure	
Carbonic Anhydrase Inhibitors	
acetazolamide CP12	MP
acetazolamide TABS	MP
methazolamide TABS	
Diuretic Combinations	
amiloride & hydrochlorothiazide	QL(2 ea daily)
spironolactone & hydrochlorothiazide	MP
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	QL(1 ea daily); MP
triamterene & hydrochlorothiazide TABS	QL(1 ea daily); MP
Loop Diuretics	
bumetanide TABS	MP
furosemide SOLN IJ 10 MG/ML	
furosemide TABS	MP
torsemide TABS	MP
Potassium Sparing Diuretics	
amiloride hcl TABS	QL(4 ea daily)
spironolactone TABS	MP
Thiazides and Thiazide-Like Diuretics	
chlorthalidone 25 MG, 50 MG	MP
hydrochlorothiazide CAPS	MP
hydrochlorothiazide TABS	MP
indapamide TABS 1.25 MG, 2.5 MG	MP
metolazone	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones	
Insulin-Like Growth Factors (Somatomedins)	
INCRELEX	SP; PA
Metabolic Modifiers	
FABRAZYME	SP; PA
GALAFOLD	QL(0.5 ea daily); PA
levocarnitine (metabolic modifiers) SOLN 1 GM/10ML	
levocarnitine (metabolic modifiers) TABS	
Posterior Pituitary Hormones	
desmopressin acetate spray	QL(0.4 ml daily)
desmopressin acetate spray refrigerated 0.01 %	QL(0.4 ml daily)
desmopressin acetate SOLN IJ	SP; PA
desmopressin acetate TABS	QL(3 ea daily)
Vasopressin Receptor Antagonists	
JYNARQUE TBPK	QL (2 ea daily); PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs	
Antiflatulents	
simethicone CHEW 80 MG	
simethicone LIQD OR	QL(30 ml per fill retail)
simethicone SUSP	QL(30 ml per fill retail)
Intestinal Acidifiers	
lactulose (encephalopathy)	

Drug Name	Requirements/ Limits
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System	
Alkalinizers	
potassium citrate (alkalinizer) TBCR	
potassium citrate-citric acid PACK	
sodium citrate & citric acid	RX/OTC
Genitourinary Irrigants	
acetic acid 0.25 %	
sodium chloride (gu irrigant) 0.9 %	
Interstitial Cystitis Agents	
ELMIRON CAPS	QL(3 ea daily)
Urinary Analgesics	
phenazopyridine hcl TABS 100 MG, 200 MG	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders	
Antihemophilic Products	
CORIFACT	SP; PA
FIBRYGA	SP; PA
RIASTAP	SP; PA
TRETTEN	SP; PA
Hematorheologic Agents	
pentoxifylline	MP
Platelet Aggregation Inhibitors	
anagrelide hcl	
cilostazol	QL(2 ea daily); MP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders	
Cobalamins	
cyanocobalamin SOLN IJ 1000 MCG/ML	
Folic Acid/Folates	
folic acid TABS	
Iron	
ferrous fumarate TABS 324 MG	
ferrous gluconate TABS 324 MG	
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	
ferrous sulfate SOLN 15 MG/ML	75 MG/ML; QL(3.34 ml daily)
ferrous sulfate TABS 65 MG, 325 MG	MP
Stem Cell Mobilizers	
MOZOBIL *(plerixafor)*	QL(2.4 ml daily); SP; PA
plerixafor	QL(2.4 ml daily); SP; PA

Drug Name	Requirements/ Limits
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders	
Hemostatics - Systemic	
tranexamic acid TABS	QL(6 ea daily)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
Antihistamine Hypnotics	
diphenhydramine hcl (sleep) CAPS 50 MG	QL(6 ea daily)
diphenhydramine hcl (sleep) CAPS 25 MG	QL(12 ea daily)
Non-Barbiturate Hypnotics	
midazolam hcl SOLN IJ	PA
LAXATIVES - Bowel Treatment Drugs	
Bulk Laxatives	
calcium polycarbophil TABS	QL(10 ea daily)
KONSYL ORIGINAL FIBER POWD	
psyllium CAPS	
psyllium POWD	
Laxative Combinations	
peg 3350-kcl-sod bicarb- sod chloride-sod sulfate SOLR	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	
sennosides-docusate sodium TABS	
Laxatives - Miscellaneous	
glycerin (laxative) SUPP	
lactulose SOLN	
PEDIA-LAX SUPP	
polyethylene glycol 3350 PACK	
polyethylene glycol 3350 POWD	
SORBITOL PR 70 %	
Lubricant Laxatives	
mineral oil ENEM	
mineral oil OR	QL(4 ml daily); RX/OTC
Saline Laxatives	
magnesium citrate	
magnesium hydroxide SUSP	
MILK OF MAGNESIA CONCENTRATE SUSP	
sodium phosphates ENEM	
Stimulant Laxatives	
bisacodyl SUPP	
bisacodyl TBEC	
castor oil 100 %	
SENNA SYRP	
sennosides LIQD	

Drug Name	Requirements/ Limits
sennosides SYRP 8.8 MG/5ML	
sennosides TABS	
Surfactant Laxatives	
docusate calcium	
docusate sodium CAPS	
docusate sodium LIQD	
docusate sodium SYRP	
docusate sodium TABS	
MEDICAL DEVICES AND SUPPLIES	
Bandages-Dressings-Tape	
GAUZE PADS	
GAUZE PADS & DRESSINGS - PADS 2" X 2"	
GAUZE PADS & DRESSINGS - PADS 4" X 4"	
Contraceptives	
AIMSCO LUBRICATED MISC	
DUREX EXTRA SENSITIVE THIN DEVI	
DUREX EXTRA SENSITIVE THIN MISC	
DUREX TROPICAL MISC	
FANTASY LUBRICATED/SPERMICI DE MISC	
FANTASY LUBRICATED MISC	
KAMELEON LUBRICATED MISC	
KIMONO COLORS DEVI	
KIMONO LUBRICATED MISC	
KIMONO MAXX/LARGE FLARE MISC	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	
KIMONO PLUS SPERMICIDE/LUBRICAT ED MISC	
KIMONO PS LUBRICATED MISC	
KIMONO PS PLUS SPERMICIDE/LUBRICAT ED MISC	
KIMONO SENSATION LUBRICATED MISC	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	
KIMONO SPECIAL DEVI	
K-Y ME & YOU EXTRA LUBRICATED DEVI	
K-Y ME & YOU INTENSE DEVI	
MAXX LUBRICATED MISC	
MAXX PLUS SPERMICIDE LUBRICATED MISC	
REALITY LATEX CONDOMS/LUBRICATED MISC	
REALITY LATEX/ULTRA TEXTURED DEVI	
REALITY LATEX/ULTRA THIN DEVI	
TRUE COVER DEVI	
TRUSTEX COLOR CONDOMS + LUBE MISC	
TRUSTEX LUBRICATED EXTRALARGE MISC	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	
TRUSTEX LUBRICATED/RIBBED/ST UDDED MISC	
TRUSTEX LUBRICATED/SPERMICI DE EXTRA LARGE MISC	
TRUSTEX LUBRICATED/SPERMICI DE EXTRA STRENGTH MISC	
TRUSTEX LUBRICATED/SPERMICI DE MISC	
TRUSTEX LUBRICATED MISC	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	
TRUSTEX/RIA LUBRICATED/SPERMICI DE MISC	
TRUSTEX/RIA LUBRICATED MISC	
Diabetic Supplies	
BLOOD GLUCOSE CALIBRATION - LIQUID	
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	
LANCET DEVICES	QL(1 ea per 180 days)

Drug Name	Requirements/ Limits
LANCETS	
GI-GU Ostomy & Irrigation Supplies	
CATHETER KIT	RX/OTC
Misc. Devices	
ALCOHOL SWABS	QL(400 ea per fill); RX/OTC, MP
Parenteral Therapy Supplies	
INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	QL(5 ea daily); RX/OTC, MP
INSULIN PEN NEEDLE 29 G X 12.7 MM	QL(5 ea daily); RX/OTC; MP
INSULIN PEN NEEDLE 31 G X 5 MM (3/16")	QL(5 ea daily); RX/OTC; MP
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	QL(5 ea daily); RX/OTC; MP
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	QL(5 ea daily); RX/OTC; MP
INSULIN PEN NEEDLE 32 G X 4 MM (5/32")	QL(5 ea daily); RX/OTC; MP
INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	QL(5 ea daily); RX/OTC; MP
INSULIN PEN NEEDLE 32 G X 6 MM (1/4")	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE (DISP) U-100 1/2 ML	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 1"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 5/8"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1 ML 26 X 1/2"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 3/8"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	QL(5 ea daily); RX/OTC; MP
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	QL(5 ea daily); RX/OTC; MP
Respiratory Therapy Supplies	
INSPIREASE RESERVOIR BAGS	QL(3 ea per 180 day(s) retail)
RESPIRATORY THERAPY SUPPLIES - DEVICES	QL(2 ea per 365 days); RX/OTC
SPACER/AEROSOL- HOLDING CHAMBERS - DEVICE	QL(2 ea per 365 days); RX/OTC
MINERALS & ELECTROLYTES	
Calcium	
CALCIUM 600+D HIGH POTENCY TABS	QL(2 ea daily)
calcium carbonate CHEW	
calcium carbonate-cholecalciferol CHEW	
calcium carbonate- cholecalciferol TABS	
calcium carbonate TABS	
calcium carbonate-vitamin d TABS	
calcium citrate TABS	

Drug Name	Requirements/ Limits
CALCIUM CHEW	
oyster shell	
OYSTER SHELL CALCIUM/D TABS	
Electrolyte Mixtures	
ORAL ELECTROLYTE SOLUTION	
Fluoride	
sodium fluoride CHEW	AL(Up to 15 yrs old)
sodium fluoride SOLN	AL(Up to 15 yrs old); RX/OTC
sodium fluoride SOLN 0.125 MG/DROP	
Magnesium	
magnesium oxide (mg supplement) TABS 400 MG	
Phosphate	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	QL(8 ea daily)
Potassium	
potassium bicarbonate TBEF	
potassium chloride microencapsulated crystals er	MP
potassium chloride CPCR	MP
potassium chloride PACK OR 20 MEQ	
potassium chloride SOLN OR 10 %, 20 %	MP
potassium chloride TBCR 8 MEQ, 10 MEQ	MP
Sodium	
sodium chloride flush	
sodium chloride SOLN IV 0.9 %	
Zinc	
zinc sulfate CAPS	
MISCELLANEOUS THERAPEUTIC CLASSES	
Chelating Agents	
penicillamine TABS	
Immunosuppressive Agents-Intravenous	
mycophenolate mofetil hcl	
PROGRAF SOLN	PA
Potassium Removing Agents	
sodium polystyrene sulfonate POWD	QL(454 gm per fill)
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	
MOUTH/THROAT/DENTAL AGENTS	
Antiseptics - Mouth/Throat	
chlorhexidine gluconate (mouth-throat)	
Dental Products	
sodium fluoride (dental) CREA	QL(60 gm per fill)
sodium fluoride (dental) GEL	QL(60 gm per fill)
sodium fluoride (dental) SOLN 0.2 %	
Steroids - Mouth/Throat/Dental	
triamcinolone acetonide (mouth)	QL(0.72 gm daily)
Throat Products - Misc.	
ARTIFICIAL SALIVA SOLUTION	QL(900 ea per fill)
pilocarpine hcl (oral) 5 MG	QL(6 ea daily)
MULTIVITAMINS	
B-Complex Vitamins	
B-COMPLEX VITAMIN CAP	QL(1 ea daily)
B-COMPLEX VITAMIN TAB	QL(1 ea daily)
B-Complex w/ C	
B-COMPLEX W/ C CAP	QL(1 ea daily)
B-COMPLEX W/ C TAB	QL(1 ea daily)
B-Complex w/ Folic Acid	
B-COMPLEX W/ C & FOLIC ACID CAP 1 MG	QL(1 ea daily)
B-COMPLEX W/ C & FOLIC ACID TAB	
B-COMPLEX W/ C & FOLIC ACID TAB 1 MG	QL(1 ea daily)
B-COMPLEX W/ C- BIOTIN-VIT E	RX/OTC
B-COMPLEX W/ FOLIC ACID CAP	
B-COMPLEX W/BIOTIN & FOLIC ACID TAB	
B-Complex w/ Minerals	
B-COMPLEX W/ MINERALS LIQ	RX/OTC
Bioflavonoid Products	
BIOFLAVONOID PRODUCTS TAB CR	
Multiple Vitamins w/ Iron	
MULTIPLE VITAMINS W/ IRON TAB	QL(1 ea daily); Rx/OTC
Multiple Vitamins w/ Minerals	
MULTIPLE VITAMINS W/ MINERALS CAP, TAB	RX/OTC, CL $50
MULTIPLE VITAMINS W/ MINERALS CHEW TAB	RX/OTC
MULTIPLE VITAMINS W/ MINERALS PACK	RX/OTC
MULTIPLE VITAMINS W/ MINERALS POWDER	RX/OTC
MULTIPLE VITAMINS W/ MINERALS SYRUP	RX/OTC

Drug Name	Requirements/ Limits
Multivitamins	
MULTIPLE VITAMIN TAB	QL(1 ea daily); Rx/OTC, CL $50
Ped Multi Vitamins w/Fl & FE	
PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML	QL(50 ml per fill retail); RX/OTC
Ped Multiple Vitamins w/ Minerals	
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS	
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW TAB 60 MG	
Ped MV w/ Fluoride	
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB	QL(1 ea daily); Rx/OTC, CL $50
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN	QL(50 ml per fill retail); RX/OTC
Ped MV w/ Iron	
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 10 MG, 15 MG	
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 18 MG	QL(1 ea daily); Rx/OTC
PEDIATRIC MULTIPLE VITAMINS W/ IRON DROPS 10 MG/ML	QL(50 ml per fill retail); RX/OTC
Pediatric Multiple Vitamins	
PEDIATRIC MULTIPLE VITAMIN CHEW TAB	RX/OTC
PEDIATRIC MULTIPLE VITAMIN DROPS	RX/OTC
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus	
Sympathomimetic Decongestants	
phenylephrine hcl (oral) TABS	QL(24 ea per fill)
pseudoephedrine hcl TABS	
pseudoephedrine hcl TB12	QL(2 ea daily)
phenylephrine hcl SOLN (nasal)	
oxymetazoline hcl SOLN (nasal)	
NUTRIENTS	
Proteins	
levocarnitine TABS	
OPHTHALMIC AGENTS - Drugs to Treat the Eye	
Artificial Tears and Lubricants	
artificial tear solution	
polyvinyl alcohol 1.4 %	
polyvinyl alcohol-povidone (ophth)	
white petrolatum-mineral oil	
Cycloplegic Mydriatics	

Drug Name	Requirements/ Limits
atropine sulfate (ophthalmic) OINT	
atropine sulfate (ophthalmic) SOLN	
CYCLOGYL 0.5 %, 2 %	
cyclopentolate hcl 0.5 %, 1 %, 2 %	
ISOPTO ATROPINE SOLN	
phenylephrine hcl (mydriatic) SOLN 2.5 %	
tropicamide SOLN	
Ophthalmic Anti-infectives	
trifluridine	
OTIC AGENTS - Drugs to Treat the Ear	
Otic Agents - Miscellaneous	
acetic acid (otic)	
Otic Steroids	
fluocinolone acetonide (otic)	
hydrocortisone w/acetic acid	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System	
Monoclonal Antibodies	
SYNAGIS SOLN	SP; PA
PHARMACEUTICAL ADJUVANTS	
Liquid Vehicles	
CHERRY CONCENTRATE	RX/OTC
CHERRY SYRUP	RX/OTC
ORAL VEHICLES	
ORAL VEHICLES - SUSP	
ORAL VEHICLES - SYRUP	
SIMPLE SYRUP	RX/OTC
SYRPALTA	RX/OTC
SYRUP NF	RX/OTC
Semi Solid Vehicles	
polyethylene glycol 3350 POWD	RX/OTC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions	
Psychotherapeutic and Neurological Agents - Misc.	
ergoloid mesylates TABS	QL(3 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions	
Cystic Fibrosis Agents	
KALYDECO PACK 25 MG, 50 MG, 75 MG	QL(2 ea daily); SP; PA
KALYDECO TABS	QL(2 ea daily); SP; PA
ORKAMBI PACK 125 MG- 100 MG, 188 MG-150 MG	QL(2 ea daily); SP; PA

Drug Name	Requirements/ Limits
ORKAMBI TABS	QL(4 ea daily); SP; PA
PULMOZYME	QL(5 ml daily); SP; PA
Drug Name	Requirements/ Limits
SYMDEKO	QL(2 ea daily); PA
TRIKAFTA TBPK	QL(3 ea daily); SP; PA
THYROID AGENTS - Drugs to Regulate Thyroid Hormones	
Antithyroid Agents	
methimazole TABS	MP
prophylthiouracil	MP
TOXOIDS	
Toxoid Combinations	
ADACEL SUSP	QL(0.5 ml daily); AL(at least 10 yrs old, up to 64 yrs old)
BOOSTRIX SUSP, SUSY	QL(0.5 ml daily); AL(at least 10 yrs old)
DAPTACEL	AL(at least 6 weeks old, up to 7 yrs old)
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	AL(at least 6 weeks old, up to 7 yrs old)
INFANRIX	AL(at least 6 weeks old, up to 7 yrs old)
KINRIX SUSY	AL(at least 4 yrs old, up to 7yrs old)
PEDIARIX SUSY	AL(at least 6 weeks old, up to 7 yrs old)
PENTACEL	AL(up to 5 yrs old)
QUADRACEL SUSP, SUSY	AL(at least 4 yrs old, up to 7yrs old)
TDVAX SUSP	
TENIVAC INJ	QL(0.5 ml daily); AL(at least 7 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	
VAXELIS SUSP, SUSY	AL(up to 5 yrs old)

Drug Name	Requirements/ Limits
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions	
Antispasmodics	
dicyclomine hcl CAPS	
dicyclomine hcl SOLN	QL(40 ml daily)
dicyclomine hcl TABS	
glycopyrrolate TABS 1 MG, 2 MG	QL(4 ea daily)
ROBINUL FORTE TABS *(glycopyrrolate)*	QL(4 ea daily)
ROBINUL TABS *(glycopyrrolate)*	QL(4 ea daily)
Misc. Anti-Ulcer	
sucralfate SUSP	
sucralfate TABS	
Ulcer Drugs - Prostaglandins	
misoprostol	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms	
Urinary Antispasmodics - Cholinergic Agonists	
bethanechol chloride	MP
VACCINES	
Bacterial Vaccines	
ACTHIB SOLR IM	
BCG VACCINE	
BEXSERO	AL(at least 10 yrs old, up to 25 yrs old)
BIOTHRAX	AL(at least 18 yrs old, up to 65 yrs old)
CAPVAXIVE	AL(At least 18 yrs old)
HIBERIX SOLR IJ	
MENACTRA	AL(up to 55 yrs old)
MENQUADFI	AL(at least 2 yrs old)
MENVEO SOLN, SOLR	AL(up to 55 yrs old)
PEDVAX HIB SUSP	AL(at least 6 weeks old, up to 7 yrs old)
PENBRAYA	
PENMENVY SUSR	AL(At least 10 yrs old - Up to 25 yrs old)
PNEUMOVAX 23 SOLN, SOSY	
PREVNAR 13	

Drug Name	Requirements/ Limits
PREVNAR 20	
TRUMENBA	AL(at least 10 yrs old, up to 26 yrs old)
TYPHIM VI SOLN, SOSY	AL(at least 2 yrs old)
VAXCHORA	
VAXNEUVANCE	
VIVOTIF	
Viral Vaccines	
ABRYSVO	QL(1 ea per fill retail); AL(At least 60 yrs old; 18-59 and 32-36 weeks gestational age with PA)
ACAM2000	
AFLURIA SUSP	AL(at least 6 months old)
AREXVY	QL(1 ea per fill retail); AL(At least 60 yrs old; 50-59 with PA)
AUDENZ EMUL, PRSY	
COMIRNATY SUSP, SUSY	AL(at least 12 yrs old)
DENGVAXIA	
ENGERIX-B SUSP 20 MCG/ML	QL(1 ea per fill retail)
ENGERIX-B SUSY	QL(1 ea per fill retail)
FLUAD	AL(at least 65 yrs old)
FLUBLOK SOSY	AL(at least 18 yrs old)
FLUCELVAX SUSP, SUSY	AL(at least 6 months old)
FLUMIST NASAL VACCINE	AL(at least 2 yrs old, up to 50 yrs old)
FLUZONE SUSP	AL(at least 6 months old)
FLUZONE HIGH-DOSE SUSY	(at least 65 yrs old)

Drug Name	Requirements/ Limits
GARDASIL 9 SUSP, SUSY	QL(0.5ml daily); AL(at least 9 yrs old, up to 46 yrs old)
HAVRIX	AL(at least 1 yr old)
HEPLISAV-B SOSY	QL(0.5 ml per fill retail); AL(At least 18 yrs old)
IMOVAX RABIES SUSR	
IPOL	
IXCHIQ	
IXIARO	
JANSSEN COVID-19 VACCINE	
JYNNEOS	
M-M-R II SOLR	AL(at least 1 yr old)
MODERNA COVID-19 BIVAL	
MODERNA COVID-19 VACCINE (BOOSTER) SUSP	
MODERNA COVID-19 VAC SUSP, SUSY	
MRESVIA	QL(0.5 ML per fill)
NOVAVAX COVID-19 VACCINE SUSP, SUSY	
PFIZER COVID-19 BIVALENT	
PFIZER COVID-19 VACCINE BIVALENT	
PFIZER COVID-19 VACCINE-TRIS SUSP	
PFIZER-BIONTECH COVID-19 VACCINE-TRIS SUSP	
PFIZER-BIONTECH COVID-19 VACCINE SUSP	
PREHEVBRIO	
PRIORIX SUSR	
PROQUAD SUSR	AL(up to 13 yrs old)
RABAVERT	
RECOMBIVAX HB SUSP, SUSY	QL(0.5 ml per fill retail)
ROTARIX SUSP, SUSR	
ROTATEQ SOLN	
SHINGRIX	QL(1 each per fill retail); AL(At least 18 yrs old)
SPIKEVAX COVID-19 VACCINE SUSP	
SPIKEVAX SUSP, SUSY	
STAMARIL SUSR	

Drug Name	Requirements/ Limits
TICOVAC	
TWINRIX SUSY	AL(at least 18 yrs old)
VAQTA	AL(at least 1 yr old)
VARIVAX SUSR	QL(1 each per fill retail); AL(at least 1 yr old)
YF-VAX INJ	
VAGINAL AND RELATED PRODUCTS	
Spermicides	
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	
VCF VAGINAL CONTRACEPTIVE FILM	
VCF VAGINAL CONTRACEPTIVE GEL	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions	
Vasopressors	
midodrine hcl	
VITAMINS	
Oil Soluble Vitamins	
cholecalciferol CAPS 125 MCG, 5000 UNIT	QL(2 ea daily)
cholecalciferol CAPS 25 MCG, 1000 UNIT	QL(1 ea daily)
cholecalciferol CAPS 1.25 MG, 50000 UNIT	QL(8 ea per 28 days retail)
cholecalciferol CAPS 50 MCG, 2000 UNIT	

Drug Name	Requirements/ Limits
cholecalciferol CHEW 400 UNIT	
cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML	
cholecalciferol TABS 10 MCG, 25 MCG, 400 UNIT, 1000 UNIT	
ergocalciferol CAPS	
ergocalciferol SOLN	
phytonadione TABS 5 MG	
vitamin a CAPS	
vitamin a TABS 10000 UNIT	
vitamin e CAPS	
Water Soluble Vitamins	
ACEROLA C 500 WAFR	
ASCORBIC ACID ORAL POWDER	
ascorbic acid CHEW 500 MG	
ascorbic acid TABS	QL(100 ea per 34 days)
biotin CAPS 5 MG, 5000 MCG	
niacin TABS 100 MG, 250 MG, 500 MG	
niacin TBCR 500 MG, 750 MG	
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	
riboflavin TABS 100 MG	QL(4 ea daily)
riboflavin TABS 50 MG	QL(100 ea per 34 days)
thiamine hcl TABS	QL(100 ea per 34 days)
thiamine mononitrate TABS 100 MG	

INDEX

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

Y

Z