



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 a supplemental drug list to determine drugs covered by your prescription benefit. 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 711).

Supplemental Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find
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 medications 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 medications and certain over-the-counter (OTC) medications when ordered by a physician/clinician. The pharmacy program covers all outpatient drugs as defined by CMS. Some medications require prior authorization (PA) or have limitations on age, 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.

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. All drugs covered under the Pennsylvania Medicaid program are available for PA Health & Wellness participants. 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 medications. The Committee is composed of the PA Health & Wellness Medical Director, PA Health & Wellness Pharmacy Director, and several Pennsylvania primary care physicians, pharmacists, and specialists and a consumer representative. The PDL and supplemental drug list do not:

- Require or prohibit the prescribing or dispensing of any medication
- Substitute for the independent professional judgment of the physician/clinician or pharmacist
- Relieve the physician/clinician or pharmacist of any obligation to the patient or others

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

No copay applies to the following categories (continued):

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

Centene Pharmacy Services

PA Health & Wellness works with Centene Pharmacy Services to process all pharmacy claims for prescribed drugs. Some drugs on the Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list require a PA and Centene Pharmacy Services is responsible for administering this process.

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. Fax to Centene Pharmacy Services at 1-844-205-3386.
3. Prior Authorization decisions will be completed within 24 hours of receipt.
4. Once approved, notification will be sent to the prescriber and participant.
5. If the clinical information provided does not explain the medical necessity for the requested PA medication, the request will be denied and the prescriber and the participant will be notified.
6. A pharmacy can provide up to a 72-hour supply of a new medication or 15-day supply for ongoing medication.

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. Clinicians are encouraged to prescribe from these preferred drug lists for their patients who are participants of PA Health & Wellness. Some drugs will require PA and are listed on the PA list. In addition, all name brand drugs not listed on either the PDL or PA list will require prior authorization. If a request for authorization is needed, the information should be submitted by your physician/clinician to Centene Pharmacy Services on the PA Health & Wellness Health Plan form: Medication Prior Authorization Request Form. This form should be faxed to 1-844-205-3386. This document is located on the PA Health & Wellness website at www.PAHealthWellness.com.

PA Health & Wellness will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.
2. Depending on the medication, other medications on the PDL have not worked or cannot be tried.

For requests for drugs that are listed on the Pennsylvania Medical Assistance Program's Statewide PDL, reviews are performed by professionals using the criteria established by the Pennsylvania Medical Assistance Program. For requests for drugs that are listed on the PA Health & Wellness supplemental drug list, reviews are performed by professionals using the criteria established by the PA Health & Wellness P&T Committee. Once approved, Centene Pharmacy Services notifies the physician/clinician and participant. If the clinical information provided does not meet the coverage criteria for the requested medication, a physician will review the request to determine medical necessity. We will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

The PA Health & Wellness P&T Committee has reviewed and approved, with input from its participants and in consideration of medical evidence, the supplemental list of drugs requiring prior authorization. This supplemental drug list attempts to provide appropriate and cost-effective drug therapy in addition to the Pennsylvania Medical Assistance Program's Statewide PDL to all participants covered under the PA Health & Wellness pharmacy program. If a patient requires a brand name medication that does not appear on the supplemental drug list, the physician/clinician can make a PA request for the brand name medication. It is anticipated that such exceptions will be rare and that Statewide PDL and supplemental drug list medications will be appropriate to treat the vast majority of medical conditions.

Clinicians are requested to utilize the Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list when prescribing medication for those patients covered by the PA Health & Wellness pharmacy program. If a pharmacist receives a prescription for a non-preferred drug that requires a PA, the

pharmacist should attempt to contact the clinician to request a change to a product included in the PDL.

Phone Numbers for PA Health & Wellness Health Plan Participant Services

The phone and fax lines listed in the Prior Authorization Process section are dedicated to clinicians requesting PA medication items only. Participants cannot be assisted if they call the PA toll-free number. PA Health & Wellness Participant Services may be reached at 1-844-626-6813 (TTY 711).

Transition Period

PA Health & Wellness participants age 21 and older new to PA Health & Wellness will be able to receive their prescription drugs with no new PA 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 PA requirements. This will allow you and your doctor time to consider other medications that do not require PA and to learn the steps to getting PA. The Pennsylvania Medical Assistance Program's Statewide PDL and the PA Health & Wellness supplemental drug list identify the drugs that will require PA. If you are not sure when you will need to have your medications prior authorized or you have other questions about continuing to get your medications, call participant services at 1-844-626-6813 (TTY 711).

72-Hour and 15-Day Supply Policy

State and federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. If the prescription is for continuation of an existing drug a 15-day supply may be provided. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. All participating pharmacies are authorized to provide a 15-day supply of a continuation of an existing medication, not including diabetic supplies and will be reimbursed for the ingredient cost and dispensing fee of the 15-day supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy can submit override for 72-hour or 15-day medication supply for payment.

Dispensing Limits, Quantity Limits, and Age Limits

You may receive up to a maximum 34-day supply for each new or refill non-controlled substance. A total of 80 percent (80%) of the days supplied must have elapsed before the prescription for a non-controlled medication can be refilled. For example with a 34-day supply, you must have taken 28 days of the medication before you can get the next refill. A total of 90 percent (90%) of the days supplied must have elapsed before the prescription for a controlled medication can be refilled. Prescriptions that exceed the

Quantity Limit (QL) allowed or Age Limits (AL) require PA. PA Health & Wellness may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If PA Health & Wellness does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process. Some medications 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 pharmaceuticals.

Opioid medications 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.

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

Medical Necessity Requests

If you require a medication 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 physician/clinician can make a medical necessity request for the medication by submitting a request for prior authorization. It is anticipated that such exceptions will be rare and that medications included on the Statewide PDL and supplemental drug list will be appropriate to treat the vast majority of medical conditions.

Such reviews are performed by professionals using the criteria established by the Pennsylvania Department of Human Services P&T Committee for drugs included in the Statewide PDL, or using criteria established by the PA Health & Wellness P&T Committee for drugs not included in the Statewide PDL. If the clinical information provided does not meet the coverage criteria for the requested medication a physician will review the request to determine medical necessity. We will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

Participants started and stabilized on medications in the following classes will not be required to try a PDL medication.

- 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

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 medication utilization.

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 plan. PA Health & Wellness will cover certain medications, 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.

DUR (Drug Utilization Review) Programs

PA Health & Wellness will monitor ongoing prescribing of medications 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 (i.e. Coordinated Services Program), 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.

Over-The-Counter Medications

The pharmacy program covers a selection of OTC medications as allowed by Pennsylvania rules. All covered OTC medications appear in the PDL. All OTC medications must be written on a valid prescription by a licensed physician/clinician 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

Filling a Prescription

You can have prescriptions filled at a PA Health & Wellness network pharmacy. If you decide to have a prescription filled at a network pharmacy, you can locate a pharmacy near you by contacting a PA Health & Wellness Participant Services Representative. At the pharmacy, you will need to provide the pharmacist with your prescription and your PA Health & Wellness ID card. Please visit the PA Health & Wellness website at www.PAHealthWellness.com to access the PA Health & Wellness PDL, PA Health & Wellness PA lists, important forms, and provider/participant information 24 hours a day, seven days a week.

Maintenance Medications

PA Health & Wellness Health Plan offers participants a longer days supply of maintenance medications by mail and at certain retail pharmacies. You can receive up to 90 days of these medications at a time. These drugs are used to treat long-term conditions or illnesses. You can find a list of covered maintenance medications and pharmacies in the Maintenance Drug Pharmacy Program document located on the PA Health & Wellness website at www.PAHealthWellness.com.

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

PA Health & Wellness Health Plan Pharmacy Program - Additional Information

Specialty Medications

Most specialty medication requires prior authorization by Centene Pharmacy Services. A list of specialty medications is located at www.PAHealthWellness.com. Fax prior authorization forms to 1-844-205-3386.

Pharmacy and Therapeutics Committee

The PA Health & Wellness Pharmacy and Therapeutics (P&T) Committee continually evaluates the therapeutic classes included in the PA Health & Wellness supplemental drug list. The Committee is composed of the PA Health & Wellness Medical Directors, PA Health & Wellness Pharmacists, and several community based primary care physicians, specialists, and a consumer representative. The primary purpose of the Committee is to assist in developing and monitoring the PA Health & Wellness supplemental drug list and to establish programs and procedures that promote the appropriate and cost-effective use of medications. The P&T Committee schedules meetings at least quarterly, and coordinates reviews with a national P&T Committee that meets at least 4 times a year. Changes to the PA Health & Wellness supplemental drug list are done in conjunction with the approval of the State of Pennsylvania. PA Health & Wellness will submit any proposed changes to the State for approval and update the supplemental drug list accordingly. PA Health & Wellness will follow all State policies regarding participant notification when changes are made to the supplemental drug list.

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.

Benefit Exclusions

The following drug categories are not part of the PA Health & Wellness benefit and are not covered by the 72-hour supply policy:

- Fertility enhancing drugs
- Anorexia, or weight gain drugs
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Drugs and other agents used for cosmetic purposes or for hair growth - erectile dysfunction drugs prescribed to treat impotence
- Bulk powders, because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established.
- Drugs and devices classified as experimental by the FDA
- Drugs and devices not approved by the FDA
- Legend and non-legend soaps, cleansing agents, dentifrices, mouthwashes, douche solutions, diluents, ear wax removal agents, deodorants, liniments, antiseptics, irrigants and other person care items
- Specific items when prescribed for recipients in a skilled nursing facility, an intermediate care facility or an intermediate care facility for the mentally retarded (Intravenous solutions: non-legend: analgesics, antacids, cough/cold, contraceptives, laxative and stool softeners, ophthalmic preparations, diagnostic agents, and legend laxatives
- Non-legend drugs in the form of troches, lozenges, throat tablets, cough drops, chewing gum, mouthwashes and similar items

Newly Approved Products

We review new drugs for safety and effectiveness before adding them to the PA Health & Wellness supplemental drug list. During this period, access to these medications will be considered through the PA review process. If PA Health & Wellness does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process.

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.

Injectable Drugs

A number of injectable drugs appear on the Statewide PDL and the PA Health & Wellness supplemental drug list. Injectable drugs that are self-administered by the participant and/or family member are covered by the PA Health & Wellness pharmacy program. Most injectable drugs require PA.

We help keep you informed

The PA Health & Wellness Pharmacy Director, a registered pharmacist, compiles current pharmacological policy and information about important seasonal topics such as Respiratory Syncytial Virus (RSV) and influenza. The information is consistent with published guidelines and is mailed to network providers as a service. The most current Statewide PDL and supplemental drug list can be downloaded from our website at www.PAHealthWellness.com.

Contacts for Pharmacy Appeals/Grievances

Participants: In the event that a participant disagrees with the decision regarding coverage of a medication, the participant may file an appeal with PA Health & Wellness by calling PA Health & Wellness Participant Services at 1-844-626-6813 (TTY 711).

Physicians / Clinicians: In the event that a clinician disagrees with the decision regarding coverage of a medication, the clinician may request an appeal by submitting additional information to PA Health & Wellness in writing to the Appeals Department at the following address:

PA Health & Wellness Health Plan
Appeal Department
1700 Bent Creek Blvd., Suite 200
Mechanicsburg, PA 17050
Fax: 1-844-873-7451

A decision will be rendered and the clinician will be notified with a mailed response. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously jeopardize the life or health of a participant by calling PA

Health & Wellness Health Plan at 1-844-626-6813 (TTY 711). A response will be rendered the same day as receipt of complete information. In circumstances that require research, a same day response may not be possible.

Abbreviations

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

AL: Age Limit

PA: Prior Authorization

QL: Quantity Limit

SP: Specialty Medication

MP: Maintenance Product

APA: Advanced Prior Authorization – an automated prior authorization process to determine whether clinical criteria is met. If clinical criteria is not fully met, an electronic or manual prior authorization will still need to be done.

\$0 Copay: Member will not be charged a copay for the specific drug

Drug Tier Definitions

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

NP: Non-preferred These drugs require a Prior Authorization (PA) and are covered when found to be medically necessary.

| Drug Name | Requirements/ Limits |
|---|---|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Sleep and Eating Disorders | |
| Analeptics-Stimulants | |
| <i>caffeine citrate SOLN OR</i> | QL(45 ml per fill retail) |
| 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 | |
| <i>melatonin CAPS</i> | |
| <i>melatonin LIQD</i> | |
| <i>melatonin SUBL</i> | |
| <i>melatonin TABS</i> | |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections | |
| Aminoglycosides | |
| <i>tobramycin sulfate SOLN IJ</i> | |
| <i>tobramycin sulfate SOLR</i> | |
| ANALGESICS – Non-Narcotic Muscle and Joint Conditions | |
| Analgesics Other | |
| <i>acetaminophen CAPS 500 MG</i> | QL(6 ea daily) |
| <i>acetaminophen CHEW 160 MG</i> | QL(20 ea daily) |
| <i>acetaminophen CHEW 80 MG</i> | |
| <i>acetaminophen LIQD 160 MG/5ML</i> | QL(75 ml daily) |
| <i>acetaminophen LIQD 500 MG/15ML</i> | QL(90 ml daily) |
| <i>acetaminophen SOLN</i> | QL(75 ml daily) |
| <i>acetaminophen SUPP 120 MG</i> | QL(20 ea daily) |

| Drug Name | Requirements/ Limits |
|--|-------------------------|
| <i>acetaminophen SUPP 650 MG</i> | QL(6 ea daily) |
| <i>acetaminophen SUSP</i> | QL(75 ml daily) |
| <i>acetaminophen TABS 325 MG</i> | QL(10 ea daily) |
| <i>acetaminophen TABS 500 MG</i> | QL(6 ea daily) |
| FEVERALL INFANTS SUPP | |
| FEVERALL JUNIOR STRENGTH SUPP | QL(10 ea daily) |
| Salicylates | |
| <i>aspirin buffered (cal carb- mag carb-mag oxide)</i> | QL(12 ea daily) |
| <i>aspirin CHEW</i> | QL(12 ea daily) |
| <i>aspirin SUPP 300 MG</i> | QL(6 ea daily) |
| <i>aspirin TABS 325 MG</i> | QL(12 ea daily) |
| <i>aspirin TBEC 81 MG, 325 MG</i> | QL(12 ea daily) |
| <i>salsalate</i> | QL(4 ea daily) |
| ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching | |
| Intrarectal Steroids | |
| <i>hydrocortisone (intrarectal)</i> | |
| Rectal Steroids | |
| <i>hydrocortisone (rectal) EX 2.5 %</i> | |
| ANTACIDS | |
| Antacid Combinations | |
| <i>alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG</i> | |
| <i>alum & mag hydrox-simethicone LIQD</i> | |
| <i>alum & mag hydrox-simethicone SUSP</i> | |
| Antacids - Aluminum Salts | |
| <i>aluminum hydroxide SUSP 320 MG/5ML</i> | |
| Antacids - Bicarbonate | |
| <i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i> | |
| Antacids - Calcium Salts | |
| <i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i> | |
| <i>calcium carbonate (antacid) SUSP</i> | |
| Antacids - Magnesium Salts | |

| Drug Name | Requirements/ Limits |
|--|---|
| <i>magnesium oxide TABS 400 MG</i> | |
| ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety | |
| Anti-anxiety Agents - Misc. | |
| <i>droperidol SOLN 2.5 MG/ML</i> | |
| <i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i> | |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms | |
| Antiarrhythmics Type I-A | |
| <i>disopyramide phosphate CAPS</i> | MP |
| NORPACE CR CP12 150 MG | |
| <i>quinidine gluconate TBCR</i> | |
| <i>quinidine sulfate TABS</i> | |
| Antiarrhythmics Type I-B | |
| <i>mexiletine hcl</i> | MP |
| Antiarrhythmics Type I-C | |
| <i>flecainide acetate</i> | MP |
| <i>propafenone hcl TABS</i> | MP |
| Antiarrhythmics Type III | |
| <i>amiodarone hcl TABS</i> | MP |
| <i>dofetilide</i> | QL(2 ea daily) |
| TIKOSYN (dofetilide) | QL(2 ea daily) |
| ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions | |
| Anti-inflammatory Agents | |
| <i>cromolyn sodium NEBU</i> | QL(8 ml daily) |
| Xanthines | |
| THEO-24 CP24 | |
| <i>theophylline ELIX</i> | |
| <i>theophylline SOLN</i> | QL(475 ml per fill retail; 1425 per fill mail); MP |
| <i>theophylline TB12</i> | MP |
| <i>theophylline TB24</i> | MP |
| ANTICOAGULANTS - Blood Thinners | |
| Heparins And Heparinoid-Like Agents | |
| <i>heparin sodium (porcine) SOLN IJ</i> | |
| <i>Heparin sodium (porcine) SOSY IJ</i> | |
| ANTICONVULSANTS - Drugs to Treat Seizures | |
| Anticonvulsants - Misc. | |

| Drug Name | Requirements/ Limits |
|--|----------------------------|
| <i>levetiracetam SOLN IV 500 MG/5ML</i> | QL(30 ml daily) |
| Valproic Acid | |
| <i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i> | |
| ANTI-DIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea | |
| Antidiarrheal/Probiotic Agents - Misc. | |
| <i>bismuth subsalicylate CHEW 262 MG</i> | |
| <i>bismuth subsalicylate SUSP</i> | |
| <i>bismuth subsalicylate TABS</i> | |
| Antiperistaltic Agents | |
| <i>diphenoxylate w/ atropine LIQD</i> | |
| <i>diphenoxylate w/ atropine TABS</i> | |
| <i>loperamide hcl CAPS</i> | QL(8 ea daily) |
| <i>loperamide hcl TABS</i> | QL(8 ea daily) |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | |
| Antidotes - Chelating Agents | |
| CHEMET | |
| ANTI-HISTAMINES - Drugs to Treat Allergies | |
| Antihistamines - Alkylamines | |
| <i>chlorpheniramine maleate SYRP</i> | QL(60 ml daily) |
| <i>chlorpheniramine maleate TABS</i> | QL(120 ea per fill retail) |
| <i>dexchlorpheniramine maleate SOLN</i> | |
| Antihistamines - Ethanolamines | |
| <i>clemastine fumarate TABS 1.34 MG</i> | |
| <i>diphenhydramine hcl CAPS 50 MG</i> | QL(6 ea daily) |
| <i>diphenhydramine hcl CAPS 25 MG</i> | QL(12 ea daily) |
| <i>diphenhydramine hcl ELIX 12.5 MG/5ML</i> | QL(240 ml per fill retail) |
| <i>diphenhydramine hcl LIQD 12.5 MG/5ML</i> | QL(240 ml per fill retail) |
| <i>diphenhydramine hcl TABS 25 MG</i> | QL(12 ea daily) |
| Antihistamines - Piperidines | |
| <i>cyproheptadine hcl SYRP</i> | |
| <i>cyproheptadine hcl TABS</i> | |

| Drug Name | Requirements/ Limits |
|--|-------------------------|
| ANTI-HYPERTENSIVES - drugs to Treat High Blood Pressure | |
| Vasodilators | |
| <i>hydralazine hcl TABS</i> | MP |
| <i>minoxidil 2.5 MG, 10 MG</i> | MP |
| ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections | |
| Anti-infective Agents - Misc. | |
| <i>trimethoprim TABS</i> | |
| Anti-infective Misc. - Combinations | |
| <i>sulfamethoxazole-trimethoprim SUSP</i> | |
| <i>sulfamethoxazole-trimethoprim TABS</i> | |
| Glycopeptides | |
| <i>vancomycin hcl SOLR IV 1 GM, 500 MG, 1000 MG</i> | |
| Leprostatics | |
| <i>dapsone</i> | PA |
| Lincosamides | |
| <i>clindamycin hcl 150 MG, 300 MG</i> | |
| <i>clindamycin palmitate hydrochloride</i> | |
| Oxazolidinones | |
| <i>SIVEXTRO TABS</i> | QL(1 ea daily); PA |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | |
| Antimyasthenic/Cholinergic Agents | |
| <i>pyridostigmine bromide TABS 60 MG</i> | |
| <i>pyridostigmine bromide TBCR</i> | |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections) | |
| Antimycobacterial Agents | |
| <i>ethambutol hcl TABS</i> | MP |
| <i>isoniazid SYRP</i> | MP |
| <i>isoniazid TABS</i> | MP |
| <i>pyrazinamide</i> | |
| <i>rifampin CAPS</i> | |
| <i>TREATOR</i> | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer | |
| Alkylating Agents | |
| <i>cyclophosphamide CAPS</i> | |
| <i>LEUKERAN</i> | |

| Drug Name | Requirements/ Limits |
|--|-------------------------|
| <i>melfalan</i> | SP |
| <i>MYLERAN TABS</i> | |
| <i>TEMODAR SOLR</i> | SP; PA |
| Antimetabolites | |
| <i>mercaptopurine TABS</i> | |
| <i>PURIXAN SUSP</i> | |
| Antineoplastic - Hormonal and Related Agents | |
| <i>EMCYT</i> | SP |
| <i>flutamide</i> | QL(6 ea daily) |
| <i>LYSODREN</i> | SP |
| <i>megestrol acetate SUSP</i> | |
| <i>megestrol acetate TABS</i> | |
| Antineoplastic Enzyme Inhibitors | |
| <i>ISTODAX SOLR (romidepsin)</i> | PA |
| <i>romidepsin SOLR</i> | PA |
| Antineoplastics Misc. | |
| <i>bexarotene</i> | SP; PA |
| <i>MATULANE</i> | SP |
| <i>tretinoin (chemotherapy)</i> | SP |
| Chemotherapy Rescue/Antidote/Protective Agents | |
| <i>leucovorin calcium TABS</i> | |
| <i>MESNEX TABS</i> | SP |
| Mitotic Inhibitors | |
| <i>etoposide CAPS</i> | SP |
| Topoisomerase I Inhibitors | |
| <i>HYCANTIN CAPS</i> | SP; PA |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease | |
| Antiparkinson Anticholinergics | |
| <i>benztropine mesylate SOLN</i> | |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders | |
| Antimanic Agents | |
| <i>lithium</i> | AL(At least 18 yrs old) |
| <i>lithium carbonate CAPS</i> | |
| <i>lithium carbonate TABS</i> | |
| <i>lithium carbonate TBCR</i> | |
| ANTIVIRALS - Drugs to Treat Viral Infections | |
| Antiviral Combinations | |
| <i>PAXLOVID</i> | |
| Misc. Antivirals | |
| <i>LAGEVRIO</i> | |
| CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm | |

| Drug Name | Requirements/ Limits |
|--|-------------------------|
| Cardiac Glycosides | |
| <i>digoxin SOLN OR 0.05 MG/ML</i> | MP |
| <i>digoxin TABS 125 MCG, 250 MCG</i> | MP |
| LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>) | MP |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions | |
| Prostaglandin Vasodilators | |
| <i>epoprostenol sodium</i> | SP |
| REMODULIN SOLN IJ 20 MG/20ML, 50 MG/20ML | SP; PA |
| <i>treprostinil SOLN IJ 20 MG/20ML, 50 MG/20ML</i> | SP; PA |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors | |
| <i>sildenafil citrate (pulmonary hypertension) SOLN</i> | SP; PA |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections | |
| Cephalosporins - 3rd Generation | |
| <i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i> | QL(4 ea aily) |
| CHEMICALS | |
| Liquids | |
| <i>castor oil</i> | RX/OTC |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy | |
| Emergency Contraceptives | |
| ELLA | |
| <i>levonorgestrel (emergency oc) 1.5 MG</i> | |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions | |
| DEPO-MEDROL SUSP (<i>methylprednisolone acetate</i>) | |
| <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i> | |
| KENALOG-10, 40 SUSP (<i>triamcinolone acetonide</i>) | |
| <i>methylprednisolone acetate SUSP 40 MG/ML, 80 MG/ML</i> | |
| | |

| Drug Name | Requirements/ Limits |
|---|----------------------------|
| SOLU-MEDROL (PF) 40 MG (<i>methylprednisolone sodium succinate</i>) | |
| triamcinolone acetonide SUSP 40 MG/ML, 50 MG/ML | |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms | |
| Antitussives | |
| <i>benzonatate 100 MG, 200 MG</i> | AL(At least 10 yrs old) |
| <i>dextromethorphan polistirex SUER</i> | |
| <i>hydrocodone bitartrate-homatropine methylbromide SOLN</i> | QL(30 ml daily) |
| Cough/Cold/Allergy Combinations | |
| <i>brompheniramine & phenyleph ELIX</i> | QL(120 ml per fill retail) |
| <i>brompheniramine & pseudoeph ELIX</i> | QL(120 ml per fill retail) |
| <i>brompheniramine & pseudoeph LIQD</i> | QL(120 ml per fill retail) |
| <i>dextromethorphan-doxylamine-acetaminophen LIQD</i> | |
| <i>dextromethorphan-guaifenesin LIQD</i> | |
| <i>dextromethorphan-guaifenesin SYRP</i> | |
| <i>dextromethorphan-guaifenesin TABS</i> | |
| <i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i> | |
| <i>dextromethorphan-phenylephrine-acetaminophen CAPS</i> | |
| <i>guaifenesin-codeine SOLN</i> | QL(60 ml daily) |
| <i>guaifenesin-codeine SYRP</i> | QL(60 ml daily) |
| LOHIST-D LIQD | |
| <i>phenylephrine-chlorphen- dm LIQD</i> | |
| | |

| Drug Name | Requirements/ Limits |
|--|--|
| <i>phenylephrine- doxylamine- dextromethorphan- acetaminophen MISC</i> | |
| <i>phenylephrine-dm LIQD</i> | |
| <i>phenylephrine-dm SOLN</i> | |
| <i>promethazine w/codeine SOLN</i> | QL(30 ml daily); AL(At least 2 yrs old) |
| <i>promethazine w/codeine SYRP</i> | QL(30 ml daily); AL(At least 2 yrs old) |
| <i>promethazine & phenylephrine SYRP</i> | QL(240 ml per fill retail); AL(At least 2 yrs old) |
| <i>promethazine-dm SYRP</i> | QL(240 ml per fill retail) |
| <i>promethazine- phenylephrine-codeine</i> | QL(30 ml daily); AL(At least 2 yrs old) |
| <i>pseudoephed-bromphen- dm SYRP</i> | |
| <i>pseudoephedrine- guaifenesin TB12</i> | |
| <i>pseudoephedrine- ibuprofen TABS</i> | |
| SM COLD & ALLERGY CHILDRENS LIQD | QL(120 ml per fill retail) |
| Expectorants | |
| <i>guaifenesin LIQD</i> | |
| <i>guaifenesin SYRP</i> | |
| <i>guaifenesin TB12</i> | |
| Misc. Respiratory Inhalants | |
| <i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i> | |
| Mucolytics | |
| <i>acetylcysteine SOLN</i> | |
| DERMATOLOGICALS – Drugs to Treat Skin Conditions | |
| Antineoplastic or Premalignant Lesion Agents - Topical | |
| <i>fluorouracil (topical) CREA 0.5 %</i> | QL(30 gm per fill retail) |
| <i>fluorouracil (topical) CREA 5 %</i> | QL(40 gm per fill retail) |

| Drug Name | Requirements/ Limits |
|---|----------------------------|
| <i>fluorouracil (topical) SOLN</i> | QL(10 ml per fill retail) |
| Antiseborrheic Products | |
| <i>selenium sulfide LOTN 2.5 %</i> | QL(120 ml per fill retail) |
| Burn Products | |
| <i>silver sulfadiazine</i> | |
| Corticosteroids - Topical | |
| EPIFOAM FOAM | |
| Emollient/Keratolytic Agents | |
| <i>urea CREA 40 %</i> | QL(210 gm per fill retail) |
| <i>urea LOTN 40 %</i> | QL(240 gm per fill retail) |
| Emollients | |
| <i>lactic acid (ammonium lactate) CREA</i> | RX/OTC |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i> | RX/OTC |
| Keratolytic/Antimitotic/Vesicant Agents | |
| <i>podofilox SOLN</i> | QL(4 ml per fill retail) |
| <i>salicylic acid GEL 6 %</i> | QL(40 gm per fill retail) |
| Local Anesthetics - Topical | |
| <i>dibucaine</i> | QL(30 gm per fill retail) |
| Misc. Topical | |
| DRYSOL SOLN | |
| INSECT REPELLENT - AEROSOL | |
| INSECT REPELLENT - LIQUID | |
| INSECT REPELLENT - LOTION | |
| <i>isopropyl alcohol (skin cleanser) MISC</i> | |
| <i>zinc oxide (topical) OINT 20 %, 40 %</i> | QL(60 gm per fill retail) |
| Rosacea Agents | |
| <i>metronidazole (topical) CREA</i> | |
| <i>metronidazole (topical) GEL 0.75 %</i> | |
| <i>metronidazole (topical) LOTN</i> | |
| Tar Products | |

| Drug Name | Requirements/ Limits |
|--|-------------------------|
| <i>coal tar extract SHAM 0.5 %, 1 %</i> | |
| 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 | |
| <i>l-methylfolate calcium TABS</i> | |
| <i>l-methylfolate calcium CAPS</i> | |
| <i>l-methylfolate forte CAPS</i> | |
| DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure | |
| Carbonic Anhydrase Inhibitors | |
| <i>acetazolamide CP12</i> | MP |
| <i>acetazolamide TABS</i> | MP |
| <i>methazolamide TABS</i> | |
| Diuretic Combinations | |
| <i>amiloride & hydrochlorothiazide</i> | QL(2 ea daily) |
| <i>spironolactone & hydrochlorothiazide</i> | MP |
| <i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i> | QL(1 ea daily); MP |
| <i>triamterene & hydrochlorothiazide TABS</i> | QL(1 ea daily); MP |

| Drug Name | Requirements/ Limits |
|---|-------------------------|
| Loop Diuretics | |
| <i>bumetanide TABS</i> | MP |
| <i>furosemide SOLN IJ 10 MG/ML</i> | |
| <i>furosemide TABS</i> | MP |
| <i>torsemide TABS</i> | MP |
| Potassium Sparing Diuretics | |
| <i>amiloride hcl TABS</i> | QL(4 ea daily) |
| <i>spironolactone TABS</i> | MP |
| Thiazides and Thiazide-Like Diuretics | |
| <i>chlorthalidone 25 MG, 50 MG</i> | MP |
| <i>hydrochlorothiazide CAPS</i> | MP |
| <i>hydrochlorothiazide TABS</i> | MP |
| <i>indapamide TABS 1.25 MG, 2.5 MG</i> | MP |
| <i>metolazone</i> | 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 |
| <i>levocarnitine (metabolic modifiers) SOLN 1 GM/10ML</i> | |
| <i>levocarnitine (metabolic modifiers) TABS</i> | |
| Posterior Pituitary Hormones | |
| <i>desmopressin acetate spray</i> | QL(0.4 ml daily) |
| <i>desmopressin acetate spray refrigerated 0.01 %</i> | QL(0.4 ml daily) |
| <i>desmopressin acetate SOLN IJ</i> | SP; PA |
| <i>desmopressin acetate TABS</i> | QL(3 ea daily) |
| Vasopressin Receptor Antagonists | |
| JYNARQUE TBPK | QL (2 ea daily); PA |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs | |
| Antiflatulents | |
| <i>simethicone CHEW 80 MG</i> | |

| Drug Name | Requirements/ Limits |
|---|---------------------------|
| <i>simethicone LIQD OR</i> | QL(30 ml per fill retail) |
| <i>simethicone SUSP</i> | QL(30 ml per fill retail) |
| Intestinal Acidifiers | |
| <i>lactulose (encephalopathy)</i> | |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System | |
| Alkalinizers | |
| <i>potassium citrate (alkalinizer) TBCR</i> | |
| <i>potassium citrate-citric acid PACK</i> | |
| <i>sodium citrate & citric acid</i> | RX/OTC |
| Genitourinary Irrigants | |
| <i>acetic acid 0.25 %</i> | |
| <i>sodium chloride (gu irrigant) 0.9 %</i> | |
| Interstitial Cystitis Agents | |
| ELMIRON CAPS | QL(3 ea daily) |
| Urinary Analgesics | |
| <i>phenazopyridine hcl TABS 100 MG, 200 MG</i> | |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders | |
| Antihemophilic Products | |
| CORIFACT | SP; PA |
| FIBRYGA | SP; PA |
| RIASTAP | SP; PA |
| TRETTEN | SP; PA |
| Hematorheologic Agents | |
| <i>pentoxifylline</i> | MP |
| Platelet Aggregation Inhibitors | |
| <i>anagrelide hcl</i> | |
| <i>cilostazol</i> | QL(2 ea daily); MP |
| HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders | |
| Cobalamins | |
| <i>cyanocobalamin SOLN IJ 1000 MCG/ML</i> | |
| Folic Acid/Folates | |
| <i>folic acid TABS</i> | |
| Iron | |

| Drug Name | Requirements/ Limits |
|---|-----------------------------|
| <i>ferrous fumarate TABS 324 MG</i> | |
| <i>ferrous gluconate TABS 324 MG</i> | |
| <i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i> | |
| <i>ferrous sulfate SOLN 15 MG/ML</i> | 75 MG/ML; QL(3.34 ml daily) |
| <i>ferrous sulfate TABS 65 MG, 325 MG</i> | MP |
| Stem Cell Mobilizers | |
| MOZOBIL (<i>plerixafor</i>) | QL(2.4 ml daily); SP; PA |
| <i>plerixafor</i> | QL(2.4 ml daily); SP; PA |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders | |
| Hemostatics - Systemic | |
| <i>tranexamic acid TABS</i> | QL(6 ea daily) |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | |
| Antihistamine Hypnotics | |
| <i>diphenhydramine hcl (sleep) CAPS 50 MG</i> | QL(6 ea daily) |
| <i>diphenhydramine hcl (sleep) CAPS 25 MG</i> | QL(12 ea daily) |
| Non-Barbiturate Hypnotics | |
| midazolam hcl SOLN IJ | PA |
| LAXATIVES - Bowel Treatment Drugs | |
| Bulk Laxatives | |
| <i>calcium polycarbophil TABS</i> | QL(10 ea daily) |
| KONSYL ORIGINAL FIBER POWD | |
| <i>psyllium CAPS</i> | |
| <i>psyllium POWD</i> | |
| Laxative Combinations | |
| <i>peg 3350-kcl-sod bicarb- sod chloride-sod sulfate SOLR</i> | |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | |
| <i>sennosides-docusate sodium TABS</i> | |
| Laxatives - Miscellaneous | |
| <i>glycerin (laxative) SUPP</i> | |

| Drug Name | Requirements/ Limits |
|--|---------------------------|
| <i>lactulose SOLN</i> | |
| PEDIA-LAX SUPP | |
| <i>polyethylene glycol 3350 PACK</i> | |
| <i>polyethylene glycol 3350 POWD</i> | |
| SORBITOL PR 70 % | |
| Lubricant Laxatives | |
| <i>mineral oil ENEM</i> | |
| <i>mineral oil OR</i> | QL(4 ml daily); RX/OTC |
| Saline Laxatives | |
| <i>magnesium citrate</i> | |
| <i>magnesium hydroxide SUSP</i> | |
| MILK OF MAGNESIA CONCENTRATE SUSP | |
| <i>sodium phosphates ENEM</i> | |
| Stimulant Laxatives | |
| <i>bisacodyl SUPP</i> | |
| <i>bisacodyl TBEC</i> | |
| <i>castor oil 100 %</i> | |
| SENNA SYRP | |
| <i>sennosides LIQD</i> | |
| <i>sennosides SYRP 8.8 MG/5ML</i> | |
| <i>sennosides TABS</i> | |
| Surfactant Laxatives | |
| <i>docusate calcium</i> | |
| <i>docusate sodium CAPS</i> | |
| <i>docusate sodium LIQD</i> | |
| <i>docusate sodium SYRP</i> | |
| <i>docusate sodium TABS</i> | |
| 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 | |

| Drug Name | Requirements/ Limits |
|---|-------------------------|
| 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/LUBRICATED MISC | |
| KIMONO PS LUBRICATED MISC | |
| KIMONO PS PLUS SPERMICIDE/LUBRICATED 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 | |

| Drug Name | Requirements/ Limits |
|--|-------------------------|
| TRUSTEX COLOR CONDOMS + LUBE MISC | |
| TRUSTEX LUBRICATED EXTRALARGE MISC | |
| TRUSTEX LUBRICATED EXTRASTRENGTH MISC | |
| TRUSTEX LUBRICATED/RIBBED/ST UDDDED 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/STUDDDED 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 | |

| Drug Name | Requirements/ Limits |
|--|---------------------------------------|
| LANCET DEVICES | QL(1 ea per 180 days) |
| 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 |

| Drug Name | Requirements/ Limits |
|--|--------------------------------------|
| 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) |
| <i>calcium carbonate CHEW</i> | |
| <i>calcium carbonate- cholecalciferol CHEW</i> | |
| <i>calcium carbonate- cholecalciferol TABS</i> | |

| Drug Name | Requirements/ Limits |
|---|---------------------------------|
| <i>calcium carbonate TABS</i> | |
| <i>calcium carbonate-vitamin d TABS</i> | |
| <i>calcium citrate TABS</i> | |
| CALCIUM CHEW | |
| <i>oyster shell</i> | |
| OYSTER SHELL CALCIUM/D TABS | |
| Electrolyte Mixtures | |
| ORAL ELECTROLYTE SOLUTION | |
| Fluoride | |
| <i>sodium fluoride CHEW</i> | AL(Up to 15 yrs old) |
| <i>sodium fluoride SOLN</i> | AL(Up to 15 yrs old); RX/OTC |
| <i>sodium fluoride SOLN 0.125 MG/DROP</i> | |
| Magnesium | |
| <i>magnesium oxide (mg supplement) TABS 400 MG</i> | |
| Phosphate | |
| <i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i> | QL(8 ea daily) |
| Potassium | |
| <i>potassium bicarbonate TBEF</i> | |
| <i>potassium chloride microencapsulated crystals er</i> | MP |
| <i>potassium chloride CPCR</i> | MP |
| <i>potassium chloride PACK OR 20 MEQ</i> | |
| <i>potassium chloride SOLN OR 10 %, 20 %</i> | MP |
| <i>potassium chloride TBCR 8 MEQ, 10 MEQ</i> | MP |
| Sodium | |
| <i>sodium chloride flush</i> | |
| <i>sodium chloride SOLN IV 0.9 %</i> | |
| Zinc | |
| <i>zinc sulfate CAPS</i> | |
| MISCELLANEOUS THERAPEUTIC CLASSES | |
| Chelating Agents | |
| <i>penicillamine TABS</i> | |

| Drug Name | Requirements/ Limits |
|--|----------------------------|
| Immunosuppressive Agents | |
| <i>mycophenolate mofetil hcl</i> | |
| PROGRAF SOLN | PA |
| Potassium Removing Agents | |
| <i>sodium polystyrene sulfonate POWD</i> | QL(454 gm per fill retail) |
| <i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i> | |
| MOUTH/THROAT/DENTAL AGENTS | |
| Antiseptics - Mouth/Throat | |
| <i>chlorhexidine gluconate (mouth-throat)</i> | |
| Dental Products | |
| <i>sodium fluoride (dental) CREA</i> | QL(60 gm per fill retail) |
| <i>sodium fluoride (dental) GEL</i> | QL(60 gm per fill retail) |
| <i>sodium fluoride (dental) SOLN 0.2 %</i> | |
| Steroids - Mouth/Throat/Dental | |
| <i>triamcinolone acetonide (mouth)</i> | QL(0.72 gm daily) |
| Throat Products - Misc. | |
| ARTIFICIAL SALIVA SOLUTION | QL(900 ea per fill) |
| <i>pilocarpine hcl (oral) 5 MG</i> | 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 | |

| Drug Name | Requirements/ Limits |
|---|-----------------------------------|
| 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 | RX/OTC |
| 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 |
| Multivitamins | |
| MULTIPLE VITAMIN TAB | QL(1 ea daily); Rx/OTC |
| Ped Multi Vitamins w/FI & 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 |
| 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 | |
| | |

| Drug Name | Requirements/ Limits |
|---|--------------------------------------|
| 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 | |
| <i>phenylephrine hcl (oral) TABS</i> | QL(24 ea per fill retail) |
| <i>pseudoephedrine hcl TABS</i> | |
| <i>pseudoephedrine hcl TB12</i> | QL(2 ea daily) |
| <i>phenylephrine hcl SOLN (nasal)</i> | |
| <i>oxymetazoline hcl SOLN (nasal)</i> | |
| NUTRIENTS | |
| Proteins | |
| <i>levocarnitine TABS</i> | |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye | |
| Artificial Tears and Lubricants | |
| <i>artificial tear solution</i> | |
| <i>polyvinyl alcohol 1.4 %</i> | |
| <i>polyvinyl alcohol-povidone (ophth)</i> | |
| <i>white petrolatum-mineral oil</i> | |
| Cycloplegic Mydriatics | |
| <i>atropine sulfate (ophthalmic) OINT</i> | |
| <i>atropine sulfate (ophthalmic) SOLN</i> | |
| CYCLOGYL 0.5 %, 2 % | |
| <i>cyclopentolate hcl 0.5 %, 1 %, 2 %</i> | |
| ISOPTO ATROPINE SOLN | |
| <i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i> | |
| <i>tropicamide SOLN</i> | |
| Ophthalmic Anti-infectives | |

| Drug Name | Requirements/ Limits |
|---|---------------------------|
| <i>trifluridine</i> | |
| OTIC AGENTS - Drugs to Treat the Ear | |
| Otic Agents - Miscellaneous | |
| <i>acetic acid (otic)</i> | |
| Otic Steroids | |
| <i>fluocinolone acetonide (otic)</i> | |
| <i>hydrocortisone w/acetic acid</i> | |
| 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. | |
| <i>ergoloid mesylates TABS</i> | 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 |
| 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 TBPB | QL(3 ea daily); SP; PA |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones | |
| Antithyroid Agents | |
| <i>methimazole TABS</i> | MP |
| <i>prophylthiouracil</i> | 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 | |
| <i>dicyclomine hcl CAPS</i> | |
| <i>dicyclomine hcl SOLN</i> | QL(40 ml daily) |
| <i>dicyclomine hcl TABS</i> | |
| <i>glycopyrrolate TABS 1 MG, 2 MG</i> | QL(4 ea daily) |
| ROBINUL FORTE TABS (<i>glycopyrrolate</i>) | QL(4 ea daily) |
| ROBINUL TABS (<i>glycopyrrolate</i>) | QL(4 ea daily) |
| Misc. Anti-Ulcer | |
| <i>sucralfate SUSP</i> | |
| <i>sucralfate TABS</i> | |
| Ulcer Drugs - Prostaglandins | |
| <i>misoprostol</i> | |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms | |
| Urinary Antispasmodics - Cholinergic Agonists | |
| <i>bethanechol chloride</i> | 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) |
| 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 | |
| PNEUMOVAX 23 SOLN, SOSY | |
| PREVNAR 13 | |
| PREVNAR 20 | |

| Drug Name | Requirements/ Limits |
|--------------------------|--|
| 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 | |
| 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) |

| Drug Name | Requirements/ Limits |
|---|---|
| SPIKEVAX COVID-19 VACCINE SUSP | |
| SPIKEVAX SUSP, SUSY | |
| STAMARIL SUSR | |
| 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 FOAM | |
| VCF VAGINAL CONTRACEPTIVE GEL | |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions | |
| Vasopressors | |
| <i>midodrine hcl</i> | |
| VITAMINS | |
| Oil Soluble Vitamins | |
| <i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i> | QL(2 ea daily) |
| <i>cholecalciferol CAPS 25 MCG, 1000 UNIT</i> | QL(1 ea daily) |
| <i>cholecalciferol CAPS 1.25 MG, 50000 UNIT</i> | QL(8 ea per 28 days retail) |

| Drug Name | Requirements/ Limits |
|---|----------------------------------|
| <i>cholecalciferol CAPS 50 MCG, 2000 UNIT</i> | |
| <i>cholecalciferol CHEW 400 UNIT</i> | |
| <i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i> | |
| <i>cholecalciferol TABS 10 MCG, 25 MCG, 400 UNIT, 1000 UNIT</i> | |
| <i>ergocalciferol CAPS</i> | |
| <i>ergocalciferol SOLN</i> | |
| <i>phytonadione TABS 5 MG</i> | |
| <i>vitamin a CAPS</i> | |
| <i>vitamin a TABS 10000 UNIT</i> | |
| <i>vitamin e CAPS</i> | |
| Water Soluble Vitamins | |
| <i>ACEROLA C 500 WAFR</i> | |
| <i>ASCORBIC ACID ORAL POWDER</i> | |
| <i>ascorbic acid CHEW 500 MG</i> | |
| <i>ascorbic acid TABS</i> | QL(100 ea per 34 days retail) |
| <i>biotin CAPS 5 MG, 5000 MCG</i> | |
| <i>niacin TABS 100 MG, 250 MG, 500 MG</i> | |
| <i>niacin TBCR 500 MG, 750 MG</i> | |
| <i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i> | |
| <i>riboflavin TABS 100 MG</i> | QL(4 ea daily) |
| <i>riboflavin TABS 50 MG</i> | QL(100 ea per 34 days retail) |
| <i>thiamine hcl TABS</i> | QL(100 ea per 34 days retail) |
| <i>thiamine mononitrate TABS 100 MG</i> | |

INDEX

A

| | |
|---|----|
| ABRYSCO | 14 |
| ACAM2000 | 14 |
| ACEROLA C 500 WAFR..... | 16 |
| <i>acetazolamide</i> | 6 |
| <i>acetic acid (otic)</i> | 13 |
| <i>acetic acid 0.25 %</i> | 7 |
| <i>acetylcysteine SOLN</i> | 5 |
| ACTHIB | 14 |
| ADACEL SUSP | 14 |
| AFLURIA | 14 |
| AIMSCO LUBRICATED MISC..... | 9 |
| ALCOHOL SWABS | 10 |
| <i>alum & mag hydrox-simethicone</i> | 1 |
| <i>alum & mag hydrox-simethicone CHEW</i> | 1 |
| <i>alum & mag hydrox-simethicone SUSP</i> | 2 |
| <i>aluminum hydroxide</i> | 2 |
| <i>amiloride & hydrochlorothiazide</i> | 6 |
| <i>amiloride hcl</i> TABS..... | 7 |
| <i>amiodarone hcl</i> TABS | 2 |
| <i>anagrelide hcl</i> | 7 |
| AREXVY | 15 |
| ARTIFICIAL SALIVA SOLUTION | 12 |
| <i>artificial tear solution</i> | 13 |
| <i>ascorbic acid</i> | 16 |
| ASCORBIC ACID ORAL POWDER..... | 16 |
| <i>aspirin</i> | 1 |
| <i>atropine sulfate (ophthalmic)</i> | 13 |
| AUDENZ | 15 |

B

| | |
|--|----|
| BCG VACCINE | 14 |
| B-COMPLEX VITAMIN..... | 12 |
| B-COMPLEX W/ C..... | 12 |
| B-COMPLEX W/ C & FOLIC ACID | 12 |
| B-COMPLEX W/ C- BIOTIN-VIT E..... | 12 |
| B-COMPLEX W/ FOLIC ACID | 12 |
| B-COMPLEX W/ MINERALS | 12 |
| B-COMPLEX W/BIOTIN & FOLIC ACID TAB..... | 12 |
| <i>benzonatate</i> | 4 |
| <i>benztropine mesylate SOLN</i> | 4 |
| <i>bethanechol chloride</i> | 14 |
| <i>bexarotene</i> | 3 |
| BEXSERO | 14 |
| BIOFLAVONOID PRODUCTS..... | 12 |
| BIOTHRAX | 14 |
| <i>biotin</i> | 16 |
| <i>bisacodyl</i> | 8 |
| <i>bismuth subsalicylate</i> | 2 |
| BLOOD GLUCOSE CALIBRATION - LIQUID | 10 |

| | |
|--|----|
| BOOSTRIX | 14 |
| <i>brompheniramine & phenyleph</i> | 5 |
| <i>brompheniramine & pseudoeph</i> | 5 |

C

| | |
|---|----|
| <i>caffeine citrate SOLN OR</i> | 1 |
| CALCIUM 600+D HIGH POTENCY TABS | 11 |
| CALCIUM ALGINATE WOUND DRESSING | 6 |
| <i>calcium carbonate</i> | 11 |
| <i>calcium carbonate-</i> | 11 |
| <i>calcium carbonate (antacid) CHEW</i> | 2 |
| <i>calcium carbonate (antacid) SUSP</i> | 2 |
| <i>calcium carbonate-vitamin d</i> | 11 |
| CALCIUM CHEW..... | 11 |
| <i>calcium citrate</i> | 11 |
| <i>calcium polycarbophil</i> | 8 |
| <i>castor oil</i> | 4 |
| <i>castor oil 100 %</i> | 8 |
| CATHETER KIT | 10 |
| <i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i> | 4 |
| CHEMET | 2 |
| CHEMSTRIP-K STRP..... | 6 |
| CHERRY | 13 |
| CHERRY SYRUP | 13 |
| <i>chlorhexidine gluconate (mouth-throat)</i> | 12 |
| <i>chlorpheniramine maleate</i> | 3 |
| <i>chlorthalidone</i> | 7 |
| <i>cholecalciferol</i> | 16 |
| <i>cilostazol</i> | 7 |
| <i>clemastine fumarate</i> | 3 |
| <i>clindamycin hcl 150 MG, 300 MG</i> | 3 |
| <i>clindamycin palmitate hydrochloride</i> | 3 |
| <i>coal tar extract SHAM</i> | 6 |
| COMIRNATY | 15 |
| CORIFACT..... | 7 |
| <i>cromolyn sodium NEBU</i> | 2 |
| <i>cyanocobalamin SOLN IJ</i> | 8 |
| CYCLOGYL 0.5 %, 2 % | 13 |
| <i>cyclopentolate hcl 0.5 %, 1 %, 2 %</i> | 13 |
| <i>cyclophosphamide CAPS</i> | 3 |
| <i>cyproheptadine hcl</i> | 3 |

D

| | |
|--|----|
| <i>dapsone</i> | 3 |
| DAPTACEL | 14 |
| DENGVAXIA | 15 |
| DEPO-MEDROL SUSP (<i>methylprednisolone acetate</i>) | 4 |
| <i>desmopressin acetate</i> | 7 |
| <i>dexamethasone sodium phosphate</i> | 4 |
| <i>dexchlorpheniramine maleate</i> | 3 |

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|---|----|
| <i>dextromethorphan- doxylamine-</i> | 5 |
| <i>dextromethorphan- guaifenesin</i> | 5 |
| <i>dextromethorphan polistirex</i> | 4 |
| <i>dextromethorphan-phenylephrine-acetaminophen</i> | 5 |
| <i>dibucaine</i> | 6 |
| <i>dicyclomine hcl</i> | 14 |
| <i>digoxin</i> | 4 |
| <i>diphenhydramine hcl</i> | 3 |
| <i>diphenhydramine hcl (sleep)</i> | 8 |
| <i>diphenoxylate w/ atropine</i> | 2 |
| DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC ... | 14 |
| <i>disopyramide phosphate CAPS</i> | 2 |
| <i>docusate calcium</i> | 8 |
| <i>docusate sodium</i> | 8 |
| <i>dofetilide</i> | 2 |
| <i>droperidol SOLN 2.5 MG/ML</i> | 2 |
| DRYSOL SOLN | 6 |
| DUREX EXTRA..... | 9 |
| DUREX TROPICAL | 9 |

E

| | |
|--------------------------------------|----|
| ELLA | 4 |
| ELMIRON CAPS..... | 7 |
| EMCYT..... | 3 |
| ENGERIX-B..... | 15 |
| EPIFOAM FOAM | 6 |
| <i>epoprostenol sodium</i> | 4 |
| <i>ergocalciferol</i> | 16 |
| <i>ergoloid mesylates TABS</i> | 13 |
| <i>ethambutol hcl TABS</i> | 3 |
| <i>etoposide CAPS</i> | 4 |

F

| | |
|---|----|
| FABRAZYME | 7 |
| FANTASY | 9 |
| <i>ferrous fumarate</i> | 8 |
| <i>ferrous gluconate</i> | 8 |
| <i>ferrous sulfate</i> | 8 |
| FEVERALL..... | 1 |
| FIBRYGA | 7 |
| <i>flecainide acetate</i> | 2 |
| FLUAD | 15 |
| FLUBLOK..... | 15 |
| FLUCELVAX | 15 |
| FLUMIST NASAL | 15 |
| <i>fluocinolone acetonide (otic)</i> | 13 |
| <i>fluorouracil (topical)</i> | 5 |
| <i>flutamide</i> | 3 |
| FLUZONE | 15 |
| <i>folic acid TABS</i> | 8 |
| FORA GTEL BLOOD KETONE TEST STRIPS | 6 |
| FORA TEST N ¹ GO ADVANCE/VOICE/6 CONNECT | 6 |

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|--|---|
| <i>furosemide SOLN IJ 10 MG/ML</i> | 7 |
| <i>furosemide TABS</i> | 7 |

G

| | |
|---------------------------------------|----|
| GALAFOLD | 7 |
| GARDASIL 9 | 15 |
| GAUZE PADS | 9 |
| GAUZE PADS &..... | 9 |
| <i>glycerin (laxative) SUPP</i> | 8 |
| <i>glycopyrrolate TABS</i> | 14 |
| GOJJI BLOOD KETONE TEST STRIPS..... | 6 |
| <i>guaifenesin</i> | 5 |
| <i>guaifenesin-codeine</i> | 5 |

H

| | |
|--|----|
| HAVRIX | 15 |
| <i>heparin sodium (porcine) SOLN IJ</i> | 2 |
| HEPLISAV-B | 15 |
| HIBERIX..... | 14 |
| HYCAMTIN CAPS..... | 4 |
| <i>hydralazine hcl TABS</i> | 3 |
| <i>hydrochlorothiazide</i> | 7 |
| <i>hydrocodone bitartrate-homatropine methylbromide</i> .. | 5 |
| <i>hydrocortisone (rectal) EX 2.5 %</i> | 1 |
| <i>hydrocortisone w/acetic acid</i> | 13 |
| <i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i> | 2 |

I

| | |
|---|----|
| IMOVAX RABIES | 15 |
| INCRELEX | 7 |
| <i>indapamide</i> | 7 |
| INFANRIX | 14 |
| INSECT REPELLENT | 6 |
| INSPIREASE RESERVOIR BAGS | 11 |
| INSULIN PEN NEEDLE 29 G X 12 MM (1/2") | 10 |
| INSULIN PEN NEEDLE 29 G X 12.7 MM..... | 10 |
| INSULIN PEN NEEDLE 31 G X 5 MM (3/16") | 10 |
| INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")..... | 10 |
| INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")..... | 10 |
| INSULIN PEN NEEDLE 32 G X 4 MM (5/32") | 10 |
| INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")..... | 10 |
| INSULIN PEN NEEDLE 32 G X 6 MM (1/4") | 10 |
| INSULIN SYRINGE (DISP) U-100 1/2 ML | 10 |
| INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 1" ... | 10 |

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| INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 5/8" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1 ML 26 X 1/2" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2" | 10 |
| INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2" | 11 |
| INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 3/8" | 11 |
| INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" | 11 |
| INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" | 11 |
| IPOL | 15 |
| <i>isoniazid</i> | 3 |
| <i>isopropyl alcohol (skin cleanser)</i> | 6 |
| ISOPTO ATROPINE SOLN | 13 |
| ISTODAX SOLR (<i>romidepsin</i>) | 3 |
| IXCHIQ | 15 |
| IXIARO | 15 |

J

| | |
|------------------|----|
| JANSSEN COVID-19 | 15 |
| JYNARQUE TBPK | 7 |
| JYNNEOS | 15 |

K

| | |
|----------------------------|----|
| KALYDECO PACK | 13 |
| KALYDECO TABS | 13 |
| KAMELEON | 9 |
| KENALOG-10, 40 SUSP | 4 |
| KETONE STRP | 6 |
| KETONE TEST STRIPS STRP | 6 |
| KIMONO | 9 |
| KINRIX | 14 |
| KONSYL ORIGINAL FIBER POWD | 8 |
| K-Y ME & YOU | 9 |

L

| | |
|---|----|
| <i>lactic acid (ammonium lactate)</i> | 6 |
| <i>lactulose (encephalopathy)</i> | 7 |
| <i>lactulose SOLN</i> | 8 |
| LAGEVRIO | 4 |
| LANCET DEVICES | 10 |
| LANCETS | 10 |
| LANOXIN | 4 |
| <i>leucovorin calcium TABS</i> | 4 |
| LEUKERAN | 3 |
| <i>levetiracetam SOLN IV 500 MG/5ML</i> | 2 |
| <i>levocarnitine</i> | 7 |
| <i>levocarnitine TABS</i> | 13 |
| <i>levonorgestrel (emergency oc) 1.5 MG</i> | 4 |
| <i>lithium</i> | 4 |
| <i>lithium carbonate</i> | 4 |
| <i>l-methylfolate</i> | 6 |
| <i>l-methylfolate calcium</i> | 6 |
| LOHIST-D LIQD | 5 |
| <i>loperamide hcl</i> | 2 |
| LYSODREN | 3 |

M

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|--|----|
| <i>magnesium citrate</i> | 8 |
| <i>magnesium hydroxide</i> | 8 |
| <i>magnesium oxide (mg supplement) TABS 400 MG</i> | 11 |
| <i>magnesium oxide TABS 400 MG</i> | 2 |
| MATULANE | 4 |
| MAXX | 9 |
| <i>megestrol acetate</i> | 3 |
| <i>melphalan</i> | 3 |
| MENACTRA | 14 |
| MENQUADFI | 14 |
| MENVEO | 14 |
| <i>mercaptopurine TABS</i> | 3 |
| MESNEX TABS | 4 |
| <i>methazolamide</i> | 6 |
| <i>methimazole TABS</i> | 14 |
| <i>metolazone</i> | 7 |
| <i>metronidazole (topical)</i> | 6 |
| <i>mexiletine hcl</i> | 2 |
| midazolam hcl SOLN | 8 |
| <i>midodrine hcl</i> | 16 |
| MILK OF MAGNESIA CONCENTRATE | 8 |
| <i>mineral oil</i> | 8 |
| <i>minoxidil 2.5 MG, 10 MG</i> | 3 |
| <i>misoprostol</i> | 14 |
| M-M-R II | 15 |
| MODERNA COVID-19 | 15 |
| MOZOBI (i>plerixafor) | 8 |
| MULTIPLE VITAMIN TAB | 12 |
| MULTIPLE VITAMINS W/ IRON | 12 |

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|--|----|
| MULTIPLE VITAMINS W/ MINERALS..... | 12 |
| <i>mycophenolate mofetil hcl</i> | 11 |
| MYLERAN TABS | 3 |

N

| | |
|---------------------------------------|----|
| <i>niacin</i> | 16 |
| NORPACE..... | 2 |
| NOVA MAX PLUS KETONE TESTSTRIPS | 6 |
| NOVAVAX COVID-19 | 15 |

O

| | |
|---|----|
| OPTIONS GYNOL II VAGINALCONTRACEPTIVE..... | 16 |
| ORAL ELECTROLYTE SOLUTION | 11 |
| ORAL VEHICLES | 13 |
| ORAL VEHICLES - | 13 |
| ORAL VEHICLES - SUSP | 13 |
| ORALAIR ADULT STARTER PACK SUBL..... | 1 |
| ORALAIR SUBL..... | 1 |
| ORKAMBI PACK | 13 |
| ORKAMBI TABS..... | 13 |
| <i>oxymetazoline hcl SOLN (nasal)</i> | 13 |
| <i>oyster shell</i> | 11 |
| OYSTER SHELL CALCIUM/D | 11 |

P

| | |
|--|----|
| PAXLOVID | 4 |
| PEDIA-LAX SUPP..... | 8 |
| PEDIARIX | 14 |
| PEDIATRIC MULTIPLE VITAMIN | 13 |
| PEDIATRIC MULTIPLE VITAMIN W/ MINERALS | 12 |
| PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW TAB | 12 |
| PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML..... | 12 |
| PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE | 12 |
| PEDIATRIC MULTIPLE VITAMINS W/ IRON..... | 12 |
| PEDVAX HIB..... | 14 |
| <i>peg 3350-kcl-sod bicarb- sod chloride-sod sulfate SOLR</i> | 8 |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | 8 |
| PENBRAYA | 14 |
| <i>penicillamine</i> | 11 |
| PENTACE..... | 14 |
| <i>pentoxifylline</i> | 7 |
| PFIZER COVID-19..... | 15 |
| PFIZER-BIONTECH COVID-19..... | 15 |
| <i>phenazopyridine hcl</i> | 7 |
| <i>phenylephrine- doxylamine-dextromethorphan- acetaminophen</i> | 5 |
| <i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i> | 13 |
| <i>phenylephrine hcl (oral)</i> | 13 |

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| <i>phenylephrine hcl SOLN (nasal)</i> | 13 |
| <i>phenylephrine-chlorphen- dm</i> | 5 |
| <i>phenylephrine-dm</i> | 5 |
| <i>phytonadione</i> | 16 |
| <i>pilocarpine hcl (oral)</i> | 12 |
| <i>plerixafor</i> | 8 |
| PNEUMOVAX 23 | 14 |
| <i>podofilox SOLN</i> | 6 |
| <i>polyethylene glycol 3350</i> | 8 |
| <i>polyethylene glycol 3350 POWD</i> | 13 |
| <i>polyvinyl alcohol 1.4 %</i> | 13 |
| <i>polyvinyl alcohol-povidone (ophth)</i> | 13 |
| <i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i> | 11 |
| <i>potassium bicarbonate</i> | 11 |
| <i>potassium chloride</i> | 11 |
| <i>potassium citrate (alkalinizer)</i> | 7 |
| <i>potassium citrate-citric acid</i> | 7 |
| PRECISION XTRA | 6 |
| PREHEVBRIO..... | 15 |
| PREVNAR 13 | 14 |
| PREVNAR 20 | 14 |
| PRIORIX | 15 |
| PROGRAF SOLN | 11 |
| <i>promethazine-</i> | 5 |
| <i>promethazine & phenylephrine</i> | 5 |
| <i>promethazine w/codeine</i> | 5 |
| <i>promethazine-dm</i> | 5 |
| <i>propafenone hcl TABS</i> | 2 |
| <i>prophylthiouracil</i> | 14 |
| PROQUAD | 15 |
| <i>pseudoephed-bromphen- dm</i> | 5 |
| <i>pseudoephedrine- guaifenesin</i> | 5 |
| <i>pseudoephedrine hcl</i> | 13 |
| <i>pseudoephedrine- ibuprofen</i> | 5 |
| <i>psyllium</i> | 8 |
| PULMOZYME | 13 |
| PURIXAN SUSP..... | 3 |
| <i>pyrazinamide</i> | 3 |
| <i>pyridostigmine bromide</i> | 3 |
| <i>pyridoxine hcl</i> | 16 |

Q

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|----------------------------------|----|
| QUADRACEL..... | 14 |
| <i>quinidine gluconate</i> | 2 |
| <i>quinidine sulfate</i> | 2 |

R

| | |
|--------------------------------------|----|
| RABAVERT..... | 15 |
| REALITY LATEX..... | 9 |
| RECOMBIVAX HB | 15 |
| RELION KETONE TEST STRIPS STRP | 6 |

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|---|----|
| REMODULIN..... | 4 |
| RESPIRATORY THERAPY SUPPLIES - DEVICES | 11 |
| RIASTAP..... | 7 |
| <i>riboflavin</i> | 16 |
| <i>rifampin CAPS</i> | 3 |
| ROBINUL FORTE TABS (<i>glycopyrrolate</i>)..... | 14 |
| ROBINUL TABS (<i>glycopyrrolate</i>)..... | 14 |
| ROTARIX..... | 15 |
| ROTATEQ..... | 15 |

S

| | |
|---|----|
| <i>salicylic acid GEL 6 %</i> | 6 |
| <i>selenium sulfide LOTN 2.5 %</i> | 5 |
| SENNA..... | 8 |
| <i>sennosides</i> | 8 |
| <i>sennosides-docusate sodium</i> | 8 |
| SHINGRIX..... | 15 |
| <i>sildenafil citrate (pulmonary hypertension) SOLN</i> | 4 |
| <i>silver sulfadiazine</i> | 5 |
| <i>simethicone</i> | 7 |
| SIMPLE SYRUP..... | 13 |
| SIVEXTRO TABS..... | 3 |
| SM COLD & ALLERGY CHILDRENS LIQD..... | 5 |
| <i>sodium bicarbonate (antacid)</i> | 2 |
| <i>sodium chloride (gu irrigant) 0.9 %</i> | 7 |
| <i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i> | 5 |
| <i>sodium chloride flush</i> | 11 |
| <i>sodium chloride SOLN IV 0.9 %</i> | 11 |
| <i>sodium citrate & citric acid</i> | 7 |
| <i>sodium fluoride</i> | 11 |
| <i>sodium fluoride (dental)</i> | 12 |
| <i>sodium phosphates</i> | 8 |
| <i>sodium polystyrene sulfonate</i> | 11 |
| SORBITOL PR 70 %..... | 8 |
| SPACER/AEROSOL- HOLDING CHAMBERS - DEVICE..... | 11 |
| SPIKEVAX..... | 15 |
| SPIKEVAX COVID-19..... | 15 |
| <i>spironolactone & hydrochlorothiazide</i> | 6 |
| <i>spironolactone TABS</i> | 7 |
| STAMARIL..... | 15 |
| <i>sucralfate</i> | 14 |
| <i>sulfamethoxazole- trimethoprim</i> | 3 |
| SYMDEKO..... | 13 |
| SYNAGIS SOLN..... | 13 |
| SYRPALTA..... | 13 |
| SYRUP NF..... | 13 |

T

| | |
|--|----|
| TDVAX..... | 14 |
| TEMODAR SOLR..... | 3 |
| TENIVAC..... | 14 |
| TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT..... | 14 |

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|---|----|
| THEO-24 CP24..... | 2 |
| <i>theophylline</i> | 2 |
| <i>thiamine hcl</i> | 16 |
| <i>thiamine mononitrate</i> | 16 |
| TICOVAC..... | 15 |
| TIKOSYN (<i>dofetilide</i>)..... | 2 |
| <i>toremide TABS</i> | 7 |
| <i>tranexamic acid TABS</i> | 8 |
| TRECTOR..... | 3 |
| <i>treprostinil SOLN</i> | 4 |
| <i>tretinoin (chemotherapy)</i> | 4 |
| TRETTEN..... | 7 |
| <i>triamcinolone acetonide (mouth)</i> | 12 |
| <i>triamterene &</i> | 7 |
| <i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i> | 6 |
| <i>trifluridine</i> | 13 |
| TRIKAFTA TBPK..... | 14 |
| <i>trimethoprim TABS</i> | 3 |
| <i>tropicamide SOLN</i> | 13 |
| TRUE COVER..... | 9 |
| TRUMENBA..... | 14 |
| TRUSTEX..... | 9 |
| TWINRIX..... | 15 |
| TYPHIM VI..... | 14 |

U

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|-----------------------------|---|
| <i>urea CREA 40 %</i> | 6 |
| <i>urea LOTN 40 %</i> | 6 |

V

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|---|----|
| <i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i> | 2 |
| <i>vancomycin hcl SOLR IV 1 GM, 500 MG, 1000 MG</i> | 3 |
| VAQTA..... | 15 |
| VARIVAX..... | 15 |
| VAXCHORA..... | 14 |
| VAXELIS..... | 14 |
| VAXNEUVANCE..... | 14 |
| VCF VAGINAL CONTRACEPTIVE..... | 16 |
| <i>vitamin a</i> | 16 |
| <i>vitamin e</i> | 16 |
| VIVOTIF..... | 14 |

W

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|---|----|
| <i>white petrolatum-mineral oil</i> | 13 |
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Y

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|-------------|----|
| YF-VAX..... | 15 |
|-------------|----|

Z

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|--|----|
| <i>zinc oxide (topical) OINT</i> | 6 |
| <i>zinc sulfate CAPS</i> | 11 |