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/TDD: 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	
caffeine citrate SOLN OR	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	
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	

Drug Name	Requirements/ Limits
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	
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	

Drug Name	Requirements/ Limits
chlorpheniramine maleate SYRP	QL(60 ml daily)
chlorpheniramine maleate TABS	QL(120 ea per fill retail)
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	
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

Drug Name	Requirements/ Limits
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)*	
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	

Drug Name	Requirements/ Limits
hydrocodone bitartrate-homatropine methylbromide SOLN	QL(30 ml daily)
Cough/Cold/Allergy Combinations	
brompheniramine & phenyleph ELIX	QL(120 ml per fill retail)
brompheniramine & pseudoeph ELIX	QL(120 ml per fill retail)
brompheniramine & pseudoeph LIQD	QL(120 ml per fill retail)
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 retail); 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 retail)
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 retail)
fluorouracil (topical) CREA 5 %	QL(40 gm per fill retail)
fluorouracil (topical) SOLN	QL(10 ml per fill retail)
Antiseborrheic Products	
selenium sulfide LOTN 2.5 %	QL(120 ml per fill retail)
Burn Products	
silver sulfadiazine	

Drug Name	Requirements/ Limits
Corticosteroids - Topical	
EPIFOAM FOAM	
Emollient/Keratolytic Agents	
urea CREA 40 %	QL(210 gm per fill retail)
urea LOTN 40 %	QL(240 gm per fill retail)
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 retail)
Local Anesthetics - Topical	
dibucaine	QL(30 gm per fill retail)
Misc. Topical	
DRYSOL SOLN	
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 retail)
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

Drug Name	Requirements/ Limits
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

Drug Name	Requirements/ Limits
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)	
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

Drug Name	Requirements/ Limits
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
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	
sennosides SYRP 8.8 MG/5ML	
sennosides TABS	
Surfactant Laxatives	
docusate calcium	
docusate sodium CAPS	
docusate sodium LIQD	
docusate sodium SYRP	
docusate sodium TABS	

Drug Name	Requirements/ Limits
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/STUDDED 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	

Drug Name	Requirements/ Limits

Drug Name	Requirements/ Limits
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)
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

Drug Name	Requirements/ Limits
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	
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	
mycophenolate mofetil hcl	
PROGRAF SOLN	PA
Potassium Removing Agents	
sodium polystyrene sulfonate POWD	QL(454 gm per fill retail)
sodium polystyrene sulfonate SUSP OR 15 GM/60ML	
MOUTH/THROAT/DENTAL AGENTS	
Antiseptics - Mouth/Throat	
chlorhexidine gluconate (mouth-throat)	
Dental Products	

Drug Name	Requirements/ Limits
sodium fluoride (dental) CREA	QL(60 gm per fill retail)
sodium fluoride (dental) GEL	QL(60 gm per fill retail)
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	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/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
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

Drug Name	Requirements/ Limits
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 retail)
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	
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)	

Drug Name	Requirements/ Limits
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
ORKAMBI TABS	QL(4 ea daily); SP; PA
PULMOZYME	QL(5 ml daily); SP; PA
SYMDEKO	QL(2 ea daily); PA
TRIKAFTA TBPK	QL(3 ea daily); SP; PA

Drug Name	Requirements/ Limits
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)
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	

Drug Name	Requirements/ Limits
PNEUMOVAX 23 SOLN, SOSY	
PREVNAR 13	
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)

Drug Name	Requirements/ Limits
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)
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	

Drug Name	Requirements/ Limits
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	
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	
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	
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 retail)
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 retail)
thiamine hcl TABS	QL(100 ea per 34 days retail)
thiamine mononitrate TABS 100 MG	

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