



Maryland Physicians Care (MPC) Drug Coverage for Prescription Medications

Effective September 2025

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Introduction

Welcome to your guide to the Maryland Physicians Care (MPC) drug coverage for prescription medications. This booklet will provide you with information on the medications that are covered under the MPC formulary.

The formulary was developed by the MPC Pharmacy and Therapeutics Committee (P&T Committee) that is comprised of physicians from various medical specialties. The P&T Committee reviews new and existing medications to ensure the formulary remains responsive to the needs of our members and providers, as well as monitoring the safety, effectiveness and cost associated with all drug categories.

The formulary is the cornerstone of drug therapy quality assurance and cost containment efforts. The review process has been successfully used by hospitals and managed care organizations to provide a comprehensive and cost-effective formulary. As you use the formulary, we invite your suggestions to improve the format or content.

Formulary Medications

The formulary is a listing of medications marketed at the time of printing and intended for use by the health plan physicians and pharmacy providers. The first column of the chart lists the drug that is covered by the plan. Brand name drugs are capitalized (e.g., AMOXIL). Generic drugs are listed in lower case and italics (e.g., *amoxicillin*). The second column lists any requirements for the drug such as prior authorization (PA), quantity limits (QLL), step therapy (ST).

Injectable medications are only covered when noted on the formulary.

The formulary applies only to medications dispensed to outpatients by participating pharmacies.

The formulary does not apply to inpatient medications or to medications obtained from and administered by a physician.

Formulary Status

The Maryland Physicians Care formulary status information can be found online with the Formulary Search Tool available on the Maryland Physicians Care website available at <https://www.marylandphysicianscare.com/providers/approved-drug-benefits.html>

Mental Health Medications

Certain mental health medications are carved out for MPC and are payable as fee-for-service through Maryland Medical Assistance. Please refer to the following

website for a list of medications that are carved out and those that must be covered by MPC:

<https://health.maryland.gov/mmcp/pap/pages/paphome.aspx>

Substance Use Disorder Medications

Abuse deterrent medications are “carved out” for MPC and are payable as fee-for-service through Maryland Medical Assistance. Please refer to the following website for a list of medications that are carved out:

<https://health.maryland.gov/mmcp/pap/pages/paphome.aspx>

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Over-the-Counter, Non-prescription Medications Policy

Some over-the-counter (OTC) products are covered according to the MPC OTC list and will require a prescription.

Generic Drug Policy

Specific drugs, which have generic equivalents are covered at a generic reimbursement level and should be prescribed and dispensed in the generic form. Providers are reminded of the following:

1. When generic substitution conflicts with state regulations or restrictions, the pharmacist must gain approval from the prescribing physician to use the generic equivalent.
2. If a physician indicates “Dispense as Written” (DAW) and completes a MedWatch form to document any adverse effects caused by previous experience with at least 2 of the generic alternatives, MPC will pay for the brand name drug.

Unapproved Use of Medications

The member’s benefit handbook states medications will be eligible for coverage only if they are FDA approved medications used for non-experimental indications. Non-experimental indications include the labeled indication(s) (FDA-approved) and other indications accepted as effective by the balance of currently available scientific evidence and informed professional opinion.

Experimental and investigational drugs, and drugs used for cosmetic purposes are not eligible for coverage.

Drugs, which have Drug Efficiency Studies Implementation (DESI) status, are not covered by MPC.

Prescriptions for Non-Formulary Medications

The MPC P&T Committee has attempted to include medications from all therapeutic needs. If a patient requires medication that is not listed on the formulary, the physician may request an exception to allow payment for the medication. It is anticipated that such exceptions will be rare and physicians should be able to find a medication on the formulary for most therapeutic needs.

However, if a health care provider wishes that a member receive a medication not covered, he/she must submit a letter explaining the necessity, past therapeutic failures, and patient identification (name, address, and member id number). The P&T Committee will monitor prescriptions written in a non-conformance with the formulary and contact physicians who prescribe non-formulary products to request compliance.

Specialty Medications

Most Specialty Medications require prior authorization. Prior authorization forms can be downloaded from the MPC website at:

<https://www.marylandphysicianscare.com/providers/drug-benefits/medication-prior-authorization/>

Oncology Medications

MPC will no longer prior authorize oncology/chemotherapy & radiation oncology services without an Eviti code. Your office should have received notification to sign up for training. If you have not had training, please go to the website www.welcometoeviti.com and sign up for training in order to receive your pin# and learn how to access the web based system, Eviti®. If you have any additional questions, please call Eviti, Inc., our oncology vendor, at 1-888-678- 0990 (toll free).

Prior Authorization (PA)

Pharmacy Prior Authorization Request forms can be downloaded from the MPC website at <https://www.marylandphysicianscare.com/providers/drug-benefits/medication-prior-authorization/>

Quantity Limits (QL)

Certain formulary drugs may be prescribed only in limited quantities. Quantity limits are based on clinically approved prescribing guidelines to ensure safe and proper use. Drugs that have quantity limits are identified on the formulary in the third column with QL. In order to receive an override for a medication that has a quantity limit, please submit a request to MPC via fax at 833-896-0656 or call directly at

888-258-8250 . Prior Authorization forms can be downloaded from the MPC website at <https://www.marylandphysicianscare.com/providers/drug-benefits/>

Step Therapy (ST)

The ST program requires certain first-line drugs (generic drugs or other formulary drugs) be prescribed prior to approval of specific second-line drugs. If the prerequisite first-line agents have been filled, the member will be able to fill the prescription automatically, without requiring prior authorization. The ST requirements document can be downloaded from the MPC website at:

<https://www.marylandphysicianscare.com/providers/drug-benefits/>

Copayments

Effective 5/1/2024 Maryland Department of Health (MDH) is mandating Managed Care Organizations to charge copayments. Individuals under the age of 21, individuals residing in long-term care facilities, pregnant individuals and Native Americans will not be charged a copayment for their prescription medications. Family planning products and adult vaccines will also not require copayments. The following copayments are:

Up to \$3 copayment for non-preferred brand name drugs

Up to \$1 copayment for generic, preferred, and HIV/AIDs drugs

Formulary Additions

If there is a new or existing medication that you would like to have added to the formulary, you will need to complete the Drug Formulary Change Request Form and send to MPC for presentation to the P&T Committee. Forms are located in the MPC Provider Manual or you can call Provider Services at (800) 953-8854, to request a form. You will be notified in writing of the decision taken at the P&T Committee. The MPC P&T Committee meets on a quarterly basis.

Legend

Abbreviation:	Definition:
OTC	Over the counter
PA	Prior Authorization
QL	Quantity Limit
ST	Step Therapy

MPC Approved Drug List Effective 09/01/2025

Drug Name	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	
<i>clonidine hcl (adhd) tb12 .1mg</i>	PA; Covered under Fee-for-Service for age 6-17
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	PA; Covered under Fee-for-Service for age 6-17
AMINOGLYCOSIDES	
AMINOGLYCOSIDES	
<i>neomycin sulfate tabs 500mg</i>	
ANALGESICS - ANTI-INFLAMMATORY	
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	
ADALIMUMAB-ADBM AJKT 40MG/0.4ML, 40MG/0.8ML; PSKT 10MG/0.2ML, 20MG/0.4ML, 40MG/0.4ML, 40MG/0.8ML	PA
ADALIMUMAB-ADBM CROHNS/UC AJKT 40MG/0.8ML	PA
ADALIMUMAB-ADBM PSORIASIS AJKT 40MG/0.8ML	PA
ADALIMUMAB-ADBM STARTER P AJKT 40MG/0.4ML	PA
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	PA
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	PA
SIMLANDI PSKT 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML	PA
SIMLANDI 1-PEN KIT AJKT 40MG/0.4ML, 80MG/0.8ML	PA
SIMLANDI 2-PEN KIT AJKT 40MG/0.4ML	PA
YUSIMRY SOAJ 40MG/0.8ML	PA
ANTIRHEUMATIC - ENZYME INHIBITORS	
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	PA
XELJANZ XR TB24 11MG, 22MG	PA
GOLD COMPOUNDS	
RIDAURA CAPS 3MG	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
<i>celecoxib caps 50mg, 100mg, 200mg</i>	ST, QL (60 caps every 30 days)
<i>celecoxib caps 400mg</i>	ST, QL (30 caps every 30 days)
<i>diclofenac potassium tabs 50mg</i>	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	
<i>ec-naproxen tbec 375mg, 500mg</i>	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	
<i>flurbiprofen tabs 100mg</i>	

Drug Name	Requirements/Limits
<i>ibu tabs 400mg, 600mg, 800mg</i>	
<i>ibuprofen susp 100mg/5ml, 200mg/10ml; tabs 200mg</i>	OTC
<i>ibuprofen susp 100mg/5ml, 200mg/10ml; tabs 400mg, 600mg, 800mg</i>	
<i>indomethacin caps 25mg, 50mg; cpcr 75mg</i>	
<i>ketoprofen cp24 200mg</i>	
<i>ketorolac tromethamine tabs 10mg</i>	
<i>meclofenamate sodium caps 50mg, 100mg</i>	
<i>meloxicam tabs 7.5mg, 15mg</i>	
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen susp 125mg/5ml; tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	
<i>naproxen sodium tabs 275mg</i>	
<i>oxaprozin tabs 600mg</i>	
<i>piroxicam caps 10mg, 20mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	
<i>tolectin 600 tabs 600mg</i>	
<i>tolmetin sodium tabs 600mg</i>	
PYRIMIDINE SYNTHESIS INHIBITORS	
<i>leflunomide tabs 10mg, 20mg</i>	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	
ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	PA
ENBREL MINI SOCT 50MG/ML	PA
ENBREL SURECLICK SOAJ 50MG/ML	PA
ANALGESICS - NONNARCOTIC	
ANALGESIC COMBINATIONS	
<i>bac tab</i>	QL (240 tabs every 30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	QL (240 tabs every 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	QL (240 tabs every 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	QL (240 caps every 30 days)
ANALGESICS OTHER	
<i>acetaminophen caps 500mg; chew 80mg; liqd 160mg/5ml, 500mg/15ml, 1000mg/30ml; soln 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; tabs 325mg, 500mg; tbc 650mg; tbdp 80mg, 160mg</i>	OTC
SALICYLATES	
<i>aspirin tabs 325mg; tbec 81mg, 325mg</i>	OTC
<i>diflunisal tabs 500mg</i>	
<i>salsalate tabs 500mg, 750mg</i>	
ANALGESICS - OPIOID	
OPIOID AGONISTS	
CODEINE SULFATE TABS 15MG, 60MG	PA, QL (180 tabs every 30 days)

Drug Name	Requirements/Limits
<i>codeine sulfate tabs 30mg</i>	PA, QL (6 tabs every 1 day)
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	PA, QL (10 patches every 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg, 8mg</i>	PA, QL (120 tabs every 30 days)
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml</i>	PA, QL (120 mL every 30 days)
<i>methadone hcl tabs 5mg, 10mg</i>	PA
<i>methadone hydrochloride i conc 10mg/ml</i>	PA, QL (120 mL every 30 days)
<i>morphine sulfate soln 10mg/5ml</i>	PA, QL (45 mL every 30 days)
<i>morphine sulfate soln 20mg/5ml</i>	PA, QL (675 mL every 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	PA, QL (135 mL every 30 days)
<i>morphine sulfate supp 5mg, 10mg, 20mg, 30mg</i>	PA, QL (180 supp every 30 days)
<i>morphine sulfate tabs 15mg, 30mg</i>	PA, QL (90 tabs every 30 days)
<i>morphine sulfate tabs 15mg, 30mg</i>	PA, QL (90 tabs every 30 days)
<i>morphine sulfate tbc 15mg, 30mg, 60mg, 100mg</i>	PA, QL (60 tabs every 30 days)
<i>morphine sulfate tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	PA, QL (60 tabs every 30 days)
<i>oxycodone hcl conc 20mg/ml, 100mg/5ml</i>	PA, QL (180 mL every 30 days)
<i>oxycodone hcl soln 5mg/5ml</i>	PA, QL (20 mL every 30 days)
<i>oxycodone hcl tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	PA, QL (180 tabs every 30 days)
<i>oxycodone hcl tabs 5mg, 15mg, 30mg</i>	PA, QL (180 every 30 days)
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	PA, QL (60 tabs every 30 days)
<i>tramadol hcl tabs 25mg, 50mg, 100mg</i>	PA, QL (180 tabs every 130 days)
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	PA
OPIOID COMBINATIONS	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	PA, QL (1,000 mL every 30 days)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	PA, QL (1,000 mL every 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	PA, QL (240 tabs every 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	PA, QL (240 caps every 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	PA, QL (240 tabs every 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	PA, QL (240 tabs every 30 days)
<i>ascomp/cod cap 30mg</i>	PA, QL (240 caps every 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	PA, QL (240 caps every 30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	PA, QL (240 caps every 30 days)

Drug Name	Requirements/Limits
<i>endocet tab 2.5-325</i>	PA, QL (180 tabs every 30 days)
<i>endocet tab 5-325mg</i>	PA, QL (180 tabs every 30 days)
<i>endocet tab 7.5-325</i>	PA, QL (180 tabs every 30 days)
<i>endocet tab 10-325mg</i>	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	PA, QL (2750 mL every 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	PA, QL (240 tabs every 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	PA, QL (240 tabs every 30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	PA, QL (240 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	PA, QL (180 tabs every 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	PA

OPIOID PARTIAL AGONISTS

<i>butorphanol tartrate soln 10mg/ml</i>	PA, QL (1 bottle every 30 days)
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ANDROGENS-ANABOLIC

ANDROGENS

<i>danazol caps 50mg, 100mg, 200mg</i>	
<i>testosterone gel 1%, 50mg/5gm</i>	PA, QL (300 gm every 30 days)
<i>testosterone gel 1.62%</i>	PA, QL (150 gm every 30 days)
<i>testosterone gel 1.62%</i>	PA, QL (150 gm every 30 days)
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	PA, QL (150 gm every 30 days)
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	PA

Drug Name	Requirements/Limits
ANORECTAL AND RELATED PRODUCTS	
INTRARECTAL STEROIDS	
CORTIFOAM FOAM 10%	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	
RECTAL COMBINATIONS	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	
LIDO-HYDRO GEL 2.8-0.55	
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%</i>	
<i>lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%</i>	
PROCTOFOAM AER HC 1%	
RECTAL STEROIDS	
<i>hydrocortisone (rectal) crea 2.5%</i>	
<i>procto-med hc crea 2.5%</i>	
<i>proctosol hc crea 2.5%</i>	
<i>proctozone-hc crea 2.5%</i>	
VASODILATING AGENTS	
RECTIV OINT .4%	PA, QL (30 gm every 30 days)
ANTACIDS	
ANTACID COMBINATIONS	
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	OTC
ANTACIDS - ALUMINUM SALTS	
ALUMINUM HYDROXIDE SUSP 320MG/5ML	OTC
ANTACIDS - BICARBONATE	
SODIUM POW BICARBON	OTC
ANTACIDS - CALCIUM SALTS	
<i>calcium carbonate (antacid) chew 400mg, 500mg, 750mg, 1000mg</i>	OTC
ANTHELMINTICS	
ANTHELMINTICS	
BENZNIDAZOLE TABS 100MG	PA
<i>ivermectin tabs 3mg</i>	
<i>pyrantel pamoate susp 144mg/ml</i>	OTC
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	
<i>trimethoprim tabs 100mg</i>	

Drug Name	Requirements/Limits
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	
<i>sulfatrim pd sus 200-40/5</i>	
GLYCOPEPTIDES	
<i>vancomycin hcl caps 125mg, 250mg</i>	PA, QL (40 caps every 30 days)
LEPROSTATICS	
<i>dapsone tabs 25mg, 100mg</i>	
LINCOSAMIDES	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	
OXAZOLIDINONES	
<i>linezolid tabs 600mg</i>	PA
URINARY ANTI-INFECTIVES	
<i>methenamine hippurate tabs 1gm</i>	
<i>methenamine mandelate tabs .5gm, 1gm</i>	
<i>nitrofurantoin susp 25mg/5ml, 50mg/10ml</i>	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	
<i>nitrofurantoin monohyd macro caps 100mg</i>	
ANTIANGINAL AGENTS	
ANTIANGINALS-OTHER	
<i>ranolazine tb12 500mg, 1000mg</i>	
<i>ranolazine tb12 500mg, 1000mg</i>	
NITRATES	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	
<i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>	
NITRO-BID OINT 2%	
NITRO-DUR PT24 .1MG/HR, .2MG/HR, .3MG/HR, .4MG/HR, .6MG/HR, .8MG/HR	
<i>nitro-time cpcr 2.5mg, 6.5mg, 9mg</i>	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; subl .3mg, .4mg, .6mg</i>	
ANTIARRHYTHMICS	
ANTIARRHYTHMICS TYPE I-A	
<i>disopyramide phosphate caps 100mg, 150mg</i>	
<i>disopyramide phosphate caps 100mg, 150mg</i>	
<i>quinidine gluconate tbc 324mg</i>	
<i>quinidine sulfate tabs 200mg, 300mg</i>	
ANTIARRHYTHMICS TYPE I-B	
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	

Drug Name	Requirements/Limits
ANTIARRHYTHMICS TYPE I-C	
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	
ANTIARRHYTHMICS TYPE III	
<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	
MULTAQ TABS 400MG	PA
<i>pacerone tabs 100mg, 200mg</i>	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
ANTI-INFLAMMATORY AGENTS	
<i>cromolyn sodium nebu 20mg/2ml</i>	
BRONCHODILATORS - ANTICHOLINERGICS	
ATROVENT HFA AERS 17MCG/ACT	
INCRUSE ELLIPTA AEPB 62.5MCG/INH	QL (90 blisters every 90 days)
<i>ipratropium bromide soln .02%</i>	
LEUKOTRIENE MODULATORS	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
<i>zafirlukast tabs 10mg, 20mg</i>	ST
STERIOD INHALANTS	
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	QL (3 inhalers every 90 days)
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	QL (1 inhaler every 30 days)
QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT	QL (1 inhaler every 30 days)
SYMPATHOMIMETICS	
<i>albuterol sulfate aers 108mcg/act</i>	QL: 2 inhalers for children, 1 inhaler for adults
<i>albuterol sulfate aers 108mcg/act</i>	QL: 2 inhalers for children, 1 inhaler for adults
<i>albuterol sulfate nebu .63mg/3ml, 1.25mg/3ml</i>	ST
<i>albuterol sulfate nebu .083%, .5%, 2.5mg/0.5ml</i>	
ANORO ELLIPT AER 62.5-25	
ANORO ELLIPT AER 62.5-25	QL (60 blisters every 23 days)
BEVESPI AER 9-4.8MCG	
<i>breyna aer 80/4.5</i>	
<i>breyna aer 160/4.5</i>	
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	

Drug Name	Requirements/Limits
COMBIVENT AER 20-100	QL (1 inhaler every 30 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (1 inhaler every 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL (1 inhaler every 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL (1 inhaler every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	
STIOLTO AER 2.5-2.5	ST, QL (3 inhalers every 90 days)
STIOLTO AER 2.5-2.5	ST, QL (3 inhalers every 90 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	QL (1 inhaler every 30 days)
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	
TRELEGY AER 100MCG	
TRELEGY AER 100MCG	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	
TRELEGY AER 200MCG	QL (1 inhaler every 30 days)
<i>wixela inhub aer 100/50</i>	QL (1 inhaler every 30 days)
<i>wixela inhub aer 250/50</i>	QL (1 inhaler every 30 days)
<i>wixela inhub aer 500/50</i>	QL (1 inhaler every 30 days)
XANTHINES	
<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg</i>	
<i>theophylline tb12 300mg, 450mg; tb24 400mg, 600mg</i>	
ANTICOAGULANTS	
COUMARIN ANTICOAGULANTS	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
DIRECT FACTOR XA INHIBITORS	
ELIQUIS TABS 2.5MG, 5MG	PA
ELIQUIS STARTER PACK TBPk 5MG	PA
HEPARINS AND HEPARINOID-LIKE AGENTS	
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	
<i>fondaparinux sodium soln 2.5mg/0.5ml</i>	
<i>fondaparinux sodium soln 5mg/0.4ml</i>	QL (8.4 mL every 365 days)
<i>fondaparinux sodium soln 7.5mg/0.6ml</i>	QL (12.6 mL every 248 days)
<i>fondaparinux sodium soln 10mg/0.8ml</i>	QL (16.8 mL every 248 days)

Drug Name	Requirements/Limits
FRAGMIN SOLN 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML	
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	
THROMBIN INHIBITORS	
dabigatran etexilate mesylate caps 75mg, 110mg, 150mg	PA
ANTICONSULSANTS	
ANTICONSULSANTS - MISC.	
primidone tabs 50mg, 250mg	
HYDANTOINS	
DILANTIN CAPS 30MG	
phenytoin chew 50mg; susp 125mg/5ml	
phenytoin sodium extended caps 100mg	
SUCCINIMIDES	
ethosuximide caps 250mg; soln 250mg/5ml	
ANTIDIABETICS	
ALPHA-GLUCOSIDASE INHIBITORS	
acarbose tabs 25mg, 50mg, 100mg	
ANTIDIABETIC COMBINATIONS	
alogliptin-metformin hcl tab 12.5-500 mg	
alogliptin-metformin hcl tab 12.5-1000 mg	
alogliptin-pioglitazone tab 12.5-30 mg	
alogliptin-pioglitazone tab 25-15 mg	
alogliptin-pioglitazone tab 25-30 mg	
alogliptin-pioglitazone tab 25-45 mg	
glipizide-metformin hcl tab 2.5-250 mg	
glipizide-metformin hcl tab 2.5-500 mg	
glipizide-metformin hcl tab 5-500 mg	
glyburide-metformin tab 1.25-250 mg	
glyburide-metformin tab 2.5-500 mg	
glyburide-metformin tab 5-500 mg	
pioglitazone hcl-glimepiride tab 30-2 mg	QL (30 tabs every 30 days)
pioglitazone hcl-glimepiride tab 30-4 mg	QL (30 tabs every 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	
pioglitazone hcl-metformin hcl tab 15-850 mg	
SEGLUROMET TAB 2.5-500	
SEGLUROMET TAB 2.5-1000	
SEGLUROMET TAB 7.5-500	
SEGLUROMET TAB 7.5-1000	

Drug Name	Requirements/Limits
BIGUANIDES	
<i>metformin hcl tabs 500mg, 850mg, 1000mg; tb24 500mg</i>	
<i>metformin hcl tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg</i>	
DIABETIC OTHER	
BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
CVS GLUCOSE CHEW 4GM	OTC
CVS GLUCOSE CHW GRAPE	OTC
CVS GLUCOSE CHW ORANGE	OTC
CVS GLUCOSE CHW RASPBERRY	OTC
CVS SOFT GLUCOSE CHEW 4GM	OTC
FT GLUCOSE CHEW 4GM	OTC
<i>glucagon (rdna) kit 1mg</i>	
GLUCAGON EMERGENCY KIT FO SOLR 1MG/ML	
GLUCO TO GO CHEW 4GM	OTC
GLUCOSE CHEW 4GM	OTC
GLUCOSE CHW 4-.006GM	OTC
GLUCOSE CHW FRT PNCH	OTC
GLUCOSE CHW FRUIT	OTC
GLUCOSE CHW GRAPE	OTC
GLUCOSE CHW ORANGE	OTC
GLUCOSE CHW RASPBERRY	OTC
GLUCOSE CHW RASPBERRY	OTC
GLUCOSE CHW TROP FRT	OTC
GNP GLUCOSE CHEW 4GM	OTC
TRUEPLUS GLUCOSE CHEW 4GM	OTC
WALGREENS GLUCOSE CHEW 4GM	OTC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	
INCRETIN MIMETIC AGENTS	
<i>liraglutide sopn 6mg/ml, 18mg/3ml</i>	ST, PA
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML	ST, PA
RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG	ST
INSULIN	
ADMELOG SOLN 100UNIT/ML	
ADMELOG SOLOSTAR SOPN 100UNIT/ML	
HUMULIN INJ 70/30	OTC
HUMULIN N SUSP 100UNIT/ML	OTC
HUMULIN R SOLN 100UNIT/ML	OTC
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	

Drug Name	Requirements/Limits
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	
NOVOLIN70/30 INJ RELION	OTC
NOVOLIN INJ 70/30	OTC
NOVOLIN N SUSP 100UNIT/ML	OTC
NOVOLIN N RELION SUSP 100UNIT/ML	OTC
NOVOLIN R SOLN 100UNIT/ML	OTC
NOVOLIN R RELION SOLN 100UNIT/ML	OTC
REZVOGLAR KWIKPEN SOPN 100UNIT/ML	
INSULIN SENSITIZING AGENTS	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	QL (30 tabs every 30 days)
MEGLITINIDE ANALOGUES	
<i>nateglinide tabs 60mg, 120mg</i>	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
<i>dapagliflozin propanediol tabs 5mg, 10mg</i>	PA
STEGLATRO TABS 5MG, 15MG	
SULFONYLUREAS	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	
ANTIDIARRHEAL/PROBIOTIC AGENTS	
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.	
<i>bismuth subsalicylate susp 262mg/15ml, 525mg/15ml, 525mg/30ml, 527mg/30ml, 1050mg/30ml</i>	OTC
ANTIPERISTALTIC AGENTS	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
<i>loperamide hcl caps 2mg</i>	
<i>loperamide hcl caps 2mg; tabs 2mg</i>	OTC
ANTIEMETICS	
5-HT3 RECEPTOR ANTAGONISTS	
<i>granisetron hcl tabs 1mg</i>	PA
<i>ondansetron tbdp 4mg, 8mg</i>	QL (30 tabs every 30 days)
<i>ondansetron hcl soln 4mg/5ml</i>	QL (150 mL every 30 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	QL (30 tabs every 30 days)
ANTIEMETICS - ANTICHOLINERGIC	
<i>meclizine hcl chew 25mg; tabs 12.5mg, 25mg</i>	OTC
<i>meclizine hcl tabs 12.5mg, 25mg</i>	
<i>trimethobenzamide hcl caps 300mg</i>	

Drug Name	Requirements/Limits
ANTIEMETICS - MISCELLANEOUS	
doxylamine-pyridoxine tab delayed release 10-10 mg	
ANTIFUNGALS	
ANTIFUNGALS	
griseofulvin microsize susp 125mg/5ml; tabs 500mg	
griseofulvin ultramicrosize tabs 125mg, 250mg	
nystatin tabs 500000unit	
terbinafine hcl tabs 250mg	
IMIDAZOLE-RELATED ANTIFUNGALS	
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg	
itraconazole caps 100mg; soln 10mg/ml	PA
ketoconazole tabs 200mg	
ANTIHIISTAMINES	
ANTIHIISTAMINES - ALKYLAMINES	
chlorpheniramine maleate tabs 4mg; tbc 12mg	OTC
ANTIHIISTAMINES - ETHANOLAMINES	
clemastine fumarate tabs 2.68mg	
diphenhydramine hcl caps 25mg, 50mg; liqd 12.5mg/5ml, 25mg/10ml, 50mg/20ml; tabs 25mg	OTC
diphenhydramine hcl elix 12.5mg/5ml	
ANTIHIISTAMINES - NON-SEDATING	
cetirizine hcl chew 5mg, 10mg; soln 1mg/ml, 5mg/5ml; syr 1mg/ml, 5mg/5ml; tabs 5mg, 10mg	OTC
cetirizine hcl soln 1mg/ml, 5mg/5ml	
fexofenadine hcl susp 30mg/5ml; tabs 60mg, 180mg	OTC
loratadine soln 5mg/5ml; tabs 10mg; tbdp 10mg	OTC
ANTIHIISTAMINES - PHENOTHIAZINES	
promethazine hcl soln 6.25mg/5ml, 12.5mg/10ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg	
promethegan supp 12.5mg, 25mg, 50mg	
ANTIHIISTAMINES - PIPERIDINES	
cyproheptadine hcl syr 2mg/5ml; tabs 4mg	
ANTIHYPERLIPIDEMICS	
ANTIHYPERLIPIDEMICS - COMBINATIONS	
ezetimibe-simvastatin tab 10-10 mg	ST
ezetimibe-simvastatin tab 10-20 mg	ST
ezetimibe-simvastatin tab 10-40 mg	ST
ezetimibe-simvastatin tab 10-80 mg	ST
BILE ACID SEQUESTRANTS	
cholestyramine pack 4gm; powd 4gm/dose	
cholestyramine light pack 4gm; powd 4gm/dose	

Drug Name	Requirements/Limits
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	
colestipol hcl tabs 1gm	
prevalite pack 4gm; powd 4gm/dose	
FIBRIC ACID DERIVATIVES	
choline fenofibrate cpdr 45mg, 135mg	
choline fenofibrate cpdr 135mg	
fenofibrate tabs 48mg, 54mg, 145mg, 160mg	
fenofibrate micronized caps 67mg, 134mg, 200mg	
fenofibrate micronized caps 67mg, 134mg, 200mg	
gemfibrozil tabs 600mg	
HMG COA REDUCTASE INHIBITORS	
atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg	
atorvastatin calcium tabs 40mg	
lovastatin tabs 10mg, 20mg, 40mg	
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	
rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg	
rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg	
simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
ezetimibe tabs 10mg	ST
ANTIHYPERTENSIVES	
ACE INHIBITORS	
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	
captopril tabs 12.5mg, 25mg, 50mg, 100mg	
enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg	
fosinopril sodium tabs 10mg, 20mg, 40mg	
lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	
lisinopril tabs 10mg, 20mg	
moexipril hcl tabs 7.5mg, 15mg	
perindopril erbumine tabs 2mg, 4mg, 8mg	
quinapril hcl tabs 5mg, 10mg, 20mg, 40mg	
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	
ramipril caps 2.5mg, 5mg, 10mg	
trandolapril tabs 1mg, 2mg, 4mg	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg	
irbesartan tabs 75mg, 150mg, 300mg	
irbesartan tabs 150mg	
losartan potassium tabs 25mg, 50mg, 100mg	
valsartan tabs 40mg, 80mg, 160mg, 320mg	
valsartan tabs 40mg, 80mg, 160mg, 320mg	

Drug Name	Requirements/Limits
ANTIADRENERGIC ANTIHYPERTENSIVES	
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
<i>clonidine hcl tabs .1mg</i>	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	
<i>guanfacine hcl tabs 1mg, 2mg</i>	
<i>methyldopa tabs 250mg, 500mg</i>	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	
ANTIHYPERTENSIVE COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	QL (30 tabs every 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	QL (30 tabs every 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	QL (30 tabs every 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	QL (30 tabs every 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	QL (30 tabs every 30 days)
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	

Drug Name	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	
VASODILATORS	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>minoxidil tabs 2.5mg, 10mg</i>	
ANTIMALARIALS	
ANTIMALARIALS	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	
<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>mefloquine hcl tabs 250mg</i>	
<i>primaquine phosphate tabs 26.3mg</i>	

Drug Name	Requirements/Limits
PRIMAQUINE PHOSPHATE TABS 26.3MG	
<i>pyrimethamine tabs 25mg</i>	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
<i>pyridostigmine bromide tabs 60mg</i>	
ANTIMYCOBACTERIAL AGENTS	
ANTIMYCOBACTERIAL AGENTS	
<i>ethambutol hcl tabs 100mg, 400mg</i>	
<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	
PRIFTIN TABS 150MG	
<i>pyrazinamide tabs 500mg</i>	
<i>rifampin caps 150mg, 300mg</i>	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ANTIMETABOLITES	
<i>mercaptopurine tabs 50mg</i>	
<i>methotrexate sodium soln 1gm/40ml, 1000mg/40ml</i>	QL (0.1 vials every 21 days)
<i>methotrexate sodium soln 50mg/2ml</i>	QL (2 vials every 21 days)
<i>methotrexate sodium soln 50mg/2ml, 250mg/10ml; solr 1gm; tabs 2.5mg</i>	
<i>methotrexate sodium soln 250mg/10ml</i>	QL (0.4 vials every 21 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml</i>	
ANTINEOPLASTICS MISC.	
<i>hydroxyurea caps 500mg</i>	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	
ANTIPARKINSON AND RELATED THERAPY AGENTS	
ANTIPARKINSON COMT INHIBITORS	
<i>entacapone tabs 200mg</i>	
ANTIPARKINSON DOPAMINERGICS	
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	QL (90 tabs every 30 days)

Drug Name	Requirements/Limits
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	
ANTIPSYCHOTICS/ANTIMANIC AGENTS	
PHENOTHIAZINES	
<i>compro supp 25mg</i>	
<i>prochlorperazine supp 25mg</i>	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
ANTIVIRALS	
ANTIRETROVIRALS	
<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	PA
APTIVUS CAPS 250MG	PA
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	
BIKTARVY TAB	
CIMDUO TAB 300-300	
COMPLERA TAB	PA
<i>darunavir tabs 600mg, 800mg</i>	PA
DELSTRIGO TAB	PA
DESCOVY TAB 120-15MG	PA
DESCOVY TAB 200/25MG	PA
DOVATO TAB 50-300MG	PA
EDURANT TABS 25MG	PA
EDURANT PED TBSO 2.5MG	PA
<i>efavirenz tabs 600mg</i>	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	PA
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	
<i>emtricitabine caps 200mg</i>	PA
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i>	PA
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	
EMTRIVA CAPS 200MG; SOLN 10MG/ML	PA
<i>etravirine tabs 100mg, 200mg</i>	PA
EVOTAZ TAB 300-150	PA
<i>fosamprenavir calcium tabs 700mg</i>	PA
GENVOYA TAB	PA

Drug Name	Requirements/Limits
INTELENCE TABS 25MG, 100MG, 200MG	PA
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	
ISENTRESS HD TABS 600MG	
JULUCA TAB 50-25MG	PA
<i>lamivudine soln 10mg/ml, 300mg/30ml; tabs 150mg, 300mg</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i>	
<i>lopinavir-ritonavir tab 100-25 mg</i>	
<i>lopinavir-ritonavir tab 200-50 mg</i>	
<i>maraviroc tabs 150mg, 300mg</i>	PA
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg</i>	PA
NORVIR PACK 100MG	
ODEFSEY TAB	PA
PIFELTRO TABS 100MG	PA
PREZCOBIX TAB 800-150	PA
PREZISTA SUSP 100MG/ML; TABS 75MG, 150MG, 600MG, 800MG	PA
REYATAZ PACK 50MG	
<i>ritonavir tabs 100mg</i>	
RUKOBIA TB12 600MG	PA
SELZENTRY SOLN 20MG/ML; TABS 150MG, 300MG	PA
STRIBILD TAB	PA
SUNLENCA TABS 300MG; TBPK 300MG	
SYMFI TAB	
SYMTUZA TAB	PA
<i>tenofovir disoproxil fumarate tabs 300mg</i>	
TIVICAY TABS 50MG	
TIVICAY PD TBSO 5MG	
TRIUMEQ PD TAB	PA
TRIUMEQ TAB	PA
TRUVADA TAB 100-150	PA
TRUVADA TAB 133-200	PA
TRUVADA TAB 167-250	PA
TRUVADA TAB 200-300	PA
TYBOST TABS 150MG	
VIRACEPT TABS 250MG, 625MG	PA
VIREAD TABS 150MG, 200MG, 250MG	
YEZTUGO TABS 300MG	
<i>zidovudine caps 100mg; syrps 50mg/5ml; tabs 300mg</i>	
ANTIVIRAL COMBINATIONS	
PAXLOVID PAK	QL (22 tabs every 23 days)
PAXLOVID TAB 150-100	QL (20 tabs every 30 days)
PAXLOVID TAB 300-100	QL (30 tabs every 30 days)

Drug Name	Requirements/Limits
CMV AGENTS	
<i>valganciclovir hcl solr 50mg/ml</i>	PA
<i>valganciclovir hcl tabs 450mg</i>	
HEPATITIS AGENTS	
<i>adefovir dipivoxil tabs 10mg</i>	
BARACLUDE SOLN .05MG/ML	
<i>entecavir tabs .5mg, 1mg</i>	
<i>lamivudine (hbv) tabs 100mg</i>	
LEDIP-SOFOSB TAB 90-400MG	PA
MAVYRET PAK 50-20MG	PA; 1st-line (AASLD & IDSA)
MAVYRET TAB 100-40MG	PA; 1st-line (AASLD & IDSA)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	PA
<i>ribavirin (hepatitis c) caps 200mg</i>	ST, PA, QL (90 caps every 30 days)
<i>ribavirin (hepatitis c) tabs 200mg</i>	ST, PA, QL (90 tabs every 30 days)
SOFOS/VELPAT TAB 400-100	PA; 1st-line (AASLD & IDSA)
VEMLIDY TABS 25MG	PA
HERPES AGENTS	
<i>acyclovir caps 200mg; susp 200mg/5ml, 800mg/20ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>valacyclovir hcl tabs 1gm, 500mg, 1000mg</i>	
INFLUENZA AGENTS	
<i>oseltamivir phosphate caps 30mg</i>	QL (20 caps every 30 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	QL (10 caps every 30 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	QL (180 mL every 30 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	QL (3 inhalers every 113 days)
<i>rimantadine hydrochloride tabs 100mg</i>	
XOFLUZA TBPK 40MG, 80MG	
MISC. ANTIVIRALS	
LAGEVRIO CAPS 200MG	
BETA BLOCKERS	
ALPHA-BETA BLOCKERS	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
<i>carvedilol tabs 6.25mg, 12.5mg</i>	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
BETA BLOCKERS CARDIO-SELECTIVE	
<i>acebutolol hcl caps 200mg, 400mg</i>	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	
<i>betaxolol hcl tabs 10mg, 20mg</i>	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	

Drug Name	Requirements/Limits
metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg	
metoprolol tartrate tabs 25mg, 50mg, 100mg	
metoprolol tartrate tabs 25mg, 50mg, 100mg	
nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg	
BETA BLOCKERS NON-SELECTIVE	
nadolol tabs 20mg, 40mg, 80mg	
pindolol tabs 5mg, 10mg	
propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	
propranolol hcl tabs 20mg	
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	
sotalol hcl (afib/afib) tabs 80mg, 120mg, 160mg	
timolol maleate tabs 5mg, 10mg, 20mg	
CALCIUM CHANNEL BLOCKERS	
CALCIUM CHANNEL BLOCKERS	
amlodipine besylate tabs 2.5mg, 5mg, 10mg	
cartia xt cp24 120mg, 180mg, 240mg, 300mg	
dilt-xr cp24 120mg, 180mg, 240mg	
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg	
diltiazem hcl cp12 90mg	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	
felodipine tb24 2.5mg, 5mg, 10mg	
isradipine caps 2.5mg, 5mg	
nicardipine hcl caps 20mg, 30mg	
nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg	
nimodipine caps 30mg	
nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg	
VERAPAMIL HYDROCHLORIDE E CP24 100MG	
CARDIOTONICS	
CARDIAC GLYCOSIDES	
digoxin soln .05mg/ml	
digoxin tabs .125mg, 125mcg, 250mcg	

Drug Name	Requirements/Limits
CARDIOVASCULAR AGENTS - MISC.	
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	
ENTRESTO CAP 6-6MG	PA
ENTRESTO CAP 15-16MG	PA
ENTRESTO TAB 24-26MG	PA
ENTRESTO TAB 49-51MG	PA
ENTRESTO TAB 97-103MG	PA
<i>sacubitril-valsartan tab 24-26 mg</i>	
<i>sacubitril-valsartan tab 49-51 mg</i>	
<i>sacubitril-valsartan tab 97-103 mg</i>	
PROSTAGLANDIN VASODILATORS	
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	PA
TYVASO SOLN .6MG/ML	PA
TYVASO REFILL KIT SOLN .6MG/ML	PA
TYVASO STARTER KIT SOLN .6MG/ML	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	
<i>ambrisentan tabs 5mg, 10mg</i>	PA
<i>bosentan tabs 62.5mg, 125mg</i>	PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	
<i>alyq tabs 20mg</i>	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	PA
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	PA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR	
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	PA
TRANSTHYRETIN STABILIZERS	
VYNDAQEL CAPS 20MG	
CEPHALOSPORINS	
CEPHALOSPORINS - 1ST GENERATION	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
CEPHALOSPORINS - 2ND GENERATION	
<i>cefaclor caps 250mg, 500mg</i>	
CEFACLOR ER TB12 500MG	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	

Drug Name	Requirements/Limits
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	
CONTRACEPTIVES	
COMBINATION CONTRACEPTIVES - ORAL	
<i>afirmelle tab 0.1-0.02</i>	
<i>altavera tab</i>	
<i>alyacen tab 1/35</i>	
<i>alyacen tab 7/7/7</i>	
<i>amethyst tab 90-20mcg</i>	
<i>apri tab</i>	
<i>aranelle tab</i>	
<i>ashlyna tab</i>	
<i>aubra eq tab 0.1-0.02</i>	
<i>aurovela 24 tab fe 1/20</i>	
<i>aviane tab</i>	
<i>ayuna tab</i>	
<i>azurette tab</i>	
<i>balziva tab</i>	
<i>blisovi 24 tab fe 1/20</i>	
<i>blisovi fe tab 1/20</i>	
<i>briellyn tab</i>	
<i>camrese lo tab</i>	
<i>camrese tab</i>	
<i>chateal eq tab 0.15/30</i>	
<i>cryselle-28 tab 28 tabs</i>	
<i>dasetta tab 1/35</i>	
<i>dasetta tab 7/7/7</i>	
<i>daysee tab</i>	
<i>delyla tab 0.1-0.02</i>	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>dolishale tab 90-20mcg</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
<i>elinest tab</i>	
<i>enpresse-28 tab</i>	
<i>enskyce tab</i>	
<i>estarylla tab 0.25-35</i>	QL (336 tabs every 252 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>falmina tab</i>	

Drug Name	Requirements/Limits
<i>galbriela chw</i>	QL (336 ea every 252 days)
<i>hailey 24 tab fe</i>	
<i>iclevia tab</i>	
<i>introvale tab</i>	
<i>jolessa tab</i>	
<i>juleber tab</i>	
<i>junel 1.5/30 tab</i>	
<i>junel 1/20 tab</i>	
<i>junel fe 24 tab 1/20</i>	
<i>junel fe tab 1.5/30</i>	
<i>junel fe tab 1/20</i>	
<i>kaitlib fe chw</i>	QL (336 ea every 252 days)
<i>kariva tab 28 day</i>	
<i>kelnor tab 1/35</i>	
<i>kurvelo tab 0.15/30</i>	
<i>larin 24 tab fe 1/20</i>	
<i>larin fe tab 1.5/30</i>	
<i>larin fe tab 1/20</i>	
<i>larin tab 1.5/30</i>	
<i>larin tab 1/20</i>	
<i>leena tab</i>	
<i>lessina tab</i>	
<i>levonest tab</i>	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>levora-28 tab 0.15/30</i>	
<i>loryna tab 3-0.02mg</i>	
<i>low-ogestrel tab</i>	
<i>lutra tab</i>	
<i>marlissa tab 0.15/30</i>	
<i>microgestin tab 1.5/30</i>	
<i>microgestin tab 1/20</i>	

Drug Name	Requirements/Limits
<i>microgestin tab 1/20</i>	
<i>microgestin tab fe1.5/30</i>	
<i>microgestin tab fe 1/20</i>	
<i>mili tab 0.25/35</i>	QL (336 tabs every 252 days)
<i>mono-lynyah tab 0.25-35</i>	QL (336 tabs every 252 days)
<i>necon tab 0.5/35</i>	
<i>nikki tab 3-0.02mg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	QL (336 ea every 252 days)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	QL (336 tabs every 252 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	QL (336 tabs every 252 days)
<i>nortrel tab 0.5/35</i>	
<i>nortrel tab 1/35</i>	
<i>nortrel tab 7/7/7</i>	
<i>nylia tab 7/7/7</i>	
<i>ocella tab 3-0.03mg</i>	
<i>philith tab 0.4-35</i>	
<i>pimtrea tab</i>	
<i>portia-28 tab</i>	
<i>reclipsen tab</i>	
<i>rivelsa tab</i>	
<i>rosyrah tab</i>	
<i>setlakin tab</i>	
<i>sprintec 28 tab 28 day</i>	QL (336 tabs every 252 days)
<i>sronyx tab</i>	
<i>syeda tab 3-0.03mg</i>	
<i>tarina 24 fe tab</i>	
<i>tarina fe tab 1/20 eq</i>	
<i>tilia fe tab</i>	
<i>tri-estaryl tab</i>	QL (336 tabs every 252 days)
<i>tri-legest tab fe</i>	
<i>tri-lynyah tab</i>	QL (336 tabs every 252 days)
<i>tri-lo tab estaryl</i>	QL (336 tabs every 252 days)
<i>tri-lo- tab marzia</i>	QL (336 tabs every 252 days)
<i>tri-lo- tab sprintec</i>	QL (336 tabs every 252 days)
<i>tri-lo-mili tab</i>	QL (336 tabs every 252 days)
<i>tri-mili tab</i>	QL (336 tabs every 252 days)
<i>tri-sprintec tab</i>	QL (336 tabs every 252 days)

Drug Name	Requirements/Limits
<i>tri-vylibra tab</i>	QL (336 tabs every 252 days)
<i>tri-vylibra tab lo</i>	QL (336 tabs every 252 days)
<i>turqoz tab</i>	
<i>velivet pak</i>	
<i>vestura tab 3-0.02mg</i>	
<i>vestura tab 3-0.02mg</i>	
<i>vienva tab 0.1-20</i>	
<i>viorele tab</i>	
<i>vyfemla tab 0.4-35</i>	
<i>vylibra tab 0.25-35</i>	QL (336 tabs every 252 days)
<i>wera tab 0.5/35</i>	
<i>wymzya fe chw 0.4mg-35</i>	
<i>xarah fe tab</i>	
<i>zovia 1/35 tab</i>	
<i>zovia 1/35 tab</i>	
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	QL (39 ea every 274 days)
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	QL (39 patches every 274 days)
<i>xulane dis 150-35</i>	QL (39 ea every 274 days)
<i>xulane dis 150-35</i>	QL (39 patches every 274 days)
<i>zafemy dis 150/35</i>	QL (39 ea every 274 days)
<i>zafemy dis 150/35</i>	QL (39 patches every 274 days)
COMBINATION CONTRACEPTIVES - VAGINAL	
<i>eluryng mis</i>	QL (12 ea every 274 days)
<i>eluryng mis</i>	QL (12 rings every 274 days)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	QL (12 ea every 274 days)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	QL (12 rings every 274 days)
COPPER CONTRACEPTIVES - IUD	
PARAGARD IUD T380A	QL (1 IUD every 540 days)
EMERGENCY CONTRACEPTIVES	
ELLA TABS 30MG	QL (1 tab every 30 days)
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	QL (1 tab every 30 days), OTC
PLAN B ONE-STEP TABS 1.5MG	QL (1 tab every 30 days), OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS	
NEXPLANON IMPL 68MG	QL (1 ea every 540 days)

Drug Name	Requirements/Limits
PROGESTIN CONTRACEPTIVES - INJECTABLE	
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml</i>	QL (1 injection every 68 days)
<i>medroxyprogesterone acetate (contraceptive) susy 150mg/ml</i>	
PROGESTIN CONTRACEPTIVES - IUD	
KYLEENA IUD 19.5MG	QL (1 IUD every 540 days)
LILETTA IUD 20.1MCG/DAY	QL (1 IUD every 540 days)
MIRENA IUD 20MCG/DAY	QL (1 IUD every 540 days)
SKYLA IUD 13.5MG	QL (1 IUD every 540 days)
PROGESTIN CONTRACEPTIVES - ORAL	
<i>camila tabs .35mg</i>	
<i>deblitane tabs .35mg</i>	
<i>errin tabs .35mg</i>	
<i>heather tabs .35mg</i>	
<i>jencycla tabs .35mg</i>	
<i>lyza tabs .35mg</i>	
<i>nora-be tabs .35mg</i>	
<i>norethindrone (contraceptive) tabs .35mg</i>	
<i>sharobel tabs .35mg</i>	
CORTICOSTEROIDS	
GLUCOCORTICOSTEROIDS	
<i>budesonide tb24 9mg</i>	
CORTISONE ACETATE TABS 25MG	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	
PREDNISONE INTENSOL CONC 5MG/ML	
MINERALOCORTICOIDS	
<i>fludrocortisone acetate tabs .1mg</i>	
<i>fludrocortisone acetate tabs .1mg</i>	
COUGH/COLD/ALLERGY	
ANTITUSSIVES	
<i>benzonatate caps 100mg, 200mg</i>	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	

Drug Name	Requirements/Limits
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	
<i>hydromet syp 5-1.5/5</i>	
COUGH/COLD/ALLERGY COMBINATIONS	
ACTIDOM DMX LIQ	OTC
ACTINEL DM LIQ	OTC
BIOCOF LIQ	OTC
BIODESP DM SYP	OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	OTC
<i>chlorpheniramine & pseudoephedrine tab 4-60 mg</i>	OTC
<i>dextromethorphan-guaifenesin liquid 5-100 mg/5ml</i>	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	OTC
DOMETUSS-DMX LIQ	OTC
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	OTC
<i>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</i>	OTC
G-TRON DRO PEDIATRI	OTC
G-TRON PED LIQ	OTC
G-TUSICOF LIQ	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	OTC
LOHIST-D LIQ	OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	OTC
MUCINEX D TAB 60-600MG	OTC
MUCINEX D TAB 120-1200	OTC
MUCINEX FAST TAB 5-10-200	OTC
NIVANEX DMX TAB	OTC
<i>phenylephrine w/ dm-gg liqd 2.5-5-50 mg/ml</i>	OTC
<i>phenylephrine w/ dm-gg liqd 2.5-5-75 mg/5ml</i>	OTC
<i>phenylephrine w/ dm-gg liqd 2.5-5-100 mg/5ml</i>	OTC
<i>phenylephrine w/ dm-gg liqd 5-10-100 mg/5ml</i>	OTC
<i>phenylephrine w/ dm-gg liqd 5-10-200 mg/5ml</i>	OTC
<i>phenylephrine w/ dm-gg liqd 10-15-300 mg/5ml</i>	OTC
<i>phenylephrine w/ dm-gg syrup 5-10-100 mg/5ml</i>	OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
ROBITUSSIN LIQ CF	OTC
TUSICOF LIQ	OTC
TUSICOF TAB	OTC
TUSNEL DM LIQ	OTC
TUSSLIN LIQ PEDIATRI	OTC
VANACOF DM LIQ	OTC

Drug Name	Requirements/Limits
EXPECTORANTS	
GERI-TUSSIN SYRP 100MG/5ML	OTC
<i>guaifenesin liqd 100mg/5ml, 200mg/10ml, 300mg/15ml, 400mg/20ml; tb12 600mg</i>	OTC
MUCINEX TB12 600MG	OTC
MUCINEX MAXIMUM STRENGTH TB12 1200MG	OTC
MISC. RESPIRATORY INHALANTS	
<i>sodium chloride (inhalant) nebu .9%</i>	
MUCOLYTICS	
<i>acetylcysteine soln 10%, 20%</i>	
DERMATOLOGICALS	
ACNE PRODUCTS	
<i>adapalene crea .1%</i>	PA, QL (45 gm every 30 days)
<i>benzoyl peroxide crea 2.5%, 10%; gel 5%; liqd 2.5%, 5%</i>	OTC
<i>clindacin etz pledgets swab 1%</i>	QL (60 ea every 30 days)
<i>clindacin-p swab 1%</i>	QL (60 ea every 30 days)
<i>clindamycin phosphate (topical) gel 1%</i>	QL (150 gm every 30 days)
<i>clindamycin phosphate (topical) gel 1%</i>	QL (150 mL every 30 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	QL (120 mL every 30 days)
<i>clindamycin phosphate (topical) swab 1%</i>	QL (60 ea every 23 days)
<i>clindamycin phosphate (topical) swab 1%</i>	QL (60 ea every 30 days)
<i>ery pads 2%</i>	
<i>erythromycin (acne aid) gel 2%; soln 2%</i>	
<i>sulfacetamide sodium (acne) lotn 10%</i>	QL (236 mL every 30 days)
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	PA, QL (45 gm every 30 days)
<i>zenatane caps 10mg, 20mg, 30mg</i>	ST, QL (60 caps every 30 days)
<i>zenatane caps 40mg</i>	ST
ANTIBIOTICS - TOPICAL	
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	QL (60 gm every 30 days)
<i>mupirocin oint 2%</i>	QL (22 gm every 30 days)
<i>neomycin-bacitracin-polymyxin oint</i>	OTC
ANTIFUNGALS - TOPICAL	
<i>ciclodan soln 8%</i>	
<i>ciclopirox gel .77%</i>	QL (100 gm every 30 days)
<i>ciclopirox sham 1%</i>	QL (120 mL every 30 days)
<i>ciclopirox soln 8%</i>	
<i>ciclopirox olamine crea .77%</i>	QL (90 gm every 30 days)
<i>ciclopirox olamine susp .77%</i>	QL (60 mL every 30 days)
<i>clotrimazole (topical) crea 1%</i>	QL (45 gm every 30 days)
<i>clotrimazole (topical) crea 1%</i>	QL (45 gm every 30 days), OTC
<i>clotrimazole (topical) soln 1%</i>	QL (30 mL every 30 days)
<i>clotrimazole (topical) soln 1%</i>	QL (30 mL every 30 days), OTC

Drug Name	Requirements/Limits
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	QL (45 gm every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	QL (60 mL every 30 days)
<i>econazole nitrate crea 1%</i>	QL (85 gm every 30 days)
<i>ketoconazole (topical) crea 2%</i>	QL (60 gm every 30 days)
<i>ketoconazole (topical) crea 2%</i>	QL (60 gm every 30 days)
<i>ketoconazole (topical) sham 2%</i>	QL (120 mL every 30 days)
<i>miconazole nitrate (topical) crea 2%</i>	OTC
<i>nyamyc powd 100000unit/gm</i>	QL (180 gm every 30 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm</i>	QL (30 gm every 30 days)
<i>nystatin (topical) powd 100000unit/gm</i>	QL (180 gm every 30 days)
<i>nystop powd 100000unit/gm</i>	QL (180 gm every 30 days)
<i>terbinafine hcl (topical) crea 1%</i>	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	
ANTIPSORIATICS	
<i>calcipotriene crea .005%; oint .005%; soln .005%</i>	QL (120 gm every 30 days)
<i>calcitrene oint .005%</i>	QL (120 gm every 30 days)
<i>calcitriol (topical) oint 3mcg/gm</i>	
PYZCHIVA SOSY 45MG/0.5ML, 90MG/ML	PA
STEQEYMA SOSY 45MG/0.5ML, 90MG/ML	PA
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	PA
ANTISEBORRHEIC PRODUCTS	
<i>selenium sulfide lotn 2.5%; sham 2.25%</i>	
<i>sulfacetamide sodium liqd 10%</i>	QL (710 ml every 30 days)
ANTIVIRALS - TOPICAL	
ABREVA CREA 10%	QL (2 gm every 30 days), OTC
<i>acyclovir topical oint 5%</i>	ST, QL (30 gm every 30 days)
<i>penciclovir crea 1%</i>	QL (5 gm every 30 days)
BATH PRODUCTS	
ROBATHOL OIL	OTC
BURN PRODUCTS	
<i>silver sulfadiazine crea 1%</i>	
<i>ssd crea 1%</i>	
CORTICOSTEROIDS - TOPICAL	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	
<i>clobetasol propionate crea .05%</i>	QL (120 gm every 30 days)

Drug Name	Requirements/Limits
<i>clobetasol propionate crea .05%; gel .05%; oint .05%</i>	QL (120 gm every 30 days)
<i>clobetasol propionate foam .05%</i>	QL (100 gm every 30 days)
<i>clobetasol propionate lotn .05%</i>	QL (118 mL every 30 days)
<i>clobetasol propionate sham .05%</i>	QL (236 mL every 30 days)
<i>clobetasol propionate soln .05%</i>	QL (100 mL every 30 days)
<i>clobetasol propionate e crea .05%</i>	QL (120 gm every 30 days)
<i>clobetasol propionate emo crea .05%</i>	QL (120 gm every 30 days)
<i>clodan sham .05%</i>	QL (236 mL every 30 days)
<i>desonide crea .05%; lotn .05%; oint .05%</i>	
<i>desoximetasone crea .05%, .25%; gel .05%; oint .05%, .25%</i>	
<i>diflorasone diacetate crea .05%; oint .05%</i>	QL (120 gm every 30 days)
<i>diflorasone diacetate oint .05%</i>	QL (120 gm every 30 days)
<i>fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%</i>	
<i>fluocinonide crea .05%, .1%</i>	QL (120 gm every 30 days)
<i>fluocinonide crea .05%, .1%; gel .05%; oint .05%</i>	QL (120 gm every 30 days)
<i>fluocinonide soln .05%</i>	QL (120 mL every 30 days)
<i>fluocinonide soln .05%</i>	QL (120 mL every 30 days)
<i>fluocinonide emulsified base crea .05%</i>	QL (120 gm every 30 days)
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	
<i>halobetasol propionate crea .05%; oint .05%</i>	
HYDROCORTISONE CREA 1%	OTC
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%</i>	
<i>hydrocortisone (topical) crea .5%, 1%; lotn 1%; oint .5%, 1%</i>	OTC
<i>hydrocortisone butyrate crea .1%; oint .1%</i>	QL (120 gm every 30 days)
<i>hydrocortisone butyrate soln .1%</i>	QL (120 mL every 30 days)
<i>hydrocortisone valerate crea .2%; oint .2%</i>	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	
PRAMOSONE CRE 1-1%	
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%</i>	
EMOLLIENT/KERATOLYTIC AGENTS	
<i>urea crea 40%</i>	QL (200 gm every 30 days)
EMOLLIENTS	
<i>emollient oint 41%, 42%</i>	OTC
<i>emollient - ointment</i>	OTC
<i>glycerin (topical) liqd 99.5%</i>	OTC
<i>glycerin topical liquid</i>	OTC
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	OTC

Drug Name	Requirements/Limits
PETROLATUM OIN	OTC
IMMUNOMODULATING AGENTS - TOPICAL	
<i>imiquimod crea 5%</i>	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
<i>pimecrolimus crea 1%</i>	ST, QL (100 gm every 30 days)
<i>tacrolimus (topical) oint .03%, .1%</i>	ST, QL (100 gm every 30 days)
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS	
CONDYLOX GEL .5%	
PODOCON-25 SOLN 25%	PA
<i>podofilox soln .5%</i>	
<i>salicylic acid liqd 3%, 17%</i>	OTC
<i>salicylic acid wart remov liqd 27.5%</i>	
LOCAL ANESTHETICS - TOPICAL	
<i>capsaicin crea .025%, .1%</i>	OTC
<i>lidocaine oint 5%</i>	QL (200 gm every 30 days)
<i>lidocaine oint 5%</i>	QL (200 gm every 30 days)
<i>lidocaine ptch 4%</i>	PA, OTC
<i>lidocaine ptch 5%</i>	PA, QL (90 patches every 30 days)
<i>lidocaine hcl crea 3%; gel 2%; soln 4%</i>	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (30 gm every 30 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	
LIDOCARE ARM/NECK/LEG PTCH 4%	PA, OTC
LIDOCARE BACK/SHOULDER PTCH 4%	PA, OTC
<i>pramoxine hcl lotn 1%</i>	OTC
MISC. TOPICAL	
ABSORBASE OIN	OTC
ALOE VESTA PROTECTIVE OINT 43%	OTC
AMERIDERM PERISHIELD OINT 3.8%	OTC
AQUAGARD HYDRATING OINT 41%	OTC
AQUAPHOR LIP OIN REPAIR	OTC
CARMEX OIN LIP BALM	OTC
CHAPSTICK OVERNIGHT OINT 2%	OTC
CRITIC-AID CLEAR MOISTURE OINT 86.5%	OTC
FLEXITOL OIN LIP BALM	OTC
<i>isopropyl alcohol (skin cleanser) misc 70%</i>	OTC
NEOSPORIN LIP HEALTH OVER OINT 77.4%	OTC
PETROL JELLY OIN LIP TRTM	OTC
<i>skin protectants misc - cream</i>	OTC
<i>skin protectants misc - ointment</i>	OTC
<i>skin protectants, misc. oint 51.1%</i>	OTC
ULTRASMOOTH OIN FORTIFY	OTC
ULTRASMOOTH OIN NOURISH	OTC

Drug Name	Requirements/Limits
ULTRASMOOTH OIN REJUVENA	OTC
ULTRASMOOTH OIN SOOTHE	OTC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	
EUCRISA OINT 2%	QL (120 gm every 30 days)
ROSACEA AGENTS	
<i>azelaic acid gel 15%</i>	
<i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i>	
SCABICIDES & PEDICULICIDES	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	
<i>permethrin liqd 1%</i>	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	OTC
TAR PRODUCTS	
<i>coal tar extract sham .5%</i>	OTC
IONIL-T SHAM 1%	OTC
X-SEB T PEARL SHAM 10%	OTC
X-SEB T PLUS SHAM 10%	OTC
DIAGNOSTIC PRODUCTS	
DIAGNOSTIC TESTS	
ADVIN 1-PK KIT COVID-19	QL (8 kits every 30 days), OTC
ADVIN 2-PK KIT COVID-19	QL (8 kits every 30 days), OTC
ALBUSTIX TES	OTC
ANTIGEN TEST KIT 2-PACK	QL (8 kits every 30 days), OTC
ANTIGEN TEST KIT 8-PACK	QL (8 kits every 30 days), OTC
BINAXNOW COV KIT HOME TES	QL (8 kits every 30 days), OTC
CARESTART KIT COVID-19	QL (8 kits every 30 days), OTC
CHEMSTRIP 2 TES GP	OTC
CHEMSTRIP 2 TES LN	OTC
CHEMSTRIP 5 TES OB	OTC
CHEMSTRIP 7 TES	OTC
CHEMSTRIP 9 TES STRIPS	OTC
CHEMSTRIP 10 TES MD	OTC
CHEMSTRIP TES -10 SG	OTC
CHEMSTRIP TES MICRAL	OTC
CHEMSTRIP TES UGK	OTC
CLEARDETECT KIT COVID-19	QL (8 kits every 30 days), OTC
CLINITEST KIT SELF-TST	QL (8 kits every 30 days), OTC
COVID-19 AG KIT TEST	QL (8 kits every 30 days), OTC
COVID-19 AT- KIT 1-PACK	QL (8 kits every 30 days), OTC
COVID-19 AT- KIT 2-PACK	QL (8 kits every 30 days), OTC
COVID-19 KIT	QL (8 kits every 30 days), OTC
COVID-19 RAP KIT 1-PACK	QL (8 kits every 30 days), OTC

Drug Name	Requirements/Limits
COVID-19 RAP KIT 2-PACK	QL (8 kits every 30 days), OTC
CVS COVID-19 KIT HOME 2PK	QL (8 kits every 30 days), OTC
CVS KETONE TES CARE	OTC
DIASTIX TES REAGENT	OTC
DIASTIX TES STRIPS	OTC
DIATRUST KIT COVID-19	QL (8 kits every 30 days), OTC
ELLUME COV19 KIT HOME TES	QL (8 kits every 30 days), OTC
FASTEP 1-PK KIT COVID-19	QL (8 kits every 30 days), OTC
FASTEP 2-PK KIT COVID-19	QL (8 kits every 30 days), OTC
FASTEP 4-PK KIT COVID-19	QL (8 kits every 30 days), OTC
FASTEP 5-PK KIT COVID-19	QL (8 kits every 30 days), OTC
FASTEP 20-PK KIT COVID-19	QL (8 kits every 30 days), OTC
FASTEP 25-PK KIT COVID-19	QL (8 kits every 30 days), OTC
FLOWFLEX KIT TEST	QL (8 kits every 30 days), OTC
GOTOKNOW KIT ANTIGEN	QL (8 kits every 30 days), OTC
IHEALTH 2-PK KIT COVID-19	QL (8 kits every 30 days), OTC
IHEALTH 5-PK KIT COVID-19	QL (8 kits every 30 days), OTC
IHEALTH 40PK KIT COVID-19	QL (8 kits every 30 days), OTC
INDICAID KIT COVID-19	QL (8 kits every 30 days), OTC
INTELISWAB KIT COVID-19	QL (8 kits every 30 days), OTC
KETO-DIASTIX TES	OTC
KETONE TES	OTC
KETONE TEST TES	OTC
KETOSTIX TES STRIP	OTC
MULTISTIX 10 TES SG	OTC
OHC COVID-19 KIT ANTIGEN	QL (8 kits every 30 days), OTC
ON/GO COVID KIT ANTIGEN	QL (8 kits every 30 days), OTC
ON/GO ONE KIT COVID-19	QL (8 kits every 30 days), OTC
ONETOUCH TES ULT BLUE	QL (150 strips every 30 days), OTC
ONETOUCH TES ULTRA	QL (150 strips every 30 days), OTC
ONETOUCH TES VERIO	QL (150 strips every 30 days), OTC
OTC ANTIGENT KIT 1-PACK	QL (8 kits every 30 days), OTC
OTC ANTIGENT KIT 2-PACK	QL (8 kits every 30 days), OTC
PILOT COVID KIT HOME TES	QL (8 kits every 30 days), OTC
QUICKVUE HOM KIT COVID-19	QL (8 kits every 30 days), OTC
RAPID RESPON KIT COVID-19	OTC
RELION TES KETONE	OTC
SPEEDY SWAB KIT COVID-19	QL (8 kits every 30 days), OTC

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
DIURETICS	
CARBONIC ANHYDRASE INHIBITORS	
acetazolamide cp12 500mg; tabs 125mg, 250mg	
methazolamide tabs 25mg, 50mg	
DIURETIC COMBINATIONS	
amiloride & hydrochlorothiazide tab 5-50 mg	
spironolactone & hydrochlorothiazide tab 25-25 mg	
triamterene & hydrochlorothiazide cap 37.5-25 mg	
triamterene & hydrochlorothiazide tab 37.5-25 mg	
triamterene & hydrochlorothiazide tab 75-50 mg	
LOOP DIURETICS	
bumetanide tabs .5mg, 1mg, 2mg	
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	
furosemide tab 80 mg	
torsemide tabs 5mg, 10mg, 20mg, 100mg	
POTASSIUM SPARING DIURETICS	
amiloride hcl tabs 5mg	
spironolactone tabs 25mg, 50mg, 100mg	
THIAZIDES AND THIAZIDE-LIKE DIURETICS	
chlorthalidone tabs 25mg, 50mg	
chlorthalidone tabs 25mg, 50mg	
DIURIL SUSP 250MG/5ML	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	
indapamide tabs 1.25mg, 2.5mg	
metolazone tabs 2.5mg, 5mg, 10mg	
ENDOCRINE AND METABOLIC AGENTS - MISC.	
BONE DENSITY REGULATORS	
alendronate sodium tabs 10mg, 35mg	
alendronate sodium tabs 70mg	
calcitonin (salmon) soln 200unit/act	
calcitonin (salmon) soln 200unit/ml	PA
TYMLOS SOPN 3120MCG/1.56ML	PA
GROWTH HORMONES	
OMNITROPE SOCT 5MG/1.5ML, 10MG/1.5ML; SOLR 5.8MG	PA
HORMONE RECEPTOR MODULATORS	
raloxifene hcl tabs 60mg	

Drug Name	Requirements/Limits
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)	
INCRELEX SOLN 40MG/4ML	PA
METABOLIC MODIFIERS	
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	
levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg	
nitisinone caps 2mg, 5mg, 10mg, 20mg	PA
PALYNZIQ SOSY 2.5MG/0.5ML, 10MG/0.5ML, 20MG/ML	PA
paricalcitol caps 1mcg, 2mcg, 4mcg	ST
TRYNGOLZA SOAJ 80MG/0.8ML	PA
POSTERIOR PITUITARY HORMONES	
desmopressin acetate tabs .1mg, .2mg	
desmopressin acetate spray soln .01%	
desmopressin acetate spray refrigerated soln .01%, .1mg/ml	
PROLACTIN INHIBITORS	
cabergoline tabs .5mg	
ESTROGENS	
ESTROGEN COMBINATIONS	
COMBIPATCH DIS	
est estrogen tab mtest hs	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	
estratest fs tab 1.25-2.5	
estratest hs tab	
estrog/mtest tab 1.25-2.5	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
PREMPHASE TAB	
PREMPRO TAB	
PREMPRO TAB 0.3-1.5	
PREMPRO TAB 0.45-1.5	
PREMPRO TAB 0.625-5	
ESTROGENS	
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	QL (4 patches per 28 days)
estradiol tabs .5mg, 1mg, 2mg	
FLUOROQUINOLONES	
FLUOROQUINOLONES	
ciprofloxacin hcl tabs 250mg, 500mg, 750mg	

Drug Name	Requirements/Limits
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hcl tabs 400mg</i>	
<i>ofloxacin tabs 400mg</i>	
GASTROINTESTINAL AGENTS - MISC.	
ANTIFLATULENTS	
<i>simethicone chew 80mg; liqd 20mg/0.3ml; susp 20mg/0.3ml, 40mg/0.6ml</i>	OTC
GALLSTONE SOLUBILIZING AGENTS	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	
<i>lubiprostone caps 8mcg, 24mcg</i>	
GASTROINTESTINAL STIMULANTS	
<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg</i>	
INFLAMMATORY BOWEL AGENTS	
<i>mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 800mg</i>	
<i>mesalamine w/ cleanser kit 4gm</i>	
PYZCHIVA SOLN 130MG/26ML	PA
STEQEYMA SOLN 130MG/26ML	PA
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	
USTEKINUMAB-TTWE SOLN 130MG/26ML	PA
YESINTEK SOLN 130MG/26ML	PA
INTESTINAL ACIDIFIERS	
<i>enulose soln 10gm/15ml</i>	
<i>generlac soln 10gm/15ml</i>	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	
VIBERZI TABS 75MG, 100MG	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	
MOVANTIK TABS 12.5MG, 25MG	PA, QL (30 tabs every 30 days)
PHOSPHATE BINDER AGENTS	
<i>calcium acetate (phosphate binder) tabs 667mg</i>	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	
<i>sevelamer hcl tabs 400mg, 800mg</i>	
GENITOURINARY AGENTS - MISCELLANEOUS	
ACIDIFIERS	
K-PHOS TAB NO 2	
ALKALINIZERS	
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg, 1620mg</i>	

Drug Name	Requirements/Limits
HYPEROXALURIA AGENTS	
RIVFLOZA SOLN 80MG/0.5ML; SOSY 128MG/0.8ML, 160MG/ML	PA
INTERSTITIAL CYSTITIS AGENTS	
ELMIRON CAPS 100MG	
PROSTATIC HYPERTROPHY AGENTS	
<i>alfuzosin hcl tb24 10mg</i>	
<i>finasteride tabs 5mg</i>	
<i>tamsulosin hcl caps .4mg</i>	QL (60 caps every 30 days)
URINARY ANALGESICS	
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	
GOUT AGENTS	
GOUT AGENTS	
<i>allopurinol tabs 100mg, 300mg</i>	
<i>colchicine tabs .6mg</i>	QL (120 tabs every 30 days)
<i>febuxostat tabs 40mg, 80mg</i>	ST
URICOSURICS	
<i>probenecid tabs 500mg</i>	
HEMATOLOGICAL AGENTS - MISC.	
ANTIHEMOPHILIC PRODUCTS	
QFITLIA SOAJ 50MG/0.5ML; SOLN 20MG/0.2ML	PA
COMPLEMENT INHIBITORS	
FABHALTA CAPS 200MG	PA
HEMATOLOGICAL ENZYMES - MISC	
ADZYNMA KIT 500UNIT, 1500UNIT	
HEMATORHEOLOGIC AGENTS	
<i>pentoxifylline tbc 400mg</i>	
PLATELET AGGREGATION INHIBITORS	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
<i>clopidogrel bisulfate tabs 75mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>prasugrel hcl tabs 5mg, 10mg</i>	
<i>ticagrelor tabs 60mg, 90mg</i>	
HEMATOPOIETIC AGENTS	
AGENTS FOR SICKLE CELL DISEASE	
DROXIA CAPS 200MG, 300MG, 400MG	
LYFGENIA SUS	PA
COBALAMINS	
<i>cyanocobalamin soln 1000mcg/ml</i>	
NASCOBAL SOLN 500MCG/0.1ML	

Drug Name	Requirements/Limits
FOLIC ACID/FOLATES	
<i>folic acid caps .8mg, 800mcg; tabs 1mg, 400mcg, 800mcg</i>	OTC
<i>folic acid soln 5mg/ml; tabs 1mg</i>	
HEMATOPOIETIC GROWTH FACTORS	
DOPTelet TABS 20MG	PA
MULPLETA TABS 3MG	PA
IRON	
FEOSOL TABS 200MG	OTC
FERROUS GLUCONATE TABS 324MG	OTC
<i>ferrous sulfate soln 15mg/ml, 220mg/5ml, 300mg/5ml; tabs 65mg, 325mg; tbec 325mg</i>	OTC
<i>ferrous sulfate dried tabs 200mg</i>	OTC
HEMOSTATICS	
HEMOSTATICS - SYSTEMIC	
<i>tranexamic acid tabs 650mg</i>	QL (30 tabs every 30 days)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
BARBITURATE HYPNOTICS	
<i>phenobarbital elix 20mg/5ml, 30mg/7.5ml, 60mg/15ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
LAXATIVES	
BULK LAXATIVES	
CVS DAILY FIBER PACK 58.6%	OTC
KONSYL DAILY FIBER PACK 100%	OTC
METAMUCIL 4 IN 1 FIBER POWD 55.6%	OTC
<i>psyllium caps .52gm, 400mg; powd 28.3%, 43%, 51.7%, 58.6%, 95%, 100%</i>	OTC
<i>psyllium cap 400 mg</i>	OTC
<i>psyllium powder 100%</i>	OTC
LAXATIVE COMBINATIONS	
<i>gavilyte-c sol</i>	
<i>gavilyte-g sol</i>	
<i>gavilyte-n sol flav pk</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
LAXATIVES - MISCELLANEOUS	
<i>constulose soln 10gm/15ml</i>	
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	
MIRALAX MIX-IN PAX PACK 17GM	OTC
<i>polyethylene glycol 3350 pack 17gm; powd 17gm/scoop</i>	OTC
SORBITOL SOLN 70%	OTC

Drug Name	Requirements/Limits
STIMULANT LAXATIVES	
<i>castor oil oil 100%</i>	OTC
FLEET BISACODYL ENEM 10MG/30ML	OTC
SENNA SYRP 176MG/5ML	OTC
<i>sennosides chew 15mg; liqd 8.8mg/5ml; syrp 8.8mg/5ml; tabs 8.6mg, 25mg</i>	OTC
SURFACTANT LAXATIVES	
<i>docusate sodium caps 100mg; tabs 100mg</i>	OTC
MACROLIDES	
AZITHROMYCIN	
<i>azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	
CLARITHROMYCIN	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	
ERYTHROMYCINS	
<i>e.e.s. 400 tabs 400mg</i>	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml</i>	
MEDICAL DEVICES AND SUPPLIES	
CONTRACEPTIVES	
AIMSCO MIS LUBRICAT	OTC
COLOR CONDOM MIS + LUBE	OTC
DUREX EXTRA MIS SENSITIV	OTC
DUREX MIS TROPICAL	OTC
FANTASY LUBR MIS	OTC
FANTASY LUBR MIS COLORS	OTC
FANTASY LUBR MIS SPERMICI	OTC
FANTASY MIS LUBRICAT	OTC
KAMELEON LUB MIS COLORS	OTC
KAMELEON MIS TRI-COLR	OTC
KIMONO COLOR MIS	OTC
KIMONO MAXX MIS LG FLARE	OTC
KIMONO MICRO MIS THIN	OTC
KIMONO MICRO MIS THIN +	OTC
KIMONO MICRO MIS THIN PLS	OTC
KIMONO MIS LUBRICAT	OTC
KIMONO MIS SENSATIO	OTC
KIMONO PLUS MIS LUBRICAT	OTC
KIMONO PLUS MIS SPERMICI	OTC
KIMONO PS MIS LUBRICAT	OTC

Drug Name	Requirements/Limits
KIMONO PS MIS PLUS	OTC
KIMONO SENA MIS PLUS	OTC
KIMONO SPEC MIS	OTC
MAXX MIS LUBRICAT	OTC
MAXX PLUS MIS SPERMICI	OTC
NATURAL COND MIS + LUBE	OTC
REALITY MIS LUBRICAT	OTC
REALITY ULTR MIS TEXTURED	OTC
REALITY ULTR MIS THIN	OTC
TROJAN MAGN MIS	OTC
TROJAN MIS ENZ	OTC
TROJAN ULTRA MIS RIBBED	OTC
TROJAN ULTRA MIS THIN	OTC
TROJAN-ENZ MIS LUBRICAT	OTC
TROJAN-ENZ MIS W/SPERMI	OTC
TRUE COVER MIS CONDOM	OTC
TRUSTEX LUBR MIS ASSORTED	OTC
TRUSTEX LUBR MIS BANANA	OTC
TRUSTEX LUBR MIS CHOC	OTC
TRUSTEX LUBR MIS COLA	OTC
TRUSTEX LUBR MIS COLORS	OTC
TRUSTEX LUBR MIS EX LARGE	OTC
TRUSTEX LUBR MIS EX STR	OTC
TRUSTEX LUBR MIS GRAPE	OTC
TRUSTEX LUBR MIS MINT	OTC
TRUSTEX LUBR MIS RIB/STUD	OTC
TRUSTEX LUBR MIS SPERMICI	OTC
TRUSTEX LUBR MIS STRWBRY	OTC
TRUSTEX LUBR MIS VANILLA	OTC
TRUSTEX MIS BANANA	OTC
TRUSTEX MIS CHOCOLAT	OTC
TRUSTEX MIS FLAVORS	OTC
TRUSTEX MIS MINT	OTC
TRUSTEX MIS STRWBRY	OTC
TRUSTEX MIS VANILLA	OTC
TRUSTEX/RIA MIS LUBRICAT	OTC
TRUSTEX/RIA MIS NON-LUB	OTC
TRUSTEX/RIA MIS SPERMICI	OTC
TRUSTX NON-9 MIS RIB/STUD	OTC
WIDE-SEAL SILICONE DIAPHR DPRH 2%	
DIABETIC SUPPLIES	
ACCU-CHEK KIT FASTCLIX	OTC
ACCU-CHEK KIT SOFTCLIX	OTC

Drug Name	Requirements/Limits
ACTI-LANCE MIS 28G	OTC
ACTI-LANCE MIS LITE 28G	OTC
ACTI-LANCE MIS SPEC 17G	OTC
ACTI-LANCE MIS UNIV 23G	OTC
ADV LANCING MIS DEVICE	OTC
ADVCATE SAFE MIS LANC 21G	OTC
ADVCATE SAFE MIS LANC 23G	OTC
ADVCATE SAFE MIS LANC 26G	OTC
ADVCATE SAFE MIS LANC 28G	OTC
ADVOCATE MIS LANC 30G	OTC
ADVOCATE MIS LANC DEV	OTC
ADVOCATE MIS LANCETS	OTC
AGAMATRIX MIS 33G	OTC
AIMSCO TWIST MIS 32G	OTC
AIMSCO TWIST MIS 33G	OTC
AQUALANCE MIS 30G	OTC
ASSURE CMFRT MIS 28G	OTC
ASSURE LANCE MIS 21G	OTC
ASSURE LANCE MIS 28G	OTC
ASSURE LANCE MIS LOW FLOW	OTC
ASSURE LANCE MIS MICRO	OTC
ASSURE LANCE MIS SAFE 25G	OTC
ASSURE LANCE MIS SAFE 30G	OTC
AURORA LANCE MIS 30G	OTC
AURORA LANCE MIS THIN 23G	OTC
AUTO LANCET MIS	OTC
AUTO-LANCET MIS	OTC
AUTO-LANCET MIS MINI	OTC
AUTOLET LANC MIS DEVICE	OTC
AUTOLET LITE MIS LANCING	OTC
AUTOLET MINI MIS	OTC
AUTOLET PLAT MIS 1.8MM	OTC
AUTOLET PLAT MIS 2.4MM	OTC
AUTOLET PLAT MIS 3.0MM	OTC
AUTOLET PLUS MIS	OTC
BD MICROTAIN MIS LANCETS	
BD MICROTAIN MIS LANCETS	OTC
CARDIOCOM MIS LANCING	OTC
CAREONE ADV MIS LANCING	OTC
CAREONE LANC MIS 30G	OTC
CAREONE LANC MIS THIN 23G	OTC
CARESENS 30G MIS LANCETS	OTC
CARETOUCH MIS EJECTOR	OTC
CARETOUCH MIS LANC 26G	OTC

Drug Name	Requirements/Limits
CARETOUCH MIS LANC 28G	OTC
CARETOUCH MIS LANC 30G	OTC
CARETOUCH MIS TWIST 28	OTC
CARETOUCH MIS TWIST 30	OTC
CARETOUCH MIS TWIST 33	OTC
CHOSEN MIS 30G	OTC
CHOSEN MIS LANCING	OTC
CHOSEN MIS SAFE 28G	OTC
CLEANLET 28G MIS LANCETS	OTC
CLEVER CHECK MIS	OTC
CLEVER CHECK MIS 30G	OTC
COAGUCHEK MIS LANCETS	OTC
COMFORT ASSU MIS LANC 28G	OTC
COMFORT ASSU MIS LANC 33G	OTC
COMFORT EZ MIS 21G	OTC
COMFORT EZ MIS 23G	OTC
COMFORT EZ MIS 28G	OTC
COMFORT TCH MIS LANC 28G	OTC
COMFORT TCH MIS LANC 30G	OTC
COMFORTOUCH MIS LANCET	OTC
CVS LANCETS MIS ORIGINAL	OTC
CVS LANCETS MIS THIN 26G	OTC
CVS LANCING MIS DEVICE	OTC
DEXCOM G6 MIS SENSOR	QL (3 boxes every 30 days)
DEXCOM G7 MIS SENSOR	QL (3 boxes every 30 days)
DIATHRIVE MIS LANCETS	OTC
DIATHRIVE MIS LANCING	OTC
DIATHRIVE MIS UT 30G	OTC
DROPLET GENT MIS LANCING	OTC
DROPLET LANC MIS 30G	OTC
DROPLET LANC MIS DEVICE	OTC
DROPLET PERS MIS LANC 30G	OTC
DROPSAFE MIS LANC 23G	OTC
EASY COMFORT MIS 30G	OTC
EASY COMFORT MIS LANC/30G	OTC
EASY COMFORT MIS TWIST	OTC
EASY MINI MIS	OTC
EASY MINI MIS EJECT	OTC
EASY TOUCH MIS	OTC
EASY TOUCH MIS /EJECTOR	OTC
EASY TOUCH MIS LANC/21G	OTC
EASY TOUCH MIS LANC/23G	OTC
EASY TOUCH MIS LANC/26G	OTC
EASY TOUCH MIS LANC/28G	OTC

Drug Name	Requirements/Limits
EASY TOUCH MIS LANC/30G	OTC
EASY TOUCH MIS LANC/32G	OTC
EASY TOUCH MIS P-AC/21G	OTC
EASY TOUCH MIS P-AC/23G	OTC
EASY TOUCH MIS P-AC/26G	OTC
EASY TOUCH MIS P-AC/28G	OTC
EASY TOUCH MIS P-AC/30G	OTC
EASY TOUCH MIS TWST/28G	OTC
EASY TOUCH MIS TWST/30G	OTC
EASY TOUCH MIS TWST/32G	OTC
EASY TOUCH MIS TWST/33G	OTC
EMBRACE LANC MIS 21G	OTC
EMBRACE LANC MIS 28G	OTC
EMBRACE LANC MIS /EJECTOR	OTC
EMBRACE LANC MIS THIN 30G	OTC
ENLITE GLUCO MIS SENSOR	QL (5 boxes every 30 days)
EVERSENSE365 MIS SENSOR	
EVERSENSE MIS SENSOR	QL (1 box every 30 days)
EZ-LETS 21G MIS LANCETS	OTC
EZ-LETS 26G MIS LANCETS	OTC
EZ-LETS 28G MIS LANCETS	OTC
EZ-LETS 30G MIS LANCETS	OTC
FASTCLIX MIS LANCETS	OTC
FIFTY50 SAFE MIS LANCETS	OTC
FINGERSTIX MIS LANCETS	OTC
FORA LANCETS MIS 30G	OTC
FORA MIS LANCETS	OTC
FORA MIS LANCING	OTC
FREE LIBRE2 KIT PLUS/SEN	
FREE LIBRE3 KIT PLUS/SEN	
FREESTY LIBR KIT 2 SENSOR	QL (2 boxes every 30 days)
FREESTY LIBR KIT 3 SENSOR	QL (2 boxes every 30 days)
FREESTY LIBR KIT SENSOR	
FREESTYLE MIS LANCETS	OTC
GENTEEL MIS LANCETS	OTC
GENTEEL MIS NOZZLES	OTC
GENTEEL PLUS MIS BLACK	OTC
GENTEEL PLUS MIS BLUE	OTC
GENTEEL PLUS MIS PINK	OTC
GENTEEL PLUS MIS PURPLE	OTC
GENTEEL PLUS MIS WHITE	OTC
GENTEEL TIPS MIS BLUE	OTC
GENTEEL TIPS MIS CLEAR	OTC
GENTEEL TIPS MIS GREEN	OTC

Drug Name	Requirements/Limits
GENTEEL TIPS MIS ORANGE	OTC
GENTEEL TIPS MIS RAINBOW	OTC
GENTEEL TIPS MIS VIOLET	OTC
GENTEEL TIPS MIS YELLOW	OTC
GLOBAL 28G MIS LANCETS	OTC
GLOBAL 30G MIS LANCETS	OTC
GLOBAL LANC MIS DEVICE	OTC
GLUCOCOM MIS 28G	OTC
GLUCOCOM MIS 30G	OTC
GLUCOCOM MIS 33G	OTC
GNP LANCETS MIS 28G	OTC
GNP LANCETS MIS 30G	OTC
GNP LANCETS MIS 33G	OTC
GNP LANCING MIS DEVICE	OTC
GOJJI LANCET MIS 30G	OTC
GOJJI MIS LANC DEV	OTC
GUARDIAN 4 MIS SENSOR	QL (5 boxes every 30 days)
GUARDIAN MIS SENSOR 3	QL (5 boxes every 30 days)
GUARDIAN MIS SENSOR 3	QL (5 each every 30 days)
HAEMOLANCE MIS HIGH FLO	OTC
HAEMOLANCE MIS LOW FLOW	OTC
HAEMOLANCE MIS PLUS	OTC
HAEMOLANCE MIS PLUS LOW	OTC
HAEMOLANCE MIS PLUS MAX	OTC
HAEMOLANCE MIS PLUS PED	OTC
HAEMOLANCE MIS RETRACT	OTC
HYPOLANCE KIT LANCING	OTC
IHEALTH LANC MIS DEVICE	OTC
IN TOUCH LAN MIS 30G	OTC
IN TOUCH LAN MIS DEVICE	OTC
INCONTROL MIS LANC 28G	OTC
INCONTROL MIS LANC 30G	OTC
INCONTROL MIS LANC 33G	OTC
INCONTROL MIS LANC DEV	OTC
KINNEY MIS LANCETS	OTC
KINNEY THIN MIS LANCETS	OTC
KROGER LANCE MIS	OTC
KROGER LANCE MIS 26G	OTC
KROGER LANCE MIS THIN	OTC
KROGER LANCE MIS THIN 30G	OTC
LANCET DEVIC MIS 30G	OTC
LANCET DEVIC MIS ADJUST	OTC
LANCET SUPER MIS THIN 30G	OTC
LANCET ULTRA MIS THIN 30G	OTC

Drug Name	Requirements/Limits
LANCET WITH MIS EJECTOR	OTC
LANCETS MICR MIS THIN 33G	OTC
LANCETS MIS	OTC
LANCETS MIS 21G	OTC
LANCETS MIS 26G	OTC
LANCETS MIS 28G	OTC
LANCETS MIS 28G THIN	OTC
LANCETS MIS 30G	OTC
LANCETS MIS 33G	OTC
LANCETS MIS ORIGINAL	OTC
LANCETS MIS THIN	OTC
LANCETS SUPR MIS THIN 28G	OTC
LANCETS THIN MIS	OTC
LANCETS ULTR MIS THIN	OTC
LANCETS ULTR MIS THIN 31G	OTC
LANCING DEVI MIS	OTC
LANCING DEVI MIS 25G	OTC
LANCING DEVI MIS 30G	OTC
LANCING MIS DEVICE	OTC
LANZO MIS LANCING	OTC
LITE TOUCH MIS LANC PEN	OTC
LITE TOUCH MIS LANCETS	OTC
LITETOUCH MIS LANCETS	OTC
MEDICHOICE MIS LANCET	OTC
MEDLANCE MIS 30G PLUS	OTC
MEDLANCE MIS PLUS 30G	OTC
MEDLANCE PLS MIS 0.8MM	OTC
MEDLANCE PLS MIS EXTR 21G	OTC
MEDLANCE PLS MIS LITE 25G	OTC
MEDLANCE PLS MIS UNIV 21G	OTC
MEIJER LANCE MIS COLOR	OTC
MEIJER LANCE MIS UNIV 21G	OTC
MEIJER LANCE MIS UNIV 30G	OTC
MEIJER MIS LANCETS	OTC
MICROLET MIS LANCETS	OTC
MICROLET MIS NEXT	OTC
MINI LANCING MIS DEVICE	OTC
MM LANCING MIS DEVICE	OTC
MM TWIST MIS LANCETS	OTC
MOBILE LANCE MIS 30G	OTC
MONOLET MIS LANCETS	OTC
MONOLET OPD MIS LANCETS	OTC
MONOLETTOR MIS LANCETS	OTC
MULTI-LANCET KIT DEVICE	OTC

Drug Name	Requirements/Limits
MULTI-LANCET MIS DEVICE	OTC
MYGLUCOHEALT MIS LANC 30G	OTC
NOVA SAFETY MIS LANC 23G	OTC
NOVA SAFETY MIS LANC 28G	OTC
NOVA SURE MIS LANCETS	OTC
NOVA SUREFLX MIS LANC DEV	OTC
ON-THE-GO MIS LANC 30G	OTC
ONETOUCH DEL MIS LANC DEV	OTC
ONETOUCH DEL MIS PLUS 30G	OTC
ONETOUCH DEL MIS PLUS 33G	OTC
ONETOUCH KIT ULTRA 2	OTC
ONETOUCH KIT VERIO FL	OTC
ONETOUCH KIT VERIO RE	OTC
ONETOUCH LIQ ULT CONT	OTC
ONETOUCH LIQ ULTRA	OTC
ONETOUCH LIQ VERIO	OTC
ONETOUCH LIQ VERIO 4	OTC
ONETOUCH US MIS 2 30G	OTC
PERFECT 28G MIS LANCETS	OTC
PERFECT 30G MIS LANCETS	OTC
PERFECT POIN MIS LANC 28G	OTC
PERFECT POIN MIS LANC 30G	OTC
PIP LANCETS MIS 28G	OTC
PIP LANCETS MIS 30G	OTC
PRO COMFORT MIS 31G	OTC
PRO COMFORT MIS LANC 30G	OTC
PRO COMFORT MIS LANCETS	OTC
PRODIGY MIS 26G	OTC
PRODIGY MIS 28G	OTC
PRODIGY MIS LANC DEV	OTC
PURE COMFORT MIS 30G LAN	OTC
PX LANCETS MIS 28G	OTC
PX LANCETS MIS 33G	OTC
QC LANCETS MIS 28G	OTC
QC LANCETS MIS 30G	OTC
QC LANCING MIS DEVICE	OTC
RAPID-SAFE MIS LANCING	OTC
READYLANCE MIS 21G	OTC
READYLANCE MIS 23G	OTC
READYLANCE MIS 26G	OTC
READYLANCE MIS 28G	OTC
READYLANCE MIS 30G	OTC
REALITY MIS LANCETS	OTC
REALITY TRIG MIS LANCETS	OTC

Drug Name	Requirements/Limits
RELION LANCE MIS THIN 26G	OTC
RELION LANCE MIS THIN 30G	OTC
RELION LANCE MIS DEVICE	OTC
RELION MICRO MIS THIN 33G	OTC
RELION ULTRA MIS THIN 30G	OTC
RIGHTEST ALT MIS ADAPTOR	OTC
RIGHTEST MIS GD500	OTC
RIGHTEST MIS GL300	OTC
SAFE-T-PRO MIS LANCETS	OTC
SAFE-T-PRO MIS PLUS	OTC
SAFETY 21G MIS LANCETS	OTC
SAFETY 23G MIS LANCETS	OTC
SAFETY 28G MIS LANCETS	OTC
SAFETY 30G MIS LANCETS	OTC
SAFETY MIS LANCETS	OTC
SAPS HEALTH MIS TWIST	OTC
SAPS TWIST MIS 30G	OTC
SAPSCARE MIS TWIST	OTC
SB LANCETS MIS THIN	OTC
SB LANCETS MIS ULTR THN	OTC
SELECT-LITE MIS LANC DEV	OTC
SIMPLE DIAG MIS LANCING	OTC
SIMPLERA MIS SENSOR	
SIMPLERA MIS SYNC SEN	
SIMPLERA MIS SYSTEM	
SINGLE-LET MIS 23G	OTC
SMARTTEST MIS LANCETS	OTC
SOFTCLIX MIS LANCETS	OTC
SOLUS V2 MIS LANC 28G	OTC
SOLUS V2 MIS LANC 30G	OTC
SOLUS V2 MIS LANC DEV	OTC
STERILANCE MIS TL 28G	OTC
STERILANCE MIS TL 30G	OTC
STERILANCE MIS TL 32G	OTC
SUPER THIN MIS LANCETS	OTC
SURE COMFORT MIS LANC 18G	OTC
SURE COMFORT MIS LANC 21G	OTC
SURE COMFORT MIS LANC 23G	OTC
SURE COMFORT MIS LANC 30G	OTC
SURE COMFORT MIS LANC PEN	OTC
SURE COMFORT MIS LANCETS	OTC
SUREFLEX MIS LANCETS	OTC
SURELITE MIS LANCETS	OTC
TECHLITE AST MIS LANCETS	OTC

Drug Name	Requirements/Limits
TECHLITE MIS LANC 26G	OTC
TECHLITE MIS LANCETS	OTC
TRAVEL LANCE MIS ADV 28G	OTC
TRUE COMFORT MIS LANC 30G	OTC
TRUEDRAW MIS LANC DEV	OTC
TRUPLUS LANC MIS 26G	OTC
TRUPLUS LANC MIS 28G	OTC
TRUPLUS LANC MIS 30G	OTC
TRUPLUS LANC MIS 33G	OTC
TWIST LANCET MIS 30G	OTC
TWIST LANCET MIS 30G MULT	OTC
ULTI-LANCE MIS CLR TIP	OTC
ULTILET MIS 26G	OTC
ULTILET MIS 28G	OTC
ULTILET MIS 30G	OTC
ULTILET MIS 33G	OTC
ULTILET MIS LANCETS	OTC
ULTILET MIS SAFETY	OTC
ULTILET SAFE MIS 21G	OTC
ULTRA THIN MIS 28G	OTC
ULTRA THIN MIS 30G	OTC
ULTRA THIN MIS 31G	OTC
ULTRA THIN MIS 33G	OTC
ULTRA THIN MIS LAN 31G	OTC
ULTRA THIN MIS LANC 28G	OTC
ULTRA THIN MIS LANC 30G	OTC
ULTRA THIN MIS LANCETS	OTC
UNILET EX II MIS 28G	OTC
UNILET EXCEL MIS 23G	OTC
UNILET G.P MIS SUPR 23G	OTC
UNILET G.P. MIS 21G	OTC
UNILET GP 28 MIS ULT THIN	OTC
UNILET LANC MIS 33G	OTC
UNILET LANCE MIS 21G	OTC
UNILET LANCE MIS 28G	OTC
UNILET LANCE MIS 33G	OTC
UNILET LANCT MIS 28G	OTC
UNILET LANCT MIS 30G	OTC
UNILET LANCT MIS 33G	OTC
UNILET MICRO MIS 33G	OTC
UNILET MIS 21G	OTC
UNILET SUPER MIS 23G	OTC
UNILET SUPER MIS G.P. 23G	OTC
UNISTIK 1 MIS 2.4MM	OTC

Drug Name	Requirements/Limits
UNISTIK 1 MIS 3.0MM	OTC
UNISTIK 2 MIS	OTC
UNISTIK 2 MIS 1.8MM	OTC
UNISTIK 2 MIS 2.4MM	OTC
UNISTIK 2 MIS COMFORT	OTC
UNISTIK 2 MIS EXTRA	OTC
UNISTIK 2 MIS NEONATAL	OTC
UNISTIK 2 MIS NORMAL	OTC
UNISTIK 2 MIS SUPER	OTC
UNISTIK 3 MIS 1.8MM	OTC
UNISTIK 3 MIS COMFORT	OTC
UNISTIK 3 MIS EXTRA	OTC
UNISTIK 3 MIS GENT 30G	OTC
UNISTIK 3 MIS NEONATAL	OTC
UNISTIK 3 MIS NORMAL	OTC
UNISTIK 23G MIS NORMAL	OTC
UNISTIK CZT MIS COMFORT	OTC
UNISTIK CZT MIS NORMAL	OTC
UNISTIK PRO MIS LANC 21G	OTC
UNISTIK PRO MIS LANC 28G	OTC
UNISTIK SAFE MIS LANC 28G	OTC
UNISTIK SAFE MIS LANC 30G	OTC
UNISTIK TOUC MIS LANC 21G	OTC
UNISTIK TOUC MIS LANC 23G	OTC
UNISTIK TOUC MIS LANC 28G	OTC
UNISTIK TOUC MIS LANC 30G	OTC
UNITSTIK PRO MIS LANC 25G	OTC
VANTAGE LANC MIS DEVICE	OTC
VERIFINE LAN MIS MINI 21G	OTC
VERIFINE LAN MIS MINI 23G	OTC
VERIFINE LAN MIS MINI 28G	OTC
VERIFINE LAN MIS MINI 30G	OTC
VERIFINE MIS UNIV 28G	OTC
VERIFINE MIS UNIV 30G	OTC
VERIFINE MIS UNIV 33G	OTC
VIVAGUARD MIS 28G	OTC
VIVAGUARD MIS 30G	OTC
VIVAGUARD MIS LANCING	OTC
ZEVRX TWIST MIS LANC 30G	OTC
MISC. DEVICES	
ADVOCATE ALCOHOL PREP PAD PADS 70%	OTC
ALCOHOL PADS PADS 70%	OTC
ALCOHOL PREP PAD PADS 70%	OTC

Drug Name	Requirements/Limits
ALCOHOL PREP PAD 70%	OTC
ALCOHOL PREP PADS PADS 70%	OTC
ALCOHOL PREPS PADS 70%	OTC
ALCOHOL SWAB PAD	OTC
ALCOHOL SWAB PAD 70%	OTC
ALCOHOL SWABS PADS 70%	OTC
ALCOHOL SWABSTICKS PADS 70%	OTC
AUM ALCOHOL PREP PADS PADS 70%	OTC
BD SWAB REG PAD SNGL USE	OTC
CARETOUCH ALCOHOL PREP PA PADS 70%	OTC
COMFORT TOUCH ALCOHOL PRE PADS 70%	OTC
CURITY ALCOHOL PREPS/MEDI PADS 70%	OTC
CVS ALCOHOL PREP PADS PADS 70%	OTC
CVS PREP PADS PADS 70%	OTC
DROPSAFE ALCOHOL PREP PAD PADS 70%	OTC
EASY COMFORT ALCOHOL PADS PADS 70%	OTC
EASY TOUCH ALCOHOL PREP P PADS 70%	OTC
EQL ALCOHOL SWABS PADS 70%	OTC
FIFTY50 ALCOHOL PREP PADS PADS 70%	OTC
GLOBAL ALCOHOL PREP EASE PADS 70%	OTC
GNP ALCOHOL SWABS PADS 70%	OTC
GOODSENSE ALCOHOL SWABS PADS 70%	OTC
INCONTROL PAD ALCOHOL	OTC
MEIJER ALCOHOL SWABS EXTR PADS 70%	OTC
PHARMACIST CHOICE ALCOHOL PADS 70%	OTC
PRO COMFORT ALCOHOL PADS PADS 70%	OTC
PURE COMFORT ALCOHOL PREP PADS 70%	OTC
QC ALCOHOL SWABS PADS 70%	OTC
RA ALCOHOL SWABS PADS 70%	OTC
REALITY SWAB PAD	OTC
RELION ALCOHOL SWABS PADS 70%	OTC
SAPS CARE ALCOHOL PREP PA PADS 70%	OTC
SAPS HEALTH ALCOHOL PREP PADS 70%	OTC
SAPS HEALTH CARE ALCOHOL PADS 70%	OTC
SB ALCOHOL PREP PADS PADS 70%	OTC
SURE COMFORT ALCOHOL PREP PADS 70%	OTC
TRUE COMFORT ALCOHOL PREP PADS 70%	OTC
TRUE COMFORT PRO ALCOHOL PADS 70%	OTC
ULTICARE ALCOHOL SWABS PADS 70%	OTC
ULTILET PAD ALCOHOL	OTC
ULTRA-CARE ALCOHOL PREP P PADS 70%	OTC
WEBCOL ALCOHOL PREP LARGE PADS 70%	OTC
WEBCOL ALCOHOL PREP MEDIU PADS 70%	OTC
ZEVRX STERILE ALCOHOL PRE PADS 70%	OTC

Drug Name	Requirements/Limits
PARENTERAL THERAPY SUPPLIES	
ASSURE ID MIS 31GX5MM	OTC
AUM MINI PEN MIS 32GX4MM	OTC
AUM MINI PEN MIS 33GX4MM	OTC
AUM READYGRD MIS 32GX4MM	OTC
AUM SAFETY MIS 31GX5MM	OTC
AUTOJECT 2 MIS	OTC
BD PEN NEEDL MIS 31GX5MM	OTC
BD PEN NEEDL MIS 31GX8MM	OTC
BD PEN NEEDL MIS 32GX4MM	OTC
CAREFINE MIS 31GX8MM	OTC
CAREFINE MIS 32GX4MM	OTC
CARETOUCH MIS 27GX1.5"	OTC
CARETOUCH MIS 31GX5MM	OTC
CARETOUCH MIS 31GX6MM	OTC
CARETOUCH MIS 31GX8MM	OTC
CARETOUCH MIS 32GX4MM	OTC
CARETOUCH MIS 32GX5MM	OTC
COMFORT EZ MIS 29GX12MM	OTC
COMFORT EZ MIS 31GX5/16	OTC
COMFORT EZ MIS 31GX5MM	OTC
COMFORT EZ MIS 31GX6MM	OTC
COMFORT EZ MIS 31GX8MM	OTC
COMFORT EZ MIS 32GX4MM	OTC
COMFORT EZ MIS 32GX5MM	OTC
COMFORT EZ MIS 32GX6MM	OTC
COMFORT EZ MIS 32GX8MM	OTC
COMFORT EZ MIS 33GX4MM	OTC
COMFORT EZ MIS 33GX5MM	OTC
COMFORT EZ MIS 33GX6MM	OTC
COMFORT EZ MIS 33GX8MM	OTC
COMFORT TOUC MIS 31GX5MM	OTC
COMFORT TOUC MIS 31GX6MM	OTC
COMFORT TOUC MIS 31GX8MM	OTC
COMFORT TOUC MIS 32GX4MM	OTC
DIATHRIVE MIS 31GX5MM	OTC
DIATHRIVE MIS 31GX6MM	OTC
DIATHRIVE MIS 31GX8MM	OTC
DIATHRIVE MIS 32GX4MM	OTC
DROPSAFE MIS 31GX5MM	OTC
EASY COMFORT MIS 0.3/31G	OTC
EASY COMFORT MIS 31GX1/4"	OTC
EASY COMFORT MIS 31GX3/16	OTC
EASY COMFORT MIS 31GX5/16	OTC

Drug Name	Requirements/Limits
EASY COMFORT MIS 32GX5/32	OTC
EASY TOUCH MIS 29GX1/2"	OTC
EASY TOUCH MIS 31GX1/4"	OTC
EASY TOUCH MIS 31GX3/16	OTC
EASY TOUCH MIS 31GX5/16	OTC
EASY TOUCH MIS 32GX5/32	OTC
EMBECTA NANO MIS 32GX4MM	OTC
EMBECTA UF MIS 31GX5MM	OTC
EMBECTA UF MIS 31GX8MM	OTC
FIFTY50 MIS 31GX3/16	OTC
FIFTY50 MIS 31GX5/16	OTC
FIFTY50 MIS 31GX5MM	OTC
FIFTY50 PEN MIS 31GX8MM	OTC
FIFTY50 PEN MIS 32GX4MM	OTC
FIFTY50 PEN MIS 32GX6MM	OTC
GNP PEN NEED MIS 31GX5MM	OTC
GNP PEN NEED MIS 31GX8MM	OTC
GNP PEN NEED MIS 32GX4MM	OTC
GNP ULTICARE MIS 31GX5/16	OTC
GNP ULTICARE MIS 31GX5MM	OTC
GNP ULTICARE MIS 32GX5/32	OTC
HM INSULIN S MIS 0.3/31G	OTC
HM INSULIN S MIS 1ML/30G	OTC
HM ULTICARE MIS 31GX8MM	OTC
HYPO NEEDLE MIS 27GX1.5"	OTC
IN CONTROL MIS 31GX3/16	OTC
IN CONTROL MIS 31GX5MM	OTC
IN CONTROL MIS 31GX6MM	OTC
IN CONTROL MIS 31GX8MM	OTC
INCONTROL MIS 29GX12MM	OTC
INCONTROL MIS 31GX6MM	OTC
INCONTROL MIS 31GX8MM	OTC
INCONTROL MIS 32GX4MM	OTC
INJECT-EASE MIS	OTC
INS SY 0.3ML MIS 31GX5/16	OTC
INS SY 0.5ML MIS 30GX1/2"	OTC
INS SY 0.5ML MIS 30GX5/16	OTC
INS SY 1/2ML MIS 30GX1/2"	OTC
INS SYR 1ML MIS 30GX1/2"	OTC
INS SYR 1ML MIS 30GX5/16	OTC
INS SYR 1ML MIS 31GX5/16	OTC
INS SYR U500 MIS 0.5/31G	
INS SYR U500 MIS 31GX6MM	
INSULIN SYR MIS BARR 1ML	OTC

Drug Name	Requirements/Limits
INSULIN SYRG MIS 0.3/29G	
INSULIN SYRG MIS 0.3/29G	OTC
INSULIN SYRG MIS 0.3/30G	
INSULIN SYRG MIS 0.3/30G	OTC
INSULIN SYRG MIS 0.3/31G	OTC
INSULIN SYRG MIS 0.3ML/30	OTC
INSULIN SYRG MIS 0.3ML/31	OTC
INSULIN SYRG MIS 0.5/28G	
INSULIN SYRG MIS 0.5/28G	OTC
INSULIN SYRG MIS 0.5/29G	
INSULIN SYRG MIS 0.5/29G	OTC
INSULIN SYRG MIS 0.5/30G	
INSULIN SYRG MIS 0.5/30G	OTC
INSULIN SYRG MIS 0.5/31G	OTC
INSULIN SYRG MIS 1/2ML/30	OTC
INSULIN SYRG MIS 1/2ML/31	OTC
INSULIN SYRG MIS 1ML	
INSULIN SYRG MIS 1ML	OTC
INSULIN SYRG MIS 1ML/25G	OTC
INSULIN SYRG MIS 1ML/28G	
INSULIN SYRG MIS 1ML/28G	OTC
INSULIN SYRG MIS 1ML/29G	
INSULIN SYRG MIS 1ML/29G	OTC
INSULIN SYRG MIS 1ML/30G	
INSULIN SYRG MIS 1ML/30G	OTC
INSULIN SYRG MIS 1ML/31G	OTC
INSULIN SYRG MIS 28GX1/2"	
INSULIN SYRG MIS 28GX1/2"	OTC
INSULIN SYRG MIS 29GX1/2"	
INSULIN SYRG MIS 29GX1/2"	OTC
INSULIN SYRG MIS 29GX12MM	OTC
INSULIN SYRG MIS 30GX1/2"	
INSULIN SYRG MIS 30GX1/2"	OTC
INSULIN SYRG MIS 30GX5/16	
INSULIN SYRG MIS 30GX5/16	OTC
INSULIN SYRG MIS 31GX5/16	
INSULIN SYRG MIS 31GX5/16	OTC
INSULIN SYRG MIS 31GX8MM	OTC
INSULIN SYRI MIS 0.3/31G	OTC
INSUPEN MIS 29GX12MM	OTC
INSUPEN MIS 31GX5MM	OTC
INSUPEN MIS 31GX8MM	OTC
INSUPEN MIS 32GX4MM	OTC
LITETOUCH MIS 31GX8MM	OTC

Drug Name	Requirements/Limits
3ML LL SYRNG MIS 22GX1"	OTC
3ML LUER LOC MIS 22GX1"	OTC
MAXICOMFORT MIS 31GX1/4"	OTC
NORDIPEN DEL MIS SYSTEM	OTC
NOVOFINE PLS MIS 32GX4MM	OTC
PEN NEEDLE MIS 31GX3/16	OTC
PEN NEEDLE MIS 31GX5/16	OTC
PEN NEEDLE MIS 31GX5MM	OTC
PEN NEEDLE MIS 31GX6MM	OTC
PEN NEEDLE MIS 31GX8MM	OTC
PEN NEEDLE MIS 32GX4MM	OTC
PEN NEEDLE MIS 32GX5/32	OTC
PEN NEEDLE MIS 33GX4MM	OTC
PEN NEEDLE MIS 33GX5/32	OTC
PEN NEEDLES MIS 29GX1/2"	OTC
PEN NEEDLES MIS 29GX12MM	OTC
PEN NEEDLES MIS 30GX5MM	
PEN NEEDLES MIS 30GX5MM	OTC
PEN NEEDLES MIS 30GX8MM	OTC
PEN NEEDLES MIS 31GX1/4"	OTC
PEN NEEDLES MIS 31GX3/16	OTC
PEN NEEDLES MIS 31GX5/16	OTC
PEN NEEDLES MIS 31GX5MM	OTC
PEN NEEDLES MIS 31GX6MM	OTC
PEN NEEDLES MIS 31GX8MM	OTC
PEN NEEDLES MIS 32GX4MM	OTC
PEN NEEDLES MIS 32GX5/32	OTC
PEN NEEDLES MIS 33GX4MM	OTC
PEN NEEDLES MIS 33GX5/32	OTC
PENTIPS MIS 29GX12MM	OTC
PENTIPS MIS 31GX5MM	OTC
PENTIPS MIS 31GX6MM	OTC
PENTIPS MIS 31GX8MM	OTC
PENTIPS MIS 32GX4MM	OTC
PIP PEN NEED MIS 32GX4MM	OTC
PRECISIONGLI MIS 27GX1.5"	OTC
PREVENT DROP MIS 31GX1/4"	OTC
PREVENT DROP MIS 31GX5/16	OTC
PREVENT SAFE MIS 31GX1/4"	OTC
PREVENT SAFE MIS 31GX5/16	OTC
PRO COMFORT MIS 0.5/30G	OTC
PRO COMFORT MIS 0.5/31G	OTC
PRO COMFORT MIS 1ML/30G	OTC
PRO COMFORT MIS 1ML/31G	OTC

Drug Name	Requirements/Limits
PURE COMFORT MIS 32GX4MM	OTC
QUICK TOUCH MIS 31GX5MM	OTC
QUICK TOUCH MIS 31GX6MM	OTC
QUICK TOUCH MIS 31GX8MM	OTC
QUICK TOUCH MIS 32GX4MM	OTC
QUICK TOUCH MIS 33GX4MM	OTC
QUICK TOUCH MIS 33GX8MM	OTC
RA PEN NEEDL MIS 31GX3/16	OTC
RAYA SURE MIS 29GX12MM	OTC
RAYA SURE MIS 31GX5MM	OTC
RAYA SURE MIS 31GX6MM	OTC
RAYA SURE MIS 31GX8MM	OTC
RELION PEN MIS 31GX5/16	OTC
RELION PEN MIS 31GX6MM	OTC
RELION PEN MIS 31GX8MM	OTC
RELION PEN MIS 32GX4MM	OTC
SECURESAFE MIS 0.5/29G	OTC
SECURESAFE MIS 29GX1/2"	OTC
SURE COMFORT MIS 31GX3/16	OTC
SURE COMFORT MIS 31GX5/16	OTC
SURE COMFORT MIS 32GX5/32	OTC
SYRG/NDL 3ML MIS 22G X 1"	OTC
SYRG/NEEDLE MIS 29GX12.5	
SYRG/NEEDLE MIS 31GX8MM	
SYRINGE MIS 0.5/30G	OTC
3ML SYRINGE MIS 22G X 1"	OTC
3ML SYRINGE MIS 22GX1"	OTC
1ML SYRINGE MIS 30G	OTC
1ST TIER UNI MIS 29GX12MM	OTC
1ST TIER UNI MIS 31GX5MM	OTC
1ST TIER UNI MIS 31GX6MM	OTC
1ST TIER UNI MIS 31GX8MM	OTC
1ST TIER UNI MIS 32GX4MM	OTC
TIER UNI PLS MIS 31GX8MM	OTC
ULTICARE MIC MIS 32GX4MM	OTC
ULTICARE PEN MIS 31GX5MM	OTC
ULTICARE PEN MIS 31GX6MM	OTC
ULTICARE PEN MIS 31GX8MM	OTC
ULTIGUARD MIS 31GX5MM	OTC
ULTIGUARD MIS 31GX6MM	OTC
ULTIGUARD MIS 31GX8MM	OTC
ULTIGUARD MIS 32GX4MM	OTC
ULTILET PEN MIS 31GX5MM	OTC
ULTILET PEN MIS 31GX8MM	OTC

Drug Name	Requirements/Limits
ULTILET PEN MIS 32GX4MM	OTC
ULTRA FLO MIS 31GX5MM	OTC
ULTRA FLO MIS 31GX8MM	OTC
ULTRA FLO MIS PEN NEED	OTC
UNIFINE PLUS MIS 31GX1/4"	OTC
UNIFINE PLUS MIS 31GX3/16	OTC
UNIFINE PLUS MIS 31GX5/16	OTC
UNIFINE PLUS MIS 32GX5/32	OTC
UNIFINE PLUS MIS 33GX5/32	OTC
UNIFINE PNTP MIS 29GX12MM	OTC
UNIFINE PNTP MIS 31GX3/16	OTC
UNIFINE PNTP MIS 31GX5/16	OTC
UNIFINE PNTP MIS 31GX5MM	OTC
UNIFINE PNTP MIS 31GX6MM	OTC
UNIFINE PNTP MIS 31GX8MM	OTC
UNIFINE PNTP MIS 32GX4MM	OTC
UNIFINE PNTP MIS 32GX5/32	OTC
UNIFINE PNTP MIS 32GX6MM	OTC
UNIFINE PNTP MIS 33GX4MM	OTC
UNIFINE PROT MIS 32GX4MM	OTC
UNIFINE SAFE MIS 31GX5MM	OTC
UNIFINE SAFE MIS 31GX6MM	OTC
UNIFINE SAFE MIS 31GX8MM	OTC
UNIFINE SAFE MIS 32GX4MM	OTC
UNIFINE ULTR MIS 31GX5MM	OTC
UNIFINE ULTR MIS 31GX6MM	OTC
UNIFINE ULTR MIS 31GX8MM	OTC
UNIFINE ULTR MIS 32GX4MM	OTC
VERIFINE PEN MIS 29GX12MM	OTC
VERIFINE PEN MIS 31GX5MM	OTC
VERIFINE PEN MIS 31GX8MM	OTC
VERIFINE PEN MIS 32GX4MM	OTC
ZEVRX MIS 31GX5MM	OTC
ZEVRX MIS 31GX6MM	OTC
ZEVRX MIS 31GX8MM	OTC
ZEVRX MIS 32GX4MM	OTC
RESPIRATORY THERAPY SUPPLIES	
AERCHMBR PLS MIS INTERMED	QL (2 ea every 248 days)
AERCHMBR PLS MIS MED MASK	QL (2 boxes every 248 days)
AERCHMBR Z- MIS STAT PLS	QL (2 boxes every 248 days)
AEROCHAMBER MIS CHAMBER	QL (2 each every 248 days)
AEROCHAMBER MIS MTHPIECE	QL (2 each every 248 days)
AEROCHAMBER MIS MV	QL (2 boxes every 248 days)

Drug Name	Requirements/Limits
AEROCHAMBER MIS PLUS	QL (2 boxes every 248 days)
AEROVENT MIS PLUS	QL (2 each every 248 days)
AIRZONE PEAK MIS FLOW MTR	QL (1 each every 248 days), OTC
ASSESS METER MIS FULL	QL (1 each every 248 days), OTC
ASSESS METER MIS LOW	QL (1 each every 248 days), OTC
BREATHE EASE MIS METER	QL (1 each every 248 days), OTC
BREATHERITE MIS MDI CHMB	QL (2 each every 248 days)
COMPACT SPAC MIS CHAMBER	QL (2 each every 248 days)
COMPACT SPAC MIS LG MASK	QL (2 each every 248 days)
COMPACT SPAC MIS MD MASK	QL (2 each every 248 days)
COMPACT SPAC MIS SM MASK	QL (2 each every 248 days)
EASIVENT MIS	QL (2 boxes every 248 days)
EASIVENT MIS MASK LG	QL (2 boxes every 248 days)
EASIVENT MIS MASK MED	QL (2 boxes every 248 days)
EASIVENT MIS MASK SM	QL (2 boxes every 248 days)
FLEXICHAMBER MIS	QL (2 each every 248 days)
HOLD CHAMBER MIS ADLT LG	QL (2 each every 248 days)
HOLD CHAMBER MIS ADLT LG	QL (2 each every 248 days), OTC
HOLD CHAMBER MIS MEDIUM	QL (2 each every 248 days)
HOLD CHAMBER MIS MEDIUM	QL (2 each every 248 days), OTC
HOLD CHAMBER MIS SMALL	QL (2 each every 248 days)
HOLD CHAMBER MIS SMALL	QL (2 each every 248 days), OTC
HOLDING CHAM MIS ADULT	QL (2 each every 248 days), OTC
HOLDING CHAM MIS CHILD	QL (2 each every 248 days), OTC
LUNG PERFM MIS METER	QL (1 each every 248 days), OTC
MICROCHAMBER MIS	QL (2 boxes every 248 days)
MICROCHAMBER MIS	QL (2 each every 248 days)
MICROLIFE MIS PEAK FLO	QL (1 each every 248 days), OTC
MICROSPACER MIS	QL (2 boxes every 248 days)
MINI WRIGHT MIS PFM	QL (1 each every 248 days), OTC
MINI WRIGHT MIS PFM LOW	QL (1 each every 248 days), OTC

Drug Name	Requirements/Limits
OPTICHAMBER MIS DIA LG	QL (2 each every 248 days)
OPTICHAMBER MIS DIA MD	QL (2 boxes every 248 days)
OPTICHAMBER MIS DIA SM	QL (2 boxes every 248 days)
OPTICHAMBER MIS DIAMOND	QL (2 boxes every 248 days)
OPTICHAMBER MIS DIAMOND	QL (2 each every 248 days)
PEAK A-I-R MIS FLW METR	QL (1 each every 248 days), OTC
PEAK AIR FLO MIS ADLT/PED	QL (1 each every 248 days), OTC
PEAK FLOW MIS METER	QL (1 each every 248 days), OTC
PEAK FLW MTR MIS ADULT	QL (1 each every 248 days), OTC
PEAK FLW MTR MIS CHILD	QL (1 each every 248 days), OTC
PEAK FLW MTR MIS UNIVERSL	QL (1 each every 248 days), OTC
PERSONAL BES MIS FULL RNG	QL (1 each every 248 days), OTC
PIKO 1 MIS ELECTRON	QL (1 each every 248 days), OTC
POCKET CHAMB MIS	QL (2 each every 248 days)
POCKET PEAK MIS METER	QL (1 each every 248 days), OTC
POCKETPEAK MIS MTR LOW	QL (1 each every 248 days), OTC
PROCARE MIS ADULT	QL (2 each every 248 days), OTC
PROCARE MIS CHILD	QL (2 each every 248 days), OTC
PROCHAMBER MIS VHC	QL (2 each every 248 days)
RITEFLO MIS	QL (2 each every 248 days)
SPACER CHAMB MIS ADULT	QL (2 boxes every 248 days), OTC
SPACER CHAMB MIS CHILD	QL (2 boxes every 248 days), OTC
TRUZONE PEAK MIS FLOW MTR	QL (1 each every 248 days)

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG SOAJ 70MG/ML, 140MG/ML	PA
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	PA

MIGRAINE PRODUCTS

<i>dihydroergotamine mesylate soln 4mg/ml</i>	QL (8 mL every 30 days)
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Drug Name	Requirements/Limits
ERGOMAR SUBL 2MG	
SEROTONIN AGONISTS	
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL (9 tabs every 30 days)
REYVOW TABS 50MG, 100MG	PA
<i>rizatriptan benzoate tabs 5mg, 10mg</i>	QL (9 tabs every 30 days)
<i>sumatriptan soln 5mg/act, 20mg/act</i>	QL (6 inhalers every 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml</i>	QL (4 injections every 30 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	QL (4 injections every 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	QL (9 tabs every 30 days)
<i>zolmitriptan soln 5mg</i>	QL (6 bottles every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	QL (6 tabs every 30 days)
<i>zomig tabs 2.5mg, 5mg</i>	QL (6 tabs every 30 days)
MINERALS & ELECTROLYTES	
CALCIUM	
CALC CIT+D3 TAB 250-200	OTC
CALC CITRATE TAB +D	OTC
<i>calcium tabs 600mg</i>	OTC
CALCIUM 600 TAB +D	OTC
<i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 500 mg-15 mcg (600 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i>	OTC
<i>calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)</i>	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	OTC
<i>calcium carb-vit d w/ minerals tabs 600 mg-200 unit</i>	OTC
<i>calcium carb-vit d w/ minerals tabs 600 mg-400 unit</i>	OTC
CALCIUM CARBONATE CHEW 500MG; POWD 800MG/2GM	OTC
<i>calcium carbonate tabs 600mg, 1500mg</i>	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	OTC
<i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>	OTC

Drug Name	Requirements/Limits
CALCIUM CHW 500MG	OTC
<i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>	OTC
<i>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</i>	OTC
CALCIUM CITRATE TABS 250MG	OTC
<i>calcium tab 600 mg</i>	OTC
<i>calcium-magnesium w/ vit d tab er 24hr 600 mg-40 mg-500 unit</i>	OTC
<i>calcium-magnesium-zinc-vit d3 tab 333 mg-133 mg-5 mg-3.3 mcg</i>	OTC
<i>calcium-magnesium-zinc-vit d3 tab 333 mg-133 mg-5 mg-5 mcg</i>	OTC
CALCIUM/C/D CHW 500MG	OTC
CALCIUM/VITD CAP 600-400	OTC
ELECTROLYTE MIXTURES	
BIOLYTE PAK BERRY	OTC
BIOLYTE PAK CITRUS	OTC
BIOLYTE PAK MELON	OTC
BIOLYTE PAK PUNCH	OTC
BIOLYTE PAK TROPICAL	OTC
BIOLYTE SOL BERRY	OTC
BIOLYTE SOL CITRUS	OTC
BIOLYTE SOL MELON	OTC
BIOLYTE SOL PUNCH	OTC
BIOLYTE SOL TROPICAL	OTC
CERALYTE 50 POW	OTC
CERALYTE 70 POW	OTC
CERALYTE 90 POW	OTC
CERASPORT POW	OTC
CERASPORT POW ENDURANC	OTC
CERASPORT POW EX1	OTC
CERASPORT POW PLUS	OTC
CERASPORT SOL	OTC
CERASPORT SOL EX1	OTC
DRIPDROP POW HYDRATN	OTC
DRIPDROP POW ORS	OTC
ELECTROLYTE POW	OTC
ELECTROLYTE SOL ADV CARE	OTC
EMERGEN-C PAK ELECTRO	OTC
ENFAMIL SOL ENFALYTE	OTC
ENSURE RAPID POW HYDRATIO	OTC
EQUALYTE SOL	OTC
FT ELECTROLY SOL	OTC

Drug Name	Requirements/Limits
FT ELECTROLY SOL FRUIT	OTC
FT ELECTROLY SOL GRAPE	OTC
GNP ELECTROL SOL FRUIT	OTC
GNP ELECTROL SOL GRAPE	OTC
GNP ELECTROL SOL UNFLAVOR	OTC
GOODSENSE PAK ELECTRO	OTC
HYDRALATE SOL BERRY	OTC
HYDRALYTE POW BERRY	OTC
HYDRALYTE POW LEMONADE	OTC
HYDRALYTE POW ORANGE	OTC
HYDRALYTE SOL BERRY	OTC
HYDRALYTE SOL LEMONADE	OTC
HYDRALYTE SOL ORANGE	OTC
HYDRATING PAK ELECTROL	OTC
KINDERLYTE PAK	OTC
KINDERLYTE PAK IMMUNITY	OTC
KINDERLYTE PAK PREMAX	OTC
KINDERLYTE SOL	OTC
KINDERLYTE SOL CHERRY	OTC
KINDERLYTE SOL FRUIT	OTC
KINDERLYTE SOL GRAPE	OTC
KINDERLYTE SOL LEM/LIME	OTC
KINDERLYTE SOL LEMON	OTC
KINDERLYTE SOL LEMONADE	OTC
KINDERLYTE SOL ORANGE	OTC
KINDERLYTE SOL PREMAX	OTC
KINDERLYTE SOL STRWBRY	OTC
LIQUID I.V. POW GRN GRAP	OTC
LIQUID I.V. POW LMN/LIME	OTC
LIQUID I.V. POW PASSION	OTC
LIQUID I.V. POW POPSICLE	OTC
LIQUID I.V. POW STRW LEM	OTC
LIQUID I.V. POW STRWBERR	OTC
LIQUID I.V. POW TANGERIN	OTC
LIQUID I.V. POW TROPICAL	OTC
LIQUID I.V. POW WATERMEL	OTC
NORMALYTE POW	OTC
NORMALYTE POW APPLE	OTC
NORMALYTE POW GRAPE	OTC
NORMALYTE POW ORANGE	OTC
NORMALYTE POW PURE	OTC
<i>oral electrolyte solution</i>	OTC
PEDIA-POP POW QUIK MIX	OTC
PEDIALYTE PAK	OTC

Drug Name	Requirements/Limits
PEDIALYTE POW APPLE	OTC
PEDIALYTE POW CHERRY	OTC
PEDIALYTE POW FRUIT PN	OTC
PEDIALYTE POW GRAPE	OTC
PEDIALYTE POW ORANGE	OTC
PEDIALYTE POW STBR/LEM	OTC
PEDIALYTE POW STRBRRY	OTC
PEDIALYTE POW VARIETY	OTC
PEDIALYTE SOL ADV CARE	OTC
PEDIALYTE SOL BERRY	OTC
PEDIALYTE SOL BERRY FR	OTC
PEDIALYTE SOL BLU RASP	OTC
PEDIALYTE SOL BUBL GUM	OTC
PEDIALYTE SOL CHRY PUN	OTC
PEDIALYTE SOL FREEZE	OTC
PEDIALYTE SOL FRUIT	OTC
PEDIALYTE SOL FRUIT PU	OTC
PEDIALYTE SOL GRAPE	OTC
PEDIALYTE SOL SINGLES	OTC
PEDIALYTE SOL STRAWBRY	OTC
PEDIALYTE SOL UNFLAVOR	OTC
PEDIATRIC POW ELECTROL	OTC
TRUELYTE SOL	OTC

FLUORIDE

sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml

MINERAL COMBINATIONS

ADVANCED CA/ TAB D/MAGNES	OTC
BONE DENSITY TAB BUILDER	OTC
CA CITRATE + TAB	OTC
CA CITRATE + TAB MAG/MIN	OTC
CA CITRATE + TAB MAGNESIU	OTC
CA CITRATE TAB PLUS	OTC
CA CITRATE+D TAB MAGNESIU	OTC
CAL-MAG-ZINC TAB +D3	OTC
CALC 600+D3 TAB MINERALS	OTC
CITRACAL TAB MAX PLUS	OTC
CVS CALCIUM TAB CITR/D3	OTC
FEM-CAL TAB CITRATE	OTC
MULTI MEGA TAB MINERALS	OTC
PROSTEON TAB	OTC
THERACAL TAB	OTC
THERACAL TAB D2000	OTC
THERACAL TAB D4000	OTC

Drug Name	Requirements/Limits
PHOSPHATE	
K-PHOS TABS 500MG	
POTASSIUM	
<i>effer-k tbef 25meq</i>	
<i>klor-con pack 20meq</i>	
<i>klor-con 8 tbc 8meq</i>	
<i>klor-con 10 tbc 10meq</i>	
<i>klor-con m10 tbc 10meq</i>	
<i>klor-con m15 tbc 15meq</i>	
<i>klor-con m20 tbc 20meq</i>	
<i>klor-con/ef tbef 25meq</i>	
<i>potassium chloride cpr 8meq</i>	
<i>potassium chloride cpr 10meq; pack 20meq; soln 10%; tbc 8meq, 10meq</i>	
<i>potassium chloride microencapsulated crystals er tbc 10meq</i>	
<i>potassium chloride microencapsulated crystals er tbc 15meq, 20meq</i>	
MISCELLANEOUS THERAPEUTIC CLASSES	
CHELATING AGENTS	
<i>penicillamine caps 250mg</i>	
IMMUNOMODULATORS	
JOENJA TABS 70MG	PA
RYONCIL KIT	PA
IMMUNOSUPPRESSIVE AGENTS	
<i>azathioprine tabs 50mg</i>	
<i>cyclosporine caps 25mg, 100mg</i>	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	
<i>gengraf caps 25mg, 100mg; soln 100mg/ml</i>	
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	
<i>sirolimus tabs .5mg, 1mg, 2mg</i>	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	
IRRIGATION SOLUTIONS	
<i>water for irrigation, sterile irrigation soln</i>	
MISCELLANEOUS THERAPEUTIC CLASSES	
GELATIN CAPS 585MG, 600MG	OTC
<i>gelatin caps 650mg</i>	OTC
POTASSIUM REMOVING AGENTS	
<i>kionex susp 15gm/60ml</i>	
LOKELMA PACK 5GM, 10GM	PA
<i>sodium polystyrene sulfonate powd 100%</i>	

Drug Name	Requirements/Limits
sodium polystyrene sulfonate powder	
sps susp 15gm/60ml	
MOUTH/THROAT/DENTAL AGENTS	
ANESTHETICS TOPICAL ORAL	
lidocaine hcl (mouth-throat) soln 2%	
ANTI-INFECTIVES - THROAT	
clotrimazole troc 10mg	
nystatin (mouth-throat) susp 100000unit/ml	
ANTISEPTICS - MOUTH/THROAT	
chlorhexidine gluconate (mouth-throat) soln .12%	
DENTAL PRODUCTS	
denta 5000 plus crea 1.1%	QL (102 gm every 30 days)
dentagel gel 1.1%	
fraiche 5000 dental gel 1.1%	
sodium fluoride 5000 plus crea 1.1%	QL (102 gm every 30 days)
sodium fluoride 5000 ppm crea 1.1%	QL (102 gm every 30 days)
sodium fluoride 5000 ppm gel 1.1%	
sodium fluoride (dental) gel 1.1%	
STEROIDS - MOUTH/THROAT/DENTAL	
oralone dental paste pste .1%	
triamcinolone acetonide (mouth) pste .1%	
THROAT PRODUCTS - MISC.	
pilocarpine hcl (oral) tabs 5mg, 7.5mg	
MULTIVITAMINS	
B-COMPLEX W/ C	
b-complex w/ c & calcium tab	OTC
b-complex w/ c & e + zn tab	OTC
b-complex w/ c tab	OTC
B-COMPLEX W/ FOLIC ACID	
B-COMPLEX TAB C/FA/BIO	OTC
b-complex w/ c & folic acid tab	OTC
MULTIPLE VITAMINS W/ IRON	
multiple vitamins w/ iron tab	OTC
MULTIPLE VITAMINS W/ MINERALS	
ABC COMPLETE TAB ADULT	OTC
ABC COMPLETE TAB MENS	OTC
ABC COMPLETE TAB MENS 50+	OTC
ABC COMPLETE TAB SENIOR	OTC
ABC COMPLETE TAB WOMEN	OTC
ACTIVNUTRIEN CAP	OTC
ACTIVNUTRIEN CAP PERFORMA	OTC
ACTIVNUTRIEN CAP W/O IRON	OTC

Drug Name	Requirements/Limits
ADULT 50+ CAP EYE HLTH	OTC
ADULT 50+ CAP OCUVITE	OTC
ALIVE 50+ TAB ENERGY	OTC
ALIVE CALCIU TAB BONE	OTC
ALIVE DAILY TAB ENERGY	OTC
ALIVE DAILY TAB WOMENS	OTC
ALIVE DIABET TAB MULTIVIT	OTC
ALIVE ENERGY TAB WOMENS	OTC
ALIVE GARDEN TAB GOODNESS	OTC
ALIVE HAIR/ CAP SKN/NAIL	OTC
ALIVE IMMUNE CAP HEALTH	OTC
ALIVE MAX 6 CAP POTENCY	OTC
ALIVE MENS TAB	OTC
ALIVE MENS TAB COMPLETE	OTC
ALIVE MENS TAB ULTRA	OTC
ALIVE ULTRA TAB POTENCY	OTC
ALIVE WOMENS TAB 50+ COMP	OTC
ALPHA BETIC TAB	OTC
ANTIOXIDANT TAB FORMULA	OTC
APETIBEX CAP	OTC
APPE-CURB CAP	OTC
BARIATRIC CAP MULTIVIT	OTC
BARIATRIC CAP MVIT-IRN	OTC
BARIATRIC TAB MULTIVIT	OTC
BASIC AM TAB	OTC
BASIC PM TAB	OTC
BIO-35 GLUTE CAP FREE	OTC
BIO-35 IRON CAP FREE	OTC
BIOCAL CAP	OTC
BIOTECT PLUS CAP	OTC
BLADDER 2.2 TAB	OTC
BLOOD SUGAR TAB MANAGER	OTC
BONEUP 3 PER CAP DAY	OTC
BONEUP CAP	OTC
BONEUP VEG TAB	OTC
BOOSTNOW CAP IMM SUPP	OTC
CELEBRATE CAP 18	OTC
CELEBRATE CAP 36	OTC
CELEBRATE CAP 45	OTC
CELEBRATE CAP 60	OTC
CENT MATURE TAB ADLT 50+	OTC
CENTRAL-VITE TAB	OTC
CENTRAVITES TAB 50 PLUS	OTC
CENTRAVITES TAB ADULTS	OTC

Drug Name	Requirements/Limits
CENTRUM MENO TAB HOT FLAS	OTC
CENTRUM MINI TAB ADULT 50	OTC
CENTRUM MINI TAB MEN 50+	OTC
CENTRUM MINI TAB WOMEN	OTC
CENTRUM MINI TAB WOMEN 50	OTC
CENTRUM SILV TAB 50+MEN	OTC
CENTRUM SILV TAB 50+WOMEN	OTC
CENTRUM SILV TAB ADULT 50	OTC
CENTRUM SILV TAB MEN 50+	OTC
CENTRUM SILV TAB WOMEN 50	OTC
CENTRUM SPEC TAB HEART	OTC
CENTRUM SPEC TAB IMMUNE	OTC
CENTRUM SPEC TAB VISION	OTC
CENTRUM TAB ADULTS	OTC
CENTRUM TAB CARDIO	OTC
CENTRUM TAB MEN	OTC
CENTRUM TAB SILVER	OTC
CENTRUM TAB ULTRA	OTC
CENTRUM TAB WOMEN	OTC
CERTAVITE TAB SENIOR	OTC
CERTAVITE/ TAB ANTIOXID	OTC
CHOICEFUL CAP MULTIVIT	OTC
CITRACAL +D3 TAB MAX PLUS	OTC
CULTURELLE CAP MENS DAI	OTC
CVS IMMUNE CAP SUPPORT	OTC
CVS MULTIVIT TAB MINERAL	OTC
CVS VISION CAP HEALTH	OTC
DAILY MULTI TAB MENS	OTC
DAILY MULTI TAB WOMENS	OTC
DECUBI-VITE CAP	OTC
DEKAS PLUS CAP	OTC
DEKAS PLUS CAP OCEAN	OTC
DERMAVITE TAB	OTC
EQ COMPLETE TAB ADULT	OTC
EQ ONE DAILY TAB MENS	OTC
EQ ONE DAILY TAB WOMENS	OTC
EQL CENTURY TAB MENS	OTC
EQL CENTURY TAB WOMENS	OTC
EYE HEALTH CAP	OTC
EYE HEALTH CAP ADLT 50+	OTC
EYE HEALTH CAP AREDS 2	OTC
EYE HEALTH TAB LUTEIN	OTC
EYE MULTIVIT TAB SODIUM	OTC
FITNESS TABS TAB MEN	OTC

Drug Name	Requirements/Limits
FITNESS TABS TAB WOMEN	OTC
FREEDAVITE TAB	OTC
FT CENTURY TAB 50+	OTC
FT CENTURY TAB ADULTS	OTC
FT CENTURY TAB MEN	OTC
FT CENTURY TAB MEN 50+	OTC
FT CENTURY TAB WOMEN	OTC
FT CENTURY TAB WOMEN 50	OTC
FT EYE CAP HEALTH	OTC
FT EYE TAB HEALTH	OTC
FT HAIR SKIN TAB & NAILS	OTC
FT ONE DAILY TAB MENS	OTC
FT ONE DAILY TAB MENS 50+	OTC
FT ONE DAILY TAB WOMENS	OTC
GENADEK CAP STEP 1	OTC
GENADEK CAP STEP 2	OTC
GERI-FREEDA TAB SENIOR	OTC
GNP CENTURY TAB ADLT 50	OTC
GNP CENTURY TAB ADLT MEN	OTC
GNP CENTURY TAB ADLT WOM	OTC
GNP CENTURY TAB ADULT	OTC
HAIR SKIN & TAB NAILS AD	OTC
HAIR SKIN TAB NAILS	OTC
HAIR/SKIN/ CAP NAILS	OTC
HEAD CARE TAB PROACTIV	OTC
HEALTHY EYES CAP SUPERVIS	OTC
HIGH POTENCY TAB MV/FA	OTC
ICAPS AREDS TAB FORMULA	OTC
IMMUNE ESSEN CAP DAILY	OTC
JOINT HEALTH TAB BONE STR	OTC
K-PAX TAB PROF ST	OTC
LIVER DETOX TAB	OTC
LUTEIN PLUS TAB ZEAXANTH	OTC
MEGA MULTI TAB MEN	OTC
MEGA MULTI TAB WOMEN	OTC
MEGAVITE TAB FRT/VEG	OTC
MENS 50+ CAP ADVANCED	OTC
MENS 50+ TAB MULTIVIT	OTC
MENS MULTIPL TAB	OTC
MENS MULTIVI TAB HEALTH	OTC
MOOD FOOD CAP	OTC
MOOD FOOD ES CAP	OTC
MULTI VITAMN TAB MINERALS	OTC
MULTI-VITAMI TAB MONOCAPS	OTC

Drug Name	Requirements/Limits
MULTIA CAP	OTC
<i>multiple vitamins w/ minerals tab</i>	OTC
MULTIVITAMIN TAB	OTC
MULTIVITAMIN TAB ADULT	OTC
MULTIVITAMIN TAB ADULTS	OTC
MULTIVITAMIN TAB MEN	OTC
MULTIVITAMIN TAB WOMEN	OTC
MULTIVITAMIN TAB ZINC STR	OTC
MVW COMPLETE CAP D3000	OTC
MVW COMPLETE CAP D5000	OTC
MVW COMPLETE CAP FORMULAT	OTC
MVW COMPLETE CAP MINIS	OTC
MVW MODULAT CAP FORM MIN	OTC
MVW MODULAT CAP FORMULAT	OTC
NAT-RUL THER TAB M	OTC
NATRUL-VITES TAB	OTC
OCUHEALTH CAP VISION 2	OTC
OCULAR TAB VITAMINS	OTC
OCUVITE CAP ADULT	OTC
OCUVITE LUTE CAP	OTC
ONCOVITE TAB	OTC
ONE A DAY TAB MENS 50+	OTC
ONE A DAY TAB WOMENS	OTC
ONE DAILY MN TAB W/O IRON	OTC
ONE DAILY MV TAB WOMENS	OTC
ONE DAILY TAB MENS	OTC
ONE DAILY TAB MENS 50+	OTC
ONE DAILY TAB WMNS 50+	OTC
ONE DAILY TAB WOMENS	OTC
ONE-A-DAY TAB 50+ ADV	OTC
ONE-A-DAY TAB 50+ MENS	OTC
ONE-A-DAY TAB 50+ WMN	OTC
ONE-A-DAY TAB 65+	OTC
ONE-A-DAY TAB MENOPAUS	OTC
ONE-A-DAY TAB MENS	OTC
ONE-A-DAY TAB PETITES	OTC
ONE-A-DAY TAB PROEDGE	OTC
ONE-A-DAY TAB WOMENS	OTC
ONE-DAILY CAP MULTI	OTC
OPTIVITE TAB P.M.T.	OTC
OPURITY TAB	OTC
OSTEOPRIME TAB PLUS	OTC
PARVLEX TAB	OTC
PHYTOMULTI TAB	OTC

Drug Name	Requirements/Limits
PORENAL+D CAP OMEGA 3	OTC
PRESCRIPTION CAP SUPPORT	OTC
PRESERVISION CAP AREDS	OTC
PRESERVISION CAP AREDS 2	OTC
PRESERVISION CAP LUTEIN	OTC
PRESERVISION TAB AREDS	OTC
PRO-CAL TAB	OTC
PROBIOTICS + CAP BARIATRC	OTC
PROCERV HP TAB	OTC
PRORENAL +D TAB	OTC
PRORENAL+D CAP OMEGA-3	OTC
PRORENAL+D TAB	OTC
PROTECT CAP CARDIO	OTC
PROTECT CAP PLUS SO	OTC
PROTEGRA CAP	OTC
PROVIT TAB	OTC
QC MULTI-VIT TAB	OTC
QUIN B TAB STRONG	OTC
QUINTABS-M TAB	OTC
RENAPLEX-D TAB	OTC
SENTRY SENIO TAB LUTEIN	OTC
SENTRY SENIO TAB MENS 50+	OTC
SENTRY TAB	OTC
SKIN/HAIR/ CAP NAILS	OTC
SOLO TAB	OTC
SPECTRAVITE TAB	OTC
SPECTRAVITE TAB ADLT 50+	OTC
SPECTRAVITE TAB ADULTS	OTC
SPECTRAVITE TAB MEN 50+	OTC
SPECTRAVITE TAB ULT MEN	OTC
SPECTRAVITE TAB ULT WMN	OTC
SUPER ANTIOX CAP	OTC
SUPER D/ZINC TAB SELENIUM	OTC
SUPERIOR TAB MENS	OTC
SYSTANE ICAP TAB AREDS2	OTC
T-VITES TAB	OTC
THERA-M TAB	OTC
THERA-TABS M TAB	OTC
THERA-VITE TAB MAX-M	OTC
THERAGRAN-M TAB	OTC
THERAGRAN-M TAB 50 PLUS	OTC
THERAGRAN-M TAB ADVANCED	OTC
THERAGRAN-M TAB PREMIER	OTC
THERAMILL CAP FORTE	OTC

Drug Name	Requirements/Limits
THERANATAL CAP LACTATIO	OTC
THERAPEUTIC- TAB M	OTC
ULTRA BONEUP TAB	OTC
ULTRA POTENC TAB WOMEN 50	OTC
VISION CAP OPTIMIZE	OTC
VISION HEALT CAP	OTC
VISTA ADVAN CAP AREDS2	OTC
VISTA ADVAN CAP DRY EYE	OTC
VITABASIC TAB COMPLETE	OTC
VITABASIC TAB SENIOR	OTC
VITABEX CAP	OTC
VITABEX PLUS CAP	OTC
VITASANA TAB	OTC
VITEYES ARED CAP 2 +MULTI	OTC
VITEYES CAP AREDS 2	OTC
VITEYES CAP CLASSIC	OTC
VITEYES CLAS CAP ADV	OTC
VITEYES CLAS CAP ADVANCED	OTC
VITEYES CLAS CAP MAC SUPP	OTC
VITEYES CLAS CAP OMEGA-3	OTC
VITEYES CLAS TAB MULTIVIT	OTC
VITEYES OPTI TAB NERV SUP	OTC
WOMENS 50+ TAB MULTIVIT	OTC
WOMENS MULTI TAB	OTC
YELETS TEEN TAB FORMULA	OTC
MULTIVITAMINS	
CENTRUM MENO TAB MND/MOOD	OTC
ESTROFACTORS TAB	OTC
MULTI VITAMI TAB	OTC
MULTI VITAMI TAB D-3	OTC
<i>multiple vitamin tab</i>	OTC
MULTIVITAMIN TAB	OTC
MULTIVITAMIN TAB ADULT	OTC
NEOMULTIVITE TAB	OTC
OMNICAP TAB	OTC
ONE DAILY TAB ESSENTL	OTC
ONE VITE TAB DAILY MV	OTC
QUINTABS TAB	OTC
STRESS FORMU TAB ZINC/ENE	OTC
THERA TAB	OTC
THEREMS TAB MULTIVIT	OTC
TM-DAILY TAB VITE	OTC
TRUE MULTI- TAB VITAMIN	OTC

Drug Name	Requirements/Limits
PED MULTI VITAMINS W/FL & FE	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	OTC
PED MV W/ FLUORIDE	
<i>multi vit/fl chw 0.25mg</i>	
<i>multi-vit/fl dro 0.5mg/ml</i>	
<i>multivit/fl chw 0.5mg</i>	
MULTIVIT/FL CHW 0.5MG	OTC
MULTIVIT/FL CHW 0.25MG	OTC
<i>multivit/fl chw 1mg</i>	
MULTIVIT/FL CHW 1MG	OTC
<i>multivit/fl dro 0.25mg</i>	
<i>tri-vit/flu dro 0.5mg</i>	
<i>tri-vit/flu dro 0.25mg</i>	
PED MV W/ IRON	
HONEY BEARS CHW IRON-ZIN	OTC
MULTI/IRON/ DRO 11MG/ML	OTC
MULTI/IRON/ DRO INF/TODD	OTC
MULTIVITAMIN CHW IRON	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	OTC
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i>	OTC
POLY-VI-SOL DRO IRON	OTC
POLY-VI-SOL SOL IRON	OTC
POLY-VITE SOL /IRON	OTC
POLY-VITE SOL IRON	OTC
PEDIATRIC MULTIPLE VITAMINS	
MULTIV INFAN DRO /TODDLER	OTC
MULTIVITAMIN DRO INFANT	OTC
PED POLY-VIT DRO	OTC
POLY-VI-SOL SOL 50MG/ML	OTC
POLY-VITA DRO	OTC
POLY-VITE DRO	OTC
POLY-VITE SOL 50MG/ML	OTC
PRENATAL VITAMINS	
COMPLETE NAT PAK DHA	QL (1.111 boxes every 1 day)
CVS PRENATAL TAB 27-0.8MG	QL (100 tabs per 90 days), OTC
<i>elite-ob tab</i>	QL (1.111 tabs every 1 day)
KPN PRENATAL TAB	QL (100 tabs per 90 days), OTC
MULTI PRENAT TAB	QL (100 capsules every 90 days), OTC
NEONATAL TAB PRENATAL	QL (100 tabs per 90 days), OTC
NEONATAL VIT TAB 27-0.8MG	QL (100 capsules every 90 days), OTC

Drug Name	Requirements/Limits
ONE VITE TAB 27-0.8MG	QL (100 capsules every 90 days), OTC
<i>pnv-dha cap</i>	QL (100 capsules every 90 days)
PNV-DHA CAP DOCUSATE	QL (100 capsules every 90 days)
PNV-OMEGA CAP	QL (100 capsules every 90 days)
<i>pnv-select tab</i>	QL (100 capsules every 90 days)
PRENATAL ONE TAB DAILY	QL (100 tabs per 90 days), OTC
PRENATAL TAB	QL (100 tabs per 90 days), OTC
PRENATAL TAB 27-0.8MG	QL (100 tabs per 90 days), OTC
PRENATAL TAB 27-1MG	QL (100 tabs per 90 days)
PRENATAL VIT TAB 27-0.8MG	QL (100 tabs per 90 days), OTC
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	QL (100 capsules every 90 days), OTC
PRENATE CHW 0.6-0.4	QL (100 capsules every 90 days)
SELECT-OB+ PAK DHA	QL (2 boxes every 1 day)
TARON-C DHA CAP	QL (100 capsules every 90 days)
THERANATAL TAB 27-1	QL (100 capsules every 90 days), OTC
VITAFOL-OB TAB 65-1MG	QL (100 capsules every 90 days)
SPECIALTY VITAMINS PRODUCTS	
ALLERWELL TAB ALLERGY	OTC
BIOTIN PLUS TAB KERATIN	OTC
CENTRUM SPEC TAB ENERGY	OTC
CENTRUM TAB PERFORMA	OTC
CVS HAIR/SKN TAB NAILS	OTC
ELON MATRIX TAB 5000	OTC
ELON MATRIX TAB 5000 COM	OTC
ELON MATRIX TAB COMPLETE	OTC
ELON MATRIX TAB PLUS	OTC
ELON R3 TAB	OTC
HAIR NOURISH TAB SUPPLEMN	OTC
HEART TABS TAB	OTC
LIPIDSHIELD TAB PLUS	OTC
MEMORY TAB COMPLEX	OTC
MG PLUS TAB PROTEIN	OTC
MIL ADREGEN TAB	OTC
NERVIVE NERV TAB RELIEF	OTC

Drug Name	Requirements/Limits
RA EAR CARE TAB	OTC
UPSPRING TAB HE NATAL	OTC
MUSCULOSKELETAL THERAPY AGENTS	
CENTRAL MUSCLE RELAXANTS	
<i>baclofen tabs 5mg, 10mg, 15mg, 20mg</i>	
<i>carisoprodol tabs 350mg</i>	QL (120 tabs every 30 days)
<i>chlorzoxazone tabs 500mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>orphenadrine citrate tb12 100mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
DIRECT MUSCLE RELAXANTS	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	
NASAL AGENTS - SYSTEMIC AND TOPICAL	
NASAL ANTIALLERGY	
<i>azelastine hcl soln .1%, 137mcg/spray</i>	
NASAL ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
NASAL STEROIDS	
<i>budesonide (nasal) susp 32mcg/act</i>	OTC
FLONASE ALLERGY RELIEF SUSP 50MCG/ACT	ST, OTC
FLONASE ALLERGY RELIEF CH SUSP 50MCG/ACT	ST, OTC
<i>flunisolide (nasal) soln .025%</i>	ST, QL (1 bottle every 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	OTC
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	ST, PA, QL (1 bottle every 30 days)
NASACORT ALLERGY 24HR AERO 55MCG/ACT	ST, OTC
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	OTC
SYMPATHOMIMETIC DECONGESTANTS	
<i>oxymetazoline hcl soln .05%</i>	OTC
NEUROMUSCULAR AGENTS	
FRIEDRICH'S ATAXIA AGENTS	
SKYCLARYS CAPS 50MG	PA
RETT SYNDROME AGENTS	
DAYBUE SOLN 200MG/ML	PA
NUTRIENTS	
MISC. NUTRITIONAL SUBSTANCES	
CVS FISH OIL CAP	OTC
FISH OIL CAP 360MG	OTC
FISH OIL CAP 1000MG	OTC
FISH OIL CAP 1400MG	OTC
FT FISH OIL CAP 360MG	OTC

Drug Name	Requirements/Limits
OMEGA-3 CAP 1400MG	OTC
<i>omega-3 fatty acids caps 1000mg, 1200mg</i>	OTC
<i>omega-3 fatty acids cap 300 mg</i>	OTC
<i>omega-3 fatty acids cap 435 mg</i>	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i>	OTC
ULTRA OMEGA3 CAP 1400MG	OTC
PROTEINS	
<i>glutamine tabs 500mg</i>	OTC
<i>levocarnitine tabs 500mg</i>	OTC
<i>levocarnitine l-tartrate caps 500mg</i>	OTC
OPHTHALMIC AGENTS	
ARTIFICIAL TEARS AND LUBRICANTS	
<i>carboxymethylcellulose sodium (ophth) gel 1%; soln .5%</i>	OTC
REFRESH LIQUIGEL GEL 1%	OTC
BETA-BLOCKERS - OPHTHALMIC	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>carteolol hcl (ophth) soln 1%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
<i>levobunolol hcl soln .5%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
CYCLOPLEGIC MYDRIATICS	
ATROPINE SULFATE SOLN 1%	
<i>atropine sulfate (ophthalmic) soln 1%</i>	
<i>tropicamide soln .5%, 1%</i>	
MIOTICS	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	
OPHTHALMIC ADRENERGIC AGENTS	
BRIMON/DORZO SOL 0.1-2%OP	
<i>brimonidine tartrate soln .15%, .2%</i>	
OPHTHALMIC ANTI-INFECTIVES	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
CILOXAN OINT .3%	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	
ERYTHROMYCIN OINT 5MG/GM	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gatifloxacin (ophth) soln .5%</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	
<i>levofloxacin (ophth) soln .5%</i>	

Drug Name	Requirements/Limits
<i>moxifloxacin hcl (ophth) soln .5%</i>	
<i>neo-polycin oin op</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) soln .3%</i>	
<i>polycin oin op</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
<i>TOBREX OINT .3%</i>	
<i>trifluridine soln 1%</i>	
OPHTHALMIC IMMUNOMODULATORS	
<i>CEQUA SOLN .09%</i>	
OPHTHALMIC STEROIDS	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>fluorometholone (ophth) susp .1%</i>	
<i>neo-polycin oin hc 1%op</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>PRED MILD SUSP .12%</i>	
<i>prednisolone acetate (ophth) susp 1%</i>	
<i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>TOBRADEX OIN 0.3-0.1%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
OPHTHALMICS - MISC.	
<i>ALOCRIL SOLN 2%</i>	
<i>azelastine hcl (ophth) soln .05%</i>	ST
<i>cromolyn sodium (ophth) soln 4%</i>	
<i>diclofenac sodium (ophth) soln .1%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>epinastine hcl (ophth) soln .05%</i>	ST
<i>flurbiprofen sodium soln .03%</i>	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	
<i>ketotifen fumarate (ophth) soln .035%</i>	OTC
PROSTAGLANDINS - OPHTHALMIC	
<i>latanoprost soln .005%</i>	

Drug Name	Requirements/Limits
<i>travoprost soln .004%</i>	
OTIC AGENTS	
OTIC AGENTS - MISCELLANEOUS	
<i>acetic acid (otic) soln 2%</i>	
OTIC ANTI-INFECTIVES	
<i>ciprofloxacin hcl (otic) soln .2%</i>	
<i>ofloxacin (otic) soln .3%</i>	
OTIC COMBINATIONS	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
OTIC STEROIDS	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
MONOCLONAL ANTIBODIES	
SYNAGIS SOLN 50MG/0.5ML, 100MG/ML	PA
PENICILLINS	
AMINOPENICILLINS	
<i>amoxicillin caps 500mg; chew 125mg, 250mg; susr 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
<i>ampicillin caps 500mg</i>	
NATURAL PENICILLINS	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
PENICILLINASE-RESISTANT PENICILLINS	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	
PHARMACEUTICAL ADJUVANTS	
LIQUID VEHICLES	
CHERRY SYP	OTC
CHERRY SYP CONCENTR	OTC
CVS PURIFIED LIQ WATER	OTC
DISTILLATA LIQ WATER	OTC
DISTILLED LIQ WATER	OTC

Drug Name	Requirements/Limits
FLAVOR SWEET SYP S/F	OTC
GOOD START LIQ WATER	OTC
GRAPE SYP	OTC
INFANT DRINK LIQ WATER	OTC
MX-SOL BLEND SUS	OTC
MX-SOL BLEND SUS SF	OTC
MX-SOL SF SYP	OTC
MX-SOL SUS SUSPEND	OTC
MX-SOL SYP	OTC
NICE DISTILL LIQ WATER	OTC
ORA-BLEND SF SUS	OTC
ORA-BLEND SUS	OTC
ORA-PLUS LIQ	OTC
ORA-SWEET SF SYP	OTC
ORA-SWEET SYP	OTC
ORAL MIX SF SUS	OTC
ORAL MIX SUS SUSPENDI	OTC
ORAL SUSPEND LIQ	OTC
ORAL SYP FLAVORED	OTC
ORAL SYP SF	OTC
ORAPENN SD LIQ SWEET	OTC
ORAPENN SD LIQ UNSWEET	OTC
PURIFIED LIQ WATER	OTC
SIMILAC LIQ WATER	OTC
SIMPLE SYP	OTC
SIMPLE SYRUP SYP NF	OTC
SOSWEET SYP	OTC
SUSPENDIT SUS ANHYDRS	OTC
SYRSPEND SF LIQ	OTC
SYRSPEND SF SUS	OTC
SYRSPEND SF SUS ALKA	OTC
SYRUP NF SYRP 85%	OTC
UNISPEND ANH SUS SWEETENE	OTC
UNISPEND ANH SUS UNSWEETE	OTC
<i>water for injection</i>	

PROGESTINS

PROGESTINS

<i>gallifrey tabs 5mg</i>
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>
<i>megestrol acetate (appetite) susp 625mg/5ml</i>
<i>norethindrone acetate tabs 5mg</i>
<i>progesterone caps 100mg, 200mg</i>

Drug Name	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
ANTIDEMENTIA AGENTS	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg</i>	QL (30 caps every 30 days)
<i>galantamine hydrobromide soln 4mg/ml</i>	QL (200 mL every 30 days)
<i>galantamine hydrobromide tabs 4mg, 8mg, 12mg</i>	QL (60 tabs every 30 days)
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	
FIBROMYALGIA AGENTS	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS	
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	QL (60 caps every 30 days)
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	
<i>glatopa sosy 20mg/ml, 40mg/ml</i>	
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	PA, QL
REBIF REBIDO INJ TITRATN	PA, QL
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	PA, QL
REBIF TITRTN INJ PACK	PA, QL
TRANSTHYRETIN AMYLOIDOSIS AGENTS	
WAINUA SOAJ 45MG/0.8ML	PA
SULFONAMIDES	
SULFONAMIDES	
<i>sulfadiazine tabs 500mg</i>	
TETRACYCLINES	
TETRACYCLINES	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	
<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg, 150mg</i>	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg; tbec 75mg, 100mg, 150mg</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tb24 80mg, 105mg</i>	
<i>tetracycline hcl caps 250mg, 500mg</i>	
THYROID AGENTS	
ANTITHYROID AGENTS	
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	
THYROID HORMONES	
ARMOUR THYROID TABS 15MG	

Drug Name	Requirements/Limits
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	
NP THYROID 15 TABS 15MG	
NP THYROID 30 TABS 30MG	
NP THYROID 60 TABS 60MG	
NP THYROID 90 TABS 90MG	
NP THYROID 120 TABS 120MG	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	
ANTISPASMODICS	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	
<i>glycopyrrolate tabs 1mg, 2mg</i>	
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	
<i>hyosyne elix .125mg/5ml; soln .125mg/ml</i>	
<i>nulev tbdp .125mg</i>	
<i>oscimin subl .125mg; tabs .125mg</i>	
H-2 ANTAGONISTS	
<i>cimetidine tabs 200mg</i>	OTC
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>cimetidine hcl soln 300mg/5ml</i>	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	
<i>famotidine tabs 20mg</i>	OTC
<i>nizatidine caps 150mg, 300mg</i>	
MISC. ANTI-ULCER	
<i>sucralfate susp 1gm/10ml; tabs 1gm</i>	
PROTON PUMP INHIBITORS	
<i>esomeprazole magnesium cpdr 20mg</i>	QL (60 caps every 30 days), OTC
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	QL (60 caps every 30 days)
<i>lansoprazole cpdr 15mg</i>	QL (60 caps every 30 days), OTC
<i>lansoprazole cpdr 15mg, 30mg</i>	QL (60 caps every 30 days)
<i>omeprazole tbdd 20mg</i>	PA, QL (60 tabs every 30 days), OTC

Drug Name	Requirements/Limits
<i>omeprazole tbec 20mg</i>	QL (60 tabs every 30 days), OTC
<i>omeprazole magnesium cpdr 20mg, 20.6mg</i>	QL (60 caps every 30 days), OTC
<i>omeprazole magnesium tbec 20mg</i>	QL (60 tabs every 30 days), OTC
<i>pantoprazole sodium tbec 20mg, 40mg</i>	QL (60 tabs every 30 days)
<i>rabeprazole sodium tbec 20mg</i>	QL (60 tabs every 30 days)
ULCER DRUGS - PROSTAGLANDINS	
<i>misoprostol tabs 100mcg, 200mcg</i>	
ULCER THERAPY COMBINATIONS	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	QL (60 caps every 30 days)
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	QL (60 caps every 30 days), OTC
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	QL (60 caps every 30 days)
URINARY ANTISPASMODICS	
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 15mg</i>	
<i>oxybutynin chloride tb24 5mg, 10mg</i>	
<i>tolterodine tartrate tabs 1mg, 2mg</i>	ST
<i>tropium chloride cp24 60mg</i>	QL (30 caps every 30 days)
<i>tropium chloride tabs 20mg</i>	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
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<i>flavoxate hcl tabs 100mg</i>	
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<i>FLUMIST NASA LIQ 2025-26</i>	PA
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<i>clindamycin phosphate vaginal crea 2%</i>	
<i>clotrimazole vaginal crea 1%</i>	QL (45 gm every 30 days), OTC
<i>clotrimazole vaginal crea 1%</i>	QL (45 gm every 30 days), OTC
<i>metronidazole vaginal gel .75%</i>	
<i>miconazole nitrate vaginal crea 2%</i>	OTC
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	OTC

Drug Name	Requirements/Limits
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
VANDAZOLE GEL .75%	
VAGINAL ANTI-INFLAMMATORY AGENTS	
MONISTAT CARE INSTANT ITC CREA 1%	OTC
VAGINAL ESTROGENS	
<i>estradiol vaginal crea .1mg/gm; tabs 10mcg</i>	
<i>yuvaferm tabs 10mcg</i>	
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ANAPHYLAXIS THERAPY AGENTS	
<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	QL (6 pens every 248 days)
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<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
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<i>cholecalciferol caps 1.25mg, 10mcg, 25mcg, 50mcg, 125mcg, 250mcg, 400unit, 1000unit, 2000unit, 5000unit, 10000unit, 50000unit; chew 25mcg, 400unit, 1000unit; liqd 10mcg/ml, 400unit/ml; tabs 1.25mg, 10mcg, 25mcg, 50mcg, 125mcg, 400unit, 1000unit, 1250mcg, 2000unit, 5000unit, 50000unit</i>	OTC
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	OTC
DDROPS LIQD 1000UT/0.028ML	OTC
<i>ergocalciferol caps 1.25mg, 50000unit</i>	
<i>ergocalciferol soln 200mcg/ml, 8000unit/ml</i>	OTC
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<i>phytonadione tabs 5mg</i>	QL (10 tablets every 30 days)
REPLESTA WAFR 50000UNIT	OTC
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<i>calcium carbonate-vitamin d cap 600 mg-5</i> <i>mcg (200 unit)</i>	73
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<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	29	<i>cefdinir</i>	35
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	29	<i>cefixime</i>	35
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	29	<i>cefpodoxime proxetil</i>	36
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<i>carbidopa & levodopa tab 25-100 mg</i>	30	<i>cefuroxime axetil</i>	35
<i>carbidopa & levodopa tab 25-250 mg</i>	30	CELEBRATE CAP 18	79
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CARETOUCH MIS 31GX6MM	65	CENTRUM SILV TAB 50+MEN	80
CARETOUCH MIS 31GX8MM	65	CENTRUM SILV TAB 50+WOMEN	80
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<i>chlorzoxazone</i>	87	<i>clonidine</i>	28
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<i>cholecalciferol</i>	95	<i>clonidine hcl (adhd)</i>	15
<i>cholecalciferol cap 1.25 mg (50000 unit)</i> .	95	<i>clopidogrel bisulfate</i>	51
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	95	<i>clotrimazole</i>	78
<i>cholestyramine</i>	26	<i>clotrimazole (topical)</i>	42
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<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	23	<i>prednisolone</i>	40
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	23	<i>prednisolone acetate (ophth)</i>	89
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<i>potassium citrate (alkalinizer)</i>	50	PRIMAQUINE PHOSPHATE	30
<i>pramipexole dihydrochloride</i>	30	<i>primidone</i>	23
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<i>prasugrel hcl</i>	51	PRO COMFORT MIS 0.5/31G	68
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<i>pyrazinamide</i>	30
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<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	29
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	29
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<i>sulfacetamide sodium (ophth)</i>	89
<i>sulfacetamide sodium-prednisolone ophth</i> <i>soln 10-0.23(0.25)%</i>	89
<i>sulfadiazine</i>	92
<i>sulfamethoxazole-trimethoprim susp 200-</i> <i>40 mg/5ml</i>	20
<i>sulfamethoxazole-trimethoprim tab 400-80</i> <i>mg</i>	20
<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	20
<i>sulfasalazine</i>	50
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<i>terazosin hcl</i>	28
<i>terbinafine hcl</i>	26
<i>terbinafine hcl (topical)</i>	43
<i>terbutaline sulfate</i>	22
<i>terconazole vaginal</i>	95
<i>testosterone</i>	18
<i>testosterone cypionate</i>	18
<i>testosterone enanthate</i>	18
<i>tetracycline hcl</i>	92
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<i>timolol maleate (ophth)</i>	88	<i>tri-mili tab</i>	38
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ULTICARE PEN MIS 31GX8MM	69	UNIFINE PNTP MIS 31GX5MM	70
ULTIGUARD MIS 31GX5MM	69	UNIFINE PNTP MIS 31GX6MM	70
ULTIGUARD MIS 31GX6MM	69	UNIFINE PNTP MIS 31GX8MM	70
ULTIGUARD MIS 31GX8MM	69	UNIFINE PNTP MIS 32GX4MM	70
ULTIGUARD MIS 32GX4MM	69	UNIFINE PNTP MIS 32GX5/32	70
ULTI-LANCE MIS CLR TIP	62	UNIFINE PNTP MIS 32GX6MM	70
ULTILET MIS 26G	62	UNIFINE PNTP MIS 33GX4MM	70
ULTILET MIS 28G	62	UNIFINE PROT MIS 32GX4MM	70
ULTILET MIS 30G	62	UNIFINE SAFE MIS 31GX5MM	70
ULTILET MIS 33G	62	UNIFINE SAFE MIS 31GX6MM	70

UNIFINE SAFE MIS 31GX8MM.....	70	UNISTIK PRO MIS LANC 28G	63
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UNIFINE ULTR MIS 31GX8MM.....	70	UNISTIK TOUC MIS LANC 23G.....	63
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UNILET G.P. MIS 21G	62	UPSPRING TAB HE NATAL	87
UNILET GP 28 MIS ULT THIN	62	<i>urea</i>	44
UNILET LANC MIS 33G	62	<i>ursodiol</i>	50
UNILET LANCE MIS 21G	62	USTEKINUMAB-TTWE.....	50
UNILET LANCE MIS 28G	62	V	
UNILET LANCE MIS 33G	62	<i>valacyclovir hcl</i>	33
UNILET LANCT MIS 28G	62	<i>valganciclovir hcl</i>	33
UNILET LANCT MIS 30G	62	<i>valsartan</i>	27
UNILET LANCT MIS 33G	62	<i>valsartan-hydrochlorothiazide tab 160-12.5</i>	
UNILET MICRO MIS 33G	62	<i>mg</i>	29
UNILET MIS 21G.....	62	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
UNILET SUPER MIS 23G.....	62	<i>mg</i>	29
UNILET SUPER MIS G.P. 23G	62	<i>valsartan-hydrochlorothiazide tab 320-12.5</i>	
UNISPEND ANH SUS SWEETENE	91	<i>mg</i>	29
UNISPEND ANH SUS UNSWEETE	91	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
UNISTIK 1 MIS 2.4MM	62	<i>mg</i>	29
UNISTIK 1 MIS 3.0MM	63	<i>valsartan-hydrochlorothiazide tab 80-12.5</i>	
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UNISTIK 2 MIS COMFORT	63	VANDAZOLE.....	95
UNISTIK 2 MIS EXTRA	63	VANTAGE LANC MIS DEVICE.....	63
UNISTIK 2 MIS NEONATAL	63	<i>velivet pak</i>	39
UNISTIK 2 MIS NORMAL.....	63	VEMLIDY.....	33
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UNISTIK 3 MIS GENT 30G	63	VERIFINE LAN MIS MINI 30G.....	63
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UNISTIK CZT MIS NORMAL	63	VERIFINE PEN MIS 29GX12MM.....	70
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<i>vienna tab 0.1-20</i>	39	WIDE-SEAL SILICONE DIAPHR	54
<i>viorele tab</i>	39	<i>wixela inhub aer 100/50</i>	22
VIRACEPT	32	<i>wixela inhub aer 250/50</i>	22
VIREAD	32	<i>wixela inhub aer 500/50</i>	22
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VISION HEALT CAP	84	WOMENS MULTI TAB	84
VISTA ADVAN CAP AREDS2	84	<i>wymzya fe chw 0.4mg-35</i>	39
VISTA ADVAN CAP DRY EYE	84	X	
VITABASIC TAB COMPLETE	84	<i>xarah fe tab</i>	39
VITABASIC TAB SENIOR	84	XELJANZ	15
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VITABEX PLUS CAP	84	XOFLUZA	33
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VITEYES ARED CAP 2 +MULTI	84	YELETS TEEN TAB FORMULA	84
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VITEYES CAP CLASSIC	84	YEZTUGO	32
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VITEYES CLAS CAP ADVANCED	84	<i>yuvaferm</i>	95
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VITEYES CLAS CAP OMEGA-3	84	<i>zafemy dis 150/35</i>	39
VITEYES CLAS TAB MULTIVIT	84	<i>zafirlukast</i>	21
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<i>vylibra tab 0.25-35</i>	39	ZEVRX STERILE ALCOHOL PRE	64
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<i>warfarin sodium</i>	22	<i>zovia 1/35 tab</i>	39
<i>water for injection</i>	91		