CareFirst Community Health Plan Maryland

# 2022 COMPREHENSIVE FORMULARY (List of Covered Drugs)

## CareFirst BlueCross BlueShield Community Health Plan Maryland

## A Healthchoice Managed Care Organization

**PLEASE READ:** THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.
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This formulary was updated on 07/01/2022. For more recent information or other questions, please contact us at **1-800-730-8530**, for TTY users, 711, 24 hours a day, 7 days a week, or visit **CareFirstchpmd.com**.

410-779-9369 or 800-730-8530
www.CareFirstchpmd.com

CareFirst Community Health Plan Maryland

# Formulary (Preferred Drug List)

07/01/2022

## INTRODUCTION

We are pleased to provide the 2022 CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) Formulary as a useful reference. This formulary can assist providers in selecting clinically appropriate and cost-effective products for their CareFirst CHPMD patients.

The document is reflective of current medical practices of the date on which CareFirst CHPMD completed its standard review.

The CareFirst CHPMD formulary is intended as a reference for drug therapy selection. It is not intended to be comprehensive in nature nor is it a substitute for the knowledge, expertise, skill, and judgment of the prescriber in his or her choice of prescription drugs. Specific drug selection for an individual patient rests solely with the prescriber.

The CareFirst CHPMD formulary is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any provider based upon reliance, in whole or in part, on the information contained herein. The provider should consult the drug manufacturer's product literature or standard drug references for more detailed information.

## PREFACE

The formulary is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action- how the drug produces an effect in the body.

Drugs represented in this formulary may have varying cost to the plan member based on the plan's benefit structure. Generic drugs typically are available at a lower member out-of-pocket cost while brand-name drugs will generally cost more than generics and have a higher member out-of-pocket cost. Generic drugs should be prescribed first-line as much as possible unless a patient has experienced an adverse effect and/or a lack of therapeutic outcome after using a sufficient dose for an appropriate period of time.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CareFirst CHPMD Pharmacy and Therapeutics Committee ("P&T Committee") is an external advisory body of CareFirst CHPMD network physicians and pharmacists. These clinical professionals are utilized to determine the drugs to include on the formulary, providing insights

to the safety and clinical effectiveness of drug therapies. Voting members of the P&T Committee must disclose any financial relationship(s) and/or conflict(s) of interest with all pharmaceutical manufacturers and affiliations.

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than prescribed brand-name product. Drug listed in lowercase indicates generic availability. In most instances, when a generic drug of a brand-name drug is released into the market it is covered and the associated brand-name drug will become non-formulary or not covered. Drugs prescribed are subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name counterparts. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and Are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generic drugs maybe different from the brand in size, color, and inactive ingredients, but this does not alter theireffectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

## SPECIALTY PLAN DESIGN

**Specialty Guideline Management (SGM)**

SGM is our utilization management program that helps ensure appropriate utilization of specialty drugs based on currently accepted evidence-based medicine guidelines. The utilization management program is available for all therapeutic areas dispensed by our specialty pharmacies. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Drugs which may be included in the SGM program are identified in the formulary as "SP" for your reference.

**Note:** Specialty drugs can only be dispensed by the CVS Pharmacy® Specialty Services and select University of Maryland Medical System Pharmacies. Providers: please contact either CVS Pharmacy® Specialty Services, Call: **1-800-237-2767**, Fax: **1-800-323-2445** or University of Maryland Medical System(UMMS) Pharmacy Services, Call: **855-547-4276**, Fax: **410-684-3776**. For more information on

the Specialty Medications and a list of network Specialty pharmacies, please go to our website Pharmaceutical Management Procedures | CareFirst Community Health Plan Maryland (**carefirstchpmd.com**) and click on Specialty Medications.

## PLAN DESIGN

The formulary represents a closed formulary plan design. The drugs listed on the formulary are covered by the plan as represented and drugs not listed are not covered unless a non-formulary exception is pre-approved for coverage. Certain drugs on the list are covered if utilization criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such drugs outside of their listed criteria will be reviewed for medical necessity. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into **Carefirstchpmd.com** to check the coverage of drugs on the formulary.

## AUTHORIZATIONS

Authorization requests for both **NON-FORMULARY** and **FORMULARY** products requiring either a PA (Prior Authorization), QL (Quantity Limit), ST (Step Therapy) or medical necessity review contact **CVS Caremark®** at: **1-877-418-4133**.

Authorization requests for specific **MENTAL HEALTH** products contact the Maryland Department of Health (MDH) at: **1-800-932-3918** (Antipsychotic Peer Review Line for children 0-9 years old: **1-855-283-0876**).

## HIV TREATMENT

HIV drugs are no longer processed by the Maryland Medicaid Fee For Service program. HIV drugs are now covered under the pharmacy benefit at CareFirst CHPMD. CareFirst CHPMD requires a copay of $0 for generic drugs and $3 for brand drugs. If a member is unable to pay a brand drug copay, the dispensing pharmacy must contact the CVS Help Desk at 1**-800-345-5413** for assistance.

Formulary restrictions were implemented on 07/01/2020. Members 21 years of age or younger will not be subject to formulary restrictions in the antiretroviral class.

## FORMULARY CHANGES/UPDATES

CareFirst CHPMD may add/or remove drugs from the drug list throughout the year. The formulary changes are reviewed and approved by the Pharmacy and Therapeutics (P & T) Committee or added/removed from the formulary based on the latest medical literature. Monthly formulary changes are posted onto the website at **Carefirstchpmd.com**.

## OPIOIDS

The quantity of opioid products prescribed (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30-day supply. **Prescriptions that exceed the 90 MME daily limit will be subject to UM criteria, such as prior authorization.** Members who are opioid-naïve may be subject to additional step therapy requirements [use of an immediate release (IR) formulation will be required before moving to an extended-release (ER) formulation and quantity limit restrictions (first fill will be limited to three days for 19 years and under and seven days for 20 years and older)].

**Note:** The quantity limits outlined in the formulary reflect post one (1) month Limit of ≤ 200 MME/day (per 25 days).

## BLOOD GLUCOSE METER TEST STRIPS, LANCETS, ALCOHOL SWABS

One Touch by Lifescan is the preferred covered blood glucose meter and test strips for CareFirst CHPMD members. Test strips have a quantity limit of 200 strips every 25 days.

Formulary alcohol swabs are limited to a maximum cost of $10 per month. A majority of alcohol swabs available on the market costs less than $10. Note: The existing quantity limit of 200 alcohol swabs every 25 days remains.

Formulary lancets are limited to a maximum cost of $10 per month. A majority of lancets available on the market costs less than $10. Note: The existing quantity limit of 200 lancets every 25 days remains.

## NOTICE

The information contained in this formulary is proprietary. The information may not be copied in whole or in part without written permission. ©2022. All rights reserved. This formulary contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

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**410-779-9369 or 800-730-8530**

**CareFirstchpmd.com**

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## Effective 07/01/2022

| Drug Name | Requirements/Limits |
|---|---|
| **PENICILLINS** | |
| ***NATURAL PENICILLINS*** | |
| BICILLIN L-A INJ 2400000 | |
| BICILLIN L-A INJ 600000 | |
| BICILLIN L-A INJ 1200000 | |
| *penicillin v potassium tab 250 mg* | |
| *penicillin v potassium tab 500 mg* | |
| *penicillin v potassium for soln 125 mg/5ml* | |
| *penicillin v potassium for soln 250 mg/5ml* | |
| ***AMINOPENICILLINS*** | |
| *amoxicillin (trihydrate) cap 250 mg* | |
| *amoxicillin (trihydrate) cap 500 mg* | |
| *amoxicillin (trihydrate) tab 500 mg* | |
| *amoxicillin (trihydrate) tab 875 mg* | |
| *amoxicillin (trihydrate) chew tab 125 mg* | |
| *amoxicillin (trihydrate) chew tab 250 mg* | |
| *amoxicillin (trihydrate) for susp 125 mg/5ml* | |
| *amoxicillin (trihydrate) for susp 200 mg/5ml* | |
| *amoxicillin (trihydrate) for susp 250 mg/5ml* | |
| *amoxicillin (trihydrate) for susp 400 mg/5ml* | |
| *ampicillin cap 500 mg* | |
| ***PENICILLINASE-RESISTANT PENICILLINS*** | |
| *dicloxacillin sodium cap 250 mg* | |
| *dicloxacillin sodium cap 500 mg* | |
| ***PENICILLIN COMBINATIONS*** | |
| *amoxicillin & k clavulanate tab 250-125 mg* | |
| *amoxicillin & k clavulanate tab 500-125 mg* | |
| *amoxicillin & k clavulanate tab 875-125 mg* | |
| *amoxicillin & k clavulanate chew tab 200-28.5 mg* | |
| *amoxicillin & k clavulanate chew tab 400-57 mg* | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | |
| **CEPHALOSPORINS** | |
| ***CEPHALOSPORINS - 1ST GENERATION*** | |
| *cefadroxil cap 500 mg* | |
| *cefadroxil tab 1 gm* | |
| *cefadroxil for susp 250 mg/5ml* | |

| Drug Name | Requirements/Limits |
|---|---|
| *cefadroxil for susp 500 mg/5ml* | |
| *cephalexin cap 250 mg* | |
| *cephalexin cap 500 mg* | |
| *cephalexin cap 750 mg* | |
| *cephalexin tab 250 mg* | |
| *cephalexin tab 500 mg* | |
| *cephalexin for susp 125 mg/5ml* | |
| *cephalexin for susp 250 mg/5ml* | |
| ***CEPHALOSPORINS - 2ND GENERATION*** | |
| *cefprozil tab 250 mg* | |
| *cefprozil tab 500 mg* | |
| *cefprozil for susp 125 mg/5ml* | |
| *cefprozil for susp 250 mg/5ml* | |
| *cefuroxime axetil tab 250 mg* | |
| *cefuroxime axetil tab 500 mg* | |
| ***CEPHALOSPORINS - 3RD GENERATION*** | |
| *cefdinir cap 300 mg* | |
| *cefdinir for susp 125 mg/5ml* | |
| *cefdinir for susp 250 mg/5ml* | |
| *ceftriaxone sodium for inj 250 mg* | |
| *ceftriaxone sodium for inj 500 mg* | |
| *ceftriaxone sodium for inj 1 gm* | |
| *ceftriaxone sodium for inj 2 gm* | |
| ***CEPHALOSPORIN COMBINATIONS*** | |
| ZERBAXA INJ 1.5GM | PA |
| **MACROLIDES** | |
| ***ERYTHROMYCINS*** | |
| *erythromycin tab 250 mg* | |
| *erythromycin tab 500 mg* | |
| *erythromycin w/ delayed release particles cap 250 mg* | |
| *erythrocin tab 250mg* | |
| *e.e.s. 400 tab 400mg* | |
| *erythromycin ethylsuccinate tab 400 mg* | |
| *erythromycin ethylsuccinate for susp 200 mg/5ml* | |
| ***AZITHROMYCIN*** | |
| *azithromycin tab 250 mg* | |
| *azithromycin tab 500 mg* | |
| *azithromycin tab 600 mg* | |
| *azithromycin for susp 100 mg/5ml* | |
| *azithromycin for susp 200 mg/5ml* | |
| *azithromycin powd pack for susp 1 gm* | |
| ***CLARITHROMYCIN*** | |
| *clarithromycin tab 250 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *clarithromycin tab 500 mg* | |
| *clarithromycin for susp 125 mg/5ml* | |
| *clarithromycin for susp 250 mg/5ml* | |
| *clarithromycin tab er 24hr 500 mg* | |
| **TETRACYCLINES** | |
| ***TETRACYCLINES*** | |
| *doxycycline monohydrate for susp 25 mg/5ml* | |
| *doxycycline hyclate cap 50 mg* | |
| *doxycycline hyclate cap 100 mg* | |
| *doxycycline hyclate tab 20 mg* | |
| *doxycycline hyclate tab 100 mg* | |
| *minocycline hcl cap 50 mg* | |
| *minocycline hcl cap 75 mg* | |
| *minocycline hcl cap 100 mg* | |
| *tetracycline hcl cap 250 mg* | |
| *tetracycline hcl cap 500 mg* | |
| **FLUOROQUINOLONES** | |
| ***FLUOROQUINOLONES*** | |
| *ciprofloxacin hcl tab 100 mg (base equiv)* | |
| *ciprofloxacin hcl tab 250 mg (base equiv)* | |
| *ciprofloxacin hcl tab 500 mg (base equiv)* | |
| *ciprofloxacin hcl tab 750 mg (base equiv)* | |
| *levofloxacin tab 250 mg* | |
| *levofloxacin tab 500 mg* | |
| *levofloxacin tab 750 mg* | |
| *levofloxacin oral soln 25 mg/ml* | |
| **AMINOGLYCOSIDES** | |
| ***AMINOGLYCOSIDES*** | |
| *neomycin sulfate tab 500 mg* | |
| *tobramycin nebu soln 300 mg/5ml* | SP, PA, QL (10 mL / 1 day) |
| *tobramycin nebu soln 300 mg/4ml* | SP, PA, QL (8 mL / 1 day) |
| **SULFONAMIDES** | |
| ***SULFONAMIDES*** | |
| *sulfadiazine tab 500 mg* | |
| **ANTIMYCOBACTERIAL AGENTS** | |
| ***ANTIMYCOBACTERIAL AGENTS*** | |
| *ethambutol hcl tab 100 mg* | |
| *ethambutol hcl tab 400 mg* | |
| *isoniazid tab 100 mg* | |
| *isoniazid tab 300 mg* | |
| *isoniazid syrup 50 mg/5ml* | |
| *pyrazinamide tab 500 mg* | |
| *rifabutin cap 150 mg* | |
| *rifampin cap 150 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *rifampin cap 300 mg* | |
| **ANTIFUNGALS** | |
| ***ANTIFUNGALS*** | |
| *griseofulvin microsize susp 125 mg/5ml* | |
| *griseofulvin ultramicrosize tab 125 mg* | |
| *griseofulvin ultramicrosize tab 250 mg* | |
| *nystatin tab 500000 unit* | |
| *terbinafine hcl tab 250 mg* | QL (90 tabs / year) |
| ***IMIDAZOLE-RELATED ANTIFUNGALS*** | |
| *fluconazole tab 50 mg* | |
| *fluconazole tab 100 mg* | |
| *fluconazole tab 150 mg* | |
| *fluconazole tab 200 mg* | |
| *fluconazole for susp 10 mg/ml* | |
| *fluconazole for susp 40 mg/ml* | |
| *itraconazole cap 100 mg* | PA, QL (4 caps / 1 day) |
| *voriconazole tab 50 mg* | PA |
| *voriconazole tab 200 mg* | PA |
| *voriconazole for susp 40 mg/ml* | PA |
| **ANTIVIRALS** | |
| ***ANTIRETROVIRALS*** | |
| SELZENTRY TAB 25MG | QL (8 tabs / 1 day) |
| SELZENTRY TAB 75MG | QL (2 tabs / 1 day) |
| *maraviroc tab 150 mg* | QL (2 tabs / 1 day) |
| *maraviroc tab 300 mg* | QL (4 tabs / 1 day) |
| SELZENTRY SOL 20MG/ML | QL (1840 mL / 30 days) |
| TROGARZO INJ 150MG/ML | |
| TIVICAY TAB 10MG | QL (8 tabs / 1 day) |
| TIVICAY TAB 25MG | QL (2 tabs / 1 day) |
| TIVICAY TAB 50MG | QL (2 tabs / 1 day) |
| TIVICAY PD TAB 5MG | QL (12 tabs / 1 day) |
| ISENTRESS TAB 400MG | QL (4 tabs / 1 day) |
| ISENTRESS HD TAB 600MG | QL (2 tabs / 1 day) |
| ISENTRESS CHW 25MG | QL (6 tabs / 1 day) |
| ISENTRESS CHW 100MG | QL (6 tabs / 1 day) |
| ISENTRESS POW 100MG | QL (2 packets / 1 day) |
| *atazanavir sulfate cap 150 mg (base equiv)* | QL (1 cap / 1 day) |
| *atazanavir sulfate cap 200 mg (base equiv)* | QL (2 caps / 1 day) |
| *atazanavir sulfate cap 300 mg (base equiv)* | QL (1 cap / 1 day) |
| REYATAZ POW 50MG | QL (6 packets / 1 day) |
| PREZISTA TAB 75MG | QL (10 tabs / 1 day) |
| PREZISTA TAB 150MG | QL (6 tabs / 1 day) |
| PREZISTA TAB 600MG | QL (2 tabs / 1 day) |
| PREZISTA TAB 800MG | QL (1 tab / 1 day) |

| Drug Name | Requirements/Limits |
|---|---|
| PREZISTA SUS 100MG/ML | QL (400 mL / 30 days) |
| *fosamprenavir calcium tab 700 mg (base equiv)* | QL (4 tabs / 1 day) |
| LEXIVA SUS 50MG/ML | QL (1575 mL / 28 days) |
| *ritonavir tab 100 mg* | QL (12 tabs / 1 day) |
| NORVIR SOL 80MG/ML | QL (16 mL / 1 day) |
| NORVIR POW 100MG | QL (12 packets / 1 day) |
| *abacavir sulfate tab 300 mg (base equiv)* | QL (2 tabs / 1 day) |
| *abacavir sulfate soln 20 mg/ml (base equiv)* | QL (30 mL / 1 day) |
| *emtricitabine caps 200 mg* | QL (1 cap / 1 day) |
| EMTRIVA SOL 10MG/ML | QL (680 mL / 28 days) |
| *lamivudine tab 150 mg* | QL (2 tabs / 1 day) |
| *lamivudine tab 300 mg* | QL (1 tab / 1 day) |
| *lamivudine oral soln 10 mg/ml* | QL (32 mL / 1 day) |
| *stavudine cap 15 mg* | QL (2 caps / 1 day) |
| *stavudine cap 20 mg* | QL (2 caps / 1 day) |
| *stavudine cap 30 mg* | QL (2 caps / 1 day) |
| *stavudine cap 40 mg* | QL (2 caps / 1 day) |
| *zidovudine cap 100 mg* | QL (6 caps / 1 day) |
| *zidovudine tab 300 mg* | QL (2 tabs / 1 day) |
| *zidovudine syrup 10 mg/ml* | QL (64 mL / 1 day) |
| VIREAD TAB 150MG | QL (1 tab / 1 day) |
| VIREAD TAB 200MG | QL (1 tab / 1 day) |
| VIREAD TAB 250MG | QL (1 tab / 1 day) |
| *tenofovir disoproxil fumarate tab 300 mg* | QL (1 tab / 1 day) |
| VIREAD POW 40MG/GM | QL (8 gm / 1 day) |
| PIFELTRO TAB 100MG | QL (2 tabs / 1 day) |
| *efavirenz cap 50 mg* | QL (3 caps / 1 day) |
| *efavirenz cap 200 mg* | QL (3 caps / 1 day) |
| *efavirenz tab 600 mg* | QL (1 tab / 1 day) |
| INTELENCE TAB 25MG | QL (4 tabs / 1 day) |
| *etravirine tab 100 mg* | QL (4 tabs / 1 day) |
| *etravirine tab 200 mg* | QL (2 tabs / 1 day) |
| *nevirapine tab 200 mg* | QL (2 tabs / 1 day) |
| *nevirapine susp 50 mg/5ml* | QL (40 mL / 1 day) |
| *nevirapine tab er 24hr 100 mg* | QL (3 tabs / 1 day) |
| *nevirapine tab er 24hr 400 mg* | QL (1 tab / 1 day) |
| EDURANT TAB 25MG | QL (2 tabs / 1 day) |
| TYBOST TAB 150MG | QL (1 tab / 1 day) |
| *abacavir sulfate-lamivudine tab 600-300 mg* | QL (1 tab / 1 day) |
| EVOTAZ TAB 300-150 | QL (1 tab / 1 day) |
| DOVATO TAB 50-300MG | QL (1 tab / 1 day) |
| PREZCOBIX TAB 800-150 | QL (1 tab / 1 day) |
| DESCOVY TAB 200/25MG | QL (1 tab / 1 day) |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* | QL (1 tab / 1 day) |

| Drug Name | Requirements/Limits |
|---|---|
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* | QL (1 tab / 1 day) |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* | QL (1 tab / 1 day) |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* | QL (1 tab / 1 day) |
| CIMDUO TAB 300-300 | QL (1 tab / 1 day) |
| TEMIXYS TAB 300-300 | QL (1 tab / 1 day) |
| *lamivudine-zidovudine tab 150-300 mg* | QL (2 tabs / 1 day) |
| *lopinavir-ritonavir tab 100-25 mg* | QL (8 tabs / 1 day) |
| *lopinavir-ritonavir tab 200-50 mg* | QL (4 tabs / 1 day) |
| *lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)* | QL (16 mL / 1 day) |
| TRIUMEQ TAB | QL (1 tab / 1 day) |
| TRIZIVIR TAB | QL (2 tabs / 1 day) |
| BIKTARVY TAB | QL (1 tab / 1 day) |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | QL (1 tab / 1 day) |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | QL (1 tab / 1 day) |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | QL (1 tab / 1 day) |
| ODEFSEY TAB | QL (1 tab / 1 day) |
| COMPLERA TAB | QL (1 tab / 1 day) |
| SYMTUZA TAB | QL (1 tab / 1 day) |
| GENVOYA TAB | QL (1 tab / 1 day) |
| STRIBILD TAB | QL (1 tab / 1 day) |
| ***CMV AGENTS*** | |
| *valganciclovir hcl tab 450 mg (base equivalent)* | QL (4 tabs / 1 day) |
| *valganciclovir hcl for soln 50 mg/ml (base equiv)* | QL (1000 mL / 30 days) |
| ***HEPATITIS AGENTS*** | |
| *adefovir dipivoxil tab 10 mg* | SP |
| *entecavir tab 0.5 mg* | SP, QL (1 tab / 1 day) |
| *entecavir tab 1 mg* | SP, QL (1 tab / 1 day) |
| BARACLUDE SOL | SP, QL (21 mL / 1 day) |
| *lamivudine tab 100 mg (hbv)* | SP |
| PEGASYS INJ 180MCG/M | SP, PA |
| PEGASYS INJ | SP, PA |
| *ribavirin cap 200 mg* | SP, PA |
| *ribavirin tab 200 mg* | SP, PA |
| MAVYRET TAB 100-40MG | SP, PA, QL (3 tabs / 1 day) |
| SOFOS/VELPAT TAB 400-100 | SP, PA, QL (1 tab / 1 day) |
| ***HERPES AGENTS*** | |
| *acyclovir cap 200 mg* | |
| *acyclovir tab 400 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *acyclovir tab 800 mg* | |
| *acyclovir susp 200 mg/5ml* | |
| *valacyclovir hcl tab 500 mg* | |
| *valacyclovir hcl tab 1 gm* | |
| *famciclovir tab 125 mg* | |
| *famciclovir tab 250 mg* | |
| *famciclovir tab 500 mg* | |
| ***INFLUENZA AGENTS*** | |
| *oseltamivir phosphate cap 30 mg (base equiv)* | QL (28 caps / 180 days) |
| *oseltamivir phosphate cap 45 mg (base equiv)* | QL (14 caps / 180 days) |
| *oseltamivir phosphate cap 75 mg (base equiv)* | QL (14 caps / 180 days) |
| *oseltamivir phosphate for susp 6 mg/ml (base equiv)* | QL (180 mL / 180 days), AGE |
| **ANTIMALARIALS** | |
| ***ANTIMALARIALS*** | |
| *chloroquine phosphate tab 250 mg* | QL (8 tabs / 180 days) |
| *chloroquine phosphate tab 500 mg* | QL (8 tabs / 180 days) |
| *hydroxychloroquine sulfate tab 200 mg* | |
| *mefloquine hcl tab 250 mg* | QL (8 tabs / 180 days) |
| ***ANTIMALARIAL COMBINATIONS*** | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | QL (23 tabs / 180 days) |
| *atovaquone-proguanil hcl tab 250-100 mg* | QL (23 tabs / 180 days) |
| **ANTHELMINTICS** | |
| ***ANTHELMINTICS*** | |
| *ivermectin tab 3 mg* | |
| EMVERM CHW 100MG | QL (12 tabs / year) |
| *cvs pinworm sus 50mg/ml* | OTC |
| *pin-away sus 144mg/ml* | OTC |
| *pinworm med sus 144mg/ml* | OTC |
| *reeses med sus pinworm* | OTC |
| **ANTI-INFECTIVE AGENTS - MISC.** | |
| ***ANTI-INFECTIVE AGENTS - MISC.*** | |
| *metronidazole cap 375 mg* | |
| *metronidazole tab 250 mg* | |
| *metronidazole tab 500 mg* | |
| XIFAXAN TAB 550MG | ST |
| TRIMETHOPRIM TAB 100MG | |
| ***LINCOSAMIDES*** | |
| *clindamycin hcl cap 150 mg* | |
| *clindamycin hcl cap 300 mg* | |
| *clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)* | |
| ***OXAZOLIDINONES*** | |
| *linezolid tab 600 mg* | PA |

| Drug Name | Requirements/Limits |
|---|---|
| *linezolid for susp 100 mg/5ml* | PA |
| ZYVOX SOL 2MG/ML | PA |
| *linezolid iv soln 600 mg/300ml (2 mg/ml)* | PA |
| *linezolid in sodium chloride iv soln 600 mg/300ml-0.9%* | PA |
| ***GLYCOPEPTIDES*** | |
| *vancomycin hcl cap 125 mg (base equivalent)* | ST |
| *vancomycin hcl cap 250 mg (base equivalent)* | ST |
| ***LEPROSTATICS*** | |
| *dapsone tab 25 mg* | |
| *dapsone tab 100 mg* | |
| ***ANTIPROTOZOAL AGENTS*** | |
| *atovaquone susp 750 mg/5ml* | |
| ***URINARY ANTI-INFECTIVES*** | |
| *nitrofurantoin macrocrystalline cap 25 mg* | |
| *nitrofurantoin macrocrystalline cap 50 mg* | |
| *nitrofurantoin macrocrystalline cap 100 mg* | |
| *nitrofurantoin monohydrate macrocrystalline cap 100 mg* | |
| ***ANTI-INFECTIVE MISC. - COMBINATIONS*** | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* | |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | |
| *sulfatrim pd sus 200-40/5* | |
| **TOXOIDS** | |
| ***TOXOID COMBINATIONS*** | |
| BOOSTRIX INJ | |
| BOOSTRIX INJ | |
| **PASSIVE IMMUNIZING AND TREATMENT AGENTS** | |
| ***MONOCLONAL ANTIBODIES*** | |
| SYNAGIS INJ 50/0.5ML | SP, PA |
| SYNAGIS INJ 50MG | SP, PA |
| SYNAGIS INJ 100MG/ML | SP, PA |
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES** | |
| ***ALKYLATING AGENTS*** | |
| MYLERAN TAB 2MG | |
| LEUKERAN TAB 2MG | |
| *cyclophosphamide cap 25 mg* | |
| *cyclophosphamide cap 50 mg* | |
| CYCLOPHOSPH TAB 25MG | |
| CYCLOPHOSPH TAB 50MG | |
| *melphalan tab 2 mg* | |
| GLEOSTINE CAP 10MG | |

| Drug Name | Requirements/Limits |
|---|---|
| GLEOSTINE CAP 40MG | |
| GLEOSTINE CAP 100MG | |
| *temozolomide cap 5 mg* | SP, PA |
| *temozolomide cap 20 mg* | SP, PA |
| *temozolomide cap 100 mg* | SP, PA |
| *temozolomide cap 140 mg* | SP, PA |
| *temozolomide cap 180 mg* | SP, PA |
| *temozolomide cap 250 mg* | SP, PA |
| ***ANTINEOPLASTIC - ANTI-HER2 AGENTS*** | |
| KANJINTI SOL 150MG | SP, PA |
| KANJINTI INJ 420MG | SP, PA |
| TUKYSA TAB 50MG | PA, QL (4 tabs / 1 day) |
| TUKYSA TAB 150MG | PA, QL (4 tabs / 1 day) |
| ***ANTIMETABOLITES*** | |
| *capecitabine tab 150 mg* | SP, PA, QL (4 tabs / 1 day) |
| *capecitabine tab 500 mg* | SP, PA, QL (10 tabs / 1 day) |
| *mercaptopurine tab 50 mg* | |
| *methotrexate sodium tab 2.5 mg (base equiv)* | |
| TREXALL TAB 5MG | |
| TREXALL TAB 7.5MG | |
| TREXALL TAB 10MG | |
| TREXALL TAB 15MG | |
| ***ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS*** | |
| INLYTA TAB 1MG | SP, PA, QL (8 tabs / 1 day) |
| INLYTA TAB 5MG | SP, PA, QL (4 tabs / 1 day) |
| MVASI INJ 100MG | SP, PA |
| MVASI INJ 400MG | SP, PA |
| ZIRABEV INJ 100/4ML | SP, PA |
| ZIRABEV INJ 400/16ML | SP, PA |
| LENVIMA CAP 4MG | SP, PA, QL (1 cap / 1 day) |
| LENVIMA CAP 8 MG | SP, PA, QL (2 caps / 1 day) |
| LENVIMA CAP 10 MG | SP, PA, QL (1 cap / 1 day) |
| LENVIMA CAP 12MG | SP, PA, QL (3 caps / 1 day) |
| LENVIMA CAP 20 MG | SP, PA, QL (2 caps / 1 day) |
| LENVIMA CAP 14 MG | SP, PA, QL (2 caps / 1 day) |
| LENVIMA CAP 18 MG | SP, PA, QL (3 caps / 1 day) |
| LENVIMA CAP 24 MG | SP, PA, QL (3 caps / 1 day) |
| ***ANTINEOPLASTIC - EGFR INHIBITORS*** | |
| GILOTRIF TAB 20MG | PA, QL (1 tab / 1 day) |
| GILOTRIF TAB 30MG | PA, QL (1 tab / 1 day) |
| GILOTRIF TAB 40MG | PA, QL (1 tab / 1 day) |
| *erlotinib hcl tab 25 mg (base equivalent)* | SP, PA, QL (2 tabs / 1 day) |
| *erlotinib hcl tab 100 mg (base equivalent)* | SP, PA, QL (1 tab / 1 day) |
| *erlotinib hcl tab 150 mg (base equivalent)* | SP, PA, QL (1 tab / 1 day) |

| Drug Name | Requirements/Limits |
|---|---|
| ***ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** | |
| ERIVEDGE CAP 150MG | SP, PA, QL (30 caps / 30 days) |
| ***ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS*** | |
| LYSODREN TAB 500MG | |
| *bicalutamide tab 50 mg* | |
| *flutamide cap 125 mg* | |
| *tamoxifen citrate tab 10 mg (base equivalent)* | |
| *tamoxifen citrate tab 20 mg (base equivalent)* | |
| *toremifene citrate tab 60 mg (base equivalent)* | |
| *anastrozole tab 1 mg* | |
| *exemestane tab 25 mg* | |
| *letrozole tab 2.5 mg* | |
| *fulvestrant inj 250 mg/5ml* | PA |
| *megestrol acetate tab 20 mg* | |
| *megestrol acetate tab 40 mg* | |
| *megestrol acetate susp 40 mg/ml* | |
| *leuprolide acetate inj kit 5 mg/ml* | SP, PA |
| ELIGARD INJ 7.5MG | SP, PA |
| ELIGARD INJ 22.5MG | SP, PA |
| ELIGARD INJ 30MG | SP, PA |
| ELIGARD INJ 45MG | SP, PA |
| CAMCEVI INJ 42MG | PA |
| *abiraterone acetate tab 250 mg* | SP, PA, QL (4 tabs / 1 day) |
| ***ANTINEOPLASTIC - BCL-2 INHIBITORS*** | |
| VENCLEXTA TAB 10MG | PA, QL (4 tabs / 1 day) |
| VENCLEXTA TAB 50MG | PA, QL (4 tabs / 1 day) |
| VENCLEXTA TAB 100MG | PA, QL (6 tabs / 1 day) |
| VENCLEXTA TAB START PK | PA, QL (1 pack / 28 days) |
| ***MITOTIC INHIBITORS*** | |
| *etoposide cap 50 mg* | |
| ***ANTINEOPLASTIC ENZYME INHIBITORS*** | |
| XALKORI CAP 200MG | SP, PA, QL (4 caps / 1 day) |
| XALKORI CAP 250MG | SP, PA, QL (4 caps / 1 day) |
| LORBRENA TAB 25MG | SP, PA, QL (3 tabs / 1 day) |
| LORBRENA TAB 100MG | SP, PA, QL (1 tab / 1 day) |
| VERZENIO TAB 50MG | SP, PA, QL (2 tabs / 1 day) |
| VERZENIO TAB 100MG | SP, PA, QL (2 tabs / 1 day) |
| VERZENIO TAB 150MG | SP, PA, QL (2 tabs / 1 day) |
| VERZENIO TAB 200MG | SP, PA, QL (2 tabs / 1 day) |
| FARYDAK CAP 10MG | SP, PA, QL (6 caps / 21 days) |
| FARYDAK CAP 15MG | SP, PA, QL (6 caps / 21 days) |

| Drug Name | Requirements/Limits |
|---|---|
| FARYDAK CAP 20MG | SP, PA, QL (6 caps / 21 days) |
| ZOLINZA CAP 100MG | SP, PA, QL (4 caps / 1 day) |
| *imatinib mesylate tab 100 mg (base equivalent)* | PA, QL (4 tabs / 1 day) |
| *imatinib mesylate tab 400 mg (base equivalent)* | SP, PA, QL (2 tabs / 1 day) |
| TAFINLAR CAP 50MG | SP, PA, QL (4 caps / 1 day) |
| TAFINLAR CAP 75MG | SP, PA, QL (4 caps / 1 day) |
| ZELBORAF TAB 240MG | SP, PA, QL (8 tabs / 1 day) |
| IMBRUVICA CAP 140MG | PA, QL (3 caps / 1 day) |
| *everolimus tab 2.5 mg* | SP, PA, QL (1 tab / 1 day) |
| *everolimus tab 5 mg* | SP, PA, QL (1 tab / 1 day) |
| *everolimus tab 7.5 mg* | SP, PA, QL (1 tab / 1 day) |
| *everolimus tab 10 mg* | SP, PA, QL (1 tab / 1 day) |
| CABOMETYX TAB 20MG | SP, PA, QL (1 tab / 1 day) |
| CABOMETYX TAB 40MG | SP, PA, QL (1 tab / 1 day) |
| CABOMETYX TAB 60MG | SP, PA, QL (1 tab / 1 day) |
| COMETRIQ KIT 60MG | SP, PA, QL (3 caps / 1 day) |
| COMETRIQ KIT 100MG | SP, PA, QL (2 caps / 1 day) |
| COMETRIQ KIT 140MG | SP, PA, QL (4 caps / 1 day) |
| XOSPATA TAB 40MG | SP, PA, QL (3 tabs / 1 day) |
| *lapatinib ditosylate tab 250 mg (base equiv)* | SP, PA, QL (6 tabs / 1 day) |
| RYDAPT CAP 25MG | SP, PA, QL (8 caps / 1 day) |
| VOTRIENT TAB 200MG | SP, PA, QL (4 tabs / 1 day) |
| STIVARGA TAB 40MG | SP, PA, QL (3 tabs / 1 day) |
| *sunitinib malate cap 12.5 mg (base equivalent)* | SP, PA, QL (1 cap / 1 day) |
| *sunitinib malate cap 25 mg (base equivalent)* | SP, PA, QL (1 cap / 1 day) |
| *sunitinib malate cap 37.5 mg (base equivalent)* | SP, PA, QL (1 cap / 1 day) |
| *sunitinib malate cap 50 mg (base equivalent)* | SP, PA, QL (1 cap / 1 day) |
| CAPRELSA TAB 100MG | SP, PA, QL (2 tabs / 1 day) |
| CAPRELSA TAB 300MG | SP, PA, QL (1 tab / 1 day) |
| MEKINIST TAB 0.5MG | SP, PA, QL (3 tabs / 1 day) |
| MEKINIST TAB 2MG | SP, PA, QL (1 tab / 1 day) |
| ROZLYTREK CAP 100MG | SP, PA, QL (1 cap / 1 day) |
| ROZLYTREK CAP 200MG | SP, PA, QL (3 caps / 1 day) |
| ZEJULA CAP 100MG | PA, QL (3 caps / 1 day) |
| RUBRACA TAB 200MG | SP, PA, QL (4 tabs / 1 day) |
| RUBRACA TAB 250MG | SP, PA, QL (4 tabs / 1 day) |
| RUBRACA TAB 300MG | SP, PA, QL (4 tabs / 1 day) |
| *bortezomib for inj 3.5 mg* | SP, PA |
| VELCADE INJ 3.5MG | SP, PA |
| NINLARO CAP 2.3MG | SP, PA, QL (6 caps / 28 days) |
| NINLARO CAP 3MG | SP, PA, QL (6 caps / 28 days) |

| Drug Name | Requirements/Limits |
|---|---|
| NINLARO CAP 4MG | SP, PA, QL (6 caps / 28 days) |
| JAKAFI TAB 5MG | SP, PA, QL (2 tabs / 1 day) |
| JAKAFI TAB 10MG | SP, PA, QL (2 tabs / 1 day) |
| JAKAFI TAB 15MG | SP, PA, QL (2 tabs / 1 day) |
| JAKAFI TAB 20MG | SP, PA, QL (2 tabs / 1 day) |
| JAKAFI TAB 25MG | SP, PA, QL (2 tabs / 1 day) |
| ZYDELIG TAB 100MG | SP, PA, QL (2 tabs / 1 day) |
| ZYDELIG TAB 150MG | SP, PA, QL (2 tabs / 1 day) |
| ***ANTINEOPLASTIC RADIOPHARMACEUTICALS*** | |
| PLUVICTO INJ 1000MBQ | PA |
| ***ANTINEOPLASTICS MISC.*** | |
| *hydroxyurea cap 500 mg* | |
| MATULANE CAP 50MG | |
| INTRON A INJ 10MU | SP, PA |
| INTRON A INJ 18MU | SP, PA |
| INTRON A INJ 50MU | SP, PA |
| *tretinoin cap 10 mg* | |
| *bexarotene cap 75 mg* | SP, PA |
| ***CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS*** | |
| *leucovorin calcium tab 5 mg* | |
| *leucovorin calcium tab 10 mg* | |
| *leucovorin calcium tab 15 mg* | |
| *leucovorin calcium tab 25 mg* | |
| **CORTICOSTEROIDS** | |
| ***GLUCOCORTICOSTEROIDS*** | |
| *budesonide delayed release particles cap 3 mg* | |
| *dexamethasone tab 0.5 mg* | |
| *dexamethasone tab 0.75 mg* | |
| *dexamethasone tab 1 mg* | |
| *dexamethasone tab 1.5 mg* | |
| *dexamethasone tab 2 mg* | |
| *dexamethasone tab 4 mg* | |
| *dexamethasone tab 6 mg* | |
| *dexamethasone elixir 0.5 mg/5ml* | |
| *dexamethasone soln 0.5 mg/5ml* | |
| *hydrocortisone tab 5 mg* | |
| *hydrocortisone tab 10 mg* | |
| *hydrocortisone tab 20 mg* | |
| MEDROL TAB 2MG | |
| *methylprednisolone tab 4 mg* | |
| *methylprednisolone tab 8 mg* | |
| *methylprednisolone tab 16 mg* | |
| *methylprednisolone tab 32 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *methylprednisolone tab therapy pack 4 mg (21)* | |
| *prednisolone syrup 15 mg/5ml (usp solution equivalent)* | |
| *prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)* | |
| *prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)* | |
| *prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)* | |
| *prednisolone sod phos orally disintegr tab 10 mg (base eq)* | |
| *prednisolone sod phos orally disintegr tab 15 mg (base eq)* | |
| *prednisolone sod phos orally disintegr tab 30 mg (base eq)* | |
| *prednisone tab 1 mg* | |
| *prednisone tab 2.5 mg* | |
| *prednisone tab 5 mg* | |
| *prednisone tab 10 mg* | |
| *prednisone tab 20 mg* | |
| *prednisone tab 50 mg* | |
| *prednisone oral soln 5 mg/5ml* | |
| *prednisone tab therapy pack 5 mg (21)* | |
| *prednisone tab therapy pack 5 mg (48)* | |
| *prednisone tab therapy pack 10 mg (21)* | |
| *prednisone tab therapy pack 10 mg (48)* | |
| ***MINERALOCORTICOIDS*** | |
| *fludrocortisone acetate tab 0.1 mg* | |
| **ANDROGENS-ANABOLIC** | |
| ***ANDROGENS*** | |
| *danazol cap 50 mg* | |
| *danazol cap 100 mg* | |
| *danazol cap 200 mg* | |
| *testosterone td gel 25 mg/2.5gm (1%)* | PA |
| *testosterone td gel 10mg/act (2%)* | PA |
| *testosterone cypionate im inj in oil 100 mg/ml* | PA |
| *testosterone cypionate im inj in oil 200 mg/ml* | PA |
| *testosterone enanthate im inj in oil 200 mg/ml* | PA |
| **ESTROGENS** | |
| ***ESTROGENS*** | |
| *estradiol tab 0.5 mg* | |
| *estradiol tab 1 mg* | |
| *estradiol tab 2 mg* | |
| *estradiol td patch weekly 0.025 mg/24hr* | |

| Drug Name | Requirements/Limits |
|---|---|
| *estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)* | |
| *estradiol td patch weekly 0.05 mg/24hr* | |
| *estradiol td patch weekly 0.06 mg/24hr* | |
| *estradiol td patch weekly 0.075 mg/24hr* | |
| *estradiol td patch weekly 0.1 mg/24hr* | |
| ***ESTROGEN COMBINATIONS*** | |
| *amabelz tab 0.5-0.1* | |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* | |
| *amabelz tab 1-0.5mg* | |
| *estradiol & norethindrone acetate tab 1-0.5 mg* | |
| *mimvey tab 1-0.5mg* | |
| COMBIPATCH DIS | |
| COMBIPATCH DIS | |
| *fyavolv tab 0.5-2.5* | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | |
| *fyavolv tab 1-5* | |
| *jinteli tab 1mg-5mcg* | |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | |
| **CONTRACEPTIVES** | |
| ***COPPER CONTRACEPTIVES - IUD*** | |
| PARAGARD IUD T380A | QL (1 IUD in lifetime) |
| ***PROGESTIN CONTRACEPTIVES - ORAL*** | |
| *camila tab 0.35mg* | QL (1 tab / 1 day) |
| *deblitane tab 0.35mg* | QL (1 tab / 1 day) |
| *errin tab 0.35mg* | QL (1 tab / 1 day) |
| *heather tab 0.35mg* | QL (1 tab / 1 day) |
| *incassia tab 0.35mg* | QL (1 tab / 1 day) |
| *jencycla tab 0.35mg* | QL (1 tab / 1 day) |
| *lyleq tab 0.35mg* | QL (1 tab / 1 day) |
| *lyza tab 0.35mg* | QL (1 tab / 1 day) |
| *nora-be tab 0.35mg* | QL (1 tab / 1 day) |
| *norethindrone tab 0.35 mg* | QL (1 tab / 1 day) |
| *norlyda tab 0.35mg* | QL (1 tab / 1 day) |
| *norlyroc tab 0.35mg* | QL (1 tab / 1 day) |
| *sharobel tab 0.35mg* | QL (1 tab / 1 day) |
| *tulana tab 0.35mg* | QL (1 tab / 1 day) |
| ***PROGESTIN CONTRACEPTIVES - INJECTABLE*** | |
| *medroxyprogesterone acetate im susp 150 mg/ml* | QL (5 injections / 364 days) |
| *medroxyprogesterone acetate im susp prefilled syr 150 mg/ml* | QL (5 injections / 364 days) |

| Drug Name | Requirements/Limits |
|---|---|
| ***PROGESTIN CONTRACEPTIVES - IUD*** | |
| SKYLA IUD 13.5MG | QL (1 IUD in lifetime) |
| KYLEENA IUD 19.5MG | QL (1 IUD in lifetime) |
| LILETTA IUD 52MG | QL (1 IUD in lifetime) |
| MIRENA IUD SYSTEM | QL (1 IUD in lifetime) |
| ***PROGESTIN CONTRACEPTIVES - IMPLANTS*** | |
| NEXPLANON IMP 68MG | QL (1 implant in lifetime) |
| ***EMERGENCY CONTRACEPTIVES*** | |
| *aftera tab 1.5mg* | QL (1 tab / 30 days), OTC |
| *afterpill tab 1.5mg* | QL (1 tab / 30 days), OTC |
| *econtra ez tab 1.5mg* | QL (1 tab / 30 days), OTC |
| *econtra os tab 1.5mg* | QL (1 tab / 30 days), OTC |
| *levonorgestrel tab 1.5 mg* | QL (1 tab / 30 days), OTC |
| *my choice tab 1.5mg* | QL (1 tab / 30 days), OTC |
| *my way tab 1.5mg* | QL (1 tab / 30 days), OTC |
| *new day tab 1.5mg* | QL (1 tab / 30 days), OTC |
| *opcicon tab 1.5mg* | QL (1 tab / 30 days), OTC |
| *option 2 tab 1.5mg* | QL (1 tab / 30 days), OTC |
| *react tab 1.5mg* | QL (1 tab / 30 days), OTC |
| *take action tab 1.5mg* | QL (1 tab / 30 days), OTC |
| ELLA TAB 30MG | QL (2 tabs / year) |
| ***COMBINATION CONTRACEPTIVES - TRANSDERMAL*** | |
| *xulane dis 150-35* | QL (39 patches / 364 days) |
| *zafemy dis 150/35* | QL (39 patches / 364 days) |
| ***COMBINATION CONTRACEPTIVES - VAGINAL*** | |
| *eluryng mis* | QL (13 rings / 364 days) |
| *etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr* | QL (13 rings / 364 days) |
| ***COMBINATION CONTRACEPTIVES - ORAL*** | |
| *apri tab* | QL (1 tab / 1 day) |
| *cyred eq tab* | QL (1 tab / 1 day) |
| *cyred tab* | QL (1 tab / 1 day) |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | QL (1 tab / 1 day) |
| *emoquette tab* | QL (1 tab / 1 day) |
| *enskyce tab* | QL (1 tab / 1 day) |
| *isibloom tab* | QL (1 tab / 1 day) |
| *juleber tab* | QL (1 tab / 1 day) |
| *kalliga tab* | QL (1 tab / 1 day) |
| *reclipsen tab* | QL (1 tab / 1 day) |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | QL (1 tab / 1 day) |
| *jasmiel tab 3-0.02mg* | QL (1 tab / 1 day) |
| *lo-zumandimi tab 3-0.02mg* | QL (1 tab / 1 day) |
| *loryna tab 3-0.02mg* | QL (1 tab / 1 day) |

| Drug Name | Requirements/Limits |
|---|---|
| *nikki tab 3-0.02mg* | QL (1 tab / 1 day) |
| *vestura tab 3-0.02mg* | QL (1 tab / 1 day) |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | QL (1 tab / 1 day) |
| *ocella tab 3-0.03mg* | QL (1 tab / 1 day) |
| *syeda tab 3-0.03mg* | QL (1 tab / 1 day) |
| *zumandimine tab 3-0.03mg* | QL (1 tab / 1 day) |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* | QL (1 tab / 1 day) |
| *kelnor tab 1/35* | QL (1 tab / 1 day) |
| *zovia 1/35 tab* | QL (1 tab / 1 day) |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | QL (1 tab / 1 day) |
| *kelnor 1/50 tab* | QL (1 tab / 1 day) |
| *afirmelle tab 0.1-0.02* | QL (1 tab / 1 day) |
| *aubra eq tab 0.1-0.02* | QL (1 tab / 1 day) |
| *aubra tab 0.1-0.02* | QL (1 tab / 1 day) |
| *aviane tab* | QL (1 tab / 1 day) |
| *delyla tab 0.1-0.02* | QL (1 tab / 1 day) |
| *falmina tab* | QL (1 tab / 1 day) |
| *larissia tab* | QL (1 tab / 1 day) |
| *lessina tab* | QL (1 tab / 1 day) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | QL (1 tab / 1 day) |
| *lutera tab* | QL (1 tab / 1 day) |
| *orsythia tab* | QL (1 tab / 1 day) |
| *sronyx tab* | QL (1 tab / 1 day) |
| *vienva tab 0.1-20* | QL (1 tab / 1 day) |
| *altavera tab* | QL (1 tab / 1 day) |
| *ayuna tab* | QL (1 tab / 1 day) |
| *chateal eq tab 0.15/30* | QL (1 tab / 1 day) |
| *chateal tab 0.15/30* | QL (1 tab / 1 day) |
| *kurvelo tab 0.15/30* | QL (1 tab / 1 day) |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | QL (1 tab / 1 day) |
| *levora-28 tab 0.15/30* | QL (1 tab / 1 day) |
| *lillow tab 0.15/30* | QL (1 tab / 1 day) |
| *marlissa tab 0.15/30* | QL (1 tab / 1 day) |
| *portia-28 tab* | QL (1 tab / 1 day) |
| *balziva tab* | QL (1 tab / 1 day) |
| *briellyn tab* | QL (1 tab / 1 day) |
| *philith tab 0.4-35* | QL (1 tab / 1 day) |
| *vyfemla tab 0.4-35* | QL (1 tab / 1 day) |
| *necon tab 0.5/35* | QL (1 tab / 1 day) |
| *nortrel tab 0.5/35* | QL (1 tab / 1 day) |
| *wera tab 0.5/35* | QL (1 tab / 1 day) |

| Drug Name | Requirements/Limits |
|---|---|
| *alyacen tab 1/35* | QL (1 tab / 1 day) |
| *dasetta tab 1/35* | QL (1 tab / 1 day) |
| *nortrel tab 1/35* | QL (1 tab / 1 day) |
| *nylia tab 1/35* | QL (1 tab / 1 day) |
| *pirmella tab 1/35* | QL (1 tab / 1 day) |
| *aurovela tab 1/20* | QL (1 tab / 1 day) |
| *junel 1/20 tab* | QL (1 tab / 1 day) |
| *larin tab 1/20* | QL (1 tab / 1 day) |
| *loestrin tab 1/20-21* | QL (1 tab / 1 day) |
| *microgestin tab 1/20* | QL (1 tab / 1 day) |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | QL (1 tab / 1 day) |
| *aurovela tab 1.5/30* | QL (1 tab / 1 day) |
| *hailey tab 1.5/30* | QL (1 tab / 1 day) |
| *junel 1.5/30 tab* | QL (1 tab / 1 day) |
| *larin tab 1.5/30* | QL (1 tab / 1 day) |
| *loestrin 21 tab 1.5/30* | QL (1 tab / 1 day) |
| *microgestin tab 1.5/30* | QL (1 tab / 1 day) |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | QL (1 tab / 1 day) |
| *cryselle-28 tab 28 tabs* | QL (1 tab / 1 day) |
| *elinest tab* | QL (1 tab / 1 day) |
| *low-ogestrel tab* | QL (1 tab / 1 day) |
| *estarylla tab 0.25-35* | QL (1 tab / 1 day) |
| *femynor tab 0.25-35* | QL (1 tab / 1 day) |
| *mili tab 0.25/35* | QL (1 tab / 1 day) |
| *mono-linyah tab 0.25-35* | QL (1 tab / 1 day) |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | QL (1 tab / 1 day) |
| *nymyo tab 0.25-35* | QL (1 tab / 1 day) |
| *previfem tab* | QL (1 tab / 1 day) |
| *sprintec 28 tab 28 day* | QL (1 tab / 1 day) |
| *vylibra tab 0.25-35* | QL (1 tab / 1 day) |
| *aurovela fe tab 1/20* | QL (1 tab / 1 day) |
| *blisovi fe tab 1/20* | QL (1 tab / 1 day) |
| *hailey fe tab 1/20* | QL (1 tab / 1 day) |
| *junel fe tab 1/20* | QL (1 tab / 1 day) |
| *larin fe tab 1/20* | QL (1 tab / 1 day) |
| *loestrin fe tab 1/20* | QL (1 tab / 1 day) |
| *microgestin tab fe 1/20* | QL (1 tab / 1 day) |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* | QL (1 tab / 1 day) |
| *tarina fe tab 1/20* | QL (1 tab / 1 day) |
| *tarina fe tab 1/20 eq* | QL (1 tab / 1 day) |
| *aurovela fe tab 1.5/30* | QL (1 tab / 1 day) |

| Drug Name | Requirements/Limits |
|---|---|
| *blisovi fe tab 1.5/30* | QL (1 tab / 1 day) |
| *hailey fe tab 1.5/30* | QL (1 tab / 1 day) |
| *junel fe tab 1.5/30* | QL (1 tab / 1 day) |
| *larin fe tab 1.5/30* | QL (1 tab / 1 day) |
| *loestrin fe tab 1.5/30* | QL (1 tab / 1 day) |
| *microgestin tab fe1.5/30* | QL (1 tab / 1 day) |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* | QL (1 tab / 1 day) |
| *azurette tab* | QL (1 tab / 1 day) |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | QL (1 tab / 1 day) |
| *kariva tab 28 day* | QL (1 tab / 1 day) |
| *pimtrea tab* | QL (1 tab / 1 day) |
| *simliya tab 28 day* | QL (1 tab / 1 day) |
| *viorele tab* | QL (1 tab / 1 day) |
| *volnea tab* | QL (1 tab / 1 day) |
| *caziant pak* | QL (1 tab / 1 day) |
| *velivet pak* | QL (1 tab / 1 day) |
| *enpresse-28 tab* | QL (1 tab / 1 day) |
| *levonest tab* | QL (1 tab / 1 day) |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | QL (1 tab / 1 day) |
| *trivora-28 tab* | QL (1 tab / 1 day) |
| *alyacen tab 7/7/7* | QL (1 tab / 1 day) |
| *dasetta tab 7/7/7* | QL (1 tab / 1 day) |
| *nortrel tab 7/7/7* | QL (1 tab / 1 day) |
| *nylia tab 7/7/7* | QL (1 tab / 1 day) |
| *pirmella tab 7/7/7* | QL (1 tab / 1 day) |
| *aranelle tab* | QL (1 tab / 1 day) |
| *leena tab* | QL (1 tab / 1 day) |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | QL (1 tab / 1 day) |
| *tri-lo tab estaryll* | QL (1 tab / 1 day) |
| *tri-lo- tab marzia* | QL (1 tab / 1 day) |
| *tri-lo- tab sprintec* | QL (1 tab / 1 day) |
| *tri-lo-mili tab* | QL (1 tab / 1 day) |
| *tri-vylibra tab lo* | QL (1 tab / 1 day) |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | QL (1 tab / 1 day) |
| *tri femynor tab* | QL (1 tab / 1 day) |
| *tri-estaryll tab* | QL (1 tab / 1 day) |
| *tri-linyah tab* | QL (1 tab / 1 day) |
| *tri-mili tab* | QL (1 tab / 1 day) |
| *tri-nymyo tab* | QL (1 tab / 1 day) |
| *tri-sprintec tab* | QL (1 tab / 1 day) |

| Drug Name | Requirements/Limits |
|---|---|
| *tri-vylibra tab* | QL (1 tab / 1 day) |
| *amethia tab* | QL (1 tab / 1 day) |
| *ashlyna tab* | QL (1 tab / 1 day) |
| *camrese tab* | QL (1 tab / 1 day) |
| *daysee tab* | QL (1 tab / 1 day) |
| *jaimiess tab* | QL (1 tab / 1 day) |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* | QL (1 tab / 1 day) |
| *simpesse tab* | QL (1 tab / 1 day) |

**PROGESTINS**

***PROGESTINS***

| | |
|---|---|
| *hydroxyprogesterone caproate im in oil 250 mg/ml* | SP, PA, QL (21 vials / year) |
| *hydroxyprogesterone caproate im in oil 250 mg/ml* | SP, PA, QL (5 vials / year) |
| MAKENA INJ 275MG | SP, PA, QL (22 injections / year) |
| *medroxyprogesterone acetate tab 2.5 mg* | |
| *medroxyprogesterone acetate tab 5 mg* | |
| *medroxyprogesterone acetate tab 10 mg* | |
| *norethindrone acetate tab 5 mg* | |
| *progesterone cap 100 mg* | |
| *progesterone cap 200 mg* | |

**ANTIDIABETICS**

***INSULIN***

| | |
|---|---|
| BASAGLAR INJ 100UNIT | |
| SEMGLEE INJ 100U/ML | |
| SEMGLEE SOL 100U/ML | |
| SEMGLEE INJ 100U/ML | |
| ADMELOG INJ 100U/ML | |
| ADMELOG SOLO INJ 100U/ML | |
| HUMULIN R INJ U-100 | OTC |
| NOVOLIN R INJ U-100 | OTC |
| HUMULIN R INJ U-500 | |
| NOVOLIN R INJ 100 UNIT | OTC |
| HUMULIN R INJ U-500 | |
| HUMULIN N INJ U-100 | OTC |
| NOVOLIN N INJ U-100 | OTC |
| HUMULIN N INJ U-100KWP | OTC |
| NOVOLIN N INJ 100 UNIT | OTC |
| INSULIN ASPA INJ 70/30 | |
| INS ASP PROT INJ FLEXPEN | |
| HUMALOG MIX SUS 75/25 | |
| HUMALOG MIX INJ 50/50 | |
| INSULIN LISP INJ PROTAMIN | |
| HUMALOG MIX INJ 50/50KWP | |
| HUMULIN INJ 70/30 | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| NOVOLIN INJ 70/30 | OTC |
| HUMULIN INJ 70/30KWP | OTC |
| NOVOLIN INJ 70/30 FP | OTC |
| ***INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** | |
| TRULICITY INJ 0.75/0.5 | ST, QL (12 pens / 63 days) |
| TRULICITY INJ 1.5/0.5 | ST, QL (12 pens / 63 days) |
| TRULICITY INJ 3/0.5 | ST, QL (12 pens / 63 days) |
| TRULICITY INJ 4.5/0.5 | ST, QL (12 pens / 63 days) |
| RYBELSUS TAB 3MG | ST, QL (90 tabs / 75 days) |
| RYBELSUS TAB 7MG | ST, QL (90 tabs / 75 days) |
| RYBELSUS TAB 14MG | ST, QL (90 tabs / 75 days) |
| OZEMPIC INJ 2/1.5ML | ST, QL (6 pens / 63 days) |
| OZEMPIC INJ 4MG/3ML | ST, QL (3 pens / 63 days) |
| OZEMPIC INJ 8MG/3ML | ST, QL (3 pens / 63 days) |
| ***SULFONYLUREAS*** | |
| *glimepiride tab 1 mg* | |
| *glimepiride tab 2 mg* | |
| *glimepiride tab 4 mg* | |
| *glipizide tab 5 mg* | |
| *glipizide tab 10 mg* | |
| *glipizide tab er 24hr 2.5 mg* | |
| *glipizide xl tab 2.5mg* | |
| *glipizide tab er 24hr 5 mg* | |
| *glipizide xl tab 5mg* | |
| *glipizide tab er 24hr 10 mg* | |
| *glipizide xl tab 10mg* | |
| ***BIGUANIDES*** | |
| *metformin hcl tab 500 mg* | |
| *metformin hcl tab 850 mg* | |
| *metformin hcl tab 1000 mg* | |
| *metformin hcl tab er 24hr 500 mg* | |
| *metformin hcl tab er 24hr 750 mg* | |
| ***MEGLITINIDE ANALOGUES*** | |
| *nateglinide tab 60 mg* | |
| *nateglinide tab 120 mg* | |
| *repaglinide tab 0.5 mg* | |
| *repaglinide tab 1 mg* | |
| *repaglinide tab 2 mg* | |
| ***DIABETIC OTHER*** | |
| BAQSIMI ONE POW 3MG/DOSE | QL (2 actuations / 30 days) |
| BAQSIMI TWO POW 3MG/DOSE | QL (2 actuations / 30 days) |
| GVOKE HYPO 1 INJ .5/.1ML | QL (20 injections / 30 days) |
| GVOKE HYPO 2 INJ .5/.1ML | QL (20 injections / 30 days) |
| GVOKE HYPO 1 INJ 1MG/.2ML | QL (10 injections / 30 days) |

| Drug Name | Requirements/Limits |
|---|---|
| GVOKE HYPO 2 INJ 1MG/.2ML | QL (10 injections / 30 days) |
| GVOKE PFS INJ | QL (20 syringes / 30 days) |
| GVOKE PFS INJ | QL (10 syringes / 30 days) |
| *glucagon (rdna) for inj kit 1 mg* | QL (2 kits / 30 days) |
| ***ALPHA-GLUCOSIDASE INHIBITORS*** | |
| *acarbose tab 25 mg* | |
| *acarbose tab 50 mg* | |
| *acarbose tab 100 mg* | |
| ***DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** | |
| *alogliptin benzoate tab 6.25 mg (base equiv)* | |
| *alogliptin benzoate tab 12.5 mg (base equiv)* | |
| *alogliptin benzoate tab 25 mg (base equiv)* | |
| ***INSULIN SENSITIZING AGENTS*** | |
| *pioglitazone hcl tab 15 mg (base equiv)* | |
| *pioglitazone hcl tab 30 mg (base equiv)* | |
| *pioglitazone hcl tab 45 mg (base equiv)* | |
| ***SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** | |
| JARDIANCE TAB 10MG | ST |
| JARDIANCE TAB 25MG | ST |
| STEGLATRO TAB 5MG | ST |
| STEGLATRO TAB 15MG | ST |
| ***ANTIDIABETIC COMBINATIONS*** | |
| *alogliptin-metformin hcl tab 12.5-500 mg* | |
| *alogliptin-metformin hcl tab 12.5-1000 mg* | |
| *alogliptin-pioglitazone tab 12.5-15 mg* | |
| *alogliptin-pioglitazone tab 12.5-30 mg* | |
| *alogliptin-pioglitazone tab 12.5-45 mg* | |
| *alogliptin-pioglitazone tab 25-15 mg* | |
| *alogliptin-pioglitazone tab 25-30 mg* | |
| *alogliptin-pioglitazone tab 25-45 mg* | |
| SEGLUROMET TAB 2.5-500 | ST |
| SEGLUROMET TAB 2.5-1000 | ST |
| SEGLUROMET TAB 7.5-500 | ST |
| SEGLUROMET TAB 7.5-1000 | ST |
| *glipizide-metformin hcl tab 2.5-250 mg* | |
| *glipizide-metformin hcl tab 2.5-500 mg* | |
| *glipizide-metformin hcl tab 5-500 mg* | |
| *pioglitazone hcl-glimepiride tab 30-2 mg* | |
| *pioglitazone hcl-glimepiride tab 30-4 mg* | |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | |
| **THYROID AGENTS** | |
| ***THYROID HORMONES*** | |
| *euthyrox tab 25mcg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *levo-t tab 25mcg* | |
| *levothyroxine sodium tab 25 mcg* | |
| *levoxyl tab 25mcg* | |
| *unithroid tab 25mcg* | |
| *euthyrox tab 50mcg* | |
| *levo-t tab 50mcg* | |
| *levothyroxine sodium tab 50 mcg* | |
| *levoxyl tab 50mcg* | |
| *unithroid tab 50mcg* | |
| *euthyrox tab 75mcg* | |
| *levo-t tab 75mcg* | |
| *levothyroxine sodium tab 75 mcg* | |
| *levoxyl tab 75mcg* | |
| *unithroid tab 75mcg* | |
| *euthyrox tab 88mcg* | |
| *levo-t tab 88mcg* | |
| *levothyroxine sodium tab 88 mcg* | |
| *levoxyl tab 88mcg* | |
| *unithroid tab 88mcg* | |
| *euthyrox tab 100mcg* | |
| *levo-t tab 100mcg* | |
| *levothyroxine sodium tab 100 mcg* | |
| *levoxyl tab 100mcg* | |
| *unithroid tab 100mcg* | |
| *euthyrox tab 112mcg* | |
| *levo-t tab 112mcg* | |
| *levothyroxine sodium tab 112 mcg* | |
| *levoxyl tab 112mcg* | |
| *unithroid tab 112mcg* | |
| *euthyrox tab 125mcg* | |
| *levo-t tab 125mcg* | |
| *levothyroxine sodium tab 125 mcg* | |
| *levoxyl tab 125mcg* | |
| *unithroid tab 125mcg* | |
| *euthyrox tab 137mcg* | |
| *levo-t tab 137mcg* | |
| *levothyroxine sodium tab 137 mcg* | |
| *levoxyl tab 137mcg* | |
| *unithroid tab 137mcg* | |
| *euthyrox tab 150mcg* | |
| *levo-t tab 150mcg* | |
| *levothyroxine sodium tab 150 mcg* | |
| *levoxyl tab 150mcg* | |
| *unithroid tab 150mcg* | |
| *euthyrox tab 175mcg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *levo-t tab 175mcg* | |
| *levothyroxine sodium tab 175 mcg* | |
| *levoxyl tab 175mcg* | |
| *unithroid tab 175mcg* | |
| *euthyrox tab 200mcg* | |
| *levo-t tab 200 mcg* | |
| *levothyroxine sodium tab 200 mcg* | |
| *levoxyl tab 200mcg* | |
| *unithroid tab 200mcg* | |
| *levo-t tab 300 mcg* | |
| *levothyroxine sodium tab 300 mcg* | |
| *unithroid tab 300mcg* | |
| *liothyronine sodium tab 5 mcg* | |
| *liothyronine sodium tab 25 mcg* | |
| *liothyronine sodium tab 50 mcg* | |
| ***ANTITHYROID AGENTS*** | |
| *methimazole tab 5 mg* | |
| *methimazole tab 10 mg* | |
| *propylthiouracil tab 50 mg* | |
| **ENDOCRINE AND METABOLIC AGENTS - MISC.** | |
| ***BONE DENSITY REGULATORS*** | |
| *alendronate sodium tab 5 mg* | |
| *alendronate sodium tab 10 mg* | |
| *alendronate sodium tab 35 mg* | |
| *alendronate sodium tab 70 mg* | |
| *calcitonin (salmon) nasal soln 200 unit/act* | |
| TYMLOS INJ | SP, PA, QL (1 pen / 30 days) |
| PROLIA SOL 60MG/ML | SP, PA, QL (1 syringe / 180 days) |
| ***HORMONE RECEPTOR MODULATORS*** | |
| OSPHENA TAB 60MG | PA |
| *raloxifene hcl tab 60 mg* | |
| ***LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** | |
| SYNAREL SOL 2MG/ML | |
| TRIPTODUR SUS 22.5MG | SP, PA |
| ***GROWTH HORMONES*** | |
| NORDITROPIN INJ 5/1.5ML | SP |
| NORDITROPIN INJ 10/1.5ML | SP |
| NORDITROPIN INJ 15/1.5ML | SP |
| NORDITROPIN INJ 30/3ML | SP |
| SEROSTIM INJ 4MG | SP, PA |
| SEROSTIM INJ 5MG | SP, PA |
| SEROSTIM INJ 6MG | SP, PA |

| Drug Name | Requirements/Limits |
|---|---|
| ZORBTIVE INJ 8.8MG | SP, PA |
| ***SOMATOSTATIC AGENTS*** | |
| SOMATULINE INJ 60/0.2ML | SP, PA, QL (1 syringe / 28 days) |
| SOMATULINE INJ 90/0.3ML | SP, PA, QL (1 syringe / 28 days) |
| LANREOTIDE INJ 120/.5ML | SP, PA, QL (1 syringe / 28 days) |
| SOMATULINE INJ 120/.5ML | SP, PA, QL (1 syringe / 28 days) |
| *octreotide acetate inj 50 mcg/ml (0.05 mg/ml)* | SP, PA, QL (3 vials / 1 day) |
| *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* | SP, PA, QL (3 vials / 1 day) |
| *octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* | SP, PA, QL (45 vials / 30 days) |
| *octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* | SP, PA, QL (3 vials / 1 day) |
| *octreotide acetate inj 1000 mcg/ml (1 mg/ml)* | SP, PA, QL (9 vials / 30 days) |
| *octreotide acetate subcutaneous soln pref syr 50 mcg/ml* | SP, PA, QL (3 vials / 1 day) |
| *octreotide acetate subcutaneous soln pref syr 100 mcg/ml* | SP, PA, QL (3 vials / 1 day) |
| *octreotide acetate subcutaneous soln pref syr 500 mcg/ml* | SP, PA, QL (3 vials / 1 day) |
| ***POSTERIOR PITUITARY HORMONES*** | |
| *desmopressin acetate tab 0.1 mg* | PA |
| *desmopressin acetate tab 0.2 mg* | PA |
| *desmopressin acetate nasal spray soln 0.01% (refrigerated)* | PA |
| *desmopressin acetate nasal spray soln 0.01%* | PA |
| ***CORTICOTROPIN*** | |
| ACTHAR INJ 80UNIT | SP, PA, QL (35 mL / 21 days) |
| CORTROPHIN GEL 80UNIT | SP, PA, QL (35 mL / 21 days) |
| ***PROLACTIN INHIBITORS*** | |
| *cabergoline tab 0.5 mg* | |
| ***VASOPRESSIN RECEPTOR ANTAGONISTS*** | |
| *tolvaptan tab 15 mg* | SP, PA |
| *tolvaptan tab 30 mg* | SP, PA, QL (1 tab / 1 day) |
| ***METABOLIC MODIFIERS*** | |
| *calcitriol cap 0.25 mcg* | |
| *calcitriol cap 0.5 mcg* | |
| *calcitriol oral soln 1 mcg/ml* | |
| *doxercalciferol cap 0.5 mcg* | |
| *doxercalciferol cap 1 mcg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *doxercalciferol cap 2.5 mcg* | |
| *paricalcitol cap 1 mcg* | |
| *paricalcitol cap 2 mcg* | |
| *paricalcitol cap 4 mcg* | |
| *cinacalcet hcl tab 30 mg (base equiv)* | SP, PA, QL (2 tabs / 1 day) |
| *cinacalcet hcl tab 60 mg (base equiv)* | SP, PA, QL (2 tabs / 1 day) |
| *cinacalcet hcl tab 90 mg (base equiv)* | SP, PA, QL (4 tabs / 1 day) |
| *sapropterin dihydrochloride tab 100 mg* | SP, PA |
| *sapropterin dihydrochloride powder packet 100 mg* | SP, PA |
| *sapropterin dihydrochloride powder packet 500 mg* | SP, PA |

**CARDIOTONICS**

***CARDIAC GLYCOSIDES***

| | |
|---|---|
| *digoxin tab 62.5 mcg (0.0625 mg)* | |
| *digitek tab 0.125mg* | |
| *digox tab 0.125mg* | |
| *digoxin tab 125 mcg (0.125 mg)* | |
| *digitek tab 0.25mg* | |
| *digox tab 0.25mg* | |
| *digoxin tab 250 mcg (0.25 mg)* | |
| *digoxin oral soln 0.05 mg/ml* | |

**ANTIANGINAL AGENTS**

***NITRATES***

| | |
|---|---|
| *isosorbide dinitrate tab 5 mg* | |
| *isosorbide dinitrate tab 10 mg* | |
| *isosorbide dinitrate tab 20 mg* | |
| *isosorbide dinitrate tab 30 mg* | |
| *isosorbide dinitrate tab 40 mg* | |
| *isosorbide mononitrate tab 10 mg* | |
| *isosorbide mononitrate tab 20 mg* | |
| *isosorbide mononitrate tab er 24hr 30 mg* | |
| *isosorbide mononitrate tab er 24hr 60 mg* | |
| *isosorbide mononitrate tab er 24hr 120 mg* | |
| *nitro-time cap 2.5mg cr* | |
| *nitro-time cap 6.5mg cr* | |
| *nitro-time cap 9mg cr* | |
| *nitroglycerin sl tab 0.3 mg* | |
| *nitroglycerin sl tab 0.4 mg* | |
| *nitroglycerin sl tab 0.6 mg* | |
| NITRO-BID OIN 2% | |
| *nitroglycerin td patch 24hr 0.1 mg/hr* | |
| *nitroglycerin td patch 24hr 0.2 mg/hr* | |
| NITRO-DUR DIS 0.3MG/HR | |
| *nitroglycerin td patch 24hr 0.4 mg/hr* | |
| *nitroglycerin td patch 24hr 0.6 mg/hr* | |

| Drug Name | Requirements/Limits |
|---|---|
| NITRO-DUR DIS 0.8MG/HR | |
| **BETA BLOCKERS** | |
| ***BETA BLOCKERS NON-SELECTIVE*** | |
| *nadolol tab 20 mg* | |
| *nadolol tab 40 mg* | |
| *nadolol tab 80 mg* | |
| *pindolol tab 5 mg* | |
| *pindolol tab 10 mg* | |
| *propranolol hcl tab 10 mg* | |
| *propranolol hcl tab 20 mg* | |
| *propranolol hcl tab 40 mg* | |
| *propranolol hcl tab 60 mg* | |
| *propranolol hcl tab 80 mg* | |
| *propranolol hcl oral soln 20 mg/5ml* | |
| *propranolol hcl oral soln 40 mg/5ml* | |
| *propranolol hcl cap er 24hr 60 mg* | |
| *propranolol hcl cap er 24hr 80 mg* | |
| *propranolol hcl cap er 24hr 120 mg* | |
| *propranolol hcl cap er 24hr 160 mg* | |
| *sorine tab 80mg* | |
| *sotalol hcl tab 80 mg* | |
| *sorine tab 120mg* | |
| *sotalol hcl tab 120 mg* | |
| *sorine tab 160mg* | |
| *sotalol hcl tab 160 mg* | |
| *sorine tab 240mg* | |
| *sotalol hcl tab 240 mg* | |
| *sotalol hcl (afib/afl) tab 80 mg* | |
| *sotalol hcl (afib/afl) tab 120 mg* | |
| *sotalol hcl (afib/afl) tab 160 mg* | |
| *timolol maleate tab 5 mg* | |
| *timolol maleate tab 10 mg* | |
| *timolol maleate tab 20 mg* | |
| ***BETA BLOCKERS CARDIO-SELECTIVE*** | |
| *atenolol tab 25 mg* | |
| *atenolol tab 50 mg* | |
| *atenolol tab 100 mg* | |
| *bisoprolol fumarate tab 5 mg* | |
| *bisoprolol fumarate tab 10 mg* | |
| *metoprolol succinate tab er 24hr 25 mg (tartrate equiv)* | |
| *metoprolol succinate tab er 24hr 50 mg (tartrate equiv)* | |
| *metoprolol succinate tab er 24hr 100 mg (tartrate equiv)* | |

| Drug Name | Requirements/Limits |
|---|---|
| *metoprolol succinate tab er 24hr 200 mg (tartrate equiv)* | |
| *metoprolol tartrate tab 25 mg* | |
| *metoprolol tartrate tab 50 mg* | |
| *metoprolol tartrate tab 100 mg* | |
| ***ALPHA-BETA BLOCKERS*** | |
| *carvedilol tab 3.125 mg* | |
| *carvedilol tab 6.25 mg* | |
| *carvedilol tab 12.5 mg* | |
| *carvedilol tab 25 mg* | |
| *labetalol hcl tab 100 mg* | |
| *labetalol hcl tab 200 mg* | |
| *labetalol hcl tab 300 mg* | |
| **CALCIUM CHANNEL BLOCKERS** | |
| ***CALCIUM CHANNEL BLOCKERS*** | |
| *amlodipine besylate tab 2.5 mg (base equivalent)* | |
| *amlodipine besylate tab 5 mg (base equivalent)* | |
| *amlodipine besylate tab 10 mg (base equivalent)* | |
| *diltiazem hcl tab 30 mg* | |
| *diltiazem hcl tab 60 mg* | |
| *diltiazem hcl tab 90 mg* | |
| *diltiazem hcl tab 120 mg* | |
| *diltiazem hcl cap er 12hr 60 mg* | |
| *diltiazem hcl cap er 12hr 90 mg* | |
| *diltiazem hcl cap er 12hr 120 mg* | |
| *dilt-xr cap 120mg* | |
| *diltiazem hcl cap er 24hr 120 mg* | |
| *dilt-xr cap 180mg* | |
| *diltiazem hcl cap er 24hr 180 mg* | |
| *dilt-xr cap 240mg* | |
| *diltiazem hcl cap er 24hr 240 mg* | |
| *diltiazem hcl extended release beads cap er 24hr 120 mg* | |
| *taztia xt cap 120mg/24* | |
| *tiadylt cap 120mg/24* | |
| *diltiazem hcl extended release beads cap er 24hr 180 mg* | |
| *taztia xt cap 180mg/24* | |
| *tiadylt cap 180mg/24* | |
| *diltiazem hcl extended release beads cap er 24hr 240 mg* | |
| *taztia xt cap 240mg/24* | |
| *tiadylt cap 240mg/24* | |
| *diltiazem hcl extended release beads cap er 24hr 300 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *taztia xt cap 300mg er* | |
| *tiadylt cap 300mg/24* | |
| *diltiazem hcl extended release beads cap er 24hr 360 mg* | |
| *taztia xt cap 360mg/24* | |
| *tiadylt cap 360mg/24* | |
| *diltiazem hcl extended release beads cap er 24hr 420 mg* | |
| *tiadylt cap 420mg/24* | |
| *cartia xt cap 120/24hr* | |
| *diltiazem hcl coated beads cap er 24hr 120 mg* | |
| *cartia xt cap 180/24hr* | |
| *diltiazem hcl coated beads cap er 24hr 180 mg* | |
| *cartia xt cap 240/24hr* | |
| *diltiazem hcl coated beads cap er 24hr 240 mg* | |
| *cartia xt cap 300/24hr* | |
| *diltiazem hcl coated beads cap er 24hr 300 mg* | |
| *diltiazem hcl coated beads cap er 24hr 360 mg* | |
| *diltiazem hcl coated beads tab er 24hr 180 mg* | |
| *matzim la tab 180mg/24* | |
| *diltiazem hcl coated beads tab er 24hr 240 mg* | |
| *matzim la tab 240mg/24* | |
| *diltiazem hcl coated beads tab er 24hr 300 mg* | |
| *matzim la tab 300mg/24* | |
| *diltiazem hcl coated beads tab er 24hr 360 mg* | |
| *matzim la tab 360mg/24* | |
| *diltiazem hcl coated beads tab er 24hr 420 mg* | |
| *matzim la tab 420mg/24* | |
| *felodipine tab er 24hr 2.5 mg* | |
| *felodipine tab er 24hr 5 mg* | |
| *felodipine tab er 24hr 10 mg* | |
| *nifedipine tab er 24hr 30 mg* | |
| *nifedipine tab er 24hr 60 mg* | |
| *nifedipine tab er 24hr 90 mg* | |
| *nifedipine tab er 24hr osmotic release 30 mg* | |
| *nifedipine tab er 24hr osmotic release 60 mg* | |
| *nifedipine tab er 24hr osmotic release 90 mg* | |
| *verapamil hcl tab er 120 mg* | |
| *verapamil hcl tab er 180 mg* | |
| *verapamil hcl tab er 240 mg* | |
| *verapamil hcl cap er 24hr 100 mg* | |
| *verapamil hcl cap er 24hr 200 mg* | |
| *verapamil hcl cap er 24hr 300 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| **ANTIARRHYTHMICS** | |
| ***ANTIARRHYTHMICS TYPE I-A*** | |
| *disopyramide phosphate cap 100 mg* | |
| *disopyramide phosphate cap 150 mg* | |
| NORPACE CAP 100MG CR | |
| NORPACE CAP 150MG CR | |
| ***ANTIARRHYTHMICS TYPE I-C*** | |
| *flecainide acetate tab 50 mg* | |
| *flecainide acetate tab 100 mg* | |
| *flecainide acetate tab 150 mg* | |
| *propafenone hcl tab 150 mg* | |
| *propafenone hcl tab 225 mg* | |
| *propafenone hcl tab 300 mg* | |
| *propafenone hcl cap er 12hr 225 mg* | |
| *propafenone hcl cap er 12hr 325 mg* | |
| *propafenone hcl cap er 12hr 425 mg* | |
| ***ANTIARRHYTHMICS TYPE III*** | |
| *amiodarone hcl tab 200 mg* | |
| *pacerone tab 200mg* | |
| *dofetilide cap 125 mcg (0.125 mg)* | SP, PA |
| *dofetilide cap 250 mcg (0.25 mg)* | SP, PA |
| *dofetilide cap 500 mcg (0.5 mg)* | SP, PA |
| **ANTIHYPERTENSIVES** | |
| ***ACE INHIBITORS*** | |
| *benazepril hcl tab 5 mg* | |
| *benazepril hcl tab 10 mg* | |
| *benazepril hcl tab 20 mg* | |
| *benazepril hcl tab 40 mg* | |
| *captopril tab 12.5 mg* | |
| *captopril tab 25 mg* | |
| *captopril tab 50 mg* | |
| *captopril tab 100 mg* | |
| *enalapril maleate tab 2.5 mg* | |
| *enalapril maleate tab 5 mg* | |
| *enalapril maleate tab 10 mg* | |
| *enalapril maleate tab 20 mg* | |
| *fosinopril sodium tab 10 mg* | |
| *fosinopril sodium tab 20 mg* | |
| *fosinopril sodium tab 40 mg* | |
| *lisinopril tab 2.5 mg* | |
| *lisinopril tab 5 mg* | |
| *lisinopril tab 10 mg* | |
| *lisinopril tab 20 mg* | |
| *lisinopril tab 30 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *lisinopril tab 40 mg* | |
| *quinapril hcl tab 5 mg* | |
| *quinapril hcl tab 10 mg* | |
| *quinapril hcl tab 20 mg* | |
| *quinapril hcl tab 40 mg* | |
| *ramipril cap 1.25 mg* | |
| *ramipril cap 2.5 mg* | |
| *ramipril cap 5 mg* | |
| *ramipril cap 10 mg* | |
| *trandolapril tab 1 mg* | |
| *trandolapril tab 2 mg* | |
| *trandolapril tab 4 mg* | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | |
| *irbesartan tab 75 mg* | |
| *irbesartan tab 150 mg* | |
| *irbesartan tab 300 mg* | |
| *losartan potassium tab 25 mg* | |
| *losartan potassium tab 50 mg* | |
| *losartan potassium tab 100 mg* | |
| *valsartan tab 40 mg* | |
| *valsartan tab 80 mg* | |
| *valsartan tab 160 mg* | |
| *valsartan tab 320 mg* | |
| ***ANTIADRENERGIC ANTIHYPERTENSIVES*** | |
| *clonidine td patch weekly 0.1 mg/24hr* | |
| *clonidine td patch weekly 0.2 mg/24hr* | |
| *clonidine td patch weekly 0.3 mg/24hr* | |
| *clonidine hcl tab 0.1 mg* | |
| *clonidine hcl tab 0.2 mg* | |
| *clonidine hcl tab 0.3 mg* | |
| *guanfacine hcl tab 1 mg* | |
| *guanfacine hcl tab 2 mg* | |
| *methyldopa tab 250 mg* | |
| *methyldopa tab 500 mg* | |
| *doxazosin mesylate tab 1 mg* | |
| *doxazosin mesylate tab 2 mg* | |
| *doxazosin mesylate tab 4 mg* | |
| *doxazosin mesylate tab 8 mg* | |
| *prazosin hcl cap 1 mg* | |
| *prazosin hcl cap 2 mg* | |
| *prazosin hcl cap 5 mg* | |
| *terazosin hcl cap 1 mg (base equivalent)* | |
| *terazosin hcl cap 2 mg (base equivalent)* | |
| *terazosin hcl cap 5 mg (base equivalent)* | |
| *terazosin hcl cap 10 mg (base equivalent)* | |

| Drug Name | Requirements/Limits |
|---|---|
| ***SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** | |
| *eplerenone tab 25 mg* | |
| *eplerenone tab 50 mg* | |
| ***VASODILATORS*** | |
| *hydralazine hcl tab 10 mg* | |
| *hydralazine hcl tab 25 mg* | |
| *hydralazine hcl tab 50 mg* | |
| *hydralazine hcl tab 100 mg* | |
| ***ANTIHYPERTENSIVE COMBINATIONS*** | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | |
| *benazepril & hydrochlorothiazide tab 5-6.25 mg* | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | |
| *quinapril-hydrochlorothiazide tab 10-12.5 mg* | |
| *quinapril-hydrochlorothiazide tab 20-12.5 mg* | |
| *quinapril-hydrochlorothiazide tab 20-25 mg* | |
| *atenolol & chlorthalidone tab 50-25 mg* | |
| *atenolol & chlorthalidone tab 100-25 mg* | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | |
| **DIURETICS** | |
| ***CARBONIC ANHYDRASE INHIBITORS*** | |
| *acetazolamide tab 125 mg* | |
| *acetazolamide tab 250 mg* | |
| *acetazolamide cap er 12hr 500 mg* | |
| *methazolamide tab 25 mg* | |
| *methazolamide tab 50 mg* | |
| ***LOOP DIURETICS*** | |
| *bumetanide tab 0.5 mg* | |
| *bumetanide tab 1 mg* | |
| *bumetanide tab 2 mg* | |
| *furosemide tab 20 mg* | |
| *furosemide tab 40 mg* | |
| *furosemide tab 80 mg* | |
| *furosemide oral soln 8 mg/ml* | |
| *furosemide oral soln 10 mg/ml* | |
| *torsemide tab 5 mg* | |
| *torsemide tab 10 mg* | |
| *torsemide tab 20 mg* | |
| *torsemide tab 100 mg* | |
| ***POTASSIUM SPARING DIURETICS*** | |
| *amiloride hcl tab 5 mg* | |
| *spironolactone tab 25 mg* | |
| *spironolactone tab 50 mg* | |
| *spironolactone tab 100 mg* | |
| ***THIAZIDES AND THIAZIDE-LIKE DIURETICS*** | |
| *chlorthalidone tab 25 mg* | |
| *chlorthalidone tab 50 mg* | |
| *hydrochlorothiazide cap 12.5 mg* | |
| *hydrochlorothiazide tab 12.5 mg* | |
| *hydrochlorothiazide tab 25 mg* | |
| *hydrochlorothiazide tab 50 mg* | |
| *indapamide tab 1.25 mg* | |
| *indapamide tab 2.5 mg* | |
| *metolazone tab 2.5 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *metolazone tab 5 mg* | |
| *metolazone tab 10 mg* | |
| ***DIURETIC COMBINATIONS*** | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | |
| ALDACTAZIDE TAB 50/50 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | |
| **VASOPRESSORS** | |
| ***VASOPRESSORS*** | |
| *midodrine hcl tab 2.5 mg* | |
| *midodrine hcl tab 5 mg* | |
| *midodrine hcl tab 10 mg* | |
| ***ANAPHYLAXIS THERAPY AGENTS*** | |
| *epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)* | QL (8 pens / year) |
| *epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)* | QL (4 pens / year) |
| *epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* | QL (8 pens / year) |
| EPIPEN 2-PAK INJ 0.3MG | QL (8 pens / year) |
| **ANTIHYPERLIPIDEMICS** | |
| ***BILE ACID SEQUESTRANTS*** | |
| *cholestyramine powder 4 gm/dose* | |
| *cholestyramine powder packets 4 gm* | |
| *cholestyramine light powder 4 gm/dose* | |
| *prevalite pow 4gm* | |
| *cholestyramine light powder packets 4 gm* | |
| *prevalite pow 4gm pk* | |
| *colestipol hcl tab 1 gm* | |
| *colestipol hcl granules 5 gm* | |
| *colestipol hcl granule packets 5 gm* | |
| ***FIBRIC ACID DERIVATIVES*** | |
| *fenofibrate tab 48 mg* | |
| *fenofibrate tab 54 mg* | |
| *fenofibrate tab 145 mg* | |
| *fenofibrate tab 160 mg* | |
| *fenofibrate micronized cap 67 mg* | |
| *fenofibrate micronized cap 134 mg* | |
| *fenofibrate micronized cap 200 mg* | |
| *gemfibrozil tab 600 mg* | |
| ***INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** | |
| *ezetimibe tab 10 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| ***PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS*** | |
| PRALUENT INJ 75MG/ML | PA, QL (2 pens / 28 days) |
| PRALUENT INJ 150MG/ML | PA, QL (2 pens / 28 days) |
| REPATHA SURE INJ 140MG/ML | PA, QL (2 pens / 28 days) |
| REPATHA PUSH INJ 420/3.5 | PA, QL (1 cartridge / 28 days) |
| REPATHA INJ 140MG/ML | PA, QL (2 syringes / 28 days) |
| ***HMG COA REDUCTASE INHIBITORS*** | |
| *atorvastatin calcium tab 10 mg (base equivalent)* | |
| *atorvastatin calcium tab 20 mg (base equivalent)* | |
| *atorvastatin calcium tab 40 mg (base equivalent)* | |
| *atorvastatin calcium tab 80 mg (base equivalent)* | |
| *lovastatin tab 10 mg* | |
| *lovastatin tab 20 mg* | |
| *lovastatin tab 40 mg* | |
| *rosuvastatin calcium tab 5 mg* | |
| *rosuvastatin calcium tab 10 mg* | |
| *rosuvastatin calcium tab 20 mg* | |
| *rosuvastatin calcium tab 40 mg* | |
| *pravastatin sodium tab 10 mg* | |
| *pravastatin sodium tab 20 mg* | |
| *pravastatin sodium tab 40 mg* | |
| *pravastatin sodium tab 80 mg* | |
| *simvastatin tab 5 mg* | |
| *simvastatin tab 10 mg* | |
| *simvastatin tab 20 mg* | |
| *simvastatin tab 40 mg* | |
| *simvastatin tab 80 mg* | |
| ***NICOTINIC ACID DERIVATIVES*** | |
| *niacin tab er 500 mg (antihyperlipidemic)* | |
| *niacin tab er 750 mg (antihyperlipidemic)* | |
| *niacin tab er 1000 mg (antihyperlipidemic)* | |
| **CARDIOVASCULAR AGENTS - MISC.** | |
| ***PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** | |
| UPTRAVI TAB 200MCG | SP, PA, QL (140 tabs / 28 days) |
| UPTRAVI TAB 400MCG | SP, PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 600MCG | SP, PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 800MCG | SP, PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 1000MCG | SP, PA, QL (60 tabs / 30 days) |

| Drug Name | Requirements/Limits |
|---|---|
| UPTRAVI TAB 1200MCG | SP, PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 1400MCG | SP, PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 1600MCG | SP, PA, QL (60 tabs / 30 days) |
| UPTRAVI TAB 200/800 | SP, PA, QL (1 pack / 28 days) |
| ***PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** | |
| *sildenafil citrate tab 20 mg* | SP, PA, QL (3 tabs / 1 day) |
| *sildenafil citrate for suspension 10 mg/ml* | SP, PA, QL (7.5 mL / 1 day) |
| ***PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** | |
| *ambrisentan tab 5 mg* | SP, PA, QL (1 tab / 1 day) |
| *ambrisentan tab 10 mg* | SP, PA, QL (1 tab / 1 day) |
| *bosentan tab 62.5 mg* | SP, PA, QL (2 tabs / 1 day) |
| *bosentan tab 125 mg* | SP, PA, QL (2 tabs / 1 day) |
| OPSUMIT TAB 10MG | SP, PA, QL (1 tab / 1 day) |
| ***PROSTAGLANDIN VASODILATORS*** | |
| *epoprostenol sodium for inj 0.5 mg* | SP, PA |
| *epoprostenol sodium for inj 1.5 mg* | SP, PA |
| TYVASO REFIL SOL 0.6MG/ML | SP, PA, QL (1 ampule / 1 day) |
| TYVASO SOL 0.6MG/ML | SP, PA, QL (1 ampule / 1 day) |
| TYVASO START SOL 0.6MG/ML | SP, PA, QL (1 ampule / 1 day) |
| REMODULIN INJ 1MG/ML | SP, PA |
| *treprostinil inj soln 20 mg/20ml (1 mg/ml)* | SP, PA |
| REMODULIN INJ 2.5MG/ML | SP, PA |
| *treprostinil inj soln 50 mg/20ml (2.5 mg/ml)* | SP, PA |
| REMODULIN INJ 5MG/ML | SP, PA |
| *treprostinil inj soln 100 mg/20ml (5 mg/ml)* | SP, PA |
| REMODULIN INJ 10MG/ML | SP, PA |
| *treprostinil inj soln 200 mg/20ml (10 mg/ml)* | SP, PA |
| ORENITRAM TAB 0.125MG | SP, PA |
| ORENITRAM TAB 0.25MG | SP, PA |
| ORENITRAM TAB 1MG | SP, PA |
| ORENITRAM TAB 2.5MG | SP, PA |
| ORENITRAM TAB 5MG | SP, PA |
| ***SINUS NODE INHIBITORS*** | |
| CORLANOR TAB 5MG | |
| CORLANOR TAB 7.5MG | |
| CORLANOR SOL 5MG/5ML | |

| Drug Name | Requirements/Limits |
|---|---|
| ***CARDIOVASCULAR AGENTS MISC. - COMBINATIONS*** | |
| ENTRESTO TAB 24-26MG | |
| ENTRESTO TAB 49-51MG | |
| ENTRESTO TAB 97-103MG | |
| **ANTIHISTAMINES** | |
| ***ANTIHISTAMINES - ALKYLAMINES*** | |
| *aller-chlor tab 4mg* | OTC |
| *allergy relf tab 4mg* | OTC |
| *allergy reli tab 4mg* | OTC |
| *allergy tab 4mg* | OTC |
| *chlor-phenir tab 4mg* | OTC |
| *chlorhist tab 4mg* | OTC |
| *chlorpheniramine maleate tab 4 mg* | OTC |
| *cvs allergy tab 4mg* | OTC |
| *eq chlortabs tab 4mg* | OTC |
| *eql allergy tab 4mg* | OTC |
| *gnp allergy tab 4mg* | OTC |
| *pharbechlor tab 4mg* | OTC |
| *ra allergy tab 4mg* | OTC |
| *ra chlorphen tab 4mg* | OTC |
| *sm allergy tab 4mg* | OTC |
| *wal-finate tab 4mg* | OTC |
| *allergy relf tab 12mg cr* | OTC |
| *chlorpheniramine maleate tab er 12 mg* | OTC |
| *diabet tuss syp allergy* | OTC |
| *ed chlorped syp jr* | OTC |
| ***ANTIHISTAMINES - ETHANOLAMINES*** | |
| *dayhist alrg tab 12 hour* | OTC |
| *px dayhist tab 1.34mg* | OTC |
| *clemastine fumarate tab 2.68 mg* | |
| *aler-cap cap 25mg* | OTC |
| *allergy cap 25mg* | OTC |
| *allergy med cap 25mg* | OTC |
| *allergy rel cap 25mg* | OTC |
| *allergy relf cap 25mg* | OTC |
| *antihistamin cap 25mg* | OTC |
| *banophen cap 25mg* | OTC |
| *comp allergy cap 25mg* | OTC |
| *cvs allergy cap 25mg* | OTC |
| *diphenhist cap 25mg* | OTC |
| *diphenhydramine hcl cap 25 mg* | OTC |
| *eq allergy cap 25mg* | OTC |
| *gnp allergy cap 25mg* | OTC |
| *hm allergy cap 25mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *medi-phedryl cap 25mg* | OTC |
| *pharbedryl cap 25mg* | OTC |
| *px allergy cap 25mg* | OTC |
| *wal-dryl cap 25mg* | OTC |
| *banophen cap 50mg* | OTC |
| *diphenhydramine hcl cap 50 mg* | OTC |
| *pharbedryl cap 50mg* | OTC |
| *a-s pls alrg tab 25mg* | OTC |
| *alertab tab 25mg* | OTC |
| *allergy relf tab 25mg* | OTC |
| *anti-hist tab 25mg* | OTC |
| *banophen tab 25mg* | OTC |
| *comp allergy tab 25mg* | OTC |
| *comp allergy tab 25mg med* | OTC |
| *comp allergy tab 25mg rlf* | OTC |
| *diphen tab 25mg* | OTC |
| *diphenhydramine hcl tab 25 mg* | OTC |
| *eql allergy tab 25mg* | OTC |
| *geri-dryl tab 25mg* | OTC |
| *gnp allergy tab 25mg* | OTC |
| *px allergy tab 25mg* | OTC |
| *qc allergy tab 25mg* | OTC |
| *ra allergy tab 25mg* | OTC |
| *sb allergy tab 25mg med* | OTC |
| *sm allergy tab 25mg* | OTC |
| *sm allergy tab 25mg rlf* | OTC |
| *total allerg tab 25mg* | OTC |
| *wal-dryl tab 25mg* | OTC |
| *allergy chil chw 12.5mg* | OTC |
| *gnp allergy chw 12.5mg* | OTC |
| *allergy chld liq 12.5/5ml* | OTC |
| *allergy liq 12.5/5ml* | OTC |
| *allergy med liq 12.5/5ml* | OTC |
| *allergy rel liq 12.5/5ml* | OTC |
| *allergy relf liq 12.5/5ml* | OTC |
| *allergy relf liq 50/20ml* | OTC |
| *allergy rlf liq 50/20ml* | OTC |
| *chld allergy liq 12.5/5ml* | OTC |
| *cvs allergy liq 25/10ml* | OTC |
| *diphedryl liq 12.5/5ml* | OTC |
| *diphenhydramine hcl liquid 12.5 mg/5ml* | OTC |
| *geri-dryl liq 12.5/5ml* | OTC |
| *gnp allergy liq children* | OTC |
| *liquid aller liq 12.5/5ml* | OTC |
| *m-dryl liq 12.5/5ml* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *naramin liq* | OTC |
| *pediacare al liq 12.5/5ml* | OTC |
| *siladryl alr liq 12.5/5ml* | OTC |
| *total allerg liq 12.5/5ml* | OTC |
| *wal-dryl liq 12.5/5ml* | OTC |
| *diphenhydramine hcl elixir 12.5 mg/5ml* | |
| *allrgy relf tab 12.5mg* | OTC |
| *cvs allergy chw 12.5mg* | OTC |
| *cvs allergy tab chldrn* | OTC |
| *eql allergy tab chldrn* | OTC |
| *wal-dryl alr tab 12.5mg* | OTC |
| ***ANTIHISTAMINES - PHENOTHIAZINES*** | |
| *promethazine hcl tab 12.5 mg* | |
| *promethazine hcl tab 25 mg* | |
| *promethazine hcl tab 50 mg* | |
| *promethazine hcl syrup 6.25 mg/5ml* | |
| *promethazine hcl suppos 12.5 mg* | |
| *promethegan sup 12.5mg* | |
| *promethazine hcl suppos 25 mg* | |
| *promethegan sup 25mg* | |
| *promethegan sup 50mg* | |
| ***ANTIHISTAMINES - PIPERIDINES*** | |
| *cyproheptadine hcl tab 4 mg* | |
| *cyproheptadine hcl syrup 2 mg/5ml* | |
| ***ANTIHISTAMINES - NON-SEDATING*** | |
| *all day allg cap 10mg* | OTC |
| *allergy rel cap 10mg* | OTC |
| *wal-zyr cap 10mg* | OTC |
| *allergy relf tab 5mg* | OTC |
| *cetirizine hcl tab 5 mg* | OTC |
| *all day allg tab 10mg* | OTC |
| *aller-tec tab 10mg* | OTC |
| *allergy 24hr tab 10mg* | OTC |
| *allergy rel tab 10mg* | OTC |
| *allergy relf tab 10mg* | OTC |
| *allergy reli tab 10mg* | OTC |
| *allergy rlf tab 10mg* | OTC |
| *allergy tab 10mg* | OTC |
| *allgy relief tab 10mg* | OTC |
| *cetirizine hcl tab 10 mg* | OTC |
| *cvs allergy tab 10mg* | OTC |
| *eql all day tab allergy* | OTC |
| *gnp all day tab allergy* | OTC |
| *qc allergy tab 10mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *sb allergy tab 10mg* | OTC |
| *sm all day tab 10mg* | OTC |
| *sm all day tab allergy* | OTC |
| *wal-zyr tab 10mg* | OTC |
| *cetirizine chw 5mg* | AGE, OTC |
| *wal-zyr chw 5mg* | AGE, OTC |
| *cetirizine chw 10mg* | AGE, OTC |
| *wal-zyr chw 10mg* | AGE, OTC |
| *all day allg sol 1mg/ml* | OTC |
| *all day allg sol 5mg/5ml* | OTC |
| *all-day allg sol 5mg/5ml* | OTC |
| *aller-tec sol 1mg/ml* | OTC |
| *allergy chld sol 1mg/ml* | OTC |
| *allergy rel sol 1mg/ml* | OTC |
| *allergy relf sol 1mg/ml* | OTC |
| *allergy relf sol 5mg/5ml* | OTC |
| *cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)* | |
| *cetirizine sol 1mg/ml* | OTC |
| *cetirizine sol 5mg/5ml* | OTC |
| *child allrgy sol 5mg/5ml* | OTC |
| *wal-zyr chld sol 5mg/5ml* | OTC |
| *wal-zyr sol 1mg/ml* | OTC |
| *wal-zyr sol 5mg/5ml* | OTC |
| ZYRTEC CHILD TAB 10MG | OTC |
| *aller-ease tab 60mg* | OTC |
| *allergy relf tab 60mg* | OTC |
| *fexofenadine hcl tab 60 mg* | OTC |
| *hm allergy tab 60mg* | OTC |
| *sm allergy tab 60mg* | OTC |
| *wal-fex alrg tab 60mg 12h* | OTC |
| *aller-ease tab 180mg* | OTC |
| *aller-fex tab 180mg* | OTC |
| *allergy 24hr tab 180mg* | OTC |
| *allergy relf tab 180mg* | OTC |
| *allergy tab 180mg* | OTC |
| *cvs allergy tab 180mg* | OTC |
| *fexofenadine hcl tab 180 mg* | OTC |
| *hm allergy tab 180mg* | OTC |
| *24hr allergy tab 180mg* | OTC |
| *mm fexofenad tab 180mg* | OTC |
| *wal-fex allr tab 180mg* | OTC |
| *wal-fex tab 180mg* | OTC |
| *allergy rlf sus 30/5ml* | OTC |
| ALLEGRA ALRG TAB 30MG | OTC |
| *allergy relf cap 10mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *loratadine cap 10 mg* | OTC |
| *allerclear tab 10mg* | OTC |
| *allergy relf tab 10mg* | OTC |
| *loradamed tab 10mg* | OTC |
| *loratadine tab 10 mg* | OTC |
| *sm loratadin tab 10mg* | OTC |
| *wal-itin tab 10mg* | OTC |
| *allergy rlf chw 5mg* | OTC |
| *loratadine chw 5mg* | OTC |
| *wal-itin chw 5mg* | OTC |
| *allergy chld sol 5mg/5ml* | OTC |
| *allergy chld syp 5mg/5ml* | OTC |
| *allergy relf sol 5mg/5ml* | OTC |
| *allergy relf syp 5mg/5ml* | OTC |
| *claritin sol 5mg/5ml* | OTC |
| *eq allergy syp 5mg/5ml* | OTC |
| *loratadine sol 5mg/5ml* | OTC |
| *loratadine sol 10/10ml* | OTC |
| *loratadine syp 5mg/5ml* | OTC |
| *sm allergy syp 5mg/5ml* | OTC |
| *wal-itin chl sol 5mg/5ml* | OTC |
| *wal-itin syp 5mg/5ml* | OTC |
| CLARITIN RDT TAB 5MG | OTC |
| *alavert tab 10mg* | OTC |
| *allergy relf tab 10mg* | OTC |
| *eq loratadin tab 10mg* | OTC |
| *loratadine tab 10mg* | OTC |
| *triaminic tab 10mg* | OTC |
| *wal-itin tab 10mg* | OTC |
| *wal-vert tab 10mg* | OTC |

**NASAL AGENTS - SYSTEMIC AND TOPICAL**

***SYMPATHOMIMETIC DECONGESTANTS***

| | |
|---|---|
| *decongestant tab 30mg* | OTC |
| *gnp deconge tab 30mg* | OTC |
| *nasal decong tab 30mg* | OTC |
| *pseudoephedrine hcl tab 30 mg* | OTC |
| *ra suphedrin tab 30mg* | OTC |
| *sinus cngst tab 30mg* | OTC |
| *sinus/conges tab 30mg* | OTC |
| *sm nasal dec tab 30mg* | OTC |
| *sudogest max tab 30mg* | OTC |
| *sudogest tab 30mg* | OTC |
| *wal-phed tab 30mg* | OTC |
| *pseudoephedrine hcl tab 60 mg* | OTC |
| *sudogest tab 60mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| SUDAFED CHLD LIQ 15MG/5ML | OTC |
| *decongestant tab 120mg er* | QL (60 tabs / 30 days), OTC |
| *12hr deconge tab 120mg cr* | QL (60 tabs / 30 days), OTC |
| *nasal decong tab 120mg er* | QL (60 tabs / 30 days), OTC |
| *pseudoephedrine hcl tab er 12hr 120 mg* | QL (60 tabs / 30 days), OTC |
| *qc suphedrin tab 120mg sr* | QL (60 tabs / 30 days), OTC |
| *ra suphedrin tab 120mg cr* | QL (60 tabs / 30 days), OTC |
| *sinus 12 hr tab 120mg er* | QL (60 tabs / 30 days), OTC |
| *sinus 12-hr tab 120mg er* | QL (60 tabs / 30 days), OTC |
| *sinus/conges tab 120mg* | QL (60 tabs / 30 days), OTC |
| *sudafed 12hr tab 120mg cr* | QL (60 tabs / 30 days), OTC |
| *sudafed 12hr tab 120mg er* | QL (60 tabs / 30 days), OTC |
| *sudogest 12 tab 120mg er* | QL (60 tabs / 30 days), OTC |
| *suphedrine tab 120mg er* | QL (60 tabs / 30 days), OTC |
| *wal-phed d tab 120mg* | QL (60 tabs / 30 days), OTC |
| *wal-phed tab 120mg er* | QL (60 tabs / 30 days), OTC |
| SUDAFED 24HR TAB 240MG | QL (30 tabs / 30 days), OTC |
| ***NASAL STEROIDS*** | |
| *budesonide sus 32mcg* | QL (1 bottle / 30 days), OTC |
| *budesonide sus nasal* | QL (1 bottle / 30 days), OTC |
| *flunisolide nasal soln 25 mcg/act (0.025%)* | QL (2 bottles / 25 days) |
| *aller-flo spr 50mcg* | QL (1 bottle / 25 days), OTC |
| *allergy nasa spr 50mcg* | QL (1 bottle / 25 days), OTC |
| *allergy relf spr 50mcg* | QL (1 bottle / 25 days), OTC |
| *allgy relief spr 50mcg* | QL (1 bottle / 25 days), OTC |
| *clarispray spr 50mcg* | QL (1 bottle / 25 days), OTC |
| *fluticasone propionate nasal susp 50 mcg/act* | QL (1 bottle / 25 days) |
| *fluticasone propionate nasal susp 50 mcg/act* | QL (1 bottle / 25 days), OTC |
| *fluticasone sus 50mcg* | QL (1 bottle / 25 days), OTC |
| *aller-cort spr 55mcg/ac* | QL (1 bottle / 25 days), OTC |
| *allergy nasa spr 24hr* | QL (1 bottle / 25 days), OTC |
| *24 hr nasal spr allergy* | QL (1 bottle / 25 days), OTC |
| *nasal allrgy spr 55mcg/ac* | QL (1 bottle / 25 days), OTC |
| *ra nasal spr allergy* | QL (1 bottle / 25 days), OTC |
| *triamcinolone acetonide nasal aerosol suspension 55 mcg/act* | QL (1 bottle / 25 days), OTC |
| ***NASAL ANTICHOLINERGICS*** | |
| *ipratropium bromide nasal soln 0.03% (21 mcg/spray)* | |
| *ipratropium bromide nasal soln 0.06% (42 mcg/spray)* | |
| ***NASAL ANTIALLERGY*** | |
| *azelastine hcl nasal spray 0.1% (137 mcg/spray)* | QL (2 bottles / 25 days) |
| *cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ***NASAL AGENTS - MISC.*** | |
| NOZIN NASAL KIT SANITIZE | OTC |
| *afrin saline spr 0.65%* | OTC |
| *altamist spr 0.65%* | OTC |
| *ayr spr 0.65%* | OTC |
| *baby ayr spr 0.65%* | OTC |
| *deep sea spr 0.65%* | OTC |
| *hm saline spr 0.65%* | OTC |
| *nasal moist spr 0.65%* | OTC |
| *nasal saline spr 0.65%* | OTC |
| *ocean kids spr 0.65%* | OTC |
| *saline mist spr 0.65%* | OTC |
| *saline nasal spr 0.65%* | OTC |
| *sb saline spr 0.65%* | OTC |
| AYR NASAL DRO 0.65% | OTC |
| CVS NASAL AER 0.9% | OTC |
| RA STERILE SOL NASAL | OTC |
| SIMPLY SALIN AER 0.9% | OTC |
| **COUGH/COLD/ALLERGY** | |
| ***ANTITUSSIVES*** | |
| *hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg* | QL (6 tabs / 1 day) |
| *hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml* | QL (30 mL / 1 day) |
| *hydromet syp 5-1.5/5* | QL (30 mL / 1 day) |
| *benzonatate cap 100 mg* | |
| *benzonatate cap 200 mg* | |
| ***EXPECTORANTS*** | |
| *coughtab tab 200mg* | OTC |
| *guaifenesin tab 200 mg* | OTC |
| *sb coughtab tab 200mg* | OTC |
| *chest conges tab 400mg* | OTC |
| *guaifenesin tab 400 mg* | OTC |
| *medifin 400 tab 400mg* | OTC |
| *mucosa tab 400mg* | OTC |
| *pharbinex tab 400mg* | OTC |
| *refenesen tab 400mg* | OTC |
| *tab tussin tab 400mg* | OTC |
| *xpect tab 400mg* | OTC |
| *buckleys liq chest* | OTC |
| *chest conges liq childrns* | OTC |
| *diabetic tus liq 100/5ml* | OTC |
| *geri-tussin liq 100/5* | OTC |
| *guaifenesin liquid 100 mg/5ml* | OTC |
| *mucinex fast liq cst cong* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *mucus relief liq 100/5ml* | OTC |
| *mucus relief liq 400/20ml* | OTC |
| *mucus+chst liq 100/5ml* | OTC |
| *mucus+chst liq 200/10ml* | OTC |
| *px tussin sol 100/5ml* | OTC |
| *qc medifin liq mucus rl* | OTC |
| *robafen liq 200/10ml* | OTC |
| *scot-tussin liq expct sf* | OTC |
| *tusnel-ex liq 100/5ml* | OTC |
| *tussin adult liq 100/5ml* | OTC |
| *tussin mucus liq 100/5ml* | OTC |
| *tussin mucus liq 200/10ml* | OTC |
| *wal-tussin liq 100/5ml* | OTC |
| EXPECT CHILD LIQ 200M/5ML | OTC |
| GILTUSS EX LIQ MAX STR | OTC |
| *altarussin syp 100/5ml* | OTC |
| *chest conges syp 100/5ml* | OTC |
| *diabtc tussn syp 100/5ml* | OTC |
| *ra tussin syp 100/5ml* | OTC |
| *sb cgh contr syp 100/5ml* | OTC |
| *siltussin sa syp 100/5ml* | OTC |
| *tussin chest syp 100/5ml* | OTC |
| MUCINEX/KIDS GRA 100MG | OTC |
| *cvs mucus er tab 600mg* | OTC |
| *eq 12 hr muc tab 600mg* | OTC |
| *eq mucus er tab 600mg* | OTC |
| *gnp mucus er tab 600mg* | OTC |
| *guaifenesin tab er 12hr 600 mg* | OTC |
| *mucus relief tab 600mg* | OTC |
| *mucus relief tab 600mg er* | OTC |
| *sm mucus rel tab 600mg er* | OTC |
| *cvs mucus tab 1200 er* | OTC |
| *eql mucus-er tab 1200mg* | OTC |
| *gnp mucus er tab 1200mg* | OTC |
| MUCINEX TAB 1200MG | OTC |
| *mucus er max tab 1200mg* | OTC |
| *mucus relief tab 1200 er* | OTC |
| *mucus relief tab 1200mg* | OTC |
| *sm mucus rel tab 1200 er* | OTC |
| ***MISC. RESPIRATORY INHALANTS*** | |
| *sodium chloride soln nebu 0.9%* | |
| *sodium chloride soln nebu 3%* | |
| *sodium chloride soln nebu 7%* | |
| *sodium chloride soln nebu 10%* | |
| *simply salin aer baby* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *sodium chloride aero soln 0.9%* | OTC |
| ***COUGH/COLD/ALLERGY COMBINATIONS*** | |
| *cold/allergy elx children* | OTC |
| *rynex pse liq* | OTC |
| *wal-tap elx cld/alle* | OTC |
| *all day alrg tab 5-120mg* | OTC |
| *aller-tec d tab 5-120mg* | OTC |
| *allergy d tab 5-120mg* | OTC |
| *allergy relf tab 5-120mg* | OTC |
| *allergy-d tab 5-120mg* | OTC |
| *allergy/cong tab 5-120mg* | OTC |
| *allgy comp-d tab 5-120mg* | OTC |
| *allrgy relf tab 5-120mg* | OTC |
| *cetirizine-pseudoephedrine tab er 12hr 5-120 mg* | OTC |
| *ra cetiri-d tab 5-120mg* | OTC |
| *wal-zyr d tab 5-120mg* | OTC |
| *alavert alrg tab /sinus* | OTC |
| *alavert d-12 tab 5-120mg* | OTC |
| *allerclear d tab 5-120mg* | OTC |
| *allergy relf tab 5-120mg* | OTC |
| *allergy relf tab 5/120mg* | OTC |
| *allergy relf tab d12* | OTC |
| *allergy/cong tab 5-120mg* | OTC |
| *allrgy d-12 tab 5-120mg* | OTC |
| *allrgy rlf-d tab 5-120mg* | OTC |
| *loratadine d tab 5-120mg* | OTC |
| *loratadine-d tab 5-120mg* | OTC |
| *wal-itin d tab 5-120mg* | OTC |
| *aller/conges tab 10-240mg* | OTC |
| *allerclear d tab 10-240mg* | OTC |
| *allergy rel/ tab deconges* | OTC |
| *allergy relf tab 10-240mg* | OTC |
| *allergy relf tab /nsl dec* | OTC |
| *allergy relf tab d* | OTC |
| *allergy relf tab d-24* | OTC |
| *allergy relf tab deconges* | OTC |
| *allrgy rel d tab 10-240mg* | OTC |
| *allrgy rlf-d tab 10-240mg* | OTC |
| *allrgy/nasal tab 10-240mg* | OTC |
| *eql allergy tab 10-240mg* | OTC |
| *lorata-dine tab d 24hr* | OTC |
| *loratadine-d tab 10-240mg* | OTC |
| *ra lorata-d tab 24 hour* | OTC |
| *wal-itin d tab 10-240mg* | OTC |
| *wal-itin d tab 24 hour* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *allergy d tab 60-120mg* | OTC |
| *allergy-d tab 12 hour* | OTC |
| *allergy/cong tab 60-120mg* | OTC |
| *antihistamin tab 60-120mg* | OTC |
| *fexofenadine-pseudoephedrine tab er 12hr 60-120 mg* | OTC |
| *12hr allergy tab 60-120mg* | OTC |
| *wal-fex d tab 12 hour* | OTC |
| *fexofenadine-pseudoephedrine tab er 24hr 180-240 mg* | OTC |
| *wal-fex d tab 24 hour* | OTC |
| *prometh vc syp 6.25-5/5* | |
| *promethazine & phenylephrine syrup 6.25-5 mg/5ml* | |
| *promethazine w/ codeine syrup 6.25-10 mg/5ml* | QL (30 mL / 1 day) |
| *prometh vc/ syp codeine* | QL (30 mL / 1 day) |
| *promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml* | QL (30 mL / 1 day) |
| *promethazine-dm syrup 6.25-15 mg/5ml* | |
| *pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml* | |
| *altarussin syp -pe* | OTC |
| *cvs mucus d tab 60-600mg* | OTC |
| *eq mucus d tab 60-600mg* | OTC |
| MUCINEX D TAB 60-600MG | OTC |
| *mucus d tab 60-600mg* | OTC |
| *mucus relf d tab 60-600mg* | OTC |
| *mucus relief tab 60-600mg* | OTC |
| *mucus-d tab 60-600mg* | OTC |
| *pseudoephedrine-guaifenesin tab er 12hr 60-600 mg* | OTC |
| MUCINEX D TAB 120-1200 | OTC |
| *mucus d max tab 120-1200* | OTC |
| *mucus d tab 120/1200* | OTC |
| *mucus rlf d tab 120-1200* | OTC |
| *pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg* | OTC |
| CODITUSSIN LIQ AC | QL (60 mL / 1 day), OTC |
| M-CLEAR WC LIQ 100-6.3 | QL (90 mL / 1 day), OTC |
| *g tussin ac liq 100-10/5* | QL (60 mL / 1 day), OTC |
| *guaiatuss ac syp 100-10/5* | QL (60 mL / 1 day), OTC |
| *guaifenesin syp 100-10/5* | QL (60 mL / 1 day), OTC |
| *guaifenesin-codeine soln 100-10 mg/5ml* | QL (60 mL / 1 day), OTC |
| *maxi-tuss ac sol* | QL (60 mL / 1 day), OTC |
| VCKS DAYQUIL LIQ MUCUS DM | OTC |
| *cgh cong dm liq 5-100/5* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *childrens liq 5-100mg* | OTC |
| *cong/cough liq 5-100/5* | OTC |
| *cough child liq 5-100/5* | OTC |
| *cough/chest liq 20-400* | OTC |
| *cvstussin dm liq 20-400mg* | OTC |
| *delsym cough liq congs dm* | OTC |
| *dm max adult liq 20-400* | OTC |
| *eq mucus rel liq dm* | OTC |
| *gnp mucus liq rlf dm* | OTC |
| *hm mucus rel liq cgh chld* | OTC |
| *muc/cgh relf liq 5-100mg* | OTC |
| *mucinex cgh liq 5-100mg* | OTC |
| *mucinex dm liq 20-400* | OTC |
| *mucinex dm liq max str* | OTC |
| *mucinex liq freeform* | OTC |
| *mucus rel dm liq* | OTC |
| *mucus rel dm liq 5-100/5* | OTC |
| *mucus rel dm liq 20-400mg* | OTC |
| *mucus relief liq 5-100mg* | OTC |
| *mucus rlf dm liq 5-100/5* | OTC |
| *mucus rlf dm liq 20-400mg* | OTC |
| *mucus/cough liq 5-100mg* | OTC |
| *robitussin liq 20-400* | OTC |
| *robitussin liq 20-400mg* | OTC |
| *sm tussin dm liq 5-100/5* | OTC |
| *tussin dm liq 5-100mg* | OTC |
| *tussin dm liq 20-400mg* | OTC |
| *tussin dm liq 20-400ml* | OTC |
| *tussin dm mx liq* | OTC |
| *tussin dm mx liq 5-100/5* | OTC |
| *biocotron liq 100-10/5* | OTC |
| *dextromethorphan-guaifenesin liquid 10-100 mg/5ml* | OTC |
| *diabetic tus liq cough dm* | OTC |
| *diabetic tus liq dm* | OTC |
| *giltuss cgh liq & chest* | OTC |
| *giltuss diab liq cgh/cold* | OTC |
| *giltuss hon liq chg/chst* | OTC |
| *gnp tussin liq dm* | OTC |
| *gnp tussin liq dm cough* | OTC |
| *guaiasorb dm liq 100-10/5* | OTC |
| *hm tussin liq adlt dm* | OTC |
| *maxi-tuss g liq* | OTC |
| *px tussin dm liq 100-10/5* | OTC |
| *ra tussin dm liq 100-10/5* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *robafen dm liq 10-100/5* | OTC |
| *robafen dm liq 10-100mg* | OTC |
| *robafen dm liq cough* | OTC |
| *siltussin dm liq das* | OTC |
| *sorbugen nr liq* | OTC |
| *tusnel diabt liq 10-100/5* | OTC |
| *tussin adult liq cgh/cong* | OTC |
| *tussin cough liq 10-100/5* | OTC |
| *tussin dm liq* | OTC |
| *tussin dm liq 10-100/5* | OTC |
| *tussin dm liq 10-100mg* | OTC |
| *tussin dm liq 100-10/5* | OTC |
| *wal-tussin liq 10-100/5* | OTC |
| *diabetic tus liq 20-400mg* | OTC |
| *maxi-tuss liq gmx* | OTC |
| *ra tussin liq dm max* | OTC |
| INTENSE COUG LIQ RELIEVER | OTC |
| *intense coug liq reliever* | OTC |
| *medi-tuss dm liq dbl str* | OTC |
| *altarussn dm syp 100-10/5* | OTC |
| *chest conges syp rel dm* | OTC |
| *cough/chest syp dm* | OTC |
| *dextromethorphan-guaifenesin syrup 10-100 mg/5ml* | OTC |
| *eq tussin dm syp cgh/chst* | OTC |
| *eql tussin syp dm* | OTC |
| *geri-tussin syp dm* | OTC |
| *guaicon dms syp 100-10/5* | OTC |
| *medi-tussin syp dm* | OTC |
| *siltussin-dm syp alc free* | OTC |
| *sm tussin dm syp 100-10/5* | OTC |
| *sm tussin syp dm* | OTC |
| *tussin dm syp 100-10/5* | OTC |
| *wal-tussin syp dm* | OTC |
| MUCINEX CGH GRA 5-100MG | OTC |
| *eql mucus-dm tab 30-600cr* | OTC |
| MUCINEX DM TAB 30-600ER | OTC |
| *mucus dm tab 30-600mg* | OTC |
| *mucus relief tab 30-600er* | OTC |
| *mucus relief tab 30-600mg* | OTC |
| *mucus rlf dm tab 30-600er* | OTC |
| *mucus-dm tab 30-600mg* | OTC |
| *dextromethorphan-guaifenesin tab er 12hr 60-1200 mg* | OTC |
| *eq mucus dm tab 60-1200* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *hm mucus dm tab 60-1200* | OTC |
| MUCINEX DM TAB 60-1200 | OTC |
| *mucus dm max tab 60-1200* | OTC |
| *mucus dm tab 60-1200* | OTC |
| *mucus relief tab 60-1200* | OTC |
| *mucus-dm max tab 60-1200* | OTC |
| TUSNEL C SYP | QL (40 mL / 1 day), OTC |
| *sm tussin cf liq* | OTC |
| *wal-tussin liq cf* | OTC |
| **ANTIASTHMATIC AND BRONCHODILATOR AGENTS** | |
| ***BRONCHODILATORS - ANTICHOLINERGICS*** | |
| *ipratropium bromide inhal soln 0.02%* | QL (375 vials / 75 days) |
| INCRUSE ELPT INH 62.5MCG | QL (30 blisters / 25 days) |
| ***ANTI-INFLAMMATORY AGENTS*** | |
| *cromolyn sodium soln nebu 20 mg/2ml* | |
| ***SYMPATHOMIMETICS*** | |
| *albuterol sulfate tab 2 mg* | |
| *albuterol sulfate tab 4 mg* | |
| *albuterol sulfate syrup 2 mg/5ml* | |
| *albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)* | QL (375 each / 25 days) |
| ALBUTEROL NEB 0.5% | QL (60 mL / 25 days) |
| *albuterol sulfate soln nebu 0.5% (5 mg/ml)* | QL (120 each / 25 days) |
| *albuterol sulfate soln nebu 0.5% (5 mg/ml)* | QL (60 mL / 25 days) |
| *albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)* | QL (375 each / 25 days) |
| *albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)* | QL (375 each / 25 days) |
| *albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* | QL (2 inhalers / 25 days) |
| STRIVERDI AER 2.5MCG | QL (1 inhaler / 25 days) |
| *terbutaline sulfate tab 2.5 mg* | |
| *terbutaline sulfate tab 5 mg* | |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | QL (1620 mL / 75 days) |
| COMBIVENT AER 20-100 | QL (2 inhalers / 25 days) |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* | |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* | |
| *fluticasone-salmeterol aer powder ba 113-14 mcg/act* | |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* | |
| *wixela inhub aer 100/50* | |
| *fluticasone-salmeterol aer powder ba 232-14 mcg/act* | |

| Drug Name | Requirements/Limits |
|---|---|
| ANORO ELLIPT AER 62.5-25 | QL (60 blisters / 25 days) |
| TRELEGY AER ELLIPTA | QL (2 inhalers / 25 days) |
| TRELEGY AER ELLIPTA | QL (2 inhalers / 25 days) |
| ***XANTHINES*** | |
| ELIXOPHYLLIN ELX 80/15ML | |
| *theophylline soln 80 mg/15ml* | |
| *theophylline tab er 12hr 300 mg* | |
| *theophylline tab er 12hr 450 mg* | |
| *theophylline tab er 24hr 400 mg* | |
| *theophylline tab er 24hr 600 mg* | |
| ***STEROID INHALANTS*** | |
| QVAR REDIHAL AER 40MCG | |
| QVAR REDIHA AER 80MCG | |
| *budesonide inhalation susp 0.25 mg/2ml* | |
| *budesonide inhalation susp 0.5 mg/2ml* | |
| *budesonide inhalation susp 1 mg/2ml* | |
| ALVESCO AER 80MCG | |
| ALVESCO AER 160MCG | |
| ARNUITY ELPT INH 100MCG | |
| ARNUITY ELPT INH 200MCG | |
| FLOVENT DISK AER 50MCG | |
| FLOVENT DISK AER 100MCG | |
| FLOVENT DISK AER 250MCG | |
| FLOVENT HFA AER 44MCG | |
| FLOVENT HFA AER 110MCG | |
| FLOVENT HFA AER 220MCG | |
| ***LEUKOTRIENE MODULATORS*** | |
| *montelukast sodium tab 10 mg (base equiv)* | |
| *montelukast sodium chew tab 4 mg (base equiv)* | |
| *montelukast sodium chew tab 5 mg (base equiv)* | |
| *montelukast sodium oral granules packet 4 mg (base equiv)* | |
| ***ANTIASTHMATIC - MONOCLONAL ANTIBODIES*** | |
| XOLAIR SOL 150MG | SP, PA, QL (8 vials / 28 days) |
| XOLAIR INJ 75/0.5 | SP, PA, QL (2 syringes / 28 days) |
| XOLAIR INJ 150MG/ML | SP, PA, QL (8 syringes / 28 days) |
| FASENRA PEN INJ 30MG/ML | SP, PA, QL (1 pen / 56 days) |
| FASENRA INJ 30MG/ML | SP, PA, QL (1 pen / 56 days) |

| Drug Name | Requirements/Limits |
|---|---|
| **RESPIRATORY AGENTS - MISC.** | |
| ***ALPHA-PROTEINASE INHIBITOR (HUMAN)*** | |
| PROLASTIN-C INJ 1000MG | PA |
| PROLASTIN-C INJ 1000MG | SP, PA |
| ***CYSTIC FIBROSIS AGENTS*** | |
| KALYDECO TAB 150MG | PA, QL (2 tabs / 1 day) |
| KALYDECO PAK 25MG | PA, QL (2 packets / 1 day) |
| KALYDECO PAK 50MG | PA, QL (2 packets / 1 day) |
| KALYDECO PAK 75MG | PA, QL (2 packets / 1 day) |
| PULMOZYME SOL 1MG/ML | SP, PA, QL (5 mL / 1 day) |
| ORKAMBI TAB 100-125 | PA, QL (4 tabs / 1 day) |
| ORKAMBI TAB 200-125 | PA, QL (4 tabs / 1 day) |
| ORKAMBI GRA 100-125 | PA, QL (2 packets / 1 day) |
| ORKAMBI GRA 150-188 | PA, QL (2 packets / 1 day) |
| SYMDEKO TAB 50-75MG | PA, QL (2 tabs / 1 day) |
| TRIKAFTA TAB | PA, QL (3 tabs / 1 day) |
| ***PULMONARY FIBROSIS AGENTS*** | |
| OFEV CAP 100MG | SP, PA, QL (2 caps / 1 day) |
| OFEV CAP 150MG | SP, PA, QL (2 caps / 1 day) |
| **LAXATIVES** | |
| ***SALINE LAXATIVES*** | |
| *milk of magn sus 1200/15* | OTC |
| ***STIMULANT LAXATIVES*** | |
| *alophen tab 5mg ec* | OTC |
| *bisacodyl tab 5mg ec* | OTC |
| *correctol tab 5mg ec* | OTC |
| *cvs c-lax tab 5mg* | OTC |
| *eql gentle tab laxative* | OTC |
| *eql laxative tab 5mg ec* | OTC |
| *ex-lax ultra tab 5mg ec* | OTC |
| *feenamint tab 5mg ec* | OTC |
| *gentle laxat tab 5mg ec* | OTC |
| *gnp gntl lax tab 5mg ec* | OTC |
| *gnp laxative tab 5mg ec* | OTC |
| *hm laxative tab 5mg* | OTC |
| *kp bisacodyl tab 5mg ec* | OTC |
| *laxative tab 5mg ec* | OTC |
| *qc laxative tab 5mg ec* | OTC |
| *ra laxative tab 5mg ec* | OTC |
| *sb bisacodyl tab 5mg ec* | OTC |
| *sm gentle tab laxative* | OTC |
| *sm laxative tab 5mg ec* | OTC |
| *womans laxat tab 5mg ec* | OTC |
| *womens laxat tab 5mg ec* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *bisacodyl suppos 10 mg* | OTC |
| *fast relief sup 10mg* | OTC |
| *gentle laxat sup 10mg* | OTC |
| *hm laxative sup 10mg* | OTC |
| *laxative sup 10mg* | OTC |
| *magic bullet sup 10mg* | OTC |
| *onelax sup 10mg* | OTC |
| *qc laxative sup 10mg* | OTC |
| *sb laxative sup 10mg* | OTC |
| *sm laxative sup 10mg* | OTC |
| SENOKOT LAX CHW GUMMIES | OTC |
| SENNA SYP | OTC |
| CORRECTOL MIS HERBAL | OTC |
| *sennosides cap 8.6 mg* | OTC |
| *cvs senna tab 8.6mg* | OTC |
| *eqvegetable tab 8.6mg* | OTC |
| *evac-u-gen tab 8.6mg* | OTC |
| *geri-kot tab 8.6mg* | OTC |
| *hm senna tab 8.6mg* | OTC |
| *kp senna tab 8.6mg* | OTC |
| *medi-natural tab 8.6mg* | OTC |
| *nat veg lax tab 8.6mg* | OTC |
| *natural lax tab 8.6mg* | OTC |
| *px laxative tab 8.6mg* | OTC |
| *qc senna tab 8.6mg* | OTC |
| *sb senna-lax tab 8.6mg* | OTC |
| *senna lax tab 8.6mg* | OTC |
| *senna laxati tab 8.6mg* | OTC |
| *senna tab 8.6mg* | OTC |
| *senna-lax tab 8.6mg* | OTC |
| *senna-tabs tab 8.6mg* | OTC |
| *senna-time tab 8.6mg* | OTC |
| SENOKOT TAB 8.6MG | OTC |
| *sm senna lax tab 8.6mg* | OTC |
| *laxative reg tab 15mg* | OTC |
| *laxative tab 15mg* | OTC |
| *medi-lax tab 15mg* | OTC |
| *perdiem tab 15mg* | OTC |
| *senna smooth tab 15mg* | OTC |
| *senna-extra tab 17.2mg* | OTC |
| *senokot extr tab 17.2mg* | OTC |
| *cvs laxative tab 25mg* | OTC |
| *eq laxative tab 25mg* | OTC |
| *eql laxative tab 25mg* | OTC |
| *ex-lax tab max st* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *laxative max tab 25mg* | OTC |
| *laxative tab 25mg* | OTC |
| *choc laxativ chw 15mg* | OTC |
| *cvs laxative chw 15mg* | OTC |
| *eql laxative chw 15mg* | OTC |
| EX-LAX CHW 15MG | OTC |
| *laxative chw 15mg* | OTC |
| *ra laxative chw 15mg* | OTC |
| *sennazon syp 8.8mg/5* | OTC |
| *sennosides syrup 8.8 mg/5ml* | OTC |
| ***SURFACTANT LAXATIVES*** | |
| *docusate cal cap 240mg* | OTC |
| *stool soft cap 240mg* | OTC |
| *stool softnr cap 240mg* | OTC |
| *surfak cap 240mg* | OTC |
| *stool softnr cap 50mg* | OTC |
| *correctol cap 100mg* | OTC |
| *docusate sodium cap 100 mg* | OTC |
| *dulcolax pnk cap 100mg* | OTC |
| *dulcolax ss cap 100mg* | OTC |
| *easy-lax cap 100mg* | OTC |
| *eq stool cap softener* | OTC |
| *eq stool sof cap 100mg* | OTC |
| *hm stool sof cap 100mg* | OTC |
| *phillips cap 100mg* | OTC |
| *ra col-rite cap 100mg* | OTC |
| *stool soften cap 100mg* | OTC |
| *stool softnr cap 100mg* | OTC |
| *docusate sodium cap 250 mg* | OTC |
| *ra col-rite cap 250mg* | OTC |
| *stool soft cap 250mg* | OTC |
| *stool soften cap 250mg* | OTC |
| *stool softnr cap 250mg* | OTC |
| *docusate sodium tab 100 mg* | OTC |
| *dok tab 100mg* | OTC |
| *move along tab 100mg* | OTC |
| *stool softnr tab 100mg* | OTC |
| PEDIA-LAX LIQ 50MG | OTC |
| *docu liq 50mg/5ml* | OTC |
| *docu liq 100/10ml* | OTC |
| *docusate sodium liquid 150 mg/15ml* | OTC |
| *silace liq 10mg/ml* | OTC |
| *stool soften liq 50mg/5ml* | OTC |
| *docusate sodium syrup 60 mg/15ml* | OTC |
| *silace syp 60/15ml* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ***LAXATIVES - MISCELLANEOUS*** | |
| *constulose sol 10gm/15* | |
| *lactulose solution 10 gm/15ml* | |
| *clearlax pow* | OTC |
| *cvs purelax pow* | OTC |
| *eq clearlax pow* | OTC |
| *eql clearlax pow* | OTC |
| *gavilax pow* | OTC |
| *gentlelax pow* | OTC |
| *glycolax pow 3350 nf* | OTC |
| *gnp clearlax pow* | OTC |
| *hm clearlax pow* | OTC |
| *laxaclear pow* | OTC |
| *mm clearlax pow* | OTC |
| *natura-lax pow 3350 nf* | OTC |
| *polyethylene glycol 3350 oral powder 17 gm/scoop* | OTC |
| *ra laxative pow* | OTC |
| *sm clearlax pow* | OTC |
| *smooth lax pow* | OTC |
| *smooth lax pow 3350* | OTC |
| *cvs purelax pak* | OTC |
| *gnp clearlax pak 3350 nf* | OTC |
| *healthylax pow* | OTC |
| *hm clearlax pow* | OTC |
| *polyethylene glycol 3350 oral packet 17 gm* | OTC |
| *smooth lax pow 3350 nf* | OTC |
| ***LAXATIVE COMBINATIONS*** | |
| *colace 2in1 tab 8.6-50mg* | OTC |
| *cvs senna pl tab 8.6-50mg* | OTC |
| *docuzen tab 8.6-50mg* | OTC |
| *easy-lax pls tab 8.6-50mg* | OTC |
| *eq senna-s tab 8.6-50mg* | OTC |
| *hm stool sof tab 8.6-50mg* | OTC |
| *lax/stl soft tab 8.6-50mg* | OTC |
| *laxacin tab 8.6-50mg* | OTC |
| *laxative pls tab 8.6-50mg* | OTC |
| *medi-natural tab 8.6-50mg* | OTC |
| *ra p col-rit tab 8.6-50mg* | OTC |
| *sb docusate tab 8.6-50mg* | OTC |
| *senexon-s tab 8.6-50mg* | OTC |
| *senna plus tab 8.6-50mg* | OTC |
| *senna s tab 8.6-50mg* | OTC |
| *senna-plus tab 8.6-50mg* | OTC |
| *senna-s tab 8.6-50mg* | OTC |
| *senna-time s tab 8.6-50mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *senna/dss tab 8.6-50mg* | OTC |
| *sm senna-s tab 8.6-50mg* | OTC |
| *sm stool sof tab 8.6-50mg* | OTC |
| *stimulant tab 8.6-50mg* | OTC |
| *stool softnr tab 8.6-50mg* | OTC |
| SUPREP BOWEL SOL PREP KIT | |
| *gavilyte-n sol flav pk* | |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | |
| *gavilyte-g sol* | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* | |
| *gavilyte-c sol* | |
| **ANTIDIARRHEAL/PROBIOTIC AGENTS** | |
| ***ANTIPERISTALTIC AGENTS*** | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* | |
| *diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml* | |
| *anti-diarrhe cap 2mg* | OTC |
| *loperamide hcl cap 2 mg* | |
| *qc anti-diar cap 2mg* | OTC |
| *anti-diarrhe tab 2mg* | OTC |
| *diamode tab 2mg* | OTC |
| *loperamide hcl tab 2 mg* | OTC |
| *sm anti-diar tab 2mg* | OTC |
| ANTI-DIARRHE LIQ 1MG/5ML | OTC |
| ***ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** | |
| *kaopectate tab 262mg* | OTC |
| *pink bismuth tab 262mg* | OTC |
| *sb bismuth tab 262mg* | OTC |
| *soothe tab 262mg* | OTC |
| *stomach relf tab 262mg* | OTC |
| *bismatrol chw 262mg* | OTC |
| *bismuth subsalicylate chew tab 262 mg* | OTC |
| *eql stomach chw 262mg* | OTC |
| *medi-bismuth chw 262mg* | OTC |
| *pink bismuth chw 262mg* | OTC |
| *px stomach chw 262mg* | OTC |
| *qc stomach chw 262mg* | OTC |
| *sm stomach chw 262mg* | OTC |
| *soothe chw 262mg* | OTC |
| *stomach relf chw 262mg* | OTC |
| *anti-diarrhl sus 262/15ml* | OTC |
| *diarrhea rel sus 262/15ml* | OTC |
| *diarrhea sus 262/15ml* | OTC |
| *diotame sus 262/15ml* | OTC |
| *kaopectate sus 262/15ml* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *pink bismuth sus 262/15ml* | OTC |
| *pink bismuth sus 525/30ml* | OTC |
| *px stomach sus 262/15ml* | OTC |
| *sm stomach sus 262/15ml* | OTC |
| *sm stomach sus 525/30ml* | OTC |
| *soothe sus 262/15ml* | OTC |
| *soothe sus 525/30ml* | OTC |
| *stomach relf sus 262/15ml* | OTC |
| *stomach relf sus 524/30ml* | OTC |
| *stomach relf sus 525/30ml* | OTC |
| *stomach relf sus 527/30ml* | OTC |
| *kaopectate sus ex st* | OTC |
| *pink bismuth sus max str* | OTC |
| *px stomach sus 525/15ml* | OTC |
| *soothe sus 525/15ml* | OTC |
| *stomach relf sus 525/15ml* | OTC |
| *stomach relf sus max str* | OTC |
| *stomach relf sus plus* | OTC |
| *abatinex cap 680mg* | OTC |
| *acidophilus cap* | OTC |
| *acidophilus cap 10mg* | OTC |
| *acidophilus cap 100mg* | OTC |
| *acidophilus cap ex st* | OTC |
| *acidophilus cap probioti* | OTC |
| *azo complete cap fem blnc* | OTC |
| AZO DUAL CAP PROTECT | OTC |
| BIOMEPRO CAP | OTC |
| *biotinex cap* | OTC |
| *cultrl total cap balance* | OTC |
| CULTURELLE CAP WOMENS | OTC |
| *digestive cap health* | OTC |
| *digestive cap probioti* | OTC |
| FLORAJEN CAP ACIDOPHI | OTC |
| FLORAJEN CAP WOMEN | OTC |
| *lactobacillu cap* | OTC |
| *lactobacillus cap* | OTC |
| NEWFLORA CAP PROBIOTI | OTC |
| *primadophilu cap* | OTC |
| *probiotic cap* | OTC |
| PROBIOTIC CAP | OTC |
| *probiotic cap acidophi* | OTC |
| *probiotic cap gold* | OTC |
| REJUVAFLOR CAP | OTC |
| REPHRESH CAP PRO-B | OTC |
| *acidoph/prob tab formula* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *acidophilus tab probiotc* | OTC |
| *acidophilus tab probioti* | OTC |
| *floranex tab* | OTC |
| *lactobacillu tab probioti* | OTC |
| *lactobacillus tab* | OTC |
| *probiata tab* | OTC |
| *lactinex chw* | OTC |
| *prenatal chw wellness* | OTC |
| *probiotic chw children* | OTC |
| BIOMEPRO LIQ | OTC |
| MORE-DOPHILU POW ACIDOPHI | OTC |
| *floranex gra* | OTC |
| LACTINEX GRA | OTC |
| *lactobacillus - packet* | OTC |
| *probiotic pak children* | OTC |
| ACIDOPHILUS WAF | OTC |
| BIO-K PLUS CAP STRONG | OTC |
| BIOMEPRO CAP | OTC |
| BIOGAIA CHW 100M CEL | OTC |
| BIOGAIA CHW GASTRUS | OTC |
| GOOD START CHW GROW KID | OTC |
| PEDIA-LAX CHW YUMS | OTC |
| BIOGAIA DRO PROBIOTI | OTC |
| BIOGAIA PROT DRO BABY | OTC |
| GERBR SOOTHE DRO COLIC | OTC |
| GOOD START POW GROW KID | OTC |
| BIOGAIA MIS PROBIOTI | OTC |
| CULTURELLE CAP | OTC |
| *culturelle cap hlth/wel* | OTC |
| CULTURELLE CAP IMMUNITY | OTC |
| CULTURELLE CAP PRO-WELL | OTC |
| *dual prenata cap immunity* | OTC |
| *hm probiotic cap* | OTC |
| *probiotic cap* | OTC |
| CULTUR KIDS CHW PURELY | OTC |
| CULTURELLE CHW KIDS | OTC |
| PROBIOTIC DRO COLIC | OTC |
| PROBIOTIC LIQ 15 DAY | OTC |
| PROBIOTIC LIQ NEWBORN | OTC |
| CULTUR KIDS POW PURELY | OTC |
| CULTURELLE PAK KIDS | OTC |
| CULTURELLE PAK PROBIOT | OTC |
| KIDS PROBIOT PAK FIBER | OTC |
| MOMMYS BLISS POW PROBIOTI | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ***ANTIDIARRHEAL/PROBIOTIC COMBINATIONS*** | |
| *anti-diarrhe tab 2-125mg* | OTC |
| *anti-diarrhe tab anti-gas* | OTC |
| *loperamide-simethicone tab 2-125 mg* | OTC |
| **ANTACIDS** | |
| ***ANTACIDS - CALCIUM SALTS*** | |
| CALCIUM CARB TAB 648MG | OTC |
| *child soothe chw 400mg* | OTC |
| *childrens chw pepto* | OTC |
| *childrens chw soothe* | OTC |
| *maalox child chw* | OTC |
| *titralac chw 420mg* | OTC |
| *antacid chw 500mg* | OTC |
| *cal-gest chw 500mg* | OTC |
| *calc antacid chw 500mg* | OTC |
| *calcium carbonate (antacid) chew tab 500 mg* | OTC |
| *eql antacid chw fruit* | OTC |
| *eql antacid chw pepprmnt* | OTC |
| *hm antacid chw 500mg* | OTC |
| *qc antacid chw 500mg* | OTC |
| *ra antacid chw 500mg* | OTC |
| *sm antacid chw 500mg* | OTC |
| *tame flame chw 500mg* | OTC |
| MAALOX CHW 600MG | OTC |
| *antacid chw 750mg* | OTC |
| *antacid extr chw 750mg* | OTC |
| *antacid flav chw 750mg* | OTC |
| *antacid kids chw 750mg* | OTC |
| *calc antacid chw 750mg* | OTC |
| *eq antacid chw 750mg* | OTC |
| *flavor chews chw 750mg* | OTC |
| *gnp antacid chw 750mg* | OTC |
| *hm antacid chw 750mg* | OTC |
| *smooth antac chw 750mg* | OTC |
| *tums smoothi chw 750mg* | OTC |
| *antacid chw 1000mg* | OTC |
| *antacid max chw 1000mg* | OTC |
| *antacid ultr chw 1000mg* | OTC |
| *cvs antacid chw 1000mg* | OTC |
| *eq antacid chw 1000mg* | OTC |
| *eql antacid chw 1000mg* | OTC |
| *gnp antacid chw 1000mg* | OTC |
| *px antacid chw 1000mg* | OTC |
| *qc antacid chw 1000mg* | OTC |
| *ra antacid chw 1000mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ANTACID CHW 1177MG | OTC |
| ANTACID SOFT CHW 1177MG | OTC |
| CVS ANTACID CHW 1177MG | OTC |
| TUMS CHW DEL CHW 1177MG | OTC |
| *calcium carbonate (antacid) susp 1250 mg/5ml* | OTC |
| ***ANTACID COMBINATIONS*** | |
| MAG-AL LIQ | OTC |
| *acid gone chw* | OTC |
| *antacid chw* | OTC |
| *gnp antacid chw 160-105* | OTC |
| *heartbrn ant chw 160-105* | OTC |
| *heartbrn rlf chw 160-105* | OTC |
| *heartburn chw ex st* | OTC |
| *acid gone sus* | OTC |
| *heartbrn rel sus cherry* | OTC |
| *heartburn sus relief* | OTC |
| FOAM ANTACID CHW 80-20MG | OTC |
| ANTACID CHW 550-110 | OTC |
| *cvs antacid sus supreme* | OTC |
| *geri-lanta sus supreme* | OTC |
| *mintox plus chw* | OTC |
| DI-GEL SUS | OTC |
| *alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml* | OTC |
| *alumina/mag sus simethic* | OTC |
| *antacid & sus gas relf* | OTC |
| *antacid fast sus relief* | OTC |
| *antacid i sus* | OTC |
| *antacid liq sus* | OTC |
| *antacid m sus* | OTC |
| *antacid plus sus gas rel* | OTC |
| *antacid sus* | OTC |
| *antacid sus anti-gas* | OTC |
| *antacid sus antigas* | OTC |
| *antacid sus mint* | OTC |
| *antacid sus reg* | OTC |
| *antacid sus reg st* | OTC |
| *comfort gel sus* | OTC |
| *comfort gel sus anti-gas* | OTC |
| *cvs antacid sus anti-gas* | OTC |
| *cvs antacid/ sus anti-gas* | OTC |
| *eq antacid sus anti-gas* | OTC |
| *eql antacid sus anti-gas* | OTC |
| *geri-lanta sus* | OTC |
| *geri-mox sus* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *gnp antacid sus coolmint* | OTC |
| *gnp antacid sus reg st* | OTC |
| *goodsense sus antacid* | OTC |
| *hm antacid sus* | OTC |
| *mag-al plus liq* | OTC |
| *px antacid sus reg st* | OTC |
| *qc antacid sus* | OTC |
| *qc antacid sus anti-gas* | OTC |
| *ra antacid sus anti-gas* | OTC |
| *sb antacid sus anti-gas* | OTC |
| *sm antacid sus* | OTC |
| *sm antacid sus advanced* | OTC |
| *sm antacid sus anti-gas* | OTC |
| *sm antacid/ sus antigas* | OTC |
| *advanced sus antacid* | OTC |
| *almacone dbl sus strength* | OTC |
| *alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml* | OTC |
| *antacid adv sus max st* | OTC |
| *antacid iii sus* | OTC |
| *antacid max sus anti-gas* | OTC |
| *antacid max sus cherry* | OTC |
| *antacid plus sus gas rel* | OTC |
| *antacid sus advanced* | OTC |
| *antacid sus anti-gas* | OTC |
| *antacid sus antigas* | OTC |
| *antacid sus ex st* | OTC |
| *antacid sus max st* | OTC |
| *antacid/gas sus rel max* | OTC |
| *antacid/sime sus ds* | OTC |
| *comfort gel sus antacid* | OTC |
| *comfort gel sus anti-gas* | OTC |
| *cvs antacid sus antigas* | OTC |
| *cvs antacid/ sus anti-gas* | OTC |
| *eq antacid sus max st* | OTC |
| *gnp antacid sus cherry* | OTC |
| *gnp antacid sus original* | OTC |
| *goodsense sus ant/gas* | OTC |
| *hm antacid sus anti-gas* | OTC |
| *maalox max sus cherry* | OTC |
| *maalox max sus lemon* | OTC |
| *maalox max sus wild bry* | OTC |
| *maalox multi sus symp max* | OTC |
| *mag-al plus liq xs* | OTC |
| *meijer sus antacid* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *mintox sus max st* | OTC |
| *mylanta sus max st* | OTC |
| *px antacid sus max st* | OTC |
| *qc antacid sus anti-gas* | OTC |
| *ra antacid sus antigas* | OTC |
| *sm antacid sus advanced* | OTC |
| *sm antacid sus max st* | OTC |

## ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

### *ANTISPASMODICS*

| | |
|---|---|
| *hyoscyamine sulfate tab 0.125 mg* | |
| *oscimin tab 0.125mg* | |
| *hyoscyamine sulfate sl tab 0.125 mg* | |
| *oscimin sub 0.125mg* | |
| *hyoscyamine sulfate elixir 0.125 mg/5ml* | |
| *hyosyne elx 0.125/5* | |
| *hyoscyamine sulfate soln 0.125 mg/ml* | |
| *hyosyne dro 0.125/ml* | |
| *ed-spaz tab 0.125mg* | |
| *hyoscyamine sulfate tab disint 0.125 mg* | |
| *nulev tab 0.125mg* | |
| *glycopyrrolate tab 1 mg* | |
| *glycopyrrolate tab 2 mg* | |
| *glycopyrrolate oral soln 1 mg/5ml* | AGE |
| *dicyclomine hcl cap 10 mg* | |
| *dicyclomine hcl tab 20 mg* | |
| *dicyclomine hcl oral soln 10 mg/5ml* | |

### *H-2 ANTAGONISTS*

| | |
|---|---|
| *acid reducer tab 200mg* | OTC |
| *cimetidine tab 200 mg* | |
| *cimetidine tab 200mg* | OTC |
| *eq cimetidin tab 200mg* | OTC |
| *heartburn tab 200mg* | OTC |
| *sm acid redu tab 200mg* | OTC |
| *cimetidine tab 300 mg* | |
| *cimetidine tab 400 mg* | |
| *cimetidine tab 800 mg* | |
| *cimetidine hcl soln 300 mg/5ml* | |
| *acid control tab 10mg* | OTC |
| *acid reducer tab 10mg* | OTC |
| *eql heartbrn tab 10mg* | OTC |
| *famotidine tab 10 mg* | OTC |
| *heartburn tab relief* | OTC |
| *zantac 360 tab 10mg* | OTC |
| *acid control tab 20mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *acid reducer tab 20mg* | OTC |
| *eq famotidin tab 20mg* | OTC |
| *famotidine tab 20 mg* | |
| *famotidine tab 20 mg* | OTC |
| *heartburn tab 20mg* | OTC |
| *mm acid-pep tab 20mg* | OTC |
| *mm famotidin tab 20mg* | OTC |
| PEPCID AC TAB 20MG | OTC |
| PEPCID TAB 20MG | |
| *zantac 360 tab 20mg* | OTC |
| *famotidine tab 40 mg* | |
| *famotidine for susp 40 mg/5ml* | |
| *nizatidine cap 150 mg* | |
| *nizatidine cap 300 mg* | |
| ***ULCER DRUGS - PROSTAGLANDINS*** | |
| *misoprostol tab 100 mcg* | |
| *misoprostol tab 200 mcg* | |
| ***PROTON PUMP INHIBITORS*** | |
| *esomeprazole magnesium tab delayed release 20 mg* | QL (90 tabs / year), OTC |
| NEXIUM GRA 2.5MG DR | QL (90 packets / year), AGE |
| NEXIUM GRA 5MG DR | QL (90 packets / year), AGE |
| *esomeprazole magnesium for delayed release susp packet 10 mg* | QL (90 packets / year), AGE |
| *eq esome mag cap 20mg dr* | QL (30 caps / 25 days), OTC |
| *esomeprazole cap 20mg dr* | QL (30 caps / 25 days), OTC |
| *esomeprazole magnesium cap delayed release 20 mg (base eq)* | QL (30 caps / 25 days), OTC |
| *lansoprazole cap delayed release 15 mg* | |
| *lansoprazole cap delayed release 15 mg* | OTC |
| PREVACID 24H CAP 15MG DR | OTC |
| *omeprazole delayed release tab 20 mg* | OTC |
| *omeprazole tab 20mg* | OTC |
| *omeprazole cap delayed release 10 mg* | QL (90 caps / year) |
| *omeprazole cap delayed release 20 mg* | QL (90 caps / year) |
| *omeprazole cap delayed release 20 mg* | QL (90 caps / year), OTC |
| *omeprazole cap delayed release 40 mg* | QL (90 caps / year) |
| *acid reducer tab 20mg dr* | OTC |
| *omeprazole magnesium delayed release tab 20 mg (base equiv)* | OTC |
| *acid reducer cap 20.6mgdr* | OTC |
| *gnp omeprazo cap 20mg* | OTC |
| *omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)* | OTC |
| *pantoprazole sodium ec tab 20 mg (base equiv)* | QL (90 tabs / year) |

| Drug Name | Requirements/Limits |
|---|---|
| *pantoprazole sodium ec tab 40 mg (base equiv)* | QL (90 tabs / year) |
| ***MISC. ANTI-ULCER*** | |
| *sucralfate tab 1 gm* | |
| ***ULCER THERAPY COMBINATIONS*** | |
| *omepra/bicar cap 20-1100* | QL (90 caps / year), OTC |
| **ANTIEMETICS** | |
| ***ANTIEMETICS - ANTICHOLINERGIC*** | |
| *meclizine hcl tab 12.5 mg* | |
| *meclizine hcl tab 12.5 mg* | OTC |
| *eql motion tab sickness* | OTC |
| *meclizine hcl tab 25 mg* | |
| *meclizine hcl tab 25 mg* | OTC |
| *motion relf tab 25mg* | OTC |
| *motion sick tab 25mg* | OTC |
| *motion sickn tab 25 mg* | OTC |
| *travel-ease tab 25mg* | OTC |
| *bonine chw 25mg* | OTC |
| *meclizine hcl chew tab 25 mg* | OTC |
| *motion sick chw 25mg* | OTC |
| *motion-time chw 25mg* | OTC |
| *travel ease chw 25mg* | OTC |
| *trimethobenzamide hcl cap 300 mg* | |
| ***5-HT3 RECEPTOR ANTAGONISTS*** | |
| *granisetron hcl tab 1 mg* | QL (6 tabs / 15 days) |
| *ondansetron orally disintegrating tab 4 mg* | QL (12 tabs / 15 days) |
| *ondansetron orally disintegrating tab 8 mg* | QL (12 tabs / 15 days) |
| *ondansetron hcl tab 4 mg* | QL (12 tabs / 15 days) |
| *ondansetron hcl tab 8 mg* | QL (12 tabs / 15 days) |
| *ondansetron hcl tab 24 mg* | QL (1 tab / 15 days) |
| *ondansetron hcl oral soln 4 mg/5ml* | QL (100 mL / 15 days) |
| ***SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** | |
| *aprepitant capsule 40 mg* | PA |
| *aprepitant capsule 80 mg* | PA |
| *aprepitant capsule 125 mg* | PA |
| *aprepitant capsule therapy pack 80 & 125 mg* | PA |
| ***ANTIEMETICS - MISCELLANEOUS*** | |
| *dronabinol cap 2.5 mg* | QL (60 caps / 25 days) |
| *dronabinol cap 5 mg* | QL (60 caps / 25 days) |
| *dronabinol cap 10 mg* | QL (60 caps / 25 days) |
| **DIGESTIVE AIDS** | |
| ***DIGESTIVE ENZYMES*** | |
| VIOKACE TAB 10440 | |
| VIOKACE TAB 20880 | |
| CREON CAP 3000UNIT | |

| Drug Name | Requirements/Limits |
|---|---|
| ZENPEP CAP 3000UNIT | |
| ZENPEP CAP 5000UNIT | |
| CREON CAP 6000UNIT | |
| CREON CAP 12000UNT | |
| ZENPEP CAP 15000UNT | |
| ZENPEP CAP 20000UNT | |
| CREON CAP 24000UNT | |
| ZENPEP CAP 25000 | |
| CREON CAP 36000UNT | |
| ZENPEP CAP 40000 | |
| **GASTROINTESTINAL AGENTS - MISC.** | |
| ***GALLSTONE SOLUBILIZING AGENTS*** | |
| *ursodiol cap 300 mg* | |
| *ursodiol tab 250 mg* | |
| *ursodiol tab 500 mg* | |
| ***ANTIFLATULENTS*** | |
| *eq gas relie cap 125mg* | OTC |
| *gas relief cap 125mg* | OTC |
| *gas-x cap 125mg* | OTC |
| *simethicone cap 125 mg* | OTC |
| *anti-gas cap 180mg* | OTC |
| *eql gas rlf cap 180mg* | OTC |
| *gas relief cap 180mg* | OTC |
| *gas-x cap 180mg* | OTC |
| *gnp anti-gas cap 180mg* | OTC |
| *simethicone cap 180 mg* | OTC |
| *sm gas relie cap 180mg* | OTC |
| *cvs gas relf chw 80mg* | OTC |
| *gas relief chw 80mg* | OTC |
| *gnp gas relf chw 80mg* | OTC |
| *hm gas relf chw 80mg* | OTC |
| *qc gas relf chw 80mg* | OTC |
| *ra gas relf chw 80mg* | OTC |
| *simethicone chew tab 80 mg* | OTC |
| *sm gas relf chw 80mg* | OTC |
| *sm gas relie chw 80mg* | OTC |
| *cvs gas relf chw 125mg* | OTC |
| *eql gas gone chw 125mg* | OTC |
| *gas relief chw 125mg* | OTC |
| *gnp gas relf chw 125mg* | OTC |
| *hm gas relf chw 125mg* | OTC |
| *phazyme chw 125mg* | OTC |
| *qc gas relf chw 125mg* | OTC |
| *ra gas relf chw 125mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *sb gas relf chw 125mg* | OTC |
| *simethicone chew tab 125 mg* | OTC |
| *sm gas rel chw 125mg* | OTC |
| *gas relief liq infants* | OTC |
| *gas-x infant dro* | OTC |
| *gas relief dro 20/0.3ml* | OTC |
| *gas relief dro 40/0.6ml* | OTC |
| *gas relief dro infants* | OTC |
| *gas relief sus* | OTC |
| *gas relief sus infants* | OTC |
| *little remed sus 20/.03ml* | OTC |
| *simeped dro 40/0.6ml* | OTC |
| *simethicone dro 20/0.3ml* | OTC |
| *simethicone dro infants* | OTC |
| *simethicone susp 40 mg/0.6ml* | OTC |
| GAS-X CHILD MIS 40MG | OTC |
| GAS-X EX-STR MIS 62.5MG | OTC |
| ***GASTROINTESTINAL STIMULANTS*** | |
| *metoclopramide hcl tab 5 mg (base equivalent)* | |
| *metoclopramide hcl tab 10 mg (base equivalent)* | |
| *metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)* | |
| ***INTESTINAL ACIDIFIERS*** | |
| *enulose sol 10gm/15* | |
| *generlac sol 10gm/15* | |
| *lactulose (encephalopathy) solution 10 gm/15ml* | |
| ***INFLAMMATORY BOWEL AGENTS*** | |
| *balsalazide disodium cap 750 mg* | |
| *mesalamine cap er 500 mg* | PA |
| *mesalamine enema 4 gm* | |
| *mesalamine cap er 24hr 0.375 gm* | |
| *mesalamine rectal enema 4 gm & cleanser wipe kit* | |
| *sulfasalazine tab 500 mg* | |
| *sulfasalazine tab delayed release 500 mg* | |
| ENTYVIO INJ 300MG | SP, ST, QL (1 vial / 50 days) |
| AVSOLA INJ 100MG | SP, PA, QL (3 vials / 28 days) |
| ***AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)*** | |
| TRULANCE TAB 3MG | |
| ***IRRITABLE BOWEL SYNDROME (IBS) AGENTS*** | |
| LINZESS CAP 72MCG | |
| LINZESS CAP 145MCG | |
| LINZESS CAP 290MCG | |

| Drug Name | Requirements/Limits |
|---|---|
| ***PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** | |
| MOVANTIK TAB 12.5MG | |
| MOVANTIK TAB 25MG | |
| ***PHOSPHATE BINDER AGENTS*** | |
| *calcium acetate (phosphate binder) cap 667 mg (169 mg ca)* | |
| *sevelamer carbonate tab 800 mg* | ST |
| *sevelamer carbonate packet 0.8 gm* | ST |
| *sevelamer carbonate packet 2.4 gm* | ST |
| **URINARY ANTISPASMODICS** | |
| ***URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)*** | |
| OXYTROL/WOMN DIS 3.9MG/24 | GNDR, OTC |
| *oxybutynin chloride tab 5 mg* | |
| *oxybutynin chloride syrup 5 mg/5ml* | |
| *oxybutynin chloride tab er 24hr 5 mg* | |
| *oxybutynin chloride tab er 24hr 10 mg* | |
| *oxybutynin chloride tab er 24hr 15 mg* | |
| *trospium chloride tab 20 mg* | |
| ***URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** | |
| *bethanechol chloride tab 5 mg* | |
| *bethanechol chloride tab 10 mg* | |
| *bethanechol chloride tab 25 mg* | |
| *bethanechol chloride tab 50 mg* | |
| **VAGINAL AND RELATED PRODUCTS** | |
| ***VAGINAL ANTI-INFECTIVES*** | |
| *clindamycin phosphate vaginal cream 2%* | |
| *metronidazole vaginal gel 0.75%* | |
| VANDAZOLE GEL 0.75% | |
| *clotrimazole cre 1% vag* | OTC |
| *clotrimazole vaginal cream 1%* | OTC |
| *clotrimazole cre 2%* | OTC |
| *clotrimazole cre 3 day* | OTC |
| *3 day vaginl cre 2%* | OTC |
| *cvs miconazo cre 7* | OTC |
| *miconazole 7 cre* | OTC |
| *miconazole 7 cre 2%* | OTC |
| *miconazole 7 cre tube/kit* | OTC |
| *miconazole nitrate vaginal cream 2%* | OTC |
| *3 day vagnal cre 4%* | OTC |
| *miconazole 7 sup 100mg* | OTC |
| *sm micon 7 sup 100mg* | OTC |
| *miconazole 3 sup 200mg* | |
| *miconazole 3 kit combo pk* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *vagistat-3 kit combo pk* | OTC |
| *miconazole 1 kit* | OTC |
| *miconazole 1 kit 1200-2%* | OTC |
| MONISTAT 7 KIT COMBO PK | OTC |
| *miconazole 3 kit combinat* | OTC |
| *miconazole 3 kit combo* | OTC |
| MONISTAT 7 KIT COMPLETE | OTC |
| MONISTAT 3 KIT COMBO PK | OTC |
| MICONAZOLE 1 KIT COMBO | OTC |
| *terconazole vaginal cream 0.4%* | |
| *terconazole vaginal cream 0.8%* | |
| *terconazole vaginal suppos 80 mg* | |
| ***SPERMICIDES*** | |
| VCF VAGINAL AER CONTRACP | OTC |
| SHUR-SEAL GEL 2% | OTC |
| GYNOL II GEL 3% | OTC |
| VCF VAGINAL GEL CONTRACE | OTC |
| ENCARE SUP 100MG | OTC |
| VCF VAGINAL MIS CONTRACP | OTC |
| ***VAGINAL ESTROGENS*** | |
| *estradiol vaginal tab 10 mcg* | |
| *yuvafem tab 10mcg* | |
| ***MISCELLANEOUS VAGINAL PRODUCTS*** | |
| *acetic acid vaginal solution* | OTC |
| *ex cleansing sol* | OTC |
| *summers eve sol ex clean* | OTC |
| **GENITOURINARY AGENTS - MISCELLANEOUS** | |
| ***ALKALINIZERS*** | |
| *potassium citrate tab er 5 meq (540 mg)* | |
| *potassium citrate tab er 10 meq (1080 mg)* | |
| *potassium citrate tab er 15 meq (1620 mg)* | |
| ***URINARY ANALGESICS*** | |
| *phenazopyridine hcl tab 100 mg* | |
| *phenazo tab 200mg* | |
| *phenazopyridine hcl tab 200 mg* | |
| ***PROSTATIC HYPERTROPHY AGENTS*** | |
| *finasteride tab 5 mg* | |
| *alfuzosin hcl tab er 24hr 10 mg* | |
| *tamsulosin hcl cap 0.4 mg* | |
| **ANTIPSYCHOTICS/ANTIMANIC AGENTS** | |
| ***PHENOTHIAZINES*** | |
| *compro sup 25mg* | |
| *prochlorperazine suppos 25 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *prochlorperazine maleate tab 5 mg (base equivalent)* | |
| *prochlorperazine maleate tab 10 mg (base equivalent)* | |
| **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS** | |
| ***BARBITURATE HYPNOTICS*** | |
| *phenobarbital tab 15 mg* | |
| *phenobarbital tab 16.2 mg* | |
| *phenobarbital tab 30 mg* | |
| *phenobarbital tab 32.4 mg* | |
| *phenobarbital tab 60 mg* | |
| *phenobarbital tab 64.8 mg* | |
| *phenobarbital tab 97.2 mg* | |
| *phenobarbital tab 100 mg* | |
| *phenobarbital elixir 20 mg/5ml* | |
| ***ANTIHISTAMINE HYPNOTICS*** | |
| *eql sleep tab aid* | OTC |
| *ra sleep aid tab 25mg* | OTC |
| *sleep aid tab 25mg* | OTC |
| *sleep-aid tab 25mg* | OTC |
| *sm sleep aid tab 25mg* | OTC |
| *ultra sleep tab 25mg* | OTC |
| *wal-som tab 25mg* | OTC |
| *eq sleep aid cap 50mg* | OTC |
| *qc sleep aid cap 50mg* | OTC |
| *qc sleep-aid cap 50mg* | OTC |
| *ra sleep aid cap 50mg* | OTC |
| *sleep aid cap 50mg* | OTC |
| *sleep-aid cap 50mg* | OTC |
| *wal-som cap 50mg* | OTC |
| *hm nighttime tab 25mg* | OTC |
| *night time tab 25mg* | OTC |
| *nighttime tab 25mg* | OTC |
| *ra nighttime tab 25mg* | OTC |
| *ra sleep aid tab 25mg* | OTC |
| *rest simply tab 25mg* | OTC |
| *sb sleep tab 25mg* | OTC |
| *simply sleep tab 25mg* | OTC |
| *sleep aid tab 25mg* | OTC |
| *sleep ii tab 25mg* | OTC |
| *sleep tab 25mg* | OTC |
| *sleep-aid tab 25mg* | OTC |
| *sleep-tabs tab 25mg* | OTC |
| *sm nighttime tab 25mg* | OTC |
| *diphenhydramine hcl (sleep) tab 50 mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.** | |
| ***ANTIDEMENTIA AGENTS*** | |
| *donepezil hydrochloride tab 5 mg* | |
| *donepezil hydrochloride tab 10 mg* | |
| *donepezil hydrochloride tab 23 mg* | |
| *donepezil hydrochloride orally disintegrating tab 5 mg* | |
| *donepezil hydrochloride orally disintegrating tab 10 mg* | |
| *galantamine hydrobromide tab 4 mg* | |
| *galantamine hydrobromide tab 8 mg* | |
| *galantamine hydrobromide tab 12 mg* | |
| *galantamine hydrobromide oral soln 4 mg/ml* | |
| *galantamine hydrobromide cap er 24hr 8 mg* | |
| *galantamine hydrobromide cap er 24hr 16 mg* | |
| *galantamine hydrobromide cap er 24hr 24 mg* | |
| *rivastigmine td patch 24hr 4.6 mg/24hr* | PA |
| *rivastigmine td patch 24hr 9.5 mg/24hr* | PA |
| *rivastigmine td patch 24hr 13.3 mg/24hr* | PA |
| *rivastigmine tartrate cap 1.5 mg (base equivalent)* | PA |
| *rivastigmine tartrate cap 3 mg (base equivalent)* | PA |
| *rivastigmine tartrate cap 4.5 mg (base equivalent)* | PA |
| *rivastigmine tartrate cap 6 mg (base equivalent)* | PA |
| *memantine hcl tab 5 mg* | |
| *memantine hcl tab 10 mg* | |
| *memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* | |
| *memantine hcl oral solution 2 mg/ml* | |
| ***MULTIPLE SCLEROSIS AGENTS*** | |
| *glatiramer acetate soln prefilled syringe 20 mg/ml* | SP, PA, QL (30 injections / 30 days) |
| *glatopa inj 20mg/ml* | SP, PA, QL (30 injections / 30 days) |
| *glatiramer acetate soln prefilled syringe 40 mg/ml* | SP, PA, QL (12 injections / 28 days) |
| *glatopa inj 40mg/ml* | SP, PA, QL (12 injections / 28 days) |
| REBIF REBIDO INJ 22/0.5 | SP, PA, QL (12 injections / 28 days) |
| REBIF REBIDO INJ 44/0.5 | SP, PA, QL (12 injections / 28 days) |
| REBIF REBIDO INJ TITRATN | SP, PA, QL (12 injections / 28 days) |
| REBIF INJ 22/0.5 | SP, PA, QL (12 injections / 28 days) |

| Drug Name | Requirements/Limits |
|---|---|
| REBIF INJ 44/0.5 | SP, PA, QL (12 injections / 28 days) |
| REBIF TITRTN INJ PACK | SP, PA, QL (12 injections / 28 days) |
| AVONEX PEN KIT 30MCG | SP, PA, QL (4 injections / 28 days) |
| AVONEX PREFL KIT 30MCG | SP, PA, QL (4 injections / 28 days) |
| EXTAVIA INJ 0.3MG | SP, PA, QL (15 injections / 30 days) |
| AUBAGIO TAB 7MG | SP, PA, QL (1 tab / 1 day) |
| AUBAGIO TAB 14MG | SP, PA, QL (1 tab / 1 day) |
| OCREVUS INJ 300/10ML | SP, PA, QL (2 vials / 24 weeks) |
| *dimethyl fumarate capsule dr starter pack 120 mg & 240 mg* | SP, PA, QL (1 kit / month) |
| *dimethyl fumarate capsule delayed release 120 mg* | SP, PA, QL (14 caps / 28 days) |
| *dimethyl fumarate capsule delayed release 240 mg* | SP, PA, QL (60 caps / 30 days) |
| VUMERITY CAP 231MG | SP, PA, QL (4 caps / 1 day) |
| GILENYA CAP 0.5MG | SP, PA, QL (30 caps / 30 days) |
| MAYZENT TAB 0.25MG | SP, PA, QL (112 tabs / 28 days) |
| MAYZENT TAB 2MG | SP, PA, QL (30 tabs / 30 days) |
| MAYZENT PAK STARTER | SP, PA, QL (12 tabs / 5 days) |
| ***ANTI-CATAPLECTIC AGENTS*** | |
| XYREM SOL 500MG/ML | PA |
| ***FIBROMYALGIA AGENTS*** | |
| SAVELLA TAB 12.5MG | PA |
| SAVELLA TAB 25MG | PA |
| SAVELLA TAB 50MG | PA |
| SAVELLA TAB 100MG | PA |
| SAVELLA MIS TITR PAK | PA |
| ***PSEUDOBULBAR AFFECT (PBA) AGENTS*** | |
| NUEDEXTA CAP 20-10MG | PA |
| **ANALGESICS - NONNARCOTIC** | |
| ***SALICYLATES*** | |
| *aspirin tab 325 mg* | OTC |
| *bayer adv tab 325mg* | OTC |
| *bayer asa tab 325mg* | OTC |
| *cvs aspirin tab 325mg* | OTC |
| *eq aspirin tab 325mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *genuine asa tab 325mg* | OTC |
| *genuine aspr tab 325mg* | OTC |
| *gnp aspirin tab 325mg* | OTC |
| *hm aspirin tab 325mg* | OTC |
| *px aspirin tab 325mg* | OTC |
| *qc aspirin tab 325mg* | OTC |
| *ra aspirin tab 325mg* | OTC |
| *sb aspirin tab 325mg* | OTC |
| *sm aspirin tab 325mg* | OTC |
| *bayer adv tab 500mg* | OTC |
| *bayer asa tab 500mg* | OTC |
| *aspirin chew tab 81 mg* | OTC |
| *aspirin chld chw 81mg* | OTC |
| *aspirin low chw 81mg* | OTC |
| *aspirin-81 chw 81mg* | OTC |
| *bayer low chw 81mg* | OTC |
| *child asa chw 81mg* | OTC |
| *eq aspirin chw 81mg* | OTC |
| *eql aspirin chw 81mg* | OTC |
| *gnp aspirin chw 81mg* | OTC |
| *hm aspirin chw 81mg* | OTC |
| *px aspirin chw 81mg* | OTC |
| *qc child asa chw 81mg* | OTC |
| *ra aspirin chw 81mg* | OTC |
| *sb child asa chw 81mg* | OTC |
| *sm aspirin chw 81mg* | OTC |
| *sm child asa chw 81mg* | OTC |
| *st joseph chw low 81mg* | OTC |
| *aspirin adlt tab 81mg ec* | OTC |
| *aspirin low tab 81mg* | OTC |
| *aspirin low tab 81mg ec* | OTC |
| *aspirin tab 81mg ec* | OTC |
| *aspirin tab delayed release 81 mg* | OTC |
| *bayer low tab 81mg ec* | OTC |
| *cvs aspirin tab 81mg ec* | OTC |
| *ecotrin low tab 81mg ec* | OTC |
| *gnp aspirin tab 81mg ec* | OTC |
| *goodsense tab 81mg ec* | OTC |
| *kls aspirin tab 81mg ec* | OTC |
| *kp aspirin tab 81mg ec* | OTC |
| *low dose asa tab 81mg* | OTC |
| *px aspirin tab 81mg ec* | OTC |
| *ra aspirin tab 81mg ec* | OTC |
| *sm aspirin tab 81mg ec* | OTC |
| *st joseph tab low 81mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *aspirin tab delayed release 325 mg* | OTC |
| *bayer aspiri tab 325mg ec* | OTC |
| *cvs aspirin tab 325mg ec* | OTC |
| *enteric asa tab 325mg ec* | OTC |
| *eql aspirin tab 325mg ec* | OTC |
| *gnp aspirin tab 325mg ec* | OTC |
| *hm aspirin tab 325mg ec* | OTC |
| *px aspirin tab 325mg ec* | OTC |
| *qc aspirin tab 325mg ec* | OTC |
| *ra aspirin tab 325mg ec* | OTC |
| *sb aspirin tab 325mg ec* | OTC |
| *sm aspirin tab 325mg ec* | OTC |
| ASPIRIN SUP 300MG | OTC |
| *diflunisal tab 500 mg* | |
| ***ANALGESICS OTHER*** | |
| *acetamin cap 500mg* | OTC |
| *mapap cap 500mg* | OTC |
| *pain relief cap 500mg* | OTC |
| *acetaminophen tab 325 mg* | OTC |
| *acetaminophn tab 325mg* | OTC |
| *aspirin free tab 325mg* | OTC |
| *cvs acetamin tab 325mg* | OTC |
| *eql acetamin tab 325mg* | OTC |
| *gnp acetamin tab 325mg* | OTC |
| *non-aspirin tab 325mg* | OTC |
| *pain relief tab 325mg* | OTC |
| *pain relieve tab 325mg* | OTC |
| *pain relievr tab 325mg* | OTC |
| *pharbetol tab 325mg* | OTC |
| *ra acetamin tab 325mg* | OTC |
| *acetamin tab 500mg* | OTC |
| *acetaminophen tab 500 mg* | OTC |
| *acetaminophn tab 500mg* | OTC |
| *eq acetamin tab 500mg* | OTC |
| *eql acetamin tab 500mg* | OTC |
| *gnp pain rel tab 500mg* | OTC |
| *medi-tabs tab 500mg* | OTC |
| *non-aspirin tab 500mg* | OTC |
| *non-aspirin tab 500mg/rr* | OTC |
| *pain relief tab 500mg* | OTC |
| *pain relief tab 500mg/rr* | OTC |
| *pain relieve tab 500mg* | OTC |
| *pain relieve tab 500mg/rr* | OTC |
| *pain relievr tab 500mg* | OTC |
| *panadol tab 500mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *pharbetol tab 500mg* | OTC |
| *shake ache tab 500mg* | OTC |
| *sm pain rel tab 500mg* | OTC |
| *acetamin er tab 650mg* | OTC |
| *acetaminophen tab er 650 mg* | OTC |
| *arthrts pain tab 650mg* | OTC |
| *arthrts pain tab 650mg er* | OTC |
| *hm pain rlf tab 650mg* | OTC |
| *8 hour pain tab 650mg* | OTC |
| *8 hr arthrts tab 650mg* | OTC |
| *8hr pain er tab 650mg* | OTC |
| *8hr pain rel tab 650mg* | OTC |
| *8 hr pain tab 650mg* | OTC |
| *8 hr pain tab 650mg er* | OTC |
| *midol tab 650mg* | OTC |
| *non-aspirin tab 650mg* | OTC |
| *pain relief tab 650mg* | OTC |
| *qc apap 8 hr tab 650mg* | OTC |
| *sm pain rlvr tab 650mg* | OTC |
| *childrens chw apap* | OTC |
| *chld meditab chw 80mg* | OTC |
| *chld non-asa chw 80mg grp* | OTC |
| *cvs childs chw 80mg* | OTC |
| *mapap child chw 80mg* | OTC |
| *non-aspirin chw 80mg* | OTC |
| *pain relievr chw 80mg* | OTC |
| *sb non-asa chw 80mg frt* | OTC |
| *sb non-asa chw 80mg grp* | OTC |
| *acetaminophen chew tab 160 mg* | OTC |
| *asa free chw 160mg jr* | OTC |
| *mapap chw 160mg* | OTC |
| *medi-tabs jr chw 160mg* | OTC |
| *non-aspirin chw 160mg* | OTC |
| *non-aspirin chw 160mg jr* | OTC |
| *pain & fever chw 160mg* | OTC |
| *pain relief chw 160mg* | OTC |
| *sb non-asa chw 160mg* | OTC |
| *acetaminophe liq 160/5ml* | OTC |
| *acetaminophen liquid 160 mg/5ml* | OTC |
| *chld silapap liq 160/5ml* | OTC |
| *ed-apap liq 80mg/2.5* | OTC |
| *little remed liq 160/5ml* | OTC |
| *m-pap liq 160/5ml* | OTC |
| *pain relief liq 160/5ml* | OTC |
| *acetamin liq 500/15ml* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *mapap apap liq 500/15ml* | OTC |
| *pain relief liq 500/15ml* | OTC |
| *pain relievr liq 500/15ml* | OTC |
| *apra elx 160/5ml* | OTC |
| *chld asafree elx 80/2.5ml* | OTC |
| *medi-tabs elx 80/2.5ml* | OTC |
| *pain relief elx 160/5ml* | OTC |
| *acetaminophen susp 160 mg/5ml* | OTC |
| *aurophen sus 160/5ml* | OTC |
| *betatemp sus 160/5ml* | OTC |
| *fever/pain sus 160/5ml* | OTC |
| *non-aspirin sus 160/5ml* | OTC |
| *pain & fever sus 160/5ml* | OTC |
| *pain relief sus 160/5ml* | OTC |
| *pain relieve sus 160/5ml* | OTC |
| *pain/fever sus 160/5ml* | OTC |
| *panadol sus 160/5ml* | OTC |
| *pediacare sus 160/5ml* | OTC |
| *ra childrens sus 160/5ml* | OTC |
| *acetaminophen soln 160 mg/5ml* | OTC |
| FEVERALL INF SUP 80MG | OTC |
| *acetaminophen suppos 120 mg* | OTC |
| *feverall sup 120mg* | OTC |
| *fevr reducng sup 120mg* | OTC |
| *pain/fever sup 120mg* | OTC |
| FEVERALL SUP 325MG | OTC |
| *acetaminophen suppos 650 mg* | OTC |
| *feverall sup 650mg* | OTC |
| *apap rapid tab tab 80mg* | OTC |
| *chld non-asa tab 80mg qm* | OTC |
| *acetaminophe tab 160mg* | OTC |
| *non-asa jr tab 160mg qm* | OTC |
| *sm rpd melt tab 160mg* | OTC |

## ANALGESICS - OPIOID

### *OPIOID AGONISTS*

| | |
|---|---|
| *fentanyl td patch 72hr 12 mcg/hr* | PA, QL (10 patches / 25 days) |
| *fentanyl td patch 72hr 25 mcg/hr* | PA, QL (10 patches / 25 days) |
| *fentanyl td patch 72hr 50 mcg/hr* | PA, QL (10 patches / 25 days) |
| *fentanyl td patch 72hr 75 mcg/hr* | PA, QL (10 patches / 25 days) |
| *fentanyl td patch 72hr 100 mcg/hr* | PA, QL (10 patches / 25 days) |

| Drug Name | Requirements/Limits |
|---|---|
| *hydromorphone hcl tab 2 mg* | PA, QL (180 tabs / 25 days) |
| *hydromorphone hcl tab 4 mg* | PA, QL (180 tabs / 25 days) |
| *hydromorphone hcl tab 8 mg* | PA, QL (180 tabs / 25 days) |
| *methadone hcl tab 5 mg* | PA, QL (120 tabs / 25 days) |
| *methadone hcl tab 10 mg* | PA, QL (120 tabs / 25 days) |
| *morphine sulfate tab 15 mg* | PA, QL (180 tabs / 25 days) |
| *morphine sulfate tab 30 mg* | PA, QL (180 tabs / 25 days) |
| *morphine sulfate tab er 15 mg* | PA, QL (90 tabs / 25 days) |
| *morphine sulfate tab er 30 mg* | PA, QL (90 tabs / 25 days) |
| *morphine sulfate tab er 60 mg* | PA, QL (90 tabs / 25 days) |
| *morphine sulfate tab er 100 mg* | PA, QL (90 tabs / 25 days) |
| *morphine sulfate tab er 200 mg* | PA, QL (60 tabs / 25 days) |
| *morphine sulfate oral soln 10 mg/5ml* | PA, QL (900 mL / 25 days) |
| *morphine sulfate oral soln 20 mg/5ml* | PA, QL (900 mL / 25 days) |
| *morphine sulfate oral soln 100 mg/5ml (20 mg/ml)* | PA, QL (180 mL / 25 days) |
| *oxycodone hcl cap 5 mg* | PA, QL (180 caps / 25 days) |
| *oxycodone hcl tab 5 mg* | PA, QL (180 tabs / 25 days) |
| *oxycodone hcl tab 10 mg* | PA, QL (180 tabs / 25 days) |
| *oxycodone hcl tab 15 mg* | PA, QL (180 tabs / 25 days) |
| *oxycodone hcl tab 20 mg* | PA, QL (180 tabs / 25 days) |
| *oxycodone hcl tab 30 mg* | PA, QL (180 tabs / 25 days) |
| *oxycodone hcl conc 100 mg/5ml (20 mg/ml)* | PA, QL (180 mL / 25 days) |
| *oxycodone hcl soln 5 mg/5ml* | PA, QL (180 mL / 25 days) |
| *tramadol hcl tab 50 mg* | PA, QL (240 tabs / 25 days) |
| *tramadol hcl tab er 24hr 100 mg* | PA, QL (30 tabs / 25 days) |
| *tramadol hcl tab er 24hr 200 mg* | PA, QL (30 tabs / 25 days) |
| *tramadol hcl tab er 24hr 300 mg* | PA, QL (30 tabs / 25 days) |
| ***OPIOID COMBINATIONS*** | |
| *endocet tab 2.5-325* | PA, QL (360 tabs / 25 days) |
| *oxycodone w/ acetaminophen tab 2.5-325 mg* | PA, QL (360 tabs / 25 days) |
| *endocet tab 5-325mg* | PA, QL (360 tabs / 25 days) |
| *oxycodone w/ acetaminophen tab 5-325 mg* | PA, QL (360 tabs / 25 days) |
| *endocet tab 7.5-325* | PA, QL (240 tabs / 25 days) |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* | PA, QL (240 tabs / 25 days) |
| *endocet tab 10-325mg* | PA, QL (180 tabs / 25 days) |
| *oxycodone w/ acetaminophen tab 10-325 mg* | PA, QL (180 tabs / 25 days) |
| *acetaminophen w/ codeine tab 300-15 mg* | PA, QL (400 tabs / 25 days) |
| *acetaminophen w/ codeine tab 300-30 mg* | PA, QL (360 tabs / 25 days) |
| *acetaminophen w/ codeine tab 300-60 mg* | PA, QL (180 tabs / 25 days) |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* | PA, QL (2700 mL / 25 days) |
| *hydrocodone-acetaminophen tab 10-325 mg* | PA, QL (180 tabs / 25 days) |
| *hydrocodone-acetaminophen tab 5-325 mg* | PA, QL (240 tabs / 25 days) |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | PA, QL (180 tabs / 25 days) |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | PA, QL (2700 mL / 25 days) |

| Drug Name | Requirements/Limits |
|---|---|
| *tramadol-acetaminophen tab 37.5-325 mg* | PA, QL (40 tabs / 25 days) |
| **ANALGESICS - ANTI-INFLAMMATORY** | |
| ***NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** | |
| *cataflam tab 50mg* | |
| *diclofenac potassium tab 50 mg* | |
| *diclofenac sodium tab delayed release 25 mg* | |
| *diclofenac sodium tab delayed release 50 mg* | |
| *diclofenac sodium tab delayed release 75 mg* | |
| *diclofenac sodium tab er 24hr 100 mg* | |
| *etodolac cap 200 mg* | |
| *etodolac cap 300 mg* | |
| *etodolac tab 400 mg* | |
| *etodolac tab 500 mg* | |
| *etodolac tab er 24hr 400 mg* | |
| *etodolac tab er 24hr 500 mg* | |
| *etodolac tab er 24hr 600 mg* | |
| *flurbiprofen tab 50 mg* | |
| *flurbiprofen tab 100 mg* | |
| *advil minis cap 200mg* | OTC |
| *ibuprofen cap 200mg* | OTC |
| *medi-profen cap 200mg* | OTC |
| *motrin ib cap 200mg* | OTC |
| *qc ibuprofen cap 200mg* | OTC |
| *ra ibuprofen cap 200mg* | OTC |
| *sm ibuprofen cap 200mg* | OTC |
| *wal-profen cap 200mg* | OTC |
| *advil jr st tab 100mg* | OTC |
| *sm ibuprofen tab 100mg jr* | OTC |
| *eq ibuprofen tab 200mg* | OTC |
| *eql ibuprofn tab 200mg* | OTC |
| *hm ibuprofen tab 200mg* | OTC |
| *ibu-200 tab 200mg* | OTC |
| *ibuprofen tab 200 mg* | OTC |
| *kls ibuprofn tab 200mg* | OTC |
| *kls ibuprofn tab ib 200mg* | OTC |
| *medi-profen tab 200mg* | OTC |
| *motrin ib tab 200mg* | OTC |
| *pain relief tab 200mg* | OTC |
| *px ibuprofen tab 200mg* | OTC |
| *qc ibuprofen tab 200mg* | OTC |
| *ra ibuprofen tab 200mg* | OTC |
| *sb ibuprofen tab 200mg* | OTC |
| *sm ibuprofen tab 200mg* | OTC |
| *wal-profen tab 200mg* | OTC |
| *ibu tab 400mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *ibuprofen tab 400 mg* | |
| *ibu tab 600mg* | |
| *ibuprofen tab 600 mg* | |
| *ibu tab 800mg* | |
| *ibuprofen tab 800 mg* | |
| *advil jr str chw 100mg* | OTC |
| *ibuprofen chw 100mg* | OTC |
| *ibuprofen ib chw 100mg* | OTC |
| *ibuprofen jr chw 100mg* | OTC |
| *ibuprofn 100 chw jr 100mg* | OTC |
| *sm ibuprofen chw 100mg* | OTC |
| *cvs ibuprof dro 50/1.25* | OTC |
| *ibuprofen dro 50/1.25* | OTC |
| *medi-profen sus 40mg/ml* | OTC |
| *px profen ib dro 50/1.25* | OTC |
| *cvs ibuprofe sus 100/5ml* | OTC |
| *eq ibuprofen sus 100/5ml* | OTC |
| *hyvee ibupro sus 100mg/5m* | OTC |
| *ibuprofen ch sus 100/5ml* | OTC |
| *ibuprofen sus 100/5ml* | OTC |
| *ibuprofen sus 200/10ml* | OTC |
| *ibuprofen susp 100 mg/5ml* | |
| *medi-profen sus 100/5ml* | OTC |
| *px profen ib sus 100/5ml* | OTC |
| *ketorolac tromethamine tab 10 mg* | QL (20 tabs / 25 days) |
| *meloxicam tab 7.5 mg* | |
| *meloxicam tab 15 mg* | |
| *nabumetone tab 500 mg* | |
| *nabumetone tab 750 mg* | |
| *naproxen tab 250 mg* | |
| *naproxen tab 375 mg* | |
| *naproxen tab 500 mg* | |
| *ec-naproxen tab 375mg* | |
| *naproxen tab ec 375 mg* | |
| *ec-naproxen tab 500mg* | |
| *naproxen tab ec 500 mg* | |
| *gnp naproxen cap 220mg* | OTC |
| *naproxen sodium cap 220 mg* | OTC |
| *all day pain tab 220mg* | OTC |
| *all day relf tab 220mg* | OTC |
| *cvs naproxen tab 220mg* | OTC |
| *mediproxen tab 220mg* | OTC |
| *naproxen sodium tab 220 mg* | OTC |
| *pain relief tab 220mg* | OTC |
| *pamprin tab 220mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *oxaprozin tab 600 mg* | |
| *sulindac tab 150 mg* | |
| *sulindac tab 200 mg* | |
| *celecoxib cap 50 mg* | PA |
| *celecoxib cap 100 mg* | PA |
| *celecoxib cap 200 mg* | PA |
| *celecoxib cap 400 mg* | PA |
| ***ANTIRHEUMATIC ANTIMETABOLITES*** | |
| RASUVO INJ 7.5MG | SP, PA, QL (4 injections / 28 days) |
| RASUVO INJ 10MG | SP, PA, QL (4 injections / 28 days) |
| RASUVO INJ 12.5MG | SP, PA, QL (4 injections / 28 days) |
| RASUVO INJ 15MG | SP, PA, QL (4 injections / 28 days) |
| RASUVO INJ 17.5MG | SP, PA, QL (4 injections / 28 days) |
| RASUVO INJ 20MG | SP, PA, QL (4 injections / 28 days) |
| RASUVO INJ 22.5MG | SP, PA, QL (4 injections / 28 days) |
| RASUVO INJ 25MG | SP, PA, QL (4 injections / 28 days) |
| RASUVO INJ 30MG | SP, PA, QL (4 injections / 28 days) |
| ***ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** | |
| HUMIRA PEN INJ 40MG/0.8 | SP, PA, QL (4 pens / 28 days) |
| HUMIRA PEN INJ CD/UC/HS | SP, PA, QL (6 pens / 28 days) |
| HUMIRA PEN INJ PS/UV | SP, PA, QL (4 pens / 28 days) |
| HUMIRA PEN INJ 80/0.8ML | SP, PA, QL (8 pens / 28 days) |
| HUMIRA PEN KIT CD/UC/HS | SP, PA, QL (3 pens / 28 days) |
| HUMIRA PEN KIT PED UC | SP, PA, QL (4 pens / 28 days) |
| HUMIRA PEN KIT PS/UV | SP, PA, QL (3 pens / 28 days) |
| HUMIRA KIT 40MG/0.8 | SP, PA, QL (4 injections / 28 days) |
| ***PYRIMIDINE SYNTHESIS INHIBITORS*** | |
| *leflunomide tab 10 mg* | |
| *leflunomide tab 20 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| ***SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** | |
| ENBREL INJ 25MG | SP, PA, QL (4 pens / 28 days) |
| ENBREL SRCLK INJ 50MG/ML | SP, PA, QL (4 pens / 28 days) |
| ENBREL MINI INJ 50MG/ML | SP, PA, QL (4 pens / 28 days) |
| ENBREL INJ 25/0.5ML | SP, PA, QL (4 pens / 28 days) |
| ENBREL INJ 50MG/ML | SP, PA, QL (4 pens / 28 days) |
| ***INTERLEUKIN-6 RECEPTOR INHIBITORS*** | |
| KEVZARA INJ 150/1.14 | SP, PA, QL (2 syringes / 28 days) |
| KEVZARA INJ 200/1.14 | SP, PA, QL (2 syringes / 28 days) |
| ***ANTIRHEUMATIC - ENZYME INHIBITORS*** | |
| XELJANZ TAB 5MG | SP, PA, QL (2 tabs / 1 day) |
| XELJANZ TAB 10MG | SP, PA, QL (2 tabs / 1 day) |
| XELJANZ SOL 1MG/ML | SP, PA, QL (10 mL / 1 day) |
| XELJANZ XR TAB 11MG | SP, PA, QL (1 tab / 1 day) |
| **MIGRAINE PRODUCTS** | |
| ***SEROTONIN AGONISTS*** | |
| *naratriptan hcl tab 1 mg (base equiv)* | ST, QL (8 tabs / 25 days) |
| *naratriptan hcl tab 2.5 mg (base equiv)* | ST, QL (8 tabs / 25 days) |
| *rizatriptan benzoate tab 5 mg (base equivalent)* | ST, QL (12 tabs / 25 days) |
| *rizatriptan benzoate tab 10 mg (base equivalent)* | ST, QL (12 tabs / 25 days) |
| *rizatriptan benzoate oral disintegrating tab 5 mg (base eq)* | ST, QL (12 tabs / 25 days) |
| *rizatriptan benzoate oral disintegrating tab 10 mg (base eq)* | ST, QL (12 tabs / 25 days) |
| *sumatriptan nasal spray 5 mg/act* | QL (8 inhalers / 25 days) |
| *sumatriptan nasal spray 20 mg/act* | QL (8 inhalers / 25 days) |
| *sumatriptan succinate tab 25 mg* | QL (8 tabs / 25 days) |
| *sumatriptan succinate tab 50 mg* | QL (8 tabs / 25 days) |
| *sumatriptan succinate tab 100 mg* | QL (8 tabs / 25 days) |
| *sumatriptan succinate inj 6 mg/0.5ml* | QL (8 injections / 25 days) |
| *sumatriptan succinate solution auto-injector 4 mg/0.5ml* | QL (8 injections / 25 days) |
| *sumatriptan succinate solution auto-injector 6 mg/0.5ml* | QL (8 injections / 25 days) |
| *sumatriptan succinate solution cartridge 4 mg/0.5ml* | QL (8 injections / 25 days) |
| *sumatriptan succinate solution cartridge 6 mg/0.5ml* | QL (8 injections / 25 days) |
| *zolmitriptan tab 2.5 mg* | ST, QL (8 tabs / 25 days) |

| Drug Name | Requirements/Limits |
|---|---|
| *zolmitriptan tab 5 mg* | ST, QL (8 tabs / 25 days) |
| *zolmitriptan orally disintegrating tab 2.5 mg* | ST, QL (8 tabs / 25 days) |
| *zolmitriptan orally disintegrating tab 5 mg* | ST, QL (8 tabs / 25 days) |
| ***CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** | |
| AIMOVIG INJ 70MG/ML | PA, QL (2 pens / 25 days) |
| AIMOVIG INJ 140MG/ML | PA, QL (1 pen / 25 days) |
| EMGALITY INJ 100MG/ML | PA, QL (3 syringes / 25 days) |
| EMGALITY INJ 120MG/ML | PA, QL (2 syringes / 25 days) |
| **GOUT AGENTS** | |
| ***GOUT AGENTS*** | |
| *allopurinol tab 100 mg* | |
| *allopurinol tab 300 mg* | |
| *colchicine tab 0.6 mg* | QL (30 tabs / 25 days) |
| ***URICOSURICS*** | |
| *probenecid tab 500 mg* | |
| **ANTICONVULSANTS** | |
| ***HYDANTOINS*** | |
| *phenytoin chew tab 50 mg* | |
| *phenytoin susp 125 mg/5ml* | |
| DILANTIN CAP 30MG | |
| *phenytoin sodium extended cap 100 mg* | |
| *phenytoin sodium extended cap 200 mg* | |
| *phenytoin sodium extended cap 300 mg* | |
| ***SUCCINIMIDES*** | |
| *ethosuximide cap 250 mg* | |
| *ethosuximide soln 250 mg/5ml* | |
| ***ANTICONVULSANTS - MISC.*** | |
| *primidone tab 50 mg* | |
| *primidone tab 250 mg* | |
| **ANTIPARKINSON AND RELATED THERAPY AGENTS** | |
| ***ANTIPARKINSON COMT INHIBITORS*** | |
| *entacapone tab 200 mg* | |
| ***ANTIPARKINSON DOPAMINERGICS*** | |
| *amantadine hcl cap 100 mg* | |
| *amantadine hcl tab 100 mg* | |
| *amantadine hcl soln 50 mg/5ml* | |
| *bromocriptine mesylate cap 5 mg (base equivalent)* | |
| *bromocriptine mesylate tab 2.5 mg (base equivalent)* | |
| *pramipexole dihydrochloride tab 0.125 mg* | |
| *pramipexole dihydrochloride tab 0.25 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *pramipexole dihydrochloride tab 0.5 mg* | |
| *pramipexole dihydrochloride tab 0.75 mg* | |
| *pramipexole dihydrochloride tab 1 mg* | |
| *pramipexole dihydrochloride tab 1.5 mg* | |
| *ropinirole hydrochloride tab 0.25 mg* | |
| *ropinirole hydrochloride tab 0.5 mg* | |
| *ropinirole hydrochloride tab 1 mg* | |
| *ropinirole hydrochloride tab 2 mg* | |
| *ropinirole hydrochloride tab 3 mg* | |
| *ropinirole hydrochloride tab 4 mg* | |
| *ropinirole hydrochloride tab 5 mg* | |
| *carbidopa & levodopa tab 10-100 mg* | |
| *carbidopa & levodopa tab 25-100 mg* | |
| *carbidopa & levodopa tab 25-250 mg* | |
| *carbidopa & levodopa tab er 25-100 mg* | |
| *carbidopa & levodopa tab er 50-200 mg* | |
| *carbidopa & levodopa orally disintegrating tab 10-100 mg* | |
| *carbidopa & levodopa orally disintegrating tab 25-100 mg* | |
| *carbidopa & levodopa orally disintegrating tab 25-250 mg* | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | |
| ***ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** | |
| *selegiline hcl cap 5 mg* | |
| *selegiline hcl tab 5 mg* | |
| **NEUROMUSCULAR AGENTS** | |
| ***ALS AGENTS*** | |
| *riluzole tab 50 mg* | |
| **MUSCULOSKELETAL THERAPY AGENTS** | |
| ***CENTRAL MUSCLE RELAXANTS*** | |
| *baclofen tab 10 mg* | |
| *baclofen tab 20 mg* | |
| *carisoprodol tab 350 mg* | QL (120 tabs / 25 days) |

| Drug Name | Requirements/Limits |
|---|---|
| *chlorzoxazone tab 500 mg* | |
| *cyclobenzaprine hcl tab 5 mg* | |
| *cyclobenzaprine hcl tab 10 mg* | |
| *methocarbamol tab 500 mg* | |
| *methocarbamol tab 750 mg* | |
| *orphenadrine citrate tab er 12hr 100 mg* | |
| *tizanidine hcl tab 2 mg (base equivalent)* | |
| *tizanidine hcl tab 4 mg (base equivalent)* | |
| ***DIRECT MUSCLE RELAXANTS*** | |
| *dantrolene sodium cap 25 mg* | |
| *dantrolene sodium cap 50 mg* | |
| *dantrolene sodium cap 100 mg* | |
| ***VISCOSUPPLEMENTS*** | |
| GEL-ONE INJ 30MG/3ML | PA |
| SYNVISC INJ 8MG/ML | PA |
| SYNVISC ONE INJ 8MG/ML | PA |
| VISCO-3 INJ 25/2.5ML | PA |
| **ANTIMYASTHENIC/CHOLINERGIC AGENTS** | |
| ***ANTIMYASTHENIC/CHOLINERGIC AGENTS*** | |
| *pyridostigmine bromide tab 60 mg* | |
| *pyridostigmine bromide tab er 180 mg* | |
| *pyridostigmine bromide oral soln 60 mg/5ml* | |
| **VITAMINS** | |
| ***WATER SOLUBLE VITAMINS*** | |
| *thiamine hcl tab 50 mg* | OTC |
| *cvs b1 tab 100mg* | OTC |
| *cvs b-1 tab 100mg* | OTC |
| *qc vit b1 tab 100mg* | OTC |
| *thiamine hcl tab 100 mg* | OTC |
| *ra vit b-1 tab 100mg* | OTC |
| *sm vit b1 tab 100mg* | OTC |
| *thiamine mononitrate tab 100 mg* | OTC |
| *pyridoxine hcl tab 25 mg* | OTC |
| *pyridoxine hcl tab 50 mg* | OTC |
| *ra vit b-6 tab 50mg* | OTC |
| *c-500 tab non-acid* | OTC |
| *calcium ascorbate tab 500 mg* | OTC |
| ***OIL SOLUBLE VITAMINS*** | |
| VITAMIN D CAP 2000UNIT | OTC |
| *ergocalciferol cap 1.25 mg (50000 unit)* | |
| VITAMIN D2 TAB 400UNIT | OTC |
| VITAMIN D2 TAB 2000UNIT | OTC |
| *calcidol dro 8000/ml* | OTC |
| *ergocalciferol soln 200 mcg/ml (8000 unit/ml)* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *cholecalciferol cap 25 mcg (1000 unit)* | OTC |
| *cvs d3 cap 1000unit* | OTC |
| *d3 cap 1000unit* | OTC |
| *d3-1000 cap 1000unit* | OTC |
| *d 1000 cap 1000unit* | OTC |
| *finest nutrt cap vit d3* | OTC |
| *gnp d cap 1000unit* | OTC |
| *qc vit d3 cap 1000unit* | OTC |
| *vitamin d cap 1000unit* | OTC |
| *cholecalciferol cap 50 mcg (2000 unit)* | OTC |
| *cvs d3 cap 50mcg* | OTC |
| *d3 2000 cap 2000unit* | OTC |
| *d3 cap 2000unit* | OTC |
| *d3 high pote cap 50mcg* | OTC |
| *d3 super str cap 2000unit* | OTC |
| *kls d3 cap 50mcg* | OTC |
| *qc vit d3 cap 2000unit* | OTC |
| *ra vitamin cap 2000unit* | OTC |
| *sm vit d3 cap 50mcg* | OTC |
| *vit d3 hp cap 2000unit* | OTC |
| *vitamin d3 cap 2000unit* | OTC |
| *vitamin d-3 cap 2000unit* | OTC |
| *cholecalciferol cap 125 mcg (5000 unit)* | OTC |
| *cvs d3 cap 5000unit* | OTC |
| *d3 5000 cap 5000unit* | OTC |
| *d3 high pot cap 125mcg* | OTC |
| *d3 maximum cap 5000unit* | OTC |
| *dialyvite d cap 5000unit* | OTC |
| *eql vitamin cap d3* | OTC |
| *cholecalciferol cap 250 mcg (10000 unit)* | OTC |
| *is-d 10000 cap 250mcg* | OTC |
| *vitamin d3 cap 10000unt* | OTC |
| *cholecalciferol cap 1.25 mg (50000 unit)* | OTC |
| *d3-50 cap 50000unt* | OTC |
| *decara cap 50000unt* | OTC |
| *optimal-d cap 50000unt* | OTC |
| *weekly-d cap 50000unt* | OTC |
| *cholecalciferol tab 10 mcg (400 unit)* | OTC |
| *d3 tab 400unit* | OTC |
| *delta d3 tab 400unit* | OTC |
| *qc vit d3 tab 400unit* | OTC |
| *sm vitamin d tab 400unit* | OTC |
| *cholecalciferol tab 25 mcg (1000 unit)* | OTC |
| *gnp vit d3 tab 1000unit* | OTC |
| *gnp vit d tab 1000unit* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *hm vitamin d tab 25mcg* | OTC |
| *qc vit d3 tab 1000unit* | OTC |
| *vitamin d tab 1000unit* | OTC |
| *vitamin d-3 tab 1000unit* | OTC |
| *cholecalciferol tab 50 mcg (2000 unit)* | OTC |
| *qc vit d3 tab 2000unit* | OTC |
| *thera-d tab 2000unit* | OTC |
| *cholecalciferol tab 125 mcg (5000 unit)* | OTC |
| *gnp vit d tab 5000unit* | OTC |
| *qc vit d3 tab 5000unit* | OTC |
| *vitamin d3 tab 5000unit* | OTC |
| *vitamin d tab 5000iu* | OTC |
| *vitamin d-3 tab 5000unit* | OTC |
| *cholecalciferol chew tab 10 mcg (400 unit)* | OTC |
| *d3 kids chw 400unit* | OTC |
| *vitamin d chw 400unit* | OTC |
| *cholecalciferol chew tab 25 mcg (1000 unit)* | OTC |
| *d3 adult chw 1000unit* | OTC |
| *gnp d chw 2000unit* | OTC |
| *kids vit d3 chw 1000unit* | OTC |
| *vit d3 gumm chw 1000unit* | OTC |
| *vitajoy daly chw d 1000iu* | OTC |
| *vitamin d3 chw 25mcg* | OTC |
| *vitamin d3 chw 50mcg* | OTC |
| *vitamin d3 chw 1000unit* | OTC |
| *vitamin d3 chw ex str* | OTC |
| *vitamin d chw 1000unit* | OTC |
| *cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)* | OTC |
| *d-vitamin dro 400unit* | OTC |
| *d-vite pedia dro 400unit* | OTC |
| *pedia d-vite dro 400unit* | OTC |
| *vitamin d3 dro 10mcg/ml* | OTC |
| BABY DDROPS LIQ 400UNIT | OTC |
| *baby super dro daily d3* | OTC |
| *baby vit d dro 400/.028* | OTC |
| DDROPS LIQ 2000UNIT | OTC |
| *phytonadione tab 5 mg* | |

**MULTIVITAMINS**

***VITAMIN MIXTURES***

| | |
|---|---|
| E-400 CAP SELENIUM | OTC |
| ECEE PLUS TAB | OTC |
| VITAMIN C LIQ | OTC |
| *ra cod liver cap* | OTC |
| *vitamin a&d cap* | OTC |
| *vitamins a & d cap* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *yl vitamin cap a & d* | OTC |
| *vitamins a & d tab* | OTC |
| *cod liver cap* | OTC |
| *cod liver cap oil* | OTC |
| *cod liver cap oil/a&d* | OTC |
| *qc cod liver cap* | OTC |
| COD LIVER OIL | OTC |
| COD LIVER OIL FOR KIDS | OTC |
| COD LIVER OIL NORWEGIA | OTC |
| COD LIVER OIL OIL | OTC |
| COD LIVER OIL USP/NF | OTC |
| RA COD LIVER OIL | OTC |
| *cod liver chw /vit d* | OTC |
| *cod liver chw w/vit* | OTC |
| SUPER D3 CAP COMPLEX | OTC |
| CRANBERRY CAP URIN COM | OTC |
| *niacin cap 400-100* | OTC |
| *niacin cap 400mg* | OTC |
| D3/VITAMIN C TAB /ZINC | OTC |
| D3 + K2 DOTS TAB | OTC |
| DOSOQUIN TAB | OTC |
| K2 PLUS D3 TAB | OTC |
| ***B-COMPLEX VITAMINS*** | |
| *b-complex vitamin cap* | OTC |
| *b-complex + tab b-12* | OTC |
| *b-complex vitamin tab* | OTC |
| *ra b-complex tab* | OTC |
| *ra b-complex tab w/b-12* | OTC |
| *b-complex tab* | OTC |
| *cvs balanced tab b100* | OTC |
| *b-complex vitamin sublingual liquid* | OTC |
| APETEX ELX | OTC |
| APETIGEN ELX | OTC |
| *biopetit elx* | OTC |
| *brewers yeast tab* | OTC |
| BREWERS YEAS POW | OTC |
| ***B-COMPLEX W/ C*** | |
| *b-complex w/ c cap* | OTC |
| *super b w/c cap* | OTC |
| *vt b complex cap* | OTC |
| *allbee plus tab vit c* | OTC |
| *b complex tab plus c* | OTC |
| *b-complex w/ c tab* | OTC |
| *better b tab complex* | OTC |
| *cvs super b tab complx/c* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *hm b complex tab w/ vit c* | OTC |
| *sm b complex tab with c* | OTC |
| *super b comp tab vit c* | OTC |
| RA B-COMPLEX TAB VIT C TR | OTC |
| PRONUTRIENTS TAB SUPER B | OTC |
| *bec/zinc tab* | OTC |
| *cvs stress tab form/zn* | OTC |
| *stress b com tab vit c/zn* | OTC |
| *stress b/ tab zinc* | OTC |
| *stress form/ tab zinc* | OTC |
| *stress plus tab zinc* | OTC |
| *zinc-vites tab* | OTC |
| *b-comp/vit c tab* | OTC |
| *b-complex tab /vit c* | OTC |
| ***B-COMPLEX W/ FOLIC ACID*** | |
| *b-complex w/ folic acid cap* | OTC |
| *benfotiamine cap multi-b* | OTC |
| *b complex tab form 1* | OTC |
| *b-complex w/ folic acid tab* | OTC |
| *big 100 tab* | OTC |
| *kobee tab* | OTC |
| *sm balanced tab b-50* | OTC |
| *sm balanced tab b-100* | OTC |
| BALANCE B-50 TAB TR | OTC |
| B ACTIV CAP | OTC |
| B-100 HIGH CAP POTENTCY | OTC |
| B-COMPLEX CAP | OTC |
| MULTI-B CAP COMPLEX | OTC |
| SUPER B-50 CAP B-COMP | OTC |
| SUPER B- CAP COMPLEX | OTC |
| *b-50 complex tab* | OTC |
| *b-100 tab b-100* | OTC |
| *b-compleet- tab 50* | OTC |
| *b-compleet- tab 100* | OTC |
| *b-complex w/biotin & folic acid tab* | OTC |
| *balance b-50 tab* | OTC |
| *balanced b tab complex* | OTC |
| *balanced tab b-50* | OTC |
| *balanced tab b-100* | OTC |
| *big 100 tab* | OTC |
| *eql b complx tab 50* | OTC |
| *quin b stron tab b-25* | OTC |
| *ra balanced tab b-50* | OTC |
| *ra balanced tab b-100* | OTC |
| *sm b100 tab complex* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *sm b-complex tab* | OTC |
| *super b-50 tab* | OTC |
| *super b-100 tab* | OTC |
| *super b- tab complex* | OTC |
| *super dec tab b-100* | OTC |
| *super quints tab* | OTC |
| *super-b tab complex* | OTC |
| *yl balanced tab b-100* | OTC |
| *b-100 complx tab* | OTC |
| *b-100 tab complex* | OTC |
| *b-100 tr tab* | OTC |
| *b-complex tab 100 tr* | OTC |
| *balanc b-100 tab tr* | OTC |
| *balanced tab b-100 tr* | OTC |
| *complex b-50 tab* | OTC |
| *endur-b tab* | OTC |
| *eql b-100 tab complex* | OTC |
| *gnp b-50 tab complex* | OTC |
| *gnp b-100 tab complex* | OTC |
| *qc b50 tab pr* | OTC |
| *ra balanced tab b-50 tr* | OTC |
| *ra balnaced tab b-100 tr* | OTC |
| *mynephron cap* | |
| *renal cap* | |
| *reno cap* | |
| *reno cap* | OTC |
| *triphrocaps cap* | |
| *virt-caps cap* | |
| *wescaps cap* | |
| *b-complex tab balanced* | OTC |
| *b-complex w/ c & folic acid tab* | OTC |
| *kp b complex tab /c* | OTC |
| *sm b super tab vita com* | OTC |
| SM B-COMPLEX TAB /VIT C | OTC |
| *stress form tab* | OTC |
| *super b comp tab /vit c* | OTC |
| *super b comp tab vit c* | OTC |
| *super b-comp tab /fa/vitc* | OTC |
| *super b-comp tab vit c/fa* | OTC |
| BIOTIN FORTE TAB | OTC |
| *dialyvite tab 800* | OTC |
| FULL SPECT TAB B/ VIT C | OTC |
| *nephro tab vitamins* | OTC |
| NEPHRO-VITE TAB | OTC |
| *rena-vite tab* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *renal tab multivit* | OTC |
| *renal vitamn tab* | OTC |
| *renal-vite tab* | OTC |
| *rena-vite rx tab* | OTC |
| B-COMPLEX/FA TAB /VIT C | OTC |
| DIALYVITE TAB 800/IRON | OTC |
| BIOTIN FORTE TAB /ZINC | OTC |
| DIALYVIT 800 TAB ZINC 15 | OTC |
| DIALYVITE TAB 800/ZINC | OTC |
| ACTRIVIT LIQ 800-15-1 | OTC |
| B-COMPLEX TAB C/FA/BIO | OTC |
| ***B-COMPLEX W/ IRON*** | |
| *b-complex w/ iron tab* | OTC |
| *super b-comp tab iron/c* | OTC |
| APETIGEN-PLS SOL | OTC |
| ***B-COMPLEX W/ MINERALS*** | |
| APETIGEN TAB PLUS | OTC |
| *eldertonic liq* | OTC |
| ***BIOFLAVONOID PRODUCTS*** | |
| ACTITROM CAP | OTC |
| ACTITROM-D CAP | OTC |
| C 1000/BIOFL CAP /R HIPS | OTC |
| DAFLONEX-XL CAP | OTC |
| GRAPE SEED CAP 50MG | OTC |
| QUERCETIN CAP COMPLEX | OTC |
| TROMBONEX CAP | OTC |
| TROMBONEX-D CAP | OTC |
| VASOFLEX CAP | OTC |
| VASOFLEX CAP FORTE | OTC |
| VITAMIN C CAP FLAVONOI | OTC |
| ADVANCED C TAB PLUS | OTC |
| *anti-allergy tab* | OTC |
| *bioflavonoid products tab* | OTC |
| *bioflex tab* | OTC |
| *easy-c tab 500mg* | OTC |
| *ester-c tab* | OTC |
| *ester-c tab 500mg* | OTC |
| *ester-c tab 1000mg* | OTC |
| *flexgen tab* | OTC |
| *hi c-500 tab* | OTC |
| *pan-c 500 tab bioflavo* | OTC |
| PERIDIN-C TAB | OTC |
| *span c tab* | OTC |
| *super c-500 tab* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *super c-1000 tab* | OTC |
| *tri super tab flavons* | OTC |
| *vasoflex hd tab* | OTC |
| *vasoflex tab* | OTC |
| *vita c/biofl tab rose hip* | OTC |
| *bioflavonoid products tab er* | OTC |
| *c1000 tr/rh tab bioflav* | OTC |
| *c1500 tr/rh tab bioflav* | OTC |
| *c1500/rh tab bioflav* | OTC |
| *c complex tab 500mg* | OTC |
| *c complex tab 1000mg* | OTC |
| DAFLONEX-XL TAB | OTC |
| *ester-c tab 500mg* | OTC |
| *ra vitamin c tab 1000mg* | OTC |
| FRUIT C CHW 200MG | OTC |
| VITAMIN C CHW 500MG | OTC |
| LIQUID C LIQ | OTC |
| BIOFLAVONOID POW CITRUS | OTC |
| ***MULTIVITAMINS*** | |
| *antioxidant cap formula* | OTC |
| *chlorocaps cap* | OTC |
| DEKAS CAP ESSENTIA | OTC |
| *mv-one cap* | OTC |
| *viteyes clas cap zinc fre* | OTC |
| ZE-PLUS CAP | OTC |
| ZELDANA CAP | OTC |
| AMLADEX TAB | OTC |
| *anti-oxidant tab* | OTC |
| *daily multi tab vitamins* | OTC |
| DAILY MULTI TAB VITAMINS | OTC |
| *daily tab vitamin* | OTC |
| *daily value tab multivit* | OTC |
| *daily vit tab* | OTC |
| *daily vite tab* | OTC |
| *daily-vitamn tab* | OTC |
| *daily-vite tab* | OTC |
| *essentl one tab daily* | OTC |
| ESTROFACTORS TAB | OTC |
| *healthy hair tab skn/nail* | OTC |
| HIGH POTENCY TAB MULTIVIT | OTC |
| *mult vitamin tab daily* | OTC |
| *mult vitamin tab essent* | OTC |
| MULTI VITAMI TAB | OTC |
| MULTI VITAMI TAB D-3 | OTC |
| *multi-vitamn tab* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *multiple vitamin tab* | OTC |
| MULTIVITAMIN TAB | OTC |
| *multivitamin tab adult* | OTC |
| MULTIVITAMIN TAB ADULT | OTC |
| *multivitamin tab daily* | OTC |
| *multivitamin tab iron-fre* | OTC |
| NEOMULTIVITE TAB | OTC |
| OMNICAP TAB | OTC |
| *once daily tab* | OTC |
| *one daily tab* | OTC |
| *one daily tab essentl* | OTC |
| ONE DAILY TAB ESSENTL | OTC |
| *one daily tab multivit* | OTC |
| ONE-A-DAY TAB ESSENT | OTC |
| ONE-A-DAY TAB MENS | OTC |
| *one-daily tab mult vit* | OTC |
| *one-daily tab mult-vit* | OTC |
| *qc essential tab* | OTC |
| QUINTABS TAB | OTC |
| *sm multiple tab vitamins* | OTC |
| *stress form tab* | OTC |
| *stress formu tab* | OTC |
| *stresstabs tab* | OTC |
| *stresstabs tab energy* | OTC |
| *tab-a-vite tab* | OTC |
| *tab-a-vite tab beta car* | OTC |
| THERA TAB | OTC |
| *thera-mill tab* | OTC |
| *thera-tabs tab* | OTC |
| THEREMS TAB MULTIVIT | OTC |
| *vitalee tab* | OTC |
| ONE-A-DAY CHW VITACRAV | OTC |
| DEKAS LIQ ESSENTIA | OTC |
| MULTIVITAMIN DRO ORGANIC | OTC |
| MULTIVITAMIN LIQ | OTC |
| ***MULTIPLE VITAMINS W/ IRON*** | |
| CHLORELLA CAP | OTC |
| *daily multi tab vit/iron* | OTC |
| *daily vit tab +iron* | OTC |
| *daily vit tab iron* | OTC |
| *daily vite tab iron* | OTC |
| *daily-vitamn tab* | OTC |
| *multi vitami tab w/iron* | OTC |
| *multi-vit/fe tab* | OTC |
| *multiple vitamins w/ iron tab* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *multiv/iron tab adult* | OTC |
| *nat-rul dail tab vit/iron* | OTC |
| *one daily mv tab /iron* | OTC |
| *one-daily tab /iron* | OTC |
| *sm multiple tab vit/iron* | OTC |
| *stress b com tab w/iron* | OTC |
| *stress form tab /iron* | OTC |
| *tab-a-vite tab /iron* | OTC |
| TAB-A-VITE TAB IRON/BET | OTC |
| ***MULTIPLE VITAMINS W/ MINERALS*** | |
| ACTIVNUTRIEN CAP | OTC |
| ACTIVNUTRIEN CAP W/O IRON | OTC |
| ADULT 50+ CAP EYE HLTH | OTC |
| ADULT 50+ CAP OCUVITE | OTC |
| *50+ adult cap eye hlth* | OTC |
| *advanced eye cap health* | OTC |
| *amoryn mood cap booster* | OTC |
| *antiox form/ cap minerals* | OTC |
| *antioxidant cap* | OTC |
| BARIATRIC CAP MULTIVIT | OTC |
| *bdy/hair/skn cap nails* | OTC |
| BIO-35 GLUTE CAP FREE | OTC |
| BIO-35 IRON CAP FREE | OTC |
| BIOCAL CAP | OTC |
| CELEBRATE CAP 18 | OTC |
| CELEBRATE CAP 36 | OTC |
| CELEBRATE CAP 45 | OTC |
| CELEBRATE CAP 60 | OTC |
| CHOICEFUL CAP MULTIVIT | OTC |
| *coral calciu cap plus* | OTC |
| CVS VISION CAP HEALTH | OTC |
| *daily vitamn cap plus* | OTC |
| DECUBI-VITE CAP | OTC |
| DEKAS PLUS CAP | OTC |
| DEKAS PLUS CAP OCEAN | OTC |
| *dry eye cap formula* | OTC |
| EYE HEALTH CAP | OTC |
| EYE HEALTH CAP ADLT 50+ | OTC |
| EYE MULTIVIT CAP | OTC |
| EYE MULTIVIT CAP LUTEIN | OTC |
| *eye vitamins cap* | OTC |
| GENADEK CAP STEP 1 | OTC |
| GENADEK CAP STEP 2 | OTC |
| *glucoten cap* | OTC |
| *hair/skin cap nails* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| HAIR/SKIN/ CAP NAILS | OTC |
| *healthy eyes cap* | OTC |
| *healthy eyes cap superv 2* | OTC |
| *healthy eyes cap supervis* | OTC |
| HEALTHY EYES CAP SUPERVIS | OTC |
| *icaps cap* | OTC |
| *icaps lutein cap /omega-3* | OTC |
| *macular hlth cap formula* | OTC |
| MENS 50+ CAP ADVANCED | OTC |
| *mens daily cap lycopene* | OTC |
| *multi 50+ cap for her* | OTC |
| *multi cap complete* | OTC |
| *multi cap for her* | OTC |
| *multi cap for him* | OTC |
| *multivitamin cap daily* | OTC |
| MVW COMPLETE CAP D3000 | OTC |
| MVW COMPLETE CAP D5000 | OTC |
| MVW COMPLETE CAP FORMULAT | OTC |
| MVW COMPLETE CAP MINIS | OTC |
| NUTRIENTS CAP ANTIOXID | OTC |
| OCUHEALTH CAP VISION 2 | OTC |
| OCUVITE CAP ADULT | OTC |
| *ocuvite eye cap health* | OTC |
| OCUVITE LUTE CAP | OTC |
| ONE-DAILY CAP MULTI | OTC |
| PORENAL+D CAP OMEGA 3 | OTC |
| PRESERVISION CAP AREDS | OTC |
| PRESERVISION CAP AREDS 2 | OTC |
| PRESERVISION CAP LUTEIN | OTC |
| PRORENAL+D CAP OMEGA-3 | OTC |
| PROTECT CAP CARDIO | OTC |
| PROTECT CAP PLUS SO | OTC |
| PROTEGRA CAP | OTC |
| SUPER ANTIOX CAP | OTC |
| *super antiox cap protect* | OTC |
| *super multip cap* | OTC |
| *systane icap cap areds2* | OTC |
| THERAMILL CAP FORTE | OTC |
| THERANATAL CAP LACTATIO | OTC |
| *ultra multi cap /iron* | OTC |
| *vision form cap 2* | OTC |
| *vision formu cap 50+* | OTC |
| VISION HEALT CAP | OTC |
| *vision plus cap* | OTC |
| VISTA ADVAN CAP AREDS2 | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| VISTA ADVAN CAP DRY EYE | OTC |
| *vita-min cap* | OTC |
| VITABEX CAP | OTC |
| VITABEX PLUS CAP | OTC |
| VITEYES CAP CLASSIC | OTC |
| *viteyes cap complete* | OTC |
| VITEYES CLAS CAP ADV | OTC |
| VITEYES CLAS CAP ADVANCED | OTC |
| VITEYES CLAS CAP MAC SUPP | OTC |
| VITEYES CLAS CAP OMEGA-3 | OTC |
| *womens 50+ cap advanced* | OTC |
| *womens cap multi* | OTC |
| *a thru z adv tab adult* | OTC |
| *a thru z sel tab 50+ adva* | OTC |
| *a thru z sel tab 50+ mens* | OTC |
| *a thru z sel tab advanced* | OTC |
| *a thru z tab advanced* | OTC |
| *a thru z tab high pot* | OTC |
| *a thru z tab select* | OTC |
| *a thru z tab ultimate* | OTC |
| *a thru z ult tab mens* | OTC |
| ABC COMPLETE TAB WOMEN | OTC |
| ADV DIABETIC TAB MULTIVIT | OTC |
| *advanced tab formula* | OTC |
| ALGAE BASED TAB CALCIUM | OTC |
| ALIVE 50+ TAB ENERGY | OTC |
| ALIVE 50+ TAB WOMENS | OTC |
| ALIVE DAILY TAB WOMENS | OTC |
| ALIVE ENERGY TAB MENS | OTC |
| ALIVE ENERGY TAB WOMENS | OTC |
| ANTIOXIDANT TAB FORMULA | OTC |
| *antioxidant tab protecti* | OTC |
| *antioxidant tab vitamins* | OTC |
| AZO HORMONAL TAB HEALTH | OTC |
| BASIC AM TAB | OTC |
| BASIC PM TAB | OTC |
| CAL-DAY 1000 TAB | OTC |
| CENT MATURE TAB ADLT 50+ | OTC |
| *cent mature tab womn 50+* | OTC |
| *centavite az tab minerals* | OTC |
| CENTRAL-VITE TAB | OTC |
| *central-vite tab mens mat* | OTC |
| *central-vite tab wmns mat* | OTC |
| *centravites tab* | OTC |
| *centravites tab 50 plus* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| CENTRAVITES TAB 50 PLUS | OTC |
| CENTRAVITES TAB ADULTS | OTC |
| CENTRUM SILV TAB 50+MEN | OTC |
| CENTRUM SILV TAB 50+WOMEN | OTC |
| CENTRUM SILV TAB ADULT 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 |
| *century tab* | OTC |
| *century tab mature* | OTC |
| *cerovite tab senior* | OTC |
| *certa plus tab* | OTC |
| CERTAVITE TAB SENIOR | OTC |
| *certavite/ tab antioxid* | OTC |
| CERTAVITE/ TAB ANTIOXID | OTC |
| *companion tab* | OTC |
| *compete tab* | OTC |
| *comple multi tab adlt 50+* | OTC |
| *daily betic tab* | OTC |
| *daily combo tab* | OTC |
| *daily diet tab support* | OTC |
| *daily mens tab health* | OTC |
| *daily multi tab men* | OTC |
| *daily multi tab minerals* | OTC |
| *daily multi tab vit/mens* | OTC |
| *daily multi tab vit/min* | OTC |
| *daily multi tab womn 50+* | OTC |
| *daily vit tab +mineral* | OTC |
| *daily womens tab health* | OTC |
| *daily-vitamn tab maximum* | OTC |
| DERMAVITE TAB | OTC |
| *diabets hlth tab formula* | OTC |
| *dialyvite tab 800/d* | OTC |
| *drs choice tab men* | OTC |
| EQ COMPLETE TAB ADULT | OTC |
| EQ ONE DAILY TAB MENS | OTC |
| *eq one daily tab womens* | OTC |
| EQ ONE DAILY TAB WOMENS | OTC |
| *eql century tab* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *eql century tab mature* | OTC |
| EQL CENTURY TAB MENS | OTC |
| EQL CENTURY TAB WOMENS | OTC |
| *eql vision tab formula* | OTC |
| *essentia tab* | OTC |
| *essential tab balance* | OTC |
| ESTROVEN MEN TAB SUPPLEM | OTC |
| *eye health & tab lutein* | OTC |
| EYE HEALTH TAB LUTEIN | OTC |
| EYE MULTIVIT TAB SODIUM | OTC |
| *eye-vites tab* | OTC |
| *eyeprotect tab* | OTC |
| FITNESS TABS TAB MEN | OTC |
| FITNESS TABS TAB WOMEN | OTC |
| FOLIKA-MG TAB | OTC |
| FOSFREE TAB | OTC |
| FREEDAVITE TAB | OTC |
| GERI-FREEDA TAB SENIOR | OTC |
| *gerivite tab complete* | OTC |
| *gnp healthy tab eyes* | OTC |
| *hair formula tab ex stren* | OTC |
| HAIR SKIN & TAB NAILS AD | OTC |
| *hair skin tab nails* | OTC |
| *hair vitamin tab* | OTC |
| *hair/skin/ tab nails* | OTC |
| *healthy eyes tab* | OTC |
| HI POT MV/ TAB BETA-CAR | OTC |
| *hi-kovite tab 2-part* | OTC |
| *hi-potency tab multivit* | OTC |
| HIGH POTENCY TAB MV/FA | OTC |
| HM COMPLETE TAB MEN | OTC |
| *hm complete tab women* | OTC |
| HM HAIR/SKIN TAB /NAILS | OTC |
| *i-vite tab* | OTC |
| ICAPS AREDS TAB FORMULA | OTC |
| *icaps mv tab* | OTC |
| K-PAX TAB PROF ST | OTC |
| *kp adult 50+ tab daily* | OTC |
| *kp adults tab daily* | OTC |
| *kp mens 50+ tab daily* | OTC |
| *kp mens tab daily* | OTC |
| *kp vision tab for/ltn* | OTC |
| *kp vision tab formula* | OTC |
| *kp women 50+ tab daily* | OTC |
| *kp womens tab daily* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *life pack tab mens* | OTC |
| *life pack tab womens* | OTC |
| LUTEIN PLUS TAB ZEAXANTH | OTC |
| *macuvite tab* | OTC |
| *macuvite tab eye care* | OTC |
| *macuvite tab lutein* | OTC |
| *max daily tab green* | OTC |
| *mega multi tab men* | OTC |
| MEGA MULTI TAB MEN | OTC |
| *mega multi tab women* | OTC |
| MEGA MULTI TAB WOMEN | OTC |
| MEGAVITE TAB FRT/VEG | OTC |
| MEGAVITE TAB GOLD 55+ | OTC |
| *mens daily tab formula* | OTC |
| MENS MULTI TAB VIT/MIN | OTC |
| MENS MULTIPL TAB | OTC |
| *milltrium sr tab* | OTC |
| *milltrium tab advanced* | OTC |
| *milltrium tab cardio* | OTC |
| *mult vitamin tab no iron* | OTC |
| *mult vitamin tab womens* | OTC |
| *multi 50+ tab for her* | OTC |
| *multi 50+ tab for him* | OTC |
| *multi 50+ wm tab advanced* | OTC |
| *multi complt tab /iron* | OTC |
| *multi tab for her* | OTC |
| *multi tab for him* | OTC |
| MULTI VITAMN TAB MINERALS | OTC |
| MULTI-BETIC TAB DIABETES | OTC |
| *multi-lean tab* | OTC |
| *multi-vit/ tab minerals* | OTC |
| *multi-vitami tab menopaus* | OTC |
| MULTI-VITAMI TAB MONOCAPS | OTC |
| *multi-vite tab* | OTC |
| *multi-vite tab 50&over* | OTC |
| *multiple vitamins w/ minerals tab* | OTC |
| *multiv women tab 50+* | OTC |
| MULTIVITAMIN TAB | OTC |
| *multivitamin tab adlt 50+* | OTC |
| MULTIVITAMIN TAB ADULT | OTC |
| *multivitamin tab adults* | OTC |
| MULTIVITAMIN TAB ADULTS | OTC |
| MULTIVITAMIN TAB MEN | OTC |
| *multivitamin tab men 50+* | OTC |
| *multivitamin tab women* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| MULTIVITAMIN TAB WOMEN | OTC |
| *multivitamin tab womens* | OTC |
| MULTIVITAMIN TAB ZINC STR | OTC |
| *myamulti tab* | OTC |
| NAT-RUL THER TAB M | OTC |
| NATRUL-VITES TAB | OTC |
| NUTRIENT 45+ TAB WOMEN | OTC |
| NUTRIENT 50+ TAB MEN | OTC |
| NUTRIENTS TAB MEN | OTC |
| NUTRIENTS TAB TEENS | OTC |
| NUTRIENTS TAB WOMEN | OTC |
| *nutritional tab support* | OTC |
| OCULAR TAB VITAMINS | OTC |
| *ocutabs tab* | OTC |
| *ocutabs tab lutein* | OTC |
| *ocuvite eye tab + multi* | OTC |
| *ocuvite tab lutein* | OTC |
| *ocuvite xtra tab* | OTC |
| ONCOVITE TAB | OTC |
| ONE DAILY MN TAB W/O IRON | OTC |
| ONE DAILY MV TAB WOMENS | OTC |
| *one daily tab 50 plus* | OTC |
| *one daily tab 50+* | OTC |
| *one daily tab 50+ adv* | OTC |
| *one daily tab /mineral* | OTC |
| *one daily tab complete* | OTC |
| *one daily tab essentl* | OTC |
| *one daily tab fe/ca* | OTC |
| *one daily tab healthy* | OTC |
| *one daily tab iron-fre* | OTC |
| *one daily tab maximum* | OTC |
| *one daily tab men* | OTC |
| *one daily tab men 50+* | OTC |
| *one daily tab mens* | OTC |
| ONE DAILY TAB MENS | OTC |
| *one daily tab mens 50+* | OTC |
| ONE DAILY TAB MENS 50+ | OTC |
| *one daily tab multi-vi* | OTC |
| ONE DAILY TAB WMNS 50+ | OTC |
| *one daily tab wom 50+* | OTC |
| *one daily tab women* | OTC |
| *one daily tab women 50* | OTC |
| *one daily tab womens* | OTC |
| ONE DAILY TAB WOMENS | OTC |
| *one dly hlth tab wght adv* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| 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 ENERGY | 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 teen/her* | OTC |
| ONE-A-DAY TAB TEEN/HIM | OTC |
| ONE-A-DAY TAB WOMENS | OTC |
| *optic-vites tab* | OTC |
| *optic-vites tab lutein* | OTC |
| *optimum pms tab* | OTC |
| OPTIVITE TAB P.M.T. | OTC |
| OPURITY TAB | OTC |
| OSTEOPRIME TAB PLUS | OTC |
| *osteoprime tab ultra* | OTC |
| PARVLEX TAB | OTC |
| PHYTOMULTI TAB | OTC |
| PRESERVISION TAB AREDS | OTC |
| PRO-CAL TAB | OTC |
| PROCERV HP TAB | OTC |
| PRORENAL +D TAB | OTC |
| PRORENAL+D TAB | OTC |
| *prosight tab* | OTC |
| PROVIT TAB | OTC |
| *px advanced tab multivit* | OTC |
| *px complete tab senior* | OTC |
| *px mens mult tab vitamins* | OTC |
| *qc hair/skin tab nails* | OTC |
| QC MULTI-VIT TAB | OTC |
| *qc therin-m tab* | OTC |
| QUIN B TAB STRONG | OTC |
| *quintabs-m tab* | OTC |
| QUINTABS-M TAB | OTC |
| *ra one daily tab maximum* | OTC |
| *ra one daily tab mens* | OTC |
| *ra one daily tab mens 50+* | OTC |
| *ra one daily tab mens/d3* | OTC |
| RAYAVIT TAB | OTC |
| *renaplex tab* | OTC |
| RENAPLEX-D TAB | OTC |
| *senior tabs tab* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| SENTRY SENIO TAB LUTEIN | OTC |
| *sentry tab* | OTC |
| SENTRY TAB | OTC |
| *sentry tab senior* | OTC |
| SENTRY TAB SENIOR | OTC |
| *sm complete tab* | OTC |
| *sm complete tab 50+* | OTC |
| *sm complete tab 50+ mens* | OTC |
| *sm complete tab 50+ wmn* | OTC |
| *sm complete tab adv form* | OTC |
| *sm complete tab senior* | OTC |
| *sm hair/skin tab /nails* | OTC |
| SM ONE DAILY TAB MENS | OTC |
| SM ONE DAILY TAB WOMENS | OTC |
| *sm opti-vita tab* | OTC |
| SOLO TAB | OTC |
| *spectr women tab hlth sen* | OTC |
| *spectra ultr tab hlth men* | OTC |
| SPECTRAVITE TAB | OTC |
| SPECTRAVITE TAB ADLT 50+ | OTC |
| SPECTRAVITE TAB ADULTS | OTC |
| *spectravite tab advanced* | OTC |
| *spectravite tab men* | OTC |
| *spectravite tab men 50+* | OTC |
| SPECTRAVITE TAB MEN 50+ | OTC |
| *spectravite tab senior* | OTC |
| SPECTRAVITE TAB ULT MEN | OTC |
| SPECTRAVITE TAB ULT WMN | OTC |
| *spectravite tab women* | OTC |
| *spectravite tab women 50* | OTC |
| *stress b-com tab antio/zn* | OTC |
| *stress form/ tab zinc* | OTC |
| *stresstabs tab advanced* | OTC |
| *super antiox tab a/c/e/se* | OTC |
| *super multip tab* | OTC |
| *super tab nu-thera* | OTC |
| *super thera tab vite m* | OTC |
| *supr aytinal tab* | OTC |
| *supr aytinal tab 50 plus* | OTC |
| *supr vitamin tab* | OTC |
| SYSTANE ICAP TAB AREDS2 | OTC |
| T-VITES TAB | OTC |
| *thera form/ tab hematin* | OTC |
| THERA M PLUS TAB | OTC |
| *thera tab vital-m* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *thera vital tab m* | OTC |
| *thera-m tab* | OTC |
| THERA-M TAB | OTC |
| *thera-mill m tab* | OTC |
| THERA-TABS M TAB | OTC |
| *therabasic-m tab* | OTC |
| THERABETIC TAB MULTIVIT | OTC |
| *theradex m tab* | OTC |
| *theradex m/ tab beta car* | OTC |
| THERAGRAN-M TAB | OTC |
| THERAGRAN-M TAB 50 PLUS | OTC |
| THERAGRAN-M TAB ADVANCED | OTC |
| THERAGRAN-M TAB PREMIER | OTC |
| *therapeutic tab -m* | OTC |
| *therapeutic- tab m* | OTC |
| *therapeutic- tab m/lutein* | OTC |
| *theratrum co tab 50 plus* | OTC |
| *theratrum tab complete* | OTC |
| THEREMS-M TAB | OTC |
| *thrive for tab women* | OTC |
| *ultra antiox tab formula* | OTC |
| *ultra freeda tab* | OTC |
| *ultra freeda tab /iron* | OTC |
| ULTRA POTENC TAB WOMEN 50 | OTC |
| *ultrachoice tab advanced* | OTC |
| *vision form/ tab lutein* | OTC |
| *vision tab vitamins* | OTC |
| *visivites tab* | OTC |
| *visivites tab /lutein* | OTC |
| *vita hair tab* | OTC |
| *vitabasic tab complete* | OTC |
| *vitabasic tab senior* | OTC |
| VITALINE TAB FORMULA2 | OTC |
| VITALINE TAB FORMULA3 | OTC |
| VITAMIN D3 TAB COMPLETE | OTC |
| VITASANA TAB | OTC |
| VITATRUM TAB | OTC |
| *vitatrum tab complete* | OTC |
| VITEYES CLAS TAB MULTIVIT | OTC |
| VITEYES OPTI TAB NERV SUP | OTC |
| VITRUM TAB ADULT | OTC |
| *vitrum tab senior* | OTC |
| VITRUM TAB SENIOR | OTC |
| WEIGHT SMART TAB ADVANCED | OTC |
| *womens 50+ tab advanced* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *womens daily tab fa/ca/fe* | OTC |
| *womens daily tab formula* | OTC |
| *womens mult tab* | OTC |
| WOMENS MULTI TAB VIT/MIN | OTC |
| *womns active tab daily* | OTC |
| YELETS TEEN TAB FORMULA | OTC |
| ENDUR-VM TAB | OTC |
| ENDUR-VM TAB IRON | OTC |
| *magnum-75 tab* | OTC |
| *mega-maratho tab 100 tr* | OTC |
| *natrul-100 tab super* | OTC |
| *superior 35 tab* | OTC |
| *totalday mul tab tr* | OTC |
| ULTRA MEGA G TAB 75MG CR | OTC |
| ULTRA MEGA G TAB 100MG | OTC |
| ULTRA MEGA TAB 75MG CR | OTC |
| ULTRA MEGA TAB TWO | OTC |
| *ultra-mega tab cr* | OTC |
| *a thru z chw select* | OTC |
| ADEK CHW PLUS ZN | OTC |
| *adlt multivi chw gummies* | OTC |
| ADLT ONE DLY CHW GUMMIES | OTC |
| *advanced chw multi ea* | OTC |
| *airborne chw* | OTC |
| AIRBORNE CHW | OTC |
| *airborne chw gummies* | OTC |
| *airborne chw immune* | OTC |
| *airborne chw kids* | OTC |
| AIRBORNE CHW KIDS | OTC |
| AIRBORNE+ CHW PROBIOTI | OTC |
| AIRBORNE+ CHW REST | OTC |
| *airshield chw* | OTC |
| AIRSHIELD CHW IMMUNITY | OTC |
| ALIVE MULTI CHW VITAMIN | OTC |
| ALIVE WOMENS CHW 50+ | OTC |
| ALIVE WOMENS CHW GUMMY | OTC |
| BARIATRIC CHW FUSION | OTC |
| CELEBRATE CHW 18 | OTC |
| CELEBRATE CHW 36 | OTC |
| CELEBRATE CHW 45 | OTC |
| CELEBRATE CHW 60 | OTC |
| CENTRUM 50+ CHW FRSH/FRU | OTC |
| CENTRUM CHW ADULTS | OTC |
| CENTRUM CHW FLAV BST | OTC |
| CENTRUM CHW SILVER | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| CENTRUM CHW VITAMINT | OTC |
| CENTRUM MULT CHW OMEGA 3 | OTC |
| CHOICEFUL CHW MULTIVIT | OTC |
| CULTURELLE CHW MULTIVIT | OTC |
| *cvs daily chw gummies* | OTC |
| DEKAS CHW BARIATRI | OTC |
| DEKAS PLUS CHW | OTC |
| EMERGEN-C CHW IMMUNE/D | OTC |
| EMERGEN-C CHW VITA C | OTC |
| IMMUNE CHW SUPPORT | OTC |
| *mens daily chw gummies* | OTC |
| MENS MULTI CHW | OTC |
| *multi adult chw gummies* | OTC |
| *multi gummie chw mens* | OTC |
| *multi gummie chw womens* | OTC |
| *multi+omega3 chw adult* | OTC |
| *multi-vitami chw gummies* | OTC |
| *multivi adlt chw gummies* | OTC |
| MULTIVITAMIN CHW ADLT GUM | OTC |
| *ocuvite eye chw heatlh* | OTC |
| ONE DAILY CHW ADLT GUM | OTC |
| ONE-A-DAY CHW IMMUNITY | OTC |
| ONE-A-DAY CHW VITACRAV | OTC |
| OPTIFAST POS CHW BARIATRI | OTC |
| OPTIMUM CHW AIRVITES | OTC |
| OPTISOURCE CHW BARIATRC | OTC |
| OPURITY CHW BYPASS | OTC |
| PRESERVISION CHW AREDS 2 | OTC |
| SPECTRAVITE CHW ADLT 50+ | OTC |
| SPECTRAVITE CHW WOMEN | OTC |
| SYSTANE ICAP CHW AREDS2 | OTC |
| VITACRAVES CHW GUMMIES | OTC |
| VITACRAVES CHW IMMUNITY | OTC |
| VITACRAVES CHW MENS | OTC |
| VITACRAVES CHW SOUR GUM | OTC |
| VITACRAVES CHW WOMENS | OTC |
| *vitatrum chw* | OTC |
| WAL-BORN CHW VIT C | OTC |
| WMNS MULTIVI CHW +COLLAGE | OTC |
| *womens daily chw gummies* | OTC |
| WOMENS MULT CHW GUMMIES | OTC |
| YOUR LIFE CHW GUMMIES | OTC |
| ACTIVE 55 LIQ PLUS | OTC |
| AIRBORNE+NAT LIQ ENERGY | OTC |
| ALIVE LIQ MULT-VIT | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *bprotected liq multi-vi* | OTC |
| CENTRUM LIQ | OTC |
| *comp multivi liq mineral* | OTC |
| *lysiplex liq plus* | OTC |
| MULTI-VITE LIQ | OTC |
| *multivitamin liq* | OTC |
| *multivitamin liq mineral* | OTC |
| *super liq nu-thera* | OTC |
| *tropical liq nutritio* | OTC |
| C-BUFF POW | OTC |
| DAILY ENERGY POW ENFUSION | OTC |
| MEGA MULTIVI POW | OTC |
| NANOVM POW ADULT | OTC |
| NANOVM POW SENIOR | OTC |
| PHLEXY-VITS POW | OTC |
| SUPER POW NU-THERA | OTC |
| VITEYES CLAS POW +MULTI | OTC |
| ACTIVESSENT PAK | OTC |
| AIRBORNE POW | OTC |
| AIRBORNE+ POW STRESS | OTC |
| CENTRUM POW DRINK | OTC |
| EMERGEN-C PAK BLUE | OTC |
| EMERGEN-C PAK FIVE | OTC |
| EMERGEN-C PAK HEART | OTC |
| EMERGEN-C PAK IMMUNE | OTC |
| EMERGEN-C PAK JOINT | OTC |
| EMERGEN-C PAK KIDZ | OTC |
| EMERGEN-C PAK MSM LITE | OTC |
| EMERGEN-C PAK PINK | OTC |
| EMERGEN-C PAK SUPER FR | OTC |
| EMERGEN-C PAK VIT D/CA | OTC |
| EMERGEN-C PAK VITA C | OTC |
| ENERGY POW BOOSTER | OTC |
| EVOLUTION60 POW | OTC |
| GNP IMMUNE PAK | OTC |
| GNP IMMUNE PAK SUPPORT | OTC |
| IMMUBLAST-C POW ORANGE | OTC |
| IMMUNE SUPP POW VIT C | OTC |
| MAXIMIN PAK | OTC |
| MULTI FOR POW HER | OTC |
| MULTI FOR POW HIM | OTC |
| PROXEED PLUS PAK | OTC |
| RA ESSENCE-C POW ORANGE | OTC |
| RA ESSENCE-C POW RASPBRY | OTC |
| RA ESSENCE-C POW TNGERINE | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| SKIN BEAUTY/ PAK WELLNESS | OTC |
| VITAMENT PAK | OTC |
| VITAMIN C PAK BLEND | OTC |
| ZINC LOZ | OTC |
| CONCEPTIONXR MIS MOTILITY | OTC |
| DAILY HEART PAK SUPPORT | OTC |
| DAILY PAK MIS MULTIVIT | OTC |
| DIABET HLTH PAK SUPPORT | OTC |
| DIABETES PAK HEALTH | OTC |
| KP MENS MIS DAILY PK | OTC |
| KP WOMENS PAK DAILY | OTC |
| LIFE PACK MIS MENS | OTC |
| LIFE PACK MIS WOMENS | OTC |
| MENS PAK | OTC |
| PREMIUM MIS PACKETS | OTC |
| THERANATAL MIS LACTATIO | OTC |
| WOMENS PAK | OTC |
| ***MULTIPLE VITAMINS W/ CALCIUM*** | |
| *essent one tab daily* | OTC |
| *one daily tab womens* | OTC |
| ONE-A-DAY TAB WOMENS | OTC |
| *signacal tab* | OTC |
| SM ONE DAILY TAB ESSENTIA | OTC |
| ***PEDIATRIC VITAMINS*** | |
| HONEY BEARS CHW | OTC |
| MULTIVITAMIN CHW CHILD | OTC |
| ***PEDIATRIC MULTIPLE VITAMINS*** | |
| CULTURELLE CHW | OTC |
| GERBER LIL CHW BRAINIES | OTC |
| KIDS PROBIOT CHW MULTIVIT | OTC |
| MULTIVITAMIN CHW CHILDREN | OTC |
| NOVAMV PED DRO 10MG/ML | 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 |
| *animal chews chw* | OTC |
| *bite-a-mins chw* | OTC |
| *child chew chw vitamins* | OTC |
| *children vit chw* | OTC |
| *childrens chw multivit* | OTC |
| *childrens chw vitamins* | OTC |
| *flintstones chw my first* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *flintstones chw omega-3* | OTC |
| *flintstones chw pls calc* | OTC |
| *fruity chews chw* | OTC |
| *gerber grow chw mighty* | OTC |
| *gnp little chw ones* | OTC |
| *little chw animals* | OTC |
| *multivitamin chw children* | OTC |
| *sm animal chw shapes* | OTC |
| VITACRAVES CHW +OMEGA-3 | OTC |
| *child chew/ chw extra c* | OTC |
| *flintstones chw extra c* | OTC |
| *land bfr tim chw vit/c* | OTC |
| *qc childrens chw extra c* | OTC |
| *zoo friends chw extra c* | OTC |
| ***PED MULTIPLE VITAMINS W/ MINERALS*** | |
| BABY IRON DRO IMMUNITY | OTC |
| DEKAS PLUS LIQ | OTC |
| GENADEK DRO | OTC |
| UPSPRINGBABY DRO MV/IRON | OTC |
| NANOVM POW 1-3 YRS | OTC |
| NANOVM POW 4-8YEARS | OTC |
| NANOVM POW 9-18 YRS | OTC |
| NANOVM T/F POW | OTC |
| *alive gummie chw children* | OTC |
| *alive multi chw childrns* | OTC |
| CENTRUM KIDS CHW | OTC |
| CENTRUM KIDS CHW FLAV BST | OTC |
| *childrens chw gummies* | OTC |
| *eq multivita chw gummies* | OTC |
| *flintstones chw bone bld* | OTC |
| FLINTSTONES CHW COMPLETE | OTC |
| FLINTSTONES CHW GUMMIES | OTC |
| FLINTSTONES CHW IMMUNITY | OTC |
| FLINTSTONES CHW SOUR GUM | OTC |
| FLINTSTONES CHW TODDLER | OTC |
| *gummi bear chw multivit* | OTC |
| *gummies chw* | OTC |
| *gummy dinos chw* | OTC |
| *gummy dinos chw chldrn* | OTC |
| *gummy multiv chw kids* | OTC |
| HEALTHY KIDS CHW GUMMIES | OTC |
| *healthy kids chw overall* | OTC |
| JOLLY RANCHR CHW ONE-A-DA | OTC |
| KIDZ MULTVIT CHW PROBIOTI | OTC |
| *multivitamin chw child* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *multivitamin chw children* | OTC |
| *mvw complete chw bubblgum* | OTC |
| *mvw complete chw d3000* | OTC |
| *mvw complete chw d5000* | OTC |
| MVW COMPLETE CHW GRAPE | OTC |
| *mvw complete chw orange* | OTC |
| NF FORMULAS CHW CHILDREN | OTC |
| ONE-A-DAY CHW SCOOBY | OTC |
| *sea buddies chw dly mult* | OTC |
| *smarty pants chw kids* | OTC |
| *vitachew chw* | OTC |
| VITALETS CHW CHILD | OTC |
| ZOO FRIENDS CHW COMPLETE | OTC |
| *zoo friends chw gummies* | OTC |
| ***PED MV W/ IRON*** | |
| HONEY BEARS CHW IRON-ZIN | OTC |
| SCOOBY-DOO CHW | OTC |
| *bite-a-mins chw /iron* | OTC |
| *child multiv chw iron* | OTC |
| *childrens chw /iron* | OTC |
| *fruity chews chw /iron* | OTC |
| *land bfr tim chw vit/iron* | OTC |
| *little anima chw plus fe* | OTC |
| *qc childrens chw iron* | OTC |
| *animal shape chw complete* | OTC |
| ANIMAL SHAPE CHW IRON | OTC |
| *cerovite jr chw* | OTC |
| *chewable chw children* | OTC |
| *child vitami chw* | OTC |
| *childrens chw complete* | OTC |
| *chld mltivit chw /mineral* | OTC |
| *compl multiv chw childrns* | OTC |
| *cvs children chw complete* | OTC |
| *flintstones chw complete* | OTC |
| *flintstones chw w/iron* | OTC |
| MULTIVITAMIN CHW IRON | OTC |
| *qc childrens chw complete* | OTC |
| *sm animal sh chw complete* | OTC |
| *ultra choice chw kids* | OTC |
| PED POLY-VIT DRO /IRON | OTC |
| POLY-VITA/FE DRO | OTC |
| POLY-VITE SOL /IRON | OTC |
| ***PED MV W/ FLUORIDE*** | |
| *mv select/fl dro 0.25mg* | OTC |
| *tri-vit/fluo dro 0.25mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *vit a/c/d/fl dro 0.25mg* | |
| *pediatric vitamins acd w/ fluoride soln 0.5 mg/ml* | |
| *tri-vit/fluo dro 0.5mg* | |
| *multi vit/fl chw 0.25mg* | |
| MULTIV+FLUOR CHW 0.25MG | OTC |
| *multivit/fl chw 0.25mg* | |
| MULTIVIT/FL CHW 0.25MG | |
| QUFLORA PED CHW 0.25MG | |
| MULTIV+FLUOR CHW 0.5MG | OTC |
| *multivit/fl chw 0.5mg* | |
| MULTIVIT/FL CHW 0.5MG | |
| QUFLORA PED CHW 0.5MG | |
| MULTIV+FLUOR CHW 1MG | OTC |
| *multivit/fl chw 1mg* | |
| MULTIVIT/FL CHW 1MG | |
| QUFLORA PED CHW 1MG | |
| FLORIVA DRO PLUS | |
| *multivit/fl dro 0.25mg* | |
| *multivit/fl dro 0.25mg* | OTC |
| QUFLORA PED DRO 0.25MG | |
| *multi vit/fl dro 0.5mg/ml* | OTC |
| *multi-vit/fl dro 0.5mg/ml* | |
| *multivit/fl dro 0.5mg/ml* | OTC |
| QUFLORA PED DRO 0.5MG/ML | |
| ***PED MULTI VITAMINS W/FL & FE*** | |
| *multi-vit/fe dro /fl 0.25* | OTC |
| *multi-vit/fl dro /fe 0.25* | |
| *multivit/fl/ dro fe 0.25* | OTC |
| ***SPECIALTY VITAMINS PRODUCTS*** | |
| ADRENOID CAP | OTC |
| BILBERRY CAP PLUS | OTC |
| CARDIOPRESS CAP | OTC |
| CHOLASE CAP CONTROL | OTC |
| COLLAGEN CAP ULTRA | OTC |
| GLYCOTROL CAP | OTC |
| GLYCOTROL CAP COMPLETE | OTC |
| HEART SAVIOR CAP | OTC |
| IMMUNERX CAP | OTC |
| IMMUNICARE CAP | OTC |
| INULOSE BLD CAP SUGAR | OTC |
| LIPOTRIAD CAP VIS PLUS | OTC |
| LIPOTRIAD CAP VISION | OTC |
| LIPOTRIAD CAP VISIONAR | OTC |
| METHYL CAP PROTECT | OTC |
| METHYL-GUARD CAP | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| METHYL-GUARD CAP PLUS | OTC |
| MM BIOTIN CAP KERATIN | OTC |
| RETAINE CAP VISION | OTC |
| SYNERTROPIN CAP | OTC |
| VITAMINS FOR CAP HAIR | OTC |
| *a thru z tab advantag* | OTC |
| ADRENAL TAB CALM | OTC |
| ALLERWELL TAB ALLERGY | OTC |
| BIOTIN PLUS TAB KERATIN | OTC |
| BRAIN MIGHT TAB | 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 FARE TAB | OTC |
| HAIR NOURISH TAB SUPPLEMN | OTC |
| *hair/skin/ tab nails* | OTC |
| HEALTHY TAB HEART | OTC |
| HEART TABS TAB | OTC |
| LIPIDSHIELD TAB PLUS | OTC |
| *menopause tab support* | OTC |
| MG PLUS TAB PROTEIN | OTC |
| MIL ADREGEN TAB | OTC |
| *milltrium tab stamina* | OTC |
| RA EAR CARE TAB | OTC |
| THERABETIC TAB EYE HLTH | OTC |
| *ultimate fat tab burner* | OTC |
| UPSPRING TAB HE NATAL | OTC |
| *varisan tab vitality* | OTC |
| *vit for hair tab* | OTC |
| *weight loss tab multi* | OTC |
| GERM DEFENSE TAB PM | OTC |
| RA EFFERVESC TAB FORMULA | OTC |
| WAL-BORN TAB | OTC |
| MENOPAUSE MIS AM/PM | OTC |
| WOMENS MENOP MIS VITA PAK | OTC |
| WOMENS VITA MIS PAK | OTC |
| ***PRENATAL VITAMINS*** | |
| *prenatabs rx tab* | |
| *elite-ob tab* | |
| *trinate tab* | |

| Drug Name | Requirements/Limits |
|---|---|
| *prenatal 19 chw tab* | |
| *pnv-select tab* | |
| *inatal gt tab* | |
| *pnv-dha cap* | |
| ***VITAMINS W/ LIPOTROPICS*** | |
| *b-stress cap* | OTC |
| *balance b-50 cap complex* | OTC |
| *methacholine cap /liver* | OTC |
| *multi-vit hp cap /mineral* | OTC |
| ACTIFLOVIT TAB EAR HEAL | OTC |
| *b-complex tab form 1* | OTC |
| *balance b100 tab* | OTC |
| *balance b-50 tab complex* | OTC |
| *cvs balanced tab b50* | OTC |
| *cvs inner tab ear plus* | OTC |
| *ear health tab formula* | OTC |
| *ear health tab plus* | OTC |
| *lipo flavono tab plus* | OTC |
| *lipoflavovit tab* | OTC |
| LIPOTRIAD TAB | OTC |
| *mega multi tab w/che mi* | OTC |
| *nat-rul tab b-50* | OTC |
| *px b-50 tab* | OTC |
| *risanoid tab plus* | OTC |
| *ultra b-100 tab complex* | OTC |
| *vitamins w/ lipotropics tab* | OTC |
| B-100 COMP TAB TR | OTC |
| GERAVINE ELX | OTC |
| ***IRON W/ VITAMINS*** | |
| *geritol tab complete* | OTC |
| GERITOL LIQ TONIC | OTC |
| **MINERALS & ELECTROLYTES** | |
| ***CALCIUM*** | |
| CALCIUM TAB 280MG | OTC |
| RA CALCIUM TAB 500MG | OTC |
| *cvs calcium tab 600mg* | OTC |
| *ra calcium tab high pot* | OTC |
| *calcium carbonate tab 600 mg* | OTC |
| *calcium carb tab 1250mg* | OTC |
| *calcium carbonate tab 1250 mg (500 mg elemental ca)* | OTC |
| *calcium 600 tab* | OTC |
| *calcium carbonate tab 1500 mg (600 mg elemental ca)* | OTC |
| *calcium tab 600mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *hm calcium tab 600mg* | OTC |
| *pure calcium tab carbonat* | OTC |
| *super calciu tab 600mg* | OTC |
| CALCIUM CARB CHW 500MG | OTC |
| *calcium citrate tab 950 mg (200 mg elemental ca)* | OTC |
| *oyster shell calcium tab 500 mg* | OTC |
| *cal-mag aspa tab 333-167* | OTC |
| *super cal/ tab mag* | OTC |
| *cal-mag tab 500-250* | OTC |
| *calcium w/ magnesium tab 500-250 mg* | OTC |
| CALCIUM/D3 TAB 500/200 | OTC |
| PARVA-CAL TAB 500MG | OTC |
| *calcium carbonate-vitamin d cap 600 mg-200 unit* | OTC |
| *liq ca/vit d cap 600mg* | OTC |
| *calcium carbonate-vitamin d tab 250 mg-125 unit* | OTC |
| *oyst shell/d tab 250mg* | OTC |
| OYS SHELL CA TAB 500 + D | OTC |
| OYST SHELL/D TAB 500MG | OTC |
| CALCIUM/VT D TAB 600-125 | OTC |
| *calcium 600 tab +d* | OTC |
| *calcium carbonate-vitamin d tab 600 mg-200 unit* | OTC |
| CALCIUM 600 TAB +D | OTC |
| EQL CALCIUM CAP VIT D | OTC |
| *calc 600+d3 cap 600-500* | OTC |
| *calcium plus cap d3* | OTC |
| *calcium/d3 cap 600-500* | OTC |
| *calcium/vitd cap 600-500* | OTC |
| *kp calcium cap 600+d* | OTC |
| *calcium carbonate-cholecalciferol tab 250 mg-125 unit* | OTC |
| *oys shell+d tab 250-125* | OTC |
| *oyst shell/d tab 250-125* | OTC |
| *calcium 500 tab +d* | OTC |
| *calcium 500 tab /vit d* | OTC |
| *nat-rul cal tab /d 500mg* | OTC |
| *oyst shell/d tab 500-125* | OTC |
| *calcium carbonate-cholecalciferol tab 500 mg-200 unit* | OTC |
| *calcium pls tab 500-200* | OTC |
| *calcium tab 500+d* | OTC |
| *calcium tab 500/d* | OTC |
| *calcium/d tab 500-200* | OTC |
| *calcium/d tab 500/200* | OTC |
| *calcium/d tab 500mg* | OTC |
| *os-cal + d3 tab 500-200* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *oysco 500+d tab* | OTC |
| *oyst ca/d3 tab 500-200* | OTC |
| *ra hi cal tab 500-200* | OTC |
| *sm calcium/d tab 500-200* | OTC |
| *calcium 500 tab +d* | OTC |
| *calcium carbonate-cholecalciferol tab 500 mg-400 unit* | OTC |
| *calcium/d3 tab* | OTC |
| *calcium/d tab 500-400* | OTC |
| *os calcium tab /vit d* | OTC |
| *oys shell ca tab /d3* | OTC |
| *oyst shell/d tab 500-400* | OTC |
| *oyst shell/d tab 500mg* | OTC |
| *sm calcium tab /vit d3* | OTC |
| *calcium/d3 tab* | OTC |
| *calcium/d3 tab 500-600* | OTC |
| *os-cal extra tab d3* | OTC |
| *calcium 600 tab +d* | OTC |
| *calcium 600 tab +d3* | OTC |
| *calcium + d tab 600-200* | OTC |
| *calcium + d tab 600mg* | OTC |
| *calcium carbonate-cholecalciferol tab 600 mg-200 unit* | OTC |
| *calcium tab vit d* | OTC |
| *calcium/d3 tab 600-5* | OTC |
| *calcium/d tab 600-200* | OTC |
| *ra calcium+d tab 600mg* | OTC |
| *calcium 600 tab + d* | OTC |
| *calcium 600 tab +d* | OTC |
| *calcium 600/ tab vit d* | OTC |
| *calcium carbonate-cholecalciferol tab 600 mg-400 unit* | OTC |
| *calcium+d3 tab 600-400* | OTC |
| *calcium+d tab 600-400* | OTC |
| *calcium/d3 tab 600-10* | OTC |
| *eql calcium tab w/vit d* | OTC |
| *kp calcium tab 600+d* | OTC |
| *px calcium&d tab 600-400* | OTC |
| *ra ca/vit d3 tab 600-400* | OTC |
| *ra calcium tab vit d* | OTC |
| *sm ca/vit d3 tab 600-400* | OTC |
| *sm calcium/d tab 600-400* | OTC |
| *super ca 600 tab + d3* | OTC |
| *super ca 600 tab + d3 400* | OTC |
| *calc 600+d tab 600-800* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *calcium+d3 tab 600-20* | OTC |
| *calcium+d3 tab 600-800* | OTC |
| *calcium+d tab 600-800* | OTC |
| *calcium/d3 tab* | OTC |
| *calcium/d3 tab 600-20* | OTC |
| *calcium/d3 tab 600-800* | OTC |
| *calcium/d tab 600-800* | OTC |
| *calcium/vita tab d3* | OTC |
| *600+d3 tab cal/vitd* | OTC |
| *kp calcium tab +d* | OTC |
| *calcium carbonate-cholecalciferol chew tab 500 mg-400 unit* | OTC |
| *oys shell+d chw 500-400* | OTC |
| *os-cal chw* | OTC |
| *os-cal chw 500-600* | OTC |
| *calcium 600 chw w/vit d* | OTC |
| *creamies chw 600-400* | OTC |
| CALCIUM/D3 WAF | OTC |
| *calc cit+d3 tab 200-250* | OTC |
| *calc citr+d3 tab 200-250* | OTC |
| *calc citr+d3 tab 400-12.5* | OTC |
| *calc citr/d3 tab 200-250* | OTC |
| *calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)* | OTC |
| *calc cit+d3 tab 250-200* | OTC |
| *calc citrate tab +d* | OTC |
| *ca citrate + tab* | OTC |
| *ca citrate tab + d* | OTC |
| *ca citrate tab plus d* | OTC |
| *calcitrate tab plus d* | OTC |
| *calcium + d3 tab* | OTC |
| *calcium + d tab* | OTC |
| *calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)* | OTC |
| *cal cit+d3 tab maximum* | OTC |
| *calc citr+d3 tab 315-6.25* | OTC |
| *calc citr+d3 tab 315-250* | OTC |
| *calc citra+d tab 315-250* | OTC |
| *calcium +d3 tab maximum* | OTC |
| *calcium citr tab +d* | OTC |
| *calcium citr tab plus d-3* | OTC |
| *calcium citr tab w/vit d3* | OTC |
| *calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)* | OTC |
| *calcium+d3 tab 315-250* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *eq calcium tab citr+d* | OTC |
| *eql calcium tab citr/d3* | OTC |
| *gnp calcium tab cit +d3* | OTC |
| *sm cal citr+ tab vit d3* | OTC |
| CAL CIT MAL/ TAB VITAMIND | OTC |
| *calcium-magnesium-zinc tab 333-133-5 mg* | OTC |
| *cvs ca/mg/zn tab* | OTC |
| *kp ca/mg/zn tab* | OTC |
| *sm ca/mg/zn tab* | OTC |
| *calcium-magnesium-zinc tab 333-133-8.3 mg* | OTC |
| *sm ca/mg/zn tab* | OTC |
| RISACAL-D TAB | OTC |
| *calcium for chw women* | OTC |
| *calcium soft chw mlk choc* | OTC |
| *cal soft chw chw mlk choc* | OTC |
| *chew calcium chw* | OTC |
| *sm calcium chw* | OTC |
| CALCIUM SOFT CHW CARAMEL | OTC |
| CALCIUM SOFT CHW CHOCOLAT | OTC |
| ***FLUORIDE*** | |
| *sodium fluoride tab 0.5 mg f (from 1.1 mg naf)* | |
| *sodium fluoride tab 1 mg f (from 2.2 mg naf)* | |
| *sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)* | |
| *sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)* | |
| *nafrinse chw 1mg f* | |
| *sodium fluoride chew tab 1 mg f (from 2.2 mg naf)* | |
| *fluoritab dro 0.125mg* | |
| *nafrinse dro 0.125mg* | |
| *sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)* | |
| *sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)* | OTC |
| ***PHOSPHATE*** | |
| K-PHOS TAB | |
| *phospho-trin tab k500* | |
| ***POTASSIUM*** | |
| *effer-k tab 25meq ef* | |
| *k-prime tab 25meq ef* | |
| *klor-con/ef tab 25meq fr* | |
| *potassium chloride cap er 8 meq* | |
| *potassium chloride cap er 10 meq* | |
| *klor-con 8 tab 8meq er* | |
| *potassium chloride tab er 8 meq (600 mg)* | |

| Drug Name | Requirements/Limits |
|---|---|
| *klor-con 10 tab 10meq er* | |
| *potassium chloride tab er 10 meq* | |
| *potassium chloride tab er 20 meq (1500 mg)* | |
| *potassium chloride oral soln 10% (20 meq/15ml)* | |
| *potassium chloride oral soln 20% (40 meq/15ml)* | |
| *klor-con m10 tab 10meq er* | |
| *potassium chloride microencapsulated crys er tab 10 meq* | |
| *klor-con m20 tab 20meq er* | |
| *potassium chloride microencapsulated crys er tab 20 meq* | |
| ***ELECTROLYTE MIXTURES*** | |
| *ceralyte 70 sol* | OTC |
| *cvs electrol sol* | OTC |
| *gnp electrol sol* | OTC |
| *oral electro sol cherry* | OTC |
| *oral electro sol freezer* | OTC |
| *oral electro sol h-e-b* | OTC |
| *oral electrolyte solution* | OTC |
| *oralyte sol bubl gum* | OTC |
| *oralyte sol freeze* | OTC |
| *oralyte sol fruit* | OTC |
| *oralyte sol grape* | OTC |
| *oralyte sol unflavor* | OTC |
| *ped elctrlyt sol* | OTC |
| *ped elctrlyt sol /zinc* | OTC |
| *ped elctrlyt sol apple* | OTC |
| *ped elctrlyt sol freeze* | OTC |
| *ped elctrlyt sol freezer* | OTC |
| *ped elctrlyt sol freezpop* | OTC |
| *ped elctrlyt sol fruit* | OTC |
| *ped elctrlyt sol grape* | OTC |
| *ped elctrlyt sol pineappl* | OTC |
| *ped elctrlyt sol strawbry* | OTC |
| *ped elctrlyt sol unflavor* | OTC |
| *ped elctrlyt sol unflavrd* | OTC |
| *pedia vance sol apple* | OTC |
| *pedia vance sol grape* | OTC |
| *ra pediatric sol electrol* | OTC |
| *rehydralyte sol* | OTC |
| **NUTRIENTS** | |
| ***PROTEINS*** | |
| *levocarnitine cap 250 mg* | OTC |
| L-CARNITINE CAP 500MG | OTC |
| LEVOCARNITIN TAB 330MG | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *levocarnitine tab 500 mg* | OTC |
| ACTICARNITIN SOL SF | OTC |
| *g-levocarnit sol 1gm/10ml* | OTC |
| LEVOCARNITIN SOL 1GM/10ML | OTC |
| *levocarnitine (dietary) oral soln 1 gm/10ml* | OTC |
| ***MISC. NUTRITIONAL SUBSTANCES*** | |
| *cvs fish oil cap 1/2 size* | OTC |
| *eskimo-3 cap 500mg* | OTC |
| *omega-3 fatty acids cap 500 mg* | OTC |
| *ovega-3 cap 500mg* | OTC |
| *sam-e.p.a. cap 500mg* | OTC |
| *super omega cap 500mg* | OTC |
| *sv fish oil cap 500mg* | OTC |
| *fish oil cap 300mg* | OTC |
| *fish oil con cap 300mg* | OTC |
| *omega-3 fatty acids cap 300 mg* | OTC |
| *sm fish oil cap* | OTC |
| *fish oil cap 435mg* | OTC |
| *omega-3 fatty acids cap 435 mg* | OTC |
| FISH OIL CAP 1000MG | OTC |
| FISH OIL CAP 1400MG | OTC |
| OMEGA-3 CAP 1400MG | OTC |
| ULTRA OMEGA3 CAP 1400MG | OTC |
| *cvs fish oil cap 1000mg* | OTC |
| *eql fish oil cap 1000mg* | OTC |
| *fish oil con cap 1000mg* | OTC |
| *gnp fish oil cap 1000mg* | OTC |
| *hm fish oil cap 1000mg* | OTC |
| *maxepa cap 1000mg* | OTC |
| *maximum epa cap 1000mg* | OTC |
| *omega 3 cap 1000mg* | OTC |
| *omega iii cap epa+dha* | OTC |
| *omega-3 cf cap 1000mg* | OTC |
| *omega-3 fatty acids cap 1000 mg* | OTC |
| *omega-3 fish cap 1000 mg* | OTC |
| *purefa cap 1000mg* | OTC |
| *px fish oil cap 1000mg* | OTC |
| *qc fish oil cap 1000mg* | OTC |
| *ra fish oil cap 1000mg* | OTC |
| *salmon oil cap 1000mg* | OTC |
| *sea-omega 50 cap 1000mg* | OTC |
| *sm fish oil cap 1000mg* | OTC |
| *super dha cap gems* | OTC |
| *super omega cap -3* | OTC |
| *supr omega 3 cap epa/dha* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *theromega cap 1000mg* | OTC |
| *cvs fish oil cap 1200mg* | OTC |
| *eql fish oil cap 1200mg* | OTC |
| *fish oil cap 1200mg* | OTC |
| *hm fish oil cap 1200mg* | OTC |
| *kp fish oil cap 1200mg* | OTC |
| *omega-3 fatty acids cap 1200 mg* | OTC |
| *omega-3 fish cap 1200mg* | OTC |
| *sm fish oil cap 1200mg* | OTC |
| FISH OIL CAP 1360MG | OTC |
| *fish oil chw gummies* | OTC |
| *gummy fish chw omega-3* | OTC |
| *eskimo-3 liq* | OTC |
| *finest fish liq oil* | OTC |
| *finest fish liq oil/kids* | OTC |
| *very finest liq fish oil* | OTC |
| **DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS** | |
| ***DIETARY MANAGEMENT PRODUCTS*** | |
| FOLBIC TAB | OTC |
| NIVA-FOL TAB | OTC |
| *westab max tab 2.5-25-2* | |
| **HEMATOPOIETIC AGENTS** | |
| ***COBALAMINS*** | |
| *cyanocobalamin inj 1000 mcg/ml* | |
| *dodex inj* | |
| ***FOLIC ACID/FOLATES*** | |
| *folate tab 400mcg* | OTC |
| *folic acid tab 400 mcg* | OTC |
| *sm folic acd tab 400mcg* | OTC |
| *yl folic aci tab 400mcg* | OTC |
| *folic acid tab 800mcg* | OTC |
| *folic acid tab 1 mg* | |
| *folic acid tab 1000mcg* | OTC |
| ***IRON*** | |
| *ferrous sulfate tab 27 mg (elemental fe)* | OTC |
| *high potency tab fe 27mg* | OTC |
| *px iron tab 27mg* | OTC |
| *ra iron tab 27mg* | OTC |
| *cvs iron tab 325mg* | OTC |
| *ferosul tab 325mg* | OTC |
| *ferrous sulfate tab 325 mg (65 mg elemental fe)* | OTC |
| *iron supplem tab therapy* | OTC |
| *nat-rul iron tab 325mg* | OTC |
| *ra iron tab 325mg* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *sm iron tab 325mg* | OTC |
| *ferrous sulfate tab er 142 mg (45 mg fe equivalent)* | OTC |
| *gnp iron tab 45mg* | OTC |
| *iron slow tab 45mg* | OTC |
| *sm iron slow tab 45mg* | OTC |
| *sm iron tab 45mg* | OTC |
| SLOW RELEASE TAB 47.5MG | OTC |
| FERROUS SULF TAB 324MG EC | OTC |
| *fe tabs tab 325mg ec* | OTC |
| *ferrous sulfate tab ec 325 mg (65 mg fe equivalent)* | OTC |
| *ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)* | OTC |
| *iron suppmnt elx 220/5ml* | OTC |
| *fe-vite iron sol 15mg/ml* | OTC |
| *ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)* | OTC |
| *iron supplmt dro 15mg/ml* | OTC |
| *pedia iron dro 15mg/ml* | OTC |
| *pediatric dro iron* | OTC |
| *gnp iron tab 65mg* | OTC |
| *px iron tab 200mg* | OTC |
| IRON HP TAB 65MG | OTC |
| *cvs slow rel tab fe 45mg* | OTC |
| *iron slow tab 45mg* | OTC |
| *slow release tab 45mg* | OTC |
| *slow release tab iron 45* | OTC |
| *slow-release tab 45mg* | OTC |
| *slow-release tab fe 45mg* | OTC |
| *slow iron tab 160mg cr* | OTC |
| *slow rel fe tab 160mg cr* | OTC |
| *sm iron slow tab 160mg cr* | OTC |
| *cvs iron tab 27mg* | OTC |
| *ferate tab 27mg* | OTC |
| *fergon tab 27mg* | OTC |
| *ferrotabs tab* | OTC |
| *ferrous gluconate tab 240 mg (27 mg elemental fe)* | OTC |
| *ferrous gluc tab 324mg* | OTC |
| FERRETTS TAB 325MG | OTC |
| *ferrocite tab 324mg* | OTC |
| *ferrous fumarate tab 324 mg (106 mg elemental fe)* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ***HEMATOPOIETIC GROWTH FACTORS*** | |
| ARANESP INJ 25MCG | SP, PA |
| ARANESP INJ 40MCG | SP, PA |
| ARANESP INJ 60MCG | SP, PA |
| ARANESP INJ 100MCG | SP, PA |
| ARANESP INJ 200MCG | SP, PA |
| ARANESP INJ 25MCG | SP, PA |
| ARANESP INJ 40MCG | SP, PA |
| ARANESP INJ 60MCG | SP, PA |
| ARANESP INJ 100MCG | SP, PA |
| ARANESP INJ 150MCG | SP, PA |
| ARANESP INJ 200MCG | SP, PA |
| ARANESP INJ 300MCG | SP, PA |
| ARANESP INJ 500MCG | SP, PA |
| RETACRIT INJ 2000UNIT | SP, PA |
| RETACRIT INJ 3000UNIT | SP, PA |
| RETACRIT INJ 4000UNIT | SP, PA |
| RETACRIT INJ 10000UNT | SP, PA |
| RETACRIT INJ 20000UNI | SP, PA |
| RETACRIT INJ 40000UNT | SP, PA |
| ZARXIO INJ 300/0.5 | SP, PA |
| ZARXIO INJ 480/0.8 | SP, PA |
| ZIEXTENZO INJ 6/0.6ML | SP, PA, QL (3 syringes / 28 days) |
| DOPTELET TAB 20MG | SP, PA, QL (2 tabs / 1 day) |
| DOPTELET TAB 20MG | SP, PA, QL (3 tabs / 1 day) |
| ***AGENTS FOR GAUCHER DISEASE*** | |
| CERDELGA CAP 84MG | SP, PA, QL (60 caps / 30 days) |
| CEREZYME INJ 400UNIT | SP, PA, QL (15 vials / 14 days) |
| ***HEMATOPOIETIC MIXTURES*** | |
| *folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg* | |
| *folplex 2.2 tab* | |
| *fabb tab 2.2-25-1* | |
| *virt-gard tab 2.2-25-1* | |
| *westab mini tab 2.2-25-1* | |
| *airavite tab* | |
| *folbee tab* | |
| *nufol tab* | |
| *westab one tab 2.5-25-1* | |
| **ANTICOAGULANTS** | |
| ***HEPARINS AND HEPARINOID-LIKE AGENTS*** | |
| *enoxaparin sodium inj 300 mg/3ml* | |

| Drug Name | Requirements/Limits |
|---|---|
| *enoxaparin sodium inj soln pref syr 30 mg/0.3ml* | |
| *enoxaparin sodium inj soln pref syr 40 mg/0.4ml* | |
| *enoxaparin sodium inj soln pref syr 60 mg/0.6ml* | |
| *enoxaparin sodium inj soln pref syr 80 mg/0.8ml* | |
| *enoxaparin sodium inj soln pref syr 100 mg/ml* | |
| *enoxaparin sodium inj soln pref syr 120 mg/0.8ml* | |
| *enoxaparin sodium inj soln pref syr 150 mg/ml* | |
| *fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml* | |
| *fondaparinux sodium subcutaneous inj 5 mg/0.4ml* | |
| *fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml* | |
| *fondaparinux sodium subcutaneous inj 10 mg/0.8ml* | |
| ***COUMARIN ANTICOAGULANTS*** | |
| *jantoven tab 1mg* | |
| *warfarin sodium tab 1 mg* | |
| *jantoven tab 2mg* | |
| *warfarin sodium tab 2 mg* | |
| *jantoven tab 2.5mg* | |
| *warfarin sodium tab 2.5 mg* | |
| *jantoven tab 3mg* | |
| *warfarin sodium tab 3 mg* | |
| *jantoven tab 4mg* | |
| *warfarin sodium tab 4 mg* | |
| *jantoven tab 5mg* | |
| *warfarin sodium tab 5 mg* | |
| *jantoven tab 6mg* | |
| *warfarin sodium tab 6 mg* | |
| *jantoven tab 7.5mg* | |
| *warfarin sodium tab 7.5 mg* | |
| *jantoven tab 10mg* | |
| *warfarin sodium tab 10 mg* | |
| ***DIRECT FACTOR XA INHIBITORS*** | |
| ELIQUIS TAB 2.5MG | |
| ELIQUIS TAB 5MG | |
| ELIQUIS ST P TAB 5MG | |
| XARELTO TAB 2.5MG | |
| XARELTO TAB 10MG | |
| XARELTO TAB 15MG | |
| XARELTO TAB 20MG | |
| XARELTO STAR TAB 15/20MG | |
| **HEMATOLOGICAL AGENTS - MISC.** | |
| ***ANTIHEMOPHILIC PRODUCTS*** | |
| JIVI INJ 500 UNIT | SP, PA |

| Drug Name | Requirements/Limits |
|---|---|
| JIVI INJ 1000UNIT | SP, PA |
| JIVI INJ 2000UNIT | SP, PA |
| JIVI INJ 3000UNIT | SP, PA |
| HEMLIBRA INJ 30MG/ML | SP, PA |
| HEMLIBRA INJ 60/0.4 | SP, PA |
| HEMLIBRA INJ 105/0.7 | SP, PA |
| HEMLIBRA INJ 150/ML | SP, PA |
| ***PLATELET AGGREGATION INHIBITORS*** | |
| *dipyridamole tab 25 mg* | |
| *dipyridamole tab 50 mg* | |
| *dipyridamole tab 75 mg* | |
| *cilostazol tab 50 mg* | |
| *cilostazol tab 100 mg* | |
| *anagrelide hcl cap 0.5 mg* | |
| *anagrelide hcl cap 1 mg* | |
| *clopidogrel bisulfate tab 75 mg (base equiv)* | |
| *clopidogrel bisulfate tab 300 mg (base equiv)* | |
| *prasugrel hcl tab 5 mg (base equiv)* | |
| *prasugrel hcl tab 10 mg (base equiv)* | |
| BRILINTA TAB 60MG | |
| BRILINTA TAB 90MG | |
| ***COMPLEMENT INHIBITORS*** | |
| SOLIRIS INJ 10MG/ML | SP, PA |
| CINRYZE SOL 500 UNIT | SP, PA, QL (20 vials / 30 days) |
| RUCONEST INJ 2100UNIT | SP, PA, QL (60 vials / 90 days) |
| ***BRADYKININ B2 RECEPTOR ANTAGONISTS*** | |
| *icatibant acetate inj 30 mg/3ml (base equivalent)* | SP, PA, QL (45 syringes / 90 days) |
| **OPHTHALMIC AGENTS** | |
| ***OPHTHALMIC ANTI-INFECTIVES*** | |
| *bacitracin ophth oint 500 unit/gm* | |
| *ciprofloxacin hcl ophth soln 0.3% (base equivalent)* | |
| *erythromycin ophth oint 5 mg/gm* | |
| *gentamicin sulfate ophth soln 0.3%* | |
| *gentak oin 0.3% op* | |
| *levofloxacin ophth soln 0.5%* | |
| *ofloxacin ophth soln 0.3%* | |
| *tobramycin ophth soln 0.3%* | |
| *sulfacetamide sodium ophth soln 10%* | |
| *trifluridine ophth soln 1%* | |
| NATACYN SUS 5% OP | |
| *ak-poly-bac oin op* | |

| Drug Name | Requirements/Limits |
|---|---|
| *bacitracin-polymyxin b ophth oint* | |
| *polycin oin op* | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | |
| *neo-polycin oin op* | |
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | |
| ***ARTIFICIAL TEARS AND LUBRICANTS*** | |
| *eye drops dro 0.25%* | OTC |
| THERATEARS SOL 0.25% PF | OTC |
| *carboxymethylcellulose sodium ophth soln 0.5%* | OTC |
| *cvs lubricnt dro 0.5% op* | OTC |
| *lubricnt eye dro 0.5% op* | OTC |
| *restore tear dro 0.5% op* | OTC |
| *ultra fresh dro 0.5% op* | OTC |
| *biolle tears dro 0.5% op* | OTC |
| *cvs lubrican dro 0.5%* | OTC |
| *lubricating dro 0.5%* | OTC |
| *lubricnt eye dro 0.5% op* | OTC |
| *restore plus dro 0.5% op* | OTC |
| *retaine cmc sol 0.5% op* | OTC |
| *dry eye relf gel 1%* | OTC |
| *lubricnt gel dro 1%* | OTC |
| *biolle gel 1%* | OTC |
| *refresh cell gel 1% op* | OTC |
| *theratears gel 1% opth* | OTC |
| RETAINE HPMC SOL 0.3% | OTC |
| PURE & GENTL DRO 0.3% | OTC |
| GENTEAL GEL 0.3% | OTC |
| *artifi tears sol 1.4% op* | OTC |
| *polyvinyl alcohol ophth soln 1.4%* | OTC |
| *lubricant dro eye 0.6%* | OTC |
| *lubricnt eye dro 0.6%* | OTC |
| *genteal tear sol moderate* | OTC |
| *just tears sol eye drop* | OTC |
| *sm artificia sol tears* | OTC |
| *soothe dro hydratio* | OTC |
| *soothe xp dro* | OTC |
| *soothe xp dro 1%-4.5%* | OTC |
| *soothe xp sol* | OTC |
| *systane dro contacts* | OTC |
| *eye drops dro 0.5-0.9%* | OTC |
| *lubr/dry eye dro 0.5-0.9%* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| REFRESH DRO RELIEVA | OTC |
| REFRESH OPTI DRO 0.5-0.9% | OTC |
| REFRESH DRO RELIEVA | OTC |
| LUBRICNT GEL DRO 0.25-0.3 | OTC |
| *artificial sol tears* | OTC |
| *lubricating sol tears* | OTC |
| *artificial sol tears* | OTC |
| *cvs natural dro tears* | OTC |
| *lubricnt eye dro 0.1-0.3%* | OTC |
| *eq lubricant dro eye drop* | OTC |
| *gnp eye drop dro 0.4-0.3%* | OTC |
| *lubric tears sol 0.4-0.3%* | OTC |
| *lubricant dro eye* | OTC |
| *lubricant sol eye drop* | OTC |
| *lubricat eye dro 0.4-0.3%* | OTC |
| *lubricating sol 0.4-0.3%* | OTC |
| *lubricnt eye dro 0.4-0.3%* | OTC |
| *ra lubricant dro 0.4-0.3%* | OTC |
| *sm lubricant dro 0.4-0.3%* | OTC |
| *ult lub eye dro 0.4-0.3%* | OTC |
| *ultra eye dr dro 0.4-0.3%* | OTC |
| *lubricnt eye dro 0.4-0.3%* | OTC |
| *artificial sol 0.5-0.6%* | OTC |
| *artificial sol tears* | OTC |
| *clear eyes dro 0.5-0.6%* | OTC |
| REFRESH DRO OP | OTC |
| *artifi tears dro 1-0.3%* | OTC |
| *artificial dro tears* | OTC |
| *artificial sol tears* | OTC |
| *lubricnt eye dro* | OTC |
| *altalube oin* | OTC |
| *artifi tears oin op* | OTC |
| *artificial oin eye* | OTC |
| *cvs lubricat oin* | OTC |
| *dry eye relf oin night* | OTC |
| *dry-eye relf oin nighttim* | OTC |
| *eq restore oin pm* | OTC |
| *eye lubrican oin op* | OTC |
| *for sty reli oin* | OTC |
| *genteal tear oin nt-time* | OTC |
| *hypotears oin op* | OTC |
| *lubricant oin eye* | OTC |
| *lubricant oin eye pm* | OTC |
| *lubricant pm oin* | OTC |
| *lubricnt eye oin fast act* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *lubricnt eye oin nighttim* | OTC |
| *refresh lacr oin op* | OTC |
| *refresh p.m. oin op* | OTC |
| *retaine pm oin* | OTC |
| *soothe night oin op* | OTC |
| *stye oin* | OTC |
| *systane oin* | OTC |
| *ultra fresh oin pm* | OTC |
| REFRESH SOL DIGITAL | OTC |
| REFRESH SOL OPTIVE | OTC |
| REFRESH OPT SOL MEGA-3 | OTC |
| REFRESH SOL DIGITAL | OTC |
| REFRESH SOL OPTIVE | OTC |
| *artificial dro tears* | OTC |
| *cvs dry eye dro relief* | OTC |
| *dry eye rlf dro* | OTC |
| *eye drops sol relief* | OTC |
| *hm dry eye sol relief* | OTC |
| *sm dry eye sol relief* | OTC |
| ***BETA-BLOCKERS - OPHTHALMIC*** | |
| *betaxolol hcl ophth soln 0.5%* | |
| *levobunolol hcl ophth soln 0.5%* | |
| *timolol maleate ophth soln 0.25%* | |
| *timolol maleate ophth soln 0.5%* | |
| *timolol maleate ophth gel forming soln 0.25%* | |
| *timolol maleate ophth gel forming soln 0.5%* | |
| *dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml* | |
| ***OPHTHALMIC STEROIDS*** | |
| *dexamethasone sodium phosphate ophth soln 0.1%* | |
| *fluorometholone ophth susp 0.1%* | |
| *prednisolone acetate ophth susp 1%* | |
| PREDNISOLONE SUS 1% | |
| PRED SOD PHO SOL 1% OP | |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | |
| *neomycin-polymyxin-hc ophth susp* | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | |
| *neo-polycin oin hc 1%op* | |

| Drug Name | Requirements/Limits |
|---|---|
| ***PROSTAGLANDINS - OPHTHALMIC*** | |
| *latanoprost ophth soln 0.005%* | |
| ***OPHTHALMIC ADRENERGIC AGENTS*** | |
| *brimonidine tartrate ophth soln 0.15%* | |
| *brimonidine tartrate ophth soln 0.2%* | |
| ***OPHTHALMIC INTEGRIN ANTAGONISTS*** | |
| XIIDRA DRO 5% | PA, QL (60 drops / 25 days) |
| ***OPHTHALMICS - MISC.*** | |
| *azelastine hcl ophth soln 0.05%* | |
| *cromolyn sodium ophth soln 4%* | |
| *alaway child dro 0.025%op* | OTC |
| *alaway dro 0.025%op* | OTC |
| *claritin eye dro 0.025%op* | OTC |
| *cvs allergy dro 0.025%op* | OTC |
| *eye itch rel dro 0.025%* | OTC |
| *eye itch rel dro 0.025%op* | OTC |
| *ketotifen fumarate ophth soln 0.025% (base equiv)* | OTC |
| ZADITOR DRO 0.025%OP | OTC |
| *dorzolamide hcl ophth soln 2%* | |
| DORZOLAMIDE SOL 2% | |
| *diclofenac sodium ophth soln 0.1%* | |
| *ketorolac tromethamine ophth soln 0.4%* | |
| *ketorolac tromethamine ophth soln 0.5%* | |
| **OTIC AGENTS** | |
| ***OTIC ANTI-INFECTIVES*** | |
| *ofloxacin otic soln 0.3%* | |
| ***OTIC AGENTS - MISCELLANEOUS*** | |
| *acetic acid otic soln 2%* | |
| *clearcanal dro 6.5%* | OTC |
| DEBROX SOL 6.5% OT | OTC |
| *ear drops dro 6.5%* | OTC |
| *ear drops sol 6.5% ot* | OTC |
| *ear wax kit sol 6.5% ot* | OTC |
| *ear wax rem dro kit 6.5%* | OTC |
| *ear wax remv dro 6.5% ot* | OTC |
| *ear wax remv sol 6.5% ot* | OTC |
| *earwax remov dro kit* | OTC |
| *earwax remov dro system* | OTC |
| *earwax remov sol 6.5%* | OTC |
| *earwax remv sol 6.5% ot* | OTC |
| *earwax remvl dro 6.5% ot* | OTC |
| *earwax sol removal* | OTC |
| *eq ear wax sol removal* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *eq earwax sol 6.5% ot* | OTC |
| *gnp earwax sol 6.5% ot* | OTC |
| *gnp earwax sol removal* | OTC |
| *murine ear dro 6.5% ot* | OTC |
| *ra ear dro 6.5% ot* | OTC |
| *sm ear dro 6.5% ot* | OTC |
| ***OTIC COMBINATIONS*** | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | |
| *neomycin-polymyxin-hc otic soln 1%* | |
| **MOUTH/THROAT/DENTAL AGENTS** | |
| ***ANTI-INFECTIVES - THROAT*** | |
| *nystatin susp 100000 unit/ml* | |
| *clotrimazole troche 10 mg* | |
| ***ANTISEPTICS - MOUTH/THROAT*** | |
| *chlorhexidine gluconate soln 0.12%* | |
| *periogard sol 0.12%* | |
| ***STEROIDS - MOUTH/THROAT/DENTAL*** | |
| *oralone dent pst 0.1%* | |
| *triamcinolone acetonide dental paste 0.1%* | |
| ***ANESTHETICS TOPICAL ORAL*** | |
| *lidocaine hcl viscous soln 2%* | |
| ***DENTAL PRODUCTS*** | |
| *sodium fluoride rinse 0.2%* | |
| *denta 5000 cre plus* | |
| *denta 5000 cre plus 2pk* | |
| *sf 5000 plus cre 1.1%* | |
| *sodium fluor cre 5000 pls* | |
| *sodium fluor cre 5000 ppm* | |
| *sodium fluoride cream 1.1%* | |
| *cavarest gel 1.1%* | |
| *dentagel gel 1.1%* | |
| *sf gel 1.1%* | |
| *sod fluoride gel 1.1%* | |
| *sodium fluoride gel 1.1% (0.5% f)* | |
| *clinpro 5000 pst 1.1%* | |
| *fluoridex pst 1.1%* | |
| *fluorimax pst 5000* | |
| *just right pst 5000* | |
| *sod fluoride pst 1.1%* | |
| ***THROAT PRODUCTS - MISC.*** | |
| *pilocarpine hcl tab 5 mg* | |
| *pilocarpine hcl tab 7.5 mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| **ANORECTAL AND RELATED PRODUCTS** | |
| ***RECTAL STEROIDS*** | |
| *hydrocortisone perianal cream 1%* | |
| *procto-pak cre 1%* | |
| *hydrocortisone perianal cream 2.5%* | |
| *procto-med cre hc 2.5%* | |
| *proctosol hc cre 2.5%* | |
| *proctozone cre -hc 2.5%* | |
| ***INTRARECTAL STEROIDS*** | |
| *hydrocortisone enema 100 mg/60ml* | |
| **DERMATOLOGICALS** | |
| ***ACNE PRODUCTS*** | |
| *cerave acne liq foaming* | OTC |
| *creamy face liq wash 4%* | OTC |
| *panoxyl wash liq 4%* | OTC |
| *benzoyl per liq 5%* | OTC |
| *benzoyl per liq 5% wash* | OTC |
| *3-in-1 clean liq 5%* | OTC |
| *benzepro liq creamy* | |
| *pr benzoyl liq 7% wash* | |
| *acne foaming liq wash 10%* | OTC |
| *benzoyl per liq 10%* | OTC |
| *benzoyl per liq 10% wash* | OTC |
| *foaming face liq wsh 10%* | OTC |
| *panoxyl wash liq 10%* | OTC |
| *acne cleanse cre cvs cont* | OTC |
| *acne control cre clns 10%* | OTC |
| *acne max str cre 10%* | OTC |
| *clearasil cre acne* | OTC |
| *clearasil cre spot 10%* | OTC |
| *clearskin cre 10%* | OTC |
| *cvs acne cre 10%* | OTC |
| *acne medicat gel 2.5%* | OTC |
| *benzoyl peroxide gel 2.5%* | OTC |
| *acne medicat gel 5%* | OTC |
| *benzoyl peroxide gel 5%* | OTC |
| *bp gel gel 5%* | OTC |
| *benzoyl peroxide gel 8%* | |
| *acne medicat gel 10%* | OTC |
| *acne treatmn gel 10%* | OTC |
| *acne-clear gel 10%* | OTC |
| *benzoyl peroxide gel 10%* | OTC |
| *bp gel gel 10%* | OTC |
| *persa-gel gel 10%* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *accutane cap 10mg* | PA |
| *amnesteem cap 10mg* | PA |
| *claravis cap 10mg* | PA |
| *isotretinoin cap 10 mg* | PA |
| *myorisan cap 10mg* | PA |
| *zenatane cap 10mg* | PA |
| *accutane cap 20mg* | PA |
| *amnesteem cap 20mg* | PA |
| *claravis cap 20mg* | PA |
| *isotretinoin cap 20 mg* | PA |
| *myorisan cap 20mg* | PA |
| *zenatane cap 20mg* | PA |
| *accutane cap 30mg* | PA |
| *claravis cap 30mg* | PA |
| *isotretinoin cap 30 mg* | PA |
| *myorisan cap 30mg* | PA |
| *zenatane cap 30mg* | PA |
| *accutane cap 40mg* | PA |
| *amnesteem cap 40mg* | PA |
| *claravis cap 40mg* | PA |
| *isotretinoin cap 40 mg* | PA |
| *myorisan cap 40mg* | PA |
| *zenatane cap 40mg* | PA |
| *avita cre 0.025%* | PA |
| *tretinoin cream 0.025%* | PA |
| *tretinoin cream 0.05%* | PA |
| *tretinoin cream 0.1%* | PA |
| *tretinoin gel 0.01%* | PA |
| *avita gel 0.025%* | PA |
| *tretinoin gel 0.025%* | PA |
| *clindamycin phosphate soln 1%* | QL (60 mL / 25 days) |
| *clindamycin phosphate gel 1%* | |
| *clindamycin phosphate lotion 1%* | QL (60 mL / 25 days) |
| *erythromycin soln 2%* | QL (60 mL / 25 days) |
| *erythromycin gel 2%* | QL (60 gm / 25 days) |
| *sulfacetamide sodium lotion 10% (acne)* | |
| ***ROSACEA AGENTS*** | |
| *metronidazole cream 0.75%* | |
| *rosadan cre 0.75%* | |
| *metronidazole gel 0.75%* | |
| *rosadan gel 0.75%* | |
| *metronidazole gel 1%* | ST |
| *metronidazole lotion 0.75%* | |
| ***ANTIBIOTICS - TOPICAL*** | |
| *antibiotic oin 500unit* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *bacitracin oint 500 unit/gm* | OTC |
| *bacitraycin oin 500/gm* | OTC |
| *bacitr zinc oin 500/gm* | OTC |
| *bacitracin oin 500/gm* | OTC |
| *bacitracin zinc oint 500 unit/gm* | OTC |
| *sm antibioti oin 500/gm* | OTC |
| *gentamicin sulfate oint 0.1%* | |
| *mupirocin oint 2%* | |
| *double antib oin* | OTC |
| *double oin antibiot* | OTC |
| *neosporin oin* | OTC |
| *poly bacitra oin* | OTC |
| *wal-sporin oin* | OTC |
| *antibiotic oin* | OTC |
| *eq triple oin antibiot* | OTC |
| *eql firstaid oin antibiot* | OTC |
| *first aid oin antibiot* | OTC |
| *gnp triple oin antibiot* | OTC |
| *hm triple oin antibiot* | OTC |
| *lanabiotic oin* | OTC |
| *px triple oin* | OTC |
| *ra triple oin antibiot* | OTC |
| *sb triple oin antibiot* | OTC |
| *sm triple oin antibiot* | OTC |
| *triple antib oin* | OTC |
| *triple antib oin frst aid* | OTC |
| ***ANTIFUNGALS - TOPICAL*** | |
| *ciclopirox gel 0.77%* | QL (120 gm / 25 days) |
| *ciclopirox shampoo 1%* | QL (120 mL / 25 days) |
| *ciclopirox olamine susp 0.77% (base equiv)* | QL (120 mL / 25 days) |
| *ciclopirox olamine cream 0.77% (base equiv)* | QL (120 gm / 25 days) |
| *nyamyc pow 100000* | QL (120 gm / 25 days) |
| *nystatin topical powder 100000 unit/gm* | QL (120 gm / 25 days) |
| *nystop pow 100000* | QL (120 gm / 25 days) |
| *nystatin cream 100000 unit/gm* | QL (120 gm / 25 days) |
| *nystatin oint 100000 unit/gm* | QL (120 gm / 25 days) |
| *anti-fungal sol 1%* | OTC |
| *blis-to-sol liq 1%* | OTC |
| *dr gs clear sol nail 1%* | OTC |
| *foot repair sol serum 1%* | OTC |
| *formula 3 sol treatmen* | OTC |
| *formula 7 sol* | OTC |
| *fungal nail sol erase 1%* | OTC |
| *micotrin al liq 1%* | OTC |
| *mycocide ns sol 1%* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *myozyl al sol 1%* | OTC |
| *tinaspore sol 1%* | OTC |
| *athlete foot aer 1%* | OTC |
| *athletes ft aer 1% pow* | OTC |
| *foot&sneaker aer 1%* | OTC |
| *jck itch pow aer 1%* | OTC |
| *odor control aer powd 1%* | OTC |
| *odor eaters aer 1%* | OTC |
| *tolnaftate aerosol pow 1%* | OTC |
| *anti-fungal cre 1%* | OTC |
| *antifungal cre 1%* | OTC |
| *antifungal cre foot* | OTC |
| *athlete foot cre 1%* | OTC |
| *cvs athletes cre foot 1%* | OTC |
| *fungi-guard cre 1%* | OTC |
| *sm antifungl cre 1%* | OTC |
| *ting cre 1%* | OTC |
| *tolnaftate cre 1%* | OTC |
| *clotrimazole soln 1%* | QL (120 mL / 25 days) |
| *clotrimazole soln 1%* | QL (120 mL / 25 days), OTC |
| *antifungal cre 1%* | QL (120 gm / 25 days), OTC |
| *athlete foot cre 1%* | QL (120 gm / 25 days), OTC |
| *clotrimazole cream 1%* | QL (120 gm / 25 days) |
| *clotrimazole cream 1%* | QL (120 gm / 25 days), OTC |
| *cvs itch rel cre 1%* | QL (120 gm / 25 days), OTC |
| *desenex cre 1%* | QL (120 gm / 25 days), OTC |
| *jock itch cre 1%* | QL (120 gm / 25 days), OTC |
| *micotrin ac cre 1%* | QL (120 gm / 25 days), OTC |
| *mycozyl ac cre 1%* | QL (120 gm / 25 days), OTC |
| *pro-ex antif cre 1%* | QL (120 gm / 25 days), OTC |
| *ringworm cre 1%* | QL (120 gm / 25 days), OTC |
| *ketoconazole cream 2%* | QL (120 gm / 25 days) |
| *ketoconazole shampoo 2%* | QL (120 mL / 25 days) |
| *antifungal pow 2%* | OTC |
| *athlete foot pow 2%* | OTC |
| *desenex pow 2%* | OTC |
| *miconazorb pow af 2%* | OTC |
| *micotrin ap pow 2%* | OTC |
| *zeasorb-af pow 2%* | OTC |
| *antifungal cre 2%* | OTC |
| *cavilon cre 2%* | OTC |
| *micaderm cre 2%* | OTC |
| *miconazole nitrate cream 2%* | OTC |
| *sm antifungl cre 2%* | OTC |
| *tineacide cre* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *triple paste oin 2%* | OTC |
| ***ANTI-INFLAMMATORY AGENTS - TOPICAL*** | |
| *arthr pain gel 1%* | QL (500 gm / 25 days), OTC |
| *aspercrm art gel 1% pain* | QL (500 gm / 25 days), OTC |
| *goodsense gel art pain* | QL (500 gm / 25 days), OTC |
| *kls diclofen gel 1%* | QL (500 gm / 25 days), OTC |
| *qc diclofena gel 1%* | QL (500 gm / 25 days), OTC |
| VOLTAREN GEL 1% | QL (500 gm / 25 days), OTC |
| ***PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** | |
| EUCRISA OIN 2% | ST, QL (60 gm / 25 days) |
| ***ANTIPSORIATICS*** | |
| *calcipotriene soln 0.005% (50 mcg/ml)* | ST, QL (120 mL / 25 days) |
| *calcipotriene oint 0.005%* | ST, QL (120 gm / 25 days) |
| *calcitrene oin 0.005%* | ST, QL (120 gm / 25 days) |
| SILIQ INJ 210/1.5 | SP, PA, QL (2 syringes / 28 days) |
| COSENTYX PEN INJ 150MG/ML | SP, PA, QL (1 pen / 28 days) |
| COSENTYX PEN INJ 300DOSE | SP, PA, QL (2 pens / 28 days) |
| COSENTYX INJ 75MG/0.5 | SP, PA, QL (1 pen / 28 days) |
| COSENTYX INJ 150MG/ML | SP, PA, QL (1 syringe / 28 days) |
| COSENTYX INJ 300DOSE | SP, PA, QL (2 syringes / 28 days) |
| ***ANTISEBORRHEIC PRODUCTS*** | |
| *anti-dandruf sha 1%* | OTC |
| *dandruff sha 1%* | OTC |
| *selenium sulfide lotion 2.5%* | |
| ***ANTIVIRALS - TOPICAL*** | |
| *docosanol cream 10%* | OTC |
| *hm docosan cre 10%* | OTC |
| ***ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL*** | |
| *fluorouracil cream 5%* | |
| ***BURN PRODUCTS*** | |
| *silver sulfadiazine cream 1%* | |
| *ssd cre 1%* | |
| ***CORTICOSTEROIDS - TOPICAL*** | |
| *alclometasone dipropionate cream 0.05%* | QL (120 gm / 25 days) |
| *alclometasone dipropionate oint 0.05%* | QL (120 gm / 25 days) |
| *betamethasone dipropionate cream 0.05%* | QL (120 gm / 25 days) |
| *betamethasone dipropionate lotion 0.05%* | QL (120 mL / 25 days) |
| *betamethasone dipropionate oint 0.05%* | QL (120 gm / 25 days) |

| Drug Name | Requirements/Limits |
|---|---|
| *betamethasone dipropionate augmented cream 0.05%* | QL (120 gm / 25 days) |
| *betamethasone dipropionate augmented gel 0.05%* | QL (120 gm / 25 days) |
| *betamethasone dipropionate augmented lotion 0.05%* | QL (120 mL / 25 days) |
| *betamethasone dipropionate augmented oint 0.05%* | QL (120 gm / 25 days) |
| *betamethasone valerate cream 0.1% (base equivalent)* | QL (120 gm / 25 days) |
| *betamethasone valerate lotion 0.1% (base equivalent)* | QL (120 mL / 25 days) |
| *betamethasone valerate oint 0.1% (base equivalent)* | QL (120 gm / 25 days) |
| *clobetasol propionate emollient base cream 0.05%* | |
| *desonide cream 0.05%* | QL (120 gm / 25 days) |
| *desonide lotion 0.05%* | QL (120 mL / 25 days) |
| *desonide oint 0.05%* | QL (120 gm / 25 days) |
| *desoximetasone cream 0.05%* | QL (120 gm / 25 days) |
| *desoximetasone cream 0.25%* | QL (120 gm / 25 days) |
| *desoximetasone gel 0.05%* | QL (120 gm / 25 days) |
| *desoximetasone oint 0.25%* | QL (120 gm / 25 days) |
| *fluocinolone acetonide soln 0.01%* | QL (120 mL / 25 days) |
| *fluocinolone acetonide cream 0.025%* | QL (120 gm / 25 days) |
| *fluocinolone acetonide oint 0.025%* | QL (120 gm / 25 days) |
| *fluocinonide soln 0.05%* | QL (120 mL / 25 days) |
| *fluocinonide cream 0.05%* | QL (120 gm / 25 days) |
| *fluocinonide gel 0.05%* | QL (120 gm / 25 days) |
| *fluocinonide oint 0.05%* | QL (120 gm / 25 days) |
| *fluticasone propionate cream 0.05%* | QL (120 gm / 25 days) |
| *fluticasone propionate oint 0.005%* | QL (120 gm / 25 days) |
| *halobetasol propionate cream 0.05%* | QL (120 gm / 25 days) |
| BRYHALI LOT 0.01% | ST, QL (120 gm / 25 days) |
| *halobetasol propionate oint 0.05%* | QL (120 gm / 25 days) |
| *scalp relief sol 1%* | OTC |
| *scalpicin sol 1%* | OTC |
| *hydrocort cre 0.5%* | OTC |
| *instacort 5 cre 0.5%* | OTC |
| *ala-cort cre 1%* | |
| *anti-itch cre 1%* | OTC |
| *anti-itch cre 1%pls 10* | OTC |
| *aveeno cre 1%* | OTC |
| *cort intense cre heal 1%* | OTC |
| *cortisone cre 1%* | OTC |
| *cortiz femin cre 1% itch* | OTC |
| *eq 1% hydroc cre* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *eq hydrocort cre 1%* | OTC |
| *gnp hydrocor cre 1% plus* | OTC |
| *hydrocort cre 1% plus* | OTC |
| *hydrocortisone cream 1%* | |
| *hydrocortisone cream 1%* | OTC |
| *hydrocream cre 1%* | OTC |
| *kericort 10 cre 1%* | OTC |
| *medpura hc cre 1%* | OTC |
| *prep h cre 1%* | OTC |
| *ra anti-itch cre 1%* | OTC |
| *ra hydrocort cre 1%pls 12* | OTC |
| *sb hydrocort cre 1%* | OTC |
| *sm hydrocort cre 1%* | OTC |
| *ala-cort cre 2.5%* | QL (120 gm / 25 days) |
| *hydrocortisone cream 2.5%* | QL (120 gm / 25 days) |
| *cortisone gel 1%* | OTC |
| *cortizone-10 gel 1%* | OTC |
| *mg217 gel 1%* | OTC |
| *aquanil hc lot 1%* | OTC |
| *beta hc lot 1%* | OTC |
| *cortisone lot 1%* | OTC |
| *cortizone-10 lot diab/1%* | OTC |
| *cortizone-10 lot eczema* | OTC |
| *cortizone-10 lot hydraten* | OTC |
| *cortizone-10 lot psoriasi* | OTC |
| *dermarest lot 1%* | OTC |
| *hydrocortisone lotion 1%* | OTC |
| *sarnol-hc lot 1%* | OTC |
| *hydrocortisone lotion 2.5%* | QL (120 mL / 25 days) |
| *hydrocortisone oint 0.5%* | OTC |
| *anti-itch oin 1%* | OTC |
| *aquaphor oin itch rlf* | OTC |
| *cortisone oin 1%* | OTC |
| *cortizone-10 oin 1%* | OTC |
| *hydrocortisone oint 1%* | |
| *hydrocortisone oint 1%* | OTC |
| *ra anti-itch oin 1%* | OTC |
| *sb hydrocort oin 1%* | OTC |
| *sm hydrocort oin 1%* | OTC |
| *hydrocortisone oint 2.5%* | QL (120 gm / 25 days) |
| *gynecort 10 cre 1%* | OTC |
| *hydrocortisone acetate cream 1%* | OTC |
| *lanacort 10 cre 1%* | OTC |
| *vagisil cre 1%* | OTC |
| *hydrocortisone acetate oint 1%* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *hydrocortisone valerate cream 0.2%* | QL (120 gm / 25 days) |
| *hydrocortisone valerate oint 0.2%* | QL (120 gm / 25 days) |
| *hydrocortisone butyrate soln 0.1%* | QL (4.8 mL / 1 day) |
| *hydrocortisone butyrate cream 0.1%* | QL (120 gm / 25 days) |
| *hydrocortisone butyrate oint 0.1%* | QL (120 gm / 25 days) |
| *mometasone furoate solution 0.1% (lotion)* | |
| *mometasone furoate cream 0.1%* | QL (120 gm / 25 days) |
| *mometasone furoate oint 0.1%* | QL (120 gm / 25 days) |
| *triamcinolone acetonide cream 0.025%* | QL (120 gm / 25 days) |
| *triamcinolone acetonide cream 0.1%* | QL (120 gm / 25 days) |
| *triderm cre 0.1%* | QL (120 gm / 25 days) |
| *triamcinolone acetonide cream 0.5%* | QL (120 gm / 25 days) |
| *triderm cre 0.5%* | QL (120 gm / 25 days) |
| *triamcinolone acetonide lotion 0.025%* | QL (120 mL / 25 days) |
| *triamcinolone acetonide lotion 0.1%* | QL (120 mL / 25 days) |
| *triamcinolone acetonide oint 0.025%* | QL (120 gm / 25 days) |
| *triamcinolone acetonide oint 0.1%* | QL (120 gm / 25 days) |
| *triamcinolone acetonide oint 0.5%* | QL (120 gm / 25 days) |
| *cortizone-10 cre /aloe 1%* | OTC |
| *cortizone-10 cre healing* | OTC |
| *cortizone-10 cre plus* | OTC |
| *hm hydrocort cre 1% plus* | OTC |
| *hydrocort cre 1% aloe* | OTC |
| *hydrocort/ cre aloe 1%* | OTC |
| *ra hydrocort cre 1%* | OTC |
| *sm hydrocort cre 1% plus* | OTC |
| ***DIAPER RASH PRODUCTS*** | |
| A+D DIAPER CRE RASH | OTC |
| A+D TREAT CRE | OTC |
| BENSONS CRE BOTTOM | OTC |
| CVS DIAPER CRE A/D ZINC | OTC |
| *aveeno baby oin multipur* | OTC |
| *balmex multi oin purpose* | OTC |
| *cerave baby oin healing* | OTC |
| *desitin oin* | OTC |
| *medi-paste oin* | OTC |
| *paladin oin* | OTC |
| *pediatric oin* | OTC |
| *pinxav oin* | OTC |
| *skin protect oin all-purp* | OTC |
| ***EMOLLIENTS*** | |
| *lactic acid (ammonium lactate) cream 12%* | |
| *lactic acid (ammonium lactate) cream 12%* | OTC |
| *al12 lot 12%* | OTC |
| *amlactin lot daily* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *lactic acid (ammonium lactate) lotion 12%* | |
| *lactic acid (ammonium lactate) lotion 12%* | OTC |
| *skin trtment lot 12%* | OTC |
| *a&d oin* | OTC |
| *a+d prevent oin* | OTC |
| *baby vitamin oin a & d* | OTC |
| *cvs vit a&d oin* | OTC |
| *eq vitamins oin a & d* | OTC |
| *gnp vit a&d oin* | OTC |
| *vitamin a&d oin* | OTC |
| *vitamins a & d oint* | OTC |
| ***EMOLLIENT/KERATOLYTIC AGENTS*** | |
| *gordons urea cre 40%* | OTC |
| *urea cream 40%* | |
| *uremez-40 cre 40%* | |
| ***ENZYMES - TOPICAL*** | |
| SANTYL OIN 250/GM | PA |
| ***KERATOLYTIC/ANTIMITOTIC AGENTS*** | |
| *podofilox soln 0.5%* | |
| ***IMMUNOMODULATING AGENTS - TOPICAL*** | |
| *imiquimod cream 5%* | |
| ***LOCAL ANESTHETICS - TOPICAL*** | |
| CAPSAICIN LIQ 0.15% | QL (30 mL / 25 days), OTC |
| CAPZASIN LIQ 0.15% | QL (30 mL / 25 days), OTC |
| QC CAPSAICIN LIQ 0.15% | QL (30 mL / 25 days), OTC |
| *capsaicin cream 0.025%* | QL (120 gm / 25 days), OTC |
| ZOSTRIX NAT CRE 0.033% | QL (120 gm / 25 days), OTC |
| CAPZASIN-P CRE 0.035% | QL (120 gm / 25 days), OTC |
| *arth pain cre 0.075%* | QL (120 gm / 25 days), OTC |
| *capsaicin cream 0.1%* | QL (120 gm / 25 days), OTC |
| *capsaicin hp cre 0.1%* | QL (120 gm / 25 days), OTC |
| *zostrix hp cre 0.1%* | QL (120 gm / 25 days), OTC |
| CASTIVA LOT | QL (120 gm / 25 days), OTC |
| *aspercreme pad lid 4%* | QL (30 patches / 25 days), OTC |
| *aspercreme pad lido 4%* | QL (30 patches / 25 days), OTC |
| *asperflex pad 4%* | QL (30 patches / 25 days), OTC |
| *blue-emu dry pad rlf 4%* | QL (30 patches / 25 days), OTC |
| *cvs pain rel pad 4%* | QL (30 patches / 25 days), OTC |
| *eq lidocaine pad 4%* | QL (30 patches / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *gnp lidocain pad 4%* | QL (30 patches / 25 days), OTC |
| *healthwise pad 4%* | QL (30 patches / 25 days), OTC |
| *hm lidocaine pad 4%* | QL (30 patches / 25 days), OTC |
| *lido king pad 4%* | QL (30 patches / 25 days), OTC |
| *lidocaine pa pad 4%* | QL (30 patches / 25 days), OTC |
| *lidocaine pad relievin* | QL (30 patches / 25 days), OTC |
| *lidocaine patch 4%* | QL (30 patches / 25 days), OTC |
| *pain relief pad 4% max* | QL (30 patches / 25 days), OTC |
| *pain relievi pad lidocain* | QL (30 patches / 25 days), OTC |
| *qc lidocaine pad rlf 4%* | QL (30 patches / 25 days), OTC |
| *ra lidocaine pad 4%* | QL (30 patches / 25 days), OTC |
| *ra pain reli pad 4%* | QL (30 patches / 25 days), OTC |
| *re-lieved pad 4%* | QL (30 patches / 25 days), OTC |
| *salonpas gel pad 4%* | QL (30 patches / 25 days), OTC |
| *theracare pad 4%* | QL (30 patches / 25 days), OTC |
| *welmate pad 4%* | QL (30 patches / 25 days), OTC |
| *lidocaine patch 5%* | PA |
| *lidocaine hcl soln 4%* | |
| CAPZASIN GEL RELIEF | QL (42.5 gm / 25 days), OTC |
| *lidocaine-prilocaine cream 2.5-2.5%* | QL (1 gm / 1 day) |
| ***SCABICIDES & PEDICULICIDES*** | |
| *malathion lotion 0.5%* | ST |
| NIX LICE SPR KILLING | OTC |
| *goodsense liq lice rin* | OTC |
| *lice treatmt liq 1%* | OTC |
| *lice trtmnt liq 1%* | OTC |
| NIX CREM RIN LIQ 1% | OTC |
| *bedding spra aer 0.5%* | OTC |
| *lice/bedbug aer 0.5%* | OTC |
| *lice/bedbug spr dust mit* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| RID AER | OTC |
| *sm bedding aer lice* | OTC |
| *stop lice 3 spr 0.5%* | OTC |
| *stop lice spr 0.5%* | OTC |
| *permethrin cream 5%* | |
| *lice treatmt lot 1%* | OTC |
| *ra lice lot 1%* | OTC |
| *spinosad susp 0.9%* | ST |
| *lice killing sha* | OTC |
| *lice killing sha 0.33-4%* | OTC |
| *lice treatmt sha 0.33-4%* | OTC |
| *rid lice kil sha 0.33-4%* | OTC |
| ***MISC. TOPICAL*** | |
| CALAMINE LOT | OTC |
| CALAMINE LOT | OTC |
| CALAMINE LOT 8-8% | OTC |
| GNP CALAMINE LOT 8-8% | OTC |
| HM CALAMINE LOT 8-8% | OTC |
| PX CALAMINE LOT | OTC |
| SM CALAMINE LOT | OTC |
| **ANTISEPTICS & DISINFECTANTS** | |
| ***CHLORINE ANTISEPTICS*** | |
| *betasept liq 4%* | OTC |
| HIBICLENS LIQ 4% | OTC |
| *antibac hand sol 2%* | OTC |
| *chlorhexidin sol 2%* | OTC |
| *dyna-hex 2 sol 2%* | OTC |
| *hand wash sol 2%* | OTC |
| *antiseptic sol 4%* | OTC |
| *antiseptic sol clnsr 4%* | OTC |
| *antiseptic sol skin cln* | OTC |
| *dyna-hex 4 sol 4%* | OTC |
| *skin cleansr sol 4%* | OTC |
| *sm antisepti sol clnsr 4%* | OTC |
| CHLORHEX GLU PAD 2% | OTC |
| BIOPATCH MIS 1"/4MM | OTC |
| BIOPATCH MIS 1"/7MM | OTC |
| BIOPATCH MIS 3/4"/1.5 | OTC |
| BIOPATCH PRO MIS DISK/CHG | OTC |
| TEGADERM CHG MIS DRESSING | OTC |
| ***IODINE ANTISEPTICS*** | |
| BETADINE SRG SOL 7.5% | OTC |
| *first aid sol 10%* | OTC |
| *hm povid-iod sol 10%* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *povidone-iodine soln 10%* | OTC |
| *povidone-ion sol 10%* | OTC |
| *povidone/iod sol 10%* | OTC |
| *ra antisepti sol 10%* | OTC |
| *sm povid-iod sol 10%* | OTC |
| FIRST AID OIN 10% | OTC |
| ***ANTISEPTIC COMBINATIONS*** | |
| IV PREP WIPE PAD | OTC |
| MICROCLENS PAD WIPES | OTC |
| UNI-SOLVE PAD WIPES | OTC |
| **ANTIDOTES AND SPECIFIC ANTAGONISTS** | |
| ***ANTIDOTES AND SPECIFIC ANTAGONISTS*** | |
| VISTOGARD PAK 10GM | QL (20 packets / 5 days) |
| **DIAGNOSTIC PRODUCTS** | |
| ***DIAGNOSTIC TESTS*** | |
| ONETOUCH TES ULTRA | QL (200 strips / 25 days), OTC |
| ONETOUCH TES VERIO | QL (200 strips / 25 days), OTC |
| CHEMSTRIP 2 TES GP | 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 UGK | OTC |
| CVS KETONE TES CARE | OTC |
| KETO-DIASTIX TES | OTC |
| **ALTERNATIVE MEDICINES** | |
| ***ALTERNATIVE MEDICINE - M'S*** | |
| *cvs quality cap sleep* | OTC |
| *melatonin cap 10mg* | OTC |
| MELATONIN TAB 300MCG | OTC |
| *melatonin tab 1 mg* | OTC |
| *kp melatonin tab 3mg* | OTC |
| *melatonin tab 3mg* | OTC |
| *ra melatonin tab 3mg* | OTC |
| *sm melatonin tab 3mg* | OTC |
| *melatonin tab 5mg* | OTC |
| *qc melatonin tab 5mg* | OTC |
| *ra melatonin tab 5mg* | OTC |
| *sv melatonin tab 5mg* | OTC |
| *melatonin tab 10 mg* | OTC |
| *melatonin tab ex str* | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| *melatonin tab max str* | OTC |
| *ra melatonin tab 10mg* | OTC |
| MELADOX TAB 3MG CR | OTC |
| MELATONIN TAB 3MG CR | OTC |
| *hm melatonin tab 10mg* | OTC |
| *melatonin tab 10mg* | OTC |
| *melatonin tab 10mg cr* | OTC |
| *mm melatonin tab 10mg tr* | OTC |
| *melatonin chw 2.5mg* | OTC |
| *vitajoy gumm chw 2.5mg* | OTC |
| RA MELATONIN SUB 1MG | OTC |
| *melatonin sub 5mg* | OTC |
| *hm melatonin sub 10mg* | OTC |
| *melatonin sl tab 10 mg* | OTC |
| *melatonin sub quik dis* | OTC |
| MELATONIN LIQ 1MG/4ML | OTC |
| MELATONIN LIQ 2.5MG | OTC |
| MELATONIN LIQ 5MG/20ML | OTC |
| *melatonin liq 5mg/15ml* | OTC |
| *melatonin liquid 1 mg/ml* | OTC |
| *sleep child/ liq melatoni* | OTC |
| SLEEP SOUNDL LIQ 3.5/2ML | OTC |
| MELATONIN LOZ 5MG | OTC |
| MELATONIN TAB 500MCG | OTC |
| *melatonin tablet disintegrating 3 mg* | OTC |
| *sv melatonin tab 3mg* | OTC |
| *melatonin tablet disintegrating 5 mg* | OTC |
| *sm melatonin tab 5mg* | OTC |
| *melatonin chw 10mg* | OTC |
| *melatonin chw quik dis* | OTC |
| *melatonin tablet disintegrating 10 mg* | OTC |
| *qc melatonin tab 10mg* | OTC |

**CHEMICALS**

***LIQUIDS***

| | |
|---|---|
| ALMOND OIL | |
| ALMOND OIL SWEET | |
| ALMOND OIL SWEET | OTC |
| BASE G ALMON OIL SWEET | |
| CASTOR OIL | |
| CASTOR OIL | OTC |
| HM CASTOR OIL | OTC |
| QC CASTOR OIL | OTC |
| LINSEED OIL RAW | |
| OLIVE OIL | |
| OLIVE OIL | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| QC SWEET OIL | OTC |
| SM SWEET OIL | OTC |
| SWEET OIL | OTC |

**MEDICAL DEVICES AND SUPPLIES**

***PARENTERAL THERAPY SUPPLIES***

| | |
|---|---|
| INSULIN SYRG MIS 0.3/30G | QL (200 syringes / 25 days), OTC |
| INSULIN SYRG MIS 0.5/31G | QL (200 syringes / 25 days), OTC |
| INSULIN SYRG MIS 0.5/30G | QL (200 syringes / 25 days), OTC |
| INSULIN SYRG MIS 0.3/31G | QL (200 syringes / 25 days), OTC |
| INSULIN SYRG MIS 1ML/30G | QL (200 syringes / 25 days), OTC |
| INSULIN SYRG MIS 1ML/31G | QL (200 syringes / 25 days), OTC |
| INSULIN SYRG MIS 0.3/31G | QL (200 syringes / 25 days), OTC |
| INSULIN SYRG MIS 0.5/31G | QL (200 syringes / 25 days), OTC |
| INSULIN SYRG MIS 1ML/31G | QL (200 syringes / 25 days), OTC |
| BD U-500 MIS 31GX6MM | QL (200 syringes / 25 days) |
| BD PEN NEEDL MIS 29GX12.7 | QL (200 needles / 25 days), OTC |
| LITETOUCH MIS 29GX12.7 | QL (200 needles / 25 days), OTC |
| PEN NEEDLE MIS 29GX1/2" | QL (200 needles / 25 days), OTC |
| PEN NEEDLES MIS 29GX1/2" | QL (200 needles / 25 days), OTC |
| PEN NEEDLES MIS 29GX12.7 | QL (200 needles / 25 days), OTC |
| SURE COMFORT MIS 29GX1/2" | QL (200 needles / 25 days), OTC |
| ULTILET PEN MIS 29GX12.7 | QL (200 needles / 25 days), OTC |
| ABOUTTIME MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| ASSURE ID MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| AUM SAFETY MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| BD PEN NEEDL MIS 31GX5MM | QL (200 needles / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| CARETOUCH MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| CLICKFINE MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| COMFORT EZ MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| COMFORT TOUC MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| DIATHRIVE MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| DROPSAFE MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| EASY COMFORT MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| EASY TOUCH MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| FIFTY50 MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| FIFTY50 MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| GNP ULTICARE MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| IN CONTROL MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| IN CONTROL MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| INSUPEN MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| MM PENTIPS MIS 31GX5MM | QL (200 needles / 25 days) |
| PEN NEEDLE MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| PEN NEEDLE MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| PEN NEEDLES MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| PEN NEEDLES MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| PENTIPS MIS 31GX5MM | QL (200 needles / 25 days) |
| PENTIPS MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| RA PEN NEEDL MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| SURE COMFORT MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| 1ST TIER UNI MIS 31GX5MM | QL (200 needles / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ULTICARE PEN MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| ULTIGUARD MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| ULTILET PEN MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| ULTRA FLO MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| UNIFINE PLUS MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| UNIFINE PNTP MIS 31GX3/16 | QL (200 needles / 25 days), OTC |
| UNIFINE PNTP MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| UNIFINE ULTR MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| ZEVRX MIS 31GX5MM | QL (200 needles / 25 days), OTC |
| ABOUTTIME MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| BD PEN NEEDL MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| CAREFINE MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| CARETOUCH MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| CLICKFINE MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| CLICKFINE MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| COMFORT EZ MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| COMFORT TOUC MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| DIATHRIVE MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| EASY COMFORT MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| EASY TOUCH MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| FIFTY50 MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| FIFTY50 PEN MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| GNP ULTICARE MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| HM ULTICARE MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| IN CONTROL MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| INSULIN PEN MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| INSUPEN MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| INSUPEN ULTR MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| LITETOUCH MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| MM PENTIPS MIS 31GX8MM | QL (200 pen needles / 25 days) |
| PEN NEEDLE MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| PEN NEEDLE MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| PEN NEEDLES MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| PEN NEEDLES MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| PENTIPS MIS 31GX8MM | QL (200 pen needles / 25 days) |
| PENTIPS MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| PREVENT DROP MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| PREVENT SAFE MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| PRO COMFORT MIS 31GX8MM | QL (200 pen needles / 25 days) |
| RELION PEN MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| RELION PEN MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| SURE COMFORT MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| 1ST TIER UNI MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| TIER UNI PLS MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| ULTICARE PEN MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| ULTIGUARD MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| ULTILET PEN MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| ULTRA FLO MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| UNIFINE PLUS MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| UNIFINE PNTP MIS 31GX5/16 | QL (200 pen needles / 25 days), OTC |
| UNIFINE PNTP MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| UNIFINE ULTR MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| ZEVRX MIS 31GX8MM | QL (200 pen needles / 25 days), OTC |
| ABOUTTIME MIS 32GX5/32 | QL (200 needles / 25 days), OTC |
| AUM MINI PEN MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| AUM READYGRD MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| BD PEN NEEDL MIS 32GX4MM | QL (200 needles / 25 days) |
| BD PEN NEEDL MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| BD PEN NEEDL MIS 32GX5/32 | QL (200 needles / 25 days), OTC |
| CAREFINE MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| CARETOUCH MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| CLICKFINE MIS 32GX5/32 | QL (200 needles / 25 days), OTC |
| COMFORT EZ MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| COMFORT TOUC MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| DIATHRIVE MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| EASY COMFORT MIS 32GX5/32 | QL (200 needles / 25 days), OTC |
| EASY TOUCH MIS 32GX5/32 | QL (200 needles / 25 days), OTC |
| FIFTY50 PEN MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| GNP ULTICARE MIS 32GX5/32 | QL (200 needles / 25 days), OTC |
| INSUPEN MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| MM PENTIPS MIS 32GX4MM | QL (200 needles / 25 days) |
| NOVOFINE PLS MIS 32GX4MM | QL (200 needles / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| PEN NEEDLE MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| PEN NEEDLE MIS 32GX5/32 | QL (200 needles / 25 days), OTC |
| PEN NEEDLES MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| PEN NEEDLES MIS 32GX5/32 | QL (200 needles / 25 days), OTC |
| PENTIPS MIS 32GX4MM | QL (200 needles / 25 days) |
| PENTIPS MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| PRO COMFORT MIS 32GX4MM | QL (200 needles / 25 days) |
| PURE COMFORT MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| RELION PEN MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| RELION PEN MIS 32GX5/32 | QL (200 needles / 25 days), OTC |
| SURE COMFORT MIS 32GX5/32 | QL (200 needles / 25 days), OTC |
| 1ST TIER UNI MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| ULTICARE MIC MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| ULTIGUARD MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| ULTILET PEN MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| ULTRA FLO MIS PEN NEED | QL (200 needles / 25 days), OTC |
| UNFINE PNTP MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| UNIFINE PLUS MIS 32GX5/32 | QL (200 needles / 25 days), OTC |
| UNIFINE PNTP MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| UNIFINE PNTP MIS 32GX5/32 | QL (200 needles / 25 days), OTC |
| UNIFINE ULTR MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| ZEVRX MIS 32GX4MM | QL (200 needles / 25 days), OTC |
| AUM MINI PEN MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| BD PEN NEEDL MIS 32GX6MM | QL (200 needles / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| CAREFINE MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| COMFORT EZ MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| COMFORT TOUC MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| EASY TOUCH MIS 32GX1/4" | QL (200 needles / 25 days), OTC |
| EASY TOUCH MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| FIFTY50 PEN MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| GNP ULTICARE MIS 32GX1/4" | QL (200 needles / 25 days), OTC |
| INSUPEN SENS MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| NOVOFINE MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| PEN NEEDLE MIS 32GX1/4" | QL (200 needles / 25 days), OTC |
| PEN NEEDLE MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| PEN NEEDLES MIS 32GX1/4 | QL (200 needles / 25 days), OTC |
| PEN NEEDLES MIS 32GX1/4" | QL (200 needles / 25 days), OTC |
| PEN NEEDLES MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| PRO COMFORT MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| PURE COMFORT MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| SURE COMFORT MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| ULTIGUARD MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| UNIFINE PNTP MIS 32GX6MM | QL (200 needles / 25 days), OTC |
| ***RESPIRATORY THERAPY SUPPLIES*** | |
| ACE AERO CLD MIS ENHANCER | |
| ACTIVITY PCH MIS | |
| ADULT MASK MIS LARGE | |
| AEROSOL MASK MIS ADULT | |
| AEROSOL MASK MIS ADULT | OTC |
| AEROTRC PLUS MIS | |
| AIR TUBE MIS /PLUGS | |
| AIRS PEDIATR MIS MASK | |

| Drug Name | Requirements/Limits |
|---|---|
| ALTERA NEB MIS HANDSET | |
| BUBBLES PEDI MIS MASK | OTC |
| CARETOUCH MIS CPAP | |
| CO MONITOR MIS T PIECES | |
| CONVERSION MIS BABY SZ1 | |
| CONVERSION MIS BABY SZ2 | |
| CONVERSION MIS BABY SZ3 | |
| CPAP & BIPAP MIS HOSE | |
| 2 CPAP HOSE MIS HANGER | |
| CPAP MASK MIS WIPES | |
| CPAP NEURAL MIS PRE-WASH | |
| EASY FLOW MIS 300MM | OTC |
| EASY FLOW MIS 400MM | OTC |
| EASY FLOW MIS AIR NOZZ | OTC |
| EASY FLOW MIS HEPA FIL | OTC |
| EBASE CONTRO MIS KIT | |
| ERAPID NEB MIS HANDSET | |
| FILTER AIR MIS PP | |
| FLYP HYPERSO MIS CARTRIDG | OTC |
| FULL KIT NEB MIS SET | |
| LITETOUCH MIS MASK LG | |
| LITETOUCH MIS MASK MD | |
| LITETOUCH MIS MASK SM | |
| MINIELITE MIS FILTERS | OTC |
| NEBULIZER MIS MASK AD | |
| NEBULIZER MIS MASK CH | |
| NEBULIZER MIS MASK CHD | |
| NEBULIZER MIS MASK INF | |
| NOSE CLIP MIS | OTC |
| PARI EXPIRAT MIS FILTER | |
| PARI MASK MIS SIZE 3 | |
| PARI PLASTIC MIS MASK | |
| PARI PLASTIC MIS MASK PED | |
| PARI SMRTMSK MIS BABY | OTC |
| PARI VORTEX MIS ADL MASK | OTC |
| PEDIATRIC MIS MOUTHPIE | OTC |
| PFLEX MIS | |
| PFT FILTER MIS 1000 | |
| PHARM CHOICE MIS WIPES | OTC |
| PILLOW MASK MIS ADULT | |
| PILLOW MASK MIS CHILD | |
| PILLOW MASK MIS PEDIATRI | |
| PRONEB ULTRA MIS FILTER | OTC |
| REPLACEMENT MIS FILTER | |
| REPLACEMENT MIS FILTERS | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| SIDESTREAM MIS MASK | |
| SIDESTREAM MIS MASK | OTC |
| SIDESTREAM MIS PED MASK | |
| SIDESTREAM MIS PED MASK | OTC |
| SIDESTRM PLS MIS FACE MSK | OTC |
| SILICONE MSK MIS ADULT | |
| SILICONE MSK MIS INFANT | |
| SILICONE MSK MIS PED | |
| SOOTHENEB MIS MED CUP | OTC |
| SOOTHENEB MIS MESH CAP | OTC |
| SOOTHENEB MIS NBL 100 | OTC |
| THRESHOLD MIS IMT | |
| TUBE CLEANIN MIS BRUSH | |
| WINDMILL MIS TRAINER | |
| WING TIP MIS TUBING | OTC |
| AERCHMBR PLS MIS FLOW-VU | |
| AERCHMBR PLS MIS LRG MASK | |
| AERCHMBR PLS MIS MED MASK | |
| AERCHMBR PLS MIS SM MASK | |
| AERCHMBR Z- MIS STAT PLS | |
| AEROCHAMBER MIS CHAMBER | |
| AEROCHAMBER MIS FLOSIGNA | |
| AEROCHAMBER MIS MV | |
| AEROCHAMBER MIS PLUS | |
| AEROVENT MIS PLUS | |
| BREATHE EASE MIS LG MASK | |
| BREATHE EASE MIS MED MASK | |
| BREATHE EASE MIS SM MASK | |
| COMPACT SPAC MIS CHAMBER | |
| COMPACT SPAC MIS LG MASK | |
| COMPACT SPAC MIS MD MASK | |
| COMPACT SPAC MIS SM MASK | |
| EASIVENT MIS | |
| EASIVENT MIS MASK LG | |
| EASIVENT MIS MASK MED | |
| EASIVENT MIS MASK SM | |
| FLEXICHAMBER MIS | |
| HOLD CHAMBER MIS ADLT LG | |
| HOLD CHAMBER MIS ADLT LG | OTC |
| HOLD CHAMBER MIS MEDIUM | |
| HOLD CHAMBER MIS MEDIUM | OTC |
| HOLD CHAMBER MIS SMALL | |
| HOLD CHAMBER MIS SMALL | OTC |
| HOLDING CHAM MIS ADULT | OTC |
| HOLDING CHAM MIS CHILD | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| INSPIRACHAMB MIS LARGE | |
| INSPIRACHAMB MIS MEDIUM | |
| INSPIRACHAMB MIS MOUTHPCE | |
| INSPIRACHAMB MIS SMALL | |
| INSPIREASE MIS DD SYST | |
| MICROCHAMBER MIS | |
| MICROSPACER MIS | |
| OPTICHAMBER MIS DIA LG | |
| OPTICHAMBER MIS DIA MD | |
| OPTICHAMBER MIS DIA SM | |
| OPTICHAMBER MIS DIAMOND | |
| POCKET CHAMB MIS | |
| POCKET SPACE MIS | |
| PROCARE MIS ADULT | OTC |
| PROCARE MIS CHILD | OTC |
| RITEFLO MIS | |
| SPACE CHAMBR MIS ANTI-STA | |
| SPACE CHAMBR MIS LARGE | |
| SPACE CHAMBR MIS MEDIUM | |
| SPACE CHAMBR MIS SMALL | |
| SPACER CHAMB MIS ADULT | OTC |
| SPACER CHAMB MIS CHILD | OTC |
| SPACER CHAMB MIS INFANT | OTC |
| VORTEX VALVE MIS CHAMBER | |
| FLEXICHAMBER MIS MASK LRG | QL (2 boxes / year) |
| FLEXICHAMBER MIS MASK SM | QL (2 boxes / year) |
| MASK VORTEX/ MIS FROG | QL (2 boxes / year), OTC |
| MASK VORTEX/ MIS LADY BUG | QL (2 boxes / year), OTC |
| PANDA MASK MIS LARGE | QL (2 packs / year), OTC |
| PANDA MASK MIS MEDIUM | QL (1 pack / year), OTC |
| PANDA MASK MIS PEDIATRI | QL (1 pack / year), OTC |
| PANDA MASK MIS SMALL | QL (1 pack / year), OTC |
| KAZ VAPORIZR MIS 1 GALLON | OTC |
| KAZ VAPORIZR MIS 1.5 GAL | OTC |
| KAZ VAPORIZR MIS 2.2 GAL | OTC |
| LIFESTYLECOM MIS VAPORIZE | OTC |
| VAPORIZER MIS 1 GALLON | OTC |
| VAPORIZER MIS 1.2 GAL | OTC |
| VAPORIZER MIS 1.7 GAL | OTC |
| VAPORIZER MIS 1.9 GAL | OTC |
| VAPORIZER MIS 2 GALLON | OTC |
| VAPORIZER MIS 3 GALLON | OTC |
| VAPORIZER MIS WATERLES | OTC |
| ***RESPIRATORY AIDS*** | |
| ACTEEV PROTE MIS MASK | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ALL PURPOSE MIS MASK | OTC |
| BREATHE COMF MIS SHIELD | OTC |
| CLEVER CHOIC MIS MASK | OTC |
| CLEVR CHOICE MIS MEDICAL | OTC |
| DISPOSABLE MIS FACE MAS | OTC |
| EAR-LOOP MIS MASK SM | OTC |
| EARLOOP MIS MASK | OTC |
| EASY FLOW MIS KN 95 | OTC |
| FACE MASK MIS 3 PLY | OTC |
| FACE MASK MIS 3-PLY | OTC |
| FACE MASK MIS EARLOOP | |
| FACE MASK MIS EARLOOP | OTC |
| FACE MASK MIS N-100 | |
| FACE MASK MIS R95 PART | |
| FACE MASK MIS SURG/DIS | OTC |
| FACE MASKS MIS 3 LAYER | OTC |
| J&J GERM FIL MIS MASK | OTC |
| KN95 DISPOSA MIS MASK | OTC |
| KN95 MEDICAL MIS MASK | OTC |
| MASK PEDIATR MIS SIZE 1" | OTC |
| N95 MASK MIS | OTC |
| PEDIATRIC MD MIS MASK | OTC |
| PEDIATRIC SM MIS MASK | OTC |
| PROCEDURAL MIS MASK | OTC |
| SHIELD-SECUR MIS | OTC |
| SURGICAL MSK MIS N95 | |
| ***DIABETIC SUPPLIES*** | |
| ONE TOUCH KIT VERIO FL | OTC |
| ONETOUCH KIT ULT MINI | OTC |
| ONETOUCH KIT ULTRA 2 | OTC |
| ONETOUCH KIT VERIO | OTC |
| ONETOUCH KIT VERIO FL | OTC |
| ONETOUCH KIT VERIO IQ | OTC |
| ONETOUCH KIT VERIO RE | OTC |
| ACTI-LANCE MIS 28G | QL (200 lancets / 25 days), OTC |
| ACTI-LANCE MIS LITE 28G | QL (200 lancets / 25 days), OTC |
| ACTI-LANCE MIS SPEC 17G | QL (200 lancets / 25 days), OTC |
| ACTI-LANCE MIS UNIV 23G | QL (200 lancets / 25 days), OTC |
| ADV TRAVEL MIS LANC 28G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ADVCATE SAFE MIS LANC 26G | QL (200 lancets / 25 days), OTC |
| ADVOCATE MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| ADVOCATE MIS LANCETS | QL (200 lancets / 25 days), OTC |
| AGAMATRIX MIS 33G | QL (200 lancets / 25 days), OTC |
| AIMSCO TWIST MIS 32G | QL (200 lancets / 25 days), OTC |
| AIMSCO TWIST MIS 33G | QL (200 lancets / 25 days), OTC |
| AQUALANCE MIS 30G | QL (200 lancets / 25 days), OTC |
| ASSURE CMFRT MIS 28G | QL (200 lancets / 25 days), OTC |
| ASSURE LANCE MIS 21G | QL (200 lancets / 25 days), OTC |
| ASSURE LANCE MIS 28G | QL (200 lancets / 25 days), OTC |
| ASSURE LANCE MIS LOW FLOW | QL (200 lancets / 25 days), OTC |
| ASSURE LANCE MIS MICRO | QL (200 lancets / 25 days), OTC |
| ASSURE LANCE MIS SAFE 25G | QL (200 lancets / 25 days), OTC |
| ASSURE LANCE MIS SAFE 30G | QL (200 lancets / 25 days), OTC |
| ASSURE PLUS MIS HIGH 18G | QL (200 lancets / 25 days), OTC |
| ASSURE PLUS MIS LOW 25G | QL (200 lancets / 25 days), OTC |
| ASSURE PLUS MIS MCRO 28G | QL (200 lancets / 25 days), OTC |
| ASSURE PLUS MIS NORM 21G | QL (200 lancets / 25 days), OTC |
| ASSURE PLUS MIS PEDIATRI | QL (200 lancets / 25 days), OTC |
| AURORA LANCE MIS 30G | QL (200 lancets / 25 days), OTC |
| AURORA LANCE MIS THIN 23G | QL (200 lancets / 25 days), OTC |
| AUTO LANCET MIS | QL (200 lancets / 25 days), OTC |
| BD LANCET UF MIS 30G | QL (200 lancets / 25 days), OTC |
| BD LANCET UF MIS 33G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| BD MICROTAIN MIS LANCETS | QL (200 lancets / 25 days), OTC |
| CAREONE LANC MIS 30G | QL (200 lancets / 25 days), OTC |
| CAREONE LANC MIS THIN 23G | QL (200 lancets / 25 days), OTC |
| CARESENS 30G MIS LANCETS | QL (200 lancets / 25 days), OTC |
| CARETOUCH MIS LANC 26G | QL (200 lancets / 25 days), OTC |
| CARETOUCH MIS LANC 28G | QL (200 lancets / 25 days), OTC |
| CARETOUCH MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| CARETOUCH MIS TWIST 28 | QL (200 lancets / 25 days), OTC |
| CARETOUCH MIS TWIST 30 | QL (200 lancets / 25 days), OTC |
| CARETOUCH MIS TWIST 33 | QL (200 lancets / 25 days), OTC |
| CLEANLET 28G MIS LANCETS | QL (200 lancets / 25 days), OTC |
| CLEVER CHECK MIS | QL (200 lancets / 25 days), OTC |
| CLEVER CHECK MIS 30G | QL (200 lancets / 25 days), OTC |
| COAGUCHEK MIS LANCETS | QL (200 lancets / 25 days), OTC |
| COMFORT ASSU MIS LANC 28G | QL (200 lancets / 25 days), OTC |
| COMFORT ASSU MIS LANC 33G | QL (200 lancets / 25 days), OTC |
| COMFORT EZ MIS 21G | QL (200 lancets / 25 days), OTC |
| COMFORT EZ MIS 23G | QL (200 lancets / 25 days), OTC |
| COMFORT EZ MIS 28G | QL (200 lancets / 25 days), OTC |
| COMFORT MIS LANCETS | QL (200 lancets / 25 days), OTC |
| COMFORT TCH MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| COMFORT TCH MIS LANC 31G | QL (200 lancets / 25 days), OTC |
| COMFORTOUCH MIS LANCET | QL (200 lancets / 25 days), OTC |
| CVS LANCETS MIS 21G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| CVS LANCETS MIS 30G | QL (200 lancets / 25 days), OTC |
| CVS LANCETS MIS 33G | QL (200 lancets / 25 days), OTC |
| CVS LANCETS MIS ORIGINAL | QL (200 lancets / 25 days), OTC |
| CVS LANCETS MIS THIN 26G | QL (200 lancets / 25 days), OTC |
| CVS LANCETS MIS THIN 30G | QL (200 lancets / 25 days), OTC |
| CVS LANCETS MIS THIN 33G | QL (200 lancets / 25 days), OTC |
| DIATHRIVE MIS LANCETS | QL (200 lancets / 25 days), OTC |
| DIATHRIVE MIS UT 30G | QL (200 lancets / 25 days), OTC |
| DROPLET LANC MIS 30G | QL (200 lancets / 25 days), OTC |
| DROPLET PERS MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| E-Z JECT MIS 21G | QL (200 lancets / 25 days), OTC |
| E-Z JECT MIS 21G COLR | QL (200 lancets / 25 days), OTC |
| E-Z JECT MIS 30G | QL (200 lancets / 25 days), OTC |
| E-Z JECT MIS 32G COLR | QL (200 lancets / 25 days), OTC |
| E-Z JECT MIS LANC 21G | QL (200 lancets / 25 days), OTC |
| E-Z JECT MIS THIN 26G | QL (200 lancets / 25 days), OTC |
| E-ZJECT LANC MIS 33G | QL (200 lancets / 25 days), OTC |
| EASY COMFORT MIS 30G | QL (200 lancets / 25 days), OTC |
| EASY COMFORT MIS LANC/30G | QL (200 lancets / 25 days), OTC |
| EASY COMFORT MIS TWIST | QL (200 lancets / 25 days), OTC |
| EASY TOUCH MIS LANC/21G | QL (200 lancets / 25 days), OTC |
| EASY TOUCH MIS LANC/23G | QL (200 lancets / 25 days), OTC |
| EASY TOUCH MIS LANC/26G | QL (200 lancets / 25 days), OTC |
| EASY TOUCH MIS LANC/28G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| EASY TOUCH MIS LANC/30G | QL (200 lancets / 25 days), OTC |
| EASY TOUCH MIS LANC/32G | QL (200 lancets / 25 days), OTC |
| EASY TOUCH MIS LANC/33G | QL (200 lancets / 25 days), OTC |
| EMBRACE LANC MIS 21G | QL (200 lancets / 25 days), OTC |
| EMBRACE LANC MIS 28G | QL (200 lancets / 25 days), OTC |
| EMBRACE LANC MIS THIN 30G | QL (200 lancets / 25 days), OTC |
| EQL LANCETS MIS 21G COLR | QL (200 lancets / 25 days), OTC |
| EQL LANCETS MIS 33G COLR | QL (200 lancets / 25 days), OTC |
| EQL LANCETS MIS THIN 26G | QL (200 lancets / 25 days), OTC |
| EQL LANCETS MIS THIN 30G | QL (200 lancets / 25 days), OTC |
| EZ-LETS 21G MIS LANCETS | QL (200 lancets / 25 days), OTC |
| EZ-LETS 26G MIS LANCETS | QL (200 lancets / 25 days), OTC |
| EZ-LETS 28G MIS LANCETS | QL (200 lancets / 25 days), OTC |
| EZ-LETS 30G MIS LANCETS | QL (200 lancets / 25 days), OTC |
| FASTCLIX MIS LANCETS | QL (200 lancets / 25 days), OTC |
| FIFTY50 SAFE MIS LANCETS | QL (200 lancets / 25 days), OTC |
| FINE 30 MIS | QL (200 lancets / 25 days), OTC |
| FINGERSTIX MIS LANCETS | QL (200 lancets / 25 days), OTC |
| FORA LANCETS MIS 30G | QL (200 lancets / 25 days), OTC |
| FORA MIS LANCETS | QL (200 lancets / 25 days), OTC |
| FREESTYLE MIS LANCETS | QL (200 lancets / 25 days), OTC |
| GENTEEL MIS LANCETS | QL (200 lancets / 25 days), OTC |
| GENTLE-LET MIS 26G | QL (200 lancets / 25 days), OTC |
| GENTLE-LET MIS 28G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| GENTLE-LET MIS LANCETS | QL (200 lancets / 25 days), OTC |
| GLOBAL 28G MIS LANCETS | QL (200 lancets / 25 days), OTC |
| GLOBAL 30G MIS LANCETS | QL (200 lancets / 25 days), OTC |
| GLUCOCOM MIS 28G | QL (200 lancets / 25 days), OTC |
| GLUCOCOM MIS 30G | QL (200 lancets / 25 days), OTC |
| GLUCOCOM MIS 33G | QL (200 lancets / 25 days), OTC |
| GNP LANCETS MIS 21G | QL (200 lancets / 25 days), OTC |
| GNP LANCETS MIS 28G | QL (200 lancets / 25 days), OTC |
| GNP LANCETS MIS 30G | QL (200 lancets / 25 days), OTC |
| GNP LANCETS MIS 33G | QL (200 lancets / 25 days), OTC |
| GNP LANCETS MIS THIN 26G | QL (200 lancets / 25 days), OTC |
| GOJJI LANCET MIS 30G | QL (200 lancets / 25 days), OTC |
| GOODSENSE MIS LANC 26G | QL (200 lancets / 25 days), OTC |
| GOODSENSE MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| GOODSENSE MIS LANC 33G | QL (200 lancets / 25 days), OTC |
| HAEMOLANCE MIS HIGH FLO | QL (200 lancets / 25 days), OTC |
| HAEMOLANCE MIS LOW FLOW | QL (200 lancets / 25 days), OTC |
| HAEMOLANCE MIS PLUS | QL (200 lancets / 25 days), OTC |
| HAEMOLANCE MIS PLUS LOW | QL (200 lancets / 25 days), OTC |
| HAEMOLANCE MIS PLUS MAX | QL (200 lancets / 25 days), OTC |
| HAEMOLANCE MIS PLUS PED | QL (200 lancets / 25 days), OTC |
| HAEMOLANCE MIS RETRACT | QL (200 lancets / 25 days), OTC |
| HLTHY ACCNTS MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| IN TOUCH LAN MIS 30G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| INCONTROL MIS LANC 28G | QL (200 lancets / 25 days), OTC |
| INCONTROL MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| INCONTROL MIS LANC 33G | QL (200 lancets / 25 days), OTC |
| KINNEY MIS LANCETS | QL (200 lancets / 25 days), OTC |
| KINNEY THIN MIS LANCETS | QL (200 lancets / 25 days), OTC |
| KROGER LANCE MIS | QL (200 lancets / 25 days), OTC |
| KROGER LANCE MIS 26G | QL (200 lancets / 25 days), OTC |
| KROGER LANCE MIS THIN | QL (200 lancets / 25 days), OTC |
| KROGER LANCE MIS THIN 30G | QL (200 lancets / 25 days), OTC |
| LANCET MICRO MIS THIN 33G | QL (200 lancets / 25 days), OTC |
| LANCET STAND MIS 21G | QL (200 lancets / 25 days), OTC |
| LANCET SUPER MIS THIN 30G | QL (200 lancets / 25 days), OTC |
| LANCET ULTRA MIS 28G | QL (200 lancets / 25 days), OTC |
| LANCET ULTRA MIS THIN 30G | QL (200 lancets / 25 days), OTC |
| LANCETS MICR MIS THIN 33G | QL (200 lancets / 25 days), OTC |
| LANCETS MIS | QL (200 lancets / 25 days), OTC |
| LANCETS MIS 21G | QL (200 lancets / 25 days), OTC |
| LANCETS MIS 21G COLR | QL (200 lancets / 25 days), OTC |
| LANCETS MIS 26G | QL (200 lancets / 25 days), OTC |
| LANCETS MIS 28G | QL (200 lancets / 25 days), OTC |
| LANCETS MIS 30G | QL (200 lancets / 25 days), OTC |
| LANCETS MIS 33G | QL (200 lancets / 25 days), OTC |
| LANCETS MIS ORANGE | QL (200 lancets / 25 days), OTC |
| LANCETS MIS ORIGINAL | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| LANCETS MIS THIN | QL (200 lancets / 25 days), OTC |
| LANCETS MIS THIN 26G | QL (200 lancets / 25 days), OTC |
| LANCETS MIS THIN 30G | QL (200 lancets / 25 days), OTC |
| LANCETS SUPR MIS THIN 28G | QL (200 lancets / 25 days), OTC |
| LANCETS THIN MIS | QL (200 lancets / 25 days), OTC |
| LANCETS THIN MIS 26G | QL (200 lancets / 25 days), OTC |
| LANCETS ULTR MIS THIN | QL (200 lancets / 25 days), OTC |
| LB LANCET MIS 28G | QL (200 lancets / 25 days), OTC |
| LIFESCAN MIS UNISTIK2 | QL (200 lancets / 25 days), OTC |
| LITE TOUCH MIS LANCETS | QL (200 lancets / 25 days), OTC |
| LITETOUCH MIS LANCETS | QL (200 lancets / 25 days), OTC |
| LONGS LANCET MIS STANDARD | QL (200 lancets / 25 days), OTC |
| LONGS LANCET MIS THIN | QL (200 lancets / 25 days), OTC |
| LONGS LANCET MIS ULTRA TH | QL (200 lancets / 25 days), OTC |
| MEDICHOICE MIS LANCET | QL (200 lancets / 25 days), OTC |
| MEDLANCE MIS 30G PLUS | QL (200 lancets / 25 days), OTC |
| MEDLANCE MIS EXTR 21G | QL (200 lancets / 25 days), OTC |
| MEDLANCE MIS LITE 25G | QL (200 lancets / 25 days), OTC |
| MEDLANCE MIS PLUS | QL (200 lancets / 25 days), OTC |
| MEDLANCE MIS PLUS 30G | QL (200 lancets / 25 days), OTC |
| MEDLANCE MIS UNV 21G | QL (200 lancets / 25 days), OTC |
| MEDLANCE PLS MIS 0.8MM | QL (200 lancets / 25 days), OTC |
| MEDLANCE PLS MIS EXTR 21G | QL (200 lancets / 25 days), OTC |
| MEDLANCE PLS MIS LITE 25G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| MEDLANCE PLS MIS UNIV 21G | QL (200 lancets / 25 days), OTC |
| MEIJER LANCE MIS COLOR | QL (200 lancets / 25 days), OTC |
| MEIJER LANCE MIS UNIV 21G | QL (200 lancets / 25 days), OTC |
| MEIJER LANCE MIS UNIV 30G | QL (200 lancets / 25 days), OTC |
| MEIJER LANCE MIS UNIVERSA | QL (200 lancets / 25 days), OTC |
| MEIJER MIS LANCETS | QL (200 lancets / 25 days), OTC |
| MICRO THIN MIS LANC 33G | QL (200 lancets / 25 days), OTC |
| MICROLET MIS LANCETS | QL (200 lancets / 25 days), OTC |
| MM TWIST MIS LANCETS | QL (200 lancets / 25 days), OTC |
| MOBILE LANCE MIS 30G | QL (200 lancets / 25 days), OTC |
| MONOLET MIS LANCETS | QL (200 lancets / 25 days), OTC |
| MONOLET OPD MIS LANCETS | QL (200 lancets / 25 days), OTC |
| MONOLETTOR MIS LANCETS | QL (200 lancets / 25 days), OTC |
| MPD SFTY LAN MIS 21G | QL (200 lancets / 25 days), OTC |
| MPD SFTY LAN MIS 23G | QL (200 lancets / 25 days), OTC |
| MPD SFTY LAN MIS 28G | QL (200 lancets / 25 days), OTC |
| MPD SFTY LAN MIS 30G | QL (200 lancets / 25 days), OTC |
| MYGLUCOHEALT MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| NOVA SAFETY MIS LANC 23G | QL (200 lancets / 25 days), OTC |
| NOVA SAFETY MIS LANC 28G | QL (200 lancets / 25 days), OTC |
| NOVA SURE MIS LANCETS | QL (200 lancets / 25 days), OTC |
| ON-THE-GO MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| ONETOUCH DEL MIS PLUS 30G | QL (200 lancets / 25 days), OTC |
| ONETOUCH DEL MIS PLUS 33G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ONETOUCH FP MIS LANCETS | QL (200 lancets / 25 days), OTC |
| ONETOUCH MIS 30G | QL (200 lancets / 25 days), OTC |
| ONETOUCH MIS LANCETS | QL (200 lancets / 25 days), OTC |
| ONETOUCH US MIS LANCETS | QL (200 lancets / 25 days), OTC |
| PC LANCETS MIS 30G | QL (200 lancets / 25 days), OTC |
| PERFECT 28G MIS LANCETS | QL (200 lancets / 25 days), OTC |
| PERFECT 30G MIS LANCETS | QL (200 lancets / 25 days), OTC |
| PHARMACY COU MIS LANCETS | QL (200 lancets / 25 days), OTC |
| PIP LANCETS MIS 28G | QL (200 lancets / 25 days), OTC |
| PIP LANCETS MIS 30G | QL (200 lancets / 25 days), OTC |
| PRO COMFORT MIS 31G | QL (200 lancets / 25 days), OTC |
| PRO COMFORT MIS LANCETS | QL (200 lancets / 25 days), OTC |
| PRODIGY MIS 26G | QL (200 lancets / 25 days), OTC |
| PRODIGY MIS 28G | QL (200 lancets / 25 days), OTC |
| PSS SAFE LAN MIS | QL (200 lancets / 25 days), OTC |
| PSS SEL LANC MIS | QL (200 lancets / 25 days), OTC |
| PURE COMFORT MIS 30G LAN | QL (200 lancets / 25 days), OTC |
| PX LANCETS MIS 28G | QL (200 lancets / 25 days), OTC |
| PX LANCETS MIS 33G | QL (200 lancets / 25 days), OTC |
| PX LANCETS MIS ULT THIN | QL (200 lancets / 25 days), OTC |
| QC LANCETS MIS 28G | QL (200 lancets / 25 days), OTC |
| QC LANCETS MIS 30G | QL (200 lancets / 25 days), OTC |
| RA E-ZJECT MIS 28G | QL (200 lancets / 25 days), OTC |
| RA E-ZJECT MIS THIN 26G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| RA E-ZJECT MIS THIN 28G | QL (200 lancets / 25 days), OTC |
| RA E-ZJECT MIS ULT THIN | QL (200 lancets / 25 days), OTC |
| READYLANCE MIS 21G | QL (200 lancets / 25 days), OTC |
| READYLANCE MIS 23G | QL (200 lancets / 25 days), OTC |
| READYLANCE MIS 26G | QL (200 lancets / 25 days), OTC |
| READYLANCE MIS 28G | QL (200 lancets / 25 days), OTC |
| READYLANCE MIS 30G | QL (200 lancets / 25 days), OTC |
| REALITY MIS LANCETS | QL (200 lancets / 25 days), OTC |
| REALITY TRIG MIS LANCETS | QL (200 lancets / 25 days), OTC |
| RELION LANCE MIS THIN 26G | QL (200 lancets / 25 days), OTC |
| RELION LANCE MIS THIN 30G | QL (200 lancets / 25 days), OTC |
| RELION MICRO MIS THIN 33G | QL (200 lancets / 25 days), OTC |
| RELION ULTRA MIS THIN 30G | QL (200 lancets / 25 days), OTC |
| RELION ULTRA MIS THIN PLS | QL (200 lancets / 25 days), OTC |
| RIGHTEST MIS GL300 | QL (200 lancets / 25 days), OTC |
| SAFE-T-LANCE MIS 21G | QL (200 lancets / 25 days), OTC |
| SAFE-T-LANCE MIS 25G | QL (200 lancets / 25 days), OTC |
| SAFE-T-LANCE MIS HI FLOW | QL (200 lancets / 25 days), OTC |
| SAFE-T-LANCE MIS LOW FLOW | QL (200 lancets / 25 days), OTC |
| SAFE-T-LANCE MIS NOR FLOW | QL (200 lancets / 25 days), OTC |
| SAFE-T-PRO MIS LANCETS | QL (200 lancets / 25 days), OTC |
| SAFE-T-PRO MIS PLUS | QL (200 lancets / 25 days), OTC |
| SAFETY 21G MIS LANCETS | QL (200 lancets / 25 days), OTC |
| SAFETY 28G MIS LANCETS | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| SAFETY 30G MIS LANCETS | QL (200 lancets / 25 days), OTC |
| SAFETY MIS LANCETS | QL (200 lancets / 25 days), OTC |
| SAPS HEALTH MIS TWIST | QL (200 lancets / 25 days), OTC |
| SAPS TWIST MIS 30G | QL (200 lancets / 25 days), OTC |
| SAPSCARE MIS TWIST | QL (200 lancets / 25 days), OTC |
| SB LANCETS MIS THIN | QL (200 lancets / 25 days), OTC |
| SB LANCETS MIS ULTR THN | QL (200 lancets / 25 days), OTC |
| SINGLE-LET MIS 23G | QL (200 lancets / 25 days), OTC |
| SM LANCETS MIS 33G | QL (200 lancets / 25 days), OTC |
| SMART SENSE MIS LANC 21G | QL (200 lancets / 25 days), OTC |
| SMART SENSE MIS LANC 26G | QL (200 lancets / 25 days), OTC |
| SMART SENSE MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| SMART SENSE MIS LANC 33G | QL (200 lancets / 25 days), OTC |
| SMARTEST MIS LANCETS | QL (200 lancets / 25 days), OTC |
| SOFTCLIX MIS LANCETS | QL (200 lancets / 25 days), OTC |
| SOLUS V2 MIS LANC 28G | QL (200 lancets / 25 days), OTC |
| SOLUS V2 MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| STERILANCE MIS TL 28G | QL (200 lancets / 25 days), OTC |
| STERILANCE MIS TL 30G | QL (200 lancets / 25 days), OTC |
| STERILANCE MIS TL 32G | QL (200 lancets / 25 days), OTC |
| SUPER THIN MIS LANC 28G | QL (200 lancets / 25 days), OTC |
| SUPER THIN MIS LANCETS | QL (200 lancets / 25 days), OTC |
| SURE COMFORT MIS LANC 18G | QL (200 lancets / 25 days), OTC |
| SURE COMFORT MIS LANC 21G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| SURE COMFORT MIS LANC 23G | QL (200 lancets / 25 days), OTC |
| SURE COMFORT MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| SURE COMFORT MIS LANCETS | QL (200 lancets / 25 days), OTC |
| SUREFLEX MIS LANCETS | QL (200 lancets / 25 days), OTC |
| SURELITE MIS LANCETS | QL (200 lancets / 25 days), OTC |
| TECHLITE AST MIS LANCETS | QL (200 lancets / 25 days), OTC |
| TECHLITE MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| TECHLITE MIS LANCETS | QL (200 lancets / 25 days), OTC |
| TGT LANCET MIS 26G | QL (200 lancets / 25 days), OTC |
| TGT LANCET MIS 30G | QL (200 lancets / 25 days), OTC |
| TGT LANCET MIS 33G | QL (200 lancets / 25 days), OTC |
| THIN LANCETS MIS 26G | QL (200 lancets / 25 days), OTC |
| THIN LANCETS MIS 30G | QL (200 lancets / 25 days), OTC |
| THINLETS GP MIS 26G | QL (200 lancets / 25 days), OTC |
| TOPCARE MIS LANC 33G | QL (200 lancets / 25 days), OTC |
| TRAVEL LANCE MIS 30G | QL (200 lancets / 25 days), OTC |
| TRAVEL LANCE MIS ADV 28G | QL (200 lancets / 25 days), OTC |
| TRUE COMFORT MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| TRUPLUS LANC MIS 26G | QL (200 lancets / 25 days), OTC |
| TRUPLUS LANC MIS 28G | QL (200 lancets / 25 days), OTC |
| TRUPLUS LANC MIS 30G | QL (200 lancets / 25 days), OTC |
| TRUPLUS LANC MIS 33G | QL (200 lancets / 25 days), OTC |
| ULTILET MIS 26G | QL (200 lancets / 25 days), OTC |
| ULTILET MIS 28G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ULTILET MIS 30G | QL (200 lancets / 25 days), OTC |
| ULTILET MIS 33G | QL (200 lancets / 25 days), OTC |
| ULTILET MIS LANCETS | QL (200 lancets / 25 days), OTC |
| ULTILET MIS SAFETY | QL (200 lancets / 25 days), OTC |
| ULTILET SAFE MIS 21G | QL (200 lancets / 25 days), OTC |
| ULTRA THIN MIS 28G | QL (200 lancets / 25 days), OTC |
| ULTRA THIN MIS 30G | QL (200 lancets / 25 days), OTC |
| ULTRA THIN MIS 31G | QL (200 lancets / 25 days), OTC |
| ULTRA THIN MIS 33G | QL (200 lancets / 25 days), OTC |
| ULTRA THIN MIS LAN 31G | QL (200 lancets / 25 days), OTC |
| ULTRA THIN MIS LANC 28G | QL (200 lancets / 25 days), OTC |
| ULTRA THIN MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| ULTRA THIN MIS LANCETS | QL (200 lancets / 25 days), OTC |
| UNILET CMFR MIS TCH 28G | QL (200 lancets / 25 days), OTC |
| UNILET CMFR MIS TCH 30G | QL (200 lancets / 25 days), OTC |
| UNILET EX II MIS 28G | QL (200 lancets / 25 days), OTC |
| UNILET EXCEL MIS 23G | QL (200 lancets / 25 days), OTC |
| UNILET G.P MIS SUPR 23G | QL (200 lancets / 25 days), OTC |
| UNILET G.P. MIS 21G | QL (200 lancets / 25 days), OTC |
| UNILET GP 28 MIS ULT THIN | QL (200 lancets / 25 days), OTC |
| UNILET LANC MIS 33G | QL (200 lancets / 25 days), OTC |
| UNILET LANCE MIS 21G | QL (200 lancets / 25 days), OTC |
| UNILET LANCE MIS 28G | QL (200 lancets / 25 days), OTC |
| UNILET LANCE MIS 33G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| UNILET LANCT MIS 28G | QL (200 lancets / 25 days), OTC |
| UNILET LANCT MIS 30G | QL (200 lancets / 25 days), OTC |
| UNILET LANCT MIS 33G | QL (200 lancets / 25 days), OTC |
| UNILET MICRO MIS 33G | QL (200 lancets / 25 days), OTC |
| UNILET MIS 21G | QL (200 lancets / 25 days), OTC |
| UNILET SUPER MIS 23G | QL (200 lancets / 25 days), OTC |
| UNILET SUPER MIS G.P. 23G | QL (200 lancets / 25 days), OTC |
| UNISTIK 3 MIS GENT 30G | QL (200 lancets / 25 days), OTC |
| UNISTIK II MIS LANCETS | QL (200 lancets / 25 days), OTC |
| UNISTIK PRO MIS LANC 21G | QL (200 lancets / 25 days), OTC |
| UNISTIK PRO MIS LANC 28G | QL (200 lancets / 25 days), OTC |
| UNISTIK SAFE MIS LANC 28G | QL (200 lancets / 25 days), OTC |
| UNISTIK SAFE MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| UNISTIK TOUC MIS LANC 21G | QL (200 lancets / 25 days), OTC |
| UNISTIK TOUC MIS LANC 23G | QL (200 lancets / 25 days), OTC |
| UNISTIK TOUC MIS LANC 28G | QL (200 lancets / 25 days), OTC |
| UNISTIK TOUC MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| UNITSTIK PRO MIS LANC 25G | QL (200 lancets / 25 days), OTC |
| UNIVERSAL 1 MIS 33G | QL (200 lancets / 25 days), OTC |
| UNIVERSAL 1 MIS LANC 26G | QL (200 lancets / 25 days), OTC |
| UNIVERSAL 1 MIS LANC 30G | QL (200 lancets / 25 days), OTC |
| VIVAGUARD MIS 28G | QL (200 lancets / 25 days), OTC |
| VIVAGUARD MIS 30G | QL (200 lancets / 25 days), OTC |
| ZEVRX TWIST MIS LANC 30G | QL (200 lancets / 25 days), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| ***BANDAGES-DRESSINGS-TAPE*** | |
| ACT BRIGHTS MIS BANDAGES | OTC |
| ACT SPORT FM MIS 1-1/8"X3 | OTC |
| ACT SPORT FM MIS ASSORTED | OTC |
| ACT SPORT FM MIS KNEE/ELB | OTC |
| ADH BANDAGE MIS ANTIBACT | OTC |
| ADH BANDAGE MIS CLEAR | OTC |
| ADH BANDAGE MIS FLEXIBLE | OTC |
| ADH BANDAGE MIS FOAM | OTC |
| ADH BANDAGE MIS FOAM TOE | OTC |
| ADH BANDAGE MIS HEALTH | OTC |
| ADH BANDAGE MIS HYPO-ALL | OTC |
| ADH BANDAGE MIS PLASTIC | OTC |
| ADH BANDAGE MIS RETENTIO | OTC |
| ADH BANDAGE MIS SHEER | OTC |
| ADH BANDAGE MIS STRONG | OTC |
| ADH BANDAGE MIS WTR SHLD | OTC |
| ADHESIVE PAD MIS LARGE | OTC |
| ADHESIVE PAD MIS MEDIUM | OTC |
| ADV HEALING MIS BANDAGES | OTC |
| ADVANC CURAD MIS AQUA-PRO | OTC |
| ADVANC CURAD MIS BLISTER | OTC |
| ADVANC CURAD MIS COOL-WRP | OTC |
| ADVANC CURAD MIS SOF-GEL | OTC |
| ANIMAL PRINT MIS STRIPS | OTC |
| ANTI-BACTRIA MIS CHILD | OTC |
| ANTIBAC BNDG MIS 7/8" | OTC |
| ANTIBAC FABR MIS STRIPS | OTC |
| ANTIBACTERAI MIS BANDAGES | OTC |
| ANTIBACTERIA MIS BANDAGES | OTC |
| ANTIBACTERIA MIS CLEAR | OTC |
| BAND AID MED MIS BUTTRFLY | OTC |
| BAND AID MIS 1" | OTC |
| BAND-AID CLR MIS 7/8"SPOT | OTC |
| BAND-AID FAM MIS PACK | OTC |
| BAND-AID FLX MIS | OTC |
| BAND-AID FLX MIS 1" X 3" | OTC |
| BAND-AID FLX MIS 1"X3" | OTC |
| BAND-AID FLX MIS 3/4"X3" | OTC |
| BAND-AID FLX MIS ASSORTED | OTC |
| BAND-AID FLX MIS EXTRA LG | OTC |
| BAND-AID FLX MIS FABRIC | OTC |
| BAND-AID FLX MIS FINGRTIP | OTC |
| BAND-AID FLX MIS KNUCKLE | OTC |
| BAND-AID HYD MIS ACNE BLE | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| BAND-AID HYD MIS ALL-PURP | OTC |
| BAND-AID HYD MIS BLS CUSH | OTC |
| BAND-AID HYD MIS LARGE | OTC |
| BAND-AID LG MIS BUTTRFLY | OTC |
| BAND-AID MIS | OTC |
| BAND-AID MIS 3/4"X3" | OTC |
| BAND-AID MIS BABY SHA | OTC |
| BAND-AID MIS BLUE CLU | OTC |
| BAND-AID MIS DIS PRIN | OTC |
| BAND-AID MIS FROZEN | OTC |
| BAND-AID MIS GLOW-DRK | OTC |
| BAND-AID MIS HL KITTY | OTC |
| BAND-AID MIS HOT COLR | OTC |
| BAND-AID MIS JUS LEAG | OTC |
| BAND-AID MIS LIGHTYEA | OTC |
| BAND-AID MIS MEDICATE | OTC |
| BAND-AID MIS MICK MOU | OTC |
| BAND-AID MIS OURTONE | OTC |
| BAND-AID MIS PIXAR | OTC |
| BAND-AID MIS POKEMON | OTC |
| BAND-AID MIS RUGRATS | OTC |
| BAND-AID MIS SENSITIV | OTC |
| BAND-AID MIS SHEER | OTC |
| BAND-AID MIS SHEER CF | OTC |
| BAND-AID MIS SKN FLX | OTC |
| BAND-AID MIS SPORT EX | OTC |
| BAND-AID MIS STAR WAR | OTC |
| BAND-AID MIS SUP MARI | OTC |
| BAND-AID MIS THAT GIR | OTC |
| BAND-AID MIS TOUGH | OTC |
| BAND-AID MIS TOUGH WP | OTC |
| BAND-AID MIS TOUGH XL | OTC |
| BAND-AID MIS TOUGH-ST | OTC |
| BAND-AID MIS TOY STRY | OTC |
| BAND-AID MIS VARIETY | OTC |
| BAND-AID MIS WON WOM | OTC |
| BAND-AID MIS X-LG | OTC |
| BAND-AID PAW MIS PATROL | OTC |
| BAND-AID WTR MIS BLC FLEX | OTC |
| BANDAGE FABR MIS EX-LONG | OTC |
| BANDAGES FAB MIS ASSORTED | OTC |
| BLISTER REL MIS BANDAGE | OTC |
| BUTTERFLY MIS CLOSURES | OTC |
| CARPALAID MIS EMPLOYEE | OTC |
| CARPALAID MIS LARGE | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| CARPALAID MIS PRA LG | OTC |
| CARPALAID MIS PRAC SM | OTC |
| CARPALAID MIS SMALL | OTC |
| COMFORT FAB MIS 3/4"X3" | OTC |
| COMFORT FAB MIS ASSORTED | OTC |
| COMFORT FAB MIS KNEE/ELB | OTC |
| COVERLET MIS STRIPS | OTC |
| CRAYON STRIP MIS BANDAGE | OTC |
| CURAD 7/8" MIS ACTIFLEX | OTC |
| CURAD ASSORT MIS ACTIFLEX | OTC |
| CURAD FAMILY MIS FLX ASST | OTC |
| CURAD FLEX MIS ASSORTED | OTC |
| CURAD KID SZ MIS DINOSAUR | OTC |
| CURAD MIS GODZILLA | OTC |
| CURAD MIS JURASSIC | OTC |
| CURAD SENSIT MIS 3/4" | OTC |
| CURAD SENSIT MIS ASSORTED | OTC |
| CURAD SENSIT MIS EX LARGE | OTC |
| CURAD SENSIT MIS SPOTS | OTC |
| CURAD WILD MIS DESIGNIT | OTC |
| CURAD WILD MIS TATTOO-U | OTC |
| CURITY CURAD MIS 3/4 FABR | OTC |
| CURITY CURAD MIS 3/4 PLAS | OTC |
| CURITY CURAD MIS 3/4 SHEE | OTC |
| CURITY CURAD MIS ASST FAB | OTC |
| CURITY CURAD MIS PLASTIC | OTC |
| CURITY CURAD MIS SHEER | OTC |
| CVS ANTI-BAC MIS | OTC |
| CVS ANTI-BAC MIS BANDAGE | OTC |
| CVS ANTI-BAC MIS WATERPRO | OTC |
| CVS CLEAR MIS BANDAGES | OTC |
| CVS FLEX FAB MIS BANDAG | OTC |
| CVS PLASTIC MIS BANDAGE | OTC |
| CVS SHEER BA MIS ASSORTED | OTC |
| CVS SHEER MIS BAND 1" | OTC |
| CVS SHEER MIS BAND XL | OTC |
| CVS SPOT BAN MIS SHEER | OTC |
| EQ STRONG MIS STRIPS | OTC |
| EQL BUTTERFL MIS CLOSURE | OTC |
| EQL FIRST MIS AID BAND | OTC |
| EQL FLEXIBLE MIS FABRIC | OTC |
| EQL FLEXIBLE MIS FOAM | OTC |
| EQL GENTLE MIS STRIPS | OTC |
| EQL HVY DUTY MIS STRIPS | OTC |
| EQL PLASTIC MIS STRIPS | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| EQL SHEER MIS SPOTS | OTC |
| EQL SHEER MIS STRIPS | OTC |
| EQL STRIPS MIS | OTC |
| FABRIC BANDG MIS ASSORTED | OTC |
| FABRIC BANDG MIS FLEXIBLE | OTC |
| FIRST AID MIS FLEX FAB | OTC |
| FLEX BANDAGE MIS | OTC |
| FLEX BANDAGE MIS FABRIC | OTC |
| GNP BANDAGES MIS | OTC |
| GNP BANDAGES MIS 1"X3" | OTC |
| GNP BANDAGES MIS 2"X4" | OTC |
| GNP BANDAGES MIS 3/4"X3" | OTC |
| GNP BANDAGES MIS ASSORTED | OTC |
| GNP BANDAGES MIS CLEAR | OTC |
| GNP BANDAGES MIS SHEER | OTC |
| GNTL ADHESVE MIS BNDG XL | OTC |
| HEAVY DUTY MIS BANDAGES | OTC |
| HEAVY DUTY MIS CLR&TGH | OTC |
| HEAVY DUTY MIS FAB BAND | OTC |
| HM BUTTERFLY MIS CLOSURES | OTC |
| HYPO-ALLERG MIS BANDAGE | OTC |
| LEUKOSTRIP MIS 1/2"X4" | OTC |
| LEUKOSTRIP MIS 1/4"X3" | OTC |
| LEUKOSTRIP MIS 1/4"X4" | OTC |
| LEUKOSTRIP MIS 1/8X1.5" | OTC |
| NEON STRIPS MIS 3/4 ASST | OTC |
| NEXCARE TATT MIS BANDAGES | OTC |
| NEXCARE WATR MIS PRF BAND | OTC |
| PEANUTS MIS BANDAGES | OTC |
| PLAS BANDAGE MIS 3/4"X3" | OTC |
| PLASTC BANDG MIS 3/4" | OTC |
| PROXI-STRIP MIS 1/4"X4" | OTC |
| PROXI-STRIPS MIS 1/2"X4" | OTC |
| RA ADHESIVE MIS BANDAGES | OTC |
| SHEER ADHESI MIS 3/4"X3" | OTC |
| SHEER BANDGE MIS | OTC |
| SHEER BANDGE MIS 1" | OTC |
| SHEER BANDGE MIS EX-LARGE | OTC |
| SHR BANDAGES MIS | OTC |
| SHR BANDAGES MIS ASSORTED | OTC |
| SM BANDAGES MIS ANTIBACT | OTC |
| SM BANDAGES MIS CLEAR | OTC |
| SM BANDAGES MIS CLR SPOT | OTC |
| SM BANDAGES MIS FAB 3/4" | OTC |
| SM BANDAGES MIS FAB XL | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| SM BANDAGES MIS FLEXIBLE | OTC |
| SM BANDAGES MIS FOAM | OTC |
| SM BANDAGES MIS FOAM XL | OTC |
| SM BANDAGES MIS PLASTIC | OTC |
| SM BANDAGES MIS SHEER | OTC |
| SM BANDAGES MIS SHEER XL | OTC |
| SM BANDAGES MIS STRNG ST | OTC |
| SM BANDAGES MIS WTRSHELD | OTC |
| SM KNUCKLE/ MIS FINGERTP | OTC |
| SM STRONG MIS STRIPS | OTC |
| SM STURDY MIS STRIP | OTC |
| SOFT 'N FLEX MIS | OTC |
| SORESPOT MIS BANDAGES | OTC |
| STERI-STRIP MIS | OTC |
| STERI-STRIP MIS 1" X 5" | OTC |
| STERI-STRIP MIS 1/2"X2" | OTC |
| STERI-STRIP MIS 1/2"X4" | OTC |
| STERI-STRIP MIS 1/4"X1.5 | OTC |
| STERI-STRIP MIS 1/4"X3" | OTC |
| STERI-STRIP MIS 1/4"X4" | OTC |
| STERI-STRIP MIS 1/8"X3" | OTC |
| STRONG STRIP MIS WATERPRF | OTC |
| SUPERSTRIP MIS 1" X 3" | OTC |
| SURESEAL MIS EX LARGE | OTC |
| SURESEAL MIS K | OTC |
| SURESEAL MIS LARGE | OTC |
| VARIETY PACK MIS BANDAGES | OTC |
| WATERPROOF MIS BANDAGES | OTC |
| WTERPRF BAND MIS CLEAR | OTC |
| ADHESIVE PAD 2"X3" | OTC |
| ADHESIVE PAD 3"X4" | OTC |
| ADHESIVE PAD 4"X4" | OTC |
| ADHESIVE PAD 6"X6" | OTC |
| ADHESIVE PAD PAD 2.25"X3" | OTC |
| ADHESIVE PAD PAD 3"X4" | OTC |
| ADHESIVE PAD PAD ANTIBACT | OTC |
| BAND-AID PAD 2"X3" | OTC |
| BAND-AID PAD 3"X4" | OTC |
| BAND-AID PAD ADHESIVE | OTC |
| EASY RELEASE PAD NONSTICK | OTC |
| FIRST AID NO PAD STICK | OTC |
| J & J ADHES PAD LARGE | OTC |
| MOLESKIN PAD FOAM | OTC |
| POLYMEM DOT PAD 2" X 2" | OTC |
| RA SHEER ADH PAD LARGE | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| SM ADHESIVE PAD 2"X3" | OTC |
| SM ADHESIVE PAD 3"X4" | OTC |
| WATERPROOF PAD 3"X4" | OTC |
| ***CONTRACEPTIVES*** | |
| CONDOMS MIS | QL (12 condoms / 1 day), OTC |
| AIMSCO MIS LUBRICAT | QL (12 condoms / 1 day), OTC |
| COLOR CONDOM MIS + LUBE | QL (12 condoms / 1 day), OTC |
| CONDOMS MIS LUBRICAT | QL (12 condoms / 1 day), OTC |
| FANTASY LUBR MIS | QL (12 condoms / 1 day), OTC |
| FANTASY LUBR MIS COLORS | QL (12 condoms / 1 day), OTC |
| FANTASY LUBR MIS SPERMICI | QL (12 condoms / 1 day), OTC |
| FANTASY MIS LUBRICAT | QL (12 condoms / 1 day), OTC |
| K-Y ME & YOU MIS EX LUBRI | QL (12 condoms / 1 day), OTC |
| K-Y ME & YOU MIS INTENSE | QL (12 condoms / 1 day), OTC |
| KAMELEON LUB MIS COLORS | QL (12 condoms / 1 day), OTC |
| KAMELEON MIS TRI-COLR | QL (12 condoms / 1 day), OTC |
| KIMONO COLOR MIS | QL (12 condoms / 1 day), OTC |
| KIMONO MICRO MIS THIN + | QL (12 condoms / 1 day), OTC |
| KIMONO MICRO MIS THIN PLS | QL (12 condoms / 1 day), OTC |
| KIMONO MIS LUBRICAT | QL (12 condoms / 1 day), OTC |
| KIMONO MIS SENSATIO | QL (12 condoms / 1 day), OTC |
| KIMONO PLUS MIS LUBRICAT | QL (12 condoms / 1 day), OTC |
| KIMONO PLUS MIS SPERMICI | QL (12 condoms / 1 day), OTC |
| KIMONO PS MIS LUBRICAT | QL (12 condoms / 1 day), OTC |
| KIMONO PS MIS PLUS | QL (12 condoms / 1 day), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| KIMONO SENSA MIS PLUS | QL (12 condoms / 1 day), OTC |
| KIMONO SPEC MIS | QL (12 condoms / 1 day), OTC |
| MAXX MIS LUBRICAT | QL (12 condoms / 1 day), OTC |
| MAXX PLUS MIS SPERMICI | QL (12 condoms / 1 day), OTC |
| NATURAL COND MIS + LUBE | QL (12 condoms / 1 day), OTC |
| REALITY MIS LUBRICAT | QL (12 condoms / 1 day), OTC |
| REALITY ULTR MIS TEXTURED | QL (12 condoms / 1 day), OTC |
| REALITY ULTR MIS THIN | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS ASSORTED | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS BANANA | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS CHOC | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS COLA | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS COLORS | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS EX LARGE | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS EX STR | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS GRAPE | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS MINT | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS RIB/STUD | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS SPERMICI | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS STRWBRY | QL (12 condoms / 1 day), OTC |
| TRUSTEX LUBR MIS VANILLA | QL (12 condoms / 1 day), OTC |
| TRUSTEX/RIA MIS LUBRICAT | QL (12 condoms / 1 day), OTC |
| TRUSTEX/RIA MIS SPERMICI | QL (12 condoms / 1 day), OTC |
| TRUSTX NON-9 MIS RIB/STUD | QL (12 condoms / 1 day), OTC |

| Drug Name | Requirements/Limits |
|---|---|
| KIMONO MICRO MIS THIN | QL (12 condoms / 1 day), OTC |
| TRUSTEX MIS BANANA | QL (12 condoms / 1 day), OTC |
| TRUSTEX MIS CHOCOLAT | QL (12 condoms / 1 day), OTC |
| TRUSTEX MIS FLAVORS | QL (12 condoms / 1 day), OTC |
| TRUSTEX MIS MINT | QL (12 condoms / 1 day), OTC |
| TRUSTEX MIS STRWBRY | QL (12 condoms / 1 day), OTC |
| TRUSTEX MIS VANILLA | QL (12 condoms / 1 day), OTC |
| TRUSTEX/RIA MIS NON-LUB | QL (12 condoms / 1 day), OTC |
| DUREX MIS REALFEEL | QL (12 condoms / 1 day), OTC |
| OMNIFLEX DPR | QL (1 box / year) |
| ***MISC. DEVICES*** | |
| ALCOHOL PAD 70% | OTC |
| ALCOHOL PAD PREP | OTC |
| ALCOHOL PADS PAD 70% | OTC |
| ALCOHOL PREP PAD | OTC |
| ALCOHOL PREP PAD 70% | OTC |
| ALCOHOL PREP PAD MED 70% | OTC |
| ALCOHOL PREP PAD PADS 70% | OTC |
| ALCOHOL SWAB PAD | OTC |
| ALCOHOL SWAB PAD 70% | OTC |
| ALCOHOL SWAB PAD EX-THICK | OTC |
| BD SWAB BFLY PAD SNGL USE | OTC |
| BD SWAB REG PAD SNGL USE | OTC |
| CARETOUCH PAD ALCOHOL | OTC |
| COMFRT TOUCH PAD ALC PREP | OTC |
| CURITY PREP PAD ALCOHOL | OTC |
| CURITY SWABS PAD ALCOHOL | OTC |
| FIFTY50 PREP PAD PADS | OTC |
| GNP ALCOHOL PAD SWABS | OTC |
| HM STERILE PAD ALCHOL | OTC |
| INCONTROL PAD ALCOHOL | OTC |
| PREP PADS PAD | OTC |
| PURE COMFORT PAD | OTC |
| QC ALCOHOL PAD SWABS | OTC |
| RA ALCOHOL PAD SWABS | OTC |
| REALITY SWAB PAD | OTC |
| SAPS HEALTH PAD ALCOHOL | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| SB ALCOHOL PAD PREP | OTC |
| SM ALCOHOL PAD PREP | OTC |
| TRUE COMFORT PAD PRO | OTC |
| ULTICARE PAD ALCOHOL | OTC |
| ULTILET PAD ALCOHOL | OTC |
| WEBCOL PREP PAD LARGE | OTC |
| WEBCOL PREP PAD MEDIUM | OTC |
| ZEVRX STERIL PAD ALCHOL | OTC |
| **PHARMACEUTICAL ADJUVANTS** | |
| ***ANTIMICROBIAL AGENTS*** | |
| BENZYL ALC LIQ | |
| BENZYL ALC LIQ | OTC |
| ***LIQUID VEHICLES*** | |
| *glycine diluent for injection* | |
| STERILE DILU SOL TREPROST | |
| *water for injection* | |
| *water for iv injection* | |
| BACTER WATER INJ BENZ ALC | |
| *water for inject, bacteriostatic benzyl alcohol* | |
| *bacteriostatic sodium chloride inj soln 0.9%* | |
| SALINE/PHENO SOL | |
| **MISCELLANEOUS THERAPEUTIC CLASSES** | |
| ***IMMUNOMODULATORS*** | |
| THALOMID CAP 50MG | SP, PA, QL (1 cap / 1 day) |
| THALOMID CAP 100MG | SP, PA, QL (1 cap / 1 day) |
| THALOMID CAP 150MG | SP, PA, QL (2 caps / 1 day) |
| THALOMID CAP 200MG | SP, PA, QL (2 caps / 1 day) |
| REVLIMID CAP 2.5MG | SP, PA, QL (28 caps / 28 days) |
| *lenalidomide cap 5 mg* | SP, PA, QL (1 cap / 1 day) |
| REVLIMID CAP 5MG | SP, PA, QL (28 caps / 28 days) |
| *lenalidomide cap 10 mg* | SP, PA, QL (1 cap / 1 day) |
| REVLIMID CAP 10MG | SP, PA, QL (28 caps / 28 days) |
| *lenalidomide cap 15 mg* | SP, PA, QL (1 cap / 1 day) |
| REVLIMID CAP 15MG | SP, PA, QL (28 caps / 28 days) |
| REVLIMID CAP 20MG | SP, PA, QL (42 caps / 28 days) |
| *lenalidomide cap 25 mg* | SP, PA, QL (42 caps / 28 days) |
| REVLIMID CAP 25MG | SP, PA, QL (42 caps / 28 days) |

| Drug Name | Requirements/Limits |
|---|---|
| ***IMMUNOSUPPRESSIVE AGENTS*** | |
| *cyclosporine cap 25 mg* | SP |
| *cyclosporine cap 100 mg* | SP |
| SANDIMMUNE SOL 100MG/ML | SP |
| *cyclosporine modified cap 25 mg* | SP |
| *gengraf cap 25mg* | SP |
| *cyclosporine modified cap 50 mg* | SP |
| *cyclosporine modified cap 100 mg* | SP |
| *gengraf cap 100mg* | SP |
| *cyclosporine modified oral soln 100 mg/ml* | SP |
| *gengraf sol 100mg/ml* | SP |
| *mycophenolate mofetil cap 250 mg* | SP |
| *mycophenolate mofetil tab 500 mg* | SP |
| *mycophenolate mofetil for oral susp 200 mg/ml* | SP |
| *sirolimus tab 0.5 mg* | SP |
| *sirolimus tab 1 mg* | SP |
| *sirolimus tab 2 mg* | SP |
| *sirolimus oral soln 1 mg/ml* | SP |
| *tacrolimus cap 0.5 mg* | SP |
| *tacrolimus cap 1 mg* | SP |
| *tacrolimus cap 5 mg* | SP |
| *azathioprine tab 50 mg* | |
| *azasan tab 75 mg* | |
| *azathioprine tab 75 mg* | |
| *azasan tab 100mg* | |
| *azathioprine tab 100 mg* | |
| ***POTASSIUM REMOVING AGENTS*** | |
| *sps sus 15gm/60* | |
| ***PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS*** | |
| VIJOICE TAB 50MG | SP, PA |
| VIJOICE TAB 125MG | SP, PA |
| VIJOICE TAB 250MG | SP, PA |

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