

2024

FORMULARY LIST OF COVERED DRUGS

ALOHACARE QUEST INTEGRATION DUAL

The AlohaCare QUEST Integration Formulary is a list of drugs that AlohaCare covers if the drug restriction(s) (or limits) are met. The formulary is reviewed every 3 months or as needed. The formulary is approved by a group of doctors and pharmacists on the Pharmacy & Therapeutics (P&T) Committee. This formulary is for drugs that a member can get with a prescription at a pharmacy. It does not apply to drugs used in the hospital or drugs given at a doctor's office.

The drugs or products listed in this formulary may not include all drugs and may change. Some drugs may reject at the pharmacy because of other edits such as drug interactions and therapeutic duplication. A drug interaction may happen when 2 or more drugs may work against each other. A therapeutic duplication may happen when 2 or more drugs are the same or works the same way as another. Drugs that are not listed on this formulary are either not covered by AlohaCare QUEST Integration or are non-formulary.



AlohaCare QUEST Integration Dual

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Drug Name	Drug Tier	Requirements /Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*ANALEPTICS***		
<i>caffeine citrate oral solution</i>	Preferred	
ANALGESICS - ANTI-INFLAMMATORY		
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***		
<i>cvs ibuprofen childrens oral tablet chewable</i>	Preferred	OTC; QL (100 tablets per 90 days)
<i>flurbiprofen oral tablet 50 mg</i>	Preferred	QL (4 tablets per 1 day)
<i>ft ibuprofen oral tablet</i>	Preferred	OTC; QL (100 tablets per 30 days)
<i>ibuprofen oral capsule</i>	Preferred	OTC; QL (100 capsules per 30 days)
<i>ibuprofen oral tablet 200 mg</i>	Preferred	OTC; QL (100 tablets per 30 days)
INFANTS ADVIL ORAL SUSPENSION	Preferred	OTC; QL (30 mL per 30 days)
MEDI-FIRST IBUPROFEN ORAL TABLET	Preferred	OTC; QL (100 tablets per 30 days)
MOTRIN CHILDRENS ORAL TABLET CHEWABLE	Preferred	OTC; QL (100 tablets per 90 days)
MOTRIN INFANTS DROPS ORAL SUSPENSION	Preferred	OTC; QL (30 mL per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen sodium oral capsule</i>	Preferred	OTC; QL (100 capsules per 90 days)
<i>naproxen sodium oral tablet 220 mg</i>	Preferred	OTC; QL (100 tablets per 90 days)
PROPRINAL ORAL CAPSULE	Preferred	OTC; QL (100 capsules per 30 days)
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
**		
<i>kls migraine headache relief oral tablet</i>	Preferred	OTC
*ANALGESICS OTHER***		
<i>8 hour arthritis pain oral tablet extended release</i>	Preferred	OTC; QL (100 tablets per 90 days)
<i>acetaminophen childrens oral suspension</i>	Preferred	OTC; QL (480 mL per 30 days)
<i>acetaminophen childrens oral tablet chewable</i>	Preferred	OTC
<i>acetaminophen er oral tablet extended release</i>	Preferred	OTC; QL (100 tablets per 90 days)
<i>acetaminophen infants oral suspension</i>	Preferred	OTC; QL (480 mL per 30 days)
<i>acetaminophen oral liquid</i>	Preferred	OTC; QL (120 mL per 30 days)
<i>acetaminophen oral solution 160 mg/5ml</i>	Preferred	OTC; QL (100 mL per 25 days)
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	Preferred	OTC; QL (480 mL per 30 days)
<i>acetaminophen oral tablet 325 mg</i>	Preferred	OTC
<i>acetaminophen oral tablet 500 mg</i>	Preferred	OTC; QL (100 tablets per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen oral tablet chewable 160 mg</i>	Preferred	OTC
<i>acetaminophen rectal suppository</i>	Preferred	OTC
FEVERALL INFANTS RECTAL SUPPOSITORY	Preferred	OTC
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY	Preferred	OTC
MAX RELIEF JR CHILD PAIN/FEVER ORAL LIQUID	Preferred	OTC; QL (120 mL per 30 days)
MM ACETAMINOPHEN EX STR ORAL TABLET	Preferred	OTC; QL (100 tablets per 30 days)
<i>pain & fever kids oral suspension</i>	Preferred	OTC; QL (480 mL per 30 days)
<i>qc 8 hour pain relief oral tablet extended release</i>	Preferred	OTC; QL (100 tablets per 90 days)
<i>qc acetaminophen infants oral suspension</i>	Preferred	OTC; QL (480 mL per 30 days)
<i>qc pain relief extra strength oral liquid</i>	Preferred	OTC
TRIAMINIC FEVER REDUCER ORAL SYRUP	Preferred	OTC
TYLENOL CHILDRENS CHEWABLES ORAL TABLET CHEWABLE	Preferred	OTC
TYLENOL CHILDRENS ORAL SUSPENSION	Preferred	OTC; QL (480 mL per 30 days)
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION	Preferred	OTC; QL (480 mL per 30 days)
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION	Preferred	OTC; QL (480 mL per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION	Preferred	OTC; QL (480 mL per 30 days)
*ANALGESICS-SEDATIVES***		
<i>qc menstrual pain relief oral tablet</i>	Preferred	OTC
*SALICYLATES***		
<i>aspirin 81 oral tablet delayed release</i>	Preferred	EDS; OTC; QL (1 tablet per 1 day)
<i>aspirin ec adult low strength oral tablet delayed release 81 mg</i>	Preferred	OTC
<i>aspirin oral tablet</i>	Preferred	EDS; OTC
<i>aspirin oral tablet chewable</i>	Preferred	EDS; OTC; QL (1 tablet per 1 day)
<i>aspirin oral tablet delayed release 325 mg</i>	Preferred	EDS; OTC; QL (100 tablets per 25 days)
<i>aspirin oral tablet delayed release 81 mg</i>	Preferred	EDS; OTC; QL (1 tablet per 1 day)
<i>aspirin rectal suppository</i>	Preferred	OTC
<i>aspirin regimen oral tablet delayed release</i>	Preferred	EDS; OTC; QL (1 tablet per 1 day)
<i>cvs genuine aspirin oral tablet</i>	Preferred	EDS; OTC
<i>goodsense aspirin adults oral tablet</i>	Preferred	EDS; OTC
MEDI-FIRST ASPIRIN ORAL TABLET	Preferred	EDS; OTC
MEDIQUE ASPIRIN ORAL TABLET	Preferred	EDS; OTC
<i>mm aspirin oral tablet delayed release</i>	Preferred	EDS; OTC; QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
ANALGESICS - OPIOID		
*OPIOID AGONISTS***		
<i>methadone hcl oral tablet soluble</i>	Preferred	PA; C; QL (1 tablet per 1 day)
METHADOSE ORAL TABLET SOLUBLE	Preferred	PA; C; QL (1 tablet per 1 day)
ANORECTAL AND RELATED PRODUCTS		
*RECTAL COMBINATIONS - MISC.***		
<i>gnp hemorrhoidal rectal ointment</i>	Preferred	OTC
*RECTAL LOCAL ANESTHETICS***		
<i>eq hemorrhoid relief external cream</i>	Preferred	OTC
LUBRICAINE EXTERNAL GEL 5 %	Preferred	OTC
TOPICAINE 5 EXTERNAL GEL	Preferred	OTC
ANTACIDS		
*ANTACID & SIMETHICONE***		
<i>alum & mag hydroxide-simeth oral suspension</i>	Preferred	OTC
<i>antacid & antigas oral suspension 200-200-20 mg/5ml</i>	Preferred	OTC
<i>goodsense advanced antacid oral suspension</i>	Preferred	OTC
<i>goodsense antacid & gas relief oral suspension 400-400-40 mg/5ml</i>	Preferred	OTC
<i>qc antacid/lanti-gas oral suspension 400-400-40 mg/10ml</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
*ANTACIDS - ALUMINUM SALTS***		
<i>aluminum hydroxide gel oral suspension</i>	Preferred	OTC
*ANTACIDS - BICARBONATE***		
<i>sodium bicarbonate oral tablet</i>	Preferred	OTC
*ANTACIDS - CALCIUM SALTS***		
<i>calcium carbonate antacid oral suspension</i>	Preferred	OTC
<i>calcium carbonate antacid oral tablet</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>calcium carbonate antacid oral tablet chewable</i>	Preferred	OTC; QL (5 tablets per 1 day)
<i>goodsense antacid extra str oral tablet chewable</i>	Preferred	OTC
<i>medi-first antacid oral tablet chewable</i>	Preferred	OTC
*ANTACIDS - MAGNESIUM SALTS***		
<i>magnesium oxide (antacid) oral capsule</i>	Preferred	OTC
<i>magnesium oxide oral tablet 250 mg, 420 mg</i>	Preferred	OTC
<i>magnesium oxide oral tablet 400 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
ANTHELMINTIC S		
*ANTHELMINTIC S***		
<i>reeses pinworm medicine oral suspension</i>	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits
ANTIDIABETICS		
DIABETIC OTHER - COMBINATIONS **		
DEX4 GLUCOSE ORAL TABLET CHEWABLE	Preferred	OTC
DEX4 NATURALS ORAL TABLET CHEWABLE	Preferred	OTC
DEX4 ORAL TABLET CHEWABLE	Preferred	OTC
DEX4 POUCH PACK ORAL TABLET CHEWABLE	Preferred	OTC
<i>glucose instant energy oral tablet chewable</i>	Preferred	OTC
<i>glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>gnp glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>goodsense glucose oral tablet chewable</i>	Preferred	OTC
<i>leader glucose oral tablet chewable</i>	Preferred	OTC
<i>longs glucose oral tablet chewable</i>	Preferred	OTC
RELION GLUCOSE ORAL TABLET CHEWABLE	Preferred	OTC
SMART SENSE GLUCOSE ORAL TABLET CHEWABLE	Preferred	OTC
<i>up & up glucose oral tablet chewable</i>	Preferred	OTC
*DIABETIC OTHER***		
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
<i>glucose oral gel 40 %</i>	Preferred	OTC
<i>glucose oral tablet chewable 4 gm</i>	Preferred	OTC
<i>gnp glucose oral tablet chewable 4 gm</i>	Preferred	OTC
<i>gnp quick dissolve glucose oral tablet chewable</i>	Preferred	OTC
<i>leader quick dissolve glucose oral tablet chewable</i>	Preferred	OTC
ANTIDIARRHEA L/PROBIOTIC AGENTS		
*ANTIDIARRHEA L/PROBIOTIC AGENTS - MISC.***		
<i>bismuth subsalicylate oral tablet chewable</i>	Preferred	OTC
<i>gnp stomach relief oral suspension</i>	Preferred	OTC; QL (80 mL per 30 days)
<i>pink bismuth maximum strength oral suspension</i>	Preferred	OTC
*ANTIPERISTALTIC AGENTS***		
<i>loperamide hcl oral tablet</i>	Preferred	OTC; QL (8 tablets per 1 day)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*OPIOID ANTAGONISTS***		
RIVIVE NASAL LIQUID	Preferred	OTC; QL (6 nasal sprays (3 cartons) per 3 months)

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Drug Name	Drug Tier	Requirements /Limits
ANTIEMETICS		
ANTIEMETIC COMBINATIONS		
**		
<i>nausea relief oral solution</i>	Preferred	OTC
ANTIHISTAMINE S		
*ANTIHISTAMINE S - ALKYLAMINES***		
<i>chlorphen oral tablet</i>	Preferred	OTC
<i>chlorpheniramine maleate oral tablet extended release</i>	Preferred	OTC
<i>chlorpheniramine maleate oral tablet</i>	Preferred	OTC
DIABETIC TUSSIN ALLERGY ORAL SYRUP	Preferred	OTC
*ANTIHISTAMINE S - ETHANOLAMINE S***		
<i>allergy relief childrens oral tablet dispersible</i>	Preferred	C; OTC
<i>allergy relief oral liquid</i>	Preferred	C; OTC; QL (60 mL per 1 day)
<i>diphenhydramine hcl childrens oral liquid</i>	Preferred	C; OTC; QL (60 mL per 1 day)
<i>diphenhydramine hcl oral capsule 25 mg</i>	Preferred	C; QL (120 capsules per 30 days)
<i>diphenhydramine hcl oral capsule 50 mg</i>	Preferred	C
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Preferred	C; OTC; QL (60 mL per 1 day)
<i>diphenhydramine hcl oral tablet</i>	Preferred	C; OTC; QL (4 tablets per 1 day)

Drug Name	Drug Tier	Requirements /Limits
<i>diphenhydramine hcl oral tablet chewable</i>	Preferred	C; OTC; QL (2 tablets per 1 day)
<i>gnp allergy relief max st oral liquid</i>	Preferred	C; OTC; QL (60 mL per 1 day)
KINDERMED KIDS ALLERGY ORAL LIQUID	Preferred	C; OTC; QL (60 mL per 1 day)
MM ALLER-BEN ORAL TABLET	Preferred	C; OTC; QL (4 tablets per 1 day)
*ANTIHISTAMINE S - NON-SEDATING***		
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE	Preferred	OTC; QL (2 tablets per 1 day)
<i>allergy rel child (cetirizine) oral tablet dispersible</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>allergy relief (loratadine) oral capsule</i>	Preferred	OTC; QL (1 capsule per 1 day)
<i>allergy relief (loratadine) oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>allergy relief oral tablet 60 mg</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>cetirizine hcl oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>cetirizine hcl oral tablet chewable</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>fexofenadine hcl oral tablet 180 mg</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>fexofenadine hcl oral tablet 60 mg</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>ft allergy relief childrens oral tablet chewable</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>loratadine oral capsule</i>	Preferred	OTC; QL (1 capsule per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
<i>loratadine oral solution</i>	Preferred	PA; AL; OTC; QL (10 mL per 1 day)
<i>loratadine oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>loratadine oral tablet dispersible</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>qc allergy relief oral tablet 60 mg</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>sm allergy relief oral tablet 60 mg</i>	Preferred	OTC; QL (2 tablets per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*DIBENZOXAZEPINES***		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	AL; C
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS **		
<i>hydrogen peroxide external solution</i>	Preferred	OTC
*CHLORINE ANTISEPTICS***		
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION	Preferred	OTC; QL (480 mL per 30 days)
<i>chlorhexidine gluconate external solution 4 %</i>	Preferred	OTC; QL (480 mL per 30 days)
CHEMICALS		
*SOLVENTS***		
<i>gnp isopropyl rubbing alcohol solution 70 %</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
CONTRACEPTIVES		
*EMERGENCY CONTRACEPTIVE S***		
AFTERA ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
AFTERPILL ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
CURAE ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
ECONTRA ONE-STEP ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
HER STYLE ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
<i>levonorgestrel oral tablet</i>	Preferred	OTC; QL (1 tablet per 30 days)
MY CHOICE ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
MY WAY ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
NEW DAY ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
OPCICON ONE-STEP ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
OPTION 2 ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
REACT ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
TAKE ACTION ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
*PROGESTIN CONTRACEPTIVE S - ORAL***		
OPILL ORAL TABLET	Preferred	AL; OTC; QL (1 tablet per 1 day)
COUGH/COLD/ALLERGY		
*ANTI-HISTAMINE -ANALGESICS***		
<i>severe allergy oral tablet</i>	Preferred	AL; OTC
*ANTITUSSIVE - NONNARCOTIC** *		
<i>benzonatate oral capsule</i>	Preferred	AL
<i>daytime cough oral liquid</i>	Preferred	AL; OTC
<i>dextromethorphan polistirex er oral suspension extended release</i>	Preferred	AL; OTC
<i>tussin cough oral syrup</i>	Preferred	AL; OTC
WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID	Preferred	AL; OTC
*ANTITUSSIVE - OPIOID***		
<i>hydrocodone bit-homatrop mbr oral solution</i>	Preferred	AL
<i>hydrocodone bit-homatrop mbr oral tablet</i>	Preferred	AL
<i>hydromet oral solution</i>	Preferred	AL
*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC***		
<i>cold & flu severe daytime oral tablet</i>	Preferred	AL; OTC
<i>ft cold & flu daytime severe oral tablet</i>	Preferred	AL; OTC

Drug Name	Drug Tier	Requirements /Limits
*ANTITUSSIVE-EXPECTORANT** *		
<i>chest congestion relief dm oral tablet</i>	Preferred	AL; OTC
CORICIDIN HBP CONGESTION/COUGH ORAL CAPSULE	Preferred	AL; OTC
<i>cough & congestion kids oral liquid</i>	Preferred	AL; OTC
<i>cvs chest congestion-cough hbp oral capsule</i>	Preferred	AL; OTC
<i>cvs tussindm cough/chest adult oral liquid</i>	Preferred	AL; OTC
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml</i>	Preferred	AL; OTC
<i>dextromethorphan-guaifenesin oral tablet</i>	Preferred	AL; OTC
DIABETIC TUSSIN DM MAX ST ORAL LIQUID	Preferred	AL; OTC
<i>dm-guaifenesin er oral tablet extended release 12 hour</i>	Preferred	AL; OTC
<i>eq cough & chest congestion dm oral liquid</i>	Preferred	AL; OTC
<i>eql tussin cough/chest congest oral liquid</i>	Preferred	AL; OTC
<i>goodsense tussin dm oral liquid</i>	Preferred	AL; OTC
<i>guaifenesin-codeine oral solution</i>	Preferred	AL; OTC; QL (120 mL per 1 fill)
<i>guaifenesin-dm oral syrup</i>	Preferred	AL; OTC
<i>intense cough reliever oral liquid 30-200 mg/5ml</i>	Preferred	AL; OTC
<i>kls mucus-dm max strength oral tablet extended release 12 hour</i>	Preferred	AL; OTC

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MUCINEX COUGH FOR KIDS ORAL LIQUID† 5-100 MG/5ML	Preferred	OTC
MUCINEX FAST-MAX SEVERE CON/CG ORAL CAPSULE	Preferred	AL; OTC
<i>mucus relief cough childrens oral liquid</i>	Preferred	AL; OTC
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	AL; OTC
<i>neotuss oral liquid</i>	Preferred	OTC
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID	Preferred	AL; OTC
<i>sm tussin cough/chest congest oral liquid</i>	Preferred	AL; OTC
<i>tussin dm cough + chest oral liquid 20-200 mg/20ml</i>	Preferred	AL; OTC
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT **		
<i>biogtuss oral liquid</i>	Preferred	AL; OTC
<i>g-supress dx pediatric oral liquid</i>	Preferred	AL; OTC
PEGGEN PSE ORAL LIQUID	Preferred	AL; OTC
<i>phenylephrine-dm-gg oral liquid</i>	Preferred	AL; OTC
<i>qc mucus relief severe conl/gh oral liquid</i>	Preferred	AL; OTC
TRISPEC PSE ORAL LIQUID	Preferred	AL; OTC
TUSNEL C ORAL SYRUP	Preferred	AL; OTC
TUSNEL DM PEDIATRIC ORAL LIQUID	Preferred	AL; OTC
<i>tussin multi-symptom cold cf oral liquid</i>	Preferred	AL; OTC

Drug Name	Drug Tier	Requirements /Limits
DECONGESTANT & ANTIHISTAMINE **		
<i>24hr allergy & congestion reli oral tablet extended release 24 hour</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>allergy relief d oral tablet extended release 24 hour 180-240 mg</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
APRODINE ORAL TABLET	Preferred	AL; OTC
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID	Preferred	AL; OTC
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
LOHIST-D ORAL LIQUID	Preferred	AL; OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>nohist-lq oral liquid</i>	Preferred	AL; OTC
SUDOGEST SINUS/ALLERGY ORAL TABLET	Preferred	AL; OTC

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Drug Name	Drug Tier	Requirements /Limits
*DECONGESTANT W/ EXPECTORANT**		
<i>altarussin-pe oral syrup</i>	Preferred	AL; OTC
<i>bronchial asthma relief oral tablet</i>	Preferred	AL; OTC
<i>mucus relief d oral tablet</i>	Preferred	AL; OTC
<i>phenylephrine-guaifenesin oral tablet</i>	Preferred	AL; OTC
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Preferred	AL; OTC
TUSSI-PRES PE PEDIATRIC ORAL LIQUID	Preferred	AL; OTC
*DECONGESTANT -ANALGESIC***		
<i>ra sinus congestion & pain oral tablet</i>	Preferred	AL; OTC
SUDAFED PE HEAD CONGESTION ORAL TABLET 10-200 MG	Preferred	AL; OTC
*EXPECTORANTS ***		
<i>chest congestion relief child oral liquid</i>	Preferred	AL; OTC
<i>guaifenesin er oral tablet extended release 12 hour</i>	Preferred	AL; OTC
<i>guaifenesin oral liquid</i>	Preferred	AL; OTC
<i>guaifenesin oral tablet</i>	Preferred	AL; OTC
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	Preferred	AL; OTC
<i>qc tussin expectorant adult oral liquid</i>	Preferred	AL; OTC

Drug Name	Drug Tier	Requirements /Limits
*MISC. RESPIRATORY INHALANTS***		
<i>nasal mist inhalation aerosol solution</i>	Preferred	OTC
*NON-NARC ANTITUSSIVE-ANTIHIAMINE**		
<i>cough & cold hbp oral tablet</i>	Preferred	AL; OTC
<i>nighttime cough oral liquid</i>	Preferred	AL; OTC
<i>promethazine-dm oral syrup</i>	Preferred	AL
<i>qc nighttime cough oral liquid 15-6.25 mg/15ml</i>	Preferred	AL; OTC
SAFE TUSSIN PM ORAL LIQUID	Preferred	AL; OTC
*NON-NARC ANTITUSSIVE-DECONGESTANT**		
<i>daytime cold & cough childrens oral solution</i>	Preferred	AL; OTC
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHIAMINE**		
ABATUSS DMX ORAL LIQUID	Preferred	AL; OTC
<i>cold/cough childrens oral liquid</i>	Preferred	AL; OTC
DELTUSS DMX ORAL LIQUID	Preferred	AL; OTC
DIMETAPP CHILDRENS COLD/COUGH ORAL LIQUID	Preferred	AL; OTC

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Drug Name	Drug Tier	Requirements /Limits
DIMETAPP COLD/COUGH CHILDRENS ORAL LIQUID	Preferred	AL; OTC
GILTUSS ALLERGY CGH&CONG CHILD ORAL LIQUID	Preferred	AL; OTC
<i>nohist-dm oral liquid</i>	Preferred	AL
<i>qc dibromm childrens coldlclgh oral liquid</i>	Preferred	AL; OTC
<i>tussi-pres b oral liquid</i>	Preferred	AL; OTC
OPIOID ANTITUSSIVE- ANTIHISTAMINE		
**		
<i>promethazine-codeine oral solution</i>	Preferred	AL; QL (240 mL per 30 days)
<i>promethazine-codeine oral syrup</i>	Preferred	AL; QL (240 mL per 30 days)
DERMATOLOGICALS		
*ACNE PRODUCTS***		
<i>acne medication 10 external lotion</i>	Preferred	OTC; QL (177 mL per 30 days)
<i>acne medication 5 external lotion</i>	Preferred	OTC; QL (177 mL per 30 days)
<i>advanced acne wash external liquid extended release</i>	Preferred	OTC; QL (125 mL per 30 days)
<i>benzoyl peroxide external gel 10 %</i>	Preferred	QL (90 grams per 30 days)
<i>benzoyl peroxide external gel 2.5 %</i>	Preferred	OTC; QL (180 grams per 30 days)
<i>benzoyl peroxide external gel 5 %</i>	Preferred	OTC; QL (90 grams per 30 days)
<i>benzoyl peroxide external liquid</i>	Preferred	QL (237 mL per 30 days)
<i>benzoyl peroxide wash external liquid 10 %</i>	Preferred	QL (237 mL per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DIFFERIN CLEANSER EXTERNAL LIQUID	Preferred	OTC; QL (237 mL per 30 days)
<i>effaclar duo external solution</i>	Preferred	OTC; QL (40 mL per 30 days)
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL	Preferred	OTC; QL (90 grams per 30 days)
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID	Preferred	OTC; QL (237 mL per 30 days)
NEUTROGENA CLEAR PORE EXTERNAL LIQUID	Preferred	OTC; QL (125 mL per 30 days)
NEUTROGENA ON-THE-SPOT EXTERNAL CREAM	Preferred	OTC; QL (21 grams per 30 days)
PANOXYL EXTERNAL LIQUID	Preferred	OTC; QL (237 grams per 30 days)
*ANTIBIOTIC MIXTURES TOPICAL***		
<i>poly bacitracin external ointment</i>	Preferred	OTC
<i>triple antibiotic external ointment 5-400-5000 mg-unit</i>	Preferred	OTC; QL (30 grams per 30 days)
*ANTIBIOTICS - TOPICAL***		
<i>bacitracin external ointment</i>	Preferred	OTC; QL (30 grams per 30 days)
<i>bacitracin zinc external ointment</i>	Preferred	OTC; QL (90 grams per 90 days)
<i>bacitracin zinc-aloe external ointment</i>	Preferred	OTC; QL (90 grams per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
ANTIFUNGALS - TOPICAL COMBINATIONS **		
<i>g-mycosol nail external solution</i>	Preferred	OTC
MYCO NAIL EXTERNAL SOLUTION	Preferred	OTC
*ANTIFUNGALS - TOPICAL***		
<i>cvs toe area treatment max str external solution</i>	Preferred	OTC; QL (55 mL per 30 days)
GORDOCHOM EXTERNAL SOLUTION	Preferred	OTC
LOTRIMIN AF EXTERNAL POWDER	Preferred	OTC; QL (90 grams per 30 days)
MICOTRIN AL EXTERNAL SOLUTION	Preferred	OTC; QL (55 mL per 30 days)
MYCO NAIL A EXTERNAL SOLUTION	Preferred	OTC
<i>terbinafine hcl external cream</i>	Preferred	OTC; QL (42 grams per 30 days)
<i>tm-tolnaftate lr external solution</i>	Preferred	OTC; QL (55 mL per 30 days)
<i>tolnaftate external aerosol powder</i>	Preferred	OTC; QL (150 grams per 30 days)
<i>tolnaftate external cream</i>	Preferred	OTC; QL (30 grams per 30 days)
<i>tolnaftate external powder</i>	Preferred	OTC; QL (90 grams per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ANTIHISTAMINE -TOPICAL COMBINATIONS **		
<i>anti-itch extra strength external cream</i>	Preferred	OTC
<i>diphenhydramine-zinc acetate external cream</i>	Preferred	OTC
<i>eq anti-itch extra strength external liquid</i>	Preferred	OTC
*ANTIVIRALS - TOPICAL***		
<i>docosanol external cream</i>	Preferred	OTC; QL (2 grams per 30 days)
<i>gnp docosanol external cream</i>	Preferred	OTC; QL (2 grams per 30 days)
*ASTRINGENTS** *		
<i>calamine phenolated external lotion</i>	Preferred	OTC
<i>gnp calamine phenolated external lotion</i>	Preferred	OTC
MEDPURA ZINC OXIDE EXTERNAL OINTMENT	Preferred	OTC; QL (480 grams per 30 days)
<i>zinc oxide external ointment 20 %</i>	Preferred	OTC; QL (480 grams per 30 days)
<i>zinc oxide external ointment 40 %</i>	Preferred	OTC; QL (120 grams per 90 days)
*CORTICOSTEROIDS - TOPICAL***		
<i>hydrocortisone external cream 0.5 %</i>	Preferred	OTC; QL (60 grams per 30 days)
<i>hydrocortisone external lotion 1 %</i>	Preferred	OTC; QL (120 gm per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone external ointment 0.5 %</i>	Preferred	OTC; QL (60 grams per 30 days)
*DIAPER RASH PRODUCTS***		
AVEENO BABY SOOTHING MULTI-PUR EXTERNAL OINTMENT	Preferred	OTC
EMOLLIENT COMBINATIONS **		
<i>mineral oil-hydrophil petrolat external ointment</i>	Preferred	OTC
*EMOLLIENTS***		
<i>glycerin external liquid</i>	Preferred	OTC
MEDPURA VITAMIN A & D EXTERNAL OINTMENT	Preferred	OTC
<i>vitamin a & d external ointment</i>	Preferred	OTC
<i>vitamin a & d skin protectant external ointment</i>	Preferred	OTC
<i>vitamin e-vit a & d external cream</i>	Preferred	OTC
<i>vitamins a & d external ointment</i>	Preferred	OTC
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***		
<i>alevazol external ointment</i>	Preferred	OTC; QL (60 grams per 30 days)
<i>miconazole nitrate external cream</i>	Preferred	QL (200 grams per 30 days)
MICOTRIN AP EXTERNAL POWDER	Preferred	OTC; QL (85 grams per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LINIMENT COMBINATIONS **		
ASPERFLEX EXTERNAL CREAM	Preferred	OTC
DYNARUB EXTERNAL CREAM	Preferred	OTC
*LOCAL ANESTHETICS - TOPICAL***		
<i>afterburn external gel</i>	Preferred	OTC
ALOCANE EMERGENCY BURN MAX STR EXTERNAL GEL	Preferred	OTC
ALOCANE EMERGENCY BURN MAX STR EXTERNAL PAD	Preferred	OTC
ASPERCREME MAX STRENGTH EXTERNAL AEROSOL	Preferred	OTC; QL (128 gm/mL per 30 days)
ASPERFLEX LIDOCAINE EXTERNAL CREAM	Preferred	OTC
ASPERFLEX LIDOCAINE EXTERNAL OINTMENT	Preferred	OTC; QL (100 grams per 30 days)
ASPERFLEX PAIN RELIEVING EXTERNAL PATCH	Preferred	OTC; QL (4 patches per 1 day)
<i>burn relief external gel</i>	Preferred	OTC
<i>cvs burn relief external gel</i>	Preferred	OTC
HEALTHWISE PAIN RELIEF EXTERNAL PATCH	Preferred	OTC; QL (4 patches per 1 day)
LANSINOH PAIN RELIEF SPRAY EXTERNAL SOLUTION	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits
LIDAFLEX EXTERNAL PATCH	Preferred	OTC
<i>lidocaine external cream 4 %</i>	Preferred	OTC
<i>lidocaine external patch 4 %</i>	Preferred	OTC; QL (4 patches per 1 day)
<i>lidocaine hcl external cream 4 %</i>	Preferred	OTC
<i>lidocaine pain relief max st external patch</i>	Preferred	OTC; QL (4 patches per 1 day)
<i>lidocore external patch</i>	Preferred	OTC; QL (4 patches per 1 day)
LIDODOSE EXTERNAL GEL	Preferred	OTC
LIDODOSE PEDIATRIC BULK PACK EXTERNAL GEL	Preferred	OTC
PHARMACIST CHOICE LIDOCAINE EXTERNAL PATCH	Preferred	OTC; QL (4 patches per 1 day)
<i>qc pain relieving + lidocaine external cream</i>	Preferred	OTC
REGENECARE HA EXTERNAL LIQUID	Preferred	OTC
SUN BURNT PLUS EXTERNAL GEL	Preferred	OTC
XEROBURN EXTERNAL GEL	Preferred	OTC
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP	Preferred	OTC; QL (50 strips per 30 days)
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	Preferred	OTC; QL (50 strips per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	Preferred	PA; OTC; QL (50 strips per 30 days)
*INFECTION TESTS***		
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT	Preferred	OTC
CARESTART COVID-19 HOME TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
CLEARDETECT COVID-19 AG HOME IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
<i>covid-19 at home antigen test in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)
<i>covid-19 at-home test in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)
<i>covid-19 otc antigen 1-pack in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)
<i>covid-19 otc antigen 2-pack in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)
<i>cvs covid-19 at home test kit in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)
DIATRUST COVID-19 HOME TEST IN VITRO KIT	Preferred	OTC
<i>ellume covid-19 home test in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)
<i>fastep covid-19 antigen test in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)

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Drug Name	Drug Tier	Requirements /Limits
GENABIO COVID-19 RAPID TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
IHEALTH COVID-19 RAPID TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
INDICAID COVID-19 RAPID TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT	Preferred	QL (8 test kits per 1 month)
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT	Preferred	OTC
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
*MULTIPLE URINE TESTS***		
CHEMSTRIP UGK IN VITRO STRIP	Preferred	OTC
KETO-DIASTIX IN VITRO STRIP	Preferred	OTC
GASTROINTESTINAL AGENTS - MISC.		
*ANTIFLATULENTS***		
heartland gas relief oral tablet chewable	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
<i>simethicone extra strength oral capsule</i>	Preferred	OTC
<i>simethicone oral capsule</i>	Preferred	OTC
<i>simethicone oral suspension</i>	Preferred	OTC
<i>simethicone oral tablet chewable</i>	Preferred	OTC
GENITOURINARY AGENTS - MISCELLANEOUS		
*URINARY ANALGESICS***		
<i>hm urinary pain relief oral tablet 95 mg</i>	Preferred	OTC
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Preferred	QL (12 tablets per 30 days)
<i>phenazopyridine hcl oral tablet 95 mg</i>	Preferred	OTC
URO-PAIN ORAL TABLET	Preferred	OTC
HEMATOPOIETIC AGENTS		
*COBALAMINS***		
B-12 DOTS ORAL TABLET DISPERSIBLE	Preferred	OTC
<i>b-12 oral tablet 250 mcg, 50 mcg</i>	Preferred	OTC
<i>b-12 sublingual tablet sublingual 1000 mcg, 500 mcg</i>	Preferred	OTC
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Preferred	
DODEX INJECTION SOLUTION	Preferred	
<i>hydroxocobalamin acetate intramuscular solution</i>	Preferred	
<i>vitamin b-12 er oral tablet extended release 2000 mcg</i>	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits
<i>vitamin b-12 oral liquid</i>	Preferred	OTC
<i>vitamin b-12 oral lozenge 500 mcg</i>	Preferred	OTC
<i>vitamin b-12 oral tablet</i>	Preferred	OTC
<i>vitamin b12 oral tablet extended release</i>	Preferred	OTC
<i>vitamin b12 sublingual liquid</i>	Preferred	OTC
<i>vitamin b-12 sublingual liquid</i>	Preferred	OTC
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 500 mcg, 5000 mcg</i>	Preferred	OTC
*FOLIC ACID/FOLATES***		
<i>folic acid injection solution</i>	Preferred	
<i>folic acid oral tablet 1 mg</i>	Preferred	EDS
<i>folic acid oral tablet 400 mcg</i>	Preferred	OTC
<i>folic acid oral tablet 800 mcg</i>	Preferred	EDS; OTC
<i>ft folic acid oral tablet</i>	Preferred	OTC
<i>true folic acid oral tablet 1 mg</i>	Preferred	EDS; OTC
<i>true folic acid oral tablet 400 mcg</i>	Preferred	OTC
IRON COMBINATIONS **		
<i>iron-vitamin c oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
*IRON***		
<i>cvs slow release iron oral tablet extended release</i>	Preferred	EDS; OTC
<i>easy iron oral capsule</i>	Preferred	OTC
<i>ferretts oral tablet</i>	Preferred	OTC
<i>ferrous fumarate oral tablet 324 (106 fe) mg</i>	Preferred	EDS; OTC

Drug Name	Drug Tier	Requirements /Limits
<i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg</i>	Preferred	EDS; OTC; QL (4 tablets per 1 day)
<i>ferrous sulfate er oral tablet extended release 50 mg</i>	Preferred	EDS; OTC
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	Preferred	EDS; OTC
<i>ferrous sulfate oral tablet 27 mg</i>	Preferred	EDS; OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	Preferred	EDS; OTC; QL (3 tablets per 1 day)
<i>ferrous sulfate oral tablet delayed release 325 (65 fe) mg</i>	Preferred	EDS; OTC
IFEREX 150 ORAL CAPSULE	Preferred	EDS; OTC
INFED INJECTION SOLUTION	Preferred	PA; SP
<i>iron (ferrous sulfate) oral solution</i>	Preferred	EDS; OTC
<i>iron (ferrous sulfate) oral tablet</i>	Preferred	EDS; OTC; QL (3 tablets per 1 day)
<i>iron high-potency oral tablet</i>	Preferred	EDS; OTC; QL (3 tablets per 1 day)
<i>iron high-potency oral tablet extended release</i>	Preferred	EDS; OTC
<i>iron infant & toddler oral solution</i>	Preferred	EDS; OTC
<i>iron oral tablet 240 (27 fe) mg</i>	Preferred	EDS; OTC; QL (4 tablets per 1 day)
<i>iron oral tablet 325 (65 fe) mg</i>	Preferred	EDS; OTC; QL (3 tablets per 1 day)
<i>iron slow release oral tablet extended release</i>	Preferred	EDS; OTC
<i>na ferric gluc cplx in sucrose intravenous solution</i>	Preferred	PA; SP; QL (80 mL per 56 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>polysaccharide iron complex oral capsule</i>	Preferred	EDS; OTC
<i>polysaccharide-iron complex oral capsule</i>	Preferred	EDS; OTC
<i>sv iron oral tablet</i>	Preferred	EDS; OTC; QL (3 tablets per 1 day)
VENOFER INTRAVENOUS SOLUTION	Preferred	PA; SP; QL (1000 mg per 14 days)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTIC COMBINATIONS		
**		
<i>qc acetaminophen pm ext oral tablet</i>	Preferred	OTC
<i>qc pain relief extra strength oral tablet 500-25 mg</i>	Preferred	OTC
*ANTIHISTAMINE HYPNOTICS***		
<i>diphenhydramine hcl (sleep) oral tablet</i>	Preferred	OTC
SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET	Preferred	C; OTC; QL (4 tablets per 1 day)
LAXATIVES		
*BULK LAXATIVES***		
<i>fiber (corn dextrin) oral powder</i>	Preferred	OTC
<i>fiber adult gummies oral tablet chewable</i>	Preferred	OTC
<i>fiber laxative oral tablet</i>	Preferred	OTC; QL (8 tablets per 1 day)
<i>fiber oral powder</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
<i>fiber oral tablet</i>	Preferred	OTC; QL (8 tablets per 1 day)
<i>fiber therapy oral tablet</i>	Preferred	OTC
FIBERCON ORAL TABLET	Preferred	OTC; QL (8 tablets per 1 day)
<i>gnp fiber oral powder</i>	Preferred	OTC
<i>goodsense psyllium fiber oral powder</i>	Preferred	OTC
<i>natural fiber oral powder</i>	Preferred	OTC
<i>psyldex oral powder</i>	Preferred	OTC
SOLUBLE FIBER THERAPY ORAL POWDER	Preferred	OTC
YUMVS PREBIOTIC FIBER ZERO ORAL TABLET CHEWABLE	Preferred	OTC
*LAXATIVES - MISCELLANEOUS ***		
<i>eq laxative oral packet</i>	Preferred	OTC; QL (2 packets per 1 day)
<i>glycerin (adult) rectal suppository</i>	Preferred	OTC
<i>glycerin (infants & children) rectal suppository 1 gm</i>	Preferred	OTC
<i>glycerin (pediatric) rectal suppository</i>	Preferred	OTC
<i>glycerin childrens rectal suppository 1.2 gm</i>	Preferred	OTC
<i>polyethylene glycol 3350 oral packet 17 gm</i>	Preferred	OTC; QL (2 packets per 1 day)
<i>polyethylene glycol 3350 oral powder</i>	Preferred	
<i>true laxative oral powder</i>	Preferred	OTC
*LAXATIVES & DSS***		
<i>senna plus oral capsule</i>	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits
<i>sennosides-docusate sodium oral tablet</i>	Preferred	OTC
<i>stool softener/laxative oral capsule</i>	Preferred	OTC
*LUBRICANT LAXATIVES***		
<i>mineral oil oral oil</i>	Preferred	OTC
*SALINE LAXATIVE MIXTURES***		
<i>enema pediatric rectal enema</i>	Preferred	OTC
<i>enema rectal enema 7-19 gm/118ml</i>	Preferred	OTC
*SALINE LAXATIVES***		
<i>epsom salt oral granules</i>	Preferred	OTC
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION	Preferred	OTC
<i>gnp magnesium citrate oral solution</i>	Preferred	OTC
<i>goodsense milk of magnesia oral suspension</i>	Preferred	OTC
<i>magnesium citrate oral solution</i>	Preferred	OTC
<i>milk of magnesia oral suspension 400 mg/5ml, 7.75 %</i>	Preferred	OTC
*STIMULANT LAXATIVES***		
<i>bisacodyl ec oral tablet delayed release</i>	Preferred	QL (100 tablets per 90 days)
<i>bisacodyl rectal suppository</i>	Preferred	OTC
<i>chocolated laxative oral tablet chewable</i>	Preferred	OTC
EX-LAX MAXIMUM STRENGTH ORAL TABLET	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
<i>goodsense bisacodyl laxative oral tablet delayed release</i>	Preferred	OTC; QL (100 tablets per 90 days)
ONELAX RECTAL SUPPOSITORY	Preferred	OTC
<i>senna oral capsule</i>	Preferred	OTC
<i>senna oral syrup 8.8 mg/5ml</i>	Preferred	
<i>senna oral tablet</i>	Preferred	OTC
*SURFACTANT LAXATIVES***		
<i>docusate calcium oral capsule</i>	Preferred	OTC
<i>docusate sodium oral capsule 100 mg</i>	Preferred	OTC; QL (3 capsules per 1 day)
<i>docusate sodium oral liquid 100 mg/10ml</i>	Preferred	OTC
<i>dss oral capsule 250 mg</i>	Preferred	OTC
MEDICAL DEVICES AND SUPPLIES		
*CERVICAL CAPS***		
FEMCAP VAGINAL DEVICE	Preferred	
*DIAPHRAGMS**		
*		
CAYA VAGINAL DIAPHRAGM	Preferred	
OMNIFLEX VAGINAL DIAPHRAGM	Preferred	
WIDE-SEAL VAGINAL DIAPHRAGM 60	Preferred	
WIDE-SEAL VAGINAL DIAPHRAGM 65	Preferred	

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Drug Name	Drug Tier	Requirements /Limits
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	Preferred	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	Preferred	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	Preferred	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	Preferred	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	Preferred	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	Preferred	
*GLUCOSE MONITORING TEST SUPPLIES***		
DEXCOM G6 RECEIVER DEVICE	Preferred	PA; QL (1 receiver per 1 year)
DEXCOM G6 SENSOR	Preferred	PA; QL (3 sensors per 30 days)
DEXCOM G6 TRANSMITTER	Preferred	PA; QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER DEVICE	Preferred	PA; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR	Preferred	PA; QL (3 sensors per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FREESTYLE LIBRE 14 DAY READER DEVICE	Preferred	PA; QL (1 reader per 1 year)
FREESTYLE LIBRE 14 DAY SENSOR	Preferred	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 READER DEVICE	Preferred	PA; QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR	Preferred	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	Preferred	PA; QL (2 sensors per 30 days)
FREESTYLE LIBRE 3 READER DEVICE	Preferred	PA; QL (1 reader per 1 year)
FREESTYLE LIBRE 3 SENSOR	Preferred	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE READER DEVICE	Preferred	PA; QL (1 reader per 1 year)
GNP TRUE METRIX AIR METER KIT	Preferred	OTC
GNP TRUE METRIX GLUCOSE METER KIT	Preferred	OTC
<i>lancets 33g</i>	Preferred	OTC; QL (102 lancets per 30 days)
LANCETS SUPER THIN	Preferred	OTC; QL (102 lancets per 30 days)
RELION TRUE MET AIR GLUC METER KIT	Preferred	OTC
TRUE METRIX AIR GLUCOSE METER DEVICE	Preferred	OTC
TRUE METRIX AIR GLUCOSE METER KIT	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits
TRUE METRIX GO GLUCOSE METER KIT	Preferred	OTC
TRUE METRIX LEVEL 1 IN VITRO SOLUTION	Preferred	OTC
TRUE METRIX LEVEL 2 IN VITRO SOLUTION	Preferred	OTC
TRUE METRIX LEVEL 3 IN VITRO SOLUTION	Preferred	OTC
TRUE METRIX METER DEVICE	Preferred	OTC
TRUE METRIX METER KIT	Preferred	OTC
VIVAGUARD SAFETY LANCETS 28G	Preferred	OTC; QL (102 lancets per 30 days)
*RESPIRATORY THERAPY SUPPLIES***		
ACE AEROSOL CLOUD ENHANCER	Preferred	QL (2 units per 365 days)
ACTIVITY POUCH	Preferred	QL (2 units per 365 days)
ADAPTER PED DISPOSABLE	Preferred	OTC; QL (2 units per 365 days)
<i>adult disposable</i>	Preferred	OTC; QL (2 units per 365 days)
<i>adult mask device</i>	Preferred	QL (2 units per 365 days)
<i>adult mask large</i>	Preferred	QL (2 units per 365 days)
AEROBIKA DEVICE	Preferred	QL (2 units per 365 days)
AEROECLIPSE EZ TWIST TUBING	Preferred	QL (2 units per 365 days)
AEROTRACH PLUS	Preferred	QL (2 units per 365 days)

Drug Name	Drug Tier	Requirements /Limits
AIRS PEDIATRIC AEROSOL MASK	Preferred	QL (2 units per 365 days)
ALL FLOW 1000 PFT FILTER	Preferred	QL (2 units per 365 days)
ALL FLOW 1000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
ALL FLOW 2000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
ALL FLOW 3000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
ALL FLOW 4000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
ALL FLOW 5000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
ALL FLOW 6000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
ALL FLOW 7000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)
<i>breathe ease neb mask/child</i>	Preferred	QL (2 units per 365 days)
<i>breathe ease neb mask/infant</i>	Preferred	QL (2 units per 365 days)
CARETOUCH 2 CPAP HOSE HANGER	Preferred	QL (2 units per 365 days)
CARETOUCH CPAP & BIPAP HOSE	Preferred	QL (2 units per 365 days)
CARETOUCH CPAP MASK WIPES	Preferred	QL (2 units per 365 days)
CARETOUCH CPAP PRE-WASH SOLN	Preferred	QL (2 units per 365 days)
CARETOUCH CPAP TUBE BRUSH	Preferred	QL (2 units per 365 days)
CARETOUCH UNIVERSL CPAP FILTER	Preferred	QL (2 units per 365 days)
<i>co monitor device</i>	Preferred	QL (2 units per 365 days)
<i>co monitor replacement pieces</i>	Preferred	QL (2 units per 365 days)
<i>disposable full range</i>	Preferred	QL (2 units per 365 days)
<i>disposable low range</i>	Preferred	QL (2 units per 365 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>disposable low rang/ pediatric</i>	Preferred	QL (2 units per 365 days)
<i>disposable paper</i>	Preferred	OTC; QL (2 units per 365 days)
<i>disposable universal range</i>	Preferred	QL (2 units per 365 days)
EASY FLOW 300 MM HOSE	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW 400 MM HOSE	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW AIR NOZZLE	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW BLACK/BLUE DEVICE	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW BLACK/ORANGE DEVICE	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW BLACK/RED DEVICE	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW BLACK/WHITE DEVICE	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW BLACK/YELLOW DEVICE	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW HEPA FILTER	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW WHITE/BLUE DEVICE	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW WHITE/GREEN DEVICE	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW WHITE/PINK DEVICE	Preferred	OTC; QL (2 units per 365 days)

Drug Name	Drug Tier	Requirements /Limits
EASY FLOW WHITE/WHITE DEVICE	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW WHITE/YELLOW DEVICE	Preferred	OTC; QL (2 units per 365 days)
EBASE CONTROLLER KIT	Preferred	QL (2 units per 365 days)
<i>expiratory mouthpiece</i>	Preferred	OTC; QL (2 units per 365 days)
<i>filter air pp</i>	Preferred	QL (2 units per 365 days)
<i>full kit nebulizer set</i>	Preferred	QL (2 units per 365 days)
IN-CHECK DIAL FLOW TRAINER DEVICE	Preferred	QL (2 units per 365 days)
IN-CHECK INSPIRATORY FLOW MTR DEVICE	Preferred	QL (2 units per 365 days)
INNOSPIRE REPLACEMENT FILTER	Preferred	QL (2 units per 365 days)
KOKO PEAK PRO MOUTHPIECE	Preferred	OTC; QL (2 units per 365 days)
LITETOUCH MASK LARGE	Preferred	QL (2 units per 365 days)
LITETOUCH MASK MEDIUM	Preferred	QL (2 units per 365 days)
LITETOUCH MASK SMALL	Preferred	QL (2 units per 365 days)
MINIELITE FILTER REPLACEMENTS	Preferred	OTC; QL (2 units per 365 days)
<i>nebulizer air tube/plugs</i>	Preferred	QL (2 units per 365 days)
OMBRA COMPRESSOR ADULT KIT	Preferred	QL (2 units per 365 days)
OMBRA COMPRESSOR AIR FILTERS	Preferred	OTC; QL (2 units per 365 days)

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Drug Name	Drug Tier	Requirements /Limits
OMBRA COMPRESSOR CHILD KIT	Preferred	QL (2 units per 365 days)
OMBRA TABLE TOP COMPRESSOR DEVICE	Preferred	QL (2 units per 365 days)
ONE FLOW SPIROMETER DEVICE	Preferred	QL (2 units per 365 days)
ONE FLOW TESTER	Preferred	OTC; QL (2 units per 365 days)
<i>one-way valved expiratory</i>	Preferred	OTC; QL (2 units per 365 days)
<i>one-way valved inspiratory</i>	Preferred	OTC; QL (2 units per 365 days)
PARI ALTERA NEBULIZER HANDSET	Preferred	QL (2 units per 365 days)
PARI BABY CONVERSION KIT	Preferred	QL (2 units per 365 days)
PARI ERAPID NEBULIZER HANDSET	Preferred	QL (2 units per 365 days)
PARI EXPIRATORY FILTER SET DEVICE	Preferred	QL (2 units per 365 days)
PARI MANUAL INTERRUPTER DEVICE	Preferred	QL (2 units per 365 days)
PARI MASK SET	Preferred	QL (2 units per 365 days)
PARI SOFT PLASTIC ADULT MASK	Preferred	QL (2 units per 365 days)
PARI SOFT PLASTIC PED MASK	Preferred	QL (2 units per 365 days)
PARI TREK S COMBO PACK DEVICE	Preferred	QL (2 units per 365 days)
<i>ped disposable</i>	Preferred	OTC; QL (2 units per 365 days)
PFLEX	Preferred	QL (2 units per 365 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pillow mask/adult</i>	Preferred	QL (2 units per 365 days)
<i>pillow mask/child</i>	Preferred	QL (2 units per 365 days)
<i>pillow mask/pediatric</i>	Preferred	QL (2 units per 365 days)
<i>pure comfort 3-ball breathe ex device</i>	Preferred	OTC; QL (2 units per 365 days)
QUAKE DEVICE	Preferred	QL (2 units per 365 days)
<i>replacement air filter</i>	Preferred	QL (2 units per 365 days)
SAMI THE SEAL FILTERS	Preferred	OTC; QL (2 units per 365 days)
SIDESTREAM ADULT FACE MASK	Preferred	QL (2 units per 365 days)
SIDESTREAM PEDIATRIC FACE MASK	Preferred	QL (2 units per 365 days)
SIDESTREAM PLS ADULT FACE MASK	Preferred	OTC; QL (2 units per 365 days)
<i>silicone mask/adult</i>	Preferred	QL (2 units per 365 days)
<i>silicone mask/infant</i>	Preferred	QL (2 units per 365 days)
<i>silicone mask/pediatric</i>	Preferred	QL (2 units per 365 days)
<i>spiro pd device</i>	Preferred	QL (2 units per 365 days)
THRESHOLD IMT	Preferred	QL (2 units per 365 days)
THRESHOLD PEP DEVICE	Preferred	QL (2 units per 365 days)
WINDMILL TRAINER	Preferred	QL (2 units per 365 days)

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Drug Name	Drug Tier	Requirements /Limits
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES***		
AEROCHAMBER HOLDING CHAMBER DEVICE	Preferred	QL (2 units per 365 days)
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	Preferred	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	Preferred	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	Preferred	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	Preferred	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	Preferred	QL (2 units per 365 days)
BREATHERITE VALVED MDI CHAMBER DEVICE	Preferred	QL (2 units per 365 days)
FLEXICHAMBER ADULT MASK/SMALL	Preferred	QL (2 units per 365 days)
FLEXICHAMBER CHILD MASK/LARGE	Preferred	QL (2 units per 365 days)
FLEXICHAMBER CHILD MASK/SMALL	Preferred	QL (2 units per 365 days)
MASK VORTEX/CHILD/FROG	Preferred	OTC; QL (2 units per 365 days)
MASK VORTEX/TODDLER/LADYBUG	Preferred	OTC; QL (2 units per 365 days)
MICROCHAMBER	Preferred	QL (2 units per 365 days)
MICROSPACER	Preferred	QL (2 units per 365 days)
PANDA MASK LARGE	Preferred	OTC; QL (2 units per 365 days)

Drug Name	Drug Tier	Requirements /Limits
PANDA MASK MEDIUM	Preferred	OTC; QL (2 units per 365 days)
PANDA MASK SMALL	Preferred	OTC; QL (2 units per 365 days)
PEDIATRIC PANDA MASK	Preferred	OTC; QL (2 units per 365 days)
<i>prochamber vhc device</i>	Preferred	QL (2 units per 365 days)
<i>pure comfort spacer chamber device</i>	Preferred	OTC; QL (2 units per 365 days)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	Preferred	QL (2 units per 365 days)
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	Preferred	QL (2 units per 365 days)
MINERALS & ELECTROLYTES		
CALCIUM COMBINATIONS		
**		
<i>calcium carb-cholecalciferol oral tablet 500-10 mg-mcg</i>	Preferred	OTC
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>calcium carbonate-vitamin d oral capsule</i>	Preferred	OTC; QL (2 capsules per 1 day)
<i>calcium carbonate-vitamin d oral tablet</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 315-5 mg-mcg</i>	Preferred	OTC
<i>calcium citrate-vitamin d3 oral tablet</i>	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits
<i>calcium/cld oral tablet chewable</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>calcium-magnesium-zinc oral tablet 333-133-5 mg</i>	Preferred	AL; OTC
<i>calcium-magnesium-zinc oral tablet 333-133-8.3 mg</i>	Preferred	OTC
<i>calcium-vitamin d3 oral capsule 600-10 mg-mcg</i>	Preferred	OTC; QL (2 capsules per 1 day)
<i>calcium-vitamin d3 oral capsule 600-12.5 mg-mcg</i>	Preferred	OTC
<i>calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit, 600-800 mg-unit</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>citrus calcium/vitamin d oral tablet</i>	Preferred	OTC
<i>finest nutrition calcium/vit d oral capsule</i>	Preferred	OTC
<i>gnp calcium 600 +d oral tablet 600-400 mg-unit</i>	Preferred	OTC
<i>oyster shell calcium oral tablet 500-10 mg-mcg</i>	Preferred	OTC
<i>oyster shell calcium/d oral tablet 250-3.125 mg-mcg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>oyster shell calcium/d3 oral tablet 500-5 mg-mcg</i>	Preferred	OTC
<i>oyster shell calcium/vit d oral tablet</i>	Preferred	OTC
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	Preferred	OTC
<i>risacal-d oral tablet</i>	Preferred	OTC
*CALCIUM***		
<i>calcium carbonate oral tablet 1250 (500 ca) mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>calcium carbonate oral tablet 1500 (600 ca) mg, 600 mg</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
<i>calcium citrate oral tablet 250 mg, 950 (200 ca) mg</i>	Preferred	OTC
<i>calcium oyster shell oral tablet 500 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>oyster shell calcium oral tablet 500 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>true oyster shell calcium oral tablet</i>	Preferred	OTC; QL (4 tablets per 1 day)
*ELECTROLYTES ORAL***		
<i>goodsense electrolyte oral solution</i>	Preferred	AL; OTC; QL (6000 mL per 30 days)
<i>oral electrolytes oral solution</i>	Preferred	AL; OTC; QL (6000 mL per 30 days)
<i>pediatric electrolyte oral solution</i>	Preferred	AL; OTC; QL (6000 mL per 30 days)
*MAGNESIUM***		
MAG64 ORAL TABLET DELAYED RELEASE	Preferred	OTC; QL (2 tablets per 1 day)
<i>magnesium gluconate oral tablet 27.5 mg</i>	Preferred	OTC
<i>magnesium oral tablet 200 mg, 250 mg</i>	Preferred	OTC
<i>magnesium oral tablet 400 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>magnesium oxide -mg supplement oral tablet 250 mg, 500 mg</i>	Preferred	OTC
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	Preferred	OTC; QL (4 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
MINERAL COMBINATIONS **		
<i>calcium citrate-magnesium minerals oral tablet</i>	Preferred	AL; OTC
*PHOSPHATE***		
<i>phosphorous oral tablet</i>	Preferred	EDS
*POTASSIUM***		
<i>potassium gluconate oral tablet 595 (99 k) mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>sd potassium gluconate oral tablet</i>	Preferred	OTC; QL (4 tablets per 1 day)
*ZINC***		
<i>chelated zinc oral tablet</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>zinc gluconate oral tablet 100 mg, 30 mg</i>	Preferred	OTC
<i>zinc gluconate oral tablet 50 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>zinc oral capsule 220 (50 zn) mg</i>	Preferred	OTC
<i>zinc oral tablet 30 mg</i>	Preferred	OTC
<i>zinc oral tablet 50 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>zinc sulfate oral capsule</i>	Preferred	OTC
<i>zinc sulfate oral tablet</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
MOUTH/THROAT/DENTAL AGENTS		
*ANTISEPTICS - MOUTH/THROAT***		
CHLORASEPTIC WARM SORE THROAT MOUTH/THROAT LIQUID	Preferred	OTC
MULTIVITAMIN S		
*B-COMPLEX VITAMINS***		
<i>b complex oral capsule</i>	Preferred	C; OTC; QL (1 capsule per 1 day)
<i>b complex vitamins oral capsule</i>	Preferred	C; OTC; QL (1 capsule per 1 day)
<i>vitamin b complex oral capsule</i>	Preferred	C; OTC; QL (1 capsule per 1 day)
*B-COMPLEX W/ C & FOLIC ACID***		
<i>b-complex/vitamin c oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
DIALYVITE 800 ORAL TABLET	Preferred	C; OTC; QL (1 tablet per 1 day)
NEPHRONEX ORAL LIQUID	Preferred	C; OTC; QL (10 mL per 1 day)
NEPHRO-VITE ORAL TABLET	Preferred	C; OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/ C***		
<i>b complex-c oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
<i>b complex-vitamin c oral capsule</i>	Preferred	C; OTC; QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
<i>b-complex-c oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
<i>super b-complex + vitamin c oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID***		
<i>b complex-c-biotin-e-fa oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/BIOTIN & FOLIC ACID***		
<i>b-50 complex oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
<i>b-complex oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
*MULTIPLE VITAMINS W/ IRON***		
<i>daily vites/iron oral tablet</i>	Preferred	OTC
<i>multiple vitamins/iron oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
*MULTIPLE VITAMINS W/ MINERALS***		
<i>actical oral capsule</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prevent oral capsule</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
*MULTIVITAMIN S***		
<i>multi vitamin oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>multiple vitamin-folic acid oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>multiple vitamins oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)

Drug Name	Drug Tier	Requirements /Limits
<i>vit e-vit c-beta carotene oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
*PED MV W/ IRON***		
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION	Preferred	OTC; QL (50 mL per 45 days)
<i>multivitamin drops/iron oral solution</i>	Preferred	PA; OTC; QL (50 mL per 45 days)
<i>pc pediatric poly-vitalfe drop oral solution</i>	Preferred	OTC; QL (50 mL per 45 days)
POLY-VI-SOL/IRON ORAL SOLUTION	Preferred	PA; OTC; QL (50 mL per 45 days)
<i>poly-vitaliron oral solution</i>	Preferred	OTC; QL (50 mL per 45 days)
<i>poly-viteliron oral solution</i>	Preferred	PA; OTC; QL (50 mL per 45 days)
*PEDIATRIC MULTIPLE VITAMINS***		
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION	Preferred	AL; OTC
<i>multivitamin infant & toddler oral solution</i>	Preferred	AL; OTC
POLY-VI-SOL ORAL SOLUTION	Preferred	AL; OTC
<i>poly-vita oral solution</i>	Preferred	AL; OTC
<i>poly-vite pediatric oral solution</i>	Preferred	AL; OTC
*PRENATAL MV & MIN W/FE-FA & COENZYME Q10***		
THERANATAL OVAVITE ORAL THERAPY PACK	Preferred	AL; OTC; QL (2 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
*PRENATAL MV & MIN W/FE-FA***		
ATABEX ORAL TABLET CHEWABLE	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>classic prenatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>eql prenatal formula oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>gnp prenatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK	Preferred	AL; OTC; QL (1 pack per 1 day)
<i>kp prenatal multivitamins oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>kpn prenatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>masonatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>multi prenatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
OBSTETRIX EC ORAL TABLET DELAYED RELEASE	Preferred	AL; OTC; QL (1 tablet per 1 day)
OBTREX ORAL TABLET	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>one vite womens oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE	Preferred	AL; OTC; QL (1 tablet per 1 day)

Drug Name	Drug Tier	Requirements /Limits
ONE-A-DAY WOMENS PRENATAL ORAL	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>prenatal (w/iron & fa) oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal complete oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal formula a-free oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal formula oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>prenatal forte oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>prenatal one daily oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal vitamin and mineral oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal vitamins oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatalliron oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
UPSPRING PRENATAL COMPLETE ORAL CAPSULE	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>vita-pac oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL***		
<i>prenatal + complete multi oral therapy pack 18-0.8 & 290 mg</i>	Preferred	AL; OTC; QL (2 capsules per 1 day)
*PRENATAL MV & MIN W/FE-FA-DHA***		
BRAINSTRONG PRENATAL ORAL	Preferred	AL; OTC; QL (2 units per 1 day)
<i>cadeau dha oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)
CENTRUM SPECIALIST PRENATAL ORAL	Preferred	AL; OTC; QL (2 tablets per 1 day)
ENFAMIL EXPECTA ORAL	Preferred	AL; OTC; QL (2 tablets per 1 day)
OBSTETRIX DHA ORAL	Preferred	AL; OTC
OBSTETRIX ONE ORAL CAPSULE	Preferred	AL; OTC; QL (1 capsule per 1 day)
OBTREX DHA ORAL	Preferred	AL; OTC
<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-250 mg</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>prenatal multivitamin plus dha oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>prenatal+dha oral</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
SIMILAC PRENATAL EARLY SHIELD ORAL	Preferred	AL; OTC; QL (2 tablets per 1 day)

Drug Name	Drug Tier	Requirements /Limits
STUART ONE ORAL CAPSULE	Preferred	AL; OTC; QL (1 capsule per 1 day)
THERANATAL COMPLETE ORAL	Preferred	AL; OTC; QL (3 units per 1 day)
THERANATAL ONE ORAL CAPSULE	Preferred	AL; OTC; QL (1 capsule per 1 day)
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***		
ALIVE DAILY SUP PRENATAL GUMMI ORAL TABLET CHEWABLE	Preferred	AL; OTC; QL (2 tablets per 1 day)
ALIVE PRENATAL ORAL TABLET CHEWABLE	Preferred	AL; OTC; QL (3 tablets per 1 day)
<i>cvs prenatal gummy oral tablet chewable 0.18-25 mg</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
GOOD START PRENATAL NOURISH ORAL TABLET CHEWABLE	Preferred	AL; OTC; QL (1 tablet per 1 day)
ONE A DAY PRENATAL ORAL TABLET CHEWABLE	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>prenatal adult gummy/dhalfa oral tablet chewable</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal gummies oral tablet chewable</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>prenatal gummies/dha & fa oral tablet chewable</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*NASAL AGENTS - MISC.***		
AYR SALINE NASAL DROPS NASAL SOLUTION	Preferred	OTC; QL (2 fills per 30 days)
<i>qc saline nasal spray nasal solution</i>	Preferred	OTC; QL (2 fills per 30 days)
<i>saline nasal spray nasal solution</i>	Preferred	OTC; QL (2 fills per 30 days)
*NASAL MAST CELL STABILIZERS***		
<i>cromolyn sodium nasal aerosol solution</i>	Preferred	OTC
*NASAL STEROIDS***		
<i>budesonide nasal suspension</i>	Preferred	OTC; QL (2 inhalers per 30 days)
<i>triamcinolone acetonide nasal aerosol</i>	Preferred	OTC; QL (1 inhaler per 30 days)
*SYSTEMIC DECONGESTANT S***		
<i>eq sinus 12-hour oral tablet extended release 12 hour</i>	Preferred	AL; OTC
<i>nasal decongestant d oral tablet</i>	Preferred	AL; OTC; QL (2 fills per 30 days)
<i>phenylephrine hcl oral tablet</i>	Preferred	AL; OTC
<i>pseudoephedrine hcl oral tablet extended release 12 hour</i>	Preferred	AL; OTC
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Preferred	AL; OTC

Drug Name	Drug Tier	Requirements /Limits
<i>pseudoephedrine hcl oral tablet 60 mg</i>	Preferred	AL
*TOPICAL DECONGESTANT S***		
<i>cvs allergy nasal mist no drip nasal solution</i>	Preferred	OTC
<i>cvs nasal spray nasal solution 1 %</i>	Preferred	OTC
<i>cvs sinus nasal spray nasal solution</i>	Preferred	OTC
DRISTAN NASAL SOLUTION	Preferred	OTC
GILTUSS SEVERE SINUS NASAL SOLUTION	Preferred	OTC
<i>gnp nasal four spray nasal solution</i>	Preferred	OTC
<i>nasal spray nasal solution</i>	Preferred	OTC
<i>qc nasal mist no drip nasal solution</i>	Preferred	OTC
<i>qc nasal spray nasal solution 1 %</i>	Preferred	OTC
<i>qc no drip extra moisturizing nasal solution</i>	Preferred	OTC
<i>qc no drip original 12 hours nasal solution</i>	Preferred	OTC
NUTRIENTS		
*MISC. NUTRITIONAL SUBSTANCES***		
<i>dha from algae oral capsule</i>	Preferred	OTC
<i>fish oil high potency oral capsule</i>	Preferred	OTC
<i>fish oil odor-less oral capsule</i>	Preferred	OTC; QL (100 capsules per 30 days)
<i>fish oil oral capsule 1000 mg</i>	Preferred	

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Drug Name	Drug Tier	Requirements /Limits
<i>fish oil oral capsule 1200 mg</i>	Preferred	OTC; QL (100 capsules per 30 days)
<i>fish oil oral capsule 435 mg, 500 mg, 600 mg, 645 mg</i>	Preferred	OTC
<i>fish oil oral capsule delayed release 1000 mg</i>	Preferred	OTC
<i>fish oil oral capsule delayed release 1200 mg</i>	Preferred	OTC; QL (100 capsules per 30 days)
<i>omega 3 oral capsule 1000 mg</i>	Preferred	OTC
<i>omega 3 oral capsule 1200 mg</i>	Preferred	OTC; QL (100 capsules per 30 days)
<i>omega-3 fish oil oral capsule 1000 mg, 300 mg, 500 mg</i>	Preferred	OTC
<i>omega-3 fish oil oral capsule 1200 mg</i>	Preferred	OTC; QL (100 capsules per 30 days)
<i>omega-3 microgel oral capsule</i>	Preferred	OTC
<i>omega-3 oral capsule 1000 mg</i>	Preferred	OTC
OPHTHALMIC AGENTS		
ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS		
**		
REFRESH P.M. OPHTHALMIC OINTMENT	Preferred	OTC
*ARTIFICIAL TEAR SOLUTIONS***		
<i>artificial tears ophthalmic solution</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
*ARTIFICIAL TEARS AND LUBRICANTS***		
<i>carboxymethylcellulose sodium ophthalmic solution</i>	Preferred	OTC
<i>polyvinyl alcohol ophthalmic solution</i>	Preferred	OTC
*OPHTHALMIC ANTIALLERGIC**		
*		
ALAWAY OPHTHALMIC SOLUTION	Preferred	OTC; QL (1 bottle per 30 days)
<i>goodsense eye itch relief ophthalmic solution</i>	Preferred	OTC; QL (1 bottle per 30 days)
<i>ketotifen fumarate ophthalmic solution</i>	Preferred	OTC; QL (1 bottle per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.7 %	Preferred	OTC; QL (2.5 mL per 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*SMOKING DETERRENTS***		
<i>nicotine polacrilex mini mouth/throat lozenge</i>	Preferred	OTC; QL (20 lozenges per 1 day)
<i>nicotine polacrilex mouth/throat gum</i>	Preferred	OTC; QL (20 units per 1 day)
<i>nicotine polacrilex mouth/throat lozenge</i>	Preferred	OTC; QL (20 lozenges per 1 day)
<i>nicotine transdermal kit</i>	Preferred	OTC; QL (1 patch per 1 day)
<i>nicotine transdermal patch 24 hour</i>	Preferred	OTC; QL (1 patch per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
ULCER DRUGS/ANTISPAS MODICS/ANTICH OLINERGICS		
H-2 ANTAGONIST-ANTACID COMBINATIONS		
**		
<i>ft acid reducer + antacid oral tablet chewable</i>	Preferred	OTC
*H-2 ANTAGONISTS***		
<i>famotidine oral tablet 10 mg</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>ft acid reducer oral tablet</i>	Preferred	OTC; QL (2 tablets per 1 day)
*PROTON PUMP INHIBITORS***		
<i>cvs omeprazole magnesium oral capsule delayed release</i>	Preferred	OTC
<i>esomeprazole magnesium oral tablet delayed release</i>	Preferred	OTC; QL (2 tablets per 1 day)
FIRST-OMEPRAZOLE ORAL SUSPENSION	Preferred	
<i>ft omeprazole oral tablet delayed release</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>gnp omeprazole oral capsule delayed release</i>	Preferred	OTC
<i>kls omeprazole oral tablet delayed release</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>omeprazole magnesium oral capsule delayed release</i>	Preferred	OTC
<i>omeprazole magnesium oral tablet delayed release</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole oral tablet delayed release</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>omeprazole oral tablet delayed release dispersible</i>	Preferred	OTC
PRIOSEC OTC ORAL TABLET DELAYED RELEASE	Preferred	OTC; QL (2 capsules per 1 day)
VAGINAL AND RELATED PRODUCTS		
*IMIDAZOLE-RELATED ANTIFUNGALS***		
<i>clotrimazole vaginal cream</i>	Preferred	OTC; QL (45 grams per 30 days)
<i>ft tioconazole-1 vaginal ointment</i>	Preferred	OTC
<i>miconazole 1 vaginal kit</i>	Preferred	OTC
<i>miconazole nitrate vaginal cream</i>	Preferred	OTC
*SPERMICIDES**		
*		
TODAY SPONGE VAGINAL	Preferred	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	Preferred	OTC
VITAMINS		
*VITAMIN B-6***		
<i>pyridoxine hcl oral tablet</i>	Preferred	OTC
<i>vitamin b6 oral tablet 250 mg</i>	Preferred	OTC
*VITAMIN D***		
<i>ergocalciferol oral capsule</i>	Preferred	PA
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Preferred	PA

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GILTUSS ALLERGY		<i>hm urinary pain relief</i>	17	LITETOUCH MASK MEDIUM	23
CGH&CONG CHILD	13	<i>hydrocodone bit-homatrop mbr</i>	10	LITETOUCH MASK SMALL	23
GILTUSS SEVERE SINUS	31	<i>hydrocortisone</i>	14, 15	LOHIST-D	11
<i>glucose</i>	7	<i>hydrogen peroxide</i>	9	<i>longs glucose</i>	7
<i>glucose instant energy</i>	7	<i>hydromet</i>	10	<i>loperamide hcl</i>	7
<i>glycerin</i>	15	<i>hydroxocobalamin acetate</i>	17	<i>loratadine</i>	8, 9
<i>glycerin (adult)</i>	19	<i>ibuprofen</i>	4	<i>loratadine-d 24hr</i>	11
<i>glycerin (infants & children)</i>	19	IFEREX 150	18	LOTRIMIN AF	14
<i>glycerin (pediatric)</i>	19	IHEALTH COVID-19 RAPID		LUBRICAINE	6
<i>glycerin childrens</i>	19	TEST	17	LUCIRA CHECK IT COVID-19	
<i>g-myc nail</i>	14	IN-CHECK DIAL FLOW		TEST	17
<i>gnp allergy relief max st</i>	8	TRAINER	23	LUCIRA COVID-19 ALL-IN-	
<i>gnp calamine phenolated</i>	14	IN-CHECK INSPIRATORY		ONE	17
<i>gnp calcium 600 +d</i>	26	FLOW MTR	23	MAG64	26
<i>gnp docosanol</i>	14	INDICAID COVID-19 RAPID		<i>magnesium</i>	26
<i>gnp fiber</i>	19	TEST	17	<i>magnesium citrate</i>	20
<i>gnp glucose</i>	7	INFANTS ADVIL	4	<i>magnesium gluconate</i>	26
<i>gnp hemorrhoidal</i>	6	INFED	18	<i>magnesium oxide</i>	6
<i>gnp isopropyl rubbing alcohol</i>	9	INNOSPIRE REPLACEMENT		<i>magnesium oxide (antacid)</i>	6
<i>gnp magnesium citrate</i>	20	FILTER	23	<i>magnesium oxide -mg supplement</i> ..	26
<i>gnp nasal four spray</i>	31	INTELISWAB COVID-19		MASK	
<i>gnp omeprazole</i>	33	RAPID TEST	17	VORTEX/CHILD/FROG	25
<i>gnp prenatal</i>	29	<i>intense cough reliever</i>	10	MASK	
<i>gnp quick dissolve glucose</i>	7	<i>iron</i>	18	VORTEX/TODDLER/LADYBU	
<i>gnp stomach relief</i>	7	<i>iron (ferrous sulfate)</i>	18	G	25
GNP TRUE METRIX AIR		<i>iron high-potency</i>	18	<i>masonatal</i>	29
METER	21	<i>iron infant & toddler</i>	18	MAX RELIEF JR CHILD	
GNP TRUE METRIX		<i>iron slow release</i>	18	PAIN/FEVER	5
GLUCOSE METER	21	<i>iron-vitamin c</i>	18	<i>medi-first antacid</i>	6
GNP TRUE METRIX		KETO-DIASTIX	17	MEDI-FIRST ASPIRIN	5
GLUCOSE STRIPS	16	<i>ketotifen fumarate</i>	32	MEDI-FIRST IBUPROFEN	4

MEDIQUE ASPIRIN	5	NEUTROGENA ON-THE-SPOT	13	PANDA MASK MEDIUM	25
MEDPURA BENZOYL PEROXIDE	13	NEW DAY	9	PANDA MASK SMALL	25
MEDPURA VITAMIN A & D	15	<i>nicotine</i>	32	PANOXYL	13
MEDPURA ZINC OXIDE	14	<i>nicotine polacrilex</i>	32	PARI ALTERA NEBULIZER HANDSET	24
<i>methadone hcl</i>	6	<i>nicotine polacrilex mini</i>	32	PARI BABY CONVERSION KIT	24
METHADOSE	6	<i>nighttime cough</i>	12	PARI ERAPID NEBULIZER HANDSET	24
<i>miconazole 1</i>	33	<i>nohist-dm</i>	13	PARI EXPIRATORY FILTER SET	24
<i>miconazole nitrate</i>	15, 33	<i>nohist-lq</i>	11	PARI MANUAL INTERRUPTER	24
MICOTRIN AL	14	OBSTETRIX DHA	30	PARI MASK SET	24
MICOTRIN AP	15	OBSTETRIX EC	29	PARI SOFT PLASTIC ADULT MASK	24
MICROCHAMBER	25	OBSTETRIX ONE	30	PARI SOFT PLASTIC PED MASK	24
MICROSPACER	25	OBTREX	29	PARI TREK S COMBO PACK ..	24
<i>milk of magnesia</i>	20	OBTREX DHA	30	PATADAY	32
<i>mineral oil</i>	20	OMBRA COMPRESSOR ADULT	23	<i>pc pediatric poly-vitalfe drop</i>	28
<i>mineral oil-hydrophil petrolat</i>	15	OMBRA COMPRESSOR AIR FILTERS	23	PECGEN PSE	11
MINIELITE FILTER REPLACEMENTS	23	OMBRA COMPRESSOR CHILD	24	<i>ped disposable</i>	24
MM ACETAMINOPHEN EX STR	5	OMBRA TABLE TOP COMPRESSOR	24	<i>pediatric electrolyte</i>	26
MM ALLER-BEN	8	<i>omega 3</i>	32	PEDIATRIC PANDA MASK	25
<i>mm aspirin</i>	5	<i>omega-3</i>	32	PFLEX	24
MOTRIN CHILDRENS	4	<i>omega-3 fish oil</i>	32	PHARMACIST CHOICE LIDOCAINE	16
MOTRIN INFANTS DROPS	4	<i>omega-3 microgel</i>	32	<i>phenazopyridine hcl</i>	17
MUCINEX COUGH FOR KIDS	11	<i>omeprazole</i>	33	<i>phenylephrine hcl</i>	31
MUCINEX FAST-MAX SEVERE CON/CG	11	<i>omeprazole magnesium</i>	33	<i>phenylephrine-dm-gg</i>	11
<i>mucus relief cough childrens</i>	11	OMNIFLEX DIAPHRAGM	20	<i>phenylephrine-guaifenesin</i>	12
<i>mucus relief d</i>	12	ON/GO COVID-19 ANTIGEN TEST	17	<i>phosphorous</i>	27
<i>mucus relief dm</i>	11	ON/GO ONE COVID-19 HOME TEST	17	<i>pillow mask/adult</i>	24
<i>mucus relief er</i>	12	ONE A DAY PRENATAL	30	<i>pillow mask/child</i>	24
<i>multi prenatal</i>	29	ONE FLOW SPIROMETER	24	<i>pillow mask/pediatric</i>	24
<i>multi vitamin</i>	28	ONE FLOW TESTER	24	<i>pink bismuth maximum strength</i>	7
<i>multiple vitamin-folic acid</i>	28	<i>one vite womens</i>	29	<i>poly bacitracin</i>	13
<i>multiple vitamins</i>	28	ONE-A-DAY WOMENS PRENATAL	29	<i>polyethylene glycol 3350</i>	19
<i>multiple vitamins/iron</i>	28	ONE-A-DAY WOMENS PRENATAL 1	29	<i>polysaccharide iron complex</i>	19
<i>multivitamin drops/iron</i>	28	ONELAX	20	<i>polysaccharide-iron complex</i>	19
<i>multivitamin infant & toddler</i>	28	<i>one-way valved expiratory</i>	24	<i>polyvinyl alcohol</i>	32
MY CHOICE	9	<i>one-way valved inspiratory</i>	24	POLY-VI-SOL	28
MY WAY	9	OPCICON ONE-STEP	9	POLY-VI-SOL/IRON	28
MYCO NAIL	14	OPILL	10	<i>poly-vita</i>	28
MYCO NAIL A	14	OPTION 2	9	<i>poly-vital/iron</i>	28
<i>na ferric gluc cplx in sucrose</i>	18	<i>oral electrolytes</i>	26	<i>poly-vite pediatric</i>	28
<i>naproxen sodium</i>	4	<i>oyster shell calcium</i>	26	<i>poly-vite/iron</i>	28
<i>nasal decongestant d</i>	31	<i>oyster shell calcium/d</i>	26	<i>potassium gluconate</i>	27
<i>nasal mist</i>	12	<i>oyster shell calcium/d3</i>	26	<i>prenatal</i>	29
<i>nasal spray</i>	31	<i>oyster shell calcium/vit d</i>	26	<i>prenatal (w/iron & fa)</i>	29
<i>natural fiber</i>	19	<i>oyster shell calcium/vitamin d</i>	26	<i>prenatal + complete multi</i>	30
<i>nausea relief</i>	8	<i>pain & fever kids</i>	5	<i>prenatal adult gummy/dhalfa</i>	30
<i>nebulizer air tubelplugs</i>	23	PANDA MASK LARGE	25	<i>prenatal complete</i>	29
<i>neotuss</i>	11			<i>prenatal formula</i>	29
NEPHRONEX	27				
NEPHRO-VITE	27				
NEUTROGENA CLEAR PORE	13				

<i>prenatal formula a-free</i>	29	RELION TRUE METRIX TEST STRIPS	16	<i>tolnaftate</i>	14
<i>prenatal forte</i>	29	<i>replacement air filter</i>	24	TOPICAINE 5	6
<i>prenatal gummies</i>	30	<i>risacal-d</i>	26	<i>triamcinolone acetonide</i>	31
<i>prenatal gummies/dha & fa</i>	30	RIVIVE	7	TRIAMINIC FEVER REDUCER	5
<i>prenatal multi +dha</i>	29, 30	SAFE TUSSIN PM	12	<i>triple antibiotic</i>	13
PRENATAL MULTIVITAMIN + DHA	30	SAFETUSSIN DM COUGH/CHEST CONG	11	TRISPEC PSE	11
<i>prenatal multivitamin plus dha</i>	30	<i>saline nasal spray</i>	31	<i>true folic acid</i>	18
<i>prenatal one daily</i>	29	SAMI THE SEAL FILTERS	24	<i>true laxative</i>	19
<i>prenatal vitamin and mineral</i>	29	<i>sd potassium gluconate</i>	27	TRUE METRIX AIR GLUCOSE METER	21
<i>prenatal vitamins</i>	29	<i>senna</i>	20	TRUE METRIX BLOOD GLUCOSE TEST	16
<i>prenatal iron</i>	29	<i>senna plus</i>	19	TRUE METRIX GO GLUCOSE METER	22
<i>prenatal+dha</i>	30	<i>sennosides-docusate sodium</i>	20	TRUE METRIX LEVEL 1	22
<i>prevent</i>	28	<i>severe allergy</i>	10	TRUE METRIX LEVEL 2	22
PRILOSEC OTC	33	SIDESTREAM ADULT FACE MASK	24	TRUE METRIX LEVEL 3	22
<i>prochamber vhc</i>	25	SIDESTREAM PEDIATRIC FACE MASK	24	TRUE METRIX METER	22
<i>promethazine-codeine</i>	13	SIDESTREAM PLS ADULT FACE MASK	24	<i>true oyster shell calcium</i>	26
<i>promethazine-dm</i>	12	<i>silicone mask/adult</i>	24	TUSNEL C	11
PROPRINAL	4	<i>silicone mask/infant</i>	24	TUSNEL DM PEDIATRIC	11
<i>pseudoephedrine hcl</i>	31	<i>silicone mask/pediatric</i>	24	<i>tussin cough</i>	10
<i>pseudoephedrine hcl er</i>	31	<i>simethicone</i>	17	<i>tussin dm cough + chest</i>	11
<i>pseudoephedrine-guaifenesin er</i>	12	<i>simethicone extra strength</i>	17	<i>tussi-pres b</i>	13
<i>psyl dex</i>	19	SIMILAC PRENATAL EARLY SHIELD	30	TUSSI-PRES PE PEDIATRIC	12
<i>pure comfort 3-ball breathe ex</i>	24	<i>sm allergy relief</i>	9	TYLENOL CHILDRENS CHEWABLES	5
<i>pure comfort spacer chamber</i>	25	<i>sm tussin cough/chest congest</i>	11	TYLENOL CHILDRENS PAIN + FEVER	5
<i>pyridoxine hcl</i>	33	SMART SENSE GLUCOSE	7	TYLENOL FOR CHILDREN + ADULTS	5
<i>qc 8 hour pain relief</i>	5	<i>sodium bicarbonate</i>	6	TYLENOL INFANTS PAIN+FEVER	5
<i>qc acetaminophen infants</i>	5	SOLUBLE FIBER THERAPY	19	<i>up & up glucose</i>	7
<i>qc acetaminophen pm ex st</i>	19	SOMINEX NIGHTTIME SLEEP-AID	19	UPSPRING PRENATAL COMPLETE	29
<i>qc allergy relief</i>	9	SPEEDY SWAB COVID-19 ANTIGEN	17	URO-PAIN	17
<i>qc antacid/lanti-gas</i>	6	<i>spiro pd</i>	24	VCF VAGINAL CONTRACEPTIVE	33
<i>qc dibromm childrens cold/cgh</i>	13	<i>stool softener/laxative</i>	20	VENOFER	19
<i>qc menstrual pain relief</i>	5	STUART ONE	30	<i>vit e-vit c-beta carotene</i>	28
<i>qc mucus relief severe con/cgh</i>	11	SUDAFED PE HEAD CONGESTION	12	<i>vitamin a & d</i>	15
<i>qc nasal mist no drip</i>	31	SUDOGEST SINUS/ALLERGY	11	<i>vitamin a & d skin protectant</i>	15
<i>qc nasal spray</i>	31	SUN BURNT PLUS	16	<i>vitamin b complex</i>	27
<i>qc nighttime cough</i>	12	<i>super b-complex + vitamin c</i>	28	<i>vitamin b12</i>	18
<i>qc no drip extra moisturizing</i>	31	<i>sv iron</i>	19	<i>vitamin b-12</i>	18
<i>qc no drip original 12 hours</i>	31	TAKE ACTION	9	<i>vitamin b-12 er</i>	17
<i>qc pain relief extra strength</i>	5, 19	<i>terbinafine hcl</i>	14	<i>vitamin b6</i>	33
<i>qc pain relieving + lidocaine</i>	16	THERANATAL COMPLETE	30	<i>vitamin d (ergocalciferol)</i>	33
<i>qc saline nasal spray</i>	31	THERANATAL ONE	30	<i>vitamin e-vit a & d</i>	15
<i>qc tussin expectorant adult</i>	12	THERANATAL OVAVITE	28	<i>vitamins a & d</i>	15
QUAKE	24	THRESHOLD IMT	24	<i>vita-pac</i>	29
QUICKVUE AT-HOME COVID-19 TEST	17	THRESHOLD PEP	24		
<i>ra sinus congestion & pain</i>	12	<i>tm-tolnaftate lr</i>	14		
REACT	9	TODAY SPONGE	33		
<i>reeses pinworm medicine</i>	6				
REFRESH P.M.	32				
REGENECARE HA	16				
RELION GLUCOSE	7				
RELION TRUE MET AIR GLUC METER	21				

VIVAGUARD SAFETY	
LANCETS 28G	22
VORTEX HOLD	
CHMBR/MASK/CHILD	25
VORTEX HOLD	
CHMBR/MASK/TODDLER	25
WAL-TUSSIN COUGH LONG	
ACTING	10
WIDE-SEAL DIAPHRAGM 60 ..	20
WIDE-SEAL DIAPHRAGM 65 ..	20
WIDE-SEAL DIAPHRAGM 70 ..	21
WIDE-SEAL DIAPHRAGM 75 ..	21
WIDE-SEAL DIAPHRAGM 80 ..	21
WIDE-SEAL DIAPHRAGM 85 ..	21
WIDE-SEAL DIAPHRAGM 90 ..	21
WIDE-SEAL DIAPHRAGM 95 ..	21
WINDMILL TRAINER	24
XEROBURN	16
YUMVS PREBIOTIC FIBER	
ZERO	19
<i>zinc</i>	27
<i>zinc gluconate</i>	27
<i>zinc oxide</i>	14
<i>zinc sulfate</i>	27



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