

**Aetna Better Health
of Maryland
Formulary Guide
September 2024**

www.aetnabetterhealth.com/maryland

What is the Aetna Better Health of Maryland Formulary?

This is a drug list created by Aetna Better Health (“plan”). The plan will cover drugs on this list. Some drugs may have coverage rules. If the rules for that drug are met, the plan will cover the drug. Drugs must also be filled at a plan network pharmacy.

Medicare Part D

Fully dual eligible Medicare beneficiaries receive most drugs excluded from Medicare Coverage -- All other drugs are provided by Medicare Prescription Drug Programs (PDPs).

Please note that beginning 01/01/2013, drug coverage for Benzodiazepines and Barbiturates for those patients that are both Medicaid and Medicare eligible, will be provided by Medicare Part D Prescription Drug Plans and not the Maryland Medicaid Pharmacy Program. This change may cause patient co-payments to vary.

Medicare Part D provides complete pharmacy services to individuals who are eligible for both Medicare and Medicaid except certain drugs that are excluded from Medicare. Medicaid provides most of those excluded drugs to dual eligible recipients.

Medical Benefits

The following drug categories are covered through Aetna Better Health of Maryland medical benefit.

- Electrolyte replacement solution (e.g., Pedialyte®)

Carve Outs

The following drug categories are covered by Maryland Department of Health.

- Behavioral Health Medications - Exceptions: Gralise and Savella for all members, and Intuniv (guanfacine ER) and Kapvay (clonidine ER) for members less than 6 years of age and over 17 years of age.
- Smoking cessations products (nicotine replacement patches, gum, lozenges, and spray)
- Substance Abuse Disorder Medications (Suboxone, buprenorphine, and methadone)

Can the Plan’s Drug List change?

The plan may add or remove drugs on the list. All drug removals from the formulary will be sent to the state for review before the change is made. Utilizing members and their providers will be notified at least 30 days before a drug is removed from the formulary. All changes to the formulary will be posted on the plan’s website.

How do I use the Plan's Formulary?

- **Column #1:** lists the covered drug. Brand drugs are in upper case letters (e.g., DRUG). Generics are in lower case letters (e.g., drug).
- **Column #2:** shows brand drug for the generic; *brand drugs are not covered if generic equivalent is available.*
- **Column #3:** tells you if drug has a need for prior authorization or other restrictions.

Drugs are also grouped by drug class. If you know what class your drug is in, please look for that class name in the table of contents. Then look under that page for your drug.

What are generic drugs?

The plan covers both brand and generic drugs. Generic drugs cost less and are approved by the Food and Drug Administration (FDA).

Are Over-The-Counter (OTC) drugs covered?

The plan will cover OTC drugs on the formulary. Some OTC drugs may have coverage rules. If the rules for that OTC drug are met, the plan will cover the OTC drug. Like other drugs, OTC drugs need a prescription from a doctor if they are to be covered by the plan, except for OTC emergency contraceptives and latex condoms.

Members are allowed to receive those without requiring an order from an authorized prescriber.

Are there Medication Copays?

Refer to member handbook for copay information.

What are some types of coverage rules?

- **Prior Approval (PA):** This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug.
- **Quantity Level Limits (QLL):** This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs.
- **Step Therapy (ST):** This means you may need to try certain drugs first to treat your condition.

After the first drug is tried, the plan will then cover the other drug for that same condition. For example, Drug A and Drug B may treat your condition. The plan may not cover Drug B unless you try Drug A first. If Drug A

does not work for you, then Drug B will be covered.

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What if my drug is not on the plan's Formulary?

First, please call your doctor and ask if your drug is covered. If the plan does not cover the drug, then:

- Ask your doctor for a similar drug that is covered.
- Your doctor can ask the plan to cover your drug through the prior approval process.

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Formulary Drug Name	Reference	Restrictions
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>		PA; AL (Min 18 Years)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Intuniv	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
ALTERNATIVE MEDICINES		
*Alternative Medicine - Me's***		
<i>melatonin maximum strength oral tablet 5 mg</i>		OTC
<i>melatonin oral tablet 1 mg</i>		OTC
<i>melatonin oral tablet 3 mg, 5 mg</i>		OTC
<i>sm melatonin oral tablet 3 mg</i>		OTC
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>neomycin sulfate oral tablet 500 mg</i>		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak	PA; QLL (280 ML per 56 days)
ANALGESICS - ANTI-INFLAMMATORY		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
RINVOQ LQ ORAL SOLUTION 1 MG/ML		PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		PA
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	Hyrimoz	PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	Hyrimoz	PA
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Hulio (2 Pen)	PA
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Hulio (2 Syringe)	PA

Formulary Drug Name	Reference	Restrictions
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.4ML, 40 MG/0.8ML		PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML		PA
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	QLL (30 EA per 30 days)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG		
*Interleukin-6 Receptor Inhibitors***		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML		PA; QLL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML		PA; QLL (2.28 ML per 28 days)
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***		
<i>diclofenac potassium oral tablet 50 mg</i>		
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		
<i>etodolac oral capsule 200 mg, 300 mg</i>		
<i>etodolac oral tablet 400 mg</i>	Lodine	
<i>etodolac oral tablet 500 mg</i>		
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>ibuprofen oral capsule 200 mg</i>	Advil	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral tablet 200 mg</i>	Medi-First Ibuprofen	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	
<i>indomethacin er oral capsule extended release 75 mg</i>		
<i>indomethacin oral capsule 25 mg, 50 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>ketorolac tromethamine oral tablet 10 mg</i>		QLL (20 Tablets per 30 days); AL (Min 16 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		QLL (30 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>		QLL (120 EA per 30 days)
<i>naproxen oral suspension 125 mg/5ml</i>	Naprosyn	ST
<i>naproxen oral tablet 250 mg, 375 mg</i>		
<i>naproxen oral tablet 500 mg</i>	Naprosyn	
<i>naproxen oral tablet delayed release 375 mg</i>	EC-Naprosyn	
<i>naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>naproxen sodium oral tablet 220 mg</i>	Aleve	OTC; QLL (2 EA per 1 day)
<i>piroxicam oral capsule 10 mg, 20 mg</i>		
<i>sm ibuprofen ib childrens oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>sm ibuprofen jr oral tablet 100 mg</i>	Advil Junior Strength	OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>		
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG	ibuprofen	OTC; QLL (6 EA per 1 day)
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 30 MG		PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG		PA
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	QLL (30 EA per 30 days)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		PA; QLL (3.92 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		PA; QLL (3.92 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML		PA; QLL (4.08 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML		PA; QLL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		PA; QLL (4 ML per 28 days)

Formulary Drug Name	Reference	Restrictions
ANALGESICS - NONNARCOTIC		
*Analgesic Combinations***		
<i>migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
*Analgesics Other***		
<i>acetaminophen childrens oral solution 160 mg/5ml</i>		OTC
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC; QLL (240 ML per 30 days)
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Mapap Childrens	OTC
<i>acetaminophen er oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	OTC; QLL (240 mL per 30 days)
<i>acetaminophen oral tablet 325 mg</i>	Aphen	OTC; QLL (10 EA per 1 day)
<i>acetaminophen oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>acetaminophen oral tablet chewable 80 mg</i>	Childrens Medi-Tabs	OTC
<i>acetaminophen rectal suppository 120 mg</i>	FeverAll Childrens	OTC
<i>acetaminophen rectal suppository 650 mg</i>	FeverAll Adults	OTC
<i>sm rapid melts junior oral tablet dispersible 160 mg</i>		OTC
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG		OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML	apap extra strength	OTC; QLL (240 ML per 30 days)
TRIAMINIC FEVER REDUCER ORAL SYRUP 160 MG/5ML		OTC; QLL (240 mL per 30 days)
TRIAMINIC FEVER REDUCER SYRUP 160 MG/5ML ORAL		OTC; QLL (240 ML per 30 days)
*Analgesics-Sedatives***		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Bac	QLL (60 EA per 30 days)
*Salicylate Combinations***		
<i>qc effervescent antacid/pain oral tablet effervescent 325-1000-1916 mg</i>	Alka-Seltzer	OTC
<i>tri-buffered aspirin oral tablet 325 mg</i>	Bufferin	OTC
*Salicylates***		
<i>aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC

Formulary Drug Name	Reference	Restrictions
<i>aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	OTC
<i>aspirin rectal suppository 300 mg</i>		OTC
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		QLL (1000 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>		AL (Min 18 Years)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		QLL (2750 ML per 30 days); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>		QLL (9 EA per 1 day); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>		AL (Min 18 Years)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		QLL (240 EA per 30 days); AL (Min 18 Years)
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		QLL (30 EA per 30 days); AL (Min 18 Years)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		PA; QLL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		PA; QLL (15 EA per 30 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	Dilaudid	QLL (11 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	Dilaudid	QLL (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	QLL (2 EA per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>		QLL (7 EA per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	PA; QLL (2 EA per 1 day)
<i>methadone hcl solution 10 mg/5ml oral</i>		PA; QLL (10 ML per 1 day)
<i>methadone hcl solution 5 mg/5ml oral</i>		PA; QLL (20 ML per 1 day)
<i>methadone hcl tablet 10 mg oral</i>		PA; QLL (2 EA per 1 day)
<i>methadone hcl tablet 5 mg oral</i>		PA; QLL (4 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>		PA
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	MS Contin	PA; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>morphine sulfate er oral tablet extended release 15 mg</i>	MS Contin	PA; QLL (6 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 30 mg</i>	MS Contin	PA; QLL (3 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 60 mg</i>	MS Contin	PA; QLL (1.5 EA per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>		QLL (45 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>		QLL (22 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		QLL (60 EA per 30 days)
<i>morphine sulfate rectal suppository 10 mg</i>		QLL (9 EA per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>		QLL (4 EA per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>		QLL (3 EA per 1 day)
<i>morphine sulfate rectal suppository 5 mg</i>		QLL (18 EA per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		QLL (60 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>		QLL (6 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	Roxicodone	QLL (4 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>		QLL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	Roxicodone	QLL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>		QLL (8 EA per 1 day)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	RoxyBond	QLL (4 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>		QLL (8 EA per 1 day); AL (Min 16 Years)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	methadone hcl	PA; QLL (2 ML per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML	methadone hcl	PA; QLL (2 ML per 1 day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML	methadone hcl	PA; QLL (2 ML per 1 day)
*Opioid Combinations***		
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Endocet	QLL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Endocet	
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Endocet	QLL (8 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Opioid Partial Agonists***		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Butrans	PA; QLL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		QLL (2.5 ML per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		QLL (4.5 EA per 1 day)
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		QLL (240 EA per 30 days); AL (Min 16 Years)
ANDROGENS-ANABOLIC		
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	PA; QLL (10 ML per 90 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		PA; QLL (5 ML per 60 days)
<i>testosterone gel 1.62 % transdermal</i>	AndroGel Pump	PA; QLL (5 GM per 1 day)
<i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i>		PA; QLL (5 GM per 1 day)
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	AndroGel Pump	PA; QLL (5 GM per 1 day)
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>		PA; QLL (5 GM per 1 day)
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	Testim	PA; QLL (10 GM per 1 day)
<i>testosterone transdermal gel 10 mg/act (2%)</i>		PA; QLL (120 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	Vogelxo Pump	PA; QLL (300 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>		PA; QLL (2.5 GM per 1 day)
<i>testosterone transdermal solution 30 mg/act</i>		PA; QLL (6 ML per 1 day)
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR		PA; QLL (1 EA per 1 day)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG		PA; QLL (2 EA per 1 day)
ANORECTAL AND RELATED PRODUCTS		
*Intrarectal Steroids***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	
*Nitrate Vasodilating Agents***		
<i>nitroglycerin rectal ointment 0.4 %</i>	Rectiv	PA

Formulary Drug Name	Reference	Restrictions
*Rectal Anesthetic Combinations***		
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Avedana Hemorrhoid Pain Relief	OTC
*Rectal Combinations - Misc.***		
<i>gnp hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
*Rectal Local Anesthetics***		
<i>lidocaine (anorectal) external cream 5 %</i>	AneCream5	OTC; QLL (30 GM per 30 days)
<i>pramoxine hcl (perianal) external foam 1 %</i>	Proctofoam	OTC; QLL (15 GM per 30 days)
*Rectal Steroids***		
<i>hydrocortisone (perianal) external cream 1 %</i>	Preparation H	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Anusol-HC	
ANTACIDS		
*Antacid & Simethicone***		
<i>antacid maximum strength oral suspension 800-800-80 mg/10ml</i>	Almacone Double Strength	OTC
*Antacid Combinations***		
<i>sm foaming antacid oral tablet chewable 80-20 mg</i>		OTC
ACID GONE ORAL TABLET CHEWABLE 160-105 MG	antacid extra strength	OTC
GAVISCON ORAL SUSPENSION 95-358 MG/15ML		OTC
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>		OTC
*Antacids - Calcium Salts***		
<i>antacid calcium oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG	childrens pepto	OTC
*Antacids - Magnesium Salts***		
<i>magnesium oxide oral tablet 400 mg</i>		OTC
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>		
<i>ivermectin oral tablet 3 mg</i>	Stromectol	

Formulary Drug Name	Reference	Restrictions
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>		OTC
<i>praziquantel oral tablet 600 mg</i>	Biltricide	
ANTIANGINAL AGENTS		
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titradose	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>		QLL (60 EA per 30 days)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>		QLL (30 EA per 30 days)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	
NITRO-BID TRANSDERMAL OINTMENT 2 %		
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 200 mg</i>	Pacerone	
MULTAQ ORAL TABLET 400 MG		PA; QLL (2 EA per 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*Adrenergic Combinations***		
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Breyna	QLL (10.3 GM per 20 days)
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	Wixela Inhub	QLL (2 EA per 1 day)
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>	Wixela Inhub	QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act</i>	Advair Diskus	QLL (2 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act</i>	AirDuo RespiClick 113/14	QLL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcg/act</i>	AirDuo RespiClick 232/14	QLL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act</i>	AirDuo RespiClick 55/14	QLL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		QLL (18 ML per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT		QLL (10.7 GM per 30 days)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	budesonide-formoterol fumarate	QLL (10.3 GM per 20 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		ST; QLL (10.7 GM per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT, 500-50 MCG/ACT	fluticasone-salmeterol	QLL (2 EA per 1 day)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML		PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		PA
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		
*Beta Adrenergics***		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Proventil HFA	QLL (6 Fills per 365 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>		QLL (12 ML per 1 day)
<i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i>		QLL (2 EA per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		

Formulary Drug Name	Reference	Restrictions
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	ST; QLL (90 GM per 365 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		QLL (4 GM per 30 days)
*Bronchodilators - Anticholinergics***		
<i>ipratropium bromide inhalation solution 0.02 %</i>		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT		QLL (30 EA per 30 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	PA; QLL (30 EA per 30 days); AL (Min 1 Years and Max 2 Years)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	QLL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	QLL (30 EA per 30 days)
*Steroid Inhalants***		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	QLL (120 ML per 30 days)
<i>fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation</i>		QLL (60 EA per 30 days)
<i>fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation</i>		QLL (240 EA per 30 days)
<i>fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation</i>		QLL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>		QLL (0.4 GM per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT		QLL (0.3533 GM per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT		QLL (0.7067 GM per 1 day)
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		
<i>theophylline oral elixir 80 mg/15ml</i>	Elixophyllin	
<i>theophylline oral solution 80 mg/15ml</i>		

Formulary Drug Name	Reference	Restrictions
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Jantoven	
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		QLL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		QLL (2 EA per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		QLL (1 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		QLL (51 EA per 90 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>		
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>		
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Lovenox	
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Pradaxa	QLL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 75 MG	dabigatran etexilate mesylate	QLL (2 EA per 1 day)
ANTICONVULSANTS		
*Anticonvulsants - Misc.***		
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	
*Hydantoins***		
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin	
<i>phenytoin oral tablet chewable 50 mg</i>	Dilantin Infatabs	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	

Formulary Drug Name	Reference	Restrictions
DILANTIN ORAL CAPSULE 30 MG		
*Succinimides***		
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		QLL (90 EA per 30 days)
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		QLL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		QLL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		
*Diabetic Other - Combinations***		
<i>glucose oral tablet chewable 4-6 gm-mg</i>	Dex4	OTC
*Diabetic Other***		
<i>glucagon emergency injection kit 1 mg</i>		QLL (2 EA per 30 days)
<i>glucose oral gel 40 %</i>	Gluco to Go 15	OTC
<i>glucose oral tablet chewable 4 gm</i>	Dex4 Quick Dissolve Glucose	OTC
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE		QLL (2 EA per 30 days)
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM		OTC
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML		QLL (0.2 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML		QLL (0.4 ML per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML		QLL (0.4 ML Max Qty Per Fill Retail)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML		QLL (0.4 ML per 30 days)
INSTA-GLUCOSE ORAL GEL 77.4 %		OTC
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>		QLL (30 EA per 30 Days)

Formulary Drug Name	Reference	Restrictions
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>		QLL (60 EA per 30 Days)
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>		QLL (30 EA per 30 Days)
*Human Insulin***		
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NovoLOG 70/30 FlexPen ReliOn	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NovoLOG Mix 70/30	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	Admelog SoloStar	
<i>insulin lispro injection solution 100 unit/ml</i>	Admelog	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG Junior KwikPen	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	HumaLOG Mix 75/25 KwikPen	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML		
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin glargine solostar	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	insulin glargine	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		OTC

Formulary Drug Name	Reference	Restrictions
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR 100 UNIT/ML		
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		OTC
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML	insulin asp prot & asp flexpen	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML	insulin asp prot & asp flexpen	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	insulin aspart prot & aspart	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	insulin aspart prot & aspart	
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML		ST; Diagnosis Required; QLL (0.1072 ML per 1 day)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 4 MG/3ML		ST; Diagnosis required; QLL (0.1071 ML per 1 day)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 8 MG/3ML		ST; Diagnosis required; QLL (0.1071 ML per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML		ST; Diagnosis Required; QLL (4 ML per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		ST; Diagnosis required; QLL (4 ML per 28 days)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>		QLL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>		QLL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>		QLL (240 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***		
JARDIANCE ORAL TABLET 10 MG, 25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG		ST; QLL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG		ST; QLL (2 EA per 1 day)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		QLL (60 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg</i>		QLL (3 EA per 1 day)
<i>glipizide-metformin hcl oral tablet 5-500 mg</i>		QLL (120 EA per 30 days)
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Glucotrol XL	QLL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>		QLL (30 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Glucotrol XL	QLL (30 EA per 30 days)
<i>glipizide oral tablet 10 mg, 5 mg</i>		
*Thiazolidinediones***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	QLL (30 EA per 30 days)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>acidophilus lactobacillus oral capsule</i>	Abatinex	OTC
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>sm acidophilus oral capsule 10 mg</i>	Abatinex	OTC
<i>stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
FLORANEX ORAL TABLET	acidophilus	OTC

Formulary Drug Name	Reference	Restrictions
*Antidiarrheal/Probiotic Combinations***		
<i>acidophilus/pectin oral capsule</i>		OTC
*Antiperistaltic Agents***		
<i>anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	
<i>gnp anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>		OTC
<i>qc anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>sm anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG		
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
<i>granisetron hcl oral tablet 1 mg</i>		ST; QLL (20 EA Max Qty Per Fill Retail)
<i>ondansetron hcl oral solution 4 mg/5ml</i>		QLL (15 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>		QLL (10 EA Max Qty Per Fill Retail)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		QLL (3 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		QLL (3 EA per 1 day)
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg</i>		
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Antivert	
DRIMINATE ORAL TABLET 50 MG	cvs motion sickness	OTC; QLL (8 EA per 1 day)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg, 40 mg</i>		QLL (1 EA Max Qty Per Fill Retail)
<i>aprepitant oral capsule 80 & 125 mg</i>	Emend Tri-Pack	QLL (3 EA Max Qty Per Fill Retail)
<i>aprepitant oral capsule 80 mg</i>	Emend	QLL (2 EA Max Qty Per Fill Retail)

Formulary Drug Name	Reference	Restrictions
ANTIFUNGALS		
*Antifungals***		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		ST
<i>griseofulvin microsize oral tablet 500 mg</i>		ST
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		ST
<i>nystatin oral tablet 500000 unit</i>		
<i>terbinafine hcl oral tablet 250 mg</i>		QLL (30 EA per 30 days)
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>		QLL (2 EA per 1 day)
*Triazoles***		
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>		
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Diflucan	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	Diflucan	QLL (60 EA per 30 days)
<i>fluconazole oral tablet 150 mg</i>	Diflucan	QLL (14 EA per 28 days)
<i>fluconazole oral tablet 50 mg</i>		QLL (60 EA per 30 days)
<i>itraconazole oral capsule 100 mg</i>	Sporanox	QLL (120 EA per 30 days)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Vfend	PA
ANTI-HISTAMINES		
*Antihistamines - Alkylamines***		
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Chlor-Trimeton Allergy	OTC; QLL (2 EA per 1 day)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Wal-finat	OTC
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	Diabetic Tussin Allergy	OTC; QLL (120 mL per 30 days)
<i>triprolidine hcl oral liquid 0.625 mg/ml</i>	PediaClear PD Childrens	OTC
<i>triprolidine hcl oral liquid 0.938 mg/ml</i>	Histex PD	OTC
HISTEX ORAL SYRUP 2.5 MG/5ML		OTC
HISTEX PD ORAL LIQUID 0.938 MG/ML	triprolidine hcl	OTC
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML	triprolidine hcl	OTC
*Antihistamines - Ethanolamines***		
<i>clemastine fumarate oral tablet 2.68 mg</i>		
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Banophen	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (20 ML per 1 day)

Formulary Drug Name	Reference	Restrictions
*Antihistamines - Non-Sedating***		
<i>allergy childrens oral suspension 30 mg/5ml</i>	Allegra Allergy Childrens	OTC; QLL (30 ML per 1 day)
<i>cetirizine hcl oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	QLL (150 ML per 30 days)
<i>cetirizine hcl oral tablet 5 mg</i>		OTC; QLL (30 EA per 30 days)
<i>fexofenadine hcl oral tablet 180 mg</i>	Allegra Allergy	OTC; QLL (1 EA per 1 day)
<i>fexofenadine hcl oral tablet 60 mg</i>	Allegra Allergy	OTC; QLL (2 EA per 1 day)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	QLL (1 EA per 1 day)
<i>loratadine childrens oral tablet chewable 5 mg</i>	Claritin	OTC
<i>loratadine oral solution 5 mg/5ml</i>	Claritin	OTC; QLL (240 ML per 30 days)
<i>loratadine oral tablet 10 mg</i>	Claritin	OTC; QLL (30 EA per 30 days)
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG	cvs allergy relief	OTC; QLL (1 EA per 1 day)
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG		
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
ANTIHYPERLIPIDEMICS		
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL ORAL TABLET 180 MG		PA; QLL (1 EA per 1 day)
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl oral capsule 0.5 gm</i>	Vascepa	PA; QLL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gm</i>	Vascepa	PA; QLL (4 EA per 1 day)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	QLL (4 EA per 1 day)
*Bile Acid Sequestrants***		
<i>cholestyramine oral packet 4 gm</i>	Questran	
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	
PREVALITE ORAL PACKET 4 GM	cholestyramine light	
PREVALITE ORAL POWDER 4 GM/DOSE	cholestyramine light	

Formulary Drug Name	Reference	Restrictions
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	QLL (60 EA per 30 days)
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	QLL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>		ST; QLL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		QLL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>		QLL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		QLL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	QLL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Zocor	QLL (30 EA per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>		QLL (30 EA per 30 days)
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Zetia	QLL (1 EA per 1 day)
*Pcsk9 Inhibitors***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		PA
ANTIHYPERTENSIVES		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	QLL (30 EA per 30 days)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Vaseretic	QLL (60 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		QLL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Zestoretic	QLL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	Zestoretic	QLL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	Zestoretic	QLL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Accuretic	QLL (30 EA per 30 days)
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>		QLL (30 EA per 30 days)
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg</i>	Lotensin	QLL (2 EA per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	Lotensin	QLL (60 EA per 30 days)
<i>benazepril hcl oral tablet 5 mg</i>		QLL (2 EA per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Vasotec	QLL (2 EA per 1 day)
<i>enalapril maleate oral tablet 20 mg</i>	Vasotec	QLL (60 EA per 30 days)
<i>fosinopril sodium oral tablet 10 mg, 20 mg</i>		QLL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 40 mg</i>		QLL (60 EA per 30 days)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg</i>	Zestril	QLL (2 EA per 1 day)
<i>lisinopril oral tablet 40 mg</i>	Zestril	QLL (60 EA per 30 days)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Accupril	QLL (2 EA per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	Accupril	QLL (60 EA per 30 days)
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	Altace	QLL (2 EA per 1 day)
<i>ramipril oral capsule 10 mg</i>	Altace	QLL (60 EA per 30 days)
<i>trandolapril oral tablet 1 mg, 2 mg</i>		QLL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>		QLL (60 EA per 30 days)
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	ST; QLL (1 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Avalide	QLL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	QLL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	QLL (30 EA per 30 days)
*Angiotensin II Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	ST; QLL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	Cozaar	QLL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	Cozaar	QLL (2 EA per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	QLL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	QLL (30 EA per 30 days)
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	ST; QLL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	ST; QLL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	ST; QLL (4 EA per 28 days)
<i>guanfacine hcl oral tablet 1 mg</i>		QLL (240 EA per 30 days)
<i>guanfacine hcl oral tablet 2 mg</i>		QLL (120 EA per 30 days)
<i>methyldopa oral tablet 250 mg, 500 mg</i>		
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Cardura	QLL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	Cardura	QLL (60 EA per 30 days)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		QLL (120 EA per 30 days)
<i>terazosin hcl capsule 5 mg oral</i>		QLL (3 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>terazosin hcl oral capsule 1 mg</i>		QLL (30 EA per 30 days)
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>		QLL (60 EA per 30 days)
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Inspra	
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole oral tablet 250 mg, 500 mg</i>		
<i>tinidazole oral tablet 250 mg, 500 mg</i>		
<i>trimethoprim oral tablet 100 mg</i>		
XIFAXAN ORAL TABLET 550 MG		PA
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	Bactrim DS	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	sulfamethoxazole-trimethoprim	
*Glycopeptides***		
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Vancocin	QLL (8 EA per 1 day)
*Leprostics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>		
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	

Formulary Drug Name	Reference	Restrictions
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	
*Oxazolidinones***		
<i>linezolid oral tablet 600 mg</i>	Zyvox	QLL (2 EA per 1 day)
*Urinary Anti-Infectives***		
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Macrochantin	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		AL (Max 12 Years)
ANTIMALARIALS		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	Malarone	QLL (1 EA per 1 day)
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	Malarone	QLL (3 EA per 1 day)
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	
<i>mefloquine hcl oral tablet 250 mg</i>		
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		QLL (2 EA per 1 day)
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*Antimyasthenic/Cholinergic Agents***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	
ANTIMYCOBACTERIAL AGENTS		
*Antimycobacterial Agents***		
<i>ethambutol hcl oral tablet 100 mg</i>		
<i>ethambutol hcl oral tablet 400 mg</i>	Myambutol	
<i>isoniazid oral syrup 50 mg/5ml</i>		
<i>isoniazid oral tablet 100 mg, 300 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>pyrazinamide oral tablet 500 mg</i>		
<i>rifabutin oral capsule 150 mg</i>	Mycobutin	
<i>rifampin oral capsule 150 mg, 300 mg</i>		
PRIFTIN ORAL TABLET 150 MG		
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
MYLERAN ORAL TABLET 2 MG		
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	Zytiga	PA
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG		
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	Casodex	QLL (30 EA per 30 days)
*Antiestrogens***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	
SOLTAMOX ORAL SOLUTION 10 MG/5ML		
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg</i>	Xeloda	PA; QLL (140 EA per 21 days)
<i>capecitabine oral tablet 500 mg</i>	Xeloda	PA; QLL (154 EA per 21 days)
<i>mercaptopurine oral tablet 50 mg</i>		
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>		
<i>methotrexate sodium solution 250 mg/10ml injection</i>		QLL (10 ML per 28 days)
<i>methotrexate sodium solution 50 mg/2ml injection</i>		QLL (8 ML per 28 days)
*Antineoplastic - Alk Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG		PA
*Antineoplastic - Anti-Her2 Agents***		
TUKYSA ORAL TABLET 150 MG, 50 MG		PA
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		PA

Formulary Drug Name	Reference	Restrictions
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		PA
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
<i>imatinib mesylate oral tablet 100 mg</i>	Gleevec	PA; QLL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	Gleevec	PA; QLL (60 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG		PA; QLL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG		PA; QLL (3 EA per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG		PA; QLL (120 EA per 30 days)
TASIGNA ORAL CAPSULE 50 MG		PA; QLL (4 EA per 1 day)
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG		PA
*Antineoplastic - Btk Inhibitors***		
IMBRUVICA ORAL CAPSULE 140 MG		PA; QLL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG		PA; QLL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML		PA; QLL (6 ML per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		PA; QLL (1 EA per 1 day)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tarceva	PA; QLL (1 EA per 1 day)
<i>gefitinib oral tablet 250 mg</i>	Iressa	PA; QLL (1 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG		PA
*Antineoplastic - Mek Inhibitors***		
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML		PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG		PA

Formulary Drug Name	Reference	Restrictions
*Antineoplastic - Mtor Kinase Inhibitors***		
<i>everolimus oral tablet 10 mg</i>	Afinitor	PA; QLL (30 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Afinitor	PA; QLL (1 EA per 1 day)
*Antineoplastic - Multikinase Inhibitors***		
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	PA; QLL (6 EA per 1 day)
<i>pazopanib hcl oral tablet 200 mg</i>	Votrient	PA; QLL (120 EA per 30 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	PA; QLL (30 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA; QLL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG, 300 MG		PA
RYDAPT ORAL CAPSULE 25 MG		PA
*Antineoplastics Misc.***		
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML		PA
MATULANE ORAL CAPSULE 50 MG		PA
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	QLL (30 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	Aromasin	QLL (30 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	Femara	QLL (30 EA per 30 days)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		PA; QLL (2 EA per 1 day)
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG		
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>		

Formulary Drug Name	Reference	Restrictions
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		PA
*Lhrh Analogs***		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		PA; QLL (5.6 ML per 28 days)
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 7.5 MG		PA
ELIGARD SUBCUTANEOUS KIT 45 MG		PA
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>		
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		
LEUKERAN ORAL TABLET 2 MG		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA; QLL (4 EA per 1 day)
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml</i>		
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>		PA
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Targretin	PA
*Urinary Tract Protective Agents***		
MESNEX ORAL TABLET 400 MG		
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA ORAL TABLET 1 MG, 5 MG		PA; QLL (120 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		PA

Formulary Drug Name	Reference	Restrictions
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>		
<i>amantadine hcl oral solution 50 mg/5ml</i>		
<i>amantadine hcl oral tablet 100 mg</i>		
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl oral capsule 5 mg</i>		
<i>selegiline hcl oral tablet 5 mg</i>		
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 50-200-200 mg</i>		QLL (270 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	Stalevo 150	QLL (270 EA per 30 days)
*Nonergoline Dopamine Receptor Agonists***		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>		ST; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>		ST; QLL (1 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		QLL (90 EA per 30 days)
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>		QLL (120 EA per 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Phenothiazines***		
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Epzicom	Diagnosis Required; QLL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Atripla	PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>	Symfi Lo	PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	Truvada	PA; Diagnosis Required; QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df tablet 133-200 mg oral</i>	Truvada	PA; QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df tablet 167-250 mg oral</i>	Truvada	PA; QLL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		PA; Diagnosis Required; QLL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	Diagnosis Required; QLL (13 ML per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Kaletra	PA; Diagnosis required; QLL (4 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
EVOTAZ ORAL TABLET 300-150 MG		DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG		PA; Diagnosis Required; QLL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG		Diagnosis Required; QLL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG		PA; DIAGNOSIS REQUIRED; QLL (6 EA per 1 day)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc oral tablet 150 mg</i>	Selzentry	PA; Diagnosis required; QLL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Selzentry	PA; Diagnosis required; QLL (4 EA per 1 day)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		Diagnosis Required; QLL (2 EA per 1 day)
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS HD ORAL TABLET 600 MG		PA; Diagnosis Required; QLL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG		PA; DIAGNOSIS REQUIRED; QLL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		PA; Diagnosis Required; QLL (4 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG		PA; Diagnosis Required; QLL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG		PA; Diagnosis Required; QLL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		PA; Diagnosis Required; AL (Max 12 Years)

Formulary Drug Name	Reference	Restrictions
*Antiretrovirals - Protease Inhibitors***		
<i>atazanavir sulfate oral capsule 150 mg</i>		Diagnosis Required; QLL (1 EA per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	Reyataz	Diagnosis Required; QLL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Reyataz	Diagnosis Required; QLL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Lexiva	Diagnosis Required; QLL (4 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Norvir	PA; Diagnosis Required; QLL (12 EA per 1 day)
APTIVUS ORAL CAPSULE 250 MG		Diagnosis Required; QLL (4 EA per 1 day)
NORVIR ORAL PACKET 100 MG		PA; Diagnosis Required
VIRACEPT ORAL TABLET 250 MG		Diagnosis Required; QLL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG		Diagnosis Required; QLL (4 EA per 1 day)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
<i>efavirenz oral capsule 200 mg, 50 mg</i>		Diagnosis Required; QLL (3 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Sustiva	PA; Diagnosis required; QLL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	Intelence	PA; Diagnosis required; QLL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Intelence	PA; Diagnosis required; QLL (2 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		Diagnosis Required; QLL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>		PA; Diagnosis Required; QLL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>		Diagnosis Required; QLL (2 EA per 1 day)
EDURANT ORAL TABLET 25 MG		Diagnosis Required; QLL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG		Diagnosis Required; QLL (4 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	Diagnosis Required; QLL (30 ML per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>abacavir sulfate oral tablet 300 mg</i>		Diagnosis Required; QLL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Epivir	PA; Diagnosis Required; QLL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Epivir	PA; Diagnosis Required; QLL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Epivir	PA; Diagnosis Required; QLL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML		Diagnosis Required; QLL (24 ML per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>zidovudine oral capsule 100 mg</i>	Retrovir	PA; Diagnosis Required; QLL (2 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	PA; Diagnosis Required; QLL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>		PA; Diagnosis Required; QLL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	Diagnosis Required; QLL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM		Diagnosis Required; QLL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Diagnosis Required; QLL (1 EA per 1 day)
*Antiretrovirals Adjuvants***		
TYBOST ORAL TABLET 150 MG		DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
*Antiviral Combinations***		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		QLL (20 EA per 5 days); AL (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		QLL (20 EA per 5 days); AL (Min 12 Years)
*Cmv Agents***		
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Hepatitis B Agents***		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	QLL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>		QLL (30 EA per 30 days)
*Hepatitis C Agent - Combinations***		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Harvoni	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Epclusa	PA; QLL (1 EA per 1 day)
MAVYRET ORAL PACKET 50-20 MG		PA; QLL (5 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG		PA; QLL (3 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG		PA
ZEPATIER ORAL TABLET 50-100 MG		PA; QLL (1 EA per 1 day)
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA; QLL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		PA; QLL (2 ML per 28 days)
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>		
<i>acyclovir oral suspension 200 mg/5ml</i>		AL (Max 12 Years)
<i>acyclovir oral tablet 400 mg, 800 mg</i>		
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Valtrex	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		QLL (21 EA Max Qty Per Fill Retail)
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate capsule 30 mg oral</i>	Tamiflu	QLL (20 EA Max Qty Per Fill Retail); AL (Max 12 Years)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tamiflu	QLL (10 EA per 1 FILL)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	QLL (180 ML Max Qty Per Fill Retail); AL (Max 12 Years)
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	Coreg	QLL (60 EA per 30 days)
<i>carvedilol oral tablet 25 mg</i>	Coreg	QLL (4 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	
<i>bisoprolol fumarate oral tablet 5 mg</i>		QLL (30 EA per 30 days)
<i>bisoprolol fumarate tablet 10 mg oral</i>		QLL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Toprol XL	QLL (45 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Toprol XL	QLL (60 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	Toprol XL	QLL (30 EA per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	
<i>metoprolol tartrate oral tablet 25 mg</i>		
<i>nebivolol hcl tablet 10 mg oral</i>	Bystolic	QLL (1 EA per 1 day)
<i>nebivolol hcl tablet 2.5 mg oral</i>	Bystolic	QLL (1 EA per 1 day)
<i>nebivolol hcl tablet 20 mg oral</i>	Bystolic	QLL (2 EA per 1 day)
<i>nebivolol hcl tablet 5 mg oral</i>	Bystolic	QLL (1 EA per 1 day)
*Beta Blockers Non-Selective***		
<i>propranolol hcl er capsule extended release 24 hour 120 mg oral</i>	Inderal LA	QLL (2 EA per 1 day)
<i>propranolol hcl er capsule extended release 24 hour 160 mg oral</i>	Inderal LA	QLL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg</i>	Inderal LA	QLL (30 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Inderal LA	QLL (1 EA per 1 day)
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace	
<i>sotalol hcl oral tablet 240 mg</i>		
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG	propranolol hcl er	QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg</i>	Norvasc	QLL (30 EA per 30 days)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	Norvasc	QLL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg, 420 mg</i>	Tiadytl ER	QLL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	Tiadytl ER	QLL (3 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	Tiadytl ER	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	Cardizem CD	QLL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Cardizem CD	QLL (3 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	Cardizem CD	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	Cardizem CD	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>		QLL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>		QLL (3 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>		QLL (2 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	QLL (120 EA per 30 days)
<i>diltiazem hcl oral tablet 90 mg</i>		QLL (120 EA per 30 days)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		QLL (30 EA per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>		QLL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	Procardia XL	QLL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	Procardia XL	QLL (2 EA per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>		
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</i>	Verelan	QLL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Verelan	QLL (60 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>verapamil hcl er oral tablet extended release 120 mg</i>		QLL (2 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>		QLL (60 EA per 30 days)
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		QLL (120 EA per 30 days)
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digoxin oral solution 0.05 mg/ml</i>		
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digox	
CARDIOVASCULAR AGENTS - MISC.		
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		PA; QLL (2 EA per 1 day)
*Nitrate & Vasodilator Combinations***		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	BiDil	QLL (6 EA per 1 day)
*Prostaglandin Vasodilators***		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Flolan	PA
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	PA; QLL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	PA; QLL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG		PA; QLL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG		PA; QLL (2 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	PA; QLL (12 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	Adcirca	ST; QLL (2 EA per 1 day)
*Sinus Node Inhibitors**		
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Corlanor	PA; QLL (2 EA per 1 day)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		AL (Max 12 Years)
<i>cephalexin oral capsule 250 mg, 500 mg</i>		
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
*Cephalosporins - 2Nd Generation***		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefprozil oral tablet 250 mg, 500 mg</i>		
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>		
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefixime oral capsule 400 mg</i>		QLL (1 EA per 1 Fill)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		QLL (2 EA per 1 day)
CHEMICALS		
*Bulk Chemicals - St's***		
<i>stevia extract powder</i>	TruClear Stevia Plus	
<i>stevia extract powder 90 %</i>		
<i>steviol glycosides powder 95 %</i>		
<i>stevioside fluid extract 15 %</i>		
*Fixed Oils***		
<i>castor oil oil</i>		
*Liquids***		
<i>benzyl benzoate liquid</i>		
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG		
*Combination Contraceptives - Oral***		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Dasetta 1/35	

Formulary Drug Name	Reference	Restrictions
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Balziva	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	Beyaz	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	Safyral	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Jasmiel	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Kelnor 1/35	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	Kelnor 1/50	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	Balcoltra	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Afirmelle	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	Gemmily	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Charlotte 24 Fe	
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Wymzya Fe	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	Kaitlib Fe	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)		
BALZIVA ORAL TABLET 0.4-35 MG-MCG	briellyn	
BEYAZ ORAL TABLET 3-0.02-0.451 MG	drospiren-eth estrad-levomefol	

Formulary Drug Name	Reference	Restrictions
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)		
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG		
ELINEST ORAL TABLET 0.3-30 MG-MCG		
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)		
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)		
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	norethin-eth estradiol-fe	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	ethynodiol diac-eth estradiol	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	ethynodiol diac-eth estradiol	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)		
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	norethin-eth estradiol-fe	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG		
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		
NEXTSTELLIS ORAL TABLET 3-14.2 MG		
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		
PHILITH ORAL TABLET 0.4-35 MG-MCG	briellyn	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG	drospiren-eth estrad-levomefol	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)		
TURQOZ ORAL TABLET 0.3-30 MG-MCG		
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG		
TYDEMY ORAL TABLET 3-0.03-0.451 MG	drospiren-eth estrad-levomefol	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	briellyn	

Formulary Drug Name	Reference	Restrictions
WERA ORAL TABLET 0.5-35 MG-MCG		
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	norethin-eth estradiol-fe	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	ethynodiol diac-eth estradiol	
*Combination Contraceptives - Transdermal***		
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	Xulane	QLL (3 EA per 28 days)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	QLL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	QLL (3 EA per 28 days)
*Combination Contraceptives - Vaginal***		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	QLL (1 EA per 30 days)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR		
*Continuous Contraceptives - Oral***		
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Amethyst	
*Emergency Contraceptives***		
<i>levonorgestrel oral tablet 1.5 mg</i>	Aftera	OTC; QLL (3 EA per 90 days)
ELLA ORAL TABLET 30 MG		QLL (3 EA per 90 days)
*Extended-Cycle Contraceptives - Oral***		
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	Rivelsa	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	Camrese Lo	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg</i>	Ashlyna	
*Four Phase Contraceptives - Oral***		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG		

Formulary Drug Name	Reference	Restrictions
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		QLL (1 EA per 3 Years)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	QLL (4 ML per 365 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Depo-Provera	QLL (4 ML per 365 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		
*Progestin Contraceptives - Oral***		
<i>norethindrone oral tablet 0.35 mg</i>	Camila	QLL (1 EA per 1 day)
OPILL ORAL TABLET 0.075 MG		OTC
SLYND ORAL TABLET 4 MG		
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Dasetta 7/7/7	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Enpresse-28	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	Tilia Fe	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tri Femynor	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG		
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Uceris	
<i>budesonide oral capsule delayed release particles 3 mg</i>		QLL (90 Days per 365 days)
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>		

Formulary Drug Name	Reference	Restrictions
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>		
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>		
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Medrol	
<i>methylprednisolone oral tablet 32 mg</i>		
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Pediapred	
<i>prednisone oral solution 5 mg/5ml</i>		AL (Max 12 Years)
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG		
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate capsule 100 mg oral</i>		QLL (6 EA per 1 day); AL (Min 10 Years)
<i>benzonatate capsule 200 mg oral</i>		QLL (3 EA per 1 day); AL (Min 10 Years)
<i>benzonatate oral capsule 100 mg</i>		QLL (6 EA per 1 day); AL (Min 10 Years)
<i>benzonatate oral capsule 200 mg</i>		QLL (3 EA per 1 day); AL (Min 10 Years)
<i>cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>dextromethorphan hbr oral capsule 15 mg</i>	Wal-Tussin Cough	OTC
<i>qc cough relief oral liquid 15 mg/5ml</i>	Giltuss Honey DM	OTC; QLL (120 mL per 30 days)
<i>tussin cough oral syrup 15 mg/5ml</i>	Wal-Tussin Cough Long Acting	OTC; QLL (120 mL per 30 days)
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Hycodan	QLL (30 ML per 1 day); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Hycodan	QLL (6 EA per 1 day); AL (Min 18 Years)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Hycodan	QLL (30 ML per 1 day); AL (Min 18 Years)
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	hydrocodone bit-homatrop mbr	QLL (30 ML per 1 day); AL (Min 18 Years)
HYCODAN ORAL TABLET 5-1.5 MG	hydrocodone bit-homatrop mbr	QLL (6 EA per 1 day); AL (Min 18 Years)
*Antitussive-Decongestant-Analgesic***		
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	Alka-Seltzer Pls Sinus & Cough	OTC; QLL (120 EA per 30 days)
*Antitussive-Expectorant***		
<i>chest congestion relief dm oral tablet 20-400 mg</i>	Fenesin DM IR	OTC
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml</i>	Diabetic Tussin DM	OTC; QLL (120 ML per 30 days)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Robafen DM Cough Clear	OTC; QLL (120 ML per 30 days)
<i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>gnp mucus dm max strength oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>goodsense mucus dm oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>guaiaatussin ac oral syrup 100-10 mg/5ml</i>		OTC; QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>		OTC; QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
<i>mucus relief dm max oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (120 mL per 30 days)
<i>mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC

Formulary Drug Name	Reference	Restrictions
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Mucinex DM	OTC
<i>mucus-dm max oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>mucus-dm maximum strength oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>mucus-dm oral tablet extended release 12 hour 30-600 mg</i>	Mucinex DM	OTC
<i>qc mucus relief dm max oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>virtussin a/c oral solution 100-10 mg/5ml</i>		OTC; QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
*Antitussive-Expectorants-Decongestant***		
<i>goodsense mucus relief child oral liquid 2.5-100 mg/5ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
<i>qc mucus relief severe con/cgh oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
<i>sm mucus relief cold childrens oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
<i>sm severe congestion & cough oral liquid 10-20-400 mg/20ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML		OTC
*Decongestant & Antihistamine***		
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	OTC; QLL (60 EA per 30 days)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	OTC; QLL (2 EA per 1 day)
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Alavert D-12 Hour Allergy/Cong	OTC; QLL (2 EA per 1 day)
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	OTC; QLL (1 EA per 1 day)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>		
ALAHIST D ORAL TABLET 17.5-10 MG		OTC
*Decongestant W/ Expectorant***		
<i>mucus relief d oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC
<i>pseudoephedrine-guaiifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC

Formulary Drug Name	Reference	Restrictions
*Expectorants***		
<i>chest congestion relief oral tablet 400 mg</i>	Xpect	OTC
<i>gnp mucus er oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>gnp mucus relief oral tablet 400 mg</i>	Xpect	OTC
<i>gnp tab tussin oral tablet 400 mg</i>	Xpect	OTC
<i>goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	OTC
<i>guaifenesin oral tablet 200 mg</i>		OTC
<i>guaifenesin oral tablet 400 mg</i>	Xpect	OTC
<i>mucosa oral tablet 400 mg</i>	Xpect	OTC
<i>qc medifin 400 oral tablet 400 mg</i>	Xpect	OTC
<i>sm chest congestion relief oral tablet 400 mg</i>	Xpect	OTC
<i>sm mucus relief max strength oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>sm mucus relief oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	OTC
*Misc. Respiratory Inhalants***		
<i>nasal mist inhalation aerosol solution 0.9 %</i>	Simply Saline Baby	OTC
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %</i>		
<i>sodium chloride inhalation nebulization solution 3 %</i>	Nebusal	
<i>sodium chloride inhalation nebulization solution 7 %</i>	HyperSal	
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		QLL (180 mL per 30 days)
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
<i>lohist-dm oral syrup 5-2-10 mg/5ml</i>		OTC

Formulary Drug Name	Reference	Restrictions
<i>pse-dexchlorphen-chlophedianol oral liquid 30-1-12.5 mg/5ml</i>	Vanacof	OTC; QLL (180 ML per 30 days)
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>		QLL (180 ML per 30 days)
VANACOF ORAL LIQUID 30-1-12.5 MG/5ML	pse-dexchlorphen-chlophedianol	OTC; QLL (180 ML per 30 days)
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
DERMATOLOGICALS		
*Acne Antibiotics***		
<i>clindamycin phosphate external gel 1 %</i>	Clindagel	QLL (1 GM per 1 day)
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	QLL (2 ML per 1 day)
<i>clindamycin phosphate external solution 1 %</i>		QLL (2 ML per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	QLL (2 EA per 1 day)
<i>ery external pad 2 %</i>		QLL (2 EA per 1 day)
<i>erythromycin external gel 2 %</i>	Erygel	QLL (1 GM per 1 day)
<i>erythromycin external solution 2 %</i>		QLL (2 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	QLL (118 ML per 30 days)
*Acne Combinations***		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Epiduo	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Benzamycin	QLL (46.6 GM per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Neuac	QLL (45 GM per 30 days)
NEUAC EXTERNAL GEL 1.2-5 %	clindamycin phos-benzoyl perox	QLL (45 GM per 30 days)
*Acne Products***		
<i>acne medication 10 external lotion 10 %</i>		OTC
<i>acne medication 5 external lotion 5 %</i>		OTC
<i>adapalene external gel 0.1 %, 0.3 %</i>	Differin	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide external gel 10 %</i>	Clean & Clear Persa-Gel Max St	
<i>benzoyl peroxide external gel 2.5 %</i>		OTC
<i>benzoyl peroxide external gel 5 %</i>	Medpura Benzoyl Peroxide	OTC
<i>benzoyl peroxide wash external liquid 5 %</i>	Benzac AC Wash	

Formulary Drug Name	Reference	Restrictions
<i>isotretinoin capsule 10 mg oral</i>	Accutane	ST; QLL (2 EA per 1 day)
<i>isotretinoin capsule 20 mg oral</i>	Accutane	ST; QLL (2 EA per 1 day)
<i>isotretinoin capsule 30 mg oral</i>	Accutane	ST; QLL (2 EA per 1 day)
<i>isotretinoin capsule 40 mg oral</i>	Accutane	ST
ACCUTANE CAPSULE 10 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ACCUTANE CAPSULE 20 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ACCUTANE CAPSULE 30 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ACCUTANE CAPSULE 40 MG ORAL	isotretinoin	ST
AMNESTEEM CAPSULE 10 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
AMNESTEEM CAPSULE 20 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
AMNESTEEM CAPSULE 40 MG ORAL	isotretinoin	ST
CLARAVIS CAPSULE 10 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
CLARAVIS CAPSULE 20 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
CLARAVIS CAPSULE 30 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
CLARAVIS CAPSULE 40 MG ORAL	isotretinoin	ST
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 %	acne foaming wash	OTC
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %	tretinoin	ST; AL (Max 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 %	tretinoin	ST; AL (Max 35 Years)
ZENATANE CAPSULE 10 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ZENATANE CAPSULE 20 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ZENATANE CAPSULE 30 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ZENATANE CAPSULE 40 MG ORAL	isotretinoin	ST
*Antibiotic Mixtures Topical***		
<i>double antibiotic external ointment 500-10000 unit/gm</i>	Neosporin	OTC
<i>gnp antibiotic/pain relief external cream 3.5-10000-10</i>	Neosporin Plus Pain Relief MS	OTC
<i>goodsense first aid antibiotic external ointment</i>	Lanabiotic	OTC
<i>triple antibiotic+pain relief external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
*Antibiotics - Topical***		
<i>bacitracin external ointment 500 unit/gm</i>	Bacitraycin Plus	OTC
<i>bacitracin zinc external ointment 500 unit/gm</i>		OTC
<i>gentamicin sulfate external cream 0.1 %</i>		
<i>gentamicin sulfate external ointment 0.1 %</i>		
<i>mupirocin external ointment 2 %</i>		QLL (110 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		QLL (60 GM per 30 days)
*Antifungals - Topical***		
<i>butenafine hcl external cream 1 %</i>	Lotrimin Ultra	OTC; QLL (30 GM per 30 days)
<i>ciclopirox external shampoo 1 %</i>		ST; QLL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	Ciclodan	QLL (6.6 ML per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>		QLL (60 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>		ST; QLL (30 ML per 30 days)
<i>nystatin external cream 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	Klayesta	QLL (60 GM per 30 days)
<i>terbinafine hcl external cream 1 %</i>	LamISIL AT	OTC; QLL (60 GM per 30 days)
<i>tolnaftate antifungal external cream 1 %</i>	Tinactin	OTC; QLL (90 GM per 30 days)
<i>tolnaftate external powder 1 %</i>	Lotrimin AF	OTC; QLL (45 GM per 30 days)
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium external gel 1 %</i>	Aleve Arthritis Pain	QLL (6.6667 GM per 1 day)
<i>diclofenac sodium external solution 1.5 %</i>		ST; QLL (10 ML per 1 day)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	Efudex	
<i>fluorouracil external solution 2 %, 5 %</i>		
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>		PA; QLL (4 GM per 1 day)
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	PA; QLL (4 GM per 1 day)
<i>calcipotriene external solution 0.005 %</i>		PA; QLL (2 ML per 1 day)
<i>tazarotene external cream 0.1 %</i>	Tazorac	ST; QLL (3 GM per 1 day)
*Antiseborrheic Products***		
<i>anti-dandruff external shampoo 1 %</i>	Selsun Blue	OTC
<i>dandruff shampoo external lotion 1 %</i>	Selsun Blue	OTC
<i>selenium sulfide external lotion 2.5 %</i>		
*Antivirals - Topical***		
<i>docosanol external cream 10 %</i>	Abreva	OTC; QLL (2 GM per 30 days)
ZOVIRAX EXTERNAL OINTMENT 5 %	acyclovir	ST; QLL (15 GM per 30 days)
*Astringents***		
<i>calamine external lotion</i>		OTC

Formulary Drug Name	Reference	Restrictions
<i>diaper rash external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
<i>zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
*Atopic Dermatitis - Monoclonal Antibodies***		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML		PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML		PA
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	Silvadene	
*Corticosteroids - Topical***		
<i>betamethasone dipropionate aug external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>		QLL (2 GM per 1 day)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		QLL (2 ML per 1 day)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	QLL (2 GM per 1 day)
<i>betamethasone dipropionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>		QLL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>		QLL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>		QLL (45 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>		ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external cream 0.05 %</i>		ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external gel 0.05 %</i>		QLL (2 GM per 1 day)
<i>clobetasol propionate external ointment 0.05 %</i>		ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external solution 0.05 %</i>		ST; QLL (2 ML per 1 day)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	QLL (30 GM per 60 days)
<i>fluocinolone acetonide ointment 0.025 % external</i>	Synalar	QLL (60 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>		QLL (60 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>fluocinonide external cream 0.1 %</i>	Vanos	QLL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>		QLL (2 GM per 1 day)
<i>fluocinonide external solution 0.05 %</i>		QLL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>fluticasone propionate external ointment 0.005 %</i>		QLL (60 GM per 30 days)
<i>gnp hydrocortisone external cream 0.5 %</i>		OTC; QLL (90 GM per 30 days)
<i>halobetasol propionate external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>		QLL (50 GM per 30 days)
<i>hydrocortisone acetate external cream 1 %</i>		OTC; QLL (90 GM per 30 days)
<i>hydrocortisone acetate external ointment 1 %</i>		OTC; QLL (120 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days)
<i>hydrocortisone external cream 2.5 %</i>		QLL (90 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>		QLL (120 ML per 30 days)
<i>hydrocortisone external ointment 0.5 %</i>		OTC; QLL (90 GM per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Aquaphor Itch Relief Children	QLL (90 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>		QLL (90 GM per 30 days)
<i>hydrocortisone micronized powder</i>		
<i>mometasone furoate external cream 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external ointment 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external solution 0.1 %</i>		QLL (60 ML per 30 days)
<i>triamcinolone acetonide external cream 0.025 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external cream 0.1 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Triderm	QLL (90 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		QLL (120 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.1 %</i>		
AQUANIL HC EXTERNAL LOTION 1 %	beta hc	OTC; QLL (120 ML per 30 days)
DERMA-SMOOTHIE/FS BODY EXTERNAL OIL 0.01 %	fluocinolone acetonide body	QLL (120 ML per 30 days)
SARNOL-HC EXTERNAL LOTION 1 %	beta hc	OTC; QLL (120 ML per 30 days)
SYNALAR EXTERNAL OINTMENT 0.025 %	fluocinolone acetonide	QLL (60 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
*Diaper Rash Products***		
MEDI-PASTE EXTERNAL OINTMENT	cvs all-purpose skin protect	OTC
*Emollient Combinations***		
<i>mineral oil-hydrophil petrolat external ointment</i>		OTC
*Emollient/Keratolytic Agents***		
<i>urea 20 intensive hydrating external cream 20 %</i>		OTC
<i>urea external cream 20 %</i>		
<i>ureacin-20 external cream 20 %</i>		OTC
*Emollients***		
<i>a&d external ointment</i>	Medpura Vitamin A & D	OTC
<i>ammonium lactate external cream 12 %</i>		
<i>ammonium lactate external lotion 12 %</i>	AL12	
<i>glycerin external liquid</i>		OTC
<i>moisturizing lotion external lotion</i>	AmLactin Rapid Relief	OTC
AQUA-CERIN EXTERNAL CREAM	beta care	OTC
HYDROLATUM EXTERNAL OINTMENT	advanced healing/baby	OTC
*Imidazole-Related Antifungals - Topical***		
<i>antifungal external powder 2 %</i>	Desenex	OTC; QLL (90 GM per 30 days)
<i>athletes foot powder spray external aerosol powder 2 %</i>	Cruex Prescription Strength	OTC; QLL (133 GM per 30 days)
<i>clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days)
<i>clotrimazole external solution 1 %</i>		QLL (30 ML per 30 days)
<i>ketconazole external cream 2 %</i>		ST; QLL (60 GM per 30 days)
<i>ketconazole external shampoo 2 %</i>		QLL (120 ML per 30 days)
<i>miconazole nitrate external cream 2 %</i>	Micatin	QLL (90 GM per 30 days)
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>		QLL (12 Packets per 30 days)
*Insect Repellents***		
OFF DEEP WOODS DRY EXTERNAL AEROSOL	cvs insect repellent	OTC; QLL (170 GM per 30 days)
OFF DEEP WOODS EXTERNAL AEROSOL	cvs insect repellent	OTC; QLL (170 GM per 30 days)
OFF DEEP WOODS SPORTSMEN EXTERNAL AEROSOL 30 %	cvs insect repellent	OTC; QLL (170 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
OFF FAMILYCARE CLEAN FEEL EXTERNAL LIQUID 5 %		OTC; QLL (177 ML per 30 days)
OFF SMOOTH & DRY EXTERNAL AEROSOL 15 %	cvs insect repellent	OTC; QLL (170 GM per 30 days)
SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 %		OTC; QLL (177 ML per 30 days)
ULTRATHON INSECT REPELLENT 8 EXTERNAL AEROSOL 25 %	cvs insect repellent	OTC; QLL (170 GM per 30 days)
*Keratolytic/Antimitotic/Vesicant Agents***		
<i>corn & callus remover external liquid 17 %</i>	Compound W	OTC
<i>gnp wart remover external liquid 17 %</i>	Compound W	OTC
<i>podofilox external solution 0.5 %</i>		
<i>qc corn and callus remover external liquid 17 %</i>	Compound W	OTC
<i>qc wart remover external liquid 17 %</i>	Compound W	OTC
<i>wart remover maximum strength external liquid 17 %</i>	Compound W	OTC
*Liniment Combinations***		
<i>muscle rub external cream 10-15 %</i>	Capasil	OTC
<i>pain relieving external cream</i>	Capasil	OTC
<i>sm cold & hot extra strength external cream</i>	Capasil	OTC
CAPASIL EXTERNAL CREAM 2-10 %	muscle rub	OTC
MENCYLATE EXTERNAL CREAM 2-10 %	muscle rub	OTC
THERA-GESIC EXTERNAL CREAM 1-15 %	muscle rub	OTC
*Local Anesthetics - Topical***		
<i>arthritis pain relieving external cream 0.075 %</i>		OTC; QLL (114 GM per 30 days)
<i>capsaicin external cream 0.025 %</i>	DermacinRx Penetral	OTC
<i>lidocaine external ointment 5 %</i>		QLL (50 GM per 30 days)
<i>lidocaine external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
<i>lidocaine external patch 5 %</i>	Lidocan	PA; QLL (90 EA per 30 days); AL (Min 18 Years)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Glydo	
*Macrolide Immunosuppressants - Topical***		
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>		ST; QLL (30 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
*Misc. Topical Combinations***		
<i>calamine external lotion 8-8 %</i>		OTC
<i>calamine-zinc oxide external lotion 8-8 %</i>		OTC
*Rosacea Agents***		
<i>azelaic acid external gel 15 %</i>	Finacea	QLL (50 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	MetroCream	
<i>metronidazole external gel 0.75 %</i>		
<i>metronidazole external gel 1 %</i>	Metrogel	ST; QLL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	
*Scabicide Combinations***		
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
*Scabicides & Pediculicides***		
<i>gnp lice treatment external liquid 1 %</i>	Nix Creme Rinse	OTC
<i>ivermectin external lotion 0.5 %</i>	Sklice	ST; QLL (117 GM per 30 days)
<i>malathion external lotion 0.5 %</i>	Ovide	ST; QLL (118 ML Max Qty Per Fill Retail)
<i>permethrin external cream 5 %</i>		QLL (60 GM per 30 days)
<i>spinosad external suspension 0.9 %</i>	Natroba	ST
*Skin Cleansers***		
<i>isopropyl alcohol wipes external 70 %</i>		OTC
*Soaps***		
AQUANIL SKIN CLEANSER EXTERNAL LOTION	anti-bacterial hand	OTC
*Tar Products***		
<i>therapeutic external shampoo 0.5 %</i>	DHS Tar	OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		QLL (1 GM per 1 day)
DIAGNOSTIC PRODUCTS		
*Diagnostic Tests***		
ALBUSTIX IN VITRO STRIP		OTC
ONETOUCH ULTRA IN VITRO STRIP	blood glucose test	OTC; QLL (150 EA per 30 days)
ONETOUCH ULTRA TEST IN VITRO STRIP	blood glucose test	OTC; QLL (150 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	blood glucose test	OTC; QLL (150 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
*Nutritional Supplements***		
<i>antioxidant formula oral capsule</i>	AminoPMrms	OTC
DIGESTIVE AIDS		
*Digestive Enzymes***		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT		
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		
<i>spironolactone-hctz oral tablet 25-25 mg</i>		
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	
<i>bumetanide oral tablet 1 mg, 2 mg</i>		
<i>ethacrynic acid oral tablet 25 mg</i>	Edecrin	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	
<i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>		
<i>torseamide oral tablet 20 mg</i>	Soanz	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	

Formulary Drug Name	Reference	Restrictions
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		QLL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>		QLL (4 EA per 28 days)
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	QLL (4 EA per 28 days)
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>		QLL (3 ML per 84 days)
<i>ibandronate sodium oral tablet 150 mg</i>		QLL (1 EA per 30 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Sensipar	PA
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>		QLL (3.7 ML per 30 days)
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>		QLL (16 EA per 30 days)
*Gnrh/Lhrh Antagonists***		
ORILISSA ORAL TABLET 150 MG, 200 MG		PA
*Growth Hormones***		
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	

Formulary Drug Name	Reference	Restrictions
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	ST; QLL (30 EA per 30 days)
<i>paricalcitol oral capsule 4 mcg</i>		ST; QLL (30 EA per 30 days)
*Parathyroid Hormone And Derivatives***		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>		PA; QLL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		PA; QLL (0.052 ML per 1 day)
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		PA; QLL (1 ML per 168 days)
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	QLL (30 EA per 30 days)
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SandoSTATIN	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG		PA
*Vasopressin***		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	QLL (90 EA per 30 days)
<i>desmopressin acetate spray nasal solution 0.01 %</i>		QLL (10 ML per 25 days)
ESTROGENS		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>		QLL (30 EA per 30 days)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Activella	QLL (30 EA per 30 days)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Fyavolv	QLL (1 EA per 1 day)
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Fyavolv	QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	norethindrone-eth estradiol	QLL (1 EA per 1 day)
*Estrogens***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	Dotti	QLL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Climara	QLL (4 EA per 28 days)
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR	estradiol	QLL (8 EA per 28 days)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR	estradiol	QLL (8 EA per 28 days)
FLUOROQUINOLONES		
*Fluoroquinolones***		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	QLL (28 EA per 30 days)
<i>ciprofloxacin hcl oral tablet 750 mg</i>		QLL (28 EA per 30 days)
<i>levofloxacin oral solution 25 mg/ml</i>		QLL (280 mL Max Qty Per Fill Retail); AL (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		QLL (14 EA Max Qty Per Fill Retail)
GASTROINTESTINAL AGENTS - MISC.		
*Antiflatulents***		
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>gas relief oral tablet chewable 80 mg</i>		OTC
<i>gas relief ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>gnp gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>gnp gas relief oral tablet chewable 80 mg</i>		OTC
<i>qc gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>qc gas relief oral tablet chewable 80 mg</i>		OTC
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>simethicone oral tablet chewable 80 mg</i>		OTC
<i>sm gas relief oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC

Formulary Drug Name	Reference	Restrictions
<i>sm gas relief oral tablet chewable 80 mg</i>		OTC
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	eq gas relief	OTC
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>		
<i>ursodiol oral tablet 250 mg</i>		
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	
*Inflammatory Bowel Agents***		
<i>balsalazide disodium oral capsule 750 mg</i>	Colazal	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	QLL (4 EA per 1 day)
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	QLL (6 EA per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	QLL (4 EA per 1 day)
<i>mesalamine rectal enema 4 gm</i>		
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	QLL (42 EA per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	
*Intestinal Acidifiers***		
<i>lactulose encephalopathy oral solution 10 gm/15ml, 20 gm/30ml</i>		
*Peripheral Opioid Receptor Antagonists***		
MOVANTI^K ORAL TABLET 12.5 MG, 25 MG		PA; QLL (1 EA per 1 day)
SYMPROIC ORAL TABLET 0.2 MG		PA; QLL (1 EA per 1 day)
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>		
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Calphron	
<i>sevelamer carbonate oral tablet 800 mg</i>	Renvela	ST

Formulary Drug Name	Reference	Restrictions
CALPHRON ORAL TABLET 667 MG	calcium acetate (phos binder)	OTC
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>finasteride oral tablet 5 mg</i>	Proscar	QLL (30 EA per 30 days)
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	QLL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Flomax	QLL (60 EA per 30 days)
*Citrates***		
<i>cytra k crystals oral packet 3300-1002 mg</i>		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	Urocit-K 5	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>		
*Genitourinary Irrigants***		
<i>sodium chloride irrigation solution 0.9 %</i>	Argyle Sterile Saline	
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG		
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg</i>	Pyridium	
<i>phenazopyridine hcl oral tablet 200 mg</i>	Phenazo	
<i>urinary pain relief oral tablet 95 mg, 99.5 mg</i>	AZO Urinary Pain Relief	OTC
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>		
<i>colchicine oral tablet 0.6 mg</i>		QLL (9 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	ST; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>		
HEMATOLOGICAL AGENTS - MISC.		
*C1 Esterase Inhibitors***		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT		PA
*Complement C5 Inhibitors***		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		PA
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>		
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>		
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML		PA; QLL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML		PA; QLL (4 ML per 28 days)
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	
<i>anagrelide hcl oral capsule 1 mg</i>		
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg</i>		QLL (1 EA per 1 day)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	QLL (30 EA per 30 days)
<i>prasugrel hcl oral tablet 10 mg</i>	Effient	QLL (1 EA per 1 day)
<i>prasugrel hcl oral tablet 5 mg</i>	Effient	QLL (30 EA per 30 days)
HEMATOPOIETIC AGENTS		
*Amino Acids***		
ENDARI ORAL PACKET 5 GM	l-glutamine	PA
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Dodex	

Formulary Drug Name	Reference	Restrictions
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		
*Erythropoiesis-Stimulating Agents (Esas)***		
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		PA
*Folic Acid/Folate Combinations***		
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>		
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>		
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		PA
*Iron Combinations***		
<i>iron 100 plus oral tablet 100-250-0.025-1 mg</i>	Icar-C Plus	OTC
*Iron***		
<i>ferretts chewable iron oral tablet chewable 18 mg</i>		OTC
<i>ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg</i>		OTC
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml</i>	One Vite Ferrous Sulfate	OTC
<i>ferrous sulfate oral tablet 27 mg</i>		OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>ferrous sulfate oral tablet delayed release 325 (65 fe) mg</i>		OTC
<i>iron chews pediatric oral tablet chewable 15 mg</i>		OTC
<i>iron oral tablet 28 mg</i>		OTC
<i>iron slow release oral tablet extended release 45 mg</i>	Slow Fe	OTC

Formulary Drug Name	Reference	Restrictions
<i>sm slow release iron oral tablet extended release 143 (45 fe) mg</i>		OTC
*Thrombopoietin (Tpo) Receptor Agonists***		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		PA; QLL (1 EA per 1 day)
HEMOSTATICS		
*Hemostatics - Systemic***		
<i>tranexamic acid oral tablet 650 mg</i>		QLL (30 EA per 28 days)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*Antihistamine Hypnotics***		
<i>sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	OTC
<i>sleep-aid oral capsule 50 mg</i>	Unisom Sleepgels	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>		
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		
LAXATIVES		
*Bowel Evacuant Combinations***		
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	QLL (4000 ML per 30 days)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		QLL (4000 ML per 30 days)
*Bulk Laxatives***		
<i>fiber laxative + calcium oral tablet 625 mg</i>	FiberCon	OTC
<i>gnp fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	OTC
<i>gnp natural fiber oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>natural fiber laxative oral powder 58.6 %</i>	Metamucil Smooth Texture	OTC
*Laxatives - Miscellaneous***		
<i>glycerin (adult) rectal suppository 2 gm</i>	Avedana Glycerin (Adult)	OTC
<i>glycerin adult rectal suppository 2 gm</i>	Avedana Glycerin (Adult)	OTC
<i>glycerin childrens rectal suppository 1 gm</i>		OTC
<i>gnp glycerin (adult) rectal suppository 2.1 gm</i>		OTC
<i>gnp glycerin child rectal suppository 1.2 gm</i>		OTC
<i>lactulose oral solution 10 gm/15ml</i>		
<i>peg 3350 oral packet 17 gm</i>	CVS Purelax	OTC; QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>sm glycerin pediatric rectal suppository 80.7 %</i>		OTC
CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	OTC; QLL (34 GM per 1 day)
*Laxatives & Dss***		
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	cvs senna plus	OTC
*Lubricant Laxatives***		
<i>gnp mineral oil oral oil</i>		OTC
<i>mineral oil oil</i>		
<i>mineral oil oral oil</i>		OTC
<i>qc mineral oil heavy oral oil</i>		OTC
MURI-LUBE OIL	mineral oil light	
*Saline Laxative Mixtures***		
<i>enema rectal enema 7-19 gm/118ml</i>	Fleet Enema	OTC; QLL (133 ML per 1 day)
*Saline Laxatives***		
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
*Stimulant Laxatives***		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Alophen	
<i>bisacodyl rectal suppository 10 mg</i>	Dulcolax	OTC
<i>castor oil oral oil 100 %</i>		OTC
<i>chocolated laxative oral tablet chewable 15 mg</i>	Ex-Lax	OTC
<i>gnp senna lax oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>laxative regular strength oral tablet 15 mg</i>	Medi-Lax	OTC
<i>senna oral syrup 176 mg/5ml</i>		OTC
<i>senna oral syrup 8.8 mg/5ml</i>	OneLAX Senna	
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG	cvs laxative pills max st	OTC
*Surfactant Laxatives***		
<i>docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>docusate sodium capsule 100 mg oral</i>	Colace	OTC
<i>docusate sodium oral capsule 250 mg</i>		
<i>docusate sodium oral liquid 50 mg/5ml</i>	OneLAX Docusate Sodium	OTC
<i>gnp stool softener oral capsule 240 mg</i>	Surfak	OTC
<i>qc docusate calcium oral capsule 240 mg</i>	Surfak	OTC

Formulary Drug Name	Reference	Restrictions
<i>stool softener oral capsule 240 mg</i>	Surfak	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML		OTC
MACROLIDES		
*Azithromycin***		
<i>azithromycin oral packet 1 gm</i>	Zithromax	Attestation of appropriate diagnosis appearing on prescription required by dispensing pharmacy at point-of-sale
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	Attestation of appropriate diagnosis appearing on prescription required by dispensing pharmacy at point-of-sale; QLL (30 mL Max Qty Per Fill Retail); AL (Max 12 Years)
<i>azithromycin oral tablet 250 mg</i>	Zithromax	Attestation of appropriate diagnosis appearing on prescription required by dispensing pharmacy at point-of-sale; QLL (12 EA per 30 days)
<i>azithromycin oral tablet 500 mg</i>	Zithromax	Attestation of appropriate diagnosis appearing on prescription required by dispensing pharmacy at point-of-sale
<i>azithromycin oral tablet 600 mg</i>		Attestation of appropriate diagnosis appearing on prescription required by dispensing pharmacy at point-of-sale; QLL (8 EA per 30 days)
*Clarithromycin***		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		QLL (150 mL Max Qty Per Fill Retail); AL (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		QLL (28 EA per 30 days)
*Fidaxomicin***		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML		PA
DIFICID ORAL TABLET 200 MG		PA
MEDICAL DEVICES AND SUPPLIES		
*Applicators,Cotton Balls,Etc***		
<i>alcohol prep pad 70 %</i>	Advocate Alcohol Prep Pads	OTC

Formulary Drug Name	Reference	Restrictions
<i>sure comfort alcohol prep pad 70 %</i>	Advocate Alcohol Prep Pads	OTC
<i>ultra-care alcohol prep pads pad 70 %</i>	Advocate Alcohol Prep Pads	OTC
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		
*Condoms - Male***		
<i>kimono micro thin</i>	Trustex Non-Lubricated	OTC; QLL (12 EA per 30 days)
*Diaphragms***		
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM		
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %		
*Glucose Monitoring Test Supplies***		
DEXCOM G6 RECEIVER DEVICE		PA; QLL (1 EA per 365 days)
DEXCOM G6 SENSOR	guardian sensor 3	PA; QLL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER		PA; QLL (1 EA per 90 days)
DEXCOM G7 RECEIVER DEVICE		PA; QLL (1 EA per 365 days)
DEXCOM G7 SENSOR	guardian sensor 3	PA; QLL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	guardian sensor 3	PA; QLL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	guardian sensor 3	PA; QLL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER DEVICE		PA; QLL (1 EA per 365 days)

Formulary Drug Name	Reference	Restrictions
FREESTYLE LIBRE 3 SENSOR	guardian sensor 3	PA; QLL (2 EA per 28 days)
FREESTYLE LIBRE READER DEVICE		PA; QLL (1 EA per 365 days)
ONETOUCH DELICA PLUS LANCET30G	acti-lance 28g	OTC
ONETOUCH DELICA PLUS LANCET33G	acti-lance 28g	OTC
ONETOUCH DELICA PLUS LANCING	adjustable lancing device	OTC
ONETOUCH DELICA SAFETY LANCING	acti-lance 28g	OTC
ONETOUCH ULTRA 2 KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
ONETOUCH VERIO REFLECT KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
*Needles & Syringes***		
<i>syringe/hypodermic safety 18g x 1" 12 ml</i>	Monoject LifeShield Syringe	OTC
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	OTC
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	OTC
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML	aq insulin syringe	OTC
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	OTC
BD PEN NEEDLE MICRO U/F 32G X 6 MM	1st tier unifine pentips	ST; OTC
BD PEN NEEDLE MINI U/F 31G X 5 MM	1st tier unifine pentips	ST; OTC
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1st tier unifine pentips	ST; OTC
BD PEN NEEDLE NANO U/F 32G X 4 MM	1st tier unifine pentips	ST
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	sure comfort pen needles	ST; OTC
BD PEN NEEDLE SHORT U/F 31G X 8 MM	1st tier unifine pentips	ST; OTC
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	global easy glide insulin syr	OTC

Formulary Drug Name	Reference	Restrictions
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	global easy glide insulin syr	OTC
*Peak Flow Meters***		
<i>peak flow meter universal rang device</i>	Airzone Peak Flow Meter	OTC; QLL (2 EA per 1 Year)
*Spacer/Aerosol-Holding Chambers & Supplies***		
MICROCHAMBER DEVICE	breathe comfort chamber/adult	QLL (2 EA per 365 days)
OPTICHAMBER DIAMOND DEVICE	breathe comfort chamber/adult	QLL (2 EA per 365 days)
MIGRAINE PRODUCTS		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
UBRELVY ORAL TABLET 100 MG, 50 MG		ST; QLL (16 EA per 30 days)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		ST; QLL (1 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		ST; QLL (1 ML per 28 days)
*Selective Serotonin Agonists 5-Ht(1)***		
<i>eletriptan hydrobromide oral tablet 20 mg</i>	Relpax	QLL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		QLL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	QLL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>		QLL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	QLL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		QLL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>		QLL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	QLL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose Refill	QLL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		QLL (4 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	QLL (4 ML per 30 days)
MINERALS & ELECTROLYTES		
*Bicarbonates***		
<i>sodium bicarbonate intravenous solution 8.4 %</i>		
*Calcium Combinations***		
<i>calcium 500 + d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	OTC
<i>calcium 500/vitamin d oral tablet 500-3.125 mg-mcg</i>		OTC
<i>calcium 600 + minerals oral tablet 600-200 mg-unit</i>		OTC
<i>calcium 600+d oral tablet 600-5 mg-mcg</i>		OTC
<i>calcium 600+d plus minerals oral tablet 600-400 mg-unit</i>		OTC
<i>calcium-vitamin d oral tablet 600-3.125 mg-mcg</i>		OTC
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>		OTC
<i>oyster shell calcium/d oral tablet 500-5 mg-mcg</i>		OTC
*Calcium***		
<i>calcium carbonate oral tablet 1500 (600 ca) mg, 600 mg</i>		OTC
<i>calcium citrate oral tablet 250 mg, 950 (200 ca) mg</i>		OTC
<i>calcium oral tablet 500 mg</i>		OTC
<i>cvs calcium oral tablet 600 mg</i>		OTC
<i>oyster shell calcium oral tablet 500 mg</i>		OTC
*Fluoride***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	SoluVita	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		
*Magnesium***		
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	MAGnesium-Oxide	OTC
<i>magnesium oxide -mg supplement oral tablet 500 mg</i>		OTC
<i>sm magnesium oral tablet 250 mg</i>		OTC

Formulary Drug Name	Reference	Restrictions
*Phosphate***		
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	Phospha 250 Neutral	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	wes-phos 250 neutral	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	wes-phos 250 neutral	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG		
*Potassium***		
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	
<i>potassium chloride er oral tablet extended release 20 meq</i>	K-Tab	
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	potassium chloride crys er	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ		
MISCELLANEOUS THERAPEUTIC CLASSES		
*Chelating Agents***		
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	PA; QLL (8 EA per 1 day)
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Gengraf	
<i>cyclosporine modified oral capsule 50 mg</i>		
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	Revlimid	PA; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	lenalidomide	PA; QLL (1 EA per 1 day)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	
*Irrigation Solutions***		
<i>sterile water for irrigation irrigation solution</i>	Argyle Sterile Water	
*Macrolide Immunosuppressants***		
<i>sirolimus oral solution 1 mg/ml</i>	Rapamune	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Rapamune	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	
*Potassium Removing Agents***		
<i>sodium polystyrene sulfonate oral powder</i>		
SPS ORAL SUSPENSION 15 GM/60ML		
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	Imuran	
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche 10 mg</i>		
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Peridex	
<i>sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
*Fluoride Dental Products***		
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	Clinpro 5000	
<i>sodium fluoride dental gel 1.1 %</i>	DentaGel	
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	

Formulary Drug Name	Reference	Restrictions
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Kourzeq	
MULTIVITAMINS		
*B-Complex W/ C & Folic Acid***		
<i>b complex-c-folic acid oral tablet</i>		OTC
*Multiple Vitamins W/ Iron***		
<i>one-daily multi-vitamin/iron oral tablet</i>	Tab-A-Vite/Iron/Beta Carotene	OTC
*Multiple Vitamins W/ Minerals***		
<i>cvs womens active daily oral tablet</i>	Alive Calcium Bone Support	OTC
<i>daily multivitamin oral capsule</i>	ActivNutrients	OTC
<i>multi-vitamin gummies oral tablet chewable</i>	Adek Gummies Plus Zn	OTC
<i>totalday multiple oral tablet extended release</i>	Endur-VM	OTC
*Multivitamins***		
<i>multi vitamin oral tablet</i>	Amladex	OTC
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>		
*Ped Multiple Vitamins W/ Minerals***		
<i>cvs gummy dinos oral tablet chewable</i>	ActivNutrients	OTC
*Ped Mv W/ Fluoride***		
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	Quflora Pediatric	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg</i>	Multi-Vit-Flor	
<i>multivitamin/fluoride oral tablet chewable 0.5 mg, 1 mg</i>	FloraFol Pediatric	
*Ped Mv W/ Iron***		
<i>poly-vite/iron oral solution 11 mg/ml</i>	Poly-Vi-Sol/Iron	OTC
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	childrens animal shapes	OTC
*Ped Vitamins Acd W/ Fluoride***		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>		
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	SoluVita ACD with Fluoride	

Formulary Drug Name	Reference	Restrictions
*Pediatric Multiple Vitamins***		
<i>childrens chew multivitamin oral tablet chewable</i>	Culturelle Kids Complete	OTC
POLY-VI-SOL ORAL SOLUTION	multivitamin infant & toddler	OTC
*Pediatric Vitamins A & D W/ C***		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10	vitamin a-c-d infant	OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>neonatal complete oral tablet 29-1 mg</i>	Co-Natal FA	QLL (100 EA per 90 days)
<i>one vite womens oral tablet 27-0.8 mg</i>	NeoNatal Vitamin	OTC; QLL (100 EA per 90 days)
<i>prenatal (w/iron & fa) oral tablet 27-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>prenatal 19 oral tablet</i>		OTC; QLL (100 EA per 90 days)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>		QLL (100 EA per 90 days)
<i>prenatal plus oral tablet 27-1 mg</i>	NeoNatal Plus	QLL (100 EA per 90 days)
<i>prenatal/iron oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Vinate One	QLL (100 EA per 90 days)
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	Concept DHA	QLL (100 EA per 90 days)
ATABEX OB ORAL TABLET 29-1 MG		QLL (100 EA per 90 days)
CO-NATAL FA ORAL TABLET	neonatal complete	QLL (100 EA per 90 days)
PRENATABS RX ORAL TABLET 29-1 MG	thrivite rx	OTC; QLL (100 EA per 90 days)
PRENATAL-U ORAL CAPSULE 106.5-1 MG		QLL (100 EA per 90 days)
TARON-C DHA ORAL CAPSULE 35-1 MG		QLL (100 EA per 90 days)
TRINATE ORAL TABLET		QLL (100 EA per 90 days)
VINATE II ORAL TABLET 29-1 MG		QLL (100 EA per 90 days)
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
<i>baclofen oral tablet 10 mg, 20 mg</i>		QLL (120 EA per 30 days)
<i>baclofen oral tablet 5 mg</i>		QLL (4 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	Soma	QLL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>		QLL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		QLL (90 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		QLL (120 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		QLL (60 EA per 30 days)
<i>tizanidine hcl oral tablet 2 mg</i>		QLL (3 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	QLL (6 EA per 1 day)
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		QLL (120 EA per 30 days)
<i>dantrolene sodium oral capsule 25 mg</i>	Dantrium	QLL (120 EA per 30 days)
*Viscosupplements***		
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML		PA
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML		PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Agents - Misc.***		
<i>deep sea nasal spray nasal solution 0.65 % saline nasal gel</i>	Afrin Saline Nasal Mist	OTC
	Ayr Saline Nasal	OTC
AYR SALINE NASAL DROPS NASAL SOLUTION 0.65 %		OTC
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %</i>		QLL (30 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>		QLL (15 ML per 30 days)
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %</i>		QLL (30 EA per 30 days)
*Nasal Mast Cell Stabilizers***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	NasalCrom	OTC; QLL (52 ML per 30 days)
*Nasal Steroids***		
<i>allergy relief nasal suspension 50 mcg/act</i>	ClariSpray	OTC; QLL (16 ML per 30 days)
<i>budesonide nasal suspension 32 mcg/act</i>		OTC; QLL (8.6 ML per 30 days)
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	OTC; QLL (17 ML per 30 days)
*Systemic Decongestants***		
<i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>gnp nasal decongestant oral tablet 30 mg</i>	Sudafed	OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Maximum Strength	OTC
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	SudoGest	OTC
*Topical Decongestants***		
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
NEUROMUSCULAR AGENTS		
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>		
NUTRIENTS		
*Misc. Nutritional Substances***		
<i>fish oil concentrate oral capsule 300 mg</i>	Fish Oil Pearls	OTC
<i>fish oil oral capsule 1000 mg</i>	Maximum EPA	
<i>omega-3 oral capsule 1400 mg</i>		OTC
<i>sm omega-3 fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
OPHTHALMIC AGENTS		
*Artificial Tear And Lubricant Combinations***		
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	Clear Eyes Natural Tears	OTC
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	GenTeal Tears Moderate PF	OTC
<i>cvs artificial tears ophthalmic solution 1-0.3 %</i>	Moisture Eyes	OTC; QLL (15 ML per 30 days)
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	Clear Eyes Natural Tears	OTC
<i>gnp eye drops long lasting ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>gnp eye drops ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Systane Hydration PF	OTC
<i>lubricant eye nighttime ophthalmic ointment</i>	Altalube	OTC
<i>qc artificial tears ophthalmic solution 5-6 mg/ml</i>	Clear Eyes Natural Tears	OTC
<i>sm dry eye relief ophthalmic solution 0.2-0.2-1 %</i>		OTC
GENTEAL TEARS MODERATE PF OPTHALMIC SOLUTION 0.1-0.3 %	artificial tears pf	OTC

Formulary Drug Name	Reference	Restrictions
GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	artificial tears pf	OTC
REFRESH DIGITAL OPHTHALMIC SOLUTION 0.5-1-0.5 %		OTC
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %		OTC
REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 %		OTC
REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 %		OTC
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 %		OTC
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 %, 0.5-1 %		OTC
*Artificial Tear Solutions***		
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	artificial tears	OTC; QLL (15 ML per 30 days)
SYSTANE CONTACTS OPHTHALMIC SOLUTION	artificial tears	OTC; QLL (15 ML per 30 days)
*Artificial Tears And Lubricants***		
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	Refresh Celluvisc	OTC
<i>carboxymethylcellulose sodium ophthalmic gel 1 %</i>	Refresh Liquigel	OTC
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Refresh Tears	OTC; QLL (15 ML per 30 days)
<i>cvs lubricant drops ophthalmic solution 0.6 %</i>	Systane Balance	OTC; QLL (10 ML per 30 days)
GENTEAL SEVERE OPHTHALMIC GEL 0.3 %		OTC
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	carboxymethylcellulose sod pf	OTC
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	carboxymethylcellulose sodium	OTC
*Beta-Blockers - Ophthalmic Combinations***		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cosopt	QLL (10 ML per 30 days)
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		QLL (10 ML per 30 days)
<i>carteolol hcl ophthalmic solution 1 %</i>		QLL (10 ML per 30 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		QLL (10 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		ST; QLL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		QLL (10 ML per 30 days)
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic ointment 1 %</i>		QLL (3.5 GM per 30 days)
<i>atropine sulfate ophthalmic solution 1 %</i>		QLL (5 ML per 30 days)
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Cyclogyl	QLL (15 ML per 30 days)
<i>phenylephrine hcl ophthalmic solution 10 %</i>	Altafrin	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	Altafrin	QLL (2 EA per 30 days)
<i>tropicamide ophthalmic solution 0.5 %</i>		QLL (15 mL per 30 days)
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	QLL (15 mL per 30 days)
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		QLL (15 mL per 30 days)
*Ophthalmic Antiallergic***		
<i>azelastine hcl ophthalmic solution 0.05 %</i>		QLL (6 ML per 30 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>		QLL (10 mL per 30 days)
<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	Pataday	OTC
<i>gnp olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	OTC
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Alaway	OTC; QLL (10 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Pataday	QLL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	
<i>olopatadine hcl solution 0.2 % ophthalmic (otc)</i>	Pataday	
<i>qc olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	OTC
<i>sm olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	OTC
PATADAY OPHTHALMIC SOLUTION 0.7 %		OTC
*Ophthalmic Antibiotics***		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		QLL (3.5 GM per 30 days)
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		QLL (5 mL per 30 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		QLL (3.5 GM per 30 days)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		QLL (5 mL per 30 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	QLL (5 mL per 30 days)
<i>tobramycin ophthalmic solution 0.3 %</i>		QLL (5 mL per 30 days)

Formulary Drug Name	Reference	Restrictions
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 %		QLL (15 ML per 30 days)
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	QLL (3.5 GM per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000</i>	Neo-Polycin	QLL (5 GM per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		QLL (10 mL per 30 days)
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		QLL (10 mL per 30 days)
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	bacitracin-polymyxin b	QLL (3.5 GM per 30 days)
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>		QLL (7.5 ML per 30 days)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>dorzolamide hcl ophthalmic solution 2 %</i>		QLL (10 mL per 30 days)
*Ophthalmic Decongestant Combinations***		
<i>cvs eye allergy relief ophthalmic solution 0.027-0.315 %</i>	Opcon-A	OTC
NAPHCON-A OPHTHALMIC SOLUTION 0.025-0.3 %	allergy eye	OTC
*Ophthalmic Decongestants***		
<i>eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	OTC
*Ophthalmic Hyperosmolar Products***		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Altachlore	OTC
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Altachlore	OTC
*Ophthalmic Immunomodulators***		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Restasis	PA; QLL (2 EA per 1 day)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		QLL (5 mL per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		QLL (10 ML per 30 days)
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	QLL (3.5 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	QLL (3.5 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	QLL (5 mL per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		QLL (5 mL per 30 days)
NEO-POLYCYN HC OPHTHALMIC OINTMENT 1 %	bacitra-neomycin-polymyxin-hc	QLL (3.5 GM per 30 days)
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		QLL (5 mL per 30 days)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	QLL (10 mL per 30 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	QLL (10 mL per 30 days)
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		QLL (10 mL per 30 days)
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		QLL (15 mL per 30 days)
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>		ST; QLL (2.5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	QLL (2.5 ML per 25 days)
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>		
<i>earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetraxal	QLL (28 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>ofloxacin otic solution 0.3 %</i>		QLL (15 ML per 30 days)
*Otic Steroid-Anti-Infective Combinations***		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		QLL (7.5 ML per 30 days)
<i>neomycin-polymyxin-hc otic solution 1 %</i>		QLL (20 ML per 30 days)
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		QLL (20 ML per 30 days)
*Otic Steroids***		
<i>fluocinolone acetonide otic oil 0.01 %</i>	Flac	QLL (20 ML per 30 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		QLL (10 ML per 30 days)
FLAC OTIC OIL 0.01 %	fluocinolone acetonide	QLL (20 ML per 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML		PA; QLL (1 ML per 26 days)
*Immune Serums***		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML, 30 GM/300ML		PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		PA
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML, 40 GM/400ML		PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML		PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT		
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		PA
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML		PA

Formulary Drug Name	Reference	Restrictions
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT		
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML		QLL (2 mL per 1 Year)
PENICILLINS		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		
<i>ampicillin oral capsule 500 mg</i>		
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML		
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT		
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>		QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i>	Augmentin	QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		QLL (28 EA per 30 days)
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		

Formulary Drug Name	Reference	Restrictions
PHARMACEUTICAL ADJUVANTS		
*Oral Vehicles***		
<i>sorbitol solution 70 %</i>		
MX-SOL BLEND ORAL SUSPENSION	suspension vehicle	OTC
MX-SOL BLEND SF ORAL SUSPENSION	suspension vehicle	OTC
MX-SOL ORAL SYRUP	flavor sweet	OTC
MX-SOL SF ORAL SYRUP	flavor sweet	OTC
MX-SOL SUSPEND ORAL SUSPENSION	suspension vehicle	OTC
ORA-BLEND ORAL SUSPENSION	suspension vehicle	
ORA-BLEND SF ORAL SUSPENSION	suspension vehicle	
ORA-PLUS ORAL LIQUID	flavor plus	
ORA-SWEET ORAL SYRUP	flavor sweet	
ORA-SWEET SF ORAL SYRUP	flavor sweet	
SOSWEET ORAL SYRUP	flavor sweet	OTC
PROGESTINS		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	
<i>norethindrone acetate oral tablet 5 mg</i>		ST
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	QLL (60 EA per 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	QLL (30 EA per 30 days); AL (Min 40 Years)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		QLL (30 EA per 30 days); AL (Min 40 Years)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		QLL (30 EA per 30 days); AL (Min 40 Years)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		QLL (6 ML per 1 day); AL (Min 40 Years)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		QLL (60 EA per 30 days); AL (Min 40 Years)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		QLL (60 EA per 30 days); AL (Min 40 Years)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Exelon	PA

Formulary Drug Name	Reference	Restrictions
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		ST; QLL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		ST; QLL (55 EA per 90 days)
*Movement Disorder Drug Therapy***		
<i>tetrabenazine oral tablet 12.5 mg</i>	Xenazine	PA; QLL (4 EA per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	Xenazine	PA; QLL (2 EA per 1 day)
AUSTEDO ORAL TABLET 12 MG, 9 MG		PA; QLL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG		PA; QLL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG		PA; QLL (1 EA per 1 day)
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG	teriflunomide	PA; QLL (30 EA per 30 days)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		PA; QLL (1 kit per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		PA; QLL (1 kit per 28 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML		PA; QLL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG		PA; QLL (4.2 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML		PA; QLL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		PA; QLL (4.2 ML per 28 days)

Formulary Drug Name	Reference	Restrictions
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML		PA; QLL (0.12 ML per 1 day)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	PA; QLL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tecfidera	PA; QLL (60 EA per 90 days)
*Multiple Sclerosis Agents***		
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	Glatopa	PA; QLL (1 ML per 1 Fill)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Glatopa	PA; QLL (12 Syringes per 28 days)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	glatiramer acetate	PA; QLL (1 ML per 1 Fill)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	glatiramer acetate	PA; QLL (12 Syringes per 28 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral tablet 10 mg, 5 mg</i>		QLL (2 EA per 1 day); AL (Min 40 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>fingolimod hcl oral capsule 0.5 mg</i>	Gilenya	PA; QLL (30 EA per 30 days)
GILENYA ORAL CAPSULE 0.25 MG		PA; QLL (1 EA per 1 day)
RESPIRATORY AGENTS - MISC.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 13.4 MG		PA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG		PA
KALYDECO ORAL TABLET 150 MG		PA
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG		PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		PA

Formulary Drug Name	Reference	Restrictions
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG		PA
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG		PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG		PA
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		PA; QLL (5 ML per 1 day)
*Pulmonary Fibrosis Agents***		
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Esbriet	PA
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>		
TETRACYCLINES		
*Tetracyclines***		
<i>doxycycline hyclate oral capsule 100 mg</i>	Vibramycin	
<i>doxycycline hyclate oral capsule 50 mg</i>		
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		
<i>doxycycline hyclate oral tablet 75 mg</i>		
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxyne NL	
<i>doxycycline monohydrate oral capsule 50 mg</i>		
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		AL (Max 12 Years)
<i>doxycycline monohydrate oral tablet 100 mg</i>		
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>		
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>		
<i>propylthiouracil oral tablet 50 mg</i>		
*Thyroid Hormones***		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg</i>	Euthyrox	QLL (30 EA per 30 days)
<i>levothyroxine sodium oral tablet 300 mcg</i>	Levo-T	QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>liothyronine sodium oral tablet 25 mcg, 50 mcg</i>	Cytomel	QLL (2 EA per 1 day)
<i>liothyronine sodium oral tablet 5 mcg</i>	Cytomel	QLL (4 EA per 1 day)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		QLL (1 EA per 1 day)
EUTHYROX ORAL TABLET 75 MCG	levothyroxine sodium	QLL (1 EA per 1 day)
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	QLL (1 EA per 1 day)
ULCER DRUGS/ANTISPASMODICS/ANTI CHOLINERGICS		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>		
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		AL (Max 12 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>		
*Belladonna Alkaloids***		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Levbid	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Levsin	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Anaspaz	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	
*H-2 Antagonists***		
<i>cimetidine oral tablet 200 mg</i>	Tagamet HB	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		QLL (60 EA per 30 days)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		AL (Max 12 Years)
<i>famotidine oral tablet 10 mg</i>	Pepcid AC	OTC; QLL (2 EA per 1 day)
<i>famotidine oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	
<i>famotidine oral tablet 40 mg</i>	Pepcid	QLL (60 EA per 30 days)
<i>nizatidine oral capsule 150 mg</i>		QLL (60 EA per 30 days)
<i>nizatidine oral capsule 300 mg</i>		QLL (30 EA per 30 days)
*Misc. Anti-Ulcer***		
<i>sucralfate oral tablet 1 gm</i>	Carafate	
*Proton Pump Inhibitors***		
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NexIUM	QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	NexIUM 24HR	OTC
<i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	OTC; QLL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	QLL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	QLL (2 EA per 1 day)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>		OTC
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PriLOSEC OTC	OTC; QLL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg</i>		
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>		QLL (2 EA per 1 day)
<i>omeprazole oral tablet delayed release 20 mg</i>		OTC; QLL (2 EA per 1 day)
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>		OTC; QLL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	QLL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	QLL (2 EA per 1 day)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML		AL (Max 12 Years)
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML		AL (Max 12 Years)
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg</i>	Robinul	
<i>glycopyrrolate oral tablet 2 mg</i>	Robinul-Forte	
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Toviaz	ST; QLL (1 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 5 mg</i>		QLL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>		QLL (2 EA per 1 day)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		QLL (20 ML per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>oxybutynin chloride oral tablet 5 mg</i>		ST; QLL (4 EA per 1 day)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	ST; QLL (1 EA per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Detrol LA	ST; QLL (1 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Detrol	ST; QLL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>		ST; QLL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>		ST; QLL (60 EA per 30 days)
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl oral tablet 100 mg</i>		QLL (240 EA per 30 days)
VAGINAL AND RELATED PRODUCTS		
*Imidazole-Related Antifungals***		
<i>3 day vaginal vaginal cream 2 %</i>		OTC
<i>clotrimazole vaginal cream 1 %</i>		OTC
<i>gnp clotrimazole 3 vaginal cream 2 %</i>		OTC
<i>gnp miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Monistat 1 Combo Pack	OTC
<i>gnp miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	OTC
<i>qc 3 day vaginal cream 4 %</i>	Monistat 3	OTC
<i>qc clotrimazole vaginal cream 1 %</i>		OTC
<i>sm 3-day vaginal vaginal cream 2 %</i>		OTC
<i>sm clotrimazole vaginal vaginal cream 1 %</i>		OTC
<i>sm miconazole 7 vaginal suppository 100 mg</i>		OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		
*Spermicides***		
TODAY SPONGE VAGINAL 1000 MG		OTC; QLL (3 Sponges per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %		OTC; QLL (12 Films per 30 days)
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	

Formulary Drug Name	Reference	Restrictions
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	
*Vaginal Estrogens***		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Estrace	QLL (42.5 GM per 30 days)
YUVAFEM VAGINAL TABLET 10 MCG	estradiol	QLL (8 EA per 28 days)
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	Auvi-Q	QLL (2 EA Max Qty Per Fill Retail)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	EpiPen Jr 2-Pak	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Auvi-Q	QLL (2 EA Max Qty Per Fill Retail)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		
VITAMINS		
*Vitamin B-3***		
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>		OTC
<i>niacin er oral tablet extended release 500 mg</i>	Slo-Niacin	OTC
<i>niacin er oral tablet extended release 750 mg</i>	Endur-Acin	OTC
<i>niacin oral tablet 100 mg, 500 mg</i>		OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	niacin er	OTC
*Vitamin B-6***		
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>		OTC
<i>vitamin b6 oral tablet 100 mg</i>		OTC
*Vitamin C***		
<i>ascorbic acid oral tablet 500 mg</i>	Easy-C Immune Health	OTC
<i>c-250 oral tablet chewable 250 mg</i>		OTC
<i>c-500 oral tablet chewable 500 mg</i>	Sunkist Vitamin C	OTC
<i>vitamin c oral tablet 1000 mg, 250 mg</i>		OTC
*Vitamin D***		
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	OTC
<i>d3 kids oral tablet chewable 10 mcg (400 unit)</i>		OTC
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Drisdol	
<i>ergocalciferol oral solution 200 mcg/ml</i>	Calcidol	OTC
<i>gnp vitamin d oral tablet chewable 10 mcg (400 unit)</i>		OTC

Formulary Drug Name	Reference	Restrictions
<i>kp vitamin d oral tablet chewable 10 mcg (400 unit)</i>		OTC
<i>vitamin d (cholecalciferol) oral capsule 50 mcg (2000 ut)</i>		OTC
<i>vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	OTC
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	Decara	OTC
<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i>	Dialyvite Vitamin D 5000	OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>		OTC
<i>vitamin d3 oral tablet 25 mcg</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	Thera-D 2000	OTC
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>		OTC
<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	Kids First Vitamin D3 Gummies	OTC
<i>vitamin d3 oral tablet dispersible 125 mcg (5000 ut)</i>		OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	vitamin d3	OTC
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	vitamin d3	OTC
*Vitamin K***		
<i>phytonadione oral tablet 5 mg</i>		

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<i>iron 100 plus</i>	64	LENVIMA (10 MG DAILY DOSE)	30	<i>lovastatin</i>	22
<i>iron chews pediatric</i>	64	LENVIMA (12 MG DAILY DOSE)	30	LOW-OGESTREL	42
<i>iron slow release</i>	64	LENVIMA (14 MG DAILY DOSE)	30	<i>lubiprostone</i>	61
ISENTRESS	33	LENVIMA (18 MG DAILY DOSE)	31	<i>lubricant eye drops (pf)</i>	77
ISENTRESS HD	33	LENVIMA (20 MG DAILY DOSE)	31	<i>lubricant eye nighttime</i>	77
<i>isoniazid</i>	26	LENVIMA (24 MG DAILY DOSE)	31	LYLLANA	60
<i>isopropyl alcohol wipes</i>	56	LENVIMA (4 MG DAILY DOSE)	31	LYNPARZA	30
<i>isosorb dinitrate-hydralazine</i>	39	LENVIMA (8 MG DAILY DOSE)	31	LYSODREN	27
<i>isosorbide dinitrate</i>	11	<i>letrozole</i>	29	MAALOX CHILDRENS	10
<i>isosorbide mononitrate</i>	11	<i>leucovorin calcium</i>	29	<i>magnesium oxide</i>	10
<i>isosorbide mononitrate er</i>	11	LEUKERAN	30	<i>magnesium oxide -mg supplement</i>	71
<i>isotretinoin</i>	50	<i>leuprolide acetate</i>	30	<i>malathion</i>	56
<i>itraconazole</i>	20	<i>levabuterol tartrate</i>	13	MAPAP ACETAMINOPHEN EXTRA STR	6
<i>ivabradine hcl</i>	39	<i>levobunolol hcl</i>	78	<i>maraviroc</i>	33
<i>ivermectin</i>	10, 56	<i>levocarnitine</i>	58	MATULANE	29
JAKAFI	30	<i>levocetirizine dihydrochloride</i>	21	MAVYRET	36
JARDIANCE	18	<i>levofloxacin</i>	60	<i>meclizine hcl</i>	19
JATENZO	9	<i>levonorgest-eth est & eth est</i>	43	MEDI-FIRST IBUPROFEN	5
JULUCA	33	<i>levonorgest-eth estrad 91-day</i>	43	MEDI-PASTE	54
JUNEL FE 24	42	<i>levonorgest-eth estradiol-iron</i>	41	<i>medroxyprogesterone acetate</i>	44, 84
KAITLIB FE	42	<i>levonorgestrel</i>	43	<i>mefloquine hcl</i>	26
KALYDECO	86	<i>levonorgestrel-ethinyl estrad</i> 41, 43	43	<i>megestrol acetate</i>	30
KELNOR 1/35	42	<i>levonorg-eth estrad triphasic</i>	44	MEKINIST	28
KELNOR 1/50	42	<i>levothyroxine sodium</i>	87	<i>melatonin</i>	3
<i>ketoconazole</i>	20, 54	<i>lice killing maximum strength</i>	56	<i>melatonin maximum strength</i>	3
<i>ketorolac tromethamine</i>	5, 81	<i>lidocaine</i>	55	<i>meloxicam</i>	5
<i>ketotifen fumarate</i>	79	<i>lidocaine (anorectal)</i>	10	<i>memantine hcl</i>	86
KEVZARA	4	<i>lidocaine hcl urethral/mucosal</i> ...	55	MENCYLATE	55
<i>kimono micro thin</i>	68	<i>lidocaine viscous hcl</i>	73	<i>mercaptapurine</i>	27
KLOR-CON M15	72	<i>lidocaine-prilocaine</i>	56	<i>mesalamine</i>	61
KLOR-CON/EF	72	<i>linezolid</i>	26	<i>mesalamine er</i>	61
<i>kp pseudoephedrine hcl</i>	77	<i>liothyronine sodium</i>	88	MESNEX	30
<i>kp vitamin d</i>	92	<i>lisinopril</i>	23	<i>metformin hcl</i>	15
K-PHOS NO 2	62	<i>lisinopril-hydrochlorothiazide</i>	23	<i>metformin hcl er</i>	15
<i>labetalol hcl</i>	37	LO LOESTRIN FE	40	<i>methadone hcl</i>	7
<i>lactulose</i>	65	<i>lohist-dm</i>	48	METHADONE HCL INTENSOL	8
<i>lactulose encephalopathy</i>	61	<i>loperamide hcl</i>	19	METHADOSE	8
<i>lamivudine</i>	35, 36	<i>lopinavir-ritonavir</i>	32	METHADOSE SUGAR-FREE	8
<i>lamivudine-zidovudine</i>	32	<i>loratadine</i>	21	<i>methenamine hippurate</i>	26
<i>lansoprazole</i>	89	<i>loratadine childrens</i>	21	<i>methenamine mandelate</i>	26
LANTUS	16	<i>loratadine-d 12hr</i>	47	<i>methimazole</i>	87
LANTUS SOLOSTAR	16	<i>loratadine-d 24hr</i>	47	<i>methocarbamol</i>	75
<i>lapatinib ditosylate</i>	29	<i>losartan potassium</i>	24	<i>methotrexate sodium</i>	27
LARIN 24 FE	42	<i>losartan potassium-hctz</i>	24	<i>methotrexate sodium (pf)</i>	27
<i>latanoprost</i>	81			<i>methyl dopa</i>	24
<i>laxative regular strength</i>	66			<i>methylprednisolone</i>	45
LAYOLIS FE	42			<i>metoclopramide hcl</i>	61
<i>ledipasvir-sofosbuvir</i>	36				
LEENA	44				
<i>leflunomide</i>	5				
<i>lenalidomide</i>	72				

<i>metolazone</i>	58	<i>naratriptan hcl</i>	70	NOVOLOG 70/30 FLEXPEN
<i>metoprolol succinate er</i>	37	<i>nasal mist</i>	48	RELION
<i>metoprolol tartrate</i>	37	NATACYN	80	NOVOLOG MIX 70/30
<i>metoprolol-hydrochlorothiazide</i>	25	NATAZIA	43	NOVOLOG MIX 70/30
<i>metronidazole</i>	25, 56, 91	<i>nateglinide</i>	17	FLEXPEN
<i>miconazole 3 combo-supp</i>	90	<i>natural fiber laxative</i>	65	NOVOLOG MIX 70/30
<i>miconazole nitrate</i>	54	<i>nebivolol hcl</i>	37	RELION
MICRHOGAM ULTRA-		NECON 0.5/35 (28)	42	NP THYROID
FILTERED PLUS	82	<i>neomycin sulfate</i>	3	<i>nystatin</i>
MICROCHAMBER	70	<i>neomycin-bacitracin zn-</i>		OCREVUS
MICROGESTIN 24 FE	42	<i>polymyx</i>	80	<i>octreotide acetate</i>
<i>midodrine hcl</i>	91	<i>neomycin-polymyxin-dexameth</i> ...81		ODEFSEY
<i>migraine relief</i>	6	<i>neomycin-polymyxin-gramicidin</i> 80		OFF DEEP WOODS
<i>mineral oil</i>	66	<i>neomycin-polymyxin-hc</i>	82	OFF DEEP WOODS DRY
<i>mineral oil-hydrophil petrolat</i> ...54		<i>neonatal complete</i>	75	OFF DEEP WOODS
<i>minocycline hcl</i>	87	NEO-POLYCIN HC	81	SPORTSMEN
<i>minoxidil</i>	25	NEUAC	49	OFF FAMILYCARE CLEAN
<i>misoprostol</i>	89	<i>nevirapine</i>	34	FEEL
<i>moisturizing lotion</i>	54	<i>nevirapine er</i>	34	OFF SMOOTH & DRY
<i>mometasone furoate</i>	53	NEXLETOL	21	<i>ofloxacin</i>
<i>montelukast sodium</i>	13	NEXPLANON	44	79, 82
<i>morphine sulfate</i>	8	NEXTSTELLIS	42	<i>olmesartan medoxomil</i>
<i>morphine sulfate (concentrate)</i>7		<i>niacin</i>	91	24
<i>morphine sulfate er</i>	7, 8	<i>niacin er</i>	91	<i>olopatadine hcl</i>
MOVANTIK	61	<i>nifedipine</i>	38	79
<i>mucosa</i>	48	<i>nifedipine er</i>	38	<i>omega-3</i>
<i>mucus relief d</i>	47	<i>nifedipine er osmotic release</i>38		77
<i>mucus relief dm</i>	47	NITRO-BID	11	<i>omega-3-acid ethyl esters</i>
<i>mucus relief dm max</i>	46	<i>nitrofurantoin</i>	26	21
<i>mucus-dm</i>	47	<i>nitrofurantoin macrocrystal</i>26		89
<i>mucus-dm max</i>	47	<i>nitrofurantoin monohyd macro</i> ...26		89
<i>mucus-dm maximum strength</i>47		<i>nitroglycerin</i>	9, 11	<i>omeprazole</i>
MULTAQ	11	<i>nizatidine</i>	88	<i>omeprazole magnesium</i>
<i>multi vitamin</i>	74	NORDITROPIN FLEXPRO ...58		89
<i>multi-vitamin gummies</i>	74	<i>norelgestromin-eth estradiol</i>43		OMNIFLEX DIAPHRAGM ...68
<i>multivitamin/fluoride</i>	74	<i>norethin ace-eth estrad-fe</i>41		<i>ondansetron</i>
<i>multi-vitamin/fluoride</i>	74	<i>norethindrone</i>	44	19
<i>multi-vitamin/fluoride/iron</i>74		<i>norethindrone acetate</i>	84	<i>ondansetron hcl</i>
<i>mupirocin</i>	50	<i>norethindrone acet-ethinyl est</i> ...41		19
MURI-LUBE	66	<i>norethindrone-eth estradiol</i>59		<i>one vite womens</i>
<i>muscle rub</i>	55	<i>norethindron-ethinyl estrad-fe</i> ...44		75
MX-SOL	84	<i>norethin-eth estradiol-fe</i>41		<i>one-daily multi-vitamin/iron</i>74
MX-SOL BLEND	84	<i>norgestimate-eth estradiol</i>41		ONETOUCH DELICA PLUS
MX-SOL BLEND SF	84	<i>norgestim-eth estrad triphasic</i> ...44		LANCET30G
MX-SOL SF	84	NORTREL 0.5/35 (28)	42	69
MX-SOL SUSPEND	84	NORVIR	34	ONETOUCH DELICA PLUS
<i>mycophenolate mofetil</i>	73	NOVOLIN 70/30	16	LANCET33G
MYLERAN	27	NOVOLIN 70/30 FLEXPEN ...16		69
<i>nabumetone</i>	5	NOVOLIN N	17	ONETOUCH DELICA PLUS
NAPHCON-A	80	NOVOLIN N FLEXPEN	17	LANCING
<i>naproxen</i>	5	NOVOLIN R	17	69
<i>naproxen sodium</i>	5	NOVOLIN R FLEXPEN	17	ONETOUCH DELICA

ORA-PLUS	84	<i>pilocarpine hcl</i>	73, 79	<i>pse-dexchlorphen-</i>	
ORA-SWEET	84	<i>pinworm medicine</i>	11	<i>chlophedianol</i>	49
ORA-SWEET SF	84	<i>pioglitazone hcl</i>	18	<i>pseudoeph-bromphen-dm</i>	49
ORILISSA	58	<i>pirfenidone</i>	87	<i>pseudoephedrine-guai-fenesin er</i>	47
ORKAMBI	86	<i>piroxicam</i>	5	PULMOZYME	87
<i>orphenadrine citrate er</i>	76	<i>podofilox</i>	55	<i>pyrazinamide</i>	27
<i>oseltamivir phosphate</i>	36	POLYCIN	80	<i>pyridostigmine bromide</i>	26
OTEZLA	5	<i>polymyxin b-trimethoprim</i>	80	<i>pyridoxine hcl</i>	91
<i>oxybutynin chloride</i>	89, 90	POLY-VI-SOL	75	<i>pyrimethamine</i>	26
<i>oxybutynin chloride er</i>	89	<i>poly-vite/iron</i>	74	<i>qc 3 day</i>	90
<i>oxycodone hcl</i>	8	<i>potassium chloride crys er</i>	72	<i>qc anti-diarrheal</i>	19
<i>oxycodone-acetaminophen</i>	8	<i>potassium chloride er</i>	72	<i>qc artificial tears</i>	77
<i>oyster shell calcium</i>	71	<i>potassium citrate er</i>	62	<i>qc clotrimazole</i>	90
<i>oyster shell calcium/d</i>	71	<i>potassium citrate-citric acid</i>	62	<i>qc corn and callus remover</i>	55
OZEMPIC (0.25 OR 0.5		PRADAXA	14	<i>qc cough relief</i>	46
MG/DOSE)	17	<i>pramipexole dihydrochloride</i>	31	<i>qc docusate calcium</i>	66
OZEMPIC (1 MG/DOSE)	17	<i>pramoxine hcl (perianal)</i>	10	<i>qc effervescent antacid/pain</i>	6
OZEMPIC (2 MG/DOSE)	17	<i>prasugrel hcl</i>	63	<i>qc gas relief</i>	60
<i>pain relieving</i>	55	<i>pravastatin sodium</i>	22	<i>qc gas relief extra strength</i>	60
<i>pamidronate disodium</i>	58	<i>praziquantel</i>	11	<i>qc magnesium citrate</i>	66
PANOXYL FOAMING		<i>prazosin hcl</i>	24	<i>qc medifin 400</i>	48
WASH	50	<i>prednisolone</i>	45	<i>qc mineral oil heavy</i>	66
<i>pantoprazole sodium</i>	89	<i>prednisolone acetate</i>	81	<i>qc mucus relief dm max</i>	47
<i>paricalcitol</i>	59	<i>prednisolone sodium phosphate</i>		<i>qc mucus relief severe con/cgh</i> ...	47
PATADAY	79	45, 81	<i>qc olopatadine hcl</i>	79
PAXLOVID (150/100)	35	<i>prednisone</i>	45	<i>qc wart remover</i>	55
PAXLOVID (300/100)	35	PRENATABS RX	75	<i>quinapril hcl</i>	23
<i>pazopanib hcl</i>	29	<i>prenatal (w/iron & fa)</i>	75	<i>quinapril-hydrochlorothiazide</i>	23
<i>peak flow meter universal rang..</i>	70	<i>prenatal 19</i>	75	QVAR REDIHALER	13
PEDIACLEAR PD		<i>prenatal plus</i>	75	<i>rabeprazole sodium</i>	89
CHILDRENS	20	<i>prenatal/iron</i>	75	<i>raloxifene hcl</i>	59
PEDIA-LAX	67	PRENATAL-U	75	<i>ramipril</i>	23
<i>peg 3350</i>	65	PREVALITE	21	REBIF	85
<i>peg 3350-kcl-na bicarb-nacl</i>	65	PRIFTIN	27	REBIF REBIDOSE	85
<i>peg-3350/electrolytes</i>	65	<i>primaquine phosphate</i>	26	REBIF REBIDOSE	
PEGASYS	36	<i>primidone</i>	14	TITRATION PACK	85
<i>penicillamine</i>	72	PRIVIGEN	82	REBIF TITRATION PACK ...	85
<i>penicillin v potassium</i>	83	<i>probenecid</i>	63	REFRESH	78
<i>pentazocine-naloxone hcl</i>	9	<i>prochlorperazine</i>	32	REFRESH CELLUVISC	78
<i>pentoxifylline er</i>	63	<i>prochlorperazine maleate</i>	32	REFRESH DIGITAL	78
<i>permethrin</i>	56	<i>progesterone</i>	84	REFRESH LIQUIGEL	78
<i>phenazopyridine hcl</i>	62	PROLIA	59	REFRESH OPTIVE	78
<i>phenobarbital</i>	65	PROMACTA	65	REFRESH OPTIVE	
<i>phenylephrine hcl</i>	79	<i>promethazine hcl</i>	21	ADVANCED	78
<i>phenytoin</i>	14	<i>promethazine-codeine</i>	49	REFRESH OPTIVE PF	78
<i>phenytoin sodium extended</i>	14	<i>promethazine-dm</i>	48	REFRESH RELIEVA PF	78
PHILITH	42	<i>promethazine-phenylephrine</i>	47	<i>repaglinide</i>	17
PHOSPHA 250 NEUTRAL	72	PROMETHEGAN	21	REPATHA	22
PHOSPHO-TRIN 250		<i>propafenone hcl</i>	11	REPATHA PUSHTRONEX	
NEUTRAL	72	<i>propranolol hcl</i>	37	SYSTEM	22
PHOSPHO-TRIN K500	72	<i>propranolol hcl er</i>	37	REPATHA SURECLICK	22
<i>phytonadione</i>	92	<i>propylthiouracil</i>	87	RETACRIT	64

RETIN-A	50	<i>sm gas relief</i>	60, 61	<i>sulfamethoxazole-trimethoprim</i> ..	25
REVLIMID	73	<i>sm glycerin pediatric</i>	66	<i>sulfasalazine</i>	61
RHOGAM ULTRA-FILTERED PLUS	83	<i>sm ibuprofen ib childrens</i>	5	SULFATRIM PEDIATRIC	25
RHOPHYLAC	83	<i>sm ibuprofen jr</i>	5	<i>sulindac</i>	5
RIDAURA	4	<i>sm magnesium</i>	71	<i>sumatriptan</i>	70
<i>rifabutin</i>	27	<i>sm melatonin</i>	3	<i>sumatriptan succinate</i>	70, 71
<i>rifampin</i>	27	<i>sm miconazole 7</i>	90	<i>sumatriptan succinate refill</i>	70
<i>riluzole</i>	77	<i>sm mucus relief</i>	48	<i>sunitinib malate</i>	29
RINVOQ	3	<i>sm mucus relief cold childrens</i>	47	<i>sure comfort alcohol prep</i>	68
RINVOQ LQ	3	<i>sm mucus relief max strength</i>	48	SYMDEKO	87
<i>ritonavir</i>	34	<i>sm olopatadine hcl</i>	79	SYMPROIC	61
<i>rivastigmine</i>	84	<i>sm omega-3 fish oil</i>	77	SYMTUZA	33
<i>rivastigmine tartrate</i>	84	<i>sm rapid melts junior</i>	6	SYNAGIS	82
<i>rizatriptan benzoate</i>	70	<i>sm severe congestion & cough</i>	47	SYNALAR	53
<i>ropinirole hcl</i>	32	<i>sm slow release iron</i>	65	<i>syringe/hypodermic safety</i>	69
<i>ropinirole hcl er</i>	31, 32	<i>sod citrate-citric acid</i>	62	SYSTANE CONTACTS	78
<i>rosuvastatin calcium</i>	22	<i>sodium bicarbonate</i>	10, 71	<i>tacrolimus</i>	55, 73
RYDAPT	29	<i>sodium chloride</i>	48, 62	<i>tadalafil (pah)</i>	39
SAFYRAL	42	<i>sodium chloride (hypertonic)</i>	80	TAFINLAR	28
<i>saline</i>	76	<i>sodium fluoride</i>	71, 73	TAKHZYRO	63
SANDOSTATIN LAR DEPOT	59	<i>sodium fluoride 5000 plus</i>	73	<i>tamoxifen citrate</i>	27
SARNOL-HC	53	<i>sodium fluoride 5000 ppm</i>	73	<i>tamsulosin hcl</i>	62
SAVELLA	85	<i>sodium polystyrene sulfonate</i>	73	TARINA 24 FE	42
SAVELLA TITRATION PACK	85	<i>sofosbuvir-velpatasvir</i>	36	TARON-C DHA	75
SAWYER INSECT REPELLENT	55	<i>solifenacin succinate</i>	90	TASIGNA	28
SEGLUROMET	18	SOLIRIS	63	<i>tazarotene</i>	51
<i>selegiline hcl</i>	31	SOLTAMOX	27	<i>temozolomide</i>	29
<i>selenium sulfide</i>	51	SOLU-CORTEF	45	<i>tenofovir disoproxil fumarate</i>	35
<i>senna</i>	66	<i>sorbitol</i>	84	<i>terazosin hcl</i>	24, 25
<i>sevelamer carbonate</i>	61	<i>sore throat spray</i>	73	<i>terbinafine hcl</i>	20, 51
<i>sildenafil citrate</i>	39	SOSWEET	84	<i>terconazole</i>	90
<i>silver sulfadiazine</i>	52	<i>sotalol hcl</i>	37	<i>teriparatide (recombinant)</i>	59
<i>simethicone</i>	60	<i>sotalol hcl (af)</i>	37	<i>testosterone</i>	9
<i>simethicone drops infants</i>	60	<i>spinosad</i>	56	<i>testosterone cypionate</i>	9
<i>simvastatin</i>	22	<i>spironolactone</i>	57	<i>testosterone enanthate</i>	9
<i>sirolimus</i>	73	<i>spironolactone-hctz</i>	57	<i>tetrabenazine</i>	85
<i>sleep aid</i>	65	SPRYCEL	28	<i>theophylline</i>	13
<i>sleep-aid</i>	65	SPS	73	<i>theophylline er</i>	13
SLO-NIACIN	91	STEGLATRO	18	THERA-GESIC	55
SLYND	44	<i>sterile water for irrigation</i>	73	<i>therapeutic</i>	56
<i>sm 3-day vaginal</i>	90	<i>stevia extract</i>	40	<i>timolol maleate</i>	37, 79
<i>sm acidophilus</i>	18	<i>steviol glycosides</i>	40	<i>tinidazole</i>	25
<i>sm anti-diarrheal</i>	19	<i>stevioside</i>	40	TIVICAY	33
<i>sm chest congestion relief</i>	48	<i>stomach relief</i>	18	TIVICAY PD	33
<i>sm clotrimazole vaginal</i>	90	<i>stool softener</i>	67	<i>tizanidine hcl</i>	76
<i>sm cold & hot extra strength</i>	55	STRIBILD	33	<i>tobramycin</i>	3, 79
<i>sm dry eye relief</i>	77	STRIVERDI RESPIMAT	13	TODAY SPONGE	90
<i>sm foaming antacid</i>	10	<i>sucralfate</i>	88	<i>tolnaftate</i>	51
		<i>sulfacetamide sodium</i>	81	<i>tolnaftate antifungal</i>	51
		<i>sulfacetamide sodium (acne)</i>	49	<i>tolterodine tartrate</i>	90
		<i>sulfacetamide-prednisolone</i>	81	<i>tolterodine tartrate er</i>	90
		<i>sulfadiazine</i>	87	<i>toremifene citrate</i>	27

<i>torseamide</i>	57	VANACOF	49	XARELTO STARTER PACK	14
<i>totalday multiple</i>	74	<i>vancomycin hcl</i>	25	XIFAXAN	25
TRACLEER	39	VCF VAGINAL		XOLAIR	12
<i>tramadol hcl</i>	8	CONTRACEPTIVE	90	XULANE	43
<i>tramadol hcl er</i>	8	VELIVET	44	YUVAFEM	91
<i>tramadol-acetaminophen</i>	9	VENCLEXTA	27	ZAFEMY	43
<i>trandolapril</i>	23	VENCLEXTA STARTING		ZARXIO	64
<i>tranexamic acid</i>	65	PACK	28	ZENATANE	50
<i>tretinoin</i>	30	<i>verapamil hcl</i>	39	ZENPEP	57
<i>triamcinolone acetonide</i> . 53, 74, 76		<i>verapamil hcl er</i>	38, 39	ZEPATIER	36
TRIAMINIC		VERZENIO	29	<i>zidovudine</i>	35
ALLERCHEWS	21	VINATE II	75	ZIEXTENZO	64
TRIAMINIC FEVER		<i>viorele</i>	40	<i>zinc oxide</i>	52
REDUCER	6	VIRACEPT	34	ZOVIA 1/35 (28)	43
<i>triamterene-hctz</i>	57	VIREAD	35	ZOVIRAX	51
<i>tri-buffered aspirin</i>	6	<i>virtussin a/c</i>	47		
<i>trifluridine</i>	80	VISCO-3	76		
TRIKAFTA	87	<i>vitamin b6</i>	91		
<i>trimethoprim</i>	25	<i>vitamin c</i>	91		
<i>trinatal rx 1</i>	75	<i>vitamin d</i>	92		
TRINATE	75	<i>vitamin d (cholecalciferol)</i>	92		
<i>triple antibiotic+pain relief</i>	50	<i>vitamin d3</i>	92		
<i>triprolidine hcl</i>	20	<i>vitamins acd-fluoride</i>	74		
TRIUMEQ	33	<i>voriconazole</i>	20		
TRIUMEQ PD	33	VOSEVI	36		
TRI-VI-SOL A/C/D	75	VYFEMLA	42		
<i>tropicamide</i>	79	<i>warfarin sodium</i>	14		
<i>tropium chloride</i>	90	<i>wart remover maximum</i>			
<i>tropium chloride er</i>	90	<i>strength</i>	55		
TRULICITY	17	WEEKLY-D	92		
TUKYSA	27	WERA	43		
TURQOZ	42	<i>wescap-c dha</i>	75		
TUSNEL C	47	<i>wes-phos 250 neutral</i>	72		
<i>tussin cough</i>	46	WIDE-SEAL DIAPHRAGM			
TWIRLA	43	60	68		
TYBLUME	42	WIDE-SEAL DIAPHRAGM			
TYBOST	35	65	68		
TYDEMY	42	WIDE-SEAL DIAPHRAGM			
TYMLOS	59	70	68		
UBRELVY	70	WIDE-SEAL DIAPHRAGM			
<i>ultra-care alcohol prep pads</i>	68	75	68		
ULTRATHON INSECT		WIDE-SEAL DIAPHRAGM			
REPELLENT 8	55	80	68		
<i>urea</i>	54	WIDE-SEAL DIAPHRAGM			
<i>urea 20 intensive hydrating</i>	54	85	68		
<i>ureacin-20</i>	54	WIDE-SEAL DIAPHRAGM			
<i>urinary pain relief</i>	62	90	68		
<i>ursodiol</i>	61	WIDE-SEAL DIAPHRAGM			
<i>valacyclovir hcl</i>	36	95	68		
<i>valganciclovir hcl</i>	35	WIXELA INHUB	12		
<i>valsartan</i>	24	WYMZYA FE	43		
<i>valsartan-hydrochlorothiazide</i> ... 24		XARELTO	14		