

**Aetna Better Health
of Maryland
Formulary Guide
August 2025**

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.

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.

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
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>neomycin sulfate oral tablet 500 mg</i>		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak (w/ nebulizer)	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 auto-injector 80 mg/0.8ml</i>	Hyrimoz	PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 40 mg/0.4ml</i>	Hyrimoz	PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml</i>	Hyrimoz	PA
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Hulio (2 Pen)	PA

Formulary Drug Name	Reference	Restrictions
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Hulio (2 Syringe)	PA
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)
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML		PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		PA
*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

Formulary Drug Name	Reference	Restrictions
<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>		
<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>		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>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 20 MG, 30 MG		PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 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)

Formulary Drug Name	Reference	Restrictions
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)
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>		OTC
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG		OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML	acetaminophen extra strength	OTC; QLL (240 ML per 30 days)
*Analgesics-Sedatives***		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	BAC (Butalbital-Acetamin- Caff)	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 ec oral tablet delayed release 81 mg</i>	Bayer Aspirin EC Low Dose	OTC
<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, 300-30 mg/12.5ml</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 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
<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 100 mg/5ml</i>		
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>		PA; QLL (1 EA per 1 day)
<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)

Formulary Drug Name	Reference	Restrictions
<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)
*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)
*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)
*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>		

Formulary Drug Name	Reference	Restrictions
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	Depo-Testosterone	QLL (10 ML per 28 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	Depo-Testosterone	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)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG		PA; QLL (2 EA per 1 day)
ANORECTAL AND RELATED PRODUCTS		
*Intrarectal Steroids***		
<i>budesonide rectal foam 2 mg</i>	Uceris	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	
*Nitrate Vasodilating Agents***		
<i>nitroglycerin rectal ointment 0.4 %</i>	Rectiv	PA
*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	

Formulary Drug Name	Reference	Restrictions
<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***		
ACID GONE ORAL TABLET CHEWABLE 160-105 MG	antacid extra strength	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 Chewy Bites Ultra Str	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	
<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	

Formulary Drug Name	Reference	Restrictions
<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)
<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, 232-14 mcg/act, 55-14 mcg/act</i>		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)
<i>umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act</i>	Anoro Ellipta	QLL (60 EA per 30 days)
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)

Formulary Drug Name	Reference	Restrictions
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>	Ventolin 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>		
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Brovana	QLL (4 ML per 1 day)
<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>		
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Spiriva HandiHaler	QLL (60 EA per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT		QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	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)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		QLL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		QLL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT		QLL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		QLL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		QLL (13 GM per 30 days)
*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***		
<i>rivaroxaban oral tablet 2.5 mg</i>	Xarelto	PA; QLL (2 EA per 1 day)
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)
ANTICONVULSANTS		
*Anticonvulsants - Misc.***		
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	
*Hydantoins***		
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin-125	
<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>	ReliOn Glucose	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>	FT 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
saxagliptin hcl oral tablet 2.5 mg		QLL (5 mg Cumulative per 1 day)
saxagliptin hcl oral tablet 5 mg	Onglyza	QLL (5 mg Cumulative per 1 day)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg		QLL (60 EA per 30 Days)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg		QLL (1 EA per 1 day)
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg		QLL (30 EA per 30 Days)
*Human Insulin***		
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	Admelog SoloStar	
insulin lispro injection solution 100 unit/ml	Admelog	
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	HumaLOG Junior KwikPen	
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	HumaLOG Mix 75/25 KwikPen	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (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

Formulary Drug Name	Reference	Restrictions
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		OTC
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
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml</i>		ST; Diagnosis Required; QLL (2.4 ML per 30 days)
<i>exenatide subcutaneous solution pen-injector 5 mcg/0.02ml</i>		ST; Diagnosis Required; QLL (1.2 ML per 30 days)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Victoza	ST; Diagnosis Required; QLL (9 ML per 30 days)
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)
*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)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Farxiga	ST; 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***		
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>	Xigduo XR	ST; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	Xigduo XR	ST; QLL (2 EA per 1 day)
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>stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
FLORANEX ORAL TABLET	acidophilus	OTC
*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

Formulary Drug Name	Reference	Restrictions
<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
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>	Bonine	
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 TriPack	QLL (3 EA Max Qty Per Fill Retail)
<i>aprepitant oral capsule 80 mg</i>	Emend BiPack	QLL (2 EA Max Qty Per Fill Retail)
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)

Formulary Drug Name	Reference	Restrictions
*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, 50 mg</i>		QLL (60 EA per 30 days)
<i>fluconazole oral tablet 150 mg</i>	Diflucan	QLL (14 EA per 28 days)
<i>itraconazole oral capsule 100 mg</i>	Sporanox	QLL (120 EA per 30 days)
<i>voriconazole oral tablet 200 mg, 50 mg</i>		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 injection solution 50 mg/ml</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)
*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

Formulary Drug Name	Reference	Restrictions
<i>loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	OTC; QLL (240 ML per 30 days)
<i>loratadine oral tablet 10 mg</i>	Claritin	OTC; QLL (30 EA per 30 days)
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>		QLL (80 ML per 1 day)
<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	
*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)

Formulary Drug Name	Reference	Restrictions
<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)
*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)

Formulary Drug Name	Reference	Restrictions
<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, 5 mg</i>		QLL (2 EA per 1 day)
<i>ramipril oral capsule 10 mg</i>		QLL (60 EA per 30 days)
<i>ramipril oral capsule 2.5 mg</i>	Altace	QLL (2 EA per 1 day)
<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)
*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)

Formulary Drug Name	Reference	Restrictions
<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)
<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	

Formulary Drug Name	Reference	Restrictions
*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)
*Leprostatics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>		
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	
<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>	Macrodantin	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		AL (Max 12 Years)

Formulary Drug Name	Reference	Restrictions
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, 400 mg</i>		
<i>isoniazid oral syrup 50 mg/5ml</i>		
<i>isoniazid oral tablet 100 mg, 300 mg</i>		
<i>pyrazinamide oral tablet 500 mg</i>		
<i>rifabutin oral capsule 150 mg</i>		
<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>	Abirtega	PA
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG		

Formulary Drug Name	Reference	Restrictions
*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
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		PA
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	Sprycel	PA; QLL (1 EA per 1 day)
<i>dasatinib oral tablet 20 mg</i>	Sprycel	PA; QLL (3 EA per 1 day)
<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)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	Tasigna	PA; QLL (120 EA per 30 days)
<i>nilotinib hcl oral capsule 50 mg</i>	Tasigna	PA; QLL (4 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Antineoplastic - Braf Kinase Inhibitors***		
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML		PA; QLL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG		PA; QLL (24 EA per 28 days)
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</i>	Tarceva	PA; QLL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>		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
*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)

Formulary Drug Name	Reference	Restrictions
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)
*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>		
*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>		

Formulary Drug Name	Reference	Restrictions
LEUKERAN ORAL TABLET 2 MG		
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ITOVEBI ORAL TABLET 3 MG, 9 MG		PA; QLL (1 EA per 1 day)
*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***		
<i>mesna oral tablet 400 mg</i>	Mesnex	
*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
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

Formulary Drug Name	Reference	Restrictions
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, 37.5-150-200 mg, 50-200-200 mg</i>		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)
<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	

Formulary Drug Name	Reference	Restrictions
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>		Diagnosis Required; QLL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>		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>emtricitab-rilpivir-tenofof df oral tablet 200-25-300 mg</i>	Complera	DIAGNOSIS REQUIRED; 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 tablet 100-25 mg, 200-50 mg</i>	Kaletra	PA; Diagnosis required; QLL (4 EA per 1 day)
<i>trimeq pd oral tablet soluble 60-5-30 mg</i>		PA; DIAGNOSIS REQUIRED; QLL (6 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 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)
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)
KALETRA ORAL SOLUTION 400-100 MG/5ML		Diagnosis Required; QLL (13 ML 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)

Formulary Drug Name	Reference	Restrictions
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)
*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***		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML		PA
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)
*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>		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)

Formulary Drug Name	Reference	Restrictions
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 tablet 600 mg</i>		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)
<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)

Formulary Drug Name	Reference	Restrictions
*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)
*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)

Formulary Drug Name	Reference	Restrictions
*Hepatitis C Agents***		
<i>ribavirin oral capsule 200 mg</i>		
<i>ribavirin oral tablet 200 mg</i>		
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)
<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)

Formulary Drug Name	Reference	Restrictions
<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 oral capsule extended release 24 hour 120 mg, 160 mg</i>	Inderal LA	QLL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg, 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</i>		
<i>propranolol hcl oral tablet 60 mg, 80 mg</i>		QLL (1 EA per 1 day)
<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>		
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>	Tiadyt ER	QLL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	Tiadyt ER	QLL (3 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	Tiadyt 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)

Formulary Drug Name	Reference	Restrictions
<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</i>		QLL (2 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>		QLL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	Procardia XL	QLL (2 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	Procardia XL	QLL (30 EA per 30 days)
<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)
<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	

Formulary Drug Name	Reference	Restrictions
CARDIOVASCULAR AGENTS - MISC.		
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***		
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	Entresto	PA; QLL (2 EA per 1 day)
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		PA; QLL (4 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)
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>		
<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>		

Formulary Drug Name	Reference	Restrictions
<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 (2 EA per 30 days)
<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 - Hy's***		
<i>hydrocortisone micronized powder</i>		
*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 (28)	
<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	

Formulary Drug Name	Reference	Restrictions
<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	
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)		

Formulary Drug Name	Reference	Restrictions
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)		
LOW-OGESTREL ORAL TABLET 0.3-30 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		
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	briellyn	
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)

Formulary Drug Name	Reference	Restrictions
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		
*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)

Formulary Drug Name	Reference	Restrictions
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>		
<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>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	Solu-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>		

Formulary Drug Name	Reference	Restrictions
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 5 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 1000 MG, 250 MG, 500 MG		
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<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)
<i>dextromethorphan hbr oral capsule 15 mg</i>	Robitussin Long-Act CoughGels	OTC
<i>qc cough relief oral liquid 15 mg/5ml</i>	Giltuss Honey DM	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)
*Antitussive-Decongestant-Analgesic***		
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	Mucinex Fast-Max Cong Headache	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)

Formulary Drug Name	Reference	Restrictions
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>		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
<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
*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

Formulary Drug Name	Reference	Restrictions
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC
*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
*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
<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		OTC; QLL (180 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
*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 phos (once-daily) external gel 1 %</i>	Clindagel	QLL (1 ML per 1 day)
<i>clindamycin phos (twice-daily) external gel 1 %</i>		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 gel 1.2-5 % external</i>	Neuac	QLL (45 GM per 30 days)
<i>clindamycin phos-benzoyl perox gel 1-5 % external</i>		QLL (50 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>adapalene gel 0.1 % external (otc)</i>	Differin	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>adapalene gel 0.3 % external</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	OTC
<i>isotretinoin capsule 10 mg oral</i>	Accutane	ST; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<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
*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>mupirocin external ointment 2 %</i>		QLL (110 GM per 30 days)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		QLL (60 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
*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 Athletes Foot	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>	Aspercreme 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>		
<i>fluorouracil external solution 2 %, 5 %</i>		
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium external gel 3 %</i>		
*Antipsoriatics - Systemic***		
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML		PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		PA
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>		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>		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>		

Formulary Drug Name	Reference	Restrictions
*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>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 AUTO-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)

Formulary Drug Name	Reference	Restrictions
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	QLL (30 GM per 60 days)
<i>fluocinonide external cream 0.05 %</i>		QLL (60 GM per 30 days)
<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>	Medpura Hydrocortisone	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>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-SMOOTH/FS BODY EXTERNAL OIL 0.01 %	fluocinolone acetonide body	QLL (120 ML per 30 days)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 %	fluocinolone acetonide scalp	QLL (120 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 %	hydrocortisone	OTC; QLL (90 GM per 30 days)
SARNOL-HC EXTERNAL LOTION 1 %	beta hc	OTC; QLL (120 ML per 30 days)
*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 Intensive Healing	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>	Lotrimin AF	QLL (60 GM per 30 days)
<i>clotrimazole external solution 1 %</i>		QLL (30 ML per 30 days)
<i>ketoconazole external cream 2 %</i>		ST; QLL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>		QLL (120 ML per 30 days)
<i>miconazole nitrate external cream 2 %</i>	Desenex	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)

Formulary Drug Name	Reference	Restrictions
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)
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
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	

Formulary Drug Name	Reference	Restrictions
*Macrolide Immunosuppressants - Topical***		
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>		ST; QLL (30 GM per 30 days)
*Misc. Topical Combinations***		
<i>calamine external lotion 8-8 %</i>		OTC
<i>calamine-zinc oxide external lotion 8-8 %</i>		OTC
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 %		PA; QLL (60 GM per 30 days)
*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	
*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>	Elimite	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***		
<i>ketone test in vitro strip</i>	Chemstrip K	OTC
ALBUSTIX IN VITRO STRIP		OTC
CHEMSTRIP K IN VITRO STRIP	ketone test	OTC
DIASTIX IN VITRO STRIP		OTC

Formulary Drug Name	Reference	Restrictions
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	blood glucose test	OTC; QLL (5 EA per 1 day)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	blood glucose test	OTC; QLL (5 EA per 1 day)
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	

Formulary Drug Name	Reference	Restrictions
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	
*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</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

Formulary Drug Name	Reference	Restrictions
*Growth Hormones***		
NORDITROPIN FLEXP 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***		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Rocaltrol	
paricalcitol oral capsule 1 mcg, 2 mcg	Zemplar	ST; QLL (30 EA per 30 days)
paricalcitol oral capsule 4 mcg		ST; QLL (30 EA per 30 days)
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA ORAL TABLET 10 MG, 20 MG		PA
*Parathyroid Hormone And Derivatives***		
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	Bonsity	
teriparatide subcutaneous solution pen- injector 560 mcg/2.24ml	Bonsity	PA; QLL (2.24 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)***		
raloxifene hcl oral tablet 60 mg	Evista	QLL (30 EA per 30 days)
*Somatostatic Agents***		
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	SandoSTATIN	PA
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml		PA
octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg	SandoSTATIN LAR Depot	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml		PA
*Vasopressin***		
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	DDAVP	QLL (90 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<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>	Abigale Lo	QLL (30 EA per 30 days)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Abigale	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)
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)
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	Delestrogen	QLL (4 ML per 28 days)
<i>estradiol valerate intramuscular oil 40 mg/ml</i>		QLL (2 ML 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)

Formulary Drug Name	Reference	Restrictions
GASTROINTESTINAL AGENTS - MISC.		
*5-Ht4 Receptor Agonists***		
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	Motegrity	PA; QLL (1 EA per 1 day)
*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
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>		

Formulary Drug Name	Reference	Restrictions
<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	
*Interleukin Antagonists***		
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML		PA
*Intestinal Acidifiers***		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK 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	
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>		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>		

Formulary Drug Name	Reference	Restrictions
<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, 200 mg</i>	Pyridium	
<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 capsule 0.6 mg</i>	Mitigare	QLL (9 EA per 30 days)
<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)
*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***		
EPYSQLI 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>		

Formulary Drug Name	Reference	Restrictions
*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***		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		
*Quinazoline Agents***		
anagrelide hcl oral capsule 0.5 mg	Agrylin	
anagrelide hcl oral capsule 1 mg		
*Thienopyridine Derivatives***		
clopidogrel bisulfate oral tablet 300 mg		QLL (1 EA per 1 day)
clopidogrel bisulfate oral tablet 75 mg	Plavix	QLL (30 EA per 30 days)
prasugrel hcl oral tablet 10 mg	Effient	QLL (1 EA per 1 day)
prasugrel hcl oral tablet 5 mg	Effient	QLL (30 EA per 30 days)
HEMATOPOIETIC AGENTS		
*Amino Acids***		
L-glutamine oral packet 5 gm	Endari	PA
*Cobalamins***		
cyanocobalamin injection solution 1000 mcg/ml		
*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***		
fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg		
*Folic Acid/Folates***		
folic acid oral tablet 1 mg		

Formulary Drug Name	Reference	Restrictions
*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
*Thrombopoietin (Tpo) Receptor Agonists***		
<i>eltrombopag olamine oral packet 12.5 mg</i>	Promacta	PA; QLL (1 EA per 1 day)
<i>eltrombopag olamine oral packet 25 mg</i>	Promacta	PA; QLL (3 EA per 1 day)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	Promacta	PA; QLL (1 EA per 1 day)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	Promacta	PA; QLL (2 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

Formulary Drug Name	Reference	Restrictions
<i>sleep-aid oral capsule 50 mg</i>	Unisom Sleepgels	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</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>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Suprep Bowel Prep Kit	QLL (354 ML Max Qty Per Fill Retail)
<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>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)
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>	Fleet Laxative Mineral Oil	OTC
<i>mineral oil oil</i>		
<i>mineral oil oral oil</i>	Fleet Laxative Mineral Oil	OTC
MURI-LUBE OIL	mineral oil light	

Formulary Drug Name	Reference	Restrictions
*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>	Dulcolax	
<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>	Black-Draught Lax-Senna	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>	Prolaxa	
<i>docusate sodium oral liquid 50 mg/5ml</i>		OTC
<i>gnp stool softener oral capsule 240 mg</i>	Surfak	OTC
<i>qc docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>stool softener oral capsule 240 mg</i>	Surfak	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML		OTC
MACROLIDES		
*Azithromycin***		
<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)

Formulary Drug Name	Reference	Restrictions
<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***		
<i>fidaxomicin oral tablet 200 mg</i>	Difacid	PA
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML		PA
MEDICAL DEVICES AND SUPPLIES		
*Applicators,Cotton Balls,Etc***		
<i>alcohol prep pad 70 %</i>	Advocate Alcohol Prep Pads	OTC
<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>	Trojan Enz	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 %		

Formulary Drug Name	Reference	Restrictions
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)
RELION TRUE MET AIR GLUC METER KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW	easy plus ii control	OTC
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL	easy talk control	OTC
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH	easy plus ii control	OTC
TRUE METRIX METER KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
*Insulin Administration Supplies***		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT		PA; QLL (1 EA per 999 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5		PA; QLL (10 EA per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT		PA; QLL (1 EA per 999 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS		PA; QLL (10 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT		PA; QLL (1 EA per 999 days)
OMNIPOD DASH PDM (GEN 4) KIT		PA; QLL (1 EA per 999 days)
OMNIPOD DASH PODS (GEN 4)		PA; QLL (10 EA per 30 days)
TWIIIST REFILL KIT KIT		PA; QLL (10 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
TWIIST REFILL KIT/INFUSION SET KIT		PA; QLL (10 EA per 30 days)
TWIIST STARTER KIT KIT		PA; QLL (1 EA per 999 days)
*Needles & Syringes***		
<i>carepoint poly hub needle 18g x 1" , 22g x 1"</i>	BD Hypodermic Needle	
<i>carepoint poly hub needle 18g x 1-1/2"</i>	BD Blunt Fill Needle	
<i>carepoint poly hub needle 20g x 1" , 21g x 1-1/2" , 22g x 1-1/2" , 25g x 5/8" , 27g x 1/2"</i>	BD Disp Needles	
<i>carepoint poly hub needle 21g x 1"</i>	BD Eclipse Needle	
<i>carepoint poly hub needle 23g x 1" , 25g x 1"</i>	BD Disp Needle	
<i>carepoint poly hub needle 23g x 1-1/2"</i>	BD PrecisionGlide Needle	
<i>carepoint safety 1st needle 23g x 1" , 25g x 1"</i>	BD Disp Needle	
<i>carepoint safety 1st needle 23g x 1-1/2"</i>	BD PrecisionGlide Needle	
<i>carepoint safety 1st needle 25g x 5/8"</i>	BD Disp Needles	
<i>carepoint syringe luer lock 1 ml</i>	BD Syringe Luer-Lok	
<i>carepoint syringe luer lock 3 ml</i>	BD Plastipak Syringe	
<i>carepoint syringe luer slip 1 ml</i>	BD Syringe Luer-Lok	
<i>carepoint tubercln syr/luer sl 25g x 5/8" 1 ml</i>	BD Syringe Slip Tip	OTC
<i>easy glide slip lock syringe 1 ml</i>	BD Syringe Luer-Lok	OTC
<i>hypodermic needle 18g x 1" , 22g x 1"</i>	BD Hypodermic Needle	OTC
<i>hypodermic needle 18g x 1-1/2"</i>	BD Blunt Fill Needle	OTC
<i>hypodermic needle 20g x 1" , 21g x 1-1/2" , 22g x 1-1/2" , 25g x 5/8" , 27g x 1/2"</i>	BD Disp Needles	OTC
<i>hypodermic needle 21g x 1"</i>	BD Eclipse Needle	OTC
<i>hypodermic needle 23g x 1"</i>	BD Disp Needle	OTC
<i>hypodermic needle 23g x 1-1/2"</i>	BD PrecisionGlide Needle	OTC
<i>poly hub needle 18g x 1" , 22g x 1"</i>	BD Hypodermic Needle	OTC
<i>poly hub needle 18g x 1-1/2"</i>	BD Blunt Fill Needle	OTC
<i>poly hub needle 21g x 1"</i>	BD Eclipse Needle	OTC
<i>poly hub needle 21g x 1-1/2" , 22g x 1-1/2" , 25g x 5/8" , 27g x 1/2"</i>	BD Disp Needles	OTC
<i>poly hub needle 23g x 1" , 25g x 1"</i>	BD Disp Needle	OTC
<i>poly hub needle 23g x 1-1/2"</i>	BD PrecisionGlide Needle	OTC
<i>syringe luer lock 21g x 1" 3 ml</i>	BD Eclipse Syringe	OTC
<i>syringe luer lock 22g x 1-1/2" 3 ml</i>	BD Integra Syringe	OTC
<i>syringe luer lock 23g x 1" 3 ml, 23g x 1-1/2" 3 ml, 25g x 5/8" 3 ml</i>	BD Eclipse Syringe/Needle	OTC
<i>syringe luer lock 25g x 1-1/2" 3 ml</i>	BD Luer-Lok Syringe	OTC
<i>syringe luer lock 3 ml</i>	BD Plastipak Syringe	OTC

Formulary Drug Name	Reference	Restrictions
<i>syringe luer slip 1 ml</i>	BD Syringe Luer-Lok	
<i>syringe luer slip 3 ml</i>	BD Plastipak Syringe	OTC
<i>syringe/hypodermic safety 18g x 1" 12 ml</i>	Monoject LifeShield Syringe	OTC
BD AUTOSHIELD DUO 30G X 5 MM	pen needles	OTC
BD BLUNT FILL NEEDLE 18G X 1-1/2"	carepoint poly hub needle	OTC
BD BLUNT FILL NEEDLE W/FILTER 18G X 1-1/2"	carepoint poly hub needle	OTC
BD DISP NEEDLE 23G X 1" , 25G X 1"	carepoint poly hub needle	OTC
BD DISP NEEDLES 18G X 1-1/2" , 20G X 1" , 21G X 1-1/2" , 22G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	carepoint poly hub needle	OTC
BD ECLIPSE NEEDLE 18G X 1-1/2" , 21G X 1" , 21G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	carepoint poly hub needle	OTC
BD ECLIPSE NEEDLE 23G X 1"	carepoint poly hub needle	
BD ECLIPSE SHIELDED NEEDLE 18G X 1-1/2"	carepoint poly hub needle	OTC
BD ECLIPSE SYRINGE 21G X 1" 3 ML	syringe luer lock	OTC
BD ECLIPSE SYRINGE/NEEDLE 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
BD HYPODERMIC NEEDLE 18G X 1" , 18G X 1-1/2" , 21G X 1" , 22G X 1" , 22G X 1-1/2" , 23G X 1"	carepoint poly hub needle	OTC
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	careone 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, 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 ULTRAFINE 31G X 5/16" 1 ML	aq insulin syringe	OTC
BD INTEGRA NEEDLE 23G X 1"	carepoint poly hub needle	OTC
BD INTEGRA SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
BD LUER-LOCK SYRINGE 18G X 1-1/2" 3 ML		OTC
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML		OTC

Formulary Drug Name	Reference	Restrictions
BD LUER-LOK SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
BD LUER-LOK SYRINGE 23G X 1" 3 ML	syringe luer lock	
BD NOKOR ADMIX NEEDLE 18G X 1-1/2"	carepoint poly hub needle	OTC
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	1st tier unifine pentips	OTC
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	1st tier unifine pentips	OTC
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1st tier unifine pentips	OTC
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	1st tier unifine pentips	OTC
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	1st tier unifine pentips	OTC
BD PLASTIPAK SYRINGE 21G X 1" 3 ML	syringe luer lock	OTC
BD PLASTIPAK SYRINGE 3 ML	carepoint syringe luer lock	OTC
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2"	carepoint poly hub needle	OTC
BD SAFETYGLIDE ALLERGY SYRINGE 27G X 1/2" 1 ML		OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	global inject ease insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	global inject ease insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	aq insulin syringe	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	global easy glide insulin syr	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	global easy glide insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	global easy glide insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	careone insulin syringe	OTC
BD SAFETYGLIDE NEEDLE 18G X 1-1/2" , 21G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 5/8"	carepoint poly hub needle	OTC
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	carepoint poly hub needle	
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2" , 23G X 1"	carepoint poly hub needle	OTC

Formulary Drug Name	Reference	Restrictions
BD SYRINGE LUER-LOK 1 ML	carepoint syringe luer lock	OTC
BD SYRINGE LUER-LOK 3 ML	carepoint syringe luer lock	
BD SYRINGE SLIP TIP 1 ML	carepoint syringe luer lock	OTC
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML	carepoint tuberculn syr/luer sl	OTC
BD SYRINGE SLIP TIP 3 ML	carepoint syringe luer lock	
BD SYRINGE/NEEDLE 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
BD TB SYRINGE 27G X 1/2" 1 ML		OTC
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	global easy glide insulin syr	OTC
BD VEO INSULIN SYR ULTRAFINE 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
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	
CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML	syringe luer lock	
CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" , 20G X 1" , 22G X 1" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 5/8"	carepoint poly hub needle	OTC
CARETOUCH LUER LOCK 1 ML , 3 ML	carepoint syringe luer lock	OTC
CARETOUCH LUER LOCK 23G X 1" 3 ML	syringe luer lock	OTC
CARETOUCH LUER LOCK SYR/NEEDLE 22G X 1-1/2" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
CARETOUCH LUER SLIP 1 ML , 3 ML	carepoint syringe luer lock	OTC
DROPSAFE SICURA 25G X 1"	carepoint poly hub needle	OTC
EASY GLIDE LUER LOCK SYRINGE 1 ML , 3 ML	carepoint syringe luer lock	OTC
EASY TOUCH ALLERGY SYRINGE 27G X 1/2" 1 ML		OTC
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" , 18G X 1-1/2" , 20G X 1" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 5/8" , 27G X 1/2"	carepoint poly hub needle	OTC
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1-1/2" 3 ML		OTC

Formulary Drug Name	Reference	Restrictions
EASY TOUCH FLIPLOCK SAFETY SYR 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 5/8" , 27G X 1/2"	carepoint poly hub needle	OTC
EASY TOUCH SAFETY SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
EASY TOUCH SYRINGE BARREL 1 ML , 3 ML	carepoint syringe luer lock	OTC
EASY TOUCH TB FLIPLOCK SYRINGE 27G X 1/2" 1 ML		OTC
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML	carepoint tubercln syr/luer sl	OTC
EASY TOUCH TB SHEATHLOCK SYR 27G X 1/2" 1 ML		OTC
EASYPOINT NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2"	carepoint poly hub needle	OTC
EASYPOINT NEEDLE 23G X 1" , 25G X 1" , 25G X 5/8"	carepoint poly hub needle	
EASYPOINT NEEDLE/SYRINGE 18G X 1-1/2" 3 ML		
EASYPOINT NEEDLE/SYRINGE 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	
EMBECTA AUTOSHIELD DUO 30G X 5 MM	pen needles	OTC
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	global easy glide insulin syr	OTC
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	OTC
EMBECTA INSULIN SYR ULTRAFINE 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
EMBECTA INSULIN SYR ULTRAFINE 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

Formulary Drug Name	Reference	Restrictions
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML	aq insulin syringe	OTC
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	1st tier unifine pentips	OTC
EMBECTA PEN NEEDLE NANO 32G X 4 MM	1st tier unifine pentips	OTC
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	sure comfort pen needles	OTC
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	1st tier unifine pentips	OTC
LUER LOCK SAFETY SYRINGES 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
LUER LOCK SAFETY SYRINGES 3 ML	carepoint syringe luer lock	OTC
MAGELLAN TUBERCULIN SYRINGE 27G X 1/2" 1 ML		
MONOJECT BLUNTIP CANNULA 21G X 1"	carepoint poly hub needle	
MONOJECT BLUNTIP SYR/CANNULA 3 ML	carepoint syringe luer lock	
MONOJECT HYPODERMIC NEEDLE 18G X 1" , 18G X 1-1/2" , 20G X 1" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 5/8" , 27G X 1/2"	carepoint poly hub needle	
MONOJECT MAGELLAN SAFETY NDL 18G X 1" , 18G X 1-1/2" , 20G X 1" , 21G X 1" , 21G X 1-1/2" , 22G X 1" , 22G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 5/8"	carepoint poly hub needle	
MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	
MONOJECT PHARMACY TRAY 1 ML	carepoint syringe luer lock	OTC
MONOJECT PHARMACY TRAY 3 ML	carepoint syringe luer lock	
MONOJECT SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	
MONOJECT SYRINGE 27G X 1/2" 1 ML		OTC
MONOJECT SYRINGE 3 ML	carepoint syringe luer lock	
MONOJECT SYRINGE PHARMACY TRAY 1 ML	carepoint syringe luer lock	
MONOJECT SYRINGE REG LUER 3 ML	carepoint syringe luer lock	

Formulary Drug Name	Reference	Restrictions
MONOJECT SYRINGE REGULAR TIP 3 ML	carepoint syringe luer lock	
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML	carepoint tuberculn syr/luer sl	
MONOJECT TB SYRINGE 1 ML	carepoint syringe luer lock	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML	carepoint tuberculn syr/luer sl	
MONOJECT TB SYRINGE 27G X 1/2" 1 ML		
NOKOR VENTED NEEDLE 18G X 1"	carepoint poly hub needle	OTC
NORM-JECT LUER SLIP SYRINGE 1 ML	carepoint syringe luer lock	
PERFECT POINT SAFETY NEEDLE 25G X 1"	carepoint poly hub needle	OTC
SECURESAFE HYPODERMIC NEEDLE 22G X 1"	carepoint poly hub needle	OTC
SECURESAFE SYRINGE/NEEDLE 22G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
ULTICARE SYRINGE 22G X 1-1/2" 3 ML	syringe luer lock	OTC
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML		OTC
ULTICARE TUBERCULIN SAFETY SYR 25G X 5/8" 1 ML	carepoint tuberculn syr/luer sl	OTC
VANISHPOINT SAFETY SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
VANISHPOINT SYRINGE 21G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	syringe luer lock	OTC
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 27G X 1/2" 1 ML		OTC
VANISHPOINT TUBERCULIN SYRINGE 25G X 5/8" 1 ML	carepoint tuberculn syr/luer sl	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)

Formulary Drug Name	Reference	Restrictions
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 - Monoclonal 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)
<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 + d3 oral tablet 250-3 mg-mcg</i>		OTC
<i>calcium 500 + d oral tablet 500-5 mg-mcg</i>	Oysco 500+D	OTC

Formulary Drug Name	Reference	Restrictions
<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 carb-cholecalciferol oral tablet 600-3.125 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</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
*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	

Formulary Drug Name	Reference	Restrictions
<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>		
<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, 2.5 mg, 25 mg, 5 mg</i>	Revlimid	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	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	Myfortic	
*Irrigation Solutions***		
<i>sterile water for irrigation irrigation solution</i>	Argyle Sterile Water	
*Macrolide Immunosuppressants***		
<i>sirolimus oral solution 1 mg/ml</i>		

Formulary Drug Name	Reference	Restrictions
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>		
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	
*Potassium Removing Agents***		
<i>sodium polystyrene sulfonate oral powder</i>		
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML		
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML		
*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
*Dental Products - Combinations***		
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	Fluoridex Sensitivity Relief	
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	Fluoridex Sensitivity Relief	
*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	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	PreviDent	
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetanide mouth/throat paste 0.1 %</i>	Kourzeq	

Formulary Drug Name	Reference	Restrictions
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>	Aflora	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, 0.5 mg, 1 mg</i>	Flotrex	
*Ped Mv W/ Iron***		
<i>poly-vite/iron oral solution 11 mg/ml</i>	BProtected Pedia Poly-Vite/Fe	OTC
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	childrens animal shapes	OTC
*Ped Vitamins Acd W/ Fluoride***		
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	SoluVita ACD with Fluoride	OTC
<i>vitamins acd-fluoride oral solution 0.5 mg/ml</i>		OTC
*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

Formulary Drug Name	Reference	Restrictions
*Prenatal Mv & Min W/Fe-Fa***		
<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>		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	prenatabs fa	QLL (100 EA per 90 days)
FOLIVANE-OB ORAL CAPSULE 85-1 MG		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)
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
<i>baclofen oral solution 5 mg/5ml</i>		QLL (80 ML per 1 day)
<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)
<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)

Formulary Drug Name	Reference	Restrictions
*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 %</i>	Ayr	OTC
<i>saline nasal gel</i>	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>	Flonase Allergy Rel Childrens	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
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	SudoGest	OTC
NEUROMUSCULAR AGENTS		
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>		

Formulary Drug Name	Reference	Restrictions
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>	Sea-Omega	OTC
<i>omega-3 oral capsule 1400 mg</i>		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>	Advanced Eye Relief	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
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %	artificial tears pf	OTC
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

Formulary Drug Name	Reference	Restrictions
*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
IVIZIA SEVERE/NIGHT DRY EYES OPHTHALMIC GEL 0.5 %		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)
<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 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)

Formulary Drug Name	Reference	Restrictions
*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>	Advanced Eye Relief	OTC
<i>gnp olopatadine hcl ophthalmic solution 0.2 %</i>	Advanced Eye Relief	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>	Advanced Eye Relief	
<i>olopatadine hcl solution 0.2 % ophthalmic (otc)</i>	Advanced Eye Relief	
<i>qc olopatadine hcl ophthalmic solution 0.2 %</i>	Advanced Eye Relief	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)
*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)

Formulary Drug Name	Reference	Restrictions
*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
NAPHCN-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)
<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)

Formulary Drug Name	Reference	Restrictions
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		QLL (5 mL per 30 days)
NEO-POLYCIN 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)
<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>	DermOtic	QLL (20 ML per 30 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		QLL (10 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
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		
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		PA
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML		PA
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>		

Formulary Drug Name	Reference	Restrictions
*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 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		
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, 500-125 mg, 875-125 mg</i>		
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		
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

Formulary Drug Name	Reference	Restrictions
PROGESTINS		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	
<i>norethindrone acetate oral tablet 5 mg</i>	Gallifrey	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
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		PA; QLL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		PA; 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)
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Aubagio	PA; QLL (30 EA per 30 days)
*Multiple Sclerosis Agents - Combinations***		
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML		PA; QLL (23 ML per 168 days)

Formulary Drug Name	Reference	Restrictions
*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)
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)
*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)

Formulary Drug Name	Reference	Restrictions
*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.		
*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, 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>	Mondoxylene 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>		

Formulary Drug Name	Reference	Restrictions
*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)
<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)

Formulary Drug Name	Reference	Restrictions
*Misc. Anti-Ulcer***		
<i>sucralfate oral tablet 1 gm</i>	Carafate	
*Proton Pump Inhibitors***		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	OTC; QLL (2 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NexIUM	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, 2 mg</i>		
*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, 15 mg</i>		QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>		QLL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		QLL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>		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>		QLL (1 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg</i>		QLL (60 EA per 30 days)
<i>tolterodine tartrate oral tablet 2 mg</i>	Detrol	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>		QLL (60 EA per 30 days)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Myrbetriq	ST; QLL (1 EA per 1 day)
*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>		
<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 clotrimazole vaginal cream 1 %</i>		OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		
*Spermicides***		
TODAY SPONGE VAGINAL 1000 MG		OTC; QLL (3 Sponges per 30 days)

Formulary Drug Name	Reference	Restrictions
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %		OTC; QLL (12 Films per 30 days)
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	
<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

Formulary Drug Name	Reference	Restrictions
<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
<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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COLACE 2-IN-1	65	DEXCOM G6 TRANSMITTER	68	EASY TOUCH ALLERGY SYRINGE	72
colchicine	62	DEXCOM G7 RECEIVER	68	EASY TOUCH FLIPLOCK NEEDLES	72
colchicine-probenecid	62	DEXCOM G7 SENSOR	68	EASY TOUCH FLIPLOCK SAFETY SYR	72, 73
cold & flu relief daytime	45	dextromethorphan hbr	45	EASY TOUCH HYPODERMIC NEEDLE	73
cold/cough childrens	47	dextromethorphan-guaifenesin	45, 46	EASY TOUCH SAFETY SYRINGE	73
colestipol hcl	21	diaper rash	51	EASY TOUCH SHEATHLOCK SYRINGE	73
CO-NATAL FA	81	DIASTIX	55	EASY TOUCH SYRINGE	73
corn & callus remover	54	diclofenac potassium	4	EASY TOUCH BARREL	73
cough dm	45	diclofenac sodium	4, 50, 86	EASY TOUCH TB FLIPLOCK SYRINGE	73
cromolyn sodium	12, 82, 85	diclofenac sodium er	4	EASY TOUCH TB SHEATHLOCK SYR	73
CRYSELLE-28	41	dicloxacillin sodium	89	EASYPPOINT NEEDLE	73
cvs artificial tears	83	dicyclomine hcl	93	EASYPPOINT NEEDLE/SYRINGE	73
cvs calcium	77	DIFICID	67	ed chlorped jr	20
cvs eye allergy relief	86	digoxin	38	EDURANT	34
cvs gummy dinos	80	DILANTIN	15	efavirenz	34
cvs lubricant drops	84	diltiazem hcl	38	efavirenz-emtricitab-tenofo df	32
cvs womens active daily	80	diltiazem hcl er	38	efavirenz-lamivudine-tenofovir ...	32
cyanocobalamin	63	diltiazem hcl er beads	37	eletriptan hydrobromide	76
cyclobenzaprine hcl	81	diltiazem hcl er coated beads	37, 38	ELIGARD	29
cyclopentolate hcl	84	dimethyl fumarate	91	ELINEST	41
cyclophosphamide	29	dimethyl fumarate starter pack	91	ELIQUIS	14
cyclosporine	78, 86	diphenhydramine hcl	20	ELIQUIS DVT/PE STARTER PACK	14
cyclosporine modified	78	diphenoxylate-atropine	18	ELLA	43
cyproheptadine hcl	21	dipyridamole	63	eltrombopag olamine	64
cytra k crystals	61	disopyramide phosphate	11	EMBECTA AUTOSHIELD DUO	73
d3 kids	96	dm-guaifenesin er	46	EMBECTA INS SYR U/F 1/2 UNIT	73
dabigatran etexilate mesylate	14	docosanol	51	EMBECTA INSULIN SYR ULTRAFINE	73, 74
daily multivitamin	80	docusate calcium	66	EMBECTA INSULIN SYRINGE U-500	74
danazol	8	docusate sodium	66		
dandruff shampoo	50	donepezil hcl	90		
dantrolene sodium	82	dorzolamide hcl	86		
dapagliflozin pro-metformin er	17, 18	dorzolamide hcl-timolol mal	84		
dapagliflozin propanediol	17	DOTTI	59		
dapsone	25	double antibiotic	49		
dasatinib	27	DOVATO	32		
DECARA	97	doxazosin mesylate	24		
deep sea nasal spray	82	doxycycline hyclate	92		
DEPO-SUBQ PROVERA 104	43	doxycycline monohydrate	92		
DERMA-SMOOTH/FS BODY	52	DRIMINATE	19		
DERMA-SMOOTH/FS SCALP	52	DROPSAFE SICURA	72		
DESCOVY	32	drospiren-eth estrad-levomefol ...	40		
desmopressin acetate	58				

EMBECTA PEN NEEDLE		<i>eye drops</i>	86	GAMMAGARD	88
NANO	74	<i>ezetimibe</i>	22	GAMUNEX-C	88
EMBECTA PEN NEEDLE		<i>famciclovir</i>	36	<i>gas relief</i>	60
NANO 2 GEN	74	<i>famotidine</i>	93	<i>gas relief extra strength</i>	60
EMBECTA PEN NEEDLE		<i>fa-vitamin b-6-vitamin b-12</i>	63	<i>gas relief ultra strength</i>	60
ULTRAFINE	74	<i>febuxostat</i>	62	GAS-X EXTRA STRENGTH ..	60
EMGALITY	76	<i>felodipine er</i>	38	GAVILYTE-C	65
<i>emtricitabine</i>	34	FEMCAP	67	<i>gefitinib</i>	28
<i>emtricitabine-tenofovir df</i>	32	<i>fenofibrate</i>	21	GEL-ONE	82
<i>emtricitab-rilpivir-tenofov df</i>	32	<i>fenofibrate micronized</i>	21	<i>gemfibrozil</i>	21
EMTRIVA	34	<i>fentanyl</i>	7	<i>gentamicin sulfate</i>	49, 85
<i>enalapril maleate</i>	23	<i>ferretts chewable iron</i>	64	GENTEAL SEVERE	84
<i>enalapril-hydrochlorothiazide</i>	22	<i>ferrous gluconate</i>	64	GENTEAL TEARS	84
ENBREL	5, 6	<i>ferrous sulfate</i>	64	GENTEAL TEARS	
ENBREL MINI	5	<i>fesoterodine fumarate er</i>	94	MODERATE PF	83
ENBREL SURECLICK	6	FEVERALL JUNIOR		GENTEAL TEARS PF	83
<i>enema</i>	66	STRENGTH	6	GENVOYA	32
<i>enoxaparin sodium</i>	14	<i>fexofenadine hcl</i>	20	GILENYA	92
<i>entacapone</i>	31	<i>fexofenadine-pseudoephed er</i>	46	GILOTRIF	28
<i>entecavir</i>	35	<i>fiber laxative + calcium</i>	65	<i>glatiramer acetate</i>	91
ENTRESTO	39	<i>fidaxomicin</i>	67	GLATOPA	91
<i>epinephrine</i>	96	<i>finasteride</i>	61	<i>glimepiride</i>	18
<i>eplerenone</i>	24	<i>finolimid hcl</i>	92	<i>glipizide</i>	18
<i>epoprostenol sodium</i>	39	FIRST-LANSOPRAZOLE	94	<i>glipizide er</i>	18
EPYSQLI	62	FIRST-OMEPRAZOLE	94	<i>glipizide-metformin hcl</i>	18
<i>ergocalciferol</i>	97	<i>fish oil</i>	83	<i>glucagon emergency</i>	15
ERIVEDGE	28	<i>fish oil concentrate</i>	83	<i>glucose</i>	15
<i>erlotinib hcl</i>	28	<i>flavoxate hcl</i>	95	<i>glycerin</i>	53
<i>ery</i>	48	<i>flecainide acetate</i>	11	<i>glycerin (adult)</i>	65
<i>erythromycin</i>	48, 85	FLORANEX	18	<i>glycerin adult</i>	65
<i>esomeprazole magnesium</i>	94	<i>fluconazole</i>	20	<i>glycerin childrens</i>	65
<i>estradiol</i>	59, 96	<i>fludrocortisone acetate</i>	45	<i>glycopyrrolate</i>	94
<i>estradiol valerate</i>	59	<i>fluocinolone acetonide</i>	52, 87	<i>gnp antibiotic/pain relief</i>	49
<i>estradiol-norethindrone acet</i>	59	<i>fluocinonide</i>	52	<i>gnp anti-diarrheal</i>	18
<i>ethacrynic acid</i>	56	<i>fluorometholone</i>	87	<i>gnp artificial tears</i>	83
<i>ethambutol hcl</i>	26	<i>fluorouracil</i>	50	<i>gnp clotrimazole 3</i>	95
<i>ethosuximide</i>	15	<i>flurbiprofen</i>	4	<i>gnp eye drops</i>	83
<i>ethynodiol diac-eth estradiol</i>	41	<i>flurbiprofen sodium</i>	86	<i>gnp eye drops long lasting</i>	83
<i>etodolac</i>	4	<i>fluticasone propionate</i>	52	<i>gnp fiber</i>	65
<i>etonogestrel-ethinyl estradiol</i>	43	<i>fluticasone propionate diskus</i>	13	<i>gnp gas relief</i>	60
<i>etoposide</i>	29	<i>fluticasone propionate hfa</i>	13	<i>gnp gas relief extra strength</i>	60
<i>etravirine</i>	34	<i>fluticasone-salmeterol</i>	11	<i>gnp glycerin (adult)</i>	65
EUCRISA	55	<i>fluvastatin sodium</i>	21	<i>gnp glycerin child</i>	65
EUTHYROX	93	<i>folic acid</i>	63	<i>gnp hemorrhoidal</i>	9
<i>everolimus</i>	28	FOLIVANE-OB	81	<i>gnp hydrocortisone</i>	52
EVOTAZ	32	<i>fosamprenavir calcium</i>	33	<i>gnp ibuprofen childrens</i>	4
<i>exemestane</i>	29	<i>fosinopril sodium</i>	23	<i>gnp lice treatment</i>	55
<i>exenatide</i>	17	<i>furosemide</i>	56	<i>gnp miconazole 1</i>	95
EX-LAX MAXIMUM		FUZEON	33	<i>gnp miconazole 7</i>	95
STRENGTH	66	FYAVOLV	59	<i>gnp milk of magnesia</i>	66
EXTENCILLINE	89	<i>galantamine hydrobromide</i>	90	<i>gnp mineral oil</i>	65
<i>eye allergy itch relief</i>	85	<i>galantamine hydrobromide er</i>	90	<i>gnp mucus dm max strength</i>	46

<i>gnp mucus er</i>	47	<i>hydrocortisone sod suc (pf)</i>	44	JATENZO	9
<i>gnp mucus relief</i>	47	<i>hydrocortisone-acetic acid</i>	87	JULUCA	32
<i>gnp nasal decongestant</i>	82	HYDROLATUM	53	JUNEL FE 24	42
<i>gnp olopatadine hcl</i>	85	<i>hydromorphone hcl</i>	7	KAITLIB FE	42
<i>gnp senna lax</i>	66	<i>hydroxychloroquine sulfate</i>	26	KALETRA	32
<i>gnp stool softener</i>	66	<i>hydroxyurea</i>	29	KELNOR 1/35	42
<i>gnp tab tussin</i>	47	<i>hyoscyamine sulfate</i>	93	KELNOR 1/50	42
<i>gnp vitamin d</i>	97	<i>hyoscyamine sulfate er</i>	93	KERENDIA	58
<i>gnp wart remover</i>	54	HYPERRHO S/D	88	<i>ketoconazole</i>	20, 53
<i>goodsense first aid antibiotic</i>	49	<i>hypodermic needle</i>	69	<i>ketone test</i>	55
<i>goodsense mucus dm</i>	46	<i>ibandronate sodium</i>	57	<i>ketorolac tromethamine</i>	5, 86
<i>goodsense mucus er maximum</i>		<i>ibuprofen</i>	5	<i>ketotifen fumarate</i>	85
<i>str</i>	47	<i>ibuprofen junior strength</i>	5	KEVZARA	4
<i>granisetron hcl</i>	19	<i>icosapent ethyl</i>	21	<i>kimono micro thin</i>	67
<i>griseofulvin microsize</i>	19	<i>imatinib mesylate</i>	27	KLOR-CON M15	78
<i>griseofulvin ultramicrosize</i>	19	IMBRUVICA	28	KLOR-CON/EF	78
<i>guaiaatussin ac</i>	46	<i>imiquimod</i>	53	<i>kp pseudoephedrine hcl</i>	82
<i>guaifenesin</i>	47	INCRUSE ELLIPTA	12	<i>kp vitamin d</i>	97
<i>guaifenesin er</i>	47	<i>indapamide</i>	57	K-PHOS NO 2	62
<i>guaifenesin-codeine</i>	46	<i>indomethacin</i>	5	<i>labetalol hcl</i>	36
<i>guanfacine hcl</i>	24	<i>indomethacin er</i>	5	<i>lactulose</i>	65
<i>guanfacine hcl er</i>	3	<i>infants ibuprofen</i>	5	<i>lactulose encephalopathy</i>	61
GVOKE HYOPEN 2-PACK	15	INLYTA	30	<i>lamivudine</i>	34, 35
GVOKE KIT	15	INSTA-GLUCOSE	15	<i>lamivudine-zidovudine</i>	32
GVOKE PFS	15	<i>insulin lispro</i>	16	<i>lansoprazole</i>	94
HADLIMA	4	<i>insulin lispro (1 unit dial)</i>	16	LANTUS	16
HADLIMA PUSHTOUCH	4	<i>insulin lispro junior kwikpen</i>	16	LANTUS SOLOSTAR	16
HAEGARDA	62	<i>insulin lispro prot & lispro</i>	16	<i>lapatinib ditosylate</i>	28
HAILEY 24 FE	41	INTELENCE	34	LARIN 24 FE	42
<i>halobetasol propionate</i>	52	<i>ipratropium bromide</i>	12, 82	<i>latanoprost</i>	87
<i>hemorrhoidal</i>	9	<i>ipratropium-albuterol</i>	11	<i>laxative regular strength</i>	66
<i>heparin sodium (porcine)</i>	14	<i>irbesartan-hydrochlorothiazide</i> ..	23	<i>ledipasvir-sofosbuvir</i>	35
<i>heparin sodium (porcine) pf</i>	14	<i>iron</i>	64	LEENA	44
HISTEX	20	<i>iron 100 plus</i>	64	<i>leflunomide</i>	5
HISTEX PD	20	<i>iron chews pediatric</i>	64	<i>lenalidomide</i>	78
HIZENTRA	88	<i>iron slow release</i>	64	LENVIMA (10 MG DAILY	
HUMALOG MIX 50/50		ISENTRESS	33	DOSE)	30
KWIKPEN	16	ISENTRESS HD	33	LENVIMA (12 MG DAILY	
HUMALOG MIX 75/25	16	<i>isoniazid</i>	26	DOSE)	30
HUMULIN R U-500		<i>isopropyl alcohol wipes</i>	55	LENVIMA (14 MG DAILY	
(CONCENTRATED)	16	<i>isosorb dinitrate-hydralazine</i>	39	DOSE)	30
HUMULIN R U-500		<i>isosorbide dinitrate</i>	10	LENVIMA (18 MG DAILY	
KWIKPEN	16	<i>isosorbide mononitrate</i>	10	DOSE)	30
<i>hydralazine hcl</i>	25	<i>isosorbide mononitrate er</i>	10	LENVIMA (20 MG DAILY	
<i>hydrochlorothiazide</i>	57	<i>isotretinoin</i>	48, 49	DOSE)	30
<i>hydrocodone bit-homatrop mbr</i> ..	45	ITOVEBI	30	LENVIMA (24 MG DAILY	
<i>hydrocodone-acetaminophen</i>	7	<i>itraconazole</i>	20	DOSE)	30
<i>hydrocodone-ibuprofen</i>	7	<i>ivabradine hcl</i>	39	LENVIMA (4 MG DAILY	
<i>hydrocortisone</i>	9, 44, 52	<i>ivermectin</i>	10, 55	DOSE)	30
<i>hydrocortisone (perianal)</i>	9, 10	IVIZIA SEVERE/NIGHT		LENVIMA (8 MG DAILY	
<i>hydrocortisone acetate</i>	52	DRY EYES	84	DOSE)	30
<i>hydrocortisone micronized</i>	40	JAKAFI	29	<i>letrozole</i>	29

<i>leucovorin calcium</i>	29	<i>malathion</i>	55	<i>misoprostol</i>	94
LEUKERAN	30	MAPAP ACETAMINOPHEN		<i>moisturizing lotion</i>	53
<i>leuprolide acetate</i>	29	EXTRA STR	6	<i>mometasone furoate</i>	52
<i>levalbuterol tartrate</i>	12	<i>maraviroc</i>	33	MONOJECT BLUNTIP	
<i>levobunolol hcl</i>	84	MATULANE	29	CANNULA	74
<i>levocarnitine</i>	57	MAVYRET	35	MONOJECT BLUNTIP	
<i>levocetirizine dihydrochloride</i>	20	<i>meclizine hcl</i>	19	SYR/CANNULA	74
<i>levofloxacin</i>	59	MEDI-FIRST IBUPROFEN	5	MONOJECT	
<i>levonorgest-eth est & eth est</i>	43	MEDI-PASTE	53	HYPODERMIC NEEDLE	74
<i>levonorgest-eth estrad 91-day</i>	43	MEDPURA		MONOJECT MAGELLAN	
<i>levonorgest-eth estradiol-iron</i>	41	HYDROCORTISONE	53	SAFETY NDL	74
<i>levonorgestrel</i>	43	<i>medroxyprogesterone acetate</i>		MONOJECT MAGELLAN	
<i>levonorgestrel-ethinyl estrad 41,</i>	43		43, 90	SYRINGE	74
<i>levonorg-eth estrad triphasic</i>	44	<i>mefloquine hcl</i>	26	MONOJECT PHARMACY	
<i>levothyroxine sodium</i>	93	<i>megestrol acetate</i>	30	TRAY	74
<i>l-glutamine</i>	63	MEKINIST	28	MONOJECT SYRINGE	74
<i>lidocaine</i>	54	<i>melatonin</i>	3	MONOJECT SYRINGE	
<i>lidocaine (anorectal)</i>	9	<i>melatonin maximum strength</i>	3	PHARMACY TRAY	74
<i>lidocaine hcl urethral/mucosal</i> ...	54	<i>meloxicam</i>	5	MONOJECT SYRINGE REG	
<i>lidocaine viscous hcl</i>	79	<i>memantine hcl</i>	92	LUER	74
<i>lidocaine-prilocaine</i>	55	MENCYLATE	54	MONOJECT SYRINGE	
<i>linezolid</i>	25	<i>mercaptopurine</i>	27	REGULAR TIP	75
<i>liothyronine sodium</i>	93	<i>mesalamine</i>	60, 61	MONOJECT TB SAFETY	
<i>liraglutide</i>	17	<i>mesalamine er</i>	60	SYRINGE	75
<i>lisinopril</i>	23	<i>mesna</i>	30	MONOJECT TB SYRINGE ...	75
<i>lisinopril-hydrochlorothiazide</i>	22	<i>metformin hcl</i>	15	<i>montelukast sodium</i>	13
LO LOESTRIN FE	40	<i>metformin hcl er</i>	15	<i>morphine sulfate</i>	8
<i>lohist-dm</i>	47	<i>methadone hcl</i>	7	<i>morphine sulfate (concentrate)</i>	7
<i>loperamide hcl</i>	19	<i>methenamine hippurate</i>	25	<i>morphine sulfate er</i>	7, 8
<i>lopinavir-ritonavir</i>	32	<i>methenamine mandelate</i>	25	MOVANTIK	61
<i>loratadine</i>	21	<i>methimazole</i>	92	<i>mucosa</i>	47
<i>loratadine childrens</i>	20	<i>methocarbamol</i>	81	<i>mucus relief d</i>	46
<i>loratadine-d 12hr</i>	46	<i>methotrexate sodium</i>	27	<i>mucus relief dm</i>	46
<i>loratadine-d 24hr</i>	46	<i>methotrexate sodium (pf)</i>	27	<i>mucus relief dm max</i>	46
<i>losartan potassium</i>	24	<i>methyldopa</i>	24	<i>mucus-dm</i>	46
<i>losartan potassium-hctz</i>	23	<i>methylprednisolone</i>	44	<i>mucus-dm max</i>	46
<i>lovastatin</i>	22	<i>metoclopramide hcl</i>	60	<i>mucus-dm maximum strength</i>	46
LOW-OGESTREL	42	<i>metolazone</i>	57	MULTAQ	11
<i>lubiprostone</i>	60	<i>metoprolol succinate er</i>	36, 37	<i>multi vitamin</i>	80
<i>lubricant eye drops (pf)</i>	83	<i>metoprolol tartrate</i>	37	<i>multi-vitamin gummies</i>	80
<i>lubricant eye nighttime</i>	83	<i>metoprolol-hydrochlorothiazide</i> ..	24	<i>multivitamin/fluoride</i>	80
LUER LOCK SAFETY		<i>metronidazole</i>	25, 55, 96	<i>multi-vitamin/fluoride</i>	80
SYRINGES	74	<i>miconazole 3 combo-supp</i>	95	<i>multi-vitamin/fluoride/iron</i>	80
LYLLANA	59	<i>miconazole nitrate</i>	53	<i>mupirocin</i>	49
LYNPARZA	30	MICROCHAMBER	75	MURI-LUBE	65
LYSODREN	26	<i>midodrine hcl</i>	96	<i>muscle rub</i>	54
MAALOX CHILDRENS	10	<i>migraine relief</i>	6	MX-SOL	89
MAGELLAN TUBERCULIN		<i>mineral oil</i>	65	MX-SOL BLEND	89
SYRINGE	74	<i>mineral oil-hydrophil petrolat</i>	53	MX-SOL BLEND SF	89
<i>magnesium oxide</i>	10	<i>minocycline hcl</i>	92	MX-SOL SF	89
<i>magnesium oxide -mg</i>		<i>minoxidil</i>	25	MX-SOL SUSPEND	89
<i>supplement</i>	77	<i>mirabegron er</i>	95	<i>mycophenolate mofetil</i>	78

<i>mycophenolic acid</i>	78	NORM-JECT LUER SLIP		ORA-BLEND	89
MYLERAN	26	SYRINGE	75	ORA-BLEND SF	89
<i>na sulfate-k sulfate-mg sulf</i>	65	NORTREL 0.5/35 (28)	42	ORA-PLUS	89
<i>nabumetone</i>	5	NORVIR	34	ORA-SWEET	89
NAPHCON-A	86	NOVOLIN 70/30	17	ORA-SWEET SF	89
<i>naproxen</i>	5	NOVOLIN 70/30 FLEXPEN ..	16	ORILISSA	57
<i>naproxen sodium</i>	5	NOVOLIN N	17	<i>orphenadrine citrate er</i>	81
<i>naratriptan hcl</i>	76	NOVOLIN N FLEXPEN	17	<i>oseltamivir phosphate</i>	36
<i>nasal mist</i>	47	NOVOLIN R	17	OTEZLA	5
NATACYN	85	NOVOLIN R FLEXPEN	17	<i>oxybutynin chloride</i>	95
NATAZIA	43	NP THYROID	93	<i>oxybutynin chloride er</i>	94, 95
<i>nateglinide</i>	17	<i>nystatin</i>	19, 50, 79	<i>oxycodone hcl</i>	8
<i>natural fiber laxative</i>	65	OCREVUS	91	<i>oxycodone-acetaminophen</i>	8
<i>nebivolol hcl</i>	37	OCREVUS ZUNOVO	90	<i>oyster shell calcium</i>	77
NECON 0.5/35 (28)	42	<i>octreotide acetate</i>	58	<i>oyster shell calcium/d</i>	77
<i>neomycin sulfate</i>	3	ODEFSEY	32	OZEMPIC (0.25 OR 0.5	
<i>neomycin-bacitracin zn-</i>		OFF DEEP WOODS	54	MG/DOSE)	17
<i>polymyx</i>	85	OFF DEEP WOODS DRY	53	OZEMPIC (1 MG/DOSE)	17
<i>neomycin-polymyxin-dexameth</i> ...	86	OFF DEEP WOODS		OZEMPIC (2 MG/DOSE)	17
<i>neomycin-polymyxin-gramicidin</i>	85	SPORTSMEN	54	<i>pain relieving</i>	54
<i>neomycin-polymyxin-hc</i>	87	OFF FAMILYCARE CLEAN		<i>pamidronate disodium</i>	57
NEO-POLYCIN HC	87	FEEL	54	PANOXYL FOAMING	
NEUAC	48	OFF SMOOTH & DRY	54	WASH	49
<i>nevirapine</i>	34	<i>ofloxacin</i>	85, 87	<i>pantoprazole sodium</i>	94
<i>nevirapine er</i>	34	OJEMDA	28	<i>paricalcitol</i>	58
NEXLETOL	21	<i>olmesartan medoxomil</i>	24	PATADAY	85
NEXPLANON	43	<i>olopatadine hcl</i>	85	PAXLOVID (150/100)	35
NEXTSTELLIS	42	<i>omega-3</i>	83	PAXLOVID (300/100)	35
<i>niacin</i>	96	<i>omega-3-acid ethyl esters</i>	21	<i>pazopanib hcl</i>	28
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<i>norethindrone acetate</i>	90	(GEN 4)	68	<i>phenylephrine hcl</i>	84
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