

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

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 cessation 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
<i>sm melatonin oral tablet 3 mg</i>		OTC
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>neomycin sulfate oral tablet 500 mg</i>		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak	PA; QLL (280 ML per 56 days)
ANALGESICS - ANTI-INFLAMMATORY		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		PA
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	Hyrimoz	PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	Hyrimoz	PA
<i>adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i>	Hulio (2 Pen)	PA
<i>adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Hulio (2 Syringe)	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML		PA

Formulary Drug Name	Reference	Restrictions
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML		PA
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	QLL (30 EA per 30 days)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG		
*Interleukin-6 Receptor Inhibitors***		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML		PA; QLL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML		PA; QLL (2.28 ML per 28 days)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>diclofenac potassium oral tablet 50 mg</i>		
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		
<i>etodolac oral capsule 200 mg, 300 mg</i>		
<i>etodolac oral tablet 400 mg</i>	Lodine	
<i>etodolac oral tablet 500 mg</i>		
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>gnp ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>goodsense ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>ibuprofen oral capsule 200 mg</i>	Advil	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	
<i>ibuprofen oral tablet 200 mg</i>	Medi-First Ibuprofen	OTC; QLL (6 EA per 1 day)

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

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>gnp headache relief extra str oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>gnp migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>goodsense migraine formula oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>headache formula oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>headache relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>hm migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>pain reliever plus oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>qc headache relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
<i>sm migraine relief oral tablet 250-250-65 mg</i>	Excedrin Extra Strength	OTC
*Analgesics Other***		
<i>acetaminophen childrens oral solution 160 mg/5ml</i>		OTC
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	OTC; QLL (240 ML per 30 days)
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Mapap Childrens	OTC
<i>acetaminophen er oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	OTC; QLL (240 mL per 30 days)
<i>acetaminophen oral tablet 325 mg</i>	Aphen	OTC; QLL (10 EA per 1 day)
<i>acetaminophen oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>acetaminophen oral tablet chewable 80 mg</i>	Childrens Medi-Tabs	OTC
<i>acetaminophen rectal suppository 120 mg</i>	FeverAll Childrens	OTC
<i>acetaminophen rectal suppository 650 mg</i>	FeverAll Adults	OTC
<i>sm rapid melts junior oral tablet dispersible 160 mg</i>		OTC
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG		OTC

Formulary Drug Name	Reference	Restrictions
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML	apap extra strength	OTC; QLL (240 ML per 30 days)
TRIAMINIC FEVER REDUCER ORAL SYRUP 160 MG/5ML		OTC; QLL (240 mL per 30 days)
TRIAMINIC FEVER REDUCER SYRUP 160 MG/5ML ORAL		OTC; QLL (240 ML per 30 days)
*Analgesics-Sedatives***		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Bac	QLL (60 EA per 30 days)
*Salicylate Combinations***		
<i>qc effervescent antacid/pain oral tablet effervescent 325-1000-1916 mg</i>	Alka-Seltzer	OTC
<i>sm aspirin tri-buffered oral tablet 325 mg</i>	Bufferin	OTC
<i>sm effervescent pain relief oral tablet effervescent 325-1000-1916 mg</i>	Alka-Seltzer	OTC
<i>tri-buffered aspirin oral tablet 325 mg</i>	Bufferin	OTC
*Salicylates***		
<i>aspirin oral tablet 325 mg</i>	Medi-First Aspirin	OTC
<i>aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	OTC
<i>aspirin rectal suppository 300 mg</i>		OTC
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	aspirin	OTC
MEDIQUE ASPIRIN ORAL TABLET 325 MG	aspirin	OTC
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		QLL (1000 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>		AL (Min 18 Years)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		QLL (2750 ML per 30 days); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>		QLL (9 EA per 1 day); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>		AL (Min 18 Years)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		QLL (240 EA per 30 days); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		QLL (30 EA per 30 days); AL (Min 18 Years)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		PA; QLL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		PA; QLL (15 EA per 30 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	Dilaudid	QLL (11 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	Dilaudid	QLL (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	QLL (2 EA per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>		QLL (7 EA per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	PA; QLL (2 EA per 1 day)
<i>methadone hcl solution 10 mg/5ml oral</i>		PA; QLL (10 ML per 1 day)
<i>methadone hcl solution 5 mg/5ml oral</i>		PA; QLL (20 ML per 1 day)
<i>methadone hcl tablet 10 mg oral</i>		PA; QLL (2 EA per 1 day)
<i>methadone hcl tablet 5 mg oral</i>		PA; QLL (4 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>		PA
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	MS Contin	PA; QLL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg</i>	MS Contin	PA; QLL (6 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 30 mg</i>	MS Contin	PA; QLL (3 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 60 mg</i>	MS Contin	PA; QLL (1.5 EA per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>		QLL (45 ML per 1 day)
<i>morphine sulfate oral 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 er tablet er 12 hour abuse-deterrent 10 mg oral</i>	OxyCONTIN	PA; QLL (2 EA per 1 day)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i>	OxyCONTIN	PA; QLL (2 EA per 1 day)
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i>	OxyCONTIN	PA; QLL (1 EA per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		QLL (60 ML per 1 day)

Formulary Drug Name	Reference	Restrictions
<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>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		PA; QLL (1 EA per 1 day); AL (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>		QLL (8 EA per 1 day); AL (Min 16 Years)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	methadone hcl	PA; QLL (2 ML per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML	methadone hcl	PA; QLL (2 ML per 1 day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML	methadone hcl	PA; QLL (2 ML per 1 day)
*Opioid Combinations***		
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Endocet	QLL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Endocet	
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Endocet	QLL (8 EA per 1 day)
*Opioid Partial Agonists***		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Butrans	PA; QLL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		QLL (2.5 ML per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		QLL (4.5 EA per 1 day)
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		QLL (240 EA per 30 days); AL (Min 16 Years)
ANDROGENS-ANABOLIC		
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	PA; QLL (10 ML per 90 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		PA; QLL (5 ML per 60 days)
<i>testosterone gel 1.62 % transdermal</i>	AndroGel Pump	PA; QLL (5 GM per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	AndroGel Pump	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>	Fortesta	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)
ANORECTAL AND RELATED PRODUCTS		
*Intrarectal Steroids***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	
*Nitrate Vasodilating Agents***		
RECTIV RECTAL OINTMENT 0.4 %	nitroglycerin	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
<i>goodsense hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>qc hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
<i>sm hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
*Rectal Local Anesthetics***		
<i>gnp anorectal external cream 5 %</i>	RectaSmoothie	OTC; QLL (30 GM per 30 days)
<i>lidocaine (anorectal) external cream 5 %</i>	RectaSmoothie	OTC; QLL (30 GM per 30 days)
<i>pramoxine hcl (perianal) external foam 1 %</i>	Proctofoam	OTC; QLL (15 GM per 30 days)
RECTASMOOTHIE EXTERNAL CREAM 5 %	gnp anorectal	OTC; QLL (30 GM per 30 days)
*Rectal Steroids***		
<i>hydrocortisone (perianal) external cream 1 %</i>	Preparation H	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Anusol-HC	

Formulary Drug Name	Reference	Restrictions
ANTACIDS		
*Antacid & Simethicone***		
<i>antacid maximum strength oral suspension 800-800-80 mg/10ml</i>	Almacone Double Strength	OTC
<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i>	Mintox	OTC
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	Mintox	OTC
<i>gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>gnp antacid regular strength oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	Mintox	OTC
<i>qc antacid oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>qc antacid/anti-gas oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>sm antacid advanced oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>sm antacid anti-gas oral suspension 200-200-20 mg/5ml</i>	Mintox	OTC
<i>sm antacid oral suspension 400-400-40 mg/10ml</i>	Mintox	OTC
*Antacid Combinations***		
<i>antacid extra strength oral tablet chewable 160-105 mg</i>	Acid Gone	OTC
<i>gnp antacid extra strength oral tablet chewable 160-105 mg</i>	Acid Gone	OTC
<i>qc heartburn antacid oral tablet chewable 160-105 mg</i>	Acid Gone	OTC
<i>sm foaming antacid oral tablet chewable 80-20 mg</i>		OTC
ACID GONE ORAL SUSPENSION 95-358 MG/15ML		OTC
ACID GONE ORAL TABLET CHEWABLE 160-105 MG	antacid extra strength	OTC
GAVISCON EXTRA STRENGTH ORAL TABLET CHEWABLE 160-105 MG	antacid extra strength	OTC
GAVISCON ORAL SUSPENSION 95-358 MG/15ML		OTC

Formulary Drug Name	Reference	Restrictions
*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 extra strength oral tablet chewable 750 mg</i>	Tums Chewy Bites	OTC
<i>antacid oral tablet chewable 750 mg</i>	Tums Chewy Bites	OTC
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	Tums Chewy Bites	OTC
<i>calcium antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>		OTC
<i>gnp antacid extra strength oral tablet chewable 750 mg</i>	Tums Chewy Bites	OTC
<i>gnp antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>gnp antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>hm antacid extra strength oral tablet chewable 750 mg</i>	Tums Chewy Bites	OTC
<i>qc antacid extra strength oral tablet chewable 750 mg</i>	Tums Chewy Bites	OTC
<i>qc antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>qc antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Ultra 1000	OTC
<i>sm antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>sm calcium antacid ex st oral tablet chewable 750 mg</i>	Tums Chewy Bites	OTC
<i>sm calcium antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>sm smooth antacid ex st oral tablet chewable 750 mg</i>	Tums Chewy Bites	OTC
<i>smooth antacid extra strength oral tablet chewable 750 mg</i>	Tums Chewy Bites	OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	antacid calcium	OTC
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG	childrens pepto	OTC
TUMS CHEWY BITES ORAL TABLET CHEWABLE 750 MG	antacid	OTC

Formulary Drug Name	Reference	Restrictions
TUMS E-X 750 ORAL TABLET CHEWABLE 750 MG	antacid	OTC
TUMS EXTRA STRENGTH 750 ORAL TABLET CHEWABLE 750 MG	antacid	OTC
TUMS ORAL TABLET CHEWABLE 500 MG	antacid calcium	OTC
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG	antacid	OTC
TUMS ULTRA 1000 ORAL TABLET CHEWABLE 1000 MG	antacid ultra strength	OTC
*Antacids - Magnesium Salts***		
<i>magnesium oxide oral tablet 400 mg</i>		OTC
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>		PA
<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	
<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	

Formulary Drug Name	Reference	Restrictions
*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</i>	AirDuo RespiClick 113/14	QLL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcg/act</i>	AirDuo RespiClick 232/14	QLL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act</i>	AirDuo RespiClick 55/14	QLL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		QLL (18 ML per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT		QLL (10.7 GM per 30 days)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	budesonide-formoterol fumarate	QLL (10.3 GM per 20 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		ST; QLL (10.7 GM per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT, 500-50 MCG/ACT	fluticasone-salmeterol	QLL (2 EA per 1 day)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		PA

Formulary Drug Name	Reference	Restrictions
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML		PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		PA
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		
*Beta Adrenergics***		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Proventil HFA	QLL (6 Fills per 365 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>		QLL (12 ML per 1 day)
<i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i>		QLL (2 EA per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	ST; QLL (90 GM per 365 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		QLL (4 GM per 30 days)
*Bronchodilators - Anticholinergics***		
<i>ipratropium bromide inhalation solution 0.02 %</i>		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT		QLL (30 EA per 30 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	PA; QLL (30 EA per 30 days); AL (Min 1 Years and Max 2 Years)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	QLL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	QLL (30 EA per 30 days)
*Steroid Inhalants***		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	QLL (120 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation</i>		ST; QLL (60 EA per 30 days)
<i>fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation</i>		ST; QLL (240 EA per 30 days)
<i>fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation</i>		ST; QLL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>		ST; QLL (0.4 GM per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT		QLL (0.3533 GM per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT		QLL (0.7067 GM per 1 day)
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		
<i>theophylline oral elixir 80 mg/15ml</i>	Elixophyllin	
<i>theophylline oral solution 80 mg/15ml</i>		
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Jantoven	
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		QLL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		QLL (2 EA per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		QLL (1 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		QLL (51 EA per 90 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>		
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>		
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	

Formulary Drug Name	Reference	Restrictions
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Lovenox	
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Pradaxa	QLL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 75 MG	dabigatran etexilate mesylate	QLL (2 EA per 1 day)
ANTICONVULSANTS		
*Anticonvulsants - Misc.***		
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	
*Hydantoins***		
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin	
<i>phenytoin oral tablet chewable 50 mg</i>	Dilantin Infatabs	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	
DILANTIN ORAL CAPSULE 30 MG		
*Succinimides***		
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		QLL (90 EA per 30 days)
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		QLL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		QLL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		
*Diabetic Other - Combinations***		
<i>glucose oral tablet chewable 4-6 gm-mg</i>	Dex4	OTC
*Diabetic Other***		
<i>glucagon emergency injection kit 1 mg</i>		QLL (2 EA per 30 days)
<i>glucose oral gel 40 %</i>	Gluco to Go 15	OTC
<i>glucose oral tablet chewable 4 gm</i>	Dex4 Quick Dissolve Glucose	OTC

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

Formulary Drug Name	Reference	Restrictions
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML		
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin glargine solostar	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	insulin glargine	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		OTC
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		OTC
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	insulin asp prot & asp flexpen	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	insulin asp prot & asp flexpen	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	insulin aspart prot & aspart	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	insulin aspart prot & aspart	

Formulary Drug Name	Reference	Restrictions
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML		ST; Diagnosis Required; QLL (0.1072 ML per 1 day)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML		ST; Diagnosis required; QLL (0.1071 ML per 1 day)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML		ST; Diagnosis required; QLL (0.1071 ML per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML		ST; Diagnosis Required; QLL (4 ML per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		ST; Diagnosis required; QLL (4 ML per 28 days)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>		QLL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>		QLL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>		QLL (240 EA per 30 days)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
JARDIANCE ORAL TABLET 10 MG, 25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG		ST; QLL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG		ST; QLL (2 EA per 1 day)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		QLL (60 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg</i>		QLL (3 EA per 1 day)
<i>glipizide-metformin hcl oral tablet 5-500 mg</i>		QLL (120 EA per 30 days)
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Glucotrol XL	QLL (60 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 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>acidophilus/l-sporogenes oral tablet</i>	Floranex	OTC
<i>bismatrol oral suspension 262 mg/15ml</i>	Kaopectate	OTC
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>gnp pink bismuth oral tablet 262 mg</i>	Kaopectate	OTC
<i>gnp pink bismuth oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>gnp stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
<i>hm stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
<i>hm stomach relief ultra oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>qc diarrhea relief oral suspension 262 mg/15ml</i>	Kaopectate	OTC
<i>qc pink bismuth oral suspension 262 mg/15ml</i>	Kaopectate	OTC
<i>qc pink bismuth oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>qc pink bismuth oral tablet 262 mg</i>	Kaopectate	OTC
<i>qc stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
<i>qc stomach relief oral tablet 262 mg</i>	Kaopectate	OTC
<i>qc stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>qc stomach relief ultra oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>sm acidophilus oral capsule 10 mg</i>	Abatinex	OTC
<i>sm stomach relief oral suspension 262 mg/15ml</i>	Kaopectate	OTC
<i>sm stomach relief oral tablet 262 mg</i>	Kaopectate	OTC
<i>sm stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC

Formulary Drug Name	Reference	Restrictions
<i>stomach relief extra strength oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>stomach relief oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
<i>stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
<i>stomach relief oral tablet 262 mg</i>	Kaopectate	OTC
<i>stomach relief oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	Kaopectate Extra Strength	OTC
FLORANEX ORAL TABLET	acidophilus/l-sporogenes	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
<i>gnp loperamide hcl oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>hm anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>		OTC
<i>qc anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>sm anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>sm anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG		
*Opioid Antagonists***		
NARCAN NASAL LIQUID 4 MG/0.1ML	naloxone hcl	
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)

Formulary Drug Name	Reference	Restrictions
<i>ondansetron hcl oral tablet 24 mg</i>		QLL (10 EA Max Qty Per Fill Retail)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		QLL (3 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		QLL (3 EA per 1 day)
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg</i>		
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Antivert	
DRIMINATE ORAL TABLET 50 MG	cvs motion sickness	OTC; QLL (8 EA per 1 day)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg, 40 mg</i>		QLL (1 EA Max Qty Per Fill Retail)
<i>aprepitant oral capsule 80 & 125 mg</i>	Emend Tri-Pack	QLL (3 EA Max Qty Per Fill Retail)
<i>aprepitant oral capsule 80 mg</i>	Emend	QLL (2 EA Max Qty Per Fill Retail)
ANTIFUNGALS		
*Antifungals***		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		ST
<i>griseofulvin microsize oral tablet 500 mg</i>		ST
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		ST
<i>nystatin oral tablet 500000 unit</i>		
<i>terbinafine hcl oral tablet 250 mg</i>		QLL (30 EA per 30 days)
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>		QLL (2 EA per 1 day)
*Triazoles***		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Diflucan	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	Diflucan	QLL (60 EA per 30 days)
<i>fluconazole oral tablet 150 mg</i>	Diflucan	QLL (14 EA per 28 days)
<i>fluconazole oral tablet 50 mg</i>		QLL (60 EA per 30 days)
<i>itraconazole oral capsule 100 mg</i>	Sporanox	QLL (120 EA per 30 days)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Vfend	PA

Formulary Drug Name	Reference	Restrictions
ANTI-HISTAMINES		
*Antihistamines - Alkylamines***		
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Chlor-Trimeton Allergy	OTC; QLL (2 EA per 1 day)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Wal-finat	OTC
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	Diabetic Tussin Allergy	OTC; QLL (120 mL per 30 days)
<i>triprolidine hcl oral liquid 0.625 mg/ml</i>	PediaClear PD Childrens	OTC
<i>triprolidine hcl oral liquid 0.938 mg/ml</i>	Histex PD	OTC
HISTEX ORAL SYRUP 2.5 MG/5ML		OTC
HISTEX PD ORAL LIQUID 0.938 MG/ML	triprolidine hcl	OTC
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML	triprolidine hcl	OTC
*Antihistamines - Ethanolamines***		
<i>clemastine fumarate oral tablet 2.68 mg</i>		
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Banophen	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (20 ML per 1 day)
<i>diphenhydramine hcl oral tablet 25 mg</i>	Alka-Seltzer Plus Allergy	OTC
*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 10 mg</i>	KLS Aller-Tec	OTC; QLL (30 EA per 30 days)
<i>cetirizine hcl oral tablet 5 mg</i>		OTC; QLL (30 EA per 30 days)
<i>fexofenadine hcl oral tablet 180 mg</i>	Allegra Allergy	OTC; QLL (1 EA per 1 day)
<i>fexofenadine hcl oral tablet 60 mg</i>	Allegra Allergy	OTC; QLL (2 EA per 1 day)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	QLL (1 EA per 1 day)
<i>loratadine childrens oral tablet chewable 5 mg</i>	Claritin	OTC
<i>loratadine oral solution 5 mg/5ml</i>	Claritin	OTC; QLL (240 ML per 30 days)
<i>loratadine oral tablet 10 mg</i>	Claritin	OTC; QLL (30 EA per 30 days)
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG	cvs allergy relief	OTC; QLL (1 EA per 1 day)
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG		

Formulary Drug Name	Reference	Restrictions
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
ANTIHYPERLIPIDEMICS		
*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)
<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)

Formulary Drug Name	Reference	Restrictions
*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)
<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)

Formulary Drug Name	Reference	Restrictions
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg</i>	Zestril	QLL (2 EA per 1 day)
<i>lisinopril oral tablet 40 mg</i>	Zestril	QLL (60 EA per 30 days)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Accupril	QLL (2 EA per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	Accupril	QLL (60 EA per 30 days)
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	Altace	QLL (2 EA per 1 day)
<i>ramipril oral capsule 10 mg</i>	Altace	QLL (60 EA per 30 days)
<i>trandolapril oral tablet 1 mg, 2 mg</i>		QLL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>		QLL (60 EA per 30 days)
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	QLL (30 EA per 30 days)
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	ST; QLL (1 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Avalide	QLL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	QLL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	QLL (30 EA per 30 days)
*Angiotensin Ii Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	ST; QLL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	Cozaar	QLL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	Cozaar	QLL (2 EA per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	QLL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	QLL (30 EA per 30 days)
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	ST; QLL (4 EA per 28 days)

Formulary Drug Name	Reference	Restrictions
<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>	Minipress	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	
*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>trimethoprim oral tablet 100 mg</i>		
XIFAXAN ORAL TABLET 550 MG		PA

Formulary Drug Name	Reference	Restrictions
*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)
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	vancomycin hcl	
*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	PA
*Urinary Anti-Infectives***		
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Macrochantin	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		AL (Max 12 Years)
ANTIMALARIALS		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	Malarone	QLL (1 EA per 1 day)
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	Malarone	QLL (3 EA per 1 day)
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	
<i>mefloquine hcl oral tablet 250 mg</i>		
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		QLL (2 EA per 1 day)
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*Antimyasthenic/Cholinergic Agents***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	
ANTIMYCOBACTERIAL AGENTS		
*Antimycobacterial Agents***		
<i>ethambutol hcl oral tablet 100 mg</i>		
<i>ethambutol hcl oral tablet 400 mg</i>	Myambutol	
<i>isoniazid oral syrup 50 mg/5ml</i>		
<i>isoniazid oral tablet 100 mg, 300 mg</i>		
<i>pyrazinamide oral tablet 500 mg</i>		
<i>rifabutin oral capsule 150 mg</i>	Mycobutin	
<i>rifampin oral capsule 150 mg, 300 mg</i>		
PRIFTIN ORAL TABLET 150 MG		
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
MYLERAN ORAL TABLET 2 MG		
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	Zytiga	PA
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG		
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	Casodex	QLL (30 EA per 30 days)
*Antiestrogens***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	
SOLTAMOX ORAL SOLUTION 10 MG/5ML		

Formulary Drug Name	Reference	Restrictions
*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)
TABLOID ORAL TABLET 40 MG		
*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>imatinib mesylate oral tablet 100 mg</i>	Gleevec	PA; QLL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	Gleevec	PA; QLL (60 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG		PA; QLL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG		PA; QLL (3 EA per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG		PA; QLL (120 EA per 30 days)
TASIGNA ORAL CAPSULE 50 MG		PA; QLL (4 EA per 1 day)
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG		PA
*Antineoplastic - Btk Inhibitors***		
IMBRUVICA ORAL CAPSULE 140 MG		PA; QLL (120 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
IMBRUVICA ORAL CAPSULE 70 MG		PA; QLL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML		PA; QLL (6 ML per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		PA; QLL (1 EA per 1 day)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tarceva	PA; QLL (1 EA per 1 day)
<i>gefitinib oral tablet 250 mg</i>	Iressa	PA; QLL (1 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG		PA
*Antineoplastic - Mek Inhibitors***		
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML		PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG		PA
*Antineoplastic - Mtor Kinase Inhibitors***		
<i>everolimus oral tablet 10 mg</i>	Afinitor	PA; QLL (30 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Afinitor	PA; QLL (1 EA per 1 day)
*Antineoplastic - Multikinase Inhibitors***		
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	PA; QLL (6 EA per 1 day)
<i>pazopanib hcl oral tablet 200 mg</i>	Votrient	PA; QLL (120 EA per 30 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	PA; QLL (30 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA; QLL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG, 300 MG		PA
RYDAPT ORAL CAPSULE 25 MG		PA
*Antineoplastics Misc.***		
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML		PA
MATULANE ORAL CAPSULE 50 MG		PA

Formulary Drug Name	Reference	Restrictions
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	QLL (30 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	Aromasin	QLL (30 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	Femara	QLL (30 EA per 30 days)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		PA; QLL (2 EA per 1 day)
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG		
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>		
*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>		
<i>melphalan oral tablet 2 mg</i>		
LEUKERAN ORAL TABLET 2 MG		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA; QLL (4 EA per 1 day)
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml</i>		

Formulary Drug Name	Reference	Restrictions
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>		PA
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Targretin	PA
*Urinary Tract Protective Agents***		
MESNEX ORAL TABLET 400 MG		
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA ORAL TABLET 1 MG, 5 MG		PA; QLL (120 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>		
<i>amantadine hcl oral solution 50 mg/5ml</i>		
<i>amantadine hcl oral tablet 100 mg</i>		
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl oral capsule 5 mg</i>		
<i>selegiline hcl oral tablet 5 mg</i>		

Formulary Drug Name	Reference	Restrictions
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 50-200-200 mg</i>		QLL (270 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	Stalevo 150	QLL (270 EA per 30 days)
*Nonergoline Dopamine Receptor Agonists***		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>		ST; QLL (2 EA per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>		ST; QLL (1 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		QLL (90 EA per 30 days)
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>		QLL (120 EA per 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Phenothiazines***		
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Epzicom	Diagnosis Required; QLL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Atripla	PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>	Symfi Lo	PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	Truvada	PA; Diagnosis Required; QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df tablet 133-200 mg oral</i>	Truvada	PA; QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df tablet 167-250 mg oral</i>	Truvada	PA; QLL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		PA; Diagnosis Required; QLL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	Diagnosis Required; QLL (13 ML per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Kaletra	PA; Diagnosis required; QLL (4 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG		DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG		PA; Diagnosis Required; QLL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG		Diagnosis Required; QLL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG		PA; DIAGNOSIS REQUIRED; QLL (6 EA per 1 day)
TRUVADA ORAL TABLET 133-200 MG, 167-250 MG	emtricitabine-tenofovir df	PA; 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)

Formulary Drug Name	Reference	Restrictions
<i>maraviroc oral tablet 300 mg</i>	Selzentry	PA; Diagnosis required; QLL (4 EA per 1 day)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		Diagnosis Required; QLL (2 EA per 1 day)
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS HD ORAL TABLET 600 MG		PA; Diagnosis Required; QLL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG		PA; DIAGNOSIS REQUIRED; QLL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		PA; Diagnosis Required; QLL (4 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG		PA; Diagnosis Required; QLL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG		PA; Diagnosis Required; QLL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		PA; Diagnosis Required; AL (Max 12 Years)
*Antiretrovirals - Protease Inhibitors***		
<i>atazanavir sulfate oral capsule 150 mg</i>		Diagnosis Required; QLL (1 EA per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	Reyataz	Diagnosis Required; QLL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Reyataz	Diagnosis Required; QLL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Lexiva	Diagnosis Required; QLL (4 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Norvir	PA; Diagnosis Required; QLL (12 EA per 1 day)
APTIVUS ORAL CAPSULE 250 MG		Diagnosis Required; QLL (4 EA per 1 day)
NORVIR ORAL PACKET 100 MG		PA; Diagnosis Required
VIRACEPT ORAL TABLET 250 MG		Diagnosis Required; QLL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG		Diagnosis Required; QLL (4 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
<i>efavirenz oral capsule 200 mg, 50 mg</i>		Diagnosis Required; QLL (3 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Sustiva	PA; Diagnosis required; QLL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	Intence	PA; Diagnosis required; QLL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Intence	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)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>zidovudine oral capsule 100 mg</i>	Retrovir	PA; Diagnosis Required; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<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)
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA; QLL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		PA; QLL (2 ML per 28 days)

Formulary Drug Name	Reference	Restrictions
*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)
TAMIFLU ORAL CAPSULE 30 MG	oseltamivir phosphate	QLL (20 EA 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)
<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)

Formulary Drug Name	Reference	Restrictions
<i>nebivolol hcl tablet 2.5 mg oral</i>	Bystolic	QLL (1 EA per 1 day)
<i>nebivolol hcl tablet 20 mg oral</i>	Bystolic	QLL (2 EA per 1 day)
<i>nebivolol hcl tablet 5 mg oral</i>	Bystolic	QLL (1 EA per 1 day)
*Beta Blockers Non-Selective***		
<i>propranolol hcl er capsule extended release 24 hour 120 mg oral</i>	Inderal LA	QLL (2 EA per 1 day)
<i>propranolol hcl er capsule extended release 24 hour 160 mg oral</i>	Inderal LA	QLL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg</i>	Inderal LA	QLL (30 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Inderal LA	QLL (1 EA per 1 day)
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace	
<i>sotalol hcl oral tablet 240 mg</i>		
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG	propranolol hcl er	QLL (2 EA per 1 day)
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</i>	Taztia XT	QLL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	Taztia XT	QLL (3 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	Taztia XT	QLL (60 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	Tiadylt ER	QLL (30 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, 90 mg</i>		QLL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	Procardia XL	QLL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	Procardia XL	QLL (2 EA per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>		
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</i>	Verelan	QLL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Verelan	QLL (60 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg</i>		QLL (2 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>		QLL (60 EA per 30 days)
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		QLL (120 EA per 30 days)
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digoxin oral solution 0.05 mg/ml</i>		
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digox	
CARDIOVASCULAR AGENTS - MISC.		
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		PA; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Nitrate & Vasodilator Combinations***		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	BiDil	QLL (6 EA per 1 day)
*Prostaglandin Vasodilators***		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Flolan	PA
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	PA; QLL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	PA; QLL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG		PA; QLL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG		PA; QLL (2 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	PA; QLL (12 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	Adcirca	ST; QLL (2 EA per 1 day)
LIQREV ORAL SUSPENSION 10 MG/ML		PA; QLL (24 ML per 1 day)
*Sinus Node Inhibitors**		
CORLANOR ORAL TABLET 5 MG, 7.5 MG		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>		
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefixime oral capsule 400 mg</i>		QLL (1 EA per 1 Fill)
<i>cefprozime proxetil oral tablet 100 mg, 200 mg</i>		
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		QLL (2 EA per 1 day)
CHEMICALS		
*Bulk Chemicals - St's***		
<i>stevia extract powder</i>	TruClear Stevia Plus	
<i>stevia extract powder 90 %</i>		
<i>steviol glycosides powder 95 %</i>		
<i>stevioside fluid extract 15 %</i>		
*Fixed Oils***		
<i>castor oil oil</i>		
*Liquids***		
<i>benzyl benzoate liquid</i>		
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	
*Combination Contraceptives - Oral***		
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Balziva	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	Apri	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Jasmiel	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Kelnor 1/35	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	Kelnor 1/50	
<i>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 tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	

Formulary Drug Name	Reference	Restrictions
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	
<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>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	
*Combination Contraceptives - Transdermal***		
XULANE 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)
*Continuous Contraceptives - Oral***		
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Amethyst	
*Copper Contraceptives - Iud***		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE		QLL (1 EA per 999 days)
*Emergency Contraceptives***		
<i>levonorgestrel oral tablet 1.5 mg</i>	Aftera	OTC; QLL (3 EA per 90 days)
AFTERA ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
ELLA ORAL TABLET 30 MG		QLL (3 EA per 90 days)
HER STYLE ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
MY CHOICE ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
MY WAY ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
NEW DAY ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)

Formulary Drug Name	Reference	Restrictions
OPCICON ONE-STEP ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
OPTION 2 ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
REACT ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
TAKE ACTION ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 EA per 90 days)
*Extended-Cycle Contraceptives - Oral***		
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg</i>	Ashlyna	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Iclevia	
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	levonorgest-eth estrad 91-day	
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	levonorgest-eth estrad 91-day	
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	levonorgest-eth estrad 91-day	
JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG	levonorgest-eth estrad 91-day	
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	levonorgest-eth estrad 91-day	
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		QLL (1 Device per 3 Yearss)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	vial ONLY; 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)
*Progestin Contraceptives - Iud***		
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		QLL (1 EA per 999 years)
*Progestin Contraceptives - Oral***		
<i>norethindrone oral tablet 0.35 mg</i>	Camila	QLL (1 EA per 1 day)
CAMILA ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
DEBLITANE ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
ERRIN ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
HEATHER ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
INCASSIA ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
JENCYCLA ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
LYLEQ ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
LYZA ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
NORA-BE ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
NORLYDA ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
NORLYROC ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
SHAROBEL ORAL TABLET 0.35 MG	norethindrone	QLL (1 EA per 1 day)
*Triphasic Contraceptives - Oral***		
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Enpresse-28	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Ortho Tri-Cyclen Lo	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tri Femynor	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG		
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	norethindron-ethinyl estrad-fe	
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>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Medrol	
<i>methylprednisolone oral tablet 32 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Pediapred	
<i>prednisone oral solution 5 mg/5ml</i>		AL (Max 12 Years)
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG		
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate capsule 100 mg oral</i>		QLL (6 EA per 1 day); AL (Min 10 Years)
<i>benzonatate capsule 200 mg oral</i>		QLL (3 EA per 1 day); AL (Min 10 Years)
<i>benzonatate oral capsule 100 mg</i>		QLL (6 EA per 1 day); AL (Min 10 Years)
<i>benzonatate oral capsule 200 mg</i>		QLL (3 EA per 1 day); AL (Min 10 Years)
<i>cough dm childrens oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<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>	Wal-Tussin Cough	OTC
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>gnp cough dm er oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>goodsense cough dm childrens oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>goodsense cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>hm cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>qc cough relief oral liquid 15 mg/5ml</i>	Giltuss Honey DM	OTC; QLL (120 mL per 30 days)
<i>tussin cough oral syrup 15 mg/5ml</i>	Wal-Tussin Cough Long Acting	OTC; QLL (120 mL per 30 days)
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Hycodan	QLL (30 ML per 1 day); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Hycodan	QLL (6 EA per 1 day); AL (Min 18 Years)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Hycodan	QLL (30 ML per 1 day); AL (Min 18 Years)
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	hydrocodone bit-homatrop mbr	QLL (30 ML per 1 day); AL (Min 18 Years)
HYCODAN ORAL TABLET 5-1.5 MG	hydrocodone bit-homatrop mbr	QLL (6 EA per 1 day); AL (Min 18 Years)
*Antitussive-Decongestant-Analgesic***		
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	Alka-Seltzer Pls Sinus & Cough	OTC; QLL (120 EA per 30 days)
*Antitussive-Expectorant***		
<i>chest congestion relief dm oral tablet 20-400 mg</i>	Fenesin DM IR	OTC
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml</i>	Diabetic Tussin DM	OTC; QLL (120 ML per 30 days)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Robafen DM Cough Clear	OTC; QLL (120 ML per 30 days)
<i>dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>gnp mucus dm max strength oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>goodsense mucus dm oral tablet extended release 12 hour 60-1200 mg</i>	Mucinex DM Maximum Strength	OTC
<i>guaiatussin 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)

Formulary Drug Name	Reference	Restrictions
<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
<i>virtussin a/c oral solution 100-10 mg/5ml</i>		OTC; QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
*Antitussive-Expectorants-Decongestant***		
<i>goodsense mucus relief child oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
<i>qc mucus relief severe con/cgh oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
<i>sm mucus relief cold childrens oral liquid 2.5-5-100 mg/5ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
<i>sm severe congestion & cough oral liquid 10-20-400 mg/20ml</i>	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML		OTC
*Decongestant & Antihistamine***		
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	KLS Aller-Tec D	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 Allergy/Sinus	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)
ALAHIST D ORAL TABLET 17.5-10 MG		OTC
*Decongestant W/ Expectorant***		
<i>mucus relief d oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC
<i>pseudoephedrine-guaiifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Mucinex D	OTC

Formulary Drug Name	Reference	Restrictions
*Expectorants***		
<i>chest congestion relief oral tablet 400 mg</i>	Xpect	OTC
<i>gnp mucus er oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>gnp mucus relief oral tablet 400 mg</i>	Xpect	OTC
<i>gnp mucus relief oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	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>mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>qc medifin 400 oral tablet 400 mg</i>	Xpect	OTC
<i>qc mucus relief er oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>qc mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
<i>sm chest congestion relief oral tablet 400 mg</i>	Xpect	OTC
<i>sm mucus relief max strength oral tablet extended release 12 hour 1200 mg</i>	EQ Mucus ER	OTC
*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)

Formulary Drug Name	Reference	Restrictions
*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>gnp cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
<i>hm 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>pse-dexchlorphen-chlophedianol oral liquid 30-1-12.5 mg/5ml</i>	Vanacof	OTC; QLL (180 ML per 30 days)
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Bromfed DM	QLL (180 ML per 30 days)
<i>qc dibromm childrens cold/cgh oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
<i>rynex dm oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
<i>sm cold & cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
DIMAPHEN DM COLD/COUGH ORAL LIQUID 2.5-1-5 MG/5ML	cold/cough childrens	OTC; QLL (180 ML per 30 days)
ENDACOF-DM ORAL LIQUID 2.5-1-5 MG/5ML	cold/cough childrens	OTC; QLL (180 ML per 30 days)
VANACOF ORAL LIQUID 30-1-12.5 MG/5ML	pse-dexchlorphen-chlophedianol	OTC; QLL (180 ML per 30 days)
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
DERMATOLOGICALS		
*Acne Antibiotics***		
<i>clindamycin phosphate external gel 1 %</i>	Clindagel	QLL (1 GM per 1 day)
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	QLL (2 ML per 1 day)
<i>clindamycin phosphate external solution 1 %</i>		QLL (2 ML per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	QLL (2 EA per 1 day)
<i>ery external pad 2 %</i>		QLL (2 EA per 1 day)
<i>erythromycin external gel 2 %</i>	Erygel	QLL (1 GM per 1 day)
<i>erythromycin external solution 2 %</i>		QLL (2 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	QLL (118 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
*Acne Combinations***		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Epiduo	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Benzamycin	QLL (46.6 GM per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Neuac	QLL (45 GM per 30 days)
NEUAC EXTERNAL GEL 1.2-5 %	clindamycin phos-benzoyl perox	QLL (45 GM per 30 days)
*Acne Products***		
<i>acne medication 10 external lotion 10 %</i>		OTC
<i>acne medication 5 external lotion 5 %</i>		OTC
<i>adapalene external gel 0.1 %, 0.3 %</i>	Differin	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide external gel 10 %</i>	Clean & Clear Persa-Gel Max St	
<i>benzoyl peroxide external gel 2.5 %</i>		OTC
<i>benzoyl peroxide external gel 5 %</i>	Medpura Benzoyl Peroxide	OTC
<i>benzoyl peroxide wash external liquid 5 %</i>	Benzac AC Wash	OTC
<i>isotretinoin capsule 10 mg oral</i>	Accutane	ST; QLL (2 EA per 1 day)
<i>isotretinoin capsule 20 mg oral</i>	Accutane	ST; QLL (2 EA per 1 day)
<i>isotretinoin capsule 30 mg oral</i>	Accutane	ST; QLL (2 EA per 1 day)
<i>isotretinoin capsule 40 mg oral</i>	Accutane	ST
ACCUTANE CAPSULE 10 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ACCUTANE CAPSULE 20 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ACCUTANE CAPSULE 30 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ACCUTANE CAPSULE 40 MG ORAL	isotretinoin	ST
AMNESTEEM CAPSULE 10 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
AMNESTEEM CAPSULE 20 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
AMNESTEEM CAPSULE 40 MG ORAL	isotretinoin	ST
CLARAVIS CAPSULE 10 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
CLARAVIS CAPSULE 20 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
CLARAVIS CAPSULE 30 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
CLARAVIS CAPSULE 40 MG ORAL	isotretinoin	ST
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 %	acne foaming wash	OTC
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %	tretinoin	ST; AL (Max 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 %	tretinoin	ST; AL (Max 35 Years)

Formulary Drug Name	Reference	Restrictions
ZENATANE CAPSULE 10 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ZENATANE CAPSULE 20 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ZENATANE CAPSULE 30 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ZENATANE CAPSULE 40 MG ORAL	isotretinoin	ST
*Antibiotic Mixtures Topical***		
<i>double antibiotic external ointment 500-10000 unit/gm</i>	Neosporin	OTC
<i>gnp antibiotic/pain relief external cream 3.5-10000-10</i>	Neosporin Plus Pain Relief MS	OTC
<i>goodsense first aid antibiotic external ointment</i>	Lanabiotic	OTC
<i>triple antibiotic+pain relief external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
*Antibiotics - Topical***		
<i>bacitracin external ointment 500 unit/gm</i>	Bacitraycin Plus	OTC
<i>bacitracin zinc external ointment 500 unit/gm</i>		OTC
<i>gentamicin sulfate external cream 0.1 %</i>		
<i>gentamicin sulfate external ointment 0.1 %</i>		
<i>mupirocin external ointment 2 %</i>		QLL (110 GM per 30 days)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		QLL (60 GM per 30 days)
*Antifungals - Topical***		
<i>butenafine hcl external cream 1 %</i>	Lotrimin Ultra	OTC; QLL (30 GM per 30 days)
<i>ciclopirox external shampoo 1 %</i>		ST; QLL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	Ciclodan	QLL (6.6 ML per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>		QLL (60 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>		ST; QLL (30 ML per 30 days)
<i>nystatin external cream 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	Klayesta	QLL (60 GM per 30 days)
<i>terbinafina hcl external cream 1 %</i>	LamISIL AT	OTC; QLL (60 GM per 30 days)
<i>tolnaftate antifungal external cream 1 %</i>	Tinactin	OTC; QLL (90 GM per 30 days)
<i>tolnaftate external powder 1 %</i>	Lotrimin AF	OTC; QLL (45 GM per 30 days)
*Antihistamine-Topical Combinations***		
<i>anti-itch external cream 2-0.1 %</i>	Banophen	OTC

Formulary Drug Name	Reference	Restrictions
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	Banophen	OTC
<i>gnp anti-itch external cream 2-0.1 %</i>	Banophen	OTC
<i>sm anti-itch extra strength external cream 2-0.1 %</i>	Banophen	OTC
BANOPHEN EXTERNAL CREAM 2-0.1 %	anti-itch	OTC
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium external gel 1 %</i>	Aleve Arthritis Pain	QLL (6.6667 GM per 1 day)
<i>diclofenac sodium external solution 1.5 %</i>		ST; QLL (10 ML per 1 day)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	Efudex	
<i>fluorouracil external solution 2 %, 5 %</i>		
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>		PA; QLL (4 GM per 1 day)
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	PA; QLL (4 GM per 1 day)
<i>calcipotriene external solution 0.005 %</i>		PA; QLL (2 ML per 1 day)
<i>tazarotene external cream 0.1 %</i>	Tazorac	ST; QLL (3 GM per 1 day)
*Antiseborrheic Products***		
<i>anti-dandruff external shampoo 1 %</i>	Selsun Blue	OTC
<i>dandruff shampoo external lotion 1 %</i>	Selsun Blue	OTC
<i>selenium sulfide external lotion 2.5 %</i>		
*Antivirals - Topical***		
<i>docosanol external cream 10 %</i>	Abreva	OTC; QLL (2 GM per 30 days)
ZOVIRAX EXTERNAL OINTMENT 5 %	acyclovir	ST; QLL (15 GM per 30 days)
*Astringents***		
<i>calamine external lotion</i>		OTC
<i>diaper rash external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
<i>zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
*Atopic Dermatitis - Monoclonal Antibodies***		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML		PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML		PA

Formulary Drug Name	Reference	Restrictions
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	Silvadene	
*Corticosteroids - Topical***		
<i>alclometasone dipropionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>		ST; QLL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>		ST; QLL (2 GM per 1 day)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		ST; QLL (2 ML per 1 day)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	ST; QLL (2 GM per 1 day)
<i>betamethasone dipropionate external cream 0.05 %</i>		ST; QLL (60 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>		ST; QLL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>		ST; QLL (60 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>		ST; QLL (60 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>		ST; QLL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>		ST; 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>		ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external ointment 0.05 %</i>		ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external solution 0.05 %</i>		ST; QLL (2 ML per 1 day)
<i>fluocinolone acetonide cream 0.025 % external</i>	Synalar	ST; QLL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	ST; QLL (2 GM per 1 day)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	QLL (30 GM per 60 days)
<i>fluocinolone acetonide ointment 0.025 % external</i>	Synalar	QLL (60 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>		ST; QLL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	Vanos	ST; QLL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>		ST; QLL (2 GM per 1 day)

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

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

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

Formulary Drug Name	Reference	Restrictions
*Misc. Topical Combinations***		
<i>calamine external lotion 8-8 %</i>		OTC
<i>calamine-zinc oxide external lotion 8-8 %</i>		OTC
*Rosacea Agents***		
<i>azelaic acid external gel 15 %</i>	Finacea	QLL (50 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	MetroCream	
<i>metronidazole external gel 0.75 %</i>		
<i>metronidazole external gel 1 %</i>	Metrogel	ST; QLL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	
*Scabicide Combinations***		
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
*Scabicides & Pediculicides***		
<i>gnp lice treatment external liquid 1 %</i>	Nix Creme Rinse	OTC
<i>ivermectin external lotion 0.5 %</i>	Sklice	ST; QLL (117 GM per 30 days)
<i>malathion external lotion 0.5 %</i>	Ovide	ST; QLL (118 ML Max Qty Per Fill Retail)
<i>permethrin external cream 5 %</i>		QLL (60 GM per 30 days)
<i>sm lice treatment external liquid 1 %</i>	Nix Creme Rinse	OTC; QLL (120 ML per 30 days)
<i>spinosad external suspension 0.9 %</i>	Natroba	ST
*Skin Cleansers***		
<i>isopropyl alcohol wipes external 70 %</i>		OTC
*Soaps***		
AQUANIL SKIN CLEANSER EXTERNAL LOTION	anti-bacterial hand	OTC
*Tar Products***		
<i>therapeutic external shampoo 0.5 %</i>	DHS Tar	OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		QLL (1 GM per 1 day)
DIAGNOSTIC PRODUCTS		
*Diagnostic Tests***		
ALBUSTIX IN VITRO STRIP		OTC
ONETOUCH ULTRA IN VITRO STRIP	blood glucose test	OTC; QLL (150 EA per 30 days)
ONETOUCH ULTRA TEST IN VITRO STRIP	blood glucose test	OTC; QLL (150 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
ONETOUCH VERIO IN VITRO STRIP	blood glucose test	OTC; QLL (150 EA per 30 days)
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</i>		
<i>triamterene-hctz oral tablet 75-50 mg</i>	Maxzide	
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	
<i>bumetanide oral tablet 1 mg, 2 mg</i>		
<i>ethacrynic acid oral tablet 25 mg</i>	Edecrin	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	
<i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>		
<i>torseamide oral tablet 20 mg</i>	Soanz	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>		

Formulary Drug Name	Reference	Restrictions
<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, 5 mg</i>		QLL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>		QLL (4 EA per 28 days)
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	QLL (4 EA per 28 days)
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>		QLL (3 ML per 84 days)
<i>ibandronate sodium oral tablet 150 mg</i>		QLL (1 EA per 30 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Sensipar	PA
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>		QLL (3.7 ML per 30 days)
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>		QLL (16 EA per 30 days)
*Gnrh/Lhrh Antagonists***		
ORLISSA ORAL TABLET 150 MG, 200 MG		PA
*Growth Hormones***		
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		PA

Formulary Drug Name	Reference	Restrictions
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	ST; QLL (30 EA per 30 days)
<i>paricalcitol oral capsule 4 mcg</i>		ST; QLL (30 EA per 30 days)
*Parathyroid Hormone And Derivatives***		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>		PA; QLL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		PA; QLL (0.052 ML per 1 day)
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		PA; QLL (1 ML per 168 days)
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	QLL (30 EA per 30 days)
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SandoSTATIN	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG		PA
*Vasopressin***		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	QLL (90 EA per 30 days)
<i>desmopressin acetate spray nasal solution 0.01 %</i>		QLL (10 ML per 25 days)
ESTROGENS		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	Amabelz	QLL (30 EA per 30 days)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Activella	QLL (30 EA per 30 days)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Fyavolv	QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<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)
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR	estradiol	QLL (8 EA per 28 days)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR	estradiol	QLL (8 EA per 28 days)
FLUOROQUINOLONES		
*Fluoroquinolones***		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	QLL (28 EA per 30 days)
<i>ciprofloxacin hcl oral tablet 750 mg</i>		QLL (28 EA per 30 days)
<i>levofloxacin oral solution 25 mg/ml</i>		QLL (280 mL Max Qty Per Fill Retail); AL (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		QLL (14 EA Max Qty Per Fill Retail)
GASTROINTESTINAL AGENTS - MISC.		
*Antiflatulents***		
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>gas relief oral tablet chewable 80 mg</i>		OTC
<i>gas relief ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>gnp anti-gas 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 anti-gas oral capsule 180 mg</i>	Gas-X Ultra Strength	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

Formulary Drug Name	Reference	Restrictions
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>simethicone oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>simethicone oral tablet chewable 80 mg</i>		OTC
<i>simethicone ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>sm gas relief oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>sm gas relief oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>sm gas relief oral tablet chewable 80 mg</i>		OTC
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	eq gas relief	OTC
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG	gas relief ultra strength	OTC
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>		
<i>ursodiol oral tablet 250 mg</i>	Urso 250	
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	
*Inflammatory Bowel Agents***		
<i>balsalazide disodium oral capsule 750 mg</i>	Colazal	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	QLL (4 EA per 1 day)
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	QLL (6 EA per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	QLL (4 EA per 1 day)
<i>mesalamine rectal enema 4 gm</i>		
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	QLL (42 EA per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	
*Intestinal Acidifiers***		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		

Formulary Drug Name	Reference	Restrictions
*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	ST
CALPHRON ORAL TABLET 667 MG	calcium acetate (phos binder)	OTC
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>finasteride oral tablet 5 mg</i>	Proscar	QLL (30 EA per 30 days)
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	QLL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Flomax	QLL (60 EA per 30 days)
*Citrates***		
<i>cytra k crystals oral packet 3300-1002 mg</i>		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	Urocit-K 5	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>		
*Genitourinary Irrigants***		
<i>sodium chloride irrigation solution 0.9 %</i>	Argyle Sterile Saline	
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG		
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg</i>	Pyridium	

Formulary Drug Name	Reference	Restrictions
<i>phenazopyridine hcl oral tablet 200 mg</i>	Phenazo	
<i>urinary pain relief oral tablet 95 mg, 99.5 mg</i>	AZO Urinary Pain Relief	OTC
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>		
<i>colchicine oral tablet 0.6 mg</i>		QLL (9 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	ST; QLL (1 EA per 1 day)
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>		
HEMATOLOGICAL AGENTS - MISC.		
*C1 Esterase Inhibitors***		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT		PA
*Complement C5 Inhibitors***		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		PA
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>		
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>		
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML		PA; QLL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML		PA; QLL (4 ML per 28 days)
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	
<i>anagrelide hcl oral capsule 1 mg</i>		

Formulary Drug Name	Reference	Restrictions
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg</i>		QLL (1 EA per 1 day)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	QLL (30 EA per 30 days)
<i>prasugrel hcl oral tablet 10 mg</i>	Effient	QLL (1 EA per 1 day)
<i>prasugrel hcl oral tablet 5 mg</i>	Effient	QLL (30 EA per 30 days)
HEMATOPOIETIC AGENTS		
*Amino Acids***		
ENDARI ORAL PACKET 5 GM		PA
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Dodex	
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		
*Erythropoiesis-Stimulating Agents (Esas)***		
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		PA
*Folic Acid/Folate Combinations***		
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>		
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>		
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		PA
*Iron Combinations***		
<i>iron 100 plus oral tablet 100-250-0.025-1 mg</i>	Icar-C Plus	OTC
*Iron***		
<i>ferretts chewable iron oral tablet chewable 18 mg</i>		OTC
<i>ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg</i>		OTC

Formulary Drug Name	Reference	Restrictions
<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
<i>sm slow release iron oral tablet extended release 143 (45 fe) mg</i>		OTC
*Thrombopoietin (Tpo) Receptor Agonists***		
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		PA; QLL (1 EA per 1 day)
HEMOSTATICS		
*Hemostatics - Systemic***		
<i>tranexamic acid oral tablet 650 mg</i>		QLL (30 EA per 28 days)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*Antihistamine Hypnotics***		
<i>sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	OTC
<i>sleep-aid oral capsule 50 mg</i>	Unisom Sleepgels	OTC
<i>sm nighttime sleep aid oral tablet 25 mg</i>	Nytol QuickCaps	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>		
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		
LAXATIVES		
*Bowel Evacuant Combinations***		
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>		
<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

Formulary Drug Name	Reference	Restrictions
<i>fiber laxative oral tablet 625 mg</i>	FiberCon	OTC
<i>fiber oral tablet 625 mg</i>	FiberCon	OTC
<i>fiber-lax oral tablet 625 mg</i>	FiberCon	OTC
<i>gnp fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	OTC
<i>gnp fiber-caps oral tablet 625 mg</i>	FiberCon	OTC
<i>gnp natural fiber oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>konsyl daily fiber oral powder 28.3 %</i>	Metamucil Smooth Texture	OTC
<i>natural fiber laxative oral powder 58.6 %</i>	Metamucil Smooth Texture	OTC
<i>qc fiber laxative oral capsule 0.52 gm</i>	Medi-Mucil	OTC
<i>qc fiber oral tablet 625 mg</i>	FiberCon	OTC
<i>sm fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	OTC
<i>sm fiber oral tablet 625 mg</i>	FiberCon	OTC
*Laxatives - Miscellaneous***		
<i>gavilax oral powder 17 gm/scoop</i>	ClearLax	OTC; QLL (34 GM per 1 day)
<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)
<i>peg 3350 oral powder 17 gm/scoop</i>	ClearLax	OTC; QLL (34 GM per 1 day)
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	ClearLax	
<i>qc natura-lax oral powder 17 gm/scoop</i>	ClearLax	OTC
<i>sm glycerin pediatric rectal suppository 80.7 %</i>		OTC
CLEARLAX ORAL POWDER 17 GM/SCOOP	gavilax	OTC; QLL (34 GM per 1 day)
GLYCOLAX ORAL POWDER 17 GM/SCOOP	gavilax	OTC; QLL (34 GM per 1 day)
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	gavilax	OTC; QLL (34 GM per 1 day)
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	gavilax	OTC; QLL (34 GM per 1 day)
HM CLEARLAX ORAL POWDER 17 GM/SCOOP	gavilax	OTC; QLL (34 GM per 1 day)
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	gavilax	OTC

Formulary Drug Name	Reference	Restrictions
*Laxatives & Dss***		
<i>gnp senna plus oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>gnp stool softener/laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>hm stool softener/laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>qc senna-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>qc stool softener pls laxative oral tablet 50-8.6 mg, 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senexon-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senna plus oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senna-docusate sodium oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senna-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>senna-time s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>sm natural laxative/stool soft oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>sm senna-s oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>sm stool softener/laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>stimulant laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	Colace 2-IN-1	OTC
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	gnp senna plus	OTC
*Lubricant Laxatives***		
<i>gnp mineral oil oral oil</i>		OTC
<i>mineral oil oil</i>		
<i>mineral oil oral oil</i>		OTC
<i>qc mineral oil heavy oral oil</i>		OTC
MURI-LUBE OIL	mineral oil light	
*Saline Laxative Mixtures***		
<i>enema ready-to-use rectal enema 7-19 gm/118ml</i>	Fleet Enema	OTC; QLL (133 ML per 1 day)
<i>enema rectal enema 7-19 gm/118ml</i>	Fleet Enema	OTC; QLL (133 ML per 1 day)
<i>hm enema rectal enema 7-19 gm/118ml</i>	Fleet Enema	OTC; QLL (133 ML per 1 day)
<i>qc enema rectal enema 16-6 gm/133ml</i>	Fleet Enema	OTC; QLL (133 ML per 1 day)
<i>sm enema rectal enema</i>	Fleet Enema	OTC; QLL (133 ML per 1 day)
FLEET ENEMA RECTAL ENEMA	enema	OTC; QLL (133 ML per 1 day)

Formulary Drug Name	Reference	Restrictions
*Saline Laxatives***		
<i>gnp magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<i>hm milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	Dulcolax	OTC
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>qc milk of magnesia oral suspension 400 mg/5ml</i>	Dulcolax	OTC
<i>sm magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	OTC
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	OTC
*Stimulant Laxatives***		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	
<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>gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>gnp gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>gnp gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>gnp senna lax oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>gnp womens gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>laxative max str oral tablet 25 mg</i>	Ex-Lax Maximum Strength	OTC
<i>laxative regular strength oral tablet 15 mg</i>	Perdiem Overnight Relief	OTC
<i>qc chocolated laxative oral tablet chewable 15 mg</i>	Ex-Lax	OTC
<i>qc gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>qc gentle laxative rectal suppository 10 mg</i>	Dulcolax	OTC

Formulary Drug Name	Reference	Restrictions
<i>qc gentle laxative womens oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>qc laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>qc senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>qc vegetable laxative oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna oral syrup 176 mg/5ml</i>		OTC
<i>senna oral syrup 8.8 mg/5ml</i>	OneLAX Senna	
<i>senna oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna-lax oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>senna-time oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>sm gentle laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>sm laxative rectal suppository 10 mg</i>	Dulcolax	OTC
<i>sm senna laxative oral tablet 8.6 mg</i>	Evac-U-Gen	OTC
<i>womans laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
<i>womens laxative oral tablet delayed release 5 mg</i>	Ex-Lax Ultra	OTC
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG	laxative max str	OTC
EX-LAX ORAL TABLET CHEWABLE 15 MG	chocolated laxative	OTC
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG	bisacodyl ec	OTC
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG	laxative regular strength	OTC
SENNA SMOOTH ORAL TABLET 15 MG	laxative regular strength	OTC
*Surfactant Laxatives***		
<i>docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>docusate sodium capsule 100 mg oral</i>	DOK	OTC
<i>docusate sodium oral capsule 250 mg</i>		
<i>docusate sodium oral liquid 50 mg/5ml</i>	OneLAX Docusate Sodium	OTC
<i>gnp stool softener oral capsule 100 mg</i>	DOK	OTC
<i>gnp stool softener oral capsule 240 mg</i>	Surfak	OTC
<i>qc docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>qc stool softener oral capsule 100 mg</i>	DOK	OTC
<i>sm docusate calcium oral capsule 240 mg</i>	Surfak	OTC
<i>sm stool softener oral capsule 100 mg</i>	DOK	OTC
<i>stool softener laxative oral capsule 100 mg</i>	DOK	OTC
<i>stool softener oral capsule 100 mg</i>	DOK	OTC

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

Formulary Drug Name	Reference	Restrictions
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>	Trustex Non-Lubricated	OTC; QLL (12 EA per 30 days)
*Diaphragms***		
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM		
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %		
*Glucose Monitoring Test Supplies***		
DEXCOM G6 RECEIVER DEVICE		PA; QLL (1 EA per 365 days)
DEXCOM G6 SENSOR	guardian sensor 3	PA; QLL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER		PA; QLL (1 EA per 90 days)
DEXCOM G7 RECEIVER DEVICE		PA; QLL (1 EA per 365 days)
DEXCOM G7 SENSOR	guardian sensor 3	PA; QLL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	guardian sensor 3	PA; QLL (2 EA per 28 days)

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

Formulary Drug Name	Reference	Restrictions
BD PEN NEEDLE SHORT U/F 31G X 8 MM	1st tier unifine pentips	ST; OTC
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	global easy glide insulin syr	OTC
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	global easy glide insulin syr	OTC
*Peak Flow Meters***		
<i>peak flow meter universal rang device</i>	Airzone Peak Flow Meter	OTC; QLL (2 EA per 1 Year)
*Spacer/Aerosol-Holding Chambers & Supplies***		
MICROCHAMBER DEVICE	breathe comfort chamber/adult	QLL (2 EA per 365 days)
OPTICHAMBER DIAMOND DEVICE	breathe comfort chamber/adult	QLL (2 EA per 365 days)
MIGRAINE PRODUCTS		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
UBRELVY ORAL TABLET 100 MG, 50 MG		ST; QLL (16 EA per 30 days)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		ST; QLL (1 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		ST; QLL (1 ML per 28 days)
*Selective Serotonin Agonists 5-Ht(1)***		
<i>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)

Formulary Drug Name	Reference	Restrictions
<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 500 + d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	OTC
<i>calcium 500/vitamin d oral tablet 500-3.125 mg-mcg</i>		OTC
<i>calcium 500+d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	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 600+d3 oral tablet 600-5 mg-mcg</i>		OTC
<i>calcium-vitamin d oral tablet 600-3.125 mg-mcg</i>		OTC
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>		OTC
<i>oyster shell calcium/d oral tablet 500-10 mg-mcg, 500-5 mg-mcg</i>		OTC
*Calcium***		
<i>calcium carbonate oral tablet 1500 (600 ca) mg, 600 mg</i>		OTC
<i>calcium citrate oral tablet 250 mg, 950 (200 ca) mg</i>		OTC
<i>calcium oral tablet 500 mg</i>		OTC
<i>cvs calcium oral tablet 600 mg</i>		OTC
<i>oyster shell calcium oral tablet 500 mg</i>		OTC
*Fluoride***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		
<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

Formulary Drug Name	Reference	Restrictions
<i>magnesium oxide -mg supplement oral tablet 500 mg</i>		OTC
<i>sm magnesium oral tablet 250 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	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	
<i>potassium chloride er oral tablet extended release 20 meq</i>	K-Tab	
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	potassium chloride crys er	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ		
MISCELLANEOUS THERAPEUTIC CLASSES		
*Chelating Agents***		
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	PA; QLL (8 EA per 1 day)
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Gengraf	
<i>cyclosporine modified oral capsule 50 mg</i>		
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	

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

Formulary Drug Name	Reference	Restrictions
<i>sodium fluoride dental gel 1.1 %</i>	DentaGel	
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Kourzeq	ST
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>	Essentia	OTC
<i>daily multivitamin oral capsule</i>	ActivNutrients	OTC
<i>eql century mature men 50+ oral tablet</i>	Essentia	OTC
<i>eql century mature women 50+ oral tablet</i>	Essentia	OTC
<i>eql one daily mens 50+ advance oral tablet</i>	Essentia	OTC
<i>eql one daily womens 50+ adv oral tablet</i>	Essentia	OTC
<i>gnp century mature women's 50+ oral tablet</i>	Essentia	OTC
<i>hair skin and nails formula oral tablet</i>	Essentia	OTC
<i>hm complete women oral tablet</i>	Essentia	OTC
<i>hm womens 50+ advanced daily oral tablet</i>	Essentia	OTC
<i>multi vitamin/minerals oral tablet</i>	Essentia	OTC
<i>multivitamin adults oral tablet</i>	Essentia	OTC
<i>multi-vitamin gummies oral tablet chewable</i>	Adek Gummies Plus Zn	OTC
<i>multivitamin men 50+ oral tablet</i>	Essentia	OTC
<i>multivitamin women 50+ oral tablet</i>	Essentia	OTC
<i>multivitamin women oral tablet</i>	Essentia	OTC
<i>multivitamin womens 50+ adv oral tablet</i>	Essentia	OTC
<i>one daily complete for men oral tablet</i>	Essentia	OTC
<i>totalday multiple oral tablet extended release</i>	Endur-VM	OTC
ESSENTIA ORAL TABLET	cvs womens active daily	OTC
EYE-VITES ORAL TABLET	cvs womens active daily	OTC
ICAPS MV ORAL TABLET	cvs womens active daily	OTC
KP VISION FORMULA ORAL TABLET	cvs womens active daily	OTC
KP VISION FORMULA/LUTEIN ORAL TABLET	cvs womens active daily	OTC
MACUVITE EYE CARE ORAL TABLET	cvs womens active daily	OTC

Formulary Drug Name	Reference	Restrictions
MACUVITE ORAL TABLET	cvs womens active daily	OTC
MACUVITE/LUTEIN ORAL TABLET	cvs womens active daily	OTC
MENS LIFE PACK ORAL TABLET	cvs womens active daily	OTC
MULTI FOR HIM ORAL TABLET	cvs womens active daily	OTC
OCUVITE EXTRA ORAL TABLET	cvs womens active daily	OTC
OCUVITE EYE + MULTI ORAL TABLET	cvs womens active daily	OTC
OCUVITE-LUTEIN ORAL TABLET	cvs womens active daily	OTC
*Multivitamins***		
<i>multi vitamin oral tablet</i>	Amladex	OTC
*Ped Multi Vitamins W/Fl & Fe***		
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>		OTC
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>		
*Ped Multiple Vitamins W/ Minerals***		
<i>childrens gummies oral tablet chewable</i>	ActivNutrients	OTC
<i>cvs gummy dinos oral tablet chewable</i>	ActivNutrients	OTC
<i>cvs gummy multivitamin kids oral tablet chewable</i>	ActivNutrients	OTC
<i>eq multivitamin gummies oral tablet chewable</i>	ActivNutrients	OTC
<i>eq multivitamins gummy child oral tablet chewable</i>	ActivNutrients	OTC
<i>eql gummies childrens oral tablet chewable</i>	ActivNutrients	OTC
<i>gnp multi childrens oral tablet chewable</i>	ActivNutrients	OTC
<i>healthy kids gummies oral tablet chewable</i>	ActivNutrients	OTC
<i>just 4 kidz multivit/probiotic oral tablet chewable</i>	ActivNutrients	OTC
<i>multivitamin childrens gummies oral tablet chewable</i>	ActivNutrients	OTC
<i>multivit-min gummies childrens oral tablet chewable</i>	ActivNutrients	OTC
<i>vitachew multiple vitamin oral tablet chewable</i>	ActivNutrients	OTC
ACTIVNUTRIENTS ORAL TABLET CHEWABLE	childrens gummies	OTC
ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE	childrens gummies	OTC
ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE	childrens gummies	OTC

Formulary Drug Name	Reference	Restrictions
CENTRUM FLAVOR BURST KIDS ORAL TABLET CHEWABLE	childrens gummies	OTC
CENTRUM KIDS ORAL TABLET CHEWABLE	childrens gummies	OTC
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE	childrens gummies	OTC
FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE	childrens gummies	OTC
FLINTSTONES TODDLER ORAL TABLET CHEWABLE	childrens gummies	OTC
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	childrens gummies	OTC
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	childrens gummies	OTC
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	childrens gummies	OTC
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	childrens gummies	OTC
SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE	childrens gummies	OTC
SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE	childrens gummies	OTC
VITALETS CHILDRENS ORAL TABLET CHEWABLE	childrens gummies	OTC
YUMVSKIDS MULTI ZERO ORAL TABLET CHEWABLE	childrens gummies	OTC
ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE	childrens gummies	OTC
*Ped Mv W/ Fluoride***		
<i>multivitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	OTC
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	Quflora Pediatric	OTC
<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>	Multi-Vit-Flor	
*Ped Mv W/ Iron***		
<i>childrens animal shapes oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
<i>poly-vite/iron oral solution 11 mg/ml</i>	Poly-Vi-Sol/Iron	OTC
<i>qc childrens complete oral tablet chewable 18 mg</i>	Cerovite Jr	OTC

Formulary Drug Name	Reference	Restrictions
<i>sm animal shapes complete oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	childrens animal shapes	OTC
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE 15 MG	fruity chews/iron	OTC
*Ped Vitamins Acd W/ Fluoride***		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>		
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>		
*Pediatric Multiple Vitamins***		
<i>childrens chew multivitamin oral tablet chewable</i>	Culturelle Kids Complete	OTC
POLY-VI-SOL ORAL SOLUTION	multivitamin infant & toddler	OTC
*Pediatric Vitamins A & D W/ C***		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10	vitamin a-c-d infant	OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>neonatal complete oral tablet 29-1 mg</i>	Co-Natal FA	QLL (100 EA per 90 days)
<i>one vite womens oral tablet 27-0.8 mg</i>	NeoNatal Vitamin	OTC; QLL (100 EA per 90 days)
<i>prenatal (w/iron & fa) oral tablet 27-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>prenatal 19 oral tablet</i>		OTC; QLL (100 EA per 90 days)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>		QLL (100 EA per 90 days)
<i>prenatal plus oral tablet 27-1 mg</i>	NeoNatal Plus	QLL (100 EA per 90 days)
<i>prenatal/iron oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Vinate One	QLL (100 EA per 90 days)
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	Concept DHA	QLL (100 EA per 90 days)
ATABEX OB ORAL TABLET 29-1 MG		QLL (100 EA per 90 days)
CO-NATAL FA ORAL TABLET	neonatal complete	QLL (100 EA per 90 days)
PRENATABS RX ORAL TABLET 29-1 MG	thrivite rx	OTC; QLL (100 EA per 90 days)
PRENATAL-U ORAL CAPSULE 106.5-1 MG		QLL (100 EA per 90 days)
TARON-C DHA ORAL CAPSULE 35-1 MG		QLL (100 EA per 90 days)
TRINATE ORAL TABLET		QLL (100 EA per 90 days)
VINATE II ORAL TABLET 29-1 MG		QLL (100 EA per 90 days)

Formulary Drug Name	Reference	Restrictions
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
<i>baclofen oral tablet 10 mg, 20 mg</i>		QLL (120 EA per 30 days)
<i>baclofen oral tablet 5 mg</i>		QLL (4 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	Soma	QLL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>		QLL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		QLL (90 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		QLL (120 EA per 30 days)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		QLL (60 EA per 30 days)
<i>tizanidine hcl oral tablet 2 mg</i>		QLL (3 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	QLL (6 EA per 1 day)
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		QLL (120 EA per 30 days)
<i>dantrolene sodium oral capsule 25 mg</i>	Dantrium	QLL (120 EA per 30 days)
*Viscosupplements***		
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML		PA
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML		PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Agents - Misc.***		
<i>deep sea nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>qc saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>saline mist spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>saline nasal gel</i>	Ayr Saline Nasal	OTC
<i>saline nasal spray nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
<i>sm nasal spray saline nasal solution 0.65 %</i>	Afrin Saline Nasal Mist	OTC
AFRIN SALINE NASAL MIST NASAL SOLUTION 0.65 %	deep sea nasal spray	OTC
AYR SALINE NASAL DROPS NASAL SOLUTION 0.65 %		OTC
OCEAN FOR KIDS NASAL SOLUTION 0.65 %	deep sea nasal spray	OTC

Formulary Drug Name	Reference	Restrictions
*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 Relief	OTC; QLL (16 ML per 30 days)
<i>budesonide nasal suspension 32 mcg/act</i>		OTC; QLL (8.6 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	ST; QLL (16 GM per 30 days)
<i>gnp fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC; QLL (16 ML per 30 days)
<i>hm allergy relief nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC; QLL (16 ML per 30 days)
<i>qc allergy relief nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC; QLL (16 ML per 30 days)
<i>sm allergy relief nasal suspension 50 mcg/act</i>	Flonase Allergy Relief	OTC; QLL (16 ML per 30 days)
<i>triamcinolone acetate nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	ST; OTC; QLL (17 ML per 30 days)
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT	allergy relief	OTC; QLL (16 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>	SudoGest	OTC
<i>gnp nasal decongestant pe oral tablet 10 mg</i>	Sudogest PE	OTC
<i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	SudoGest	OTC
<i>nasal decongestant oral tablet 30 mg</i>	SudoGest	OTC
<i>nasal decongestant pe max st oral tablet 10 mg</i>	Sudogest PE	OTC
<i>nasal decongestant pe oral tablet 10 mg</i>	Sudogest PE	OTC
<i>phenylephrine hcl oral tablet 10 mg</i>	Sudogest PE	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>pseudoephedrine hcl oral tablet 30 mg</i>	SudoGest	OTC
<i>qc nasal decongestant pe oral tablet 10 mg</i>	Sudogest PE	OTC

Formulary Drug Name	Reference	Restrictions
<i>qc nasal decongestant pe oral tablet 30 mg</i>	SudoGest	OTC
<i>qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>sinus congestion max strength oral tablet 30 mg</i>	SudoGest	OTC
<i>sm nasal decongestant max st oral tablet 30 mg</i>	SudoGest	OTC
<i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>sm nasal decongestant pe oral tablet 10 mg</i>	Sudogest PE	OTC
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG	gnp nasal decongestant	OTC
SUDOGEST ORAL TABLET 30 MG	gnp nasal decongestant	OTC
SUDOGEST PE ORAL TABLET 10 MG	gnp nasal decongestant pe	OTC
*Topical Decongestants***		
<i>12 hour nasal decongestant nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>12 hour nasal spray nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>gnp nasal spray extra moist nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>gnp nasal spray nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>gnp no drip nasal spray nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>long acting nasal spray nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>nasal decongestant spray nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>nasal relief nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>nasal spray 12 hour nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>nasal spray extra moisturizing nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>nasal spray no drip nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>qc nasal mist no drip nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>qc nasal spray nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>qc no drip extra moisturizing nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>qc no drip nasal relief nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>qc no drip original 12 hours nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>sinus nasal spray nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>sm nasal spray 12 hour nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>sm nasal spray nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
<i>sm nasal spray sinus nasal solution 0.05 %</i>	Afrin 12 Hour	OTC; QLL (1 ML per 1 day)
NEUROMUSCULAR AGENTS		
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>	Rilutek	
NUTRIENTS		
*Misc. Nutritional Substances***		
<i>fish oil concentrate oral capsule 300 mg</i>	Fish Oil Pearls	OTC
<i>fish oil oral capsule 1000 mg</i>	Maximum EPA	
<i>omega-3 oral capsule 1400 mg</i>		OTC
<i>sm omega-3 fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
OPHTHALMIC AGENTS		
*Artificial Tear And Lubricant Combinations***		
<i>artificial tears ophthalmic solution 1-0.3 %</i>	Moisture Eyes	OTC; QLL (15 ML per 30 days)
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	GenTeal Tears Moderate PF	OTC
<i>artificial tears solution 0.5-0.6 % ophthalmic</i>	Clear Eyes Natural Tears	OTC
<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 drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>lubricant eye nighttime ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>lubrifresh p.m. ophthalmic ointment</i>	GenTeal Tears Night-Time	OTC
<i>qc artificial tears ophthalmic solution 5-6 mg/ml</i>	Clear Eyes Natural Tears	OTC

Formulary Drug Name	Reference	Restrictions
<i>sm dry eye relief ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>sm lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>sm lubricating tears ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %	artificial tears pf	OTC
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT	lubricant eye nighttime	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 LACRI-LUBE OPHTHALMIC OINTMENT	lubricant eye nighttime	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
SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 %	lubricant eye drops (pf)	OTC
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT	lubricant eye nighttime	OTC
SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 %	lubricant eye drops (pf)	OTC
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 %	lubricant eye drops (pf)	OTC
*Artificial Tear Solutions***		
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	artificial tears	OTC; QLL (15 ML per 30 days)
SYSTANE CONTACTS OPHTHALMIC SOLUTION	artificial tears	OTC; QLL (15 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
*Artificial Tears And Lubricants***		
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	Refresh Celluvisc	OTC
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	Refresh Plus	OTC; QLL (15 EA per 30 days)
<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)
<i>cvs lubricant eye drops ophthalmic solution 0.6 %</i>	Systane Balance	OTC; QLL (10 ML per 30 days)
<i>gnp lubricating plus eye drops ophthalmic solution 0.5 %</i>	Refresh Plus	OTC; QLL (15 EA per 30 days)
<i>goodsense lubricating eye drop ophthalmic solution 0.5 %</i>	Refresh Plus	OTC; QLL (15 EA per 30 days)
<i>lubricant eye drops ophthalmic solution 0.6 %</i>	Systane Balance	OTC; QLL (10 ML per 30 days)
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	Refresh Plus	OTC; QLL (15 EA per 30 days)
<i>lubricant eye drops solution 0.5 % ophthalmic</i>	Refresh Tears	OTC; QLL (15 ML per 30 days)
<i>ra lubricant eye drops ophthalmic solution 0.6 %</i>	Systane Balance	OTC; QLL (10 ML per 30 days)
<i>sm lubricating plus ophthalmic solution 0.5 %</i>	Refresh Plus	OTC; QLL (15 EA per 30 days)
GENTEAL SEVERE OPHTHALMIC GEL 0.3 %		OTC
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	carboxymethylcellulose sod pf	OTC
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	carboxymethylcellulose sodium	OTC
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %	carboxymethylcellulose sod pf	OTC; QLL (15 EA per 30 days)
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %	carboxymethylcellulose sodium	OTC; QLL (15 ML per 30 days)
SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 %	cvs lubricant drops	OTC; QLL (10 ML per 30 days)
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 %	cvs lubricant drops	OTC; QLL (10 ML per 30 days)
*Beta-Blockers - Ophthalmic Combinations***		
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cosopt	QLL (10 ML per 30 days)

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

Formulary Drug Name	Reference	Restrictions
<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)
POLYCYN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	bacitracin-polymyxin b	QLL (3.5 GM per 30 days)
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>		QLL (7.5 ML per 30 days)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>dorzolamide hcl ophthalmic solution 2 %</i>		QLL (10 mL per 30 days)
*Ophthalmic Decongestant Combinations***		
<i>cvs eye allergy relief ophthalmic solution 0.027-0.315 %</i>	Opcon-A	OTC
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
<i>gnp eye drops ophthalmic solution 0.05 %</i>	Visine Red Eye Comfort	OTC
<i>sm 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

Formulary Drug Name	Reference	Restrictions
*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)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		QLL (5 mL per 30 days)
NEO-POLYCYN HC OPHTHALMIC OINTMENT 1 %	bacitra-neomycin-polymyxin-hc	QLL (3.5 GM per 30 days)
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		QLL (5 mL per 30 days)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	QLL (10 mL per 30 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	QLL (10 mL per 30 days)
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		QLL (10 mL per 30 days)
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		QLL (15 mL per 30 days)
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>		ST; QLL (2.5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	QLL (2.5 ML per 25 days)

Formulary Drug Name	Reference	Restrictions
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>	Flac	QLL (20 ML per 30 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		QLL (10 ML per 30 days)
FLAC OTIC OIL 0.01 %	fluocinolone acetonide	QLL (20 ML per 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML		PA; QLL (1 ML per 26 days)
*Immune Serums***		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML, 30 GM/300ML		PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		PA
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML, 40 GM/400ML		PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML		PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT		

Formulary Drug Name	Reference	Restrictions
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT		
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		PA
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML		PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT		
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML		QLL (2 mL per 1 Year)
PENICILLINS		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		
<i>ampicillin oral capsule 500 mg</i>		
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML		
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>		QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i>	Augmentin	QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		QLL (28 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*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
PROGESTINS		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	
<i>norethindrone acetate oral tablet 5 mg</i>		ST
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	QLL (60 EA per 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	QLL (30 EA per 30 days); AL (Min 40 Years)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		QLL (30 EA per 30 days); AL (Min 40 Years)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		QLL (30 EA per 30 days); AL (Min 40 Years)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		QLL (6 ML per 1 day); AL (Min 40 Years)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		QLL (60 EA per 30 days); AL (Min 40 Years)

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

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

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

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

Formulary Drug Name	Reference	Restrictions
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	NexIUM 24HR	OTC
<i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	OTC; QLL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	QLL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	QLL (2 EA per 1 day)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>		OTC
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PriLOSEC OTC	OTC; QLL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg</i>		
<i>omeprazole oral capsule delayed release 20 mg</i>		QLL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 40 mg</i>		QLL (2 EA per 1 day)
<i>omeprazole oral tablet delayed release 20 mg</i>		OTC; QLL (60 EA per 30 days)
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>		OTC; QLL (60 EA per 30 days)
<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		QLL (180 Max Day Supply per 365 days); AL (Max 12 Years)
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg</i>	Robinul	
<i>glycopyrrolate oral tablet 2 mg</i>	Robinul-Forte	
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Toviaz	ST; QLL (1 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 5 mg</i>		QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>		QLL (2 EA per 1 day)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		QLL (20 ML per 1 day)
<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>	Detrol LA	QLL (1 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 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 - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl oral tablet 100 mg</i>		QLL (240 EA per 30 days)
VAGINAL AND RELATED PRODUCTS		
*Imidazole-Related Antifungals***		
<i>3 day vaginal vaginal cream 2 %</i>		OTC
<i>clotrimazole vaginal cream 1 %</i>		OTC
<i>gnp clotrimazole 3 vaginal cream 2 %</i>		OTC
<i>gnp miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Monistat 1 Combo Pack	OTC
<i>gnp miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Monistat 1 Combo Pack	OTC
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	OTC
<i>miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>miconazole 7 vaginal suppository 100 mg</i>		OTC
<i>miconazole nitrate vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>qc 3 day vaginal cream 4 %</i>	Monistat 3	OTC
<i>qc clotrimazole vaginal cream 1 %</i>		OTC
<i>qc miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>sm 3-day vaginal vaginal cream 2 %</i>		OTC
<i>sm clotrimazole vaginal vaginal cream 1 %</i>		OTC
<i>sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	OTC

Formulary Drug Name	Reference	Restrictions
<i>sm miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>sm miconazole 7 vaginal suppository 100 mg</i>		OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		
*Spermicides***		
TODAY SPONGE VAGINAL 1000 MG		OTC; QLL (3 Sponges per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %		OTC; QLL (12 Films per 30 days)
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	
<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>	PureWay-C	OTC
<i>c-250 oral tablet chewable 250 mg</i>		OTC

Formulary Drug Name	Reference	Restrictions
<i>c-500 oral tablet chewable 500 mg</i>	Sunkist Vitamin C	OTC
<i>fruity c oral tablet chewable 250 mg</i>		OTC
<i>ra vitamin c oral tablet chewable 250 mg</i>		OTC
<i>sm chewable c oral tablet chewable 500 mg</i>	Sunkist Vitamin C	OTC
<i>sm vit c/rose hips oral tablet 1000 mg</i>		OTC
<i>sm vitamin c oral tablet 1000 mg, 250 mg</i>		OTC
<i>sm vitamin c oral tablet chewable 500 mg</i>	Sunkist Vitamin C	OTC
<i>sm vitamin c/rose hips oral tablet 500 mg</i>	PureWay-C	OTC
<i>vitamin c oral tablet 1000 mg, 250 mg</i>		OTC
<i>vitamin c oral tablet 500 mg</i>	PureWay-C	OTC
<i>vitamin c oral tablet chewable 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>	Healthy Kids Vitamin D3	OTC
<i>d3 oral tablet chewable 10 mcg (400 unit)</i>	Healthy Kids Vitamin D3	OTC
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Drisdol	
<i>ergocalciferol oral solution 200 mcg/ml</i>	Calcidol	OTC
<i>gnp vitamin d oral tablet chewable 10 mcg (400 unit)</i>	Healthy Kids Vitamin D3	OTC
<i>kp vitamin d oral tablet chewable 10 mcg (400 unit)</i>	Healthy Kids Vitamin D3	OTC
<i>vitamin d (cholecalciferol) oral capsule 25 mcg (1000 ut)</i>	Pronutrients Vitamin D3	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>	Healthy Kids Vitamin D3	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

Formulary Drug Name	Reference	Restrictions
HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE 10 MCG (400 UNIT)	d3	OTC
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	vitamin d3	OTC
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<i>dextromethorphan-guaifenesin</i> ...49		STARTER PACK	16	EX-LAX	73
<i>diaper rash</i>	55	ELLA	45	EX-LAX MAXIMUM	
<i>diclofenac potassium</i>	4	EMCYT	33	STRENGTH	73
<i>diclofenac sodium</i>	4, 55, 93	EMGALITY	77	EX-LAX ULTRA	73
<i>diclofenac sodium er</i>	4	<i>emtricitabine</i>	38	EXTAVIA	97
<i>dicloxacillin sodium</i>	96	<i>emtricitabine-tenofovir df</i>	36	<i>eye allergy itch relief</i>	91
<i>dicyclomine hcl</i>	100	EMTRIVA	38	<i>eye drops</i>	92
DIFICID	74	<i>enalapril maleate</i>	26	EYE-VITES	81
<i>digoxin</i>	42	<i>enalapril-hydrochlorothiazide</i>	26	<i>ezetimibe</i>	25
DILANTIN	17	ENBREL	5, 6	<i>famciclovir</i>	40
<i>diltiazem hcl</i>	42	ENBREL MINI	5	<i>famotidine</i>	100
<i>diltiazem hcl er</i>	42	ENBREL SURECLICK	6	<i>fa-vitamin b-6-vitamin b-12</i>	68
<i>diltiazem hcl er beads</i>	41	ENDACOF-DM	52	<i>febuxostat</i>	67
<i>diltiazem hcl er coated beads</i> 41, 42		ENDARI	68	<i>felodipine er</i>	42
DIMAPHEN DM		<i>enema</i>	71	FEMCAP	75
COLD/COUGH	52	<i>enema ready-to-use</i>	71	<i>fenofibrate</i>	25
<i>dimethyl fumarate</i>	98	<i>enoxaparin sodium</i>	16, 17	<i>fenofibrate micronized</i>	25
<i>dimethyl fumarate starter pack</i> ...98		<i>entacapone</i>	35	<i>fentanyl</i>	8
<i>diphenhydramine hcl</i>	24	<i>entecavir</i>	39	<i>fentanyl citrate</i>	8
<i>diphenhydramine-zinc acetate</i>	55	ENTRESTO	42	<i>ferretts chewable iron</i>	68
<i>diphenoxylate-atropine</i>	22	<i>epinephrine</i>	103	<i>ferrous gluconate</i>	68

<i>ferrous sulfate</i>	69	FREESTYLE LIBRE 3	<i>glycopyrrolate</i>	101
<i>fesoterodine fumarate er</i>	101	READER	<i>gnp anorectal</i>	10
FEVERALL JUNIOR		FREESTYLE LIBRE 3	<i>gnp antacid</i>	12
STRENGTH	6	SENSOR	<i>gnp antacid & anti-gas</i>	11
<i>fexofenadine hcl</i>	24	FREESTYLE LIBRE	<i>gnp antacid extra strength</i>	11, 12
<i>fexofenadine-pseudoephed er</i>	50	READER	<i>gnp antacid regular strength</i>	11
<i>fiber</i>	70	<i>fruity c</i>	<i>gnp antacid ultra strength</i>	12
<i>fiber laxative</i>	70	<i>furosemide</i>	<i>gnp antibiotic/pain relief</i>	54
<i>fiber laxative + calcium</i>	69	FUZEON	<i>gnp anti-diarrheal</i>	22
<i>fiber-lax</i>	70	FYAVOLV	<i>gnp anti-gas</i>	64
<i>finasteride</i>	66	<i>galantamine hydrobromide</i>	<i>gnp anti-itch</i>	55
<i> fingolimod hcl</i>	98	<i>galantamine hydrobromide er</i>	<i>gnp artificial tears</i>	88
FIRST-LANSOPRAZOLE	101	GAMMAGARD	<i>gnp century mature women's</i>	
FIRST-OMEPRAZOLE	101	GAMUNEX-C	<i>50+</i>	81
FIRVANQ	29	<i>gas relief</i>	GNP CLEARLAX	70
<i>fish oil</i>	88	<i>gas relief extra strength</i>	<i>gnp clotrimazole 3</i>	102
<i>fish oil concentrate</i>	88	<i>gas relief ultra strength</i>	<i>gnp cold/cough childrens</i>	52
FLAC	94	GAS-X EXTRA STRENGTH ..	<i>gnp cough dm er</i>	48
<i>flavoxate hcl</i>	102	GAS-X ULTRA STRENGTH ..	<i>gnp esomeprazole magnesium</i> ..	101
<i>flecainide acetate</i>	14	<i>gavilax</i>	<i>gnp eye drops</i>	88, 92
FLEET ENEMA	71	GAVILYTE-C	<i>gnp eye drops long lasting</i>	88
FLINTSTONES COMPLETE	83	GAVISCON	<i>gnp fiber</i>	70
FLINTSTONES GUMMIES		GAVISCON EXTRA	<i>gnp fiber-caps</i>	70
BONE BUILD	83	STRENGTH	<i>gnp fluticasone propionate</i>	86
FLINTSTONES TODDLER ...83		<i>gefitinib</i>	<i>gnp gas relief</i>	64
FLONASE ALLERGY		GEL-ONE	<i>gnp gas relief extra strength</i>	64
RELIEF	86	<i>gemfibrozil</i>	<i>gnp gentle laxative</i>	72
FLORANEX	22	<i>gentamicin sulfate</i>	<i>gnp glycerin (adult)</i>	70
<i>fluconazole</i>	23	GENTEAL SEVERE	<i>gnp glycerin child</i>	70
<i>fludrocortisone acetate</i>	48	GENTEAL TEARS	<i>gnp headache relief extra str</i>	6
<i>fluocinolone acetonide</i>	56, 94	GENTEAL TEARS	<i>gnp hemorrhoidal</i>	10
<i>fluocinonide</i>	56, 57	MODERATE PF	<i>gnp hydrocortisone</i>	57
<i>fluorometholone</i>	93	GENTEAL TEARS NIGHT-	<i>gnp ibuprofen childrens</i>	4
<i>fluorouracil</i>	55	TIME	<i>gnp ibuprofen infants</i>	4
<i>flurbiprofen</i>	4	GENTEAL TEARS PF	<i>gnp lice treatment</i>	60
<i>flurbiprofen sodium</i>	93	<i>gentle laxative</i>	<i>gnp loperamide hcl</i>	22
<i>fluticasone propionate</i>	57, 86	GENVOYA	<i>gnp lubricating plus eye drops</i> ... 90	
<i>fluticasone propionate diskus</i>	16	GILENYA	<i>gnp magnesium citrate</i>	72
<i>fluticasone propionate hfa</i>	16	GILOTRIF	<i>gnp miconazole 1</i>	102
<i>fluticasone-salmeterol</i>	14	<i>glatiramer acetate</i>	<i>gnp miconazole 7</i>	102
<i>fluvastatin sodium</i>	25	GLATOPA	<i>gnp migraine relief</i>	6
<i>folic acid</i>	68	<i>glimepiride</i>	<i>gnp milk of magnesia</i>	72
<i>fosamprenavir calcium</i>	37	<i>glipizide</i>	<i>gnp mineral oil</i>	71
<i>fosinopril sodium</i>	26	<i>glipizide er</i>	<i>gnp mucus dm max strength</i>	49
FREESTYLE LIBRE 14 DAY		<i>glipizide-metformin hcl</i>	<i>gnp mucus er</i>	51
READER	75	<i>glucagon emergency</i>	<i>gnp mucus relief</i>	51
FREESTYLE LIBRE 14 DAY		<i>glucose</i>	<i>gnp multi childrens</i>	82
SENSOR	75	<i>glycerin</i>	<i>gnp nasal decongestant</i>	86
FREESTYLE LIBRE 2		<i>glycerin (adult)</i>	<i>gnp nasal decongestant pe</i>	86
READER	76	<i>glycerin adult</i>	<i>gnp nasal spray</i>	87
FREESTYLE LIBRE 2		<i>glycerin childrens</i>	<i>gnp nasal spray extra moist</i>	87
SENSOR	76	GLYCOLAX	<i>gnp natural fiber</i>	70

<i>gnp no drip nasal spray</i>	87	<i>heparin sodium (porcine)</i>	16	<i>icosapent ethyl</i>	25
<i>gnp olopatadine hcl</i>	91	<i>heparin sodium (porcine) pf</i>	16	<i>imatinib mesylate</i>	31
<i>gnp pink bismuth</i>	21	HER STYLE	45	IMBRUVICA	31, 32
<i>gnp pseudoephedrine hcl 12 hr</i> ..	86	HISTEX	24	<i>imiquimod</i>	58
<i>gnp senna lax</i>	72	HISTEX PD	24	INCASSIA	47
<i>gnp senna plus</i>	71	HIZENTRA	94	INCRUSE ELLIPTA	15
<i>gnp stomach relief</i>	21	<i>hm allergy relief</i>	86	<i>indapamide</i>	62
<i>gnp stool softener</i>	73	<i>hm antacid extra strength</i>	12	INDERAL LA	41
<i>gnp stool softener/laxative</i>	71	<i>hm anti-diarrheal</i>	22	<i>indomethacin</i>	5
<i>gnp tab tussin</i>	51	HM CLEARLAX	70	<i>indomethacin er</i>	5
<i>gnp vitamin d</i>	104	<i>hm cold & cough childrens</i>	52	<i>infants ibuprofen</i>	5
<i>gnp wart remover</i>	59	<i>hm complete women</i>	81	INLYTA	34
<i>gnp womens gentle laxative</i>	72	<i>hm cough dm</i>	49	INSTA-GLUCOSE	18
<i>goodsense anti-diarrheal</i>	22	<i>hm enema</i>	71	<i>insulin asp prot & asp flexpen</i>	18
GOODSENSE CLEARLAX	70	<i>hm migraine relief</i>	6	<i>insulin aspart prot & aspart</i>	18
<i>goodsense cough dm</i>	48	<i>hm milk of magnesia</i>	72	<i>insulin lispro</i>	18
<i>goodsense cough dm childrens</i> ...	48	<i>hm stomach relief</i>	21	<i>insulin lispro (1 unit dial)</i>	18
<i>goodsense first aid antibiotic</i>	54	<i>hm stomach relief ultra</i>	21	<i>insulin lispro junior kwikpen</i>	18
<i>goodsense hemorrhoidal</i>	10	<i>hm stool softener/laxative</i>	71	<i>insulin lispro prot & lispro</i>	18
<i>goodsense ibuprofen infants</i>	4	<i>hm womens 50+ advanced daily</i> ..	81	INTELENCE	38
<i>goodsense lubricating eye drop</i> ..	90	HUMALOG MIX 50/50	19	<i>ipratropium bromide</i>	15, 86
<i>goodsense migraine formula</i>	6	HUMALOG MIX 50/50		<i>ipratropium-albuterol</i>	14
<i>goodsense mucus dm</i>	49	KWIKPEN	18	<i>irbesartan-hydrochlorothiazide</i> ..	27
<i>goodsense mucus er maximum</i>		HUMALOG MIX 75/25	19	<i>iron</i>	69
<i>str</i>	51	HUMULIN R U-500		<i>iron 100 plus</i>	68
<i>goodsense mucus relief child</i>	50	(CONCENTRATED)	19	<i>iron chews pediatric</i>	69
<i>granisetron hcl</i>	22	HUMULIN R U-500		<i>iron slow release</i>	69
<i>griseofulvin microsize</i>	23	KWIKPEN	19	ISENTRESS	37
<i>griseofulvin ultramicrosize</i>	23	HYCODAN	49	ISENTRESS HD	37
<i>guaiaatussin ac</i>	49	<i>hydralazine hcl</i>	28	<i>isoniazid</i>	30
<i>guaifenesin</i>	51	<i>hydrochlorothiazide</i>	62	<i>isopropyl alcohol wipes</i>	60
<i>guaifenesin er</i>	51	<i>hydrocodone bit-homatrop mbr</i> ..	49	<i>isosorb dinitrate-hydralazine</i>	43
<i>guaifenesin-codeine</i>	49	<i>hydrocodone-acetaminophen</i>	7	<i>isosorbide dinitrate</i>	13
<i>guanfacine hcl</i>	28	<i>hydrocodone-ibuprofen</i>	7	<i>isosorbide mononitrate</i>	13
<i>guanfacine hcl er</i>	3	<i>hydrocortisone</i>	10, 47, 57	<i>isosorbide mononitrate er</i>	13
GUMMI BEAR		<i>hydrocortisone (perianal)</i>	10	<i>isotretinoin</i>	53
MULTIVITAMIN/MIN	83	<i>hydrocortisone acetate</i>	57	<i>itraconazole</i>	23
GVOKE HYPOPEN 2-PACK ..	18	<i>hydrocortisone micronized</i>	57	<i>ivermectin</i>	13, 60
GVOKE KIT	18	<i>hydrocortisone-acetic acid</i>	94	JAIMIESS	46
GVOKE PFS	18	HYDROLATUM	58	JAKAFI	33
HADLIMA	4	<i>hydromet</i>	49	JARDIANCE	20
HADLIMA PUSHTOUCH	3	<i>hydromorphone hcl</i>	8	JENCYCLA	47
HAEGARDA	67	<i>hydroxychloroquine sulfate</i>	30	JULUCA	36
<i>hair skin and nails formula</i>	81	<i>hydroxyurea</i>	32	<i>just 4 kidz multivit/probiotic</i>	82
<i>halobetasol propionate</i>	57	<i>hyoscyamine sulfate</i>	100	KALYDECO	98
<i>headache formula</i>	6	<i>hyoscyamine sulfate er</i>	100	<i>ketoconazole</i>	23, 58
<i>headache relief</i>	6	HYPERRHO S/D	94	<i>ketorolac tromethamine</i>	5, 93
<i>healthy kids gummies</i>	82	<i>ibandronate sodium</i>	62	<i>ketotifen fumarate</i>	91
HEALTHY KIDS VITAMIN		<i>ibuprofen</i>	4, 5	KEVZARA	4
D3	105	<i>ibuprofen infants</i>	4	<i>kimono micro thin</i>	75
HEATHER	46	<i>ibuprofen junior strength</i>	4	KLOR-CON M15	79
<i>hemorrhoidal</i>	10	ICAPS MV	81	KLOR-CON/EF	79

<i>konsyl daily fiber</i>	70	<i>levonorgestrel-ethinyl estrad</i> 44, 45	MATULANE	32
<i>kp pseudoephedrine hcl</i>	86	<i>levonorg-eth estrad triphasic</i>	MAVYRET	39
KP VISION FORMULA	81	<i>levothyroxine sodium</i>	<i>meclizine hcl</i>	23
KP VISION		<i>lice killing maximum strength</i>	MEDI-FIRST ASPIRIN	7
FORMULA/LUTEIN	81	<i>lidocaine</i>	MEDI-FIRST IBUPROFEN	5
<i>kp vitamin d</i>	104	<i>lidocaine (anorectal)</i>	MEDI-PASTE	58
K-PHOS NO 2	66	<i>lidocaine hcl urethral/mucosal</i> ...	MEDIQUE ASPIRIN	7
<i>labetalol hcl</i>	40	<i>lidocaine viscous hcl</i>	<i>medroxyprogesterone acetate</i>	
<i>lactulose</i>	70	<i>lidocaine-prilocaine</i>	46, 96
<i>lactulose encephalopathy</i>	65	LILETTA (52 MG)	<i>mefloquine hcl</i>	30
<i>lamivudine</i>	38, 39	<i>linezolid</i>	<i>megestrol acetate</i>	33, 34
<i>lamivudine-zidovudine</i>	36	<i>liothyronine sodium</i>	MEKINIST	32
LAND BEFORE TIME		LIQREV	<i>melatonin</i>	3
MULTIVITAMIN	84	<i>lisinopril</i>	<i>melatonin maximum strength</i>	3
<i>lansoprazole</i>	101	<i>lisinopril-hydrochlorothiazide</i> ...	<i>meloxicam</i>	5
LANTUS	19	<i>lohist-dm</i>	<i>melphalan</i>	33
LANTUS SOLOSTAR	19	<i>long acting nasal spray</i>	<i>memantine hcl</i>	98
<i>lapatinib ditosylate</i>	32	<i>loperamide hcl</i>	MENCYLATE	59
<i>latanoprost</i>	93	<i>lopinavir-ritonavir</i>	MENS LIFE PACK	82
<i>laxative max str</i>	72	<i>loratadine</i>	<i>mercaptopurine</i>	31
<i>laxative regular strength</i>	72	<i>loratadine childrens</i>	<i>mesalamine</i>	65
<i>ledipasvir-sofosbuvir</i>	39	<i>loratadine-d 12hr</i>	<i>mesalamine er</i>	65
LEENA	47	<i>loratadine-d 24hr</i>	MESNEX	34
<i>leflunomide</i>	5	<i>losartan potassium</i>	<i>metformin hcl</i>	17
<i>lenalidomide</i>	80	<i>losartan potassium-hctz</i>	<i>metformin hcl er</i>	17
LENVIMA (10 MG DAILY		<i>lovastatin</i>	<i>methadone hcl</i>	8
DOSE)	34	LOW-OGESTREL	METHADONE HCL	
LENVIMA (12 MG DAILY		<i>lubiprostone</i>	INTENSOL	9
DOSE)	34	<i>lubricant eye drops</i>	METHADOSE	9
LENVIMA (14 MG DAILY		<i>lubricant eye drops (pf)</i>	METHADOSE SUGAR-	
DOSE)	34	<i>lubricant eye drops pf</i>	FREE	9
LENVIMA (18 MG DAILY		<i>lubricant eye nighttime</i>	<i>methenamine hippurate</i>	29
DOSE)	34	<i>lubricating eye drops</i>	<i>methenamine mandelate</i>	29
LENVIMA (20 MG DAILY		<i>lubrifresh p.m.</i>	<i>methimazole</i>	99
DOSE)	34	LYLEQ	<i>methocarbamol</i>	85
LENVIMA (24 MG DAILY		LYLLANA	<i>methotrexate sodium</i>	31
DOSE)	34	LYNPARZA	<i>methotrexate sodium (pf)</i>	31
LENVIMA (4 MG DAILY		LYSODREN	<i>methyl dopa</i>	28
DOSE)	34	LYZA	<i>methylprednisolone</i>	47, 48
LENVIMA (8 MG DAILY		MAALOX CHILDRENS	<i>metoclopramide hcl</i>	65
DOSE)	34	MACUVITE	<i>metolazone</i>	62
<i>letrozole</i>	33	MACUVITE EYE CARE	<i>metoprolol succinate er</i>	40
<i>leucovorin calcium</i>	33	MACUVITE/LUTEIN	<i>metoprolol tartrate</i>	40
LEUKERAN	33	<i>mag-al plus</i>	<i>metoprolol-hydrochlorothiazide</i> ..	28
<i>leuprolide acetate</i>	33	<i>magnesium citrate</i>	<i>metronidazole</i>	28, 60, 103
<i>levabuterol tartrate</i>	15	<i>magnesium oxide</i>	<i>miconazole 1</i>	102
<i>levobunolol hcl</i>	91	<i>magnesium oxide -mg</i>	<i>miconazole 3 combo-supp</i>	102
<i>levocarnitine</i>	62	<i>supplement</i>	<i>miconazole 7</i>	102
<i>levocetirizine dihydrochloride</i> ...	24	<i>malathion</i>	<i>miconazole nitrate</i>	58, 102
<i>levofloxacin</i>	64	MAPAP ACETAMINOPHEN	MICRHOGAM ULTRA-	
<i>levonorgest-eth estrad 91-day</i>	46	EXTRA STR	FILTERED PLUS	95
<i>levonorgestrel</i>	45	<i>maraviroc</i>	MICROCHAMBER	77

<i>midodrine hcl</i>	103	MX-SOL SUSPEND	96	<i>norethindrone</i>	46
<i>migraine relief</i>	6	MY CHOICE	45	<i>norethindrone acetate</i>	96
<i>milk of magnesia</i>	72	MY WAY	45	<i>norethindrone acet-ethinyl est</i>	45
<i>mineral oil</i>	71	<i>mycophenolate mofetil</i>	80	<i>norethindrone-eth estradiol</i> ..	63, 64
<i>mineral oil-hydrophil petrolat</i>	58	MYLERAN	30	<i>norgestimate-eth estradiol</i>	45
<i>minocycline hcl</i>	99	<i>nabumetone</i>	5	<i>norgestim-eth estrad triphasic</i>	47
<i>minoxidil</i>	28	NAPHCN-A	92	NORLYDA	47
<i>misoprostol</i>	101	<i>naproxen</i>	5	NORLYROC	47
<i>moisturizing lotion</i>	58	<i>naproxen sodium</i>	5	NORTREL 1/35 (28)	45
<i>mometasone furoate</i>	57	<i>naratriptan hcl</i>	77	NORTREL 7/7/7	47
<i>montelukast sodium</i>	15	NARCAN	22	NORVIR	37
<i>morphine sulfate</i>	8	<i>nasal decongestant</i>	86	NOVOLIN 70/30	19
<i>morphine sulfate (concentrate)</i>	8	<i>nasal decongestant pe</i>	86	NOVOLIN 70/30 FLEXPEN ..	19
<i>morphine sulfate er</i>	8	<i>nasal decongestant pe max st</i>	86	NOVOLIN N	19
MOVANTIK	66	<i>nasal decongestant spray</i>	87	NOVOLIN N FLEXPEN	19
<i>mucosa</i>	51	<i>nasal mist</i>	51	NOVOLIN R	19
<i>mucus relief d</i>	50	<i>nasal relief</i>	87	NOVOLIN R FLEXPEN	19
<i>mucus relief dm</i>	50	<i>nasal spray 12 hour</i>	87	NOVOLOG 70/30 FLEXPEN	
<i>mucus relief dm max</i>	49, 50	<i>nasal spray extra moisturizing</i>	87	RELION	19
<i>mucus relief max st</i>	51	<i>nasal spray no drip</i>	87	NOVOLOG MIX 70/30	19
<i>mucus-dm</i>	50	NATACYN	92	NOVOLOG MIX 70/30	
<i>mucus-dm max</i>	50	<i>nateglinide</i>	20	FLEXPEN	19
<i>mucus-dm maximum strength</i>	50	<i>natural fiber laxative</i>	70	NOVOLOG MIX 70/30	
MULTAQ	14	<i>nebivolol hcl</i>	40, 41	RELION	19
MULTI FOR HIM	82	NECON 0.5/35 (28)	45	NP THYROID	100
<i>multi vitamin</i>	82	<i>neomycin sulfate</i>	3	<i>nystatin</i>	23, 54, 80
<i>multi vitamin/minerals</i>	81	<i>neomycin-bacitracin zn-</i>		OCEAN FOR KIDS	85
<i>multi-vit/iron/fluoride</i>	82	<i>polymyx</i>	92	OCREVUS	98
<i>multivitamin adults</i>	81	<i>neomycin-polymyxin-dexameth</i> ...93		<i>octreotide acetate</i>	63
<i>multivitamin childrens gummies</i> ..	82	<i>neomycin-polymyxin-gramicidin</i> 92		OCUVITE EXTRA	82
<i>multi-vitamin gummies</i>	81	<i>neomycin-polymyxin-hc</i>	94	OCUVITE EYE + MULTI	82
<i>multivitamin men 50+</i>	81	<i>neonatal complete</i>	84	OCUVITE-LUTEIN	82
<i>multivitamin women</i>	81	NEO-POLYCIN HC	93	ODEFSEY	36
<i>multivitamin women 50+</i>	81	NEUAC	53	OFF DEEP WOODS	58
<i>multivitamin womens 50+ adv</i> ...81		<i>nevirapine</i>	38	OFF DEEP WOODS DRY	58
<i>multivitamin/fluoride</i>	83	<i>nevirapine er</i>	38	OFF DEEP WOODS	
<i>multi-vitamin/fluoride</i>	83	NEW DAY	45	SPORTSMEN	58
<i>multi-vitamin/fluoride/iron</i>	82	NEXPLANON	46	OFF FAMILYCARE CLEAN	
<i>multivit-min gummies childrens</i> ..82		<i>niacin</i>	103	FEEL	59
<i>mupirocin</i>	54	<i>niacin er</i>	103	OFF SMOOTH & DRY	59
MURI-LUBE	71	<i>nifedipine</i>	42	<i>ofloxacin</i>	92, 94
<i>muscle rub</i>	59	<i>nifedipine er</i>	42	<i>olmesartan medoxomil</i>	27
MVW COMPLETE		<i>nifedipine er osmotic release</i>	42	<i>olopatadine hcl</i>	91
FORMULATION	83	NITRO-BID	13	<i>omega-3</i>	88
MVW COMPLETE		<i>nitrofurantoin</i>	29	<i>omega-3-acid ethyl esters</i>	25
FORMULATION D3000	83	<i>nitrofurantoin macrocrystal</i>	29	<i>omeprazole</i>	101
MVW COMPLETE		<i>nitrofurantoin monohyd macro</i> ...29		<i>omeprazole magnesium</i>	101
FORMULATION D5000	83	<i>nitroglycerin</i>	13	OMNIFLEX DIAPHRAGM ...75	
MX-SOL	96	<i>nizatidine</i>	100	<i>ondansetron</i>	23
MX-SOL BLEND	96	NORA-BE	47	<i>ondansetron hcl</i>	22, 23
MX-SOL BLEND SF	96	NORDITROPIN FLEXPRO ...62		<i>one daily complete for men</i>	81
MX-SOL SF	96	<i>norethin ace-eth estrad-fe</i>	44, 45	<i>one vite womens</i>	84

<i>one-daily multi-vitamin/iron</i>	81	PAXLOVID (150/100)	39	<i>prednisolone acetate</i>	93
ONETOUCH DELICA PLUS		PAXLOVID (300/100)	39	<i>prednisolone sodium phosphate</i>	
LANCET30G	76	<i>pazopanib hcl</i>	32	48, 93
ONETOUCH DELICA PLUS		<i>peak flow meter universal rang.</i>	77	<i>prednisone</i>	48
LANCET33G	76	PEDIACLEAR PD		PRENATABS RX	84
ONETOUCH DELICA PLUS		CHILDRENS	24	<i>prenatal (w/iron & fa)</i>	84
LANCING	76	PEDIA-LAX	74	<i>prenatal 19</i>	84
ONETOUCH DELICA		<i>peg 3350</i>	70	<i>prenatal plus</i>	84
SAFETY LANCING	76	<i>peg 3350-kcl-na bicarb-nacl</i>	69	<i>prenatal/iron</i>	84
ONETOUCH ULTRA	60	<i>peg-3350/electrolytes</i>	69	PRENATAL-U	84
ONETOUCH ULTRA 2	76	PEGASYS	39	PREVALITE	25
ONETOUCH ULTRA TEST ...60		<i>penicillamine</i>	79	PRIFTIN	30
ONETOUCH VERIO	61	<i>penicillin v potassium</i>	95	<i>primaquine phosphate</i>	30
ONETOUCH VERIO FLEX		<i>pentazocine-naloxone hcl</i>	9	<i>primidone</i>	17
SYSTEM	76	<i>pentoxifylline er</i>	67	PRIVIGEN	95
ONETOUCH VERIO		PERDIEM OVERNIGHT		<i>probenecid</i>	67
REFLECT	76	RELIEF	73	<i>prochlorperazine</i>	35
OPCICON ONE-STEP	46	<i>permethrin</i>	60	<i>prochlorperazine maleate</i>	35
OPSUMIT	43	<i>phenazopyridine hcl</i>	66, 67	<i>progesterone</i>	96
OPTICHAMBER DIAMOND ..77		<i>phenobarbital</i>	69	PROLIA	63
OPTION 2	46	<i>phenylephrine hcl</i>	86, 91	PROMACTA	69
ORA-BLEND	96	<i>phenytoin</i>	17	<i>promethazine hcl</i>	24
ORA-BLEND SF	96	<i>phenytoin sodium extended</i>	17	<i>promethazine-codeine</i>	52
ORA-PLUS	96	PHOSPHA 250 NEUTRAL	79	<i>promethazine-dm</i>	51
ORA-SWEET	96	PHOSPHO-TRIN 250		PROMETHEGAN	24
ORA-SWEET SF	96	NEUTRAL	79	<i>propafenone hcl</i>	14
ORLISSA	62	PHOSPHO-TRIN K500	79	<i>propranolol hcl</i>	41
ORKAMBI	98	<i>phytonadione</i>	105	<i>propranolol hcl er</i>	41
<i>orphenadrine citrate er</i>	85	<i>pilocarpine hcl</i>	81, 91	<i>propylthiouracil</i>	99
<i>oseltamivir phosphate</i>	40	<i>pink bismuth maximum strength</i> ..	21	<i>pse-dexchlorphen-</i>	
OTEZLA	5	<i>pinworm medicine</i>	13	<i>chlophedianol</i>	52
<i>oxybutynin chloride</i>	102	<i>pioglitazone hcl</i>	21	<i>pseudoeph-bromphen-dm</i>	52
<i>oxybutynin chloride er</i>	101, 102	<i>pirfenidone</i>	99	<i>pseudoephedrine hcl</i>	86
<i>oxycodone hcl</i>	8, 9	<i>piroxicam</i>	5	<i>pseudoephedrine hcl er</i>	86
<i>oxycodone hcl er</i>	8	<i>podofilox</i>	59	<i>pseudoephedrine-guaifenesin er</i> ..	50
<i>oxycodone-acetaminophen</i>	9	POLYGIN	92	PULMOZYME	99
<i>oyster shell calcium</i>	78	<i>polyethylene glycol 3350</i>	70	<i>pyrazinamide</i>	30
<i>oyster shell calcium/d</i>	78	<i>polymyxin b-trimethoprim</i>	92	<i>pyridostigmine bromide</i>	30
OZEMPIC (0.25 OR 0.5		POLY-VI-SOL	84	<i>pyridoxine hcl</i>	103
MG/DOSE)	20	<i>poly-vite/iron</i>	83	<i>pyrimethamine</i>	30
OZEMPIC (1 MG/DOSE)	20	<i>potassium chloride crys er</i>	79	<i>qc 3 day</i>	102
OZEMPIC (2 MG/DOSE)	20	<i>potassium chloride er</i>	79	<i>qc allergy relief</i>	86
<i>pain reliever plus</i>	6	<i>potassium citrate er</i>	66	<i>qc antacid</i>	11, 12
<i>pain relieving</i>	59	<i>potassium citrate-citric acid</i>	66	<i>qc antacid extra strength</i>	12
<i>pamidronate disodium</i>	62	PRADAXA	17	<i>qc antacid ultra strength</i>	12
PANOXYL FOAMING		<i>pramipexole dihydrochloride</i>	35	<i>qc antacid/anti-gas</i>	11
WASH	53	<i>pramoxine hcl (perianal)</i>	10	<i>qc anti-diarrheal</i>	22
<i>pantoprazole sodium</i>	101	<i>prasugrel hcl</i>	68	<i>qc anti-gas</i>	64
PARAGARD		<i>pravastatin sodium</i>	25	<i>qc artificial tears</i>	88
INTRAUTERINE COPPER ...45		<i>praziquantel</i>	13	<i>qc childrens complete</i>	83
<i>paricalcitol</i>	63	<i>prazosin hcl</i>	28	<i>qc chocolate laxative</i>	72
PATADAY	91	<i>prednisolone</i>	48	<i>qc clotrimazole</i>	102

<i>qc corn and callus remover</i>	59	<i>raloxifene hcl</i>	63	SARNOL-HC	57
<i>qc cough relief</i>	49	<i>ramipril</i>	27	SAVELLA	97
<i>qc diarrhea relief</i>	21	REACT	46	SAVELLA TITRATION	
<i>qc dibromm childrens cold/cgh</i> ...52		REBIF	97	PACK	97
<i>qc docusate calcium</i>	73	REBIF REBIDOSE	97	SAWYER INSECT	
<i>qc effervescent antacid/pain</i>	7	REBIF REBIDOSE		REPELLENT	59
<i>qc enema</i>	71	TITRATION PACK	97	SEGLUROMET	20
<i>qc fiber</i>	70	REBIF TITRATION PACK ...97		<i>selegiline hcl</i>	34
<i>qc fiber laxative</i>	70	RECTASMOOTH	10	<i>selenium sulfide</i>	55
<i>qc gas relief</i>	64	RECTIV	10	<i>senexon-s</i>	71
<i>qc gas relief extra strength</i>	64	REFRESH	89	<i>senna</i>	73
<i>qc gentle laxative</i>	72	REFRESH CELLUVISC	90	<i>senna plus</i>	71
<i>qc gentle laxative womens</i>	73	REFRESH DIGITAL	89	SENNA SMOOTH	73
<i>qc headache relief</i>	6	REFRESH LACRI-LUBE	89	<i>senna-docusate sodium</i>	71
<i>qc heartburn antacid</i>	11	REFRESH LIQUIGEL	90	<i>senna-lax</i>	73
<i>qc hemorrhoidal</i>	10	REFRESH OPTIVE	89	<i>senna-s</i>	71
<i>qc laxative</i>	73	REFRESH OPTIVE		<i>senna-time</i>	73
<i>qc magnesium citrate</i>	72	ADVANCED	89	<i>senna-time s</i>	71
<i>qc medifin 400</i>	51	REFRESH OPTIVE PF	89	<i>sennosides-docusate sodium</i>	71
<i>qc miconazole 7</i>	102	REFRESH PLUS	90	<i>sevelamer carbonate</i>	66
<i>qc milk of magnesia</i>	72	REFRESH RELIEVA PF	89	SHAROBEL	47
<i>qc mineral oil heavy</i>	71	REFRESH TEARS	90	<i>sildenafil citrate</i>	43
<i>qc mucus relief dm max</i>	50	<i>repaglinide</i>	20	<i>silver sulfadiazine</i>	56
<i>qc mucus relief er</i>	51	REPATHA	26	<i>simethicone</i>	65
<i>qc mucus relief max st</i>	51	REPATHA PUSHTRONEX		<i>simethicone drops infants</i>	65
<i>qc mucus relief severe con/cgh</i> ...50		SYSTEM	26	<i>simethicone ultra strength</i>	65
<i>qc nasal decongestant pe</i>	86, 87	REPATHA SURECLICK	26	SIMPESSE	46
<i>qc nasal mist no drip</i>	87	RETACRIT	68	<i>simvastatin</i>	25
<i>qc nasal spray</i>	87	RETIN-A	53	<i>sinus 12 hour</i>	87
<i>qc natura-lax</i>	70	REVLIMID	80	<i>sinus congestion max strength</i> ...87	
<i>qc no drip extra moisturizing</i>	87	RHOGAM ULTRA-		<i>sinus nasal spray</i>	88
<i>qc no drip nasal relief</i>	87	FILTERED PLUS	95	<i>sirolimus</i>	80
<i>qc no drip original 12 hours</i>	88	RHOPHYLAC	95	<i>sleep aid</i>	69
<i>qc olopatadine hcl</i>	91	RIDAURA	4	<i>sleep-aid</i>	69
<i>qc pink bismuth</i>	21	<i>rifabutin</i>	30	SLO-NIACIN	103
<i>qc saline nasal spray</i>	85	<i>rifampin</i>	30	<i>sm 3-day vaginal</i>	102
<i>qc senna</i>	73	<i>riluzole</i>	88	<i>sm acidophilus</i>	21
<i>qc senna-s</i>	71	RINVOQ	3	<i>sm allergy relief</i>	86
<i>qc stomach relief</i>	21	<i>ritonavir</i>	37	<i>sm animal shapes complete</i>	84
<i>qc stomach relief ultra</i>	21	<i>rivastigmine</i>	97	<i>sm antacid</i>	11, 12
<i>qc stool softener</i>	73	<i>rivastigmine tartrate</i>	97	<i>sm antacid advanced</i>	11
<i>qc stool softener pls laxative</i>	71	<i>rizatriptan benzoate</i>	77	<i>sm antacid anti-gas</i>	11
<i>qc suphedrine maximum</i>		<i>ropinirole hcl</i>	35	<i>sm anti-diarrheal</i>	22
<i>strength</i>	87	<i>ropinirole hcl er</i>	35	<i>sm anti-itch extra strength</i>	55
<i>qc vegetable laxative</i>	73	<i>rosuvastatin calcium</i>	25	<i>sm aspirin tri-buffered</i>	7
<i>qc wart remover</i>	59	RYDAPT	32	<i>sm calcium antacid</i>	12
<i>quinapril hcl</i>	27	<i>rynex dm</i>	52	<i>sm calcium antacid ex st</i>	12
<i>quinapril-hydrochlorothiazide</i> ...26		<i>saline</i>	85	<i>sm chest congestion relief</i>	51
QVAR REDIHALER	16	<i>saline mist spray</i>	85	<i>sm chewable c</i>	104
<i>ra lubricant eye drops</i>	90	<i>saline nasal spray</i>	85	SM CLEARLAX	70
<i>ra vitamin c</i>	104	SANDOSTATIN LAR		<i>sm clotrimazole vaginal</i>	102
<i>rabeprazole sodium</i>	101	DEPOT	63	<i>sm cold & cough childrens</i>	52

<i>sm cold & hot extra strength</i>	59	SMARTY PANTS KIDS	<i>sulfamethoxazole-trimethoprim</i> ..	29
<i>sm docusate calcium</i>	73	COMPLETE	<i>sulfasalazine</i>	65
<i>sm dry eye relief</i>	89	<i>smooth antacid extra strength</i>	SULFATRIM PEDIATRIC	29
<i>sm effervescent pain relief</i>	7	<i>sod citrate-citric acid</i>	<i>sulindac</i>	5
<i>sm enema</i>	71	<i>sodium bicarbonate</i>	<i>sumatriptan</i>	77
<i>sm eye drops</i>	92	<i>sodium chloride</i>	<i>sumatriptan succinate</i>	77, 78
<i>sm fiber</i>	70	<i>sodium chloride (hypertonic)</i>	<i>sumatriptan succinate refill</i>	77
<i>sm foaming antacid</i>	11	<i>sodium fluoride</i>	<i>sunitinib malate</i>	32
<i>sm gas relief</i>	65	<i>sodium fluoride 5000 plus</i>	<i>suphedrine 12hour</i>	87
<i>sm gentle laxative</i>	73	<i>sodium fluoride 5000 ppm</i>	<i>sure comfort alcohol prep</i>	75
<i>sm glycerin pediatric</i>	70	<i>sodium polystyrene sulfonate</i>	SYMDEKO	99
<i>sm hemorrhoidal</i>	10	<i>sofosbuvir-velpatasvir</i>	SYMPROIC	66
<i>sm ibuprofen ib childrens</i>	5	<i>solifenacin succinate</i>	SYMTUZA	36
<i>sm ibuprofen jr</i>	5	SOLIRIS	SYNAGIS	94
<i>sm infants ibuprofen</i>	5	SOLTAMOX	SYNALAR	57
<i>sm laxative</i>	73	SOLU-CORTEF	<i>syringe/hypodermic safety</i>	76
<i>sm lice treatment</i>	60	<i>sorbitol</i>	SYSTANE BALANCE	90
<i>sm lubricant eye drops</i>	89	<i>sore throat spray</i>	SYSTANE COMPLETE	90
<i>sm lubricating plus</i>	90	SOSWEET	SYSTANE CONTACTS	89
<i>sm lubricating tears</i>	89	<i>sotalol hcl</i>	SYSTANE HYDRATION PF ..	89
<i>sm magnesium</i>	79	<i>sotalol hcl (af)</i>	SYSTANE NIGHTTIME	89
<i>sm magnesium citrate</i>	72	<i>spinosad</i>	SYSTANE PRESERVATIVE	
<i>sm melatonin</i>	3	<i>spironolactone</i>	FREE	89
<i>sm miconazole 3 applicator</i>	102	<i>spironolactone-hctz</i>	SYSTANE ULTRA PF	89
<i>sm miconazole 7</i>	103	SPONGEBOB	TABLOID	31
<i>sm migraine relief</i>	6	SQUAREPANTS GUMMIES ..	<i>tacrolimus</i>	59, 80
<i>sm milk of magnesia</i>	72	SPRYCEL	<i>tadalafil (pah)</i>	43
<i>sm mucus relief cold childrens</i>	50	SPS	TAFINLAR	31
<i>sm mucus relief max strength</i>	51	STEGLATRO	TAKE ACTION	46
<i>sm nasal decongestant</i>	87	<i>sterile water for irrigation</i>	TAKHZYRO	67
<i>sm nasal decongestant max st</i>	87	<i>stevia extract</i>	TAMIFLU	40
<i>sm nasal decongestant pe</i>	87	<i>steviol glycosides</i>	<i>tamoxifen citrate</i>	30
<i>sm nasal spray</i>	88	<i>stevioside</i>	<i>tamsulosin hcl</i>	66
<i>sm nasal spray 12 hour</i>	88	<i>stimulant laxative</i>	TARON-C DHA	84
<i>sm nasal spray saline</i>	85	<i>stomach relief</i>	TASIGNA	31
<i>sm nasal spray sinus</i>	88	<i>stomach relief extra strength</i>	<i>tazarotene</i>	55
<i>sm natural laxative/stool soft</i>	71	<i>stomach relief ultra</i>	<i>temozolomide</i>	33
<i>sm nighttime sleep aid</i>	69	<i>stool softener</i>	<i>tenofovir disoproxil fumarate</i>	39
<i>sm olopatadine hcl</i>	91	<i>stool softener laxative</i>	<i>terazosin hcl</i>	28
<i>sm omega-3 fish oil</i>	88	<i>stool softener plus laxative</i>	<i>terbinafine hcl</i>	23, 54
<i>sm rapid melts junior</i>	6	STRIBILD	<i>terconazole</i>	103
<i>sm senna laxative</i>	73	STRIVERDI RESPIMAT	<i>teriparatide (recombinant)</i>	63
<i>sm senna-s</i>	71	<i>sucralfate</i>	<i>testosterone</i>	9, 10
<i>sm severe congestion & cough</i>	50	SUDOGEST	<i>testosterone cypionate</i>	9
<i>sm slow release iron</i>	69	<i>sudogest 12 hour</i>	<i>testosterone enanthate</i>	9
<i>sm smooth antacid ex st</i>	12	SUDOGEST MAXIMUM	<i>tetrabenazine</i>	97
<i>sm stomach relief</i>	21	STRENGTH	<i>theophylline</i>	16
<i>sm stool softener</i>	73	SUDOGEST PE	<i>theophylline er</i>	16
<i>sm stool softener/laxative</i>	71	<i>sulfacetamide sodium</i>	THERA-GESIC	59
<i>sm vit c/rose hips</i>	104	<i>sulfacetamide sodium (acne)</i>	<i>therapeutic</i>	60
<i>sm vitamin c</i>	104	<i>sulfacetamide-prednisolone</i>	TILIA FE	47
<i>sm vitamin c/rose hips</i>	104	<i>sulfadiazine</i>	<i>timolol maleate</i>	41, 91

TIVICAY	37	TYMLOS	63	WIDE-SEAL DIAPHRAGM	
TIVICAY PD	37	UBRELVY	77	75	75
<i>tizanidine hcl</i>	85	<i>ultra lubricating eye drops</i>	89	WIDE-SEAL DIAPHRAGM	
<i>tobramycin</i>	3, 92	<i>ultra-care alcohol prep pads</i>	75	80	75
TODAY SPONGE	103	ULTRATHON INSECT		WIDE-SEAL DIAPHRAGM	
<i>tolnaftate</i>	54	REPELLENT 8	59	85	75
<i>tolnaftate antifungal</i>	54	<i>urea</i>	58	WIDE-SEAL DIAPHRAGM	
<i>tolterodine tartrate</i>	102	<i>urea 20 intensive hydrating</i>	58	90	75
<i>tolterodine tartrate er</i>	102	<i>ureacin-20</i>	58	WIDE-SEAL DIAPHRAGM	
<i>toremifene citrate</i>	30	<i>urinary pain relief</i>	67	95	75
<i>torseamide</i>	61	<i>ursodiol</i>	65	WIXELA INHUB	14
<i>totalday multiple</i>	81	<i>valacyclovir hcl</i>	40	<i>womans laxative</i>	73
TRACLEER	43	<i>valganciclovir hcl</i>	39	<i>womens laxative</i>	73
<i>tramadol hcl</i>	9	<i>valsartan</i>	27	XARELTO	16
<i>tramadol hcl er</i>	9	<i>valsartan-hydrochlorothiazide</i> ...	27	XARELTO STARTER PACK	16
<i>tramadol-acetaminophen</i>	9	VANACOF	52	XIFAXAN	28
<i>trandolapril</i>	27	<i>vancomycin hcl</i>	29	XOLAIR	14, 15
<i>tranexamic acid</i>	69	VCF VAGINAL		XULANE	45
<i>tretinoin</i>	34	CONTRACEPTIVE	103	YUMVSKIDS MULTI ZERO	83
<i>triamcinolone acetonide</i> . 57, 81, 86		VENCLEXTA	31	YUVAFEM	103
TRIAMINIC		VENCLEXTA STARTING		ZARXIO	68
ALLERCHEWS	24	PACK	31	ZENATANE	54
TRIAMINIC FEVER		<i>verapamil hcl</i>	42	ZENPEP	61
REDUCER	7	<i>verapamil hcl er</i>	42	ZEPATIER	39
<i>triamterene-hctz</i>	61	VERZENIO	33	<i>zidovudine</i>	38, 39
<i>tri-buffered aspirin</i>	7	VINATE II	84	ZIEXTENZO	68
<i>trifluridine</i>	92	VIRACEPT	37	<i>zinc oxide</i>	55
TRIKAFTA	99	VIREAD	39	ZOO FRIENDS MULTI	
<i>trimethoprim</i>	28	<i>virtussin a/c</i>	50	GUMMIES	83
<i>trinatal rx 1</i>	84	VISCO-3	85	ZOVIRAX	55
TRINATE	84	<i>vitachew multiple vitamin</i>	82		
<i>triple antibiotic+pain relief</i>	54	VITALETS CHILDRENS	83		
<i>triprolidine hcl</i>	24	<i>vitamin b6</i>	103		
TRIUMEQ	36	<i>vitamin c</i>	104		
TRIUMEQ PD	36	<i>vitamin d</i>	104		
TRI-VI-SOL A/C/D	84	<i>vitamin d (cholecalciferol)</i>	104		
<i>tropicamide</i>	91	<i>vitamin d3</i>	104		
<i>tropium chloride</i>	102	<i>vitamins acd-fluoride</i>	84		
<i>tropium chloride er</i>	102	<i>voriconazole</i>	23		
TRULICITY	20	VOSEVI	39		
TRUVADA	36	<i>warfarin sodium</i>	16		
TUKYSA	31	<i>wart remover maximum</i>			
TUMS	13	<i>strength</i>	59		
TUMS CHEWY BITES	12	WEEKLY-D	105		
TUMS E-X 750	13	<i>wescap-c dha</i>	84		
TUMS EXTRA STRENGTH		<i>wes-phos 250 neutral</i>	79		
750	13	WIDE-SEAL DIAPHRAGM			
TUMS SMOOTHIES	13	60	75		
TUMS ULTRA 1000	13	WIDE-SEAL DIAPHRAGM			
TUSNEL C	50	65	75		
<i>tussin cough</i>	49	WIDE-SEAL DIAPHRAGM			
TYBOST	39	70	75		