

**Aetna Better Health
of Maryland
Formulary Guide
September 2020**

www.aetnabetterhealth.com/maryland

What is the Aetna Better Health of Maryland Formulary?

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

Medicare Part D

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

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

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

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</i>	Kapvay	PA; AL (Min 18 Years)
<i>guanfacine hcl er</i>	Intuniv	PA; AL (Min 18 Years)
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>neomycin sulfate</i>		
<i>paromomycin sulfate</i>		
<i>tobramycin</i>	Kitabis Pak	PA; QLL (280 ML Max Qty Per Fill Retail)
ANALGESICS - ANTI-INFLAMMATORY		
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEN-CD/UC/HS STARTER		PA; QLL (3 EA per 180 days)
HUMIRA PEN-PS/UV/ADOL HS START		PA; QLL (3 EA per 180 days)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		PA; QLL (3 EA per 180 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML		PA; QLL (2 EA per 180 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML		PA; QLL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		PA; QLL (1 Kit per 28 days)
HUMIRA PEN-CD/UC/HS STARTER		PA; QLL (1 Kit per 28 days)
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib</i>	CeleBREX	ST; QLL (30 EA per 30 days)
*Gold Compounds***		
RIDAURA		

Formulary Drug Name	Reference	Restrictions
*Interleukin-6 Receptor Inhibitors***		
KEVZARA		PA; QLL (2.28 ML per 28 days)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>childrens ibuprofen 100</i>	Childrens Advil	OTC
<i>diclofenac potassium</i>		
<i>diclofenac sodium</i>		
<i>diclofenac sodium er</i>		
<i>etodolac</i>	Lodine	
<i>flurbiprofen</i>		
<i>ibuprofen oral capsule</i>	Advil	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral tablet 200 mg</i>	Addaprin	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	
<i>indomethacin</i>		
<i>indomethacin er</i>		
<i>ketorolac tromethamine</i>		QLL (20 Tablets per 30 days); AL (Min 16 Years)
<i>meloxicam</i>	Mobic	QLL (30 EA per 30 days)
<i>nabumetone</i>		QLL (120 EA per 30 days)
<i>naproxen dr</i>		
<i>naproxen oral suspension</i>	Naprosyn	ST
<i>naproxen oral tablet</i>		
<i>naproxen sodium oral capsule</i>	Aleve	OTC
<i>naproxen sodium oral tablet</i>	Aleve	OTC; QLL (2 EA per 1 day)
<i>piroxicam</i>	Feldene	
<i>sm ibuprofen jr</i>	Advil Junior Strength	OTC
<i>sulindac</i>		
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide</i>	Arava	QLL (30 EA per 30 days)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI		PA; QLL (3.92 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML		PA; QLL (2.04 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML		PA; QLL (4 ML per 28 days)
ENBREL SURECLICK		PA; QLL (4 ML per 28 days)

Formulary Drug Name	Reference	Restrictions
ANALGESICS - NONNARCOTIC		
*Analgesics Other***		
<i>acetaminophen er</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>acetaminophen oral liquid</i>	Little Remedies for Fever	OTC; QLL (240 mL per 30 days)
<i>acetaminophen oral solution</i>		OTC
<i>acetaminophen oral suspension</i>	Panadol Childrens	OTC; QLL (240 ML per 30 days)
<i>acetaminophen oral tablet 325 mg</i>	Pharbetol	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</i>	Childrens Medi-Tabs	OTC
<i>acetaminophen rectal</i>	FeverAll Adults	OTC
<i>childrens acetaminophen</i>		OTC
<i>non-aspirin jr strength</i>	Mapap Childrens	OTC
TRIAMINIC FEVER REDUCER		OTC; QLL (240 mL per 30 days)
*Analgesics-Sedatives***		
<i>butalbital-acetaminophen</i>	Tencon	QLL (60 EA per 30 days)
<i>butalbital-apap-caffeine</i>	Esgic	QLL (60 EA per 30 days)
<i>butalbital-aspirin-caffeine</i>	Fiorinal	QLL (60 EA per 30 days)
*Salicylates***		
<i>aspirin</i>	Bayer Low Dose	OTC
<i>aspirin ec</i>	Aspir-Low	OTC
<i>aspirin maximum strength</i>	Bayer Advanced Aspirin Ex St	OTC
<i>diflunisal</i>		
<i>eq aspirin</i>	Ecotrin Maximum Strength	OTC
<i>salsalate</i>		
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine #2</i>		AL (Min 18 Years)
<i>acetaminophen-codeine #3</i>		AL (Min 18 Years)
<i>acetaminophen-codeine #4</i>		QLL (10 EA per 1 day); AL (Min 18 Years)
<i>acetaminophen-codeine oral solution</i>		QLL (1000 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet</i>		AL (Min 18 Years)
<i>butalbital-apap-cod</i>	Fioricet/Codeine	QLL (60 EA per 30 days); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
<i>butalbital-asa-caff-codeine</i>	Ascomp-Codeine	QLL (60 EA per 30 days); AL (Min 18 Years)
ASCOMP-CODEINE	Butalbital-ASA-Caff-Codeine	QLL (60 EA per 30 days); AL (Min 18 Years)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution</i>		QLL (2750 ML per 30 days); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>	Lorcet HD	QLL (9 EA per 1 day); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	Lorcet	AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>	Norco	AL (Min 18 Years)
<i>hydrocodone-ibuprofen</i>		QLL (240 EA per 30 days); AL (Min 18 Years)
*Opioid Agonists***		
<i>codeine sulfate</i>		QLL (30 EA per 30 days); AL (Min 18 Years)
<i>fentanyl</i>	Duragesic-50	PA; QLL (15 EA per 30 days)
<i>fentanyl citrate</i>	Actiq	PA; QLL (120 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</i>		QLL (7 EA per 1 day)
<i>methadone hcl oral concentrate</i>	Methadone HCl Intensol	PA; QLL (3 ML per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>		PA; QLL (15 ML per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>		PA; QLL (30 ML per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	Dolophine	PA; QLL (3 EA per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	Dolophine	PA; QLL (6 EA per 1 day)
<i>methadone hcl oral tablet soluble</i>	Methadose	PA; QLL (1 EA per 1 day)
<i>morphine sulfate (concentrate)</i>		QLL (4.5 ML per 1 day)
<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 solution 20 mg/5ml</i>		QLL (22 ML per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>morphine sulfate oral tablet</i>		QLL (60 EA per 30 days)
<i>morphine sulfate rectal suppository 10 mg</i>		QLL (9 EA per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>		QLL (4 EA per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>		QLL (3 EA per 1 day)
<i>morphine sulfate rectal suppository 5 mg</i>		QLL (18 EA per 1 day)
<i>oxycodone hcl oral solution</i>		QLL (60 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>		QLL (6 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	Roxicodone	QLL (4 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>		QLL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	Roxicodone	QLL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	Roxicodone	QLL (8 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>		PA; QLL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg</i>		PA; QLL (1 EA per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>		QLL (4 EA per 1 day); AL (Min 16 Years)
<i>tramadol hcl oral tablet 50 mg</i>	Ultram	QLL (8 EA per 1 day); AL (Min 16 Years)
*Opioid Combinations***		
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Endocet	QLL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Endocet	
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Endocet	QLL (8 EA per 1 day)
<i>oxycodone-aspirin</i>		QLL (240 EA per 30 days)
*Opioid Partial Agonists***		
<i>buprenorphine</i>	Butrans	PA; QLL (4 EA per 28 days)
<i>butorphanol tartrate</i>		QLL (2.5 ML per 30 days)
<i>pentazocine-naloxone hcl</i>		QLL (4.5 EA per 1 day)
*Tramadol Combinations***		
<i>tramadol-acetaminophen</i>	Ultracet	QLL (240 EA per 30 days); AL (Min 16 Years)
ANDROGENS-ANABOLIC		
*Androgens***		
<i>danazol</i>		
<i>testosterone cypionate</i>	Depo-Testosterone	PA; QLL (10 ML per 90 days)
<i>testosterone enanthate</i>		PA; QLL (5 ML per 60 days)

Formulary Drug Name	Reference	Restrictions
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	Vogelxo Pump	PA; QLL (300 GM per 30 days)
<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>	AndroGel	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 25 mg/2.5gm (1%)</i>	AndroGel	PA; QLL (2.5 GM per 1 day)
<i>testosterone transdermal solution</i>		PA; QLL (6 ML per 1 day)
ANORECTAL AGENTS		
*Intrarectal Steroids***		
<i>hydrocortisone</i>	Cortenema	
*Nitrate Vasodilating Agents***		
RECTIV		PA
ANTACIDS		
*Antacid Combinations***		
<i>gnp foaming antacid</i>		OTC
*Antacids - Bicarbonate***		
<i>sodium bicarbonate</i>		OTC
*Antacids - Magnesium Salts***		
<i>magnesium oxide</i>	Maox	OTC
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole</i>	Albenza	ST
<i>ivermectin</i>	Stromectol	
<i>praziquantel</i>	Biltricide	PA
<i>reeses pinworm medicine</i>		OTC
ANTIANGINAL AGENTS		
*Nitrates***		
<i>isosorbide dinitrate</i>		
<i>isosorbide mononitrate</i>		
<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>nitroglycerin</i>	Minitran	
<i>nitroglycerin er</i>	Nitro-Time	

Formulary Drug Name	Reference	Restrictions
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate</i>	Norpace	
<i>quinidine sulfate</i>		
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl</i>		
*Antiarrhythmics Type I-C***		
<i>flecainide acetate</i>		
<i>propafenone hcl</i>		
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl</i>	Pacerone	
MULTAQ		PA; QLL (2 EA per 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*Adrenergic Combinations***		
<i>budesonide-formoterol fumarate</i>	Symbicort	QLL (10.2 GM per 30 days)
<i>fluticasone-salmeterol</i>	AirDuo RespiClick 55/14	QLL (1 inhaler per 30 days)
<i>ipratropium-albuterol</i>		QLL (18 ML per 1 day)
ANORO ELLIPTA		QLL (60 EA per 30 days)
BREO ELLIPTA		QLL (60 EA per 30 days); AL (Min 18 Years)
COMBIVENT RESPIMAT		QLL (8 GM per 30 days)
TRELEGY ELLIPTA		ST; QLL (2 EA per 1 day)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR		PA
*Anti-Inflammatory Agents***		
<i>cromolyn sodium</i>		
*Beta Adrenergics***		
<i>albuterol sulfate hfa</i>	ProAir HFA	QLL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%</i>		QLL (12 Nebules per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		ST; QLL (12 Nebules per 1 day); AL (Max 18 Years)
<i>albuterol sulfate oral</i>		
<i>levalbuterol tartrate</i>	Xopenex HFA	ST; QLL (30 GM per 30 days)
<i>metaproterenol sulfate</i>		
ARCAPTA NEOHALER		
STRIVERDI RESPIMAT		QLL (4 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
*Bronchodilators - Anticholinergics***		
<i>ipratropium bromide</i>		
ATROVENT HFA		QLL (26 GM per 30 days)
INCRUSE ELLIPTA		QLL (30 EA per 30 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet</i>	Singulair	PA; QLL (30 EA per 30 days); AL (Min 1 Years and Max 2 Years)
<i>montelukast sodium oral tablet</i>	Singulair	QLL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	Singulair	QLL (30 EA per 30 days)
<i>zafirlukast</i>	Accolate	ST; QLL (2 EA per 1 day)
*Steroid Inhalants***		
<i>budesonide</i>	Pulmicort	QLL (120 ML per 30 days); AL (Max 5 Years)
ARNUITY ELLIPTA		
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT		QLL (0.4 GM per 1 day); AL (Max 12 Years)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT		QLL (0.3533 GM per 1 day); AL (Max 12 Years)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT		QLL (0.3533 GM per 1 day)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT		QLL (0.7067 GM per 1 day)
*Xanthines***		
<i>theophylline</i>		
<i>theophylline er</i>		
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
<i>warfarin sodium</i>	Jantoven	
*Direct Factor Xa Inhibitors***		
ELIQUIS		PA; QLL (2 EA per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		PA; QLL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG		PA; QLL (2 EA per 1 day)
XARELTO STARTER PACK		PA; QLL (51 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine)</i>		
<i>heparin sodium (porcine) pf</i>		
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium</i>	Lovenox	QLL (21 days per 168 days)
ANTICONVULSANTS		
*Anticonvulsants - Benzodiazepines***		
VALTOCO 10 MG DOSE		QLL (2 EA Max Qty Per Fill Retail)
VALTOCO 15 MG DOSE		QLL (2 EA Max Qty Per Fill Retail)
VALTOCO 20 MG DOSE		QLL (2 EA Max Qty Per Fill Retail)
VALTOCO 5 MG DOSE		QLL (2 EA Max Qty Per Fill Retail)
*Anticonvulsants - Misc.***		
<i>primidone</i>	Mysoline	
*Hydantoins***		
<i>phenytoin</i>	Dilantin Infatabs	
<i>phenytoin sodium extended</i>	Dilantin	
DILANTIN		
*Succinimides***		
<i>ethosuximide</i>	Zarontin	
CELONTIN		
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose</i>	Precose	QLL (90 EA per 30 days)
*Biguanides***		
<i>metformin hcl</i>		
<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)
*Diabetic Other - Combinations***		
<i>glucose</i>	Dex4	OTC

Formulary Drug Name	Reference	Restrictions
*Diabetic Other***		
<i>glucose</i>	Dex4 Quick Dissolve Glucose	OTC
BD GLUCOSE		OTC
GLUCAGEN HYPOKIT		QLL (1 Unit Max Qty Per Fill Retail)
GLUCAGON EMERGENCY INJECTION KIT		QLL (1 Unit Max Qty Per Fill Retail)
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED		QLL (1 EA Max Qty Per Fill Retail)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML		QLL (0.2 ML Max Qty Per Fill Retail)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML		QLL (0.4 ML Max Qty Per Fill Retail)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML		QLL (0.2 ML Max Qty Per Fill Retail)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML		QLL (0.4 ML Max Qty Per Fill Retail)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML		QLL (0.2 ML Max Qty Per Fill Retail)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML		QLL (0.4 ML Max Qty Per Fill Retail)
INSTA-GLUCOSE		OTC
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate</i>	Nesina	QLL (30 EA per 30 Days)
JANUVIA		ST; QLL (1 EA per 1 day)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>alogliptin-metformin hcl</i>	Kazano	QLL (60 EA per 30 Days)
JANUMET		ST; QLL (2 EA per 1 day)
JANUMET XR		ST; QLL (1 EA per 1 day)
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
<i>alogliptin-pioglitazone</i>	Oseni	QLL (30 EA per 30 Days)
*Human Insulin***		
ADMELOG	Insulin Lispro	

Formulary Drug Name	Reference	Restrictions
ADMELOG SOLOSTAR	Insulin Lispro (1 Unit Dial)	AL (Max 18 Years)
BASAGLAR KWIKPEN		
HUMALOG MIX 50/50		
HUMALOG MIX 50/50 KWIKPEN		AL (Max 18 Years)
HUMALOG MIX 75/25		
HUMALOG MIX 75/25 KWIKPEN	Insulin Lispro Prot & Lispro	AL (Max 18 Years)
HUMULIN R U-500 (CONCENTRATED)		
HUMULIN R U-500 KWIKPEN		AL (Max 18 Years)
NOVOLIN 70/30		OTC
NOVOLIN 70/30 FLEXPEN		OTC; AL (Max 18 Years)
NOVOLIN 70/30 FLEXPEN RELION		OTC; AL (Max 18 Years)
NOVOLIN N		OTC
NOVOLIN N FLEXPEN		OTC; AL (Max 18 Years)
NOVOLIN N FLEXPEN RELION		OTC; AL (Max 18 Years)
NOVOLIN R		OTC
NOVOLIN R FLEXPEN		OTC; AL (Max 18 Years)
NOVOLIN R FLEXPEN RELION		OTC; AL (Max 18 Years)
NOVOLOG MIX 70/30	Insulin Aspart Prot & Aspart	
NOVOLOG MIX 70/30 FLEXPEN	Insulin Asp Prot & Asp FlexPen	AL (Max 18 Years)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE)		ST; QLL (0.0536 ML per 1 day)
OZEMPIC (1 MG/DOSE)		ST; QLL (0.1071 ML per 1 day)
VICTOZA		ST; QLL (0.6 ML per 1 day)
*Meglitinide Analogues***		
<i>nateglinide</i>	Starlix	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		PA; QLL (1 EA per 1 day)
STEGLATRO		ST; QLL (1 EA per 1 day)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg</i>		QLL (60 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 5-500 mg</i>		QLL (120 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>		QLL (60 EA per 30 days)
<i>glyburide-metformin oral tablet 5-500 mg</i>		QLL (120 EA per 30 days)
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	Amaryl	QLL (30 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	Amaryl	QLL (60 EA per 30 days)
<i>glipizide</i>	Glucotrol	
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Glucotrol XL	QLL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Glucotrol XL	QLL (30 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	Glucotrol XL	QLL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Glucotrol XL	QLL (30 EA per 30 days)
<i>glyburide</i>		
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	Glynase	QLL (30 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	Glynase	QLL (60 EA per 30 days)
*Thiazolidinediones***		
<i>pioglitazone hcl</i>	Actos	QLL (30 EA per 30 days)
AVANDIA		ST; QLL (30 EA per 30 days)
ANTIDIARRHEALS		
*Antiperistaltic Agents***		
<i>anti-diarrheal</i>	Imodium A-D	OTC
<i>diphenoxylate-atropine</i>	Lomotil	
<i>loperamide hcl</i>		OTC
ANTIDOTES		
*Antidotes - Chelating Agents***		
CHEMET		
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
<i>granisetron hcl</i>		ST; QLL (40 EA per 30 days)
<i>ondansetron</i>		QLL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>		QLL (20 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Zofran	QLL (3 EA per 1 day)
*Antiemetics - Anticholinergic***		
<i>meclizine hcl</i>	Bonine	

Formulary Drug Name	Reference	Restrictions
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg</i>		QLL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	Emend	QLL (2 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	Emend Tri-Pack	QLL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Emend	QLL (4 EA per 30 days)
ANTIFUNGALS		
*Antifungals***		
<i>bio-statin</i>		
<i>griseofulvin microsize</i>		ST
<i>griseofulvin ultramicrosize</i>		ST
<i>nystatin</i>		
<i>terbinafine hcl</i>	LamSIL	QLL (30 EA per 30 days)
*Imidazoles***		
<i>ketoconazole</i>		QLL (30 EA per 30 days)
*Triazoles***		
<i>fluconazole oral suspension reconstituted</i>	Diflucan	
<i>fluconazole oral tablet</i>	Diflucan	QLL (60 EA per 30 days)
<i>itraconazole</i>	Sporanox	QLL (120 EA per 30 days)
ANTI HISTAMINES		
*Antihistamines - Alkylamines***		
<i>brompheniramine tannate</i>		
<i>chlorpheniramine maleate</i>	Chlor-Trimeton	OTC
*Antihistamines - Ethanolamines***		
<i>allergy</i>	Banophen	OTC
<i>allergy relief childrens</i>	Wal-Dryl Allergy Rel Childrens	OTC
<i>carbinoxamine maleate</i>		
<i>clemastine fumarate</i>		
<i>diphenhydramine hcl oral capsule</i>	Banophen	
<i>diphenhydramine hcl oral elixir</i>		QLL (120 mL per 30 days)
<i>diphenhydramine hcl oral liquid</i>	Vanamine PD	OTC
<i>diphenhydramine hcl oral tablet</i>	Alka-Seltzer Plus Allergy	OTC
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl</i>	KLS Aller-Tec	OTC; QLL (30 EA per 30 days)
<i>fexofenadine hcl</i>	Allegra Allergy	OTC; QLL (1 EA per 1 day)
<i>loratadine</i>	Claritin	OTC; QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral solution</i>		QLL (180 mL per 30 days)
<i>promethazine hcl oral syrup</i>		QLL (180 mL per 30 days)
<i>promethazine hcl oral tablet</i>		
<i>promethazine hcl rectal</i>	Promethegan	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl</i>		
ANTIHYPERLIPIDEMICS		
*Antihyperlipidemics - Misc.***		
<i>omega-3-acid ethyl esters</i>	Lovaza	ST; QLL (4 EA per 1 day)
*Bile Acid Sequestrants***		
<i>cholestyramine</i>	Questran	
<i>cholestyramine light</i>	Prevalite	
<i>colestipol hcl</i>	Colestid	
*Fibric Acid Derivatives***		
<i>fenofibrate</i>	Triglide	
<i>fenofibrate micronized</i>		
<i>gemfibrozil</i>	Lopid	QLL (60 EA per 30 days)
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium</i>	Lipitor	QLL (30 EA per 30 days)
<i>fluvastatin sodium</i>		ST; QLL (1 EA per 1 day)
<i>fluvastatin sodium er</i>	Lescol XL	QLL (30 EA per 30 days)
<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</i>		QLL (30 EA per 30 days)
<i>rosuvastatin calcium</i>	Crestor	ST
<i>simvastatin</i>	Zocor	QLL (30 EA per 30 days)
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe</i>	Zetia	ST; QLL (1 EA per 1 day)
ANTIHYPERTENSIVES		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl</i>		QLL (30 EA per 30 days)
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide</i>	Lotensin HCT	QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<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>fosinopril sodium-hctz</i>		
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 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>quinapril-hydrochlorothiazide</i>	Accuretic	QLL (30 EA per 30 days)
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg</i>	Lotensin	QLL (2 EA per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	Lotensin	QLL (60 EA per 30 days)
<i>benazepril hcl oral tablet 5 mg</i>		QLL (2 EA per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Vasotec	QLL (2 EA per 1 day)
<i>enalapril maleate oral tablet 20 mg</i>	Vasotec	QLL (60 EA per 30 days)
<i>fosinopril sodium oral tablet 10 mg, 20 mg</i>		QLL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 40 mg</i>		QLL (60 EA per 30 days)
<i>lisinopril oral tablet 10 mg, 20 mg</i>	Prinivil	QLL (2 EA per 1 day)
<i>lisinopril oral tablet 2.5 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>perindopril erbumine oral tablet 2 mg, 4 mg</i>		QLL (30 EA per 30 days)
<i>perindopril erbumine oral tablet 8 mg</i>		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>	Mavik	QLL (60 EA per 30 days)
*Adrenolytics-Central & Thiazide/Thiazide-Like Comb***		
<i>methyldopa-hydrochlorothiazide</i>		
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan</i>	Exforge	QLL (30 EA per 30 days)
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz</i>	Atacand HCT	ST; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>irbesartan-hydrochlorothiazide</i>	Avalide	QLL (30 EA per 30 days)
<i>losartan potassium-hctz</i>	Hyzaar	QLL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide</i>	Diovan HCT	QLL (30 EA per 30 days)
*Angiotensin II Receptor Antagonists***		
<i>candesartan cilexetil</i>	Atacand	ST; QLL (1 EA per 1 day)
<i>irbesartan</i>	Avapro	QLL (30 EA per 30 days)
<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>telmisartan</i>	Micardis	QLL (1 EA per 1 day)
<i>valsartan</i>	Diovan	QLL (30 EA per 30 days)
*Antiadrenergics - Centrally Acting***		
<i>clonidine</i>	Catapres-TTS-1	ST; QLL (4 EA per 28 days)
<i>clonidine hcl</i>	Catapres	
<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</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</i>	Minipress	QLL (120 EA per 30 days)
<i>terazosin hcl oral capsule 1 mg, 5 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</i>	Tenoretic 100	
<i>bisoprolol-hydrochlorothiazide</i>	Ziac	
<i>metoprolol-hydrochlorothiazide</i>		
<i>propranolol-hctz</i>		
*Vasodilators***		
<i>hydralazine hcl</i>		
<i>minoxidil</i>		

Formulary Drug Name	Reference	Restrictions
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole</i>	Flagyl	
<i>trimethoprim</i>		
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim</i>	Bactrim DS	
*Leprostatics***		
<i>dapsone</i>		
*Lincosamides***		
<i>clindamycin hcl</i>	Cleocin	
<i>clindamycin palmitate hcl</i>	Cleocin	
*Oxazolidinones***		
<i>linezolid</i>	Zyvox	PA
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</i>		PA
<i>hydroxychloroquine sulfate</i>	Plaquenil	PA
<i>mefloquine hcl</i>		
<i>primaquine phosphate</i>		QLL (2 EA per 1 day)
<i>pyrimethamine</i>	Daraprim	PA
ANTIMYASTHENIC AGENTS		
*Antimyasthenic Agents***		
<i>pyridostigmine bromide</i>	Mestinon	
ANTIMYCOBACTERIAL AGENTS		
*Antimycobacterial Agents***		
<i>ethambutol hcl</i>		
<i>isoniazid</i>		
<i>pyrazinamide</i>		
<i>rifabutin</i>	Mycobutin	

Formulary Drug Name	Reference	Restrictions
<i>rifampin</i>	Rifadin	
PRIFTIN		
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA		PA
VENCLEXTA STARTING PACK		PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
MYLERAN		
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate</i>	Zytiga	PA
*Antiadrenals***		
LYSODREN		
*Antiandrogens***		
<i>bicalutamide</i>	Casodex	QLL (30 EA per 30 days)
<i>flutamide</i>		
*Antiestrogens***		
<i>tamoxifen citrate</i>		
<i>toremifene citrate</i>	Fareston	
SOLTAMOX		
*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</i>		
<i>methotrexate</i>		
<i>methotrexate sodium (pf)</i>		
TABLOID		
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR		PA
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE		PA

Formulary Drug Name	Reference	Restrictions
*Antineoplastic - Mek Inhibitors***		
MEKINIST		PA
*Antineoplastic - Mtor Kinase Inhibitors***		
<i>everolimus</i>	Afinitor	PA; QLL (1 EA per 1 day)
AFINITOR		PA; QLL (30 EA per 30 days)
*Antineoplastic - Multikinase Inhibitors***		
NEXAVAR		PA; QLL (120 EA per 30 days)
RYDAPT		PA
SUTENT		PA; QLL (30 EA per 30 days)
*Antineoplastic - Tyrosine Kinase Inhibitors***		
<i>erlotinib hcl</i>	Tarceva	PA; QLL (1 EA per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	Gleevec	PA; QLL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	Gleevec	PA; QLL (60 EA per 30 days)
ALECENSA		PA
CABOMETYX		PA; QLL (1 EA per 1 day)
CAPRELSA		PA
GILOTRIF		PA
IMBRUVICA ORAL CAPSULE		PA; QLL (1 EA per 1 day)
IMBRUVICA ORAL TABLET		PA; QLL (120 EA per 30 days)
LENVIMA (10 MG DAILY DOSE)		PA
LENVIMA (12 MG DAILY DOSE)		PA
LENVIMA (14 MG DAILY DOSE)		PA
LENVIMA (18 MG DAILY DOSE)		PA
LENVIMA (20 MG DAILY DOSE)		PA
LENVIMA (24 MG DAILY DOSE)		PA
LENVIMA (4 MG DAILY DOSE)		PA
LENVIMA (8 MG DAILY DOSE)		PA
SPRYCEL		PA; QLL (1 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)
TYKERB		PA; QLL (180 EA per 30 days)
VOTRIENT		PA; QLL (120 EA per 30 days)
*Antineoplastics Misc.***		
<i>hydroxyurea</i>	Hydrea	

Formulary Drug Name	Reference	Restrictions
ACTIMMUNE		PA
INTRON A		PA
MATULANE		
*Aromatase Inhibitors***		
<i>anastrozole</i>	Arimidex	QLL (30 EA per 30 days)
<i>exemestane</i>	Aromasin	QLL (30 EA per 30 days)
<i>letrozole</i>	Femara	QLL (30 EA per 30 days)
*Estrogens-Antineoplastic***		
EMCYT		
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium</i>		
*Imidazotetrazines***		
<i>temozolomide</i>	Temodar	
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI		PA
*Lhrh Analogs***		
<i>leuprolide acetate</i>		PA; QLL (5.6 ML per 28 days)
ELIGARD		PA
ZOLADEX		PA
*Mitotic Inhibitors***		
<i>etoposide</i>		
*Nitrogen Mustards***		
<i>cyclophosphamide</i>		
<i>melphalan</i>	Alkeran	
*Progestins-Antineoplastic***		
<i>hydroxyprogesterone caproate</i>		
<i>megestrol acetate</i>		
*Retinoids***		
<i>tretinoin</i>		
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene</i>	Targetin	PA
*Urinary Tract Protective Agents***		
MESNEX		

Formulary Drug Name	Reference	Restrictions
ANTIPARKINSON AGENTS		
*Antiparkinson Dopaminergics***		
<i>amantadine hcl</i>		
<i>bromocriptine mesylate</i>	Parlodel	
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl</i>		
*Levodopa Combinations***		
<i>carbidopa-levodopa</i>	Sinemet	
<i>carbidopa-levodopa er</i>		
<i>carbidopa-levodopa-entacapone</i>	Stalevo 125	QLL (270 EA per 30 days)
*Nonergoline Dopamine Receptor Agonists***		
<i>pramipexole dihydrochloride</i>	Mirapex	
<i>ropinirole hcl</i>		QLL (90 EA per 30 days)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	Requip XL	ST; QLL (2 EA per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 8 mg</i>		ST; QLL (1 EA per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 6 mg</i>	Requip XL	ST; QLL (1 EA per 1 day)
*Peripheral Comt Inhibitors***		
<i>entacapone</i>	Comtan	QLL (120 EA per 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Phenothiazines***		
<i>prochlorperazine</i>	Compro	
<i>prochlorperazine maleate</i>		
ANTISEPTICS & DISINFECTANTS		
*Chlorine Antiseptics***		
<i>chlorhexidine gluconate</i>		
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine</i>	Epzicom	Diagnosis Required; QLL (1 EA per 1 day)
<i>abacavir-lamivudine-zidovudine</i>	Trizivir	Diagnosis Required; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>lamivudine-zidovudine</i>	Combivir	Diagnosis Required; QLL (2 EA per 1 day)
<i>lopinavir-ritonavir</i>	Kaletra	Diagnosis Required; QLL (10 ML per 1 day)
ATRIPLA		Diagnosis Required; QLL (1 EA per 1 day)
BIKTARVY		Diagnosis Required; QLL (1 EA per 1 day)
COMPLERA		Diagnosis Required; QLL (1 EA per 1 day)
DESCOVY		Diagnosis Required; QLL (1 EA per 1 day)
DOVATO		Diagnosis Required; QLL (1 EA per 1 day)
GENVOYA		Diagnosis Required; QLL (1 EA per 1 day)
JULUCA		Diagnosis Required; QLL (1 EA per 1 day)
KALETRA		Diagnosis Required; QLL (4 EA per 1 day)
ODEFSEY		Diagnosis Required; QLL (1 EA per 1 day)
STRIBILD		Diagnosis Required
SYMFI		Diagnosis Required; QLL (1 EA per 1 day)
SYMFI LO		Diagnosis Required; QLL (1 EA per 1 day)
SYMTUZA		Diagnosis Required; QLL (1 EA per 1 day)
TEMIXYS		Diagnosis Required; QLL (1 EA per 1 day)
TRIUMEQ		Diagnosis Required; QLL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 200-300 MG		Diagnosis Required; QLL (1 EA per 1 day)
TRUVADA ORAL TABLET 133-200 MG, 167-250 MG		Diagnosis Required
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL TABLET 150 MG, 75 MG		Diagnosis Required; QLL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG		Diagnosis Required; QLL (8 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
SELZENTRY ORAL TABLET 300 MG		Diagnosis Required; QLL (4 EA per 1 day)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON		Diagnosis Required; QLL (2 EA per 1 day)
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS HD		Diagnosis Required; QLL (2 EA per 1 day)
ISENTRESS ORAL TABLET		Diagnosis Required; QLL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE		Diagnosis Required; QLL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG		Diagnosis Required
TIVICAY ORAL TABLET 25 MG, 50 MG		Diagnosis Required; QLL (2 EA per 1 day)
TIVICAY PD		Diagnosis Required; AL (Max 12 Years)
*Antiretrovirals - Protease Inhibitors***		
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	Reyataz	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>fosamprenavir calcium</i>	Lexiva	Diagnosis Required; QLL (4 EA per 1 day)
<i>ritonavir</i>	Norvir	Diagnosis Required; QLL (12 EA per 1 day)
APTIVUS ORAL CAPSULE		Diagnosis Required; QLL (4 EA per 1 day)
APTIVUS ORAL SOLUTION		Diagnosis Required; QLL (10 ML per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG		Diagnosis Required; QLL (12 EA per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG		Diagnosis Required; QLL (6 EA per 1 day)
INVIRASE		Diagnosis Required; QLL (4 EA per 1 day)
LEXIVA		Diagnosis Required; QLL (56 ML per 1 day)
NORVIR ORAL PACKET		Diagnosis Required

Formulary Drug Name	Reference	Restrictions
NORVIR ORAL SOLUTION		Diagnosis Required; QLL (15 ML per 1 day)
PREZISTA ORAL SUSPENSION		Diagnosis Required; QLL (8 ML per 1 day)
PREZISTA ORAL TABLET 150 MG		Diagnosis Required; QLL (3 EA per 1 day)
PREZISTA ORAL TABLET 600 MG		Diagnosis Required; QLL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG, 800 MG		Diagnosis Required; QLL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG		Diagnosis Required; QLL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG		Diagnosis Required; QLL (4 EA per 1 day)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
<i>efavirenz oral capsule 200 mg</i>	Sustiva	Diagnosis Required; QLL (1 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>	Sustiva	Diagnosis Required; QLL (2 EA per 1 day)
<i>nevirapine er</i>	Viramune XR	Diagnosis Required; QLL (1 EA per 1 day)
<i>nevirapine oral suspension</i>	Viramune	Diagnosis Required; QLL (40 ML per 1 day)
<i>nevirapine oral tablet</i>	Viramune	Diagnosis Required; QLL (2 EA per 1 day)
EDURANT		Diagnosis Required; QLL (1 EA per 1 day)
INTELENCE ORAL TABLET 100 MG, 25 MG		Diagnosis Required; QLL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG		Diagnosis Required; QLL (2 EA per 1 day)
SUSTIVA	Efavirenz	Diagnosis Required; QLL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution</i>	Ziagen	Diagnosis Required; QLL (30 ML per 1 day)
<i>abacavir sulfate oral tablet</i>	Ziagen	Diagnosis Required; QLL (2 EA per 1 day)
<i>didanosine</i>		Diagnosis Required; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>lamivudine oral solution</i>	Epivir	Diagnosis Required; QLL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Epivir	Diagnosis Required; QLL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Epivir	Diagnosis Required; QLL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE		Diagnosis Required; QLL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION		Diagnosis Required; QLL (24 ML per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>stavudine oral capsule 15 mg, 20 mg</i>		Diagnosis Required; QLL (1 EA per 1 day)
<i>stavudine oral capsule 30 mg, 40 mg</i>	Zerit	Diagnosis Required; QLL (2 EA per 1 day)
<i>zidovudine oral capsule</i>	Retrovir	Diagnosis Required; QLL (2 EA per 1 day)
<i>zidovudine oral syrup</i>	Retrovir	Diagnosis Required; QLL (60 ML per 1 day)
<i>zidovudine oral tablet</i>		Diagnosis Required; QLL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate</i>	Viread	Diagnosis Required; QLL (1 EA per 1 day)
VIREAD ORAL POWDER		Diagnosis Required; QLL (8 GM per 1 day)
VIREAD ORAL TABLET		Diagnosis Required; QLL (1 EA per 1 day)
*Cmv Agents***		
<i>valganciclovir hcl</i>	Valcyte	QLL (2 EA per 1 day)
*Hepatitis B Agents***		
<i>entecavir</i>	Baraclude	QLL (30 EA per 30 days)
<i>lamivudine</i>	Epivir HBV	QLL (30 EA per 30 days)
EPIVIR HBV		QLL (300 mL per 30 days)
VEMLIDY		QLL (1 EA per 1 day)
*Hepatitis C Agents***		
PEGASYS		PA; QLL (4 Units per 28 days)

Formulary Drug Name	Reference	Restrictions
PEGASYS PROCLICK		PA; QLL (4 Units per 28 days)
PEGINTRON		PA; QLL (4 Units per 28 days)
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule</i>		QLL (60 EA per 30 days)
<i>acyclovir oral suspension</i>	Zovirax	AL (Max 12 Years)
<i>acyclovir oral tablet</i>	Zovirax	QLL (60 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	Valtrex	QLL (21 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	Valtrex	QLL (42 EA per 30 days)
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir</i>		QLL (21 EA Max Qty Per Fill Retail)
*Influenza Agents***		
<i>rimantadine hcl</i>		QLL (14 EA Max Qty Per Fill Retail)
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tamiflu	QLL (10 EA per 1 FILL); 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</i>	Tamiflu	QLL (180 ML Max Qty Per Fill Retail); AL (Max 12 Years)
ASSORTED CLASSES		
*Chelating Agents***		
<i>penicillamine</i>	Depen Titratabs	PA; QLL (8 EA per 1 day)
*Cyclosporine Analogs***		
<i>cyclosporine</i>	SandIMMUNE	
<i>cyclosporine modified</i>	Gengraf	
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID		PA; QLL (1 EA per 1 day)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil</i>	CellCept	
*Irrigation Solutions***		
<i>sterile water for irrigation</i>	Argyle Sterile Water	

Formulary Drug Name	Reference	Restrictions
*Macrolide Immunosuppressants***		
<i>sirolimus</i>	Rapamune	
<i>tacrolimus</i>	Prograf	
*Potassium Removing Resins***		
<i>sodium polystyrene sulfonate</i>		
*Purine Analogs***		
<i>azathioprine</i>	Imuran	
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol</i>	Coreg	QLL (60 EA per 30 days)
<i>labetalol hcl</i>		
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl</i>		
<i>atenolol</i>	Tenormin	
<i>bisoprolol fumarate oral tablet 10 mg</i>		QLL (120 EA per 30 days)
<i>bisoprolol fumarate oral tablet 5 mg</i>		QLL (30 EA per 30 days)
<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</i>	Lopressor	
*Beta Blockers Non-Selective***		
<i>propranolol hcl</i>		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 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>sotalol hcl</i>	Sorine	
<i>sotalol hcl (af)</i>	Betapace AF	
<i>timolol maleate</i>		
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg</i>	Norvasc	QLL (30 EA per 30 days)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	Norvasc	QLL (2 EA per 1 day)
<i>diltiazem hcl</i>	Cardizem	QLL (120 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>diltiazem hcl er</i>		QLL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 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 360 mg, 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, 300 mg</i>	Cardizem CD	QLL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Cardizem CD	QLL (3 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	Cardizem CD	QLL (60 EA per 30 days)
<i>felodipine er</i>		QLL (30 EA per 30 days)
<i>isradipine</i>		
<i>nicardipine hcl</i>		
<i>nifedipine</i>		
<i>nifedipine er</i>	Afeditab CR	QLL (30 EA per 30 days)
<i>nifedipine er osmotic release</i>	Procardia XL	QLL (30 EA per 30 days)
<i>verapamil hcl</i>		QLL (120 EA per 30 days)
<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>	Calan SR	QLL (2 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	Calan SR	QLL (60 EA per 30 days)
TIADYLT ER	Diltiazem HCl ER Beads	QLL (1 EA per 1 day)
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digoxin</i>		
CARDIOVASCULAR AGENTS - MISC.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
<i>amlodipine-atorvastatin</i>		QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Prostaglandin Vasodilators***		
<i>epoprostenol sodium</i>	Flolan	PA
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan</i>	Letairis	PA; QLL (1 EA per 1 day)
<i>bosentan</i>	Tracleer	PA; QLL (2 EA per 1 day)
OPSUMIT		PA; QLL (1 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>sildenafil citrate</i>	Revatio	PA; QLL (90 EA per 30 days)
<i>tadalafil (pah)</i>	Adcirca	ST; QLL (2 EA per 1 day)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil</i>		
<i>cephalexin</i>	Keflex	
*Cephalosporins - 2Nd Generation***		
<i>cefaclor oral capsule 250 mg</i>		
<i>cefaclor oral capsule 500 mg</i>		QLL (14 EA Max Qty Per Fill Retail)
<i>cefaclor oral suspension reconstituted</i>		
<i>cefprozil</i>		
<i>cefuroxime axetil</i>		
*Cephalosporins - 3Rd Generation***		
<i>cefdinir</i>		
<i>cefixime</i>	Suprax	QLL (1 EA per 1 Fill)
<i>cefpodoxime proxetil</i>		
<i>ceftriaxone sodium</i>		QLL (2 Grams Max Qty Per Fill Retail)
CHEMICALS		
*Bulk Chemicals - Hy's***		
<i>hydroxyprogesterone caproate</i>		
*Bulk Chemicals - La's***		
<i>acidophilus lactobacillus</i>		
*Bulk Chemicals - Le's***		
<i>calcium folinate</i>		
<i>leucovorin calcium</i>		

Formulary Drug Name	Reference	Restrictions
*Bulk Chemicals - Py's***		
<i>pyrimethamine</i>		
*Bulk Chemicals - St's***		
<i>stevia extract</i>		
<i>steviol glycosides</i>		
<i>stevioside</i>		
*Fixed Oils***		
<i>castor oil</i>		
*Liquids***		
<i>benzyl benzoate</i>		
<i>glycerine</i>		
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
<i>desogestrel-ethinyl estradiol</i>	Azurette	
<i>viorele</i>	Azurette	
AZURETTE	Viorele	
BEKYREE	Viorele	
KARIVA	Viorele	
PIMTREA	Viorele	
SIMLIYA	Viorele	
VOLNEA	Viorele	
*Combination Contraceptives - Oral***		
<i>alyacen 1/35</i>	Cyclafem 1/35	
<i>briellyn</i>	Balziva	
<i>drospiren-eth estrad-levomefol</i>	Beyaz	
<i>drospirenone-ethinyl estradiol</i>	Gianvi	
<i>ethynodiol diac-eth estradiol</i>	Kelnor 1/50	
<i>levonorgestrel-ethinyl estrad</i>	Altavera	
<i>norethin ace-eth estrad-fe</i>	Aurovela Fe 1.5/30	
<i>norethindrone acet-ethinyl est</i>	Aurovela 1/20	
<i>norethin-eth estradiol-fe</i>	Wymzya Fe	
<i>norgestimate-eth estradiol</i>	Estarylla	
APRI	Desogestrel-Ethinyl Estradiol	
AUROVELA FE 1.5/30	Norethin Ace-Eth Estrad-FE	
BLISOVI FE 1.5/30	Norethin Ace-Eth Estrad-FE	
CRYSELLE-28		

Formulary Drug Name	Reference	Restrictions
CYRED	Desogestrel-Ethinyl Estradiol	
ELINEST		
EMOQUETTE	Desogestrel-Ethinyl Estradiol	
ENSKYCE	Desogestrel-Ethinyl Estradiol	
FALESSA		
JULEBER	Desogestrel-Ethinyl Estradiol	
JUNEL 1.5/30	Norethindrone Acet-Ethinyl Est	
JUNEL FE 1.5/30	Norethin Ace-Eth Estrad-FE	
KELNOR 1/35	Ethinodiol Diac-Eth Estradiol	
LARIN 1.5/30	Norethindrone Acet-Ethinyl Est	
LARIN FE 1.5/30	Norethin Ace-Eth Estrad-FE	
LOW-OGESTREL		
MICROGESTIN 1.5/30	Norethindrone Acet-Ethinyl Est	
MICROGESTIN FE 1.5/30	Norethin Ace-Eth Estrad-FE	
RECLIPSEN	Desogestrel-Ethinyl Estradiol	
ZOVIA 1/35E (28)	Ethinodiol Diac-Eth Estradiol	
*Combination Contraceptives - Transdermal***		
XULANE		QLL (3 EA per 28 days)
*Combination Contraceptives - Vaginal***		
<i>etonogestrel-ethinyl estradiol</i>	EluRyng	QLL (1 EA per 30 days)
ELURYNG	Etonogestrel-Ethinyl Estradiol	QLL (1 EA per 30 days)
*Continuous Contraceptives - Oral***		
<i>levonorgestrel-ethinyl estrad</i>	Amethyst	
*Emergency Contraceptives***		
<i>levonorgestrel</i>	Option 2	OTC; QLL (3 Packs per 1 Year)
ELLA		
OPTION 2	Levonorgestrel	OTC; QLL (3 Packs per 1 Year)
*Extended-Cycle Contraceptives - Oral***		
<i>levonorgest-eth est & eth est</i>	Fayosim	
<i>levonorgest-eth estrad 91-day</i>	Introvale	
INTROVALE	Levonorgest-Eth Estrad 91-Day	

Formulary Drug Name	Reference	Restrictions
JOLESSA	Levonorgest-Eth Estrad 91-Day	
SETLAKIN	Levonorgest-Eth Estrad 91-Day	
*Four Phase Contraceptives - Oral***		
NATAZIA		
*Progestin Contraceptives - Implants***		
NEXPLANON		QLL (1 Device per 3 Yearss)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate</i>	Depo-Provera	vial ONLY; QLL (1 ML per 84 days)
*Progestin Contraceptives - Iud***		
LILETTA (52 MG)		QLL (1 EA per 6 Yearss)
*Progestin Contraceptives - Oral***		
<i>norethindrone</i>	Camila	QLL (28 EA per 28 days)
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7</i>	Cyclafem 7/7/7	
<i>norgestim-eth estrad triphasic</i>	Tri Femynor	
ARANELLE		
CAZANT		
LEENA		
TILIA FE		
TRI-LEGEST FE		
TRI-LO-SPRINTEC	Norgestim-Eth Estrad Triphasic	
VELIVET		
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide</i>	Entocort EC	ST; QLL (90 Days per 365 days)
<i>cortisone acetate</i>		
<i>dexamethasone</i>	Decadron	
<i>dexamethasone sodium phosphate</i>		
<i>hydrocortisone</i>	Cortef	
<i>methylprednisolone</i>	Medrol	
<i>prednisolone</i>		

Formulary Drug Name	Reference	Restrictions
<i>prednisolone sodium phosphate</i>		
<i>prednisone oral solution</i>		AL (Max 12 Years)
<i>prednisone oral tablet</i>		
DEXAMETHASONE INTENSOL		
SOLU-CORTEF		
*Mineralocorticoids***		
<i>fludrocortisone acetate</i>		
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg</i>	Tessalon Perles	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>silphen dm cough</i>		OTC
<i>tussin cough oral capsule</i>	Robitussin Lingerin CoughGels	OTC
<i>tussin cough oral syrup</i>	Wal-Tussin Cough	OTC; QLL (120 mL per 30 days)
*Antitussive - Opioid***		
<i>hydrocodone-homatropine oral syrup</i>		QLL (30 ML per 1 day); AL (Min 18 Years)
<i>hydrocodone-homatropine oral tablet</i>		QLL (6 EA per 1 day); AL (Min 18 Years)
*Antitussive-Expectorant***		
<i>guaifenesin-codeine</i>		OTC; QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
<i>guaifenesin-dm</i>	Robafen DM Cough Clear	OTC; QLL (120 mL per 30 days)
<i>mucus relief dm max</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (120 mL per 30 days)
<i>tussin dm max adult</i>	Diabetic Tussin Max St	OTC; QLL (120 mL per 30 days)
*Antitussive-Expectorants-Decongestant***		
TUSNEL C		OTC
*Decongestant & Antihistamine***		
<i>cetirizine-pseudoephedrine er</i>	KLS Aller-Tec D	OTC; QLL (60 EA per 30 days)
<i>fexofenadine-pseudoephed er</i>	Allegra-D Allergy & Congestion	OTC; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>loratadine-d 12hr</i>	Alavert Allergy/Sinus	OTC; QLL (2 EA per 1 day)
<i>promethazine-phenylephrine</i>		
ALAHIST D		OTC
*Expectorants***		
<i>guaifenesin oral solution</i>	Buckleys Chest Congestion	OTC; QLL (120 ML per 30 days)
<i>guaifenesin oral syrup</i>	Diabetic Tussin EX	OTC; QLL (120 mL per 30 days)
<i>mucus relief er</i>	EQ Mucus ER	OTC
*Misc. Respiratory Inhalants***		
<i>nasal mist</i>	Simply Saline Baby	OTC
<i>sodium chloride</i>		
HYPERSAL		
NEBUSAL		
*Mucolytics***		
<i>acetylcysteine</i>		
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm</i>		QLL (180 mL per 30 days)
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>lohist-dm</i>		OTC
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine</i>		QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>promethazine vc/codeine</i>		QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE		PA; QLL (1 EA per 1 day)
VERZENIO		PA; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI		PA
SYMDEKO		PA
DERMATOLOGICALS		
*Acne Antibiotics***		
<i>clindamycin phosphate external gel</i>	Cleocin-T	QLL (1 GM per 1 day)
<i>clindamycin phosphate external lotion</i>	Cleocin-T	QLL (2 ML per 1 day)
<i>clindamycin phosphate external solution</i>		QLL (2 ML per 1 day)
<i>clindamycin phosphate external swab</i>	Clindacin ETZ	QLL (2 EA per 1 day)
<i>ery</i>		QLL (2 EA per 1 day)
<i>erythromycin external gel</i>	Erygel	QLL (1 GM per 1 day)
<i>erythromycin external solution</i>		QLL (2 ML per 1 day)
<i>sulfacetamide sodium (acne)</i>	Klaron	QLL (118 ML per 30 days)
*Acne Products***		
<i>acne foaming wash</i>	PanOxyl Foaming Wash	OTC
<i>acne medication 10</i>		OTC
<i>acne medication 5</i>		OTC
<i>adapalene</i>	Differin	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide</i>		OTC
<i>benzoyl peroxide wash</i>	Benzac AC Wash	OTC
<i>bp gel</i>		OTC
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg</i>	Claravis	ST; QLL (2 EA per 1 day)
<i>isotretinoin oral capsule 40 mg</i>	Claravis	ST
<i>tretinoin</i>	Avita	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG	ISOtretinoin	ST; QLL (2 EA per 1 day)
CLARAVIS ORAL CAPSULE 40 MG	ISOtretinoin	ST
DIFFERIN	Adapalene	QLL (45 GM per 30 days); AL (Max 35 Years)
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG	ISOtretinoin	ST; QLL (2 EA per 1 day)
MYORISAN ORAL CAPSULE 40 MG	ISOtretinoin	ST
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG	ISOtretinoin	ST; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
ZENATANE ORAL CAPSULE 40 MG	ISOtretinoin	ST
*Antibiotic Mixtures Topical***		
<i>bacitracin-polymyxin b</i>	Neosporin	OTC
<i>triple antibiotic pain relief</i>	Neosporin + Pain Relief Max St	OTC
*Antibiotics - Topical***		
<i>bacitracin zinc</i>		
<i>gentamicin sulfate</i>		
<i>mupirocin</i>	Centany	QLL (110 GM per 30 days)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone</i>		QLL (60 GM per 30 days)
*Antifungals - Topical***		
<i>anti-fungal</i>	Odor Eaters Antifungal	OTC; QLL (45 GM per 30 days)
<i>athletes foot spray</i>	Tinactin	OTC; QLL (133 GM per 30 days)
<i>butenafine hcl</i>	Lotrimin Ultra	OTC; QLL (30 GM per 30 days)
<i>ciclopirox external shampoo</i>	Loprox	ST; QLL (120 ML per 30 days)
<i>ciclopirox external solution</i>	Ciclodan	QLL (6.6 ML per 30 days)
<i>ciclopirox olamine external cream</i>	Loprox	ST; QLL (60 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	Loprox	ST; QLL (30 ML per 30 days)
<i>jock itch spray</i>	Odor Eaters Foot/Sneaker Spray	OTC; QLL (133 GM per 30 days)
<i>nystatin</i>	Nyamyc	QLL (60 GM per 30 days)
<i>terbinafine hcl</i>	LamISIL AT	OTC; QLL (60 GM per 30 days)
<i>tolnaftate external cream</i>	Tinactin	OTC; QLL (90 GM per 30 days)
<i>tolnaftate external powder</i>	Odor Eaters Antifungal	OTC; QLL (45 GM per 30 days)
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium transdermal gel</i>	Voltaren	QLL (6.6667 GM per 1 day)
<i>diclofenac sodium transdermal solution</i>		ST; QLL (10 ML per 1 day)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil</i>		
*Antipsoriatics - Systemic***		
<i>methoxsalen rapid</i>	Oxsoralen Ultra	
*Antipsoriatics***		
<i>calcipotriene external cream</i>	Dovonex	PA; QLL (4 GM per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>calcipotriene external ointment</i>	Calcitrene	PA; QLL (4 GM per 1 day)
<i>calcipotriene external solution</i>		PA; QLL (2 ML per 1 day)
<i>tazarotene</i>	Tazorac	ST; QLL (3 GM per 1 day)
*Antiseborrheic Products***		
<i>selenium sulfide</i>		
<i>sulfacetamide sodium</i>	Ovace Plus Wash	
*Antivirals - Topical***		
<i>acyclovir</i>	Zovirax	ST; QLL (15 GM per 30 days)
<i>docosanol</i>	Abreva	OTC; QLL (2 GM per 30 days)
*Astringents***		
<i>zinc oxide</i>	Boudreauxs Butt Paste	OTC
*Burn Products***		
<i>silver sulfadiazine</i>	Silvadene	
*Corticosteroids - Topical***		
<i>alclometasone dipropionate</i>		QLL (60 GM per 30 days)
<i>amcinonide</i>		
<i>betamethasone dipropionate aug external cream</i>	Diprolene AF	QLL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>		QLL (2 GM per 1 day)
<i>betamethasone dipropionate aug external lotion</i>		QLL (2 ML per 1 day)
<i>betamethasone dipropionate aug external ointment</i>	Diprolene	QLL (2 GM per 1 day)
<i>betamethasone dipropionate external cream</i>		QLL (60 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>		QLL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>		QLL (2 GM per 1 day)
<i>betamethasone valerate external cream</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external lotion</i>		QLL (120 ML per 30 days)
<i>betamethasone valerate external ointment</i>		QLL (45 GM per 30 days)
<i>clobetasol propionate e</i>		QLL (2 GM per 1 day)
<i>clobetasol propionate external cream</i>	Temovate	ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external gel</i>		ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external ointment</i>	Temovate	ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external solution</i>		QLL (2 ML per 1 day)
<i>fluocinolone acetonide</i>		
<i>fluocinolone acetonide external cream 0.01 %</i>		
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	QLL (2 GM per 1 day)
<i>fluocinolone acetonide external ointment</i>	Synalar	QLL (2 GM per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>fluocinonide external cream</i>		QLL (60 GM per 30 days)
<i>fluocinonide external gel</i>		QLL (2 GM per 1 day)
<i>fluocinonide external ointment</i>		QLL (2 GM per 1 day)
<i>fluocinonide external solution</i>		QLL (60 ML per 30 days)
<i>fluticasone propionate</i>		QLL (60 GM per 30 days)
<i>halobetasol propionate</i>		QLL (50 GM per 30 days)
<i>hydrocortisone</i>		
<i>hydrocortisone acetate</i>		
<i>hydrocortisone external cream 0.5 %</i>		OTC; QLL (90 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 1 %</i>	Aquanil HC	OTC; QLL (120 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>	Cortizone-10	QLL (90 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>		QLL (90 GM per 30 days)
<i>hydrocortisone micronized</i>		
<i>mometasone furoate external cream</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external ointment</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external solution</i>		QLL (60 ML per 30 days)
<i>prednicarbate</i>		QLL (60 GM per 30 days)
<i>scalp relief maximum strength</i>	Noble Formula HC	OTC; QLL (75 ML per 30 days)
<i>triamcinolone acetonide</i>		
<i>triamcinolone acetonide external cream</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>		QLL (120 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	Trianex	QLL (90 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.1 %</i>		
*Emollients***		
<i>ammonium lactate</i>	Geri-Hydrolac 12	
*Enzymes - Topical***		
SANTYL		
*Imidazole-Related Antifungals - Topical***		
<i>athletes foot</i>	Desenex	OTC; QLL (90 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>clotrimazole anti-fungal</i>	Clotrimazole GRx	QLL (60 GM per 30 days)
<i>clotrimazole external cream</i>	Clotrimazole GRx	QLL (60 GM per 30 days)
<i>clotrimazole external solution</i>	FungiCure Intensive/NailGuard	QLL (30 ML per 30 days)
<i>gnp athletes foot</i>	Clotrimazole GRx	OTC; QLL (60 GM per 30 days)
<i>gnp miconazole nitrate</i>	Cruex Prescription Strength	OTC; QLL (133 GM per 30 days)
<i>ketoconazole external cream</i>		ST; QLL (60 GM per 30 days)
<i>ketoconazole external shampoo</i>		QLL (120 ML per 30 days)
<i>miconazole nitrate</i>	Carrington Antifungal	QLL (90 GM per 30 days)
<i>sm antifungal clotrimazole</i>	Clotrimazole GRx	OTC; QLL (60 GM per 30 days)
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod</i>	Aldara	QLL (12 Packets per 30 days)
*Keratolytic/Antimitotic Agents***		
<i>gnp scalp relief</i>	Psoriasisin	OTC
<i>podofilox</i>		
<i>salicylic acid</i>		
*Local Anesthetics - Topical***		
<i>arthritis pain relieving</i>		OTC; QLL (114 GM per 30 days)
<i>capsaicin</i>	DermacinRx Penetral	OTC
<i>gnp lidocaine pain relief</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
<i>lidocaine external ointment</i>		PA; QLL (50 GM per 30 days)
<i>lidocaine external patch</i>	Lidoderm	PA; QLL (90 EA per 30 days); AL (Min 18 Years)
<i>lidocaine hcl</i>		
<i>lidocaine pain relief</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
ASPERCREME W/LIDOCAINE CREAM 4 % EXTERNAL	Xolido XP	OTC; QLL (153 GM per 30 days)
ASPERCREME W/LIDOCAINE CREAM 4 % EXTERNAL	Xolido XP	OTC; QLL (266 GM per 30 days)
*Macrolide Immunosuppressants - Topical***		
<i>tacrolimus</i>	Protopic	ST; QLL (30 GM per 30 days)
*Rosacea Agents***		
<i>metronidazole</i>	MetroCream	

Formulary Drug Name	Reference	Restrictions
*Scabicide Combinations***		
<i>gnp lice treatment</i>	Licide	OTC; QLL (240 ML per 30 days)
<i>hm lice killing max st</i>	Licide	OTC; QLL (240 ML per 30 days)
<i>lice killing</i>	Licide	OTC; QLL (240 ML per 30 days)
<i>lice killing maximum strength</i>	Licide	OTC; QLL (240 ML per 30 days)
<i>sb lice killing max st</i>	Licide	OTC; QLL (240 ML per 30 days)
<i>stop lice maximum strength</i>	Licide Maximum Strength	OTC; QLL (118 ML per 30 days)
*Scabicides & Pediculicides***		
<i>lice treatment</i>		OTC; QLL (120 ML per 30 days)
<i>malathion</i>	Ovide	ST; QLL (118 ML Max Qty Per Fill Retail)
<i>permethrin</i>	Elimite	QLL (60 GM per 30 days)
<i>spinosad</i>	Natroba	ST
*Skin Cleansers***		
<i>isopropyl alcohol</i>		OTC
*Tar Products***		
<i>pc-tar</i>	Ionil-T	OTC
<i>ra therapeutic</i>	DHS Tar	OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine</i>		QLL (1 GM per 1 day)
*Topical Steroid Combinations***		
<i>hydrocortisone-aloe</i>	Cortizone-10 Intensive Healing	OTC
DIAGNOSTIC PRODUCTS		
*Diagnostic Tests***		
ONETOUCH VERIO	Blood Glucose Test	OTC; QLL (150 EA per 30 days)
DIGESTIVE AIDS		
*Digestive Enzymes***		
CREON		
VIOKACE		
ZENPEP		

Formulary Drug Name	Reference	Restrictions
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide</i>		
<i>acetazolamide er</i>		
<i>methazolamide</i>		ST
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide</i>		
<i>spironolactone-hctz</i>	Aldactazide	
<i>triamterene-hctz</i>	Dyazide	
*Loop Diuretics***		
<i>bumetanide</i>	Bumex	
<i>furosemide</i>	Lasix	
<i>toremide</i>		
*Potassium Sparing Diuretics***		
<i>amiloride hcl</i>		
<i>spironolactone</i>	Aldactone	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone</i>		
<i>hydrochlorothiazide</i>		
<i>indapamide</i>		
<i>metolazone</i>		
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
<i>alendronate sodium oral solution</i>		QLL (300 ML per 30 days)
<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 30 days)
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	QLL (4 EA per 30 days)
<i>ibandronate sodium intravenous</i>	Boniva	QLL (3 ML per 84 days)
<i>ibandronate sodium oral</i>	Boniva	QLL (1 EA per 30 days)
<i>pamidronate disodium</i>		
*Calcimimetic Agents***		
<i>cinacalcet hcl</i>	Sensipar	PA
*Calcitonins***		
<i>calcitonin (salmon)</i>	Miacalcin	QLL (3.7 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
*Carnitine Replenisher - Agents***		
<i>levocarnitine</i>	Carnitor	
*Dopamine Receptor Agonists***		
<i>cabergoline</i>		QLL (16 EA per 30 days)
*Growth Hormones***		
OMNITROPE		PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol</i>	Rocaltrol	
<i>paricalcitol</i>		ST; QLL (30 EA per 30 days)
*Parathyroid Hormone And Derivatives***		
TYMLOS		PA; QLL (0.052 ML per 1 day)
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl</i>	Evista	QLL (30 EA per 30 days)
*Somatostatic Agents***		
<i>octreotide acetate</i>	SandoSTATIN	PA
SANDOSTATIN LAR DEPOT		PA
*Vasopressin***		
<i>desmopressin ace spray refrig</i>		QLL (5 ML per 30 days)
<i>desmopressin acetate</i>	DDAVP	QLL (90 EA per 30 days)
<i>desmopressin acetate spray</i>	DDAVP	QLL (5 ML per 30 days)
ESTROGENS		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet</i>	Activella	QLL (30 EA per 30 days)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Femhrt Low Dose	
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Fyavolv	QLL (30 EA per 30 days)
COMBIPATCH		QLL (8 Patches per 30 days)
*Estrogens***		
<i>estradiol oral</i>	Estrace	
<i>estradiol transdermal patch twice weekly</i>	Alora	QLL (8 EA per 30 days)
<i>estradiol transdermal patch weekly</i>	Climara	QLL (4 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
FLUOROQUINOLONES		
*Fluoroquinolones***		
<i>ciprofloxacin hcl</i>		QLL (28 EA per 30 days)
<i>levofloxacin oral solution</i>		QLL (280 mL Max Qty Per Fill Retail)
<i>levofloxacin oral tablet</i>	Levaquin	QLL (14 EA Max Qty Per Fill Retail)
GASTROINTESTINAL AGENTS - MISC.		
*Antiflatulents***		
<i>simethicone</i>	Gas-X Extra Strength	OTC
*Gallstone Solubilizing Agents***		
<i>ursodiol</i>	Actigall	
*Gastrointestinal Chloride Channel Activators***		
AMITIZA		PA; QLL (2 EA per 1 day)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl</i>		
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS		PA; QLL (1 EA per 1 day)
*Inflammatory Bowel Agents***		
<i>balsalazide disodium</i>	Colazal	
<i>mesalamine er</i>	Apriso	QLL (4 EA per 1 day)
<i>mesalamine oral capsule delayed release</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 oral tablet delayed release 800 mg</i>	Asacol HD	QLL (6 EA per 1 day)
<i>mesalamine rectal enema</i>		
<i>mesalamine rectal suppository</i>	Canasa	QLL (42 EA per 30 days)
<i>sulfasalazine</i>	Azulfidine EN-tabs	
*Intestinal Acidifiers***		
<i>lactulose encephalopathy</i>		
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK		PA; QLL (1 EA per 1 day)
SYMPROIC		PA; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder)</i>	Calphron	
<i>sevelamer carbonate</i>	Renvela	ST
AURYXIA		ST; QLL (12 EA per 1 day)
CALPHRON	Calcium Acetate	OTC
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>finasteride</i>	Proscar	QLL (30 EA per 30 days)
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er</i>	Uroxatral	QLL (30 EA per 30 days)
<i>tamsulosin hcl</i>	Flomax	QLL (60 EA per 30 days)
*Citrates***		
<i>potassium citrate er</i>	Urocit-K 15	
<i>potassium citrate-citric acid</i>		
*Genitourinary Irrigants***		
<i>sodium chloride</i>	Argyle Sterile Saline	
*Interstitial Cystitis Agents***		
ELMIRON		PA
*Phosphates***		
K-PHOS NO 2		
*Urinary Analgesics***		
<i>hm urinary pain relief</i>	AZO Urinary Pain Relief	OTC
<i>phenazopyridine hcl</i>	Phenazo	
<i>urinary pain relief</i>	AZO Urinary Pain Relief	OTC
*GLYCOPEPTIDES***		
*Glycopeptides***		
FIRVANQ	Vancomycin HCl	
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid</i>		
*Gout Agents***		
<i>allopurinol</i>	Zyloprim	
<i>colchicine</i>	Colcrys	QLL (9 EA per 30 days)
<i>febuxostat</i>	Uloric	ST; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Uricosurics***		
<i>probenecid</i>		
HEMATOLOGICAL AGENTS - MISC.		
*Complement Inhibitors***		
SOLIRIS		PA
*Hematorheologic Agents***		
<i>pentoxifylline er</i>		
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol</i>		
*Platelet Aggregation Inhibitors***		
<i>dipyridamole</i>		
*Quinazoline Agents***		
<i>anagrelide hcl</i>		
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg</i>		QLL (1 EA per 1 day)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	QLL (30 EA per 30 days)
<i>prasugrel hcl oral tablet 10 mg</i>	Effient	QLL (1 EA per 1 day)
<i>prasugrel hcl oral tablet 5 mg</i>	Effient	QLL (30 EA per 30 days)
HEMATOPOIETIC AGENTS		
*Cobalamins***		
<i>cyanocobalamin</i>		
*Cytotoxic Agents***		
DROXIA		
*Erythropoiesis-Stimulating Agents (Esas)***		
EPOGEN		PA
RETACRIT		PA
*Folic Acid/Folate Combinations***		
<i>fa-vitamin b-6-vitamin b-12</i>		
<i>folplex 2.2</i>		
*Folic Acid/Folates***		
<i>folic acid</i>		
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
FULPHILA		PA
NIVESTYM		PA

Formulary Drug Name	Reference	Restrictions
UDENYCA		PA
ZARXIO		PA
*Iron Combinations***		
<i>iron 100 plus</i>	Icar-C Plus	OTC
*Iron***		
<i>ferretts chewable iron</i>		OTC
<i>ferrous gluconate</i>		OTC
<i>ferrous sulfate</i>		OTC
<i>iron</i>		OTC
<i>iron chews pediatric</i>		OTC
<i>iron slow release</i>		OTC
<i>slow release iron</i>		OTC
<i>sm slow release iron</i>		OTC
*Thrombopoietin (Tpo) Receptor Agonists***		
PROMACTA		PA; QLL (1 EA per 1 day)
*HEPATITIS C AGENT - COMBINATIONS***		
*Hepatitis C Agent - Combinations***		
<i>ledipasvir-sofosbuvir</i>	Harvoni	PA
<i>sofosbuvir-velpatasvir</i>	Epclusa	PA
MAVYRET		PA
VOSEVI		PA
ZEPATIER		PA; QLL (1 EA per 1 day)
HYPNOTICS		
*Antihistamine Hypnotics***		
<i>sleep aid</i>	Unisom SleepTabs	OTC
<i>sleep aid (diphenhydramine)</i>	Nytol	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital</i>		
LAXATIVES		
*Bowel Evacuant Combinations***		
<i>peg 3350-kcl-na bicarb-nacl</i>	GaviLyte-N with Flavor Pack	
<i>peg-3350/electrolytes</i>	GaviLyte-G	QLL (4000 ML per 30 days)
*Bulk Laxatives***		
<i>konsyl daily fiber</i>		OTC

Formulary Drug Name	Reference	Restrictions
<i>natural fiber laxative</i>	Metamucil Smooth Texture	OTC
*Laxatives - Miscellaneous***		
<i>glycerin (adult)</i>		OTC
<i>glycerin (pediatric)</i>		OTC
<i>lactulose</i>		
<i>peg 3350</i>	CVS Purelax	OTC; QLL (30 EA per 30 days)
<i>sorbitol</i>		OTC
*Saline Laxatives***		
<i>milk of magnesia concentrate</i>		OTC
*Stimulant Laxatives***		
<i>castor oil stimulant laxative</i>		OTC
<i>senna</i>		OTC
FLEET BISACODYL		OTC
*Surfactant Laxatives***		
<i>docusate sodium</i>		OTC
ENEMEEZ PLUS		OTC
PEDIA-LAX		OTC
MACROLIDES		
*Azithromycin***		
<i>azithromycin oral packet</i>	Zithromax	Attestation of appropriate diagnosis appearing on prescription required by dispensing pharmacy at point-of-sale
<i>azithromycin oral suspension reconstituted</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)
<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

Formulary Drug Name	Reference	Restrictions
<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 er</i>		QLL (14 EA per 30 days)
<i>clarithromycin oral suspension reconstituted</i>		QLL (150 mL Max Qty Per Fill Retail)
<i>clarithromycin oral tablet</i>		QLL (28 EA per 30 days)
MEDICAL DEVICES		
*Cervical Caps***		
FEMCAP		
*Condoms - Male***		
<i>kimono micro thin</i>	Trustex Non-Lubricated	OTC; QLL (12 EA per 30 days)
<i>premium condoms lubricated</i>	Durex Extra Sensitive	OTC; QLL (12 EA per 30 days)
*Diaphragms***		
OMNIFLEX DIAPHRAGM		
WIDE-SEAL DIAPHRAGM 60		
WIDE-SEAL DIAPHRAGM 65		
WIDE-SEAL DIAPHRAGM 70		
WIDE-SEAL DIAPHRAGM 75		
WIDE-SEAL DIAPHRAGM 80		
WIDE-SEAL DIAPHRAGM 85		
WIDE-SEAL DIAPHRAGM 90		
WIDE-SEAL DIAPHRAGM 95		
*Needles & Syringes***		
<i>elite-thin insulin syringe</i>	Advocate Insulin Syringe	OTC
<i>insulin syringe</i>	Advocate Insulin Syringe	OTC
BD AUTOSHIELD		ST; OTC
BD AUTOSHIELD DUO	Pen Needles	ST; OTC
BD PEN NEEDLE MICRO U/F	Sure Comfort Pen Needles	ST; OTC
BD PEN NEEDLE MINI U/F	Freds Pharmacy Unifine Pentip+	ST; OTC
BD PEN NEEDLE NANO U/F	Sure Comfort Pen Needles	ST
BD PEN NEEDLE ORIGINAL U/F	Sure Comfort Pen Needles	ST; OTC
BD PEN NEEDLE SHORT U/F	1st Tier Unifine Pentips Plus	ST; OTC
*Peak Flow Meters***		
<i>peak flow meter universal rang</i>	Airzone Peak Flow Meter	OTC; QLL (2 EA per 1 Year)

Formulary Drug Name	Reference	Restrictions
*Spacer/Aerosol-Holding Chambers & Supplies***		
<i>valved holding chamber</i>	AeroChamber Mini Chamber	QLL (2 EA per 1 year)
MIGRAINE PRODUCTS		
*Selective Serotonin Agonists 5-Ht(1)***		
<i>naratriptan hcl</i>	Amerge	QLL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	Maxalt-MLT	QLL (18 EA per 30 days)
<i>sumatriptan</i>	Imitrex	QLL (6 EA per 30 days)
<i>sumatriptan succinate oral</i>	Imitrex	QLL (9 EA per 30 days)
<i>sumatriptan succinate refill</i>	Imitrex STATdose Refill	QLL (4 Vials per 30 days)
<i>sumatriptan succinate subcutaneous</i>	Imitrex STATdose System	QLL (4 Vials per 30 days)
MINERALS & ELECTROLYTES		
*Bicarbonates***		
<i>sodium bicarbonate</i>		
*Calcium Combinations***		
<i>calcium 500/d</i>		OTC
<i>calcium 500+d</i>	Os-Cal Calcium + D3	OTC
<i>calcium 600 + minerals</i>		OTC
<i>calcium 600+d plus minerals</i>		OTC
<i>calcium 600+d3</i>		OTC
<i>calcium carbonate-vitamin d</i>		OTC
<i>calcium carbonate-vitamin d3</i>		OTC
<i>calcium-vitamin d</i>		OTC
<i>calcium-vitamin d3</i>	Oystercal-D	OTC
<i>oyster shell calcium 500 + d</i>		OTC
<i>oyster shell calcium plus d</i>		OTC
<i>oyster shell calcium/d</i>		OTC
<i>oyster shell calcium/vitamin d</i>		OTC
*Calcium***		
<i>calcium</i>		OTC
<i>calcium 600</i>		OTC
<i>calcium carbonate</i>	High Potency Calcium	OTC
<i>calcium citrate</i>		OTC
<i>oyster shell calcium</i>	Oystercal	OTC
*Fluoride***		
<i>sodium fluoride</i>	Ludent	

Formulary Drug Name	Reference	Restrictions
*Magnesium***		
<i>magnesium</i>		OTC
<i>magnesium oxide</i>		OTC
*Phosphate***		
<i>av-phos 250 neutral</i>	K-Phos-Neutral	
<i>virt-phos 250 neutral</i>	K-Phos-Neutral	
K-PHOS		
*Potassium Combinations***		
<i>pot bicarb-pot chloride</i>		
*Potassium***		
<i>potassium bicarbonate</i>	Effer-K	
<i>potassium chloride crys er</i>	Klor-Con M20	
<i>potassium chloride er</i>	Klor-Con Sprinkle	
KLOR-CON M15		
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
<i>lidocaine hcl</i>		
*Anti-Infectives - Throat***		
<i>clotrimazole</i>		
<i>nystatin</i>		
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate</i>	Paroex	
*Fluoride Dental Products***		
<i>sf</i>	Cavarest	
<i>sf 5000 plus</i>	Denta 5000 Plus	
*Saliva Stimulants***		
<i>pilocarpine hcl</i>	Salagen	
*Steroids - Mouth/Throat***		
<i>triamcinolone acetonide</i>	Oralone	
MULTIVITAMINS		
*B-Complex W/ C & E + Zn***		
<i>stress formula/zinc</i>		OTC
*B-Complex W/ C & Folic Acid***		
<i>b complex-c-folic acid</i>		OTC

Formulary Drug Name	Reference	Restrictions
*B-Complex W/ Minerals***		
<i>geriaton</i>	Eldertonic	OTC
*Multiple Vitamins W/ Iron***		
<i>daily multiple vitamins/iron</i>		OTC
*Multiple Vitamins W/ Minerals***		
<i>a thru z select</i>	Advanced Multi EA	OTC
<i>complete multivitamin/mineral</i>	BProtected Multi-Vite	OTC
<i>daily multivitamin</i>	ActivNutrients	OTC
<i>totalday multiple</i>	Endur-VM	OTC
<i>vitamins/minerals</i>	ABC Plus Senior	OTC
*Multivitamins***		
<i>multivitamins</i>	Chlorocaps	OTC
*Ped Mv W/ Fluoride***		
<i>multivitamin/fluoride</i>	MVC-Fluoride	
<i>multi-vitamin/fluoride</i>	Floriva Plus	
<i>multivitamins/fluoride</i>	MVC-Fluoride	
*Ped Mv W/ Iron***		
<i>child chewable vitamins/iron</i>	Flintstones Plus Iron	OTC
<i>multivitamins plus iron child</i>	Cerovite Jr	OTC
DINO-LIFE W/IRON-ZINC		OTC
*Ped Vitamins Acd W/ Fluoride***		
<i>tri-vitamin/fluoride</i>		
<i>vitamins acd-fluoride</i>		
*Pediatric Multiple Vitamins W/ C & Fa***		
<i>childrens chewable vitamins</i>	Animal Shapes	OTC
*Pediatric Multiple Vitamins W/ C***		
POLY-VI-SOL		OTC
*Pediatric Multiple Vitamins W/ Extra C & Fa***		
<i>gnp childrens chewables/ex c</i>	Dino-Life w/Extra C	OTC
*Pediatric Vitamins A & D W/ C***		
TRI-VI-SOL A/C/D		OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>pnv prenatal plus multivitamin</i>	M-Vit	QLL (100 EA per 90 days)
<i>prenatal 19</i>		QLL (100 EA per 90 days)

Formulary Drug Name	Reference	Restrictions
<i>prenatal plus</i>	M-Vit	QLL (100 EA per 90 days)
<i>prenatal/iron</i>		OTC; QLL (100 EA per 90 days)
<i>pretab</i>	Co-Natal FA	QLL (100 EA per 90 days)
<i>trinatal rx 1</i>	Vinate One	QLL (100 EA per 90 days)
<i>virt-c dha</i>	Concept DHA	QLL (100 EA per 90 days)
CO-NATAL FA	PreTAB	QLL (100 EA per 90 days)
CONCEPT OB		QLL (100 EA per 90 days)
FOLIVANE-OB		QLL (100 EA per 90 days)
PRENATABS RX	Thrivite Rx	QLL (100 EA per 90 days)
PROVIDA OB		QLL (100 EA per 90 days)
TRINATE		QLL (100 EA per 90 days)
VINATE II		QLL (100 EA per 90 days)
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
<i>complete natal dha</i>		QLL (100 EA per 90 days)
*Prenatal Mv & Min W/Fe-Fa-Dha***		
PRENATAL MULTIVITAMIN + DHA		OTC; QLL (100 EA per 90 days)
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
<i>baclofen oral tablet 10 mg, 20 mg</i>		QLL (120 EA per 30 days)
<i>baclofen oral tablet 5 mg</i>		QLL (4 EA per 1 day)
<i>carisoprodol</i>	Soma	QLL (90 EA per 30 days)
<i>chlorzoxazone</i>		QLL (180 EA per 30 days)
<i>cyclobenzaprine hcl</i>		QLL (90 EA per 30 days)
<i>methocarbamol</i>		QLL (120 EA per 30 days)
<i>orphenadrine citrate er</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</i>	Dantrium	QLL (120 EA per 30 days)
*Muscle Relaxant Combinations***		
<i>carisoprodol-aspirin</i>		QLL (120 EA per 30 days)
<i>carisoprodol-aspirin-codeine</i>		QLL (120 EA per 30 days); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*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</i>		QLL (1 EA per 30 days)
*Nasal Mast Cell Stabilizers***		
<i>cromolyn sodium</i>	NasalCrom	OTC; QLL (52 ML per 30 days)
*Nasal Steroids***		
<i>allergy relief</i>	ClariSpray	OTC; QLL (16 ML per 30 days)
<i>budesonide</i>	Rhinocort Allergy	QLL (8.6 ML per 30 days)
<i>flunisolide</i>		ST; QLL (1.6667 ML per 1 day)
<i>fluticasone propionate</i>	ClariSpray	ST; QLL (16 GM per 30 days)
<i>gnp fluticasone propionate</i>	ClariSpray	ST; OTC; QLL (16 ML per 30 days)
<i>gnp fluticasone propionate chl</i>	ClariSpray	OTC; QLL (16 ML per 30 days)
<i>hm allergy relief</i>	ClariSpray	OTC; QLL (16 ML per 30 days)
<i>mometasone furoate</i>	Nasonex	ST; QLL (1.1333 GM per 1 day)
<i>nasal allergy 24 hour</i>	KLS Aller-Cort	OTC; QLL (17 ML per 30 days)
<i>sm allergy relief</i>	ClariSpray	OTC; QLL (16 ML per 30 days)
*Systemic Decongestants***		
<i>kp pseudoephedrine hcl</i>	SudoGest	OTC
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
ENTRESTO		PA; QLL (2 EA per 1 day)
NEUROMUSCULAR AGENTS		
*Benzothiazoles***		
<i>riluzole</i>	Rilutek	
NUTRIENTS		
*Misc. Nutritional Substances***		
<i>fish oil</i>	Theragran-M Fish Oil Conc	OTC
<i>fish oil concentrate</i>	Fish Oil Pearls	OTC
<i>omega-3</i>		OTC

Formulary Drug Name	Reference	Restrictions
OPHTHALMIC AGENTS		
*Artificial Tear And Lubricant Combinations***		
<i>artificial tears</i>	Moisture Eyes	OTC; QLL (15 ML per 30 days)
SYSTANE		OTC
*Artificial Tear Solutions***		
<i>sm artificial tears</i>	GenTeal Tears	OTC; QLL (15 mL per 30 days)
*Artificial Tears And Lubricants***		
<i>artificial tears</i>		OTC; QLL (15 mL per 30 days)
<i>lubricant eye drops</i>	Systane Complete	OTC; QLL (15 ML per 30 days)
*Beta-Blockers - Ophthalmic Combinations***		
<i>dorzolamide hcl-timolol mal</i>	Cosopt	ST; QLL (10 ML per 30 days)
COMBIGAN		ST; QLL (10 ML per 30 days)
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl</i>		QLL (10 ML per 30 days)
<i>carteolol hcl</i>		QLL (10 ML per 30 days)
<i>levobunolol hcl</i>		QLL (10 ML per 30 days)
<i>timolol maleate ophthalmic gel forming solution</i>	Timoptic-XE	ST; QLL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution</i>	Timoptic	QLL (10 ML per 30 days)
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic ointment</i>		QLL (3.5 GM per 30 days)
<i>atropine sulfate ophthalmic solution</i>	Isopto Atropine	QLL (5 ML per 30 days)
<i>cyclopentolate hcl</i>	Cyclogyl	QLL (15 ML per 30 days)
<i>phenylephrine hcl</i>	Altafrin	
<i>tropicamide</i>		QLL (15 mL per 30 days)
*Miotics - Direct Acting***		
<i>pilocarpine hcl</i>	Isopto Carpine	QLL (15 mL per 30 days)
*Ophthalmic Antiallergic***		
<i>azelastine hcl</i>		ST; QLL (6 ML per 30 days)
<i>cromolyn sodium</i>		QLL (10 mL per 30 days)
<i>olopatadine hcl</i>	Pataday	ST; QLL (5 ML per 30 days)
*Ophthalmic Antibiotics***		
<i>bacitracin</i>		
<i>ciprofloxacin hcl</i>	Ciloxan	QLL (5 mL per 30 days)
<i>erythromycin</i>		

Formulary Drug Name	Reference	Restrictions
<i>gentamicin sulfate</i>		QLL (5 mL per 30 days)
<i>levofloxacin</i>		QLL (5 ML per 30 days)
<i>ofloxacin</i>	Ocuflox	QLL (5 mL per 30 days)
<i>tobramycin</i>	Tobrex	QLL (5 mL per 30 days)
*Ophthalmic Antifungal***		
NATACYN		QLL (15 ML per 30 days)
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b</i>	Polycin	
<i>neomycin-bacitracin zn-polymyx</i>	Neo-Polycin	QLL (5 mL per 30 days)
<i>neomycin-polymyxin-gramicidin</i>		QLL (10 mL per 30 days)
<i>polymyxin b-trimethoprim</i>	Polytrim	QLL (10 mL per 30 days)
*Ophthalmic Antivirals***		
<i>trifluridine</i>		QLL (7.5 ML per 30 days)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>dorzolamide hcl</i>	Trusopt	QLL (10 mL per 30 days)
AZOPT		ST; QLL (10 ML per 30 days)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>diclofenac sodium</i>		QLL (5 mL per 30 days)
<i>flurbiprofen sodium</i>		
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Acular LS	QLL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate</i>		QLL (10 ML per 30 days)
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc</i>	Neo-Polycin HC	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Maxitrol	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Maxitrol	QLL (5 mL per 30 days)
<i>sulfacetamide-prednisolone</i>		QLL (5 mL per 30 days)
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate</i>		QLL (5 mL per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>fluorometholone</i>	FML Liquifilm	QLL (10 mL per 30 days)
<i>prednisolone acetate</i>	Pred Forte	QLL (10 mL per 30 days)
<i>prednisolone sodium phosphate</i>		QLL (10 mL per 30 days)
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic ointment</i>		
<i>sulfacetamide sodium ophthalmic solution</i>	Bleph-10	QLL (15 mL per 30 days)
*Prostaglandins - Ophthalmic***		
<i>bimatoprost</i>		ST
<i>latanoprost</i>	Xalatan	QLL (2.5 ML per 25 days)
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid</i>		
<i>ear drops</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>ear drops earwax aid</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl</i>	Cetralax	QLL (28 mL per 30 days)
<i>ofloxacin</i>		QLL (15 ML per 30 days)
*Otic Steroid-Anti-Infective Combinations***		
<i>neomycin-polymyxin-hc</i>		QLL (20 ML per 30 days)
*Otic Steroids***		
<i>hydrocortisone-acetic acid</i>	Acetasol HC	QLL (10 ML per 30 days)
PASSIVE IMMUNIZING AGENTS		
*Antiviral Monoclonal Antibodies***		
SYNAGIS		PA; QLL (1 Vial per 26 days)
*Immune Serums***		
FLEBOGAMMA DIF		PA
GAMMAGARD		PA
GAMMAKED		PA
GAMUNEX-C		PA
HEPAGAM B		
HYPERHEP B S/D		
HYPERRHO S/D		
MICRHOGAM ULTRA-FILTERED PLUS		
NABI-HB		
RHOGAM ULTRA-FILTERED PLUS		

Formulary Drug Name	Reference	Restrictions
RHOPHYLAC		QLL (2 mL per 1 Year)
*PCSK9 INHIBITORS***		
*Pcsk9 Inhibitors***		
REPATHA		PA
REPATHA PUSHTRONEX SYSTEM		PA
REPATHA SURECLICK		PA
PENICILLINS		
*Aminopenicillins***		
<i>amoxicillin</i>		
<i>ampicillin</i>		
*Natural Penicillins***		
<i>penicillin v potassium</i>		
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er</i>		QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>		
<i>amoxicillin-pot clavulanate oral tablet</i>		QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet chewable</i>		QLL (28 EA per 30 days)
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium</i>		
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA		PA; QLL (4 EA per 1 day)
*POTASSIUM REMOVING AGENTS***		
*Potassium Removing Agents***		
SPS	Sodium Polystyrene Sulfonate	
PROGESTINS		
*Progestins***		
<i>medroxyprogesterone acetate</i>	Provera	
<i>megestrol acetate</i>		
<i>norethindrone acetate</i>	Aygestin	ST
<i>progesterone micronized</i>	Prometrium	QLL (60 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl</i>	Aricept	QLL (30 EA per 30 days); AL (Min 40 Years)
<i>galantamine hydrobromide</i>	Razadyne	QLL (60 EA per 30 days); AL (Min 40 Years)
<i>galantamine hydrobromide er</i>	Razadyne ER	QLL (30 EA per 30 days); AL (Min 40 Years)
<i>rivastigmine tartrate</i>		QLL (60 EA per 30 days); AL (Min 40 Years)
*Fibromyalgia Agent - Snris***		
SAVELLA		ST; QLL (60 EA per 30 days)
SAVELLA TITRATION PACK		ST; QLL (55 EA per 90 days)
*Movement Disorder Drug Therapy***		
AUSTEDO		PA
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO		PA; QLL (30 EA per 30 days)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN		PA; QLL (1 kit per 28 days)
AVONEX PREFILLED		PA; QLL (1 kit per 28 days)
EXTAVIA		PA; QLL (15 Vials per 30 days)
REBIF		PA; QLL (6 ML per 28 days)
REBIF REBIDOSE		PA; QLL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK		PA; QLL (4.2 ML per 28 days)
REBIF TITRATION PACK		PA; QLL (4.2 ML per 28 days)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
TECFIDERA ORAL		PA; QLL (60 EA per 90 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE		PA; QLL (60 EA per 30 days)
*Multiple Sclerosis Agents***		
<i>glatiramer acetate</i>	Glatopa	PA; QLL (12 Syringes per 30 days)

Formulary Drug Name	Reference	Restrictions
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Glatiramer Acetate	PA; QLL (30 ML Max Qty Per Fill Retail)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Glatiramer Acetate	PA; QLL (12 Syringes per 30 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral solution</i>		AL (Min 40 Years)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Namenda	QLL (2 EA per 1 day); AL (Min 40 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Namenda Titration Pak	AL (Min 40 Years)
*Postherpetic Neuralgia (Phn) Agents***		
GRALISE ORAL TABLET 300 MG		PA; QLL (30 EA per 30 days)
GRALISE ORAL TABLET 600 MG		PA; QLL (90 EA per 30 days)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
GILENYA		PA; QLL (30 EA per 30 days)
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV		PA
RESPIRATORY AGENTS - MISC.		
*Cftr Potentiators***		
KALYDECO		PA
*Hydrolytic Enzymes***		
PULMOZYME		PA; QLL (5 ML per 1 day)
*SINUS NODE INHIBITORS**		
*Sinus Node Inhibitors**		
CORLANOR		PA; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SEGLUROMET		ST; QLL (2 EA per 1 day)
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine</i>		
TETRACYCLINES		
*Tetracyclines***		
<i>doxycycline hyclate</i>		
<i>doxycycline monohydrate oral capsule</i>	Mondoxyne NL	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Vibramycin	AL (Max 12 Years)
<i>doxycycline monohydrate oral tablet</i>		
<i>minocycline hcl</i>	Minocin	
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole</i>	Tapazole	
<i>propylthiouracil</i>		
*Thyroid Hormones***		
<i>levothyroxine sodium</i>	Euthyrox	QLL (30 EA per 30 days)
<i>liothyronine sodium oral tablet 25 mcg, 50 mcg</i>	Cytomel	QLL (2 EA per 1 day)
<i>liothyronine sodium oral tablet 5 mcg</i>	Cytomel	QLL (4 EA per 1 day)
ARMOUR THYROID		QLL (1 EA per 1 day)
NATURE-THROID		
WESTHROID		
WP THYROID		
ULCER DRUGS		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule</i>		
<i>dicyclomine hcl oral solution</i>		AL (Max 12 Years)
<i>dicyclomine hcl oral tablet</i>		
*Belladonna Alkaloids***		
<i>hyoscyamine sulfate</i>		

Formulary Drug Name	Reference	Restrictions
<i>hyoscyamine sulfate er</i>	Levbid	
*H-2 Antagonists***		
<i>acid reducer maximum strength</i>	Pepcid	OTC
<i>cimetidine</i>		QLL (60 EA per 30 days)
<i>cimetidine 200</i>	Tagamet HB	OTC
<i>cimetidine hcl</i>		
<i>famotidine oral suspension reconstituted</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>	Pepcid	
<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</i>	Carafate	
*Proton Pump Inhibitors***		
<i>gnp omeprazole</i>		OTC; QLL (60 EA per 30 days)
<i>hm esomeprazole magnesium dr</i>	GoodSense Esomeprazole	OTC; QLL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid	QLL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	QLL (30 EA per 30 days)
<i>omeprazole magnesium</i>		OTC; QLL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>		QLL (120 EA per 30 days)
<i>omeprazole oral capsule delayed release 20 mg</i>		QLL (60 EA per 30 days)
<i>omeprazole oral tablet delayed release</i>		OTC; QLL (60 EA per 30 days)
<i>omeprazole oral tablet delayed release dispersible</i>		OTC; QLL (60 EA per 30 days)
<i>pantoprazole sodium</i>	Protonix	QLL (30 EA per 30 days)
FIRST-LANSOPRAZOLE		AL (Max 12 Years)
FIRST-OMEPRAZOLE		AL (Max 12 Years)
GOODSENSE ESOMEPRAZOLE	HM Esomeprazole Magnesium DR	OTC; QLL (60 EA per 30 days)
OMEPRAZOLE+SYRSPEND SF ALKA		AL (Max 12 Years)
*Quaternary Anticholinergics***		
<i>glycopyrrolate</i>		
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol</i>	Cytotec	

Formulary Drug Name	Reference	Restrictions
URINARY ANTI-INFECTIVES		
*Urinary Anti-Infectives***		
<i>methenamine hippurate</i>	Hiprex	
<i>methenamine mandelate</i>		
<i>nitrofurantoin</i>		AL (Max 12 Years)
<i>nitrofurantoin macrocrystal</i>	Macrochantin	
<i>nitrofurantoin monohyd macro</i>	Macrobid	
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>oxybutynin chloride er</i>	Ditropan XL	QLL (30 EA per 30 days)
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 5 mg</i>	Ditropan XL	QLL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>		QLL (2 EA per 1 day)
<i>oxybutynin chloride oral syrup</i>		QLL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet</i>		QLL (4 EA per 1 day)
<i>solifenacin succinate</i>	VESIcare	ST; QLL (1 EA per 1 day)
<i>tolterodine tartrate</i>	Detrol	ST; QLL (60 EA per 30 days)
<i>tolterodine tartrate er</i>	Detrol LA	ST; QLL (1 EA per 1 day)
<i>trospium chloride</i>		ST; QLL (60 EA per 30 days)
<i>trospium chloride er</i>		ST; QLL (30 EA per 30 days)
*Urinary Antispasmodics - Cholinergic Agonists*** (New)		
<i>bethanechol chloride</i>		
*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)		
<i>flavoxate hcl</i>		QLL (240 EA per 30 days)
VAGINAL PRODUCTS		
*Imidazole-Related Antifungals***		
<i>miconazole 3 combo pack</i>	Monistat 3 Combination Pack	OTC
<i>miconazole 3 combo pack app</i>	Monistat 3 Combo Pack App	OTC
<i>terconazole</i>		
*Spermicides***		
TODAY SPONGE		OTC; QLL (3 Sponges per 30 days)

Formulary Drug Name	Reference	Restrictions
VCF VAGINAL CONTRACEPTIVE		OTC; QLL (12 Films per 30 days)
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate</i>	Cleocin	
<i>metronidazole</i>	Vandazole	
*Vaginal Estrogens***		
<i>estradiol</i>	Estrace	PA
ESTRING		QLL (1 Ring per 84 days)
YUVAFEM	Estradiol	QLL (8 EA per 28 days)
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<i>epinephrine</i>	Auvi-Q	QLL (2 EA Max Qty Per Fill Retail)
*Vasopressors***		
<i>midodrine hcl</i>		
VITAMINS		
*Vitamin B-3***		
<i>niacin</i>		OTC
<i>niacin er</i>	Endur-Acin	OTC
*Vitamin B-6***		
<i>pyridoxine hcl</i>		OTC
<i>vitamin b6</i>		OTC
*Vitamin D***		
<i>ergocal</i>		QLL (1 EA per 1 day)
<i>ergocalciferol</i>	Drisdol	
<i>vitamin d</i>		OTC
<i>vitamin d (cholecalciferol)</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d (ergocalciferol)</i>	Drisdol	
<i>vitamin d2</i>		OTC
<i>vitamin d3</i>	Thera-D 2000	OTC
D3 DOTS		OTC
REPLESTA		OTC
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<i>erlotinib hcl</i>	21	<i>flutamide</i>	20	GOODSENSE	
<i>ery</i>	37	<i>fluticasone propionate</i>	40, 55	ESOMEPRAZOLE	63
<i>erythromycin</i>	37, 56	<i>fluticasone-salmeterol</i>	9	GRALISE	61
<i>estradiol</i>	44, 65	<i>fluvastatin sodium</i>	16	<i>granisetron hcl</i>	14
<i>estradiol-norethindrone acet</i>	44	<i>fluvastatin sodium er</i>	16	<i>griseofulvin microsize</i>	15
ESTRING	65	<i>folic acid</i>	47	<i>griseofulvin ultramicrosize</i>	15

<i>guaifenesin</i>	36	HYPERSAL	36	<i>ketorolac tromethamine</i>	4, 57
<i>guaifenesin-codeine</i>	35	<i>ibandronate sodium</i>	43	KEVZARA	4
<i>guaifenesin-dm</i>	35	IBRANCE	36	<i>kimono micro thin</i>	50
<i>guanfacine hcl</i>	18	<i>ibuprofen</i>	4	KLOR-CON M15	52
<i>guanfacine hcl er</i>	3	<i>imatinib mesylate</i>	21	<i>konsyl daily fiber</i>	48
GVOKE HYPOPEN 1-PACK	12	IMBRUVICA	21	<i>kp pseudoephedrine hcl</i>	55
GVOKE HYPOPEN 2-PACK	12	<i>imiquimod</i>	41	K-PHOS	52
GVOKE PFS	12	INCRUSE ELLIPTA	10	K-PHOS NO 2	46
<i>halobetasol propionate</i>	40	<i>indapamide</i>	43	<i>labetalol hcl</i>	29
HEPAGAM B	58	<i>indomethacin</i>	4	<i>lactulose</i>	49
<i>heparin sodium (porcine)</i>	11	<i>indomethacin er</i>	4	<i>lactulose encephalopathy</i>	45
<i>heparin sodium (porcine) pf</i>	11	INSTA-GLUCOSE	12	<i>lamivudine</i>	27
<i>hm allergy relief</i>	55	<i>insulin syringe</i>	50	<i>lamivudine-zidovudine</i>	24
<i>hm esomeprazole magnesium dr</i>	63	INTELENCE	26	<i>lansoprazole</i>	63
<i>hm lice killing max st</i>	42	INTRON A	22	LARIN 1.5/30	33
<i>hm urinary pain relief</i>	46	INTROVALE	33	LARIN FE 1.5/30	33
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HUMALOG MIX 50/50		<i>ipratropium bromide</i>	10, 55	<i>ledipasvir-sofosbuvir</i>	48
KWIKPEN	13	<i>ipratropium-albuterol</i>	9	LEENA	34
HUMALOG MIX 75/25	13	<i>irbesartan</i>	18	<i>leflunomide</i>	4
HUMALOG MIX 75/25		<i>irbesartan-hydrochlorothiazide</i> ..	18	LENVIMA (10 MG DAILY DOSE)	21
KWIKPEN	13	<i>iron</i>	48	LENVIMA (12 MG DAILY DOSE)	21
HUMIRA PEDIATRIC CROHNS START	3	<i>iron 100 plus</i>	48	LENVIMA (14 MG DAILY DOSE)	21
HUMIRA PEN	3	<i>iron chews pediatric</i>	48	LENVIMA (18 MG DAILY DOSE)	21
HUMIRA PEN-CD/UC/HS STARTER	3	<i>iron slow release</i>	48	LENVIMA (20 MG DAILY DOSE)	21
HUMIRA PEN-PS/UV/ADOL HS START	3	ISENTRESS	25	LENVIMA (24 MG DAILY DOSE)	21
HUMULIN R U-500 (CONCENTRATED)	13	ISENTRESS HD	25	LENVIMA (4 MG DAILY DOSE)	21
HUMULIN R U-500 KWIKPEN	13	<i>isoniazid</i>	19	LENVIMA (8 MG DAILY DOSE)	21
<i>hydralazine hcl</i>	18	<i>isopropyl alcohol</i>	42	<i>letrozole</i>	22
<i>hydrochlorothiazide</i>	43	<i>isosorbide dinitrate</i>	8	<i>leucovorin calcium</i>	22, 31
<i>hydrocodone-acetaminophen</i>	6	<i>isosorbide mononitrate</i>	8	LEUKERAN	22
<i>hydrocodone-homatropine</i>	35	<i>isosorbide mononitrate er</i>	8	<i>leuprolide acetate</i>	22
<i>hydrocodone-ibuprofen</i>	6	<i>isotretinoin</i>	37	<i>levalbuterol tartrate</i>	9
<i>hydrocortisone</i>	8, 34, 40	<i>isradipine</i>	30	<i>levobunolol hcl</i>	56
<i>hydrocortisone acetate</i>	40	<i>itraconazole</i>	15	<i>levocarnitine</i>	44
<i>hydrocortisone micronized</i>	40	<i>ivermectin</i>	8	<i>levofloxacin</i>	45, 57
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<i>hyoscyamine sulfate</i>	62	JOLESSA	34	<i>lice killing</i>	42
<i>hyoscyamine sulfate er</i>	63	JULEBER	33	<i>lice killing maximum strength</i>	42
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HYPERRHO S/D	58	JUNEL 1.5/30	33		
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<i>lidocaine-prilocaine</i>	42	<i>methylprednisolone</i>	34	<i>neomycin sulfate</i>	3
LILETTA (52 MG)	34	<i>metoclopramide hcl</i>	45	<i>neomycin-bacitracin zn-</i>	
<i>linezolid</i>	19	<i>metolazone</i>	43	<i>polymyx</i>	57
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<i>liothyronine sodium</i>	62	<i>metoprolol tartrate</i>	29	<i>neomycin-polymyxin-gramicidin</i>	57
<i>lisinopril</i>	17	<i>metoprolol-hydrochlorothiazide</i> ..	18	<i>neomycin-polymyxin-hc</i>	58
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<i>lohist-dm</i>	36	<i>mexiletine hcl</i>	9	<i>nevirapine er</i>	26
<i>loperamide hcl</i>	14	<i>miconazole 3 combo pack</i>	64	NEXAVAR	21
<i>lopinavir-ritonavir</i>	24	<i>miconazole 3 combo pack app</i> ...	64	NEXPLANON	34
<i>loratadine</i>	15	<i>miconazole nitrate</i>	41	<i>niacin</i>	65
<i>loratadine-d 12hr</i>	36	MICRHOGAM ULTRA-		<i>niacin er</i>	65
<i>losartan potassium</i>	18	FILTERED PLUS	58	<i>nicardipine hcl</i>	30
<i>losartan potassium-hctz</i>	18	MICROGESTIN 1.5/30	33	<i>nifedipine</i>	30
<i>lovastatin</i>	16	MICROGESTIN FE 1.5/30	33	<i>nifedipine er</i>	30
LOW-OGESTREL	33	<i>midodrine hcl</i>	65	<i>nifedipine er osmotic release</i>	30
<i>lubricant eye drops</i>	56	<i>milk of magnesia concentrate</i>	49	<i>nitrofurantoin</i>	64
LYNPARZA	59	<i>minocycline hcl</i>	62	<i>nitrofurantoin macrocrystal</i>	64
LYSODREN	20	<i>minoxidil</i>	18	<i>nitrofurantoin monohyd macro</i> ...	64
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<i>magnesium oxide</i>	8, 52	<i>mometasone furoate</i>	40, 55	<i>nitroglycerin er</i>	8
<i>malathion</i>	42	<i>montelukast sodium</i>	10	NIVESTYM	47
MATULANE	22	<i>morphine sulfate</i>	6, 7	<i>nizatidine</i>	63
MAVYRET	48	<i>morphine sulfate (concentrate)</i>	6	<i>non-aspirin jr strength</i>	5
<i>meclizine hcl</i>	14	<i>morphine sulfate er</i>	6	<i>norethin ace-eth estrad-fe</i>	32
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<i>metformin hcl</i>	11	NABI-HB	58	NOVOLIN N FLEXPEN	13
<i>metformin hcl er</i>	11	<i>nabumetone</i>	4	NOVOLIN N FLEXPEN	
<i>methadone hcl</i>	6	<i>naproxen</i>	4	RELION	13
<i>methazolamide</i>	43	<i>naproxen dr</i>	4	NOVOLIN R	13
<i>methenamine hippurate</i>	64	<i>naproxen sodium</i>	4	NOVOLIN R FLEXPEN	13
<i>methenamine mandelate</i>	64	<i>naratriptan hcl</i>	51	NOVOLIN R FLEXPEN	
<i>methimazole</i>	62	<i>nasal allergy 24 hour</i>	55	RELION	13
<i>methocarbamol</i>	54	<i>nasal mist</i>	36	NOVOLOG MIX 70/30	13
<i>methotrexate</i>	20	NATACYN	57	NOVOLOG MIX 70/30	
<i>methotrexate sodium (pf)</i>	20	NATAZIA	34	FLEXPEN	13

<i>nystatin</i>	15, 38, 52	<i>pentoxifylline er</i>	47	<i>promethazine vc/codeine</i>	36
<i>octreotide acetate</i>	44	<i>perindopril erbumine</i>	17	<i>promethazine-codeine</i>	36
ODEFSEY	24	<i>permethrin</i>	42	<i>promethazine-dm</i>	36
OFEV	61	<i>phenazopyridine hcl</i>	46	<i>promethazine-phenylephrine</i>	36
<i>ofloxacin</i>	57, 58	<i>phenobarbital</i>	48	<i>propafenone hcl</i>	9
<i>olopatadine hcl</i>	56	<i>phenylephrine hcl</i>	56	<i>propranolol hcl</i>	29
<i>omega-3</i>	55	<i>phenytoin</i>	11	<i>propranolol hcl er</i>	29
<i>omega-3-acid ethyl esters</i>	16	<i>phenytoin sodium extended</i>	11	<i>propranolol-hctz</i>	18
<i>omeprazole</i>	63	<i>phytonadione</i>	65	<i>propylthiouracil</i>	62
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OMNITROPE	44	<i>pnv prenatal plus multivitamin</i> ...	53	<i>pyridoxine hcl</i>	65
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OPSUMIT	31	<i>pot bicarb-pot chloride</i>	52	<i>quinidine sulfate</i>	9
OPTION 2	33	<i>potassium bicarbonate</i>	52	QVAR REDIHALER	10
ORKAMBI	37	<i>potassium chloride crys er</i>	52	<i>ra therapeutic</i>	42
<i>orphenadrine citrate er</i>	54	<i>potassium chloride er</i>	52	<i>raloxifene hcl</i>	44
<i>oseltamivir phosphate</i>	28	<i>potassium citrate er</i>	46	<i>ramipril</i>	17
<i>oxybutynin chloride</i>	64	<i>potassium citrate-citric acid</i>	46	REBIF	60
<i>oxybutynin chloride er</i>	64	<i>pramipexole dihydrochloride</i>	23	REBIF REBIDOSE	60
<i>oxycodone hcl</i>	7	<i>prasugrel hcl</i>	47	REBIF REBIDOSE	
<i>oxycodone-acetaminophen</i>	7	<i>pravastatin sodium</i>	16	TITRATION PACK	60
<i>oxycodone-aspirin</i>	7	<i>praziquantel</i>	8	REBIF TITRATION PACK	60
<i>oxymorphone hcl er</i>	7	<i>prazosin hcl</i>	18	RECLIPSEN	33
<i>oyster shell calcium</i>	51	<i>prednicarbate</i>	40	RECTIV	8
<i>oyster shell calcium 500 + d</i>	51	<i>prednisolone</i>	34	<i>reeses pinworm medicine</i>	8
<i>oyster shell calcium plus d</i>	51	<i>prednisolone acetate</i>	58	<i>repaglinide</i>	13
<i>oyster shell calcium/d</i>	51	<i>prednisolone sodium phosphate</i>		REPATHA	59
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<i>pamidronate disodium</i>	43	<i>prenatal 19</i>	53	RETACRIT	47
<i>pantoprazole sodium</i>	63	PRENATAL		REVLIMID	28
<i>paricalcitol</i>	44	MULTIVITAMIN + DHA	54	RHOGAM ULTRA-	
<i>paromomycin sulfate</i>	3	<i>prenatal plus</i>	54	FILTERED PLUS	58
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<i>peg 3350-kcl-na bicarb-nacl</i>	48	<i>primaquine phosphate</i>	19	<i>riluzole</i>	55
<i>peg-3350/electrolytes</i>	48	<i>primidone</i>	11	<i>rimantadine hcl</i>	28
PEGASYS	27	<i>probenecid</i>	47	<i>ritonavir</i>	25
PEGASYS PROCLICK	28	<i>prochlorperazine</i>	23	<i>rivastigmine tartrate</i>	60
PEGINTRON	28	<i>prochlorperazine maleate</i>	23	<i>rizatriptan benzoate</i>	51
<i>penicillamine</i>	28	<i>progesterone micronized</i>	59	<i>ropinirole hcl</i>	23
<i>penicillin v potassium</i>	59	PROMACTA	48	<i>ropinirole hcl er</i>	23
<i>pentazocine-naloxone hcl</i>	7	<i>promethazine hcl</i>	16	<i>rosuvastatin calcium</i>	16

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SANDOSTATIN LAR		<i>stevia extract</i>	32	TIVICAY PD	25
DEPOT	44	<i>steviol glycosides</i>	32	<i>tizanidine hcl</i>	54
SANTYL	40	<i>stevioside</i>	32	<i>tobramycin</i>	3, 57
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<i>sb lice killing max st</i>	42	STRIVERDI RESPIMAT	9	<i>tolterodine tartrate er</i>	64
<i>scalp relief maximum strength</i>	40	<i>sucralfate</i>	63	<i>toremifene citrate</i>	20
SEGLUROMET	62	<i>sulfacetamide sodium</i>	39, 58	<i>toremide</i>	43
<i>selegiline hcl</i>	23	<i>sulfacetamide sodium (acne)</i>	37	<i>totalday multiple</i>	53
<i>selenium sulfide</i>	39	<i>sulfacetamide-prednisolone</i>	57	<i>tramadol hcl</i>	7
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<i>senna</i>	49	<i>sulfamethoxazole-trimethoprim</i> ..	19	<i>trandolapril</i>	17
SETLAKIN	34	<i>sulfasalazine</i>	45	TRELEGY ELLIPTA	9
<i>sevelamer carbonate</i>	46	<i>sulindac</i>	4	<i>tretinoin</i>	22, 37
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<i>silver sulfadiazine</i>	39	SUTENT	21	<i>trifluridine</i>	57
<i>simethicone</i>	45	SYMDEKO	37	TRI-LEGEST FE	34
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<i>simvastatin</i>	16	SYMFI LO	24	<i>trimethoprim</i>	19
<i>sirolimus</i>	29	SYMPROIC	45	<i>trinatal rx 1</i>	54
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<i>sm antifungal clotrimazole</i>	41	<i>tacrolimus</i>	29, 41	<i>tri-vitamin/fluoride</i>	53
<i>sm artificial tears</i>	56	<i>tadalafil (pah)</i>	31	<i>tropicamide</i>	56
<i>sm ibuprofen jr</i>	4	TAFINLAR	20	<i>trospium chloride</i>	64
<i>sm slow release iron</i>	48	<i>tamoxifen citrate</i>	20	<i>trospium chloride er</i>	64
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<i>sodium fluoride</i>	51	<i>tazarotene</i>	39	<i>tussin cough</i>	35
<i>sodium polystyrene sulfonate</i>	29	TECFIDERA	60	<i>tussin dm max adult</i>	35
<i>sofosbuvir-velpatasvir</i>	48	<i>telmisartan</i>	18	TYKERB	21
<i>solifenacin succinate</i>	64	TEMIXYS	24	TYMLOS	44
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<i>sorbitol</i>	49	<i>terbinafine hcl</i>	15, 38	<i>valacyclovir hcl</i>	28
<i>sotalol hcl</i>	29	<i>terconazole</i>	64	<i>valganciclovir hcl</i>	27
<i>sotalol hcl (af)</i>	29	<i>testosterone</i>	8	<i>valsartan</i>	18
<i>spinosad</i>	42	<i>testosterone cypionate</i>	7	<i>valsartan-hydrochlorothiazide</i> ...	18
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<i>spironolactone-hctz</i>	43	<i>theophylline</i>	10	VALTOCO 15 MG DOSE	11
SPRYCEL	21	<i>theophylline er</i>	10	VALTOCO 20 MG DOSE	11
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<i>valved holding chamber</i>	51	XULANE	33
VCF VAGINAL		YUVAFEM	65
CONTRACEPTIVE	65	<i>zafirlukast</i>	10
VELIVET	34	ZARXIO	48
VEMLIDY	27	ZENATANE	37, 38
VENCLEXTA	20	ZENPEP	42
VENCLEXTA STARTING		ZEPATIER	48
PACK	20	<i>zidovudine</i>	27
<i>verapamil hcl</i>	30	<i>zinc oxide</i>	39
<i>verapamil hcl er</i>	30	ZOLADEX	22
VERZENIO	36	ZOVIA 1/35E (28)	33
VICTOZA	13		
VINATE II	54		
VIOKACE	42		
<i>viorele</i>	32		
VIRACEPT	26		
VIREAD	27		
<i>virt-c dha</i>	54		
<i>virt-phos 250 neutral</i>	52		
<i>vitamin b6</i>	65		
<i>vitamin d</i>	65		
<i>vitamin d (cholecalciferol)</i>	65		
<i>vitamin d (ergocalciferol)</i>	65		
<i>vitamin d2</i>	65		
<i>vitamin d3</i>	65		
<i>vitamins acd-fluoride</i>	53		
<i>vitamins/minerals</i>	53		
VOLNEA	32		
VOSEVI	48		
VOTRIENT	21		
<i>warfarin sodium</i>	10		
WESTHROID	62		
WIDE-SEAL DIAPHRAGM			
60	50		
WIDE-SEAL DIAPHRAGM			
65	50		
WIDE-SEAL DIAPHRAGM			
70	50		
WIDE-SEAL DIAPHRAGM			
75	50		
WIDE-SEAL DIAPHRAGM			
80	50		
WIDE-SEAL DIAPHRAGM			
85	50		
WIDE-SEAL DIAPHRAGM			
90	50		
WIDE-SEAL DIAPHRAGM			
95	50		
WP THYROID	62		
XARELTO	10		
XARELTO STARTER PACK	10		
XOLAIR	9		