

**Aetna Better Health
of Maryland
Formulary Guide
May 2022**

What is the Aetna Better Health of Maryland Formulary?

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

Medicare Part D

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

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

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

Carve Outs

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

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

Can the Plan’s Drug List change?

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

How do I use the Plan’s Formulary?

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

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

What are generic drugs?

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

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

The plan will cover OTC drugs on the formulary. Some OTC drugs may have coverage rules. If the rules for that OTC drug are met, the plan will cover the OTC drug. Like other drugs, OTC drugs need a prescription from a doctor if they are to be covered by the plan, except for OTC emergency contraceptives and latex condoms. Members are allowed to receive those without requiring an order from an authorized prescriber.

Are there Medication Copays?

Refer to member handbook for copay information.

What are some types of coverage rules?

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

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

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

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

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

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Formulary Drug Name	Reference	Restrictions
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Kapvay	PA; AL (Min 18 Years)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Intuniv	PA; AL (Min 18 Years)
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>neomycin sulfate oral tablet 500 mg</i>		
<i>paromomycin sulfate oral capsule 250 mg</i>	Humatin	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak	PA; QLL (280 ML Max Qty Per Fill Retail)
ANALGESICS - ANTI-INFLAMMATORY		
*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 SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML		PA; QLL (1 Kit per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML		PA; QLL (3 EA per 180 days)
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	ST; QLL (30 EA per 30 days)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG		

Formulary Drug Name	Reference	Restrictions
*Interleukin-6 Receptor Inhibitors***		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML		PA; QLL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML		PA; QLL (2.28 ML per 28 days)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>childrens ibuprofen 100 oral suspension 100 mg/5ml</i>	Childrens Advil	OTC
<i>diclofenac potassium oral tablet 50 mg</i>	Cataflam	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		
<i>etodolac oral capsule 200 mg, 300 mg</i>		
<i>etodolac oral tablet 400 mg</i>	Lodine	
<i>etodolac oral tablet 500 mg</i>		
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		
<i>ibuprofen oral capsule 200 mg</i>	Advil	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral tablet 200 mg</i>	Advil	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	
<i>indomethacin er oral capsule extended release 75 mg</i>		
<i>indomethacin oral capsule 25 mg, 50 mg</i>		
<i>ketorolac tromethamine oral tablet 10 mg</i>		QLL (20 Tablets per 30 days); AL (Min 16 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Mobic	QLL (30 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Relafen	QLL (120 EA per 30 days)
<i>naproxen oral suspension 125 mg/5ml</i>	Naprosyn	ST
<i>naproxen oral tablet 250 mg, 375 mg</i>		
<i>naproxen oral tablet 500 mg</i>	Naprosyn	
<i>naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>naproxen sodium oral tablet 220 mg</i>	Aleve	OTC; QLL (2 EA per 1 day)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Feldene	
<i>sm ibuprofen jr oral tablet 100 mg</i>	Advil Junior Strength	OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>		

Formulary Drug Name	Reference	Restrictions
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	QLL (30 EA per 30 days)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		PA; QLL (3.92 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		PA; QLL (3.92 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML		PA; QLL (2.04 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML		PA; QLL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		PA; QLL (4 ML per 28 days)
ANALGESICS - NONNARCOTIC		
*Analgesics Other***		
<i>acetaminophen er oral tablet extended release 650 mg</i>	Midol	OTC; QLL (6 EA per 1 day)
<i>acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	OTC; QLL (240 mL per 30 days)
<i>acetaminophen oral solution 160 mg/5ml</i>		OTC
<i>acetaminophen oral suspension 160 mg/5ml</i>	Panadol Childrens	OTC; QLL (240 ML per 30 days)
<i>acetaminophen oral tablet 325 mg</i>	Aphen	OTC; QLL (10 EA per 1 day)
<i>acetaminophen oral tablet 500 mg</i>	Healthy Mama Shake That Ache	OTC; QLL (8 EA per 1 day)
<i>acetaminophen oral tablet chewable 80 mg</i>	Childrens Medi-Tabs	OTC
<i>acetaminophen rectal suppository 120 mg</i>	FeverAll Childrens	OTC
<i>acetaminophen rectal suppository 650 mg</i>	FeverAll Adults	OTC
<i>non-aspirin jr strength oral tablet chewable 160 mg</i>	Mapap Childrens	OTC
TRIAMINIC FEVER REDUCER ORAL SYRUP 160 MG/5ML		OTC; QLL (240 mL per 30 days)
*Analgesics-Sedatives***		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tencon	QLL (60 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Bac	QLL (60 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>		QLL (60 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Salicylates***		
<i>aspirin ec oral tablet delayed release 325 mg</i>	Bayer Aspirin	OTC
<i>aspirin ec oral tablet delayed release 81 mg</i>	Aspir-Low	OTC
<i>aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	OTC
<i>aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	OTC
<i>aspirin rectal suppository 300 mg</i>		OTC
<i>diflunisal oral tablet 500 mg</i>		
<i>salsalate oral tablet 500 mg, 750 mg</i>		
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>		AL (Min 18 Years)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>		AL (Min 18 Years)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>		QLL (10 EA per 1 day); AL (Min 18 Years)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		QLL (1000 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		AL (Min 18 Years)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	Fioricet/Codeine	QLL (60 EA per 30 days); AL (Min 18 Years)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		QLL (60 EA per 30 days); AL (Min 18 Years)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Ascomp-Codeine	QLL (60 EA per 30 days); AL (Min 18 Years)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	butalbital-asa-caff-codeine	QLL (60 EA per 30 days); AL (Min 18 Years)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		QLL (2750 ML per 30 days); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>		QLL (9 EA per 1 day); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>		AL (Min 18 Years)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		QLL (240 EA per 30 days); AL (Min 18 Years)
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		QLL (30 EA per 30 days); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Actiq	PA; QLL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		PA; QLL (15 EA per 30 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	Dilaudid	QLL (11 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	Dilaudid	QLL (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilaudid	QLL (2 EA per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>		QLL (7 EA per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	PA; QLL (3 EA 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>		PA; QLL (3 EA per 1 day)
<i>methadone hcl oral tablet 5 mg</i>		PA; QLL (6 EA per 1 day)
<i>methadone hcl oral tablet soluble 40 mg</i>	Methadose	PA; QLL (1 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</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)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		QLL (60 EA per 30 days)
<i>morphine sulfate rectal suppository 10 mg</i>		QLL (9 EA per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>		QLL (4 EA per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>		QLL (3 EA per 1 day)
<i>morphine sulfate rectal suppository 5 mg</i>		QLL (18 EA per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		QLL (60 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>		QLL (6 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	Roxicodone	QLL (4 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>		QLL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	Roxicodone	QLL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	Oxaydo	QLL (8 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<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)
*Opioid Partial Agonists***		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Butrans	PA; QLL (4 EA per 28 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		QLL (2.5 ML per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		QLL (4.5 EA per 1 day)
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Ultracet	QLL (240 EA per 30 days); AL (Min 16 Years)
ANDROGENS-ANABOLIC		
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	PA; QLL (10 ML per 90 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		PA; QLL (5 ML per 60 days)
<i>testosterone gel 12.5 mg/act (1%) transdermal 12.5 mg/act (1%)</i>	Vogelxo Pump	PA; QLL (300 GM per 30 days)
<i>testosterone gel 20.25 mg/act (1.62%) transdermal 20.25 mg/act (1.62%)</i>	AndroGel Pump	PA; QLL (5 GM per 1 day)
<i>testosterone gel 50 mg/5gm (1%) transdermal 50 mg/5gm (1%)</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)

Formulary Drug Name	Reference	Restrictions
<i>testosterone transdermal solution 30 mg/act</i>		PA; QLL (6 ML per 1 day)
ANORECTAL AND RELATED PRODUCTS		
*Intrarectal Steroids***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	
*Nitrate Vasodilating Agents***		
RECTIV RECTAL OINTMENT 0.4 %		PA
*Rectal Anesthetic Combinations***		
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Avedana Hemorrhoid Pain Relief	OTC
*Rectal Steroids***		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Anusol-HC	
ANTACIDS		
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>		OTC
*Antacids - Magnesium Salts***		
<i>magnesium oxide oral tablet 400 mg</i>		OTC
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>	Albenza	ST
<i>ivermectin oral tablet 3 mg</i>	Stromectol	
<i>praziquantel oral tablet 600 mg</i>	Biltricide	PA
<i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>		OTC
ANTIANGINAL AGENTS		
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		
<i>isosorbide dinitrate oral tablet 40 mg, 5 mg</i>	Isordil Titradose	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>		QLL (60 EA per 30 days)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>		QLL (30 EA per 30 days)
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		
<i>nitroglycerin er oral capsule extended release 2.5 mg</i>	Nitro-Time	

Formulary Drug Name	Reference	Restrictions
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Pacerone	
MULTAQ ORAL TABLET 400 MG		PA; QLL (2 EA per 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*Adrenergic Combinations***		
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Symbicort	QLL (10.2 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act</i>	Advair Diskus	QLL (2 EA per 1 day); AL (Min 4 Years and Max 11 Years)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act</i>	AirDuo RespiClick 113/14	QLL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcg/act</i>	AirDuo RespiClick 232/14	QLL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act</i>	AirDuo RespiClick 55/14	QLL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		QLL (18 ML per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT		QLL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH		ST; QLL (60 EA per 30 days)

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

Formulary Drug Name	Reference	Restrictions
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		QLL (1 EA per 30 days)
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 er oral tablet extended release 12 hour 300 mg, 450 mg</i>		
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		
<i>theophylline oral solution 80 mg/15ml</i>		
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Jantoven	
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		QLL (2 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		QLL (2 EA per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG		QLL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG		PA; QLL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG		PA; QLL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		QLL (51 EA per 30 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>		

Formulary Drug Name	Reference	Restrictions
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	QLL (21 days per 168 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Lovenox	QLL (21 days per 168 days)
ANTICONVULSANTS		
*Anticonvulsants - Misc.***		
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	
*Hydantoins***		
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin	
<i>phenytoin oral tablet chewable 50 mg</i>	Dilantin Infatabs	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	
DILANTIN ORAL CAPSULE 30 MG		
*Succinimides***		
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	
CELONTIN ORAL CAPSULE 300 MG		
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Precose	QLL (90 EA per 30 days)
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		QLL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		QLL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		
*Diabetic Other - Combinations***		
<i>glucose oral tablet chewable 4-6 gm-mg</i>	Dex4	OTC
*Diabetic Other***		
<i>glucagon emergency injection kit 1 mg</i>		QLL (1 Unit Max Qty Per Fill Retail)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>		QLL (1 EA Max Qty Per Fill Retail)
<i>glucose oral gel 40 %</i>	Glucose 15	OTC

Formulary Drug Name	Reference	Restrictions
<i>glucose oral liquid 15 gm/59ml</i>	Dex4 Glucose	OTC
<i>glucose oral tablet chewable 4 gm</i>	Dex4 Quick Dissolve Glucose	OTC
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE		QLL (2 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE		QLL (2 EA per 30 days)
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM		OTC
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		QLL (1 Unit 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 KIT SUBCUTANEOUS SOLUTION 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 ORAL GEL 77.4 %		OTC
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Nesina	QLL (30 EA per 30 Days)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Kazano	QLL (60 EA per 30 Days)

Formulary Drug Name	Reference	Restrictions
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Oseni	QLL (30 EA per 30 Days)
*Human Insulin***		
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Semglee (yfgn)	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Semglee (yfgn)	
ADMELOG INJECTION SOLUTION 100 UNIT/ML	insulin lispro	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin lispro (1 unit dial)	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML		
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	insulin lispro prot & lispro	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		OTC
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		OTC

Formulary Drug Name	Reference	Restrictions
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		OTC
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	insulin asp prot & asp flexpen	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	insulin aspart prot & aspart	
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML		ST; QLL (0.0536 ML per 1 day)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML		ST; QLL (0.1071 ML per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		ST; QLL (4 Pens per 28 days)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>		QLL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>		QLL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>		QLL (240 EA per 30 days)
*Sodium-Glucose Co-Transporter 2 (Sgt2) Inhibitors***		
JARDIANCE ORAL TABLET 10 MG, 25 MG		PA; QLL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG		ST; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG		ST; QLL (2 EA per 1 day)
*Sulfonylurea-Biguanide Combinations***		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg		QLL (60 EA per 30 days)
glipizide-metformin hcl oral tablet 5-500 mg		QLL (120 EA per 30 days)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg		QLL (60 EA per 30 days)
glyburide-metformin oral tablet 5-500 mg		QLL (120 EA per 30 days)
*Sulfonylureas***		
glimepiride oral tablet 1 mg, 2 mg	Amaryl	QLL (30 EA per 30 days)
glimepiride oral tablet 4 mg	Amaryl	QLL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	Glucotrol XL	QLL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg	Glucotrol XL	QLL (30 EA per 30 days)
glipizide oral tablet 10 mg, 5 mg		
glipizide xl oral tablet extended release 24 hour 10 mg	Glucotrol XL	QLL (60 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg	Glucotrol XL	QLL (30 EA per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg	Glynase	QLL (30 EA per 30 days)
glyburide micronized oral tablet 6 mg	Glynase	QLL (60 EA per 30 days)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		
*Thiazolidinediones***		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Actos	QLL (30 EA per 30 days)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*Antiperistaltic Agents***		
anti-diarrheal oral capsule 2 mg	Imodium A-D	OTC
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml		
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Lomotil	

Formulary Drug Name	Reference	Restrictions
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG		
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
<i>granisetron hcl oral tablet 1 mg</i>		ST; QLL (20 EA Max Qty Per Fill Retail)
<i>ondansetron hcl oral tablet 24 mg</i>		QLL (20 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		QLL (3 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		QLL (3 EA per 1 day)
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg</i>		
<i>meclizine hcl oral tablet 25 mg</i>	Travel-Ease	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Antivert	
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg, 40 mg</i>		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>griseofulvin microsize oral suspension 125 mg/5ml</i>		ST
<i>griseofulvin microsize oral tablet 500 mg</i>		ST
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		ST
<i>nystatin oral tablet 500000 unit</i>		
<i>terbinafine hcl oral tablet 250 mg</i>		QLL (30 EA per 30 days)
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>		QLL (30 EA per 30 days)
*Triazoles***		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Diflucan	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Diflucan	QLL (60 EA per 30 days)
<i>itraconazole oral capsule 100 mg</i>	Sporanox	QLL (120 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
ANTI HISTAMINES		
*Antihistamines - Alkylamines***		
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Chlor-Trimeton	OTC
*Antihistamines - Ethanolamines***		
<i>carbinoxamine maleate oral tablet 4 mg</i>		
<i>clemastine fumarate oral tablet 2.68 mg</i>		
<i>diphenhydramine hcl oral capsule 50 mg</i>	Banophen	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (20 ML per 1 day)
<i>diphenhydramine hcl oral tablet 25 mg</i>	Alka-Seltzer Plus Allergy	OTC
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl oral tablet 10 mg</i>	KLS Aller-Tec	OTC; QLL (30 EA per 30 days)
<i>cetirizine hcl oral tablet 5 mg</i>		OTC; QLL (30 EA per 30 days)
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Allegra Allergy	OTC; QLL (1 EA per 1 day)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	QLL (1 EA per 1 day)
<i>loratadine oral tablet 10 mg</i>	Claritin	OTC; QLL (30 EA per 30 days)
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		QLL (80 ML per 1 day)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>		QLL (80 ML per 1 day)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
ANTIHYPERLIPIDEMICS		
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl oral capsule 1 gm</i>	Vascepa	PA; QLL (4 EA per 1 day)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	ST; QLL (4 EA per 1 day)
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	
<i>cholestyramine light oral powder 4 gm/dose</i>	Prevalite	
<i>cholestyramine oral packet 4 gm</i>	Questran	
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		
<i>gemfibrozil oral tablet 600 mg</i>	Lipid	QLL (60 EA per 30 days)
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	QLL (30 EA per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Lescol XL	QLL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>		ST; QLL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		QLL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>		QLL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		QLL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	ST
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Zocor	QLL (30 EA per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>		QLL (30 EA per 30 days)
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Zetia	ST; QLL (1 EA per 1 day)
*Pcsk9 Inhibitors***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		PA
ANTIHYPERTENSIVES		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	QLL (30 EA per 30 days)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		QLL (30 EA per 30 days)
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Lotensin HCT	QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		QLL (30 EA per 30 days)
<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 oral tablet 10-12.5 mg, 20-12.5 mg</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 oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</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, 2.5 mg, 20 mg, 30 mg, 5 mg</i>	Zestril	QLL (2 EA per 1 day)
<i>lisinopril oral tablet 40 mg</i>	Zestril	QLL (60 EA per 30 days)
<i>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)
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	ST; QLL (1 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Avalide	QLL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	QLL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	QLL (30 EA per 30 days)
*Angiotensin II Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	ST; QLL (1 EA per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</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 oral tablet 20 mg, 40 mg, 80 mg</i>	Micardis	QLL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	QLL (30 EA per 30 days)
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	ST; QLL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	ST; QLL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	ST; QLL (4 EA per 28 days)
<i>guanfacine hcl oral tablet 1 mg</i>		QLL (240 EA per 30 days)
<i>guanfacine hcl oral tablet 2 mg</i>		QLL (120 EA per 30 days)
<i>methyldopa oral tablet 250 mg, 500 mg</i>		
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Cardura	QLL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	Cardura	QLL (60 EA per 30 days)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Minipress	QLL (120 EA per 30 days)
<i>terazosin hcl oral capsule 1 mg, 5 mg</i>		QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>		QLL (60 EA per 30 days)
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Ziac	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole oral capsule 375 mg</i>	Flagyl	
<i>metronidazole oral tablet 250 mg, 500 mg</i>		
<i>trimethoprim oral tablet 100 mg</i>		
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Sulfatrim Pediatric	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	Bactrim DS	
*Glycopeptides***		
<i>vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 750 mg/150ml</i>		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML		
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	vancomycin hcl	
*Leprostatics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>		
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	

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

Formulary Drug Name	Reference	Restrictions
<i>pyrazinamide oral tablet 500 mg</i>		
<i>rifabutin oral capsule 150 mg</i>	Mycobutin	
<i>rifampin oral capsule 150 mg, 300 mg</i>		
PRIFTIN ORAL TABLET 150 MG		
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
MYLERAN ORAL TABLET 2 MG		
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	Zytiga	PA
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG		
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	Casodex	QLL (30 EA per 30 days)
<i>flutamide oral capsule 125 mg</i>	Eulexin	
*Antiestrogens***		
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	
SOLTAMOX ORAL SOLUTION 10 MG/5ML		
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg</i>	Xeloda	PA; QLL (140 EA per 21 days)
<i>capecitabine oral tablet 500 mg</i>	Xeloda	PA; QLL (154 EA per 21 days)
<i>mercaptopurine oral tablet 50 mg</i>		
<i>methotrexate oral tablet 2.5 mg</i>		
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>		
TABLOID ORAL TABLET 40 MG		
*Antineoplastic - Alk Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG		PA
*Antineoplastic - Anti-Her2 Agents***		
TUKYSA ORAL TABLET 150 MG, 50 MG		PA
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		PA

Formulary Drug Name	Reference	Restrictions
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		PA
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
<i>imatinib mesylate oral tablet 100 mg</i>	Gleevec	PA; QLL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	Gleevec	PA; QLL (60 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG		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)
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA
*Antineoplastic - Btk Inhibitors***		
IMBRUVICA ORAL CAPSULE 140 MG		PA; QLL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG		PA; QLL (1 EA per 1 day)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Tarceva	PA; QLL (1 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG		PA
*Antineoplastic - Mek Inhibitors***		
MEKINIST ORAL TABLET 0.5 MG, 2 MG		PA
*Antineoplastic - Mtor Kinase Inhibitors***		
<i>everolimus oral tablet 10 mg</i>	Afinitor	PA; QLL (30 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Afinitor	PA; QLL (1 EA per 1 day)
*Antineoplastic - Multikinase Inhibitors***		
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	PA; QLL (30 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
CAPRELSA ORAL TABLET 100 MG, 300 MG		PA
RYDAPT ORAL CAPSULE 25 MG		PA
TYKERB ORAL TABLET 250 MG	lapatinib ditosylate	PA; QLL (180 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG		PA; QLL (120 EA per 30 days)
*Antineoplastics Misc.***		
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML		PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT		PA
MATULANE ORAL CAPSULE 50 MG		
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	QLL (30 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	Aromasin	QLL (30 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	Femara	QLL (30 EA per 30 days)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		PA; QLL (1 EA per 1 day)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		PA; QLL (2 EA per 1 day)
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG		
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	Temodar	
<i>temozolomide oral capsule 20 mg, 5 mg</i>		
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		PA
*Lhrh Analogs***		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		PA; QLL (5.6 ML per 28 days)

Formulary Drug Name	Reference	Restrictions
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG		PA
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>		
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		
<i>melphalan oral tablet 2 mg</i>	Alkeran	
LEUKERAN ORAL TABLET 2 MG		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA; QLL (4 EA per 1 day)
*Progestins-Antineoplastic***		
<i>hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml</i>		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>		
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Targretin	PA
*Urinary Tract Protective Agents***		
MESNEX ORAL TABLET 400 MG		
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA ORAL TABLET 1 MG, 5 MG		PA; QLL (120 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		PA

Formulary Drug Name	Reference	Restrictions
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>		
<i>amantadine hcl oral solution 50 mg/5ml</i>		
<i>amantadine hcl oral tablet 100 mg</i>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	Parlodel	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Parlodel	
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl oral capsule 5 mg</i>		
<i>selegiline hcl oral tablet 5 mg</i>		
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i>	Stalevo 50	QLL (270 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i>	Stalevo 75	QLL (270 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i>	Stalevo 100	QLL (270 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i>	Stalevo 125	QLL (270 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	Stalevo 150	QLL (270 EA per 30 days)
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	Stalevo 200	QLL (270 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Nonergoline Dopamine Receptor Agonists***		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>		ST; QLL (2 EA per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>		ST; QLL (1 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		QLL (90 EA per 30 days)
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	Comtan	QLL (120 EA per 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Phenothiazines***		
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	
ANTISEPTICS & DISINFECTANTS		
*Chlorine Antiseptics***		
<i>chlorhexidine gluconate solution 20 %</i>		
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Epzicom	Diagnosis Required; QLL (1 EA per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Trizivir	Diagnosis Required; QLL (2 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>	Symfi Lo	QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	Truvada	PA; Diagnosis Required; QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	Truvada	PA; Diagnosis Required
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Combivir	Diagnosis Required; QLL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	Diagnosis Required; QLL (10 ML per 1 day)

Formulary Drug Name	Reference	Restrictions
ATRIPLA ORAL TABLET 600-200-300 MG	efavirenz-emtricitab-tenofovir	Diagnosis Required; QLL (1 EA per 1 day)
BIKTARVY ORAL TABLET 50-200-25 MG		Diagnosis Required; QLL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG		Diagnosis Required; QLL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG		PA; Diagnosis Required; QLL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG		PA; Diagnosis Required; QLL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG		Diagnosis Required; QLL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		Diagnosis Required; QLL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG		Diagnosis Required; QLL (1 EA per 1 day)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	lopinavir-ritonavir	Diagnosis Required; QLL (4 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		Diagnosis Required; QLL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		Diagnosis Required
SYM TUZA ORAL TABLET 800-150-200-10 MG		Diagnosis Required; QLL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG		Diagnosis Required; QLL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG		Diagnosis Required; QLL (1 EA per 1 day)
TRUVADA ORAL TABLET 167-250 MG	emtricitabine-tenofovir df	PA; Diagnosis Required
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL TABLET 150 MG	maraviroc	Diagnosis Required; QLL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG		Diagnosis Required; QLL (8 EA per 1 day)
SELZENTRY ORAL TABLET 300 MG	maraviroc	Diagnosis Required; QLL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG		Diagnosis Required; QLL (2 EA per 1 day)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		Diagnosis Required; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS HD ORAL TABLET 600 MG		Diagnosis Required; QLL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		Diagnosis Required; QLL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG		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 ORAL TABLET SOLUBLE 5 MG		Diagnosis Required; AL (Max 12 Years)
*Antiretrovirals - Protease Inhibitors***		
<i>atazanavir sulfate oral capsule 150 mg</i>		Diagnosis Required; QLL (1 EA per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	Reyataz	Diagnosis Required; QLL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Reyataz	Diagnosis Required; QLL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Lexiva	Diagnosis Required; QLL (4 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Norvir	Diagnosis Required; QLL (12 EA per 1 day)
APTIVUS ORAL CAPSULE 250 MG		Diagnosis Required; QLL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML		Diagnosis Required; QLL (56 ML per 1 day)
NORVIR ORAL PACKET 100 MG		Diagnosis Required
NORVIR ORAL SOLUTION 80 MG/ML		Diagnosis Required; QLL (15 ML per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML		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)

Formulary Drug Name	Reference	Restrictions
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 oral tablet extended release 24 hour 100 mg, 400 mg</i>		Diagnosis Required; QLL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>		PA; Diagnosis Required; QLL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>		Diagnosis Required; QLL (2 EA per 1 day)
EDURANT ORAL TABLET 25 MG		Diagnosis Required; QLL (1 EA per 1 day)
INTELENCE ORAL TABLET 100 MG	etravirine	Diagnosis Required; QLL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	etravirine	Diagnosis Required; QLL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG		Diagnosis Required; QLL (4 EA per 1 day)
SUSTIVA ORAL TABLET 600 MG	efavirenz	Diagnosis Required; QLL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	Diagnosis Required; QLL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	Ziagen	Diagnosis Required; QLL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	QLL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</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 SOLUTION 10 MG/ML		Diagnosis Required; QLL (24 ML per 1 day)

Formulary Drug Name	Reference	Restrictions
*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>		Diagnosis Required; QLL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Retrovir	Diagnosis Required; QLL (2 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	Diagnosis Required; QLL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>		Diagnosis Required; QLL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	Diagnosis Required; QLL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM		Diagnosis Required; QLL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Diagnosis Required; QLL (1 EA per 1 day)
*Antiviral Combinations***		
PAXLOVID ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		QLL (30 EA per 5 days); AL (Min 12 Years)
*Cmv Agents***		
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	QLL (2 EA per 1 day)
*Hepatitis B Agents***		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	QLL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Epivir HBV	QLL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML		QLL (300 mL per 30 days)
VEMLIDY ORAL TABLET 25 MG		QLL (1 EA per 1 day)
*Hepatitis C Agent - Combinations***		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Harvoni	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Epclusa	PA
MAVYRET ORAL PACKET 50-20 MG		PA
MAVYRET ORAL TABLET 100-40 MG		PA
VOSEVI ORAL TABLET 400-100-100 MG		PA
ZEPATIER ORAL TABLET 50-100 MG		PA; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA; QLL (4 Units per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		PA; QLL (4 Units per 28 days)
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>		QLL (60 EA per 30 days)
<i>acyclovir oral suspension 200 mg/5ml</i>	Zovirax	AL (Max 12 Years)
<i>acyclovir oral tablet 400 mg, 800 mg</i>		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 oral tablet 125 mg, 250 mg, 500 mg</i>		QLL (21 EA Max Qty Per Fill Retail)
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>		QLL (14 EA Max Qty Per Fill Retail)
*Misc. Antivirals***		
<i>molnupiravir oral capsule 200 mg</i>		QLL (40 EA per 5 days); AL (Min 18 Years)
*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 6 mg/ml</i>	Tamiflu	QLL (180 ML Max Qty Per Fill Retail); AL (Max 12 Years)
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Coreg	QLL (60 EA per 30 days)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	
<i>bisoprolol fumarate oral tablet 10 mg</i>		QLL (120 EA per 30 days)
<i>bisoprolol fumarate oral tablet 5 mg</i>		QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Toprol XL	QLL (45 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Toprol XL	QLL (60 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	Toprol XL	QLL (30 EA per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	
<i>metoprolol tartrate oral tablet 25 mg</i>		
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	metoprolol succinate er	QLL (45 EA per 30 days)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	metoprolol succinate er	QLL (30 EA per 30 days)
*Beta Blockers Non-Selective***		
<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>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace	
<i>sotalol hcl oral tablet 240 mg</i>	Sorine	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg</i>	Norvasc	QLL (30 EA per 30 days)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	Norvasc	QLL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg</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>	Tiadyt 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)

Formulary Drug Name	Reference	Restrictions
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Cardizem CD	QLL (3 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	Cardizem CD	QLL (60 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>		QLL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	QLL (120 EA per 30 days)
<i>diltiazem hcl oral tablet 90 mg</i>		QLL (120 EA per 30 days)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		QLL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	Afeditab CR	QLL (30 EA per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>		QLL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Procardia XL	QLL (30 EA per 30 days)
<i>nifedipine oral capsule 10 mg, 20 mg</i>		
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</i>	Verelan	QLL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Verelan	QLL (60 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	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)
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		QLL (120 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	diltiazem hcl er beads	QLL (1 EA per 1 day)
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digoxin oral solution 0.05 mg/ml</i>		
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Digitek	
CARDIOVASCULAR AGENTS - MISC.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Caduet	QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>		QLL (30 EA per 30 days)
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		PA; QLL (2 EA per 1 day)
*Prostaglandin Vasodilators***		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Flolan	PA
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	PA; QLL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	PA; QLL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG		PA; QLL (1 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	PA; QLL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	Adcirca	ST; QLL (2 EA per 1 day)
*Sinus Node Inhibitors**		
CORLANOR ORAL TABLET 5 MG, 7.5 MG		PA; QLL (2 EA per 1 day)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		AL (Max 12 Years)
<i>cefadroxil oral tablet 1 gm</i>		
<i>cephalexin oral capsule 250 mg, 500 mg</i>		
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
*Cephalosporins - 2Nd Generation***		
<i>cefaclor oral capsule 250 mg</i>		
<i>cefaclor oral capsule 500 mg</i>		QLL (14 EA Max Qty Per Fill Retail)
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefprozil oral tablet 250 mg, 500 mg</i>		
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		

Formulary Drug Name	Reference	Restrictions
*Cephalosporins - 3Rd Generation***		
<i>cefдинir oral capsule 300 mg</i>		
<i>cefдинir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefixime oral capsule 400 mg</i>	Suprax	QLL (1 EA per 1 Fill)
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		AL (Max 12 Years)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		QLL (2 Grams Max Qty Per Fill Retail)
CHEMICALS		
*Bulk Chemicals - Hy's***		
<i>hydroxyprogesterone caproate powder</i>		
*Bulk Chemicals - La's***		
<i>acidophilus lactobacillus powder 10 bu/gm</i>		
*Bulk Chemicals - Le's***		
<i>calcium folinate powder</i>		
<i>leucovorin calcium powder</i>		
*Bulk Chemicals - Py's***		
<i>pyrimethamine powder</i>		
*Bulk Chemicals - St's***		
<i>stevia extract powder</i>	TrueClear Stevia Plus	
<i>steviol glycosides powder 95 %</i>		
<i>stevioside fluid extract 15 %</i>		
*Fixed Oils***		
<i>castor oil oil</i>		
*Liquids***		
<i>benzyl benzoate liquid</i>		
<i>glycerine liquid</i>		
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	

Formulary Drug Name	Reference	Restrictions
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	
*Combination Contraceptives - Oral***		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Cyclafem 1/35	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Balziva	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	Beyaz	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	Safyral	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Jasmiel	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	Kelnor 1/50	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Afirmelle	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Charlotte 24 Fe	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Wymzya Fe	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	Generess FE	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	
APRI ORAL TABLET 0.15-30 MG-MCG	desogestrel-ethinyl estradiol	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	

Formulary Drug Name	Reference	Restrictions
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG		
CYRED ORAL TABLET 0.15-30 MG-MCG	desogestrel-ethinyl estradiol	
ELINEST ORAL TABLET 0.3-30 MG-MCG		
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	desogestrel-ethinyl estradiol	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	desogestrel-ethinyl estradiol	
JULEBER ORAL TABLET 0.15-30 MG-MCG	desogestrel-ethinyl estradiol	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	ethynodiol diac-eth estradiol	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	desogestrel-ethinyl estradiol	
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR		QLL (3 EA per 28 days)
*Combination Contraceptives - Vaginal***		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	QLL (1 EA per 30 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	QLL (1 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Continuous Contraceptives - Oral***		
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Amethyst	
*Emergency Contraceptives***		
<i>levonorgestrel oral tablet 1.5 mg</i>	Option 2	OTC; QLL (3 Packs per 1 Year)
ELLA ORAL TABLET 30 MG		
OPTION 2 ORAL TABLET 1.5 MG	levonorgestrel	OTC; QLL (3 Packs per 1 Year)
*Extended-Cycle Contraceptives - Oral***		
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	Fayosim	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Introvale	
INTROVALE ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	
JOLESSA ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	
SETLAKIN ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	
*Four Phase Contraceptives - Oral***		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG		
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		QLL (1 Device per 3 Yearss)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	vial ONLY; QLL (1 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Depo-Provera	QLL (1 ML per 84 days)
*Progestin Contraceptives - Iud***		
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		QLL (1 EA per 6 years)
*Progestin Contraceptives - Oral***		
<i>norethindrone oral tablet 0.35 mg</i>	Camila	QLL (28 EA per 28 days)
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Cyclafem 7/7/7	

Formulary Drug Name	Reference	Restrictions
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tri Femynor	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		
CAZIENT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG		
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide oral capsule delayed release particles 3 mg</i>		ST; QLL (90 Days per 365 days)
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>		
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>		
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>		
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Medrol	
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	Pediapred	
<i>prednisone oral solution 5 mg/5ml</i>		AL (Max 12 Years)
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		

Formulary Drug Name	Reference	Restrictions
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG		
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate 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>tussin cough oral capsule 15 mg</i>	Robitussin Lingerin CoughGels	OTC
<i>tussin cough oral syrup 15 mg/5ml</i>	Wal-Tussin Cough	OTC; QLL (120 mL per 30 days)
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Hycodan	QLL (30 ML per 1 day); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Hycodan	QLL (6 EA per 1 day); AL (Min 18 Years)
*Antitussive-Expectorant***		
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		OTC; QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	Robafen DM Cough Clear	OTC; QLL (120 mL per 30 days)
<i>mucus relief dm max oral liquid 20-400 mg/20ml</i>	Delsym Cgh/Chest Cong DM Child	OTC; QLL (120 mL per 30 days)
*Antitussive-Expectorants-Decongestant***		
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML		OTC
*Decongestant & Antihistamine***		
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	KLS Aller-Tec D	OTC; QLL (60 EA per 30 days)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Allegra-D Allergy & Congestion	OTC; QLL (2 EA per 1 day)
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	Allegra-D Allergy & Congestion	OTC; QLL (2 EA per 1 day)
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Alavert Allergy/Sinus	OTC; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>		
ALAHIST D ORAL TABLET 17.5-10 MG		OTC
*Expectorants***		
<i>guaifenesin oral solution 100 mg/5ml</i>	Buckleys Chest Congestion	OTC; QLL (120 ML per 30 days)
<i>guaifenesin oral syrup 100 mg/5ml</i>	Diabetic Tussin EX	OTC; QLL (120 mL per 30 days)
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	OTC
*Misc. Respiratory Inhalants***		
<i>nasal mist inhalation aerosol solution 0.9 %</i>	Simply Saline Baby	OTC
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %</i>		
<i>sodium chloride inhalation nebulization solution 7 %</i>	HyperSal	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %		
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		QLL (180 mL per 30 days)
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>lohist-dm oral syrup 5-2-10 mg/5ml</i>		OTC
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>		QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
DERMATOLOGICALS		
*Acne Antibiotics***		
<i>clindamycin phosphate external gel 1 %</i>	Clindagel	QLL (1 GM per 1 day)
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	QLL (2 ML per 1 day)
<i>clindamycin phosphate external solution 1 %</i>		QLL (2 ML per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>ery external pad 2 %</i>		QLL (2 EA per 1 day)
<i>erythromycin external gel 2 %</i>	Erygel	QLL (1 GM per 1 day)
<i>erythromycin external solution 2 %</i>		QLL (2 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	QLL (118 ML per 30 days)
*Acne Products***		
<i>acne foaming wash external liquid 10 %</i>	Medpura Benzoyl Peroxide	OTC
<i>acne medication 10 external lotion 10 %</i>		OTC
<i>acne medication 5 external lotion 5 %</i>		OTC
<i>adapalene external cream 0.1 %</i>	Differin	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide external gel 2.5 %</i>		OTC
<i>benzoyl peroxide wash external liquid 5 %</i>	Benzac AC Wash	OTC
<i>bp gel external gel 10 %</i>	Clean & Clear Persa-Gel Max St	OTC
<i>bp gel external gel 5 %</i>	Medpura Benzoyl Peroxide	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 external cream 0.025 %</i>	Avita	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	Retin-A	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>tretinoin external gel 0.01 %</i>	Retin-A	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>tretinoin external gel 0.025 %</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 EXTERNAL GEL 0.1 %	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)
ZENATANE ORAL CAPSULE 40 MG	isotretinoin	ST
*Antibiotic Mixtures Topical***		
<i>bacitracin-polymyxin b external ointment 500-10000 unit/gm</i>	Neosporin	OTC

Formulary Drug Name	Reference	Restrictions
<i>triple antibiotic pain relief external ointment 1 %</i>	Neosporin + Pain Relief Max St	OTC
*Antibiotics - Topical***		
<i>bacitracin zinc external ointment 500 unit/gm</i>		
<i>gentamicin sulfate external cream 0.1 %</i>		
<i>gentamicin sulfate external ointment 0.1 %</i>		
<i>gentamicin sulfate powder</i>		
<i>mupirocin external ointment 2 %</i>	Centany	QLL (110 GM per 30 days)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		QLL (60 GM per 30 days)
*Antifungals - Topical***		
<i>anti-fungal external powder 1 %</i>	Lotrimin AF	OTC; QLL (45 GM per 30 days)
<i>athletes foot spray external aerosol 1 %</i>	Tinactin	OTC; QLL (133 GM per 30 days)
<i>butenafine hcl external cream 1 %</i>	Lotrimin Ultra	OTC; QLL (30 GM per 30 days)
<i>ciclopirox external shampoo 1 %</i>	Loprox	ST; QLL (120 ML per 30 days)
<i>ciclopirox external solution 8 %</i>	Ciclodan	QLL (6.6 ML per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	Loprox	ST; QLL (60 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	Loprox	ST; QLL (30 ML per 30 days)
<i>nystatin external cream 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>		QLL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	Nyamyc	QLL (60 GM per 30 days)
<i>terbinafine hcl external cream 1 %</i>	LamISIL AT	OTC; QLL (60 GM per 30 days)
<i>tolnaftate external cream 1 %</i>	Tinactin	OTC; QLL (90 GM per 30 days)
<i>tolnaftate external powder 1 %</i>	Lotrimin AF	OTC; QLL (45 GM per 30 days)
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium external gel 1 %</i>	Aspercreme Arthritis Pain	QLL (6.6667 GM per 1 day)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	Efudex	
<i>fluorouracil external solution 2 %, 5 %</i>		
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>	Dovonex	PA; QLL (4 GM per 1 day)
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	PA; QLL (4 GM per 1 day)
<i>calcipotriene external solution 0.005 %</i>		PA; QLL (2 ML per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>tazarotene external cream 0.1 %</i>	Tazorac	ST; QLL (3 GM per 1 day)
*Antiseborrheic Products***		
<i>selenium sulfide external lotion 2.5 %</i>		
<i>selenium sulfide external shampoo 2.25 %</i>		
<i>sulfacetamide sodium external liquid 10 %</i>	Ovace Plus Wash	
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	Zovirax	ST; QLL (15 GM per 30 days)
<i>docosanol external cream 10 %</i>	Abreva	OTC; QLL (2 GM per 30 days)
*Astringents***		
<i>zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
<i>zinc oxide external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
MEDPURA ZINC OXIDE EXTERNAL OINTMENT 20 %	zinc oxide	OTC
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	SSD (silver sulfADIAZINE)	
SSD (SILVER SULFADIAZINE) EXTERNAL CREAM 1 %	silver sulfadiazine	
*Corticosteroids - Topical***		
<i>alclometasone dipropionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>		QLL (60 GM per 30 days)
<i>amcinonide external ointment 0.1 %</i>		
<i>betamethasone dipropionate aug external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>		QLL (2 GM per 1 day)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		QLL (2 ML per 1 day)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	QLL (2 GM per 1 day)
<i>betamethasone dipropionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>		QLL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>		QLL (2 GM per 1 day)
<i>betamethasone valerate external cream 0.1 %</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>		QLL (120 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>betamethasone valerate external ointment 0.1 %</i>		QLL (45 GM per 30 days)
<i>clobetasol prop emollient base external cream 0.05 %</i>		ST; QLL (2 GM per 1 day)
<i>clobetasol propionate e external cream 0.05 %</i>		QLL (2 GM per 1 day)
<i>clobetasol propionate external cream 0.05 %</i>	Temovate	ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external gel 0.05 %</i>		ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external ointment 0.05 %</i>	Temovate	ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external solution 0.05 %</i>		QLL (2 ML per 1 day)
<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 0.025 %</i>	Synalar	QLL (2 GM per 1 day)
<i>fluocinolone acetonide powder</i>		
<i>fluocinonide external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>		QLL (2 GM per 1 day)
<i>fluocinonide external ointment 0.05 %</i>		QLL (2 GM per 1 day)
<i>fluocinonide external solution 0.05 %</i>		QLL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>fluticasone propionate external ointment 0.005 %</i>		QLL (60 GM per 30 days)
<i>halobetasol propionate external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>		QLL (50 GM per 30 days)
<i>hydrocortisone acetate powder</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>	Aquaphor Itch Relief Max Str	QLL (90 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>		QLL (90 GM per 30 days)
<i>hydrocortisone micronized powder</i>		
<i>hydrocortisone powder</i>		
<i>mometasone furoate external cream 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external ointment 0.1 %</i>		QLL (45 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>mometasone furoate external solution 0.1 %</i>		QLL (60 ML per 30 days)
<i>prednicarbate external ointment 0.1 %</i>		QLL (60 GM per 30 days)
<i>scalp relief maximum strength external solution 1 %</i>	Scalpicin Maximum Strength	OTC; QLL (75 ML per 30 days)
<i>triamcinolone acetonide external cream 0.025 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external cream 0.1 %, 0.5 %</i>	Triderm	QLL (90 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		QLL (120 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	Trianex	QLL (90 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.1 %</i>		
<i>triamcinolone acetonide powder</i>		
*Emollients***		
<i>ammonium lactate external cream 12 %</i>		
<i>ammonium lactate external lotion 12 %</i>	AL12	
*Imidazole-Related Antifungals - Topical***		
<i>athletes foot external powder 2 %</i>	Desenex	OTC; QLL (90 GM per 30 days)
<i>clotrimazole anti-fungal external cream 1 %</i>	Desenex	QLL (60 GM per 30 days)
<i>clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days)
<i>clotrimazole external solution 1 %</i>		QLL (30 ML per 30 days)
<i>gnp athletes foot external cream 1 %</i>	Desenex	OTC; QLL (60 GM per 30 days)
<i>ketoconazole external cream 2 %</i>		ST; QLL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>		QLL (120 ML per 30 days)
<i>miconazole nitrate external cream 2 %</i>	Cavilon	QLL (90 GM per 30 days)
<i>sm antifungal clotrimazole external cream 1 %</i>	Desenex	OTC; QLL (60 GM per 30 days)
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>		QLL (12 Packets per 30 days)
*Keratolytic/Antimitotic Agents***		
<i>podofilox external solution 0.5 %</i>		
<i>salicylic acid external shampoo 6 %</i>	Keralyt	
*Local Anesthetics - Topical***		
<i>arthritis pain relieving external cream 0.075 %</i>		OTC; QLL (114 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>capsaicin external cream 0.025 %</i>	DermacinRx Penetral	OTC
<i>gnp lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
<i>lidocaine external ointment 5 %</i>		PA; QLL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Lidoderm	PA; QLL (90 EA per 30 days); AL (Min 18 Years)
<i>lidocaine hcl external solution 4 %</i>		
<i>lidocaine pain relief external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
ASPERCREME W/LIDOCAINE CREAM 4 % EXTERNAL 4 %	cvs lidocaine maximum strength	OTC; QLL (153 GM per 30 days)
ASPERCREME W/LIDOCAINE CREAM 4 % EXTERNAL 4 %	cvs lidocaine maximum strength	OTC; QLL (266 GM per 30 days)
*Macrolide Immunosuppressants - Topical***		
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Protopic	ST; QLL (30 GM per 30 days)
*Prostaglandins - Topical***		
<i>bimatoprost external solution 0.03 %</i>	Latisse	ST
*Rosacea Agents***		
<i>metronidazole external cream 0.75 %</i>	MetroCream	
<i>metronidazole external gel 0.75 %</i>	Rosadan	
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	
*Scabicide Combinations***		
<i>gnp lice treatment external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
<i>hm lice killing max st external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
<i>lice killing external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
<i>sb lice killing max st external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	OTC; QLL (240 ML per 30 days)
<i>stop lice maximum strength external liquid 0.33-4 %</i>	RID	OTC; QLL (118 ML per 30 days)
*Scabicides & Pediculicides***		
<i>lice treatment external lotion 1 %</i>		OTC; QLL (120 ML per 30 days)
<i>malathion external lotion 0.5 %</i>	Ovide	ST; QLL (118 ML Max Qty Per Fill Retail)
<i>permethrin external cream 5 %</i>		QLL (60 GM per 30 days)
<i>spinosad external suspension 0.9 %</i>	Natroba	ST

Formulary Drug Name	Reference	Restrictions
*Skin Cleansers***		
<i>isopropyl alcohol external 70 %</i>		OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		QLL (1 GM per 1 day)
*Topical Steroid Combinations***		
<i>hydrocortisone-aloe external cream 1 %</i>	Cortizone-10 Intensive Healing	OTC
DIAGNOSTIC PRODUCTS		
*Diagnostic Tests***		
ONETOUCH ULTRA IN VITRO STRIP	blood glucose test	OTC; QLL (150 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	blood glucose test	OTC; QLL (150 EA per 30 days)
DIGESTIVE AIDS		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT		
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		
<i>methazolamide oral tablet 25 mg, 50 mg</i>		ST
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Aldactazide	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		
<i>triamterene-hctz oral tablet 37.5-25 mg</i>	Maxzide-25	
<i>triamterene-hctz oral tablet 75-50 mg</i>	Maxzide	

Formulary Drug Name	Reference	Restrictions
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	
<i>bumetanide oral tablet 1 mg, 2 mg</i>		
<i>furosemide oral solution 10 mg/ml</i>		
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	
<i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>		
<i>torseamide oral tablet 20 mg</i>	Soaanz	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
<i>alendronate sodium oral solution 70 mg/75ml</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 solution 3 mg/3ml</i>		QLL (3 ML per 84 days)
<i>ibandronate sodium oral tablet 150 mg</i>	Boniva	QLL (1 EA per 30 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Sensipar	PA
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Miacalcin	QLL (3.7 ML per 30 days)
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	

Formulary Drug Name	Reference	Restrictions
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>		QLL (16 EA per 30 days)
*Growth Hormones***		
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN- INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	ST; QLL (30 EA per 30 days)
<i>paricalcitol oral capsule 4 mcg</i>		ST; QLL (30 EA per 30 days)
*Parathyroid Hormone And Derivatives***		
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		PA; QLL (0.052 ML per 1 day)
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		PA; QLL (1 ML per 168 days)
*Selective Estrogen Receptor Modulators (Serms)***		
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	QLL (30 EA per 30 days)
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SandoSTATIN	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG		PA
*Vasopressin***		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		QLL (5 ML per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	QLL (90 EA per 30 days)
<i>desmopressin acetate spray nasal solution 0.01 %</i>		QLL (5 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
ESTROGENS		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	Amabelz	QLL (30 EA per 30 days)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Activella	QLL (30 EA per 30 days)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Femhrt	
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Fyavolv	QLL (30 EA per 30 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY		QLL (8 Patches per 30 days)
*Estrogens***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Alora	QLL (8 EA per 30 days)
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr</i>	Dotti	QLL (8 EA per 30 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Climara	QLL (4 EA per 30 days)
FLUOROQUINOLONES		
*Fluoroquinolones***		
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>		QLL (28 EA per 30 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	QLL (28 EA per 30 days)
<i>levofloxacin oral solution 25 mg/ml</i>		QLL (280 mL Max Qty Per Fill Retail); AL (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 750 mg</i>	Levaquin	QLL (14 EA Max Qty Per Fill Retail)
<i>levofloxacin oral tablet 500 mg</i>		QLL (14 EA Max Qty Per Fill Retail)
GASTROINTESTINAL AGENTS - MISC.		
*Antiflatulents***		
<i>simethicone oral capsule 125 mg</i>	Gas-X Extra Strength	OTC
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>		
<i>ursodiol oral tablet 250 mg</i>	Urso 250	
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	

Formulary Drug Name	Reference	Restrictions
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>		
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	
*Inflammatory Bowel Agents***		
<i>balsalazide disodium oral capsule 750 mg</i>	Colazal	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	QLL (4 EA per 1 day)
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	QLL (6 EA per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	QLL (4 EA per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	Asacol HD	QLL (6 EA per 1 day)
<i>mesalamine rectal enema 4 gm</i>		
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	QLL (42 EA per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	
*Intestinal Acidifiers***		
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		PA; QLL (1 EA per 1 day)
SYMPROIC ORAL TABLET 0.2 MG		PA; QLL (1 EA per 1 day)
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PhosLo	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Calphron	
<i>sevelamer carbonate oral tablet 800 mg</i>	Renvela	ST
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)		ST; QLL (12 EA per 1 day)
CALPHRON ORAL TABLET 667 MG	calcium acetate (phos binder)	OTC

Formulary Drug Name	Reference	Restrictions
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>finasteride oral tablet 5 mg</i>	Proscar	QLL (30 EA per 30 days)
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	QLL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Flomax	QLL (60 EA per 30 days)
*Citrates***		
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	Urocit-K 5	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		
<i>tricitrates oral solution 550-500-334 mg/5ml</i>		
*Genitourinary Irrigants***		
<i>sodium chloride irrigation solution 0.9 %</i>	Argyle Sterile Saline	
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG		PA
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG		
*Urinary Analgesics***		
<i>hm urinary pain relief oral tablet 99.5 mg</i>	AZO Urinary Pain Relief	OTC
<i>phenazopyridine hcl oral tablet 100 mg</i>	Pyridium	
<i>phenazopyridine hcl oral tablet 200 mg</i>	Phenazo	
<i>urinary pain relief oral tablet 95 mg</i>	AZO Urinary Pain Relief	OTC
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Zyloprim	
<i>colchicine oral capsule 0.6 mg</i>	Mitigare	QLL (9 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>colchicine oral tablet 0.6 mg</i>	Colcrys	QLL (9 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	ST; QLL (1 EA per 1 day)
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>		
HEMATOLOGICAL AGENTS - MISC.		
*Complement Inhibitors***		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		PA
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>		
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>		
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	
<i>anagrelide hcl oral capsule 1 mg</i>		
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg</i>		QLL (1 EA per 1 day)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	QLL (30 EA per 30 days)
<i>prasugrel hcl oral tablet 10 mg</i>	Effient	QLL (1 EA per 1 day)
<i>prasugrel hcl oral tablet 5 mg</i>	Effient	QLL (30 EA per 30 days)
HEMATOPOIETIC AGENTS		
*Amino Acids***		
ENDARI ORAL PACKET 5 GM		PA
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Dodex	
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		

Formulary Drug Name	Reference	Restrictions
*Erythropoiesis-Stimulating Agents (Esas)***		
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		PA
*Folic Acid/Folate Combinations***		
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>		
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>		
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>		
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		PA
*Iron Combinations***		
<i>iron 100 plus oral tablet 100-250-0.025-1 mg</i>	Icar-C Plus	OTC
*Iron***		
<i>ferretts chewable iron oral tablet chewable 18 mg</i>		OTC
<i>ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg</i>		OTC
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>		OTC
<i>ferrous sulfate oral tablet 27 mg</i>		OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>ferrous sulfate oral tablet delayed release 325 (65 fe) mg</i>		OTC
<i>iron chews pediatric oral tablet chewable 15 mg</i>		OTC
<i>iron oral tablet 28 mg</i>		OTC
<i>iron slow release oral tablet extended release 143 (45 fe) mg</i>		OTC
<i>sm slow release iron oral tablet extended release 143 (45 fe) mg</i>		OTC

Formulary Drug Name	Reference	Restrictions
*Thrombopoietin (Tpo) Receptor Agonists***		
PROMACTA ORAL PACKET 12.5 MG, 25 MG		PA; QLL (1 EA per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		PA; QLL (1 EA per 1 day)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*Antihistamine Hypnotics***		
<i>sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>		
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		
LAXATIVES		
*Bowel Evacuant Combinations***		
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	QLL (4000 ML per 30 days)
*Bulk Laxatives***		
<i>konsyl daily fiber oral packet 100 %</i>		OTC
<i>natural fiber laxative oral powder 28.3 %</i>	Metamucil	OTC
<i>natural fiber laxative oral powder 58.6 %</i>	Metamucil Smooth Texture	OTC
*Laxatives - Miscellaneous***		
<i>glycerin (adult) rectal suppository 2.1 gm</i>		OTC
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>		OTC
<i>lactulose oral solution 10 gm/15ml</i>		
<i>peg 3350 oral packet 17 gm</i>	CVS Purelax	OTC; QLL (30 EA per 30 days)
<i>sorbitol rectal solution 70 %</i>		OTC
*Saline Laxatives***		
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>		OTC
*Stimulant Laxatives***		
<i>castor oil stimulant laxative oral oil 100 %</i>		OTC
<i>senna oral syrup 176 mg/5ml</i>		OTC
<i>senna oral syrup 8.8 mg/5ml</i>		
FLEET BISACODYL RECTAL ENEMA 10 MG/30ML		OTC

Formulary Drug Name	Reference	Restrictions
*Surfactant Laxatives***		
<i>docusate sodium oral capsule 250 mg</i>		
<i>docusate sodium oral liquid 50 mg/5ml</i>	Docu Liquid	OTC
<i>docusate sodium oral tablet 100 mg</i>	DOK	OTC
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG		OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML		OTC
MACROLIDES		
*Azithromycin***		
<i>azithromycin oral packet 1 gm</i>	Zithromax	Attestation of appropriate diagnosis appearing on prescription required by dispensing pharmacy at point-of-sale
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	Attestation of appropriate diagnosis appearing on prescription required by dispensing pharmacy at point-of-sale; QLL (30 mL Max Qty Per Fill Retail); AL (Max 12 Years)
<i>azithromycin oral tablet 250 mg</i>	Zithromax	Attestation of appropriate diagnosis appearing on prescription required by dispensing pharmacy at point-of-sale; QLL (12 EA per 30 days)
<i>azithromycin oral tablet 500 mg</i>	Zithromax	Attestation of appropriate diagnosis appearing on prescription required by dispensing pharmacy at point-of-sale
<i>azithromycin oral tablet 600 mg</i>		Attestation of appropriate diagnosis appearing on prescription required by dispensing pharmacy at point-of-sale; QLL (8 EA per 30 days)
*Clarithromycin***		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		QLL (150 mL Max Qty Per Fill Retail); AL (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		QLL (28 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
MEDICAL DEVICES AND SUPPLIES		
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		
*Condoms - Male***		
<i>kimono micro thin</i>	Trustex Non-Lubricated	OTC; QLL (12 EA per 30 days)
<i>premium condoms lubricated</i>	Fantasy Lubricated	OTC; QLL (12 EA per 30 days)
*Diaphragms***		
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM		
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %		
*Glucose Monitoring Test Supplies***		
DEXCOM G6 RECEIVER DEVICE		PA; QLL (1 EA per 365 days)
DEXCOM G6 SENSOR	guardian sensor 3	PA; QLL (30 EA per 30 days)
DEXCOM G6 TRANSMITTER		PA; QLL (1 EA per 90 days)
FREESTYLE LIBRE 14 DAY READER DEVICE		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	guardian sensor 3	PA; QLL (4 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE		PA; QLL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	guardian sensor 3	PA; QLL (4 EA per 28 days)
FREESTYLE LIBRE READER DEVICE		PA; QLL (1 EA per 365 days)
ONETOUCH ULTRA 2 KIT W/DEVICE	blood glucose monitor system	OTC

Formulary Drug Name	Reference	Restrictions
ONETOUCH ULTRA MINI KIT W/DEVICE	blood glucose monitor system	OTC
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	blood glucose monitor system	OTC
ONETOUCH VERIO KIT W/DEVICE	blood glucose monitor system	OTC
*Needles & Syringes***		
<i>insulin syringe 29g x 1/2" 0.5 ml</i>	Advocate Insulin Syringe	OTC
BD AUTOSHIELD 29G X 5MM		OTC
BD PEN NEEDLE MICRO U/F 32G X 6 MM	1st tier unifine pentips	ST; OTC
BD PEN NEEDLE MINI U/F 31G X 5 MM	1st tier unifine pentips	ST; OTC
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1st tier unifine pentips	ST; OTC
BD PEN NEEDLE NANO U/F 32G X 4 MM	1st tier unifine pentips	ST
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	sure comfort pen needles	ST; OTC
BD PEN NEEDLE SHORT U/F 31G X 8 MM	1st tier unifine pentips	ST; OTC
*Peak Flow Meters***		
<i>peak flow meter universal rang device</i>	Airzone Peak Flow Meter	OTC; QLL (2 EA per 1 Year)
MIGRAINE PRODUCTS		
*Selective Serotonin Agonists 5-Ht(1)***		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Amerge	QLL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	QLL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>		QLL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	QLL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		QLL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	Imitrex	QLL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	QLL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose Refill	QLL (4 Vials per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		QLL (4 Vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	QLL (4 Vials per 30 days)

Formulary Drug Name	Reference	Restrictions
MINERALS & ELECTROLYTES		
*Bicarbonates***		
<i>sodium bicarbonate intravenous solution 8.4 %</i>		
*Calcium Combinations***		
<i>calcium 500/d oral tablet chewable 500-400 mg-unit</i>		OTC
<i>calcium 500+d oral tablet 500-200 mg-unit</i>	Os-Cal Calcium + D3	OTC
<i>calcium 600 + minerals oral tablet 600-200 mg-unit</i>		OTC
<i>calcium 600+d plus minerals oral tablet 600-400 mg-unit</i>		OTC
<i>calcium 600+d3 oral tablet 600-200 mg-unit</i>		OTC
<i>calcium carbonate-vitamin d3 oral tablet 600-400 mg-unit</i>		OTC
<i>calcium-vitamin d3 oral tablet 500-400 mg-unit</i>		OTC
<i>oyster shell calcium w/d oral tablet 500-200 mg-unit</i>	Os-Cal Calcium + D3	OTC
<i>oyster shell calcium/d oral tablet 500-200 mg-unit, 500-400 mg-unit</i>		OTC
<i>oyster shell calcium/vitamin d oral tablet 250-125 mg-unit</i>		OTC
*Calcium***		
<i>calcium 600 oral tablet 1500 (600 ca) mg</i>		OTC
<i>calcium carbonate oral tablet 1500 (600 ca) mg, 600 mg</i>		OTC
<i>calcium citrate oral tablet 250 mg, 950 (200 ca) mg</i>		OTC
<i>calcium oral tablet 500 mg</i>		OTC
<i>oyster shell calcium oral tablet 500 mg</i>		OTC
*Fluoride***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>		
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	NaFrinse	
*Magnesium***		
<i>magnesium oral tablet 250 mg</i>		OTC
<i>magnesium oxide oral tablet 400 (240 mg) mg</i>	MAGnesium-Oxide	OTC
<i>magnesium oxide oral tablet 500 mg</i>		OTC

Formulary Drug Name	Reference	Restrictions
*Phosphate***		
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	K-Phos-Neutral	
K-PHOS ORAL TABLET 500 MG		
*Potassium***		
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	K-Tab	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	potassium chloride crys er	
MISCELLANEOUS THERAPEUTIC CLASSES		
*Chelating Agents***		
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	PA; QLL (8 EA per 1 day)
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Gengraf	
<i>cyclosporine modified oral capsule 50 mg</i>		
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	lenalidomide	PA; QLL (1 EA per 1 day)
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG		PA; QLL (1 EA per 1 day)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	
*Irrigation Solutions***		
<i>sterile water for irrigation irrigation solution</i>	Argyle Sterile Water	

Formulary Drug Name	Reference	Restrictions
*Macrolide Immunosuppressants***		
<i>sirolimus oral solution 1 mg/ml</i>	Rapamune	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Rapamune	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	
*Potassium Removing Agents***		
<i>sodium polystyrene sulfonate oral powder</i>		
SPS ORAL SUSPENSION 15 GM/60ML		
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	Imuran	
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
<i>lidocaine hcl mouth/throat solution 4 %</i>		
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche 10 mg</i>		
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Paroex	
*Fluoride Dental Products***		
<i>sf 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	
<i>sf dental gel 1.1 %</i>	Cavarest	
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Oralone	
MULTIVITAMINS		
*B-Complex W/ C & E + Zn***		
<i>stress formula/zinc (b-compl) oral tablet</i>		OTC
*Multiple Vitamins W/ Minerals***		
<i>a thru z select oral tablet chewable</i>	Adek Gummies Plus Zn	OTC
<i>daily multivitamin oral capsule</i>	ActivNutrients	OTC
<i>stress formula/zinc oral tablet</i>	Alive Energy 50+	OTC
<i>totalday multiple oral tablet extended release</i>	Endur-VM	OTC

Formulary Drug Name	Reference	Restrictions
*Ped Mv W/ Fluoride***		
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Multi-Vit-Flor	
*Ped Mv W/ Iron***		
<i>multivitamins plus iron child oral tablet chewable 18 mg</i>	Cerovite Jr	OTC
DINO-LIFE W/IRON-ZINC ORAL TABLET CHEWABLE 30-200-3		OTC
*Ped Vitamins Acid W/ Fluoride***		
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>		
<i>vitamins acid-fluoride oral solution 0.25 mg/ml</i>		
*Pediatric Multiple Vitamins W/ C & Fa***		
<i>childrens chewable vitamins oral tablet chewable</i>	Dino-Life	OTC
*Pediatric Multiple Vitamins W/ Extra C & Fa***		
<i>gnp childrens chewables/ex c oral tablet chewable</i>	Dino-Life w/Extra C	OTC
*Pediatric Multiple Vitamins***		
<i>pc pediatric poly-vitamin drop oral solution</i>	Poly-Vi-Sol	OTC
POLY-VI-SOL ORAL SOLUTION	pc pediatric poly-vitamin drop	OTC
*Pediatric Vitamins A & D W/ C***		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10		OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	NeoNatal Plus	QLL (100 EA per 90 days)
<i>prenatal 19 oral tablet</i>		OTC; QLL (100 EA per 90 days)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>		QLL (100 EA per 90 days)
<i>prenatal plus oral tablet 27-1 mg</i>	NeoNatal Plus	QLL (100 EA per 90 days)
<i>prenatal/iron oral tablet 28-0.8 mg</i>		OTC; QLL (100 EA per 90 days)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Vinate One	QLL (100 EA per 90 days)
<i>virt-c dha oral capsule 53.5-38-1 mg</i>	Concept DHA	QLL (100 EA per 90 days)
CO-NATAL FA ORAL TABLET	neonatal complete	QLL (100 EA per 90 days)

Formulary Drug Name	Reference	Restrictions
FOLIVANE-OB ORAL CAPSULE 85-1 MG		QLL (100 EA per 90 days)
PRENATABS RX ORAL TABLET 29-1 MG	thrivite rx	QLL (100 EA per 90 days)
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG		QLL (100 EA per 90 days)
TRINATE ORAL TABLET		QLL (100 EA per 90 days)
VINATE II ORAL TABLET 29-1 MG		QLL (100 EA per 90 days)
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
<i>complete natal dha oral 29-1-200 & 200 mg</i>		QLL (100 EA per 90 days)
*Prenatal Mv & Min W/Fe-Fa-Dha***		
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG		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 oral tablet 350 mg</i>	Soma	QLL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>		QLL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		QLL (90 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		QLL (120 EA per 30 days)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		QLL (60 EA per 30 days)
<i>tizanidine hcl oral tablet 2 mg</i>		QLL (3 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	QLL (6 EA per 1 day)
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		QLL (120 EA per 30 days)
<i>dantrolene sodium oral capsule 25 mg</i>	Dantrium	QLL (120 EA per 30 days)
*Muscle Relaxant Combinations***		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>		QLL (120 EA per 30 days); AL (Min 18 Years)
*Viscosupplements***		
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML		PA

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 nasal solution 0.1 %</i>		QLL (1 EA per 30 days)
*Nasal Mast Cell Stabilizers***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	NasalCrom	OTC; QLL (52 ML per 30 days)
*Nasal Steroids***		
<i>allergy relief nasal suspension 50 mcg/act</i>	ClariSpray	OTC; QLL (16 ML per 30 days)
<i>budesonide nasal suspension 32 mcg/act</i>		OTC; QLL (8.6 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		ST; QLL (1.6667 ML per 1 day)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	ClariSpray	ST; QLL (16 GM per 30 days)
<i>gnp fluticasone propionate nasal suspension 50 mcg/act</i>	ClariSpray	ST; OTC; QLL (16 ML per 30 days)
<i>hm allergy relief nasal suspension 50 mcg/act</i>	ClariSpray	OTC; QLL (16 ML per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>		ST; QLL (1.1333 GM per 1 day)
<i>nasal allergy 24 hour nasal aerosol 55 mcg/act</i>	KLS Aller-Cort	OTC; QLL (17 ML per 30 days)
<i>sm allergy relief nasal suspension 50 mcg/act</i>	ClariSpray	OTC; QLL (16 ML per 30 days)
*Systemic Decongestants***		
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	SudoGest	OTC
NEUROMUSCULAR AGENTS		
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>	Rilutek	
NUTRIENTS		
*Misc. Nutritional Substances***		
<i>fish oil concentrate oral capsule 300 mg</i>	Fish Oil Pearls	OTC
<i>fish oil oral capsule 1000 mg</i>	Eskimo PurEFA	OTC
<i>fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	OTC
<i>fish oil oral capsule delayed release 1200 mg</i>		OTC
<i>omega-3 oral capsule 1400 mg</i>		OTC

Formulary Drug Name	Reference	Restrictions
OPHTHALMIC AGENTS		
*Artificial Tear And Lubricant Combinations***		
<i>artificial tears ophthalmic solution 1-0.3 %</i>	Moisture Eyes	OTC; QLL (15 ML per 30 days)
SYSTANE OPHTHALMIC GEL 0.4-0.3 %	dry eye relief	OTC
*Artificial Tear Solutions***		
<i>sm artificial tears ophthalmic solution</i>	GenTeal Tears	OTC; QLL (15 mL per 30 days)
*Artificial Tears And Lubricants***		
<i>artificial tears ophthalmic solution 1.4 %</i>		OTC; QLL (15 mL per 30 days)
<i>lubricant eye drops ophthalmic solution 0.6 %</i>	Systane Complete	OTC; QLL (15 ML per 30 days)
*Beta-Blockers - Ophthalmic Combinations***		
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Combigan	ST; QLL (10 ML per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Cosopt	ST; QLL (10 ML per 30 days)
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		QLL (10 ML per 30 days)
<i>carteolol hcl ophthalmic solution 1 %</i>		QLL (10 ML per 30 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		QLL (10 ML per 30 days)
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Timoptic-XE	ST; QLL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Timoptic	QLL (10 ML per 30 days)
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic ointment 1 %</i>		QLL (3.5 GM per 30 days)
<i>atropine sulfate ophthalmic solution 1 %</i>	Isopto Atropine	QLL (5 ML per 30 days)
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	Cyclogyl	QLL (15 ML per 30 days)
<i>phenylephrine hcl ophthalmic solution 10 %</i>	Altafrin	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	Altafrin	QLL (2 EA per 30 days)
<i>tropicamide ophthalmic solution 0.5 %</i>		QLL (15 mL per 30 days)
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	QLL (15 mL per 30 days)
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>	Isopto Carpine	QLL (15 mL per 30 days)
<i>pilocarpine hcl ophthalmic solution 4 %</i>		QLL (15 mL per 30 days)
*Ophthalmic Antiallergic***		
<i>azelastine hcl ophthalmic solution 0.05 %</i>		ST; QLL (6 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>cromolyn sodium ophthalmic solution 4 %</i>		QLL (10 mL per 30 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Pataday	ST; QLL (5 ML per 30 days)
*Ophthalmic Antibiotics***		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Ciloxan	QLL (5 mL per 30 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		QLL (5 mL per 30 days)
<i>levofloxacin ophthalmic solution 0.5 %</i>		QLL (5 ML per 30 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	QLL (5 mL per 30 days)
<i>tobramycin ophthalmic solution 0.3 %</i>		QLL (5 mL per 30 days)
*Ophthalmic Antifungal***		
NATACYN OPTHALMIC SUSPENSION 5 %		QLL (15 ML per 30 days)
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Neo-Polycin	QLL (5 mL per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		QLL (10 mL per 30 days)
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Polytrim	QLL (10 mL per 30 days)
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>		QLL (7.5 ML per 30 days)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>brinzolamide ophthalmic suspension 1 %</i>	Azopt	ST; QLL (10 ML per 30 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Trusopt	QLL (10 mL per 30 days)
*Ophthalmic Immunomodulators***		
CEQUA OPTHALMIC SOLUTION 0.09 %		PA
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		QLL (5 mL per 30 days)
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Acular LS	QLL (5 mL per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		QLL (10 ML per 30 days)
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	QLL (3.5 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	QLL (5 mL per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		QLL (5 mL per 30 days)
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		QLL (5 mL per 30 days)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	QLL (10 mL per 30 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	QLL (10 mL per 30 days)
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		QLL (10 mL per 30 days)
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Bleph-10	QLL (15 mL per 30 days)
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>		ST
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	QLL (2.5 ML per 25 days)
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>		
<i>ear drops earwax aid otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
<i>ear drops otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetraxal	QLL (28 mL per 30 days)
<i>ofloxacin otic solution 0.3 %</i>		QLL (15 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
*Otic Steroid-Anti-Infective Combinations***		
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>		QLL (20 ML per 30 days)
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		QLL (20 ML per 30 days)
*Otic Steroids***		
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Acetasol HC	QLL (10 ML per 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML		PA; QLL (1 Vial per 26 days)
*Immune Serums***		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		PA
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML		
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML		PA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML		
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML, 220 UNIT/ML		
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT		
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML		

Formulary Drug Name	Reference	Restrictions
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT		
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML		QLL (2 mL per 1 Year)
PENICILLINS		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		
<i>ampicillin oral capsule 500 mg</i>		
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>		QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	
<i>amoxicillin-pot clavulanate oral tablet 250- 125 mg, 875-125 mg</i>		QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet 500- 125 mg</i>	Augmentin	QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		QLL (28 EA per 30 days)
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		

Formulary Drug Name	Reference	Restrictions
PROGESTINS		
*Progestins***		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	Makena	PA
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	
<i>norethindrone acetate oral tablet 5 mg</i>	Aygestin	ST
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	QLL (60 EA per 30 days)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML		PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	QLL (30 EA per 30 days); AL (Min 40 Years)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		QLL (30 EA per 30 days); AL (Min 40 Years)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Razadyne ER	QLL (30 EA per 30 days); AL (Min 40 Years)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		QLL (60 EA per 30 days); AL (Min 40 Years)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		QLL (60 EA per 30 days); AL (Min 40 Years)
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		ST; QLL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		ST; QLL (55 EA per 90 days)
*Movement Disorder Drug Therapy***		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		PA
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG		PA; QLL (30 EA per 30 days)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		PA; QLL (1 kit per 28 days)

Formulary Drug Name	Reference	Restrictions
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		PA; QLL (1 kit per 28 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		PA; QLL (15 Vials per 30 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML		PA; QLL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG		PA; QLL (4.2 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML		PA; QLL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		PA; QLL (4.2 ML per 28 days)
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML		PA; QLL (0.12 ML per 1 day)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	PA; QLL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	Tecfidera	PA; QLL (60 EA per 90 days)
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Glatopa	PA; QLL (12 Syringes per 28 days)
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 28 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral solution 2 mg/ml</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)

Formulary Drug Name	Reference	Restrictions
*Postherpetic Neuralgia (Phn)/Neuropathic Pain 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 ORAL CAPSULE 0.5 MG		PA; QLL (30 EA per 30 days)
RESPIRATORY AGENTS - MISC.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG		PA
KALYDECO ORAL TABLET 150 MG		PA
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG		PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG		PA
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		PA; QLL (5 ML per 1 day)
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE 267 MG		PA
ESBRIET ORAL TABLET 267 MG, 801 MG		PA
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>		
TETRACYCLINES		
*Tetracyclines***		
<i>doxycycline hyclate oral capsule 100 mg</i>	Vibramycin	
<i>doxycycline hyclate oral capsule 50 mg</i>		
<i>doxycycline hyclate oral tablet 100 mg</i>	Lymepak	
<i>doxycycline hyclate oral tablet 20 mg</i>		
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxylene NL	
<i>doxycycline monohydrate oral capsule 50 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Vibramycin	AL (Max 12 Years)
<i>minocycline hcl oral capsule 100 mg</i>	Minocin	
<i>minocycline hcl oral capsule 50 mg, 75 mg</i>		
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>		
<i>propylthiouracil oral tablet 50 mg</i>		
*Thyroid Hormones***		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg</i>	Euthyrox	QLL (30 EA per 30 days)
<i>levothyroxine sodium oral tablet 300 mcg</i>	Levo-T	QLL (30 EA per 30 days)
<i>liothyronine sodium oral tablet 25 mcg, 50 mcg</i>	Cytomel	QLL (2 EA per 1 day)
<i>liothyronine sodium oral tablet 5 mcg</i>	Cytomel	QLL (4 EA per 1 day)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		QLL (1 EA per 1 day)
ULCER DRUGS/ANTISPASMODICS/ANTI CHOLINERGICS		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>		
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		AL (Max 12 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>		
*Belladonna Alkaloids***		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Levbid	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Levsin	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Anaspaz	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	
*H-2 Antagonists***		
<i>acid reducer maximum strength oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	OTC
<i>cimetidine 200 oral tablet 200 mg</i>	Tagamet HB	OTC
<i>cimetidine hcl oral solution 300 mg/5ml</i>		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		QLL (60 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		AL (Max 12 Years)
<i>famotidine oral tablet 10 mg</i>	Pepcid AC	OTC; QLL (2 EA per 1 day)
<i>famotidine oral tablet 20 mg</i>	MM Acid-Pep Maximum Strength	
<i>famotidine oral tablet 40 mg</i>	Pepcid	QLL (60 EA per 30 days)
<i>nizatidine oral capsule 150 mg</i>		QLL (60 EA per 30 days)
<i>nizatidine oral capsule 300 mg</i>		QLL (30 EA per 30 days)
*Misc. Anti-Ulcer***		
<i>sucralfate oral tablet 1 gm</i>	Carafate	
*Proton Pump Inhibitors***		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	QLL (60 EA per 30 days)
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	NexIUM 24HR	OTC
<i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	OTC; QLL (60 EA per 30 days)
<i>gnp omeprazole oral tablet delayed release dispersible 20 mg</i>		OTC; QLL (60 EA per 30 days)
<i>hm esomeprazole magnesium dr oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	OTC; QLL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	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 oral capsule delayed release 20.6 (20 base) mg</i>		OTC; QLL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 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 capsule delayed release 40 mg</i>		QLL (30 EA per 30 days)
<i>omeprazole oral tablet delayed release 20 mg</i>		OTC; QLL (60 EA per 30 days)
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>		OTC; QLL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	QLL (30 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	QLL (2 EA per 1 day)
<i>sm esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	OTC; QLL (60 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML		AL (Max 12 Years)
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML		QLL (180 Max Day Supply per 365 days); AL (Max 12 Years)
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG	esomeprazole magnesium	OTC; QLL (60 EA per 30 days)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML		QLL (180 Max Day Supply per 365 days); AL (Max 12 Years)
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg</i>	Robinul	
<i>glycopyrrolate oral tablet 2 mg</i>	Robinul-Forte	
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>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 5 mg/5ml</i>		QLL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>		QLL (4 EA per 1 day)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	ST; QLL (1 EA per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Detrol LA	ST; QLL (1 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Detrol	ST; QLL (60 EA per 30 days)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>		ST; QLL (30 EA per 30 days)
<i>trospium chloride oral tablet 20 mg</i>		ST; QLL (60 EA per 30 days)
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl oral tablet 100 mg</i>		QLL (240 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
VAGINAL AND RELATED PRODUCTS		
*Imidazole-Related Antifungals***		
<i>miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	OTC
<i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		
*Spermicides***		
TODAY SPONGE VAGINAL 1000 MG		OTC; QLL (3 Sponges per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %		OTC; QLL (12 Films per 30 days)
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	
*Vaginal Estrogens***		
ESTRING VAGINAL RING 2 MG		QLL (1 Ring per 84 days)
YUVAFEM VAGINAL TABLET 10 MCG	estradiol	QLL (8 EA per 28 days)
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Auvi-Q	QLL (2 EA Max Qty Per Fill Retail)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	QLL (2 EA Max Qty Per Fill Retail)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		
VITAMINS		
*Vitamin B-3***		
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>		OTC
<i>niacin er oral tablet extended release 750 mg</i>	Endur-Acin	OTC
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>		OTC
*Vitamin B-6***		
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>		OTC
*Vitamin D***		
<i>d3 oral tablet chewable 10 mcg (400 unit)</i>	Healthy Kids Vitamin D3	OTC
<i>ergocal oral capsule 62.5 mcg (2500 ut)</i>		QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Drisdol	
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit)</i>		OTC
<i>vitamin d (cholecalciferol) oral capsule 25 mcg (1000 ut)</i>	Pronutrients Vitamin D3	OTC
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	Vitamin D-1000 Max St	OTC
<i>vitamin d (cholecalciferol) oral tablet chewable 10 mcg (400 unit)</i>	Healthy Kids Vitamin D3	OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Drisdol	
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>		OTC
<i>vitamin d2 oral tablet 10 mcg (400 unit)</i>		OTC
<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i>	Dialyvite Vitamin D 5000	OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>		OTC
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	Radiance Platinum Vitamin D3	OTC
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i>	Thera-D 2000	OTC
<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	Kids First Vitamin D3 Gummies	OTC
<i>vitamin d3 oral tablet dispersible 125 mcg (5000 ut)</i>		OTC
REPLESTA ORAL WAFER 1.25 MG (50000 UT)		OTC
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KWIKPEN	15	<i>ipratropium bromide</i>	11, 69	DOSE)	28
HUMALOG MIX 75/25	15	<i>ipratropium-albuterol</i>	10	LENVIMA (12 MG DAILY	
HUMALOG MIX 75/25		<i>irbesartan</i>	22	DOSE)	28
KWIKPEN	15	<i>irbesartan-hydrochlorothiazide</i> ..	22	LENVIMA (14 MG DAILY	
HUMIRA PEDIATRIC		<i>iron</i>	59	DOSE)	28
CROHNS START	3	<i>iron 100 plus</i>	59	LENVIMA (18 MG DAILY	
HUMIRA PEN	3	<i>iron chews pediatric</i>	59	DOSE)	28
HUMIRA PEN-CD/UC/HS		<i>iron slow release</i>	59	LENVIMA (20 MG DAILY	
STARTER	3	ISENTRESS	32	DOSE)	28
HUMULIN R U-500		ISENTRESS HD	32	LENVIMA (24 MG DAILY	
(CONCENTRATED)	15	<i>isoniazid</i>	24	DOSE)	29
HUMULIN R U-500		<i>isopropyl alcohol</i>	52	LENVIMA (4 MG DAILY	
KWIKPEN	15	<i>isosorbide dinitrate</i>	9	DOSE)	29
<i>hydralazine hcl</i>	23	<i>isosorbide mononitrate</i>	9	LENVIMA (8 MG DAILY	
<i>hydrochlorothiazide</i>	53	<i>isosorbide mononitrate er</i>	9	DOSE)	29
<i>hydrocodone bit-homatrop mbr</i> ..	44	<i>isotretinoin</i>	46	<i>letrozole</i>	27
<i>hydrocodone-acetaminophen</i>	6	<i>isradipine</i>	37	<i>leucovorin calcium</i>	27, 39
<i>hydrocodone-ibuprofen</i>	6	<i>itraconazole</i>	18	LEUKERAN	28
<i>hydrocortisone</i>	9, 43, 49	<i>ivermectin</i>	9	<i>leuprolide acetate</i>	27
<i>hydrocortisone (perianal)</i>	9	JAKAFI	27	<i>levalbuterol tartrate</i>	11
<i>hydrocortisone acetate</i>	49	JARDIANCE	16	<i>levobunolol hcl</i>	70
<i>hydrocortisone micronized</i>	49	JOLESSA	42	<i>levocarnitine</i>	53
<i>hydrocortisone-acetic acid</i>	73	JULEBER	41	<i>levocetirizine dihydrochloride</i>	19
<i>hydrocortisone-aloe</i>	52	JULUCA	31	<i>levofloxacin</i>	55, 71
<i>hydromorphone hcl</i>	7	JUNEL 1.5/30	41	<i>levonorgest-eth est & eth est</i>	42
<i>hydroxychloroquine sulfate</i>	24	JUNEL FE 1.5/30	41	<i>levonorgest-eth estrad 91-day</i>	42
<i>hydroxyprogesterone caproate</i>		KALETRA	31	<i>levonorgestrel</i>	42
.....	28, 39, 75	KALYDECO	77	<i>levonorgestrel-ethinyl estrad</i> 40, 42	
<i>hydroxyurea</i>	27	KARIVA	40	<i>levothyroxine sodium</i>	78
<i>hyoscyamine sulfate</i>	78	KELNOR 1/35	41	LEXIVA	32
<i>hyoscyamine sulfate er</i>	78	<i>ketoconazole</i>	18, 50	<i>lice killing</i>	51
HYPERHEP B	73	<i>ketorolac tromethamine</i>	4, 71, 72	<i>lice killing maximum strength</i>	51
HYPERRHO S/D	73	KEVZARA	4	<i>lice treatment</i>	51
HYPERSAL	45	<i>kimono micro thin</i>	62	<i>lidocaine</i>	51
<i>ibandronate sodium</i>	53	KLOR-CON M15	65	<i>lidocaine hcl</i>	51, 66
IBRANCE	27	<i>konsyl daily fiber</i>	60	<i>lidocaine pain relief</i>	51

<i>lidocaine-prilocaine</i>	52	<i>metoprolol succinate er</i>	36	<i>nevirapine er</i>	33
LILETTA (52 MG)	42	<i>metoprolol tartrate</i>	36	NEXPLANON	42
<i>linezolid</i>	24	<i>metoprolol-hydrochlorothiazide</i>	23	<i>niacin</i>	81
<i>liothyronine sodium</i>	78	<i>metronidazole</i>	23, 51, 81	<i>niacin er</i>	81
<i>lisinopril</i>	21	<i>mexiletine hcl</i>	10	<i>nicardipine hcl</i>	37
<i>lisinopril-hydrochlorothiazide</i>	21	<i>miconazole 3 combo pack</i>	81	<i>nifedipine</i>	37
<i>lohist-dm</i>	45	<i>miconazole 3 combo pack app</i>	81	<i>nifedipine er</i>	37
<i>lopinavir-ritonavir</i>	30	<i>miconazole nitrate</i>	50	<i>nifedipine er osmotic release</i>	37
<i>loratadine</i>	19	MICRHOGAM ULTRA-		<i>nitrofurantoin</i>	24
<i>loratadine-d 12hr</i>	44	FILTERED PLUS	73	<i>nitrofurantoin macrocrystal</i>	24
<i>losartan potassium</i>	22	MICROGESTIN 1.5/30	41	<i>nitrofurantoin monohyd macro</i> ...24	
<i>losartan potassium-hctz</i>	22	MICROGESTIN FE 1.5/30	41	<i>nitroglycerin</i>	10
<i>lovastatin</i>	20	<i>midodrine hcl</i>	81	<i>nitroglycerin er</i>	9
LOW-OGESTREL	41	<i>milk of magnesia concentrate</i>	60	<i>nizatidine</i>	79
<i>lubiprostone</i>	56	<i>minocycline hcl</i>	78	<i>non-aspirin jr strength</i>	5
<i>lubricant eye drops</i>	70	<i>minoxidil</i>	23	NORDITROPIN FLEXPEN ... 54	
LYNPARZA	28	<i>misoprostol</i>	80	<i>norethin ace-eth estrad-fe</i>	40
LYSODREN	25	<i>molnupiravir</i>	35	<i>norethindrone</i>	42
<i>magnesium</i>	64	<i>mometasone furoate</i>	49, 50, 69	<i>norethindrone acetate</i>	75
<i>magnesium oxide</i>	9, 64	<i>montelukast sodium</i>	11	<i>norethindrone acet-ethinyl est</i> ... 40	
MAKENA	75	<i>morphine sulfate</i>	7	<i>norethindrone-eth estradiol</i>	55
<i>malathion</i>	51	<i>morphine sulfate (concentrate)</i>7		<i>norethin-eth estradiol-fe</i>	40
MATULANE	27	<i>morphine sulfate er</i>	7	<i>norgestimate-eth estradiol</i>	40
MAVYRET	34	MOVANTIK	56	<i>norgestim-eth estrad triphasic</i>43	
<i>meclizine hcl</i>	18	<i>mucus relief dm max</i>	44	NORVIR	32
MEDPURA ZINC OXIDE	48	<i>mucus relief er</i>	45	NOVOLIN 70/30	15
<i>medroxyprogesterone acetate</i>		MULTAQ	10	NOVOLIN 70/30 FLEXPEN ... 15	
.....	42, 75	<i>multivitamin/fluoride</i>	67	NOVOLIN 70/30 FLEXPEN	
<i>mefloquine hcl</i>	24	<i>multi-vitamin/fluoride</i>	67	RELION	15
<i>megestrol acetate</i>	28	<i>multivitamins plus iron child</i>	67	NOVOLIN N	16
MEKINIST	26	<i>mupirocin</i>	47	NOVOLIN N FLEXPEN	16
<i>meloxicam</i>	4	<i>mycophenolate mofetil</i>	65	NOVOLIN N FLEXPEN	
<i>melfhalan</i>	28	MYLERAN	25	RELION	16
<i>memantine hcl</i>	76	MYORISAN	46	NOVOLIN R	16
<i>mercaptopurine</i>	25	NABI-HB	73	NOVOLIN R FLEXPEN	16
<i>mesalamine</i>	56	<i>nabumetone</i>	4	NOVOLIN R FLEXPEN	
<i>mesalamine er</i>	56	<i>naproxen</i>	4	RELION	16
MESNEX	28	<i>naproxen sodium</i>	4	NOVOLOG MIX 70/30	16
<i>metformin hcl</i>	13	<i>naratriptan hcl</i>	63	NOVOLOG MIX 70/30	
<i>metformin hcl er</i>	13	<i>nasal allergy 24 hour</i>	69	FLEXPEN	16
<i>methadone hcl</i>	7	<i>nasal mist</i>	45	<i>nystatin</i>	18, 47, 66
<i>methazolamide</i>	52	NATACYN	71	OCREVUS	76
<i>methenamine hippurate</i>	24	NATAZIA	42	<i>octreotide acetate</i>	54
<i>methenamine mandelate</i>	24	<i>nateglinide</i>	16	ODEFSEY	31
<i>methimazole</i>	78	<i>natural fiber laxative</i>	60	<i>ofloxacin</i>	71, 72
<i>methocarbamol</i>	68	<i>neomycin sulfate</i>	3	<i>olopatadine hcl</i>	71
<i>methotrexate</i>	25	<i>neomycin-bacitracin zn-</i>		<i>omega-3</i>	69
<i>methotrexate sodium (pf)</i>	25	<i>polymyx</i>	71	<i>omega-3-acid ethyl esters</i>	19
<i>methyl dopa</i>	22	<i>neomycin-polymyxin-dexameth</i> ...72		<i>omeprazole</i>	79
<i>methylprednisolone</i>	43	<i>neomycin-polymyxin-gramicidin</i> 71		<i>omeprazole magnesium</i>	79
<i>metoclopramide hcl</i>	56	<i>neomycin-polymyxin-hc</i>	73	OMEPRAZOLE+SYRSPEN	
<i>metolazone</i>	53	<i>nevirapine</i>	33	D SF ALKA	80

OMNIFLEX DIAPHRAGM	62	<i>pioglitazone hcl</i>	17	<i>pyridostigmine bromide</i>	24
<i>ondansetron</i>	18	<i>piroxicam</i>	4	<i>pyridoxine hcl</i>	81
<i>ondansetron hcl</i>	18	<i>pnv prenatal plus multivitamin</i> ...	67	<i>pyrimethamine</i>	24, 39
ONETOUCH ULTRA	52	<i>podofilox</i>	50	<i>quinapril hcl</i>	21
ONETOUCH ULTRA 2	62	<i>polymyxin b-trimethoprim</i>	71	<i>quinapril-hydrochlorothiazide</i> ...	21
ONETOUCH ULTRA MINI ...	63	POLY-VI-SOL	67	<i>quinidine sulfate</i>	10
ONETOUCH VERIO	52, 63	<i>pot & sod cit-cit ac</i>	57	QVAR REDHALER	12
ONETOUCH VERIO IQ		<i>potassium chloride crys er</i>	65	<i>rabeprazole sodium</i>	79
SYSTEM	63	<i>potassium chloride er</i>	65	<i>raloxifene hcl</i>	54
OPSUMIT	38	<i>potassium citrate er</i>	57	<i>ramipril</i>	21
OPTION 2	42	<i>potassium citrate-citric acid</i>	57	REBIF	76
ORKAMBI	77	<i>pramipexole dihydrochloride</i>	30	REBIF REBIDOSE	76
<i>orphenadrine citrate er</i>	68	<i>prasugrel hcl</i>	58	REBIF REBIDOSE	
<i>oseltamivir phosphate</i>	35	<i>pravastatin sodium</i>	20	TITRATION PACK	76
<i>oxybutynin chloride</i>	80	<i>praziquantel</i>	9	REBIF TITRATION PACK ...	76
<i>oxybutynin chloride er</i>	80	<i>prazosin hcl</i>	22	RECLIPSEN	41
<i>oxycodone hcl</i>	7	<i>prednicarbate</i>	50	RECTIV	9
<i>oxycodone-acetaminophen</i>	8	<i>prednisolone</i>	43	<i>reeses pinworm medicine</i>	9
<i>oxymorphone hcl er</i>	8	<i>prednisolone acetate</i>	72	<i>repaglinide</i>	16
<i>oyster shell calcium</i>	64	<i>prednisolone sodium phosphate</i>		REPATHA	20
<i>oyster shell calcium w/d</i>	64	43, 72	REPATHA PUSHTRONEX	
<i>oyster shell calcium/d</i>	64	<i>prednisone</i>	43	SYSTEM	20
<i>oyster shell calcium/vitamin d</i> ...	64	<i>premium condoms lubricated</i>	62	REPATHA SURECLICK	20
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MG/DOSE)	16	<i>prenatal 19</i>	67	RETACRIT	59
OZEMPIC (1 MG/DOSE)	16	PRENATAL		REVLIMID	65
<i>pamidronate disodium</i>	53	MULTIVITAMIN + DHA	68	RHOGAM ULTRA-	
<i>pantoprazole sodium</i>	79	<i>prenatal plus</i>	67	FILTERED PLUS	74
<i>paricalcitol</i>	54	<i>prenatal/iron</i>	67	RHOPHYLAC	74
<i>paromomycin sulfate</i>	3	PREZISTA	32	RIDAURA	3
PAXLOVID	34	PRIFTIN	25	<i>rifabutin</i>	25
<i>pc pediatric poly-vitamin drop</i> ...	67	<i>primaquine phosphate</i>	24	<i>rifampin</i>	25
<i>peak flow meter universal rang</i> ..	63	<i>primidone</i>	13	<i>riluzole</i>	69
PEDIA-LAX	61	PRIVIGEN	74	<i>rimantadine hcl</i>	35
<i>peg 3350</i>	60	<i>probenecid</i>	58	<i>ritonavir</i>	32
<i>peg 3350-kcl-na bicarb-nacl</i>	60	<i>prochlorperazine</i>	30	<i>rivastigmine tartrate</i>	75
<i>peg-3350/electrolytes</i>	60	<i>prochlorperazine maleate</i>	30	<i>rizatriptan benzoate</i>	63
PEGASYS	35	<i>progesterone</i>	75	<i>ropinirole hcl</i>	30
<i>penicillamine</i>	65	PROLIA	54	<i>ropinirole hcl er</i>	30
<i>penicillin v potassium</i>	74	PROMACTA	60	<i>rosuvastatin calcium</i>	20
<i>pentazocine-naloxone hcl</i>	8	<i>promethazine hcl</i>	19	RYDAPT	27
<i>pentoxifylline er</i>	58	<i>promethazine vc/codeine</i>	45	<i>salicylic acid</i>	50
<i>perindopril erbumine</i>	21	<i>promethazine-codeine</i>	45	<i>salsalate</i>	6
<i>permethrin</i>	51	<i>promethazine-dm</i>	45	SANDOSTATIN LAR	
<i>phenazopyridine hcl</i>	57	<i>promethazine-phenylephrine</i>	45	DEPOT	54
<i>phenobarbital</i>	60	<i>propafenone hcl</i>	10	SAVELLA	75
<i>phenylephrine hcl</i>	70	<i>propranolol hcl</i>	36	SAVELLA TITRATION	
<i>phenytoin</i>	13	<i>propranolol hcl er</i>	36	PACK	75
<i>phenytoin sodium extended</i>	13	<i>propylthiouracil</i>	78	<i>sb lice killing max st</i>	51
<i>phytonadione</i>	82	PROVIDA OB	68	<i>scalp relief maximum strength</i> ...	50
<i>pilocarpine hcl</i>	66, 70	PULMOZYME	77	SEGLUROMET	17
PIMTREA	40	<i>pyrazinamide</i>	25	<i>selegiline hcl</i>	29

<i>selenium sulfide</i>	48	<i>sulfacetamide sodium (acne)</i>	46	<i>tramadol-acetaminophen</i>	8
SELZENTRY	31	<i>sulfacetamide-prednisolone</i>	72	<i>trandolapril</i>	21
<i>senna</i>	60	<i>sulfadiazine</i>	77	TRELEGY ELLIPTA	10
SETLAKIN	42	<i>sulfamethoxazole-trimethoprim</i> ..	23	<i>tretinoin</i>	28, 46
<i>sevelamer carbonate</i>	56	<i>sulfasalazine</i>	56	<i>triamcinolone acetonide</i>	50, 66
<i>sf</i>	66	<i>sulindac</i>	4	TRIAMINIC FEVER	
<i>sf 5000 plus</i>	66	<i>sumatriptan</i>	63	REDUCER	5
<i>sildenafil citrate</i>	38	<i>sumatriptan succinate</i>	63	<i>triamterene-hctz</i>	52
<i>silver sulfadiazine</i>	48	<i>sumatriptan succinate refill</i>	63	<i>tricitrates</i>	57
<i>simethicone</i>	55	<i>sunitinib malate</i>	26	<i>trifluridine</i>	71
SIMLIYA	40	SUSTIVA	33	TRI-LEGEST FE	43
<i>simvastatin</i>	20	SYMDEKO	77	TRI-LO-SPRINTEC	43
<i>sirolimus</i>	66	SYMPROIC	56	<i>trimethoprim</i>	23
<i>sleep aid</i>	60	SYMTUZA	31	<i>trinatal rx 1</i>	67
<i>sm allergy relief</i>	69	SYNAGIS	73	TRINATE	68
<i>sm antifungal clotrimazole</i>	50	SYSTANE	70	<i>triple antibiotic pain relief</i>	47
<i>sm artificial tears</i>	70	TABLOID	25	TRIUMEQ	31
<i>sm esomeprazole magnesium</i>	79	<i>tacrolimus</i>	51, 66	TRI-VI-SOL A/C/D	67
<i>sm ibuprofen jr</i>	4	<i>tadalafil (pah)</i>	38	<i>tri-vitamin/fluoride</i>	67
<i>sm slow release iron</i>	59	TAFINLAR	26	<i>tropicamide</i>	70
<i>sodium bicarbonate</i>	9, 64	<i>tamoxifen citrate</i>	25	<i>tropium chloride</i>	80
<i>sodium chloride</i>	45, 57	<i>tamsulosin hcl</i>	57	<i>tropium chloride er</i>	80
<i>sodium fluoride</i>	64	TASIGNA	26	TRULICITY	16
<i>sodium polystyrene sulfonate</i>	66	<i>tazarotene</i>	48	TRUVADA	31
<i>sofosbuvir-velpatasvir</i>	34	<i>telmisartan</i>	22	TUKYSA	25
<i>solifenacin succinate</i>	80	TEMIXYS	31	TUSNEL C	44
SOLIRIS	58	<i>temozolomide</i>	27	<i>tussin cough</i>	44
SOLTAMOX	25	<i>tenofovir disoproxil fumarate</i>	34	TYKERB	27
SOLU-CORTEF	44	<i>terazosin hcl</i>	22, 23	TYMLOS	54
<i>sorbitol</i>	60	<i>terbinafine hcl</i>	18, 47	<i>urinary pain relief</i>	57
<i>sotalol hcl</i>	36	<i>terconazole</i>	81	<i>ursodiol</i>	55
<i>sotalol hcl (af)</i>	36	<i>testosterone</i>	8, 9	<i>valacyclovir hcl</i>	35
<i>spinosad</i>	51	<i>testosterone cypionate</i>	8	<i>valganciclovir hcl</i>	34
<i>spironolactone</i>	53	<i>testosterone enanthate</i>	8	<i>valsartan</i>	22
<i>spironolactone-hctz</i>	52	<i>theophylline</i>	12	<i>valsartan-hydrochlorothiazide</i> ...	22
SPRYCEL	26	<i>theophylline er</i>	12	<i>vancomycin hcl</i>	23
SPS	66	TIADYLT ER	37	VCF VAGINAL	
SSD (SILVER		TILIA FE	43	CONTRACEPTIVE	81
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<i>stavudine</i>	34	TIVICAY	32	VEMLIDY	34
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<i>sterile water for irrigation</i>	65	<i>tizanidine hcl</i>	68	VENCLEXTA STARTING	
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<i>steviol glycosides</i>	39	TODAY SPONGE	81	<i>verapamil hcl</i>	37
<i>stevioside</i>	39	<i>tolnaftate</i>	47	<i>verapamil hcl er</i>	37
<i>stop lice maximum strength</i>	51	<i>tolterodine tartrate</i>	80	VERZENIO	27
<i>stress formula/zinc</i>	66	<i>tolterodine tartrate er</i>	80	VINATE II	68
<i>stress formula/zinc (b-compl)</i>	66	TOPROL XL	36	VIOKACE	52
STRIBILD	31	<i>toremifene citrate</i>	25	<i>viorele</i>	39
STRIVERDI RESPIMAT	11	<i>torseamide</i>	53	VIRACEPT	32, 33
<i>sucralfate</i>	79	<i>totalday multiple</i>	66	VIREAD	34
<i>sulfacetamide sodium</i>	48, 72	<i>tramadol hcl</i>	8	<i>virt-c dha</i>	67

<i>virt-phos 250 neutral</i>	65
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<i>vitamin d</i>	82
<i>vitamin d (cholecalciferol)</i>	82
<i>vitamin d (ergocalciferol)</i>	82
<i>vitamin d2</i>	82
<i>vitamin d3</i>	82
<i>vitamins acd-fluoride</i>	67
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VOSEVI	34
VOTRIENT	27
<i>warfarin sodium</i>	12
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60	62
WIDE-SEAL DIAPHRAGM	
65	62
WIDE-SEAL DIAPHRAGM	
70	62
WIDE-SEAL DIAPHRAGM	
75	62
WIDE-SEAL DIAPHRAGM	
80	62
WIDE-SEAL DIAPHRAGM	
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WIDE-SEAL DIAPHRAGM	
95	62
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ZENATANE	46
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<i>zidovudine</i>	34
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<i>zinc oxide</i>	48