

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

What is the Aetna Better Health of Maryland Formulary?

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

Medicare Part D

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

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

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

Carve Outs

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

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

Can the Plan's Drug List change?

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

How do I use the Plan's Formulary?

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

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

What are generic drugs?

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

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

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

Are there Medication Copays?

Refer to member handbook for copay information.

What are some types of coverage rules?

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

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

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

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

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

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Formulary Drug Name	Reference	Restrictions
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*Ahd Agent - Selective Alpha Adrenergic Agonists***		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg		PA; AL (Min 18 Years)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	Intuniv	PA; QLL (1 EA per 1 day); AL (Min 18 Years)
ALTERNATIVE MEDICINES		
*Alternative Medicine - Me's***		
melatonin maximum strength oral tablet 5 mg		OTC
melatonin oral tablet 1 mg		OTC
melatonin oral tablet 3 mg, 5 mg		OTC
sm melatonin oral tablet 3 mg		OTC
AMINOGLYCOSIDES		
*Aminoglycosides***		
neomycin sulfate oral tablet 500 mg		
tobramycin inhalation nebulization solution 300 mg/5ml	Kitabis Pak (w/ nebulizer)	PA; QLL (280 ML per 56 days)
ANALGESICS - ANTI-INFLAMMATORY		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
RINVOQ LQ ORAL SOLUTION 1 MG/ML		PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		PA
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	Hyrimoz	PA
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	Hyrimoz	PA
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 40 mg/0.4ml	Hyrimoz	PA
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml	Hyrimoz	PA

Formulary Drug Name	Reference	Restrictions
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Hulio (2 Pen)	PA
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Hulio (2 Syringe)	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML		PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML		PA
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	QLL (30 EA per 30 days)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG	auranofin	
*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 (Nsails)***		
<i>diclofenac potassium oral tablet 50 mg</i>		
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		
<i>etodolac oral capsule 200 mg, 300 mg</i>		
<i>etodolac oral tablet 400 mg</i>	Lodine	
<i>etodolac oral tablet 500 mg</i>		
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		
<i>gnp ibuprofen childrens oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Advil Junior Strength	OTC
<i>ibuprofen oral capsule 200 mg</i>	Advil	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral tablet 200 mg</i>	Medi-First Ibuprofen	OTC; QLL (6 EA per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	

Formulary Drug Name	Reference	Restrictions
<i>indomethacin er oral capsule extended release 75 mg</i>		
<i>indomethacin oral capsule 25 mg, 50 mg</i>		
<i>infants ibuprofen oral suspension 50 mg/1.25ml</i>	Infants Advil	OTC
<i>ketorolac tromethamine oral tablet 10 mg</i>		QLL (20 Tablets per 30 days); AL (Min 16 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		QLL (30 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>		QLL (120 EA per 30 days)
<i>naproxen oral suspension 125 mg/5ml</i>		ST
<i>naproxen oral tablet 250 mg, 375 mg</i>		
<i>naproxen oral tablet 500 mg</i>	Naprosyn	
<i>naproxen oral tablet delayed release 375 mg</i>	EC-Naprosyn	
<i>naproxen sodium oral capsule 220 mg</i>	Aleve	OTC
<i>naproxen sodium oral tablet 220 mg</i>	Aleve	OTC; QLL (2 EA per 1 day)
<i>piroxicam oral capsule 10 mg, 20 mg</i>		
<i>sulindac oral tablet 150 mg, 200 mg</i>		
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG	ibuprofen	OTC; QLL (6 EA per 1 day)

***Phosphodiesterase 4 (Pde4)**

Inhibitors***

OTEZLA ORAL TABLET 20 MG, 30 MG		PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG		PA

Pyrimidine Synthesis Inhibitors**

<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	QLL (30 EA per 30 days)
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***Soluble Tumor Necrosis Factor**

Receptor Agents***

ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		PA; QLL (3.92 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		PA; QLL (3.92 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML		PA; QLL (4.08 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML		PA; QLL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		PA; QLL (4 ML per 28 days)

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

Formulary Drug Name	Reference	Restrictions
<i>aspirin rectal suppository 300 mg</i>		OTC
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>		QLL (1000 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>		AL (Min 18 Years)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		QLL (2750 ML per 30 days); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>		QLL (9 EA per 1 day); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>		AL (Min 18 Years)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		QLL (240 EA per 30 days); AL (Min 18 Years)
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		QLL (30 EA per 30 days); AL (Min 18 Years)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		PA; QLL (15 EA per 30 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	Dilauidid	QLL (11 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	Dilauidid	QLL (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	Dilauidid	QLL (2 EA per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>		QLL (7 EA per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	PA; QLL (2 EA per 1 day)
<i>methadone hcl solution 10 mg/5ml oral</i>		PA; QLL (10 ML per 1 day)
<i>methadone hcl solution 5 mg/5ml oral</i>		PA; QLL (20 ML per 1 day)
<i>methadone hcl tablet 10 mg oral</i>		PA; QLL (2 EA per 1 day)
<i>methadone hcl tablet 5 mg oral</i>		PA; QLL (4 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>		PA
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>		PA; QLL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg</i>	MS Contin	PA; QLL (6 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 30 mg</i>	MS Contin	PA; QLL (3 EA per 1 day)

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

Formulary Drug Name	Reference	Restrictions
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		QLL (240 EA per 30 days); AL (Min 16 Years)
ANDROGENS-ANABOLIC		
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	QLL (10 ML per 90 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		PA; QLL (5 ML per 60 days)
<i>testosterone gel 1.62 % transdermal</i>	AndroGel Pump	PA; QLL (5 GM per 1 day)
<i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i>		PA; QLL (5 GM per 1 day)
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	AndroGel Pump	PA; QLL (5 GM per 1 day)
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>		PA; QLL (5 GM per 1 day)
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	Testim	PA; QLL (10 GM per 1 day)
<i>testosterone transdermal gel 10 mg/act (2%)</i>		PA; QLL (120 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	Vogelxo Pump	PA; QLL (300 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>		PA; QLL (2.5 GM per 1 day)
<i>testosterone transdermal solution 30 mg/act</i>		PA; QLL (6 ML per 1 day)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG		PA; QLL (2 EA per 1 day)
ANORECTAL AND RELATED PRODUCTS		
*Intrarectal Steroids***		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	
*Nitrate Vasodilating Agents***		
<i>nitroglycerin rectal ointment 0.4 %</i>	Rectiv	PA
*Rectal Anesthetic Combinations***		
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Avedana Hemorrhoid Pain Relief	OTC
*Rectal Combinations - Misc.***		
<i>gnp hemorrhoidal rectal ointment 0.25-14-74.9 %</i>	Avedana Hemorrhoid Pain Relief	OTC
*Rectal Local Anesthetics***		
<i>lidocaine (anorectal) external cream 5 %</i>	AneCream5	OTC; QLL (30 GM per 30 days)
<i>pramoxine hcl (perianal) external foam 1 %</i>	Proctofoam	OTC; QLL (15 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
*Rectal Steroids***		
<i>hydrocortisone (perianal) external cream 1 %</i>	Preparation H	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Anusol-HC	
ANTACIDS		
*Antacid & Simethicone***		
<i>antacid maximum strength oral suspension 800-800-80 mg/10ml</i>	Almacone Double Strength	OTC
*Antacid Combinations***		
ACID GONE ORAL TABLET CHEWABLE 160-105 MG	antacid extra strength	OTC
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>		OTC
*Antacids - Calcium Salts***		
<i>antacid calcium oral tablet chewable 500 mg</i>	Cal-Gest Antacid	OTC
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Chewy Bites Ultra Str	OTC
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG	childrens pepto	OTC
*Antacids - Magnesium Salts***		
<i>magnesium oxide oral tablet 400 mg</i>		OTC
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>		
<i>ivermectin oral tablet 3 mg</i>	Stromectol	
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>		OTC
<i>praziquantel oral tablet 600 mg</i>	Biltricide	
ANTIANGINAL AGENTS		
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titradose	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>		QLL (60 EA per 30 days)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>		QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	
NITRO-BID TRANSDERMAL OINTMENT 2 %		
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		
*Antiarrhythmics Type III***		
<i>amiodarone hcl oral tablet 200 mg</i>	Pacerone	
MULTAQ ORAL TABLET 400 MG		PA; QLL (2 EA per 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*Adrenergic Combinations***		
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Breyna	QLL (10.3 GM per 20 days)
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	Wixela Inhub	QLL (2 EA per 1 day)
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>	Wixela Inhub	QLL (2 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act</i>	Advair Diskus	QLL (2 EA per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act</i>	AirDuo RespiClick 113/14	QLL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 232-14 mcg/act</i>	AirDuo RespiClick 232/14	QLL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 55-14 mcg/act</i>	AirDuo RespiClick 55/14	QLL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		QLL (18 ML per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT		QLL (10.7 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	budesonide-formoterol fumarate	QLL (10.3 GM per 20 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		ST; QLL (10.7 GM per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT, 500-50 MCG/ACT	fluticasone-salmeterol	QLL (2 EA per 1 day)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML		PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		PA
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		
*Beta Adrenergics***		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Ventolin HFA	QLL (6 Fills per 365 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>		QLL (12 ML per 1 day)
<i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i>		QLL (2 EA per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Brovana	QLL (4 ML per 1 day)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	ST; QLL (90 GM per 365 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		QLL (4 GM per 30 days)
*Bronchodilators - Anticholinergics***		
<i>ipratropium bromide inhalation solution 0.02 %</i>		
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Spiriva HandiHaler	QLL (60 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT		QLL (30 EA per 30 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	Singulair	QLL (30 EA per 30 days); AL (Min 1 Years and Max 2 Years)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	QLL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	QLL (30 EA per 30 days)
*Steroid Inhalants***		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	QLL (120 ML per 30 days)
<i>fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation</i>		QLL (60 EA per 30 days)
<i>fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation</i>		QLL (240 EA per 30 days)
<i>fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation</i>		QLL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>		QLL (0.4 GM per 1 day)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		QLL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		QLL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT		QLL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		QLL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		QLL (13 GM per 30 days)
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		
<i>theophylline oral elixir 80 mg/15ml</i>	Elixophyllin	

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

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

Formulary Drug Name	Reference	Restrictions
saxagliptin hcl oral tablet 2.5 mg		QLL (5 mg Cumulative per 1 day)
saxagliptin hcl oral tablet 5 mg	Onglyza	QLL (5 mg Cumulative per 1 day)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg		QLL (60 EA per 30 Days)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg		QLL (1 EA per 1 day)
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg		QLL (30 EA per 30 Days)
*Human Insulin***		
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	Admelog SoloStar	
insulin lispro injection solution 100 unit/ml	Admelog	
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	HumaLOG Junior KwikPen	
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	HumaLOG Mix 75/25 KwikPen	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin glargine solostar	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	insulin glargine	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		OTC

Formulary Drug Name	Reference	Restrictions
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		OTC
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		OTC
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Victoza	ST; DIAGNOSIS REQUIRED; QLL (9 ML per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML		ST; Diagnosis Required; QLL (0.1072 ML per 1 day)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML		ST; Diagnosis required; QLL (0.1071 ML per 1 day)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML		ST; Diagnosis required; QLL (0.1071 ML per 1 day)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>		QLL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>		QLL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>		QLL (240 EA per 30 days)
*Sodium-Glucose Co-Transporter 2 (Sgt2) Inhibitors***		
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Farxiga	ST; QLL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG		ST; QLL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>	Xigduo XR	ST; QLL (1 EA per 1 day)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	Xigduo XR	ST; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG		ST; QLL (2 EA per 1 day)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		QLL (60 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg</i>		QLL (3 EA per 1 day)
<i>glipizide-metformin hcl oral tablet 5-500 mg</i>		QLL (120 EA per 30 days)
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Glucotrol XL	QLL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>		QLL (30 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Glucotrol XL	QLL (30 EA per 30 days)
<i>glipizide oral tablet 10 mg, 5 mg</i>		
*Thiazolidinediones***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	QLL (30 EA per 30 days)
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>acidophilus lactobacillus oral capsule</i>	Abatinex	OTC
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Pepto-Bismol	OTC
<i>stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	OTC
FLORANEX ORAL TABLET	acidophilus	OTC
*Antidiarrheal/Probiotic Combinations***		
<i>acidophilus/pectin oral capsule</i>		OTC
*Antiperistaltic Agents***		
<i>anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	OTC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	
<i>gnp anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>		OTC

Formulary Drug Name	Reference	Restrictions
<i>qc anti-diarrheal oral capsule 2 mg</i>	Imodium A-D	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG		
ANTIEMETICS		
*5-HT3 Receptor Antagonists***		
<i>granisetron hcl oral tablet 1 mg</i>		ST; QLL (20 EA Max Qty Per Fill Retail)
<i>ondansetron hcl oral solution 4 mg/5ml</i>		QLL (15 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>		QLL (10 EA Max Qty Per Fill Retail)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		QLL (3 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		QLL (3 EA per 1 day)
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg</i>		
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Bonine	
DRIMINATE ORAL TABLET 50 MG	cvs motion sickness	OTC; QLL (8 EA per 1 day)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg, 40 mg</i>		QLL (1 EA Max Qty Per Fill Retail)
<i>aprepitant oral capsule 80 & 125 mg</i>	Emend TriPack	QLL (3 EA Max Qty Per Fill Retail)
<i>aprepitant oral capsule 80 mg</i>	Emend BiPack	QLL (2 EA Max Qty Per Fill Retail)
ANTIFUNGALS		
*Antifungals***		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		ST
<i>griseofulvin microsize oral tablet 500 mg</i>		ST
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		ST
<i>nystatin oral tablet 500000 unit</i>		
<i>terbinafine hcl oral tablet 250 mg</i>		QLL (30 EA per 30 days)
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>		QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Triazoles***		
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>		
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Diflucan	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	Diflucan	QLL (60 EA per 30 days)
<i>fluconazole oral tablet 150 mg</i>	Diflucan	QLL (14 EA per 28 days)
<i>fluconazole oral tablet 50 mg</i>		QLL (60 EA per 30 days)
<i>itraconazole oral capsule 100 mg</i>	Sporanox	QLL (120 EA per 30 days)
<i>voriconazole oral tablet 200 mg</i>		PA
<i>voriconazole oral tablet 50 mg</i>	Vfend	PA
ANTIHISTAMINES		
*Antihistamines - Alkylamines***		
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Chlor-Trimeton Allergy	OTC; QLL (2 EA per 1 day)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Wal-finate	OTC
<i>ed chlorped jr oral syrup 2 mg/5ml</i>	Diabetic Tussin Allergy	OTC; QLL (120 mL per 30 days)
<i>triprolidine hcl oral liquid 0.625 mg/ml</i>	PediaClear PD Childrens	OTC
<i>triprolidine hcl oral liquid 0.938 mg/ml</i>	Histex PD	OTC
HISTEX ORAL SYRUP 2.5 MG/5ML		OTC
HISTEX PD ORAL LIQUID 0.938 MG/ML	triprolidine hcl	OTC
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML	triprolidine hcl	OTC
*Antihistamines - Ethanolamines***		
<i>clemastine fumarate oral tablet 2.68 mg</i>		
<i>diphenhydramine hcl injection solution 50 mg/ml</i>		
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Banophen	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Banophen	OTC; QLL (20 ML per 1 day)
*Antihistamines - Non-Sedating***		
<i>allergy childrens oral suspension 30 mg/5ml</i>	Allegra Allergy Childrens	OTC; QLL (30 ML per 1 day)
<i>cetirizine hcl oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	QLL (150 ML per 30 days)
<i>cetirizine hcl oral tablet 5 mg</i>		OTC; QLL (30 EA per 30 days)
<i>fexofenadine hcl oral tablet 180 mg</i>	Allegra Allergy	OTC; QLL (1 EA per 1 day)
<i>fexofenadine hcl oral tablet 60 mg</i>	Allegra Allergy	OTC; QLL (2 EA per 1 day)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	QLL (1 EA per 1 day)
<i>loratadine childrens oral tablet chewable 5 mg</i>	Claritin	OTC

Formulary Drug Name	Reference	Restrictions
<i>loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	OTC; QLL (240 ML per 30 days)
<i>loratadine oral tablet 10 mg</i>	Claritin	OTC; QLL (30 EA per 30 days)
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG	cvs allergy relief	OTC; QLL (1 EA per 1 day)
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG		
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
ANTIHYPERLIPIDEMICS		
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL ORAL TABLET 180 MG		PA; QLL (1 EA per 1 day)
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl oral capsule 0.5 gm</i>	Vascepa	PA; QLL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gm</i>	Vascepa	PA; QLL (4 EA per 1 day)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	QLL (4 EA per 1 day)
*Bile Acid Sequestrants***		
<i>cholestyramine oral packet 4 gm</i>	Questran	
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	
PREVALITE ORAL PACKET 4 GM	cholestyramine light	
PREVALITE ORAL POWDER 4 GM/DOSE	cholestyramine light	
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tricor	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	QLL (60 EA per 30 days)
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>		ST; QLL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		QLL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>		QLL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		QLL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	QLL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Zocor	QLL (30 EA per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>		QLL (30 EA per 30 days)

*Intestinal Cholesterol Absorption

Inhibitors***

<i>ezetimibe oral tablet 10 mg</i>	Zetia	QLL (1 EA per 1 day)
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*Pcsk9 Inhibitors***

REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML		PA

ANTIHYPERTENSIVES

*Ace Inhibitor & Calcium Channel

Blocker Combinations***

<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	QLL (30 EA per 30 days)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		QLL (30 EA per 30 days)

*Ace Inhibitors & Thiazide/Thiazide-Like***

<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Vaseretic	QLL (60 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		QLL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Zestoretic	QLL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	Zestoretic	QLL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	Zestoretic	QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Accuretic	QLL (30 EA per 30 days)
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>		QLL (30 EA per 30 days)
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg</i>	Lotensin	QLL (2 EA per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	Lotensin	QLL (60 EA per 30 days)
<i>benazepril hcl oral tablet 5 mg</i>		QLL (2 EA per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Vasotec	QLL (2 EA per 1 day)
<i>enalapril maleate oral tablet 20 mg</i>	Vasotec	QLL (60 EA per 30 days)
<i>fosinopril sodium oral tablet 10 mg, 20 mg</i>		QLL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 40 mg</i>		QLL (60 EA per 30 days)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg</i>	Zestril	QLL (2 EA per 1 day)
<i>lisinopril oral tablet 40 mg</i>	Zestril	QLL (60 EA per 30 days)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Accupril	QLL (2 EA per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	Accupril	QLL (60 EA per 30 days)
<i>ramipril oral capsule 1.25 mg, 5 mg</i>		QLL (2 EA per 1 day)
<i>ramipril oral capsule 10 mg</i>	Altace	QLL (60 EA per 30 days)
<i>ramipril oral capsule 2.5 mg</i>	Altace	QLL (2 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg</i>		QLL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>		QLL (60 EA per 30 days)
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	QLL (30 EA per 30 days)
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	ST; QLL (1 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Avalide	QLL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	QLL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Angiotensin II Receptor Antagonists***		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Atacand	ST; QLL (1 EA per 1 day)
losartan potassium oral tablet 100 mg	Cozaar	QLL (30 EA per 30 days)
losartan potassium oral tablet 25 mg, 50 mg	Cozaar	QLL (2 EA per 1 day)
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Benicar	QLL (1 EA per 1 day)
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Diovan	QLL (30 EA per 30 days)
*Antiadrenergics - Centrally Acting***		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		
clonidine transdermal patch weekly 0.1 mg/24hr	Catapres-TTS-1	ST; QLL (4 EA per 28 days)
clonidine transdermal patch weekly 0.2 mg/24hr	Catapres-TTS-2	ST; QLL (4 EA per 28 days)
clonidine transdermal patch weekly 0.3 mg/24hr	Catapres-TTS-3	ST; QLL (4 EA per 28 days)
guanfacine hcl oral tablet 1 mg		QLL (240 EA per 30 days)
guanfacine hcl oral tablet 2 mg		QLL (120 EA per 30 days)
methyldopa oral tablet 250 mg, 500 mg		
*Antiadrenergics - Peripherally Acting***		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	Cardura	QLL (30 EA per 30 days)
doxazosin mesylate oral tablet 8 mg	Cardura	QLL (60 EA per 30 days)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg		QLL (120 EA per 30 days)
terazosin hcl capsule 5 mg oral		QLL (3 EA per 1 day)
terazosin hcl oral capsule 1 mg		QLL (30 EA per 30 days)
terazosin hcl oral capsule 10 mg, 2 mg		QLL (60 EA per 30 days)
*Beta Blocker & Diuretic Combinations***		
atenolol-chlorthalidone oral tablet 100-25 mg	Tenoretic 100	
atenolol-chlorthalidone oral tablet 50-25 mg	Tenoretic 50	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg		

Formulary Drug Name	Reference	Restrictions
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Inspra	
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole oral tablet 250 mg, 500 mg</i>		
<i>tinidazole oral tablet 250 mg, 500 mg</i>		
<i>trimethoprim oral tablet 100 mg</i>		
XIFAXAN ORAL TABLET 550 MG		PA
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	Bactrim DS	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	sulfamethoxazole-trimethoprim	
*Glycopeptides***		
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Vancocin	QLL (8 EA per 1 day)
*Leprostatics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>		
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	
*Oxazolidinones***		
<i>linezolid oral tablet 600 mg</i>	Zyvox	QLL (2 EA per 1 day)
*Urinary Anti-Infectives***		
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Macrodantin	

Formulary Drug Name	Reference	Restrictions
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		AL (Max 12 Years)
ANTIMALARIALS		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	Malarone	QLL (1 EA per 1 day)
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	Malarone	QLL (3 EA per 1 day)
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Plaquenil	
<i>mefloquine hcl oral tablet 250 mg</i>		
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		QLL (2 EA per 1 day)
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*Antimyasthenic/Cholinergic Agents***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	
ANTIMYCOBACTERIAL AGENTS		
*Antimycobacterial Agents***		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>		
<i>isoniazid oral syrup 50 mg/5ml</i>		
<i>isoniazid oral tablet 100 mg, 300 mg</i>		
<i>pyrazinamide oral tablet 500 mg</i>		
<i>rifabutin oral capsule 150 mg</i>		
<i>rifampin oral capsule 150 mg, 300 mg</i>		
PRIFTIN ORAL TABLET 150 MG		
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
MYLERAN ORAL TABLET 2 MG		
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	Abirtega	PA

Formulary Drug Name	Reference	Restrictions
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG		
*Antiandrogens***		
bicalutamide oral tablet 50 mg	Casodex	QLL (30 EA per 30 days)
*Antiestrogens***		
tamoxifen citrate oral tablet 10 mg, 20 mg		
toremifene citrate oral tablet 60 mg	Fareston	
SOLTAMOX ORAL SOLUTION 10 MG/5ML		
*Antimetabolites***		
capecitabine oral tablet 150 mg	Xeloda	PA; QLL (140 EA per 21 days)
capecitabine oral tablet 500 mg	Xeloda	PA; QLL (154 EA per 21 days)
mercaptopurine oral tablet 50 mg		
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml		
methotrexate sodium solution 250 mg/10ml injection		QLL (10 ML per 28 days)
methotrexate sodium solution 50 mg/2ml injection		QLL (8 ML per 28 days)
*Antineoplastic - Alk Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG		PA
*Antineoplastic - Anti-Her2 Agents***		
TUKYSA ORAL TABLET 150 MG, 50 MG		PA
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		PA
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	Sprycel	PA; QLL (1 EA per 1 day)
dasatinib oral tablet 20 mg	Sprycel	PA; QLL (3 EA per 1 day)
imatinib mesylate oral tablet 100 mg	Gleevec	PA; QLL (90 EA per 30 days)
imatinib mesylate oral tablet 400 mg	Gleevec	PA; QLL (60 EA per 30 days)
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)

Formulary Drug Name	Reference	Restrictions
*Antineoplastic - Braf Kinase Inhibitors***		
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML		PA; QLL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG		PA; QLL (24 EA per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG		PA
* Antineoplastic - Btk Inhibitors***		
IMBRUVICA ORAL CAPSULE 140 MG		PA; QLL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG		PA; QLL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML		PA; QLL (6 ML per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		PA; QLL (1 EA per 1 day)
* Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl oral tablet 100 mg</i>	Tarceva	PA; QLL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>		PA; QLL (1 EA per 1 day)
<i>gefitinib oral tablet 250 mg</i>	Iressa	PA; QLL (1 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG		PA
*Antineoplastic - Mek Inhibitors***		
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML		PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG		PA
*Antineoplastic - Mtor Kinase Inhibitors***		
<i>everolimus oral tablet 10 mg</i>	Afinitor	PA; QLL (30 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	Afinitor	PA; QLL (1 EA per 1 day)
*Antineoplastic - Multikinase Inhibitors***		
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	PA; QLL (6 EA per 1 day)
<i>pazopanib hcl oral tablet 200 mg</i>	Votrient	PA; QLL (120 EA per 30 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	PA; QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA; QLL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG, 300 MG		PA
RYDAPT ORAL CAPSULE 25 MG		PA
*Antineoplastics Misc.***		
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML		PA
MATULANE ORAL CAPSULE 50 MG		PA
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	Arimidex	QLL (30 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	Aromasin	QLL (30 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	Femara	QLL (30 EA per 30 days)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		PA; QLL (2 EA per 1 day)
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>		
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		PA
*Lhrh Analogs***		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		PA; QLL (5.6 ML per 28 days)
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 7.5 MG		PA
ELIGARD SUBCUTANEOUS KIT 45 MG		PA
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>		
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		

Formulary Drug Name	Reference	Restrictions
LEUKERAN ORAL TABLET 2 MG		
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ITOVEBI ORAL TABLET 3 MG, 9 MG		PA; QLL (1 EA per 1 day)
*Poly (A dp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA; QLL (4 EA per 1 day)
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml</i>		
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		
*Retinoids***		
<i>tretinoi n oral capsule 10 mg</i>		PA
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	Targretin	PA
*Urinary Tract Protective Agents***		
<i>mesna oral tablet 400 mg</i>	Mesnex	
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA ORAL TABLET 1 MG, 5 MG		PA; QLL (120 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		PA

Formulary Drug Name	Reference	Restrictions
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>		
<i>amantadine hcl oral solution 50 mg/5ml</i>		
<i>amantadine hcl oral tablet 100 mg</i>		
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>selegiline hcl oral capsule 5 mg</i>		
<i>selegiline hcl oral tablet 5 mg</i>		
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>		QLL (270 EA per 30 days)
*Nonergoline Dopamine Receptor Agonists***		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>		ST; QLL (2 EA per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>		ST; QLL (1 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		QLL (90 EA per 30 days)
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>		QLL (120 EA per 30 days)
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Phenothiazines***		
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	

Formulary Drug Name	Reference	Restrictions
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>		Diagnosis Required; QLL (1 EA per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>	Symfi Lo	PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	Symfi	PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	Truvada	PA; Diagnosis Required; QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df tablet 133-200 mg oral</i>	Truvada	PA; QLL (1 EA per 1 day)
<i>emtricitabine-tenofovir df tablet 167-250 mg oral</i>	Truvada	PA; QLL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		PA; Diagnosis Required; QLL (2 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Kaletra	PA; Diagnosis required; QLL (4 EA per 1 day)
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>		PA; DIAGNOSIS REQUIRED; QLL (6 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
DESCOVOY ORAL TABLET 120-15 MG, 200-25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG		DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML		Diagnosis Required; QLL (13 ML per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		PA; DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
SYMTUZA ORAL TABLET 800-150-200-10 MG		PA; Diagnosis Required; QLL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG		Diagnosis Required; QLL (1 EA per 1 day)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc oral tablet 150 mg</i>	Selzentry	PA; Diagnosis required; QLL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Selzentry	PA; Diagnosis required; QLL (4 EA per 1 day)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		Diagnosis Required; QLL (2 EA per 1 day)
*Antiretrovirals - Integrase Inhibitors***		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML		PA
ISENTRESS HD ORAL TABLET 600 MG		PA; Diagnosis Required; QLL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG		PA; DIAGNOSIS REQUIRED; QLL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		PA; Diagnosis Required; QLL (4 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG		PA; Diagnosis Required; QLL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG		PA; Diagnosis Required; QLL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		PA; Diagnosis Required; AL (Max 12 Years)
*Antiretrovirals - Protease Inhibitors***		
<i>atazanavir sulfate oral capsule 150 mg</i>		Diagnosis Required; QLL (1 EA per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	Reyataz	Diagnosis Required; QLL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Reyataz	Diagnosis Required; QLL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>		Diagnosis Required; QLL (4 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Norvir	PA; Diagnosis Required; QLL (12 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
APTIVUS ORAL CAPSULE 250 MG		Diagnosis Required; QLL (4 EA per 1 day)
NORVIR ORAL PACKET 100 MG		PA; Diagnosis Required
VIRACEPT ORAL TABLET 250 MG		Diagnosis Required; QLL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG		Diagnosis Required; QLL (4 EA per 1 day)

Antiretrovirals - Rti-Non-Nucleoside Analogues**

<i>efavirenz oral tablet 600 mg</i>		PA; Diagnosis required; QLL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	Intelence	PA; Diagnosis required; QLL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Intelence	PA; Diagnosis required; QLL (2 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		Diagnosis Required; QLL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>		PA; Diagnosis Required; QLL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>		Diagnosis Required; QLL (2 EA per 1 day)
EDURANT ORAL TABLET 25 MG		Diagnosis Required; QLL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG		Diagnosis Required; QLL (4 EA per 1 day)

Antiretrovirals - Rti-Nucleoside Analogues-Purines**

<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	Diagnosis Required; QLL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>		Diagnosis Required; QLL (2 EA per 1 day)

Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**

<i>emtricitabine oral capsule 200 mg</i>	Emtriva	DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Epivir	PA; Diagnosis Required; QLL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Epivir	PA; Diagnosis Required; QLL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Epivir	PA; Diagnosis Required; QLL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML		Diagnosis Required; QLL (24 ML per 1 day)

Formulary Drug Name	Reference	Restrictions
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>zidovudine oral capsule 100 mg</i>	Retrovir	PA; Diagnosis Required; QLL (2 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	PA; Diagnosis Required; QLL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>		PA; Diagnosis Required; QLL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	Diagnosis Required; QLL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM		Diagnosis Required; QLL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Diagnosis Required; QLL (1 EA per 1 day)
*Antiretrovirals Adjuvants***		
TYBOST ORAL TABLET 150 MG		DIAGNOSIS REQUIRED; QLL (1 EA per 1 day)
*Antiviral Combinations***		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		QLL (20 EA per 5 days); AL (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		QLL (20 EA per 5 days); AL (Min 12 Years)
*Cmv Agents***		
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	QLL (2 EA per 1 day)
*Hepatitis B Agents***		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	QLL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>		QLL (30 EA per 30 days)
*Hepatitis C Agent - Combinations***		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Harvoni	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Epclusa	PA; QLL (1 EA per 1 day)
MAVYRET ORAL PACKET 50-20 MG		PA; QLL (5 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG		PA; QLL (3 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG		PA
ZEPATIER ORAL TABLET 50-100 MG		PA; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA; QLL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		PA; QLL (2 ML per 28 days)
*Herpes Agents - Purine Analogues***		
acyclovir oral capsule 200 mg		
acyclovir oral suspension 200 mg/5ml		AL (Max 12 Years)
acyclovir oral tablet 400 mg, 800 mg		
valacyclovir hcl oral tablet 1 gm, 500 mg	Valtrex	
*Herpes Agents - Thymidine Analogues***		
famciclovir oral tablet 125 mg, 250 mg, 500 mg		QLL (21 EA Max Qty Per Fill Retail)
*Neuraminidase Inhibitors***		
oseltamivir phosphate capsule 30 mg oral	Tamiflu	QLL (20 EA Max Qty Per Fill Retail); AL (Max 12 Years)
oseltamivir phosphate oral capsule 45 mg, 75 mg	Tamiflu	QLL (10 EA per 1 FILL)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tamiflu	QLL (180 ML Max Qty Per Fill Retail); AL (Max 12 Years)
BETA BLOCKERS		
*Alpha-Beta Blockers***		
carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg	Coreg	QLL (60 EA per 30 days)
carvedilol oral tablet 25 mg	Coreg	QLL (4 EA per 1 day)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		
*Beta Blockers Cardio-Selective***		
acebutolol hcl oral capsule 200 mg, 400 mg		
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tenormin	
bisoprolol fumarate oral tablet 5 mg		QLL (30 EA per 30 days)
bisoprolol fumarate tablet 10 mg oral		QLL (2 EA per 1 day)
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg	Toprol XL	QLL (45 EA per 30 days)
metoprolol succinate er oral tablet extended release 24 hour 200 mg	Toprol XL	QLL (60 EA per 30 days)
metoprolol succinate er oral tablet extended release 24 hour 25 mg	Toprol XL	QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	
<i>metoprolol tartrate oral tablet 25 mg</i>		
<i>nebivolol hcl tablet 10 mg oral</i>	Bystolic	QLL (1 EA per 1 day)
<i>nebivolol hcl tablet 2.5 mg oral</i>	Bystolic	QLL (1 EA per 1 day)
<i>nebivolol hcl tablet 20 mg oral</i>	Bystolic	QLL (2 EA per 1 day)
<i>nebivolol hcl tablet 5 mg oral</i>	Bystolic	QLL (1 EA per 1 day)

*Beta Blockers Non-Selective***

<i>propranolol hcl er capsule extended release 24 hour 120 mg oral</i>	Inderal LA	QLL (2 EA per 1 day)
<i>propranolol hcl er capsule extended release 24 hour 160 mg oral</i>	Inderal LA	QLL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg</i>	Inderal LA	QLL (30 EA per 30 days)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Inderal LA	QLL (1 EA per 1 day)
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace	
<i>sotalol hcl oral tablet 240 mg</i>		
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG	propranolol hcl er	QLL (2 EA per 1 day)

*CALCIUM CHANNEL

BLOCKERS*

*Calcium Channel Blockers***

<i>amlodipine besylate oral tablet 10 mg</i>	Norvasc	QLL (30 EA per 30 days)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	Norvasc	QLL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg, 420 mg</i>	Tiadylt ER	QLL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	Tiadylt ER	QLL (3 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	Tiadylt ER	QLL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	Cardizem CD	QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	Cardizem CD	QLL (3 EA per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg	Cardizem CD	QLL (60 EA per 30 days)
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg	Cardizem CD	
diltiazem hcl er oral capsule extended release 24 hour 120 mg		QLL (30 EA per 30 days)
diltiazem hcl er oral capsule extended release 24 hour 180 mg		QLL (3 EA per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 240 mg		QLL (2 EA per 1 day)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	Cardizem	QLL (120 EA per 30 days)
diltiazem hcl oral tablet 90 mg		QLL (120 EA per 30 days)
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg		QLL (30 EA per 30 days)
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg		QLL (2 EA per 1 day)
nifedipine er oral tablet extended release 24 hour 90 mg		QLL (30 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	Procardia XL	QLL (2 EA per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	Procardia XL	QLL (30 EA per 30 days)
nifedipine oral capsule 10 mg, 20 mg		
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg	Verelan	QLL (30 EA per 30 days)
verapamil hcl er oral capsule extended release 24 hour 240 mg	Verelan	QLL (60 EA per 30 days)
verapamil hcl er oral tablet extended release 120 mg		QLL (2 EA per 1 day)
verapamil hcl er oral tablet extended release 180 mg, 240 mg		QLL (60 EA per 30 days)
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg		QLL (120 EA per 30 days)
CARDIOTONICS		
*Cardiac Glycosides***		
digoxin oral solution 0.05 mg/ml		
digoxin oral tablet 125 mcg, 250 mcg	Digox	

Formulary Drug Name	Reference	Restrictions
CARDIOVASCULAR AGENTS - MISC.		
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		PA; QLL (4 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		PA; QLL (2 EA per 1 day)
*Nitrate & Vasodilator Combinations***		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	BiDil	QLL (6 EA per 1 day)
*Prostaglandin Vasodilators***		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Flolan	PA
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	PA; QLL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	PA; QLL (2 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG		PA; QLL (2 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	PA; QLL (12 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	Adcirca	ST; QLL (2 EA per 1 day)
*Sinus Node Inhibitors**		
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Corlanor	PA; QLL (2 EA per 1 day)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		AL (Max 12 Years)
<i>cephalexin oral capsule 250 mg, 500 mg</i>		
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
*Cephalosporins - 2Nd Generation***		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefprozil oral tablet 250 mg, 500 mg</i>		

Formulary Drug Name	Reference	Restrictions
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>		
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		AL (Max 12 Years)
<i>cefixime oral capsule 400 mg</i>		QLL (1 EA per 1 Fill)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		QLL (2 EA per 1 day)
CHEMICALS		
*Bulk Chemicals - Hy's***		
<i>hydrocortisone micronized powder</i>		
*Bulk Chemicals - St's***		
<i>stevia extract powder</i>	TruClear Stevia Plus	
<i>stevia extract powder 90 %</i>		
<i>steviol glycosides powder 95 %</i>		
<i>stevioside fluid extract 15 %</i>		
*Fixed Oils***		
<i>castor oil oil</i>		
*Liquids***		
<i>benzyl benzoate liquid</i>		
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG		
*Combination Contraceptives - Oral***		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Dasetta 1/35 (28)	
<i>brielllyn oral tablet 0.4-35 mg-mcg</i>	Balziva	
<i>drospirenone-ethynodiol-diol oral tablet 3-0.02-0.451 mg</i>	Beyaz	
<i>drospirenone-ethynodiol-diol oral tablet 3-0.03-0.451 mg</i>	Safyral	
<i>drospirenone-ethynodiol oral tablet 3-0.02 mg</i>	Jasmiel	

Formulary Drug Name	Reference	Restrictions
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Kelnor 1/35	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	Kelnor 1/50	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	Balcoltra	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Afirmelle	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	Gemmily	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Charlotte 24 Fe	
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	Kaitlib Fe	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)		
BALZIVA ORAL TABLET 0.4-35 MG-MCG	briellyn	
BEYAZ ORAL TABLET 3-0.02-0.451 MG	drospiren-eth estrad-levomefol	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)		
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG		
ELINEST ORAL TABLET 0.3-30 MG-MCG		
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)		
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)		

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

Combination Contraceptives - Transdermal**

<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	Xulane	QLL (3 EA per 28 days)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	QLL (3 EA per 28 days)

Formulary Drug Name	Reference	Restrictions
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	QLL (3 EA per 28 days)
*Combination Contraceptives - Vaginal***		
<i>etonogestrel-ethynodiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	QLL (1 EA per 30 days)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR		
*Continuous Contraceptives - Oral***		
<i>levonorgestrel-ethynodiol oral tablet 90-20 mcg</i>	Amethyst	
*Emergency Contraceptives***		
<i>levonorgestrel oral tablet 1.5 mg</i>	Aftera	OTC; QLL (3 EA per 90 days)
ELLA ORAL TABLET 30 MG		QLL (3 EA per 90 days)
*Extended-Cycle Contraceptives - Oral***		
<i>levonorgestrel & ethynodiol oral tablet 42-21-21-7 days</i>	Rivelsa	
<i>levonorgestrel estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	Camrese Lo	
<i>levonorgestrel estrad 91-day oral tablet 0.15-0.03 & 0.01 mg</i>	Ashlyna	
*Four Phase Contraceptives - Oral***		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG		
*Progestin Contraceptives - Implants***		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		QLL (1 EA per 3 Years)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	QLL (4 ML per 365 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Depo-Provera	QLL (4 ML per 365 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		
*Progestin Contraceptives - Oral***		
<i>norethindrone oral tablet 0.35 mg</i>	Camila	QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
OPILL ORAL TABLET 0.075 MG		OTC
SLYND ORAL TABLET 4 MG		
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Dasetta 7/7/7	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg</i>	Enpresse-28	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tri Femynor	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG		
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG		
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Uceris	
<i>budesonide oral capsule delayed release particles 3 mg</i>		QLL (90 Days per 365 days)
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>		
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>		
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>		
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	Solu-CORTEF	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Medrol	
<i>methylprednisolone oral tablet 32 mg</i>		
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>		

Formulary Drug Name	Reference	Restrictions
<i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>	Pediapred	
<i>prednisone oral solution 5 mg/5ml</i>		AL (Max 12 Years)
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG		
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate capsule 100 mg oral</i>		QLL (6 EA per 1 day); AL (Min 10 Years)
<i>benzonatate capsule 200 mg oral</i>		QLL (3 EA per 1 day); AL (Min 10 Years)
<i>benzonatate oral capsule 100 mg</i>		QLL (6 EA per 1 day); AL (Min 10 Years)
<i>benzonatate oral capsule 200 mg</i>		QLL (3 EA per 1 day); AL (Min 10 Years)
<i>cough dm oral suspension extended release 30 mg/5ml</i>	Delsym	OTC; QLL (180 ML per 30 days)
<i>dextromethorphan hbr oral capsule 15 mg</i>	Robitussin Long-Act CoughGels	OTC
<i>qc cough relief oral liquid 15 mg/5ml</i>	Giltuss Honey DM	OTC; QLL (120 mL per 30 days)
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Hycodan	QLL (30 ML per 1 day); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Hycodan	QLL (6 EA per 1 day); AL (Min 18 Years)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Hycodan	QLL (30 ML per 1 day); AL (Min 18 Years)
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	hydrocodone bit-homatrop mbr	QLL (30 ML per 1 day); AL (Min 18 Years)
HYCODAN ORAL TABLET 5-1.5 MG	hydrocodone bit-homatrop mbr	QLL (6 EA per 1 day); AL (Min 18 Years)

Formulary Drug Name	Reference	Restrictions
*Antitussive-Decongestant-Analgesic***		
cold & flu relief daytime oral capsule 10-5-325 mg	Mucinex Fast-Max Cong Headache	OTC; QLL (120 EA per 30 days)
*Antitussive-Expectorant***		
chest congestion relief dm oral tablet 20-400 mg	Fenesin DM IR	OTC
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml	Diabetic Tussin DM	OTC; QLL (120 ML per 30 days)
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	Robafen DM Cough Clear	OTC; QLL (120 ML per 30 days)
dm-guaifenesin er oral tablet extended release 12 hour 60-1200 mg	Mucinex DM Maximum Strength	OTC
gnp mucus dm max strength oral tablet extended release 12 hour 60-1200 mg	Mucinex DM Maximum Strength	OTC
goodsense mucus dm oral tablet extended release 12 hour 60-1200 mg	Mucinex DM Maximum Strength	OTC
guaiatussin ac oral syrup 100-10 mg/5ml		OTC; QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml		OTC; QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
mucus relief dm max oral liquid 20-400 mg/20ml	Delsym Cgh/Chest Cong DM Child	OTC; QLL (120 mL per 30 days)
mucus relief dm max oral tablet extended release 12 hour 60-1200 mg	Mucinex DM Maximum Strength	OTC
mucus relief dm oral tablet extended release 12 hour 30-600 mg	Mucinex DM	OTC
mucus-dm max oral tablet extended release 12 hour 60-1200 mg	Mucinex DM Maximum Strength	OTC
mucus-dm maximum strength oral tablet extended release 12 hour 60-1200 mg	Mucinex DM Maximum Strength	OTC
mucus-dm oral tablet extended release 12 hour 30-600 mg	Mucinex DM	OTC
qc mucus relief dm max oral tablet extended release 12 hour 60-1200 mg	Mucinex DM Maximum Strength	OTC
*Antitussive-Expectorants-Decongestant***		
goodsense mucus relief child oral liquid 2.5-5-100 mg/5ml	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)
qc mucus relief severe con/cgh oral liquid 2.5-5-100 mg/5ml	Mucinex Childrens Freefrom	OTC; QLL (180 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
*Decongestant & Antihistamine***		
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	EQ Allergy Relief Nasal Decong	OTC; QLL (60 EA per 30 days)
fxofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	Allegra-D Allergy & Congestion	OTC; QLL (2 EA per 1 day)
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	Alavert D-12 Hour Allergy/Cong	OTC; QLL (2 EA per 1 day)
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	Claritin-D 24 Hour	OTC; QLL (1 EA per 1 day)
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml		
ALAHIST D ORAL TABLET 17.5-10 MG		OTC
*Decongestant W/ Expectorant***		
mucus relief d oral tablet extended release 12 hour 60-600 mg	Mucinex D	OTC
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	Mucinex D	OTC
*Expectorants***		
chest congestion relief oral tablet 400 mg	Xpect	OTC
gnp mucus er oral tablet extended release 12 hour 1200 mg	EQ Mucus ER	OTC
gnp mucus relief oral tablet 400 mg	Xpect	OTC
gnp tab tussin oral tablet 400 mg	Xpect	OTC
goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg	EQ Mucus ER	OTC
guaiifenesin er oral tablet extended release 12 hour 1200 mg	EQ Mucus ER	OTC
guaiifenesin er oral tablet extended release 12 hour 600 mg	EQ Mucus ER	OTC
guaiifenesin oral tablet 200 mg		OTC
guaiifenesin oral tablet 400 mg	Xpect	OTC
mucosa oral tablet 400 mg	Xpect	OTC
qc medifin 400 oral tablet 400 mg	Xpect	OTC
*Misc. Respiratory Inhalants***		
nasal mist inhalation aerosol solution 0.9 %	Simply Saline Baby	OTC
sodium chloride inhalation nebulization solution 0.9 %, 10 %		
sodium chloride inhalation nebulization solution 3 %	Nebusal	
sodium chloride inhalation nebulization solution 7 %	HyperSal	

Formulary Drug Name	Reference	Restrictions
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		QLL (180 mL per 30 days)
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>cold/cough childrens oral liquid 2.5-1-5 mg/5ml</i>	Dimaphen DM Cold/Cough	OTC; QLL (180 ML per 30 days)
<i>lohist-dm oral syrup 5-2-10 mg/5ml</i>		OTC
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>		QLL (180 ML per 30 days)
VANACOF ORAL LIQUID 30-1-12.5 MG/5ML		OTC; QLL (180 ML per 30 days)
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		QLL (240 ML Max Qty Per Fill Retail); AL (Min 18 Years)
DERMATOLOGICALS		
*Acne Antibiotics***		
<i>clindamycin phos (once-daily) external gel 1 %</i>	Clindagel	QLL (1 ML per 1 day)
<i>clindamycin phos (twice-daily) external gel 1 %</i>		QLL (1 GM per 1 day)
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	QLL (2 ML per 1 day)
<i>clindamycin phosphate external solution 1 %</i>		QLL (2 ML per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	QLL (2 EA per 1 day)
<i>ery external pad 2 %</i>		QLL (2 EA per 1 day)
<i>erythromycin external gel 2 %</i>	Erygel	QLL (1 GM per 1 day)
<i>erythromycin external solution 2 %</i>		QLL (2 ML per 1 day)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	QLL (118 ML per 30 days)
*Acne Combinations***		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Epiduo	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Benzamycin	QLL (46.6 GM per 30 days)
<i>clindamycin phos-benzoyl perox gel 1.2-5 % external</i>	Neuac	QLL (45 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>clindamycin phos-benzoyl peroxy gel 1-5 % external</i>		QLL (50 GM per 30 days)
NEUAC EXTERNAL GEL 1.2-5 %	clindamycin phos-benzoyl peroxy	QLL (45 GM per 30 days)
*Acne Products***		
<i>acne medication 10 external lotion 10 %</i>		OTC
<i>acne medication 5 external lotion 5 %</i>		OTC
<i>adapalene gel 0.1 % external (otc)</i>	Differin	QLL (45 GM per 30 days); AL (Max 35 Years)
<i>adapalene gel 0.3 % external</i>	Differin	ST; QLL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide external gel 10 %</i>	Clean & Clear Persa-Gel Max St	
<i>benzoyl peroxide external gel 2.5 %</i>		OTC
<i>benzoyl peroxide external gel 5 %</i>	Medpura Benzoyl Peroxide	OTC
<i>benzoyl peroxide wash external liquid 5 %</i>	Benzac AC Wash	
<i>isotretinoin capsule 10 mg oral</i>	Accutane	ST; QLL (2 EA per 1 day)
<i>isotretinoin capsule 20 mg oral</i>	Accutane	ST; QLL (2 EA per 1 day)
<i>isotretinoin capsule 30 mg oral</i>	Accutane	ST; QLL (2 EA per 1 day)
<i>isotretinoin capsule 40 mg oral</i>	Accutane	ST
ACCUTANE CAPSULE 10 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ACCUTANE CAPSULE 20 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ACCUTANE CAPSULE 30 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ACCUTANE CAPSULE 40 MG ORAL	isotretinoin	ST
AMNESTEEM CAPSULE 10 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
AMNESTEEM CAPSULE 20 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
AMNESTEEM CAPSULE 40 MG ORAL	isotretinoin	ST
CLARAVIS CAPSULE 10 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
CLARAVIS CAPSULE 20 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
CLARAVIS CAPSULE 30 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
CLARAVIS CAPSULE 40 MG ORAL	isotretinoin	ST
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 %	acne foaming wash	OTC
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %	tretinoin	ST; AL (Max 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 %	tretinoin	ST; AL (Max 35 Years)
ZENATANE CAPSULE 10 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ZENATANE CAPSULE 20 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)
ZENATANE CAPSULE 30 MG ORAL	isotretinoin	ST; QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
ZENATANE CAPSULE 40 MG ORAL	isotretinoin	ST
*Antibiotic Mixtures Topical***		
double antibiotic external ointment 500-10000 unit/gm	Neosporin	OTC
gnp antibiotic/pain relief external cream 3.5-10000-10	Neosporin Plus Pain Relief MS	OTC
goodsense first aid antibiotic external ointment	Lanabiotic	OTC
triple antibiotic+pain relief external ointment 1 %	Neosporin + Pain Relief Max St	OTC
*Antibiotics - Topical***		
bacitracin external ointment 500 unit/gm	Bacitraycin Plus	OTC
bacitracin zinc external ointment 500 unit/gm		OTC
gentamicin sulfate external cream 0.1 %		
mupirocin external ointment 2 %		QLL (110 GM per 30 days)
*Antifungals - Topical Combinations***		
clotrimazole-betamethasone external cream 1-0.05 %		QLL (60 GM per 30 days)
*Antifungals - Topical***		
butenafine hcl external cream 1 %	Lotrimin Ultra	OTC; QLL (30 GM per 30 days)
ciclopirox external shampoo 1 %		ST; QLL (120 ML per 30 days)
ciclopirox external solution 8 %	Ciclodan	QLL (6.6 ML per 30 days)
ciclopirox olamine external cream 0.77 %		QLL (60 GM per 30 days)
ciclopirox olamine external suspension 0.77 %		ST; QLL (30 ML per 30 days)
nystatin external cream 100000 unit/gm		QLL (60 GM per 30 days)
nystatin external ointment 100000 unit/gm		QLL (60 GM per 30 days)
nystatin external powder 100000 unit/gm	Klayesta	QLL (60 GM per 30 days)
terbinafine hcl external cream 1 %	LamISIL AT Athletes Foot	OTC; QLL (60 GM per 30 days)
tolnaftate antifungal external cream 1 %	Tinactin	OTC; QLL (90 GM per 30 days)
tolnaftate external powder 1 %	Lotrimin AF	OTC; QLL (45 GM per 30 days)
*Anti-Inflammatory Agents - Topical***		
diclofenac sodium external gel 1 %	Aspercreme Arthritis Pain	QLL (6.6667 GM per 1 day)
diclofenac sodium external solution 1.5 %		ST; QLL (10 ML per 1 day)
*Antineoplastic Antimetabolites - Topical***		
fluorouracil external cream 5 %		
fluorouracil external solution 2 %, 5 %		

Formulary Drug Name	Reference	Restrictions
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium external gel 3 %</i>		
*Antipsoriatics - Systemic***		
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML		PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		PA
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>		QLL (4 GM per 1 day)
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	PA; QLL (4 GM per 1 day)
<i>calcipotriene external solution 0.005 %</i>		QLL (2 ML per 1 day)
<i>tazarotene external cream 0.1 %</i>	Tazorac	ST; QLL (3 GM per 1 day)
*Antiseborrheic Products***		
<i>anti-dandruff external shampoo 1 %</i>	Selsun Blue	OTC
<i>dandruff shampoo external lotion 1 %</i>	Selsun Blue	OTC
<i>selenium sulfide external lotion 2.5 %</i>		
*Antivirals - Topical***		
<i>docosanol external cream 10 %</i>	Abreva	OTC; QLL (2 GM per 30 days)
ZOVIRAX EXTERNAL OINTMENT 5 %	acyclovir	ST; QLL (15 GM per 30 days)
*Astringents***		
<i>diaper rash external ointment 40 %</i>	Boudreauxs Butt Paste	OTC
<i>zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	OTC
*Atopic Dermatitis - Monoclonal Antibodies***		
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML		PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML		PA
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	Silvadene	
*Corticosteroids - Topical***		
<i>betamethasone dipropionate aug external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>		QLL (2 GM per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		QLL (2 ML per 1 day)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	QLL (2 GM per 1 day)
<i>betamethasone dipropionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>		QLL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>		QLL (60 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>		QLL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>		QLL (45 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>		ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external cream 0.05 %</i>		ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external gel 0.05 %</i>		QLL (2 GM per 1 day)
<i>clobetasol propionate external ointment 0.05 %</i>		ST; QLL (2 GM per 1 day)
<i>clobetasol propionate external solution 0.05 %</i>		ST; QLL (2 ML per 1 day)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	QLL (30 GM per 60 days)
<i>fluocinolone acetonide ointment 0.025 % external</i>	Synalar	QLL (60 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	Vanos	QLL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>		QLL (2 GM per 1 day)
<i>fluocinonide external solution 0.05 %</i>		QLL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>		QLL (60 GM per 30 days)
<i>fluticasone propionate external ointment 0.005 %</i>		QLL (60 GM per 30 days)
<i>gnp hydrocortisone external cream 0.5 %</i>		OTC; QLL (90 GM per 30 days)
<i>halobetasol propionate external cream 0.05 %</i>		QLL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>		QLL (50 GM per 30 days)
<i>hydrocortisone acetate external cream 1 %</i>		OTC; QLL (90 GM per 30 days)
<i>hydrocortisone acetate external ointment 1 %</i>		OTC; QLL (120 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	QLL (90 GM per 30 days)
<i>hydrocortisone external cream 2.5 %</i>		QLL (90 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>		QLL (120 ML per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>hydrocortisone external ointment 0.5 %</i>		OTC; QLL (90 GM per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Aquaphor Itch Relief Children	QLL (90 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>		QLL (90 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external ointment 0.1 %</i>		QLL (45 GM per 30 days)
<i>mometasone furoate external solution 0.1 %</i>		QLL (60 ML per 30 days)
<i>triamcinolone acetonide external cream 0.025 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external cream 0.1 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Triderm	QLL (90 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		QLL (120 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>		QLL (90 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.1 %</i>		
AQUANIL HC EXTERNAL LOTION 1 %	beta hc	OTC; QLL (120 ML per 30 days)
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 %	fluocinolone acetonide body	QLL (120 ML per 30 days)
SARNOL-HC EXTERNAL LOTION 1 %	beta hc	OTC; QLL (120 ML per 30 days)
SYNALAR EXTERNAL OINTMENT 0.025 %	fluocinolone acetonide	QLL (60 GM per 30 days)
*Diaper Rash Products***		
MEDI-PASTE EXTERNAL OINTMENT	cvs all-purpose skin protect	OTC
*Emollient Combinations***		
<i>mineral oil-hydrophil petrolat external ointment</i>		OTC
*Emollient/Keratolytic Agents***		
<i>urea 20 intensive hydrating external cream 20 %</i>		OTC
<i>urea external cream 20 %</i>		
<i>ureacin-20 external cream 20 %</i>		OTC
*Emollients***		
<i>a&d external ointment</i>	Medpura Vitamin A & D	OTC
<i>ammonium lactate external cream 12 %</i>		
<i>ammonium lactate external lotion 12 %</i>	AL12	
<i>glycerin external liquid</i>		OTC
<i>moisturizing lotion external lotion</i>	AmLactin Intensive Healing	OTC

Formulary Drug Name	Reference	Restrictions
AQUA-CERIN EXTERNAL CREAM	beta care	OTC
HYDROLATUM EXTERNAL OINTMENT	advanced healing/baby	OTC

Imidazole-Related Antifungals - Topical**

<i>antifungal external powder 2 %</i>	Desenex	OTC; QLL (90 GM per 30 days)
<i>athletes foot powder spray external aerosol powder 2 %</i>	Cruex Prescription Strength	OTC; QLL (133 GM per 30 days)
<i>clotrimazole external cream 1 %</i>	Desenex	QLL (60 GM per 30 days)
<i>clotrimazole external solution 1 %</i>		QLL (30 ML per 30 days)
<i>ketoconazole external cream 2 %</i>		ST; QLL (60 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>		QLL (120 ML per 30 days)
<i>miconazole nitrate external cream 2 %</i>	Desenex	QLL (90 GM per 30 days)

***Immunomodulators**

Imidazoquinolinamines - Topical***

<i>imiquimod external cream 5 %</i>		QLL (12 Packets per 30 days)
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Insect Repellents**

OFF DEEP WOODS DRY EXTERNAL AEROSOL	cvs insect repellent	OTC; QLL (170 GM per 30 days)
OFF DEEP WOODS EXTERNAL AEROSOL	cvs insect repellent	OTC; QLL (170 GM per 30 days)
OFF DEEP WOODS SPORTSMEN EXTERNAL AEROSOL 30 %	cvs insect repellent	OTC; QLL (170 GM per 30 days)
OFF FAMILYCARE CLEAN FEEL EXTERNAL LIQUID 5 %		OTC; QLL (177 ML per 30 days)
OFF SMOOTH & DRY EXTERNAL AEROSOL 15 %	cvs insect repellent	OTC; QLL (170 GM per 30 days)
SAWYER INSECT REPELLENT EXTERNAL LIQUID 20 %		OTC; QLL (177 ML per 30 days)
ULTRATHON INSECT REPELLENT 8 EXTERNAL AEROSOL 25 %	cvs insect repellent	OTC; QLL (170 GM per 30 days)

Keratolytic/Antimitotic/Vesicant Agents**

<i>corn & callus remover external liquid 17 %</i>	Compound W	OTC
<i>gnp wart remover external liquid 17 %</i>	Compound W	OTC
<i>podofilox external solution 0.5 %</i>		
<i>qc corn and callus remover external liquid 17 %</i>	Compound W	OTC
<i>qc wart remover external liquid 17 %</i>	Compound W	OTC
<i>wart remover maximum strength external liquid 17 %</i>	Compound W	OTC

Formulary Drug Name	Reference	Restrictions
*Liniment Combinations***		
<i>muscle rub external cream 10-15 %</i>	Capasil	OTC
<i>pain relieving external cream</i>	Capasil	OTC
CAPASIL EXTERNAL CREAM 2-10 %	muscle rub	OTC
MENCYLATE EXTERNAL CREAM 2-10 %	muscle rub	OTC
THERA-GESIC EXTERNAL CREAM 1-15 %	muscle rub	OTC
*Local Anesthetics - Topical***		
<i>arthritis pain relieving external cream 0.075 %</i>		OTC; QLL (114 GM per 30 days)
<i>capsaicin external cream 0.025 %</i>	DermacinRx Penetral	OTC
<i>lidocaine external ointment 5 %</i>		QLL (50 GM per 30 days)
<i>lidocaine external patch 4 %</i>	Aspercreme Lidocaine	OTC; QLL (1 EA per 1 day)
<i>lidocaine external patch 5 %</i>	Lidocan	PA; QLL (90 EA per 30 days); AL (Min 18 Years)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Glydo	
*Macrolide Immunosuppressants - Topical***		
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>		ST; QLL (30 GM per 30 days)
*Misc. Topical Combinations***		
<i>calamine external lotion 8-8 %</i>		OTC
<i>calamine-zinc oxide external lotion 8-8 %</i>		OTC
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 %		PA; QLL (60 GM per 30 days)
*Rosacea Agents***		
<i>azelaic acid external gel 15 %</i>	Finacea	QLL (50 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	MetroCream	
<i>metronidazole external gel 0.75 %</i>		
<i>metronidazole external gel 1 %</i>	Metrogel	ST; QLL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	
*Scabicides & Pediculicides***		
<i>gnp lice treatment external liquid 1 %</i>	Nix Creme Rinse	OTC
<i>ivermectin external lotion 0.5 %</i>	Sklice	ST; QLL (117 GM per 30 days)
<i>malathion external lotion 0.5 %</i>	Ovide	ST; QLL (118 ML Max Qty Per Fill Retail)
<i>permethrin external cream 5 %</i>	Elimite	QLL (60 GM per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>spinosad external suspension 0.9 %</i>	Natroba	ST
*Skin Cleaners***		
<i>isopropyl alcohol wipes external 70 %</i>		OTC
*Soaps***		
AQUANIL SKIN CLEANSER EXTERNAL LOTION	anti-bacterial hand	OTC
*Tar Products***		
<i>therapeutic external shampoo 0.5 %</i>	DHS Tar	OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		QLL (1 GM per 1 day)
DIAGNOSTIC PRODUCTS		
*Diagnostic Tests***		
<i>ketone test in vitro strip</i>	Chemstrip K	OTC
ALBUSTIX IN VITRO STRIP		OTC
CHEMSTRIP K IN VITRO STRIP	ketone test	OTC
DAIATIX IN VITRO STRIP		OTC
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	blood glucose test	OTC; QLL (150 EA per 30 days)
ONETOUCH ULTRA IN VITRO STRIP	blood glucose test	OTC; QLL (150 EA per 30 days)
ONETOUCH ULTRA TEST IN VITRO STRIP	blood glucose test	OTC; QLL (150 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	blood glucose test	OTC; QLL (150 EA per 30 days)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
*Nutritional Supplements***		
<i>antioxidant formula oral capsule</i>	AminoPMrms	OTC
DIGESTIVE AIDS		
*Digestive Enzymes***		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT		

Formulary Drug Name	Reference	Restrictions
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		
<i>spironolactone-hctz oral tablet 25-25 mg</i>		
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	
<i>bumetanide oral tablet 1 mg, 2 mg</i>		
<i>ethacrynic acid oral tablet 25 mg</i>	Edecrin	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	
<i>torsemide oral tablet 10 mg, 100 mg, 5 mg</i>		
<i>torsemide 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 tablet 10 mg, 5 mg</i>		QLL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>		QLL (4 EA per 28 days)
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	QLL (4 EA per 28 days)

Formulary Drug Name	Reference	Restrictions
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>		QLL (3 ML per 84 days)
<i>ibandronate sodium oral tablet 150 mg</i>		QLL (1 EA per 30 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Sensipar	PA
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>		QLL (3.7 ML per 30 days)
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>		QLL (16 EA per 30 days)
*GnRH/LHRH Antagonists***		
ORILISSA ORAL TABLET 150 MG, 200 MG		PA
*Growth Hormones***		
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN- INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	ST; QLL (30 EA per 30 days)
<i>paricalcitol oral capsule 4 mcg</i>		ST; QLL (30 EA per 30 days)
*Parathyroid Hormone And Derivatives***		
<i>teriparatide subcutaneous solution pen- injector 620 mcg/2.48ml</i>		PA; QLL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		PA; QLL (0.052 ML per 1 day)
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		PA; QLL (1 ML per 168 days)
*Selective Estrogen Receptor Modulators (SERMs)***		
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	QLL (30 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*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 intramuscular kit 10 mg, 20 mg, 30 mg</i>	SandoSTATIN LAR Depot	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		PA
*Vasopressin***		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	QLL (90 EA per 30 days)
<i>desmopressin acetate spray nasal solution 0.01 %</i>		QLL (10 ML per 25 days)
ESTROGENS		
*Estrogen & Progestin***		
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>		QLL (30 EA per 30 days)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Activella	QLL (30 EA per 30 days)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Fyavolv	QLL (1 EA per 1 day)
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Fyavolv	QLL (30 EA per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	norethindrone-eth estradiol	QLL (1 EA per 1 day)
*Estrogens***		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	Dotti	QLL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Climara	QLL (4 EA per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	Delestrogen	QLL (4 ML per 28 days)
<i>estradiol valerate intramuscular oil 40 mg/ml</i>		QLL (2 ML per 28 days)
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR	estradiol	QLL (8 EA per 28 days)

Formulary Drug Name	Reference	Restrictions
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR	estradiol	QLL (8 EA per 28 days)
FLUOROQUINOLONES		
*Fluoroquinolones***		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	QLL (28 EA per 30 days)
<i>ciprofloxacin hcl oral tablet 750 mg</i>		QLL (28 EA per 30 days)
<i>levofloxacin oral solution 25 mg/ml</i>		QLL (280 mL Max Qty Per Fill Retail); AL (Max 12 Years)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		QLL (14 EA Max Qty Per Fill Retail)
GASTROINTESTINAL AGENTS - MISC.		
*Antiflatulents***		
<i>gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>gas relief oral tablet chewable 80 mg</i>		OTC
<i>gas relief ultra strength oral capsule 180 mg</i>	Gas-X Ultra Strength	OTC
<i>gnp gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>gnp gas relief oral tablet chewable 80 mg</i>		OTC
<i>qc gas relief extra strength oral tablet chewable 125 mg</i>	Gas-X Extra Strength	OTC
<i>qc gas relief oral tablet chewable 80 mg</i>		OTC
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	OTC
<i>simethicone oral tablet chewable 80 mg</i>		OTC
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	eq gas relief	OTC
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>		
<i>ursodiol oral tablet 250 mg</i>		
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	PA; QLL (2 EA per 1 day); AL (Min 18 Years)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	

Formulary Drug Name	Reference	Restrictions
*Inflammatory Bowel Agents***		
balsalazide disodium oral capsule 750 mg	Colazal	
mesalamine er oral capsule extended release 24 hour 0.375 gm	Apriso	QLL (4 EA per 1 day)
mesalamine oral capsule delayed release 400 mg	Delzicol	QLL (6 EA per 1 day)
mesalamine oral tablet delayed release 1.2 gm	Lialda	QLL (4 EA per 1 day)
mesalamine rectal enema 4 gm		
mesalamine rectal suppository 1000 mg	Canasa	QLL (42 EA per 30 days)
sulfasalazine oral tablet 500 mg	Azulfidine	
sulfasalazine oral tablet delayed release 500 mg	Azulfidine EN-tabs	
*Interleukin Antagonists***		
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML		PA
*Intestinal Acidifiers***		
lactulose encephalopathy oral solution 10 gm/15ml		
*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***		
calcium acetate (phos binder) oral capsule 667 mg		
calcium acetate (phos binder) oral tablet 667 mg	Calphron	
sevelamer carbonate oral tablet 800 mg	Renvela	
CALPHRON ORAL TABLET 667 MG	calcium acetate (phos binder)	OTC
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
finasteride oral tablet 5 mg	Proscar	QLL (30 EA per 30 days)
*Alpha 1-Adrenoceptor Antagonists***		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Uroxatral	QLL (30 EA per 30 days)
tamsulosin hcl oral capsule 0.4 mg		QLL (60 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Citrates***		
<i>cytra k crystals oral packet 3300-1002 mg</i>		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>		
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>		
*Genitourinary Irrigants***		
<i>sodium chloride irrigation solution 0.9 %</i>	Argyle Sterile Saline	
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG		
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Pyridium	
<i>urinary pain relief oral tablet 95 mg, 99.5 mg</i>	AZO Urinary Pain Relief	OTC
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>		
<i>colchicine oral capsule 0.6 mg</i>	Mitigare	QLL (9 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>		QLL (9 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	ST; QLL (1 EA per 1 day)
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>		
HEMATOLOGICAL AGENTS - MISC.		
*C1 Esterase Inhibitors***		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT		PA

Formulary Drug Name	Reference	Restrictions
*Complement C5 Inhibitors***		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		PA
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>		
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>		
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHYRO SUBCUTANEOUS SOLUTION 300 MG/2ML		PA; QLL (4 ML per 28 days)
TAKHYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML		PA; QLL (4 ML per 28 days)
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	
<i>anagrelide hcl oral capsule 1 mg</i>		
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg</i>		QLL (1 EA per 1 day)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	QLL (30 EA per 30 days)
<i>prasugrel hcl oral tablet 10 mg</i>	Effient	QLL (1 EA per 1 day)
<i>prasugrel hcl oral tablet 5 mg</i>	Effient	QLL (30 EA per 30 days)
HEMATOPOIETIC AGENTS		
*Amino Acids***		
<i>l-glutamine oral packet 5 gm</i>	Endari	PA
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		
*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>		
*Folic Acid/Folates***		
<i>folic acid oral tablet 1 mg</i>		
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		PA
*Iron Combinations***		
<i>iron 100 plus oral tablet 100-250-0.025-1 mg</i>	Icar-C Plus	OTC
*Iron***		
<i>ferretts chewable iron oral tablet chewable 18 mg</i>		OTC
<i>ferrous gluconate oral tablet 324 (37.5 fe) mg, 324 (38 fe) mg</i>		OTC
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml</i>	One Vite Ferrous Sulfate	OTC
<i>ferrous sulfate oral tablet 27 mg</i>		OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	FeroSul	OTC
<i>ferrous sulfate oral tablet delayed release 325 (65 fe) mg</i>		OTC
<i>iron chews pediatric oral tablet chewable 15 mg</i>		OTC
<i>iron oral tablet 28 mg</i>		OTC
<i>iron slow release oral tablet extended release 45 mg</i>	Slow Fe	OTC
*Thrombopoietin (Tpo) Receptor Agonists***		
PROMACTA ORAL TABLET 12.5 MG, 25 MG		PA; QLL (1 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
PROMACTA ORAL TABLET 50 MG, 75 MG		PA; QLL (2 EA per 1 day)
HEMOSTATICS		
*Hemostatics - Systemic***		
<i>tranexamic acid oral tablet 650 mg</i>		QLL (30 EA per 28 days)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*Antihistamine Hypnotics***		
<i>sleep aid oral tablet 25 mg</i>	Unisom SleepTabs	OTC
<i>sleep-aid oral capsule 50 mg</i>	Unisom Sleepgels	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>		
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		
LAXATIVES		
*Bowel Evacuant Combinations***		
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Suprep Bowel Prep Kit	QLL (354 ML Max Qty Per Fill Retail)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	QLL (4000 ML per 30 days)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		QLL (4000 ML per 30 days)
*Bulk Laxatives***		
<i>fiber laxative + calcium oral tablet 625 mg</i>	FiberCon	OTC
<i>gnp fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	OTC
<i>natural fiber laxative oral powder 58.6 %</i>	Metamucil Smooth Texture	OTC
*Laxatives - Miscellaneous***		
<i>glycerin (adult) rectal suppository 2 gm</i>	Avedana Glycerin (Adult)	OTC
<i>glycerin adult rectal suppository 2 gm</i>	Avedana Glycerin (Adult)	OTC
<i>glycerin childrens rectal suppository 1 gm</i>		OTC
<i>gnp glycerin (adult) rectal suppository 2.1 gm</i>		OTC
<i>gnp glycerin child rectal suppository 1.2 gm</i>		OTC
<i>lactulose oral solution 10 gm/15ml</i>		
<i>peg 3350 oral packet 17 gm</i>	CVS Purelax	OTC; QLL (30 EA per 30 days)
CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	OTC; QLL (34 GM per 1 day)

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

Formulary Drug Name	Reference	Restrictions
MACROLIDES		
*Azithromycin***		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	Attestation of appropriate diagnosis appearing on prescription required by dispensing pharmacy at point-of-sale; QLL (30 mL Max Qty Per Fill Retail); AL (Max 12 Years)
<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)
ZITHROMAX ORAL PACKET 1 GM		
*Clarithromycin***		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		QLL (150 mL Max Qty Per Fill Retail); AL (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		QLL (28 EA per 30 days)
*Fidaxomicin***		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML		PA
DIFICID ORAL TABLET 200 MG		PA
MEDICAL DEVICES AND SUPPLIES		
*Applicators,Cotton Balls,Etc***		
<i>alcohol prep pad 70 %</i>	Advocate Alcohol Prep Pads	OTC
<i>sure comfort alcohol prep pad 70 %</i>	Advocate Alcohol Prep Pads	OTC
<i>ultra-care alcohol prep pads pad 70 %</i>	Advocate Alcohol Prep Pads	OTC
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		

Formulary Drug Name	Reference	Restrictions
*Condoms - Male***		
<i>kimono micro thin</i>	Trojan Enz	OTC; QLL (12 EA per 30 days)
*Diaphragms***		
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM		
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %		
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %		
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
DEXCOM G6 SENSOR	guardian sensor 3	PA; QLL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER		PA; QLL (1 EA per 90 days)
DEXCOM G7 RECEIVER DEVICE		PA
DEXCOM G7 SENSOR	guardian sensor 3	PA; QLL (3 EA per 30 days)
ONETOUCH DELICA PLUS LANCET30G	acti-lance 28g	OTC
ONETOUCH DELICA PLUS LANCET33G	acti-lance 28g	OTC
ONETOUCH DELICA PLUS LANCING	adjustable lancing device	OTC
ONETOUCH DELICA SAFETY LANCING	acti-lance 28g	OTC
ONETOUCH ULTRA 2 KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)
ONETOUCH VERIO REFLECT KIT W/DEVICE	blood glucose monitor system	OTC; QLL (1 EA per 365 days)

Formulary Drug Name	Reference	Restrictions
*Insulin Administration Supplies***		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT		PA; QLL (1 EA per 999 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5		PA; QLL (10 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT		PA; QLL (1 EA per 999 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS		PA; QLL (10 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT		PA; QLL (1 EA per 999 days)
OMNIPOD DASH PDM (GEN 4) KIT		PA; QLL (1 EA per 999 days)
OMNIPOD DASH PODS (GEN 4)		PA; QLL (10 EA per 30 days)
TWIIST REFILL KIT KIT		PA; QLL (10 EA per 30 days)
TWIIST REFILL KIT/INFUSION SET KIT		PA; QLL (10 EA per 30 days)
TWIIST STARTER KIT KIT		PA; QLL (1 EA per 999 days)
*Needles & Syringes***		
syringe/hypodermic safety 18g x 1" 12 ml	Monoject LifeShield Syringe	OTC
BD AUTOSHIELD DUO 30G X 5 MM	pen needles	OTC
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	OTC
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	OTC
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML	aq insulin syringe	OTC
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	OTC
BD PEN NEEDLE MICRO U/F 32G X 6 MM	1st tier unifine pentips	ST; OTC
BD PEN NEEDLE MINI U/F 31G X 5 MM	1st tier unifine pentips	ST; OTC
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1st tier unifine pentips	ST; OTC
BD PEN NEEDLE NANO U/F 32G X 4 MM	1st tier unifine pentips	ST
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	sure comfort pen needles	ST; OTC
BD PEN NEEDLE SHORT U/F 31G X 8 MM	1st tier unifine pentips	ST; OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	eql insulin syringe	OTC

Formulary Drug Name	Reference	Restrictions
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	eql insulin syringe	OTC
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	aq insulin syringe	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	global easy glide insulin syr	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	global easy glide insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	global easy glide insulin syr	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	careone insulin syringe	OTC
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	global easy glide insulin syr	OTC
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	global easy glide insulin syr	
*Peak Flow Meters***		
<i>peak flow meter universal rang device</i>	Airzone Peak Flow Meter	OTC; QLL (2 EA per 1 Year)
*Spacer/Aerosol-Holding Chambers & Supplies***		
MICROCHAMBER DEVICE	breathe comfort chamber/adult	QLL (2 EA per 365 days)
OPTICHAMBER DIAMOND DEVICE	breathe comfort chamber/adult	QLL (2 EA per 365 days)
MIGRAINE PRODUCTS		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
UBRELVY ORAL TABLET 100 MG, 50 MG		ST; QLL (16 EA per 30 days)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		ST; QLL (1 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		ST; QLL (1 ML per 28 days)
*Selective Serotonin Agonists 5- Ht(1)***		
<i>eletriptan hydrobromide oral tablet 20 mg</i>	Relpax	QLL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		QLL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	QLL (18 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
<i>rizatriptan benzoate oral tablet 5 mg</i>		QLL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	QLL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		QLL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>		QLL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	QLL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose Refill	QLL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		QLL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	QLL (4 ML per 30 days)

MINERALS & ELECTROLYTES

*Bicarbonates***

<i>sodium bicarbonate intravenous solution 8.4 %</i>		
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*Calcium Combinations***

<i>calcium 500 + d oral tablet 500-5 mg-mcg</i>	Os-Cal Calcium + D3	OTC
<i>calcium 500/vitamin d oral tablet 500-3.125 mg-mcg</i>		OTC
<i>calcium 600 + minerals oral tablet 600-200 mg-unit</i>		OTC
<i>calcium 600+d oral tablet 600-5 mg-mcg</i>		OTC
<i>calcium 600+d plus minerals oral tablet 600-400 mg-unit</i>		OTC
<i>calcium carb-cholecalciferol oral tablet 600-3.125 mg-mcg</i>		OTC
<i>oyster shell calcium/d oral tablet 500-5 mg-mcg</i>		OTC

*Calcium***

<i>calcium carbonate oral tablet 1500 (600 ca) mg, 600 mg</i>		OTC
<i>calcium citrate oral tablet 250 mg, 950 (200 ca) mg</i>		OTC
<i>calcium oral tablet 500 mg</i>		OTC
<i>cvs calcium oral tablet 600 mg</i>		OTC
<i>oyster shell calcium oral tablet 500 mg</i>		OTC

Formulary Drug Name	Reference	Restrictions
*Fluoride***		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	SoluVita	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg		
*Magnesium***		
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	MAGnesium-Oxide	OTC
magnesium oxide -mg supplement oral tablet 500 mg		OTC
*Phosphate***		
wes-phos 250 neutral oral tablet 155-852-130 mg	Phospha 250 Neutral	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	wes-phos 250 neutral	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	wes-phos 250 neutral	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG		
*Potassium***		
potassium chloride crys er oral tablet extended release 10 meq	Klor-Con M10	
potassium chloride crys er oral tablet extended release 20 meq	Klor-Con M20	
potassium chloride er oral capsule extended release 10 meq, 8 meq		
potassium chloride er oral tablet extended release 10 meq	Klor-Con 10	
potassium chloride er oral tablet extended release 20 meq		
potassium chloride er oral tablet extended release 8 meq	Klor-Con	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	potassium chloride crys er	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ		
MISCELLANEOUS THERAPEUTIC CLASSES		
*Chelating Agents***		
penicillamine oral tablet 250 mg	Depen Titratabs	PA; QLL (8 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
*Cyclosporine Analogs***		
cyclosporine modified oral capsule 100 mg, 25 mg	Gengraf	
cyclosporine modified oral capsule 50 mg		
cyclosporine modified oral solution 100 mg/ml	Gengraf	
cyclosporine oral capsule 100 mg, 25 mg	SandIMMUNE	
*Immunomodulators For Myelodysplastic Syndromes***		
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	Revlimid	PA; QLL (1 EA per 1 day)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	lenalidomide	PA; QLL (1 EA per 1 day)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
mycophenolate mofetil oral capsule 250 mg	CellCept	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	CellCept	
mycophenolate mofetil oral tablet 500 mg	CellCept	
*Irrigation Solutions***		
sterile water for irrigation irrigation solution	Argyle Sterile Water	
*Macrolide Immunosuppressants***		
sirolimus oral solution 1 mg/ml		
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Prograf	
*Potassium Removing Agents***		
sodium polystyrene sulfonate oral powder		
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML		
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML		
*Purine Analogs***		
azathioprine oral tablet 50 mg	Imuran	
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
lidocaine viscous hcl mouth/throat solution 2 %		

Formulary Drug Name	Reference	Restrictions
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche 10 mg</i>		
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Peridex	
<i>sore throat spray mouth/throat liquid 1.4 %</i>	Chloraseptic	OTC
*Dental Products - Combinations***		
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	Fluoridex Sensitivity Relief	
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	Fluoridex Sensitivity Relief	
*Fluoride Dental Products***		
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	Clinpro 5000	
<i>sodium fluoride dental gel 1.1 %</i>	DentaGel	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	PreviDent	
*Saliva Stimulants***		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Kourzeq	
MULTIVITAMINS		
*B-Complex W/ C & Folic Acid***		
<i>b complex-c-folic acid oral tablet</i>		OTC
*Multiple Vitamins W/ Iron***		
<i>one-daily multi-vitamin/iron oral tablet</i>	Tab-A-Vite/Iron/Beta Carotene	OTC
*Multiple Vitamins W/ Minerals***		
<i>cvs womens active daily oral tablet</i>	Alive Calcium Bone Support	OTC
<i>daily multivitamin oral capsule</i>	ActivNutrients	OTC
<i>multi-vitamin gummies oral tablet chewable</i>	Adek Gummies Plus Zn	OTC
<i>totalday multiple oral tablet extended release</i>	Endur-VM	OTC
*Multivitamins***		
<i>multi vitamin oral tablet</i>	Amladex	OTC
*Ped Multi Vitamins W/FI & Fe***		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>		

Formulary Drug Name	Reference	Restrictions
*Ped Multiple Vitamins W/ Minerals***		
cvs gummy dinos oral tablet chewable	ActivNutrients	OTC
*Ped Mv W/ Fluoride***		
multi-vitamin/fluoride oral solution 0.25 mg/ml	FloraFol Pediatric	
multi-vitamin/fluoride oral solution 0.5 mg/ml	Quflora Pediatric	
multivitamin/fluoride oral tablet chewable 0.25 mg	Flotrex	
multivitamin/fluoride oral tablet chewable 0.5 mg, 1 mg	FloraFol Pediatric	
*Ped Mv W/ Iron***		
poly-vite/iron oral solution 11 mg/ml	BProtected Pedia Poly-Vite/Fe	OTC
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	childrens animal shapes	OTC
*Ped Vitamins Acd W/ Fluoride***		
vitamins acd-fluoride oral solution 0.25 mg/ml	SoluVita ACD with Fluoride	OTC
vitamins acd-fluoride oral solution 0.5 mg/ml		OTC
*Pediatric Multiple Vitamins***		
childrens chew multivitamin oral tablet chewable	Culturelle Kids Complete	OTC
POLY-VI-SOL ORAL SOLUTION	multivitamin infant & toddler	OTC
*Pediatric Vitamins A & D W/ C***		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10	vitamin a-c-d infant	OTC
*Prenatal Mv & Min W/Fe-Fa***		
one vite womens oral tablet 27-0.8 mg	NeoNatal Vitamin	OTC; QLL (100 EA per 90 days)
prenatal (w/iron & fa) oral tablet 27-0.8 mg		OTC; QLL (100 EA per 90 days)
prenatal 19 oral tablet		OTC; QLL (100 EA per 90 days)
prenatal 19 oral tablet chewable 29-1 mg		QLL (100 EA per 90 days)
prenatal plus oral tablet 27-1 mg	NeoNatal Plus	QLL (100 EA per 90 days)
prenatal/iron oral tablet 28-0.8 mg		OTC; QLL (100 EA per 90 days)
trinatal rx 1 oral tablet 60-1 mg		QLL (100 EA per 90 days)
wescap-c dha oral capsule 53.5-38-1 mg	Concept DHA	QLL (100 EA per 90 days)
ATABEX OB ORAL TABLET 29-1 MG		QLL (100 EA per 90 days)
CO-NATAL FA ORAL TABLET	prenatabs fa	QLL (100 EA per 90 days)

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	OTC; QLL (100 EA per 90 days)
PRENATAL-U ORAL CAPSULE 106.5-1 MG		QLL (100 EA per 90 days)
TARON-C DHA ORAL CAPSULE 35-1 MG		QLL (100 EA per 90 days)
TRINATE ORAL TABLET		QLL (100 EA per 90 days)

MUSCULOSKELETAL THERAPY AGENTS

Central Muscle Relaxants**

<i>baclofen oral solution 5 mg/5ml</i>		QLL (80 ML per 1 day)
<i>baclofen oral tablet 10 mg, 20 mg</i>		QLL (120 EA per 30 days)
<i>baclofen oral tablet 5 mg</i>		QLL (4 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	Soma	QLL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>		QLL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		QLL (90 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		QLL (120 EA per 30 days)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		QLL (60 EA per 30 days)
<i>tizanidine hcl oral tablet 2 mg</i>		QLL (3 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	QLL (6 EA per 1 day)

Direct Muscle Relaxants**

<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		QLL (120 EA per 30 days)
<i>dantrolene sodium oral capsule 25 mg</i>	Dantrium	QLL (120 EA per 30 days)

Viscosupplements**

GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML		PA
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML		PA

NASAL AGENTS - SYSTEMIC AND TOPICAL

Nasal Agents - Misc.**

<i>deep sea nasal spray nasal solution 0.65 %</i>	Ayr	OTC
<i>saline nasal gel</i>	Ayr Saline Nasal	OTC
AYR SALINE NASAL DROPS NASAL SOLUTION 0.65 %		OTC

Formulary Drug Name	Reference	Restrictions
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %</i>		QLL (30 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>		QLL (15 ML per 30 days)
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %</i>		QLL (30 EA per 30 days)
*Nasal Mast Cell Stabilizers***		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	NasalCrom	OTC; QLL (52 ML per 30 days)
*Nasal Steroids***		
<i>allergy relief nasal suspension 50 mcg/act</i>	Flonase Allergy Rel Childrens	OTC; QLL (16 ML per 30 days)
<i>budesonide nasal suspension 32 mcg/act</i>		OTC; QLL (8.6 ML per 30 days)
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	OTC; QLL (17 ML per 30 days)
*Systemic Decongestants***		
<i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	OTC
<i>gnp nasal decongestant oral tablet 30 mg</i>	Sudafed	OTC
<i>gnp nasal decongestant pe oral tablet 10 mg</i>	Sudafed PE Sinus Congestion	OTC
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	SudoGest	OTC
NEUROMUSCULAR AGENTS		
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>		
NUTRIENTS		
*Misc. Nutritional Substances***		
<i>fish oil concentrate oral capsule 300 mg</i>	Fish Oil Pearls	OTC
<i>fish oil oral capsule 1000 mg</i>	Sea-Omega	OTC
<i>omega-3 oral capsule 1400 mg</i>		OTC
OPHTHALMIC AGENTS		
*Artificial Tear And Lubricant Combinations***		
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	Clear Eyes Natural Tears	OTC
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	GenTeal Tears Moderate PF	OTC
<i>cvs artificial tears ophthalmic solution 1-0.3 %</i>	Moisture Eyes	OTC; QLL (15 ML per 30 days)
<i>dry eye relief drops ophthalmic solution 0.2-0.2-1 %</i>		OTC

Formulary Drug Name	Reference	Restrictions
<i>gnp artificial tears ophthalmic solution 5-6 mg/ml</i>	Clear Eyes Natural Tears	OTC
<i>gnp eye drops long lasting ophthalmic solution 0.4-0.3 %</i>	Systane	OTC
<i>gnp eye drops ophthalmic solution 0.2-0.2-1 %</i>		OTC
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	Systane Hydration PF	OTC
<i>lubricant eye nighttime ophthalmic ointment</i>	Altalube	OTC
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %	artificial tears pf	OTC
GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	artificial tears pf	OTC
REFRESH DIGITAL OPHTHALMIC SOLUTION 0.5-1-0.5 %		OTC
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %		OTC
REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 %		OTC
REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 %		OTC
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 %		OTC
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 %, 0.5-1 %		OTC
*Artificial Tear Solutions***		
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	artificial tears	OTC; QLL (15 ML per 30 days)
SYSTANE CONTACTS OPHTHALMIC SOLUTION	artificial tears	OTC; QLL (15 ML per 30 days)
*Artificial Tears And Lubricants***		
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	Refresh Celluvisc	OTC
<i>carboxymethylcellulose sodium ophthalmic gel 1 %</i>	Refresh Liquigel	OTC
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Refresh Tears	OTC; QLL (15 ML per 30 days)
<i>cvs lubricant drops ophthalmic solution 0.6 %</i>	Systane Balance	OTC; QLL (10 ML per 30 days)
GENTEAL SEVERE OPHTHALMIC GEL 0.3 %		OTC
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	carboxymethylcellulose sod pf	OTC
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	carboxymethylcellulose sodium	OTC

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

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

Formulary Drug Name	Reference	Restrictions
*Ophthalmic Immunomodulators***		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Restasis	PA; QLL (2 EA per 1 day)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		QLL (5 mL per 30 days)
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		QLL (10 ML per 30 days)
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	QLL (3.5 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	QLL (3.5 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	QLL (5 mL per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		QLL (5 mL per 30 days)
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	bacitra-neomycin-polymyxin-hc	QLL (3.5 GM per 30 days)
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		QLL (5 mL per 30 days)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	QLL (10 mL per 30 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	QLL (10 mL per 30 days)
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		QLL (10 mL per 30 days)
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		QLL (15 mL per 30 days)
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>		ST; QLL (2.5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	QLL (2.5 ML per 25 days)

Formulary Drug Name	Reference	Restrictions
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>		
<i>earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	OTC; QLL (15 ML per 30 days)
*Otic Anti-Infectives***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetraxal	QLL (28 EA per 30 days)
<i>ofloxacin otic solution 0.3 %</i>		QLL (15 ML per 30 days)
*Otic Steroid-Anti-Infective Combinations***		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		QLL (7.5 ML per 30 days)
<i>neomycin-polymyxin-hc otic solution 1 %</i>		QLL (20 ML per 30 days)
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		QLL (20 ML per 30 days)
*Otic Steroids***		
<i>fluocinolone acetonide otic oil 0.01 %</i>	Flac	QLL (20 ML per 30 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		QLL (10 ML per 30 days)
FLAC OTIC OIL 0.01 %	fluocinolone acetonide	QLL (20 ML per 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML		PA; QLL (1 ML per 26 days)
*Immune Serums***		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML, 30 GM/300ML		PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		PA
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML, 40 GM/400ML		PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML		PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT		

Formulary Drug Name	Reference	Restrictions
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		PA
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML		PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT		
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML		QLL (2 mL per 1 Year)
PENICILLINS		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		
<i>ampicillin oral capsule 500 mg</i>		
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML		
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT		
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>		QLL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>		QLL (28 EA per 30 days)

Formulary Drug Name	Reference	Restrictions
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		
PHARMACEUTICAL ADJUVANTS		
*Oral Vehicles***		
<i>sorbitol solution 70 %</i>		
MX-SOL BLEND ORAL SUSPENSION	suspension vehicle	OTC
MX-SOL BLEND SF ORAL SUSPENSION	suspension vehicle	OTC
MX-SOL ORAL SYRUP	flavor sweet	OTC
MX-SOL SF ORAL SYRUP	flavor sweet	OTC
MX-SOL SUSPEND ORAL SUSPENSION	suspension vehicle	OTC
ORA-BLEND ORAL SUSPENSION	suspension vehicle	
ORA-BLEND SF ORAL SUSPENSION	suspension vehicle	
ORA-PLUS ORAL LIQUID	flavor plus	
ORA-SWEET ORAL SYRUP	flavor sweet	
ORA-SWEET SF ORAL SYRUP	flavor sweet	
SOSWEET ORAL SYRUP	flavor sweet	OTC
PROGESTINS		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	
<i>norethindrone acetate oral tablet 5 mg</i>	Gallifrey	ST
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	QLL (60 EA per 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	QLL (30 EA per 30 days); AL (Min 40 Years)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		QLL (30 EA per 30 days); AL (Min 40 Years)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		QLL (30 EA per 30 days); AL (Min 40 Years)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		QLL (6 ML per 1 day); AL (Min 40 Years)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		QLL (60 EA per 30 days); AL (Min 40 Years)

Formulary Drug Name	Reference	Restrictions
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		QLL (60 EA per 30 days); AL (Min 40 Years)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Exelon	PA
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		ST; QLL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		ST; QLL (55 EA per 90 days)
*Movement Disorder Drug Therapy***		
<i>tetrabenazine oral tablet 12.5 mg</i>	Xenazine	PA; QLL (4 EA per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	Xenazine	PA; QLL (2 EA per 1 day)
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Aubagio	PA; QLL (30 EA per 30 days)
*Multiple Sclerosis Agents - Combinations***		
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML		PA; QLL (23 ML per 168 days)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		PA; QLL (1 kit per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		PA; QLL (1 kit per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML		PA; QLL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG		PA; QLL (4.2 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML		PA; QLL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		PA; QLL (4.2 ML per 28 days)

Formulary Drug Name	Reference	Restrictions
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML		PA; QLL (0.12 ML per 1 day)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	PA; QLL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tecfidera	PA; QLL (60 EA per 90 days)
*Multiple Sclerosis Agents***		
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	Glatopa	PA; QLL (1 ML per 1 Fill)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Glatopa	PA; QLL (12 Syringes per 28 days)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	glatiramer acetate	PA; QLL (1 ML per 1 Fill)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	glatiramer acetate	PA; QLL (12 Syringes per 28 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral tablet 10 mg, 5 mg</i>		QLL (2 EA per 1 day); AL (Min 40 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>fingolimod hcl oral capsule 0.5 mg</i>	Gilenya	PA; QLL (30 EA per 30 days)
GILENYA ORAL CAPSULE 0.25 MG		PA; QLL (1 EA per 1 day)
RESPIRATORY AGENTS - MISC.		
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		PA; QLL (5 ML per 1 day)
*Pulmonary Fibrosis Agents***		
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Esbriet	PA
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>		

Formulary Drug Name	Reference	Restrictions
TETRACYCLINES		
*Tetracyclines***		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>		
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		
<i>doxycycline hyclate oral tablet 75 mg</i>		
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxyne NL	
<i>doxycycline monohydrate oral capsule 50 mg</i>		
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		AL (Max 12 Years)
<i>doxycycline monohydrate oral tablet 100 mg</i>		
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>		
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>		
<i>propylthiouracil oral tablet 50 mg</i>		
*Thyroid Hormones***		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg</i>	Euthyrox	QLL (30 EA per 30 days)
<i>levothyroxine sodium oral tablet 300 mcg</i>	Levo-T	QLL (30 EA per 30 days)
<i>liothyronine sodium oral tablet 25 mcg, 50 mcg</i>	Cytomel	QLL (2 EA per 1 day)
<i>liothyronine sodium oral tablet 5 mcg</i>	Cytomel	QLL (4 EA per 1 day)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		QLL (1 EA per 1 day)
EUTHYROX ORAL TABLET 75 MCG	levothyroxine sodium	QLL (1 EA per 1 day)
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	QLL (1 EA per 1 day)
ULCER DRUGS/ANTISPASMODICS/ANTI CHOLINERGICS		
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>		
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		AL (Max 12 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>		

Formulary Drug Name	Reference	Restrictions
*Belladonna Alkaloids***		
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Levbid	
hyoscyamine sulfate oral elixir 0.125 mg/5ml		
hyoscyamine sulfate oral tablet 0.125 mg	Levsin	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	Anaspaz	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Levsin/SL	
*H-2 Antagonists***		
cimetidine oral tablet 200 mg	Tagamet HB	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		QLL (60 EA per 30 days)
famotidine oral suspension reconstituted 40 mg/5ml		AL (Max 12 Years)
famotidine oral tablet 10 mg	Pepcid AC	OTC; QLL (2 EA per 1 day)
famotidine oral tablet 20 mg	MM Acid-Pep Maximum Strength	
famotidine oral tablet 40 mg	Pepcid	QLL (60 EA per 30 days)
nizatidine oral capsule 150 mg		QLL (60 EA per 30 days)
nizatidine oral capsule 300 mg		QLL (30 EA per 30 days)
*Misc. Anti-Ulcer***		
sucralfate oral tablet 1 gm	Carafate	
*Proton Pump Inhibitors***		
esomeprazole magnesium oral capsule delayed release 20 mg	GoodSense Esomeprazole	OTC; QLL (2 EA per 1 day)
esomeprazole magnesium oral capsule delayed release 40 mg	NexIUM	QLL (2 EA per 1 day)
esomeprazole magnesium oral tablet delayed release 20 mg	NexIUM 24HR	OTC
lansoprazole oral capsule delayed release 15 mg	Prevacid 24HR	QLL (2 EA per 1 day)
lansoprazole oral capsule delayed release 30 mg	Prevacid	QLL (2 EA per 1 day)
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg		OTC
omeprazole magnesium oral tablet delayed release 20 mg	PriLOSEC OTC	OTC; QLL (2 EA per 1 day)
omeprazole oral capsule delayed release 10 mg		
omeprazole oral capsule delayed release 20 mg, 40 mg		QLL (2 EA per 1 day)

Formulary Drug Name	Reference	Restrictions
<i>omeprazole oral tablet delayed release 20 mg</i>		OTC; QLL (2 EA per 1 day)
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>		OTC; QLL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	QLL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	QLL (2 EA per 1 day)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML		AL (Max 12 Years)
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML		AL (Max 12 Years)
*Quaternary Anticholinergics***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Toviaz	ST; QLL (1 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>		QLL (2 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>		QLL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		QLL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>		QLL (4 EA per 1 day)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	ST; QLL (1 EA per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>		QLL (1 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg</i>		QLL (60 EA per 30 days)
<i>tolterodine tartrate oral tablet 2 mg</i>	Detrol	QLL (60 EA per 30 days)
<i>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>		QLL (60 EA per 30 days)
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		

Formulary Drug Name	Reference	Restrictions
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl oral tablet 100 mg</i>		QLL (240 EA per 30 days)
VAGINAL AND RELATED PRODUCTS		
*Imidazole-Related Antifungals***		
<i>3 day vaginal vaginal cream 2 %</i>		OTC
<i>clotrimazole vaginal cream 1 %</i>		
<i>gnp clotrimazole 3 vaginal cream 2 %</i>		OTC
<i>gnp miconazole 1 vaginal kit 1200 & 2 mg & %</i>	Monistat 1 Combo Pack	OTC
<i>gnp miconazole 7 vaginal cream 2 %</i>	Monistat 7 Simply Cure	OTC
<i>miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	OTC
<i>qc clotrimazole vaginal cream 1 %</i>		OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		
*Spermicides***		
TODAY SPONGE VAGINAL 1000 MG		OTC; QLL (3 Sponges per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %		OTC; QLL (12 Films per 30 days)
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	
*Vaginal Estrogens***		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Estrace	QLL (42.5 GM per 30 days)
YUVAFEM VAGINAL TABLET 10 MCG	estradiol	QLL (8 EA per 28 days)
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	Auvi-Q	QLL (2 EA Max Qty Per Fill Retail)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	EpiPen Jr 2-Pak	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Auvi-Q	QLL (2 EA Max Qty Per Fill Retail)
*Vasopressors***		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		

Formulary Drug Name	Reference	Restrictions
VITAMINS		
*Vitamin B-3***		
niacin er oral capsule extended release 250 mg, 500 mg		OTC
niacin er oral tablet extended release 500 mg	Slo-Niacin	OTC
niacin er oral tablet extended release 750 mg	Endur-Acin	OTC
niacin oral tablet 100 mg, 500 mg		OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	niacin er	OTC
*Vitamin B-6***		
pyridoxine hcl oral tablet 25 mg, 50 mg		OTC
vitamin b6 oral tablet 100 mg		OTC
*Vitamin C***		
ascorbic acid oral tablet 500 mg	Easy-C Immune Health	OTC
c-250 oral tablet chewable 250 mg		OTC
c-500 oral tablet chewable 500 mg	Sunkist Vitamin C	OTC
vitamin c oral tablet 1000 mg, 250 mg		OTC
*Vitamin D***		
aqueous vitamin d oral liquid 10 mcg/ml	BProtected Pedia D-Vite	OTC
d3 kids oral tablet chewable 10 mcg (400 unit)		OTC
ergocalciferol oral capsule 1.25 mg (50000 ut)	Drisdol	
ergocalciferol oral solution 200 mcg/ml	Calcidiol	OTC
gnp vitamin d oral tablet chewable 10 mcg (400 unit)		OTC
kp vitamin d oral tablet chewable 10 mcg (400 unit)		OTC
vitamin d (cholecalciferol) oral capsule 50 mcg (2000 ut)		OTC
vitamin d oral liquid 10 mcg/ml	BProtected Pedia D-Vite	OTC
vitamin d3 oral capsule 1.25 mg (50000 ut)	Decara	OTC
vitamin d3 oral capsule 125 mcg (5000 ut)	Dialyvite Vitamin D 5000	OTC
vitamin d3 oral tablet 10 mcg (400 unit)		OTC
vitamin d3 oral tablet 25 mcg	Vitamin D-1000 Max St	OTC
vitamin d3 oral tablet 50 mcg (2000 ut)	Thera-D 2000	OTC
vitamin d3 oral tablet chewable 10 mcg (400 unit)		OTC
vitamin d3 oral tablet chewable 25 mcg (1000 ut)	Kids First Vitamin D3 Gummies	OTC

Formulary Drug Name	Reference	Restrictions
<i>vitamin d3 oral tablet dispersible 125 mcg (5000 ut)</i>		OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	vitamin d3	OTC
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	vitamin d3	OTC
*Vitamin K***		
<i>phytonadione oral tablet 5 mg</i>		

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<i>bisacodyl</i>	66	<i>carteolol hcl</i>	79	<i>clotrimazole-betamethasone</i>	50
<i>bisacodyl ec</i>	66	<i>carvedilol</i>	36	<i>codeine sulfate</i>	7
<i>bismuth subsalicylate</i>	18	<i>castor oil</i>	40, 66	COLACE 2-IN-1	66
<i>bisoprolol fumarate</i>	36	<i>cefadroxil</i>	39	<i>colchicine</i>	62
<i>bisoprolol-hydrochlorothiazide</i>	24	<i>cefdinir</i>	40	<i>colchicine-probenecid</i>	62
BLISOVI 24 FE	41	<i>cefixime</i>	40	<i>cold & flu relief daytime</i>	46
<i>bosentan</i>	39	<i>cefipodoxime proxetil</i>	40	<i>cold/cough childrens</i>	48
BREYNA	12	<i>cefprozil</i>	39	<i>colestipol hcl</i>	21
BREZTRI AEROSPHERE	12	<i>ceftriaxone sodium</i>	40	COMPLERA	32
<i>briellyn</i>	40	<i>cefuroxime axetil</i>	40	CO-NATAL FA	75
<i>brimonidine tartrate</i>	81	<i>celecoxib</i>	4	<i>corn & callus remover</i>	54
<i>budesonide</i>	13, 44, 77	<i>cephalexin</i>	39	<i>cough dm</i>	45
<i>budesonide er</i>	44	CEROVITE JR	75	<i>cromolyn sodium</i>	12, 77, 79
<i>budesonide-formoterol fumarate</i>	11	<i>cetirizine hcl</i>	20	CRYSELLE-28	41
<i>bumetanide</i>	57	<i>cetirizine-pseudoephedrine er</i>	47	<i>cvs artificial tears</i>	77
<i>buprenorphine</i>	8	CHEMET	19	<i>cvs calcium</i>	71
<i>butalbital-apap-caffeine</i>	6	CHEMSTRIP K	56	<i>cvs eye allergy relief</i>	80
<i>butenafine hcl</i>	50	<i>chest congestion relief</i>	47	<i>cvs gummy dinos</i>	75
<i>butorphanol tartrate</i>	8	<i>chest congestion relief dm</i>	46	<i>cvs lubricant drops</i>	78
<i>c-250</i>	91	<i>childrens chew multivitamin</i>	75	<i>cvs womens active daily</i>	74
<i>c-500</i>	91	<i>chlorhexidine gluconate</i>	74	<i>cyanocobalamin</i>	63
<i>cabergoline</i>	58	<i>chloroquine phosphate</i>	26	<i>cyclobenzaprine hcl</i>	76
CABOMETYX	29	<i>chlorpheniramine maleate</i>	20	<i>cyclopentolate hcl</i>	79
<i>calamine</i>	55	<i>chlorpheniramine maleate er</i>	20	<i>cyclophosphamide</i>	29
<i>calamine-zinc oxide</i>	55	<i>chlorthalidone</i>	57	<i>cyclosporine</i>	73, 81
<i>calcipotriene</i>	51	<i>chlorzoxazone</i>	76	<i>cyclosporine modified</i>	73
<i>calcitonin (salmon)</i>	58	<i>chocolated laxative</i>	66	<i>cyproheptadine hcl</i>	21
<i>calcitriol</i>	58	<i>cholestyramine</i>	21	<i>cytra k crystals</i>	62
<i>calcium</i>	71	<i>ciclopirox</i>	50	<i>d3 kids</i>	91
<i>calcium 500 + d</i>	71	<i>ciclopirox olamine</i>	50	<i>dabigatran etexilate mesylate</i>	14
<i>calcium 500/vitamin d</i>	71	<i>cilostazol</i>	63	<i>daily multivitamin</i>	74
<i>calcium 600 + minerals</i>	71	<i>cimetidine</i>	88	<i>danazol</i>	9
<i>calcium 600+d</i>	71	<i>cinacalcet hcl</i>	58	<i>dandruff shampoo</i>	51
<i>calcium 600+d plus minerals</i>	71	<i>ciprofloxacin hcl</i>	60, 80, 82	<i>dantrolene sodium</i>	76
<i>calcium acetate (phos binder)</i>	61	<i>ciprofloxacin-dexamethasone</i>	82	<i>dapagliflozin pro-metformin er</i>	17
<i>calcium carb-cholecalciferol</i>	71	CLARAVIS	49	<i>dapagliflozin propanediol</i>	17
<i>calcium carbonate</i>	71	<i>clarithromycin</i>	67	<i>dapsone</i>	25
<i>calcium citrate</i>	71	CLEARLAX	65	<i>dasatinib</i>	27
CALPHRON	61	<i>clemastine fumarate</i>	20	DECARA	92
		<i>clindamycin hcl</i>	25		

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ferrous gluconate	64
ferrous sulfate	64
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fexofenadine hcl	20
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finasteride	61
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<i>fluticasone propionate hfa</i>	13	<i>gnp gas relief extra strength</i>	60	HUMALOG MIX 75/25	16
<i>fluticasone-salmeterol</i>	11	<i>gnp glycerin (adult)</i>	65	HUMULIN R U-500	
<i>fluvastatin sodium</i>	22	<i>gnp glycerin child</i>	65	(CONCENTRATED)	16
<i>folic acid</i>	64	<i>gnp hemorrhoidal</i>	9	HUMULIN R U-500	
FOLIVANE-OB	76	<i>gnp hydrocortisone</i>	52	KWIKPEN	16
<i>fosamprenavir calcium</i>	33	<i>gnp ibuprofen childrens</i>	4	HYCODAN	45
<i>fosinopril sodium</i>	23	<i>gnp lice treatment</i>	55	<i>hydralazine hcl</i>	25
<i>furosemide</i>	57	<i>gnp miconazole 1</i>	90	<i>hydrochlorothiazide</i>	57
FUZEON	33	<i>gnp miconazole 7</i>	90	<i>hydrocodone bit-homatrop mbr</i> ..	45
FYAVOLV	59	<i>gnp milk of magnesia</i>	66	<i>hydrocodone-acetaminophen</i>	7
<i>galantamine hydrobromide</i>	84	<i>gnp mineral oil</i>	66	<i>hydrocodone-ibuprofen</i>	7
<i>galantamine hydrobromide er</i>	84	<i>gnp mucus dm max strength</i>	46	<i>hydrocortisone</i>	9, 44, 52, 53
GAMMAGARD	82	<i>gnp mucus er</i>	47	<i>hydrocortisone (perianal)</i>	10
GAMUNEX-C	82	<i>gnp mucus relief</i>	47	<i>hydrocortisone acetate</i>	52
<i>gas relief</i>	60	<i>gnp nasal decongestant</i>	77	<i>hydrocortisone micronized</i>	40
<i>gas relief extra strength</i>	60	<i>gnp nasal decongestant pe</i>	77	<i>hydrocortisone sod suc (pf)</i>	44
<i>gas relief ultra strength</i>	60	<i>gnp olopatadine hcl</i>	79	<i>hydrocortisone-acetic acid</i>	82
GAS-X EXTRA STRENGTH ..	60	<i>gnp senna lax</i>	66	HYDROLATUM	54
GAVILYTE-C	65	<i>gnp stool softener</i>	66	<i>hydromet</i>	45
<i>gefitinib</i>	28	<i>gnp tab tussin</i>	47	<i>hydromorphone hcl</i>	7
GEL-ONE	76	<i>gnp vitamin d</i>	91	<i>hydroxychloroquine sulfate</i>	26
<i>gemfibrozil</i>	21	<i>gnp wart remover</i>	54	<i>hydroxyurea</i>	29
<i>gentamicin sulfate</i>	50, 80	<i>goodsense first aid antibiotic</i>	50	<i>hyoscyamine sulfate</i>	88
GENTEAL SEVERE	78	<i>goodsense mucus dm</i>	46	<i>hyoscyamine sulfate er</i>	88
GENTEAL TEARS	78	<i>goodsense mucus er maximum</i>		HYPERRHO S/D	82
GENTEAL TEARS		<i>str</i>	47	<i>ibandronate sodium</i>	58
MODERATE PF	78	<i>goodsense mucus relief child</i>	46	<i>ibuprofen</i>	4
GENTEAL TEARS PF	78	<i>granisetron hcl</i>	19	<i>ibuprofen junior strength</i>	4
GENVOYA	32	<i>griseofulvin microsize</i>	19	<i>icosapent ethyl</i>	21
GILENYA	86	<i>griseofulvin ultramicrosize</i>	19	<i>imatinib mesylate</i>	27
GILOTRIF	28	<i>guaiatussin ac</i>	46	IMBRUVICA	28
<i>glatiramer acetate</i>	86	<i>guaifenesin</i>	47	<i>imiquimod</i>	54
GLATOPA	86	<i>guaifenesin er</i>	47	INCRUSE ELLIPTA	13
<i>glimepiride</i>	18	<i>guaifenesin-codeine</i>	46	<i>indapamide</i>	57
<i>glipizide</i>	18	<i>guanfacine hcl</i>	24	INDERAL LA	37
<i>glipizide er</i>	18	<i>guanfacine hcl er</i>	3	<i>indomethacin</i>	5
<i>glipizide-metformin hcl</i>	18	GVOKE HYOPEN 2-PACK ..	15	<i>indomethacin er</i>	5
<i>glucagon emergency</i>	15	GVOKE KIT	15	<i>infants ibuprofen</i>	5
<i>glucose</i>	15	GVOKE PFS	15	INLYTA	30
<i>glycerin</i>	53	HADLIMA	4	INSTA-GLUCOSE	15
<i>glycerin (adult)</i>	65	HADLIMA PUSH TOUCH ..	4	<i>insulin lispro</i>	16
<i>glycerin adult</i>	65	HAEGARDA	62	<i>insulin lispro (1 unit dial)</i>	16
<i>glycerin childrens</i>	65	HAILEY 24 FE	41	<i>insulin lispro junior kwikpen</i>	16
<i>glycopyrrolate</i>	89	<i>halobetasol propionate</i>	52	<i>insulin lispro prot & lispro</i>	16
<i>gnp antibiotic/pain relief</i>	50	<i>hemorrhoidal</i>	9	INTELENCE	34
<i>gnp anti-diarrheal</i>	18	<i>heparin sodium (porcine)</i>	14	<i>ipratropium bromide</i>	12, 77
<i>gnp artificial tears</i>	78	<i>heparin sodium (porcine) pf</i>	14	<i>ipratropium-albuterol</i>	11
<i>gnp clotrimazole 3</i>	90	HISTEX	20	<i>irbesartan-hydrochlorothiazide</i> ..	23
<i>gnp eye drops</i>	78	HISTEX PD	20	<i>iron</i>	64
<i>gnp eye drops long lasting</i>	78	HIZENTRA	82	<i>iron 100 plus</i>	64
<i>gnp fiber</i>	65	HUMALOG MIX 50/50		<i>iron chews pediatric</i>	64
<i>gnp gas relief</i>	60	KWIKPEN	16	<i>iron slow release</i>	64

ISENTRESS	33	LENVIMA (12 MG DAILY DOSE)	30	LOW-OGESTREL	42
ISENTRESS HD	33	LENVIMA (14 MG DAILY DOSE)	30	<i>lubiprostone</i>	60
<i>isoniazid</i>	26	LENVIMA (18 MG DAILY DOSE)	30	<i>lubricant eye drops (pf)</i>	78
<i>isopropyl alcohol wipes</i>	56	LENVIMA (20 MG DAILY DOSE)	30	<i>lubricant eye nighttime</i>	78
<i>isosorb dinitrate-hydralazine</i>	39	LENVIMA (24 MG DAILY DOSE)	30	LYLLANA	60
<i>isosorbide dinitrate</i>	10	LENVIMA (4 MG DAILY DOSE)	30	LYNPARZA	30
<i>isosorbide mononitrate</i>	11	LENVIMA (8 MG DAILY DOSE)	30	LYSODREN	27
<i>isosorbide mononitrate er</i>	10	LEUKERAN	30	MAALOX CHILDRENS	10
<i>isotretinoin</i>	49	<i>letrozole</i>	29	<i>magnesium oxide</i>	10
ITOVEBI	30	<i>leucovorin calcium</i>	29	<i>magnesium oxide -mg supplement</i>	72
<i>itraconazole</i>	20	MATULANE	29	<i>malathion</i>	55
<i>ivabradine hcl</i>	39	MAVYRET	35	MAPAP ACETAMINOPHEN EXTRA STR	6
<i>ivermectin</i>	10, 55	<i>meclizine hcl</i>	19	<i>maraviroc</i>	33
JAKAFI	29	MEDI-FIRST IBUPROFEN	5	MATULANE	29
JATENZO	9	MEDI-PASTE	53	MAVYRET	35
JULUCA	32	<i>medroxyprogesterone acetate</i>	43, 84	<i>meclizine hcl</i>	19
JUNEL FE 24	41	<i>levofloxacin</i>	60	<i>medestrol acetate</i>	30
KAITLIB FE	42	<i>levonorgest-eth est & eth est</i>	43	MEKINIST	28
KALETRA	32	<i>levonorgest-eth estrad 91-day</i>	43	<i>melatonin</i>	3
KELNOR 1/35	42	<i>levonorgest-eth estradiol-iron</i>	41	<i>melatonin maximum strength</i>	3
KELNOR 1/50	42	<i>levonorgestrel</i>	43	<i>meloxicam</i>	5
<i>ketoconazole</i>	19, 54	<i>levonorgestrel-ethinyl estrad</i>	41, 43	<i>memantine hcl</i>	86
<i>ketone test</i>	56	<i>levonorg-eth estrad triphasic</i>	44	MENCYLATE	55
<i>ketorolac tromethamine</i>	5, 81	<i>levothyroxine sodium</i>	87	<i>mercaptopurine</i>	27
<i>ketotifen fumarate</i>	79	<i>l-glutamine</i>	63	<i>mesalamine</i>	61
KEVZARA	4	<i>lidocaine</i>	55	<i>mesalamine er</i>	61
<i>kimono micro thin</i>	68	<i>lidocaine (anorectal)</i>	9	<i>mesna</i>	30
KLOR-CON M15	72	<i>lidocaine hcl urethral/mucosal</i>	55	<i>metformin hcl</i>	15
KLOR-CON/EF	72	<i>lidocaine viscous hcl</i>	73	<i>metformin hcl er</i>	15
<i>kp pseudoephedrine hcl</i>	77	<i>lidocaine-prilocaine</i>	56	<i>methadone hcl</i>	7
<i>kp vitamin d</i>	91	<i>linezolid</i>	25	METHADONE HCL INTENSOL	8
K-PHOS NO 2	62	<i>liothyronine sodium</i>	87	METHADOSE	8
<i>labetalol hcl</i>	36	<i>liraglutide</i>	17	METHADOSE SUGAR-FREE	8
<i>lactulose</i>	65	<i>lisinopril</i>	23	<i>methenamine hippurate</i>	25
<i>lactulose encephalopathy</i>	61	<i>lisinopril-hydrochlorothiazide</i>	22	<i>methenamine mandelate</i>	25
<i>lamivudine</i>	34, 35	LO LOESTRIN FE	40	<i>methimazole</i>	87
<i>lamivudine-zidovudine</i>	32	<i>lohist-dm</i>	48	<i>methocarbamol</i>	76
<i>lansoprazole</i>	88	<i>loperamide hcl</i>	18	<i>methotrexate sodium</i>	27
LANTUS	16	<i>lopinavir-ritonavir</i>	32	<i>methotrexate sodium (pf)</i>	27
LANTUS SOLOSTAR	16	<i>loratadine</i>	21	<i>methyldopa</i>	24
<i>lapatinib ditosylate</i>	28	<i>loratadine childrens</i>	20	<i>methylprednisolone</i>	44
LARIN 24 FE	42	<i>loratadine-d 12hr</i>	47	<i>metoclopramide hcl</i>	60
<i>latanoprost</i>	81	<i>loratadine-d 24hr</i>	47	<i>metolazone</i>	57
<i>laxative regular strength</i>	66	<i>losartan potassium</i>	24		
LAYOLIS FE	42	<i>losartan potassium-hctz</i>	23		
<i>ledipasvir-sofosbuvir</i>	35	<i>lovastatin</i>	22		
LEENA	44				
<i>leflunomide</i>	5				
<i>lenalidomide</i>	73				
LENVIMA (10 MG DAILY DOSE)	30				

<i>metoprolol succinate er</i>	36	NATAZIA	43	ODEFSEY	32
<i>metoprolol tartrate</i>	37	<i>nateglinide</i>	17	OFF DEEP WOODS	54
<i>metoprolol-hydrochlorothiazide</i>	24	<i>natural fiber laxative</i>	65	OFF DEEP WOODS DRY	54
<i>metronidazole</i>	25, 55, 90	<i>nebivolol hcl</i>	37	OFF DEEP WOODS	
<i>miconazole 3 combo-supp</i>	90	NECON 0.5/35 (28)	42	SPORTSMEN	54
<i>miconazole nitrate</i>	54	<i>neomycin sulfate</i>	3	OFF FAMILYCARE CLEAN FEEL	54
MICROCHAMBER	70	<i>neomycin-bacitracin zn-polymyx</i>	80	OFF SMOOTH & DRY	54
<i>midodrine hcl</i>	90	<i>neomycin-polymyxin-dexameth</i>	81	<i>ofloxacin</i>	80, 82
<i>migraine relief</i>	6	<i>neomycin-polymyxin-gramicidin</i>	80	OJEMDA	28
<i>mineral oil</i>	66	<i>neomycin-polymyxin-hc</i>	82	<i>olmesartan medoxomil</i>	24
<i>mineral oil-hydrophil petrolat</i>	53	NEO-POLYCIN HC	81	<i>olopatadine hcl</i>	79
<i>minocycline hcl</i>	87	NEUAC	49	<i>omega-3</i>	77
<i>minoxidil</i>	25	<i>nevirapine</i>	34	<i>omega-3-acid ethyl esters</i>	21
<i>misoprostol</i>	89	<i>nevirapine er</i>	34	<i>omeprazole</i>	88, 89
<i>moisturizing lotion</i>	53	NEXLETOL	21	<i>omeprazole magnesium</i>	88
<i>mometasone furoate</i>	53	NEXPLANON	43	OMNIFLEX DIAPHRAGM	68
<i>montelukast sodium</i>	13	NEXTSTELLIS	42	OMNIPOD 5 DEXG7G6	
<i>morphine sulfate</i>	8	<i>niacin</i>	91	INTRO GEN 5	69
<i>morphine sulfate (concentrate)</i>	7	<i>niacin er</i>	91	OMNIPOD 5 DEXG7G6	
<i>morphine sulfate er</i>	7, 8	<i>nifedipine</i>	38	PODS GEN 5	69
MOVANTIK	61	<i>nifedipine er</i>	38	OMNIPOD 5 LIBRE2 PLUS G6	69
<i>mucosa</i>	47	<i>nifedipine er osmotic release</i>	38	OMNIPOD DASH INTRO (GEN 4)	69
<i>mucus relief d</i>	47	NITRO-BID	11	OMNIPOD DASH PDM (GEN 4)	69
<i>mucus relief dm</i>	46	<i>nitrofurantoin</i>	26	OMNIPOD DASH PODS (GEN 4)	69
<i>mucus relief dm max</i>	46	<i>nitrofurantoin macrocrystal</i>	25	<i>ondansetron</i>	19
<i>mucus-dm</i>	46	<i>nitrofurantoin monohyd macro</i>	26	<i>ondansetron hcl</i>	19
<i>mucus-dm max</i>	46	<i>nitroglycerin</i>	9, 11	<i>one vite womens</i>	75
<i>mucus-dm maximum strength</i>	46	<i>nizatidine</i>	88	<i>one-daily multi-vitamin/iron</i>	74
MULTAQ	11	NORDITROPIN FLEXPRO	58	ONETOUCH DELICA PLUS	
<i>multi vitamin</i>	74	<i>norelgestromin-eth estradiol</i>	42	LANCET30G	68
<i>multi-vitamin gummies</i>	74	<i>norethin ace-eth estrad-fe</i>	41	ONETOUCH DELICA PLUS	
<i>multivitamin/fluoride</i>	75	<i>norethindrone</i>	43	LANCET33G	68
<i>multi-vitamin/fluoride</i>	75	<i>norethindrone acetate</i>	84	ONETOUCH DELICA PLUS	
<i>multi-vitamin/fluoride/iron</i>	74	<i>norethindrone acet-ethinyl est</i>	41	LANCING	68
<i>mupirocin</i>	50	<i>norethindrone-eth estradiol</i>	59	ONETOUCH DELICA	
MURI-LUBE	66	<i>norethin-eth estradiol-fe</i>	41	SAFETY LANCING	68
<i>muscle rub</i>	55	<i>norgestimate-eth estradiol</i>	41	ONETOUCH ULTRA	56
MX-SOL	84	<i>norgestim-eth estrad triphasic</i>	44	ONETOUCH ULTRA 2	68
MX-SOL BLEND	84	NORTREL 0.5/35 (28)	42	ONETOUCH ULTRA BLUE TEST	56
MX-SOL BLEND SF	84	NORVIR	34	ONETOUCH ULTRA VERIO	56
MX-SOL SF	84	NOVOLIN 70/30	17	ONETOUCH VERIO FLEX SYSTEM	68
MX-SOL SUSPEND	84	NOVOLIN 70/30 FLEXPEN	16		
<i>mycophenolate mofetil</i>	73	NOVOLIN N	17		
MYLERAN	26	NOVOLIN N FLEXPEN	17		
<i>na sulfate-k sulfate-mg sulf</i>	65	NOVOLIN R	17		
<i>nabumetone</i>	5	NOVOLIN R FLEXPEN	17		
NAPHCON-A	80	NP THYROID	87		
<i>naproxen</i>	5	<i>nystatin</i>	19, 50, 74		
<i>naproxen sodium</i>	5	OCREVUS	86		
<i>naratriptan hcl</i>	70	OCREVUS ZUNOVO	85		
<i>nasal mist</i>	47	<i>octreotide acetate</i>	59		
NATACYN	80				

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REFLECT	68
OPILL	44
OPTICHAMBER DIAMOND	70
ORA-BLEND	84
ORA-BLEND SF	84
ORA-PLUS	84
ORA-SWEET	84
ORA-SWEET SF	84
ORILISSA	58
<i>orphenadrine citrate er</i>	76
<i>oseltamivir phosphate</i>	36
OTEZLA	5
<i>oxybutynin chloride</i>	89
<i>oxybutynin chloride er</i>	89
<i>oxycodone hcl</i>	8
<i>oxycodone-acetaminophen</i>	8
<i>oyster shell calcium</i>	71
<i>oyster shell calcium/d</i>	71
OZEMPIC (0.25 OR 0.5 MG/DOSE)	17
OZEMPIC (1 MG/DOSE)	17
OZEMPIC (2 MG/DOSE)	17
<i>pain relieving</i>	55
<i>pamidronate disodium</i>	58
PANOXYL FOAMING WASH	49
<i>pantoprazole sodium</i>	89
<i>paricalcitol</i>	58
PATADAY	79
PAXLOVID (150/100)	35
PAXLOVID (300/100)	35
<i>pazopanib hcl</i>	28
<i>peak flow meter universal rang..</i>	70
PEDIACLEAR PD CHILDRENS	20
PEDIA-LAX	66
<i>peg 3350</i>	65
<i>peg 3350-kcl-na bicarb-nacl</i>	65
<i>peg-3350/electrolytes</i>	65
PEGASYS	36
<i>penicillamine</i>	72
<i>penicillin v potassium</i>	83
<i>pentazocine-naloxone hcl</i>	8
<i>pentoxifylline er</i>	63
<i>permethrin</i>	55
<i>phenazopyridine hcl</i>	62
<i>phenobarbital</i>	65
<i>phenylephrine hcl</i>	79
<i>phenytoin</i>	14
<i>phenytoin sodium extended</i>	14
PHILITH	42
PHOSPHA 250 NEUTRAL	72
PHOSPHO-TRIN 250 NEUTRAL	72
PHOSPHO-TRIN K500	72
<i>phytonadione</i>	92
<i>pilocarpine hcl</i>	74, 79
<i>pinworm medicine</i>	10
<i>pioglitazone hcl</i>	18
<i>pirfenidone</i>	86
<i>piroxicam</i>	5
<i>podofilox</i>	54
POLYCIN	80
<i>polymyxin b-trimethoprim</i>	80
POLY-VI-SOL	75
<i>poly-vite/iron</i>	75
<i>potassium chloride crys er</i>	72
<i>potassium chloride er</i>	72
<i>potassium citrate er</i>	62
<i>potassium citrate-citric acid</i>	62
<i>pramipexole dihydrochloride</i>	31
<i>pramoxine hcl (perianal)</i>	9
<i>prasugrel hcl</i>	63
<i>pravastatin sodium</i>	22
<i>praziquantel</i>	10
<i>prazosin hcl</i>	24
<i>prednisolone</i>	44
<i>prednisolone acetate</i>	81
<i>prednisolone sodium phosphate</i>	44, 45, 81
<i>prednisone</i>	45
PRENATABS RX PRENATAL-U	76
<i>prenatal (w/iron & fa)</i>	75
<i>prenatal 19</i>	75
<i>prenatal plus</i>	75
<i>prenatal/iron</i>	75
PRENATAL	76
PREVALITE	21
PRIFTIN	26
<i>primaquine phosphate</i>	26
<i>primidone</i>	14
PRIVIGEN	83
<i>probencid</i>	62
<i>prochlorperazine</i>	31
<i>prochlorperazine maleate</i>	31
<i>progesterone</i>	84
PROLIA	58
PROMACTA	64, 65
<i>promethazine hcl</i>	21
<i>promethazine-codeine</i>	48
<i>promethazine-dm</i>	48
<i>promethazine-phenylephrine</i>	47
PROMETHEGAN	21
<i>propafenone hcl</i>	11
<i>propranolol hcl</i>	37
<i>propranolol hcl er</i>	37
<i>propylthiouracil</i>	87
<i>pseudoeph-bromphen-dm</i>	48
<i>pseudoephedrine-guaifenesin er</i>	47
PULMOZYME	86
<i>pyrazinamide</i>	26
<i>pyridostigmine bromide</i>	26
<i>pyridoxine hcl</i>	91
<i>pyrimethamine</i>	26
<i>qc anti-diarrheal</i>	19
<i>qc clotrimazole</i>	90
<i>qc corn and callus remover</i>	54
<i>qc cough relief</i>	45
<i>qc docusate calcium</i>	66
<i>qc effervescent antacid/pain</i>	6
<i>qc gas relief</i>	60
<i>qc gas relief extra strength</i>	60
<i>qc magnesium citrate</i>	66
<i>qc medifin 400</i>	47
<i>qc mineral oil heavy</i>	66
<i>qc mucus relief dm max</i>	46
<i>qc mucus relief severe con/cgh</i>	46
<i>qc olopatadine hcl</i>	79
<i>qc wart remover</i>	54
<i>quinapril hcl</i>	23
<i>quinapril-hydrochlorothiazide</i>	23
<i>rabeprazole sodium</i>	89
<i>raloxifene hcl</i>	58
<i>ramipril</i>	23
REBIF	85
REBIF REBIDOSE	85
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REBIF TITRATION PACK	85
REFRESH	78
REFRESH CELLUVISC	78
REFRESH DIGITAL	78
REFRESH LIQUIGEL	78
REFRESH OPTIVE	78
REFRESH OPTIVE ADVANCED	78
REFRESH OPTIVE PF	78
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REPATHA SURECLICK	22
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RHOGAM ULTRA-		sodium polystyrene sulfonate	73	TARON-C DHA	76
FILTERED PLUS	83	sofosbuvir-velpatasvir	35	TASIGNA	27
RHOPHYLAC	83	solifenacin succinate	89	<i>tazarotene</i>	51
RIDAURA	4	SOLIRIS	63	<i>temozolomide</i>	29
<i>rifabutin</i>	26	SOLTAMOX	27	<i>tenofovir disoproxil fumarate</i>	35
<i>rifampin</i>	26	SOLU-CORTEF	45	<i>terazosin hcl</i>	24
<i>riluzole</i>	77	<i>sorbitol</i>	84	<i>terbinafine hcl</i>	19, 50
RINVOQ	3	<i>sore throat spray</i>	74	<i>terconazole</i>	90
RINVOQ LQ	3	SOSWEET	84	<i>teriflunomide</i>	85
<i>ritonavir</i>	33	<i>sotalol hcl</i>	37	<i>teriparatide</i>	58
<i>rivastigmine</i>	85	<i>sotalol hcl (af)</i>	37	<i>testosterone</i>	9
<i>rivastigmine tartrate</i>	85	<i>spinosad</i>	56	<i>testosterone cypionate</i>	9
<i>rizatriptan benzoate</i>	70, 71	<i>spironolactone</i>	57	<i>testosterone enanthate</i>	9
<i>ropinirole hcl</i>	31	<i>spironolactone-hctz</i>	57	<i>tetrabenazine</i>	85
<i>ropinirole hcl er</i>	31	SPS (SODIUM		<i>theophylline</i>	13, 14
<i>rosuvastatin calcium</i>	22	POLYSTYRENE SULF)	73	<i>theophylline er</i>	13
RYDAPT	29	STEGLATRO	17	THERA-GESIC	55
SAFYRAL	42	<i>sterile water for irrigation</i>	73	<i>therapeutic</i>	56
<i>saline</i>	76	<i>stevia extract</i>	40	<i>timolol maleate</i>	37, 79
SARNOL-HC	53	<i>steviol glycosides</i>	40	<i>tinidazole</i>	25
SAVELLA	85	<i>stevioside</i>	40	<i>tiotropium bromide</i>	
SAVELLA TITRATION		<i>stomach relief</i>	18	<i>monohydrate</i>	12
PACK	85	<i>stool softener</i>	66	TIVICAY	33
SAWYER INSECT		STRIBILD	32	TIVICAY PD	33
REPELLENT	54	STRIVERDI RESPIMAT	12	<i>tizanidine hcl</i>	76
<i>saxagliptin hcl</i>	16	<i>sucralfate</i>	88	<i>tobramycin</i>	3, 80
<i>saxagliptin-metformin er</i>	16	<i>sulfacetamide sodium</i>	81	TODAY SPONGE	90
SEGLUROMET	18	<i>sulfacetamide sodium (acne)</i>	48	<i>tolnaftate</i>	50
<i>selegiline hcl</i>	31	<i>sulfacetamide-prednisolone</i>	81	<i>tolnaftate antifungal</i>	50
<i>selenium sulfide</i>	51	<i>sulfadiazine</i>	86	<i>tolterodine tartrate</i>	89
<i>senna</i>	66	<i>sulfamethoxazole-trimethoprim</i>	25	<i>tolterodine tartrate er</i>	89
<i>sevelamer carbonate</i>	61	<i>sulfasalazine</i>	61	<i>toremifene citrate</i>	27
<i>sildenafil citrate</i>	39	SULFATRIM PEDIATRIC	25	<i>torsemide</i>	57
<i>silver sulfadiazine</i>	51	<i>sulindac</i>	5	<i>totalday multiple</i>	74
<i>simethicone</i>	60	<i>sumatriptan</i>	71	TRACLEER	39
<i>simethicone drops infants</i>	60	<i>sumatriptan succinate</i>	71	<i>tramadol hcl</i>	8
<i>simvastatin</i>	22	<i>sumatriptan succinate refill</i>	71	<i>tramadol hcl er</i>	8
<i>sirolimus</i>	73	<i>sunitinib malate</i>	28	<i>tramadol-acetaminophen</i>	9
<i>sleep aid</i>	65	<i>sure comfort alcohol prep</i>	67	<i>trandolapril</i>	23
<i>sleep-aid</i>	65	SYMPROIC	61	<i>tranexamic acid</i>	65
SLO-NIACIN	91	SYMTUZA	33	<i>tretinoin</i>	30
SLYND	44	SYNAGIS	82	<i>triamicinolone acetonide</i>	53, 74, 77
<i>sm melatonin</i>	3	SYNALAR	53	TRIAMINIC	
<i>sod citrate-citric acid</i>	62	<i>syringe/hypodermic safety</i>	69	ALLERCHEWS	21
<i>sodium bicarbonate</i>	10, 71	SYSTANE CONTACTS	78	TRIAMINIC FEVER	
<i>sodium chloride</i>	47, 62	<i>tacrolimus</i>	55, 73	REDUCER	6
<i>sodium chloride (hypertonic)</i>	80	<i>tadalafil (pah)</i>	39	<i>triamterene-hctz</i>	57
<i>sodium fluoride</i>	72, 74	TAFINLAR	28	<i>tri-buffered aspirin</i>	6
<i>sodium fluoride 5000 enamel</i>	74	TAKHZYRO	63	<i>trifluridine</i>	80
<i>sodium fluoride 5000 plus</i>	74	<i>tamoxifen citrate</i>	27	<i>trimethoprim</i>	25
<i>sodium fluoride 5000 ppm</i>	74	<i>tamsulosin hcl</i>	61	<i>trinatal rx 1</i>	75

TRINATE	76	<i>vitamins acd-fluoride</i>	75
<i>triple antibiotic+pain relief</i>	50	voriconazole	20
<i>triprolidine hcl</i>	20	VOSEVI	35
TRIUMEQ	33	VYFELMA	42
<i>trumeq pd</i>	32	<i>warfarin sodium</i>	14
TRI-VI-SOL A/C/D	75	<i>wart remover maximum strength</i>	54
<i>tropicamide</i>	79	WEEKLY-D	92
<i>trospium chloride</i>	89	WERA	42
<i>trospium chloride er</i>	89	<i>wescap-c dha</i>	75
TUKYSA	27	<i>wes-phos 250 neutral</i>	72
TURQOZ	42	WIDE-SEAL DIAPHRAGM	
TWIIST REFILL KIT	69	60	68
TWIIST REFILL KIT/INFUSION SET	69	WIDE-SEAL DIAPHRAGM	
TWIIST STARTER KIT	69	65	68
TWIRLA	42	WIDE-SEAL DIAPHRAGM	
TYBLUME	42	70	68
TYBOST	35	WIDE-SEAL DIAPHRAGM	
TYMLOS	58	75	68
UBRELVY	70	WIDE-SEAL DIAPHRAGM	
<i>ultra-care alcohol prep pads</i>	67	80	68
ULTRATHON INSECT REPELLENT 8	54	WIDE-SEAL DIAPHRAGM	
<i>urea</i>	53	85	68
<i>urea 20 intensive hydrating</i>	53	WIDE-SEAL DIAPHRAGM	
<i>ureacin-20</i>	53	90	68
<i>urinary pain relief</i>	62	WIDE-SEAL DIAPHRAGM	
<i>ursodiol</i>	60	95	68
<i>valacyclovir hcl</i>	36	WIXELA INHUB	12
<i>valganciclovir hcl</i>	35	WYMZYA FE	42
<i>valsartan</i>	24	XARELTO	14
<i>valsartan-hydrochlorothiazide</i>	23	XARELTO STARTER PACK	14
VANACOF	48	XIFAXAN	25
<i>vancomycin hcl</i>	25	XOLAIR	12
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<i>verapamil hcl er</i>	38	ZENATANE	49, 50
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<i>vioirele</i>	40	ZEPATIER	35
VIRACEPT	34	<i>zidovudine</i>	35
VIREAD	35	ZIEXTENZO	64
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<i>vitamin b6</i>	91	ZITHROMAX	67
<i>vitamin c</i>	91	ZOVIA 1/35 (28)	42
<i>vitamin d</i>	91	ZOVIRAX	51
<i>vitamin d (cholecalciferol)</i>	91		
<i>vitamin d3</i>	91, 92		